

Intersectionnalité d'influences : la recherche sur la santé des femmes immigrantes et réfugiées

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On s'entend aujourd'hui de plus en plus pour reconnaître la complexité qui caractérise de multiples axes ou dimensions de l'identité sociale et la façon dont ceux-ci se recoupent pour influencer sur la santé des femmes immigrantes et réfugiées. Le concept d'intersectionnalité d'influences est particulièrement approprié pour aborder la diversité dans le cadre de la recherche en sciences infirmières. L'objectif du présent article est d'élaborer une théorie sur ce concept et de le rendre opérationnel dans la recherche visant la promotion de la santé mentale chez les femmes immigrantes et réfugiées. Sur le plan conceptuel, les auteures proposent une méthode d'enquête qui est influencée par le savoir critique et qui puise à même la pensée post-coloniale et féministe. Sur le plan opérationnel, elles appliquent un cadre écosystémique afin de déterminer quels sont les problèmes de santé individuels dans les sphères familiale, communautaire et sociale. Elles présentent la recherche-action participative comme un moyen de mettre ces concepts en œuvre dans le processus de recherche. Leur objectif consiste à introduire un nouveau mode d'enquête qui s'avérera avantageux pour les femmes immigrantes et réfugiées tout en faisant progresser l'approche des sciences infirmières dans la recherche communautaire.

Mots clés : post-colonial, féministe, cadre écosystémique, recherche-action participative, santé des femmes immigrantes et réfugiées, intersectionnalité d'influences.

Intersectionalities of Influence: Researching the Health of Immigrant and Refugee Women

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There is a growing recognition of the complexity surrounding multiple axes or dimensions of social identity and how they intersect to influence the health of immigrant and refugee women. The concept of intersectionalities of influence is particularly relevant in addressing diversity in nursing research. The purpose of this paper is to theorize and operationalize the concept in mental health promotion research with immigrant and refugee women. At the conceptual level, the authors propose an approach to inquiry that is informed by critical scholarship and draws from postcolonial and feminist perspectives. At the operational level, they apply an ecosystemic framework to help locate individual health issues within the familial, community, and social realms. They introduce Participatory Action Research as a way of putting these concepts into action within the research process. Their aim is to introduce a new way of inquiry that can benefit immigrant and refugee women while furthering the nursing agenda for community-based research.

Keywords: postcolonial, feminist, ecosystemic framework, Participatory Action Research, immigrant and refugee women's health, intersectionalities of influence

As communities in Canada grow in diversity, nurse researchers in health promotion are faced with the responsibility of addressing the needs of all communities. We posit that the exploration of immigrant and refugee women's health requires new ways of inquiry, ones that move beyond the traditional ways of conceptualizing and operationalizing research. New ways of inquiry should create space for the exploration of how various dimensions of social identity, such as race, gender, and class, as well as education, citizenship, and geographical locations, intersect to influence the health of immigrant and refugee women. These dimensions are transformed into hierarchies and get built into institutional structures, legitimizing inequalities among different groups of women (Dhruvarajan & Vickers, 2002). Accordingly, new ways of inquiry into the health issues and concerns of immigrant and refugee women must locate individual health and illness experiences within the complex socio-economic, historical, political, and institutional structures and dynamics in the pre- and post-migration context.

The purpose of this paper is to introduce a new approach to examining differences arising from the intersectionality of various dimensions

of social identity that can place women in various locations in the hierarchical social space, and the impact of this on the health of immigrant and refugee women. Our intention is not to overemphasize differences or to minimize the shared values, beliefs, experiences, and expectations of a particular ethnocultural group or the common experiences of immigration or of being a woman.

An interesting emergent concept in the literature is “intersectionalities of influence.” In the health context, this alludes to the intersection of multiple sources of influence on our physical, mental, and spiritual health and well-being. The concept recognizes that influences come together in distinct ways, leading to different health outcomes for individuals or groups (Khanlou, 2003). Thus it contextualizes individual health experiences and pays heed to the combination of forces arising from *micro-*, *meso-*, and *macro-*levels of society. We posit that the idea can be of particular relevance in mental health promotion research with immigrant and refugee women.

In this paper, we attempt to theorize and operationalize the concept of intersectionalities of influence. To this end, we propose a theoretical stance that draws from postcolonial and feminist theoretical perspectives. Such theoretical perspectives provide a lens through which to view issues and to understand and explain social reality. However, we require a framework, a conceptual link, in order to capture the complexity of the proposed theoretical domains. A framework has been described as an “abstract, logical structure of meaning that guides the development of the study and enables the researcher to link the findings to nursing’s body of knowledge” (Burns & Grove, 2001, p. 44). We believe the ecosystemic framework serves this purpose. We then introduce Participatory Action Research (PAR) as a way of putting the above concepts into action within the research process. Our purpose here is not to create a unified field but to explore a new and different way of thinking. We draw on the theoretical literature and discuss various examples from our own research and that of others to show that such a method of inquiry can benefit immigrant and refugee women while furthering the nursing research agenda.

Postcolonial Feminist Theoretical Perspectives in Nursing Research

There has been a call for and move towards critical inquiry in nursing. Informed by critical traditions such as critical social theory, cultural studies, lesbian/gay studies, and feminist studies, “contemporary nursing discourses draw our attention to the convergence of several factors within the specific domain of nursing science and the larger arenas of

health care and social inquiry” (Reimer-Kirkham & Anderson, 2003, p. 2). Critical inquiry allows us to move beyond simple representation of the world, to uncover hidden assumptions by challenging the whole process of framing and doing research and explore issues of importance to all women by taking into account both inter- and intra-group diversity. It involves the questioning of assumptions and taking a more critical and reflexive approach to the examination of our positionality in the context of our work. Critical inquiry helps us to reflect on how production, reproduction, and presentation of knowledge within a particular ideological foundation can not only perpetuate existing power relations, inequity, and vulnerability, but also result in the further marginalization of racialized women (Anderson, 2002; Tuhiwai Smith, 2001).

There is also emerging interest in the integration of postcolonial perspectives in nursing (Anderson, 2002; Anderson et al., 2003; Reimer-Kirkham & Anderson, 2003; C. Varcoe, personal communication, March 2004). Postcolonial scholarship is the theoretical and empirical examination of issues stemming from colonial relations and their aftermath (Cashmore, cited in Reimer-Kirkham & Anderson). “Its concern extends to the experiences of people descended from the inhabitants of those territories and their experiences within ‘first-world’ colonial powers” (Reimer-Kirkham & Anderson, p. 3). Postcolonial theoretical perspectives help us to explore the effects of intersecting forces of influence in the everyday lives of women in the post-migration context, and how they understand and interpret their health and settlement concerns from their location in the hierarchical social space. Further, a postcolonial theoretical stance allows us to understand how the views of immigrant and refugee women are shaped by their experiences in their own countries, their lives during displacement, and their experiences within exiled communities in Canada. In addition, such a stance allows us to see that these views are not discrete but exist in dynamic interaction with one another.

In particular, postcolonial theoretical perspectives provide us with an “analytic apparatus to examine how the ‘non-Western Other’ has been constructed through contrasting images with the West” (Anderson, 2002, p. 12). This theoretical lens also reveals “the everyday experiences of marginalization, as structured by the micropolitics of power and the macro-dynamics of structural and historical nature” (Reimer-Kirkham & Anderson, 2003, p. 2). Only if we seriously consider such a perspective and, as Tuhiwai Smith (2001) argues in the context of research and indigenous peoples, research back and disrupt “the rules of the research game toward practices that are more respectful, ethical, sympathetic, and useful vs. racist practices, attitudes, and ethnocentric assumptions and exploitative research” (Preface), can we produce knowledge that is truly meaningful and relevant for immigrant and refugee women in Canada.

A postcolonial theoretical approach on its own does not necessarily include a gendered perspective; for that we turn to feminist scholarship. (See Anderson [2002] and Reimer-Kirkham and Anderson [2003] for a detailed discussion of postcolonial feminism and postcolonialism, respectively.)

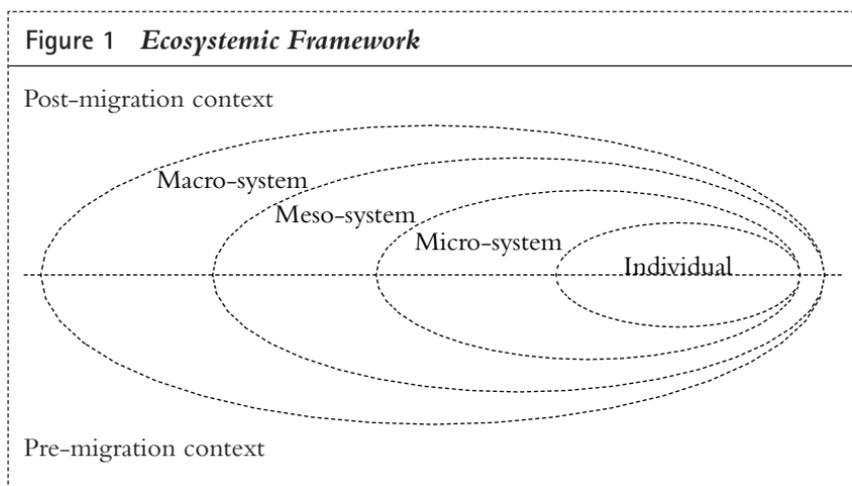
Feminist scholarship has been widely acknowledged as having legitimacy for breaking new ground and creating a space for contesting androcentric and positivistic inquiry into women's concerns and issues. Common to most feminist work is the notion that feminist research is for women, by women, and that its purpose is to learn about women and their experiences, making visible what is important to women while giving them a voice (Harding, 1987, 1989; Kirsch, 1999; Seibold, 2000). However, various nursing scholars have begun to criticize "Western feminism" for the narrowness it imposes on an applied discipline such as nursing (Peter, 2000; Seibold; Thorne & Varcoe, 1998). According to Dhruvarajan and Vickers (2002), until recently many feminist theories and practices "did not deal well with forces such as racism, nationalism, class conflict and homophobia, and ablism. Nor did many mainstream feminists understand why some women world wide are sceptical of feminism and are likely to be mobilized by movements dedicated to nationalism, socialism, antiracism, or gay rights, or even by antifeminist movements, and the fundamentalist movements now associated with many religions" (p. 6). Seibold also argues that the uncritical assumption of "a necessary bond between being a woman and occupying certain social roles does not help to uncover the ways in which women negotiate the world and the wisdom inherent in such a negotiation" (p. 152). We need to promote critical feminist approaches in order to challenge and resist the status quo, demanding representation of all women and their issues in nursing research. Critical feminist approaches should not only be sensitive to "the dominant culture's devaluation of caring and nurturing practices, like caring for the sick and dying, [and] mothering" (Peter, p. 102), but also examine why the values of non-dominant cultural groups (such as collectivism versus individualism, or various hybrids of the two) are often held in less regard. Unless explicit attention is given to the underlying values of our research, the resulting knowledge may be used to change non-dominant cultural groups so that they accept dominant values, beliefs, and practices. Embedded in such knowledge is the assumption of Western superiority.

A postcolonial feminist perspective allows us to examine the complex issues at the intersection of gender, race, class, and culture, and move beyond single causal factors of illness or *micro*-level analysis. It directs us to see how the complex historical, political, cultural, and socio-economic context in which human experience is embedded affects and shapes the

health and illness experiences of immigrant and refugee women and their access to equitable and quality care. A postcolonial feminist theoretical perspective “recognizes the need for knowledge construction from the perspective of the marginalized female subject whose voice has been muted in the knowledge production process” (Reimer-Kirkham & Anderson, 2003, p. 10). It permits us to see how some of the systemic practices and structural barriers in the host country reduce the space for resistance and hope on the part of immigrant and refugee women, and that migration to a country of the North does not necessarily improve a woman’s status both within and outside the home.

Ecosystemic Framework

Although it is applied in such disciplines as social work and psychology, the ecosystemic framework has not received much attention in nursing. We posit that the framework helps to operationalize the concept of intersectionalities of influence in researching the health issues and concerns of immigrant and refugee women. It also helps to put into research practice the complex theoretical domain of postcolonial feminism. The ecosystemic framework (often used interchangeably with the ecological framework) considers individual situations as arising from the transaction between the *individual*, family (*micro-system/level*), community (*meso-system/level*), and larger social and cultural environment (*macro-system/level*); the transactions between the four systems are seen as continuous and reciprocal (Germain & Bloom, 1999; Waller, 2001). A visual representation of the framework, a modification of Heise’s (1998) version as noted in Guruge (2004), is provided in Figure 1.



Here, we introduce a few examples of the factors that fall under each of the four levels/systems. At the *individual* level, immigrant and refugee women may define themselves in ways that acknowledge, to varying degrees, their race, ethnicity, class, gender, age, language, education, and citizenship status. Other individual factors include childhood experiences, biology, and genetics (Germain & Bloom, 1999; Heise, 1998). The intersections of these dimensions create differences both within and between groups of women. Often in health care, self is seen to exist as an isolated entity and illness as a result of internal deficits or conflicts, and therefore treatments are directed towards the individual. While acknowledging that illness may occur due to individual biophysiological pathology, we highlight the fact that the individual receives and engages in care and treatment in a context of interactions with others. At the *micro*-level is the family (Germain & Bloom; Heise). The health and well-being of immigrant and refugee women is often closely linked to that of their family members and shaped by their relationships with them, whether at the local, national, and/or transnational level. However, the family, both immediate and extended, can be a source of both strength and stress for women and thus can have a powerful influence on the individual. The informal and formal social networks that form the community make up the *meso*-level. Forces within one's social network, such as school, neighbourhood, and workplace, influence the individual both positively and negatively. For example, Anderson, Blue, Holbrook, and Ng (1993) found that women in the lower echelons of the workforce have very little opportunity to manage a chronic illness such as diabetes. *Macro*-level factors include the "health, educational, economic and social policies that maintain high levels of economic or social inequality between groups in society" (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 13). There is a growing body of evidence that considers these factors under the category of social determinants of health (Wilkinson & Marmot, 1998). For example, various immigration policies as well as ethnocentric health-care facilities can limit the choices refugee women have in dealing with intimate partner abuse in a manner that is least damaging to themselves and their families. Although there is space for interpretation and debate as to exactly where a particular factor might fit within the framework, more important than the location of any single factor is the dynamic interplay between factors operating at multiple levels.

The ecosystemic framework provides a basis for analysis of the complex issues at the intersection of race, gender, and class identities (both imposed and assumed) and the interaction of these and other identities with *micro*-, *meso*-, and *macro*-level factors and issues. Only by examining structural and systemic inequalities, and their impact on the

health and well-being of immigrant and refugee women, can we hope to achieve equitable health care for all women.

From Theory to Action

The demand for objectivity in the research process in nursing and other health-care professions disregards the role that researchers play in the construction of knowledge. Regardless of the paradigm of research and the design tradition employed, it is the researchers who decide what to research, how to frame the research questions, who to interview, how to access study participants, what questions to ask, how to probe the answers, how to analyze data, how the findings are used, and so forth (Clough, 1992, 1994). According to Duster (2000), one of the key questions in knowledge production is “whose questions get raised for investigation” (p. xii). We also need to reflect on the question *Whose interests are we serving by doing research that will not be directly beneficial or applicable to the participants and participant communities?* A reflexive, participatory, collaborative, and collective approach to research allows community members themselves to articulate what is important to the community and facilitates the generation of knowledge that will enhance the capacity of both individuals and communities in the post-migration and settlement context.

In the next section we introduce PAR as a way of putting the ideas discussed earlier in the paper into action within the research process.

Participatory Action Research

We find PAR particularly relevant for our field of research in nursing, as there are many overlapping conceptual points of convergence between mental health promotion and PAR. For example, both recognize the capacities of people, seek to effect improvements in their lives, and emphasize action (Khanlou et al., 2002). PAR provides a research orientation that is “potentially compatible with feminist research in health promotion” (Denton, Hajdukowski-Ahmed, O’Connor, & Zeytinoglu, 1999, p. 17). Unlike the traditional sequential ordered research process, PAR is cyclical in approach, and the participants themselves are in control of the research process. PAR takes a self-reflexive approach to research: relations of authority and power between the researcher and the participants are taken into account at every step of the study, with the aim of building on trust and respect on the path of collective discovery. Both the researcher and the participants are experts and learners. While “traditional research was detached and ‘objective’ [PAR] would be engaged, passionate and consciously partial” (Vickers, 2002, p. 68); it “would guard against exploitation of women’s time and labour; and it

would work towards structural change” (Denton et al.), an approach that is very much in line with postcolonial feminist perspectives.

PAR provides a space for collective voice, action, and dialogue. Dialogue makes it possible “to reframe dominant discourses and to create a perspective on knowledge development that reflects multiple social locations” (Anderson, 2002, p. 18). The knowledge produced is validated, shared, and used. Such an approach can increase our understanding of not only what is important to various groups and communities, but also the different intersections of influence arising from the structural and systemic barriers that face immigrant and refugee women. It can, thus, reveal to us women’s different reactions to the same issues, depending on the location of each woman in the social space. Furthermore, PAR provides a window on “where the power lies and where there is systemic disadvantage, failure to advocate or merit not being recognized or acknowledged” (Hagey, 1997, p. 2). Finally, knowledge gained will be used to increase women’s “options for concrete actions, their autonomy in using these options and their capacity to deliberate about choices for action” (Conchelos, cited in McDonald, 2000).

Inherent in a PAR approach is the centrality of voice through group narratives. Yet PAR goes further; it demands agency of all who are involved in the process. We believe these two elements of PAR — voice and agency — make it particularly congruent with a postcolonial feminist theoretical position on research. The centrality of voice is congruent with the long tradition of feminist discourse, dating to Gilligan’s (1982) seminal work on women’s psychological development. The agency component recognizes the ability of individuals to bring about positive change in their lives, while “a feature of postcolonial scholarship is situating human experience (e.g., everyday reality) in the larger contexts of mediating social, economic, political, and historical forces” (Reimer-Kirkham & Anderson, 2003, p. 11). In addition, arising from action research and participatory research, PAR’s distinct geohistorical roots result in a complementary tension, leading to creative health promotion initiatives in transnationalizing societies (Khanlou & Peter, in press).

PAR is an orientation to research rather than a specific research method (Minkler & Wallerstein, 2003). Therefore, depending on the issue under study, it can entail quantitative, qualitative, or combined data-gathering methods. As an approach to conducting research with marginalized populations, PAR brings together the elements of power, investigation, equity, and social justice. Because there is no one single way of conducting participatory research (Israel et al., 2003), there are variations in the degree to which studies are influenced by a PAR approach (Khanlou et al., 2002). We are aware that our discussion of PAR may provide an overly optimistic representation. As with other approaches to research,

PAR has its limitations, which have been addressed elsewhere (Khanlou & Peter, in press).

Case Examples

Drawing from our work, we provide three examples of health research with immigrant youth and women to elucidate our attempt to incorporate the above theoretical concepts in our work. The first two case studies consider the overlap between PAR and mental health promotion (Khanlou et al., 2002; Khanlou & Hajdukowski-Ahmed, 1999). The third examines male violence against women in the post-migration context from a postcolonial feminist perspective, which is operationalized using an ecosystemic framework (Guruge, 2004).

In our studies with immigrant female youth (Khanlou et al., 2002; Khanlou & Hajdukowski-Ahmed, 1999), PAR has provided a model in which the participants' voices are central to the research process. Such a process has revealed to us the contribution of culture to identity development from the perspective of youth in culturally dynamic and immigrant-receiving settings. The framework has also helped to situate the unique experiences of immigrant or second-generation female youth and their families within the multiple systems of influence in the post-migration society of resettlement. Thus our recommendations for mental health promotion among youth recognize the role of systemic challenges as well as individual strengths. The simultaneous health research and health promotion aspects in PAR were revealed in the evaluations by the youth participants at the end of the studies. In one of our studies with newcomer female youth in English-language classes, the youth learned more about others and themselves through their participation in the study's focus groups (Khanlou et al.). For example, one youth reported: "We could know other people's opinion, could find my strength, could find my fear, know more about myself, career planning." Her response and those of others indicate the overlap of self-knowledge, recognition of strengths and challenges, and plans for action. In her proposed doctoral dissertation, Guruge (2004) uses a postcolonial feminist theoretical perspective and an ecosystemic framework to understand male violence against women in the post-migration and resettlement context in Canada. In the framing of the study, domestic violence is seen as arising from the transaction between the individual, family, community, and the larger social and cultural environment within which the couple is embedded. By exploring the pre- and post-migration experiences, one can begin to understand how the intersectionalities of influences at the *micro-*, *meso-*, and *macro-* level of society, both in the couple's country of origin and in the host country, shape what occurs in the home, and how

one man might become abusive towards his wife while another man from the same ethnocultural and religious background would not.

Towards a More Inclusive Research Agenda

Despite increased interest in exploring the various health issues and concerns of immigrant and refugee women in Canada, there are still a number of gaps in the nursing literature. Highlighted here are some gaps — by no means an exhaustive list — that we have come to recognize during our own research and practice. For example, rarely does nursing research explore so-called complementary therapies, which may in fact be the conventional therapies for some women. There is a call for this information in everyday nursing practice (see Guruge, Lee, & Hagey, 2001, for a discussion). Male violence against women is a serious health and social issue; nursing research on violence against women within intimate relationships in the context of post-migration and settlement is just beginning in Canada. The lack of extensive literature on domestic violence in immigrant and refugee communities has far-reaching implications (Guruge, 2004). One implication is the racialization of domestic violence (see Varcoe, 1996, 2001), which leads to the perpetuation and exacerbation of women's vulnerability within the health-care system. Nursing research has paid little attention to women's voices regarding post-migration loss of financial and social stability, the experience of racism and discrimination, the stress of negotiating and navigating through various institutional and structural systems that are designed to serve the dominant groups, and the impact of these experiences on the health and well-being of immigrant and refugee women (see Gastaldo, Khanlou, Massaquoi, & Curling, 2002). The topic of transnational experiences is just beginning to be discussed in the nursing literature. Gastaldo, Gooden, and Massaquoi (2004) argue that "the adjustment of women to a new country cannot be fully understood without an appreciation of the continuing kinship links across national borders." Research into the impact of racism on the health and well-being of immigrant nurses of colour has just begun to appear in the nursing literature (Hagey et al., 2001; Turritin, Hagey, Guruge, Collins, & Mitchell, 2000). Adaptation, resiliency, and mental health promotion among immigrant youth have begun to be addressed in nursing (Khanlou, 2003; Khanlou et al., 2002). Issues of language translation versus cultural interpretation in providing care have not been researched in nursing even though nurses continue to grapple with them in their daily practice. The idea of cultural safety (Anderson et al., 2003; Hagey, 2000) has not received much attention although there is interest in the topic of patient safety. Nursing in Canada has not paid attention to health issues of

importance to lesbians and bisexual immigrant and refugee women of colour. Peter (2000) posits that the lack of exploration of certain topics in the nursing literature implies that these topics are “of such little importance that they do not require serious reflection and examination” (p. 108).

Nursing needs to also examine the broader issues such as racism, sexism, and classism as well as various institutional and structural elements that continue to support and legitimize inequalities among different groups of women. To this end, we have drawn insights from postcolonial and feminist theoretical perspectives in combination with a PAR orientation. According to the postcolonial perspective, culture is ambiguous, partial, and constructed as a “negotiated process, rather than as static beliefs fixed in time, passed on intact and complete, from one generation to the next” (Anderson, 2002, p. 14). Such an approach provides an opportunity to examine how we might “theorize about culture” in ways that account for shared meanings within groups while leaving an “openness” to shifting identities and realities during diaspora and displacement without contributing to the reinforcement of existing power inequalities (Reimer-Kirkham & Anderson, 2003). Racine (2003) asserts that a postcolonial perspective, when applied to nursing research, “unveils the reductionist Western discourse of essentializing the ‘Other’ in a unique, crystallized, neutral, rational, and objectivist cultural entity” (p. 96).

Postcolonial feminist PAR offers us a platform from which to explore how “the past, our stories local and global, the present, our communities, cultures, languages and social practices all may be spaces of marginalization, but they have also become spaces of resistance and hope” (Tuhiwai Smith, 2001, p. 4). Such approaches also show us that immigrant and refugee women may have unique ideas as to what is important to them and what needs to be done to transform their lives in health-promoting ways. They also are in congruence with the promotion of “supportive environments and individual resilience, while showing respect for equity, social justice, interconnections and personal dignity” (Centre for Health Promotion, cited in Willinsky & Pape, 1997), and thus promoting the mental health of immigrant and refugee women at the individual and collective levels. Understanding the world of immigrant and refugee women from their vantage point should be on the agenda of nursing research.

Conclusion

In an era of globalization, it is crucial that we make it our priority to address the health needs, issues, and concerns of all women. In order to do so, nursing scholars need to draw from a variety of theoretical approaches. Postcolonial feminist PAR is a new way of inquiry that

brings a number of discourses together to explore the concept of intersectionalities of influence in order to better understand the struggles and resiliences of immigrant and refugee women in the context of their health.

We have provided a brief introduction to postcolonial feminist theoretical perspectives and their relevance for nursing research and practice. While there continues to be debate about what constitutes postcolonial feminist scholarship, these theoretical perspectives help to generate transformative knowledge towards just, equitable, and improved care for immigrant and refugee women. We have argued for the relevance of the ecosystemic framework in operationalizing the concept of intersectionalities of influence in nursing research with immigrant and refugee women while locating their health concerns within the realm of family, community, and society. The framework has been useful in capturing the complexity of the theoretical domain of postcolonial feminism at the research practice level. We have introduced PAR as a research orientation that has been useful in our work with immigrant and refugee women and that fits well with the critical underpinnings of postcolonial feminism. Postcolonial feminist PAR incorporates knowledge, participation, and action, and brings issues of race, gender, class, culture, power, equity, and social justice to the forefront in research on health promotion among immigrant and refugee women. In combination, these approaches recognize women's agency and their positioning within hierarchical social spaces as a result of historical, socio-economic, cultural, and political contexts in both the country of origin and the host country. Such inquiry can benefit immigrant and refugee women while furthering the nursing research agenda.

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