

Example created by Jessica Carlos

Grade: High C

**Canada's (Live-in) Caregiver Program:
Access to Health Care among Immigrant Filipina Live-in Caregivers**

Submitted to

GGR277

by

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Abstract

There is a growing population of foreign live-in caregivers in the Greater Toronto Area (GTA), but no one is studying how their employment situation is affecting their health and well-being. Even though there have been documented cases of abuse, no one is studying questions of health and wellbeing for these people. This research proposes a cross-sectional study using semi-structured interviews to begin to answer this question. The research question is, "What are the experiences of live-in Filipina caregivers in relation to access to healthcare?" Participants will be recruited through word-of-mouth networks. Once people have expressed interest in the research, they will be interviewed and the transcripts of the interviews will be analyzed to find key ideas and trends. Participants will sign consent forms before participating in the study. Limitations of this study include the fact that it will be difficult to reach potential participants and they might not be honest in what they say to the researcher. (157 words)

Introduction

People are moving around the world more today than ever before in the past. In Canada, immigrants are a major part of the population. The country relies on them for workers and to increase the population. People choose to migrate for a variety of reasons as well – from the desire to get away from what is happening in their home country to a desire to move to be with family or for a new job. All of these people have different types of health issues. Most of the time, when people study the health issues of immigrants, they study people who have permanently moved to a new place. But there are many people who only move for a temporary amount of time. In Canada, there is even a program set up to encourage temporary migration. It is called the Temporary Foreign Worker Program (TFWP). Many people who come to Canada under the TFWP are live-in caregivers or agricultural workers. Most of the research on TFWP workers is about agricultural workers, but it is time that there was more research about live-in caregivers because their working conditions are so very different. Just think about it – they are literally living in the homes of their employers. That has to have effects on their wellbeing as well as their access to health care. This is something the proposed research would study with the following research question: “What are the experiences of live-in Filipina caregivers in relation to access to healthcare?”

Literature Review

Alegria et al. (2008) talks about something called the ‘healthy immigrant effect’. The healthy immigrant effect is where immigrants are observed to have better health compared to the native-born population. This effect has been shown to exist all over the world. Alegria et al. (2008) also show how this health advantage seems to disappear the longer someone stays in the destination country. In other words, immigrants start out healthier than the local population, but the longer they stay with the local population, the less healthy they become.

Akhavan and Karlsen (2013) tried to understand why this change in health was happening for immigrants through a study in Sweden. They showed that there were three categories of things that produced ethnic difference in health service use by participants. These included ‘communication issues’,

‘cultural differences in the approaches to medical consultations’, and ‘effects of perceptions of inequalities in care quality and discrimination’ (p. 188). In other words, cultural differences in communication, interpretation of illness, and inequality might be part of what is making immigrants’ health worse the longer they stay in a new country.

Asanin Dean and Wilson (2008) did similar research particularly relevant to this research proposal. They studied immigrants in Mississauga. They found that immigrants here identified a variety of barriers to good health including socio-cultural differences, economic barriers, and the geographic distribution of health services. All of these might be relevant for the live-in caregivers in this research proposal.

Hanley et al. (2014) point out that there is a large body of literature documenting health issues among migrant workers in the United States but not so much about temporary migrant workers in Canada. They say that what does exist about Canada mainly focuses on agricultural workers, and as stated above, the living conditions of agricultural workers and live-in caregivers are very different. Live-in caregivers have to actually live with their employers! There clearly need to be more studies into the health and wellbeing of live-in caregivers.

Research Design and Methods

The research will use a cross-sectional research design and semi-structured interviews in order to collect information about the health-related experiences of Filipino live-in caregivers in the GTA. While interviews are a good research method because they allow for more in-depth questioning, However, interviews are limited by what a participant can remember on the particular day of the interview. Interviews also tend to be limited by their artificial setting; they do not capture the complexities of people moving through their everyday lives. Similarly, the researcher is not able to observe the participant’s behaviour to see if it is in line with what they are describing in the interview. Despite these problems, interviews will be used in this study so that participants can tell their stories.

A bigger concern than the limitations of interviews as a method is how participants will be recruited. Live-in caregivers live dispersed across the city, each living separately in the home of their

employers. To try to reach them, we will put up posters in community centres and other places where they tend to gather. A word-of-mouth recruitment approach will be used wherein at the end of each interview research participants will be asked if they know other potential caregivers interested in participating. In addition, some people might find out about the research because of the social networks the researcher is in. In other words, people might learn about the researcher's project and tell other people about it.

Interviews will happen at the researcher's office at the University of Toronto. They will be conducted in English with the option for translation from Tagalog if necessary. An honorarium of \$25 will be provided to each participant at the conclusion of the interview as a thank you for their time.

Interviews will be recorded and transcribed. Transcribed interviews will be coded using a word processing program before being further analyzed using qualitative data analysis software. The data will be analyzed to identify the themes and theories of the research will be derived from participant data.

Positionality

According to van den Hoonaard (2014), positionality is an important thing to consider in research – particularly whether one is seen as an 'insider' or 'outsider'. The researcher for this project is a little of both. She is an insider because she's a Filipina woman, but she is an outsider because she is not a live-in caregiver. In regards to recruiting and interviewing participants, the research is conscious of her 'insider' and 'outsider' status. This might affect the research because the participants might think that she is 'one of them' and so open up more to her. On the other hand, they might think that she is looking down on them because of her citizenship and educational status which might make them not trust her as much. The researcher will have to be careful in navigating these relationships.

Ethical Considerations

All research with human subjects has ethical considerations. These are most commonly talked about in terms of respect for persons, wellbeing, and justice. These are all very important for doing ethical research. For this research, the main concern is about respect for persons. We have to make sure that the participants have given their consent to participate before we begin the interviews. It is particularly

important that this is 'free and informed' consent meaning that there is no coercion in getting the consent and that they fully understand the all aspects of the study. The group vulnerability for the research is at a medium level because although there are no physical or legal risks to this research, there are potential psychological/emotion risks for some participants. For example, psychological/emotional risks include the possibility that sensitive or personal matters may be brought up in relation to negative employment experiences in Canada, perceived health status, and access to health care in Canada. To mitigate these risks, the researcher will provide support information to participants.

The research risk is also medium risk because some immigrant Filipina caregiver participants may have conflicts with their employer in terms of the caregiver's participation in the proposed project. Because they are also temporary foreign workers, their visas are tied to their employment situation and therefore any conflicts with their employers could lead not only to difficult working conditions but also to the loss of their job and potentially their legal status in Canada. While there is a very low probability of this happening, this research does acknowledge that caregivers are in a vulnerable situation due to the constraints of the TFWP.

Limitations

Semi-structured interviews have many strengths, but the research must also take into account their limitations. Interviews are limited by what a participant can remember on the particular day of the interview. Interviews also tend to be limited by their artificial setting; they do not capture the complexities of people moving through their everyday lives. Similarly, the researcher is not able to observe the participant's behaviour to see if it is in line with what they are describing in the interview. Despite these limitations, however, interviews provide the best balance of efficiency and comprehensive data collection for this research.

As a vulnerable population, Filipina caregivers may fear employers discovering they participated in the research and/or that they said negative things with respect to employment experiences. Therefore, they may not be completely forthcoming in their responses to interview questions if they are concerned

that their employers will learn about what they said. There may also be elements of social desirability shaping the participant's responses as they try to say what they think will please the interviewer as well as what they think will make them look like a good candidate for Canadian citizenship if citizenship is their goal.

References

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Appendix A: Research Instrument – Interview Script

Demographics

1. How old are you?
2. What is your gender?
3. How long have you been in Canada?

Pre-Migration / Integration

4. Why did you decide to work as a caregiver?
5. Have you worked as a caregiver in other countries?

Employment

6. How many employers have you had while working as a caregiver in Canada?
7. How did you come into contact with your employer(s)?
8. Do you live in the household of your employer or do you live outside the household of your employer?

Health

9. How would you describe your overall health?
10. How has your health been since moving to Canada? (stable, improved, declined)
11. Do you currently have extended health benefits?
12. Do you have a regular health care provider?
13. If you do, how often do you go to see them?