Pregnancy without permanency:
A critical feminist look at reproductive justice for migrant women in Canada

Lindsay Larios

DRAFT – DO NOT CITE, DO NOT CIRCULATE

Submitted to:
International Public Policy Association: ICPP4 – Concordia University, Montreal, QC
June 26-18, 2019

Introduction

Over the last ten years, Canada's immigration system has shifted such that more people enter Canada with temporary status than permanent residency, and often live for prolonged periods of time in states of relative precarity. Immigration programs and policies produce various temporary immigration statuses which become categories of marginalization that often determine what rights temporary residents can access in Canada and under what conditions. A critical feminist analysis of precarious status migration highlights, in particular, the ways in which this marginalization intersects with gender to exacerbate inequalities felt by precarious status women in Canada. For example, while citizens and permanent residents of the state may navigate issues relating to the creation and care for families under the purview of their civil rights and the state protections guaranteed them, precarious status residents engage in these same experiences but in a state of precarity and exclusion, and struggle with losing their jobs and residency status, accessing health care for themselves and their children, and family separation.

Using reproductive justice (Ross & Solinger, 2017) as a critical feminist conceptual framework, the objective of this research is to understand how immigration status shapes people's experience of creating and caring for their families in Canada, focusing specifically on the experience of pregnancy. This research examines how the Canadian state through its immigration policy produces and maintains a system in which certain groups of people are supported as they create and care for their families and others are denied their full reproductive rights.

The research uses semi-structured narrative interviews with women who have experienced pregnancy while living in Montreal with precarious immigration status. It brings together experiences of international students, temporary workers, refugee claimants, and others, to

highlight the ways in which their immigration status and lack of permanency shapes their experience of creating and caring for their families.

In particular, preliminary findings explore the ways in which family policies, health care policies, and immigration policies intersect and impact their ability to access services, benefits, and rights, and ultimately undermine the principles of reproductive justice. People experience these barriers not only as a matter of eligibility for service or not, but as a representation of their "otherness" within Canada, stress related to the instability and precarity of their home life, and an overall neglect of the relational element of human day-to-day lives (e.g. their access, care for, and right to family).

This research demonstrates, how the categorization of certain residents as temporary through their immigration status, allows states to bypass responsibility for their needs and protection of their rights – this has gendered and racialized effects. Critical feminist policymaking must allow all women to access their full reproductive rights, including the right to create and care for families, as conceptualized through reproductive justice. A state's use of immigration policy and status categorizations as justification for failing to do so is an exercise of state power that is fundamentally discriminatory.

Canada's immigration system: Living in precarity

As of 2008, Canada has accepted more people into its borders on a temporary basis than for permanent settlement, and has rapidly developed an increasingly complex labyrinth of temporary migration programs, some which may eventually act as pathways to permanent residency and other which do not (Lenard & Straehle, 2012). As a result, there is an increasing number of people whose residency in Canada is contingent and relatively unstable, and whose access to basic services may be restricted, putting them in a position of relative precarity compared to Canadian citizens and permanent residents. This includes people who may have entered Canada as migrant workers through one of Canada's many temporary labour migration programs, as international students, as visitors, as someone waiting for in-land family sponsorship, or as asylum seekers. Furthermore, this experience is not static, with people often moving from one category of precarity to another – for example, from student to worker, from visitor to family sponsoree – while also experiencing lapses in immigration status or at times falling out of status altogether. Taken together, this experience is referred to as having precarious legal status. This includes "authorized and unauthorized forms of non-citizenship that are institutionally produced" through Canadian immigration policies and procedures, "and share a precarity rooted in the conditionality of presence and access" (Goldring & Landolt, 2013, p. 3). Conditionality of presence refers to having a legal status that does not secure the right for a person to stay permanently within the country or makes ones right to be in the country conditional on a third party – for example, an employer, a university, a family member, or the Immigration and Refugee Board (Oxman-Martinez et al., 2005). Precarious immigration status also intersects with other forms of precarity through

conditionality of access by limiting access to certain public resources and services based on immigration status.

Reproductive Justice

Immigration status has a significant impact on the ways in which families develop and are caring for within a state (Gaucher, 2018). The ways in which certain policies and politics, particularly in settler states, constructed the reproductive activities of residents who are not formal members of the state or are otherwise marginalized has been highlighted through the lens of *reproductive justice*. These concerns have a long history in the activist movements of racialized women across the United States and Canada, the Reproductive Justice Movement emerged formally in the United States in the 1990s by a women's collective now known as SisterSong Women of Colour Reproductive Health Collective (L. Ross & Solinger, 2017), alongside other women's groups such as Asian Communities for Reproductive Justice (Asian Communities for Reproductive Justice, 2005). In Canada, early adopters of this conceptualization of reproductive rights includes the Native Women's Sexual Health Network (Danforth, 2010) and the Ontario Coalition for Abortion Clinics (Egan & Gardner, 2016). Central to reproductive justice is the claim that "all fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental human experiences. Achieving this goal depends on access to specific, community-based resources including high-quality health care, housing and education, a living wage, a healthy environment and a safety net for time when these resources fail. Safe and dignified fertility management, childbirth, and parenting are impossible without these resources." (L. Ross & Solinger, 2017, p. 9). Building on this, reproductive justice has three defining principles, "(1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments." (Ross & Solinger, 2017, p. 65).

The right not to have a child has dominated debates regarding reproductive politics, focusing largely on the legality of and access to abortion services and contraceptives. Contraception and abortion services in Canada were decriminalized in 1969. Access to abortion procedures remained highly restrictive until 1988, when the Supreme Court ruled these restrictions as unconstitutional. Despite the passing of the Canada Health Act in 1984 which aimed at establishing uniformity of service provision across Canadian provinces, access to abortion services remains uneven. While provinces cannot outlaw abortion, they may refuse to fund them by classifying the procedure as not medically necessarily, as has been the case in many Maritime provinces (Sethna, Palmer, Ackerman, & Janovicek, 2013).

The right to have a child includes freedom from forced or coerced sterilization and abortion and access to and autonomy in maternal health services. While historically the feminist fight for *reproductive rights* has focused on access to abortion services and contraceptives, *reproductive justice* advocates have noted that for racialized women (in the United States, Canada, and elsewhere), who have often been discouraged and, in many cases, barred by the state from having children, the fight for reproductive rights has to be broader (Chrisler, 2014;

Price, 2010; L. Ross & Solinger, 2017; Smith, 2005; Solinger, 2013). Loretta Ross and Rickie Solinger's (2017) historical account links reproductive policies in the United States to ideologies of eugenics, population control, and nation-building – for example, policies where forced sterilization and contraception were linked to benefit programs or performed without consent. Similar dynamics can also be found in the Canadian context – for example, as discussed by Jessica Danforth (2010) and Karen Stote (2017) concerning the reproductive experiences of indigenous women, in particular in relation to forced or coerced sterilization and abortion and restricted access to maternal health care services. In Canada, maternal health care was included the prevue of public Medicare program established in the 1970s and quickly became highly medicalized (Stettner, 2016). In the 1990s, midwifery services started to be formally regulated and publicly funded, such that the majority of provinces and territories now offer these services. Access to these services, however, continues to be uneven across Canada. Additionally, prenatal and postnatal care has also become a regular part of these services, though programs vary across provinces and territories.

An extension of the right to have a child or establish a family is the right to parent child in safe and healthy environments. Reproductive justice as a framework for conceptualizing the experience of reproduction and reproductive labour extends the discussion beyond (the very real) challenges of access and outcomes related to maternal health. While those discussions are clearly a vital component of this conversation, reproductive justice speaks more broadly to a host of experiences related to creating and caring for families and what meaning that has for people as they build homes and communities, and where they see themselves positioned within the community. One of the most basic necessities needed to parent a child in a safe and healthy environment is income security – including adequate jobs at a living wage and policies and programs that protect women's employment during their pregnancies and after the birth of their child (Ross & Solinger, 2017). In Canada this includes labour protections against being fired for being pregnant, maternity and parental leave, and daycare programs. It also includes other benefits available through the tax system, such as the Canada Child Benefit. It is also concerned with access to other basic needs including health services, education, affordable housing, protection from pollution and environmental degradation and food security, as well as indigenous policy issues (Stote, 2017; Thomsen, 2015) and child protection, policing, criminal justice, and immigration (Galaneau, 2013; Hartry, 2012; Hooton & Henriquez, 2006; Lonergan, 2012).

Reproductive justice, as a conceptual framework, requires us to look at issues of access through an intersectional social justice lens – examining how access intersects with race, ethnicity, immigration status, level of income, sexuality, and other factors (Ross, 2017). Further, it requires analysis that makes connections between individual experiences and the community, and the community and the global context. As a framework, it also requires analysis that makes connections across time, seeing examining the ways in which governments have been directly involved in or complicity with eugenic forms of population control and emphasises corporate and government responsibility. Finally, it is grounded in the principle that putting marginalized communities at the centre of the analysis and advocating

for their political participation is central to achieving the power shifts necessary for achieving reproductive justice (Ross, 2017).

Precarious status as an issue for reproductive justice

Reproductive justice advocates and scholars have named citizenship and im/migration policies as key obstacles for many people as they endeavour to create and care for families (Galaneau, 2013; Hartry, 2012; Jolly, 2017; Lonergan, 2012; Zavella, 2016). While this is often true across immigrant experiences, people with precarious legal status face particular challenges. However, the prominent reputation of Canada's im/migration programs and Canada's overall comparative openness has invisibilized the injustice faced by its precarious status residents (Hennebry & Preibisch, 2012; Valani, 2009). This section offers a brief over view of access to public services for precarious status migrants within the Canadian province of Quebec. Public social services within Canada, such as health, education, housing, daycare, labour standards, and parental leave (in the case of Quebec) are largely the jurisdiction of the provinces, and therefore may various across provinces. The federal government also assists with certain programs, such as the Interim Federal Health Program for refugee claimants, and Child Benefits through the tax system, and Employment Insurance. Access to these programs not only varies across provinces and territories, but also varies by immigration status.

Using broad categories, Table 1 provides an overview of these variations concerning health care access. Those migrating to Quebec as long-term workers receive access to public health insurance, usually after a three-month probationary period. Seasonal worker, for example, those coming through the Seasonal Agricultural Worker Program, are exempt from this wait period. Important to note is that gaps in a work visa or permit renewal may also lead to gaps in health coverage. In Quebec, along with Ontario and Manitoba, international students and their families are not covered under the provincial insurance program. They are required to purchase private insurance, which may or may not cover pregnancy-related costs. Refugee claimants, while not covered under the provincial health system, are covered by the federal governments Interim Federal Health Program. All other non-citizens or non-permanent residents are likely to pay out of pocket for most of their healthcare services. Importantly, in Quebec, Canadian-born children who immediately become citizens are exempt from accessing health services, instead their access depends on their status of their parent – for example, a child born in Canada to a temporary worker will likely have healthcare coverage, but a citizen child born to a visitor will not (unless the other parent is covered).

Table 1: Public Health care coverage in Quebec

	Healthcare Access	**Details**
Work visa	Yes	With minimum 6-month permit, after 3 -month wait period for most workers
Student visa	No	For most students, requires private coverage which may cover a portion of costs associated with pregnancy
Refugee claimant	Yes	Covered under the Interim Federal Health Program, not the provincial program

Visitor	No	Requires private coverage, usually a travel insurance which does not cover costs associated with pregnancy
Undocumented/ No status	No	
Citizen children of ineligible residents	No	Access to health care follows status of parent until age 18

Using broad categories, Table 2 provides an overview of family policies aimed at supporting family and maternal well-being in Quebec. Many of these programs are administered through the taxation system or otherwise tied to employment. Workers and students are able to access child benefits through the federal and provincial systems after 18 months of residency and are also elgible for subsidized daycare and the parent insurance program. Refugee claimants, who are given work permits, may also access parental leave, but none of the other programs until their refugee claim is accepted. Visitors and people who are undocumented or fallen out of status are not formally allowed to work and have no way of accessing these programs.

Table 2: Social Programs Supporting Family and Maternal Well-being in Quebec

	Child Benefit (Federal)	**Family Allowance (Provincial)**	**Subsidized Daycare (Provincial)**	**Parental Insurance (Leave) (Provincial)**
Work visa	Yes After 18 months residency	Yes After 18 months residency	Yes	Yes If worked in QC in the last 12 months
Student visa			Yes	
Refugee claimant	No	No	No	
Visitor	No	No	No	No
Undocumented/ No status	No	No	No	No

Already given this broad overview, we can see that not all people within Canada's borders are granted equal access to the resources we have deemed helpful for giving birth and raising a family. The rest of this paper will explore the lived effects of these policies.

Methods

In order to investigate issues related to reproductive justice for precarious status women in Canada, this study uses a methodology that focuses on personal narratives. Narrative approaches have emerged from the interpretive tradition of social sciences and build upon

the tendency of people to use stories to give life events order and meaning, make sense of their experiences, and reflect the ways in which they, as a narrator, want to be understood (Langley, 2017; Riessman, 2008; Sandelowski, 1991; Yanow, 2000). Narrative approaches recognize lived experience, framed as a narrative, as a "source of important knowledge" that emphasizes relational identities and allows people to construct their own identity through their narrative (Clandinin, 2013, p. 17). Knowledge generation is therefore directly connected to people's perceptions of their own experiences and how they choose to communicate those experiences through storytelling. This involves the rejection of the idea of an expert, neutral, objective researcher, and a shift in focus to highlighting the voices and perspectives of research participants, and in doing so engaging in the potential levelling of research hierarchies, deferring to the participant as expert of their own experience (Fonow & Cook, 1991, 2005). The data gained through the interview and analysis process is therefore a co-constructed product, whereby the voices of participants direct the content produced and the researcher remains reflexively aware of the artificial nature of the research process.

This *bottom-up* approach to policy research can be used to gain understanding of the lived effects of public policy on individuals and communities in order to understand the policy itself, rather than focusing on the intentions and actions of policy-makers and bureaucrats within political institutions (Neysmith, Bezanson, & O'Connell, 2005; Yanow, 2000). Furthermore, a bottom-up narrative approach has been endorsed as a methodological response to critical, feminist, interpretivist, and poststructural methodological and epistemological critique of power relations within research and knowledge production by "giving voice" to "particular perspectives [that] were being devalued or going unheard by dominant approaches" (Doucet & Mauthner, 2008, p. 75). Specific to this project, use of narratives provides a pathway to a more sensitive and critical analysis that aligns with the conceptual framework provided reproductive justice scholars and advocates – in particular, that the voices of marginalized people who have not been given space and credibility to define their own interests and stories within their social and political reality are placed at the centre of the analysis (Ross, 2017).

Overall, 35 interviews were conducted between June 2018 and May 2019. Of those, 22 were semi-structured narrative interviews with women speaking about their experience being pregnancy while in Canada with precarious immigration status and 13 were key informant interviews with service providers, including community workers and medical professionals. The women interviewed arrived in Canada between 2005 and 2018, with just under a third (7) arriving in the last year, from various global regions, including Africa (5), Southeast Asia (5), Europe (5), South America (3), the Middle East (2), and the Caribbean and North America (2). They also arrived through diverse migration pathways including as students or spouses of students (6), as workers or spouses of workers (7), as refugee claimants (5), and as visitors (4). As immigration status is not a static category, women had shifted in immigration status by the time they experienced their pregnancy. Pregnancy and birth experiences overlapped with experiences of being and international student or spouse of a student (5), a worker (5), a refugee claimant (5), a visitor with an in-land family sponsorship application (2), and experiences of falling out of previous status (5). At the time of the interview, many (9) had either permanent residency or citizenship, while others were in states of immigration

precarity. Most were married or partnered, but almost half of those couples experiences prolonged periods of separation. At the time of the interview seven participants were currently pregnant, fourteen had given birth in Canada prior to the interview, over half within the last five years, and one had miscarried.

Women were encouraged to tell their stories however they desired. Interviews took place at a location of the participants choice, usually their home, a café, or a community organization, and lasted on average one to two hours. Interviews were audio recorded and transcribed. They were then thematically coded in NVIVO, while maintaining the narrative structure (Butler-Kisber, 2010). Interviews were then re-storyed to create a cohesive, chronological narrative using the participant's own words. This paper reflects a preliminary analysis of this data and will focus in on four of the stories shared during this data collection process: Blessing, a refugee claimant who arrive in Canada alone with her two children and pregnant; Agathe, here on a visitor visa waiting for spousal sponsorship; Rosamie, a former live-in caregiver who had a child in Canada while separated from her oldest oversea; Sana, an international student who arrived pregnant without her spouse.[1]

Findings

The following section includes immigration, pregnancy and birth, and caregiving participant narratives. The re-storyed narratives are first presented and meant to stand on their own. Each section then concludes with an overview of the challenges presented in the narratives, as well as the other interviews. In the majority of cases, the experiences outlined within these narratives can be found across multiple interviews.

Immigration Narratives

Sana's migration story:

> *Immigration is one of the worst experiences that I went through in my life. I came as an international student. They processed my visa and [my daughter's] visa, but not my husband's visa. Even though we submitted as a family application. I didn't have any other option to join my school on time, so I left him behind. I arrived pregnant, alone with [my daughter], at the last minute, running all over the place, trying to get settled. I was emailing the embassy from Canada all the time and I NEVER heard from them. Never. He arrived in December and [our son] was born in January. So, I stayed from August to December by myself. Even last winter I got a grant to do [research abroad], and because all these delays in my visa, I lost my opportunity… I was thinking why would they say security checks? Am I a threat to the system? Why do they think I'm a threat? What's going on? And nobody answers your questions. And whenever you explain how it affects you and your*

[1] All names used in this article are pseudonyms. Names and other identifying information was changed to protect the identities of participants.

family, and the family well-being, they treat you in a way that you don't have the right to ask this question. Like I felt that I don't have the right to say that I have a family. You come to study here, you feel it's a privilege… You're supposed to be treated in a respectful way, but on the other hand they treat you as if you will abuse their system. It's painful and insulting. It effects my studies. I couldn't focus. I couldn't write a single word, all of this period. If effects my health and my well-being, 'cause I couldn't sleep. I lose weight. I start to lose hair. It was really tough period. I am now finishing my [studies], [and just received] permanent residency in Canada. In fact, nothing changed in terms of our lives, but just this piece of paper actually changes the way that people either look at you or how you even, unfortunately, look at yourself, in terms of feeling – being able to have more control over your life. And that's also very sad, that just having a piece of paper can tell what you – label you as a good or bad, label you somebody who's suspicious or somebody who is not.

Rosamie's immigration story:

I came here... with my sister... we are born in the Philippines. So I think this is a promised land. I arrive here... and I was released [from my employment contract] upon arrival. Then I work with one family. I stay and work with them and work for five years, until I get my [open] working permit, I get my permanent residence. Experience to be a caregiver in one family is very difficult. You are a servant. They are abusing the program, but what can I do? I need to live too, my priority to get my papers, and that means finish. I want to give the best future for my daughter. Because in the Philippines, it's different... I see that the future of my daughter is here... [My son] is Canadian already. I'm nine years here, so six years – six years apart [from my daughter] is... you know... difficult, but finally after... you receive all the papers from the immigration for the sake of your daughter... a little bit [the stress] subsides. At least they are together. We are together. We are permanent residents and I pass my Canadian citizenship application... and I received the confirmation that they received my application... now I'm waiting for my interview as a Canadian citizen! I'm praying I can pass the exam. It's too much studying while you're working, while you're caring for your kids.

Participants' stories highlight the ways in which immigration policy structures their experience of migration, in particular as it relates to managing their needs and the needs of their family. Three main challenges relating to immigration policy can be gleaned from the stories the women told: (1) Family separation; (2) Lengthy processing times; and (3) Issues navigating the system.

Each of the narratives above describes a situation of family separation due to different circumstances. As a student, Sana could apply for a visa for her husband; however, because they were not processed together, she had no choice but to migrate without him or else miss her first semester of school. Rosamie, as a live-in caregiver, did not have the right to migrate with either a spouse or her existing children and they could only be reunited once she had

finished the program and could apply for permanent residency. Recent reforms to Caregiver Program have opened up a pathway for caregiver's families to come with them in the future, but other "low-skill" temporary foreign worker programs, for example, the Seasonal Agricultural Workers Program, continue to limit family migration in this way. Overall, eight participants experienced separation from their partners, ranging from one month to seven years. Two participants, both live-in caregivers, experienced separation from their children for six years, as described above by Rosamie, and thirteen years in the case of another participant.

In each case, family separation has been exacerbated by lengthy processing times, which were also intensifying by challenges participants had in navigating the system. In Sana's case, for example, based on anecdotal accounts she believed her visa would take two weeks to process, but her and her son's took five months and her husband's nine months, with little communication or explanation for the delays. Blessing's has been waiting a year for her refugee determination hearing, which has now be postponed indefinitely with no explanation. Each story of lengthy processing delays highlights how this prolonged and undefined state of precarity contributes to the stress experiences by the family.

Pregnancy and Birth Narratives

Agathe's pregnancy story:

> *The pregnancy wasn't planned. I believe it was a sign that I was meant to stay in Canada. I was very excited but very overwhelmed too. I was scared because I didn't know the healthcare system here and I didn't have any insurance, no Medicare card. I was crying a lot. I have Blue Cross Insurance. But once I got pregnant, Blue Cross no longer covered anything to do with the pregnancy. Once they find out you're pregnant, everything goes out the door. Nobody so far has been with us up front about exactly what it's going to cost in the end. I even thought about going back to Greece to give birth and then come back, but I don't want to leave the kids here [for] six months. I hadn't seen a doctor yet and I was already at 14 weeks at that point. So I was starting to worry a little bit. I had the anxiety to hear the heartbeat and do a physical. [My friend helped] with finding a doctor that wasn't going to cost us [too much] money. So [she] made all those phone calls, hours just calling those people. Just to get as much information as possible. If you call and you're persistent and you push enough, eventually you get a place somewhere. So that's what we did. I don't know what the future's going to hold because of the pregnancy – in terms of finance. The fact that I don't have my permanent residency and I have to pay for the birth and for everything, makes it a little more stressful. They've told us, 'Well, why didn't you use protection?' It's not like, it was – I wouldn't want to lose the baby… or abort it, unless of course, medically [necessary]… I didn't come here just to give birth and get my child Canadian citizenship. It just happened that way. I came here just hoping for a better life, and that's it. . [I feel like] the stranger in the family because I'm the only one that doesn't have it yet. I feel excluded.*

Blessing's birth story:

> *I was two months pregnant when I got here, with [a young kid]. This was the worst pregnancy. A lot of issues – So, it was three times in the hospital every week. I'm considered high risk. So emotionally, it was draining me. Physically, it was hard. I've had good doctors – yeah, except for one. I had a doula who was given to me from the CLSC. My doula was MAD, 'cause she felt I was not being treated well. The things I didn't see as a problem, she saw them as a problem. I was just so overwhelmed with the situation that I was grateful for everything that I got. I just wanted the baby out. I had her 6 weeks early. I had an appointment for 5am. I came ready to be induced and nobody saw me until about 12. She said she was going to induce me with Cervidil, and if I don't contract, then she was supposed to put Pitocin - but she put me on both of them at the same time! And I didn't know. In less than 30 minutes, I was contracting. I told them, 'I think I'm ready.' I told the doctor to come check and she told me, 'No, it's not possible. You have to sit down there for 12 hours.' The baby was out before they even knew it. I was feeling it, but they didn't believe. After the delivery I was on my bed, and I just thought, 'Oh, let's just see what these guys put in my drip.' I read a lot. You're not supposed to have to two at once, but I had the two at once. I didn't want to ask more questions. It was a CRAZY experience. I'm grateful, at least, that [my baby] is okay and healthy.*

These pregnancy and birth stories highlight the ways in which health policies interact with precarious status in important ways that impact people's experiences of pregnancy and birth. In particular, challenges related to (1) Access to health insurance and the cost of services; (2) Navigating the health system; and (3) Autonomy and consent prenatal care and birth, are expressed through these narratives.

Of the 22 women interviewed, five had health coverage under Quebec's provincial health care insurance for the full length of their pregnancy. These were women who gained access to insurance because of their work permit. Additionally, five women were covered under the federal government's health insurance program for refugee claimants, the Interim Federal Health Program. In Quebec, international students, their spouses, visitors, and those without a valid legal status are not entitled to public health insurance. In some cases, participants in these situations (3) were able to use private insurance to reimburse some of the costs of their pregnancy, when it was bought in advance. In most cases, private insurance did not cover any of the expenses related to pregnancy and birth. Nine women interviewed had no health insurance coverage for their pregnancies and births and had to pay the expenses out of pocket. Anxiety related to these costs dominate much of the pregnancy experience for those paying directly. Mothers report paying costs ranging between $7000 and $23,000 for their prenatal care and hospital deliveries.

Many participants also found navigating the health system to be a challenge – both due in unfamiliarly with the system, in general, and especially when the participant did not have health insurance coverage. While a hospital will not turn away a person in labour who does not have insurance, if someone wants to access prenatal care at a hospital they will often be

asked to pay a deposit ranging from $4,845 to $18, 830 (for hospitals in the Montreal area), which often does not include the fees charged by the doctor and anesthesiologist for the delivery (Medicins du Monde, 2018). Doctor and anesthesiologist fees charged to people without insurance arranged in the context of a private contract and are unregulated by the public health system – one recent report found doctors charging fees at an average 200% markup from what the public health system would normally pay them (Nicoud, 2015). Sana and Agathe both discuss how difficult it was not knowing what the costs were going to be – sometime putting off prenatal care due to the cost, cutting back on basic needs like heating in the winter to save, and working as long as possible even with a high-risk pregnancy. Participants in this situation report feeling like people did not think they had a right to this care and that health professionals were doing them a favour. Overall, this was disempowering, that their voice and autonomy in the prenatal and delivery process was not taken into consideration, and that they did not have a right to complain.

Motherhood and Caregiving Narratives

Rosamie's caregiving story:

> *I'm a single mom. I have two kids. Even when we were miles away, in the time when [my daughter was] in the Philippines… We do tutorial online. I help her with projects, homework. I have still time with her. When she heard that I'm pregnant… upset. But I explain everything, and she understand. [After the birth of my son], I arrived to my [friend's] apartment, empty, nothing. In the basement – my apartment was empty, only the garbage bag which is our clothes. There is a lot of love in my friend's house. They are sleeping, working – they said, baby is crying, but it's no problem, it's okay. What I did, full time, my life, with him, for ten months maternity leave. I stay with my son, because I don't want to miss the seconds, minutes, hours, and days with him. If I miss it, I cannot go back again. We are very thankful that Canada have support for the child. That's good. It's a BIG help, even though they said, it's just a small amount – the support is not enough, but that is why I'm working. We had just one room. It was enough for us. But when my daughter came, I need her [to] have own room, because she's a teenager. I want to give them even more [because] I'm a single mom. Even though they don't have father, I want to produce them that they have father and mother in this house. I want to give love and not hurt, forgiveness. Now, if you look at my daughter, you will see that she never grew up without father. You can feel in this little boy that the father is here. We are a complete family. We don't have money in the bank, but if you have love, it will last you to the end of your life.*

Blessing's caregiving story:

> *Since I got here, it's kind of difficult – but things are getting better. I was two months pregnant when I got here, with [a young kid]. I filed the paperwork [for asylum]. I actually thought it was gonna be faster, but it's taking longer because I haven't had my hearing. It was postponed indefinitely. The only thing that bothers me a little bit is the fact that I did not have help. I did not have a daycare, not even for my son*

because refugees don't get the subsidized daycares. They no longer give it to refugees. So, all refugee children are home; so, most refugee moms cannot work. I don't know if this is right, but I feel useless. Some things I want to do for them, I can't afford it because I don't have a job. I'm grateful that I have welfare, but I wish I could work. I wish I had the daycare. I tried to go into a French school, but I was too sick [with the pregnancy], so I couldn't stay. And now I am ready, but I have two kids – where am I going to keep them? The basic challenge I have is the length, because if I had had my hearing, at least I know – there are lots of things that would change if I've had my hearing. A lot of people see us at home and, like, single mothers here, they just feel like – At times I used to cry. I was frustrated. When I was pregnant, I was at the bus stop and a guy was speaking French to me. I just [arrived in Canada], I was so sick, and I was like, 'Please, I don't understand what you are saying.' He told me the same thing my neighbour told me. He told me to go back to my country. It's going to be a year since I got here. So hopefully they call me soon. I WISH the process was faster, so that I – so that the kids and I can have our best life. So, it's been very, very difficult, but we're surviving.

These stories of caregiving and motherhood highlight ways in which social and family policies shape participant's experience of caring for their children with precarious immigration status. In particular, challenges related to (1) work-family balance; (2) financial insecurity; and (3) feelings of community and belonging.

Through her status as a worker and her length of time in Canada, Rosamie was able to access programs that provided her with maternity and parental leave, as well as allowances for her Canadian-born child. However, in order to be eligible to reunite with her daughter in the Philippines, she had to complete 48 hours of caregiving work. Her pregnancy and maternity and parental leave meant a disruption in her work, and a longer time away from her daughter. Furthermore, as a single parent supporting two children, work was a necessity. She was motivated to return to work as soon as possible and work as much as possible, but was saddened not to be with her newborn son. Blessing faced different challenges balancing work and family life – she wants to work, but cannot. The subsided public daycare system is Quebec is unique across Canada and often praised for providing affordable daycare to families with young children, benefiting mothers in particular, whose employment and earning potential is most likely to be impacted by lack of child care (Lefebvre & Merrigan, 2008). As of 2018, refugee claimants, like Blessing, were no longer given access to the public subsidized daycares. As a single mother, Blessing cannot afford private daycare, so stays at home with her children. In her story, we can see that her desire to work is linked to financial security, but also to how she sees herself as a mother and as a community member.

Discussion

Across these narrative accounts, several themes become visible. In particular, most of the challenges that emerged related to barriers to access to public services, often interpreted

through the lens of human rights. In these accounts, we see barriers to access family reunification, health care, job security, and daycare, for example – each of which is experiences as (1) Symbolic of an underlying "othering"; (2) Stress related to insecurity and precarity; and (3) Undermining the relational elements of human lives.

One theme that stretches across the narratives is the ways in which barriers to access of services or rights are experienced as "othering". Barriers to or denial of services serve as concrete reminders that they are outsiders, regardless of how long they have residing within the country, how much they have contributed through work or study, and if they have immediate family who are citizens. Furthermore, participants are very aware that this is a criminalized othering – they do not have access because someone sees them as a threat or as abusing the system. As Sana emphasizes, this kind of othering is not neutral but has the effect of making them feel like "bad people". Lastly, it is not only a denial of membership in a certain community – for example, citizens, permanent residents – but this othering is experienced as a denial of their humanity. For example, one participant talked of not being able to afford prenatal healthcare and was worried about the risks this posed for her future child and herself. She interpreted this as life-or-death health care, the denial of which was a denial of her and her future child's humanity.

A second theme visible across narratives in the stress related to this precarity – in particular, struggling to access rights and services and not knowing when that might change. Several participants spoke about going through intense times of depression – for example, Sana's story of waiting for her visa to be processed, so that she could travel and their family could be reunited. Other participants, for example, Blessing, spoke about feeling useless, helpless, overwhelmed, scared, and frustrated. Both Blessing and Rosamie expressed frequently they were purely in "survival" mode.

A last theme that stretches the narratives is how barriers to accessing rights or services is not experienced individually, but relationally. In many cases, the services they were trying to access were for their families – for example, daycare, or prenatal care – and those which a person without direct caregiving responsibilities would not be in need of. Barriers to these services or rights not only effects them individually, by effects those they are caring for. A common sentiment is that while immigration status is a label that applies to them individually, it is not acknowledged how that impacts the people they are intimately connected too, like their children and spouses. Subsequently, the pain they feel is not just a result of the othering they experience individually, but by extension the othering of their family, usually their children.

Conclusion

Looking at these themes through the conceptual framework of reproductive justice – looking at reproductive rights and experiences of motherhood intersectionally – we can begin to get a sense of the different ways in which pregnancy, birth, and caregiving are experienced, and how constructs like immigration status shape these experience and often add a different set

of challenges to service access and receiving direct family support. It also highlights the ways in which this experience is gendered and racialized. Furthermore, this perspective means contextualizing these experiences, and the policies that create them, within broader histories of the ways immigration and reproductive policy have been used historically for specific nation-building agendas and population control, in which certain people were given access to pro-natal and family policies in order to encourage reproductive activities and other groups of people, notably racialized, indigenous, migrant, LGBTQ, and disabled women, were not supported and at time coercively and violently prevented from establishing families. More work needs to be done to highlight these historical and contemporary narratives of reproductive oppression. In part, this work begins with putting stories from people living these experiences – like Sana, Blessing, Agathe, and Rosamie – at the centre of our analysis and our policy-making.

References

Asian Communities for Reproductive Justice. (2005). *A new vision for advancing our movement for reproductive health, reproductive rights and reproductive justice*. Retrieved from http://strongfamiliesmovement.org/assets/docs/ACRJ-A-New-Vision.pdf

Butler-Kisber, L. (2010). *Qualitative Inquiry: Thematic, Narrative and Arts-Informed Perspectives*. Thousand Oaks, CA: Sage.

Chrisler, J. C. (2014). A reproductive justice approach to women's health. *Analyses of Social Issues and Public Policy (ASAP)*, *14*(1), 205–209. https://doi.org/10.1111/asap.12056

Clandinin, J. D. (2013). *Engaging in Narrative Inquiry*. Walnut Creek, CA: Left Coast Press, Inc.

Danforth, J. (2010). Reproductive justice – for real, for me, for you, for now. Retrieved January 10, 2018, from Native Youth Sexual Health Network website: www.nativeyouthsexualhealth.com/reproductivejustice.pdf

Doucet, A., & Mauthner, N. S. (2008). What can be known and how? Narrated subjects and the Listening Guide. *Qualitative Research*, *8*(3), 399–409. https://doi.org/10.1177/1468794106093636

Egan, C., & Gardner, L. (2016). Reproductive Freedom: The Ontario Coalition for Abortion Clinics and the Campaign to Overturn the Federal Abortion Law. In S. Stettner (Ed.), *Without Apology: Writings on Abortion in Canada* (pp. 131–138). Edmonton, AB: AU Press.

Fonow, M. M., & Cook, J. A. (Eds.). (1991). *Beyond methodology: feminist scholarship as lived research*. Bloomington: Indiana University Press.

Fonow, M. M., & Cook, J. A. (2005). Feminist Methodology: New Applications in the Academy and Public Policy. *Signs: Journal of Women in Culture and Society*, *30*(4), 2211–2236. https://doi.org/10.1086/428417

Galaneau, C. (2013). Farm labor, reproductive justice: Migrant women farmworkers in the US. *Health and Human Rights*, *15*(1), 144–160. Retrieved from http://www.jstor.org/stable/healhumarigh.15.1.144

Gaucher, M. (2018). *A family matter: Citizenship, conjugal relationships, and Canadian immigration policy*. Vancouver, BC: UBC Press.

Goldring, L., & Landolt, P. (Eds.). (2013). *Producing and negotiating non-citizenship: Precarious legal status in Canada*. Toronto, ON: University of Toronto Press.

Hartry, A. S. (2012). Gendering Crimmigration: The Intersection of Gender, Immigration, and the Criminal Justice System. *Berkeley Journal of Gender, Law & Justice*, *27*(1), 1–27. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=a9h&AN=74313312&site=eds-live

Hennebry, J. L., & Preibisch, K. (2012). A Model for Managed Migration? Re-Examining Best Practices in Canada's Seasonal Agricultural Worker Program. *International Migration*, *50*, e19–e40. https://doi.org/10.1111/j.1468-2435.2009.00598.x

Hooton, A., & Henriquez, S. (2006, November). IMMIGRANT RIGHTS: Are Women's Rights. *Off Our Backs*, pp. 37–40. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=a9h&AN=25027767&site=eds-live

Jolly, J. (2017). On Forbidden Wombs and Transnational Reproductive Justice. *Meridians: Feminism, Race, Transnationalism*, *15*(1), 166–188. Retrieved from https://0-muse.jhu.edu.mercury.concordia.ca/article/651253

Langley, J. (2017). Young Mothers' Experiences of Relationship Abuse: Public Narratives, Personal Stories. In J. Woodiwiss, K. Smith, & K. Lockwood (Eds.), *Feminist Narrative Research: Opportunities and Challenges* (pp. 95–122). London, UK: Palgrave Macmillan.

Lefebvre, P., & Merrigan, P. (2008). Child-Care Policy and the Labor Supply of Mothers with Young Children: A Natural Experiment from Canada. *Journal of Labor Economics*, *26*(3), 519–548. https://doi.org/10.1086/587760

Lenard, P. T., & Straehle, C. (Eds.). (2012). *Legislated inequality: temporary labour migration in Canada*. Montreal: McGill-Queen's University Press.

Lonergan, G. (2012). Reproductive Justice and Migrant Women in Great Britain. *Women: A Cultural Review*, *23*(1), 26–45. https://doi.org/10.1080/09574042.2012.644490

Medicins du Monde. (2018). *Hospital Fees: Last update 13 September 2018*. Montreal, QC: Medicins du Monde.

Neysmith, S. M., Bezanson, K., & O'Connell, A. (2005). *Telling Tales: Living the Effects of Public Policy*. Halifax: Fernwood Press.

Nicoud, A. (2015, January 6). La galére des méres sans RAMQ. *La Press*.

Oxman-Martinez, J., Hanley, J., Lach, L., Khanlou, N., Weerasinghe, S., & Agnew, V. (2005). Intersection of Canadian Policy Parameters Affecting Women with Precarious Immigration Status: A Baseline for Understanding Barriers to Health. *Journal of Immigrant and Minority Health*, *7*(4), 247–258. https://doi.org/10.1007/s10903-005-5122-2

Price, K. (2010). What is Reproductive Justice? How Women of Color Activists Are Redefining the Pro-Choice Paradigm. *Meridians: Feminism, Race, Transnationalism*, (2), 42. Retrieved from http://0-

search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=edsglr&AN=edsgcl.267812267&site=eds-live
Riessman, C. K. (2008). *Narrative methods for the human sciences*. Los Angeles: Sage Publications.
Ross, L. J. (2017). Reproductive Justice as Intersectional Feminist Activism. *Souls*, *19*(3), 286–314. https://doi.org/10.1080/10999949.2017.1389634
Ross, L., & Solinger, R. (2017). *Reproductive justice: an introduction*. Oakland, California: University of California Press.
Sandelowski, M. (1991). Telling Stories: Narrative Approaches in Qualitative Research. *IMAGE: Journal of Nursing Scholarship*, *23*(3), 161–167.
Sethna, C., Beth Palmer, Katrina Ackerman, & Nancy Janovicek. (2013). *Choice, Interrupted: Travel and Inequality of Access to Abortion Services since the 1960s*. (1), 29. Retrieved from http://0-search.ebscohost.com.mercury.concordia.ca/login.aspx?direct=true&db=edspmu&AN=edspmu.S1911484213000589&site=eds-live
Smith, A. (2005). Beyond pro-choice versus pro-life: Women of color and reproductive justice. *NWSA Journal*, *17*(1), 119–140. Retrieved from https://muse.jhu.edu/article/180127/summary
Solinger, R. (2013). *Reproductive politics: what everyone needs to know*. Oxford ; New York: Oxford University Press.
Stettner, S. (Ed.). (2016). *Without apology: writings on abortion in Canada*. Edmonton, AB: AU Press.
Stote, K. (2017). Decolonizing Feminism: From Reproductive Abuse to Reproductive Justice. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, *38*(1), 110-124 PDF. Retrieved from http://journals.msvu.ca/index.php/atlantis/article/view/4767
Thomsen, C. (2015). The Politics of Narrative, Narrative as Politic: Rethinking Reproductive Justice Frameworks through the South Dakota Abortion Story. *Feminist Formations*, *27*(2), 1–26. https://doi.org/10.1353/ff.2015.0023
Yanow, D. (2000). *Conducting interpretive policy analysis*. Thousand Oaks, Calif: SAGE.
Zavella, P. (2016). Contesting Structural Vulnerability through Reproductive Justice Activism with Latina Immigrants in California. *North American Dialogue*, *19*(1), 36–45. https://doi.org/10.1111/nad.12035