

Access to Preventative Healthcare: Influences on Utilization



Among Asian Immigrant Women GWYNNE NG



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Abstract

This study explores the social and cultural processes involved in the participation of preventative health services among Asian immigrant women. Using in-depth interviews, Asian immigrant women share their experiences in the healthcare system as well as their opinions about the accessibility of health services in Canada. This research aims to expose the challenges and difficulties limiting the use of healthcare services by immigrant women. Investigating the experiences of these women can shed light on how the Canadian healthcare system currently addresses their needs, and findings can inform policies and practices that foster immigrant women's health.

Introduction

The purpose of this study is to explore the factors that influence Asian immigrant women's preventative health seeking behaviours in Canada. To examine this issue, a case study of Asian immigrant women's participation in cervical cancer screening will be conducted. Although many factors have the ability influence health seeking behaviours, this study will focus on the role of culture and the possible effects it might have in shaping access to preventative health services.

Background

Immigrant Health

Immigrants typically arrive with better health than their Canadian-born counterparts, but lose that health advantage over time. This transition of deteriorating health upon arrival to a new country is known as the healthy immigrant effect. Healthier immigrants in Canada tend to lose their health advantage as length of residency increases.¹

Preventative Health: Cervical Cancer Screening

A key component of health maintenance is the use of preventative health services. In particular, cervical cancer screening (also known as the Papanicolaou test, abbr. Pap test) becomes of interest because it is one of the most widely accessible forms of screening and cervical cancer is one of the most preventable forms of cancer.²

A Focus on Asian Immigrant Women

Studies have documented the particularly low participation rates of cervical cancer screening among Asian immigrant women. Regardless of length of residency in Canada, participation rates in cervical cancer screening among women of Chinese, South Asian, and other Asian backgrounds are significantly lower compared to Canadian-born women and other immigrant groups in Canada.³

The Impact of Culture

Access to health services can be shaped by factors that are related to cultural differences.⁴ Culture is inherently tied to specific beliefs and values that shape individual behaviours and actions. Challenges arising from cultural differences can occur in any interaction that takes place in the healthcare system.

Importance

Barriers to access and utilization of preventative health services contribute to the health disparities that exist within immigrant subgroups.⁵ By focusing on the role of culture and its effects on the health behaviours of Asian immigrant women, more can be learned about the unique challenges that they face within the healthcare system.

Preliminary Findings

Common themes have emerged, highlighting key facets of Asian immigrant women's healthcare experiences in Canada. Challenges differ according to length of time spent in Canada. For recent immigrants, challenges include: language, adjustment to new healthcare system, and access to information. Although long-term immigrants do not encounter unique challenges, they share common challenges with recent immigrants that have not dissipated over time. The challenges that hinder both recent and long-term immigrants' ability to adequately access and utilize health services include: doctor/patient relationship and different cultural perspectives towards health.



Language

"And um... some of them, first question is, 'Do you know which doctors speak Mandarin?' 'Do you know which Canada doctors speak Chinese?' But... um, it's a little, a little silly because sometimes you can't tell if a doctor is good or not just depends on the language. But, language problem is very important, when you are sick." – Janice

"Um... uh... I don't know. Maybe, I think the translator is very good for us. New immigrants. But we cannot mm.. have the translator every time when we go to the hospital. Uh.. so... I don't know how to mm.. to solve this... Yeah, and when I go to see him [the doctor] – before I go to see him, I need to prepare, the... words, the sentences." – Joyce

"It's harder, sometimes they talk a lot but I don't understand anything, you know what I mean? I just understand a little bit, you know?" – Diep

Access to Information

"Maybe there is support, but they don't give you the information right away, 'Oh we have information in London Health Centre,' but who will go to the London Health Centre to do this? They should be giving out the information as soon as you receive the health card, and say what's going on, what's covered and stuff like that." – Ren

"And I do have a niece and nephew who became uh.. permanent resident, they didn't have family doctor for a long time, so... I don't know where they got those informations. Probably when they feel uncomfortable or sick, then, they go see the doctor." – Joanne

"They do have like – Immigrants do have access to where and how to access these things, but they just don't where to find these information. It's all on the immigration's website, in different languages..." – Jill

Adjustment to New Healthcare System

"... The access to the doctor, right, here, it's all appointments, even though walk-in, God knows how long it is to wait, right, in China, where you walk in the hospital, you look up the list of the doctors, and this is the doctor I wanna meet or I wanna be seeing and then you just go up there, right. So there's no appointments needed, and that's... major difference to me." – Jill

"Uhh... for my opinion, I think it's if you have a... mm... like emergency... I think China it's better than here... Because it's uh, I remember last time I go to the University hospital, emer – emergency, but I just saw it's lots of people just wait there. But in China, the – it's, uh, some person is for emergency, uh, it's immediately you can go to the – see a doctor or something." – Sandra

Doctor/Patient Relationship

"You can't ask any exams, you can't ask any medical, just listen to doctor... Sometimes I want to ask some question... but I will doubt is it reasonable or not... Because I... I feel some uh... crass, so I stop to ask. It's not because of language... maybe some offend to the doctor, maybe they have some reason... but, but I still can feel the why... It's good or not, can I ask that? Or... that offend to the doctor?... I don't know the – the border, where is the border? So you know... how can... but still have questions... See, that's the difficult. It's not about language. You don't know which you should do, which you should not do. You don't know the rules, so you – very unsure." – Janice

"Uh, yeah, I think he.. now my new family doctor is good. Sometimes he will give me more advice. But my... ex-family doctor, um... uh... I think everytime when I see him, it's very quick, very hurry. I have no chance to say more, to discuss." – Joyce

Different Cultural Perspectives Towards Health

"... When I was pregnant, I took some sort of herbal medicine, Chinese herbal medicines right, and then uh, I said just to, because I'm pregnant, I don't want to take any Western medications, it's too strong, I'd just want to, I'd rather take the powder. More natural. And I talk to my doctor, and he said, he's like, he looks at me, 'I want you to stop taking that thing.' He doesn't want me to take anything... it's just because they don't study that part of the education, they don't understand how that works, so they don't want you to take any of this." – Ren

"Because in the... in Chinese people, they come from Chinese, so they think about in the situation here, usually in China. If you have 40 or higher fever, that's really high fever, and your doctor will very focus on that, that's very dangerous to our – us. Our idea is, you should give something or you should do something... Don't just let me back home, and drink water, and other – usually, Chinese doctor don't do that. So I'm very in doubt about this Canadian doctor." – Janice

Research Questions

The goals of this study are threefold:

- (1) To gain a greater understanding of how Asian immigrant women navigate health resources in Canada.
- (2) To explore if and how culture influences Asian immigrant women's decision to participate in cervical cancer screening.
- (3) To understand the particular challenges that Asian immigrant women encounter when accessing health resources within the Canadian healthcare system.

The fundamental research question:

How do the cultural beliefs and practices of Asian immigrant women influence their health-care decision-making?

Methodology

This study employs the use of semi-structured face-to-face interviews with 10-30 Asian immigrant women residing in London, Ontario. Recruitment is being done through snowball sampling and recruitment posters on social media websites, as well as in public locations, including local immigrant organizations, community centres, and regional health centres.

Participants are asked about their health-seeking behaviours, their previous experiences with the health care system, and cultural factors shaping their use of preventative health services.

Currently, in-depth interviews have been completed with 7 participants. The existing sample includes:

- 5 participants from China
- 1 participant from Taiwan
- 1 participant from Vietnam
- 3 recent immigrants (length of residency range from 2-4 years)
- 4 long-term immigrants (length of residency range from 12-24 years)

Eligibility Requirements for Participants

- Female
- Of Asian (East Asian or South Asian) descent
- 30-45 years old
- Married or have children
- Have immigrated to Canada*
- Reside in London, Ontario

* Length of residency in Canada will be kept broad as comparisons will be made across recent and long-term immigrants.

Acknowledgements

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References

- 1 Vang, Zoua, Jennifer Sigouin, Astrid Flenon, and Alain Gagnon. 2015. "The Healthy Immigrant Effect in Canada: A Systematic Review." *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series* 3(1): 1-43.
- 2 McDonald, James T., and Steven Kennedy. 2007. "Cervical Cancer Screening by Immigrant and Minority Women in Canada." *Journal of Immigrant and Minority Health* 9(4): 323-334.
- 3 Woltman, Kelly J., and Bruce K. Newbold. 2007. Immigrant Women and Cervical Cancer Screening Uptake. *Canadian Journal of Public Health* 98(6): 470-475.
- 4 Khan, Mushira, Karen Kobayashi, Sharon M. Lee, and Zoua Vang. 2015. "[In]Visible Minorities in Canadian Health Data and Research." *Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series* 3(1) Vol. 3, Article 5.
- 5 Pottie, Kevin, Lucenia Ortiz, and Aleida Tur Kuile. 2007. "Preparing for Diversity: Improving Preventative Health Care for Immigrants." *Our Diverse Cities* 4: 59-63.