

Contents lists available at [ScienceDirect](#)

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Immigration, barriers to healthcare and transnational ties: A case study of South Korean immigrants in Toronto, Canada

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ARTICLE INFO

Article history:

Available online xxx

Keywords:

Toronto, Canada
Immigrant health
Healthcare access
Transnationalism
Korean immigrants

ABSTRACT

The paper analyzes the healthcare-seeking behavior of South Korean immigrants in Toronto, Canada, and how transnationalism shapes post-migration health and health-management strategies. Built upon largely separate research areas in ethnicity and health, health geography, and transnationalism, the paper conceptualizes immigrant health as influenced by individual characteristics, the migration and resettlement experience, and place effects at both a local and a transnational scale. A mixed-method approach is used to capture insights into health status and experiences in accessing local and transnational healthcare among South Korean immigrants – a fast growing visible minority group in Canada. Statistical analysis of data from the Canadian Community Health Survey discloses patterns and trends in health and healthcare use among the Korean Canadian, overall foreign-born, and native-born populations. Focus groups reveal in-depth information on the decline of Korean immigrants' health status and the array of sociocultural, economic and geographic barriers in accessing healthcare in Canada, which gave rise to their transnational use of health resources in the home country. The transnational strategies included traveling to South Korea for medical examinations or treatment, importing medications from South Korea to Canada, and consulting health resources in South Korea by phone or email. The results provide timely knowledge on how a recent immigrant group adapts to Canada in the domain of health and adds a transnational perspective to the literature on ethnicity and health.

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1. Introduction

This paper analyzes the healthcare-seeking behavior of Korean immigrants in Toronto, Canada, and how transnational linkages with home country shape their health-management strategies. Transnational activities are known to be prevalent among recent immigrants in Canada and other countries (Basch et al., 1994; Kelly, 2003). Healthcare can have strong transnational dimensions, as transnational ties can shape the use of homeland health resources, affect our understanding of illness and treatment, and influence social support, ethnic identity, and well-being (Messias, 2002; Murphy and Mahalingam, 2004; Thomas, 2010). The literature on transnational healthcare focuses primarily on the phenomenon of medical return by groups such as U.S. Latinos traveling to Mexico to access low-cost care (Brown, 2008). In Canada, there is a dearth of literature on transnational healthcare seeking among immigrants

that account for 20% of the country's population. Although there have been ample studies documenting the transnational activities of immigrants in North America and the role of transnational linkages in shaping ethnic identity and resettlement experiences (Barkan, 2007; Goldring and Krishnamurti, 2007), the relationship between transnationalism and health is a subject that has been rarely studied.

Yet, transnational healthcare use can be closely tied with immigrants' integration experience in general and their post-migration health status and healthcare needs in particular. While U.S. Latino's use of health resources in Mexico is a direct response of the lack of health insurance and high cost of care in a highly privatized healthcare system, it remains unknown whether and to what extent immigrants in a publically financed healthcare system in Canada engage in cross-border healthcare activities with home countries. Given the widely documented health gaps between Canada's foreign-born and native-born populations (Dunn and Dyck, 2000; Newbold, 2011), it would be important to explore the role of transnational ties in immigrants' healthcare decisions. Traveling back and forth to country of origin for healthcare can be

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viewed as evidence of inadequate healthcare for newcomers in the host country; in some home countries, transnational medical migrants may increase pressure on the country's limited healthcare resources, but in some others, it may boost the industrial development of medical tourism. In this regard, transnational healthcare seeking can have profound impact on the healthcare systems in both countries of origin and destination.

This paper serves as a pilot study to examine the experiences of South Korean immigrants in seeking healthcare locally in Toronto, Canada, and the ways in which they utilize transnational ties with South Korea in addressing their health needs. Korean immigrants are the ninth-largest visible minority group in the country (following South Asians, Chinese, Blacks, Filipinos, Latin Americans, Arabs, Southeast Asians and West Asians), and one of the fastest growing (*Statistics Canada, 2011*) (note: hereafter, Korean immigrants refers to South Korean immigrants as the number of individuals from North Korea in Canada, who are mostly refugees, is very small). Similar to other immigrant groups, Koreans cluster in large metropolitan areas. While previous studies have documented the post-migration health experience of some large immigrant groups in Canada such as South Asian and Chinese (*Wang, 2007; Creatore et al., 2012*), the health of Korean immigrants has been the subject of little investigation (*Noh and Moon's (2012)* study of mental health among Korean Canadians being an exception). The study is part of a larger research program that explores the health experience of multiple recent (such as Korean, Chinese and South Asian) and long-standing (such as Italian and Portuguese) immigrant groups in Canada. Preliminary investigation showed a particularly strong interest among the Koreans in strategically using homeland healthcare resources (*Suh, 2009*). This observation led us to focus on Korean immigrants as a case study in exploring the relationship between transnational linkages and immigrant healthcare.

Our study employs a mixed-method approach to analyze data from the Canadian Community Health Survey (CCHS) (2005–10) and data collected during eight focus groups. CCHS data reveals patterns in health status and healthcare use among Korean immigrants. The focus groups explored, in depth, the Korean group's experience in utilizing primary care in Canada and in the home country. The results provide timely knowledge on how a rapidly growing recent immigrant group adapts to life in Canada in terms of health. The study contributes to the literature on immigrant health by bridging three largely separate areas: ethnicity and health, transnationalism, and health geography. By revealing how local healthcare opportunities and transnational ties affect healthcare decisions and access, the study makes an original contribution in understanding transnational medical activities among immigrants in Canada.

2. Conceptual background: immigrant health disparities and transnationalism

Wide health inequalities exist between immigrant and non-immigrant populations in Canada, the United States, and Australia (*Chen et al., 1996; Dunn and Dyck, 2000; Son, 2013*). A persistent focus of exploration has been the nature and extent of the “healthy immigrant effect” (HIE) (*McDonald and Kennedy, 2004; Kaestner et al., 2009; Setia et al., 2011; Biddle et al., 2007; De Maio and Kempsearch, 2010; Wang and Hu, 2013*). According to *Newbold (2011)*, significant decline in health status among immigrants to Canada can be noted as little as two years post-arrival. Research concerning the HIE has overwhelmingly focused on foreign-born populations or broad ethnic categories, and the study of heterogeneity among immigrants is often limited by data availability.

Little is known about how country-specific immigrant groups experience and cope with post-migration health decline.

This study conceptualizes immigrant health as influenced by individual characteristics, migration and resettlement experiences, and place effects at both a local and a transnational scale. This framework has been developed using a variety of approaches that have placed different weights on individual/group characteristics and structural factors influencing health. One such approach is the “social determinants of health” framework, in which healthcare access is considered an important health determinant (*Dunn and Dyck, 2000*). Recent scholarship recognizes the geographical variation in health and further conceptualizes health determinants as falling into two broad categories: compositional effects resulting from differences among individuals, and contextual effects reflecting differences among places (*Diez Roux and Mair, 2010; Macintyre and Ellaway, 2003*). At a local scale, the context of place affects health outcomes by shaping individuals' social networks, social capital, access to care, and access to other social and economic resources (*Wang, 2007; Wang et al., 2008; McLafferty et al., 2012*). At a global scale, transnational ties to the home country can shape the ways in which immigrants use health resources in both the host country and the home country and ways in which they seek health-related information from a variety of sources (*Messias, 2002; Thomas, 2010*). A salient example is the “medical return” by Latinos in the United States, who cross the border into Mexico to obtain health services (*Macias and Morales, 2001; Brown, 2008*). Transnational connection has also been shown to solidify the social networks of immigrants; such networks can produce tangible resources, social capital, and social support, all of which have health implications (*Murphy and Mahalingam, 2004*). Following the recently developed relational approach in health geography (*Cummins et al., 2007*), we suggest that contextual effects at different spatial scales operate simultaneously to influence immigrant health and that the place context shapes and is shaped by social relations and individual circumstances. Both local social relations and transnational movements have spatial dimensions that cannot be measured purely by distance; they interact with each other to affect health in complex ways.

Our conceptual framework also draws from the theoretical perspectives on transnationalism. Transnationalism emphasizes social relations and local identities by promoting heterogeneous, multidimensional, and contextually situated approaches (*Smith, 2001*). Reinforcing the relational approach in health geography (*Cummins et al., 2007*), historically and spatially constructed localities are seen as highly significant, in both the society of origin and the society of settlement, in shaping the experiences of transnational migrants. Transnational healthcare seeking adds a new dimension to transnationalism, a “process by which immigrants forge and sustain multistranded social relations that link together their societies of origin and settlement, and through which they create transnational social fields that cross national border” (*Basch et al., 1994, 6*). It contests the idea of assimilation into the (Western) host country's healthcare system, in which the practices of care providers, the functioning of various components, and health beliefs are deeply rooted in Western culture and capitalism. In seeking healthcare, immigrants may demonstrate a pattern and trajectory different from those of their native-born counterparts due to the influence of transnational ties, minority identities, and sociocultural consciousness.

In this paper, we define “transnational care seeking” as immigrants' efforts to maintain and make use of transnational ties with the home country in managing their health and well-being, primarily for reasons associated with the availability of health insurance and services, wait times, health beliefs, and treatment expectations. The large number of U.S. Latino medical returnees (*Su and Wang, 2013*) reflects barriers in accessing healthcare locally.

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