

Exploring the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic in Ontario, Canada.

by

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Statement of Contributions

This thesis consists in part of three manuscripts that have been published or are under review.

Exceptions to sole authorship:

Chapter 3: Amoako, J., & MacEachen, E. (2021). Understanding the blended impacts of COVID-19 and systemic inequalities on sub-Saharan African immigrants in Canada. *Canadian journal of public health, 112*(5), 862–866. <https://doi.org/10.17269/s41997-021-00558-9>.

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As lead author of these three chapters, I was responsible for conceptualizing the study design, data collection, data analysis, and drafting and submitting manuscripts.

My co-authors provided guidance during each step of the research and provided feedback on draft manuscripts.

Under Dr. MacEachen’s supervision, I also prepared the remaining chapters in this thesis, which were not written for publication.

Abstract

Introduction

Immigrants' health and wellbeing in host countries have long been an important but controversial issue, hampered by systemic inequalities. In Canada, immigrants constitute over one-fifth of the total population and are an indispensable contributor to the strong economy. However, studies show that while immigrants are healthy when they arrive, they subsequently face health deterioration: one which is worse than those of recent immigrants and the Canadian-born population; a phenomenon described as the "healthy immigrant effect". One crucial but underestimated determinant of immigrants' health is their employment conditions. Most immigrants are "caught in" precarious work as they lack the Canadian-specific qualifications to work in well-paid and secured jobs. While most immigrants experience employment disparities, African immigrant women have it worse. They constitute the poorest racialized group and suffer severe socio-economic marginalization. The reality of being an African woman and a member of a racial minority group intersect to create disadvantages that may not similarly affect other populations. Moreover, the lack of scholarly work on their labour market relations complicates and widens the economic disparities they face. Family caregiving forms a vital aspect of life for immigrant women and women of colour; and they take on a disproportionate amount of both paid and unpaid family caregiving. Although family caregiving signifies an act of love, it exerts both a physical and emotional toll on women's health. Also, the stress and strain of caregiving often exacerbate existing health conditions or cause new health problems for caregivers. While COVID-19 affected everyone, some individuals are at a greater risk of developing severe health and economic complications due to their social location. The study objective is therefore to

explore the impacts of precarious work and family caregiving on the health of African immigrant women during COVID-19 in Ontario.

Methods

This dissertation research utilized a qualitative research design, and it was informed by the theory of Intersectionality to examine the impact of precarious work and family caregiving on the health of Black African immigrant women's health during COVID-19 in Ontario. Briefly, the objectives of this study were: to examine the how the intersectional identities of African immigrant women impact their employment experiences in Canada, to explore the unique experiences that accompany African immigrant women navigating their precarious work and family caregiving responsibilities during a pandemic, and to provide a broader scientific understanding of issues related to systemic inequities and health for African immigrant women during COVID-19 in Canada. Two manuscripts addressed these objectives by drawing on in-depth, semi-structured interviews with 15 precariously employed African immigrant women in Ontario. Thematic narrative analysis was used to analyze data and to provide rich layers of information. One manuscript addressed these objectives by using in depth literature review and an intersectional framework to discuss how the social identities of African immigrants (including women) intersected to create systemic inequities for them.

Findings

Our study results suggested that the intersection of African immigrant women's social identities such as race, gender, and immigration status, predisposed them to poor employment, housing and health outcomes. The effects of COVID-19 further worsened their socio-economic

status and placed them at high risks of poor health outcomes. Our study results also found that that African immigrant women faced challenges in their search of professional jobs due to the non-recognition of foreign credentials in the Canadian labor market. Thus, they were forced to settle for low-status jobs and continued to experience poor labour market outcomes such as poverty. Their experiences in the labour market were mainly reflected in the intersection of their race, education, immigration status, and gender. Finally, our findings revealed that African immigrant women struggled to balance their precarious work and household responsibilities. During COVID-19, their household and precarious work responsibilities increased, but they received limited support. As a result, they faced health and socio-economic challenges.

Conclusion

Our study expanded the understanding of how the intersection of African immigrant women's social identities led to their employment challenges and struggles in effectively balancing their work-family responsibilities during COVID-19. Our study also contributed to the scientific understanding of issues related to systemic inequities in work, living conditions and health among African immigrants (women) in Canada. Equity-focused research, policy initiatives, and strategies are encouraged to take an intersectional approach to understanding how social identities interact and contribute to inequities in the settlement and employment integration of immigrant women especially. Finally, a critical race perspective is needed in protecting immigrant workers' rights. This will hold employers and policymakers economically and socially accountable for discriminative work conditions and practices.

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As a young African woman, the plight of women especially those facing socioeconomic disadvantages is considerably dear to my heart, and I feel a sense of responsibility to commit my career to help improve the lives and well-being of women around the world. Thus, my goals in life, be it personal, educational, or professional, are deeply influenced by my desire to help improve the livelihood and economic prowess of women and children around the world.

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Dedication

I underestimated how my doctoral journey would impact my life. Some seasons were challenging, and I wanted to give up but my dad, Mr. Kojo Agyei Amoako was always there to support me. He encouraged me and made sure I was well catered for. Having a dad like you is a BLESSING. I love you dad.

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List of Abbreviations

WHO	World Health Organization
ILO	International Labour Organization
COVID-19	Coronavirus Disease 2019
PSW	Personal Support Worker
UNICEF	United Nations Children's Fund
WFB	Work-Family Balance
WFC	Work-Family conflict
CERB	Canadian Emergency Response Benefit
UN	United Nation

Chapter 1

Introduction

Globally, the number of migrants has been increasing steadily, from 173 million in 2000 to 281 million in 2020 (World Health Organization (WHO), 2022). In May 2022, the United Nations High Commissioner for Refugees (UNHCR) reported that for the first time on record, over 100 million people were forcibly displaced globally because of the war in Ukraine and other conflicts; and this led to a staggering increase in the number of migrants worldwide (UNHCR, 2022). During the past decade, the highest records in international migration have been due to labour and family migration (migrants moving to reunite with their families or in search of economic opportunities), with Europe and North America hosting the greatest number of international migrants (UN Department of Economic and Social Affairs, 2020). Contrary to popular belief that migrants are people fleeing dire circumstances or an impoverished background, most international migrants are outnumbered by educated individuals, skilled workers and investors who travel mainly for economic reasons (UN Department of Economic and Social Affairs, 2020).

As economic gains and opportunities continue to fuel the movement of migrants, “work” has become an important determinant of migrants’ health and lives globally (International Labour Organization (ILO), 2021). The WHO (2022) also posits that due to the vulnerable status of many migrants in host nations, it is the social determinants of health (rather than biological or medical conditions) that describe the majority of their poor health outcomes; with key social determinants including working conditions and access to affordable and quality healthcare. In high-income settings, such as Canada, United States, and countries in Europe, highly skilled migrants are often employed in jobs that are below their educational and employment

credentials. The widespread practise of foreign credentials non-recognition and labour discrimination in host nations (Creese & Wiebe, 2012), impede the successful economic integration of skilled migrant workers. Further, precarious non-citizenship, significant delays in acquiring work permits/visas, and the long and expensive credentials conversion processes force many skilled migrants into less-skilled work (Hvidtfeldt et al., 2018).

Occupational health scholars found that most migrant workers are engaged in so-called “precarious jobs” – dirty, low-waged, risky, and demanding– and are at an increased risk of occupational hazards and health problems when compared with their non-migrant counterparts (Abass, et al, 2018; Hargreaves et al, 2019). Particularly, migrants from low- and middle-income countries were found to be mostly employed in low-wage occupations with higher physical demands and health risks (Moyce & Schenker, 2018). As well, enduring unsafe and hazardous work conditions is related to poor psychosocial and mental health outcomes among international migrants across multiple regions (Kirmayer et al., 2011; Sterud et al., 2018). For instance, reports from Canada's Temporary Foreign Worker Program showed that migrant workers experienced high work stressors and hazardous work conditions that affected their mental health (Binford, 2019). Despite the negative work treatments that most migrants face, they may not speak or make formal complaints due to the fear of deportation and job loss (WHO, 2022). Most international migrants in Canada and the United States are often not formally employed (“under the table” jobs) and, therefore, can lack employment contracts and protections. Consequently, some employers use deportation threats to ensure that migrants accept subpar working conditions (Holmes, 2006; Basok et al., 2014).

The overconcentration of migrants in the informal or gig economy in host countries often means that their labour market activities are not appropriately captured, or not captured in

administrative records and/or household surveys (ILO, 2017). The gig economy refers to less structured work arrangements where workers are not employed on a long-term basis by a single firm. Gig workers they enter various contracts with firms or individuals to complete a specific task or to work for a specific period for which they are paid a negotiated sum (Jeon et al., 2019). As an illustration, the 2021 ILO report on occupational safety and health of workers presented administrative records from 79 countries but reports on the migratory status of workers were available only for 13 countries: indicating biases and non-coverage of migrants' occupational accidents and diseases (ILO, 2022).

In 2019, Canada's population was estimated at 37,589,262 with a 1.4% growth rate, the highest percentage growth rate since 1989/1990. The country's sustained population growth (82.2%) is driven by of immigrants and non-permanent residents (Statistics Canada, 2019). In the same year, Immigration, Refugees and Citizenship Canada reported that immigrants and temporary foreign workers fill Canada's labour market gap, with 1 in 4 workers in Canada being immigrants (Government of Canada, 2019). By screening immigrants with a points-based system, Canada has typically welcomed highly educated, ambitious and capable immigrants with the potential to contribute positively to Canadian society (Robert & Gilkinson, 2008). However, the points-based system is discriminatory as it still creates biases against people of colour. For example, the financial requirements limit the entry of migrants from Africa where poverty is relatively high.

Most immigrant workers are over-represented in minimum wage, risky and less desirable jobs in Canada (Block & Galabuzi, 2011, Learning Network, 2020). Challenges in entering the labour market including the lack of recognition of foreign education credentials and work skills, linguistic differences, systemic inequities, and a lack of workers in low-skilled jobs contribute to

the high rate of immigrant workers in the low-status jobs in Canada (Premji et al., 2014; Yssaad & Fields, 2018). Premji et al. (2010), in one of the earliest Canadian studies to investigate the occupational health of immigrants, used census and workers' compensation data to look at the connection between occupational risk and immigrant health. They reported that immigrant women were three times more likely than the rest of the Canadian population to work as manual labourers (what is considered the highest risk sector) despite their higher educational attainments. Similarly, some studies suggest that within the context of increasing levels of precarious employment, immigrant women are among the most disadvantaged in Canada (Block, 2010; Premji et al., 2014). Statistics Canada (2020) further reported that Black immigrant women were highly overrepresented among nurse aides, orderlies, and patient service associates (Turcotte et al., 2020). In line with the global reports, immigrants in Canada are overrepresented in low-status, and low-skilled jobs with limited rights and protections.

While labour market restrictions to accessing decent jobs for immigrants are somewhat documented, studies up until now have failed to address the relationship between racialized immigrant women's social locations and their health. Social location reflects the several intersections of our experience (race, sex, age, immigration status, education, culture, gender) that position us within certain groups in the society (Premji & Shakya, 2017). These limitations with research are worsened by the fact that the voices of immigrants from racialized backgrounds are unrepresented in labour market policies and economic issues in Canada (Premji et al., 2014).

The purpose of this dissertation, then, was to examine the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic in Ontario. This study addressed the how the intersections of race, sex, age, immigration status, education, culture, gender, family life and precarious employment influenced the health of

African immigrant women based on the narratives of these women. Understanding the relationship between the health, employment, and family life of (African) immigrants is crucial as Canada's immigrants are speedily increasing and social structures such as employment and family remains a priority for many working immigrants.

1.1 Literature review

The literature review gives a detailed exploration of scientific literature on the topics of immigrants, precarious work, family caregiving, health, and the COVID-19 pandemic. I begin with key definition of immigrants, the different categories of immigrants. Following this, I discuss capitalism, precarious work and precarious non-citizenship, the gendered nature of precarious work, and Immigrant women's experiences of precarious work in Canada. Then, I explore the family life of immigrant women in Canada. After, I discuss the health experiences of immigrants in Canada. Finally, the COVID-19 pandemic is discussed as it influenced the socioeconomic context of this research. The literature review concludes with identified gaps which informed the research questions and objectives of this research.

1.2 Key definitions and scope

For the purposes of the thesis, we define international migrants, immigrants, the different categories of immigrants and the three basic categories of Permanent residents: Economic, Family and Protected persons. The presence of African immigrants in Canada and Ontario is discussed briefly. The International Organization for Migration formally defines an international migrant as any person who is outside a State of which he or she is a citizen or national, or, in the case of a stateless person, his or her State of birth or habitual residence. This term includes migrants who intend to move permanently or temporarily, and those who move in a regular or documented manner as well as migrants in irregular situations. An immigrant is defined as a person who moves into a country other than that of his or her nationality or usual residence, so

that the country of destination effectively becomes his or her new country of usual residence (International Organization for Migration, 2019). In the Canadian context, an immigrant refers to a person who is or has ever been a landed immigrant. A landed immigrant or permanent resident is a person who has been granted the right to live in Canada permanently by immigration authorities. Immigrants are either Canadian citizens by naturalization (the citizenship process) or permanent residents (landed immigrants) under Canadian legislation (Chui, 2015).

There are different categories of immigrants residing in Canada and may include: recent immigrants, non-permanent residents, permanent residents, temporary residents, and undocumented immigrants (Chui, 2015). Recent immigrants are newcomers who landed in Canada up to five years before a given census year. For example, recent immigrants in the 2006 Census were newcomers who arrived in Canada between January 1, 2001, and Census Day, May 16, 2006. Non-permanent residents are people from another country who had a Work or Study Permit, or who were refugee claimants at the time of a census and have family members living in Canada with them. Permanent residents are persons who have not become Canadian citizens but have been authorized to live and work in Canada indefinitely, provided that they meet residency requirements and do not lose their status because of serious criminality, security, or other reasons. Temporary residents are foreign workers, international students and visitors who gain temporary entry by the Department of Citizenship and Immigration Canada (Chui, 2015). Finally, undocumented immigrants are individuals who participate in the Canadian labour market by legally entering the country and (a) not respecting the limits of their visa or (b) overstaying their visa permitted time (Magalhaes et al., 2010).

Permanent residents, defined by The Immigration and Refugee Protection Act, fall into three basic categories: Economic, Family and Protected Persons (Chui, 2015). Economic class

immigrants are permanent residents selected for their skills and ability to contribute to Canada's economy and are either principal applicants or dependants of the principal applicant (Hudon, 2015). The Family class is permanent residents sponsored by close relatives or family members in Canada and may include spouses and parents (Hudon, 2015). Finally, a person who has reason to fear persecution in his or her country of origin due to race, religion, nationality, membership in a social group, or political opinion can be designated as a protected person (Government of Canada, 2019b).

For the first time in 2016, Africa ranked second, ahead of Europe, as a home continent of immigrants in Canada (Statistics Canada, 2017). In 2019, Statistics Canada again reported that long-established Black immigrants were mostly from the Caribbean, but recent immigrants were predominantly from Africa. As well, the Black population in the Prairies has been driven by immigration, mainly from African countries (Statistics Canada, 2019b). Ontario was selected for this study because it is the province with the most diversified immigrants in Canada (Statistics Canada, 2017b).

1.3 Capitalism, precarious work, and precarious non-citizenship in Canada

Capitalism, an idea pioneered by Adam Smith and Karl Marx, describes an indirect system of governance in which private actors are enabled by a political authority to own and control the use of property, goods, and services for private gain subject to laws and regulations (Scott, 2011). This economic system is also characterized by the reliance on the pricing mechanism to balance supply and demand in markets, reliance on profit to allocate opportunities, and reliance on the government to establish the rules and regulations that include the appropriate societal costs and benefits (Scott, 2011). While Capitalism may have led to industrialization and economic growth in some democratic countries (Sy, 2016), corporations involved in capitalist activities employ "dirty work" to maximize profit while perpetuating poverty among workers

due to their interest in maximizing wealth than workers' needs (Phillip, 2020). Phillip (2020) further argues that governments and corporations cooperating under this economic system are thriving while majority of the people are barely making ends meet.

In Canada, capitalism is accompanied by the rise of precarious work and an increase in precarious non-citizenship as the federal and provincial governments and employers attract immigrants to deal with labour market shortages in precarious work (Li, 2003; Goldring & Landolt, 2011; McKnight, 2019). Precarious work is defined here as jobs characterized by employment insecurity, low wages, powerlessness, limited rights, and protections, such as part-time, limited contract, shift work and much of the work found in service industries (Vosko, 2011). Also, jobs that require high levels of education and expertise but are tied to limited-term contracts with few benefits and no long-term security can be classified as precarious jobs (Holtman & Thériault, 2017 "Precarious non-citizenship is the uncertain pathway to legal citizenship for immigrants whose formal rights and entitlements are limited and conditional" (Holtman & Thériault, 2017, p.100). Canada's relatively selective immigration policy attracts immigrants with high levels of education and professional credentials (Hou & Picot, 2016). However, there is a disconnect between immigrant's skills and their employment in Canada. In Canada, most immigrants are often economically disadvantaged: overrepresented in precarious jobs or unemployed due to their social location caused by the influences of capitalism (Block & Galabuzi, 2011). As well, capitalism in Canada plays in the reproduction of segregated labour classes, particularly gendered and racialized labour (Block et al., 2019). For example, immigrants in Canada may experience varying degrees of work precarity depending on their race, gender and/or where they fall along the continuum of lack of Canadian citizenship: permanent resident, undocumented immigrant, or temporary visa (Kazemipur, 2004; Holtman & Thériault, 2017;

Block et al., 2019). The rise of precarious forms of work is accompanied by their negative effects on the health and well-being of workers and their families (Premji, 2018).

Other reasons for this overrepresentation of immigrants in precarious labour include the lack of recognition of foreign credentials and experience by Canadian organizations and employers, racial discrimination, and the lack of language proficiency (Ontario Human Rights Commission, 2013). Successful economic integration of immigrants is limited by whether their educational and work credentials were earned in Canada or not. Immigrants with foreign credentials struggle to gain the recognition and acceptance of employers, thus, preventing them from accessing jobs in line with their qualifications (Sienkiewicz et al., 2013). Sweetman (2004) further argues that immigrants' foreign professional credentials are often less valued than those of native-born Canadians and the most common reason given by stakeholders for this practise of credentials non-recognition was that the quality of foreign credentials did not meet the Canadian standard.

Discrimination based on race is a structural barrier in the Canadian labour market that marginalizes foreign trained professionals (Ontario Human Rights Commission, 2013). First, the devaluation of foreign credentials in Canada mostly affects immigrants from countries categorized as "Third World, developing countries, or countries of the Global South" (Osaze, 2017, p.66). As well, racial discrimination in the labour market based on race, skin color, and accent, leading to income inequality, underemployment and high levels of unemployment often affects coloured immigrants in the Canadian labour market (Teelucksingh & Galabuzi, 2005). Immigrants of colour have historically been colonized, mistreated, and classified as uncivilized and this has had led to a continuum of maltreatment by European mainstream systems (Osaze, 2017). Colonization on the African continent, which led to the exploitation of natural and human

resources and destabilization of local economies and communities continues to have devastating outcomes of the continent. Ocheni and Nwankwo (2012) emphasized that colonialism forced Africans to work in colonial plantations at very low wages, displaced them from their lands, intensified class struggle and tribalism within the African colonies, and caused the underdevelopment of African countries. The long-term effects of colonization in destabilizing African economies is still evident today as more and more Africans are migrating to the Global North to pursue economic opportunities. As well, Global North countries use political and economic motivations to attract migrants (who already face economic pressures) to make profit (Ocheni and Nwankwo, 2012; Phillip, 2020).

Language comprehension is an essential predictor of a successful employment integration (Sienkiewicz et al., 2013). In Canada, the lack of language proficiency is a barrier that affects the employment prospects of many immigrants (Stewart et al., 2014). Employers also mention that a lack of communication skills prevented the hiring of immigrants with poor language skills (Tilbury and Colic-Peisker, 2007). Bonikowska, et al., (2011) reported that language proficiency was a top reason accounting for income disparity between immigrants and Canadian-born individuals. Canada is a multi-lingual country with English and French as top languages and so employment barriers exists for immigrants lacking proficiency in any of these two official languages. Moreover, Canadian employers' expectations of language fluency and Canadian accents poses language discrimination for racialized immigrants particularly (Creese & Weibe, 2012).

1.3.1 The gendered nature of precarious work

Gender refers to the social attributes and prospects connected to girls, women, boys, men, and gender diverse people (Canadian Institutes of Health Research (CIHR), 2020). These attributes, roles, behaviours, and relationships are socially constructed and learned through the

socialization processes. Gender plays a major role in shaping the employment integration of immigrant women (Premji & Shakya, 2017) and so this section discusses gendered nature of precarious work.

Black women have always engaged in labor market participation regardless of marital status, age, or presence of children at home (Goldin, 1977; Banks, 2019). Subsequently, married Black women have a history of being financial supporters or co-breadwinners in two-parent households (Banks, 2019). For instance, in 1880, 35.4% of married Black women and 73.3% of single Black women were in the labor force compared with only 7.3% of married White women and 23.8% of single White women in America (Goldin, 1977). Differences in labour participation between Black and White women were due not only to societal expectations of Black women's gainful employment, but also to labour market discrimination against Black women which resulted in lower wages and less stable employment than White women (Jones, 2010). Black women worked in low-wage agriculture and domestic service jobs (Cooper, 1992). Black women were also employed in low-wage women's jobs involving cooking, cleaning, and caregiving while serving as mothers to White women's children, (Banks, 2019). As well, employers' exclusion of Black women from better-paying and higher-status jobs meant that they had little choice but to perform agricultural work and domestic service work for White families (White, 1998). Even after migrating to the Global North during the 20th century and beyond, most employers would only hire Black women in domestic service work (Jones, 2010; Turcotte & Savage, 2020).

In the in the 1970s, the shift away from standard employment relationship reflected the feminization of work as temporary employment opportunities were developed to accommodate White middle-class women after World War II (Vosko, 2000). Thus, White middle-class men

were the primary economic providers and women took on part-time work to supplement their husbands' incomes while maintaining their care work in the home (Holtman & Thériault, 2017).

“Pink-collar” work, which refers to a care-oriented career or fields historically considered as women's work: beauty industry, childcare, nursing, and secretarial work, also shows the feminization of work (Zaida & Poster, 2013). In 1977, Louise Kapp Howe coined the phrase “pink-collar ghetto” to describe the crowding of women into service sector jobs like clerical, sales, and service occupations, often wearing pink shirts like the uniform of waitresses. While service sector employment seemed like a great achievement for women, Howe's use of this term was also to lament on women's lack of progress in entering higher status occupations (Howe, 1978). Despite economic and social advancements today, most women continue to hold pink-collar jobs characterized by lower pay, lower-status, lower employment security and lower prospects of career advancement (Zaida & Poster, 2013).

The concept of reproductive labour originally focused on the production of goods in the economy and the reproduction of the labour-power necessary to the maintenance of that productive economy (Duffy, 2007). The concept was further developed in the 1970's by socialist feminists to name and analyze a category of work that had previously been invisible within the society: women's unpaid work in the home such as cleaning and preparing food for children (Secombe, 1974). Today, reproductive labour is inseparably linked to the gendered division of labour and its pivotal role in perpetuating women's subordination (Duffy, 2013). Thus, women's continued responsibility for unpaid work in the home creates challenges them in the labour market such as periodic or long-term absences (Duffy, 2007). Further, the burden of reproductive labour restricts women to lower-paying, lower-status jobs, and reinforces men's greater access to both resources and power (Anderson, 2000). The new global politics of reproductive labour also

emphasizes its gendered and racialized nature as racialized immigrant women dominate gendered professions such as domestic and care work in host countries (Lan, 2008).

1.3.2 Immigrant women's experiences of precarious work in Canada

Immigrant women in Canada are mostly underemployed, even though they are more likely than Canadian women to have a university degree or more (Hudon, 2015). For instance, based on the latest available comparative statistics, in 2011, 27.7% of immigrant women aged 15 and over had a university degree or certificate, compared to 19.2% of Canadian-born women of the same age. However, the labour force participation rate of immigrant women was lower in comparison to women born in Canada (Hudon, 2015). This issue is often due to federal and provincial policies and certain professional regulations that devalue immigrant women's qualifications (Owen & Lowe, 2009). Also, immigrant women are more precariously employed, have lower social benefits, and receive lower employment income than Canadian-born women (Hudon, 2015). Past research linked immigrant women's precarious employment to gender-role attitudes (that restricted their labour force participation) in their home countries (Frank & Hou, 2013). That is to say that women who emigrate from countries with less equitable attitudes towards education and employment for females, may not participate in the labour force of their new country. However, recent evidence shows that the relationship between immigrant women's labour force participation and gender role attitudes in their home countries is only moderate (Hudon, 2015). While gender-role attitudes may be related to immigrant women's low participation in the labour force in Canada, the situation is more influenced by some visible and invisible inequalities existing in Canada's labour force (Katshunga & Massaquoi, 2020).

Black immigrant women, including African women, face greater barriers to well-paid and secured jobs, compared to white women in Canada (Katshunga & Massaquoi, 2020). They are

also over-represented in precarious employment, “experience long and frequent periods of unemployment, slower career advancement, and more “long term” entry-level jobs” (Katshunga & Massaquoi, 2020). Additionally, discrimination in the labour force and the growth in precarious employment have contributed significantly to high levels of poverty among Black women (Block & Galabuzi, 2011). For instance, according to the 2016 Census, one-quarter of Black women lived below the poverty line in Canada, which is about twice the proportion of non-racialized women (Statistics Canada, 2016).

1.4 Family life of immigrant women in Canada

Immigrants come to through different immigration pathways including the economic and family categories (Hudon, 2015). In 2019 and in recent years, females comprised a larger proportion of immigrants admitted through the family class relative to males; they accounted for 59% of all permanent residents admitted under the family class (Government of Canada, 2021). This also means that most females admitted into Canada are either sponsored by their spouses or by family members (Hudon, 2015). Further, immigrant women and men were more likely to be legally married than the Canadian-born in all age groups. In 2006, 60% of all immigrant women and 66% of those who had arrived since 2001 were married, compared with 43% of Canadian-born women (Chui, 2015). Also, 83% of immigrant women aged 15 and above lived in a census family (married couple and their children) while the 17% remaining lived alone or with relatives or non-relatives (Chui, 2015). This trend shows immigrant women’s family ties and possible communal lifestyle in Canada.

Immigrant women who enter Canada under the “family class” stream are dependent on their spouses to maintain immigration status (Stewart et al., 2006), which can lock them into relationships. Under the family reunification policy, sponsors are required to cater to the financial needs of their dependents for some time — three years for spouses/partners, 10 years

for children under 13 years and 20 years for parents and grandparents (Government of Canada, 2014). During this period, dependents (mostly women) may have restricted access to social programs, including social assistance, housing, and home care (Stewart et al, 2006; Government of Canada, 2014). As a form of appreciation to sponsors or out of the fear that sponsors might withdraw support, most women assume family caregiving activities (Stewart et al, 2006). However, they bear significant family caregiving responsibilities due to the lack of familial support in Canada (Deliugi, 2017). Additionally, the widespread gender ideologies that women are “natural” caregivers can cause a continuum performance of family caregiving activities amongst immigrant women (Brewer, 2001). If physically or psychologically abused, immigrant women may hesitate to leave, seek assistance, or report to authorities for fear of jeopardizing their status (Ahmadzai, 2015).

The women who pursue economic opportunities outside the home are further restricted by the racialized and gendered labour market structures (Stewart et al, 2006). Aside from the challenge of foreign credentials non-recognition (Creese & Wiebe, 2012), immigrant women are predominantly found in low-status caregiving jobs, and they endure high levels of poverty and economic marginalization (Katshunga & Massaquoi, 2020). Thus, the family reunification policy creates a financial burden for sponsors while limiting dependents’ (mostly females) economic independence and access to supportive social services (Neufeld et al., 2002).

Family caregiving forms a vital aspect of immigrant women’s lives, and they take on a disproportionate amount of both paid and unpaid family caregiving duties (National Partnership for Women & Families, 2018). Although family caregiving signifies an act of love, it exerts both a physical and emotional toll on immigrant women’s health. The stress and strain of caregiving often exacerbate existing health conditions or contribute to new health problems for immigrant

women caregivers (Zukewich, 2013). Employed immigrant women with family caregiving responsibilities face worse health outcomes. They often experience work strain and poor health due to longer and excessive workload (Statistics Canada, 2013).

1.5 Health experiences of immigrants in Canada

Health as defined by Huber (2011) refers “the ability to adapt and self-manage in the face of social, physical, and emotional challenges” (Huber, 2011 p. 235). This definition comprises the ability of people to adapt to challenges as key to health. This definition also acknowledges the subjective element of health; thus, what health and wellbeing mean will differ from person to person, depending on the context and their needs. This definition overcomes the unrealistic view of health as ‘complete’ in relation to wellbeing, recognizes the subjective determinants of one’s health, and takes greater account into the wider determinants of health: social, physical, and mental (Huber, 2011).

Healthwise, new immigrants arrive with similar or better self-reported health than the host population; a phenomenon described as the “healthy immigrant effect” (World Health Organization, 2022). In Canada, the healthy immigrant effect is explained by the way the immigration system recruits healthy, skilled, and educated immigrants through screening (Newbold, 2009). However, within 6 months to 2 years of settling in Canada, most immigrants experience a decline in their health status: one which is worse than those of recent immigrants and the Canadian-born population (Laroche, 2000). Thus, while the Canadian immigration policies ensure satisfactory health conditions for people entering Canada, it cannot guarantee the maintenance of such good health conditions. The WHO (2022), reported that the poor health outcomes of most immigrants are not innate but socially determined by factors, including their work. For instance, precarious immigrant workers face poor health outcomes and even death and disappearance due to their work (WHO, 2022).

In Canada, immigrant workers are over-represented in the minimum wage, risky and less desirable jobs which exposes them to adverse working conditions (Smith & Mustard, 2010). A lack of workers in low-skilled jobs combined with challenges in entering the labour market caused by non-recognition of education and work training, linguistic differences, all contribute to the high rate of immigrant workers in the most hazardous jobs (Goldring & Landolt, 2011; Premji et al., 2014). Therefore, there are reasons to assume that work-related health among the immigrant population differs from that of the Canadian-born population.

Premji et al. (2010), in one of the earliest Canadian studies to investigate the occupational health of immigrants, used census and workers' compensation data to look at the connection between occupational risk and immigrant health. They reported that immigrant women were three times more likely than non-immigrant women to work as manual labourers (what is considered the highest risk sector). Thus, immigrant women face increased health challenges and needs due to their precarious work (Premji et al., 2014).

1.6 Effect of the COVID-19 pandemic on immigrant women's lives

The COVID-19 pandemic is a grave health threat, and as the situation is evolving daily, the risk to Canadians is considered high (Government of Canada, 2020). This does not mean that all Canadians will get the disease; it implies that there is already a significant impact on the economic and health care system. While COVID-19 affected all Canadians, some people were at high risk of developing severe health and economic complications due to the nature of their work (Guttmann et al., 2020). For instance, Statistics Canada reported that front-line/essential service workers were at an increased risk of COVID-19 infection and even death due to the nature of their jobs. (Statistics Canada, 2020).

During the pandemic, immigrant women were disproportionately represented in jobs with increased exposure to COVID-19. They dominated among nurse aides, orderlies, and patient service associates and were at a higher risk of contracting COVID-19 (especially those working in long-term care facilities in Quebec and Ontario) (Turcotte & Savage, 2020). As well, some immigrant women contracted the virus, which was an additional risk factor for their families and communities (Turcotte & Savage, 2020). Racialized immigrant women in healthcare were also exposed to abuse and harassment which increased the stress of working during the pandemic (Estabrooks & Keefe, 2020).

COVID-19 also increased the gender inequalities in both paid and unpaid work. School and daycare shutdowns and the lack of childcare support increased immigrant women's housework and childcare in the home (Nardon et al., 2021). Immigrant women also faced an increased strain in balancing their family-work responsibilities (Norton et al., 2021). Immigrant women who retained their jobs encountered "delayed, interrupted, or reverse career trajectories which were made worse by limited employment opportunities, financial instability, growing family responsibilities and mental health challenges" (Nardon et al., 2021, p. 122). Also, this gap in career progression caused by conflicts in work-family balance could have long-term occupational outcomes on immigrant women as they build their lives.

1.7 Summary and gaps

Immigrants face difficulties in achieving successful employment integration (Hargreaves et al, 2019). Immigrant women particularly are engaged in low-wage occupations with higher physical demands and health risks (Moyce & Schenker, 2018). There is limited demographic information specific to African immigrants in Canada; however, the paucity of literature available shows most African women are well-educated and have at least a university degree but

are either unemployed or “caught in” precarious work in Canada (Creese & Wiebe, 2012). Racialized immigrant women’s jobs are also impacted by domestic responsibilities in and outside the home, leading to poor quality jobs (Faraday, 2020). The pandemic also exacerbated the economic and health complications of immigrant women who were at the forefront of the pandemic in their work as primary caregivers and service workers (Scott, 2020).

This study explores the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 in Ontario. Importantly, this study intends to create a judicious understanding of the relationship between African women paid and unpaid work and their health during COVID-19, taking into consideration their social location.

1.8 Study aims & objectives

To address these gaps in the literature, this dissertation employed the following research objectives:

- (i) To identify how African immigrant women navigate their precarious employment and the unique challenges accompanying their employment experiences.
- (ii) To identify how African immigrant women navigate their family caregiving duties during COVID-19.
- (iii) To explore the unique challenges that African women face in balancing their precarious work and family caregiving duties COVID-19.
- (iv) To identify potential strategies to improve (African) immigrant women’s settlement and integration experiences.

1.9 Dissertation organization

This dissertation is organized in six chapters, including this introduction chapter. Chapter two explains the methods and research design used in this study. Chapters 3, 4, and 5 consist of one published manuscript and two that are submitted and under review in peer-reviewed journals, which each help achieve the research objectives. Chapter 6 summarizes and compares key findings from the manuscripts, conceptualizes the findings toward immigrant women's work-health experiences, identifies implications for policy and practice, and provides a discussion on strengths and weaknesses of the dissertation and directions for future research.

Chapter 2

Methods

This chapter details the methodological and theoretical frameworks of the study. It begins with an overview of the study design, approach, and theoretical framework underlying the research. After, the methodological approach used in Chapter 3 is discussed. Particularly, how the in-depth literature review was conducted including the keywords, search engines, inclusion/exclusion criteria, and databases used were discussed. Next, a detailed discussion on the sample, recruitment, data collection, and analysis used in chapter 4 and 5 is provided. This chapter concludes with the key ethical considerations of the study. This chapter provides a full description of the methods used in Chapters 3, 4, and 5.

2.1 Study design, approach, and theoretical orientation

To achieve the aims and objectives of this thesis, a qualitative research approach was employed. Qualitative research design provides an in-depth understanding of people's experiences, perspectives, and histories in the context of their circumstances (Tracy, 2013). Particularly, this research design utilizes social context dynamics, individuals' perspectives of their worlds, and interprets those worlds through such perspectives (Savage, 2000). Qualitative research commonly uses an interpretive, naturalistic approach that assumes that social reality is neither singular nor objective but rather shaped by human experiences and social contexts (Creswell and Poth, 2018). Qualitative research also fosters a critical dialogue between researchers and respondents because it is through this dialectical process that an informed understanding of the social world is created (Creswell & Poth, 2018). Accordingly, this approach was deemed suitable for the study given that the overarching aim was to explore the impacts of

precarious work and family caregiving on the health of African immigrant women during COVID-19 in Ontario.

The narrative research approach was used as it closely aligned with the study's objectives. Narrative research approach is a qualitative research design with roots from a variety of social and humanities disciplines: wherein the researcher collects stories from individuals about their lived and told experiences (Creswell & Poth, 2018). 'Narrative' might be the phenomenon being studied, such as narrative illness, or it might be the method used in a study such as the procedures of analyzing stories told (Creswell & Poth, 2018). As a method, it starts with the experiences of people as expressed in their lived and told stories but more importantly, "explores the social, cultural, familial linguistic, and institutional narratives within which individuals' experiences were, and are, constituted, shaped, expressed and enacted" (Clandinin, 2013, p. 18). Narrative research approach takes as its object of investigation the story itself and can be used in many ways to understand people's first-hand accounts of their experiences (Riessman, 2002). Stories resonate with people in a way that other forms of information cannot; we often relate to people's stories and identify the similarities and differences with our own stories (Salmon, 1992). Using the narrative research approach to present findings creates rich layers of information that provide a more in-depth understanding of the particulars of participants' points of view.

In terms of practice, I asked broad questions while listening actively to give more room for participants to construct the meaning of a situation. Also, I focused on specific contexts in which participants' stories were lived/ told to understand the historical and cultural standpoints. Considering that the main research aim is to 'explore the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic', this

research approach gave enough room for participants to share their precarious work, family caregiving and health experiences within specific social-cultural contexts while giving me the advantage (as a researcher) to actively listen and guide the interview process with probe questions. Importantly, narrative research rests on the epistemological assumption that knowledge is neither singular nor objective but rather formed by individual experiences and social contexts. So, this research findings reflected the subjective interpretations and perspectives of participants within specific socio-cultural contexts.

The theory of intersectionality informed this study. Kimberlé Crenshaw (1989), a feminist scholar, first used the term intersectionality to describe how the oppression faced by Black women was distinct from oppression solely from race, gender or sex. Intersectionality describes how each identity, for example, being Black, being female, or being oppressed, should be considered independently while also understanding how these identities intersect, compound upon, and reinforce one another to create a multiplicative effect (Crenshaw, 1989). For this study, I employed this critical feminist concept of intersectionality to examine how social identities such as sex, race, gender, social class, immigration status, and nationality intersected to influence the work, family, and health experiences of Black African immigrant women in Ontario.

Using this theoretical framework was important for some reasons. First, it highlighted how the major axes of social identities (race, gender, sex, ethnicity, class, immigration status) and social structures (economic, socio-cultural systems) operated not as discrete or mutually exclusive entities but built on each other and worked together to influence Black African immigrant women's lives (Collins & Bilge, 2016). The qualitative research approach enabled asking questions that aided an understanding of how the intersection of African immigrant

women's social identities such as immigrant status, gender, and race and work influenced their work-family and health experiences in Ontario during COVID-19.

Also, social change, is a critical principle in the theory of intersectionality as it aims to empower Black women to use their voices for social change and justice (Collins, 2000). As Acker et al. (1983) explains, the “understanding the processes that result in inequalities is a necessary step toward changing women's position” (p. 424). Hence, to understand the multifactorial dimensions of Black African immigrant women's lives, intersectionality provided a conceptual framework to understanding multifaceted influences of their employment, family, and health experiences while the qualitative research design helped to capture these experiences through in-depth stories told.

Finally, intersectionality as a theory of identity helped to prevent the reduction of African women's complex identities down to a single component or the use of single factors to explain their lives outcomes (Women's Rights and Economic Change, 2004). Intersectionality as a theory of power helped to shift attention away from preoccupations of single social identities and structures towards perspectives grounded in varying social identities, systemic dynamics, and institutional powers (Chun et al., 2013).

2.2 A critical literature review

To better understand the integration experiences of African immigrants in Canada including their challenges and successes, I conducted a non-systematic literature review. For chapter three, I conducted an in-depth literature review on the integration experiences of African immigrants; before and within the context of COVID-19. This preliminary literature review was required to identify trends and issues surrounding African immigrants' integration experiences and to better understand the current state of their lives especially during the COVID-19 pandemic.

To begin, I conducted preliminary research by using the Google search engine and Google Scholar to research on the general topic, “African immigrants’ integration experiences in Canada”. The articles that appeared after the search mostly covered the mainly the integration challenges of African immigrants in Canada including their labour market challenges, racial discrimination, health inequities, language challenges, and inadequate social support service. The articles I reviewed at this point also discussed the how the social identities (race, immigration status, and gender) of African immigrants intersected to create integration challenges for this group of immigrants. For example, Yesufu (2000) reported that African women in Edmonton faced post-immigration challenges such as labour market inequities not only as newcomers, but as racialized women. These findings informed me about a critical underlying causes of African immigrant integration challenges, which was their social location. I also utilized the PubMed, University of Waterloo library, and Harvard University library (HOLLIS) to find more articles on “African immigrant’s integration experiences in Canada”. Similar to the results from Google Scholar and the Google search engine, majority of the articles focused on African immigrants’ settlement and integration challenges. Few articles discussed the family life experiences of African immigrants and only article explored the meaning of successful integration to African immigrants in Canada.

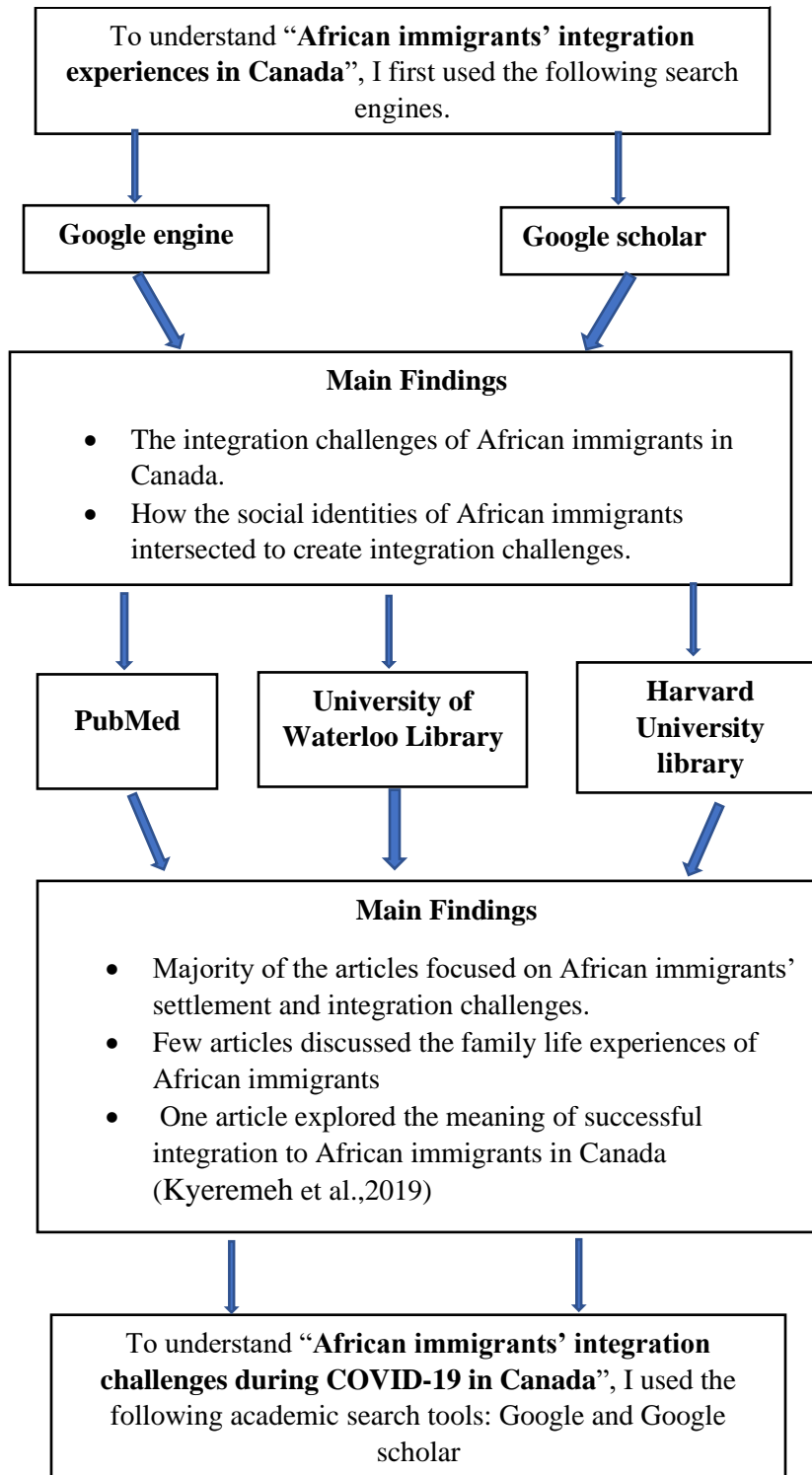
To also identify and understand the trends of African immigrants’ integration challenges during COVID-19, I used the Google search engine and Google Scholar to search for articles on the topic, “African immigrant’s challenges in Canada during COVID-19”. None of the articles I found focused on African immigrants; however, there were valuable reports on the impact of COVID-19 exposure on immigrants, refugees, and ethnocultural groups in Canada. The reports also discussed the how the COVID-19 pandemic had disproportionately affected immigrants and

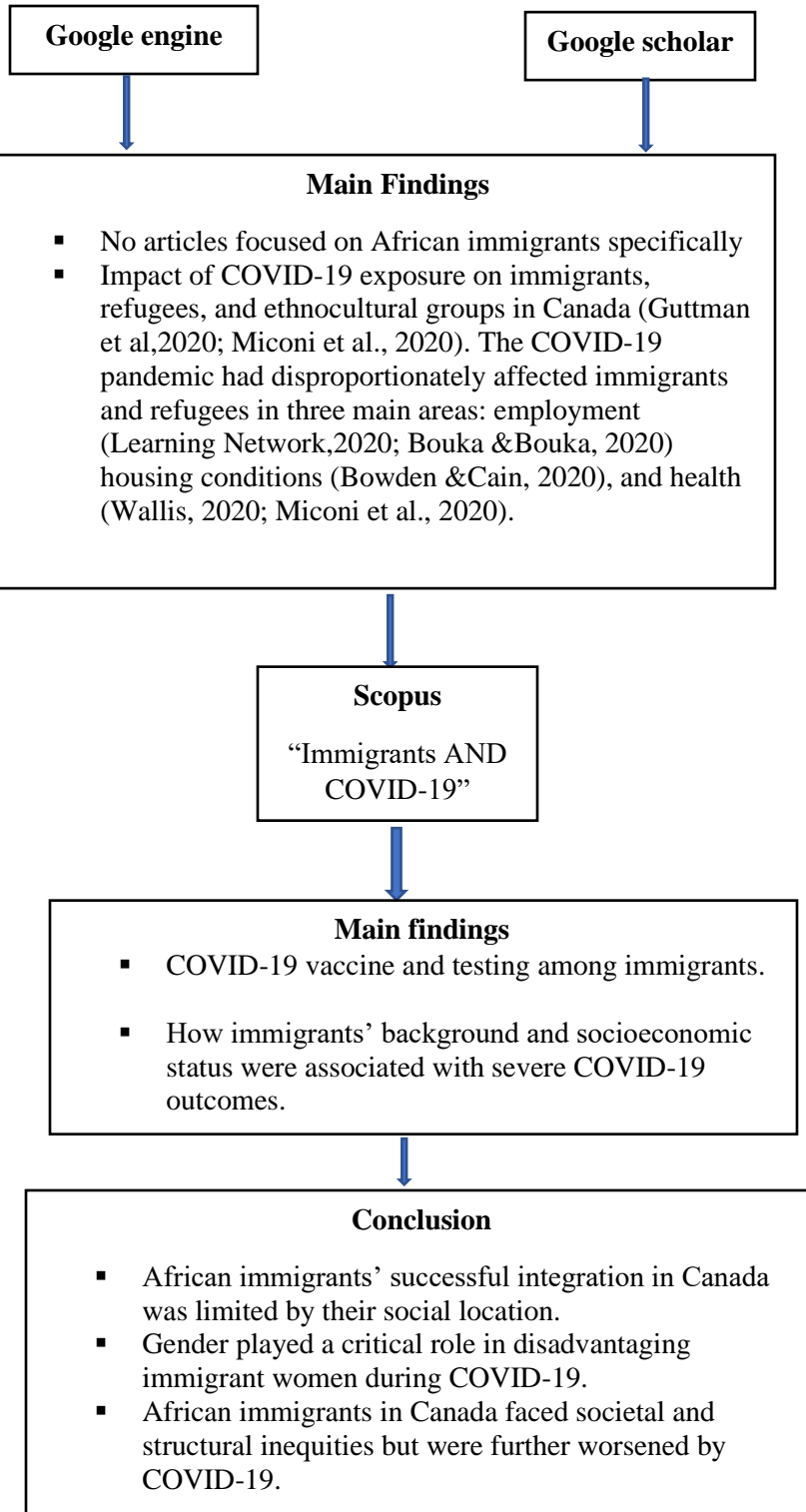
refugees in three main areas: employment, housing conditions and health. Some articles also discussed how race and gender intersected to cause added layers of challenges among immigrants in Canada. For instance, Bouka and Bouka (2020) reported that the main outbreaks of COVID-19 in Canada happened in long-term care facilities and meat-packing industries where female, Black, and immigrant populations were disproportionately employed. Following this, I looked through Scopus (contains peer reviewed articles) to find more articles on Immigrants challenges during COVID-19 by using the search terms, “Immigrants AND COVID-19”. The articles I found here discussed mainly COVID-19 vaccine and testing among immigrants, and how immigrants’ background and socioeconomic status were associated with severe COVID-19 outcomes.

The search informed my knowledge on African immigrant’s integration experiences in Canada in three main ways, First, the search revealed how African immigrants’ successful integration in Canada were limited by their social location and structural inequities. Second, the search found that gender, as social identity played a critical role in disadvantaging immigrant women during COVID-19. Finally, the search revealed African immigrants in Canada faced societal and structural inequities but were further worsened by COVID-19.

The knowledge gained on African immigrants’ integration challenges before and during COVID-19 shaped the research topic and, objective and theory used in chapter three. In summary, chapter three discusses how the social identities of Sub-Saharan African immigrants created multiple axes of inequities in their lives as manifested in their work, housing and living conditions and health (during COVID-19). As well, how gender mediated African women’s integration challenges during COVID-19 was detailed.

Figure 1: Step-by-step process in critical literature review





2.3 Recruitment

Purposive sampling involves a process of selecting research participants based on their ability to elucidate the specific theme or concept of a study (Patton,1990). A purposive sampling method was used to select African immigrant women in this study. Recruitment for this study took place in different forms. First, an email outlining the study (Appendix 1) and the study recruitment poster (Appendix 2) were sent to the president (with whom I have pre-existing ties) of an African group in Ontario, called the African Canadian Association of Kitchener-Waterloo. In his capacity as the President, he shared the email and flier with other African associations in Ontario, including the Nigerian Canadian Association GTA and Afri-Canadian Resource Centre. As a member of three African group pages on WhatsApp, (Waterloo African Students Association, African Girls' Chapter, and Ghanaian Association of Kitchener-Waterloo), I utilized these platforms to disseminate study recruitment information (Appendix 3) and poster (Appendix 2). I also recruited through social media: Facebook, Kijiji, Craigslist and Bunz by creating accounts and posting research advertisement (Appendix 3) and poster (Appendix 2).

Immigrants and refugees' support services in Ontario, including Sudanese Canadian Association of Ontario, Congress of Black Women of Canada, Eritrean Canadian Community Center, African Association of Niagara. Kitchener-Waterloo Multicultural Centre, and Reception House were sent the study email and poster (Appendix 1 and 2) to share with their members. Lastly, I emailed non-profit and ethnocultural organizations that cater to African immigrants such as the Canadian Centre for Policy Alternatives and Access Alliance Multicultural Health about the study and asked for help with recruitment. Interested participants contacted me via the study email provided on the recruitment postings.

When contacted by a potential participant via the study email provided on the recruitment postings, I followed up by email thanking the participant for their interest in the study (Appendix

4). Appendix 4 also asked for the telephone details of the participant and availability for screening to be done. Here, I attached the study information and consent letter (Appendix 5) to the email for the participant to read through and have a fair knowledge of the study. When a participant provided telephone details, I followed up by telephone to identify if the participant met the inclusion criteria, using the Participant Screening Questions (Appendix 6). After the screening, participants were told to expect a decision email from me. When a participant screened in/was eligible for the study, I sent them the eligibility script (see Appendix 7) via email and attached the information letter and consent letter (Appendix 5). I also attached the 'Resources and information sheet' (see Appendix 8) to make participants aware of the COVID-19 information and counselling resources available (needed since COVID-19 and racial issues were discussed). If a participant screened out or was not eligible for the study, I sent them the ineligibility script (Appendix 9) via email. For example, about 60 African women from all over Ontario (Ottawa, Windsor, Toronto, Waterloo, Niagara, Ajax, Brampton, and Mississauga) showed interest in the study but over 40 women were screened out and could not be interviewed due to one or more of the following reasons: the individual lived and worked in another province other than Ontario; the individual could not communicate well in English; the individual identified as a Black woman from the Caribbean and not Africa; or the individual lived alone and performed no caregiving duties.

2.4 Sample

A purposive sampling method was used to select African immigrant women who had experience with precarious work (either self-employed, temporary contract or minimum wage worker), were born and raised in an African country until at least age 16, 25-54 years, lived and worked in Canada for at least two years, performed family caregiving activities without pay, and communicated well in English. In total, fifteen Black African immigrant women with diverse

characteristics: country of origin, length of stay in Canada, type of job precarity, immigration pathway, household composition, and educational level were recruited for this study. All fifteen participants were highly educated and had at least a university degree. They were in precarious jobs such as personal support work, customer service and factory work. One participant was self-employed but had to close her business due to COVID-19. All the women reported their annual income for their paid work; they earned between \$20,000 and \$40,000 except for one personal support worker who earned \$60,000. Her annual wage was relatively high because she worked throughout the pandemic when personal support workers received a \$4 increment in their hourly wage. Ten out of fifteen women were married, two were divorced, one was single, and one was separated. About their immigration status, seven women were on temporary visa, one was a protected person, two were formally refugees but had become Canadian citizens, and five women were permanent residents (see Table 1 for participants' in-depth demographics). Most of the research participants were from Nigeria despite the efforts to recruit participants from different African countries. These efforts included recruiting from diverse African associations, sending advertising emails to immigrant support groups in different geographical locations, and pausing the recruitment of Nigerian participants to intentionally select women from other African countries. Nigeria is the birth country of most African immigrants in Canada and Ontario and that could explain why most of the interested research participants were from Nigeria (Statistics Canada, 2019b). The study took place in Ontario. This location was chosen given that most Canadian immigrants settled in Ontario (Statistics Canada, 2018).

Table 1 :African immigrant women socio-demographic information	
Participant Sociodemographic Characteristics	
Age	Number
25-34	6
35-44	7
45-54	2
Country of Origin	Number
Nigeria	13
Ghana	1
Kenya	1
Immigration status	Number
Protected Person	1
Temporary Visa	7
Permanent Resident	5
Canadian (formally a refugee)	2
Time in Canada	Number
3-5 years	6
6-9 years	8
10years and more	1
Job Type	Number
Administrative Coordinator	1
Program Coordinator	1
Personal Support Worker	6
Security Guard	1
Customer Service Representative	3
Factory Worker	1
Job Loss (Due to COVID-19 pandemic)	2
Type of Job Precarity	Number
Self employed	1
Temporary contract	4
Minimum wage	4
Part-time	5
Casual worker	1
Annual Income	Number
Less than \$20,000	2
\$20,000-\$29,000	5
\$30,000-\$39,000	6
\$40,000-\$49,000	1
\$60,000	1

Marital status		Number
Married		10
Divorced		2
Separated		1
Single		2
Level of Education		Number
Bachelor's degree		9
Master's degree		6
Employed/Unemployed		Number
Employed		13
Unemployed		2
Years in precarious employment		Number
2-4 years		5
5-7 years		6
More than 7 years		4
Type of family Caregiving		Number
Childcare		12
Eldercare/Disability care		1
Community/Neighbour help		2
Receive help with caregiving		Number
Yes		4
No		11

2.5 Data collection

In-depth, semi-structured interviews were conducted with African immigrant women from December 2020 to April 2021. The interviews were conducted by phone at a time convenient to the participants and typically lasted anywhere between 45 to 60 minutes. In-person interviews were not possible due to the COVID-19 pandemic; however, the phone call approach ensured safety of participants as it meant that participants could select the place where interviews took place. Before each interview, critical issues presented in the information and consent forms were discussed again including study objectives, confidentiality, and recording and storing of interview data. I obtained consent orally prior to the interview (Appendix 5). Participants were also informed that the phone call will be recorded before the recording started and again, they were informed when it was turned off at the end of the interview. Finally, once completed, I thanked the participants for their participation and provided an honorarium of \$40 CAD via e-transfer. About an hour after the interviews, I sent participants a feedback letter (Appendix 10) which included a statement of appreciation, statement of confidentiality, an indication of when the study results would be available, and how to obtain a copy of study results.

2.5.1 Semi-structured interviews

In-depth, semi-structured interviews were the primary method of data collection in this study. This data gathering tool enables researchers to ask pre-determined questions while being flexible and adaptable to probe interviewees on their responses (DeJonckheere & Vaughn, 2019). This type of interviewing approach takes a conversational style in which a researcher gently guides a conversational partner (interviewee) in an extended discussion by balancing between main questions, follow-ups, and probes (Rubin & Rubin, 2005). The interview guide for African immigrant women (Appendix 11) consisted of demographic questions and in-depth questions about their job search and employment experiences since their arrival into Canada. To better

understand participants' work experiences, they were also probed in detail to understand their perspectives and to help in clarifications. Getting to the end of each interview, participants were asked to comment on any final thoughts or concerns they had before I thanked them for their participation. I prepared field notes after each interview to record context, interpretations, and queries about the data.

2.5.2 Demographic survey

At the start of each interview basic demographic information were collected verbally by phone (Appendix 12), from each participant to ensure adequate sample description. This included information on age, citizenship status, level of education, marital status, annual income, number of dependents, length of time in Canada, current employment status, type of job precarity and immigration class.

2.6 Data management and analysis

All interview recordings were transcribed using the Otter.ai software. The audio interviews were listened through many times alongside the transcribed interviews for edits. The transcribed interviews were saved onto separate Word documents and stored in an encrypted, password-protected folder on a secure server at the University of Waterloo. Each transcript was reviewed twice while listening to audio recordings to ensure accuracy of data. Then, thematic narrative analysis was used to group data into narratives and subsequently narratives were linked and compared within and across data to develop key codes. As Riessman (2008) was careful to point out, the thematic narrative analysis focuses on the content of narratives communicated, appears straightforward and detailed, while still retaining a sense of the whole story. The thematic narrative analysis helped to identify common thematic elements (narratives) across research transcripts to develop key codes for the research. All data were coded using NVivo qualitative statistical software (QSR International,2020).

2.6.1 Data analysis

The thematic narrative analysis does not follow a lockstep procedural guide but an informal collection of stories and analysis. However, I adopted a thematic narrative analysis procedural guide by Clandinin and Connelly (2000) to analyze research data. First, this data analysis method was used because of its strength to communicate narratives effectively while still retaining a sense of the whole story. All fifteen interview stories were analyzed to obtain a deep and broad understanding of participants' experiences within their respective socio-cultural contexts and meaning systems.

Each transcript was read many times and open codes (data analytic process by which codes are attached during qualitative data analysis) were formed from the narratives. Coding refers to the process where data are broken down into distinct categories to capture patterns, strategies, actions, and meanings to form relationships or connections. Open codes were formed in each story told using the inductive coding method where codes are developed from data (Green and Thorogood, 2018). The common narratives across and within transcripts were named using a code. For example, the code, "family caregiving activities" described the childcare, eldercare and disability care participants gave to their immediate family without pay. This process was done on all fifteen transcripts to develop the codebook (see Appendix 13 for codebook). The codebook comprised of 29 codes with their respective meanings. The codebook was decided on by the lead researcher in consultation with the study supervisor and committee members.

All fifteen transcripts and 29 codes uploaded to NVivo software for coding. Each transcript was coded by reading and assigning codes to narratives that captured the meaning of the code. Memo writing was also used throughout the data collection and analysis process to reflect on data, relationships, and emergent findings. Once all interviews were coded, narratives

under each code were pulled from NVivo and saved in separate password-protected files on secure servers at the University of Waterloo.

2.7 Ethical considerations

This study received ethics approval from the University of Waterloo Research Ethics Board (ORE #42655) on November 23, 2020. Measures were employed to successfully implement this research included informed consent, confidentiality and anonymity, and safeguards to potential risks from participating.

Study information and consent forms were provided to participants via email before the interviews. The study information and consent forms detailed the goals and purpose of the study, how the data will be used, what is required from participants, researcher and principal investigator 's contact details as well as issues surrounding participant rights. Before the start of each interview, I verbally reviewed the consent form and audio-record the consent. Due to the sensitive nature of the interviews, participants' names were not mentioned/ included in the recording, even for consent. Participants were also informed of their right to withdraw on the consent form, and again at the start of each interview. Interview participants were also told that they could withdraw after providing their information; and if this occurred, their data would be deleted.

Second, confidentiality were maintained through these measures. All study data were de-identified (using pseudonyms) and stored in an encrypted, password-protected folder on secure servers at the University of Waterloo. I maintained a consent log, which was stored in an encrypted, password-protected folder on a secure server at the University of Waterloo, and kept it separate from the de-identified dataset eg. Audio recordings. Thirdly, given that COVID-19 and racial issues were discussed, I provided resources and information sheet (Appendix 8) for participants to make them aware of the COVID-19 and counselling resources available.

The importance of positionality in qualitative research cannot be disregarded. In qualitative research, the characteristics of the researcher and the participants have implications on the research process including the research question, study design, recruitment, and data collection process (Olukotun et al., 2021). Having grown up in Ghana as a teenager, I witnessed many forms of gender disparity both subtle and forthright that disempowered women especially from economic independence to sexual freedom. As a Black African-immigrant woman who has lived in North America for some years, I have experienced and heard of many forms of disparity based on people's social identities. These experiences influenced both my Master's and Ph.D. research to focus on marginalized populations around the world. For my Ph.D. dissertation, I chose to study work-health experiences of African immigrant women due to my personal interest in the experiences of immigrant women like myself. As I drafted and designed this study, I anticipated that by virtue of my African immigrant status, the women would be open and willing to speak to me about their work and health experiences.

As a qualitative researcher, I employed the qualitative inquiry based on my experience and knowledge of this research inquiry. I employed the narrative research approach because it accommodates and complements the African oral tradition of storytelling. Africans are storytellers by nature and therefore the use of storytelling is an inherent part of their tradition. I understood that using the narrative research approach will give enough room for the participants to share their stories. During the recruitment and data collection, just as I had thought, the women felt very comfortable speaking to me about their work and health experiences. Some of the women expressed their appreciation to me for conducting research on African immigrant women. During the data analysis, I realized my preconceived notions (from my experiences as an African immigrant woman working in Canada and literature on African immigrants' integration

challenges) influenced the codes and themes that emerged. I acknowledge the participants' voices and my positionality were intermingled and intertwined into the project.

Lastly, as a native of Africa, I am better attuned to the sensibilities of my fellow Africans and more aware of the verbal and non-verbal cues expressed than non-natives. Also, as a woman, I was received differently than if I were a man; As a student, I was received better than if I were a government official. So, in many ways whiles, it can be difficult representing marginalized voices in research, the understanding I have of the African culture placed me in a better position to perform this research effectively. To ensure that the African women were meaningfully protected and respected in the study, I was considerate of the feelings and the dignity of everyone I interviewed. I also paid attention to the way I was received during the interview and if I perceived that I was causing discomfort or other problems, I stopped the process to ask participants if they were okay to continue with process. Finally, I conducted this study because of the ethical decisions I already made. As a health researcher, I believe that racialized immigrants or people with vulnerable statuses should be well represented in research. But in times where these groups are underrepresented or not represented at all, then someone should be willing to tell their story. Hence, I used my PhD research to create awareness on the work, family, and health experiences of African immigrant women in Canada.

Chapter 3

Understanding the blended impacts of COVID-19 and systemic inequalities on sub-Saharan African immigrants in Canada

Status: Published

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Abstract

The COVID-19 pandemic poses a grave health threat and has serious socio-economic implications for all. However, crises are not experienced equally; the pandemic has disproportionately affected immigrants in several countries, including Canada and the United States. The effects of COVID-19 have exposed the realities of societal and structural inequities, worsened the socioeconomic status of many immigrants, and placed them at higher risks of poor health outcomes. Emerging research on COVID-19 and race in Canada addresses the structural inequities that shape the disproportionate harms of COVID-19 on immigrants. For sub-Saharan African immigrants, these inequities are worse due to the intersecting systems of race, gender, and class marginalization. They tend to be more exposed and less protected amid the pandemic. Given the lack of research on sub-Saharan African immigrants' experiences in Canada, this paper discusses how multiple axes of inequities shape their health and livelihood during COVID-19. The objective is to provide a broader scientific understanding of issues related to systemic inequities and health for sub-Saharan African immigrants in Canada and the related implications for public health advocates, policymakers, and the public.

Keywords: Sub-Saharan African immigrants, COVID-19, Systemic inequities, Racial discrimination, Canada, Precarious work

3.1 Introduction

The African population in Canada is growing significantly, at a rate faster than the general population. Forming a small percentage of the Canadian population (1.9%) in 1970 (Statistics Canada, 2011), the population of African immigrants rose to 13.4% in 2016, with sub-Saharan African immigrants constituting one of the newest and fastest-growing populations of newcomers to Canada (Statistics Canada, 2017). Despite this significant growth, almost nothing is known about the settlement and integration experiences of sub-Saharan Africans, and Africans still remain the least studied of all immigrant groups in Canada (Mensah, 2010). The paucity of research is part of a bigger picture of persistent inequities and discrimination that derails the successful settlement of Africans in Canada (Kyeremeh et al., 2019). While settlement barriers may exist for other immigrant groups, sub-Saharan African immigrants are disproportionately affected because of their race and social location (Elabor Idemudia, 1999). Using an intersectional framework, this paper discusses how race intersects with gender and related factors to create socio-economic strain for sub-Saharan African immigrants during COVID-19, with a focus on three key domains: employment conditions, housing and neighbourhood conditions, and health inequalities.

3.2 Literature review

Employment conditions

Sub-Saharan African immigrants are well-educated and more likely than general-population Canadians to be university graduates (Kyeremeh et al., 2019). Their educational advantage should, per the human capital theory, lead to better labour market opportunities (McKernan & Ratcliffe, 2002). However, the educational credentials of sub-Saharan African immigrants are unrecognized by Canadian institutions, an act of deskilling that has caused the overrepresentation of sub-Saharan African immigrants into low-status jobs. As well, the absence of vibrant measures to bridge foreign and Canadian credentials keeps them there (Creese & Wiebe, 2012). African immigrants are arguably the most vulnerable group of all Canadian immigrants because they are more likely to be found in lower-skilled, lower-paying jobs and they face high unemployment rates (Yssaad & Fields, 2018). Furthermore, Black African immigrants are likely to face additional challenges in the labour market due to the deeply structured anti-Black racism in Canadian institutions (United Nations Human Rights Council, 2017). Black African women have it worse, as they face both racialized and gendered barriers in the Canadian labour market. They experience long and frequent periods of unemployment, slower career advancement, and more long-term entry-level jobs (African Canadian Legal Clinic, 2008). All of these have contributed to their being disproportionately affected by poverty and marginalization.

Canadian reports show that immigrants are at the forefront of the COVID-19 pandemic with their jobs in hospitality, retail, and manufacturing (Guttmann et al., 2020). In a no-win situation where sub-Saharan African immigrants' work is considered "non-essential," they are vulnerable to layoffs, causing increased economic hardships; and when their labour is deemed "essential," they are at an increased risk of COVID-19 exposure (Learning Network, 2020). For

instance, the major outbreaks of COVID-19 in Canada happened in long-term care facilities and meat-packing industries where female, racialized, and immigrant populations are disproportionately employed (Bouka & Bouka, 2020). Black women in healthcare are also exposed to abuse and harassment and this may compound the stress of working amid a pandemic (Estabrooks & Keefe, 2020). Despite Canada's lack of comprehensive race and ethnicity data, an analysis of sub-Saharan African immigrants' vulnerable position in the labour market (due to their race, social marginalization, and gender) reveals their likelihood to suffer higher adverse effects of COVID-19. Before the COVID-19 pandemic, there were many discussions of the need to provide enabling policies to protect precariously employed workers who are mostly Black immigrants, but this has seen little policy attention (Mahboubi, 2019). It seems that the social location of these workers prevents them from being recognized for their valuable contributions. The bottom line is that it took a pandemic to reveal the value of precarious workers, who are mostly Black and the most economically vulnerable in Canada.

Housing and neighbourhood conditions

Environmental conditions have significant impacts on health and well-being. During COVID-19, communities with overcrowded housing conditions and poor air quality are more susceptible to the disease as physical distancing from household members or quarantining is impossible (Guttmann et al., 2020). Crowded housing arrangements and poorly maintained neighbourhoods are more common for Black and immigrant populations in Canada (Bowden & Cain, 2020), who often live in crowded conditions with relatives or immigrants of the same ethnic background. Living in crowded housing arrangements is associated with higher COVID-19 test positivity among Canadians in general, but more so for immigrants and refugees (Guttmann et al., 2020). Black communities—where most substandard housing are located and most African immigrants live—are disproportionately impacted by COVID-19; and this may

explain why locations with many Black immigrants, such as Toronto and Montreal, have emerged as COVID-19 epicenters (Bowden & Cain, 2020). For sub-Saharan African immigrants, these housing difficulties are amplified when combined with structural barriers, such as anti-Black racism and a lack of knowledge about the Canadian housing market. For sub-Saharan African women, the intersection of their race, gender, and low social status usually confines them in deprived and substandard neighbourhoods which badly affect their physical and mental health (African Canadian Legal Clinic, 2008).

In Canada, the impoverishment of racialized and immigrant communities has been described as a result of non-inclusive policymaking at both governmental and corporate levels (Learning Network, 2020). For example, official planning policies of municipalities with immigrant and racialized populations such as the city of Toronto only acknowledge the economic benefits of immigration “without explicit statements on developing a permissive policy environment to support ethnic communities’ place-making efforts and settlement needs” (Zhuang, 2021, p. 122). Thus, the substandard living conditions that ethnic communities suffer could be attributed to the failure of planning policies to proactively accommodate their diverse settlement needs.

Health inequalities

In Canada, racialized and immigrant populations are mostly vulnerable to negative health effects arising from persistent discrimination and disparities in socio-economic domains, such as work and housing conditions (Waldron, 2010). Discrimination often triggers psychosocial stressors that lead to health problems and also forms barriers in accessing and utilizing health resources by racialized groups. In Canada, discrimination is a determinant of chronic disease and its risk factors, and Blacks are far more exposed to experiences of discrimination than the rest of the population (Siddiqi et al., 2017). For Black African immigrants, the intersection of race,

gender, immigration status, and other factors predisposes them to discrimination at multiple levels of society: individual, interpersonal, institutional, and societal discrimination that each and altogether adversely impact their health. Between 2010 and 2013, the prevalence of mental health described as “fair or poor” for Black women in Canada (including Black African women) reached 15.0%, the highest among the Canadian population (Pan-Canadian Public Health Network, 2018). Aside from the health inequities posed by race and gender, Black African immigrants face considerable barriers such as linguistic, cultural, and economic challenges in accessing healthcare services in Canada (African Canadian Legal Clinic, 2008). Thus, a healthcare system that is discriminative and culturally inappropriate contributes to health deterioration and the marginalization of the population.

These underlying causes of health inequities are amplified in the COVID-19 context. In Canada, Black and immigrant communities are disproportionately affected by COVID-19 (Guttmann et al., 2020). Then, once infected, they are more likely to die because they face built-in barriers to accessing healthcare and experience a greater burden of chronic diseases (Wallis, 2020). And for African immigrants, the burden of diseases is significantly higher due to the stress stemming from racism and poverty (African Canadian Legal Clinic, 2008). Since COVID started, immigrants and visible minorities such as sub-Saharan Africans are three times more likely to experience harassment, attacks, and stigma than other groups because of their overrepresentation in front-line work and skin colour, adding to the health and economic impacts of COVID-19 (Statistics Canada, 2020). At present, the only known data on COVID-19 infection and its related discrimination and stigma on mental health across ethnocultural groups in Canada found that Blacks (38.72%) had the greatest virus exposure among all ethnocultural groups. Black participants also experienced the worst mental health outcomes when exposed to COVID-

19 virus and/or its related discrimination, compared with other socio-cultural groups (Miconi et al., 2021). Such evidence supports preliminary reports from the United States and the United Kingdom that communities of colour are disproportionately affected by COVID-19 due to the long-existing social and economic disparities they face.

3.3 Conclusion

Anti-Black racism/discrimination is one of the top longstanding social prejudices that hinder Black immigrants' successful integration in Canada (Galabuzi, 2006). And the COVID-19 pandemic has also exposed the systemic inequalities underlying Black immigrants' experiences in Canada (Bowden & Cain, 2020). The pandemic has transcended being a medical crisis to being a pressing social justice issue and so addressing it requires an intersectional approach. Implementing COVID-19 risk measures alone will not ensure protection. Targeted interventions are required to address the underlying causes of socioeconomic and health inequities associated with racism and structural discrimination. Following the Learning Network (2020), we recommend three essential interventions to support the health of African immigrants:

- Collecting data by race, and critically examining findings in the context of intersecting systems of gender, sexuality, class, and migration. This will help develop evidence-informed policies to support vulnerable populations.
- Adopting a critical race perspective in protecting workers' rights. This will also hold employers and policymakers economically and socially accountable for discriminative work conditions and practices.
- Emphasizing strengths-based strategies that connect public health with anti-racism. Everyone including policymakers and health service providers should rise to challenge implicit racial biases and create opportunities to support the health of vulnerable populations.

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Chapter 4

“It is not just about my work, my identities count”: The influence of intersectional identities on the employment experiences of African immigrant women in Ontario, Canada.

Status: Under Review in *Journal of International Migration and Integration*.

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Kimberly Lopez, Ph.D.

Abstract

Introduction: Existing research on immigrants in Canada has identified singular aspects of identity (such as race) that causes inequities in their employment experiences. However, research on the impact of multiple intersecting identities on immigrants' women's work experiences is lacking. Without considering the intersecting identities of immigrants, policies and practices geared towards immigrants' wellbeing may not achieve their objectives. This qualitative study explored the impact of the intersectional identities on the employment experiences of African immigrant women in Canada.

Methods: Participants included fifteen African women engaged in precarious jobs such as customer service work in Ontario. In depth interviews were used to collect rich layers of information about participants employment experiences in Canada. The theory of intersectionality was used to analyze the influence of participants' intersectional identities on their employment experiences.

Findings: Our study results found that participants struggled in their search for professional jobs in the Canadian labor market due to the lack of recognition of foreign credentials. As a result, they worked in jobs perceived to be of "low status" and experienced poor labour market outcomes. Their experiences in the labour market were mainly reflected in their minoritization; especially as these social identities (gender, race, immigration status, and education) intersected.

Conclusion: Equity-orientated research, policy initiatives, and practices are recommended to take an intersectional approach to understanding how social identities build on each other and work together to amplify inequities for racialized immigrant women's employment.

Keywords: African immigrants; Intersectionality; Canada; Precarious work; Systemic inequities.

4.1 Introduction

The WHO (2022), reported that, the poor health outcomes of most immigrants are not innate but socially determined by key factors such as their work. For instance, precarious immigrant workers face poor health outcomes and even death and disappearance due to their poor working conditions such as exposure to potential toxins (WHO, 2022). Similarly, the International Labor Organization (ILO) reported that there were about 169 million international immigrant workers globally; and although labour migration could increase their employment opportunities and gains, most immigrant workers face hardship and poor health outcomes due to their employment conditions (International Labour Organization, 2021).

Most immigrants admitted into Canada are educated individuals and skilled workers with great human resource capabilities (Government of Canada, 2021). The favourable and proficient human capital characteristics of Canada's immigrants, coupled with the country's robust integration system, would suggest labour market success for immigrant workers. However, literature suggests the opposite (Wu et al., 2018; Lu & Hou, 2019). The macroeconomic conditions such as labour market demand and supply show that the Canadian labour market is limited in its ability to take in these university-educated and skilled immigrants (Yao & Feng, 2019). On the supply side, there are lots of educated and skilled immigrants in the labour force but on the demand side, immigrants face working in low level and service industry jobs that do not necessarily require university education and advanced skills (Haider, 2015). Even in managerial or executive jobs that skilled immigrants qualify for, native-born Canadians are often preferred (Block & Galabuzi, 2011).

Aside from the above macroeconomic conditions explaining the general labour market conditions of immigrants, immigrants' position in the Canadian labour market is further influenced by their social location (Creese & Wiebe, 2012; Mooten, 2021). Social location

explains how the intersections of an individual's identity (race, age, gender) and geographical location positions them within a certain group (Premji & Shakya, 2017). Social location also explains why immigrant workers' discussions of discriminatory treatment, precariousness, and exploitation in the Canadian labour are often as embedded in factors such as race, class, and gender (Mooten, 2021). The COVID-19 pandemic also echoed to the world the strong association between social identities and wellbeing as immigrants (with unique challenges for immigrants of colour) were disproportionately affected by the overall impacts of the pandemic due to their social location (Miconi, 2020; Amoako & MacEachen, 2021).

Most research on immigrants' employment experiences have identified singular factors including racism and gender-based discrimination that cause inequities in their employment experiences (Vasavithasan, 2022). However, research on the impact of multiple intersecting identities on immigrants' work experiences is lacking. To address these gaps, our research employed the theory of intersectionality to discuss how the social identities of African immigrant women including race, gender, and ethnicity, intersect to produce labour market inequities that is grounded in multiple forms of disadvantage. The theory of intersectionality acknowledges that people are influenced by multiple factors, such as ethnicity, gender, and race and that the way people experience racism and discrimination can be compounded by several features of a person's identity (Standing Committee on Canadian Heritage, 2018). The research question, "How do the intersectional identities of precariously employed African women influence their labour market experiences?", led to our study of participants' views on the influence of their social identities on their job search experiences and precarious work.

In the remaining sections of the paper, we describe existing literature on how the Canadian immigration and multicultural systems disadvantage African immigrants and provide

an overview on the employment and integration experiences of African immigrants in Canada. This is followed by a description of our study methodology and findings. We wrap up with a discussion of our findings, study strengths and limitation, and conclusion.

4.2 Literature review

Racial inequities in Canada's immigration and multicultural system

Before 1952, the Canadian immigration policy discriminated against non-Europeans by implementing “a nationality preference system” that favoured only European migrants (Elabor-Idemudia, 1999, p.3). White immigrants were prioritized and admitted because they were deemed to be of “superior stock” to migrants of colour (Fleras, 2010, p.128). Immigrants of colour were considered unwanted and so policies were implemented to avoid their immigration to Canada (Shepard, 1997). An instance is Section 38(c) of the Immigration Act of 1910 which was revised in 1919 to include a category of immigrants under ‘preferred’ and ‘undesirable’ for admission to Canada. It was only after World War II that Canada dropped its overtly racially discriminatory policies to accommodate a more diverse labour force. At that time, the Canadian economy faced rapid industrialization and technological advancement and so more labour sources were needed. The 1967 Immigration Regulations introduced the ‘points system’ to admit immigrants based on job skills, education, and language proficiency (Reitz, 2001).

In 1988, the Canadian government implemented the “Canadian Multiculturalism Act” to further eradicate racial discrimination and promote cultural differences in the immigration policy (Shepard, 1997; Elabor-Idemudia, 1999). Despite these policy changes, Canada's immigration system still propagates biases against people of colour. For example, the financial requirements limit the entry of immigrants from Africa where poverty is relatively high. Also, this practice of admitting immigrants with certain qualifications restricts the admittance of non-European immigrants who face linguistic and financial challenges (Abu-Laban, 1998).

In Canada, legislators perceive integration as a ‘desirable’ process through which migrants settle in society (Li, 2003). Desirability, referring to equity and respect for immigrants’ values and rights, is, therefore, a core component of successful integration in Canada (Kyeremeh

et al., 2019). However, desirability is far from reached for most immigrants in Canada. Migrants from the 2000-2001 landing cohort had positive perceptions of the socio-political environment in Canada (Schellenberg & Maheux, 2007). Four years after, a longitudinal survey was conducted on the same cohort to assess their lives in Canada. In all three stages of the survey, approximately 25% reported that their lives in Canada were much worse than they expected (Houle & Schellenberg, 2010). Similarly, many African immigrants landing in Canada have high expectations of Canada as a place to thrive but the inequalities in the settlement process hamper their desirable integration (Kyeremeh et al., 2019; Madut, 2019).

In Canada, multiculturalism operates as a dominant discourse rooted in liberal values of neutrality, colour-blindness, and meritocracy (Bourdieu, 1991). This helps to portray Canada as tolerant and receptive of individual differences, with ideologies that race does not influence individuals' lives outcomes (Henry & Tator, 2010). This dominant discourse of colour-blind multiculturalism has been critiqued extensively by scholars for failing to tackle the systemic inequalities that continuously impact ethnic-racial minorities (Bannerji, 2000; Razack et al., 2010). It is impossible to ignore the adverse ways that race, and Blackness shape the lives of many in Canada (Razack et al., 2010). Thus, when marginalized groups like Africans and Indigenous people are over-represented in the criminal justice system and lower socioeconomic classes, the impact of race, ethnicity, and colour on policies and practices cannot be left unexamined (Tanovich, 2006; Dei, 2008).

Education, Employment, and Social Support Services of African immigrants

The African population in Canada is rising significantly, and faster than the general population. Africa comes second as the home continent of recent immigrants in Canada, with a share of 13.4% (1,010,471) of the total migrant population (Statistics Canada, 2017). African immigrants consist of one fastest-growing populations of newcomers to Canada while the number of African women has steadily been increasing (Statistics Canada, 2017). Despite this significant population growth, almost nothing is known about the employment experiences of African women in Canada (Kyeremeh et al., 2019).

The African population in Canada is more educated and likely to be university graduates than the rest of the population (Kyeremeh et al., 2019). This educational advantage of African immigrants should, as per the human capital theory that education and skill levels tend to correlate positively with income (Smith, 1938; Zikic, 2015), be an advantage in finding jobs (Creese & Wiebe, 2012). In contrast, however, the educational credentials of immigrants are under-recognized by Canadian institutions, an act of skill devaluing that has increased over the years. This has, in effect, led to the fallen social status of highly skilled immigrants, although the points-based immigration policy is specially enacted to recruit skilled labour (Li, 2003; Picot & Sweetman, 2005). The failure of the Canadian labour market to efficiently accept foreign credentials places African immigrants into low-wage jobs, and the absence of vibrant measures to bridge foreign and Canadian certifications in occupations keeps them there (Creese & Wiebe, 2012; Madut 2019). Further, gaining Canadian qualifications and experience by African immigrants does not lead to an equal status with Canadian-born residents, as most employers prefer Canadian born people with similar qualifications. For Africans, this discrimination in the labour market leads to unemployment, social exclusion, and can result in involvement in criminal activities (African Canadian Legal Clinic, 2016). Guo and Andersson (2006) assert that

credential acknowledgment is a political process that produces power relations. Power and knowledge are inherently connected, and so the inability of the Canadian labour market to effectively recognize prior educational skills disempowers Africans and other immigrants and creates erasures of culturally embedded and locally applied knowledges.

Social support services, such as community and resettlement programs, are resources for coping with stressful situations such as immigration and health (Gottlieb & Bergen, 2010). However, African immigrants' migration to Canada coincides with problematic social support resources. Most African women enter Canada through the Family Reunification Program that facilitates their settlement and employment in Canada (Stewart et al., 2006). Under this policy, sponsors (among Africans, usually African men) are required to cater to the financial needs of their dependents (women) for several years. During these years, African women are not eligible for publicly funded resources (Government of Canada, 2021), and so, they often assume domestic responsibilities and/or enter "survival" jobs to support sponsors (Senthanar, et al., 2021). It is also difficult for African immigrants admitted into Canada through the temporary resident visa to obtain economic independence (Madut, 2019). This is because the process for becoming a permanent resident in Canada and accessing economic well-being is costly and time-consuming, involving multiple exams, high financial commitments, and a residency requirement (Government of Canada, 2021). Likewise, Madut (2019) reported that most African immigrants in Ontario were economically insecure and remained non-status due to the barriers in the permanent residency application process. Further, the lack of support programmes tailored to racialized immigrants' socioeconomic needs impeded the successful settlement of African immigrants into the Canadian society (Madut, 2019). Again, the use of certain discriminative

discourses such as survival employment and hidden market by settlement counselors channels most immigrants and newcomers into low-status jobs (Creese & Wiebe, 2012).

In Canada, immigrants, including African immigrants, are vulnerable to negative health effects arising from constant discrimination and disparities in socio-economic sectors, such as work (Waldron, 2010). Discrimination can contribute to psychosocial stressors that lead to health problems and forms barriers in accessing and utilizing health resources by immigrant groups. For African immigrants, the intersection of gender, immigration status, race and other factors predisposes them to discrimination at multiple levels of society: individual, interpersonal, and institutional that, each and altogether, adversely impact their health (Madut, 2019). Aside from the health inequities caused by discrimination, language and cultural barriers can discourage African immigrants from accessing healthcare (African Canadian Legal Clinic, 2016). African immigrants from non-English and non-French speaking African countries such as Sudan and Somalia face communication difficulties in navigating health care and community support services (Makwarimba et al., 2013). Although there is a universal healthcare system in Canada, the coverage available to immigrants varies depending on their immigration status, province of residence and income security (Government of Canada, 2021b). These healthcare restrictions also limit African immigrants' access to healthcare in Canada (Madut, 2019).

4.3 Methods

Study Aim and Theoretical Perspective

Our study aimed to examine the how the intersectional identities of Black African immigrant women influence their employment experiences in Canada. For this study, we employed the critical feminist concept of intersectionality to examine how social identities such as race, gender, and immigration status intersected to influence the employment experiences of African immigrant women in Ontario.

Using this theoretical framework was important for several reasons. First, it supported the understanding of interactions of social identities and the multiple power relations that usually disadvantage marginalized people (Stasiulis, et al., 2020). For this study, intersectionality provided detailed insights into how the multiple but interrelated identities of African women accounted for the lack of power and inequalities in employment experiences. As well, an intersectional lens highlighted how the social identities (including race, gender, sex, ethnicity, class, immigration status) and social structures (economic and socio-cultural systems) built on each other to influence African immigrant women's employment activities.

Also, as social change is a critical principle in the theory of Intersectionality (Collins, 2000), intersectionality helped to understand the processes that produce inequalities in African women's experiences of employment by using their voices. As Acker et al. (1983) explains, the "understanding the processes that result in inequalities is a necessary step toward changing women's position (p. 424). For this study, intersectionality informed the study design (to obtain a deeper understanding of salient social identities and labour market systems), recruitment (to recruitment African women who had diverse social characteristics such as African, women, precarious workers, immigrants, educated) and the data analysis stage (understand how the overlapping social identities of African immigrant women shaped their employment activities).

Study Design, Approach, and Recruitment

To achieve the research aim, qualitative research approach was used to explore the various intersecting factors that impacted African women's precarious work experiences.

Qualitative research is suitable for research that takes an explorative and interpretative approach in understanding a phenomenon. It helps with understanding social context dynamics, individuals' perspectives of their worlds, and appreciating those worlds through such perspectives (Creswell & Poth, 2016). Precisely, the narrative research approach which explores individual stories and the social, familial, and/or institutional contexts within which they were, and are shaped was used (Riessman, 2002). In this study, the narrative research approach gave room for researchers to ask broad questions while listening actively to participants to construct the meaning of their situations. For instance, using this research inquiry, African women's stories and specific contexts and meanings were well captured to create a more in-depth understanding of their precarious employment experiences. The narrative research approach also expanded the understanding of the unique precarious employment experiences of African immigrant women through stories told of racism, discrimination, and sexism.

After research ethics approval from the University of Waterloo Office of Research Ethics (ORE# 42655), this study employed purposive sampling to recruit African immigrant women from diverse backgrounds. A purposive sampling method is suitable in selecting individuals that are knowledgeable about a phenomenon of interest (Patton, 2014). The rationale for this sampling approach was to recruit African women's who were: born and raised in an African country until at least age 16, 25-54 years, lived and worked in Canada for at least two years, precariously employed (either self-employed, temporary contract or minimum wage workers), performed family caregiving activities without pay, and communicated well in English. This

paper focused on specific findings within a larger study that explored the impact of family caregiving and precarious work on the health of African immigrants in Ontario.

Research participants were recruited through social media invitations and outreach to organizations that support immigrants in Ontario. Interested participants contacted the researcher via the study email provided on the recruitment postings. Interested participants were screened and interviewed via phone.

Data Collection and Analysis

Fifteen African immigrant women with diverse demographic characteristics were recruited for the study (see Table 1 for participant demographics). All participants read the study information and participant informed consent was obtained verbally from participants and recorded prior to the interview. Screening and interviews were all conducted via telephone due to the health safety concerns surrounding COVID-19. The interviews were audio-recorded with participants' permission, and they lasted for about 60 minutes. The interview guide consisted of demographic questions such as participants age and immigration status and in-depth questions about participants job search and employment experiences since their arrival into Canada. To better understand participants' work experiences, they were also asked to describe the things that may have impacted their employment experiences. Once the interviews were all completed, they were transcribed using Otter.ai software. The audio interviews were listened through many times alongside the transcribed interviews for edits. The data was analyzed using a thematic narrative analysis which involves inductively developing codes based on interview data (Riessman, 2002). The codebook comprised of 29 codes with their respective meanings and transcripts were coded in NVivo Pro 12 software using the codebook (QSR International, 2014). Intersectionality was used in the data analysis stage to understand how African women's employment experiences

were shaped by different but interdependent social identities such as gender, race, class, immigration status and education.

Sample characteristics

All fifteen participants were Black African women who fulfilled the sampling criteria. At the time of the interview, thirteen participants were employed while two were unemployed due to COVID-19. All employed participants worked in precarious jobs such as personal support work, customer service and factory work. All the women reported their annual income for their paid work as between \$20,000 and \$40,000, except for one personal support worker who earned \$60,000. Her annual wage was relatively high because she worked throughout the pandemic when personal support workers received a \$4 increment in their hourly wage. All participants were Black African women and spoke their mother tongue and English. With regards to their educational credentials, nine participants had a Bachelor's degree, and six participants had a Master's degree. Table 1 provides a detailed description of the demographics of the fifteen participants.

4.4 Results

Participants' experiences of how their intersectional identities shaped their employment experiences was categorised under two main time frames. The first aspect of their experiences occurred during their job search. Challenges at this point included a lack of recognition of foreign credentials which led to the women upgrading education, taking on volunteering work, entrepreneurship, and taking more years of survival employment. The second aspect occurred after securing precarious jobs. Participants discussed work discrimination in diverse forms which they attributed to their social identities, such as race, accent, immigration status, and gender.

Lack of recognition of foreign credentials

From our interviews, fourteen out of fifteen participants faced difficulties in their search for jobs both in and outside their field. According to the participants, the principal reason for migrating to Canada was to find better employment opportunities and so majority of them started their job search upon arrival. Fourteen of the participants mentioned the non-recognition of foreign credentials as the main barrier to finding a suitable job. The non-recognition of their foreign credentials exclusively affected them as African immigrant women who acquired a credential outside of Canada. The women were forced to take up precarious jobs for which they were overqualified.

Mavis, a 46-year-old woman who arrived in Canada in 2016 with a Master's degree in public administration, was interviewed for many jobs in her field but was not offered them because of her status as an immigrant with foreign credentials. Mavis mentioned that she was later recruited to be a personal support worker (PSW) because of her gender and race. According to her, African women were viewed as strong and so were often recruited as PSWs.

I came to Canada; but my certificates were not acceptable because they were foreign. I got job offers and interviews, but I am always disqualified on the basis that I do not have

Canadian education or experience...So, I chose to do the personal support training and I think I was given the job because I am an African woman (Mavis, Master's degree, Personal Support Worker).

Patience, a 38-year-old woman who arrived in Canada in 2015 narrated a similar challenge. She came into Canada with a Bachelor's degree and obtained a second undergraduate degree from a reputable university in Ontario. However, she still struggled in securing a suitable job because employers required Canadian work experience, she also settled for PSW work because of her gender and the fact Canadian work experience was not required.

It is not only me, it is generally the case, often when you move to Canada as an immigrant and you go looking for a job, knowing equally well that you are an immigrant, employers ask for Canadian experience. How do I get a Canadian experience if you are not offering me the job? (Patience, Two Bachelor's degrees, Personal Support Worker).

Strategies for improving workability in Canada

To improve workability in Canada, the women employed some strategies — upgrading education, taking on volunteering work, entrepreneurship, and taking more years of survival jobs. They believed these strategies could help them acquire better paying jobs. While few of these strategies helped in bettering the women's employment opportunities, most of the strategies did not help.

Before arriving in Canada, all participants had at least a Bachelor's degree. Also, all fifteen participants held a trade certification, license, or designation from a professional body in their home countries. Despite their high educational status, about eight women pursued or at the time of the interview were pursuing further education in Canada to compensate for a lack of Canadian experience. They felt Canadian education may serve as a substitute for Canadian work

experience by helping them build networks and meet employers' interest. Nonetheless, the participants who went back to school described how the Canadian education landed them in tuition debt and in survival jobs.

Ashley, a 30-year-old married woman came to Canada with a Bachelor's degree in Geography but struggled to find a job in her field. She then successfully obtained a Master's degree in Geographic Information Systems. However, gaining a Canadian credential could not help in securing a job in her field either. She further explained how her race and immigration status had influenced her job search. Ashley later settled for a telephone representative job.

So yeah, the basic reason why I chose this job was because that was the only job I got. Although I just finished Master's degree, I couldn't get the job that was relatable to the course I studied. I mean I went back to school with hopes of securing a better job, but I didn't... Maybe employers don't want me because of my race and the fact that I am an immigrant. I still have student loans to pay (Ashley, Master's degree, Customer Service Rep).

Aside from furthering their education, some participants also endured lengthy and expensive credential-recognition processes to secure suitable jobs in Canada. Cynthia, 34-year-old woman who arrived in Canada in October 2016 explained that she settled for low-wage jobs because of her foreign credentials. After about 4 years in low wage jobs, she decided to register for the "National Committee on Accreditation" exam (this assesses the qualifications of internationally trained legal graduates in Canada) but could not because of the high expenses involved. Cynthia was unemployed due to COVID-19.

So, my plan initially when I got here, was to work in a law firm but I couldn't because my law degree was from Nigeria. Now, I want to do the NCA exams to convert my Law

degree, but I don't have money. It's expensive and I lost my job due to COVID (Cynthia, Master's degree, Unemployed).

After encountering multiple barriers to career entry in Canada, 4 participants took on volunteering or unpaid activities to gain work experiences that “fit” the expectations of employers in Canada. For instance, Grace, a 35-year-old woman who arrived in Canada in February 2014 decided to volunteer to get some work experience. She felt employers did not want her because she schooled and worked outside of Canada.

Well, for all the jobs I applied, I didn't even get feedback because...maybe I schooled and worked outside of Canada. The only one I got was to volunteer at a center that works with disabled people. So, I did that for a while...and got a job as a customer service person (Grace, Master's degree, Customer Service Rep.).

Entrepreneurship was used as strategy to skip survival jobs by two participants. According to one of them, the trade was not profitable as few people used her services. However, the other, Mercy, who sold branded oil perfumes made good incomes until Covid-19 led to her business closure. She described starting a business as an African immigrant as “fantastic”.

The experience was so fantastic, because number one, I had to google where and how to submit domain name, for which I did, and it took a couple of months before they got back to me. And then very lucky for me, I was able to get it. But my biggest challenge in the job is being unemployed due to COVID (Mercy, Bachelor's degree, unemployed).

After surviving three years of working in multiple precarious jobs, Brenda got a job as an Administrative Coordinator with her law degree. Brenda secured her job through an agency. She admitted being a part of the “lucky” immigrants who finally secured a dream.

Well, for me, that's why I said I think I've just been one of the lucky ones. Honestly, I know things do happen with other people. I've just been the 1% among the 1% lucky. I got my dream job after working many years as a caregiver (Brenda, Bachelor's degree, administrative coordinator).

Discrimination at work

After securing precarious jobs, the participants faced workplace discrimination due to the intersection of multiple marginalized identities. They experienced discrimination at the workplace due to specific identities including Black, immigrant, women, with foreign accents. The discriminative experiences involved racism (e.g., told to speak English well, name calling), condescending, and insensitive actions from employers and coworkers (e.g., being yelled at) which initially appeared harmless but had a cumulative effect on their mental health.

About eleven participants experienced workplace discrimination that badly affected their self esteem and mental health. Ashley, a 30-year-old woman who arrived in Canada in August 2016 narrated the accent discrimination she faced at work due to her accent, race and gender.

So, some customers tell me "Your accent is very terrible, your English is very terrible, I know you speak your language very well, but your English is very bad". It is not just about my work, my identities count. They call me names because I am Black, a woman and have an accent. In the beginning I felt so bad. But now I'm getting used to it (Ashley, Master's degree, Customer Service Rep).

Naomi, a PSW, narrated her experience with accent discrimination from customers when she worked as a customer service representative. The experience was demeaning, and she decided to not continue working as a customer service representative.

Angry customers, they yell at you. Especially when you know, um...coming from [name of country], my intonation is not like the Canadian. So, customers say, "I want to speak with an American, I want to speak with a Canadian. I can't hear you. You black, you know", it is so demeaning (Naomi, Master's degree, PSW).

Another relevant experience, as narrated by Grace, was coworkers acting shocked about how well she spoke English, used the computer as an African immigrant woman. This created what she described as, "a feeling of inadequacy".

But there's always a feeling of inadequacy, even to asking if you can use Excel... My coworkers are shocked at how well you speak English. You know, even though you've written English exams, and you had to prove yourself to be a permanent resident. They're shocked at how well you can use the computer. So, it is like a surprise like, "wow, where did you come from?" (Grace, Master's degree, Customer Service Rep).

Florence, a 28-year-old woman with a Bachelor's degree in Agriculture and a low wage customer service worker described facing racial discrimination at work when she and three other Black employees were demoted by the management without any explanation. Also, she felt uncomfortable when customers asked if she was a human being after hearing her African name.

I remember during the training for this job, I and three other Black people were called and told "we have to move you guys to a lower department". And what's the reason I asked but they couldn't say just because we are black. So sometimes even the customers, you tell them your name, they're like what is [mentions a local African name]? Am I speaking with a human being? So, things like that can be challenging because of your race (Florence, Bachelor's degree, Customer Service Rep).

Vanessa, a 26-year-old woman with a Bachelor's degree and who worked as a factory packager disclosed that she and her co-workers (Black co-workers) were made to do menial work and called names as well. These name-calling and insults were muttered quietly and so were difficult to address. When reported, the case was trivialised because she did not have an eyewitness.

Sometimes they call you names like "Black monkey, hey silly" but it in a very low tone. And when they use these names, and you go and report, you need a witness. Without a witness, they wouldn't consider what you reported. That's disturbing (Vanessa, Bachelor's degree, Factory worker).

Some participants internalized the discrimination faced at work by normalizing the act and adding that they were used to it. For example, Megan, a 30-year-old woman and a security guard at a COVID-19 isolation center talked at length at the everyday racist comments from guests, such as "Black sheep, Black monkey" and how she internalized and accepted the situation as "normal".

So, I will say, there are racists at the place I work because sometimes, some of the guests were just like, "Oh, you Black girls, you Black sheep, you Black monkey," you know, stuff like that. So, I'm used to it um you know, I will just ... smile. Its normal (Megan, Bachelor's degree, security).

African women in this study also faced gender-based discrimination. For example, Samantha described how her gender influenced her employment outcomes. She applied for the same job with a male friend, but she did not get the job although they had similar credentials and work experience. Samantha believed she was not picked because of her gender and male dominance in the field.

So, I was not picked for a job because I'm a woman. Like, errm, they asked what's your gender, and I put female, and I know someone else, we put out the same resume, at the same time and then they picked him for the job. And then I'm wondering, why didn't you pick me for the job because we've the same credentials, same work experience?

(Samantha, Master's degree, program coordinator).

According to Patience, her gender played a role in securing a job as a PSW because it is an industry dominated by women. She also explained how gender affected her background as an IT professional. She explained that men were preferred over women and were paid higher salaries than women in the same role.

PSW is seen as a female job, so also is IT role seen as a male job. So, which is also something that you can read on google, employers are paying a man \$20 an hour for IT role, and a woman \$15 an hour for the same role... I came with experience in IT, so I was surprised employers asked for Canadian work experience for a new immigrant. But the PSW I was picked because I'm a woman (Patience, 2 Bachelor's degrees, Personal Support Worker).

Overall, African Immigrant women encountered distinct challenges in entering and advancing in the Canadian labour market. Our findings show that the challenges they faced in the labour market could be attributed to their social identities of such as race, gender, accent, skin colour, education, and immigration status. Two participants (Mercy and Brenda) who enjoyed some degree of economic gains in Canada attributed it to "luck" and not because they qualified for it.

4.5 Discussion

This research explored the influence of intersectional identities on employment experiences of African immigrant women in Ontario, Canada. The study findings show how well-educated African women experienced challenges with getting jobs and fair treatment at work due to their social location (communicative impacts of their social identities).

The African women's downward economic mobility was mainly due to the failure of Canadian employers and organizations to accept their foreign educational and work credentials. Thus, characteristics of their social identity as educated immigrant women from Africa influenced their credential non-recognition in Canada. As a result, the African women were somewhat coerced into settling for low-wage precarious jobs. In Canada, the non-recognition of foreign credentials is one of the most widely cited factors negatively influencing economic outcomes for immigrants of colour such as African immigrants (Creese and Wiebe, 2012; Yssaad & Fields, 2018). Immigrants of colour are overrepresented in low-status jobs and continue to experience significantly poorer labour market outcomes (underemployment, unemployment, wage gap) than Canadian-born workers due to their intersectional identities (Ng & Gagnon, 2020). In fact, the credential non-acceptance was part of a broader gendered process of devaluing and degrading that actively portrayed African immigrant women as unskilled and unworthy labour (Creese and Wiebe, 2012). Similarly, some of the participants described losing their self esteem as educated and skilled women in the labour market due to deskilling. Corra and Kimuna (2009) argued that the loss of self esteem and the economic downward mobility facing immigrants is particularly degrading for African women who had prestige, and social appraisal for their educational, and career success in their home countries.

Despite participants' high levels of education, most women earned low wages which restricted their career advancement. For instance, A participant could not register

for a credential assessment exam because she could not afford the expenses involved.

African women's low income was because of their low-wage jobs which were shaped by their gender, race, and status as immigrants with foreign credentials. In Canada, immigrant women of color earn less than immigrant men of color and non-racialized workers; and they face persistent gap in employment incomes (Canadian Centre for Policy Alternatives, 2019). Further, the inability of highly skilled African women to utilize their skills in the Canadian labour market contributes to the income and employment gap between them and Canadians and other immigrants (Crossman et al.,2021).

More than half the number of study participants pursued further education as a strategy to compensate for lack of Canadian experience. However, they described how the Canadian education landed in them tuition debt and failed to provide a pathway out of survival jobs. The Toronto Region Immigrant Employment Council (TRIEC) reported that highly skilled immigrant women were forced to further their education due a lack of success in their job search in the Canadian labour market (Vasavithasan, 2022). Aside from furthering their education, the participants also endured lengthy and expensive credential recognition processes to secure suitable jobs in Canada. A World Education Services (2019) survey reported that internationally trained women who got their credentials evaluated still encountered challenges in securing employment which fully leveraged their skills, education, and experience. To get some Canadian work experience, four participants had or were engaged in unpaid volunteering to gain work experiences that “fit” the expectations of employers in Canada. These volunteering activities required time, effort, and in some cases additional expenses, such as transportation and meals. For the women in this study, volunteering did not improve their labor market experiences as they remained in survival jobs. Entrepreneurship or starting a private business was used as an escape

route from precarious jobs by some African women in this study. However, for these participants, entrepreneurship was simply another form of precarious labour as the businesses failed due to COVID-19 and lack of patronage. Study results show that despite the strategies used by the African women to improve workability in Canada, they still faced challenges due to their intersectional identities. For example, the participants who furthered their education in Canada to fit into employers' expectations still faced challenges in finding suitable jobs.

Thus, having fulfilled the Canadian educational requirements and still facing barriers in the labour market influenced the women to argue that their intersectional identities played a role in their employment challenges. Also noteworthy was the fact that the two participants (Mercy and Brenda) who enjoyed some economic opportunities in Canada attributed it to "luck" and not to their qualifications because they perceived their social identities as barriers in the labour market.

For study participants, navigating paid work in Canada also meant considering the impact of their various intersecting social identities such as race, and gender on their labour market experiences. After securing their precarious jobs, they endured workplace discrimination such as accent discrimination, verbal abuse, co-workers shock over their competency, and being denied of higher positions. They found a tangible relationship between these forms of discrimination and the intersection of their multiple marginalized identities. For instance, the women who worked as customer service representatives were called names due to their race, gender, and accent and asked by customers to speak like Canadians. However, women from Nigeria expressed facing more accent discrimination. This finding is critical in distinguishing country or cultural-specific issues related to their employability and well-being as African immigrant women. In the USA and Canada, obtaining suitable employment was found to be difficult for

African immigrant women who have intersecting identities as women, Black, African, and recent U.S. immigrants (Creese and Wiebe, 2012; Ngoubene-Atioky et al, 2020). According to Statistics Canada, immigrants of colour endure different labour market outcomes correlated with their race, gender, colour, and country of origin (Statistics Canada, 2017).

Study participants also described facing gender-based discrimination related to the jobs they could access and not access. They believed their gender played a role in their employment experiences because first, they could easily get into caregiving jobs which are female-dominated and second, they were rejected in certain jobs because of their gender. Past research has linked immigrant women's precarious employment to gender-role attitudes (that restricted their labour force participation) in their home countries (Frank & Hou,2013). However, recent evidence shows that the relationship between immigrant women's labour force participation and gender role attitudes in their home countries is only moderate (Hudon, 2015). While gender-role attitudes may be related to immigrant women's low participation in the labour force in Canada, the situation is more influenced by intersection of immigrant women's social identities and the existing systemic inequalities in Canada's labour market (Hudon, 2015; Katshunga & Massaquoi, 2020).

Lastly, all the study participants felt disappointed and frustrated with their type of employment considering their professional experience and educational level. They realized that the intersection of their identities as Black, African, immigrant, women with foreign credentials influenced their labour market outcomes which then affected their mental health. During COVID-19, Black immigrants experienced harassment, attacks, and mental health challenges because of their overrepresentation in front-line work and their skin colour (Statistics Canada, 2020; Miconi et al, 2020). As well, the two women who lost their jobs due to COVID-19 felt a

sense of career destabilization and mental health issues such as worry and frustration. In Canada, female immigrants experienced a greater increase in unemployment than their Canadian-born counterparts. This outcome was largely due to the over-representation of immigrant women in low wage jobs with temporary tenure (Hou & Picot, 2022).

Strengths and limitation

A strength of this intersectional study is its ability to capture the nuance of employment experiences among African immigrant women as impacted by multiple reinforcing social identities and systems. The study analysis also helps expand understanding of the ways labour market oppression and or privilege are manifested through the intersection of African immigrant women's social identities. Due to the COVID-19 pandemic, the data was collected via phone calls and researchers acknowledge that non-verbal cues were missed which could have been captured in face-to-face interviews. However, this approach ensured safety of participants and meant that participants could select the place where interviews took place.

4.6 Conclusion

This qualitative study utilized intersectional analysis to explore the impact of intersectional identities on the employment experiences of African immigrant women in Canada. This research identifies processes in Canadian labour market where the amassed impact of racism, discrimination, poverty, and other structural inequalities were connected to participants' social identities.

Colour-blindness is a dominant discourse in Canada that claims to avoid racism in social systems but, creates a denial of the negative racial experiences of marginalized individuals and disregards their unique identities. This study highlights that we need to recognize social identities including race, skin colour, gender, and ethnicity to understand how they intersect to produce inequities in the lives of people. Also, we need to see social identities to understand how privilege is bestowed on whiteness in Canada and elsewhere. An intersection lens shows that colour-blindness does not promote equity among Canadians but only dismisses the obligation to address the disadvantaged positions occupied by certain groups due to their social location. Thus, the concept of colour-blindness needs to be replaced with intersectional conscientiousness to understand the influence of social identities on the history and lives of disadvantaged persons in the society such as African immigrant women.

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Chapter 5

“I’m a student, I work, I have a small child and I’m single”: Narrating the work-family balance of African immigrant women during the COVID-19 pandemic in Ontario, Canada.

Status: Under Review in *Work and Occupations Journal*.

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Abstract

Introduction: Balancing paid employment and family caregiving is a central concern among working parents. To date, the field of “work-family balance” has predominantly explored the experiences of White professionals from North American and European countries with similar economic and cultural values. As such, literature on the “work-family balance” among ethnic and racial immigrant groups is lacking. Using the narrative research approach, this study examined the balance of paid employment and family caregiving among African immigrant women in non-standard employment in Canada during the COVID-19 pandemic.

Methods: A total of 15 in-depth interviews were conducted with African immigrant women, who were precariously employed and performed family caregiving duties. Intersectionality was employed to guide the understanding of African women’s balance of paid employment and family caregiving during a pandemic.

Findings: During the COVID-19 pandemic, the women’s household and precarious work duties increased but they received limited support from their spouses. As such, they struggled to balance their precarious work and household duties which resulted in health challenges. The women also experienced stressors (due to their unique social identities and structural inequities) that affected their wellbeing.

Conclusion: The social expectations of womanhood such as being nurturing added another level of precarity to participants’ status as precarious workers and immigrant women of colour in Canada. Equitable employment policies to assist immigrant women into standard employment and social interventions, such as subsidized childcare, should be developed to address the barriers in the balance of paid employment and family caregiving among African immigrant women.

Keywords: African women, Intersectionality, COVID-19 pandemic, Precarious work, Family caregiving

5.1 Introduction

Research on “work-family balance” (WFB) is fast proliferating and attracting researchers from different disciplines and theoretical perspectives (Powell et al., 2019). Despite the field’s fast spread, it predominantly focuses on White professionals from North American and European countries with common economic and cultural values (Agars & French, 2016). As a result, there is limited literature on the WFB among ethnic and immigrant groups of colour (Grzywacz et al., 2008). Likewise, WFB research on workers in non-standard work arrangements is narrowly circumscribed (Kelliher, et al., 2018), despite the influx of non-standard working arrangements such as flexible work in the “gig economy” (International Labour Organization, 2022). The absence of adequate research among ethnic minorities, immigrant groups, and non-standard workers in the field is problematic considering the changing nature of both workers and jobs.

To address this critical gap in research, this study explored the unique experiences that accompany Black African immigrant women navigating their paid precarious employment and family caregiving responsibilities in Canada during a pandemic. By asking the question: “How do African immigrant women navigate their precarious employment and family caregiving activities during a pandemic?”, participants’ experiences, expectations, and challenges in combining their precarious employment and family duties were collected and analysed. Using the theory of Intersectionality (Collins & Bilge, 2016), the multiple intersecting identities influencing of African immigrant women’s precarious employment and family duties within the context of the COVID-19 pandemic were analyzed to better understand their experiential influences. More specifically, the theory of intersectionality helped to reveal how the several features of African women’s identity influenced their work experiences (both domestic and paid) and how work, in turn, impacted their health.

This study makes an important contribution through documenting the work-family experiences of African immigrant women, who represent one of the most disadvantaged immigrant groups in Canada (Madut, 2019). The paper is organized as follows: we began with the context of women's WFB from a global perspective. Then, we teased out the specificities of immigrant women's experiences in their paid employment and family responsibilities in Canada; followed by the methodology, study findings and discussion. We wrap up with study strengths and limitation, and conclusion.

5.2 Literature review

Women and work-family balance

“Work-family balance” refers to a situation where the structures of paid employment and family responsibilities are well incorporated that the individual is actively engaged in both domains (Grzywacz & Butle, 2007). Women have always worked outside the home but not in the numbers or with the same impact as they did in World War II (Brandt, 2011; The U.S. National Archives and Records Administration, 2016). Prior to the war, most of the women that did work were from the lower working classes and many of these were minorities such as Black women working in plantation fields (Ramey, 1998; The U.S. National Archives and Records Administration, 2016). During the second World War, the connection between formal employment and family caregiving gained much interest as many women took on employment outside the home (Roberts, 2007). Women were needed to pitch in and support the war effort by working in factories and airfields which were traditionally occupied by men. Unlike most men, the women took on multiple roles (house chores, caring responsibilities, employment duties) which affected their ability to achieve WFB (The U.S. National Archives and Records Administration, 2016). Rapoport and Rapoport (1977) discussed that in the 1970’s, the focus on formal employment extended to include working women and there were reports of “work-family conflict” (WFC) where working mothers experienced strain in balancing the increasing employment duties and home demands.

Currently, there is a rising presence of women in the workforce (Ortiz-Ospina et al, 2018) and in some countries, such as the USA, women now outnumber men in the workforce (US Bureau of Labor Statistics, 2022). Meanwhile, women assume three times more care and domestic work than men globally (Seedat, & Rondon, 2021). This global rise in women’s economic participation, coupled with their higher performance of household duties than men, has

led to conflicts and challenges balancing their paid employment and family caregiving (Chauhan, 2020). Seierstad & Kirton (2015) argue that women's multiple work duties make it very challenging for them to stay committed to their careers, spouses, and children although the society expects them to be "have it all". During the COVID-19 pandemic, the Pew research center reported that balancing paid work and family responsibilities for most employed parents in the US was harder than it was before the pandemic. Specifically, working moms (39%) were more likely than working dads (28%) to report that balancing paid work and family responsibilities had become difficult. Similarly, 54% of working moms felt they could not give 100% at their formal work, compared with 43% of working dads (Pew Research Center, 2021).

Women's domestic work is often invisible and perceived as low value, reinforced by patriarchal beliefs and institutions, leading to a "hidden" value for women's work (Adisa et al, 2019). The general apathetic attitudes towards women's work can restrict them to lower-status jobs, which further limits their access to economic resources and power (International Labour Organization, 2022b). For instance, worldwide, women are overrepresented in pink-collar work (care-oriented and service jobs), which are characterized by powerlessness, low wage, and low prospects of career advancement (Ortiz-Ospina et al, 2018). Although pink collar jobs might have once been considered as opportunities to women's economic advancement (Glenn, 1992), this type of employment has highlighted women's lack of progress economically. This general apathy towards women's domestic work has also led to a lack of needed domestic support, which has fueled the double strain of paid work and home responsibilities (United Nations, 2018).

Social and cultural beliefs rooted in 'gender egalitarianism' significantly influence women's capacity to balance paid employment and family duties (Thijs et al, 2019). Gender egalitarianism refers to a belief system that upholds equal rights and responsibilities for men and

women and fights the idea that men and women have innately different responsibilities (i.e., women taking up caregiving roles while men occupy the breadwinner positions) (Davis & Greenstein 2009). Rafnsdóttir and Heijstra (2013) found that, in high gender egalitarian countries, both men and women combine domestic work and employment and so the balance between paid and family responsibilities is easier to achieve. In contrast, women in low gender egalitarian countries may struggle to achieve balance in domestic work and employment due to the absence of support from men. However, Adisa et al. (2021) argue that conventional beliefs and cultural or religious segregation between men and women can hinder their accomplishment of WFB, despite the egalitarian ethos advocated in many Global North countries. In some contexts, a belief can persist that “a woman’s place is in the kitchen,” which can force young girls into early marriages where they face domestic abuse and over-burdened with housekeeping duties without any relevant economic opportunities (UNICEF, 2022). Furthermore, the patriarchal hegemony prevalent in many societies disempowers women economically while empowering men to dominate women at both at formal workplaces and home (Gruber and Szoltysek, 2016).

With the global increase in women in flexible employment (Chung & Van der Horst, 2018), some research suggested that flexibility in paid employment encouraged working mothers’ WFB as they freely chose their paid employment hours and location. However, due to the deep-rooted gender normative views existing in many societies, flexible employment could possibly traditionalise gender roles in the home and labour market (Lott & Chung, 2016). For instance, men are expected to use flexible employment to increase their work hours and performance (in their formal employment) while women involved in flexible employment are expected to increase their responsibilities within the home (Lott & Chung 2016), which could

also possibly increase their work–family conflict (Hilbrecht et al. 2008). Work-family conflict (WFC) occurs when the demands of paid work and family responsibilities interfere with each other (Weer & Greenhaus, 2014).

Further, Johansson and Oun (2015) argued that self-employment (based on its flexibility) helps women to manage their employment and family demands. However, recent studies show that entrepreneurship does not facilitate WFB because entrepreneurs have long working hours and women especially find it difficult to separate the borders between paid work and home labour (Pareek & Bagrecha, 2017; Adisa et al., 2019b). This situation is even more challenging for single mothers who must dedicate more time to caring for their families due to the absence of spousal support (Moilanen et al., 2019). Today, women’s (millennial especially) formal employment schedules and dedication to career progression coupled with their feelings of love and attachment to their families can make it challenging for them to balance their paid work and family responsibilities (Wayne et al., 2017).

Immigrant women’s experiences in the work and family spheres in Canada

Currently, immigrant women with a university credential obtained from Global South countries are significantly less likely to work full time than Canadian-born women (Statistics Canada, 2022). The issue of credential non-recognition is an important explanation for lower employment among immigrant women with a university education outside of Canada (Statistics Canada, 2022). The non-recognition of foreign credential in Canada has also led to immigrant women’s overrepresentation in low-wage precarious jobs (Ontario Women’s Health Network, 2017). As well, for some immigrant women (particularly women of colour), the lack of proper documentation and legal status and the fear of deportation makes them more susceptible to labour market harassment and exploitation (Fussell, 2011). Prior research connected immigrant women’s precarious employment to gender-role attitudes (that restricted their labour force

participation) in their home countries (Frank & Hou, 2013). However, evidence shows that the relationship between immigrant women's labour force participation and gender role attitudes in their home countries is only moderate (Hudon, 2016). While gender-role attitudes may be related to immigrant women's low labour involvement, situation is more shaped by labour market inequities such as racism and gendered discrimination underlying the Canadian labour market (Katshunga & Massaquoi, 2020).

Most immigrant women admitted through the family class also assume dependent positions in the family (Stewart et al., 2006). The family class is permanent residents sponsored by close relatives or family members in Canada and may include spouses and parents (Hudon, 2015). Under the family reunification/class policy, sponsors are required to cater to the financial needs of their dependents for some time (three years for spouses/partners, 10 years for children under 13 years and 20 years for parents and grandparents) (Government of Canada, 2014). During this period, sponsored immigrants are not eligible for publicly funded resources, such as income security and home care (Stewart et al, 2006; Government of Canada, 2014). This limitation in the family reunification policy creates a financial burden for sponsors (Neufeld et al., 2002). Dependents (mostly women), in turn, assume family caregiving activities to show appreciation to their sponsors or out of the fear that sponsors might withdraw support (Stewart et al, 2006). Further, the widespread gender and biologically deterministic ideologies that women are "natural" caregivers prompts an ongoing performance of family caregiving activities amongst immigrant women even in their new locations (Brewer, 2001). Immigrant women's involvement in precarious employment and housekeeping duties explain why most immigrants are overburdened by work (Osirim, 2008).

While most immigrant women are reported to experience strain in balancing their paid work and family caregiving due to their unsafe and heavy workloads, African immigrant women are likely to face more challenges in their WFB. First, this group of immigrants constitute one of the poorest racialized group due to severe socio-economic marginalization (Madut, 2019). Second, the strict gendered beliefs that women are primarily responsible for household responsibilities, while positioning men as breadwinners, are dominant in African homes (Bassey & Bubu, 2019). Okeke-Ihejirika et al., (2019) also reported that for African immigrant women, the dilemma of balancing paid work and household responsibilities (especially childcare) without the support systems previously available in their home countries creates stresses which impede their ability to balance their paid work and family caregiving duties in Canada.

During the COVID-19 pandemic, global reports showed that immigrants working in frontline or precarious jobs were more vulnerable to SARS-CoV-2 infection (Gupta & Aitken, 2022). Black immigrant women in Canada especially were among the front-line workers—store clerks, personal support workers (PSWs), factory workers—who were exposed to the virus daily. They also suffered from underlying health conditions that made them susceptible to more severe illness upon contracting the virus (Simien, 2020). As well, school shutdown during COVID-19 increased the family duties of immigrant women who often have limited social support in Canada (Ferrer & Momani, 2020).

5.3 Methods

Study Aim and Theoretical Framework

The study explored the unique experiences that accompanied African immigrant women navigating their precarious work and family caregiving responsibilities in Canada during the COVID-19 pandemic. By asking the question: How do African immigrant women navigate their precarious employment and family caregiving activities during a pandemic, participants' experiences, expectations, and challenges in combining their paid work and family caregiving duties were collected and analysed.

Intersectionality theory provided the theoretical framework for this study. This analytical tool is concerned with how social identities, such as race and gender, operate not as mutually exclusive entities but work together to create unique experiences of privilege and oppression (Collins & Bilge, 2016). Thus, using this theory helped to shift attention away from preoccupations of single social identities to examining how the various intersectional identities of African immigrant women mediated their work and family life in Canada during the COVID-19 pandemic. For this study, intersectionality highlighted the multiple intersecting identities influencing African immigrant women's WFB within the context of COVID-19 pandemic and illuminated the understanding of their experiential influences. Also, African women with diverse social characteristics such as being African, precarious workers, immigrants, family caregivers were recruited to understand how these social identities intersected to impact their WFB. Finally, at the data analysis stage, intersectionality created an understanding of how the overlapping social identities of African immigrant and labour market inequities impacted their WFB during the COVID-19 pandemic.

Study Design, Approach and Recruitment

Qualitative research is suitable for understanding social context dynamics, individuals' perspectives of their worlds, and appreciating those worlds through such perspectives (Creswell & Poth, 2016). To achieve the research aim, a qualitative research approach was used to explore the various intersecting factors that impacted African women's WFB during the COVID-19 pandemic. More specifically, narrative research approach which explores individual stories and the social, cultural, familial, and/or institutional contexts within which they were, and are shaped, expressed, and enacted was used (Riessman, 2002). In this study, the narrative research approach was used at the data generation stage to make room for researchers to ask broad questions while listening actively to participants to construct the meaning of their situation. For instance, using this method, African women's stories and specific contexts and meanings were captured to create a more in-depth understanding of their experiences of WFB during COVID-19.

The narrative research approach expanded the understanding of the unique paid work and caregiving experiences of African immigrant women and situated meanings within specific sociocultural contexts. As well, through this approach, the voice of colour thesis (the notion that people of colour have something to add to the discourse that people who are racialized as White do not) is centred and able to stand counter to the prevailing grand, euro-centralized narratives that structure social systems.

After research ethics approval from the University of Waterloo Office of Research Ethics (ORE# 42655), this study employed purposive sampling to recruit African immigrant women from diverse backgrounds. A purposive sampling method is suitable in selecting individuals that are knowledgeable about a phenomenon of interest (Patton, 2014). The rationale for this sampling approach was to recruit African women who were: born and raised in an African country until at least age 16, 25-54 years, lived and worked in Canada for at least two years,

precariously employed (either self-employed, temporary contract or minimum wage workers), performed family caregiving activities without pay, and communicated well in English. Research participants were recruited through social media invitations on Facebook, WhatsApp, Kijiji, and Instagram. Outreach emails were also sent to immigrant support organizations in Ontario. Interested participants contacted the researcher via the study email provided on the recruitment postings and were screened via phone for their eligibility.

Data Collection and Analysis

Fifteen African immigrant women with diverse demographic characteristics were recruited for the study (see Table 1 for participant demographics). All participants read the study information document. Each participant's informed consent was obtained verbally and recorded before the start of each interview. Screening and interviews were all conducted via telephone due to the health safety concerns surrounding the COVID-19 pandemic. The interviews were audio-recorded with participants' permission, and each interview lasted for about 60 minutes. The interview guide consisted of demographic questions (including participants' age, years lived in Canada and immigration status) and in-depth questions about participants' precarious employment experiences, family caregiving activities and how they balanced their duties at home and work during the COVID-19 pandemic. All study data collected were de-identified (using pseudonyms) and stored in an encrypted, password-protected folder on secure servers at the University of Waterloo. Once the interviews were done, they were transcribed using Otter.ai software. The audio interviews were listened through many times alongside the transcribed interviews for edits.

The data was analyzed using a thematic narrative analysis which involves inductively developing codes from interview data (Riessman, 2008). Employing this method helped to theorize across narratives by using common thematic elements whiles giving insights to specific

contexts. The codebook comprised of 29 codes with their respective meanings and transcripts were coded in NVivo Pro 12 software using the codebook. All narratives were analyzed to get a broad understanding of participants' experiences of family caregiving vis a vis their precarious employment.

Sample characteristics

All fifteen participants were Black African immigrant women who were precariously employed and performed family caregiving activities for their children, an adult family member, or a friend. The women performed household duties, such as cleaning, and cooking for their immediate family or friends without pay. On the average, the women spent about 10 hours/day performing household duties. Four women (customer service representatives and an administrative coordinator) worked from home due to the COVID-19 pandemic. Two women had lost their jobs due to the COVID-19 pandemic and were mostly occupied with household duties. Nine women (six PSWs, one security guard, one factor worker, and one program coordinator) worked outside of the home during the COVID-19 pandemic. Majority of the women performed household duties with little or no support. All participants were precariously employed despite having at least a college degree. They were in precarious jobs such as personal support work, customer service and factory work and their type of employment status was either temporary contract, minimum wage, and/or part-time. One participant was self-employed but had to close her business due to the COVID-19 pandemic. The women earned between \$20,000 and \$40,000 annually except for one PSW who earned \$60,000. This woman's annual wage was relatively high because she worked throughout the pandemic when PSWs received a \$4 increment in their hourly wage.

5.4 Results

Three main themes explained the WFB of the women. First, we describe the increased family caregiving activities during the COVID-19 pandemic. Next, we discuss the proliferation of work-family conflicts during the COVID-19 pandemic. Finally, we explain the health impacts of WFC on women.

Increased family caregiving activities during the COVID-19 pandemic.

The women in this study provided various types of family caregiving in addition to their full or part-time precarious employment. Before the COVID-19 pandemic, the women found their family caregiving duties as stressful. However, during the COVID-19 pandemic, they experienced an increased stress due to the rise in their care responsibilities (as schools and day cares were closed and children were home most of the time). As well, they had to adjust to the changing nature of their caregiving activities to include teaching their children the COVID-19 pandemic safety requirements and supporting them with online homeschooling which “ate into” their paid work hours.

Mercy, a mother of four children and a self-employed entrepreneur described her caregiving experiences as very challenging during the COVID-19 pandemic. As an African immigrant woman, she lacked family support in Canada, and as a result, she struggled with balancing her housekeeping duties with volunteer work, health complications, personal life and caring for four children under lockdown. She sounded frustrated when talking about how the COVID-19 pandemic exacerbated those challenges as an African mother who was separated from her husband.

You know, before COVID my children would normally go to school, and the house was clean. And now during the pandemic, Oh my God. Shoes here, clothes there, the toilet is

dirty. I have to start shouting, "Clean your room, wash the plate" ... I'm sick and I'm traumatized because of my health condition and cannot keep shouting (Mercy, family care, Self-employed).

Linda, a mother of two children under eight years and a companion caregiver was responsible for every domestic activity in her home as a single mother. She faced the triple challenge of combining her paid work, home care, and homeschooling responsibilities with no support. While describing her work challenges during the COVID-19 pandemic, she added that the African culture has been unfair to women and has created a sense of responsibility biases that seemingly skews towards the disadvantage of women.

I almost run mad. But I did not. I can't wait for schools to open...The children are making demands...and you don't have time for yourself, you can't think, you can't do other things. You're just cleaning and cooking and screaming...The African society has been very unfair to the females in that regard. Women have to bear the burden of house duties and a lot of suppressed emotions (Linda, family care, Companion caregiver)

The women discussed adhering to and teaching their children the COVID-19 pandemic protocols to reduce their risk of infection. This new pattern increased their care responsibilities and the emotional labour linked with ensuring the wellbeing of their family. Also, supporting their children's online homeschooling affected the work hours of women who worked from home. For instance, Brenda, a mother of four children who worked three jobs, detailed the pressure and strain that came with incorporating her children's virtual schooling and the COVID-19 pandemic safety protocols into her caregiving activities.

Due to the pandemic, everything just changed, I have to teach them how to sanitize, check their temperature and wash their hands and things like that... And all that pressure of helping the children with their virtual learning while doing my own work is too much... And there's the pressure of taking care of myself, my health because when mommy breaks down, everything breaks down (Brenda, family care, part-time administrative coordinator, and caregiver).

Given the double expectation of paid work and family caregiving, the women received little to no support even though they needed it. Their transition to a new country and a more individualistic society (which is enhanced further by the COVID-19 pandemic) meant few or no family members around to help. For instance, Grace, a mother of three of children under age six who also worked 40hrs/week as a customer service representative from home, detailed how moving from a collectivist to a more individualistic culture affected her home duties and support.

So back home, I had a house help and my mother come in regularly to help with the house chores. Coming to Canada was quite different. Because I can't afford a nanny and so I'm expected to do everything from mow the lawn to... to disinfecting everywhere because of COVID ...things have really been difficult (Grace, family care, Customer Service).

The women's limited earnings from their precarious jobs could not support the cost of childcare services. Most of the women complained about not receiving any financial support, such as CERB, from the Canadian government primarily because they were still employed during the COVID-19 pandemic. However, three women received child support from the government.

Megan, a mother of two children under age five and a security guard at a COVID-19 pandemic isolation center explained how difficult it was getting help with childcare because of her limited earnings. Also, the risk of COVID-19 infection made it difficult to get help from friends.

I have noticed in this country; you can't ask for help from anyone because it will cost you... Back home, someone will volunteer to help. But if you want any help here, you pay, and I don't have money for that. Covid has made things worse because people are afraid of going out and getting infected (Megan, family care, Security).

While it was easier for the women to get help back home in Africa, living with their husbands and children alone in Canada meant being solely responsible for the household duties. According to most women in this study, it was expected of them as African women to perform housekeeping duties and their geographical location didn't lead to any changes. The men, on the other hand, were required to provide financial security and so were occupied with work duties outside the home. Accordingly, Grace feared being called a bad mother if she did not perform her duties.

I'm a mother And I think society expects me to do it. When my child has an issue in school, they don't call my husband, they call me. When my child is sick, nobody calls my husband they call me...Like it's a woman's responsibility especially as Africans, it would be weird to see a man cook...I can be called a bad mother if I don't do my duties at home (Grace, family care, Customer Service).

While most women received little to no support from their spouses because of cultural ideologies of women as caretakers, two participants received support from their husbands with household duties. They explained that relocating to an egalitarian society like Canada influenced their husbands to support them in the home. Further, having no family support in Canada encouraged

their husbands' support. For instance, Naomi, a married woman with two children who worked as a part-time PSW, received help from her husband who sometimes cooked and assisted their older daughter with her online school because he worked from home. Financially, Naomi revealed that her husband shouldered about 90% of the financial responsibility.

My husband has been amazing. Yeah. He's supportive. Yeah. He has work but sometimes, he makes the food, sometimes, he backs[holds] the baby. He also works from home...As we speak now, I have to be with my baby, but my husband is with her, still helping her, while he's also working from home (Naomi, family care, Part-time PSW).

Proliferation of work-family conflicts during the COVID-19 pandemic

Prior to the onset of COVID-19 pandemic, the women were engaged in multiple work duties: paid work, unpaid caregiving, academic /career work, personal care and leisure time. However, the pandemic significantly increased their workload (for example, their work increased to include helping their children with virtual schooling) and led to their paid work and domestic roles significantly interfering with one another, thus causing tension and imbalance between the two. Aside from two women who lost their jobs (due to COVID-19 pandemic layoffs), the remaining thirteen were employed at the time of the interview. The women who worked from home complained about how their caregiving duties interfered with their paid work and how their jobs suffered as a result. The women who worked outside the home also faced an increased workload (especially for the personal support workers) due to the worker shortage during COVID-19 but were more consumed with the fear of spreading the virus to their family. Further, those with two or more children who combined two jobs described consistently feeling the strain and conflicts in balancing their paid work and caregiving duties. They mentioned needing help

but were either restrained by the high cost of employing a nanny or the cultural expectations of catering for the home as a responsible mother.

Bervlyn, a single mother, a part-time student and a PSW who worked for about seven hrs/day for six days a week, discussed the pressure and stress of balancing her job, school, and home duties. As single mother, she took full responsibility for the finances and upkeep of the home and did not receive any support.

I'm a student, I work, I have a small child. And I'm single. So, I'm like, okay, there's, there's a lot of laundry to be done. Even on Saturdays, I need to be at work at 8am. Some of my colleagues stopped working and I have to take on the duties of more than 3 people, ...You know? So, I'm like, okay, what do I need to do? What can I postpone? You know? It gets overwhelming... there's no help (Bervlyn, family care, PSW).

Brenda, a mother of four children with three paid jobs who worked for approximately 14 hours/day on weekdays and nine hours/day on weekends discussed the pressure and stress of balancing multiple paid work and household duties. She explained that as a precariously employed immigrant in Canada, she worked tirelessly to support her family financially. Brenda mentioned that she doesn't have a personal life or the chance to de-stress because she is fully engaged with her family and work.

I always experience the pressure to satisfy the home affairs... the pressure of helping my children with their homework because everything is on virtual. Pressure to also, fulfill my own job duties from like from morning till evening, ... And there's the pressure of taking care of myself, So, the pressure comes from every side and I just want to be alone at times but its not possible! (Brenda, Family care, Part-time administrative coordinator, and Caregiver).

Grace, a low wage customer service worker who worked for eight hours/day and a mother of three children found that the quality of her work suffered because of all the paid work and family duties. She lamented that caregiving duties disrupted her career goals and wished she had extra time to study and advance her career. Meanwhile, she believed her workplace policies were paternalistic and unsupportive of immigrant mothers because she asked for a change in her late-night shifts, and nothing was done.

There are times when a task is supposed to take me four minutes, my child comes and interrupts, that task is taking me 12 minutes, and then my supervisor calls to ask me why the task is taking me longer...I asked my supervisor to change my night shifts, but she denied it. I felt undermined as an immigrant mother with no help... I don't have that extra time for my career development (Grace, family care, Customer Service).

Aside from the burden of combining multiple work duties, the nine women who worked outside the home were consumed with the fear of spreading the virus to their family. They felt fear and discomfort from going to work each day and coming back to engage with their family. They wished they could work from home, but the nature of their jobs would not allow for remote work. For instance, Naomi, a part-time PSW with two little children expressed the strain and fear of infecting her children when she gets home from work, and they try to get close.

Yeah, yes. There has been a lot of stress. Sometimes I get scared like, I'm just coming back from work, my husband wants to touch, and my baby wants to come touch me right, I just say; no, no, don't touch me and they get off. So, sometimes, it makes me yell at them, "Don't touch me, don't touch me. So, in that aspect, it puts a strain in relating with the children at home (Naomi, family care, PSW).

Health impacts of paid work and family caregiving

The COVID-19 pandemic exacerbated the stress and burnout levels of all the women in this study due to an increased burden of family caregiving and paid work. Participants who worked from home spent more time in providing care and ensuring their families' safety, which also meant increased burnout, reduced sleep hours and interference with their paid work. Those who worked outside the home suffered tiredness, the emotional strain of leaving their children at home without care and the fear of getting infected at work and spreading the virus to their families. Regarding their physical health, most women described constant stress, headache, and bodily pains due to the increased workload at home during the COVID-19 pandemic. For instance, Vanessa, a new mother, and a factory worker, working 10hours/day for five days in a week detailed the stress, fear, and bodily pains she experienced from performing her home duties and paid work.

You go to work 10 hours in a day, to come back home and disinfect then stand on your feet and cook. All these things affect my health, the body pains and stress... Like if I compare my health right to that of when I came here, things are worse. The fear of contacting COVID while at work is killing me (Vanessa, family care, Factory worker).

All the women emphasized mental and emotional health concerns: anxiety, sleep disturbance and depression due to the increased workload and the fears of getting the COVID-19 pandemic. For instance, Brenda, a mother of four children who worked three jobs expressed her frustration and emotional labour in performing caregiving for her children. She also explained the challenge of dealing with the mess, noise, and tantrums from her children, as well as focusing on her administrative work.

Yeah, at times, my daughter messes herself up, you know, and it's so frustrating when I just need to eat ...when she's sick I have to carry her all through and I can't work, that makes me cry. When I get upset with my children, because they're messing up things, I shout and scream and even burst into tears. The workload is too much, and I sometimes want to give up (Brenda, family care, Part-time secretary, and Caregiver).

Participants who were single mothers or lacked support with their caregiving duties experienced continuous stress, anxiety, and worry due to the challenge of raising children by themselves. Linda, a mother of two children under eight years and a companion caregiver described the emotional and mental challenges she faced from raising her children alone during the COVID-19 pandemic.

Now, I find myself to be a bit more, I won't say sad, but I was happier than this. Just having to spend half of the day shouting at children and chasing them is stressful and now with the children at home, things are worse. I've seen myself go from being extremely jovial and sociable to just wanting to be by myself and getting depressed (Linda, family care, Companion caregiver).

Settling in Canada, coupled with the public health measures to limit COVID-19 transmission, limited the social interaction of the women and their families, as recreational centres were closed, and they also feared getting infected from socializing. The women further explained that their social and personal life was better in their home countries in Africa as their relatives and friends came to visit often. For instance, Grace, a mother of three of children under the age of 6 who also worked 40hrs/week as a customer service representative from home mentioned that her family's social health was affected by her caregiving responsibilities and the COVID-19 pandemic.

Well, I don't know if I have a social life [laughs]. But um because we don't even know if we are able to visit friends and family...I'm home with the children always working and shouting so COVID has really affected our social life. And that family time just to be able to go out, dine out or take a walk or play in the park is no more (Grace, family care, Customer Service).

The study results drew attention to the unique experiences and challenges that accompanied African immigrant women navigating their paid work and family caregiving in Ontario Canada amidst a pandemic. The African women faced challenges in balancing their paid work and family caregiving duties because of their race, culture, gender, and immigration status. The COVID-19 pandemic further exacerbated their WFC. As well, inequalities in the Canadian labour market pushed them into low status jobs.

5.5 Discussion

This study examined how African immigrant women navigated their paid employment and family caregiving responsibilities during the COVID-19 pandemic in Ontario, Canada. Considering how social identities can impact women's WFB (Valentine, 2007), intersectionality theory helped with considering how the women's social location impacted their WFB during a pandemic.

The study findings show an increased domestic work of the participants during the COVID-19 pandemic as compared to the pre-COVID-19 pandemic period. The women faced more household chores with children at home during the lockdown. This placed demands on their personal and paid work time, and they reported having less time to prioritize their health and wellbeing. They also took on new roles as home teachers by supporting their children with virtual school and teaching them the COVID-19 pandemic safety requirements. As the COVID-19 pandemic continues to dictate the trajectory of work and family lives around the world, paid work-from-home approaches, and new tasks that women are taking on at home have an impact on their WFB (Adisa et al, 2021). The African women in this study who worked from home had to combine attending to their children and working (paid work from home) at the same time. This situation negatively affected their efficiency and focus on their paid employment as well as their WFB. Our result here is consistent with other reports that women's increased household duties and new role of supervising children's virtual schooling brought frustration and affected their WFB (Horton, 2020; Bateman & Ross, 2020).

The African women in this study accepted their household duties as gender-normative roles and feared being called 'bad moms' if they stopped attending to these roles. They were more likely than their husbands, if partnered to sacrifice their personal time and career goals to satisfy their families' needs in order not to deviate from their traditionally feminine activities.

The way the women in this study discussed and justified their caregiving experiences also reflected the broader cultural expectation of a “good mother” in the African culture whereby women are expected to “practice self-denial and self-sacrifice” for families at the expense of their personal care and career advancements (Abrego & Menjívar, 2011, p. 10).

In Canada, integration into the labour market is also dependent on the intersecting influences of social factors such as race, gender, and immigration status (Creese & Wiebe, 2012). For instance, even though many immigrants secure employment, they are often underemployed or in highly precarious jobs due to their social location (Yssaad & Fields, 2018). The women in this study were selected as participants (in part) due to their precarious employment status. Most of the women reported experiencing increased workloads especially due to shortage of workers (at their precarious employment) during the COVID-19 pandemic. They also described their precarious work during the COVID-19 pandemic as risky and an economic compulsion needed to contribute to their family needs. Thus, they preferred working in better paying jobs with safe work environments to support their families. Our findings underscore other scholars’ findings that immigrant women’s precarious employment was a standard rather than a choice in the United States (Schmalzbauer, 2011; Ngoubene-Atioky et al., 2020).

The domestic support received by the women with their housekeeping duties was influenced by their culture, geographical location, and income. They explained that their spouses were required by the African culture to provide only financial security and were therefore ill-equipped to take on household duties. As such, the women performed their home duties without expecting help from their husbands and did not perceive the situation as problematic. Spousal support was minimal even during the COVID-19 pandemic where their paid work and home duties had increased. Further, the women’s collectivist cultural background supported collectivist

childcare arrangements (where mothers could easily access childcare from relatives and friends), but this type of childcare arrangement were lacking in Canada. Thus, accessing domestic support in the individualistic Canadian society was impossible for participants as it meant affording high-end nannies who charged as much as their salaries. About six of the women had been in Canada for 3-5 years, eight women had been in Canada for 6-9 years and only one woman had been in Canada for more than 10 years. Despite the variations in their time of stay in Canada, most of the women complained about lacking spousal support and low (insufficient) incomes in Canada.

Moreover, our study highlighted the work-family conflict among the women during the COVID-19 pandemic. The women struggled in balancing their precarious work, domestic duties, personal care and/or academic work without the necessary support systems. These women often found themselves either losing focus in their paid work to satisfy their domestic duties or being overburdened with employment responsibilities and failing to perform their caregiving. They also experienced role conflicts and sacrificed their personal care time to perform their paid work and family duties. The physical, social, and psychological demands from paid work and family duties could lead to elevated levels of WFC (Grzywacz et al., 2006). Similarly, Greenglass (2005) argued that a rise in family expectations often led to role conflict. For the women who worked from home, the prevalence of WFC was exacerbated by their consistent attempt to fulfil their role expectations (paid work and home duties) within the same space. The women who worked outside the home also experienced WFC but were more engrossed with contracting the COVID-19 virus and spreading it to their families. Our findings reflect mixed emotions: participants lamented increased workloads and the proliferation of role conflict, but they praised the benefits of increased cultural and family values.

The study participants unanimously agreed that they faced health challenges in balancing their multiple work responsibilities. The health-related consequences of work-family conflict are usually guided by stress models (Grzywacz et al., 2008). Consistent with the stress models, increased work–family conflict relates to indicators of mental and physical health challenges such as anxiety, poor self-rated health, and high blood pressure (Grzywacz, 2000; Major et al., 2002). The combination of participants’ precarious jobs and increased household duties without a viable support system during the COVID-19 pandemic led to them experiencing physical health challenges including constant stress, headache, and bodily pains. Further, all the women complained about mental and emotional health issues: anxiety, sleep disturbance, depression due to the increased workload and the fears of getting infected and spreading the virus. Lastly, the social life of the women suffered due to decreased communication and social interactions in Canada. They further explained that their social and personal life was better in their home countries as their relatives and friends came to visit often. The COVID-19 pandemic shutdowns lead to limit the social interactions which affected the social health of people (Sobre-Denton & Hart, 2008). Other research suggests that immigrant women’s higher rates of mental health challenges compared to their male counterparts could be due to women’s limited social support and networks (Dion & Dion 2001).

The combination of their precarious jobs and increased household duties without a viable support system during the COVID-19 pandemic contributed to most women in this study experiencing health challenges and role conflict. Contrary to the study results, Yang et al., (2000) argued that WFC which often leads to health challenges is less common among individuals from collectivist cultures such as African women because to them, “hard work” (long work hours) is an expected and effective means to securing their family’s well-being. However, this study by

Yang et al., (2000) did not analyze the rewards of “hard work” and the support systems that accompany “hard work” in collective cultures. For instance, most African immigrant women engaged in paid jobs which involved “hard work” in their home countries, but those jobs were well paid, prestigious, and secured (Dlamini et al., 2012). In addition, African women receive social support with their domestic duties in their home countries. However, in Canada, immigrant women including African women are often overrepresented in highly stressful precarious jobs (Creese & Wiebe, 2012); and they also receive little to no support in their household duties which often leads to WFC.

Strengths and limitation

Our study contributes to research on WFB through theoretical and practical implications. From the theoretical viewpoint, our findings add to the discourse on the WFB of immigrant women during COVID-19 (a pandemic that strongly impacted immigrant workers). Our findings further substantiate the ongoing evidence that WFB is dependent on demands from both work and family, cultural expectations or social context and available support systems (Grunberg and Matei, 2020). Through the lens of the intersectionality theory, we explored the case of African immigrant women in Canada and their WFB during the COVID-19 pandemic in Canada. We found that mutually reinforcing social identities (race and gender), systemic inequities in the Canadian labour market, and socio-cultural context (African culture and COVID-19 pandemic) situated the women in precarious work conditions and increased family caregiving duties (without the needed support) that affected their WFB and health negatively. Thus, the overlapping roles of the women which were the result of increasing domestic and precarious workload led to their WFC and health challenges. From a practical perspective, this research shows that WFC is likely to consistently affect African women’s work and family

experiences due to their intersecting social identities. Thus, policy measures for alleviating the interferences between their work and family life is needed.

Due to the COVID-19 pandemic, data were collected via phone calls and researchers acknowledge that this may have limited rapport building and prevented observing non-verbal cues. However, this approach ensured the safety of participants and meant that participants could select the place where interviews took place.

5.6 Conclusion

Work and family research up until now mainly focuses on White professionals of higher socio-economic standards. Similarly, the field scarcely explores the WFB of workers in non-standard working arrangements. As a result, very little is known about the WFB of immigrant populations in non-standard work arrangements such as such as precariously employed immigrant women. To address this critical gap in literature, our study explored the unique experiences that accompany African immigrant women navigating their precarious work and family caregiving responsibilities in Canada during a pandemic. Our study makes an important contribution through narrating how the COVID-19 pandemic exacerbated challenges related to African immigrant women's paid and domestic work, in addition to social and gender inequalities. Further, this study contributes to increasing the dialogue around the racial and gender dynamics of African immigrant women's work-family responsibilities amidst the COVID-19 pandemic. This qualitative account of African immigrant women's viewpoints and experiences also adds to the comprehensive data for developing ethnically specific interventions to help African immigrant women's settlement and integration into Canada.

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Chapter 6

General Discussion

6.1 Overview

Immigrant work and family experiences are an important subject given that immigrants contribute significantly towards Canada's socio-economic and cultural development (Statistics Canada, 2021). Immigrant women are over-represented in minimum wage, risky and less desirable jobs, which exposes them to adverse working conditions (Mooten, 2021). Their challenges in entering the labour market are mainly caused by the lack of recognition of their educational credential and work experience by Canadian institutions (Creese and Wiebe, 2012). As well, immigrant women are overburdened with unpaid domestic work because they lack the needed spousal and family support in a new social environment (Deliugi, 2017). Despite these resistances against immigrant women's socio-economic development, the occupational health and family relations of immigrant women are seldom discussed in Canadian research. The issue of inadequate attention given to immigrant women's work and family experiences is worse with Black immigrant women, such as African immigrant women who face increased levels of discrimination and marginalization in Canada (African Canadian Legal Clinic, 2016). This dissertation aimed to address this gap and provide a comprehensive understanding of African immigrant women's precarious work and family caregiving activities in Ontario, Canada during COVID-19.

Using a narrative research approach informed by the theory of Intersectionality, this dissertation explored the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 in Ontario. The main objectives were to: (i) identify how African immigrant women navigate their precarious employment and the unique challenges accompanying their employment experiences; (ii) identify how African immigrant

women navigate their family caregiving duties during COVID-19; (iii) explore the unique challenges that African women face in balancing their precarious work and family caregiving duties COVID-19 and (iv) identify potential strategies to improve immigrant women's settlement and integration experiences. In the following sections, key knowledge gained from this research will be discussed and situated within the understanding of African women's work-family experiences. This is followed by a discussion of policy and practice implications, study strengths and limitations, and directions for future research.

6.2 Summary of key findings

The critical literature review in Chapter three served as a foundation and support to the literature in chapter four and five by first describing how the intersecting systems of race, gender, and class marginalization led to African immigrants' experiences of systemic inequities in their employment, housing conditions and health. For example, chapter three discussed that African immigrants were predominantly found in lower skilled and lower paying jobs due to the intersection of their due social identities such as race, gender, and immigration status; and during the COVID-19 pandemic, they experienced an increased risk of COVID-19 exposure due to their frontline jobs (hospitality, retail, and manufacturing). This chapter also provided the initial evidence to support Chapters four and five on how gender intersected with other social identities including race and class to marginalize African immigrant women in their work and lived experiences. For instance, the study detailed that Black communities (where African immigrants mostly live) were disproportionately impacted by the COVID-19 pandemic due to their crowded living arrangements; but for African immigrant women, the intersection of their gender, race, and low social status confined them in deprived and substandard neighbourhoods which badly affected their physical and mental health. Chapter three also detailed that the intersection of race, gender, immigration status, and other factors predisposed African immigrants to discrimination

at multiple levels of society: individual, interpersonal, institutional, and societal discrimination that each and altogether adversely impacted their health. During the COVID-19 pandemic, Black and immigrant communities were disproportionately affected, and their burden of diseases was significantly high due to the stress stemming from racism and poverty.

Building on the findings in chapter three, chapter four developed a deeper insight into the influence of intersectional identities on the employment experiences of African immigrant women in Ontario, Canada. The study findings show how well-educated African women experienced challenges with getting jobs and fair treatment at work due to the cumulative impacts of their social identities. The women discussed settling for low-wage precarious jobs mainly due to the non-acceptance of their foreign credentials by Canadian employers. Thus, characteristics of their social identities (for example, African, immigrant, women with foreign credentials) influenced their overrepresentation into low wage jobs (which usually did not require Canadian educational credential and work experience). To improve their employment prospects in Canada, the women developed strategies such as furthering their education in Canada and participating in volunteering activities. However, the women still faced limitations in finding better paying jobs in Canada, which made them perceive that their social identities restricted their progress in the labour market. African women also faced discrimination such as accent discrimination, verbal abuse, and co-workers shock over their competency, due to the intersection of their multiple marginalized identities such as race, gender, immigration status and accent. This chapter also detailed how African women got frustrated with their type of employment considering their educational and professional experience. They discussed that in all, the intersection of their social identities as Black, African, immigrant, women with foreign credentials influenced their labour market outcomes which then affected their mental health.

Chapter three and four identified a discourse centered around how African immigrant women's social identities contributed to their labour market experiences and limitations.

While research on “work-family balance” mainly focuses on White professionals with standard work arrangements, the field seldom focuses on the work-family experiences of minority populations in non-standard work arrangements. Chapter five sought to address this gap by examining the work-family balance of African immigrant women during COVID-19 in Ontario, Canada. This study discussed the heightened household chores of African immigrant women during COVID-19 (as schools and day cares were closed and children were home most of the time). Most of the women lacked spousal support in performing their family caregiving duties because of their cultural beliefs surrounding gender norms. They explained that the African culture required their husbands to provide only financial security while they (women) took on the household duties. The women who were employed in precarious jobs discussed how their foreign credentials limited their labour market potentials. The study findings, consistent with those of chapters three and four, pointed to the impact of the women's social identities on their employment opportunities. As well, chapters three, four, and five highlight how gender and culture influenced the family caregiving activities and the support African women received. During the COVID-19 pandemic, their precarious job duties increased as their work colleagues resigned. This meant performing the workload of three people sometimes and this situation was common for the women who were personal support workers. Also, the women who worked from home struggled to fulfil their role expectations (both at work and at home) within the same space. The women (both those who worked in and outside the home) faced work-family conflicts due to work overload which led to them facing health challenges including constant stress, headache, and bodily pains. This study, in line with chapters three and four identified the unique

situations surrounding the precarious work and family caregiving activities of African women who lacked the necessary social support.

As a whole, this dissertation enhances our understanding of African immigrant women's employment and family caregiving experiences, a subgroup that is rarely recognized and instead, their voices are lumped together with other immigrant categories.

6.3 Study policy and practice implications

The use of 'intersectionality' to understand immigrants' experiences through the migration process stems from its strength to interact with social identities and the multiple power relations that usually disfavour people of Color (Cho et al., 2013). Thus, an intersectional analysis in health studies leads to an understanding the invisibility, hyper-exploitation, and racialization of vulnerable immigrants (Stasiulis et al., 2020). Through an intersectional lens, this study this study raises several policy questions and provides suggestions for improvement of immigrant experiences in Canada and elsewhere.

First, the experiences of the women in this study challenges the notions of human capital that underlie Canadian immigration laws. There is an unmet need for low-skilled workers in the Canadian economy but not for highly skilled workers. However, the immigration system recruits highly educated and skilled immigrants who usually do not get the opportunity to employ their earned skills. The study findings show that it is a waste of human resources to attract and admit skilled immigrants with the assurance that their skills will assist them in settling down in a country while ignoring the various procedures (time and costs associated with credential recognition) that make this so difficult that many immigrants do not gain credential recognition. If the federal government is committed to helping immigrants integrate economically, funding for programmes that help immigrants transition back into professional sectors should be increased. For example, settlement agencies should be well-funded to design skill-bridging

trainings and co-op programmes to help foreign-trained professionals re-enter their fields. Similarly, the immigration system should also implement employment equity and anti-racist policies to achieve the successful integration of immigrants.

Second, to tackle what Essed (1990), called “everyday racism” in labour markets, we need to pay attention to the experiences of immigrants who claim that standard criteria like “Canadian experience” are acts of systemic racism that portray immigrants as unskilled labour. Their experiences will assist in investigating when “Canadian experience” are justified as work requirements and not merely discriminatory practises. As, cultural capital (the skills and knowledge a person has could give them advantage in social life) is embodied, acknowledgment of competency is bestowed differently based on more general power relations including race, ethnicity, gender, and class (Bourdieu, 1986). As such, government policies that expand, strengthen, and enforce employment fairness and anti-racist measures in the labour market are desperately needed.

Third, given the unique differences and backgrounds of the immigrant groups in Canada, it is appropriate to name each group with an identifiable terminology such as African men or Black African women. However, the usage of terminologies such as “non-white”, “racial minority”, and “visible minority”, in migration policies and legislation such as the Employment Equity Act does not properly represent immigrant groups and further propagates slavery and colonization (as these inferior terms date back to the slavery era) (Yesufu,2005). An intersectional perspective recognizes that for example, Black African women’s experiences are different from that of Latino Women and even from that of Canadian-born Black women. As such, a term such as “visible minority women” does not represent the realities of Black African women but only serves to erase their visibility by lumping them with other migrant groups

(Katshunga & Massaquoi, 2020). African immigrants are not deprived or inferior, they have their history, and many are well-educated and endowed with competent skills, but as they settle in Canada, their history and experiences are erased, and they become insignificant (Yesufu, 2005). Their migration from Africa should never confer on them a homogeneity with other migrant groups. The Canadian policy and legislation system should recognize how each migrant group (and each member) has unique identities and so lumping them under common racialized terminologies negatively impacts the policy measures for addressing their unique concerns (Schroeter & James, 2015).

Fourth, for successful socio-economic integration of immigrants, we need to recognize that the gendered labour market affects men and women differently (Creese & Wiebe, 2012). For example, deskilling affects African women and men in gender-specific ways; African women, who are initially disadvantaged by the family reunification system and race, struggle to find the low-wage low-skilled employment that most men find easily due to their gender (Yesufu, 2005). The gender injustices in the labour market (that mostly affect immigrant women) should be addressed by implementing firmer employment and wage equity policies. Also, settlement agencies should eliminate operations that forces women into feminized work ghettos. Finally, the Canadian government needs to focus on what immigrants say about desirable integration to foster equality in all aspects of the economy and society (Creese & Wiebe, 2012).

Finally, in Canada, multiculturalism operates as a dominant discourse rooted in liberal values of neutrality, colour-blindness, and meritocracy. This helps to portray Canada as tolerant and receptive of individual differences, with ideologies that race /colour does not influence individuals' lives outcomes (Henry & Tator, 2010). This dominant discourse of colour-blind multiculturalism has been critiqued extensively by scholars for failing to tackle the systemic

inequalities that continuously impact ethnic-racial minorities (Bannerji, 2000; Razack et al., 2010). It is impossible to ignore the ways that race, and Blackness shape the lives of many in Canada (Razack et al., 2010). Thus, when marginalized groups like Africans and Aboriginals, are over-represented in the criminal justice system and lower socioeconomic classes, the impact of race/ethnicity/colour on policies and practices cannot be left unexamined (Tanovich, 2006; Dei, 2008). Colour-blindness creates a denial of the negative racial experiences of marginalized individuals and disregards their unique identities (Williams, 2011). It does not promote equality; it only dismisses the obligation to address the racial discrimination and the disadvantaged positions occupied by certain groups in the society (Fryberg, 2010). You need to see “colour” to understand the spectrum of racial discrimination and the privilege bestowed on Whiteness in Canada! Thus, the concept of colour-blindness and neutrality in Canadian multiculturalism needs to be replaced with intersectionality-consciousness to understand the influence of social identities and systems on lives of and disadvantaged persons in the society such as immigrants.

6.4 Study limitations and strengths

There are limitations to this study. The first study limitation is related to the recruitment. Purposive sampling method was used to recruit African immigrant women via social media platforms such as Facebook, WhatsApp, and Kijiji and recruitment emails to immigrant support organizations. The online recruitment method excluded African immigrant women who don't have access to technological devices. However, we reached out to immigrant support agencies in Ontario to help disseminate study information to their members. Also, the study was restricted in the sample recruitment. For instance, the study was not inclusive of African immigrant women who spoke other languages aside from English. As such, results from the study may therefore be limited in terms of transferability to other African immigrant women or immigrant populations.

However, findings about evidence from this study could be used to support evidence-based policies and programs for other immigrant groups as they may encounter the same systemic barriers and/or challenges to employment integration.

Also, the study lacks the representation of African immigrant women from varying countries in Africa despite efforts put in by the researchers to recruit diverse participants. Most of the research participants were from Nigeria, which is the birth country of most African immigrants in Canada and Ontario (Statistics Canada, 2019b). Recruitment in other provinces aside from Ontario may have provided access to a more diverse sample, however, Ontario is considered as the province destination for most immigrant arriving in Canada and thus deemed a suitable place for recruitment. Also, other approaches to research (e.g., community-based research with a settlement organization, cultural group, etc.) could have been more effective in attracting broader participation. The realities of the COVID-19 pandemic may have limited the participation of African women from the other parts of Africa.

Due to the COVID-19 pandemic, the data was collected via phone calls which may have meant that non-verbal cues were missed. Also, there were some interruptions in the phone interviews as majority of the participants were interviewed from home with their children around. Some participants did not show up for the interview appointment and so we either had to book for another appointment or replace them with another participant. However, this phone call approach ensured safety of participants during the COVID-19 pandemic as it meant that participants selected the place where interviews took place.

Another study limitation is relation to theory used. This study employed the intersectionality theory approach to inform study design, recruitment, and analysis. While this approach is widely used in research, one assumption is that it examines how inequalities based

on gender, race, class oppression, sexism, slavery, and colonization intersect to produce compounding and varied negative outcomes for Black women particularly (Collins, 2000). Thus, the theory's emphasis on inequalities could be seen as a limitation, particularly, in human research. Particularly, framing of the study around oppression and systemic inequalities towards Black African immigrant women may have inadvertently led to my hyperawareness of women's disadvantaged status before speaking to them. However, reflexivity was used throughout the interviews to encourage reflection and trustworthiness of the knowledge creation between participants and the researcher. Reflexivity refers to "a set of continuous, collaborative, and multifaceted practices through which researchers self-consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes" (Olmos-Vega, 2022, p.2). First, reflexivity made me acknowledge my preconceived notions as an African woman and through a conscious reflexive effort such as the writing memos and field notes; the possible impacts of my subjective experiences and notions on the research were neutralized. Also, to limit the possible hyperawareness of power dynamics between research participants and me, I ensured an atmosphere of respect for the participants, and I was considerate of the feelings and the dignity of everyone I interviewed.

Despite the limitations discussed, this study also has several important strengths. This study addressed significant gaps in research and can inform policies, programs and practices that are geared towards integrating immigrants successfully into labour market. First, this intersectional study explored the nuance of employment experiences among African immigrant women as impacted by multiple reinforcing social identities and systems. To date, there has been limited research on the how the intersections of social identities and systems impact the employment experiences of immigrants in Canada. The study analysis helped to expand

understanding of the ways labour market oppression and or privilege are manifested through the intersection of African immigrant women's social identities.

This study also contributed to research on the work-family balance of minority populations in non-standard work arrangements who are often excluded in work-family research. The findings added to the discourse on the work-family balance of African immigrant women and through exploration, revealed the influence of the intersectional identities (including immigration status, gender, culture, and race), systems (work and family) and socio-cultural context on immigrants' work and family experiences. For instance, the study findings revealed that the reinforcing social identities (such as race, immigration status and gender), systemic inequities in the Canadian labour market, and socio-cultural context (African culture and COVID-19) affected the effective work-family balance of African immigrant women in Canada.

A key strength of this research was its inclusion of marginalized populations such as Black immigrant women (who are often not visible) in work-health research. This study intensively explored the work and family experiences of African immigrant women and revealed that the dynamic interplay of this group of women's social identities affected their work, family, and health experiences. Further, the study produced significant findings on how COVID-19 and intersectional identities of African immigrants exposed them to systemic inequities in employment conditions, housing conditions, and health inequalities. Thus, this qualitative account of African immigrant women's viewpoints and experiences adds to the comprehensive data for developing ethnically specific interventions to help African immigrant women's successful settlement and integration into Canada.

Finally, collecting data by race, and other intersecting identities such as gender, this study provided a broader scientific understanding of issues related to systemic inequities in work and

health for African immigrants in Canada and the related implications for public health advocates, policymakers, and the public.

6.5 Directions for future research

This study examined the impacts of precarious work and family caregiving on the health of African immigrant women during COVID-19 in Ontario, Canada. While this research provided an understanding of the intersectional factors, sociocultural contexts, and structural inequities that influenced African immigrant women's work and family experiences, further research is necessary to build upon the findings of this study. Particularly, more explorations on the long-term employment and family trajectories of African immigrant women are needed. Also, there are opportunities for recent datasets to be collected by Statistics Canada to support the study findings on African immigrants.

People of African roots have lived in Canada since the early 1600s (Katshunga & Massaquoi, 2020), however, there is limited literature that accounts for their long-term employment and/or family patterns in Canada. Thus, there is a need to better understand African immigrant women's long-term employment patterns in Canada, including how they search for jobs, the jobs they secure, their income, employment goals, and their family responsibilities. The only existing Statistics Canada report on African immigrant's employment patterns relied on census data, which are outdated. The report found that in 2001, African men were more likely than African women to be employed outside the home. That is 65% of African men aged 15 and over were part of the paid workforce, compared with 55% of African women in this age range. Meanwhile, both African men and women, were less likely than their counterparts in the overall population to be employed that year. African men and women were also overrepresented among health care workers, manufacturing, sales, and service jobs. In 2001, for example, 7% of all employed people with African origin (mostly African women) worked in the health sector,

whereas this was the case for only 5% of all Canadian employees. At the same time, 10% of workers of African origin, versus 8% of the total Canadian workforce, were employed in manufacturing jobs, while 26% of African workers, compared with 24% of the overall workforce, worked in sales or service jobs. On the other hand, Canadian workers with African roots were underrepresented in management jobs. In 2001, 7% of employed people with African origin held management positions, compared with 10% of the overall labour force. In terms of unemployment, people of African descent were more likely to be unemployed than those in the overall workforce. In 2001, 13.1% of African labour force participants were unemployed, compared with 7.4% of all labour force participants. At the same time, 20% of African female labour force participants aged 15 to 24 were unemployed, whereas the figure for the overall female population in this age range was 13% (Statistics Canada, 2007). While this dataset provided an overview of employment African immigrants employment outcomes, longitudinal data and continual follow-up is needed to understand African immigrant women's occupational pathways and family patterns as length of stay in Canada continues.

Further, many Canadian datasets do not differentiate immigrant categories and as a result, demographic information on immigrant groups is nonexistent and largely unsupported. For example, the 2015 General Social Survey failed to consider the gendered patterns of total work burden, unpaid work, and leisure among immigrant groups such as African immigrants (Burlock & Moyser, 2018). Similarly, the persistent usage of the term "visible minority" in Canadian statistics surveys and legislation such as the Employment Equity Act erases immigrants' visibility by lumping racial and ethnic minority groups together and worsens the social disparities they face (Katshunga & Massaquoi, 2020). Further, the available data on "visible minority women" including "immigrant women" categorizes African immigrant women under

‘Black immigrant females’, as though all Black immigrant females are Africans and have similar socio-cultural values (Hudon, 2016). If these surveys had expanded their inquiries to include different immigrant categories, they could provide data on changes in African immigrants’ employment and family experiences over time.

Further, a longitudinal study on African men’s employment and family experiences could also be considered in future research. As seen in Chapter 4, African women lacked spousal support in performing their family caregiving responsibilities. As a result, they struggled in performing their work and family duties and encountered work-family conflicts. Chapter 4 also showed that African men were required to provide the financial needs of the home while the women took over the household duties. A longitudinal study on African men’s employment and family experiences will help explore the differences between them and African women’s work experiences overtime. For instance, a longitudinal study will determine if African men acquire better paying jobs than women and/or the specific time frames African men acquire better paying jobs. As well, the longitudinal study will help reveal African men’s perceptions about spousal support and the amount of spousal support given to African women overtime. Given the African men play in lives of work-family balance of African women, there is a need for a more in-depth evaluations of African men’s employment and family outcomes to develop a sense of what is working and areas that can be improved on to facilitate African immigrants’ integration.

This study explored how the intersectional identities of African immigrant women influenced their employment integration in Canada. African women were “caught in” precarious work because they lacked the Canadian credentials to work in professional jobs. Studies have shown that African immigrant women struggle in finding suitable jobs in Canada; which is somewhat due to their intersectional identities and inequities in the Canadian labour market

(Creese & Wiebe, 2012; Kyeremeh et al., 2020) but the situation of African men is less known. Given that a large proportion of African men in the Canadian labour force, it would be interesting to see which intersectional identities impact their employment prospects in comparison to African women.

There is also the need for research to examine African immigrant women's integration experiences along the spectrum of immigration laws at the federal and provincial levels. This will help identify how immigration policies could facilitate or obstruct their integration. For instance, in Canada for example, the family-reunification policy favours men and places women in dependant positions (Stewart et al., 2006). Under this policy, sponsors (among Africans, usually African men) are required to cater to the financial needs of their dependents (African women) for some years. During these years, sponsored migrants are not eligible for publicly funded resources (Government of Canada, 2014). Immigrant women in this situation, including African women, assume domestic responsibilities and/or enter survival jobs to support sponsors (Senthanar, et al., 2021). Research on how federal and provincial policies may support or hinder immigrants' integration would likely highlight the weaknesses in the immigration policies and point to areas that need improvement.

Further, the study found that African immigrant women's social identities (e.g., gender, race, immigration status) were important factors that influenced their employment outcomes. Future research should examine the different pathways through which African immigrant women's social identities interact outside of those discussed in this study. For example, it would be interesting to know if there's a link between African immigrant women's precarious employment and gender-role attitudes (that restricted their labour force participation) in their home countries. Particularly, future research should research on the relationship between

African women's gender-role attitudes and their participation in the Canadian labour force. Understanding these pathways are key to developing recommendations for African women's successful labour integration in Canada.

African immigrant women constitute a growing proportion of the Canadian population. This study shows that the amassed impact of racism, discrimination, poverty and other structural inequalities greatly impacts the physical, mental and social health of all African immigrant women in Canada. Also, despite African women immigrants' educational level and work experience, they are pushed into occupations marked by low wages and high levels of precarity. However, policy decisions and public discussions exclude this vulnerable group and operate on the expectation "that racialized immigrant women should absorb the social costs and externalities associated with precarious jobs and poverty" (Premji et al., 2014, p. 137).

This research explored the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic in Ontario. The study findings create awareness and opens up conversations on the work and health experiences of African immigrant women in Canada.

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Appendix 1: Organisation outreach email

Dear [Organization/Name],

I am a PhD candidate in the School of Public Health and Health Systems at the University of Waterloo conducting a study that might be of interest to some of your members. The study is seeking to explore the impacts of precarious work and family caregiving on the health of African immigrant women during the COVID-19 pandemic in Ontario, Canada.

I am writing to see if your organization would be willing to share the attached research recruitment poster with your network as you see appropriate (i.e. social media platforms, email listservs, etc.). In this study, I am looking for African immigrant women in Ontario willing to be interviewed for a study about their experiences of precarious work, family caregiving and health during the COVID-19 pandemic.

Specifically, I seek for African women (adult females) born and raised in an African country until age 16 at least, aged from 25-54 since we are interested in women who are actively involved in the labour market, self employed and or involved in temporary contract, part-time or minimum wage jobs in Ontario. African women should also be living and working in Ontario currently and should have worked for at least 2 months in their jobs since March 2020. They should have also lived and worked in Canada for at least two years to ensure they've had ample time to actively participate in the labour market. African women should perform family caregiving activities such as childcare, eldercare and disability care to an immediate family or a relative without pay. And finally, African women should be proficient in English or at least be able to understand and respond to questions in English language.

This study is an initiative of the University of Waterloo supervised by Dr. Ellen MacEachen, of the School of Public Health and Health Systems. It has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee. A small remuneration of \$40 will be provided to participants.

Should you wish to know more about the research prior to sharing with your network/ community, please feel free to contact me at jamoako@uwaterloo.ca. If you or someone is sending the email on behalf of researchers, please indicate, "This email is being sent on behalf of the researchers."

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo



UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
School of Public Health and Health Systems

**ARE YOU AN AFRICAN WOMAN INVOLVED IN
PRECARIOUS EMPLOYMENT SUCH AS PART-TIME
OR CONTRACT WORK? DO YOU ALSO PROVIDE CARE
FOR FAMILY MEMBERS?**

**If you're aged 25-54, we'd like to talk with you about your work-
health experience!**

This study is an initiative of the University of Waterloo supervised by Dr. Ellen MacEachen and is looking at African women's work and health experiences during the COVID-19 pandemic.

Participation will involve a screening phone call and an interview by phone that will be recorded.

In appreciation of your time, you will receive \$40.

For more information about this study and to determine eligibility, please contact us at: jamoako@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through the University of Waterloo Research Ethics Committee.

Appendix 3: Participant online recruitment

This is for a research study at the University of Waterloo. We are seeking African immigrant women involved in precarious employment such as temporary contract, minimum wage or part-time and perform family caregiving duties such as childcare, eldercare and disability care to participate in an interview for a research study about work and health experiences during the COVID-19 pandemic. Interviews will take place by telephone. Commitment is 30 minutes to one hour. A small remuneration of \$40 will be provided. The study is an initiative of the University of Waterloo supervised by Dr. Ellen MacEachen. It has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee. For information, please contact us at jamoako@uwaterloo.ca

Appendix 4: Participant Thank you for your interest script

Dear [name],

Thank you for your interest in our study of African immigrant women's work and health during COVID-19. I have attached our study information letter, which provides more details about the research.

In this study, we seek for African women (adult females) born and raised in an African country until age 16 at least, aged from 25-54 since we are interested in women who are actively involved in the labour market, self employed and or involved in temporary contract, part-time or minimum wage jobs in Ontario. African women should also be living and working in Ontario currently and should have worked for at least 2 months in their jobs since March 2020. They should have lived and worked in Canada for at least two years to ensure they've had ample time to actively participate in the labour market. African women should perform family caregiving activities such as childcare, eldercare and disability care to an immediate family or a relative without pay. And finally, African women should be proficient in English or at least be able to understand and respond to questions in English language.

At this stage, we need to ask you a few questions to see if you meet our study's recruitment criteria. It will only take a few minutes of your time and all information that you provide, including your identity, will be kept confidential. However, if they are not eligible, your information will be deleted and not be kept.

To discuss these questions, please provide your telephone details and your available time(s) so we could contact you.

Thank you very much for your interest in the study. We look forward to contacting you very soon about next steps.

If you have any questions, please don't hesitate to reply to this message.

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Appendix 5: Study information and consent letter

African Immigrant Women's and Health Work During COVID-19 Study

This study, led by me, Joyceline Amoako, a doctoral student at the School of Public Health and Health Systems at the University of Waterloo and supervised by Ellen MacEachen, PhD (University of Waterloo), will explore the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic in Ontario, Canada. By precarious, I mean jobs characterized by insecurity, low wages, powerlessness, limited rights, and protections such as minimum wage/part-time work, self-employed work, and temporary contract. By family caregiving, I mean providing childcare, eldercare, and disability care to an immediate family or a relative without pay. The care or support provided may include but not limited to housekeeping, running errands, preparing meals, ensuring personal hygiene, and administering treatments.

We are seeking perspectives about how African immigrant women in these circumstances in Ontario navigate their work and health experiences in the context of COVID-19. Specifically, we seek for African women (adult females) born and raised in an African country until age 16 at least, aged from 25-54 since we are interested in women who are actively involved in the labour market, self employed and or involved in temporary contract, part-time or minimum wage jobs in Ontario. African women should also be living and working in Ontario currently and should have worked for at least 2 months in their jobs since March 2020. They should have lived and worked in Canada for at least two years to ensure they've had ample time to actively participate in the labour market. African women should perform family caregiving activities such as childcare, eldercare and disability care to an immediate family or a relative without pay. And finally, African women should be proficient in English or at least be able to understand and respond to questions in English language.

Our study involves interviews with African immigrant women in Ontario. Our analysis will provide information to the research community and other stakeholders such as Statistics Canada and Immigration & Citizenship Canada as they plan how to develop measures to keep precariously employed immigrant workers safe. Please note that researchers won't be providing government agencies with any information that could have a negative impact on their work/family/immigration status.

Participation in this study involves being available for an interview of approximately 30 minutes to an hour. minutes by telephone. There is no need to prepare, as it will be like a conversation, and you can choose what to share with us. It will include questions on your experiences of work and family caregiving duties during COVID-19. For example, you will be asked about the work you do, any health challenges you might face in your work, how you manage the health risks you face at work. It will also include a questionnaire about your work experience, marital status, income, and other demographic information. You may decline to answer any of the questions in the interview and questionnaire.

With your permission, the interview will be audio recorded so that we can accurately capture what you tell us, and it will later be transcribed for analysis. The research team will make every effort to ensure confidentiality and protect your privacy.

Audio-recordings will be captured on the hard-drive of a computer, digital recorder, or encrypted smartphone. After the session, audio files will be immediately transferred using an encrypted connection to a password-protected folder on secure servers at the University of Waterloo and deleted from any device used for recording or file transfer.

When we present results of the research, we will not release your name or any information that could identify you. For instance, we will not name your workplace or specific family circumstances. You may decide to end your participation in this study at any time by advising the researcher and there will be no negative consequences. If you end your participation, you will still receive the remuneration.

Your name or workplace will not appear in any reports or presentations resulting from this study; however, with your permission anonymous quotations may be used. All data collected during this study will be de-identified (e.g., your name and workplace removed) and scanned/kept in electronic form and retained for up to 10 years in encrypted, password-protected files on secure servers at the University of Waterloo. Original paper copies will not be kept. Only researchers associated with this project will have access to the study data.

You can request to withdraw the information you provided within 6 months after the interview. However, once the study results have been submitted for publication or for presentation at a conference after the specified time, withdrawal from the study will be impracticable.

We do not anticipate that any significant adverse effects will result from your participation. We will take care to preserve your confidentiality so that your participation is private and will not affect your work life. If you have any concerns, before, during, or after the interview, please contact me or Principal Investigator for further information. Furthermore, we understand that some participants may experience some discomfort answering questions about COVID-19 and their work. If you experience distress, I will pause the interview, and you may choose to end participation at any time. As well, we are providing every participant with an information sheet of resources related to COVID-19.

We will also be discussing racial issues and your experiences as a member of a 'racialized community'. Please be advised that if you feel uncomfortable or do not wish to continue participation at any point, you do not have to. You can also decline to answer questions that you find upsetting or do not wish to answer. If you become upset following the interview, please consider contacting the counselling resources provided in the Resources and Information sheet.

In appreciation of your participation, you will be provided with remuneration of \$40 through an e-transfer. The amount received is taxable. It is your responsibility to report this amount for income tax purposes.

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 42655). If you have questions for the Committee, contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 ext. 36005 [or ore-ceo@uwaterloo.ca](mailto:ore-ceo@uwaterloo.ca).

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact me by email at jamoako@uwaterloo.ca. You can also contact the study's principal investigator, Ellen MacEachen, PhD at ellen.maceachen@uwaterloo.ca.

I thank you in advance for your assistance in this project.

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Consent of Participant for Interview

By agreeing to participate in this study, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

I have read the information presented in the information letter about the work and health of African immigrant women's during COVID-19 Study being conducted by Joyceline Amoako and overseen by Ellen MacEachen, PhD of the School of Public Health and Health Systems at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details I wanted.

I am aware that the interview will be audio-recorded to ensure an accurate recording of my responses. If I do not wish to be audio-recorded, I will not complete this consent form or participate in the interview.

I am also aware that excerpts from the interview may be included in the final report and publications and presentations to come from this research, with the understanding that the quotations will be anonymous.

I was informed that, if interviewed, I may withdraw my consent without penalty by advising the researcher. I understand that once the study results have been submitted for publication or for presentation at a conference, withdrawal of information I have provided will not be possible. This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE# 42655). If you have questions for the Committee contact the Chief Ethics Officer, Office of Research Ethics, at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

YES NO

I agree to participate in the audio recorded interview.

YES NO

I agree to the use of anonymous quotations in any presentation or publication that comes of this research.

YES NO

Appendix 6: Participant screening questions

This screening will be conducted phone.

Hi [name],

I am following up about your interest in the study: African immigrant women’s work and health during the COVID-19 pandemic. At this stage, we need to ask you a few questions to see if you meet our study’s recruitment criteria. You are free to skip any questions you prefer not to answer. It will only take a few minutes of your time and your identity will be kept confidential.

If you don’t meet our study criteria, please know that the information you provide during this conversation will be confidentially destroyed and or shredded.

With full knowledge of what I read to you, do you agree of your own free will to participate in the screening process? (Y/N) [Must be yes to participate]

Screening question: <i>If participant does not meet inclusion criteria with any of the questions, do not proceed to the next question.</i>	Eligibility
Q1. Are you proficient in English language? Or are you able to understand and respond to questions in English language?	Must be Yes
Q2.) In this study, woman refers to an adult female. Specifically, anyone who identified as girl/woman since birth and still identifies as such. This does not include gender diverse individuals. Are you an African woman born and raised in an African country until at least age 16?	Must be Yes
Q3. What is your age?	Must be between the ages of 24 and 55 years
Q4. Have you lived and worked in Canada for at least two years?	Must be Yes
Q5. In what province do you work?	Must confirm that they work in Ontario

Q6. Are you a self-employed worker, temporary contract worker or minimum wage/part-time worker?	Must be either one or more of the options
Q7. Have you worked for at least 2 months in your job since March 2020?	Must be Yes
Q8. Do you perform family caregiving activities such as childcare, eldercare and disability care to an immediate family or a relative without pay? The care or support may include but not limited to housekeeping, running errands, preparing meals and ensuring personal hygiene.	Must be Yes

Thank you very much for your interest in the study and addressing the questions. We will be reviewing these answers and look forward to contacting you very soon about next steps.

Appendix 7: Participant Eligibility Script

Dear [Name],

I am writing to thank you for your interest in our study of African immigrant women's work and health during the COVID-19 pandemic and to set up a time for an interview. The interview should take 30 minutes to an hour.

As a reminder, we offer a \$40 honorarium to thank you for your time. I have attached our Information and Consent form. Please read this prior to our interview. At the start of the interview, we'll briefly review that with you. We'll be asking you a few survey-type questions (about 5 minutes) and then we'll conduct the interview, which will be like a conversation. No preparation is required.

Can you let me know what day/time you would be available for an interview? Also, could you provide me with the telephone details to reach you on for the interview?

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Appendix 8: Resources and information sheet

COVID-19 Information (Ontario)

This information sheet provides information about where to find material and resources related to COVID-19.

Workers Health and Safety Centre https://www.whsc.on.ca/Resources/Publications/COVID-19-Resources This center has up-to-date information about COVID-19 and how to maintain safe workplaces.
COVID-19 Public Health Resources https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources This website has information about physical distancing, self-monitoring, mask wearing, and more.
COVID-19 Assessment Centres https://covid-19.ontario.ca/ <ul style="list-style-type: none">• This website provides information about where to find free COVID-19 testing.

Free Support Groups and Counselling Resources (Ontario)

Name	Contact
Turning Point Counselling	(705) 443-8535
White Pine Counselling Centre	(705) 521-0881
Be Free Counselling & Wellness	(289) 585-9983
Waterloo Pentecostal Assembly support groups	(519) 884-0530
Sunrise Counselling Services	(807) 355-8615
Here 24/7 Crisis Services	1 (844) 437-2347
Hope for Wellness Helpline	1 (855) 242-3310

Appendix 9: Participant Ineligibility Script

Dear [Name],

I am writing to thank you for your interest in our study of African immigrant women's work and health during the COVID-19 pandemic. Unfortunately, we cannot include you in our study because you don't meet our [state reason] requirement.

We would still like to share study information with you, once it is ready. If you're interested in our results, please let me know and I'll put you on our contact list.

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Appendix 10: Feedback letter

Email script for participant feedback:

Dear [Name of Participant],

I would like to thank you for your participation in our study. Please find attached to this email a thank you letter and information about the progress of our study and plans to share findings.

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Participant feedback letter on next page:

African Immigrant Women's Health and Work during COVID-19 Study

Date

Dear [Insert Name of Participant],

I would like to thank you for your participation in my African Immigrant Women's Health and Work during COVID-19. This study is exploring the impacts of precarious work and family caregiving on the health of African immigrant women amidst the COVID-19 pandemic, with a focus on precariously employed African immigrant women who also perform family caregiving duties in Ontario, Canada.

The study is a PhD dissertation led by me and supervised by Ellen MacEachen PhD, of the University of Waterloo: School of Public Health and Health Systems. The findings will provide information to the general public, research community, and other stakeholders as they plan how to develop measures to keep immigrant and precarious workers safe.

Please remember that any data pertaining to you as an individual participant will be kept confidential.

Once all the data are collected and analyzed for this project, we will share this information with the research community through seminars, conferences, presentations, and journal articles.

We would be happy to provide you with a copy of the report once it is available. If you are interested, please email me directly (jamoako@uwaterloo.ca). You can also contact the principal investigator, Ellen MacEachen PhD, at (ellen.maceachen@uwaterloo.ca).

In the meantime, if you have any questions about the study, please do not hesitate to contact me (jamoako@uwaterloo.ca) or Ellen MacEachen PhD, at (ellen.maceachen@uwaterloo.ca)

This study has been reviewed and received ethics clearance through a University of Waterloo Research Ethics Committee (ORE#42655). If you have questions for the Committee contact the Office of Research Ethics at 1-519-888-4567 ext. 36005 or ore-ceo@uwaterloo.ca.

Yours sincerely,
Joyceline Amoako (PhD Candidate)
University of Waterloo

Appendix 11: Interview guide

Confidentiality Statement

Interview participants who have received the information letter and consent letter will give oral consent at the start of the interview: Ask for consent to begin recording; proceed with reading the consent statement; ask if they have any questions, including about confidentiality; then ask for consent (the question re: consent to record the interview needs to be captured again on the recording).

If consent to record was obtained prior to the interview: As a reminder, we will be recording the audio of this session to ensure what you said is captured accurately. Your identity will be kept confidential, and all data will be encrypted and stored in password-protected files on secure servers at the University of Waterloo. If you have any questions about data privacy, or any other questions, please feel free to ask me at this time or to follow up after the interview.

Interview questions.

1. Can you tell me about the work you are doing?

Probes:

- a. What is your current job and how long you have been working?
- b. What led you to do this work? What are pros and cons?
- c. Tell me about your typical day at work including your work hours daily.
- d. Who do you report to and how is that relationship?
- e. Tell me about your work history since you started working in Canada?
- f. Do you think your race or gender has in anyway influences your work experiences in Canada? Tell me about it.

2. Can you tell me about your family caregiving activities? By family caregiving, I am referring to the care or support you provide to an immediate family or a relative who is critically ill or injured or needing end-of-life care without pay.

Probes:

- a. Tell me about the caregiving activities you perform?
- b. Who do you perform it for and why?
- c. Do you receive any support with the family caregiving duties you perform? The support could be financial physical assistance or any form of support. If No, what happens when you're ill or you've to work?
- d. How do your caregiving duties affect your work and personal life?
- e. Do you think your race or gender has in anyway influences your family caregiving duties? Tell me about it

3. Can you tell me about your health status?

Probes:

- a. How would you describe your current health status?
- b. Is your current health status better or worse than when you first arrived in Canada?
- c. Tell me about the things that have affected your health so far.
- d. Can you tell me if you have experienced any health challenge (physical, mental, social) because of your work? Tell me more about it.

- e. Can you tell me if you have experienced any health challenge (physical, mental, social) because of your family caregiving duties? Tell me more about it.
- f. Tell me about how you manage these health issues in general.

4. Can you tell me about how the COVID-19 pandemic has impacted your health and work?

Currently Employed participants

Probes:

- a. Has the COVID-19 pandemic affected your work in any way? Tell me more about it.
- b. What were some of the safety measures taken at work?
- c. What were some changes in your family caregiving activities due to the pandemic?
- d. Have you experienced any different health challenges during the pandemic? Tell me more about it?
- e. Aside from your work, did you have any other source of income during the pandemic?
- f. How has the COVID-19 impacted your health and work-life so far?

Unemployed participants

Probes:

- a. Has the COVID-19 pandemic affected your work in any way? Tell me more about it.
- b. Since you are currently unemployed, what has been your source of income?
- c. Did you try looking for other jobs or did any part-time job?
- d. Tell me about some of your struggles or benefits because of your job loss.
- e. What were some changes in your caregiving activities because of the pandemic?
- f. How has the COVID-19 impacted your health and work-life so far?

5. Is there anything else you'd like to add about the health risks you face and how things could be safer that we have not asked you about?

Probes:

Here, you can share with me how you think things would have been different if you were a male or another race?

Appendix 12: Participant demographic questions

Participants' Demographics		
1	<p>What is your age?</p> <p>NB: 25-54: working-age population</p>	
2	<p>What's your citizenship status?</p> <p>For example: temporary visa, refugee, permanent resident</p>	
3	<p>What is your immigration class?</p> <p>Family class, economic class</p>	
4	<p>When did you arrive in Canada?</p>	
5	<p>What is your highest level of education? (in Canada or elsewhere)</p>	
6	<p>What is your marital status?</p>	
7	<p>Do you have any children or other dependents living with you?</p>	<p>If Yes, how many?</p> <p>Who are they?.....</p>
8	<p>Do you perform family caregiving activities for them?</p>	<p>If Yes, what kind and for who?</p> <p>For example: feeding and bathing my child who is two years old.</p>
9	<p>Do you receive any support with your caregiving duties?</p>	<p>If Yes, what kind and from who?</p>
10	<p>What is your current job?</p>	
11	<p>How long have you been in the job?</p>	

12	Type of job precarity Eg. Self-employed or Part-time	
13	Did you receive any benefits or support from the government during COVID-19?	If Yes, what kind of benefit did you receive? If No, why?
14	What is your annual income range?	

Appendix 13: Coding Framework

CODE	DESCRIPTION
JOB/WORKPLACE	
1. JOB	How they describe their job responsibilities and nature of their job (not demographic info). Description of how/when/why they perform job duties. Also includes description of their typical day at work.
2. WHY THIS JOB	Their explanation for why they are in this job/line of work.
3. JOB HISTORY	Their description of their job history/all job experiences in Canada
4. FINDING JOB	How they describe the process of finding jobs in Canada and Future plans of finding better jobs Also captures the difficult and/or easy moments in finding jobs in Canada. This code also captures participants' experiences of discrimination during job search
5. PROS/CONS OF JOB	Cons, drawbacks of the job. Also, good parts, what they value about the job.
6. EMPLOYMENT CONDITIONS	This code helps us to get a picture of the structural employment conditions and mention of type of job precarity (e.g. self-employed, minimum wage, short-term contract), work hours, staffing levels, wages, working between 2 jobs.
7. SUPERVISOR AND CO-WORKER RELTN	This code helps to capture the relationship(s) they have with their supervisors or who they report to.
8. WORKLOAD PRESSURE	Describes the pressure they experience from their jobs and family caregiving duties. Could also be the pressure felt on their job due to caregiving activities and vice versa.
9. WORKLOAD MANAGEMENT	How they personally manage their workloads from jobs and family caregiving duties. Could be reducing sleep hours to get more time to work, time management or reducing social activities.
FAMILY CAREGIVING ACTIVITIES	
10. FAMILY CAREGIVING ACTVS.	This includes childcare, eldercare and disability care they give to an immediate family or a relative without pay. The care or support may include but not limited to housekeeping, running errands, preparing meals and ensuring personal hygiene. This code also captures why they perform the activities.
11. FAMILY CAREGIVING SUPPORT	This includes the support they receive in the performance of their family caregiving duties. It could be physical support such as receiving help with cleaning or financial support such as relatives giving them money to show appreciation. It also captures when they receive NO support with family caregiving activities.
HEALTH	
12. HEALTH STATUS	This code captures the description of their current health status. Also includes health struggles and benefits, dietary restrictions, and medication due to health status.

	Includes experiences of discrimination while accessing healthcare.
13. BETTER/WORSE HEALTH STATUS	This code describes the current health status in relation to when they first arrived in Canada. This code helps to understand the healthy immigrant effect and to know if it is maintained or lost over time.
14. HEALTH CHALLENGE_JOB(s)	This code describes the health challenges (physical, mental, emotional or social) that they experience because of their job(s). Could be health challenges such as constant fear or sleeplessness due to their work environment, insufficient wages or nature of job(s).
15. HEALTH CHALLENGE_FAM CAREGIVING ACTVS	<p>This code describes the health challenges (physical, mental, emotional or social) that they experience because of their family caregiving activities. Eg. They talk about experiencing stress, headaches and depression due to family caregiving workload.</p> <p>This code also captures how the family caregiving duties influence their personal or social lives. It could be their inability to interact with friends due to work pressure or how the duties give them personal satisfaction</p>
16. HEALTH CHALLENGE MANAGEMENT	How they personally manage the health challenges in general or health challenges caused by their workloads. Could be meditating, locking themselves up to get some sleep or taking medication.
COVID-19 CHALLENGES/MEASURES	
17. COVID-19 SUPPORT	Describes the any general support/ financial support received from government/work organization in relation to COVID. Could also be support from family/co-workers.
18. PREV_INDIVIDUAL	Self-protections they enact to reduce/prevent COVID exposure. e.g. buying/using own PPE and following public health guidelines. Includes how the individual reacts to the exposure.
19. PREV_ORG	Description of what the work organisation has formally done to reduce/prevent COVID exposure to staff. Can include orgs' approaches to prevention. Can include comments about why org has done this form of implementation and how the org reacts to an exposure.
20. WHAT'S RISKY	Anything the participant describes as a potential or actual COVID exposure, can be behavioural or physical. Can include feelings about potential risks. Can include misinformation and debating as a risk Can also include what the analyst sees as a risk, even if not identified by the participant. Also captures when they are helpless in risky situations
21. COVID IMPACT_HEALTH	Explains the health challenges they experience due to COVID. Health impact could good, bad or no difference. Includes the restrictions in accessing healthcare and fear related to COVID. This code also captures the indirect impact of COVID on health with work and caregiving duties as mediating factors.
22. COVID IMPACT_FAM CAREGIVING	Explains how COVID impacts family caregiving duties either by increasing or reducing workload. Also indicates the changes in caregiving duties due to COVID-19 risks/measures.

23. COVID IMPACT_JOB(S)	Explains how COVID impacts job responsibilities either by increasing or reducing workload. Also indicates the changes in job duties due to COVID-19 risks/measures. Also includes challenges due to working from home OR job searching.
SELF/HOME	
24. FAMILY	Any mention of family, family attitudes, pressures or responsibilities which might affect work responsibilities and health. Eg. Spouse refusing to help in housekeeping duties or missing family at home
25. RACE IMPACT_WORK	Their description of how race impacts/mediates their everyday experiences at work. Work could be their jobs or family caregiving activities or both. Includes how race has impacted their work experiences/job history in Canada. Also includes the discrimination and racism experienced on the job.
26. GENDER IMPACT_WORK	Their description of how gender impacts/mediates their everyday experiences at work. Work could be their jobs or family caregiving activities or both. Includes how gender has impacted their work experiences/job history in Canada. Also includes the discrimination experienced on the job due to gender.
IMMIGRATION	
27. WHY THE MIGRATION	This code captures why they migrated to Canada. Includes how they currently perceive/feel about their reason(s) for migrating. Eg. How and they regret migrating to Canada.
28. IMMIGRATION ISSUES	This code captures difficulties and restrictions they experience in areas such as marriage, job search, and education due to their immigration status or migrating. Eg. Some face difficulties in securing good jobs due to immigration status.
29. RECOMMENDATIONS	Final words on how the health risks they face could be made safer.