Gender and Migration as Social Determinants of Health: The case of Latin American undocumented workers in the Greater Toronto Area

Context

Globalization, as a late 20th-century and current phenomenon, is characterized by the expansion of the global economic market and by increased international displacement of individuals. Economic migration, as a search for paid work, is a significant force behind the latter (Cohen & Kennedy, 2000; Bauman, 1998; Bhabha, 1994). Among workers migrating, the fastest rising group in the last 10 years has been undocumented workers; presently, they are 15 to 20% of the total global migrants, some 30 to 40 million people (Papademetriou, 2005; Van Hook, 2005). Contrary to stereotypes, both men and women have engaged in economic migration (48% of migrant workers currently arriving in Europe are women – Razemon, 2006), but little is known about gendered aspects of this process.

The aim of this study is to address the health consequences of a striking globalization effect: the increasing presence of undocumented workers in high-income nations. In particular, we will focus on gender differences among female and male Latin American economic migrants living in the Greater Toronto Area. In this research, undocumented workers are defined as women and men who participate in the Canadian labour force by entering legally in the country and (a) not respecting the limits of their visa; (b) over staying their visa permitted time; or by illegally entering the country, including people who were smuggled across the border (Cohen & Kennedy, 2000).

Although the national census does not track the number of undocumented people living in Canada, industry studies and experts believe there are approximately 200,000 (Jimenez, 2003). The majority of undocumented immigrants in Canada live in the Greater Toronto Area (GTA) due to better employment opportunities and immigrant networks. Estimations of undocumented workers living in the GTA vary between 30,000 and 200,000 (Bustos, 2005), most of them being relatively invisible among the diverse populations that compose the city.

Despite the fact that undocumented workers have jobs and contribute to the Canadian economy and society, their non-status situation gives them and their families no or very limited access to health care, education, social services and legal rights that are basic to promote and protect one's health (Omidvar & Richmond, 2003). In addition, they are very vulnerable to exploitation at the work place and many perform jobs with important occupational hazards (Access Alliance, 2005).

In the Canadian context, these circumstances are poorly understood because there is a scarcity of studies regarding undocumented workers' health (Access Alliance, 2005; Omidvar & Richmond, 2003). This research will gather qualitative data to further the understanding of the impact of being undocumented on men and women's health promotion strategies, occupational health, and health care access and utilization.

Current Knowledge

International Research

Health related issues in the context of undocumented migration have been increasingly studied over the last two decades. Searches of 5 databases (Medline, Cinhal, Embase, Social Citation Index, and Scielo) were cross-referenced yielding 81 peer-reviewed articles published in English, Spanish, Portuguese, and French from 1990 to February 2007. No Canadian peer-reviewed publications on the subject were found. Half of the articles focus on the United States' massive undocumented workers' migration (they are estimated to be 10.3 million people – Van Hook et al. 2005), mostly to the so-called Sunbelt states in the

south border (e.g. Prentice et al., 2005; Sullivan & Rehm, 2005; Phillips & Massey, 1999; Chavez et al., 1997; Fragomen, 1997).

One third of the articles focus on the current European context, studying the arrival of substantial numbers of undocumented workers to Spain, Italy, Greece, Switzerland, Netherlands, and Israel (Carvalho et al. 2005; Wolff et al. 2005; Belza, 2004; Deruaz & Zellweger, 2004; Fried, 2003; Leventhal et al., 2003; Padovese et al., 2003; Salazar et al., 2003; Van Herten, 2003 El Hamad, 2001; Esteban y Penna, 2001; Mattelli et al., 2001; Reijneveld et al., 2001; Matteelli et al., 2000; Rivas Clemente et al., 2000; Tarrago et al. 2000; Lazaridis, 1999; Burguers, 1998; Garcia Vidal et al., 1998; Lazaridis, 1998; Bandera, 1993). The remainder concentrates on Asian countries, mainly Korea and Indonesia (Hyun, 2003; Kassim, 2000; Hugo, 1995; Ishikawa, 1995).

The content of the reviewed articles ranges from health care legal and economic issues regarding assistance to the undocumented population, to ethnographic narratives concerning the daily life endeavours of displaced groups. At best, gender is approached by studying men or women as separated groups of migrants. Depending on the implicit or explicit theoretical framework that authors adopt, undocumented workers may be portrayed in a variety of ways, such as dangerous, costly, lacking civil rights or at risk due to occupational hazards (Meltzer & Elkayam, 2003; Mehran, 1997). This is reflected in the way undocumented workers are named in the literature. They are also addressed as illegal immigrants, aliens, clandestine, forbidden workers, uninsured or outsiders (our literature review included "illegal immigrants"). The choice for a particular nomenclature illustrates an important theoretical dilemma in this field; there is a marked contrast between authors who describe the risk factors of undocumented work for host societies (Carvalho et al., 2005; Law et al., 2003; Schuck, 1995) and authors who take a global socio-political perspective, mostly concerned with equity issues within host societies (Kullgren, 2003; Lee & Ottati, 2002; Short & Magana, 2002; Lazaridis, 1999, 1998).

Studies focusing on economic and political issues either highlight the need for regulating immigrants' entry into countries and restricting their access to health care, due to the economic burden they represent, or evaluate the regulatory impact of legislation, such as the effect of restrictive laws, as the one obliging physicians to report to the police any undocumented clients they assist (Prentice et al., 2005; Coritsidis et al., 2004; Kullgren, 2003; Cevasco, 2002; Baker, 1997; Fenton et al, 1997; Chan et al., 1996; Loue & Foerstel, 1996; Marx et al., 1996; Espenshade, 1995; Siddharthan & Alalasundaram, 1993; Edmonston & Passel, 1992). Only a few articles point to the fact that these undocumented workers also bring a contribution to the host society and that many of them or their children will eventually become citizens of the host country and, therefore, present lack of access to health care can cause ill-health that will be costly for the government in the future (Loue, 2005; Weathers & Garrison, 2004; Jaklevic, 2001). In particular, some studies explore the controversial situation of children that are citizens of the host country although living under undocumented families' roof, what creates particular difficulties of status for them (Loue et al., 2005; Wolff et al., 2005; Weller et al., 2003; Berk et al., 2001; Berk et al., 2000; Lu et al., 2000; Huang, 1997; Guendelman & Jasis, 1992).

Simultaneously, mainly in the Asian context, authors portray the global workers' journey as a form of economic and/or political exile, escaping severely impoverished existences and searching for belonging in a new community. Authors studying the everyday life circumstances of this group frequently identify the experience of non-status as a significant form of social suffering because immigrants are rendered vulnerable by the structural conditions of their undocumented status in the host society (Powers & Seltzer, 1998a;b). A few studies describing women's experiences suggest that, commonly, deprivation of

appropriate working and housing conditions provides the underpinning for gendered violence, such as domestic and sexual exploitation related to employers and landlords knowledge of women's non-status circumstances (Augustin, 2005; Hunt et al., 2004; Li et al. 2004; Sacildo et al., 2004; Walter and al. 2004; Hyun, 2003; Gulçur & Ilkkaracan, 2002; Walter et al., 2002).

Another large contingent of studies addresses disease-related surveillance, suggesting the hazards of immigration for the host society's health indicators. Tuberculosis, HIV, hepatitis and infectious diseases in general are typically the matter of concern. For these authors, strict guidelines should be implemented to reduce the risk of imported diseases (Roonay et al. 2004; Kang et al., 2003; Kwong, 2002; Salinas et al. 2002; Matteelli et al. 2001; Weis et al. 2001; Matteelli et al. 2000; Solitar et al. 1998; Ishikawa, 1995). Curiously, other epidemiological studies have revealed different outcomes (Salazar et al. 2003; Lu et al. 2000; Tarrago, 2000), including some that show no evidence that undocumented migration poses a major risk of disease transmission. This has been explained by the 'healthy migrant effect'; usually the fittest are the ones who consider facing the hardship of displacement (Kelaher & Jessop, 2002). Furthermore, the very social and cultural nature of the concept of risk is discussed by some authors who argue against the dominant biomedical explanation of immigration hazards for host societies (Ho, 2003; Asch et al. 1994).

Finally, it is well documented that the primary reason for undocumented immigrants to move to a high-income country is to seek better paying work opportunities (Leventhal et al. 2003; Van Herten, 2003; Walter et al., 2002). Looking at the phenomenon of undocumented work as an individual or group attempt to improve one's quality of life or the life of the people who are dependent on this person's income – an individualised solution to escape the severe social and economic inequalities that structural adjustments in third world countries have perpetuated or worsened – reveals the very limited ways in which this issue has been examined in the international health literature. Nonetheless, many authors have highlighted the need for future research to provide an appreciation about how gender shapes economic migration, how the members of this vulnerable population create their sense of belonging, what are their struggles for basic civil rights and social justice, and what are their health care needs (Balistreri & Van Hook, 2004; Walter et al., 2004; Hyun, 2003; Yamanaka, 2000; de Snyder et al., 1996). These recommendations point towards a need for studies that are guided by the social determinants of health and for qualitative, exploratory health studies to reveal the diversity of health circumstances within this group.

Canadian Research

As noted above, there are very few publications regarding health issues in the context of undocumented workers in Canada. Most are reports from community centres, unpublished papers, and some peer-reviewed articles that intersect the issue of undocumented work by addressing uninsured populations, underemployment or health care for racialised groups. These studies do not address gender differences among undocumented workers.

Studies about the social determinants of health of Latin American undocumented workers in Canada were not found. Furthermore, "little research addresses the impact of social determinants of health of racialised groups in Canada", despite the fact that these groups experience disproportionate levels of poverty, discrimination, and barriers to health care (Access Alliance, 2005, p.1). Regarding occupational health, it is known that precarious employment and underemployment have been the subject of few studies and that the mental health impact of these kinds of jobs among immigrants is poorly understood (Access Alliance, 2005). In addition, precarious and contingent work are regarded as physically and mentally harmful due to their uncertainty, income insecurity, lack of training, lack of sick leave, and many of these jobs involve exposure to hazards (Access Alliance, 2005; Lewchuk, 2003; Galabuzi, 2001). For instance, while many

non-status men work in construction sites, undocumented women frequently work in cleaning jobs, with different risks, social appreciation, and payment for their work.

In relation to undocumented workers' access to health care, information can be found in 3 studies on uninsured GTA residents. Dantas et al. (2005) describes the barriers experienced by this population. They refer to structural barriers, which are shortage of services available and limited access to specialists, tests, hospital care, and personal barriers, such as lack of financial resources, lack of knowledge of available services, fear of being reported/deported or refused health care, shame of not being able to afford health care services, and language skills. Bannerman et al. (2003) and Brown et al. (2002) also support that fear of deportation from the contact with the health care system makes people not seek help until it is absolutely needed and that the attempt to access services is characterised by a fragmented experience or a "run around", where people go to many institutions trying to find a service and many will eventually give up due to the hardship of this process.

When undocumented workers have access to community health centres, their patterns of utilization of health care services seem to be similar to insured people (Dantas et al., 2005). For example, in a community health centre serving a large uninsured population in Toronto, they seek family planning, well-baby care, immunization, chronic and sexually transmitted diseases treatment. Other issues encountered relate to mental and social health (e.g. depression, anxiety, financial issues, and housing). Bannerman et al. (2003) report that the utilization of health care by uninsured people can be accompanied by long waiting lists, marginalization of their experiences, racism or offensive treatment, and denial of services. On a positive note, community health centres in Toronto are allowed to cover some of the costs of care for the uninsured, either with medications or tests, although they are not allowed to use these resources to pay for hospitalization (Dantas et al., 2005). This may be a partial response to the Ontario's growing uninsured population. For instance, since 1999, women who have children born in Canada are seldom deported and the Toronto Police is presently discussing the use of the "don't ask, don't tell" policy to protect all victims of crime, independently of their status in Canada (Real Women, 2006; Torstar News, 2006).

Relevance of the Study

This study will *provide in-depth information* about workers who participate in the Canadian labour force but have not been studied by academics or health care researchers in terms of their social determinants of health, health promotion strategies and occupational health. Presently, a few GTA community centres that offer services to this population are the only ones to generate knowledge on access and health needs. This study's relevance is also attested by two of these centres' enthusiastic support to this research as our community partners.

In Canada and internationally, few studies with immigrants include undocumented workers as participants, in part because they are a hidden population. On many respects, the uniqueness of this group requires studies on undocumented workers' health as a topic on its own. Thus, this research will *expand the area of immigration and health studies in Canada* by including the fastest growing group of world migrants.

The research relevance also resides in the *study of the intersection of multiple determinants of health for both sexes*, such as gender relations for men and women in the context of precarious work and disempowerment. Undocumented immigrants have been identified as a highly vulnerable population. Yet, despite their susceptibility, their incorporation into the so-called informal border of the economy has supported remittances to their home countries (globally, 150 billion per year) and the development of social

networks in the host society (Papademetriou, 2005). However, job opportunities and support networks are gender-mediated experiences; while women are usually socialized to create and maintain social networks, they are frequently involved in low paid and casual work (in the case of cleaning and construction work in the GTA, women's hourly rate is usually less than half of the men's rate). In addition, in the post 9/11 era, new elements of risk have been ascribed to individuals' experiences of South-North displacement (De Toledo et al., 2003). This complex picture is rarely addressed by studies in this field.

Consequently, this study is of great relevance because it aims at exploring the intersection between health, migration, gender, and contextual factors that are very influential for the health and well-being of vulnerable populations. In particular, studying health promotion, working conditions and health care for this marginalised group can shed light towards alternatives for inclusiveness as proposed by the Canadian official multicultural and anti-racist framework (Omidvar & Richmond, 2003).

Theoretical Framework

This research will be guided by postcolonial feminism because it is an ideal framework to address migration and gender in the case of undocumented workers and can contribute to the expansion of our understanding of the social determinants of health as transnational and global phenomena (Gastaldo et al., 2005; Rajan & Park, 2005; Young, 2003; Mohanty, 1991). Postcolonial feminism allows for the critical analysis of intertwined categories, such as gender, political, and economic exclusionary relations (e.g. sexism, neocolonialism and neoliberalism) customary in Western liberal nations' affairs (900 million people, average annual income US$ 26,000 per person) with the "rest of the world" (5.1 billion people, average annual income US$ 3,500 per person) (Rajan & Park, 2005; Young, 2003). According to Bhabha (1994), transnational capitalism and the impoverishment of the third world have generated a massive economic diaspora. In the case of many Latin American countries, international economic migration accounts for the exile of over 10% of the population and in extreme cases, like in El Salvador, some 25% (Perreault & Martin, 2005).

The use of feminist lenses within postcolonialism represents a search for difference in social and economic locations among women themselves and men as well. The awareness of gendered relations in the context of local/global relations represents a movement away from reductive and homogeneous accounts of women's experiences and a possibility to explore how gender expectations or stereotypes are operationalized in diverse social contexts (Mohanty, 1991). Addressing gender and migration from this perspective permits the expansion of health knowledge about present living circumstances in Canada and to conceptualize it from an ex-centric position, one in which gender is concomitantly embedded in local sexual/body politics as much as in global patriarchal discrimination (e.g. typical female work in an unpaid or poorly paid job in a domestic space; Rajan & Park, 2005), a standpoint that is transitional, hybrid, and is politically committed with social justice.

The postcolonial lenses help to understand that Canada, as a host country and a high-income nation, has maintained active certain segments of the economy through undocumented work (Bustos, 2005; Reitz, 2005). However, economic migrants' work is a silent contribution to the economy (Omidvar & Richmond, 2003) and they experience almost every form of social exclusion, such as no participation in civil rights and being a racialised group without means to secure stable income (Galabuzi, 2004). Latin American undocumented workers are conceived through a radical form of otherness in Canadian society – they are at the margin and are supposed to remain invisible; when they speak or are seen though, they have accents and many are visible minorities.

Mojab (1999) and George's (1998) studies show that in Canada race, gender, and immigration status form an interwoven nexus related to work discrimination and inequities. Thus, the use of a postcolonial feminist framework in this study aims at facilitating the investigation of particular modes of local-global exclusion occurring in Canada. Paradoxically, undocumented workers' experiences in the "first world" may be characterised by greater sexism, ablism, agism or racism than what they have previously lived in their countries of origin. In this context, the conceptual focus of the study on gendered economic migration means that gender and colonial relations are privileged standpoints to analyse and capture the diversity of migration and settlement experiences by undocumented workers (Mohanty, 1991).

To study undocumented workers from this perspective represents an opportunity to address health issues from the periphery of power, from a transnational space and a non-existent space, a place in-between nations and where women and men do not belong anywhere from the citizenship rights viewpoint (no worker's protection rights and no access to health care). Bhabha (1994) proposes that this is an opportunity to touch the future before it unfolds, given that worldwide undocumented migration is increasing rapidly (Papademetriou, 2005), and it is simultaneously an occasion to act and intervene in the present because it reveals itself harmful to the health and well-being of thousands of people, allowing the production of socially relevant knowledge.

Study Objectives

The general objective of this research project is to explore the consequences of gendered economic migration for the health and well-being of undocumented Latin American workers living in the Greater Toronto Area, with particular attention to health promotion, occupational health, and access to health care.
The specific objectives of this research are:

On health promotion and social inclusion:

- To explore female and male undocumented workers' perceptions of what impacts on their health and well-being
- To investigate the strategies female and male undocumented workers employ to promote their health and prevent disease (from local to transnational practices)
- To identify how female and male undocumented workers deal with social inclusion in the context of non-status migration, limited language skills, belonging to a racialised group, limited work opportunities, among others.

On occupational health and working conditions:

- To explore female and male undocumented workers' perceptions of working conditions (including safety, income security and unemployment)
- To investigate the strategies female and male undocumented workers employ to keep fit to work and prevent injuries
- To identify how female and male undocumented workers deal with accidents and work related illness that happen to themselves or co-workers

On health care access and utilization:

- To explore female and male undocumented workers' perceptions of accessibility and quality of health care services in the GTA
- To investigate the strategies female and male undocumented workers employ to have access to disease treatment or health care (including self-medication, complementary and alternative medicine, use of local, regional or international health systems)
- To identify female and male undocumented workers' health literacy skills and information systems

Methodology

This qualitative study will be conducted in collaboration with 3 community advisors and 2 community centres that serve the Latin American community in the Greater Toronto Area. The methodology presented below was culturally and ethically designed to study a hidden and vulnerable population (Fine et al., 2000).

Guiding Principles:

(1) *Articulation theory-method*: Articulation is a central concept for studies on race, ethnicity and postcolonialism (Hall, 1980). Articulation works at the epistemological and political levels to challenge what established theories already say about the subject under study and to re-work methods as tools that keep their relevance under new historical realities (Slack, 1996). In other words, theory and method intersect each other creating an articulation that intends to decolonize methodologies and produce transgressive and transitional knowledge (Tuhiwai-Smith, 1999; Bhabha, 1994).

(2) *Advocacy*: A postcolonial framework works by acknowledging that researchers and participants are knowledgeable individuals with diverse expertise contextualised by their social positions in particular places. In the case of this study, the investigators will adopt an explicit advocacy position which is coherent with their positionality and theoretical framework, given the strong limitation of undocumented workers to create and disseminate knowledge about their life circumstances in Canada. This principle is consistent with the work undertaken by the project's community partners, who have been involved in advocacy activities for a long time.

(3) *Reflexivity*: Throughout the development of the study, the researchers will employ a process of individual and collective reflexivity to operationalize the principles described above (Finlay, 2002; Guillaume, 2002). Both experiential and scientific knowledge will be valued in this process. The research will be developed in consultation with Latin American and Canadian community members. The relationship with the participants will be based on this same reflexive process where similarities and differences between them will be explored (e.g. status differences, gender differences). As a starting point to prepare this project the researchers have done volunteer work in organizations that offer services based on the policy "don't ask, don't tell", where no one is asked about their status in Canada to have access to services.

Location:

This study will be carried out in the Greater Toronto Area, the most culturally diverse city and with the highest concentration of undocumented workers in Canada. This project will have 6 points of contact (3 Portuguese and 3 Spanish-speaking) with the Latin American undocumented population: the 2 community centres located in Central-West Toronto, 2 male sport clubs located in North Toronto, and 2 religious groups located in West Toronto to assure the participation of healthy individuals as well as those in need of health care assistance. The sport and religious groups required to be kept anonymous, but their leaders have accepted to facilitate contacts between the researcher and non-status Latin American immigrants. All six locations are attended by women and men, even though the sport weekly event has men playing and women as spectators. These are the entry points to the field and attendees of these places reside in a variety of regions of the GTA.

Sample:

The participants included in the study will be Latin American who speak as first language Spanish or Portuguese and who are non-status migrants living in Canada for over 2 years and working undocumented for a minimum of 18 months; half will be women and half men, all over 18 years of age. The participants may not speak English. They will be recruited in Spanish and Portuguese. The stereotypical occupations for this group are domestic work for women and construction work for men, however a much more diverse group of occupations is expected to be found (Reitz, 2005; Hondagneu-Sotelo, 2001). In terms of length of

residence, it is unusual for Latin American undocumented workers to be in Canada for more than 10 years, so a residence period from 2 to 6 years is expected for the majority of the participants. A maximum diversity strategy will be used for the recruitment of participants in relation to the following criteria: work experience, educational background, ethnicity and nationality, given that this study is exploratory and refutes the possibility of essentialising the cultural, ethnic traits of such a diverse population (Silverman, 2000). A total of 40 participants will be recruited, 20 women and 20 men. Each participant will be interviewed 3 times for approximately an hour. If someone does not want to continue after one or two interviews, another participant will be recruited to guarantee that, in total, 120 interviews will be conducted, to have a sample that allows contrasting gender differences.

Recruitment and Data Generation:
As mentioned above, the participants will be recruited in 6 community groups to achieve a diverse sample. In order to guarantee the feasibility of the project, five of these groups have done a preliminary study of potential interviewees in February 2006 and found at least 15 people available in each site, and on recent contacts they stated the potential for recruitment remains the same. The researchers and leaders/staff of the community partners will collaborate in the recruitment by being present at community meeting/events and distributing information about the study. In addition, if necessary, the participants may be asked to suggest other people to be interviewed in a snow ball technique, to help to achieve a diverse sample (Silverman, 2000).

The potential participants will call a mobile phone number exclusive for the research project and that will be used solely by the investigators. If they wish to be interviewed after receiving additional information on the project, participants will chose a pseudonym and will only be called by that name during the whole study. A coded phone number will be listed for the second and third interviews. At that time, a date and place for the first interview will be chosen. There will be 3 alternatives of meeting locations: a room at the university (place of preference), a public place (park, coffee shop) or at the participant's residence. In case the participant decides for her/his residence, the researcher and research assistant will go together and carry the mobile phone with them (Fine et al., 2000). All coded addresses and phone list will be eliminated after the third interview, including the telephone's micro-chip containing the record of phone calls. For interviews with women or men who have to bring their children there will be a babysitter in an adjunct room.

Data will be collected by a socio-demographic questionnaire, semi-structured interviews and observation notes. All interviews will be conducted in either in English, Spanish or Portuguese. The interviews will be conducted to capture: (a) *emic* perspectives of participants on undocumented work, health, and well-being and their use of rich-countries' discourses (illegality) and third-world discourses (alternative, survival) and potential formulations of hybrid rationales for their situation and how it impacts on their health and (b) a descriptive corpus of information on practices, as undocumented workers do things (e.g. health promotion strategies, search for treatment) and as they experience what is done (e.g. not being offered safety equipment at work, being denied access to health care) (Fontana & Frey, 2000; Tuhiwai Smith, 1999).

All three interview guides will be tested in pilot interviews with men and women who will be informed that their contribution to the study is to help to refine these guides. With the consent of the participants, the interviews will be taped and tapes will be transcribed in full and revised against the original recording. Transcribers will be informed about their ethical responsibilities and required to keep confidentiality of the content of the interviews. In addition to the verbatim, the information from the socio-demographic questionnaire and the field notes of the interviewer regarding the meeting with the participant will be added

to each interview, but any data that could disclose the identity of the participant will be omitted or altered (Mercado et al., 2002; Fontana & Frey, 2000).

Analysis and Verification:
Discourse analysis will be employed to guide the data analysis for the study (Iñiguez, 2004; Phillips & Hardy, 2002; Cheek, 2000; Mercado & Torres, 2000; Parker, 1999). The data consists of transcripts of all interviews, a socio-demographic questionnaire for each participant and field notes. A preliminary analysis will be done while the interviews are being conducted to orient the data collection towards relevant subjects not foreseen in the original guide or to obtain clarification about particular issues of interest.

The data analysis will be conducted in two parts: an inductive process of coding should ensure that the data offers a thorough description of undocumented workers' life circumstances and health issues in the GTA revealing novel elements and challenging current understandings in the field, followed by a deductive process, based on the theoretical perspective of the study, to address emerging and consolidated discourses and new conceptual ways to explain heath issues in this context. The analysis will be framed by the research objectives, however its final goal is to destabilize the academic limits between health promotion, occupational health and access to health care and produce a more dynamic and comprehensive understanding of the social determinants of health in the context of transnationalism and globalization.

Given the postcolonial feminist orientation of the study, discourse analysis will be used to avoid essentialising Latin Americans or the economic migration process; instead, it should highlight differences as much as the commonalities related to gender, migration, and health (Fontana & Frey, 2000). In terms of gender analysis, women's interviews will be analysed and contrasted among themselves before they are contrasted to men's interviews. The objective is to produce contextualised data that challenges dominant views of men as non-status workers, but not women, to show how gender shapes experiences in Canada among this group that lives in-between two cultures (e.g. how local and global experiences of inequity create a particular rationale for caregiving or domestic work) and to provide accounts of the intersections between gender, migration and health that transform what we traditionally know about them.

The software NVivo will be used to code, store, and manage all texts. A number of strategies will assure the rigour of the study. The researchers will use diaries throughout the study for field notes that will be explored in the confirmation of the findings in relation to the reflexivity process and positionality assumed and how they influenced the production of knowledge in this study (Martín-Rojo, 2004; Finlay, 2002). For credibility, two members of the advisory board (external to the data collection and analysis) will check the coding scheme (Fine at al., 2000).

Ethics:
Given the hidden and vulnerable nature of this population, a consultation on ethical and legal procedures was already made (University of Toronto Ethics Board member, August 2005) and all recommendations have been applied to this proposal. Ethical concerns will be addressed through out the study in multiple ways. The notion of ethics as process guides the study from its conception to knowledge transfer and exchange (Cwikel & Hoban, 2005; Ramcharan & Cutcliffe, 2001). Regarding the participants, after a brief information session on the study, those who would leave a contact phone with the researcher or staff will be informed in greater depth of the nature of the study (orally and in writing), potential risks and benefits of participation and the right to withdraw at any time, among many other ethical considerations, in their language of choice. Participation is voluntary and all participants will be requested to sign a consent form written in English, Spanish or Portuguese under their pseudonym (Fine et al., 2000). In addition, the

participants will be reminded of these ethical issues in distinct moments of the study. In terms of utilization of the data gathered, any information that could make participants identifiable (personal life trajectory, particular events, a combination of characteristics) will be omitted or changed to protect their identity. The description of the participants will be made in a collective form and the socio-demographic characteristics of a participant will not be linked to her/his narrative (Gastaldo, 2002; Fine et al., 2000). The community partners and advisors will not know who has volunteered to participate (unless the participants themselves disclose this information) and will only have access to information after the data has been analysed.

To ensure the researchers' safety, interviews that are conducted at participants' residences will be attended by two researchers carrying a mobile phone with them. Finally, in order to protect participants' identity all the information about them will be listed in a coded manner and later destroyed (addresses, tapes, telephone chip) as soon as it has been processed into the research data system. These ethical concerns will be carefully described and addressed in the ethical protocols to be submitted for approval at the University of Toronto, Access Alliance and the Brazil-Angola Community Information Centre.

Acknowledging Participants' Expenses and Contribution:
Participants will be compensated for their time and expenses in coming to and participating in each interview, altogether over 2 hours, with $20.00 and $5.00 for transportation if they come to meet the researchers at the University or in a public place. This amount is not an incentive, but a mere compensation for their time, transportation expenses, and other costs (e.g. snack). For those coming to the university with children, a babysitter will be hired so that the interview can be conducted in an appropriate atmosphere. After analysis is concluded (a date will be established), the participants who wish to receive a summary of the findings will contact the researcher; an email or mail correspondence will be sent to them, as instructed.

Knowledge Translation and Exchange, Community Partners and Advisory Board

Through this project, we expect to generate knowledge based on the content and methodology employed in the study. The results should be useful to community centres, undocumented workers, academics and program developers. Our community partners will help refining our knowledge translation and exchange plan as we share the study results with them.

Knowledge Translation and Exchange:
Tuhiwai Smith's 25 indigenous projects (1999) inspire this phase of the study. For each strategy adopted there will be one or more projects being used as follows:

- *Networking and Intervening*: With our community partners, we will organise a **one-day conference** on undocumented workers' needs in terms of health and social services. Potential participants are staff and managers from neighbourhood centres, community health centres, clinics, and hospitals serving the undocumented population or wishing to create a systematic approach to do so.
- *Returning*: To reach the undocumented population in the GTA, **booklets** will be published (500 in Portuguese, 750 in Spanish and 750 in English) on health promotion, occupational health and health care to be distributed through the community partners and other institutions working with undocumented workers, such as OCASI – Ontario Council of Agencies Serving Immigrants. To reach a Canadian and international population of undocumented workers, a **website** will be designed to share the same information for free download and to report on the main findings of the project and present any other art/writing work produced.
- *Writing and Testimony*: At the time of the first interview, all participants will be invited to produce a written or recorded "**testimonio**" (The Latina Feminist Group, 2001) to be shared with other economic

migrants through the booklets and website or, alternatively, to produce an **art object** that reflects their experiences as undocumented workers in Canada to illustrate such materials.

- *Naming, Reframing and Negotiating*: These projects refer to long-term goals (such as civil rights to economic migrants) that can start to happen by the use of a different terminology, re-framing discourses of exclusion, and patiently negotiating the development of **social policy** to promote greater social justice. The study's results will also be used to support advocacy by our partners within program development and political arenas.
- *Envisioning*: The **academic publications** should fulfill the role of creating the need for collective envisioning of alternatives for a frequent and increasing problem of globalization. National and international audiences will be reached through academic publications and presentations at conferences by the investigator and the research officer. To reach a broader audience, papers published in scientific journals will be sent to community, local, and national media.

Community Partners:

Brazil–Angola Community Information Centre (BACIC) is a non-profit organization run exclusively by volunteers who serve Portuguese-speaking minorities in the GTA, including Latin American undocumented workers, based on the "don't ask, don't tell" policy. They offer English and computer skills courses, presentations, and personal advice on settlement, education, work, health, among other relevant issues.
Access Alliance Multicultural Community Health Centre is a well-established, innovative Toronto community centre which helps immigrant and refugees through clinical, social, and health programs to promote well-being and social integration. They work from an anti-racism, anti-oppression perspective and serve both documented and undocumented Spanish speaking workers, among others.
Both Centres participate in campaigns such as the Status Campaign (organised by OCASI) that asks the Federal Government to regularize non-status immigrants and the Education Campaign that denounces as a human right infraction denying access to education to the children of non-status immigrants.

Advisory Board:

Ms. Belle Soares, Coordinator, CICBA. Ms. Soares has been working as a volunteer at the BACIC for three years and currently oversees all the services offered to Portuguese-speaking minorities.
Dr. Yogendra B. Shakya, Ph.D., Research and Evaluation Coordinator, has experience conducting research with vulnerable social groups and undocumented workers in the GTA.
Dr. Guilherme Dantas, M.D., MHSc, undertakes research in community health care and family medicine. Recently, he has participated in a study on health care for uninsured people living in the GTA.

Project Timetable:

PHASES	DURATION	PERIOD
Literature review; preparation and translation of consent forms; ethical approval from UofT, UWO, AA, BACIC	4 months	September-December 2007
Recruitment of participants and pilot interviews	2 months	January-February 2008
Data collection and preliminary analysis	9 months	Mar-July and Sept-Dec 2008
Vacation	1 month	August 2008
Data analysis	3 months	January-March 2009
Verification of analysis;summaries for participants and community	2 months	April-May 2009
Writing academic papers	7 months	May-December 2009
Vacation	1 month	August 2009
Knowledge transfer and exchange with community centres	7 months	January-July 2010
Vacation	1 month	August 2010
TOTAL	**36 months**	**Sept 2007 – August 2010**

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