# MENTAL HEALTH NEEDS OF WORKING IMMIGRANT WOMEN IN CALGARY
# THE INTERSECTIONS OF INFLUENCES

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## DEDICATION

To my precious parents for their endless love and encouragement, and to my dear brother for his valuable support.

## ABSTRACT

The increasing population of working immigrant women in Canada demands special considerations surrounding their mental health. This exploratory-descriptive qualitative research has investigated the influences on the mental well-being of 14 working immigrant women in Calgary. Participants were interviewed to describe their unique experiences at the intersections of race, gender, religion, work, and social class, and to discuss useful interventions that support their mental wellbeing. The findings demonstrated that migration to Canada had provided participants with high awareness about mental health; however, stigma, religious beliefs, financial concerns, and discriminatory behavior in healthcare services were barriers to pursue mental health care. Racism, microaggressions, intersectional discrimination, language barriers, and employment difficulties had adversely affected their mental well-being. Conversely, freedom, security, and multiculturalism were some of the advantages of living in Canada. Ultimately, working immigrant women's needs were discussed as individual/micro-, meso-, and macro-level interventions based on ecological model.

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# CHAPTER 1: INTRODUCTION

Mental health is a critical issue that impacts society in multiple ways, and some intersectionally marginalized groups like immigrant women may be particularly affected. The mental health of increasing numbers of working immigrant women in Calgary's workforce plays a significant role in the individual dimension of immigrant women's life satisfaction, as well as in more general aspects of economic burden and public health status within society. According to Statistics Canada, international migration constituted 79.6% of Canada's population growth in 2017-2018 which indicates the significance of investigation in this field. This study investigated the interacting influences of working immigrant women's identities on their mental wellbeing to determine these women's unique mental health needs and concerns. Exploring the effects on immigrant women's mental health contributes beneficial information to inform necessary policies and interventions for promoting their mental wellbeing among this growing population in Canada.

Many studies have shown that although immigrants generally have better health status than Canadian-born peers, their health status declines after they arrive in Canada (Fuller-Thomson et al., 2011. Kennedy et al., 2006). The process of resettling in Canada impacts immigrants' and refugees' mental health through acculturation stressors, economic uncertainty, and ethnic discrimination and racialization (George et al., 2015). Along with settlement challenges for immigrant women are values and expectations associated with gender. In 2009, Canadian women aged 15 and over reported higher rates of their days being 'quite a bit or extremely stressful' (Turcotte, 2011), and Canadian statistics also showed higher rates of depression and generalized anxiety disorders among women (Pearson et al., 2013).

Numerous scholars have explored potential contributors to immigrants' mental health and psychological distress, and the possible reasons for the deterioration of their mental health status

after migration. However, when we generalize these results to all immigrant women, especially in terms of the priority in their needs, we likely leave behind some working immigrant women's individual needs that arise from their particular situation. Therefore, this study examines the stressors and barriers that influence the development of mental distress among working immigrant women in Canada, through the conceptual lenses of gender, intersectionality, racialization, and work. In doing so, this research illuminates different needs and concerns of working immigrant women to achieve mental health goals, based on the realities in their lives.

This exploratory-descriptive qualitative research study engaged participants in one-to-one interviews, to provide the opportunity to talk freely about their experiences and worries. The interview questions are mindfully modeled to explore social or environmental problems that may impact immigrant women's mental health status. Participants answered questions that inquire about their perspectives on their lives in Canada, and experiences based on different parts of their identities that influenced their mental wellbeing. They also discussed their perceptions about mental illness and care-seeking, barriers to access mental health care, and, ultimately, their hopes and desires in policymaking and mental health improvement. This research provides insights grounded in the realities of working immigrant women to unfold their needs and concerns in employment, healthcare, education, and social opportunities. The ultimate goal of this research is to inform necessary multi-level policies and interventions for improving immigrant women's status and highlighting the needs of these women in changing social and individual environments to maintain mental wellbeing.

## CHAPTER 2: LITERATURE REVIEW

Migration is a challenging process that influences migrants' lives and psychological wellbeing from the very early moments of moving from their original home to a new foreign society. Regardless of the difficulties that immigrants may have left behind before and during migration, post-migration adaptation can potentially generate mental distress for them. The new concerns and obstacles in their new country can appear entirely different from those they had before migration. Various studies in the literature have discussed the significant stressors that can cause immigrant women's psychological disturbance in the context of the new society. These factors include cultural/social integration (Bhugra & Becker, 2005), economic insecurity, and family and relationship concerns (Caarls & Mazzucato, 2015; Guruge, et al., 2010; Maciel et al., 2009; Shirpak et al., 2011). Along with these factors, in the pursuit of mental health goals, immigrant women's attitudes and cultural beliefs are central. Kaushik and Drolet (2018) identified that “new skilled immigrants face devaluation of foreign credentials and work experience in Canada, which poses a significant difficulty in finding appropriate employment consistent with their qualifications and previous work experience” (p. 5). Considering discrimination in the workplace Chang (2010) explained that “often, women of color lack access to fringe benefits because of the types of jobs they have” (p. 17). Moreover, childcare and family support stressors imposed on working immigrant women can affect women's health as well as the health of their children and families. Romero (2018) stated, “individual solutions to the care crisis that involve hiring low-wage immigrant women of color to care for children or an elderly parent reproduce inequality. Frequently, caretakers are mothers too, which places their children at an enormous disadvantage” (p.158). From another perspective, the language barrier can impact immigrants’ employment and financial security: “Lack of Canadian accent or rhythm of speech, knowledge of

specific linguistic skills such as job, position, or industry-specific jargons, knowledge of Canadian expressions, idioms, and/or slangs, and cross-cultural communication may affect the employment outcomes" (Kaushik & Drolet 2018, p. 6-7). Also, the stressors arising from colorism, as an aspect of racism that focuses primarily on appearance, can affect the mental health of women of color living in a white-dominant society. Colorism is a critical issue to be addressed in immigrant women since Romero (2018) states that "examining the interactions between intersecting race, ethnicity, class, and nation system of inequality is critical to understanding colorism in the construction of gender" (p. 91).

## 2.1 CULTURAL AND SOCIAL INTEGRATION

For immigrants, the first apparent notion in the post-migration phase may be the major differences in culture, language, clothing, religion, and routine behaviors. These differences can potentially make immigrants feel like a stranger in this new world and provoke a sense of homesickness. This feeling grows deeper in immigrants when the society of native residents treats them as outsiders. Sinacore et al. (2009) studied 31 Jewish immigrants from different countries in Canada to discuss cultural integration challenges. One of the notions from this study was that although participants showed interest in integrating into Canadian society, they encountered resistance from Canadians positioning them as "outsiders," and this resistance existed against them even in Jewish communities. Living far away from their home, in a social and cultural setting that was previously unknown, can cause mental distress for immigrants. Straiton et al. (2017), in a study of fourteen Filipinas residing in Norway, explained how a "sense of belonging" affected immigrant women's mental health since they felt lonely that they did not belong to the society they have moved in. In this study, immigrant women believed that whenever Norwegian people stereotyped and prejudged their ethnicity they were reminded that they were foreigners.

Integration into the new social and cultural norms can help immigrants to feel inclusion. The barriers of language insufficiency, cultural and religious conflicts, discrimination against minorities, and lack of necessary supports in their new society may hinder newcomers from integration.

### 2.1.1 LANGUAGE INSUFFICIENCY

Arriving in the new society, immigrants start communicating with other people as part of their everyday tasks and as part of setting in their new home. As a newcomer in the neighborhood, workplace, school, or community, they may not be confident enough in speaking or understanding the new language to start contacting other people. Therefore, they avoid communication with others due to the lack of fluency in a foreign language or because of their accent. As a result, they remain distant from other people, and this isolation does not help them feel integrated as a member of the new society. Man (2004) studied 50 Chinese women in Canada, who believed that language was the main barrier to their employment. In the study of Sinacore et al. (2009), Jewish immigrants in Quebec reported that they were discriminated against because of their functional level of English and French fluency, and that language was a barrier to them from entering the Canadian community. Also, Jafari et al.'s (2010) qualitative research with a focus group of 44 Iranian immigrants to Canada, revealed that both male and female participants felt that the most crucial factor that could lead to mental distress was lack of English fluency. The salient point from this study was that the participants were highly educated and had migrated to Canada through three immigration pathways including: "skilled worker," "investor," or "family sponsorship." This research showed that language challenges, even for educated immigrants, are frustrating and can isolate newcomers by causing mental stress. Kilbride and Ali (2010) studied 30 immigrant women speaking either Mandarin, Cantonese, Punjabi, or Urdu who had arrived in Canada. They reported

that lack of English fluency was a barrier to their health-seeking experiences, helping with their children's education, their ability to communicate with others in the workplace, and defend themselves against work-related accusations. The participants also mentioned isolation in their day-to-day lives due to a lack of English. Galiev and Masoodi (2012) interviewed 30 immigrants in Alberta, and the participants believed that language was a powerful facilitator in integrating into their new culture and society.

Moreover, while all these studies have noted the influence of language deficits on immigrants' mental health in the host society, a survey by Dastjerdi (2012) conducted on 50 Iranian health care professionals and social workers in Toronto evaluated the critical role of language from a different aspect. This study revealed that the language deficit was one of the main problems with newcomers who had sought health care. Most of the information that the health care system provides for immigrants is in English, and it is sometimes hard for those who are poor in the English language to understand what they need to do. Therefore, language deficits can impact immigrants' health status, decrease their knowledge of the Canadian health care system, and exacerbates the situation by causing delays in accessing services. These results were similar to earlier research by Ahmad et al. (2004) on 24 South Asian Hindi-speaking women in Canada. In that study, immigrant women recognized language insufficiency and lack of knowledge about health services as barriers to access health services. In recent years, Salami et al. (2018) have also studied 53 immigrant mental health practitioners and other immigrant service providers in Alberta to discuss barriers to access mental health services. They concluded that language was an essential obstacle for immigrants to reach health care services and communicate with professionals.

### 2.1.2 SOCIAL SUPPORT

Among post-immigration stressors that affect immigrants' mental status is the loss of social networks and support. Women, who were used to receiving help and support from their family and friends, find themselves out of that substantial social nexus. Integration challenges become more complicated to immigrants when they lack social connections. Ahmad et al. (2004), in their survey, explained that the loss of social networks was a critical problem causing stress for participants. These women believed that the lack of their extended family system and social activities had suppressed their mood. Also, Sinacore et al. (2009) concluded the same findings in Jewish immigrants, who had lost their extended family and were feeling isolated in the new ethnic context.

On the other hand, Macdonnell et al. (2012), in their study of 35 immigrant women living in the Greater Toronto Area, concluded that having family support and connections in Canada had encouraging effects on many participants. They could moderate the stress from resettlement challenges in Canada, while others with no family support were more burdened by psychological pressure in their lives. In a recent study of 20 African immigrant women in Alberta, Okeke-Ihejirika et al. (2019) revealed that participants suffered the absence of social support, and this stressor affected their capability to integrate into Canadian society. Meanwhile, the advantage of this new situation, as participants explained, was that living far from their family has granted them authority in their lives and freedom from interference from their extended family.

### 2.1.3 DISCRIMINATION

One of the reasons that hinder newcomers from a sense of belonging to the new society and social integration is the discriminatory behaviors they face in different contexts. The systems of power and the majority groups in society may discriminate against immigrant women based on

their race, gender, class, and religion in various settings. Experiencing biased views, stereotypes, and unfair prejudice from the dominant population can diminish immigrants' hopes for a favorable alliance within the new society.

Furthermore, discrimination can affect immigrants' mental health by imposing additional stress and frustration on them. Sinacore et al. (2009) found that all the participants had experienced some bias, including racism, sexism, ageism, and anti-Semitism in Canadian society. They had also reported inappropriate behavior from medical staff and service providers. Hyman (2009) stated that racism and discriminatory practices in different settings in Canada could affect immigrants' health both directly by imposing mental stress, and indirectly by establishing disparities that contributed to other factors that can affect health. In Kilbride and Ali's (2010) survey, Punjabi and Urdu speakers mentioned experiencing discrimination and racism in English teaching classes. They found teachers' inappropriate behavior made them feel unintelligent. These studies show that discriminatory and biased practices in the host society can cause adverse psychological effects on immigrants that prevent them from the sense of integration.

As a specific feature of racism, colorism can be a psychological stressor that influences immigrant women adversely in a white-dominant society. Colorism can be prejudice about any detail of appearance in a particular race rather than just skin color. Hall (2017), in a study of African American women, concluded that colorism could deteriorate the mental health of women of color. The participants had experienced isolation and barriers to social opportunities because of the color of their skin. Furthermore, although all the participants were all from a similar race, those women with darker skin had more difficulties in integrating into society than the others with lighter skin because the white-dominant community considered the latter group as better mates. This

interracial and intraracial bias based on the color of the skin can cause frustration for these women as they feel segregated from society.

### 2.1.4 FAMILY RELATION AND ROLES

One of the central immigrant women's concerns is gender roles and responsibilities, family-related, and parenting issues in the new society with different cultural attitudes and socio-legal systems. Conflicts of this kind may arise for women who had different roles and expectations as well as different parenting perspectives and problems back in their home countries. Retaining their background cultures and resettling in a different cultural context, meant that many immigrants may face conflicts in their lives and family relations.

Changes in gender roles are the source of some of the conflicts that arise in the post-immigration stage and can cause mental distress. Some immigrant women, who used to be housewives and spent time on child care and housework, had to work outside the home to help with family finances in this new setting. In some cases, men may lose their traditional patriarchal role as the “head of the household” who had complete authority in the family during the post-migration phase, because of the agency women achieve over their lives. For some immigrant men, who originate from a culture that gives men the sole power over their wives' lives, even migration to a liberal society may not necessarily change their outlooks. Kilbride and Ali (2010) reported that some immigrant women could not spend time on education and learning English because of child care and gender expectations that they faced. Okeke-Ihejirika et al. (2019) explained that sometimes all the previous norms are reinforced in the new context by men to maintain their traditional roles. Moreover, those men who are willing to show flexibility, and who are ready to negotiate new types of gender relationships, encounter prejudgments from other people in the

community. These types of conflicts in this new setting do not let immigrants integrate into the host society, and can potentially be the source of psychological distress.

Furthermore, parenting is another significant concern of immigrant women's lives and can be a more stressful responsibility in the new society. In Jafari et al. (2010), participants discussed how difficult it was to maintain the family's cultural roots in the new community, especially with children and young people. Some young immigrants mentioned that they respected their roots and culture; however, they cannot live according to them in Western society, and these cultural norms represented barriers to their integration in Canada. On the other hand, some adults preferred to raise their children with their religious and cultural standards and not with Canadian cultural norms. Women reported instability and aggression in their husbands in the new society, which arose because of intergenerational conflicts with children, as well as an uncertain future. At the same time, young participants, who had more capacity to integrate into new culture and society, had difficulties in coping with parents' expectations after migration. Interfamily conflicts exacerbate the situation for women, who have secure attachments to their roots and communities. Okeke-Ihejirika et al. (2019) described that African women tended to count on the African communities for their childcare and parent-child struggles. Since the communities were strict in their cultural values, many problems in the family arose from the influences of African communities on African women. However, many African women in this study recognized the importance of improving knowledge about "Canadian best practices" and using them along with their cultural values and facilitate integration into a new culture.

## 2.2 ECONOMIC WELLBEING

In the post-immigration phase, immigrants, who have moved to another country with hopes for a better life, encounter the struggles of finding a job and affording life's expenses to support their family. Employment challenges in the new system, which does not validate their credentials and previous work experience, generate new concerns and impose extra stress on newcomers. At this stage, many different aspects of resettlement can affect immigrants' economic security and satisfaction. These aspects, which can potentially threaten immigrant mental health, include lack of Canadian experience, unemployment, not validating immigrants' credentials and education, underemployment, economic uncertainties, and financial strain.

### 2.2.1 UNEMPLOYMENT AND JOB SECURITY

Moving to a new country where immigrants have no prior work experience, starts a challenging condition with difficulties in finding a job and meeting financial expenses. Man (2004) found out that most of the Chinese women participants were educated and had a professional career back in their home country. However, after migrating to Canada as dependents to their husbands, they had been deskilled and unemployed in Canada due to a lack of Canadian credentials or work experience. Furthermore, Tang et al. (2007) conducted a six-month longitudinal study on 50 Chinese women, who had immigrated to Canada with their spouses. These university-graduated women described that employment-related events were the most negative experiences of their life in Canada, which had influenced their mental health. Also, Jafari et al. (2010) concluded that employment was one of the main concerns of immigrants, which could affect their psychological status. In this study, women reported aggression in their spouses' behavior after the migration, while they described unemployment and uncertain future as one of the main reasons for that. This

study also revealed that even those Iranian immigrants, who had come to Canada as investors, had problems with employment due to a lack of Canadian business experience.

Similarly, Macdonnell et al. (2012) reported underemployment as a significant stressor for participants which can generate mental health problems. Okeke-Ihejirika et al. (2019) described how African participants had imagined Canada as "a land of opportunity." But they lost their hopes after migration to Canada because of limited employment opportunities which lead to a precarious financial reality for them.

### 2.2.2 CREDENTIAL EQUIVALENCY AND UNDEREMPLOYMENT

Many studies have shown that when immigrants cannot transfer their degrees to their host country, they have to apply for jobs beneath their credentials, and they face psychological pressure in their life. As in Man's (2004) study, skilled immigrant women had to work as menial, low-paid, part-time laborers because the host country failed to recognize their skills and credentials. This unfavorable situation can potentially affect immigrant women's mental wellbeing. Sinacore et al.'s (2009) study reported that well-educated participants hoped they could find proper jobs in Canada based on their degrees. Still, the process of educational equivalency was so challenging and expensive, that they had to prioritize employment to afford to live. In Jafari et al.'s (2010) research, Iranian immigrants also explained that they could not find an occupation that matched their skills and degrees in Canada. While they were not qualified to work in their professions, they were overqualified for many other positions. This unsatisfactory situation forced immigrants to accept any offered job to support their families. Galiev and Masoodi (2012) unfolded different aspects of this situation in their study since participants mentioned that true integration never happens when they cannot work according to their skills and credentials. Okeke-Ihejirika et al. (2019) also

described that African women's expectations to secure a job in Canada that matched their education and expertise did not come true and that they were obliged to work in low-status jobs to "put food on the table."

### 2.2.3 FINANCIAL STRAIN

As a consequence of unemployment/underemployment difficulties, many immigrants experience psychological stress due to economic uncertainties and financial strain. In Ahmad et al.'s (2004) study, all the immigrant women mentioned that they were so worried about job insecurity that they could not use sick days. As a result, they had to put their health issues in second place because financial concerns were more critical in their lives. In the research of Tang et al. (2007), Chinese women reported that the most frequent problem that predicted women's mental health was the financial strain living in Canada. Kilbride and Ali (2010) reported that all immigrant women in the study mentioned that limited finance, as well as long working hours, left no option for them to attend English classes. To keep their jobs and attain a positive Canadian experience record, immigrants avoided going on sick leave and often postponed their medical follow-up appointments (Dastjerdi, 2012). This dilemma arose from the fear of unemployment and financial insecurity, which can affect immigrants' health outcomes as well as caused psychological distress for them. Also, Macdonnell et al. (2012) described that due to financial strain, some immigrants spent more hours working in multiple occupations so they did not have enough time to rest or use health services. Consequently, this stressful situation can threaten working immigrants' health. Besides, Center for Global Policy Solutions (2014), in a factsheet on the wealth gap in the U.S., mentioned that “because women of color are more likely to support children on their own, their disproportionately low salaries severely limit their economic well-being” (p. 3).

## 2.3 STIGMA, BELIEFS, TENDENCIES IN CARE-SEEKING

Based on the cultural and social environment individuals live in, they may have different attitudes toward mental illness, seeking mental healthcare, and using medical treatments. Some people, relative to their cultural or religious beliefs, may think of unknown origins or scary stories behind any disturbance in mental status. These individuals may not trust professional and medical treatments, while they rely on local sources of help such as family and friends. Therefore, this situation may not only undermine their intellectual perceptions of mental disorders, and deteriorate their status, but also increases their risk of adopting ineffective practices for recovery. Weatherhead and Daiches (2010) examined the perception of mental illness in a qualitative study of 14 Muslims living in the U.K. Although the majority of the participants mentioned that psychological problems were responses to events in life, some religious respondents believed that these difficulties may be punishments from God, or caused by jinn (creatures that in Islamic belief form a world other than that of mankind, capable of causing physical and mental harm to human beings). Also, while some participants found religion was spiritual support in terms of providing relief and peace, for others, all the interventions and directions would come from religion and religious leaders.

Moreover, stigmatization of psychological disorders in the family, community, and broader society can make people feel uncomfortable seeking mental health services. Stigma can influence people's decisions at individual and social levels. According to Corrigan et al. (2014), stigma affects public perception by stereotyping and discriminating against people who are diagnosed with mental disorders. Also, individuals who face psychological distress are aware of the effects of stigma, and they may avoid seeking treatments to prevent any further stereotypes or discrimination. This public effect includes even health providers and professionals, rather than just

families and social networks (Corrigan et al., 2014). Looking from an intersectional perspective, Gary (2005) proposed the concept of ‘double stigma’, which also considers the discrimination enacted by health professionals, politicians, and investigators against minorities with a mental disorder. In this view, there is an overlapping area between race/ethnicity and healthcare where marginalized people experience the system and services differently. Also, Ciftci et al. (2012), referring to the intersectional concept of ‘double stigma’, explained that “the process and effects of the stigmatization of, for example, a working-class Muslim woman with depression will differ from that of a middle-class white woman with depression not only in degree (i.e., ‘more’ or additive stigma) but in kind (i.e., qualitatively different stigma with fundamentally different effects on the stigmatized individual)” (p. 20).

The stress of being isolated from others in society after facing stereotypes and prejudice can cause extra anxiety in their individual lives. At the same time, exacerbation of their condition may happen due to avoiding professional health care or departing from the therapy process. Salami et al. (2019) reported that mental health care professionals recognized mental illness as a stigma among immigrants so that they would rather not talk about it; Hence, they need to be mindful of the words they used to start the conversation about psychological problems with immigrants. Lack of awareness about short-term and long-term mental conditions, which require health care services, and the absence of knowledge about the new health care system, is another aspect of immigrants' disengagement in mental health.

# CHAPTER 3: METHODS

This descriptive qualitative study was conducted by using interviews through which participants discussed their personal experiences, attitudes about mental illness and healthcare, and hopes and needs freely in their own words and expressions. The interview questions were consciously planned to consider ethics while ensuring that the purpose of research could be pursued effectively. The question guide was configured into three general categories of questions; First, what participants culturally and individually thought about mental health/illness and care-seeking, comparing their positions before and after migration. Second, how different aspects of their identities affected their mental health in terms of either having different experiences or facing various barriers to access mental health services. Third, discussing their needs and opinions on beneficial interventions at any level that can help their mental wellbeing. Finally, a brief discussion specifically about the COVID-19 situation and their worries and needs at this point in history (The interview guide is available in Appendix A).

## 3.1 THEORETICAL PERSPECTIVE

Intersectionality was primarily introduced by Crenshaw (1989) as a 'Black feminist critique' of the politics, which had failed to acknowledge unique experiences of racism and sexism of Black women as simultaneous. Crenshaw's attention to intersectionality and the effects on unique human structures are foundational to the critical paradigm that informs this research. Guba and Lincoln (1994) noted the 'virtual reality' of the intersections of marginal lives "shaped by social, political, cultural, economic, ethnic and gender values" (p. 109). This research ontologically locates intersectionality as cause and consequence anchored in "historical realism," which proposes there is no reality 'out there' to be recognized. But rather, the reality is 'constructed' by individuals over time.

The structural violence fostered by the intersection of race, gender, and work in the lives of working immigrant women requires critical studies that can lead to 'transformation' (Lincoln et al. 2011). "A transformative worldview holds that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever levels it occurs" (Creswell, 2014, p.10). Moreover, I applied an intersectional lens to my research ontology through which I will consider individual differences and diversity of structures and how reality is constructed in a unique structure. Along with many scholars (e.g. Collins, 2000, 2013, 2015; Crenshaw, 1989, 1991; Davis, 2008; Hancock, 2007; May 2015), I believe that intersectionality is a practical approach for research to mitigate the system of power which traditionally prioritizes the needs of the majority. This approach helps reflect how people experience oppression differently, not only from one dimension but rather in their structural social locations affected by multiple aspects of oppression. It also promotes a better understanding of marginalized people's perceptions and knowledge in the existing intersections.

An ontology defines how a researcher thinks, asks questions, proceeds to survey, and initiates generating knowledge. Therefore, I engaged with this research with an intersectional position by thinking about how the world works in the overlapping areas of people's lives, and how the existing systems of power may overlook disadvantages in complex situations. Whenever we think about the oppression of a specific group, it is necessary to acknowledge the intersectional experiences of women that informs their knowledge and attitudes to illume hidden lives. Otherwise, the research may become exclusionary by focusing on the needs of one group. This contributes to ethical considerations in terms of being mindful of the differently structured situations.

In critical frameworks, “what can be known is inextricably intertwined with the interaction between a particular investigator and a particular objector group” (Guba and Lincoln, 1994, p. 110). Guba and Lincoln (1998) also stated that critical theory is “transactional and subjectivist” (p.110). Therefore, my epistemological view led to generating knowledge through dialogues between the researcher and researched, while acknowledging participants’ in the intersections of privilege and oppression. These insights will be constructed directly from participants’ experiences and attitudes through their expressions and perceptions. This contradicts positivists' theories that knowledge comes from objectively discovering the existing “reality” in the world, since everybody may have different values and perceptions about what is real. Therefore, reality is subjective based on their particular overlapping situations and simultaneously interacting rhetorical elements. Another aspect of this epistemological view is that “intersecting systems of power catalyze social formations of complex social inequalities that are organized via unequal material realities and distinctive social experiences for people who live within them” (Collins, 2015, p. 14).

I consider intersectionality in my research paradigm which Hancock (2007) believes “takes a problem in the world, analyzes and moves beyond earlier approaches to studying the problem, and develops a more powerful model to test for its effectiveness in addressing the problem” (p.75).

### 3.1.1 ECOLOGICAL FRAMEWORK

Many scholars have defined various models to determine people's perception of healthcare and the influences of different sources on their health status. A compatible model to assess the intersectional impacts of participants' identity, knowledge, attitudes, and access to mental healthcare is an ecological framework. The ecological framework is an integrated model that evaluates the interactions of different elements in different contexts and levels. Guruge and

Khanlou (2004) discussed the ecological (or ecosystemic) perspective as an applicable model for 'the concept of intersectionalities of influence' in the study of the health issues of immigrant women. In this model, as demonstrated in figure 1, each personal situation is shaped by the transactions at four levels. These levels include individual, micro-level (family and friends), meso-level (community and social network), macro-level (policies of the broader environment) (Guruge and Khanlou, 2004). Also, Fenenga et al. (2013) evaluated four popular theoretical frameworks to describe the attitudes and decisions of Ghanaians to participate in the National Health Insurance Scheme. In this study, they concluded that each of these four models, such as the socio-anthropological model on healthcare systems (Kleinman, 1978) and the social capital model (Woolcock, 2001), are limited to a one-dimensional view. They demonstrated that new integrated models, such as the ecological framework, could explain critical interactions between different contexts and their impacts on health care perceptions.

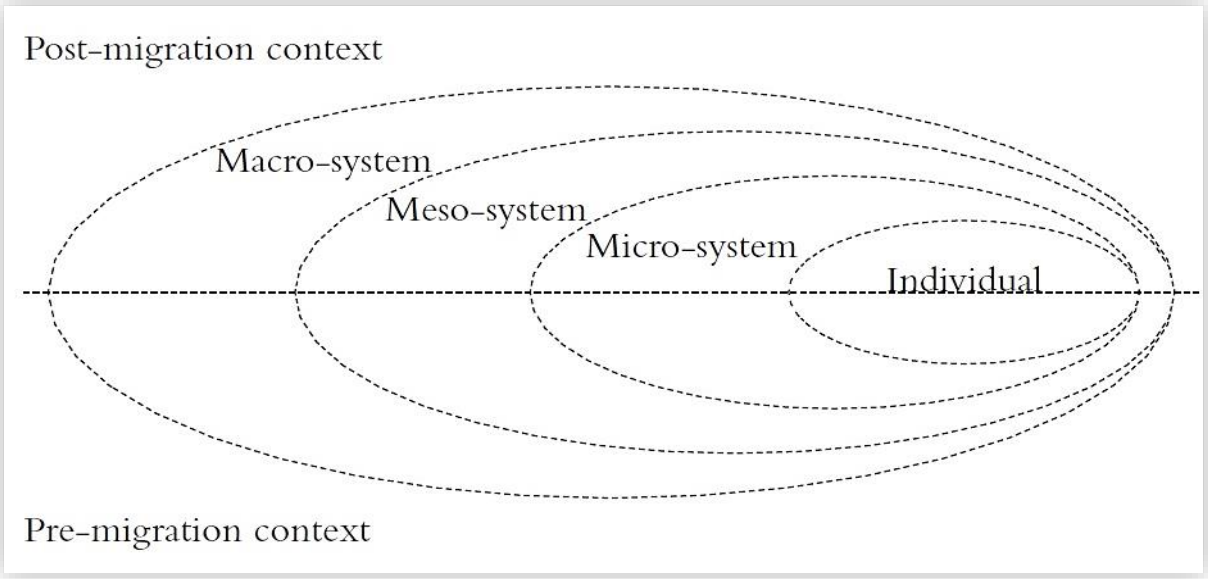


Figure 1: Ecological Framework (from Guruge 2004, adapted from Heise 1998)

This model is the main framework to analyze working immigrant women's perceptions of mental health care, based on their position in individual, micro, meso, and macro-system. McLaren and Hawe (2005) described that in the ecological perspective, ‘interaction’ and ‘reciprocal causation’ are fundamental. According to this model, it is essential to aim implementation at different levels, and that the effects of any action will be assessed on different levels. The diagram in figure 2 (adapted from Santrock et al.,1992) indicates Bronfenbrenner's ecological theory of development that is similar to the ecological perspective in health. Individual change is contingent on environmental change. Social climate can affect immigrants' mental health in different ways, as one of the levels of influence, and social policies and interventions are crucial to change this environment (McLaren and Hawe, 2005). Therefore, I outlined this framework for this study to evaluate the factors in different systems and address the necessary changes to achieve improvements in the mental health of immigrant women by considering multi-level impacts.

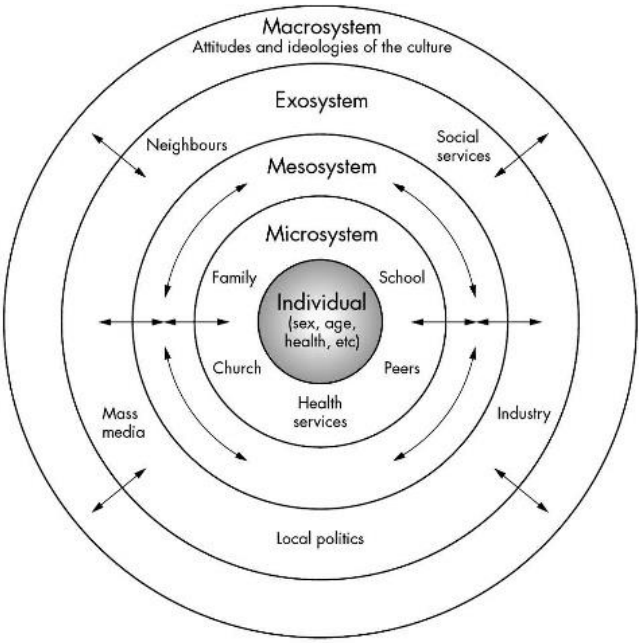


Figure 2: Ecological Theory (from Mclaren and Hawe 2005, adapted from Santrock et al. 1992)

## 3.2 PARTICIPANTS AND SAMPLING

I interviewed 14 immigrant women from different nationalities, religions, and social classes (considering the subjective perception of class), who have been working in Canada for at least two years and can speak English. There were no limits on marital status, still, participants needed to be over 18 years old to be recruited. The participants were mainly recruited from different Facebook community groups of immigrants living in Calgary. Contacts were shared with community members via an invitation poster in the groups and volunteers contacted me directly for further information on participation (see Appendix D and E). I also used snowball sampling and asked participants to invite other immigrant women of different races/religions/classes from their workplaces or social networks and 4 participants were recruited by introduction. Among all the interviews, 9 immigrant women had interviews over a Zoom meeting and 5 participants preferred email interviews due to the lockdown and home circumstances. Before starting the interviews, participants received information about the research process and requirements, and voluntarily signed an informed consent document that included a clear statement of the research process and participants' rights. I included my email addresses on the informed consent agreement given to all participants so that participants could contact me with any questions. Also, participants could choose to provide their emails if they wish to receive a copy of the findings of the research, and for member checking transcripts and study findings. Those who preferred no further contacts didn’t write their email in the specified location. Participants were informed before the interviews that they would be asked questions about their experiences as immigrant women related to mental health and that they can choose not to answer a particular question. I explained to all the participants that I intended to write up the results for publication, and that I would not disclose the real names or identities of any participants in the writing or any presentation of my work.

Each participant also filled out a brief form of biographic questions (see Appendix C). In this form, they defined their nationality, age, religion, and their self-reported social class or any other significant features of their identity. The Zoom interviews took approximately 30-60 minutes and all the conversations were recorded by a password-protected digital recording device, with the permission of the participants (see Appendix A). The list of names, contact information, and all the information were kept on a password-protected computer that is accessible only to the investigator. The answers to the semi-structured and open-ended questions from their experiences, perceptions, barriers to mental health, and their desires related to improving the status quo constructed the content of interviews. The interviews were transcribed manually by the investigator, using the exact expressions and sentences to ensure the transfer of exact intention. I entered transcriptions into the MAXQDA as 14 documents and used the software to code the participants' answers to reach themes. Similarities and differences of participants' thoughts and experiences came to light through this coding system and the coding of the thematic structure utilizing MAXQDA as a tool for data management was undertaken.

### 3.3 ETHICS

From the inception of the research, ethical decisions and considerations were at play. Philosophical perspectives associated with the study have roots in value systems that come from morality, spiritual beliefs, and historical/social circumstances. In terms of ‘procedural ethics', this study was approved by the Human Subjects Research Committee of the University of Lethbridge. ‘Ethics in practice (micro ethics)' considers ethically critical moments based on unpredictable situations in the research process. Ellis (2007) appends the third dimension of 'relational ethics,' which "recognizes and values mutual respect, dignity, and connectedness between researcher and researched, and between researchers and the communities in which they live and work” (p. 4). As

a researcher who is an immigrant woman in Canada, my standpoint and some mutual experiences with participants helped to build reciprocal understanding and trust.

### 3.3.1 PROCEDURAL ETHICS

The purpose of this study was to unfold the barriers and stressors within the unique experiences of working immigrant women at the intersection of race, gender, and work. The benefits of this study included clarifying the areas in which multiple disadvantages adversely affected immigrant women and identifying opportunities for effective policies aimed at changing the contemporary system of power and education surrounding an intersectional approach. This study engaged with immigrant women who have migrated to Canada with hopes of a better life and have lived in a foreign society as marginalized people. In pursuit of this goal, I chose participants purposively by using posters in a community group to invite participants and subsequently asked participants to refer working immigrant women in their workplace or neighborhood with different characteristics in race, class, and religion to ensure that a diverse population of marginalized women took part in this study. To address the special circumstances associated with the COVID-19 pandemic that was concurrently happening during the research study, participants had the option to choose whether to be interviewed via Zoom/Skype or correspond through email interviews. No potential physical harm existed for the participants in this study. However, some minor psychological or emotional hurt could arise in an awkward moment of recalling their negative memories during the interviews. If an individual felt uncomfortable describing a personal experience or answering any particular questions, there was no compulsion to continue. These immigrant women could choose to skip any part of the interview or decide to leave the study at any time. All the interviewees were assured of confidentiality and anonymity in this research study. The informed consent form presented complete information

about the goals of this study and the process of interviews. This consent also included information for participants about the time commitment associated with participation, the process of collecting data, and their rights as participants in this study. The researcher's contact information was noted in each copy of the consent for any further questions and concerns. Since the participants were all working immigrant women with adequate knowledge of English, they were competent to consent. However, if a participant had low literacy or a disability that created a barrier to reading the consent, I would read the consent and explain it orally to the participant, in the presence of an unbiased witness.

### 3.3.2 ETHICS IN PRACTICE

Ethical practice in my research started by building an honest relationship with the participants during interviews. I demonstrated my deep interest in immigrant women's concerns and needs, as well as established trust in my relationship with the participants. I developed this trusting relationship by using appropriate language and expressions to prove that I cared about their experiences. This positionality helped me as a researcher to stand with the participants' perspectives and secure the participants' trust in this research. Inquiring about sensitive subjects of identity such as race, religion, and social class, required mindful use of appropriate words to ensure that the participants were not adversely affected by the questions, which can potentially cause more distress to them. In doing so, my approach was asking undirected questions in words that would respect participants' dignity. Rochlin (1995) discussed in disability researches "to try replacing key disability-related words with attributes about which you may feel more neutral or positive to recognize tacit values" (p. 38). Accordingly, in my research, I used positive language that both avoided destruction and recognized values. Immigrant women may have encountered many adverse situations imposed on them by racism, sexism, or they may have lost many opportunities

in Canadian society because of their race, gender, or religion. Talking about experiences like these, especially when they have significantly impacted one's mental health, can potentially be uncomfortable. Without a reflective approach, the inquiry may induce psychological impacts for the participants and the researcher has to "reflect on how their research intervention might affect the research participants before any actual research is conducted" (Guillemin and Gillam, 2004, p. 277). Since the agenda of this research prioritized the participants' benefits based on their views, discussing needs and hopes just after unfolding their experiences of injustice or difficulties is necessary. Tuck (2009) explains, "this is to say that even when communities are broken and conquered, they are so much more than that—so much more that this incomplete story is an act of aggression" (p. 416). It was crucial in my research to focus more on hopes and what the participants thought were the best tools and approaches based on their experiences to mitigate the barriers to their mental health. This approach was both ethical in terms of providing the participants with hope and encouragement and effective in seeking solutions and plans from individuals' points of view. Moreover, by applying intersectionality to my research perspective, I approached the needs of immigrant women ethically by capturing their unique situations rather than considering them as a homogeneous group who have similar concerns.

### 3.3.3 RELATIONAL ETHICS AND REPRESENTATION

In considering relational ethics, it is necessary to be mindful of how the process affects the participants. The first notion in doing so is that the participants need to feel a healthy intimate relationship, rather than just talking to a researcher for research. As Ellis (2007) asks, "Who wants to spend time with someone who is out to use you for their purposes? And how pleasant can it be to spend time with people who feel you are intruding into their lives?" (p. 7). Being an immigrant woman in Canada, I was mindful of my personal story, which could relate to my participants'

stories, and this helped to generate intimate conversation during interviews. My post-immigration experiences were similar to some participants in some ways and differed in other ways. I considered reciprocal ethics by reflecting on their situations in this study. Ellis (2007) states that "friendship as method demands' radical reciprocity,' a move from 'studying them to studying us' and requires that the researcher turn the same scrutiny on herself as on others." (p.13).

Finally, I argue the representation of the research as both a practical and an ethical moment. In representing research findings, some critical points can contribute to ethics and the effectiveness of the study. The research representation can impact stakeholders by the knowledge generated from the research; therefore, it is necessary to determine the audience and the best way to reach them before any decisions about the representation of findings. In this research, I have considered both academic and non-academic stakeholders as the audiences to whom disseminate findings. 'Relational ethics' necessitated the conscious use of appropriate format, choosing a fluent and respectful language to represent these findings, and including all the data in the research. The simple narrative format of the study helped participants to communicate intimately. In this way, I as the researcher can easily share these results with target groups and communities. I will distribute a pdf of the findings after the completion of the research to let participants read and know the results. Therefore, it is ethically necessary to avoid a complicated format and unclear language.

Moreover, the words in which I represented the participants had to be respectful and reflective. This research includes the data collected in the findings without any cherry-picking. This ethical commitment means that I do not interfere by eliminating any words or phrases, which may seem meaningless or unnecessary, since this may impact what participants indeed try to imply. Therefore, instead of interpreting and adding researcher views, in this study, I have tried to

mostly narrate participants' quotations, and generate and expand on themes based on their expressions and attitudes.

This conscious effort to represent my participants' voices accurately and respect their interests and hopes is essential since they play central roles in generating knowledge. To avoid any bias, participants gave their contact information if they wanted to review research details and representation. This practice allowed participants to review the accuracy of any quotations or implications and validate the writing.

# CHAPTER 4: FINDINGS

To explore the mental health needs of working immigrant women and how the interactions of different aspects of identities have affected their mental health, the participants were interviewed about their experiences since the migration to Canada. In this way, the participants first generally remarked on the zones that identities had the biggest effects on their lives in Canada in either a positive or negative way. Afterward, they elaborated on their views surrounding the privileges and disadvantages of living in Canada as an immigrant, a woman, a working individual, and a person with a particular religion and social class, which included different levels of influences according to the ecological model. Furthermore, participants discussed immigrant women's perception surrounding mental health, their trust and preferences in treatment, and barriers to their help-seeking behaviors.

The ultimate findings of this study document the needs and hopes of working immigrant women, which can empower their psychological state in Canada. In addition, since this study was conducted during the COVID-19 pandemic, as an exclusive discussion to this particular point of history participants briefly discussed their concerns and mental health needs during this special

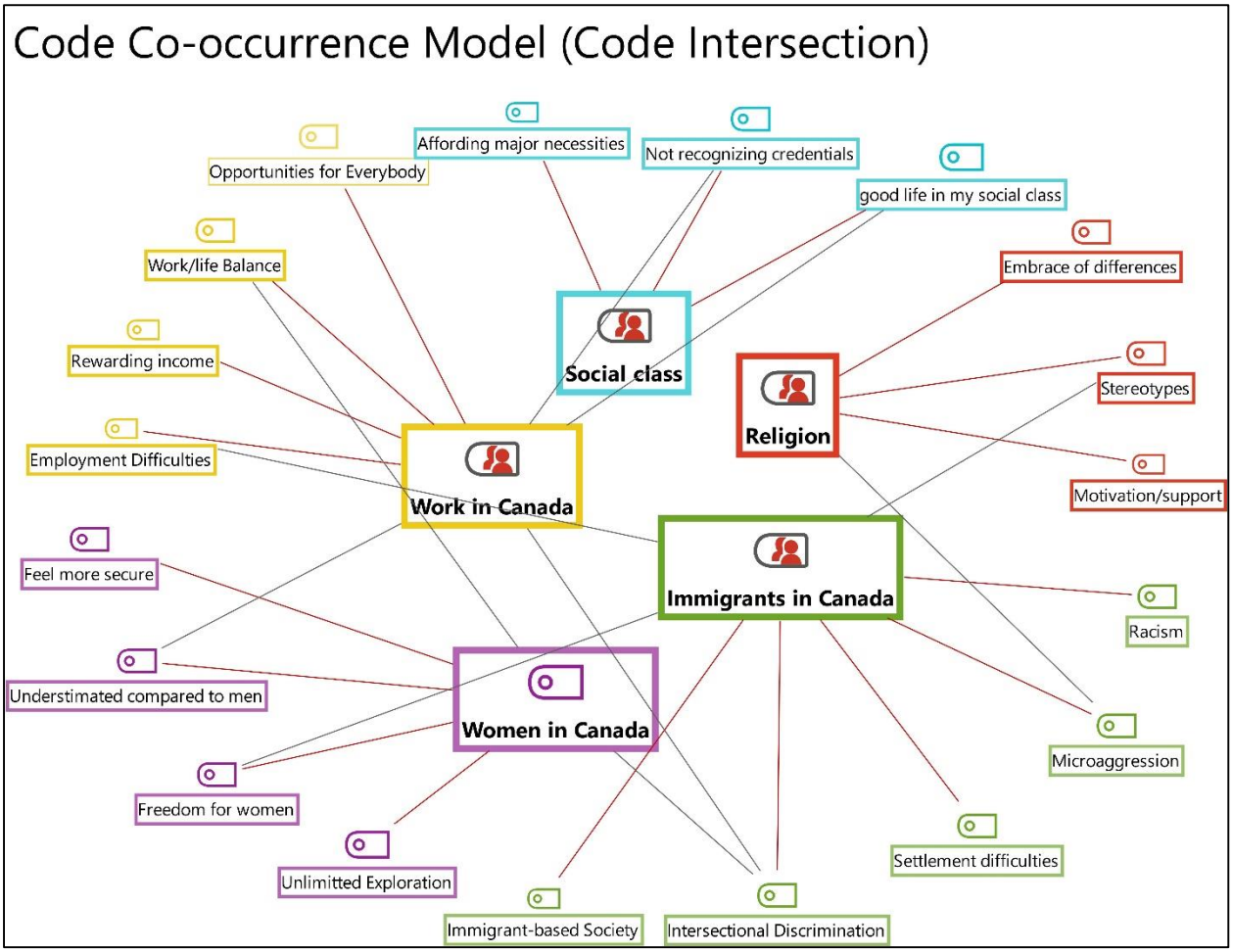


Figure 3: Code Intersection Model (Map by MAXQDA Software)

situation. Figure 3 is a code intersection model generated by MAXQDA in this study that demonstrates themes and overlapping areas of influences between different elements of identity.

### 4.1 INTERSECTIONAL INFLUENCES ON MENTAL HEALTH

Considering race, gender, culture, religion, work, and class as the intersecting parts of the working immigrant women's identities, this study inquired about significant regions of identity influencing immigrant women's experiences and their mental health throughout their life in Canada. The general answers to this line of inquiry disclosed the different perspectives of these immigrant women that are structured intricately according to different axes of identity and revealed how exclusively these intersections can affect immigrant women's mental health.

Ethnicity was the origin of many of the prominent effects on some participants' lives in Canada. One of the participants reported her culture as the most effective part of her identity throughout her post-migration life. Growing up with East Asian culture, a participant was taught to be hard-working and this attitude has led to a busy life in Canada: "…This belief that working hard is important, being frugal is important, saving money instead of spending on unnecessary things, always has a crisis awareness – all these have resulted in me working extra hard since I moved to Canada…" Ethnicity and culture had developed her mentality to work hard, which helped her to stay productive. However, these ethnic-based learnings had dual effects, and along with the advantages, they had also caused hardship that affected her mental health. "I am constantly stressed. When I grew up, nobody told me learning how to relax was also important, so when I reach adulthood I don't know a way to truly relax and detach myself from work." Therefore, culture and ethnicity that had the power to generate constructive effects on her life in Canada at the same time had the most negative effects on her mental health. Beyond the cultural impacts, gender roles and expectations also came into play intersectionally to structure her unique situation. "I am the main breadwinner in my family and I am proud of it… but part of me is very traditional and secretly wishes that my husband would earn more than me so that I could be a stay-at-home mom." The hard work and psychological pressure that she believed was a learned mindset from her home culture could have overlapping causes since as a woman the economic burden of the family was mainly on her throughout her life in Canada. These circumstances altogether had pushed this immigrant woman to the point that her mental health becomes intersectionally affected through multiple axes.

The influential interactions between gender and race were also revealed in an African working immigrant woman's narrative, as she claimed that race and gender had the most adverse

effects on her life in Canada: “Gender and also being a person of color, I think these can be barriers to many things like getting a job or getting some resources that I might need.” She believed that racism still exists in every social context including work and school. The social discriminations she had experienced based on gender and race in Canada had distressed her psychologically: “In every aspect of living here, my gender and my race affect my mental health because sometimes that I see a piece of racism pop up it doesn’t give me a good view of life in Canada.”

For a South Asian immigrant woman who had moved to Canada in her childhood and grew up and was educated in Canada, racism was manifested throughout her life. Experiencing racism for the first time at age of 9, she could recall a memory of offensive behavior from a middle-aged white man that rebuked her and her siblings because he misunderstood that they were cutting the line: “His approach was completely uncalled…he said ‘hey you guys cut ahead of my kids in line. Who do you think you are? Do you guys think you people own the country now?’”. Throughout her life, she had experienced racism in different contexts that she could recall evidently:

> It was always older Caucasian adults who treated me badly or took digs at me because of my ethnicity. This included my teachers, co-workers, and neighbors, which is unfortunate because these are the kinds of people a person should feel safe and comfortable around.

The way that race had influenced her life was peculiar because adapting to the new environments of school, neighborhood, and society which can oppress people of color can be traumatic for a child: “Being a person of color has to be the one thing that impacted me negatively living in Canada.” Further, as she entered the career environment in adulthood, gender impacts showed up clearly as an interacting oppressive axis. She illustrated that “when I go out to visit clients with my male colleagues, I often find that clients take the male colleagues more seriously than me.” Therefore, a working immigrant woman is overlooked due to her gender and race. Although racism

weighed more heavily on her mental status, gender had often interacted with the race to oppress and distress her in society.

In another interview, an African immigrant woman who had lived in Canada for over 40 years was determined that race had the biggest effects on her life and mental health. She explained that at the time she moved to Canada there were not many African immigrants around and living as a minority has caused distress for her in every social environment. She discussed her experiences of "discrimination and unwelcoming attitudes" at her workplace that had compromised her mental health. She also recalled a shocking incident that a white car serviceman called police on her and her family as soon as he reached the place where their car was broken in the road:

> We were trying to explain that we didn't know what was happening, our car broke down and we just needed a ride and they harassed us and almost like they were trying to provoke my husband so they would have a reason to beat him up. They left us stranded on the street with two kids. That was traumatic. It was based on race.

Her evident experiences of racism in the white-dominant society had considerably influenced her mental health. While race was the main reason that this immigrant woman had been frequently overlooked and distressed, she discussed the impacts of other aspects of identity such as gender and work interacting with the race to structure this situation later in her interview.

However, for all immigrant women race wasn't an oppressive axis in their life in Canada. Engaging with different experiences at the intersections of identities, a European immigrant woman called her race the most positive factor that had benefited her life in Canada. She was gratified that the people of her country had a good reputation as employees and this has facilitated her employment in Canada: "We are known to be always on time, extremely hard-working, always staying longer. So I guess that helped me getting jobs and keeping jobs." Although she believed that besides her hard-working personality, employers had granted her opportunities simply based

on a good ethnical reputation in working, considering the privilege of whiteness unfolded a duality in the derivation of this advantage. However, her experience demonstrated that while many immigrant women are denied appropriate employment because of racial oppression and discrimination, race and ethnicity may develop privileges for some other immigrants to help them find and secure a job readily based on their skin color or country of origin.

Although race and ethnicity exerted the majority of influences among interviewees, for some participants, race had no major effects on their life nor their mental health. Still, gender effects remained for this group of immigrant women's lives and had evident interactions with their race and ethnicity. Their positive views on the gender aspect of their identity in Canada were mainly based on women's rights in this new society which they were denied back in their home country. These women's post-migration experiences of gender were completely distinct from what they had gone through before their migration, while in both of these stages they were intersectionally influenced by the meso/macro-level factors of the community and society. A South Asian woman explained how different her life has appeared after moving to Canada, since they had minimal rights for women in her home country, consequently, gender had turned out to be the most noticeable part of her life in Canada: “It is very liberating to live in a country where you are recognized as a human being with liberal rights.” Considering another intersectional view on gender effects, a Latina woman discussed that back in her home country sexism and verbal/physical sexual harassment often bother women in society. But, after moving to Canada, these issues haven't distressed her anymore, and she could live her desired life despite being a woman. As a result, gender has played a considerable role in her life in the pre-and post-migration stages. Comparing all these perspectives on gender effects on immigrant women's life and mental health in Canada confirmed how intersections of identities, and different levels of the ecological

system, can uniquely structure immigrant women's situations in a way that makes their standpoints unique.

Furthermore, some immigrant women believed that religion was the most influential part of their identity in living in Canada. They explained that religion helped them to overcome difficulties here in Canada and had boosted their mental wellbeing from time to time. Conversely, a Catholic immigrant woman mentioned that not having as many churches where prayers are practiced in her language has restricted her religious rites here in Canada, which leaves her spiritually unsatisfied.

Considering social class as the area that most impacts their lives, one middle-class immigrant woman believed that class has restricted her life in Canada and adversely affected her mental wellbeing. However, in an opposite view, for two other immigrant women their social class had the biggest positive effects on their experiences. One working-class woman mentioned, “Without proper education, I don't think that I could have opportunities and would've been able to make a life for myself.” Another middle-class immigrant woman explained her social class as a privilege in her life in Canada: “It allows me to access higher education, live in a great neighborhood, basically living a quality life with endless opportunities.” Therefore, regardless of the social class they defined, their particular views surrounding expectations and affordability in these classes can impact their mental wellbeing.

### 4.2 THE ECOLOGICAL SYSTEM OF INTERACTING INFLUENCES

The participants' outlooks on their life and mental wellbeing in Canada compared with their situation before migration revealed different intersections of influences as they elaborated on the advantages and disadvantages of living in Canada as an immigrant, a woman, a working individual,

a person in their class, and a person in their religion. Considering an ecological model, participants' narratives of their experiences and attitudes included the interactions of influences at different levels from the individual level to the macro level, and discussions surrounding these aspects revealed the interaction of inter-and intra-categorial effects on working immigrant women's mental health.

### 4.2.1 RACE AND ETHNICITY

Participants expressed their feelings and experiences about the status of living as minorities of race and ethnicity in Canada. The most common attitudes about being an immigrant that these women talked over were generally discrimination against minorities, racial inequality, and overt/hidden racism. These factors consequently had impacted immigrant women's mental health at the meso-and macro-level, although interactions of individual identities situated these experiences at the distinct intersections.

**Prejudice and racism**

Some working immigrant women discussed evident racism that they have faced in Canada's white-dominant society especially in their career life. For these women, there were strong interactions between race and work. An African working woman detailed:

> I started marketing and I had a lot of groups and teammates to work with and this was a bad experience because they were not set to me, not listening to me, and felt some weirdness about me. They asked some racist questions and it was tough for me during my first few years.

For this participant, racism at the workplace resulted in feeling excluded from that social network and caused mental distress.

Opening up a pernicious earlier experience of racism in childhood, another participant also believed that racism and prejudice are critical barriers that hinder the sense of integrity in immigrants. The evident aggression that she had faced due to some white people's biased attitudes and behaviors throughout her life in a foreign society, was a clear example of how immigrant women's mental health is affected at the macro- and meso-level in the society and within social networks. Another African participant called out biased views that strongly compromised immigrants' mental wellbeing: “The attitudes of people at school and the way they look at people of color. Even some comments that Canadians still make about Black people and people of color, and some issues like policing on black people…” Therefore, racism and intolerant perspectives are powerful influential factors at higher structural levels that threaten immigrant women mental health.

**Intersectional discrimination**

Considering overlapping zones of working immigrant women's identities, the significant role of racism is not the only reason for social discrimination. An African woman described the inequality at work that initially arises from racism: “Because of my race I find myself having to give 150% effort than my non-college counterparts.” Then she illustrated being overlooked in her life not necessarily because of being an immigrant, but due to her situation at the intersection of race, gender, and work. “At work, there are clients who want to talk to the manager, and as soon as I come, they look past me because they don’t expect me to be the manager.” The same biased look existed at the intersection of race and class, in her neighborhood where the interaction of race and social class induces the sense of not belonging to a society: “I

live in an affluent neighborhood, and if I walk there, they look at me in that neighborhood with a questioning look."

Another interviewee also explained that women of color don't have the same opportunity to progress in their careers, since they are underestimated based on race and gender. "As a Black person, it can be challenging at times to work as a nurse because often other nurses mistake a foreign accent as less competent." She also pointed out that the interaction of race and gender impedes immigrant women from achieving high positions: "Rarely getting a leadership position compared to different race…It is demotivating and it feels like I have to constantly prove myself not only because I am a woman but also because of my race." Interacting influences based on identity and multiple-level discriminations discourage working immigrant women from moving toward integration.

**Microaggressions**

Discussing racism as a destructive influence on immigrants' mental health, some participants explained that racism is not always overt. Growing up in Canada, an interviewee believed that the intensity and type of racism have now changed compared to the 2000s. This change may be because some Caucasian people are more aware of diversity and inclusion, or biased people may have learned to smartly cover overt disrespectful prejudice, in what another participant called "racism with a smile". Therefore, microaggressions have become more common than overt racist behavior according to interviewees' experiences:

> People intentionally or unintentionally making you feel like you don't belong by asking questions that are insensitive, for example: 'where are you REALLY from?' Is a question that…has a premise that only white people can really be from Canada and everyone else is from elsewhere.

Another participant also pointed out that microaggressions in white people's behavior and conversations always distress immigrant women by targeting their identity: “I was educated here in college and university and have over 30 years of service in the government, still I see people asking me ‘where are you from?’”. Apart from digging people of color identities, an interviewee remarked on the way biased people suspect immigrant women's success whenever they reach good positions as if they can never be qualified enough without supports from insiders: “I heard many questions as to how I got my job and if I knew someone from the inside as if I don’t deserve it, I earned it.” Microaggressions, regardless of motivations behind them are hidden form of racism, which affects women of color psychologically at meso- and macro-level of social networks and the society.

**Settlement difficulties**

Some women pointed out settlement struggles that influenced their experience of living as an immigrant in Canada. Among all difficulties associated with the settlement process, the language barrier was the most reported by participants to have major effects on their life and mental wellbeing. However, adapting to a new culture, getting acquainted with new people from different backgrounds, and not being able to adhere to their customs and cultural traditions were other challenges. Elaborating on lack of language, a participant explained her feelings and experience: “Being an immigrant and not being fluent in English, it was very hard to include yourself in the society and you feel excluded.” Some participants declared that race wouldn’t be a problem since they had experienced no racism. Still, the differences in mother language that come from ethnicity develop a gap in communications and hindrance to their integrity. An interviewee remarked: “I didn’t face racism that much, only because of my accent it was hard for me. My English was not

good and it was so hard." Another immigrant woman also described that the unintentional reactions of native speakers can disappoint immigrants in communications: "Never noticed any prejudice or race disunity here in Canada but have noticed sometimes being laughed at my accent when I speak English." The concerns of having an accent that people may tease or being unable to transfer the exact intended meaning can shake immigrants' confidence in speaking English and consequently, they feel separated. As a result, they avoid communications and isolation can directly influence their mental wellbeing and also care-seeking behaviors. Therefore, the intersectional situation of immigrant women may present as a hindrance for some and may hold them back from accessing mental healthcare services.

**Post-migration privileges**

Along with the concerns and disadvantages that had adversely influenced participants' psychological state as immigrants, some participants described their experiences in Canada in terms of the advantages they have achieved in this new society. These immigrant women reported having more positive life opportunities such as: being multilingual, experiencing more liberty and security, and living in a multicultural society. One participant claimed that she had gained many benefits as an immigrant: "I feel secure more and I have more opportunities, more benefits. My education and job, everything has improved since I moved." In another intersectional experience, an immigrant woman, who believed stereotyping rarely happens in Canadian society, declared to be privileged by the ability to speak a different language rather than English: "Overall it's been a huge advantage for me, because I can speak more than one language, I'm multilingual, so it was good because I was able to see the job opportunities, which I wouldn't have otherwise." While this privilege showed up in specific intersections of immigrants' identities and at the individual level,

it also contrasted with the disadvantage of language insufficiency in differently structured intersections in terms of higher-level influences.

Further, some interviewees talked of diversity and multiculturalism as a benefit for all levels of individuals, families, social networks, and broader society to become acquainted with differences: “You get to learn about different cultures, have all kinds of different foods, experience others' traditions.” Another participant stated: “The fact of being multicultural place and experiencing different things is a different level of appreciation to modern life and solving problems easily.” As a positive aspect of being an immigrant in Canada, multiculturalism plays an encouraging role in immigrant women's life.

### 4.2.2 WOMEN IN CANADA

Discussing the privileges and disadvantages of living as a woman in Canadian society, participants' different attitudes introduced a diversity of situations at the intersection of identities and multi-level influences in Canada and their home society.

**Women's freedom**

One of the substantial privileges that had influenced these women's situations was experiencing freedom and living beyond the limits of oppressive social, cultural, or religious boundaries for women. Liberty, as a macro-level factor that has the power to allow immigrant women to restructure their situations in this new society, has direct and indirect effects on immigrant women's mental strength. One participant clarified the life-changing differences between her country of origin and Canada, which were mainly based on women's freedom and rights:

> It really opened up opportunities for me and having what I dreamed that is to be free in my identity, relationship, my choices in study and work, and how I want to live. For sure as a woman opened a lot of doors and it provided a lot of opportunities for me that I feel so lucky.

From another perspective, this new social and cultural context helped an African woman distance from the traditional gender roles and expectations she had to deal with before migration, and migration enabled her to pursue her rights as a woman:

> My life in Canada as a woman is much much better. I am not expected to bear all the load at my home. I am not supposed to be the wife, the cleaner, the child-bearer, and the husband just come from work and I have to serve him while he has his tea on the table...I have the freedom to say no, sorry, as long as I have to work myself we need to help out each other in the house.

This immigrant woman's experience indicates that an individual situation of an immigrant woman at the intersection of ethnicity, gender, and work can impact her mental wellbeing based on the determinant factors from the societies (macro-level), communities, and social networks (meso-level). In other terms, while gender could affect these women's psychological wellbeing as an oppressive axis in their home society, migration to a liberal society has converted gender to an empowering influence of their identity.

**Security and Peace of mind**

Some participants claimed that as women they were privileged with high levels of security in the Canadian society while they couldn't have similar assurance in their home country. For women, who used to feel insecure in their previous intersectional situations, experiencing security in an unfamiliar foreign society has encouraged their confidence and mental well-being. In addition to living freely in their new country, having safety and reliable supports has been a prime characteristic of Canadian society that has provided them with psychological encouragement. A South Asian woman declared: "I feel more secure in this country. There is definitely a high level

of safety and security compared to my home country. I also think like there's less corruption and there are more opportunities for women." A Latina woman also believed that she can live freely without concerns of sexual harassment in Canadian society while these issues could compromise her mental health in her home country:

> I never saw any of those [harassments] here at all and I think even if I see, it can be reported. I mean that here whatever you are wearing nobody is looking at you which is nice. We have rights here.

Therefore, the confidence that simply comes from women's social and legal supports has enhanced some immigrant women's mental peace.

**Unlimited experiences and possibilities**

Almost all the participants believed that women in Canada have equal rights and opportunities to improve their potential and explore their favorite fields, the same degrees as men. Therefore, legal, social, or cultural restrictions, which these women had to endure in pre-migration situations, cannot deprive them of their enthusiasm and prosperity in Canada. In this way, they are empowered in their new social locations which can considerably enhance their mental health. A participant described Canada as a favorable society for fostering women's powers: "What a man can do, here woman can do too. If I want to be a pilot or rig operator, I can be that." Another immigrant woman explained the different gender roles and expectations in her home country which can limit women's potential: "It is completely different. Back home women don't usually work, but here everyone can bring income to the family." The state of having equal opportunities to men to explore their desired life was an outstanding trait of Canada according to another immigrant woman: "They[women] achieve what they want, nobody questions you. It's an amazing country

for women. If you want to learn if you want to work or do whatever you couldn't do before you can easily do here."

**Underestimation of women**.

In contrast to all the privileges that these immigrant women mentioned, there were drawbacks that some participants had experienced at the intersection of race, gender, and work. Underestimating women's abilities and potentials compared to men was one point that some participants reported about the job environment. An interviewee remarked on the interacting effects of race, gender, and work: "It is demotivating and it feels like I have to constantly prove myself, not only because I am a woman, but also because of my race." Another working immigrant woman explained distinct aspects of being a woman in this society: "Being able to explore different options for a career or job, or study are all positive but, being underestimated sometimes as a woman is negative." Another participant discussed the income inequality of men and women and discrimination against women occupying high-status positions in Canada:

> Men are generally paid more for the same work relative to women. Women are also disadvantaged because they have fewer employment opportunities relative to men- since a lot of employers perceive women as being primarily devoted to their families, and therefore not to their careers. This is especially true when you look at the extremely low portion of women in higher leadership positions such as CEOs most of these positions are occupied by men.

Conversely, a European white immigrant woman believed that women have the same employment opportunities as men that shows her different intersectional situation: "I had always a fair chance to work raises from the bottom up and didn't feel any discrimination for being a woman." These different intersectional experiences of women suggest that discrimination levels vary among working immigrant women based on identity-related privileges such as skin color that influence the employment outcomes of immigrant women. While for some immigrant women the

privileges from one axis of identity may neutralize the adverse effects of others, intersectional discrimination influences many immigrant women psychologically.

### 4.2.3 JOB-RELATED CIRCUMSTANCES

Inquiring about the different challenges and benefits of working in Canada for immigrant women, participants shared their thoughts and perspectives. Based on interacting influences of their identities and multi-level factors, they remarked on various features of work in Canada.

**Employment difficulties**

Having no work experience or recognized credentials in Canada made it problematic to find and secure an appropriate job for many immigrant women. A participant explained her employment situation as "struggling to find a proper job with education which is not as recognized." Another immigrant woman also argued that her inability to secure a career due to the invalidation of her educational background was a critical disadvantage: "Unemployment of immigrant women because they don't recognize their credentials." She proceeded to explain other barriers including intersectional discrimination against immigrant women based on race and gender to achieve a position: "Women are hired less than men and they place men in high paid positions and women in low positions...Compared to Caucasian people immigrant women receive fewer jobs and employment and considered less qualified." Furthermore, a South Asian woman discussed her experience of discriminatory employment to remark on the effects of biased views on immigrant lives: "Racism is not open that no one says it openly, but you do feel it when you go for interviews. They don't say it because they are not allowed to but it is behind doors and discrimination exists." An African working woman also declared: "Because we are immigrants we always have to prove ourselves maybe more and push those thoughts that we are not good

enough…. At the workplace, they don't discriminate obviously but I could feel it in my heart." In contrast, a European working woman explained how fair the opportunities are granted to people regardless of their gender or race in Canada compared to her home country: "In Canada, you don't put your gender, photo, age, marital status or children in your resume. When I moved here, I didn't know English very well and my English was poor, and I was surprised how much chance they give me even though I could barely speak." The contrary standpoints of these working women indicate that different intersectional social locations may impact immigrant women's mental state differently.

**Work-life balance**

Most immigrant women in this study believed that working in Canada is stressful because they had to dedicate most of their time, effort, and energy to the work rather than spending it on their personal needs or their families. A participant described her stressful work-life situation: "It's hard. It's challenging to juggle it all." Another aspect that an interviewee pointed out was related to the interaction of work with the state of being an immigrant, far from home and family. According to this participant, the limited vacation time for employees in Canada impedes immigrant women from visiting their family back home, which can psychologically affect them: "less time spent with family and friends; stress; I cannot travel back to my home country and visit my parents anytime I want." Also, inadequate vacation for employees to refresh was mentioned by another participant as a crucial factor that weakens immigrant women's mental wellbeing: "That's definitely straining or draining because you work so hard and you need a vacation to recharge and be healthy and happy. That's something that is necessary and lots of employers don't offer that." However, from a distinct perspective, an immigrant woman believed that a busy life

would distance her from overthinking her problems and in this way favored her mental health: “[work] keeps your life occupied. You don’t have much time to sit idle and think. You don’t have time for thoughts that are not good for you because you are always busy.” Moreover, disclosing gender effects at this intersection, a couple of participants remarked on the hardship of being an immigrant working mother in Canada: “In Canada, mat leave is only 1 year. Emotionally, mentally it's hard to put your children in daycare just so I can go to work.” While living far from family leaves these immigrant women helpless related to childcare, the necessity of going back to work with all a mother's worries and feelings may compromise their mental well-being. Another participant said: “It is hard and often too much…For me working life after becoming a mother is heavy.” The necessity of hard work to afford an acceptable life, having no assistance from family for childcare, trusting and affording daycare to take care of their children are the challenges that may distress working immigrant women.

**Rewarding income**

Along with all the difficulties that immigrant women may face while finding jobs and balancing life and work, working in Canada has advantaged these immigrant women in different ways. Many participants declared that working is rewarding in Canada because individuals earn income based on how hard they work. A participant explained that working in Canada is encouraging: “As you work here you can make progress and achieve more than before.” Another immigrant woman also believed that this quality can uplift immigrants' moods: “It's the amount of work that I put into myself and my career that can push me forward and let me have a better life.” A stable income can simply empower immigrant women to live a financially independent life that plays a significant role in their mood and life satisfaction. One participant explained: “I feel much

more independent, I don't have to rely on my parents much. I know my credibility and whatever I work for do get appreciated here." The assurance that working in this society enabled them to afford their living expenses on their own and save more through hard work psychologically comforted working immigrant women.

**Opportunities for everyone**

According to interviewees another positive aspect of working in Canada was that there are positions for all people with different educations and skills. Therefore, individuals who are not highly educated or professionals can still have a satisfying job and afford their living expenses. An African participant explained that her home society only values highly educated people, which restrains individuals from following their passions and talents while a different situation exists in Canada: "Here in Canada you can be passionate about something and make a career out of your passion." Further, a European participant pointed out that the competitive employment environment in her home country meant she needed post-secondary education to find any position, but in Canada, she had a different experience:

> [Back home] you can never work your way up without a diploma and you have to go to school and have a degree in that field. But here you can start working in that field and learn the trade alongside and then get your degree later, and that's what I love about working in Canada that gives everybody a fair chance.

That Canadian society's employment capacity could provide many newcomers with jobs regardless of their credentials was a great advantage of living and working in Canada according to the participants. This macro-level social and economic feature had supported these women's mental health by diminishing concerns of affording necessities of their lives without particular education in a foreign country.

### 4.2.4 SOCIAL CLASS

Social class was a self-identified factor that participants in the study defined based on their education and income. The immigrant women in this study had different levels of education from secondary school to master's degree and identified their social class as working or middle class. The significant element of this discussion was that the majority of participants reported a good and satisfying life in their social class. A working-class woman with a secondary school education had enjoyed her life in Canada as an immigrant in this class: “I really have a good income because I have been in this field from 8 years ago and I think that it is just perfect.” Another participant also explained her fulfillment in working-class life: “As a working-class, I got what I wanted, maybe much more than what I could achieve in my country.” According to a middle-class immigrant woman who had a master's degree and was satisfied with her life, education and race can interact to structure immigrant women's situation in Canada: “If you have an education there are more opportunities for you even as a person of color. In this class life is comfortable.” An African middle-class participant also pointed out the drawbacks at the intersection of class, work, and race, while still gratified with life in her social class: “My life is good. I have to work harder than white people but still, I get rewarded.” The different experiences of these women indicated that in general, regardless of living at a higher or lower class, most working immigrant women in this study were satisfied with the life in their social class, and this has a supportive effect on working immigrant women's mental health in Canada. However, one participant remarked that with their income they can only manage the necessities of life in Canada, and the inability to live a desirable life sometimes affected her: “not being able to provide for my children financially, as much as I would wish to…”

A critical point that participants remarked upon in the discussion of education and social class was the invalidation of their credentials in Canada, which impacted their incomes. Not recognizing the educational background of immigrants, especially for those who have been highly educated, doesn't permit them to work in their career and consequently impact both their social class in Canada and their psychological satisfaction. One participant had despaired of her background degree, which she had worked hard for and now seems fruitless: "I have a Master's degree from back home but it doesn't mean much here in Canada. I understand why. I received my degree in a language that is not English or French. Sometimes, I feel that it's an obstacle for some immigrants." Another immigrant woman with a graduate degree was concerned about her position since her degree was not accredited in Canada so far, and she couldn't practice in her professional field. This demonstrated that although immigrant women may have a satisfying life with a different career in Canada than their previous profession, the hardship of not having their degree which they had spent ample time and energy on, can psychologically put pressure on them.

### 4.2.5 RELIGION

While most participants had different backgrounds, some didn't practice any specific religion in Canada. Each interviewee had a particular point of view based on their experiences, which included the advantages and disadvantages of having their specific belief in Canada.

**The embrace of differences**

Almost all these immigrant women, regardless of practicing a religion or not, believed that there is a privilege for immigrants in Canada to live in a multicultural society that respects all beliefs and opinions. These women mostly confirmed that they have been welcomed with any religious beliefs they have in Canadian society. A Muslim interviewee explained how

multiculturalism in Canada can help immigrant women in their intersectional situation: “I think it's very accepting…There are so many people from so many different cultures who live here and it's very diverse, so you'll fit in somewhere, you don't feel left out.” Another Muslim immigrant woman also looked at this advantage as a means of mental health support: “Canada is multicultural, so there are many people with my religion. It definitely helps to communicate and have networks.” Appreciating Canada's current governmental supports of different religions and beliefs helped immigrants feel secure and free to practice their religion. Another Muslim participant added: “For the most part I feel safe being a Muslim in Canada, which I value because I have family all over the world who don't feel the same way.” The advantage of feeling safe and free in a society where different beliefs are accepted, and individuals are not legally or socially interrogated because of their religions, can psychologically support many immigrant women. In a unique perspective, an immigrant with Baha'i faith mentioned she was privileged by freedom of religion in Canada, which she couldn't experience in her home country. Her unique intersectional situation also has changed at the macro-level of social factors after her migration: “Canada gave me the opportunity to explore my religion that I didn't have in my own country and I can live it better and freely. Canada is so open to that, so it opened my eyes to different religions.” Conversely, those immigrant women who defined themselves as atheists remarked on this privilege differently by looking at Canada as a society of less prejudice and judgments against atheists: “There are not many people that are super religious judging you because you're not following, or you are not going to church or like that.” Another participant also admired this quality in Canada:

> I have faith that what we do comes with whatever benefits to other people. It is good for me here because you don’t have to belong to a religion and there is no pressure that you must go to the mosque or church.

The freedom of religions and beliefs along with higher levels of social acceptance in this multicultural society had a supportive effect on immigrant women's mental wellbeing.

**Motivation, sense of community, and support**

In a further elaboration on religion's effects on their mental status in Canada, many immigrant women pointed out that practicing religion with others from the same background in their new society gave them a sense of living in a community and that strengthens their mood. Furthermore, religion had spiritually aided some of these immigrant women to stay motivated, strong, and positive throughout their life in Canada. A Muslim woman explained the advantage of practicing religion in Canada as "finding a sense of community in a foreign country, as well as being able to show how beautiful my religion and culture is…" Another Muslim participant pointed out the benefit of having supports from the community: "There is community mosque that we go and can help us." A Protestant woman also described how religion and communication within a Catholic community could improve her mental status: "My husband is Catholic so we go to Catholic mass. Great community, supportive, enriches my life as my faith is important to me. My faith gives me purpose, it's good for my mental health."

**Stereotyping**

Conversely, some participants remarked on the disadvantages of having a specific background religion. Stereotyping and biased views against religions were the notions specifically pointed out by Muslim immigrant women. A Muslim participant described an intolerable questioning look from people in her social network: "With the background of being Muslim sometimes people ask questions about what you eat what you do that can be uncomfortable." Another Muslim woman also had experienced awkward feelings about the biased perception of

Islam among western societies: “I’ve personally experienced that people expect ordinary Muslims, such as myself, to be apologists for the behavior of radicalized Muslims who do bad things. This is unfair because members of other religions aren’t held to the same standards.” These attitudes as macro-and meso-level factors can generate mental distress for immigrant women that leads to limited inter-religion communications with others and self-isolating behaviors.

## 4.3 MENTAL HEALTH PERCEPTION

Participants' definitions of mental illness, and factors that inhibited mental health care, demonstrated levels of awareness in these immigrant women that disclosed a need for public education about mental health. Most participants stated that if an individual has a balanced life, including appropriate eating and sleeping status, compatible communication with other people, and proper social function, they may be psychologically healthy. Some others believed that mental health means the stability of emotions, the ability to control their feelings, handling life stress, and dealing with adverse situations in life. Thinking positively and feeling happy were some indications of mental wellbeing according to some participants. However, a couple of participants mentioned that mental illness is not an apparent condition to people and that mental illness needs to be clinically diagnosed by a professional. Disclosing different barriers to mental health, participants elaborated on their pre/post-migration experiences and perceptions.

### 4.3.1 TRUST AND TAKING ACTION

When immigrant women go through an emotional problem, they may not have many close people around they trust to discuss their mental struggles with them. Furthermore, if they need help, they may have limited awareness about resources and where to seek care. In this study, participants talked about the person whom they would trust to share their mental issues. The

majority of immigrant women trusted their family members such as spouses, siblings, and parents to talk with. Some others would feel more comfortable with their close friends to elaborate on their mental distress. Also, the family doctor was the most trusted individual for some immigrant women to discuss their problems.

Moreover, participants discussed their preference to manage their challenges themselves rather than sharing emotions and struggles with a trusted person. Most of the immigrant women in this study stated that they would seek help from their families and friends first. Although for four participants visiting a counselor, psychologist, or family doctor was the first choice to seek help, many others mentioned these as second or last options. Among all the participants, only two immigrant women knew and talked about some available associations and organizations for mental healthcare. Also, only one participant brought up work hotlines as a recourse in case she wanted to talk to an unknown person. Based on religious beliefs, some women mentioned church or religious references as the first and only choice. A participant also talked about exploring the internet to get some information that can help her.

All these preferences indicated that the immigrant women's intersectional situations provided them with different strategies to solve their mental problems, which may not necessarily be the most beneficial option for them. Furthermore, considering immigrant women's attachments, the role of family and friends at the micro-level in encouraging and supporting immigrant women to pursue mental health is quite determinative, as many of the participants would trust and seek help within this social territory. At broader levels, religious resources and communities play a directive role for immigrant women in the particular intersections of identity where religion is predominant. Also, since working is another interacting factor in these women's situations, and the

workplace environment can be the origin of distress, providing working immigrant women with proper knowledge about where and how they can seek help for their mental distress at the workplace or outside is crucial (macro-level intervention). Besides, based on the class and educational level of individuals, some immigrant women can benefit from online options to discuss their mental issues anonymously via the Internet rather than face-to-face visits.

### 4.3.2 TREATMENT PREFERENCES

Regardless of whether they have a mental illness or not, people have different outlooks on the advantages and disadvantages of medical treatments. Uniquely structured at the individuals' intersectional situations of culture, religion, and class, these mentalities can impact the care-seeking behaviors of immigrant women. In this study, half of the participants declared that they were completely open to medical treatment and that if they were prescribed medicine for any adverse psychological circumstances, they would follow the treatments. However, some immigrant women explained their hesitation to use medical treatments unless they had a severe illness. An interviewee explained her hesitation this way: “medicines would change the chemicals of your brain! I’d think twice before consenting to that.” Some others were determined that they would refuse to use any medicine even if they were diagnosed with a psychological illness. “I still think that if I get depressed is because I have free time that I may overthink. So, it would be hard for me to follow medical treatment and prescription” an immigrant woman said. Regarding medical treatment, another participant answered that “not at all unless I have explored all my options first.” Participants who disagreed with using medicine had other preferences such as therapy, naturopathy, or acupuncture.

### 4.3.3 BARRIERS TO SEEKING MENTAL HEALTH CARE

To identify inhibitor factors, which prevented immigrant women from considering mental health care, participants in this study elaborated on how the mental health of immigrant women may be influenced by different factors compared to men or Canadian women. Many interviewees mentioned that for immigrant women being far from extended family burdens them emotionally. This situation may not necessarily happen to Canadian women and affects immigrant women, differently compared to immigrant men. A participant described her extra stress of being far from family during her pregnancy: “Being alone in my first pregnancy made me feel distressed. I was tired and it was extremely tough for me.” Another immigrant woman also reported her childbirth as tremendous mental distress: “The birth of my twins... My husband was working 16 hours a day, 6-7 days and I was very overwhelmed and my family was overseas…” Lacking the support of family that every woman needs in difficult moments was also mentioned by another interviewee as a considerable feature of immigrants lives: “For immigrant women, because there is no extended family to help right away here, you also face everything and taking care of things by yourself.”

From another aspect, some participants remarked on the different priorities of immigrant women's lives, which diminish the importance they ascribe to mental health care. “All immigrants consider livelihood, settlement, employment as the most important things. When you don’t have a job that puts a roof over your head and food on your table, you won’t have the time to think if you suffer from anxiety and depression” a participant argued. Another participant also explained how concerns of settlement and employment draw immigrant women back from considering mental health: “When the husband is struggling to find a job that's also stress for the household. So, because women have to take care of every aspect of life, they need to put their mental health aside to think about the family and kids. Immigrant women go through a lot of stress.” Struggling with

all the settlement challenges such as employment, language, new cultural context, a limited social network, combined with having responsibilities and concerns of a woman regarding her family, results in these needs being prioritized before individual mental healthcare.

In pursuit of mental health services, immigrant women also may face gender, cultural or social barriers, which participants in this study elaborated on based on their individual experiences in post-migration phase.

**Gender-related factors**

Most of the participants claimed that they saw no direct gender barriers to them pursuing mental health services in Canadian society. However, some barriers can influence indirectly influence help-seeking behaviors in these women; Some believed that it may be even easier for women compared to men to seek help when feeling mental distress because men resist accepting they have mental illness and they feel more stigmatized. A couple of immigrant women in the study mentioned that they prefer female counselors or therapists because they are more comfortable with women. Even though it's not considered to be a barrier, it may still prevent them from trying some of the available options. Moreover, a participant declared that “sometimes when women seek help in mental issues they are considered not being serious compared to men.” This view suggests that sometimes if women express their mental struggles to others (even healthcare services) they may misjudge them as seeking attention rather than needing help, and this attitude can influence women to hide, or not openly express their emotional and psychological issues. Therefore, considering inhibiting factors that play role in the intersection of being female and having diverse cultural/religious standards in seeking help, immigrant women have unique situations.

**Cultural/social barriers**

Along with gender barriers that may exist for immigrant women, cultural and social drawbacks can noticeably affect their help-seeking behaviors. Culture has a pivotal role in immigrant women's mental health. According to the ecological model, it can influence people at the individual, micro-, meso-, and macro-level. Home culture can establish powerful beliefs and develop exclusive attitudes in immigrants, their families, and the communities. The most critical deterrent factor to addressing that participants discussed was the stigma. Many participants stated that their home cultures do not recognize mental illness and people don't understand the concept of mental health as widely as physical health. The majority of participants mentioned that they tended to keep their mental issues secret because of stigma: "When you admit that you have mental issues, it is taboo and stigma that you are crazy and you should go to the nuthouse and that stops a lot of people from admitting to having mental distress." Although all participants reported that cultural stigma and taboos about mental problems existed in their backgrounds, they were affected differently based on their intersections of ethnicity, culture, education, and religion. Also, the concretion and intensity of cultural beliefs were different in each intersectional structure. Some interviewees declared that it is embarrassing in their culture to impart their emotional and psychological problems because only weak people do so. One participant explained: "They see mental illness or any stress as a weakness. It is something that you need to pull yourself up by your bootstraps and move on.". For another interviewee, there was a stricter cultural taboo about mental issues that impacted her life and made her feel isolated and extremely embarrassed about her father's depression back home: "I hardly brought friends over and hyper-focused on getting straight A's to compensate from the pain and to make my mother happy." Concerning the cultural and social stigma, immigrant women tended to conceal their mental struggles to avoid the judgments

of people around them as one of the interviewees stated that: “it’s something that I would not share with my community or extended family.”

Moreover, following directions from religious resources sometimes interacted with immigrant women's care-seeking behavior. Depending on the standpoint of an immigrant woman in their intersectional situation, religion may act as a discouraging factor that distances them from pursuing mental health services. One participant reported that “church and religious leaders encourage just to pray, that if you just pray harder and [have] faith the problem will go away.” Some immigrant women may rely eminently on religious beliefs, and if the advisers stress only on religious behaviors as treatments, these women may be discouraged from seeking clinical and professional health care. For some immigrant women at a particular intersection of culture and religion, uncomfortable ethnic beliefs existed that considered mental illness as a “devil’s work” to be healed only by praying. As one participant explained: “In my culture, they believe that spiritually it can be corrected, and harder you pray you will get better results.”

Considering all these established views that immigrant women carry with them, pursuing mental health, and seeking help for psychological distress would be a tremendous challenge. This can be further complicated when in families and communities these attitudes come into play. A participant explained how destructive cultural beliefs influence people's health care in her ethnicity: “You're weak if you go to the psychologist, it’s always like ‘get over it’, or ‘you don’t need it’, that's what the people say…”. Another immigrant woman described that in her home culture they don’t talk about psychological problems due to worries about people’s assumptions and stereotyping: “People tend to brush the issue off by saying ah he’s just in a bad mood, he’s just frustrated and stressed out, etc.”.

However, migration to a new society, like Canada, with different cultural perspectives and more diversity in beliefs and openness to discussions about mental issues has become a turning point in many immigrants' views of mental health care. The majority of the participants in this study stated that their views have completely changed after migration to Canada. Some others mentioned that they have obtained more awareness about mental health after migration, while four women believed that despite all the cultural taboos they were well-informed and open-minded on this subject even back home. An immigrant woman stated that even in the context of strict cultural stigmas in her home society she had sought help and gone for therapy sessions.

All the participants, including those of European origin, believed that the social/cultural environment of Canada is distinctly open to speaking about mental issues: “It was here that I learned the importance of discussing mental health openly. I should have never been ashamed in the first place.” Another participant explained that she was uncomfortable with the discussion of mental illness until she moved to Canada: “Here people are really open, talking openly about struggling with mental illness and seeing therapists”. Participants' post-migration alteration in attitudes showed that immigrant women at the intersections of ethnicity, education, and class had experienced different levels of change in their perspectives and that public discussion and education about mental health can diminish the grounded cultural barriers about mental illness.

Apart from stigma and cultural beliefs, class and economic situations also played a role. Some participants discussed financial concerns as a barrier to pursuing mental health services. “I have health benefits co-paid by my company. Even so, it’s not 100% covered, and after a certain number of sessions, I will have to pay for it all by myself. This makes me hesitate to seek mental health support” an immigrant woman explained.  Another participant brought up the economic

strain associated with pursuing mental healthcare services, while she knew about centers that could help in this regard: “The only barrier I could see is probably economic. But there are many associations that can help you financially.”

Discrimination in healthcare services against people of color was the other noted barrier that could discourage immigrant women from seeking help. An interviewee believed that “sometimes as a person of color if you seek help you may not be taken seriously compared to white people.” She provided an example of some of her friends, who had recourse to access healthcare services and hadn’t received proper care. “The color of the skin is a barrier because when you are a person of color the amount of the services you receive is not the same as what Caucasian people receive. Even medication and access to the resources that you can get subsidies from the government sometimes is denied because of your skin color.” She had already discussed underrating women's psychological problems as a gender barrier and now looking from the intersection of race and gender, she opened up a perspective that illuminated different oppressive factors against an immigrant woman pursuing mental health services.

### 4.4 NEEDS AND HOPES FOR SUSTAINING MENTAL HEALTH

When immigrant women's expectations and suggested beneficial interventions to improve their mental health were explored, interviewees first explained individual-level approaches to diminish the stress in their adverse situations. At higher levels of influence, they remarked on interventions and policies that can potentially ameliorate circumstances for working immigrant women and help their mental health.

### 4.4.1 INDIVIDUAL/MICRO-LEVEL INTERVENTIONS

Participants discussed their approaches to evade mental stress that they may experience in their particular situations. Most participants discussed activities that would decrease their stress and improve their mental health, such as going on trips out of the city, exercise, meditation, reading, and massage therapy. Some interviewees believed that broadening their social network and communicating with other immigrant women created causes a sense of rapport that encouraged them psychologically:

> I think communicating with people around you who share that same storyline as you, talking to other immigrant families, immigrant females who come to this country and are in the same boat as you…I just like talking to people to share similar values and experiences as you.

Social contact with other people can help immigrant women avoid isolation and the mental impacts of post-migration loneliness. Communication and broadening social networks for immigrant women also evoke higher-level considerations about language barriers and public programs. In addition to socialization in Canada with new people, frequent family visits from back home also were mentioned as a treatment that would raise their mood and support their mental health: “If I can see my family, I don’t feel that alone or have depression.” For many immigrant women living far from the close family has caused significant mental pressure. Therefore, the ability to visit family back home, or having them in Canada for a visit would considerably help their health; however, is influenced by factors such as financial affordance, vacation length, and Canadian policies surrounding visitor permits. Another individual approach that some participants believed would help their mental health was regular counselor visits to check up on their psychological state and seek consultations during stressful situations. They believed that even if they were not mentally ill, discussing tension or simply talking to a counselor could help them to manage their

life's challenges to prevents further mental damages. This approach also requires financial support, designated healthcare professionals providing, and educational programs from higher levels of the system.

### 4.4.2 MESO-LEVEL INTERVENTIONS

In considering the community's role in improving immigrant women's mental health, participants suggested different approaches that communities could utilize to help immigrant women. Some participants believed that providing environments for immigrant women where they can socialize with each other and share their experiences, is one of the community's responsibilities. “We have all the same experience and communicating with each other would help” an interviewee pointed out. Another woman also remarked about the benefit of decreasing language barriers as an advantage of socializing within a community: “They can help because you can speak in your language and this helps to get close to people and communicate.” Socializing in a community of people, who have been on the same road as them, empowers immigrant women psychologically. “When an immigrant woman feels being part of a community, she feels less lonely, less isolated, and as a result more supported.”

Another suggested approach for communities to improve immigrant women's mental health was initiating proactive support groups which educate and guide immigrant women and their families to adapt to this new culture and society: “Make it a priority to check on women and have conversations, having workshops available for them, religious groups to support…” Another participant suggested that educating about cultural/social stigmas and taboos of mental illness that may affect immigrant women:

> Educating the community that we all may experience mental health challenges from time to time that some may be more severe than others. It is ok to be vulnerable and it is not a

> weakness. When you are not feeling well you should be encouraged to express that. It is nothing to be ashamed of.

Another interviewee also suggested telephone help lines where immigrant women can contact advisors and speak to support groups from their community in their first language: “Open courses offering, groups, anonymous call lines that people can call without the stress of being judged.” Further, support groups can help new immigrant women through the job search process or provide them with financial aid in the time of job loss or lay-offs. A participant explained that based on her experience, support groups of communities can contribute much to the newcomers' adaption:

> Reaching out to families supporting them financially and with any other materials and goods that they might need and help them settle. You know it's like a new start, it's difficult to start a life from scratch so whatever kind of donations that they can provide them or sort of guide them in the direction…

She also added that, in pursuit of this goal, it is important for the communities to act proactively: “I think reaching out to a family is in sort of a being proactive because initially if you are new somewhere you might not feel comfortable going and approaching someone.” Another interviewee elaborated on the critical role of communities in establishing rapport with immigrant women, generating trust, and directing these women to the appropriate support whenever they have mental strain:

> There should be a mental health community unit that services go out into the community to educate first, not just educating women but men too. Because when everybody involved is educated and knows that there are some services to help them they get strong as a family unit, then it is easy for a woman to have access to resources. And the immigrant community tends to relate more because they are more trusted. When it comes to talking about a subject matter they rather speak to the community rather than somebody they cannot relate to culturally.

### 4.4.3 MACRO-LEVEL INTERVENTIONS

Participants elaborated on the necessary policies and structural system-level changes that are needed to support working immigrant women's mental health. The most critical area mentioned by almost all the participants was diversity in health care services. They believed that the diverse population of Canada calls for employing healthcare professionals with different backgrounds and languages, who can communicate and build rapport with help-seeking immigrant women. An interviewee pointed out the language barriers that complicate the care-seeking behavior of immigrant women and causes stress:

> In my first pregnancy, I understood that I couldn't say how I really felt at that moment but if I could talk in my home language it would help me a lot lower my stress. This is the same for mental health care, it's better to talk in your first language so you can explain better.

Another immigrant woman also confirmed the hardships immigrants experience in using health care services: "Having people who speak in our language can help in healthcare services because sometimes I don't understand the question of my doctor." In addition to the language difficulties, the distinct cultural and historical background of the immigrants needs special considerations to establish trust according to another participant:

> When I look for a psychologist, I really need someone whom I can talk to in my mother language so I can explain better and express my feelings. And it is important to speak to someone familiar with the culture because when you talk about a trauma they might not believe or understand what you say.

One of the participants argued how ethnic inclusion in healthcare staff leads to more efficient services for immigrants and encourages them to access health care services:

> They can increase the quality of care provided to patients. They can understand things that the patient might be reluctant to discuss with someone whom they feel is a different background from them and will either not understand them or will judge their predicament.

From a different view, another interviewee discussed that even if the ultimate goal of diversifying healthcare staff is not possible, educating about specific ethnic traits can be helpful: “I think all health care professionals should be given some type of sensitivity training that gives them exposure to the struggles faced in all of the cultures which form the fabric of Canada as a country.”

Moreover, some participants believed that organizing governmental-funded support groups to address immigrant women's mental state could be helpful by educating and raising their awareness of mental health and health care options. According to one participant, providing immigrant women with free educational workshops is a beneficial approach: “More free or low-cost seminars/workshops that disseminate information on mental well-being.” Also, some participants pointed out that the government could execute programs for immigrant women to facilitate the process of their education and employment. In this way, they can be prepared to cope with different social situations confidently. Support groups are especially helpful to address newcomers' unique needs and struggle. “I think for everybody coming from different country especially in the first year there is a need for psychological support and consult.”

Some participants suggested providing fair social opportunities for immigrant women compared to Canadian women which can empower them psychologically. An interviewee mentioned validating immigrant women's background credentials in Canada as a critical point for immigrant women's lives and mental wellbeing:

> For me as policies that can help immigrants is to recognize their credentials. Also, the process of recognizing these credentials is so long that you need to do different steps and exams and do a different thing. If they make the process faster, it can help immigrants.

Another woman believed that justice in employment opportunities is a determinant of working immigrant women's life satisfaction in Canada: “Policies on ‘hiring immigrant women’… as I

strongly believe there is bias compared to Caucasian women!" Another participant also claimed that "Inclusivity and access to meaningful employment" is the most fundamental need of working immigrant women for mental wellbeing.

## 4.5 COVID-19 SITUATION

Since the data collection of this study was synchronous with the COVID-19 pandemic and strict lockdown regulations, participants were asked to share their concerns and hopes in this unprecedented situation at the end of the interview. Therefore, this study also investigated thoughts and worries that have affected working immigrant women's mental health at this particular point in history.

### 4.5.1 DISTRESS AND CONCERNS

The most common concern among all participants was job loss and lay-offs, and consequently financial insecurity throughout the lockdown and restricted working regulations. A participant remarked on the reason for her stress in this situation: "Not being able to work as much causes stress towards my mental health." Another interviewee also pointed out her worries about the future of her career: "My worry is the job losses this pandemic is creating, which have influenced some of my friends and might influence me." Besides, a participant mentioned the consequences of financial strain in the society: "My biggest worry is about the economy, there are so many people who are not working and criminality will increase because people have needs."

Some immigrant women believed that the fear of this infection and thoughts about becoming sick had compromised their mental health: "I am worried that my family or myself will get sick, despite taking proper precautions." Further, according to some participants, being away from family and elderly parents who live back home has made the situation more stressful for

them. A participant pointed out: “I was also very worried about my family back home and how they would have a risk to get infected.” Those who had lost friends and relatives during this pandemic had experienced more significant mental distress.

Many interviewees also argued that the lockdown situation and restricted communication within their social networks, which had influenced them psychologically: “My first worries are about my kids that cannot be outside with other kids. You cannot be with friends and others, or work, and being at home for a long time is tough.” In addition to children's isolation at home, challenges of their online schooling for some women had caused stress: “I also worry about kids’ school-going if it is good or not and what happens. If I keep them at home how I can keep up with the curriculum properly also I have my job and I need that.” From another perspective, some participants mentioned travel bans based on the lockdown regulations that prevent them from visiting their families. Although travel bans have been implemented for more safety, for immigrants who are far from and worried about their families back home, causes stressful situations: “Borders were closed and nobody could go back home, so if your family got sick you couldn’t be with your family.”

Other worries of the interviewees included confusion about a vague future and what they should expect, demonstrating signs of anxiety disorders, eating disorders, and fear of weight gain due to inactivity. A participant explained her concerns about the future: “we've seen that it has already impacted our lives, but you don't know if this continues for even longer, we don't know what kind of impact it may still have.”

### 4.5.2 HOPES AND NEEDS

Since the most significant concern of these working immigrant women was economic strains during the lockdown period, one of their basic needs was financial support from the government which could decrease their stress related to affording life costs. A participant believed that governmental aids may not cover all the immigrants: “I know the government is already giving financial support for them but to immigrants that might not have had the opportunities to work that much they are probably not qualified for all benefits, so having some financial supports for them as well would be good.” Also, another participant remarked about providing every household with proper supplies of masks and sanitizer: “it would be good if they had supplied masks and gloves because everything was sold out. So, if the government had provided each household a package of this stuff that would help. Especially for elderly people that cannot search around for things store by store.” Considering Meso-level approaches, a participant pointed out communities' roles in improving immigrants’ mental strength: “Communities make efforts to reach out, even call people who are immigrants and who might just have come here like a year ago. So you still have that sense of community and you're not just left to survive on your own.”

Keeping people updated with pandemic news and protocols was also mentioned by some participants to help decrease anxiety: “I hope to see the city is doing its best and keeping residents updated and be on top of vaccine or any other related topic.” Conversely, another participant thought that overloading people with related news would make the situation more stressful, though she believed awareness of necessary protocols is a must: “I try to follow all public health guidelines and ensure my family does the same. I also try to stay informed of the situation… it sometimes freaks me out more than necessary.”

Some interviewees also claimed that resources and considerations of mental health care for people in this situation are inadequate. A participant believed that although the government has responded to basic needs such as financial support, there are no proper counseling resources for people to help them overcome their mental stress: “actually just with that needs are basically covered completely but what I hope is that we can have better-prepared psychologists and places that you can go and talk about your problem.”

# CHAPTER 5: DISCUSSION

This qualitative study has investigated the influences of different aspects of identity and their interactions on working immigrant women's mental health and their fundamental needs for addressing their psychological needs. Fourteen participants discussed their perceived mental health, help-seeking behaviors, and existing barriers to mental health care. Considering the ecological model, intersectional influences at four levels affected these immigrant women's locations in pursuing mental health care. Migration to Canada as a relatively more receptive society has changed many immigrant women's situations. This new society has provided immigrant women with high awareness and opportunities to extricate themselves from cultural, social, and gender barriers that they had experienced back in their home societies. However, the interacting factors at different levels including individual perspectives, and ethnic attitudes within the family (micro-level influence) and the community (meso-level influence) about mental illness and medical treatments could influence some immigrant women's approach to psychological distress. The most critical deterrent factor was the stigma as many participants stated that their home cultures do not recognize mental illness and the concept of mental health care. They prefer to keep their mental issues secret and consequently don't pursue mental health care. Similar findings of Corrigan et al.'s study (2014) indicated that individuals who face psychological distress may avoid seeking treatments to prevent any further stereotypes. Also, religious beliefs and following directions from religious resources sometimes can interact with immigrant women's care-seeking behavior as they are advised to only pray hard to be healed. Similar beliefs showed in some participants in Weatherhead and Daiches (2010) study that psychological problems may be punishments from God. Financial concerns about treatment expenses had prevented some participants from following mental health care. Discrimination in healthcare services against

people of color was the other noted barrier that can discourage immigrant women from seeking help in these services. Considering stigma and healthcare discrimination against people of color experienced by participants in this study confirms the concept of ‘double stigma’ concluded by Gray (2005) about intersections of ethnicity and health care services where women of color have completely different experiences. However, the majority in this study believed there are no significant gender barriers for them in Canada to mental health care.

Moreover, living at the intersections of race, gender, religion, social class, and work, these women had unique situations and experiences in Canada that have affected them differently. Racism had affected some participants' mental well-being as an immigrant in Canada. Sinacore et al. (2009) had also found that all the participants had the experience of some bias, including racism. In addition to overt racism, microaggressions as a hidden form of racism had distressed some participants. Similar was the resistance that immigrants in the study of Sinacore et al. (2009) encountered from Canadians as foreigners. Also, this finding was aligned with Straiton et al.'s (2017) study that explained how a "sense of belonging" affects immigrant women's mental health. Intersectional discrimination had a significant influence on the participants' mental health as ‘immigrants’ that arose from the interaction of different axes of race, gender, class, and work. Hall (2017) also stated that African American women in the study had experienced isolation and barriers to social opportunities that indicated social discrimination. The most significant challenge among settlement difficulties for immigrants was the language barrier that hinders them from socializing, and also accessing health care services. Kilbride and Ali (2010) had also reported that lack of English fluency was a barrier to their health-seeking experiences. Similarly, Jafari et al.’s (2010) qualitative research demonstrated that the most crucial factor that could lead to mental distress was lack of English fluency. Along with all the disadvantages of being an immigrant and

minority in race and ethnicity, participants were also privileged by more life opportunities compared with their previous situations.

Conversely, the gender effects on the participant's mental health were primarily positive in Canada. Living as a woman, Canada has provided many immigrant women with freedom, safety, and opportunities to flourish that entitle them to live their desired life. Still, underestimating women's abilities compared to men, and inequality in employment had discouraged some participants. In addition to intersectional discrimination in employment that had adverse effects on these women's mental well-being, invalidating their background credentials that resulted in having lower income had impacted their lives. Similarly, in Tang et al.'s (2007) study the university-graduated immigrant women described that employment-related events were negative experiences of their life in Canada. Also, Macdonnell et al. (2012) reported underemployment as a significant stressor for the participants.

However, work could have dual effects on these women's mental health as they felt secured with rewarding income to afford their needs for a good life and work opportunities for all people from any levels of education and skill. Social class had no significant adverse effect on their mental health since most participants had found themselves satisfied with life in their social class in Canada. In terms of religion, the multicultural context of Canadian society has provided many immigrants with a sense of acceptance and inclusion, although occasionally stereotyping had bothered some Muslim participants. Also, spiritual encouragement that arose from their beliefs and social support from the community has helped some immigrant women's mental wellbeing in difficult times. Weatherhead and Daiches (2010) also found that for some participants, religion was noticeable spiritual support and relief from mental distress.

In supporting working immigrant women's mental health in Canada, there is a need to utilize efficient approaches based on their views and situations. In this study participants elaborated on the individual, micro-, meso-, and macro-level factors that can help them to sustain and raise their mental wellbeing. For some participants, activities such as meditation and exercise were individual approaches to support their mental health. As meso-level interventions, establishing support groups and special telephone lines through which immigrant women can contact advisors within their community and discuss their distress anonymously in their first language can decrease the adverse effects of language barriers on their health care-seeking behavior. Among macro-level interventions, diversifying healthcare professionals and staff is the most beneficial approach that can help many immigrant women receive fair and effective mental health care services. Another macro-level strategy for supporting working immigrant women's mental well-being is designating counseling sections for organizations and companies to advise and educate working immigrant women about mental health. Also, free accessible workshops to educate immigrant women, and online guides to useful information are beneficial approaches. Along with plans that directly target mental health care, some macro-level considerations can affect working immigrant women's mental well-being. Facilitating the process of background credentials validation and providing fair education and employment opportunities not only improve these women's life quality in Canada but also psychologically encourage and support their health.

However, this study had potential limitations. From the intersectional perspective, identity has more interacting parts rather than race, gender, social class, and religion. Considering other intersectional aspects of identity such as ability and age, the unique situations of these immigrant women had been structured by other elements as well, that we didn't discuss in this study.

Therefore, there is a need for further intersectional studies to investigate more identity-based influences on immigrant women's mental wellbeing. Moreover, as this study was conducted concurrently with the COVID-19 pandemic, some restrictions occurred to the interviews. Since the families had to stay home during the lockdown, some participants were uncomfortable being interviewed by Zoom and discuss this subject in the presence of their family members. Therefore, five participants had email interviews that made the interview situations different among these immigrant women. Although being reflective to this situation to include all the volunteer immigrant women in the study, and obtaining comprehensive information empowered this study, providing identical circumstances for interviews was not possible.

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## APPENDIX A: INTERVIEW GUIDE

1. From your view, who is mentally ill or healthy?

2. Does your home culture have specific beliefs about mental illness that influence your mental health?

3. Have your views on this ground changed after your migration?

4. Where would you seek help if you had any psychological or emotional problems?

5. Are there any gender barriers to you pursuing mental health services?

6. Are there any cultural or social barriers to you pursuing mental health?

7. If you feel any psychological symptoms like anxiety or low mood, who would you trust to seek help or advice?

8. Would you use medical treatments and do the follow-ups if you are diagnosed with any psychological disorder? If not, where would you seek support?

9. When thinking of your life in Canada, which part of your identity (including race, gender, religion, class) seems to have the biggest effects on your experience (negative or positive)?

10. What would you say about your life in Canada as…?
    (explain the advantages and disadvantages of being in the following statuses)
    a. A person with a different race or nationality?
    b. A woman?
    c. A working person?
    d. A person in your class (education and income)?
    e. A person with your religion?

11. Do you think your identity (race, gender, religion, class) has influenced your mental health status while living in Canada? Please describe which parts of your identity and how they impacted your mental health.

12. Do you have any experience in Canada that has caused mental distress for you?

13. Do you think working immigrant women face particular barriers to mental health compared with men or other women?

14. Do you think you have limited access to mental health services because of any part of your identity? Please describe which parts of your identity and how your access is restricted.

15. In terms of your own life, what are your needs in living in Canada that can help your mental wellbeing?

16. What interventions (treatments) do you think can decrease your stress and help your mental health status living in Canada?

17. How do you think families and communities can support immigrant women's mental health?

18. What policies do you hope to see in health care services or any other services for immigrants?

**COVID-19 SITUATION**

19. What are your thoughts and worries in this situation that may affect your mental health?

20. What are your needs and hopes in this situation that can support your mental health?

## APPENDIX B: STATEMENT OF INFORMED CONSENT

**Mental Health Needs of Working Immigrant Women**

**Consent to take part in research**

I invite you to participate in our study of the mental health needs of working immigrant women in Calgary. The purpose of this study to learn more about working immigrant women's views on mental health and find their unique needs based on their race, religion, or social class in Canadian society.

***Research Procedures:*** Participation in this study involves one session of a 30-60-minute interview. The interview consists of open-ended questions about your experiences, perceptions, and barriers in mental health and your hopes and desires in improving the status quo.

You will not benefit directly from participation in this study. There are also no anticipated major risks or harms to participants. The only likely harm may be any distressing feeling that arises from recalling unpleasant memories or experiences. If the topics of the interview are disturbing or cause stress, I will provide information about available counseling services.

***Anonymity and Confidentiality:*** All information you provide for this study such as consent forms and voice records will be treated confidentially and only the investigator can access them. They are kept in a password-protected computer for two years before they are deleted. The nature of this study is face-to-face or over-the-phone interviews, so full anonymity is not possible. Still, for protecting anonymity interviews will start and end without saying any names, so while listening to voice records there is no way for anyone to identify the interviewee individually. Instead, interviews will be labeled by codes to which only the investigator has access and are kept password-protected files. In any report on the results of this research, your identity will remain anonymous. This will be done by using no name and disguising any details of my interview, which may reveal your identity.

Do you agree to be voice-recorded during the interview? Yes / No

In appreciation for your time, you will receive **$5** for your participation.

Participation in the study is entirely voluntary. If you choose to withdraw from the survey either during or after the interview, you can feel free to terminate the meeting. You might also decide whether the investigator use the information or delete the notes and records from your interview. During the interview, you can decide not to answer a question. There is no penalty for not answering particular questions or withdrawing before the end of the interview. I plan to write up the findings from this study for academic publication. Before writing or presentation of our findings, I will contact any participants whose words are quoted to verify accurate representation.

You can contact the investigator of the research anytime to seek further clarification and information via n.mirzaie@uleth.ca.

Questions regarding your rights as a participant in this research may be addressed to the Office of Research Ethics at the University of Lethbridge: Email: research.services@uleth.ca.

This proposed research has been reviewed for ethical acceptability and approved by the University of Lethbridge Human Subject Review Committee.

The study objectives and procedures have been explained to the participant, and the participant voluntarily agrees to participate in the study.

The participant will receive a copy of this signed consent form for their records.

Do you wish to be contacted about the results of this study? Yes / No

If yes, please put your email address or contact number here: _____

_____ _____
Signature of participant Date

_____ _____
Signature of researcher Date

_____ _____
Signature of witness (if required) Date

## APPENDIX C: PARTICIPANT INFORMATION FORM

This information will be maintained anonymous as confidential records, in a password-protected computer, accessible only to the investigator.

Gender: Age: _____

- ☐ Woman
- ☐ Trans woman
- ☐ Other_____

Nationality and race:

- ☐ _____

Religion:

- ☐ Buddhist
- ☐ Christian
- ☐ Muslim
- ☐ Hindu
- ☐ Jewish
- ☐ Sikh
- ☐ No religious affiliation
- ☐ Other_____

Education:

- ☐ Primary education
- ☐ Secondary school education (up to grade12)
- ☐ Undergraduate degree
- ☐ Graduate degree (Master/PhD)

Social class:

- ☐ Lower class
- ☐ Working-class
- ☐ Middle class
- ☐ Upper class

## APPENDIX D: INVITATION POSTER

## APPENDIX E: PARTICIPANTS' BIOGRAPHIC INFORMATION

| Nationality | Religion | Education/ Degree | Social Class |
|---|---|---|---|
| Iranian | Islam | Undergraduate | Working |
| German | Christianity | Undergraduate | Middle |
| Chinese | None | Graduate | Middle |
| Iranian | Baha'i Faith | Secondary school | Middle |
| Pakistani | Islam | Undergraduate | Middle |
| Indian | Islam | Undergraduate | Working |
| Indian | Islam | Graduate | Working |
| Mexican | None | Undergraduate | Middle |
| Pakistani | Islam | Graduate | Middle |
| Eritrean | Protestant | Undergraduate | Middle |
| Mexican | Christianity | Secondary school | Middle |
| Algerian | Baha'i Faith | Undergraduate | Middle |
| Nigerian | None | Undergraduate | Middle |
| Nigerian | Christianity | Graduate | Middle |