Health Consequences of Gendered Economic Migration: The case of undocumented Latin American workers in Ontario

1. Context

Economic migration, as a search for paid work, is a significant force behind globalization (Cohen & Kennedy, 2000; Bauman, 1998; Bhabha, 1994). Contrary to stereotypes, both sexes have engaged in economic migration (Razemon, 2006), but little is known about the gendered aspects of this process. Although the Canadian census does not track the number of non-status residents, industry studies and experts believe there are approximately 200,000 (Jimenez, 2003), of these, the majority reside in the Greater Toronto Area (GTA) due to better employment opportunities and immigrant networks. In this study, undocumented workers are defined as women and men who participate in the Canadian labour force by legally entering the country and (a) not respecting the limits of their visa or (b) over staying their visa permitted time, as well as by illegally entering the country, including those smuggled across the border (Cohen & Kennedy, 2000).

Despite the fact that undocumented workers have jobs and contribute to the Canadian economy and society, their non-status situation leaves them and their families with little to no access to health care, education, social services and legal rights that are basic to promote and protect one's health (Omidvar & Richmond, 2003). Thus, they are very vulnerable to exploitation in the workplace and many perform jobs with important occupational hazards (Access Alliance, 2005). In Canada, these circumstances are poorly understood due to a scarcity of studies regarding undocumented workers' health (Access Alliance, 2005; Omidvar & Richmond, 2003).

Economic migration, non-legal status, social exclusion, precarious working conditions and gender act as powerful determinants of health. By carefully considering and examining these determinants, this project will explore the gendered health consequences of economic migration on undocumented female and male Latin American workers living in Ontario, responding to requests by health professionals and community agencies for research on this topic.

2. Current Knowledge

Gendered Economic Migration as a search for improved economic livelihood (Bauman, 1998; Bhabha, 1994; Cohen & Kennedy, 2000; Leventhal et al., 2003; van Herten, 2003) influences global migration patterns and is strongly linked to conditions of growing global economic inequalities (Calavita, 2006), where countries such as Canada are increasingly a destination for economic migrants from Southern economies (Oxman-Martínez et al., 2005). In this context, there are multiple and reinforcing mediating forces that simultaneously drive people to leave their countries of origin, seeking better economic futures in countries perceived and known to be both economically stable and prosperous (Calavita, 2006; MacPherson & Gushulak, 2004; Nessel, 2001; Oxman-Martínez et al., 2005; Yu, 2006). However, these forces diversely impact differently male and female migrants, resulting in differing pre- and post-migration experiences (Virtanen et al., 2003). As such, patterns and trends of contemporary global migration are shaped by historical, political and economic contexts, but also by gender relations (Calavita, 2006; Grosfoguel & Cervantes-Rodríguez, 2002).

The 1999 United Nations Annual Development Report asserted that the gap between the world's rich and poor had reached "grotesque" proportions, accelerating South-North migration patterns. Nevertheless, in high and low-income countries alike, women and children are the poorest citizens (World Health Organization, 1999). In the case of most Spanish and Portuguese-speaking Latin American countries, international economic migration accounts for the emigration of over 10% of the population, and in extreme cases, such as El Salvador, some 25% of the population (almost half (48%) of these migrants are women) (Perreault & Martin, 2005; Razemon, 2006).

Though there is no official census data on economic migrants, Ontario continues to be the preferred destination for most newcomers in Canada. Nearly half (47%) of Canadians with Latin American origin live in Ontario, and represent the third-largest group of recent landed immigrants, accounting for 10.8% of all newcomers (Statistics Canada, 2007b). As the economic capital of the country, the GTA is a major gateway for immigrants coming to Canada (Statistics Canada, 2007b). Landed and non-status migrants from Southern countries provide a valuable source of skilled labour to Ontario's/Canada's economy, thereby assisting in the economic growth and maintenance of a competitive edge in the global market system (Bauer et al., 2000; Laczko, 2002).

Non-legal Status and Undocumented Workers: Within this context, there has been an unprecedented rise in irregular and undocumented forms of migration. In the past decade, undocumented migration has become the fastest growing form of migration worldwide, among these, undocumented workers embody the fastest growing group; presently representing an estimated 30 to 40 million people (Papademetriou, 2005; Van Hook, 2005). As such, undocumented migration has become undoubtedly an issue of international relevance and has been strikingly understudied in Canada.

There is considerable variation in the estimated figures of undocumented workers residing in Canada. For instance, some suggest that there are anywhere between 50,000 to 200,000 people working with less than full legal status (Khandor et al., 2005), However, the Ontario Construction Secretariat has stated that there are 76,000 undocumented workers in the province's construction industry alone (Jimenez, 2003). If we speculate that most workers are accompanied by family, based on the previous figure, the approximate number in Ontario alone would rise to the highest figure previously estimated for all of Canada. Further, other sources have documented that at least 36,000 failed refugee claimants have never been deported, and of the 800,000 foreigners issued work, student or visitor visas in 2002, experts estimated that at least 8% (64,000) overstayed their time limit (Jimenez, 2003).

In stark contrast to the United States, where undocumented migration is associated with clandestine cross-border immigration, in Canada, rather than "illegal entry", the majority of immigrants without full legal status entered Canada through authorized legal immigration channels, including as refugee claimants, sponsored immigrants, and people with student or visitor visas (Access Not Fear, 2006; Bernhard, Landolt et al., 2007; Calavita, 2006; Goldring et al., 2007; Oxman-Martínez et al., 2005). However, various reasons, including engaging in work while not holding a work permit or changing employer without government authorization, creates non-status or undocumented workers. As Goldring et al. (2007) reveal, Canada's immigration bureaucracy contributes to the "irregularization" of immigrants' status from "relatively authorized" to precarious and insecure.

In 2007, Simich et al. explored health security in Toronto's irregular status immigrant population and called for more comprehensive information on this growing group. Despite mounting evidence of this rapidly rising population in Canada, undocumented workers' health and gender issues have been severely understudied. Further, the literature reviewed shows that gender and immigration status continue to be conceptualized independently, and do not address how the structural conditions of undocumented status uniquely affect the health and well-being of workers (Calavita, 2006; Walter et al., 2004). To date, studies of the health and well-being of undocumented migrant communities in Ontario have been limited to localized assessments conducted by community centres (Access Alliance, 2005; Omidvar & Richmond, 2003), with even less literature that specifically examines health issues for particular groups of migrant workers in Ontario (Bernhard et al., 2007). Though some peer-reviewed articles focus on the broader Canadian context (Bernhard et al., 2007; Bernhard, Landolt et al., 2007; DesMeules et al., 2004; Goldring et al., 2007; Hondagneu-Sotelo, 1999; Martins & Reid, 2007; Reitmanova & Gustafson, 2008; Slade, 2003; Weerasinghe & Mitchell, 2007), these examine the links between immigration status, unemployment, poverty, the racialization of poverty, and health inequalities, while gender, ethnicity and

citizenship status continue to be conceptualized independently (Slade, 2003).

Social Exclusion: International literature (Cavazos-Regh et al., 2007) has documented non-status as a significant form of social exclusion; causing immigrants to be rendered vulnerable by the structural conditions of their undocumented status (Bernhard et al., 2007). Further, the marginalized condition undocumented workers experience has a "domino effect". As workers seek anonymity as a form self-protection, they inadvertently create additional barriers to their relative integration into the "host" country's social and economic life, which in turn decreases their possibilities of developing a social network, increasing their vulnerability (Calavita, 2006).

The experience of undocumented status challenges the conditions for income stability (Access Alliance, 2005), adequate housing (Martins & Reid, 2007; Oxman-Martínez et al., 2005), and produces several obstacles to actualizing health and well-being (Bernhard et al., 2007; Cavazos-Regh et al., 2007; Dantas et al., 2005; Oxman-Martínez et al., 2005). Depression, isolation, fear, anxiety, anger and stress are prevalent among undocumented workers as are alcohol and substance abuse (Bernhard et al., 2007; Powers & Seltzer, 1998; Powers, Seltzer, & Shi, 1998). Based on information corroborated by our community partners, there are notable gender differences in the health consequences of social exclusion. For example, alcohol and substance use is more prevalent among men and higher levels of depression are experienced by women.

In addition, 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. More broadly, undocumented workers often encounter multiple barriers or exclusion altogether from health care services (Holmes, 2006; Ponce et al., 2005; Walter et al., 2002b). These exclusionary practices impact undocumented workers when trying to access basic prevention or emergency health care alike (Oxman-Martínez et al., 2005). Fearing detention and potential deportation, many undocumented workers postpone and avoid seeking health care services (Access Not Fear, 2006; Arcury & Quandt, 2007; MacPherson & Gushulak, 2004; Oxman-Martínez et al., 2005), which impacts men and women differently, as women are commonly responsible for family care and transnational caregiving (Gastaldo et al, 2005). Not only are undocumented workers often excluded from public health insurance coverage and services, but also from private health insurance due to their lack of citizenship status and informal precarious employment agreements (Oxman-Martínez et al., 2005).

A partial but inconsistent response to this growing population in Ontario has been health, education and housing services provided by some agencies in Toronto on an informal basis, including services in community health centres and hospitals (e.g. Women's College Hospital Collaborative Taskforce on Uninsured and Undocumented Clients). However, the lack of coherent organizational and funding policies perpetuates the sporadic and insecure nature of these services.

Precarious Working Conditions are recognized as central determinants affecting the health and well-being of workers (Canadian Public Health Agency, 2004; Jackson & Polanyi, 2003) and have been shown to negatively affect health (Benavides et al., 2000). It is well documented that due to their non-status, undocumented workers frequently work in hazardous conditions (Cavazos-Regh et al., 2007; Khandor et al., 2005; Rasheed et al., 2005; Shields, 2004; Teelucksingh & Galabuzi, 2005; Holmes, 2006; Walter et al., 2004). Moreover, gender inequities in health outcomes do exist among male and female workers (Artazcoz et al., 2001), particularly in the case of precarious employment, where the health of women is disproportionately affected (Menéndez et al., 2007).

In addition, gender and work conditions are interrelated because job opportunities are often gender-mediated. Women have increased difficulties accessing the labour market (Hart, 2005; Raghuram & Kofman, 2004; Slade, 2003) as they face obstacles when trying to balance the exigencies of this role with their family and social

expectations (Donato et al., 2006; Martins & Reid, 2007; Oxman-Martínez et al., 2005; Reitmanova & Gustafson, 2008), thus women are disproportionately involved in low paid and casual work. For women, the deprivation of appropriate working and housing conditions provides the underpinning for gendered violence, such as domestic and sexual exploitation related to employer and landlords knowledge of women's non-status circumstances (Walter et al. 2004; Agustin, 2005; Hunt et al., 2004; Li et al., 2004; Salcido & Adelman, 2004; Walter et al., 2002a). In the GTA, undocumented women dominate the cleaning and food sectors, while undocumented men predominate in the construction sector; women's hourly rate is usually one third of their male counterparts (Hart, 2005; Hondagneu-Sotelo, 1999; Martins & Reid, 2007; Raghuram & Kofman, 2004; Slade, 2003). For men, the sole or shared responsibility of generating a stable income for their family becomes a constant stressor given the unpredictability of stable work opportunities.

In summary, by virtue of their non-legal status, this population experiences severe social exclusion, no protected or implemented rights to education, health care, social security, and safe working conditions (Bernhard et al., 2007; Cavazos-Regh et al., 2007; Galabuzi, 2006) which combined can produce severe detrimental effects on the health of this population, the new global workforce.

3. Research Justification and Contribution

This study builds on a pilot project that received seed-funding from CIHR in July 2007 (one-third of the requested budget was granted). The pilot focused on two typical occupations of undocumented Latin American workers living in the GTA, construction work for men and cleaning for women. Preliminary findings from the pilot have informed this proposal and include: construction work being related to greater social isolation, greater health impact, and substance abuse as a coping mechanism; while cleaning work was related to better working conditions but lower earnings, and women described much richer social networks that promote their well-being. Based on these findings, we have decided to focus this project on the impact of social exclusion and working conditions on undocumented workers performing a variety of occupations in the GTA.

This project will be the first qualitative exploration of undocumented workers' health in Canada and Ontario from a gender perspective. In particular, studying the health consequences of non-legal working status through social exclusion and precarious working conditions will shed light on alternatives for inclusiveness as proposed by the Canadian official multicultural and anti-racist framework (Omidvar & Richmond, 2003) and will provide in-depth information about this population's social determinants of health, a subject not previously studied by academics or health researchers.

The United Nations (UN) has declared health as a human right, however these Ontario residents are not afforded this right due to their place of birth, as well as other factors such as discrimination, language and cultural barriers (World Health Organization, 2003). While the UN has identified this population as highly vulnerable, little has been done to remedy their exclusion despite their economic participation in Canadian society. To date, there are no consistent efforts to promote or provide access to health and social services to this population, and there is currently little political will to resolve these issues. Our community partners have mentioned that the subject "undocumented workers" is currently a "career killer" in provincial and federal politics.

Considering this context that renders this group invisible, this study will provide a balanced portrait by describing living and working circumstances, challenging stereotypical images of danger and crime, and revealing non-status workers' contributions to Canadian society. In the short-term, this project will produce relevant knowledge and credible information for health and social service professionals working with this vulnerable population. Through existing links with community partners, the long-term goal of this study is to influence and inform public policy.

4. Theoretical Framework

This research will be guided by postcolonial feminism because it is an ideal framework to address the gendered consequences of economic migration on the health and well-being of undocumented migrant workers and will contribute to the expansion of our understanding of the social determinants of health as both transnational and global phenomena (Gastaldo et al., 2005; Mohanty, 1991; Rajan & Park, 2005; Young, 2003).

Three underlying assumptions will be explored in the light of this framework. The first assumption is that although men and women engage in migration at comparable rates (Statistics Canada, 2007a), the structural forces of global migration simultaneously shape how migration patterns are gendered and the gendered consequences experienced by undocumented workers (Hart, 2005). Second, that gender expectations of masculinity among Latin American male workers shape their world as much as their female counterparts. 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 instead explores how gender expectation or stereotypes are operationalized in diverse social contexts (Hondagneu-Sotelo, 1999; Mahler & Pessar, 2006). Third, that migration is experienced through the interrelated social constructs of gender, class, race, ethnicity, and immigration status (Calavita, 2006; Hart, 2005; Hondagneu-Sotelo, 1999; Mahler & Pessar, 2006) and that these in turn are structurally shaped by larger political and economic forces. As such, while undocumented workers' citizenship status has negative impacts on their quality of life, there are multiple underpinning gender-related issues that differentially affect the lives and health of female and male undocumented workers (Donato et al., 2006; Martins & Reid, 2007; Oxman-Martínez et al., 2005).

Addressing gender and migration from a feminist perspective merits the expansion of health knowledge about present circumstances in Canada and enhances its conceptualization 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. women's double work burden; typical female work as poorly paid; Rajan & Park, 2005). This represents a standpoint that is transitional, hybrid, and is politically committed to social justice (Hondagneu-Sotelo,1999).

A postcolonial lens helps to understand Canada's contradictory structural factors that simultaneously propel immigration as a cheap labour force, hinder its control, and stimulate demands for restrictions, what has been described as "calculated kindness" (Calavita, 2006; Folson, 2004; Nessel, 2001; Oxman-Martínez et al., 2005; Yu, 2006). Canada, as a host country and a high-income nation, has passively maintained certain segments of the economy through undocumented immigrant labour (Bustos, 2005; Reitz, 2005). Latin American undocumented workers experience almost every form of social exclusion from Canadian society, which is reinforced by their imposed "invisibility", pushing them to the margins of society and human rights (Grosfoguel, 2005). To study undocumented workers from this perspective allows an opportunity to address health issues from the periphery of power, a place in-between nations and where women and men do not belong anywhere from the citizenship rights viewpoint.

In summary, the conceptual focus of the study on gendered economic migration means that gender and neocolonial relations are privileged standpoints to analyse and capture the diversity of migration and settlement experiences among undocumented workers, in particular in terms of their health consequences (Mohanty, 1991). Such framework will unfold into this project's methodology through the utilization of several principles, being three of particular importance: articulation theory-method, reflexivity, and advocacy.

Articulation theory-method (Hall, 1980) is a critical concept in race, ethnicity and postcolonial studies that challenges established theories by destabilising the methods used to achieve them. Working at the epistemological and political levels, articulation theory-method interrogates how theory and method intersect each

other creating an articulation that intends to decolonize methodologies and produce transgressive and transitional knowledge (Bhabha, 1994; Tuhiwai-Smith, 1999). Throughout all stages of the research project, the researchers will employ a process of individual and collective reflexivity (Finlay, 2002; Guillaume, 2003) where both experiential and scientific knowledge will be valued throughout the process. Finally, this project is explicitly intended to support advocacy initiatives by producing knowledge that is socially relevant. In order to achieve this goal, the project has been developed in consultation and partnership with community and health care stakeholders working closely with undocumented Latin American workers in Ontario.

5. Study Objectives

The objectives of this study were created by considering: (a) the need to broadly explore undocumented migrants' health in Canada due to the scarcity of studies in this field; (b) the international literature on the gendered health consequences of migration; and (c) the priorities identified by health and social service providers working with undocumented workers and by non-status Latin American migrants themselves (two consultation meetings held in 2008). The main goal of this study is to understand the gendered health consequences of economic migration on undocumented Latin American workers living in Ontario. The specific objectives aimed at achieving this goal are:

1. To explore the health consequences of social exclusion as they are experienced by female and male undocumented workers.
2. To examine the impact of precarious working conditions as they are experienced by female and male undocumented workers.

6. Research Team

The study will be conducted by two Co-Principal Investigators (Co-PI's) and two Research Officers (ROs), all of whom are fluent in English, Spanish, and Portuguese in partnership with community partners and community advisors that work with the Latin American community in the GTA. The researchers, community partners and advisors bring together a well-rounded set of skills, experiences, and expertise that provides the necessary background for a successful study. Combined, they have expertise in gender, migration and health research, occupational health, immigrant and undocumented workers' health and social services, program development and management for non-status migrants, precarious working conditions and globalization, social action, and advocacy.

Throughout the study, the Co-PIs are responsible for organizing consultation meetings with community partners and advisors and keeping them informed of the progress of the study. Community partners and advisors will provide valuable insights and recommendations at key stages of the research, such as recruitment, analysis verification, and knowledge translation and exchange.

<u>Community Partners (4):</u>

- *Brazil Angola Community Information Centre (BACIC)*: BACIC works to support the integration of minority Portuguese speaking newcomers in Toronto. At BACIC immigrants, independent of their status, are offered confidential and free information on settlement as well as English and computer classes.
- *Hispanic Development Council (HDC)*: HDC works to strengthen sustainable development of Hispanic communities in Ontario. With a focus on social, economic and environmental equity, the HDC works primarily in the areas of research, policy analysis, and professional development among service providers.
- *No-One-Is-Illegal Campaign (NOII)*: NOII is an advocacy campaign composed of immigrants, refugees and allied social justice advocates whose mission is to defend the rights of all migrants in Ontario. The Campaign denounces racial profiling of immigrants and wage-slave conditions for immigrant and non-status workers.

- *Portuguese-Canadian National Congress (PCNC)*: PCNC is a national organization that represents the nearly 400,000 Canadians of Portuguese heritage and lobbies for amnesty for undocumented immigrants. Through their network, they speak on issues affecting the Portuguese-Canadian community, by engaging in regular dialogue with Federal, Provincial and Municipal governments, and participating in the Canadian Ethnocultural Council, as well as through community education and mobilization.

Advisory Board Members (3):

- *Cathy Tersigni:* Community health officer, Toronto Public Health, City of Toronto. Founding member of the volunteer Community Health Clinic for the Uninsured in Scarborough. For over 8 years has served clients from this clinic. Currently she is a member of the Women's College Hospital Collaborative Taskforce on Uninsured and Undocumented Clients.
- *Jussara Lourenço*: Counsellor for women survivors of domestic abuse or gender-based violence at the St. Christopher's House Community Centre and President of BACIC's Board of Directors. Ms. Lourenco has several years of professional experience working as a service provider with undocumented workers in Toronto. She is also a member of the Women's College Hospital Collaborative Taskforce on Uninsured and Undocumented Clients.
- *Duberlis Ramos*: Executive Director of the HDC, Mr. Ramos' educational background is in international politics, development management, and economic geography. As ED of the HDC and founding member of the Alternative Planning Group in Toronto, he has actively promoted community participation in larger social and economic issues. More recently, his work has focused on globalization, transnationalism, the role of citizen engagement, the emergence of new Diasporas and their role in the new international relations system.

7. Methodology

This qualitative project will employ oral and visual narratives to document the experiences of undocumented migrant workers and is culturally and ethically designed to study a hidden and vulnerable population (Fine et al., 2000). Please refer to the Appendix to review: Letters of Support from Community Partners and Advisors; Consent Form; Socio-Demographic Questionnaire and Preliminary Interview Guide.

Location:

This study will be carried out in the GTA. The GTA is home to the most culturally diverse and largest city in Canada and also represents the highest concentration of undocumented workers. This location was also chosen based on existing links with community partners who work with undocumented Latin American workers and have built trust with this population through their, "don't ask, don't tell" policies.

Inclusion Criteria and Sample:

The participants included in the study will be Latin American who speak Spanish or Portuguese as a first language and who are non-status working migrants performing a variety of jobs and living and working in the GTA for a minimum of 18 months; half will be women and half men, all over 18 years of age. 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. It is essential for participants to have engaged in undocumented work for a period of at least 18 months for the following reasons: will have experienced all four of Canada's seasons (often undocumented workers' are employed in outdoor settings having important occupational health consequences) and will have experienced several aspects of social exclusion. 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 essentializing the cultural, ethnic traits of such a diverse population (Silverman, 2000).

Up to 36 participants will be recruited, half males and half females, allowing for a consistent maximum variation

sample to be created (Kuzel, 1999). Maximum variation sampling is recommended for critical inquiry because it captures both diversity and similarity (Patton, 1990). Consultation with our community partners revealed a sample of 36 participants would be feasible for this study based on time and resources required to conduct interviews and the hidden nature of this population. During the pilot, our stakeholders conducted a scan of the undocumented population and identified a sufficient number of potential participants to conduct this study. Expert consultation and meetings with undocumented workers were conducted to refine the study; however participants from the pilot project will not take part in this 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).

Recruitment and Consent Process:
To achieve a diverse sample, participants for the study will be recruited through our established community partners. All undocumented Latin American clients and members of our community partners will receive an explanation of the study and an invitation to participate to increase our ability to achieve the required variation of the sample. Interested individuals will be given a confidential phone number to reach a RO who will explain the study and determine their eligibility. Following a structured description of the project, delivered via a read script of information and informed consent process, those agreeing to participate will be booked for an initial interview and will choose a pseudonym to remain anonymous for the entire study. Bearing in mind that participants may not speak English, this process will be conducted in Spanish and Portuguese by the multilingual ROs.

Each participant will meet with the interviewer (Co-PIs or ROs) a total of 3 times (2 interviews and 1 mapping session). Each meeting will last approximately 90 minutes, and with consent from participants, each will be recorded and tapes will be transcribed in full in the same language as the original recording. If a participant does not want to continue after one or two interviews, another participant will be recruited to guarantee that, in total, 108 interviews will be conducted, to have a sample that allows contrasting gender and working condition differences.

Data Collection:
Data will be collected by a socio-demographic questionnaire, two semi-structured interviews, one mapping session, and observation notes. Participants will be asked to attend three individual meetings over a two-month period (this data collection plan has been verified with undocumented workers who felt it was feasible; in our pilot, 2 meetings over a month has not been a problem). Based on the participants' preference, individual meetings will be conducted in English, Spanish or Portuguese by multilingual Co-PIs or ROs. For each meeting, participants will receive a $30 honorarium for their time, and where necessary public transportation expenses will be compensated and childcare will be provided.

The interview guide is based on the version used in the pilot project. Interviews will be conducted in a culturally and gender-sensitive manner (e.g. acknowledgement of unpaid domestic work and caregiving roles in extended family relations). After initial interviews, a preliminary data analysis will be conducted. This process of concomitant analysis will help researchers focus the data collection strategy on relevant subjects not originally foreseen or to further explore and clarify particular issues (Rapley, 2004).

In the initial interview, consenting participants will be asked to complete a socio-demographic questionnaire that will include information on age, gender, language skills, ethnicity, country of origin, education, income, type of living arrangements, employment status and history, and current or prior use of community-based health and social service agencies. These questionnaires will not include any questions that may identify participants' employers nor residence.

During the first and third interviews, which will be conducted individually, participants will be invited to share their

stories about their pre-migration experience and Ontario settlement, providing narratives on the process of becoming an undocumented worker. Through semi-structured questions, interviewers will aid in focusing participants narratives on their experiences of social exclusion (interview 1) and working conditions (interview 3), highlighting gender and health outcomes. Also in the third interview, participants will be asked to clarify and/or elaborate on particular aspects of their experiences. Here, information from preliminary data analysis of the first interview will allow researchers to also collect data on novel areas not originally anticipated and allow clarification and/or elaboration of particular issues.

During the second meeting, participants will be invited to participate in a mapping session. There are a number of arguments for the use of mapping in qualitative studies, especially in the study of health and working conditions (Keith & Brophy, 2004; Keith et al., 2001; O'Neill, 1998), permitting increased quality of description and visualization of problems. Body mapping and hazards mapping will be used to collect visual and narrative descriptive data regarding participants' experiences. Both are frequently used as a group technique, but in this study, maps will be created and discussed individually with the researchers to maintain confidentiality.

First, participants will be asked to indicate any health problems they have experienced during the past month using a body map. Body mapping is considered a powerful tool for eliciting perceived health status and to promote self-assessment in the identification and articulation of health and safety concerns (Keith et al., 2001; Cravey et al., 2000; O'Neill, 1998). This exercise is conducted by using life-size pieces of paper with an outline of one's body (front and back) where participants are asked to place dots, stickers or other visual imagery on the body map. Participants will then be asked to create a hazard map, locating and identifying hazards (e.g. biological, chemical, physical, stress or work design) on a paper diagram of the workplace (Keith et al., 2001). Hazard mapping increases participants' ability to account for broader structural issues that shape their work and health experience. This tool is particularly suited for capturing health consequences of working conditions (Keith et al., 2001; Cravey et al., 2000).

Data Analysis and Verification:
Data analysis will involve several steps. Preliminary data analysis will be carried out simultaneously with data collection. Analysis will be performed in the same language data was collected, reducing costs and increasing the rigor of this study. As previously mentioned, the research team has the capacity to carry this out in all three of the aforementioned languages.

Once all data is collected, a data inventory for software entry will be created. An in-depth analysis of both verbatim and visual data will follow the use of discourse analysis (Cheek, 2000; Iniguez, 2004; Mercado & Torres, 2000; Parker, 1999; Phillips & Hardy, 2002). Discourse analysis will be conducted in two phases using a constant comparative method of going back and forth checking between the data and the coding scheme. First, an inductive process will focus on the descriptive quality of the data, corroborating previous studies' findings or revealing novel elements that challenge current understandings in the field. Next, a deductive process based on the theoretical perspective of the study will be used to identify emerging and consolidated discourses and should support the construction of a conceptual framework for the phenomenon under study. Important, meaning loaded excerpts from the narratives will be selected and translated into English for the purpose of illustrating the findings and completing the research reports.

In a more advanced phase of data analysis the project advisors will participate to ensure participants are not essentialized as Latinos or reduced to their economic circumstances in Canada. Instead, the analysis is meant to highlight differences as much as the commonalities related to gender, migration and health (Fontana & Frey, 2005). 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 contextualized data that challenges dominant views of non-status workers being mainly males. Rather, this study will illuminate how economic migration is in fact a gendered phenomenon and will account for the intersections between gender, migration and health that shape the experiences of this population. We aim to provide an accurate picture of participants' experiences, cognizant of our ethical obligation to avoid contributing to the further stigmatization of undocumented migrant communities.

A number of strategies will ensure rigour of the study. Researchers will keep diaries throughout the study for observation notes. Diaries are an essential reflexive tool for assuring researchers can explain all the intricacies of the knowledge production process. For the analysis, two analysts working independently will engage in a process of comparison and debriefing in order to ensure multiple readings, understanding and analysis of each interview. This peer-reviewed process of analysis will also serve to confirm the appropriateness, consistency and completeness of themes (Finlay, 2002; Martin-Rojo, 2004). For credibility, two community partners (external to the data collection and analysis) will review the categories and subcategories scheme (Fine & Weis, 2005).

Ethics

Given the hidden and vulnerable nature of this population, a consultation on ethical and legal procedures was conducted for the pilot study, which was approved by UofT's REB commending the Co-PIs for their sensitive approach to dealing with the ethical issues in conducting research with this vulnerable population. Thus, ethical concerns will be addressed in multiple ways. Recruitment information sheets will offer a brief description of the study and participants who contact the researchers will be informed in greater depth of the nature of the study, potential risks and benefits of participation and their right to withdraw at any time. Participation is voluntary and all participants will be requested to sign a consent form written in English, Spanish or Portuguese under their pseudonym (Fine & Weis, 2005). In addition, participants will be reminded of ethical issues throughout the duration 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 altered 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 (Fine & Weis, 2005; Gastaldo, 2002). The data will be stored in locked cabinets at UWO and UofT and saved on secure, password-protected files at both universities.

The community partners and advisors will not know who has volunteered to participate in the study, unless the participants themselves disclose this information, or in cases when participants request referral to counselling after an interview. Community partners and advisors will only have access to information after the data has been analyzed. Finally, in order to protect participants' identity all their information will be listed in a coded manner and later destroyed when 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 UofT and UWO.

8. Knowledge Translation and Exchange (KTE) Strategy

Through this study, we expect to generate knowledge particularly relevant to front-line health and social services practitioners who work directly with undocumented workers. Our partners have indicated workers from this field require relevant knowledge and credible information about this population. Policymakers will be targeted through our community partners, who have existing links to this sector and will advocate for changes based on this study's findings. This study will respond to requests for research on this population by health and social service professionals and community agencies, filling a current knowledge gap and opening the door to further research.

In consultation with our community partners and advisors and through active engagement with our stakeholders

we will consider: (a) how to tailor findings to specific audiences (community members and agencies, health intermediaries and policymakers), (b) which forums to deliver knowledge products leveraging on existing initiatives, and (c) how to support our partners' initiatives through this KTE plan, resulting in the following activities:

Knowledge Products: Project findings will be made available in three languages (English, Spanish and Portuguese), translated by multilingual ROs in plain language formats that will be accessible, useful and tailored to our target audiences. Products will include: a 15-page "testimonio" booklet (key elements of participants' narratives and mapping that illustrate their circumstances, contributions, and coping strategies in their own words); short summary articles, fact sheets, and PowerPoint presentation slides on the findings for use in newsletters, websites and community presentations.

Website: A website will be created by a private company and maintained by UofT's Faculty of Nursing (in the three languages mentioned above) intended to reach a diverse national and international audience. The website will serve as a point source of relevant and credible information and will provide links to reliable resources, our partners' and other organizations' websites. Project findings, resources, and "testimonios" will also be made available here. This will respond to and address our community partners' concern not only for a large amount of misinformation among the undocumented worker population, but also among staff of community agencies.

Conference: A one-day conference convening multiple stakeholders (including community partners, health intermediaries, researchers and policymakers) will address practice and policy gaps identified through the project's findings. A deliverable of the conference will be to develop an action plan which would target practitioners and policymakers by providing practice and policy recommendations. This day will also provide a networking opportunity for professionals with similar passions and could foster long-term collaborations.

Scientific Publications: Academic publications will explore gender differences and the health consequences undocumented workers face. Other publications will depend on the results of the data analysis. National and international audiences will be reached through publications and presentations at conferences. One open-source publication will be prioritized for dissemination of the main findings of the study and will facilitate easier access by the community and organizations, with the possibility to also link this publication to our partners' websites.

9. Project Timetable:

PHASES	DURATION	PERIOD
Update literature review; preparation and translation of consent forms; ethical approval from UofT and community partners	4 months	May-August 2009
Vacation	1 month	August 2009
Recruitment of participants and pilot interviews	2 months	October-November 2009
Data collection and preliminary analysis	9 months	Dec-July & Sept-Oct 2010
Vacation	1 month	August 2010
Data analysis	5 months	Nov 2010-March 2011
Verification of analysis; preparation of summaries for stakeholders	2 months	April-May 2011
Writing academic papers	7 months	May-December 2011
Vacation	1 month	August 2011
KTE Strategy (products, website, conference, etc)	5 months	January-July 2012
Vacation	1 month	August 2012
TOTAL	36 months	May 2009 – August 2012

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