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To: The Standing Committee on Health: Women's Health
Topic: Reproductive Justice for Women and Gender-Diverse Im/migrants
Submitted by: Alliance for Gender Justice in Migration (AGJM)

Reproductive Justice for Women and Gender-Diverse Im/migrants

The evolving landscape of Canadian migration programs creates and maintains precarious immigration statuses, resulting in many people experiencing differential access to health care, social services, and other social and legal protections (Goldring et al., 2009). Generally, public health care access is limited for precarious status migrants, with only agricultural workers, other workers with permits that often need to be over 12 months (in several provinces; Ibrahim, 2023), and refugee claimants (via the Interim Federal Health Program) eligible for public coverage. All others rely on private insurance, which is costly and not comprehensive, or go without coverage. As such, one of these challenges is a lack of comprehensive reproductive healthcare and protections, which creates barriers to equitable inclusion.

We agree with the public statement made by The Government of Canada that the "goal of ensuring that women and girls *in all their diversity* [emphasis added] can decide what to do with their bodies, their lives and their futures-without question" should be fully supported (Government of Canada, n.d.). Furthermore, we recognize that many of the barriers to reproductive justice are due to a legacy of systemic oppression that has subjugated racialized women and gender-diverse people.

We call for more coordinated, systematic and sustained efforts to ensure accessibility to reproductive justice is broadened for women and gender diverse people with precarious immigrant status so that people of all diverse identities truly *can* decide what to do with their bodies. Providing the necessary care without adding to the financial precarity already existent, as well as reducing barriers often experienced in the process of accessing care, is crucial for the full realization of sexual and reproductive health and rights for all precarious status migrants.

Barriers to Pregnancy Prevention and Termination

People with precarious immigration status face unique challenges, and one major concern is cost. Not all private insurance providers cover the cost of abortion care; in addition, they are not an option for many people with precarious status. Therefore, the cost associated with core essential

reproductive health services is often put on the shoulders of women and gender-diverse individuals with precarious immigrant status. Because newcomers are often not as familiar with the healthcare system, they tend to be farther along in their pregnancies before they are able to find appropriate care. If abortion care is needed after 24 weeks, the procedure becomes more specialized, and the patient is often sent to receive care in the US. On top of the additional travel costs, for people without status, depending on their nationality, this may require a specific US travel visa, which is often impossible (Chabot, 2021).

Furthermore, travel within the province to clinics that offer access to some care is also a barrier. Many migrant workers live on-site at their place of employment and have concerns over having to disclose a pregnancy to their employer, which can result in them being unjustly dismissed from work or not being hired back (Hanley, et al., 2020; Larios, 2023). For example, according to BC-based research, female migrant agricultural workers are often explicitly told not to engage in sexual activities by officials in their home countries for this reason (Cohen & Caxaj, 2018).

Barriers Accessing Perinatal and Obstetric Care

Expenses for this type of care are rarely covered by private insurance. In order to receive consistent prenatal follow-ups with an obstetrician and gynecologist (OBGYN) affiliated with a hospital where the birth can take place, patients are often required to pay a considerable deposit, for example, between $20,000 and $30,000 (Winnipeg Regional Health Authority; WRHA). Non-profit clinics that can provide some limited prenatal care do not have the capacity to provide the full range of care. Other barriers include challenges in accessing information and navigating the health system and fear of deportation. Ochoa and Sampalis (2014) and Campbell et al. (2014) found that discrimination, language, and difficulty in obtaining an appointment are major barriers to accessing reproductive healthcare, underlining the need for culturally-sensitive care and staff. Individual doctors, hospital and clinic staff members have a considerable amount of discretion in determining when care is provided and what accommodations or penalties are implemented (Jarvis et al., 2019).

These kinds of challenges mean that pregnant people without public health care insurance are more likely to receive care later in their pregnancies, which can result in long-term consequences, such as the increased risk of emergency cesarean sections (Merry et al., 2016), post-partum depression, higher incidences of stillbirth, early neonatal death, and maternal health complications (Almeida et al., 2013). A large study examining casefiles of uninsured and refugee claimant pregnant patients in Montreal hospitals and community health centres found that 78% of uninsured patients received no ultrasounds or blood work throughout their pregnancies, and 66% had no prenatal visits (Rousseau et al., 2014). This finding is consistent with other studies; for example, four out of five uninsured pregnant patients in Toronto were also found to receive substandard perinatal care (Wilson-Mitchel & Rummens, 2013).

Barriers to Social Supports and Protections

Although access to healthcare services is a key factor in a person's pregnancy experience, social protections and supports also shape the context in which reproductive and family decision-making are embedded. For example, although labour protections that protect pregnant workers and parents from workplace discrimination are generally applied to all workers, workers on employer-specific worker permits that periodically expire may have employers who refuse to renew them if the worker is pregnant or takes a maternity or parental leave (Larios, 2023). These conditions may be exacerbated for people without formal immigration status due to their reliance on informal work, which, generally, lacks the protections provided under provinces' labour standards (Hanley et al., 2020). Additionally, workers with precarious status may be disincentivized by the limitations of their immigration status to take leave after the birth of a child (Larios, 2023).

Responses Across Canada need to be broadened and integrated

Responses to this issue have varied across provinces and have largely been developed in a piecemeal fashion, frequently taken up at the local and community level. One example of this is Médecins du Monde's uninsured migrant clinic in Montreal, a non-profit organization that works with volunteers to provide basic care, assistance navigating the health system, and advocacy at various levels of government. Building on this type of community work, one important approach has been to provide public funding for clinics or healthcare services to provide care. Some clinics have been able to form funding partnerships with provinces, for example, La Maison Bleue clinics in Montreal and the Access Alliance encompassing multiple community health clinics in Toronto. Additionally, because midwifery services are self-regulated in Ontario (unlike, for example, in Manitoba, where they fall under the purview of the public regional health authority), the Association of Ontario Midwives provides funded midwifery services at no cost. As of 2015, this also includes provincial funding for laboratory testing, consultations with doctors, and hospital stays for uninsured midwifery patients (Darling et al., 2019).

Another approach has been to expand coverage to certain groups of people who are ineligible for public health insurance but are considered members of a particularly vulnerable group. For example, Quebec waives a usual 3-month waiting period for public insurance eligibility to people with an immigration status that entitles them to coverage if healthcare related to pregnancy, childbirth, or termination of pregnancy is needed. As of 2021, the province of Quebec has also expanded public healthcare coverage to include all minors, regardless of the immigration status and health care eligibility of their parents. The Interim Federal Health Program is another example of specialized health coverage that aims at addressing the unique vulnerabilities experienced by refugee claimants, who are ineligible for provincial health insurance.

Lastly, provisions in the health privacy legislation in several jurisdictions, including British Columbia, Ontario, and Quebechave led to clear limitations on if and when any health authority may contact border services with patient information. In Quebec, this protection is further developed within recent health legislation that expressly forbids sharing patient information for the purposes of confirming immigration status without the consent of the patient unless compelled under a warrant, court order, or subpoena.

Recommendations

The Alliance for Gender Justice in Migration calls for a more equitable access to reproductive justice for women and gender-diverse individuals regardless of immigration status. Doing so will not only reduce the severe health complications that, otherwise, occur for immigrants who already have to manage a complex web of systemic barriers, but also reduce the pressures placed on the emergency health care system in Canada (Hynie et al., 2016). Our well-being is connected as a community, as the events of the last past years have shown us, and this realization will lead us towards a more equitable future in the long-term.

1. **Broaden and integrate reproduction justice efforts to expand healthcare access** to women and gender-diverse individuals with precarious status.
   Ensure care for medically uninsured pregnant people is adequately funded, either through provincial or regional partnerships with community health clinics, midwives, or specific programs catering to these needs. Reduce the number of medically uninsured pregnant people by expanding access to public healthcare coverage.

2. **Disseminate accurate information of reproductive service options** available to women and gender-diverse migrants that may not be able to access the public health coverage to improve awareness of care available. Ensure that healthcare staff and providers are well informed about how those without public healthcare coverage can access the medical system, including for reproductive health needs.

3. **Provide culturally appropriate and gender-sensitive health care services** so they are accessible to migrant women and gender-diverse individuals.
   Providing language support is also essential given the language barriers faced by these vulnerable groups.

4. **Develop access without fear policies** that will encourage pregnant women and gender-diverse migrants to seek medical advice or guidance without fear of deportation or discrimination during their pregnancy to reduce long-term impacts to the health of the parent and baby through proper prenatal care. This also

includes enacting legislation and policies within Regional Health Authorities to prevent or limit health authorities from sharing patient information to border services.

5. **Enforce and enhance labour protection and associated legislation** to ensure that women and gender-diverse migrants can access parental leave benefits and that they are protected from pregnancy discrimination and associated employment termination when disclosing pregnancy or needing care/ time off.

6. **Create networks to improve reproductive health care** for those without public health care coverage involving multiple collaborators such as reproductive health services, community health centres, migrant support groups etc.

About AGJM

The Alliance for Gender Justice in Migration (AGJM) (a coalition led by The Vancouver-based Migrant Workers Centre and funded by Women and Gender Equality Canada (WAGE)) is a network of people with lived experience, academics, advocates, and service providers across Canada who are actively working together to end discrimination against women and gender-diverse migrants. We conduct research, develop policy solutions, raise public awareness, and advocate for change by centering the voices of those with lived experience.

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