Pregnant and Precarious:
Canadian Immigration through the Lens of Reproductive Justice

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A Thesis
in the Department
of
Political Science

Presented in Partial Fulfilment of the Requirements
for the Degree of Doctor of
Philosophy (Political Science) at
Concordia University
Montreal, Quebec, Canada

September 2020

CONCORDIA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

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Entitled: Pregnant and Precarious: Canadian Immigration through the Lens of Reproductive Justice

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Doctor of Philosophy (Political Science)

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Abstract

Pregnant and Precarious: Canadian Immigration through the Lens of Reproductive Justice

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In a context where migration has become a contentious global and national issue, and maternal health and reproductive rights continue to be leading priorities for the Canadian state, there is a disconnect between the ideals of Canadian exceptionalism and the discourses and policies surrounding reproductive rights for non-citizens. While legal rights protections for non-citizens have generally been expansive in many liberal democratic states, the politics governing reproductive rights, however, present a unique tension. In countries like Canada with *jus soli* citizenship, supporting a non-citizen who is giving birth is not simply about providing services, it's also about formal membership. Given this, the reproductive rights of migrants are positioned against national sovereignty. A fuller account of reproductive citizenship as it intersects with immigration status is needed. In particular, there is a need for analysis that resists this positioning and takes seriously the realization of sexual and reproductive autonomy as a global human right.

Using reproductive justice as an analytic lens, this dissertation contributes to our empirical and theoretical knowledge of how reproductive citizenship is experienced by pregnant people with precarious immigration status. Drawing on 24 narrative interviews with temporary status and non-status women living in Montreal, Canada, 13 key informant interviews with service providers, and a review of relevant policies, this dissertation situates the lived experiences of pregnant precarious status migrants within Canadian immigration and reproductive politics. This analysis reveals how neoliberal notions of choice and the racialized and gendered practices of nation-building intersect in the lives of migrant pregnant people and argues that immigration status is barrier to reproductive justice. In particular, narrative interviews showed how immigration and reproduction strategies are often co-produced; however, who can access these strategies and how they are received when they do is shaped by nationality and highly racialized. Precarious immigration programs are not amenable to the needs of pregnant people, such that migration management on the part of the state is experienced as reproductive management in the lives of precarious status migrants. Specifically, they face challenges maintaining their status and accessing basic public services and protections as they navigate pregnancy, childbirth, and motherhood.

Acknowledgements

This dissertation was made possible through the help and support of many people. First and foremost, I would like to thank all of the interview participants who generously shared with me their time and their stories. Your stories are what made this work come to life, and continuously pushed me and inspired me. I am forever grateful for your openness and the time we shared together. I would also like to extend my gratitude to the numerous community organizations who helped facilitate these connections. Thank you for your support and the invaluable work you do.

My doctoral work has also benefited from the SSHRC Joseph-Armand Bombardier CGS Doctoral Fellowship. I would also like to acknowledge the support of Concordia University's School of Graduate Studies and Faculty of Arts and Sciences.

Through this project, I was also incredibly fortunate to benefit from the expertise, generosity, and conviction of a truly amazing supervisor and committee. I am particularly indebted to Stephanie Paterson, my supervisor, for her insight and unwavering support throughout this project and the entire PhD process. You had my back from the beginning and guided me through the most difficult moments of this journey. Our many discussions opened up new intellectual worlds for me, challenged me, and shaped this project and who I am as a scholar in more ways than I could count. I am truly grateful for all you have taught me. I am also grateful for the support of my committee members. Jill Hanley – my outlook on academia and what I could possibly achieve has been very much shaped by my experiences working with and learning from you. Mireille Paquet – you introduced me to whole new ways of thinking about immigration policy and created amazing spaces for so many of us to come together and discuss our ideas. And to Francesca Scala – your questions and comments challenged me and pushed me to see new dimensions of my research. You have each been so supportive of my work, and it has been truly inspiring to be able to work alongside each of you. Thank you.

I would also like to extend my gratitude to my wider academic community. This dissertation was presented at various conferences and venues in its more nascent stages – thank you to all commentators and attendees who engaged with the work along the way. To the friends and colleagues I've crossed paths with in classes, research teams, and writing and study sessions – it's been a pleasure to navigate this experience with you. I especially want to acknowledge Manon Laurent – we started this journey together and, even when across the world, you have always been there to share ideas and sort through challenges with and have provided a source of constant encouragement along the way. I also want to acknowledge Salma El Hankouri, who always provided a much-needed reminder to live life outside of work and go out and play.

To my family, and especially my parents, Reg and Della Dyck, for your unconditional love and support, phone calls, care packages, and unwavering belief in me – Thank you. I would not be the person I am today without you.

And lastly, I want to acknowledge the contributions of my partner and husband, Jose Larios Derbyshire. You were the first to encourage me to do this PhD and have been a source of reassurance and support throughout the entire process. I am incredibly lucky to have you (and our little furball!) in my life. (Space love.)

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List of Abbreviations

BWHI – Black Women's Health Imperative
CBSA – Canadian Border Services Agency
CCB – Canada Child Benefit
CIC – Citizenship and Immigration Canada
CMRC – Canadian Midwifery Regulators Council
EI – Employment Insurance
ESDC – Employment and Social Development Canada
GBA/GBA+ – Gender-Based Analysis
IFIQ – Immigration, Francisation, et Intégration Québec
IMP – International Mobility Program
IFHP – Interim Federal Health Program
IOM – International Organization for Migration
IRBC – Immigrant and Refugee Board of Canada
IRCC – Immigration, Refugees, and Citizenship Canada
IRPA – Immigration and Refugee Protection Act
LCP – Live-in Caregiver Program
MP – Member of Parliament
MTESS – Ministrére du Travail, de l'Emploi, et Solidarité sociale
QEP/PEQ – Quebec Experience Program/Programme de l'expérience québécoise
QPIP/RQAP – Quebec Parental Insurance Program/Régime Québécois d'assurance parentale
RAMQ – Régie de l'assurance maladie Québec
RJF – Reproductive Justice Framework
RJM – Reproductive Justice Movement
SAWP – Seasonal Agricultural Worker Program
STCA – Safe Third Country Agreement
TFWP – Temporary Foreign Worker Program
UN – United Nations
UNHCR – United Nations High Commissioner for Refugees
WHO – World Health Organization

Introduction

The body has been made so problematic for women that it has often seemed easier to shrug it off and travel as a disembodied spirit.
– Adrienne Rich, Of Woman Born: Motherhood as Experience and Institution, 1995

All women, no matter where they live, should have access to the safe, quality health care they need. By investing in sexual and reproductive health rights, and maternal, newborn, and child health, we can build a more just, equal, and prosperous world.
– Prime Minister Justin Trudeau, 2019

She had just put her baby down for a nap and we sat together at her kitchen table sipping tea. It was a wet spring day, but snowbanks still touched the windows of her basement apartment. She got up occasionally to attend to the food cooking on the stove, bemoaning that her baby was becoming a picky eater. As Vivian[1] spoke, she gestured to the boots that sat by the front door. They were brown ankle-high Ugg boots – cozy at one point, but not meant for wet Montreal winters and slick sidewalks, now stained by salt. Those were the boots she wore when she walked across the border just over a year ago, she explained. She was nearly nine months pregnant then. At a time when the rise in asylum seekers coming to Canada was increasingly being viewed as a crisis – a crisis for the welfare state, a crisis for national sovereignty – Vivian shared with me her own experience of this crisis. Leaving behind her family and belongings, she pursued the only path she saw open for her own safety and that of the daughter she carried in her belly. She recounted her migration journey and the birth story of her baby. Through sadness and frustration, she laid out the struggles she faced every day to make ends meet as a single mother trying to create stability from a position of immigration precarity. After every paycheque she vowed that next time she would buy herself proper winter boots, but after rent, food, and diapers there never seemed to be enough. So, she is still walking in those boots.

I will never forget those boots and what they symbolized. Pregnancy and childbirth are often experienced as moments of embodied resilience, power, and wonder; but they are also times when people manage conditions of extreme vulnerability. Although these are profoundly personal and intimate experiences, they are intertwined with one's community, society, and country – birthing the branches of the family tree, the citizens of tomorrow, the caregivers and the workers that will sustain our communities for years to come. As such, they speak not only to interpersonal relationships, but also relationship to the state – the rights and responsibilities that the governing and the governed are beholden to which come to constitute the dynamics of citizenship. To this end, "[m]otherhood is deeply politicized, both as a means to control women and a means by which women seek to gain control over their lives" (Ross & Solinger, 2017, p. 168). This project began with reflection on these differing experiences of motherhood and the policies and politics that structure them. What enables Vivian to act with self-determination as she makes reproductive choices and navigates motherhood and what holds her back? Or in other words: what do our politics and policies signal about whose reproduction, whose families, are valued by society?

[1] Pseudonyms are used to protect the identities of participants.

In this dissertation, the rights conferred by the state regarding if, when, with who, and under what conditions a person may have children are conceptualized as *reproductive citizenship* (Richardson & Turner, 2001; Ross & Solinger, 2017). Reproductive citizenship is a nascent concept within citizenship studies, first attributed to Bryan S. Turner (2001) and more recently popularized within studies on biomedical technologies and reproduction (for example, Cattapan, 2015; Lupton, 2012; see also: Richardson & Turner, 2001; Roseneil et al., 2013). Turner used this term to conceptualize social rights and resources (for example, healthcare, childcare subsidies, family allowances, and public education), that have been tied to the reproductive labour of citizens as the "reproducers of the nation" (2001a, p. 193). In the Canadian context, this is represented by a rather expansive set of social rights that encourage the formulation of certain families through access to these entitlements. On the other hand, through restricting access to the rights of reproductive citizenship, the state signals who it deems most suitable for reproducing its citizenry. Such exclusions disproportionately disadvantage pregnant people who are racialized, low-income, LGBTQ+, non-citizens, or live with disabilities.

The politics of citizenship and immigration can tell us about the way the state views migrant families and their reproductive rights. States such as Canada position themselves as protectors of human rights for their citizens. The role of the state in protecting the rights of other residents living within its borders is less clear. Canada now accepts more people into the country on a temporary basis than it does for permanent immigration. This group of people falls into the category of heightened vulnerability as precarious status migrants. Precarious status migrants who have children and care for them in Canada may struggle with losing their jobs and residency status, accessing healthcare for themselves and their children, and managing forced family separation. The protections and entitlements that exist for citizens are only partially or conditionally available for precarious status migrants – an experience I have conceptualized as *precarious reproductive citizenship*.

While such divisions based on formal citizenship continue, many states have begun to extend the rights associated with formal citizenship to non-members (Soysal, 1994; Basok, 2004). Within Canada, for example, most temporary workers are eligible for health insurance, formally protected by established labour standards, and can pay into and access programs such as maternity leave and pension programs. The children of most temporary residents can attend public schools at no cost. Although meeting formal eligibility requirements does not always translate into accessibility and there have been instances of retrenchment, overall the direction has generally been towards rights-expansion. The politics governing reproductive rights, however, are more complex. In countries like Canada with *jus soli* citizenship, having a child within Canadian borders is not simply about providing services; it's also about formal membership. Given this, the reproductive rights of migrants are positioned against national sovereignty. In a context where reproductive rights are ostensibly framed under the 'right to choose'– what does it mean to the state when a migrant pregnant person chooses? what does it mean when a migrant pregnant person chooses in a way that doesn't fit with the prerogatives of that state? what choices does she have? Vivian's choice to have her baby put her life at risk – how does her choice fit with the right to choose? Are these the choices Canada imagined? Are these the pregnant people Canada envisioned doing the choosing? While the details of Vivian's story are unique, in many ways this could have been any one of the migrant women I spoke to throughout the course of this research. When an international student becomes pregnant what choices do they have? A temporary worker? A visitor?

This research was guided by the following two questions:

1) How does citizenship and immigration policy in Canada impact access to reproductive rights for precarious status residents; and, in particular, how is this lived as they consider creating and caring for families in Canada?
2) What are the implications of a reproductive justice approach to reproductive rights for immigration and citizenship policy in Canada? Is migrant justice possible without reproductive justice?

In order to address these questions, I operationalized reproductive justice as an analytic lens through the development of a Reproductive Justice Framework (RJF). As the concept grounding this frames, reproductive justice is defined as the

> conditions of liberation that will exist when all people have the power and resources necessary to make their own decisions about their bodies, health, gender, sexuality, relationships, families, and communities, to create and choose their families, and to reproduce their communities as a whole—all with dignity, self-determination, and genuine support (SisterLove, Inc., 2017, pp. 3–4).

This encompasses the right to choose whether or not to have children and right to care for one's children in a safe and healthy environment (Ross & Solinger, 2017). Reproductive justice represents a holistic and intersectional understanding of reproductive rights that extends beyond formal legal entitlements, drawing on the lived experiences of marginalized communities in order to unpack otherwise invisibilized dimensions of a given policy and politics. In particular, the RJF positions immigration policies and politics as playing a key role in structuring reproductive experiences in certain communities. The objective is to understand the ways in which having precarious status in Canada influences a person's experience of pregnancy and what these experiences indicate about the need to re-imagine policies that construct immigration precarity and exclude certain residents from their right to create and care for their families. In doing so, it illustrates why conceptions of migrant justice need to include reproductive justice.

This research is based on narrative interviews with women who have experienced both pregnancy and precarious immigration status while living in Montreal, Canada. These interviews bring together experiences of international students, temporary workers, refugee claimants, and others, to highlight the ways in which their immigration status and lack of permanency shapes their experience of creating and caring for their families. Narrative interviews were supplemented by interviews with service providers and a review of relevant provincial and federal policies. The results of analysis show that, despite advocating for a gender-based analysis of migration and making reproductive rights and maternal wellbeing policy priorities, both nationally and internationally, Canada continues to enthusiastically pursue a migration regime that fails to consider the reproductive rights and maternal wellbeing of migrants in Canada, putting them at risk.

This dissertation argues that precarious status migration in Canada is an issue of reproductive justice. Specifically, it argues that, through the use of precarious immigration categories, reproductive citizenship in Canada still operates under a nation-building logic that purports to

justify the exclusion of certain pregnant people from accessing reproductive rights. Immigration categories are used by the state to 'manage migration' and, to the extent that these systems prevent or obscure access to important care and create situations of family separation, have the effect of also 'managing reproduction.' These immigration categories and processes therefore act as structural barriers to reproductive justice and work to deny "maternal legitimacy" (Ross & Solinger, 2017, p. 3). In particular, immigration systems are not designed for migrants as wilful pregnant bodies – those who make reproductive decisions irrespective of the national will (Ahmed, 2014). In contrast to reproduction for full legal citizens (white, able-bodied, middle- & upper-class, hetero nuclear families, in particular), dominant immigration narratives and restricted access to healthcare and other social resources signal migrant reproduction as a threat to the nation (Larios, 2019b). In a reproductive rights context shaped through neo/liberal discourses of 'choice,' to carry out a pregnancy while having precarious immigration status means being responsible for your own exclusion. Precarious immigration status, in particular, is then used to undermine the needs of pregnant migrants and their families and legitimate their exclusion. This research highlights some of the impacts of this exclusion – for example, challenges accessing prenatal and obstetric care, feeling a loss of bodily integrity and voice within the childbirth process, challenges providing for the family's basic needs. The expansion of temporary migration categories, therefore, is not only an issue of migrant justice but also intertwined with reproductive justice.

Canadian immigration and the politics of reproduction

As of 2008, Canada has accepted more people into its borders on a temporary basis than for permanent settlement and has rapidly developed an increasingly complex labyrinth of temporary migration programs, some which may eventually act as pathways to permanent residency and other which do not (Lenard & Straehle, 2012). As a result, there is an increasing number of people whose residency in Canada is contingent and relatively unstable, and whose access to basic services may be restricted, putting them in a position of relative precarity compared to Canadian citizens and permanent residents. This includes people who may have entered Canada as migrant workers through one of Canada's many temporary labour migration programs, as international students, as visitors, as someone waiting for in-land family sponsorship, or as asylum seekers. Furthermore, this experience is not static, with people often moving from one category of precarity to another – for example, from student to worker, from visitor to family sponsorship applicant – while also experiencing lapses in immigration status or at times falling out of status altogether. Taken together, this experience is referred to as having precarious legal status. This includes "authorized and unauthorized forms of non-citizenship that are institutionally produced" through Canadian immigration policies and procedures, "and share a precarity rooted in the conditionality of presence and access" (Goldring & Landolt, 2013, p. 3). *Conditionality of presence* refers to having a legal status that does not secure the right for a person to stay permanently within the country or makes ones right to be in the country conditional on a third party – for example, an employer, a university, a family member, or the Immigration and Refugee Board (Oxman-Martinez et al., 2005). Precarious immigration status also intersects with other forms of precarity through *conditionality of access* by limiting access to certain public resources and services based on immigration status.

Pregnancy and birth by people without permanent status is a contentious issue for many states, including Canada, as they manage the boundaries of their welfare state and citizenship inclusion (Buhler, 2002; Jenson, 1986; Wilton, 2008). These politics are mired in discourses of 'anchor

babies' and 'birth tourism' that tend to criminalize the pregnant migrant body (Browne, 2002; Larios, 2019b; Lozanski, 2020). Many people with precarious immigration status are not eligible for public healthcare insurance because of their status – for example, certain international students and temporary workers (in some provinces), rejected refugees, visitors here for various reasons, and those transitioning between permits or visas. For pregnant migrants without access to public health insurance, the high cost of service prompts people to put off accessing care, which in some circumstances, can have serious risks and long-term health consequences (Almeida et al., 2013; Gagnon et al., 2013; Merry, Vangen, et al., 2016). Furthermore, their immigration status may defacto prevent them from accessing benefits like preventative, maternal, and parental leave which are intended to allow for a healthy pregnancy and post-birth recovery (Hanley, Larios, et al., 2020; Oxman-Martinez et al., 2005). Poor interactions with the healthcare environment and service providers has also been a barrier to maternal healthcare access (Almeida et al., 2013).

To the extent that these exclusion criteria dissuade (or are intended to dissuade) pregnant migrants from giving birth in Canada, they also become mechanisms of policing the boundaries of the national body. Canada has a history of deliberately using immigration policy to discourage the settlement of racialized migrant families and actively encourage white, mostly European or British, settlers. Although Canadian immigration and citizenship policies have moved away from this overt racialized targeting, differential impacts which disproportionately exclude racialized women of lesser socio-economic privilege these policies still result (Abu-Laban, 2008; Stasiulis & Bakan, 2005; Thobani, 2000, 2001). As Canada expands its reliance on temporary migration and the number of female migrants globally continues to expand, the issue of pregnancy for precarious status migrants becomes increasingly more pertinent. Critical immigration and citizenship scholarship has captured well the gendered and racialized dimensions of Canadian immigration; however, in the context of rights expansion for precarious status migrants, a fuller account of reproductive citizenship as it intersects with immigration status is needed. In particular, there is a need for analysis that extends beyond tired tropes that politicize and criminalize racialized migrant women for purportedly having 'passport babies' and takes seriously sexual and reproductive autonomy as a global human right.[2] Using reproductive justice as an analytic lens, this dissertation contributes to our empirical knowledge of how reproductive citizenship is experienced by pregnant people with precarious immigration status in Canada and theorizes around the barriers to the full realization of their reproductive self-determination.

Reproductive justice as an analytic lens for policy analysis

Reproductive justice (as defined above) emerged from the activism of Black women and otherwise marginalized communities calling for a more expansive, intersectional understanding of reproductive rights advocacy that includes (1) the right not to have a child; (2) the right to have a child; and (3) the right to parent children in healthy environments (Ross & Solinger, 2017). Reproductive justice is therefore both a normative appeal for reproductive freedom for all people, as well as an analytic lens for understanding structural barriers that lead to reproductive oppression – in particular, white supremacy and neoliberal capitalism.

[2] For critique of the "passport baby" narrative and politicization of migrant pregnant people in the Canadian context see, for example, Browne (2002), Buhler (2002) Larios (2020), and Lozanski (2020).

Reproductive justice activism and scholarship have highlighted the many ways in which reproductive citizenship is differentially produced and experienced by different groups of people (for example, in the US context: Gurr, 2015; Gutiérrez, 2008; Roberts, 1997). In particular, they have documented the conditions of reproductive citizenship – the programs and policies developed by the state to actively suppress the reproduction of racialized and otherwise marginalized communities while actively encouraging the reproduction of the majority group (white, middle-class, able-bodied, hetero-cis families). They contend that reproductive rights activism (in the US and elsewhere) has centred on the reproductive experiences of white, middle-class women framed through pro-choice discourses and has not been attentive to the needs and experiences of these other communities. In particular, they argue that reproductive rights activism has failed to account for the structural conditions that shape how 'choice' is differentially experienced (Chrisler, 2013). While one may have a legal right to abortion or other forms of reproductive care, access is not necessarily guaranteed in any meaningful way. Reproductive justice advocates and scholars have highlighted the state's role in constructing and managing these experiences of creating and caring for families through various policies and programs that shape genuine access – for example, health and reproductive care, economic redistribution, Indigenous issues, criminal justice, and immigration. When these rights (as well as meaningful access to these rights) are contingent on maintaining a particular legal status or criteria, which may also be conditional upon a third party, I have conceptualized this as *precarious reproductive citizenship*.

The RJF provides an analytic lens to interrogate the inequalities embedded within reproductive citizenship as a lived experience within a given state. It begins by asking how marginalized people represent their experiences and what these stories tell us about reproductive citizenship. By centring the experiences of marginalized communities within the analysis, the RJF exposes how structural oppression is lived and brings to the foreground the marginalized narratives and expressions of this experience. Using an intersectional analysis of structural oppression, the framework requires the researcher to consider the ways in which these experiences are shaped by structural conditions operating in accordance with logic of broader phenomena (such as colonialism, neoliberalism, and white heteropatriarchy) and therefore differentially shaped by race, gender, socio-economic status, ability, sexuality, and immigration status. Lastly, as a framework grounded in activism, researchers are prompted to consider what interventions (policy or otherwise) would meaningfully address the challenges of reproductive oppression as raised by community members. Reproductive justice activists and scholars have advocated for the recognitions of human rights on the basis of one's humanity rather than a given legal status. In doing so, their proposed interventions are two-fold: pressuring nation-states for rights expansion that supports the needs of marginalized communities in their ongoing daily lives; and (2) pushing for a more radical re-conceptualization of global human rights and our relationships to each other based on a shared humanity.

Within this research, I focus the RJF on the issue of precarious status migration in Canada, informed by Canadian immigration and citizenship studies. While reproductive justice is gaining in popularity within Canadian reproductive health activism and scholarship, it has yet to be used to discuss precarious status migration in Canada (although see: Abji & Larios, 2020; Cohen & Caxaj, 2018). As such, this dissertation represents a novel application of the RJF that expands both Canadian migration scholarship and reproductive justice scholarship. In an immigration context characterized by increases in precarious migration as well as increases in migrants who can become

pregnant, centring people's reproductive experiences and citizenship within this analysis of Canadian immigration allows for a deeper understanding of what precarious migration means for families, pregnant people, and reproduction more broadly, beyond the established narratives that position pregnant migrants as a threat to the welfare state and national sovereignty. Furthermore, the RJF allows for a careful critique of the conceptualization of the individual as fully autonomous chooser within a marketplace of equally accessible options by focusing analysis on the structural factors shape the reproductive 'choices' available to people. It highlights how this focus on individual's choices without this broader structural analysis provides a narrative that legitimates precarious reproductive citizenship and unequal rights access.

While acknowledging that reproductive justice concerns a broadly defined set of issues that encapsulates various experiences of sexuality, intimacy, and reproductive activity and labour that are not limited by gender identity or biological anatomy (Ross & Solinger, 2017) and that families are created and cared for in various ways, this research uses the experience of pregnancy as its focal point within this complex and layered area of study. Pregnancy was chosen as a focal point because of the profound impact this experience can have on identities and changing relationships between pregnant people and their families, their employers, their communities, and the state. In particular, pregnancy represents a key moment of heightened vulnerability to the everyday implications of public policy, as shaped by race and gender, as well as other identities and elements of social location such as precarious legal status, as outlined above (Neysmith et al., 2005). While this is acknowledged within the broader literature on precarious status migrants in Canada, it has seldom been the focus of study, but rather part of a broader discussion of employment (Hanley & Shragge, 2009; McLaughlin & Hennebry, 2013) or service access (Almeida et al., 2013; Munro, Jarvis, Munoz, et al., 2013; Oxman-Martinez et al., 2005).[3] Lastly, a focus on the experience of pregnancy allows for exploration of each of the key principles of reproductive justice, namely the right to have or not have a child and the right to parent and care for that child in a safe and healthy environment. The experience of pregnancy is therefore treated as an "emblematic issue" (Hajer, n.d.) that can be used as a vehicle for broader discussions of reproductive justice and oppression. In this study, the experience of pregnancy includes carrying the pregnancy to term and caring for the child directly or arranging alternative care for the child, as well as the intentional or unintentional termination of a pregnancy.

Note on positionality

This project is grounded in feminist methodology that considers the researcher as a situated and embodied subject, whose positionality has a role in shaping the research, interpreting the data, and mediating knowledge production (Fonow & Cook, 1991). As such, I recognize that my own identity as a white, hetero-cisgender woman of relative socio-economic, educational, and political privilege informs my understanding of reproductive rights and my capacity to understand and represent the experiences of my participants. As summarized by Caroline R. McFadden, "White women are unable to fully understand the multifaceted and intersectional racialized marginalization experienced by women of color because we do not embody it. If [reproductive justice theory] is the lens, privilege is the fog" (2017, p. 241). I pursue this research both as white

[3] Although see recent work, including: Abji and Larios (2020), Cohen and Cajax (2018), Hanley, Larios, et al. (2020), Lozanski (2020).

Canadian woman and feminist ally engaging in reflexive awareness of my potential biases in order to represent as fully as possible the experiences of my participants (see Chapter 3).

Despite the flourishing of non-white feminist organizing and theorizing, the mainstream white liberal feminist perspective continues to dominate reproductive rights activism (McFadden, 2017; Ross, 2017a). Likewise, the academic scholarship focusing on reproductive rights has been predominately conceptualized and authored by white women. This scholarship has a history of generalizing the experiences of white women as the norm, while failing to attune to the ways in which "sexuality, pregnancy, and motherhood are deeply racialized experiences" (McFadden, 2017, p. 242). Furthermore, white feminist activists and theorists have a pattern of co-opting "non-white feminist frameworks and language" to further their own agendas (2017, p. 242; see also: Derkas, 2017). As I engaged in this research project, I endeavoured to align my approach with the mandate of the Reproductive Justice Movement. It is important to acknowledge that the Reproductive Justice Framework is rooted in the political struggles and embodied knowledges of Black women (and otherwise marginalized communities) (see Chapter 2). Reproductive justice activists and scholars have provided theorists of reproductive politics tools to make visible what people of privilege otherwise could not see – experiences that were not included and power dynamics that were left uninterrogated. This project, like so many others, benefits from this political and intellectual genealogy.

The recent push by reproductive justice activists to document the core principles and evolution of reproductive justice as a theory and analytic framework comes from this history of misappropriation (Ross, 2017c). While there has been debate among reproductive justice advocates over who can rightfully use reproductive justice as a framework, Loretta Ross and other founders of the Movement have insisted that reproductive justice "applies to everyone" (2017c, p. 301). More specifically, she argues that "every human being has an intersectional mosaic of experiences subjected to forms of bodily control by society" (2017a, p. 223). While others have suggested that reproductive justice is a term that should only be used by racialized women, Ross critiques this as a "limited, essentialist analysis" that undermines Black women's ability to create "universal theory and praxis" that applies beyond their own social location (2017c, p. 301). Further, mobilizing the practice of 'calling in' rather than 'calling out', limiting use of reproductive justice undermines the important work that can be (and has already be done) by bringing together various groups of allies to fight for human rights (Ross, 2019). What is problematic, however, is a failure to abide by the core principles of the framework.

Reproductive justice is a normative framework that requires outright resistance to patriarchy, neoliberal capitalism, and white supremacy. In the words of Ross,

> For white allies (and people of color, too) to successfully engage in [reproductive justice theory] with integrity, they must question neoliberal discourses about individual rights and the marketplace of choices denied to the vulnerable members of our society. In particular, white feminists must overcome their fear of challenging white supremacy by understanding that it is an ideology and not inherent in any race of people" (2017a, p. 223).

My politics and personal ethics are not neutral on issues of reproductive rights and migrant justice, and my position as a participant and ally in these political struggles is something I did not

endeavour to sideline in this research. These are active political struggles and as white Canadian feminist allies, in particular, it is important to "risk moving beyond sympathy or intellectual understanding" (Derkas, 2017, p. 276) and see this work as part of this resistance. This dissertation is an extension of on-going allyship and engagement in community work around these issues. Rather than undermining my objectivity, my transparency regarding these positions both in my writing and as I conducted my research builds in an accountability both to academic rigour and to community ally-ship. Furthermore, this transparency allows me to develop more trusting relationships with my participants and produces a richer and deeper collection of data than would otherwise be possible. Feminist researchers of relative privilege "must truly care, even when our experiences aren't at the center of a theory or praxis. Otherwise, our scholarship isn't comprehensive, our activism isn't inclusive, and our feminism is violent" (McFadden, 2017, p. 243).

Note on terminology

This dissertation recognizes the limits of conventional terminology that relies on binary definitions of gender and as well as citizenship status. Within this section, I will explain my choice of terminology.

Migrants and precarious immigration status.

This project centres on the experiences of migrants with precarious immigration status in Canada. Following the International Organization for Migration (IOM), I use the term *migrant* throughout this project as an umbrella term to capture the experience of anyone who moves away from their usual place of residence, regardless of reason, intention, or duration (2015). Specifically, due to its broad usage within the academic literature, advocacy and activist communities, and popular discourse, the term *migrant* in this dissertation will reference *precarious status migrants* as a group consisting of individuals whose presence in Canada is discursively constituted as temporary or illegal/unauthorized, but who nonetheless may have an enduring presence in Canada. That being said, this category allows for a range of different statuses, some of which provide more privileges and opportunities that can be strategically mobilized compared to others. Within the contemporary Canadian immigration context, the term precarious status residents refers to individuals living in Canada as temporary workers (and their families), as international students (and their families), as visitors (for the purposes of tourism, family sponsorship, etc.), asylum seekers/refugee claimants (and in some cases accepted refugees), and those who have fallen out of status or who entered undocumented (Goldring et al., 2007; Oxman-Martinez et al., 2005). In particular, this project used the term precarious status to inclusively highlight the commonality of experiences of these different groups, while also highlighting the great variety of experiences beyond common dichotomies of *citizen*/*non-citizen*, *authorized/non-authorized, legal/illegal*, and so forth (see Chapter 1 for further discussion). As such, precarious status is meant to capture "varied forms of irregularity [and the ways that] there may be movement among various forms of irregularity, and between these and legality" (Goldring et al., 2009, p. 255).

Women and pregnant people.

This project also centres on the experience of pregnancy, as it intersects with precarious status. Pregnancy has traditionally been a female- and woman-identified experience. The impact of

pregnancy on health, employment, family-life, and other facets of wellbeing have been overwhelmingly sexed and gendered, with female- and woman-identified individuals disproportionately experiencing the brunt of these challenges (Johnson, 2008). Policy documents, the majority of the existing literature, along with public discourse and practice continue to predominately frame the experience of pregnancy this way. The reality of this impact as a consequence of legacies of systemic inequality and oppression as experienced by women as a social category should not be lost. On the other hand, it is also important to acknowledge the limitations of traditional binary concepts of gender and sex – specific to this study, it is important to acknowledge that not all people who experience pregnancy identify as women (for example, see: Epstein, 2011; Mamo, 2018; Stacey, 2018). Furthermore, failure to acknowledge pregnancy as an experience taken up not only by women, but also trans-men, non-binary, queer, and intersex people, perpetuates the type of exclusion that already makes it difficult for gender-non-conforming people to access reproductive health and perinatal care (Clarke, 2020). In the context of this study, pregnant gender non-conforming precarious status migrants are situated at an intersection of exclusion based on immigration status (often also racialized and classed) as well as gender identity (Luibhéid, 2002, 2015). While not an explicit issue for pregnant migrant participants of this study (who all identified as women and mothers), it is nonetheless important to acknowledge and consider this as an area of future research (see Conclusion). Following the lead of Loretta Ross and Rickie Solinger (2017), this dissertation will employ gender-neutral language, such as *people who have experienced pregnancy*, *pregnant people,* and *birth-givers,* but will also use the terms *woman* and *mother* in cases where participants have explicitly identified with that language, when referencing public discourses that are explicitly gendered, and cases where policies or other documentation have used language that targets women or mothers.

Overview of chapters

Chapters 1 offers a literature review that situates this project within current Canadian immigration and citizenship scholarship. First, I draw on literature that demonstrates the increasingly precarity of female migration and how it intersects with sexuality and reproduction (both as push and pull factors) hinting at the overall salience of issues of pregnancy and precarious immigration status and the need for developing new frameworks for understanding these phenomena. I then turn to discuss the concept of citizenship as vehicle for understanding how states view migrant families and their reproductive rights – highlighting in particular feminist critiques (for example, Lister, 1997; Walby, 1994) and those that centre non-citizenship (for example, Bosniak, 2000; Goldring & Landolt, 2013; Soysal, 1994). The chapter then shifts to discuss how the boundaries of citizenship are enacted in the Canadian context. I provide policy overview of institutionally produced categories of immigration precarity – for example, temporary workers, international students, asylum seekers, spousal sponsorship applicants, and non-status migrants. It then identifies four main themes within the literature on precarious status migration, with a focus on the Quebec context – namely, criminalization and legal protections, issues related to employment, access to health and social services, and family life and caregiving concerns. A number of these studies do include examples or implications of pregnancy for migrants in Canada, however, deliberate focus on pregnancy has been a more recent addition to Canadian migration studies – documenting, for example, the criminalization of pregnant migrants (for example: Abji & Larios, 2020; Lozanski, 2020) and lack of employment protections (for example, Hanley, Larios et al., 2020). Additionally, there is a growing body of health literature examining the impact of precarious migration status on access to prenatal care and health outcomes (for example, Rousseau

et al., 2014). Lastly, I provide a review of reproductive citizenship in Canada as it insects with immigration. This review extends a thread from historical family migration schemes, to the differential experiences of state-regulation of reproductive rights and healthcare, and finally to key challenges experienced by precarious status migrants. Building on this literature, I argue that precarious immigration status is a barrier to accessing full reproductive rights and protections in Canada shaped by nation-building legacies that continue to position pregnant migrants outside the boundaries of citizenship.

Based on this, Chapter 2 outlines the use of reproductive justice as an analytic framework for understanding the experiences of pregnant precarious status migrants and the policies and politics that shape them (as discussed above). In order to unpack the theoretical underpinnings of this framework, I highlighted three key pillars as central to the framework: the importance of an intersectional analysis of oppression, of centring the experiences of marginalized communities, and of advocating for human rights. By using the RJF, I was able to centre the reproductive experiences of migrants in Canada, and reproductive bodies as wilful subjects, in particular, within the study of Canadian citizenship and immigration. I developed the concept *precarious reproductive citizenship* to articulate the precarious nature of the state's commitment to protecting reproductive rights of non-citizen community members. The RJF was used to analyze the stories of people who had experienced pregnancy while having precarious immigration status.

Storytelling is central to reproductive justice, both as an activist movement and as an analytic framework. It serves as a means for marginalized communities to assert their subjectivity and provides a platform for perspectives and lived experiences that are otherwise not widely considered in political processes. As such, the RJF necessitates a method that recognizes the experiences and stories of community members, privileging them first and foremost as a means to understanding how the policies and political structures operate and what they come to mean in the daily lives of people. To do so, I drew from feminist policy studies to develop a narrative approach that would provide an understanding of how these policies shape people's day-to-day experiences and the trajectory of their lives (Esposito et al., 2019; Orsini & Scala, 2006; Paterson et al., 2019). Chapter 3 provides a discussion of my use of narrative method, including steps taken during recruitment, interviewing, and analysis.

Chapters 4, 5, and 6 contain the findings of this analysis. These empirical chapters are organized according to three types of stories that were common across almost all interviews. Participants shared migration stories, pregnancy and birth stories, and motherhood stories. While the details of these stories varied widely, there were also underlying commonalities. These commonalities were conceptualized as *metanarratives* (Hajer, 1993; Paterson et al., 2019). While individual stories remain important, they are part of a broader set of dynamics and structures. Reproductive justice activists talk about the need to "link personal stories to collective experiences to form a platform for shared political action" (Ross, 2017a, p. 204). In the context of policy studies, I use metanarratives as an analytic tool to link the personal stories of participants together. Metanarratives allow the researcher to connect these stories to a broader structural analysis and build an argument about what these structures come to mean in the lives of pregnant precarious status migrants. The empirical chapters are therefore each comprised of three metanarratives which are represented by highlighting an individual narrative account that speaks to the metanarrative.

Chapter 4 presents participants' migration stories through focusing on three metanarratives. First, represented in Vivian's story (as introduced above), we come to see immigration and reproduction as interwoven aspirations. Many participants framed immigration as a caregiving strategy; however, who is able to pursue these strategies and how they are perceived when they do migrate for reasons related to reproduction is shaped by nationality and race. The Canadian immigration system is not easily amenable to the needs of reproductive bodies and what it means to be pregnant. This is further realized in the second metanarrative of migration management as reproductive management, as represented by the story of Sana, an international student who arrived in Canada while just over three months pregnant. Sana's story, along with the experiences of many other participants, illustrates how bureaucratic categories, infrastructure, and procedures of immigration impact people's ability to access safe and dignified birth and care for their families. From the perspective of the state, these procedures are meant to monitor whether people still fit the within their assigned migration category; however, as pregnancy and birth tend to complicate how one relates to their category, this can lead to an intensification of vulnerability. Third, the consequences of this are very much shaped by nationality, race, and socio-economic status, as represented by the story of Reyna, a live-in caregiver who lost her legal status due to her pregnancy. These stories uncover a system operating from an androcentric over-simplification of both pregnancy and migration that ceases to accommodate the reproductive realities common to many forms of migration.

Building on these migration metanarratives, the stories of pregnancy and birth shared in Chapter 5 centre on the impact of restricting healthcare eligibility according to immigration status. Immigration status is used to justify precarious reproductive citizenship while responsibilizing individuals for their own healthcare needs under the neoliberal logic of 'choice' – people chose to come here and therefore chose these healthcare conditions. The stories presented in Chapter 4 complicate this idea of choice by revealing how these choices are shaped, challenged and contorted by broader structural dynamics. Nonetheless, the logic of choice comes to define participants' interactions with the healthcare system as they access prenatal, obstetric, and postpartum care. The first metanarrative is represented through the story of Maya, a mother without health insurance who opted for a home birth. Her story, along with those shared by many other participants, highlight the role of service providers as gatekeepers to care. Accessing care required navigating a range of gatekeepers with varying attitudes towards providing care to pregnant migrant people. Elodie, a temporary worker who was fired for being pregnant and subsequently lost access to her health insurance, describes feeling dehumanized through the monetization of healthcare and being consistently framed as someone who may 'abuse of the system' in the second metanarrative. Participants without health insurance describe being framed as untrustworthy and potential abusers of the healthcare system while trying to negotiate access to care. The final metanarrative, as illustrated through the story shared by Marisol, in Canada on a temporary resident visa awaiting family sponsorship, describes how these dynamics undermined her sense of bodily integrity and voice during childbirth. After being continually framed as undeserving of healthcare, many participants felt they did not have the right to complain. The stories shared in Chapter 5 highlight the emotional and physical impacts of struggling access healthcare during pregnancy and for childbirth when care is restricted due to status.

Lastly, Chapter 6 follows participants' journeys through to their experiences of navigating motherhood with precarious immigration status. The first metanarrative in this chapter, represented by the story shared by Blessing, a refugee claimant with three children, unpacks how immigration status shapes financial in/stability and how parents are able to provide for their families. As with prenatal and obstetric care, access to resources, programs meant to support new mothers and families with young children (such as parental leave and daycare), can be restricted based on immigration status. In the absence of public options, mothers depend on expensive private options or informal supports, yet, for many participants, family members who would otherwise provide informal support were not living in Canada. Speaking to the transnationalization of care, it was relatively common for participants' own mothers to secure temporary visas and fly to Canada to support them after childbirth. Family separation – from extended family networks, but also from spouse and older children – were common among participants. The story of Rosamie, a live-in caregiver who spent six years living apart from her oldest child, represents the metanarrative of transnational configurations of caregiving. Lastly, the story of Farah, an international student with two children, illustrates the challenges many participants faced finding community and struggling with belonging. This story highlights how many participants continue to navigate the consequences of the multiple layers of structural exclusion they experienced when having precarious status if they eventually secured permanent residency. Precarious reproductive citizenship can continue to shape a person's experience of motherhood and family life well after the birth of their baby. Although each experience of motherhood shared was uniquely marked by different immigration, family, and socio-economic status, as well as experiences of racialization, each was impacted negatively by having precarious reproductive citizenship and the structural barriers established by the state that came to signal that their experience of reproduction, and subsequently their families, would not be supported.

The dissertation concludes with a reflection on the ways in which migrant justice and reproductive justice are intertwined and what these dynamics mean for activism, policymaking, and theorizing in both immigration and reproductive politics moving forward. Participants and key informants raised a number of policy issues which they saw as barriers to reproductive justice. Here I summarize the most salient policy issues. Notably, participants also draw from both global conceptions of human rights (rights granted to all people in virtue of their humanity) and legal rights (rights granted by the state in virtue of one's citizenship status) in order to voice their concerns and make their claims. This highlights how global human rights frameworks and conceptions of postnational citizenship may be particularly important for reproductive rights advocacy moving forward.

Chapter 1

Immigration and Reproductive Citizenship in Canada

> *The settlement aspect of nation building has always relied on a (hidden) gendered aspect: people stay in a new place because women build families and put down roots.*
> *– Catherine Dauvergne, The New Politics of Immigration and the End of Settler Societies, 2016*

> *The regulation of women's bodies… reflected dominant beliefs about who should, and should not, be encouraged to procreate and by extension, about which people were valuable as citizens.*
> *– Shannon Stettner, Without Apology, 2016*

Motherhood, as an experience and identity, is socially constructed by state policies and through social and political discourse, with different understandings and policies creating different maternity experiences for different groups of people (Jenson, 1986; see also, for example: Johnson, 2008; Paterson, 2011; Shaw, 2013). One source of the state's interest in the intimate lives of women and other birth-givers can be located in their reproductive potential, in most cases targeting women to create and care for the nation-state's future workers, soldiers, and citizens (Abu-Laban, 2008). As Deniz Kandiyoti describes,

> Women bear the burden of being 'mothers of the nation' (a duty that gets ideologically defined to suit official priorities) as well as those who reproduce the boundaries of ethnic/national groups, who transmit the culture and who are the privileged signifiers of national difference (1994, pp. 376–377).

However, the roles played by different groups of women and other birth-givers in the reproduction of the nation are reflective of their position in society, with majority-group women occupying different roles than birthing people from 'othered' groups, for example colonized or migrant communities (Anathias, 1991; Lonergan, 2012; Wilton, 2008). This produces patterns of "stratified reproduction" along a hierarchy often determined by race, ethnicity, immigration status, class, sexuality, and ability (Colen, 1995). These categories, as with immigration, continue to be shaped by legacies of oppression propagated by the state against Indigenous, Black, and immigrant communities (Ross & Solinger, 2017).

This chapter provides an overview of the nexus of immigration and reproductive politics with a focus on historical nation-building projects and contemporary impacts of those legacies. First, I will provide a broad overview of the ways in which contemporary precarious migration intersects with sexuality and reproduction as a particularly gendered experience. The feminization of migration raises important questions for states concerning the boundaries of legal membership and rights allocation. These complexities will be discussed, first, using feminist critiques of conventional citizenship that introduce the concept of *reproductive citizenship*, and second, using critiques that centre experiences of non-citizenship and introduce the concept of *precarious immigration status*. The chapter will then explore how the boundaries of citizenship play out within the Canadian context by highlighting the underlying racialized and gendered nature of immigration

in Canada despite liberalization and then by examining the various forms of precarious migration categories that exist in Canada. Lastly, I will focus more directly on reproductive citizenship for migrants in Canada, drawing a line through early family immigration schemes, developments in reproductive care, and issues of access for precarious status migrants. Overall, this literature review highlights how precarious status migration and reproduction intersect to create unique challenges for the state and for those who find themselves both pregnant and without full citizenship status.

Gender and precarious migration in the contemporary context

The *feminization of migration*, or the global increase in female-led migration, is a frequently cited global trend (de Leon Siantz, 2013). In 2019, it was estimated that approximately 47.9% of all international migrants were female, equating to roughly 130.1 million female migrants (International Organization for Migration, 2020). The recent Global Compact for Safe, Orderly, and Regular Migration (United Nations, 2018), signed by 90% of the world's countries, affirmed the need for a "gender-responsive" approach to managing global migration that aims to reduce gender-based migration vulnerabilities through, for example, increased collection of gender-based and sex-segregated data and the advancement of gender-responsive protocols. The highly gendered nature of migration has long been an issue of investigation for critical migration scholars, in particular as it intersects with other vectors of oppression and impacts the lives of migrants (especially for migrants with uteruses, often gendered as women within the literature and the public narratives that frame their mobility and fertility). As explored in this section, there is a burgeoning literature on contemporary precarious migration that has examined this issue on numerous fronts, including the conditions prompting them to migrate, the pathways available to them, and conditions faced in transit or at their destination.

Gender and migration push factors

Gender frequently is cited as shaping the conditions which prompt women to migrate. For example, in a study by Bosworth, Fili, and Pickering (2018), migrant women detained after crossing from Turkey to Greece irregularly all describe sexual and gender violence, domestic responsibilities, and economic insecurity as contributing to their decision to leave their places of origin (see also: Esposito et al., 2016). A rich body of literature also analyzes these dynamics in the context of Latina migrants coming to the US and Canada, in particular gender-based and sexual violence as a push factor for migrant women (for example, Bhuyan et al., 2014; Cortés, 2018). Other accounts refer more explicitly women's migration being connected to sexual and reproductive self-determination as shaped by gender inequity – for example, female genital mutilation (Abji & Larios, 2020), agency in pregnancy (Turan et al., 2016), and access to abortion (Sethna & Davis, 2019). While women are often represented as passive subjects in migration processes, especially in the context of forced migration (Pickering, 2011), participants in each of these studies discuss making their own migration decisions and view their migration, although impacted by external and structural forces, as an act of self-determination or even resistance. Further evidence of this can be found in the feminization of labour migration, as increasingly more women travel internationally in order to seek out economic opportunities for themselves and their families (for example, Arat-Koc, 2006; Ehrenreich & Hochschild, 2003).

Gender and migration pathways

Gender also shapes the migration pathways available to someone. Very often, migration pathways are designed in a way that privileges "those who are male, heterosexual, economically privileged, and from particular 'racial' and national origins" (Luibhéid, 2005, p. xvii). This is the case, not only with economic migration schemes (both in the context of temporary labour and permanent settlement), but also in relation to forced migration. Anna Boucher's comparative study of skilled migration pathways in Australia and Canada, for example, revealed substantive limitations to women's access to permanent residency based on how each program mobilized gendered constructions of dependence and independence and definitions of skill which often exclude or undervalue types of work disproportionately done by women (2007).[4] Furthermore, the attainability of language, education, and employment benchmarks is further shaped by ethnicity, nationality, and social class, in addition to existing gender inequalities (p. 394). This results in racialized women in positions of lower socio-economic status being least likely to access secure migration pathways. Temporary labour migration programs, particularly those catering to highly feminized labour sectors such as domestic work, nannying, and nursing, offer one of the few regularized migration pathways for racialized women without economic privilege to migrate (Lutz & Kershen, 2008; Michel & Peng, 2017; Stasiulis & Bakan, 2005). However, many of these programs also implement increasingly restrictive criteria and position migrant workers in working relationships that make them vulnerable to exploitation (for example, Banerjee et al., 2017). In Bosworth et al.'s study, all participants "explained their irregular entry into Greece as the result of the limited legal options" – specifically, as "[u]nskilled and from the global south, they were unable to obtain permission to enter for the purpose of work or to reunite with their family members. In contrast, they could access smuggling networks without much difficulty" (Bosworth et al., 2018, p. 2186).

In the European context, Esposito et al. discuss how undocumented women who traveled to Italy "seek legitimate subject positions and make use of existing legal tools" (2019, p. 419) but face barriers when legal tools, such as asylum, are not accessible to them or designed to fit their situation. Androcentrism within immigration processes, as discussed above, can render migrant women (and queer or gender non-conforming people) "ineligible" for protection or legal status and therefore vulnerable to detention (often under harsh conditions for extended periods of time) and deportation (Bosworth et al., 2016, 2018; Esposito et al., 2016, 2019b). Similar dynamics can be found within the North American immigration and asylum context. For example, Eithne Luibhéid (2002, 2005) examines how gender and sexuality intersect with migration and asylum in the US to produce migrant ineligibility. Likewise in the Canadian context, a growing body of literature questions whether the Canadian asylum system is equipped to fairly adjudicate asylum claims based on experiences of gendered and sexual violence (for example, Liew, 2014; Tastsoglou & Nourpanah, 2019; see also: Luibhéid, 2002 for US example). Furthermore, the growing trend towards "crimmigration" – the "increased blurring of lines between immigration

[4] Boucher notes these features exist in both the Australian and Canadian cases, but the comparative analysis suggests Canada is more attuned to the gendered impacts of policy, noting specifically Canada's Gender-Based Analysis policy (GBA – as of 2018, this policy has undergone reforms and is now referred to as GBA+, see: https://cfc-swc.gc.ca/gba-acs/index-en.html). However, as Boucher notes, while "GBA has been successful in highlighting how *certain aspects* of the skilled immigration scheme can be altered to offer better chances for female applicants within that stream, it does not address some of the *systemic* gender concerns that skilled immigration presents" (2007, p. 397 - emphasis in original).

and criminal law" (Menjívar et al., 2018, p. 1) – in both European and North American contexts has gendered impacts. In the US, Allison Hartry notes that women often come "to reunite their families or keep them together, but criminal and immigration laws often prevent them from succeeding" (2012b, p. 17). Recent Canadian cases speak also to the negative effects of crimmigration, for example the effects of deportation of a parent on their children who were born citizens or become wards of the state (Abji & Larios, 2020; Bergen & Abji, 2020).

Gender and migration stereotypes in receiving countries

Research shows that these policies, the way they are implemented, and people's experiences interacting with systems are profoundly shaped by gendered and racialized stereotypes and mainstreamed narratives that represent certain groups of migrant women as threats to societal wellbeing. For example, interviews with border police and migrant detention staff in Greece showed how the presence of migrants is made sense of using simplistic and stereotypical binaries (Bosworth et al., 2016, 2018). In this context, racialized migrant women are represented as sexually promiscuous and assumed to be migrating in order to find a husband or participate in the sex trade, broadly seen as either naive or calculating, but in either case inherently untrustworthy (2018, pp. 2189–2191). This policing of migrant women's sexuality can also be found in a number of labour migration programs – for example, migrant domestic workers in Singapore must participate in regular pregnancy and STI checks as a condition of their work permit and may be deported if either is found positive (Goh et al., 2017; Islam & Cojocaru, 2016). While not formally institutionalized, female Mexican migrant agricultural workers in Canada have reported that officials in their home states ardently express the expectation that they remain abstinent, checking suitcases for contraceptives and chastising those suspected of being sexually active (Cohen & Caxaj, 2018; see also: Perry 2018).

The concern over migrant sexuality extends into reproduction, especially in states with *jus soli* citizenship laws that provide citizenship to any person born within the country's borders. Racialized pregnant migrant women are frequently problematized and scapegoated, as Gutiérrez describes in her work on Latina migrants perceived as "pregnant pilgrims" (2008; see also: Lindsley, 2002) and Wang's work on Asian migration and accusations of 'birth tourism' (2017; see also: Hartry, 2012a). Eithne Luibhéid (2013) examines the case of pregnant asylum seekers in Ireland who established their residency via a policy that allowed a pathway for non-citizen parents of citizen children rather than validation of their experiences of persecution. She tracks government and civil society discourse that framed this predominately African migrant population as illegal and fraudulently obtaining residency status – eventually leading to the repeal of the policy. While having a child born in Canada does not guarantee residency for the parents, children of non-citizens are given Canadian citizenship and pregnant asylum seekers have also been subject to suspicion (Abji & Larios, 2020; Browne, 2002; Maynard, 2017). Furthermore, while not as salient as in the US, the narrative of 'birth tourism' as a strategy to illicitly obtain access to citizenship and welfare entitlements is nonetheless present in contemporary Canadian discourse and has periodically been raised as an issue of concern by both the state and civil society (Buhler, 2002; Griffith, 2018b, 2018a; Lozanski, 2020).

This literature speaks specifically to the ways in which reproduction and sexuality shape the migration experiences of women (or queer and non-gender-conforming migrants with uteruses). As international agreements such as the Global Compact gain more prominence, centring gendered

vulnerabilities in their platform and affirming all people, regardless of status, should be entitled to protected human rights, it remains to be seen how this mantel will be taken up by individual states. Canada was a leader in ensuring gender-responsiveness was a guiding principle of the Global Compact, genuine progress toward addressing this inequality may require a radical rethinking of Canada's immigration system (Hennebry, 2019). While Canada has been on the forefront of rights expansion for non-citizens, such expansion is often uneven, and continues to be gendered and racialized. Nation-states are the predominate power governing rights allocation and protection for citizens and others within their borders. In order to understand how reproductive rights for non-citizens are taken up by nation-states, theories of citizenship which centre reproduction and non-citizenship are considered.

Theorizing the boundaries of citizenship and rights allocation

Nation-states are the primary organizational structure of power in political life in the modern era. Benedict Anderson (1991) offers a definition of nation as a socially constructed "imagined community" wherein, although members may not have sustained personal relationships with each other, they nonetheless experience a "deep horizontal comradeship" (p. 6) that comes to be shaped by finite, although flexible, boundaries and borders, and sovereignty. In contemporary politics, political membership within a nation-state is organized through citizenship, in what T.H. Marshall refers to as "a status bestowed on those who are full members of a community. All who possess the status are equal with respect to the rights and duties with which the status is endowed" (1950, p. 14). Under Marshall's model the social rights of citizens are institutionalized through welfare state systems of public education, healthcare, worker protections, and social entitlements, necessary for the full realization of political and civil rights in a democratic state. In the tradition of Marshall, citizenship is considered to be comprised of the membership in a political community, rights and obligations connected to that membership, and a condition for equality (Lister, 1997). Citizenship is therefore not just a legal or territorial designation but a relationship between citizens and government, and between individual citizens, built upon a given set of rights and responsibilities.

The Marshallian model, however, tends to take for granted that there is an automatic overlap between the membership of civil society and the national political body. Furthermore, the impact of factors such as gender and race were significantly undertheorized (Glenn, 2002; Orloff, 1993; Walby, 1994). Much critical work has emerged around the question of how to account for members of civil society who will not or cannot become members of the imagined national community and the implications of such social difference for social rights (Glenn, 2011; Lister, 1997; Stasiulis & Yuval-Davis, 1995; Young, 1989; Yuval-Davis, 1997). As Nira Yuval-Davis points out, centring social membership enables an analysis of citizenship "as a multi-tiered construct, which applies to people's membership in a variety of collectivities – local, ethnic, national, and trans-national" (1997, p. 5). Linda Bosniak (2000) further nuances this discussion, describing citizenship as consisting of four components: a legal status; a system of rights and obligations; a political activity; and, an identity or form of community solidarity. Each of these components is a site of struggle and negotiation, as membership and rights are contested and expanded, and new sites and scales are introduced. In order to understand inclusion within the nation-state, then, is it important to understand the ways in which citizenship, in each of its facets, establishes distinctions between 'insiders and outsiders' by reinforcing territorial divides and sovereign borders, membership identity and values. While Marshall's view of citizenship is limited, it nonetheless opens the way

for discussions on the differential experiences of citizenship of different groups of people (Walby, 1994).

Two sets of critiques are particularly relevant for this dissertation: (1) feminist perspectives on citizenship including theorizing around sexual and reproductive citizenship and (2) theorizing non-citizenship and the differential inclusion of non-citizens.

Feminist critiques and theorizing reproductive citizenship

Gender was largely absent from early theories of citizenship, which assumed a universalist orientation, despite the overt and deliberate exclusion of people based on gender, race, disability, sexuality, and age (Lister, 1997). A rich body of literature emerged around the 1990s critiquing the gendered assumptions embedded within citizenship, as well as the exclusion of women and other groups (Bussemaker & Voet, 1998; Fraser, 1987; Lister, 1997; Orloff, 1993; Pateman, 1988; Walby, 1994; Yuval-Davis, 1997). Carole Pateman argued that the social conditions under which rights and citizenship have been negotiated are fundamentally androcentric and patriarchal. This is evidenced not only by the history of women's exclusion from citizenship but through the institutionalization of, for example, the public/private divide, which positions the 'private realm' of the household outside of the public/political sphere (Fraser, 1987). Care work that takes place within the home and the community was, and continues to be, done disproportionately by women and has historically not been treated as a genuine political issue. While feminist activists have made progress in challenging this assumption, disproportionate effects persist, and women still face challenges accessing equal rights and political power. Importantly, the way in which this exclusion is experienced is not universal but is impacted, as well, by other axis of exclusion and oppression. This had led some feminist theorists to question the value of citizenship for women and other excluded groups and if a feminist reimagining of the relations between individuals, the state, and each other is necessary (for example, Fraser, 1987; Walby, 1994).

Although absent from conventional citizenship theories, nation-building processes and the work of reproducing and sustaining the citizenry "depend on powerful constructions of gender" (McClintock, 1993, p. 61), which are systemically patriarchal, racialized, and classed. Nira Yuval-Dais and Floya Anathias's (1989) edited volume *Woman-Nation-State* provides an important intervention in understanding the ways in which women are implicated and impacted by national processes of the state (see also: Abu-Laban, 2008; Richardson & Turner, 2001). They argue that women have generally been implicated within nation-building in five main ways (Yuval-Davis & Anthias, 1989; see also: McClintock, 1993). First, women are implicated as biological reproducers of members of the nation through the physical act of birthing citizens, as well as maintaining boundaries of ethnic or national groups – for example, through restrictions on marriage and sexual relations (for example, Baillargeon, 2009; Roberts, 1997). Women have also been recognized as transmitters and reproducers of national ideology and culture and as symbolic signifiers of ethnic or national difference (for example, Bannerji, 2000 - Chapter 1; P. Chatterjee, 1993 - Chapters 6 & 7). Finally, women are participants in national, as well as, economic, political, and military interventions and struggles (for example, McClintock, 1993, 1995; Wilton, 2000). Critical feminist accounts of nation-building demonstrate that not only do women play a role in nation-building, but the particular role they play depends heavily on how well they fit within the "imagined community." Studies have documented these dynamics across the world, especially in settler-colonial contexts – for example, Yuval-Davis (1989) on Israel, McClintock (1993, 1995) in South

Africa, Roberts (1997), Smith (2005b), and Gutiérrez (2008) in the United States, and Valverde (1991) and Baillargeon (2009) in Canada. Frequently these case studies reveal that pregnant people who are racialized, low-income, disabled, or conceive outside of a heteronormative nuclear family experience the least state support for their families and may be actively discouraged or prevented from having children (for example, through coercive sterilization). Despite being positioned with the private sphere and outside the realm of political concern, pregnancy, birth, and family care work have been highly regulated by states for the purposes of nation-building, with different groups of people targeted in different ways.

Following these critiques (along with questions emerging from the advancement of reproductive technologies), Bryan S. Turner called for a renewed discussion of "citizenship, nationalism, and gender by examining the relationship between parenthood and entitlement," arguing that "reproducing the next generation of citizens through marriage and household formation is a central means of acquiring comprehensive entitlements of citizenship and fulfilling its corresponding obligations" (2001, p. 196). This relationship is conceptualized by Turner and others as *reproductive citizenship.* Specifically, reproductive citizenship refers to the entitlements tied to reproducing citizens, and also includes any regulation of whom an individual may have children with and under what legal and social conditions (Richardson & Turner, 2001). Pregnancy, birth, and family care work have been highly regulated by states for the purposes of nation-building, with different groups of people targeted in different ways. The rights and obligations associated with reproductive citizenship are tied to "the construction of the good citizen as properly procreative" – which has regularly been constructed as reproduction within the context a financially stable, often white, hetero- and gender-normative nuclear family (Roseneil et al., 2013, p. 903; see also: Salmon, 2011; Sebring, 2012). Challenges to this construction through the recognition of diverse types of families, the emergence of new reproductive possibilities through technological advancement (for example, surrogacy, invitro fertilization, etc.), and questions of their appropriate regulation have emerged as questions of reproductive citizenship (for example, Carroll & Kroløkke, 2018; Cattapan, 2015; Lupton, 2012). This work has been at the forefront of advancing of the reproductive citizenship literature as both a critical feminist and queer critique of traditional understandings of citizenship. It also adds to the argument that the work of biological and social reproduction of citizens, and the gendered (and increasingly globalized and racialized) work of caring for children, the elderly, and other vulnerable people, needs to be recognized as a "practice of citizenship" (Roseneil et al., 2013, p. 902; see also: Sevenhuijsen, 1998; Tronto, 2005). Lastly, reproductive citizenship allows for the recognition of the embodied citizen (Bacchi & Beasley, 2002; see also: Chadwick, 2018). As a challenge to conventional citizenship studies, Sasha Roseneil and her co-authors (2013) describe how the focus on the

> biological realities of reproduction [have] been regarded as overturning conventional constructions of the citizen as an autonomous, rational actor, giving rise instead to an appreciation of the citizen as embodied, relational and gendered, as fundamentally interdependent and always potentially vulnerable (p. 902; see also: Bacchi & Beasley, 2002).

This work has challenges conventional theories of citizenship by highlighting the exclusion of women (and other potentially pregnant people) from full citizenship despite their role in nation-building processes and the social and biological reproduction of citizens. Furthermore, it

highlights the androcentricity of the 'good citizen,' as conceived through the liberal citizenship model, as an unencumbered, fully rational individual whose reproductive desires align with that of the nation-state. The embodied and relational subject that insists on self-determination in reproduction emerges as a new citizen figure (Ahmed, 2014). To this literature I add critiques of conventional citizenship that centre non- or partial-citizenship as an important dimension of citizenship and rights allocation (see also Chapter 2). In particular, how do states conceive of the reproductive rights and obligations of non-citizens?

Theorizing non-citizenship and rights allocation

Immigration and the presence of non-citizen migrants within the nation-state also present unique challenges for conventional understandings of citizenship that have tended to rely on strict demarcations between citizen and non-citizen. Luin Goldring and Patricia Landolt (2013) note three recent trends prompting this critique: (1) an unprecedented global increase in migration; (2) an increase of different forms of temporary 'legality' in the liberal democratic states; and (3) a rethinking of the boundaries, locations, and practices of citizenship. In particular, the dichotomy of citizen/non-citizen does not (and never did) reflect the diversity of ways people engage with the state, other individuals in their communities, and therefore citizenship. Increasingly, scholars have troubled this dichotomy, arguing that

> the boundaries between citizenship and non-citizenship are not fixed in time or space, and that these boundaries are permeable and potentially blurry. Boundaries may change over time, bringing additional people into the realm of citizenship (e.g. women and racialized groups). People may cross boundaries through naturalization, regularizarion, and irregularization. Citizens may behave as non-citizens, and non-citizens may in some situations resemble citizens (Goldring & Landolt, 2013, p. 5; see also, for example: Bosniak, 2000; Stasiulis & Bakan, 2005).

In the context of contemporary migration studies, citizenship scholars have challenged this dichotomy by theorizing new conceptions of non- or partial-citizenship. While citizenship within nation-states is fundamentally exclusionary, legal status, the rights of citizenship, and sense of belonging can be conceptualized as on a continuum that is constantly being contested, negotiated, and reconfigured by the state, citizens, and migrants themselves (Basok, 2004; Bhuyan, 2013; Bosniak, 2000).

Non-binary approaches to conceptualizing citizenship highlight how these boundaries are institutionally produced by the nation-state. Ceclia Menjívar (2006) uses the term "liminal legality" to conceptualize the spaces between conventional categories of citizenship and non-citizenship. In particular, Menjívar argues that liminal legality is characterized by *ambiguity* – for example, in the US, having a social and legal existence that is neither documented nor undocumented but has characteristics of both. These kinds of ambiguous social and legal spaces are produced through immigration and citizenship restrictions creating "impossible subjects" that both legally should not exist but nonetheless have an enduring presence within a country and make claims on the state through their migration, residency, employment, and as this dissertation will suggest, reproduction (Ngai, 2004). Indeed, states are increasingly extending certain rights of citizenship to non-citizen groups (Bosniak, 2000; Sassen, 2002; Soysal, 1994). In the Canadian context, Goldring and Landolt (2013) have conceptualized this subject position as "precarious non-

citizenship" or as having precarious legal/immigration status. They emphasize the *conditionality* of legal status (temporary or permanent) and of rights allocation for non-citizens (see also: Landolt & Goldring, 2015). That is, migrant non-citizens may be granted conditional residency and conditional access to state-protected rights, resources, and services, provided they meet particular conditions (for example, as laid out within a temporary employment program). Prompted by the growing expansion of rights, as well as a number of international human rights treaties, citizenship scholars have questioned the centrality of the nation-state within theories of citizenship (Basok, 2004; Bosniak, 2000; Soysal, 1994). This has been the result of both an empirical analysis of expanded access to rights by non-citizens with host nation-states, as well as a normative critique of citizenship projects that limit access to human rights based on nationality (see also Chapter 2). Nonetheless, denationalizing citizenship is frequently framed as an aspirational project, as nation-states still fundamentally construct the conditions of this access (Basok, 2004; Goldring & Landolt, 2013). Furthermore, even when non-citizen migrants engage in activities, contribute to their communities (for example, through employment, paying taxes, and raising children), and make claims on the state, they are frequently excluded from full legal recognition (Bosniak, 2000).

Turning to the question of reproductive citizenship, and in respect to the issues of gender and migration raised above, this dissertation raises questions as to how the state constructs reproductive rights and obligations for non-citizens with precarious status living within their borders. In other words, how the work of reproducing and caring for citizens constructed through immigration and citizenship policies when it is performed by those with precarious immigration status, in the Canadian context.

Nation-building in a liberal context: The boundaries of citizenship in Canada

In the Canadian context, as with other settler states, the boundaries of the imagined community are grounded in deeply entrenched legacies of colonial imperialism and mobilized through foundational myths rooted in shared European ethnic identities (Stasiulis & Yuval-Davis, 1995). Settler societies are those "societies in which Europeans have settled, where their descendants have remained politically dominant over Indigenous peoples, and where a heterogeneous society has developed in class, ethnic and racial terms" and commonly feature "extensive systems of exclusion and exploitation of both 'Indigenous' and 'alien' peoples within, exercised through a variety of coercive, ideological, legal, administrative and cooperative mechanisms" (Stasiulis & Yuval-Davis, 1995, p. 4). In the Canadian context, formal membership through citizenship status can be gained by birthright – either being born on national territory (*jus soli*) or to a citizen parent (*jus sanguinis*) – or through naturalization procedures. Canada has consistently been praised for having one of the most liberal and welcoming immigration programs in the world and an example of best practices (Bloemraad, 2012; Trebilcock, 2019). This assessment has been based on efforts to promote integration and multicultural acceptance, bolstered by positive public discourse that immigration, the permanent settlement of newcomers, is advantageous to the Canadian economy (Reitz, 2012). However, as Yasmeen Abu-Laban, commenting on the nature and function of immigration policy itself, notes, "Canadian immigration policy is de facto about exclusion - after all if people were truly free to move across state borders as they wished, there would be no immigration policy at all" (2004, p. 134). Citizenship and immigration policies both aim to control and manage movement across borders, determining who can and cannot enter the state, and to manage and restrict access to rights and resources, particularly of non-citizens (Abu-Laban, 2008). These determinations, as outlined by Shauna Wilton (2008), are influenced by two intertwining

forces: the perceived needs and demands of the economy and societal values concerning the desirability (or not) of particular ethnic groups.

In 1867 the British North America Constitution Act, known now as the Constitution Act, officially established Canada as a self-governing federal nation-state. The process of Confederation built upon the historical legacies of the Québec Act of 1774 and the Constitutional Act of 1791 and led to the emergence of the British and the French being hailed as the "two founding nations" (Stasiulis & Jhappan, 1995, p. 110; see also: Knowles, 2007). Immigration processes aligned with this conception of who belongs within the nation, with continued aggressive recruitment of immigrants from Britain and northwestern Europe (with western expansion based primarily on British settlement) and highly restrictive entry for all others (Thobani, 2001). Prior to the formal founding of Canada as a country, immigration typically operated informally and with great discretion from administrators, but has been described as "essentially racist in orientation, assimilationist in objective, nativist in content, and exclusionary in outcome" (Fleras, 2012, p. 264; see also: Abu-Laban, 1999). The Immigration Act of 1869, and the subsequent 1910 amendments, formalized these 'preferred' and 'non-preferred' categories based on race and nationality, while also establishing assessments of criminality, mental and physical health, and urban residency as conditions of exclusion. Barring these assessments, preferred category immigrants, usually white migrants from northwestern Europe, had largely unrestricted access to entry; whereas those from Eastern and Middle Europe, as well as the Irish, faced heavy scrutiny and Jewish migrants and those from the Mediterranean could only access entry though a restricted permit program (Fleras, 2012; Green & Green, 2004; Knowles, 2007). Black and Asian migrants were situated within the 'non-preferred' category, situated at the bottom of the established hierarchy, and faced numerous restrictions accessing entry to Canada.

While the explicitly racist nation-building strategy that prevailed until the 1960s was formally abandoned with the Immigration Act of 1976, the neoliberal nation-building strategy that came to full fruition in the 1990s is layered upon this legacy. It defined preferred and non-preferred immigrants through socio-economics rather than national and ethnic origin, but nonetheless maintained implicitly racialized categories (Sharma, 2012; Thobani, 2000, 2007). This can be seen through language, education, and employment experience preferences that assign higher values to 'western' experiences (S. Chatterjee, 2015). While permanent immigration categories have become more racially diverse, the most precarious migration categories are comprised almost entirely of racialized migrants. Furthermore, Canada's foundational narrative has shifted away from notions of common ethnic identity – most notably with the formal recognition of multiculturalism and shifting ideologies of liberalism – to uniting conceptions of "common destiny," culture, and traditions (Stasiulis & Yuval-Davis, 1995). This allows nationalist discourses to shift from discourses of racial inferiority/superiority to those of cultural undesirability and cultural accommodation, solidifying Canada's identity as fundamentally compassionate and accommodating nation (Razack, 2000). During the 1970s and '80s, the narrative of multiculturalism emerged as the Canada's new "ideology of unification and legitimation" (Bannerji, 2000, p. 97). Likewise, Will Kymlicka (1995) theorized a liberal citizenship framework that accounts for accommodation of cultural needs while maintaining national unity and managing diversity. However, critiques of the liberal multicultural state highlight the way it depoliticizes the relationships of power while engaging in a politics of

recognition that allows the state to present itself as tolerant and accommodating (Bannerji, 2000; Dhamoon, 2009; Thobani, 2000, 2007).

Critical of this focus on culture as the primary and neutral locus of difference, Dhamoon (2009) provides an important intervention, calling attention to the role of power in producing and reproducing difference. Without an understanding of power, diversity and difference become disconnected from history and struggle, "obscuring colonialism, capital, and slavery… [averting] our gaze from power relations or differences which continue to organize the Canadian public life and culture" (Bannerji, 2000, p. 51). Himani Bannerji's work *The Dark Side of the Nation: Essays on Multiculturalism, Nationalism, and Gender* critically analyzes the unifying potential and legitimacy of multiculturalism in the Canadian context:

> There is a fundamental unease with how our difference is construed and constructed by the state, how our otherness in relation to Canada is projected and objectified. We cannot be successfully ingested, or assimilated, or made to vanish from where we are not wanted. We remain an ambiguous presence, or existence a question mark in the side of the nation, with the potential to disclose much about the political unconscious and consciousness of Canada as an 'imagined community' … We have the awareness that we have arrived into somebody's state, but what kind of state; whose imagined community or community of imagination does it embody? (2000, pp. 90–91).

Whenever "the nation is presented as a community of similarity, threats always come to be defined as foreign, regardless of the actual location of the people identified" (Sharma, 2006, p. 14; see also: Dhamoon & Abu-Laban, 2009). What is constructed as foreign is done so through the lens of the state, the priorities of which are grounded in and shaped by Euro-centric, heteropatriarchal norms and power structures. Those whose presence challenges these norms continue to be othered and not welcomed as members of the nation. While explicitly white, Euro-centric nation-building preferences have shifted to a more liberal multicultural approach, the impact of these legacies continues to shape who is accepted as rightfully part of the nation. As discussed above, the boundaries of citizen and non-citizen have been blurred through the proliferation of different temporary migration categories, which both open up migration to Canada for a wider range of people, while still largely excluding them from the full benefits of Canadian citizenship.

Precarious migration in Canada and Quebec

A large part of managing national membership is done through assigning different membership statuses in accordance with immigration pathways. This section will examine in more detail the various experiences of having precarious immigration status in Canada (and Quebec specifically, as the geographical context for this research). Following Luin Goldring and Patricia Landolt, "Precarious legal status refers to authorized and unauthorized forms of non-citizenship that are institutionally produced" through Canadian immigration policies and procedures, "and share a precarity rooted in the conditionality of presence and access" (2013, p. 3; see also Goldring, Berinstein, & Bernhard, 2009; Goldring, Bernhard, & Berinstein, 2007; Oxman-Martinez et al., 2005). Practically speaking, this includes any person within the country without permanent residency or full citizenship. As with other aspects of citizenship, having precarious immigration status does not affect everyone in the same way. This category allows for a range of different statuses, some of which provide more privileges and opportunities that can be strategically

mobilized compared to others; often these experiences intersect with other factors such as gender, race, class, and nationality (Marsden, 2018). Although there are various conceptualizations of non-citizenship (as discussed above), the concept of precarious (immigration/citizenship) status was developed specifically in the Canadian context to encapsulate unique features of Canada's immigration programs (Goldring et al., 2009). In particular, by employing the concept of *conditionality*, this conceptualization offers a framework for considering how and why the state sets certain conditions on both residency and access, the fluidity the exists between statuses result from either meeting or failing to meet conditions, and how residency and access are interconnected features of non-citizenship.

Immigration in Canada is highly decentralized and falls under shared jurisdiction – managed jointly between federal and provincial/territorial governments. While the federal government retains significant control over the management of this policy sector and is the final authority on citizenship and immigrant selection, provinces have increasingly played a role in attracting and selecting immigrants to their region and providing settlement services (Paquet, 2014). This is especially so in the province of Quebec where the Canada-Quebec Accord (1991) provides Quebec authority over this sector beyond that of any other province. Importantly, other policy areas, such as healthcare, education, and certain family and social programs, also fall under shared or provincial jurisdiction. Because of this, access to these government protections and programs can vary from province to province for temporary or non-status migrants. It is therefore important to look at both the federal and provincial level in order to understand the experiences and conditions shaping the lives of precarious non-citizens in Canada.

Conditionality of presence

As articulated here *conditionality of presence* has two dimensions: (1) *insecurity*, or a status that does not confer the right to stay permanently within Canada, and (2) *contingency*, or a status that requires formal or informal conditions to be met in order for continued residency. As Jacqueline Oxman-Martinez and her co-authors (2005) describe, this includes reliance on third party actors (such as employers, family members, or a Refugee Determination Board) to reside within Canada. Within the contemporary Canadian immigration context, the term precarious status residents refers to individuals living in Canada with temporary work permits (and their families), as visitors, as international students (and their families), those entering Canada through family sponsorship, those who have fallen out of status or who entered undocumented, refugee claimants, and in some cases accepted refugees, or those transitioning between statuses (Goldring et al., 2007; Oxman-Martinez et al., 2005).

Conditionality of presence has become an enduring and increasingly popular feature of the Canadian immigration system, as 'two-step' migration becomes the new norm for accessing permanent residency. For the first time, in 2006, Canada accepted more temporary workers than economic immigrants with permanent residency upon arrival in what Dauvergne (2016, pp. 125–134) has come to refer to as a "loss of settlement" as a core immigration value. This trend has continued, with increases in the numbers of temporary workers and international students and various temporary labour programs and visas available. Alongside this, Canada formally institutionalized pathways to permanent residency for those who had "earned membership" by successfully accumulating Canadian work or education experience as a foreign worker or international student (p. 132) – for example, the Federal Skilled Worker Program, the Canadian

Experience Class, the Quebec Experience Program and various Provincial Nominee Programs (Alboim & Cohl, 2012; Baglay, 2012). With few exceptions – for example, recent reforms of the Caregiver Program or temporary care work stream, migrants who engage in 'low-wage' or 'low-skill' temporary work in Canada have very limited access to these pathways, as we see with the Seasonal Agricultural Workers Program (SAWP), for example. Even when there exists a pathway to permanent residency, precarity related to conditionality of presence is exacerbated by lengthy processing times, complicating transition periods.

It is important to understand the various ways an individual can enter into precarious immigration status in order to understand the breadth and complexity of this phenomenon and its effects within Quebec and the rest of Canada. This section will provide a snapshot of who has precarious immigration status in Quebec, as the primary location of this research, and how this precarity is institutionally produced through immigration programs. It will highlight: temporary workers, international students, asylum seekers, other kinds of temporary resident permits (such as tourists and those pursuing in-land family sponsorship), and undocumented migrants or people without formal status.

Temporary Workers.

There are many programs within Quebec, and Canada broadly, that facilitate the temporary migration of workers from abroad to meet the labour needs of the region or specific employment sectors. Quebec recruits migrant labourers through the federal temporary labour migrations pathways based on: the International Mobility Program (IMP), which facilitated the entry of 34,190 foreign workers into Quebec in 2018, and the Temporary Foreign Worker Program (TFWP), facilitating the entry of 17,670 workers (IRCC, 2019g). Many workers, especially those in 'high skill' employment categories, are eligible to apply for permanent residency after acquiring a certain amount of work experience in Canada, for example, using the Quebec Experience Program (QEP). This option is more restricted for certain groups of workers – workers doing seasonal work under the Seasonal Agricultural Workers Program, (SAWP), for example, do not have access to a permanent residency pathway. After the 2018 election, Quebec cut permanent immigration to the province by 20% (and up to 40% since the COVID-19 crisis) despite widespread labour shortages. Businesses in Quebec in a range of different sectors have increasingly relied on temporary foreign workers to address these shortages, with the provincial government introducing new funding to help cover the costs of recruitment (CBC News, 2019). Reliance on temporary workers in certain labour sectors is not new – for example, migrant workers have become a fundamental part of the agricultural industry in the province, and across Canada (Bélanger & Candiz, 2014). The COVID-19 crisis, in particular, highlighted Quebec's reliance on immigrant and temporary foreign workers, as revealed by the difficulties experienced within the agricultural industry when migrant workers faced COVID-19-related travel restrictions and high demands for healthcare workers (McKenzie, 2020; Shingler, 2020). Even when able to access permanent residency, temporary workers may be subject to lengthy application processing times – 2019 times ranged from six to 19 months (IRCC, 2019b). Furthermore, research in the area of precarious migration highlights how these estimates are not always an accurate depiction of the process. For example, under the former Live-in Caregiver (1992-2014) and Caregiver (2014-2019) Programs, temporary workers were required to work in Canada for 24 months within four consecutive years before applying for permanent residency. Numbers from 2017 indicate an average permanent residency processing time of four and a half years, resulting in an average of

eight to ten years spent in Canada with precarious status, which for many included family separation (Migrant Workers Alliance for Change, 2018).

International students.

International students represent a growing percentage of precarious status migrants in Quebec, with the majority residing in Montreal. In 2017, about 12% (or 43,695) of international students arriving in Canada came to study in Quebec – a number that has roughly doubled over the last ten years (IRCC, 2019f).[5] Students may have spouses (eligible for open work permits) and children (eligible for free public education) accompany them. Within Quebec, about 30% of students came from France, with the China, India, and the US following as popular countries of origin. In order to be accepted into Quebec as an international student, an individual must go through three layers of approval: acceptance from a university; approval from the province; and a final approval from the federal government. International student fees differ from those of a Quebec resident or someone else with Canadian citizenship. On average, international student fees in the province are $23,711 for undergraduate programs and $15,974 for graduate programs (Statistics Canada, 2019). As with workers, based on their Canadian education and work experiences, international students are often eligible to apply for permanent residency within Quebec through the Quebec Experience Class or, if they intend to settle outside Quebec, the Canadian Experience Class or Express Entry. Application processing times averaged six to 19 months in 2019; transitionary programs are in place to allow students to work during this period (IRCC, 2019b). Many international students who have studied in Quebec choose to settle elsewhere, citing issues such as the immigration process, language proficiency, and potential future earnings as barriers to staying in Quebec; about 20 to 25% stay (Serebrin, 2017). The Quebec government has taken steps to actively increase this retention (IFIQ, 2019a).

Asylum seekers.

Asylum seekers, or refugee claimants, are those migrants who ask for permanent residency in Canada due to fears of violence and persecution in their home countries. While many UNHCR-recognized refugees apply to Canada from abroad and receive permanent residency right away, asylum seekers apply from within Canada or at a port of entry. They are granted a temporary stay within the country while the Immigration and Refugee Board of Canada reviews their case and determines whether they qualify as refugees, and therefore permanent residency status. Quebec experienced a recent influx of asylum seekers entering the province.[6] During the 2010s, around 20% of asylum seekers who came to Canada arrived in Quebec – for example, in 2016, 5,530 asylum claims were processed in Quebec, representing 23% of all asylum claims in Canada (IRCC, 2020a). This shifted in 2017, with an increase in number of claims as well as proportion coming to Quebec (roughly 50%). In 2017, 25,515 claims were processed in Quebec, with roughly 75% of those arriving through irregular entry. This trend continued until 2020 COVID-19 travel restrictions were enforced, including a move by the federal government to temporarily refuse asylum seekers arriving irregularly (Humphreys, 2020). The *Safe Third Country Agreement*

[5] While the number of students coming to the province has doubled, the proportion relative to the overall number in Canada has remained relatively steady.

[6] This increase was experienced also in Ontario and to a lesser extent in Manitoba.

(STCA)[7] between Canada and United States, however, restricts people's ability to make a refugee claim when entering through an official border crossing from the United States (and vice versa). This has led to an influx of people entering Canada irregularly, though dangerous and unauthorized entry points along the border – most notably, the now infamous Roxham Road in Quebec. Once people have crossed into Canada, they may make their claim and have their case heard. The majority of asylum seekers entering Quebec in 2018 had Nigeria, India, Mexico, the United States,[8] and Haiti as countries of birth (IFIQ, 2019b). Successful claimants are provided access to permanent residency; those whose claims are refused may make an appeal, fall out of status, or are deported. Reports from 2018 indicate that asylum seekers were waiting on average 21 months for a full review of their case but may still have to wait up to an additional two and a half years before actually receiving permanent residency (Wright, 2018). In 2019, the Liberal government increased funding in order to speed up processing times, while also introducing new restrictive eligibility requirements for asylum seekers (Wright, 2019).

Family migration and other forms of temporary residency.

There are many other reasons why someone may have precarious status in Quebec, and Canada more broadly – in particular, those here as visitors. These may be people engaging in Canadian tourism, or increasingly those visiting family members and engaging in other family migration strategies. For example, spousal sponsorship applicants who want to live with their families in Canada while waiting for their applications to be processed may have temporary residency visas that characterize them as visitors. An adult Canadian citizen or permanent resident may sponsor a spouse, partner, or child if they can demonstrate income security (IRCC, 2020). Within Quebec, a sponsor is responsible for providing for the basic needs of their family member for three years (IFIQ, 2020a). The average processing time for a family sponsorship application is estimated to be 12 months (IRCC, 2019b). During this time, a spousal applicant can obtain an open work permit, they are not able to access public programs, such as RAMQ. An estimate based on federal data on the annual distribution of open work permits, suggests there were about 6,780 spousal sponsorship applicants in Quebec in 2017 (not including sponsorship applicants who have not applied for a work permit[9]) (Hanley, 2020; IRCC, 2019e). Another example is the Parent and Grandparent Super Visa, launched in 2011, which is a ten-year multiple-entry visitor visa allowed eligible parents or grandparents of Canadian permanent residents and citizens to stay for up to two years at a time with temporary status (IRCC, 2011). As with other visitor visas, it does not allow access to formal employment or health or social programs. Family sponsorship programs, as well as the temporary Super Visa, are prone to immense backlogs.

Non-status and falling out of status.

The most precarious position for a migrant to be in is to be without formal status in Canada – either because of an irregular undocumented arrival or, more commonly, staying in the country after a former status has expired or been rejected (for example, a rejected refugee claimant or

[7] The Federal Court of Canada ruled in 2020 that the STCA is unconstitutional (*Canadian Council for Refugees v. Canada (Immigration, Refugees and Citizenship)*, 2020). The federal government is appealing this decision and the agreement is currently still in effect (IRCC, 2020b).

[8] In most cases, those with the US as their country of birth are children of migrants from elsewhere who then claim asylum in Canada with their parents.

[9] This is an important caveat, sponsorship applicants who experience barriers to employment, such as pregnancy, language, or credential recognition may not apply for a work permit right away.

worker whose visa has expired) (Goldring et al., 2009). It is difficult to say just how big the non-status population in Quebec is, given the fluidity of immigration status, the hidden nature of this population, and an overall lack of data – current estimates suggest 10,000 to 30,000 people (Hanley, 2020). Other estimates on the number of non-status migrants living in Canada range from 200,000 to 500,000, residing predominately in Toronto, Montreal, and Vancouver (Goldring et al., 2009). For some, this is a temporary transition state while documents are being collected or processed, for others it is a more enduring state of residency. People who are in Canada without formal status have a high risk of deportation; although not all people without status have a formal deportation order in process. Within the 2018-2019 fiscal year, 9,861 people were detained across Canada[10] (23% of which were detained in Quebec) and 9,589 people were deported, a 10% increase from the previous year (CBSA, 2018; Public Safety Canada, 2019). There are currently no regularization programs in Canada for people without status (Nyers, 2005); however, they may be able to access permanent residency through a Humanitarian and Compassion Grounds application[11] or other pathways such as spousal sponsorship. Those seeking to stay in Canada on Humanitarian and Compassionate Grounds can expect estimated wait times of 22 to 36 months (IRCC, 2019b).

Increasingly people are being channeled through various temporary migration programs; however, often there is very little 'temporary' about their presence in Canada and this label says more about how the state views their presence in Canada rather than their lived realities. As Dauvergene (2016) describes:

> The labels 'permanent' and 'temporary' do persist, but rather than reflecting results – what migrants actually do – they instead reflect outcomes desired by states. That is, states would prefer if certain people remained permanently and others stayed only for a time, and would very much prefer to decide in advance who is in which category. The labels remain meaningful in this way: they describe how migration rights are accorded and, through this apportioning, reflect state desires (p. 127).

These categories, however, have significant weight in shaping the daily lives of people subject to them. Not only do they determine how long a migrant may stay within the country, but also what their life will be like and to what extend their needs and rights are the responsibility of the state.

Conditionality of access

The other dimension of precarious immigration status, as outlined above, is *conditionality of access* (Goldring & Landolt, 2013). Precarious immigration status cannot be understood without an acknowledgement of how it intersects with other forms of precarity (Goldring et al., 2007; Stasiulis & Bakan, 2005) – for example in employment (Preibisch & Otero, 2014; Vosko, 2010), in health (Chen, 2017; Oxman-Martinez et al., 2005; Ruiz-Casares et al., 2013), and access to other

[10] The average length of detention was 12.5 days; however, 502 people were detained for over 99 days (CBSA, 2018).

[11] Humanitarian and Compassionate Grounds applications are open to people who would not normally be eligible for permanent residency but are facing exceptional circumstances. Applications are assessed based on how settled the person is in Canada, their family ties in Canada, the best interests of any children involved, and possible outcomes if they are not allowed to remain in Canada (IRCC, 2017).

public resources and services that generally fall under the purview of human rights. Nandita Sharma argues that citizenship and immigration policies operate "not so much to restrict people's mobility as to restrict their rights and freedom" within a given nation-state, creating ideological (2012, p. 33). Broadly, in liberal societies in which overt gendered or racialized inequalities are deemed unjust, the "gross inequalities between people falling into the two rough social categories of 'citizen' and 'foreigner'… are more often than not understood to be *just*" (Sharma, 2012, p. 28; see also Barnetson & Foster, 2014). As argued by Pattie Tamara Lenard and Christine Straehle (2012), Canada is able to maintain a positive public perception regarding immigration because of distinctions like 'permanent resident' and 'temporary resident.' Although there has been a considerable increase in temporary status residents in Canada, they are still largely perceived as 'other' to the nation and thus not the responsibility, or at least priority, of the welfare state.

Increasingly, conditions of temporary migration programs, and other features of the Canadian immigration policy regime that lead to and perpetuate precarious status, have been criticized for perpetuating racial, gender, and socio-economic inequalities (Goldring & Landolt, 2013; Lenard & Straehle, 2012). In many cases, these inequalities are derived, at least in part, through the legal designation of a particular status and the rights and restrictions accompanying that status. Drawing on principles of justice derived from international and national human rights regimes, previous studies been valuable in exposing the lived realities of precarious status residents in Canada. Scholarship looking at the impacts of precarious status in Canada is only beginning to unpack these complex experiences and they can roughly be divided along four themes: Criminalization; Employment; Access to health and social services, and; Family life and caregiving.

Criminalization and legal recourse.

As the number of precarious status residents has increased, recent scholarship has demonstrated that so has the process of discursive and material othering of this population. This is accomplished, for example, through heightened securitization and a discourse of fraudulence and illegality, according to which the hospitality of the Canadian state is such that outsiders seek to take advantage of it and therefore all those who enter who have not gone through Canada's selection process for permanent residency should be treated with suspicion (Dawson, 2014). This can be seen across precarious status categories. For example, the state's 2011 anti-marriage fraud campaign, along with the introduction of Conditional Permanent Residence (repealed under the Trudeau government in 2015) for sponsored spouses, constructed family class migrants as suspicious and potentially criminal (Gabriel, 2017; Gaucher, 2014; Satzewich, 2014). Refugee claimants and other irregular arrivals are similarly constructed, for example, by calls to 'protect' the Canadian immigration system from 'bogus' refugee claimants who aim to cheat the system with illegitimate claims and through this process present a drain on the economy and already limited resources (Dawson, 2014; Huot et al., 2016; Molnar Diop, 2014; Silverman, 2014). Increasingly, the Canadian Border Services Agency (CBSA) enforcement strategies have implicated the most vulnerable people – for example, targeting shelters and schools, and utilizing gaps in the foster care system (Abji, 2013, 2016; Bergen & Abji, 2020). The implementation of mandatory detention for irregular arrivals, the Designated Countries of Origin policy (suspended in 2019), and introduction of visitor visas from countries that yield high numbers of refugee claimants – for example, Mexico and Czech Republic – along with increased surveillance through biometric technology serve to criminalize certain precarious status migrants before they even arrive (Gilbert, 2013a; 2013b; Molnar Diop, 2014; Pero & Smith, 2014).

Montreal, the primary recipient of Quebec's migrant population, has engaged in several policy discussions focused on creating a 'sanctuary city' or access without fear policies – policies which guarantee access to city services regardless of immigration status, restrict gathering information on immigration status or sharing information with the CBSA. The city began to use the 'sanctuary city' label in 2017 to set a welcoming tone in contrast to anti-immigrant politics surfacing more visibly in the United States (Shingler, 2017). This move was widely criticized by migrant justice advocates as symbolic and without any means of implementing policies that actually protected non-status residents of the city – in particular given the ongoing collaboration of city police with CBSA. One recent case that highlights the actions of CBSA in Quebec is the detention and deportation of Lucy Francineth Granados, a single mother and Montreal community organizer living without status while awaiting a review of her application for permanent residency on Humanitarian and Compassionate Grounds (Jiwani, 2018). Granados was violently and illegally apprehended by CBSA and then detained at the Laval Immigration Holding Centre. Montreal has since backed away from the language of 'sanctuary city,' and in 2019, after community consultation, came out with an official "Access Without Fear" policy that introduces a municipal identification card, increase accessibility to municipal services, and a new unit to support migrants who wish to report a crime (City of Montreal, 2019). Despite this shift, there are still grave concerns about the safety of undocumented and other precarious status residents, especially as CBSA continues to do raids and city police continue to collaborate with them.

Employment and education.

For many people, precarious immigration status includes a restriction on how and to what extent they can engage with the labour market and post-secondary education opportunities. Temporary workers, for example, are often in Canada with closed work permits, which authorizes them to work for a single employer; changing jobs requires a new permit. In contrast, international students can have access to an open work permit, which permits them to take a job with anywhere, but limits the number of hours they are entitled to work. As with all international students in Canada, under federal regulations full-time international students in Quebec are eligible to work up to 20 hours per week off-campus in addition to their studies and full time during the summers (IRCC, 2019e).[12] On the other hand; however, if a spouse or common-law partner has accompanied a student or worker to Quebec, the partner is eligible for an open work permit that will allow them to find full-time employment. Furthermore, those engaging in in-land family sponsorship, refugee claimants, and other transitioning to permanent residency are entitled to open work permits allowing them to work freely. While anyone can technically register at a university, if you have precarious immigration status you are subject to international student fees.

One of the most rapidly growing sources of precarious status residents in Canada has been the expansion of the TFWP, IMP, and other temporary work visas. This is largely due to the state's removal of bureaucratic hurdles for employers to hire migrant workers, the rapid expansion of pre-existing temporary labour migration programs, and the introduction of new ones (Lenard & Streahle, 2012). The ways in which precarious immigration status create or intersect with precarious work conditions has therefore been a growing focus for both immigration scholars and advocates on the ground. The exploitation of migrants with temporary work permits in Canada,

[12] Exceptions include, for example, those with study permits for less than six months and those enrolled in English or French as a second language courses (IRCC, 2019h).

especially in low-skill categories, is well-documented (Beatson et al., 2017; Choudry et al., 2012; Choudry & Smith, 2016; Faraday, 2012; Lenard & Straehle, 2012). Migrant workers disproportionately work in precarious and under-regulated industries with low pay and harsh work conditions, have limited access to labour protections including health and income security benefits, chances for upward mobility, and face challenges with recourse for work problem and changing employers. Migrant workers, often at the mercy of employers or other third-party recruitment agencies, consistently under-report rights violations, for fear of being fired and then deported. Further, they have few opportunities to transition to permanent residency and citizen-status to formally engage in the political system (Fudge, 2014; Tungohan et al., 2015; Walia, 2010). These challenges also intersect with gender and racial oppression to compound potential vulnerabilities (Hanley & Shragge, 2009).

Though not as well-documented as the experiences of migrant workers, other precarious status residents also face significant employment vulnerabilities. While many do have access to open work permits, they are still marked by their precarious status and face discrimination by employers – for example, SIN cards given to non-permanent residents begin with the number 9 making them easy for employers to identify and for state surveillance. In reference to the restrictions placed on international student employment, an IRCC representative explained the restrictions aim "to ensure that study permit holders are genuine students" (as quoted in Ricci, 2019). Even for students, who represent a relatively privileged group of migrants, security discourses that frame them as potential frauds or threats to the system are present. Scholars have documented these labour market vulnerabilities and the reliance of refugee claimants on precarious and exploitative employment (Jackson & Bauder, 2014). While the employment experiences of migrant workers and refugee claimants are both marked by their temporariness, refugee claimants and other asylum seekers whose forced migration is not solely motivated by job prospects or skills-based, face additional obstacles in persuading employers of their employability (Hari, 2014). Furthermore, precarious status residents who do not have access to work permits – for example, undocumented arrivals, refused refugee claimants, migrant workers who have fallen out of status, and visitors – are also exceptionally vulnerable to labour exploitation (Villegas, 2014).

Access to health and social services.

There is a growing amount of research examining the link between immigration status and access to healthcare in Canada, often reporting a link between precarious status and healthcare access (Brabant & Raynault, 2012; Chen, 2017; Oxman-Martinez et al., 2005; Oxman-Martinez & Hanley, 2011; Rousseau et al., 2013, 2014; Sikka et al., 2011). The primary direct policy barrier identified in the literature are immigration and health regulations that restrict access to public health insurance for precarious status residents – for example, by restricting access altogether for undocumented migrants, imposing a three-month delay in access for migrant workers, mandating international students to pay into private insurance plans, or threatening the Interim Federal Health Plan (IFHP) for refugee claimants (Brabant & Raynault, 2012; Oxman-Martinez et al., 2005). Furthermore, policy variation between provinces (Sikka et al., 2011) and lack of intersectoral collaboration among agencies (Stewart et al., 2006) provide further obstacles to healthcare access.

Under provincial jurisdiction, a province can decide whether and under what conditions to extend access to the provincial public health insurance, in this case Quebec's Régie de l'assurance maladie du Québec (RAMQ), to precarious status migrants. Temporary workers with work permits

covering a minimum of six months, for example, are eligible for RAMQ after the first three months of their time in Quebec. Certain workers, such as those entering under the SAWP and workers from one of the ten European countries that have signed a bilateral agreement with the province,[13] are exempt from this wait period.[14] Likewise, unless an international student in Quebec is from one of these countries covered by a Social Security Agreement, they do not have access to RAMQ.[15] International students and their families must purchase private health insurance while in Quebec, available for students through their universities but not necessarily for their families. Private insurance is expensive, not always comprehensive, and often still requires fees be paid upfront prior to reimbursement. Refugee claimants are covered under the federal government's IFHP, and if they receive a positive notice of decision become eligible for RAMQ. Migrants pursuing family sponsorship are eligible for RAMQ once they receive their Quebec Selection Certificate. Other visitors and those who have fallen out of status are not covered by any public health program.

Indirect barriers to access – such as the effect of certain immigration programs structuring social location of migrants – impact the way migrants think about accessing healthcare and the barriers they face (Oxman-Martinez et al, 2005). Migrant workers under the former Live-in Caregiver Program in Quebec identified lack of information on health services, level of overall comfort, and cost as barriers to healthcare access (PINAY, 2008). Furthermore, employer mediation, working hours and location, language differences, and lack of cultural sensitivity in service provision were reported as barriers to healthcare access for many migrant workers (Hennebry et al., 2016; Sikka et al., 2011; Stewart et al., 2006). Migrant workers who lived onsite at their place of employment (for example, agricultural workers and domestic or care workers) are especially isolated and often rely on their employer for transportation. Those with closed work permits may be especially wary of disclosing any medical issue to their employer, for fear of not having their work permit renewed (or in the case of undocumented workers, fired without recourse) (Hanley, Larios, et al., 2020; Hennebry et al., 2016; McLaughlin et al., 2014; Robillard et al., 2018). Furthermore, poor interactions with the healthcare environment and service providers has also been a barrier to healthcare access (Almeida et al., 2013; Vanthuyne et al., 2013). The effects of these barriers to health access ultimately impact the wellbeing of the entire family (Bernhard et al., 2007).

As with healthcare access, access to social services and programs – for example, legal aid, financial assistance, education, family benefits, housing programs and recourses, and retirement programs – vary by immigration status and often have complex and confusing eligibility criteria (Community Legal Services of Pointe St. Charles and Little Burgandy, 2008). For example, while hidden homelessness is over-represented among new immigrants, refugee claimants, migrants with no status and other precarious status migrants are particularly vulnerable (Bhuyan, 2013; Kissoon, 2010). This is especially so for those who are ineligible for social housing or shelter benefits, who therefore may be forced to rely on informal housing, substandard living conditions, and shelters.

[13] Signatory countries include Belgium, Denmark, Finland, France, Greece, Luxembourg, Norway, Portugal, Romania, and Sweden.

[14] Medical, pharmaceutical and hospital services for women who are pregnant or victims of violence are provided free of charge during the waiting period (as well as for people with infectious disease).

[15] Different provinces impose different restrictions and conditions upon healthcare access for international students. In addition to Quebec, international students in Ontario and Manitoba are also excluded from provincial public health insurance.

While many shelters do not make immigration status a requirement for residence, having precarious status will determine the type of support the shelter is able to offer. The shelter system is a crucial resource for women with precarious status who experience intimate partner violence. They may fear detention or deportation if they do not have status in Canada or the police concern themselves with violations of their immigration conditions (Alaggia et al., 2009).

Precarious status residents with children may face additional obstacles when trying to access services for their families. For example, while the children of temporary workers, international students, and refugee claimants are able to attend public school without fees, for children whose parents have fallen out of status or are undocumented, access to education has historically been uneven. Findings from a Montreal study on access to education for undocumented children highlights the legal invisibility of undocumented children in the Ministry of Education (Hanley, Hachey, et al., 2017; Meloni et al., 2017). At the time of the study, there was no mention of how to handle undocumented students in Quebec and it was at the discretion of School Boards whether to allow children without official status to attend their schools or not. In response to extensive community advocacy, new regulations were introduced in 2013 that expanded the categories of non-resident children eligible for public education and allowed space for children "being followed" by social workers at community health centres or youth protection agencies. While these new guidelines still do not officially welcome undocumented children into schools or guarantee any kind of "don't ask, don't tell" policy, they have created space such that, when community advocates can attest that the child is being followed, they have been able to enroll in public education (Meloni et al., 2017). While there have been steps toward increasing access, community consultation demonstrates that many migrants are unaware of the policy or still fearful that schools will not keep their information confidential in the absence of a "don't ask, don't tell" policy.[16] Access to childcare and childcare subsidies also presents a challenge, as noted in one study on childcare access for refugee claimants in Montreal (Morantz et al., 2013). The challenge deepens as, in 2018, the Quebec government withdrew access to the publicly subsidized childcare system for refugee claimant families, leaving numerous families suddenly without childcare and few alternative options.[17] Other family policies meant to support family thriving, such as the Canada Child Benefit (CCB) and Quebec's Family Allowance, are accessible to families with temporary worker or student status after 18 months of residency.

Family life and caregiving.

Another common reality for people with precarious immigration status in family separation. Recent studies, particularly those examining the experiences of migrant care workers, have highlighted the impact of precarious status on family life and caregiving. For precarious status residents with low-skill work permits who are not permitted to bring family members with them to Canada, this is a particular challenge (Preibisch & Grez, 2013). Those in the former Live-in Caregiver Program were often positioned to care for their employer's children while having to care for their own transnationally (Arat-Koc, 2006; Hanley, Larios, et al., 2017; Parreñas, 2000; Tungohan, 2013). Other precarious status residents, like refugee claimants and other irregular arrivals also experience family separation due to their legal status which gives them no way to

[16] "Don't ask, don't tell" policies do exist within schools and the education sector – for example, the Toronto District School Board officially has a "don't ask, don't tell" policy on immigration status to protect children and families with precarious status, though there are concerns as to whether it has been meaningfully implemented (Villegas, 2013).
[17] A legal challenge of this restriction is currently under way (CBC News, 2018).

sponsor family members. Even after precarious status residents transition to permanent residency, family reunification is a long process and the separation has significant impacts on the wellbeing of the family – for example, intergeneration tensions, integration, and trauma (Larios, 2019; Rousseau et al., 2001). Regardless of these difficulties, many precarious status residents describe being satisfied with being able to provide more opportunities for their children by being in Canada (Salami et al., 2014; Tungohan et al., 2015).

As this literature demonstrates, living with precarious immigration status shapes every part of an individual's life in Canada especially when it is used as a reason to restrict access to public services meant to support the health and wellbeing of a given society and has a significant impact on the ways in which families develop and are cared for within a state (Gaucher, 2018). In particular, the ability of migrants to create and care for families has been identified by scholars and activists as one particularly salient example of conditional access constituted by precarious legal status (Almeida, Caldas, Ayres-de-Campos, Salcedo-Barrientos, & Dias, 2013; Bernhard, Goldring, Young, Berinstein, & Wilson, 2007; Khanlou, Haque, Skinner, Mantini, & Kurtz Landy, 2017; Munro, Jarvis, Munoz, D'Souza, & Graves, 2013; Ruiz-Casares et al., 2013; Small et al., 2014). Given this, this chapter will now shift to examine more specifically on how immigration and citizenship intersect with reproductive citizenship in Canada.[18]

Intersections of immigration and reproductive citizenship in Canada

Policies aimed at expanding the citizenry and shaping family composition include immigration policies (for example, policies that dictate if and under what conditions spouses are permitted to migrate and settle with their partners) and family and reproductive health policies (for example, which relationships are institutionally recognized as legitimate familial and conjugal relationships by the state and society). Overall these policies have tended to support the coming together of families that fit hetero, white, Protestant norms of nuclear family, and create obstacles for racialized immigrant families, interracial families, LGBTQ+ families, and single parent-headed homes to be recognized as legitimate. In particular, immigration policies and politics intersect with societal norms of sexuality, conjugality, and family, in such a way that, as argued by Megan Gaucher in her work analyzing the construction of family and conjugality in Canadian immigration policy, "the white European nuclear family was established as the Canadian family" (2018, p. 59; see also: Thobani, 2007).

This section first provides an overview of historically restricted and targeted family migration policies that emerged as part of early nation-building strategies to shape the ideal Canadian family and exclude those who did not fit this conception. It will then shift to discuss the intersection of development reproductive healthcare, focusing in particular on the differential impacts for different groups of pregnant people. Lastly, this section considers contemporary intersections of precarious migration, in particular, as shaping pregnancy and childbirth for migrants in Canada. In drawing a line through these three literatures, I demonstrate that who is able to create and care for

[18] This section, "Precarious migration in Canada and Quebec," translated into French by Martine Hubert, is the basis of a book chapter titled "Les immigrants au statut précaire et les personnes sans statut au Québec" in *Le Québec comme d'«société d'immigration» contemporaine*, edited by Mireille Paquet and published by Presses de l'Université de Montréal.

their family in Canada (and who faces barriers) is intertwined with long-standing nation-building legacies and prejudices, despite liberalization of Canadian immigration and reproductive rights.

Shaping the Canadian family through migration

Family-related immigration policies, from the earliest nation-building endeavours by the British and the French on now-Canadian soil to current contexts, were used as "both a tool to build a nation and a tool to exclude" (Martin, 2019, p. 25). Overwhelmingly, the first settlers were single men. Noting this gender imbalance and wanting to encourage settlement, as early as the 1600s, France began recruiting unmarried French women to emigrate to the new colony to become wives and form families (Lanctôt, 1967; Landry, 1992). Known as the *filles du roi*, they were often recruited through charitable organizations and included orphans and incarcerated women with few other options who traveled at the expense of the state. Men and women in the colony were incentivized to marry quickly – for example, bachelors were restricted from participating in certain economic activities until the *filles du roi* were all married. In the 1800s, the British used similar policies to encourage the settlement of British families. These policies can also be seen as deliberate attempts to discourage inter-cultural or inter-racial conjugality and families, specifically between white men and Indigenous women (Stasiulis & Jhappan, 1995, p. 104).

Immigration policy was also used to restrict the settlement of families from outside of northwestern Europe. Since the construction of the Canadian Pacific Railway in the mid-1800s, temporary foreign worker programs were used in order to meet labour demands while establishing clear boundaries around the nation and political community. Part of ensuring racialized temporary foreign workers would not come to call Canada home was to limit the ability of workers to migrate with their families, such that home and family would always be elsewhere (Sharma, 2006; Ward, 2002). Referring to Chinese labour migrants, then Prime Minster John A. MacDonald in 1887 described how, "If wives are allowed, not a single immigrant would come without a wife… I do not think it would be to the advantage of Canada or any other country occupied by Aryans for members of the Mongolian race to become permanent inhabitants of the country" (as quoted in: Anderson, 2008, p. 98). Throughout this time and well into the 1900s, there existed policies that deliberately excluded the wives and children of non-European migrants from settling in Canada, in particular targeting families from China, India, and Japan (Sharma, 2006, p. 55; see also: Valverde, 1991; Dua, 2007; Madokoro, 2012; Kelley & Trebilcock, 2010).[19] Even with the liberalization of Canadian immigration policy (for example, with the repeal of the Chinese Immigration Act in 1947 and the advent of the 1967 'colourblind' Immigration Act), resistance to Chinese family sponsorship continued (Madokoro, 2012, 2019). Discrimination also continued against Black and other racialized migrants, for example, from the Caribbean (Satzewich, 1989).

This pattern is traceable in more contemporary temporary foreign worker programs in Canada, such that separation of workers from their families can now be seen as a "hallmark feature of most temporary migration programs" (Preibisch & Hennebry, 2012, p. 54). For example, temporary

[19] Similar policy strategies and restrictions were also employed in the US during this time. For example, Eithne Luibhéid (2002) examines the regulation of Japanese women's migration to the US in the early twentieth-century (see Chapter 3). Luibhéid contextualizes concerns over Asian women's childbearing in relation to previous public furor over growing Southern and Eastern European families and the more contemporary criminalization of Latin American women's reproduction.

foreign workers programs, like the Seasonal Agricultural Worker Program (SAWP) and other 'low-skill' labour migration programs, continue to restrict family migration for the racialized workers that make up the majority of their participants. Recruitment of Mexican workers under SAWP highly favours married workers with dependents (about 97% were married according to a 2007 survey) and policies in sending countries prevent couples from migrating together and, in Canada, a spouse from entering (Preibisch & Hennebry, 2012).[20] As described by Tanya Basok, "Canadian immigration authorities try to ensure that seasonal migration does not turn into permanent settlement. Preference is therefore given to applicants who are married and have many children who serve as a 'collateral' against non-return" (Basok, 2000, p. 224; see also: Lenard, 2012, pp. 290–291). While domestic and care work migration programs began by favouring white European women who would settle and assimilate into Canadian society (Stasiulis & Bakan, 2005, pp. 75–77), as they became more racialized, recruiting workers from the Caribbean and the Philippines, temporariness and family separation were built into the programs. Although programs developed to offer a pathway for permanent residency for migrant care and domestic workers and these restrictions were eventually lifted, prolonged family separation remained part of these programs until 2019 (IRCC, 2019d). A 2012 survey found that migrant care workers in Canada experienced an average of almost eight years of separation before being able to sponsor their partner and children to come to Canada (G. Pratt, 2012), and calculations based on IRCC estimated wait times still found an average of six years of separation in 2016 (Hanley, Larios, et al., 2017). In the cases of both domestic and agricultural labour, migrant workers are employed in isolated settings with limited interactions with the wider Canadian population, and therefore limited opportunities to create new familial relationships (Cohen & Caxaj, 2018; Perry, 2018).

These patterns can also be seen in family sponsorship schemes historically and contemporarily. While any permanent resident or citizen in Canada who meets the criteria may pursue the sponsorship of a spouse, children, or parents to come to Canada, scrutiny across different family types or geographical origin remains uneven. Under the Stephen Harper government (2006 to 2015) concerns about marriage fraud or "marriages of convenience" – defined as marriages entered into primarily for the purpose of acquiring permanent residency status – significantly shaped family sponsorship policy (Bhuyan, Korteweg, et al., 2018; Gaucher, 2014, 2018). This campaign resulted in the development of criteria meant to assess the legitimacy of the conjugal relationship, focused predominately on assessments of "compatibility" and "relationship history" (Gaucher, 2018, p. 124). While presented as neutral measures, these assessments are laden with gendered, racialized, and sexed assumptions and implications. For example, as Gaucher's analysis highlights, the anti-marriage fraud campaign targeted specific countries which were deemed likely to engage in "marriages of convenience" – namely China and India (2018, p. 148). Despite no concrete evidence that these countries have higher rates of "marriage fraud," the sponsorship of a spouse from these regions comes with higher levels of scrutiny. This is especially so when the relationship takes a form outside of Western norms, like an arranged marriage (Merali, 2009), or paradoxically also when relationship patterns do not coincide with preconceived cultural frameworks – for example, do not follow traditional cultural and religious practices (Satzewich, 2014). A further measure, implemented from 2012-2017, was the institutionalization of Conditional Permanent Residency status, which required newly sponsored spouses with a relationship duration of under two years who did not have mutual children to remain in a conjugal relationship for two years

[20] In the case of Canada's agricultural labour migration programs, much of this recruitment is done by the sending country (e.g. Mexico and Guatemala) (see: Gesualdi-Fecteau, 2014; Preibisch & Hennebry, 2012).

post-sponsorship to demonstrate the legitimacy of the partnership. Highly criticized for restricting options for those experiencing conjugal violence, the status has been since repealed, but this has not meant the end of the intensive scrutiny felt by spouses pre- and post-migration (Bhuyan, Korteweg, et al., 2018).

While the 2002 Immigration and Refugee Protection Act opened up family sponsorship to spouses, common-law partners, and conjugal partners, common law relationships and LGBTQ+ relationships continue to face challenges with institutional recognition for purposes of immigration (Gaucher, 2018). Challenges faced by certain families trying to access family sponsorship are an extension of the boundaries placed around conjugality at the level of social and family policy, which have historically rigidly defined marriage through a heteropatriarchal, Christian, European lens. In particular, evidence of traditional marriage ceremonies and evidence of procreation are used to signify legitimate family relationships. In the absence of such indicators, common-law couples are high scrutinized and sometimes struggle to "prove that their relationship is conjugal" (p. 115). Evidence may be even more challenging for LBGTQ+ common-law couples, especially if the sponsored partner is migrating from a place where institutional and/or societal homophobia is a factor. From 1952 to 1977 homosexuality was a basis for immigration exclusion.[21] Despite same-sex relationships being decriminalized in 1969 and removed as a category of exclusion from the Immigration Act in 1977, LGBTQ+ couples were still not eligible for family sponsorship until 2002 after a succession of legal battles in the 1990s (LaViolette, 2003; Mirhady, 2011). LGBTQ+ refugee claimants still face institutional barriers to relationship recognition (Fobear, 2014; Gates-Gasse & Gamble, 2014; Gaucher, 2018).

This section unpacked how race, gender, and sexuality have been implicated within immigration policies that regulate who is allowed to enter and settle in Canada in such a way that the 'ideal Canadian family' is preserved. While these biases are apparent within early immigration policies and politics, close examination of contemporary labour and family immigration policies still reveal conditions that directly or indirectly uphold this 'ideal.' More specifically, this overview highlights the ways in which Canadian immigration policies help construct and maintain the white, European, hetero nuclear family as the 'ideal Canadian family'. The following section shifts to provide an overview of how these dynamics play out through health and social policies for immigrant and racialized communities already living in Canada.

Regulating reproduction

In examining "the sexual/moral components of Canadian racism", Mariana Valverde notes how the influence of eugenics gave scientific credence not only to restrictive immigration policies, but also other policies that support the reproduction and thriving of some families but not others (1991, p. 104). Developed in 1883, eugenics refers broadly to the idea that an individual's judgements, behaviour, intelligence, and morality were hereditary characteristics and therefore restricting the reproductive capacities of those deemed to have defects in these areas would limit their prevalence and benefit society as a whole (E. Dyck, 2013). The theory of eugenics became intimately tied with nation-building efforts around the globe, attracting the attention of social reformers and political elite from various political ideological perspectives eager to ground and legitimize social interventions within scientific theory (Valverde, 1992). At the turn of the century, the regulation

[21] See Chapter 3 of Luibhéid (2002) for an analysis of immigration and LGBTQ+ exclusion in the US context.

of women's bodies began to be more strongly tied to "social, cultural, and economic issues in Canada" (Stettner, 2016, p. 36), as the white, Protestant elite became concerned with "race suicide" in the face of declining fertility and access to abortion for white, Protestant women, increases in immigration from outside Britain, and the French Catholic *revanche des berceaux* (Baillargeon, 2009).[22] For first wave feminists within English-speaking Canada, their conviction that they deserved equal rights was grounded in their claim to reproductive citizenship – "Women did not merely have babies: they reproduced the race" (Valverde, 1992, p. 4). In this context, the feminist claim for control over one's body was an "Anglo-Saxon women's issue" whereby she enacted her moral autonomy in order to fulfill her reproductive obligation. Likewise, single white women without children were broadly characterized as neglecting their moral duty and racialized women were constructed as unable to make proper moral decisions around reproduction. As a minority population within Canada, French-Canadian women were also "targeted by those nationalist discourses that linked maternal and feminine patriotic duties" (Baillargeon, 2009, p. 10; see also: Henripin & Lapierre-Adamcyk, 1974).

One major impact emerging from the eugenics movement was the establishment of policies and programs aimed at population control, linking reproduction (often represented through women's sexuality and reproduction) to larger social problems – for example, the promotion and coercive use of sterilization programs for individuals that transgressed ascribed social norms, were deemed unfit for society, or seen as a drain on economic resources. The focus of these programs varied by national and subnational context – in the United Kingdom, for example, class conflict and poverty were the primary foci, while in the United States, eugenics programs tended to centre on issues of race (Gutiérrez, 2008; Roberts, 1997; Smith, 2005b). In Canada, immigration was the primary catalyst for eugenics programming, "[fusing] elements of class, race, and intelligence, using 'foreigner' as convenient shorthand for undesirable" (E. Dyck, 2013, p. 7). As Mariana Valverde describes, from the earliest nation-building efforts and into the 1900s, Indigenous populations were also problematically constructed as 'foreign' (Valverde, 1991, p. 115). Discourses of intelligence and public health, often fused with ethnic and racial biases, allowed policymakers to engage in population control at the individual level with the justification of societal wellbeing.

Erika Dyck's (2013) social history of institutionalized eugenics and sterilization under Alberta's *Sexual Sterilization Ac*t, in effect from 1928 to 1972, highlights the ways in which social location impacted people's access to sterilization procedures. The primary targets of this program were those deemed unfit to be future parents due to some measure of mental or intellectual deficiency, and the risk of passing those qualities on to future children. In practice, a large component of this assessment was anchored in how well an individual conformed to Anglo-Saxon, Protestant, heteronormative values and behaviours. As described by Dyck, "[at] the heart of eugenics programs, however, lay a desire to exert power and surveillance over families that did not suit the national or regional plan" (2013, p. 7). Resistance to cultural assimilation and ongoing adherence to traditional cultural practices, for example, were deemed abnormal and problematic expressions of social deviance. As a result, members of marginalized and racialized immigrant and Indigenous communities, in addition to LGBTQ+ people and people living with disabilities, were disproportionately subject to sterilization under the *Act*. A 1935 provision enabled sterilization to be performed without informed consent of the individual, which remained in place until the

[22] Translation: revenge of the cradles.

abolition of the program in 1972. Despite this, there is considerable evidence that coercive sterilization continues to be a problem in Canada, in particular for Indigenous women and birth-givers (E. Dyck, 2018; E. Dyck & Lux, 2016; Stote, 2015, 2017).

At the same time, another facet of regulating reproduction was the development of specialized maternal and obstetric care. In the early 20th century, rates of maternal mortality in Canada were high compared to other industrialized countries, with estimates around 25% until the 1930s (Mitchinson, 2002; Rutty et al., 2010). Policies that set workplace standards for women pre- and post-birth, established the role of the public health nurse, and introduced medicalized childbirth, for example, were aimed at addressing this concern (Rutty et al., 2010). By the 1930s, most births took place in hospital, but maternal mortality persisted. Notably, homebirths, even when a physician was not present, had lower rates of maternal mortality than hospital births as this time, but the medical model was still pursued and advertised as best practice. Maternal mortality varied across regions and ethnicities – for example, a 1927 survey showed maternal mortality rates of 4.9 for every 1,000 live births for French Canadians, 6.1 for English Canadians, and 11.0 for Indigenous nations (Mitchinson, 2002). In the case of Quebec, investment in maternal health was intimately bound up with nationalist discourses, where ideological discourses of the duty to be a 'good mother' for the sake of the nation prompted pressure and investments into maternal health and child welfare public infrastructure (Baillargeon, 2009).

Beginning in the 1930s, attitudes toward contraception and abortion began to shift, as feminist birth control advocates became more vocal and the idea of therapeutic abortion, in the case of medical necessity for the health of the mother, became increasingly recognized as acceptable practice (Stettner, 2016). With the advent of second wave feminism and growing debates around reproductive rights, married, middle-class white women began to pursue voluntary sterilization as a form of birth control and advocate for abortion access. Authorities responded by restricting access to sterilization for this group of women, holding doctors legally liable for performing this procedure on 'healthy' married women.[23] As Gutiérrez argues in the US context, the early advancement of birth control technology was scarcely about women's reproductive liberation and bodily self-determination, but more accurately a policy advanced in the name of population control and the state regulation of reproduction (2008, pp. 16–17). This side of birth control advocacy was largely absent from the call for bodily autonomy present in the feminist discourse of the day. In Canada, abortion and contraception were decriminalized in 1969 but would remain highly restricted. Despite the passing of the Canada Health Act in 1984 which aimed at establishing uniformity of service provision across Canadian provinces, and the 1988 Supreme Court decision which struck down Canada's abortion law, access to abortion services remains uneven. The ruling allowed that abortion no longer be consider illegal but failed to establish a formal right to access and reproductive rights have been included in the *Canadian Charter of Rights and Freedoms* under section 7 on the right to security of person. While provinces cannot outlaw abortion, they may refuse to fund them by classifying the procedure as not medically necessarily, as has been the case in many Maritime provinces (Arthur, 2017; Sethna, Palmer, Ackerman, & Janovicek, 2013). Geographical disparities in availability of services from rural to urban and across provinces has meant that people seeking abortion services may have to travel great distances in order to procure

[23] People of all genders were also subject to sterilization under the *Act* and increasingly sought access to voluntary sterilization in the 1960s and 70s; however, it is the woman's body and reproductive choices that remained the most visible target of these debates (E. Dyck, 2013).

services, a significant barrier for people without the physical or financial means to travel (Sethna et al., 2013; Sethna & Doull, 2012). Racialized and immigrant communities may face additional barriers, as described by H. Bindy K. Kang (2016), and deeply ingrained stereotypes (for example, pertaining to patriarchal norms), continue to underpin ideas of who can access abortion and for what reason. Furthermore, Laura Salamanca (2017) points to the idealization of planned fertility and pregnancy management through use of birth control or abortion as a marker of contemporary Western liberal societies, which many immigrant women do not adhere to.

Other developments in reproductive healthcare included maternal and prenatal healthcare being included the purview of public Medicare program established in the 1970s (Benoit, 2015; Stettner, 2016). Funding for the Medicare program is funneled from the federal government through the Canada Health Transfer (previously the Canada Health and Social Transfer) to provincial insurance programs. During the 1970s, public health insurance covered only physician-provided maternity care. This shifted responsibility for maternal care from female midwives to predominately male physicians (Benoit, 2015). Although advancements in medical technology meant that maternal and foetal health were monitored more closely than ever, other trends such as restricting participation of partners or other family members in the birth process, increased reliance on caesarean sections, and inaccessibility of services at local hospitals, contributed to ongoing pushback from women's health movements arguing for self-determination in pregnancy and birth. Beginning in Ontario, Quebec, and British Columbia in the 1990s, midwifery services started to be formally regulated and publicly funded, such that the majority of provinces and territories now offer these services through the public system (Benoit, 2015; Bourgeault et al., 2004; Paterson, 2014; Paterson & Marshall, 2011). The implications of this development both opened up space for self-determination in childbirth for many pregnant people, but also allowed for incorporation of midwifery by the medical model under which practitioners experience institutional restriction (Daviss, 2005; Paterson, 2014). Additionally, prenatal and postnatal care has also become a regular part of healthcare services, though programs vary across provinces and territories. For many immigrant women, prenatal healthcare has been their first interaction with Canada's healthcare system (Salamanca, 2017).

Access to reproductive health services, however, continues to be uneven across Canada. Pregnant people in rural communities routinely have to travel over an hour for prenatal care and childbirth (Sutherns & Bourgeault, 2008). Indigenous women, especially those living in more remote or northern communities, also have to travel to urban centres for care and endure extended separation from their communities (Olson & Couchie, 2013). Choice in care provider also remains an issue as midwifery practice remains localized in urban centres and shortages in practitioners across the country often means long wait lists and many who would prefer a midwife delivery in reality do not have that option. Regional differences also exist, for example, New Brunswick, Prince Edward Island, Newfoundland, and Yukon territory do not fund or regulate midwifery (Benoit, 2015). Furthermore, many racialized and immigrant midwives face institutional barriers to legalized practice, potentially marking Canadian midwifery as another reproductive space dominated by white women (Nestel, 2004). Other technological advances, such as surrogacy, invitro fertilization and other advancements that offer reproductive opportunities to people facing biological challenges to procreation, are increasingly more available, yet in large part are often not included provincial health insurance coverage. The costs of uninsured reproductive technologies are

prohibitive making such procedures inaccessible to those without the financial privilege to afford them (Scala, 2014).

Once families are formed and children are born, the state is still active in shaping the ways that mothering can be done, and which families are able to thrive, and which are less supported. This can be achieved by tying particular benefits or rights to a legal status within the country – for example, immigration status may determine a family's ability to access health services, daycare, and other benefits (Oxman-Martinez & Hanley, 2011 - discussed in further detail in the following section) or recognized Indian status will determine whether an Indigenous child has access to treaty rights (Lawrence, 2003). Policies that facilitate or restrict access to these legal categories can impact whether certain, often marginalized, families are able to thrive. Furthermore, family surveillance measures, in particular those in which benefits or custody are tied to particular notions of a 'good mother' or 'proper family', can have a punitive impact on family life (Minaker & Hogeveen, 2015). On the other hand, recognition of women's role as economic contributors to society and women's rights activism has led to the creation of programs such as maternity leaves and childcare (Griffin Cohen & Pulkingham, 2009). Together these policies highlight the numerous ways in which the state can actively or indirectly shape motherhood and family life in Canada.

Precarious migration and precarious reproduction

In Canada, access to perinatal care and other services and resources necessary for caring for a family is regulated according to immigration and citizenship status. Issues of access, and pregnancy for precarious status migrants more broadly, are frequently linked to concerns that Canada's *jus soli* birthright citizenship policy is too inclusive, but countered through Canada's humanitarian approach to immigration and commitments of gender equality. As discussed above, issues of access and legal membership are widely considered key components of citizenship. There have been a number of studies that allude to the experiences of precarious status migrants and pregnancy in Canada.

Stephanie Silverman (2014) discusses the detention of vulnerable people, including pregnant women, as a violation of international migration law (see also, Bhuyan, 2013); in addition, there is a growing public discourse surrounding 'anchor babies' and 'birth tourism' as a means of queue-jumping (for example, Browne, 2002; Harris, 2016; Larios, 2020; Lozanski, 2020). Even though pregnant women and young children have been identified as "vulnerable" groups for whom migrant detention should be avoided, it continues to happen, with cases of mothers and their babies living in migrant detention in Canada for over two years (the child's entire life) before ultimately being deported (Abji & Larios, 2020).

It is also documented that pregnancy can present issues for employment – for example, migrant workers are fired or pressured by employers to terminate the pregnancy (Hanley & Shragge, 2009), and may feel compelled to hide the pregnancy from their employers and avoid accessing prenatal service or pay out of pocket to avoid being found out (Cohen & Caxaj, 2018; McLaughlin, 2009; McLaughlin & Hennebry, 2013). Jill Hanley and her co-authors (2020), for example, have documented the experiences of pregnant migrants without status as they engage in employment, in particular emphasizing the limited protections afforded to pregnant migrants in this situation.

Access to maternal healthcare services for precarious status residents is addressed within broader discussions of migrant access to healthcare. Much like healthcare, in general, it is noted that for migrants without access to public health insurance, the high cost of service prompts people to put off accessing care, which in some circumstances, like pregnancy, can have serious, long-term consequences (Almeida et al., 2013; Munro, Jarvis, Munoz, et al., 2013; Oxman-Martinez et al., 2005) – some of which may include increase risk of emergency caesarean section (Merry, Semenic, et al., 2016; Merry, Vangen, et al., 2016) and post-partum depression (Gagnon et al., 2013), as well as other health complications such as higher incidence of stillbirth, early neonatal death, and maternal death (Almeida et al., 2013).

For those who are uninsured, access to healthcare is costly and one of the most striking examples of this are the medical costs associated with pregnancy and birth. Several policy issues make this particularly pertinent in Quebec, where international students and their families are included among those with restricted access to public insurance and where healthcare access for Canadian citizen children born aligns with the status of their parents until they reach adulthood. For example, an uninsured parent, whether international student or someone who is without status, will need to pay the costs of their own healthcare access and well as their Canadian citizen child. Pregnancy presents a particularly challenging issue because most private healthcare insurances will not cover it.[24] For pregnant patients wanting to be followed by a physician and affiliated hospital for perinatal care, they are often asked to pay a deposit at the hospital prior to the birth. Within the Montreal area, for example, these deposits average $11,375 (Médecins du Monde, 2018). When a patient is not insured, physician fees are set individually and arranged as a private contract. Specialized clinics offered perinatal care to a small number of uninsured and otherwise marginalized patients help to mediate these concerns – for example, in Montreal, Médecins du Monde's migrant clinic[25] and La Maison Bleue clinics[26] across the city which operate in partnership with provincial health authorities. These community-level clinics provide invaluable resources to precarious status migrants (Aubé et al., 2019), but the demand continues to exceed available resources.

Furthermore, even when precarious status residents have access to public health insurance, as migrant workers do after the first three months, their immigration status de facto prevents them from accessing benefits like preventative, maternal, and parental leave which are intended to allow for a healthy pregnancy and post-birth recovery (Oxman-Martinez et al., 2005). Poor interactions with the healthcare environment and service providers have also been a barrier to maternal healthcare access (Almeida et al., 2013; Khanlou et al., 2017) – some service providers see lack of access for precarious status residents as a significant problem (Ruiz-Casares et al., 2013); other service providers have expressed the view that right to healthcare is a privilege for tax-paying citizens (Vanthuyne et al., 2013).

A large body of literature, grounded predominately in the health fields, examines the experiences of immigrant woman, as a broadly defined group, and pregnancy and maternal health. One common theme across this scholarship is the need for more culturally sensitive and culturally

[24] A review of popular private health insurance options conducted as part of this research revealed that the vast majority of private health insurances available to temporary residents do not cover issues related to pregnancy and birth. Those which do are often more expensive and still only provide conditional coverage.

[25] https://www.medecinsdumonde.ca

[26] https://maisonbleue.info

competent service provision surrounding maternal care, especially given the very personal dimensions of reproductive health and meaning and belief imbued in the experience of pregnancy (Benza & Liamputtong, 2014; George, Terrion, & Ahmed, 2014; Higginbottom et al., 2013, 2015). Lack of information and supports, inadequate service provision, and experiences of discrimination were also widely reported as challenges throughout immigrant women's maternity experiences that continued in post-birth care (Higginbottom et al., 2016). While it was found that what immigrant women and Canadian-born women wanted from their maternity care experience did not vary significantly, immigrant women were significantly less satisfied with the level of care they received (Small et al., 2014). According to Gina Higginbottom and her team (2014), the "societal positioning of immigrant women" vis à vis Canadian-born women is a factor in the quality of care they received that is connected to the health and wellbeing during their pregnancy and for the outcome of their pregnancy (see also: Higginbottom et al., 2015). While there has been some recognition of these challenges within the Canadian healthcare system, interventions to improve access and quality of maternal care for immigrant women have been short-term and small-scale without overarching vision and coordination (Higginbottom et al., 2013).

As discussed above, although the dominant liberal political discourse restricts explicit racial and ethnic discrimination to access to reproductive rights, this kind of discrimination is de facto maintained through, among other methods, pervasive categories of *citizen* and *migrant foreigner* "in a manner that roots questions of immigration control in histories of colonialism, globalized capitalism, and systemic inequality" (Luibhéid, 2015, p. 127). Citizens are produced through strategic immigration selection and control, as described above, and through reproduction within Canadian borders. Canada's citizenship policy is such that any person born within Canadian borders is entitled to Canadian citizenship (*jus soli*), regardless of the immigration or citizenship status of their parents. Although this entitlement has been restricted in important ways – for example by limiting certain children with precarious status parents from accessing the full benefits of their citizenship until adulthood – this nonetheless does allow for precarious status residents to reproduce citizens and potentially contribute to the nation-building project. While precarious status residents may or may not make it through the rigorous selection process for permanent residency – and many do not due to both explicit legal restrictions or challenges due to social location – their children born on Canadian soil will not have to. *Jus soli* birthright citizenships has, however, been the subject of repeated debate (Buhler, 2002; Lozanski, 2020). The first significant political debate on *jus soli* citizenship in Canada was in 1994 under a Liberal government, explicitly mobilizing the 'birth tourism' narrative to question whether citizenship should be with-held from children born in Canada to non-citizen parents (Buhler, 2002; Standing Committee on Citizenship and Immigration, 1994). While this proposal did not move forward, within the last ten years the Conservative Part of Canada has re-introduced the debate into the public sphere, most recently a 2018 resolution under former leader Andrew Scheer (Hopper, 2018; see also: Gaucher & Larios, 2020; Griffith, 2018b; Larios, 2020).

Conclusion

As precarious migration continues to increase and more female migrants (and other migrants with uteruses) than ever are entering new countries as non-citizens with little or partial access to the reproductive rights and supports afforded to the citizens living there. While recognition for the human rights of migrants has led to gradual (and conditional) access to certain state resources and services for precarious status migrants in Canada, issues related to reproduction present unique

challenges. The reproductive activities of precarious status migrants within nation-state borders represents a threat to the control that citizenship and immigration policies are supposed to provide. This threat has been referred to as the "fearsome trinity" of race, immigration, and fertility (Galarneau, 2013). First, by reproducing and creating families, precarious status residents defy the social category imposed on them by the state – for example, migrant workers are often represented as independent individuals with strictly economic interests whose home (and therefore family) are somewhere else (Lenard & Straehle, 2012). By creating families within Canadian borders (and sometimes with Canadian citizens), precarious status residents challenge their state-imposed temporariness through the creation of home, and furthermore challenge the true temporary nature of certain im/migration programs (Sharma, 2012). Second, through the process of reproduction, precarious status residents create Canadian citizens (who are eligible, in theory, for all of the rights and protections allocated by the state) outside of the state's system for creating citizens (Boucher, 2007; Thobani, 2001). As Loretta Ross and Ricki Solinger (2017), among others, outline, state policies have played a very active role in restricting and penalizing the reproductive activities and opportunities of migrants and other racialized groups who resist normalized settler-colonial nationhood, such as Indigenous nations and communities. The conditions imposed upon precarious status residents in Canada, largely through citizenship and immigration policies, create both material and symbolic barriers for the realization of reproductive justice for this population.

This chapter focused on the ways in which racist and gendered discrimination established within early nation-building projects in Canada continue to underpin contemporary policies and politics on racialized migrant's reproduction. This can be seen through historical and contemporary findings on immigration policy (for example, who is allowed in and who is not) and health and social policy (for example, who is supported or restricted in their biological and social reproduction). There are a growing number of studies unpacking the lived experiences of precarious status migrants and their access to health services when pregnant. I argue here that this literature makes clear that precarious immigration status is a barrier to reproductive justice in Canada and that using this lens can help us unpack the structures and policies that shape these experiences. The following chapter will outline reproductive justice as a conceptual framework and suggest how it might be used to theoretically ground an analysis of precarious immigration status in the Canadian context.

Chapter 2

Reproductive Justice Framework

[We are] participating in the creation of yet another culture, a new story to explain the world and our participation in it, a new value system with images and symbols that connect us to each other and to the planet.
– Gloria Anzaldúa, Borderlands/La Frontera: The New Mestiza, 1987

Rights + resources + accessibility = justice.
– Joan C. Chrisler & Cynthia Garrett, 2010

People's reproductive lives (and women's in particular) are shaped in numerous ways by state intervention that stretches across a wide range of policy areas. The way in which the entitlements of reproductive citizenship are distributed through these policies results in differentially impacts for different groups of people in ways that align with the state's nation-building agenda and normative vision of the ideal Canadian family (and citizen). To this work on reproductive citizenship and immigration in the Canadian context, I would like to add the analytic lens of reproductive justice. Reproductive justice offers a valuable framing of these issues that is grounded in the lived experiences of marginalized people, and racialized women in particular. As a framework, it poses the question of who has a genuine choice in their reproductive lives and how are those choices are differentially judged or supported by state policies. Interrogating how the state responds when precarious status people give birth within its borders reveals the ways in which reproductive citizenship is still embedded within the nation-building project. This dissertation represents a novel application of the Reproductive Justice Framework (RJF) that expands both our understanding of the implications of reproductive justice and our theoretical and practical knowledge of reproduction, migration, and citizenship in the Canadian context.

This chapter will provide an overview of the Reproductive Justice Movement (RJM) and its theoretical and conceptual development into a framework which is now mobilized on a number of fronts, including ongoing grassroots activism and scholarly work. It will then highlight the theoretical dimensions of the Reproductive Justice Framework (RJF) and discuss its analytic advantage and how it has thus far been deployed in scholarly work. These theoretical components include an intersectional analysis of oppression, the central role of storytelling and creating space for marginalized voices, and use of a human rights framework. Finally, it will then focus the RJF on the issue of precarious immigration status as it emerges from critical Canadian migration and citizenship scholarship in order to flesh out a theoretically informed understanding of precarious reproductive citizenship.

Reproductive justice: Definitions, origins, and goals

Reproductive justice offers a framework for analysis and activism that centres the reproductive experiences of marginalized people – in particular, the bodily autonomy and self-determination of people as sexual and reproductive beings, in relation to their communities and as shaped by the state. Central to reproductive justice is the claim that

> all fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental human experiences. Achieving this goal depends on access to specific, community-based resources including high-quality health care, housing and education, a living wage, a healthy environment and a safety net for times when these resources fail. Safe and dignified fertility management, childbirth, and parenting are impossible without these resources (Ross & Solinger, 2017, p. 9).

Building on this, and grounded in bodily autonomy, reproductive justice has three defining principles, "(1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments" (Ross & Solinger, 2017, p. 65).

Importantly, reproductive justice is not an attempt to undermine or replace the work done by reproductive health or reproductive rights frameworks but aims to strengthens previous work by casting an intersectional lens on these issues (Table 1). In doing so, reproductive justice highlights the ways in which reproductive citizenship is experienced differently by different groups of people and implicates political dimensions that stretch beyond health policies and right to healthcare (Asian Communities for Reproductive Justice, 2005). While historically the feminist fight for *reproductive rights* has focused on access to abortion services and contraceptives, *reproductive justice* advocates have noted that for racialized women in the United States (and elsewhere), who have often been discouraged and, in many cases, barred via forced sterilization by the state from having children, the fight for reproductive rights has to be broader (Chrisler, 2014; Price, 2010; Roberts, 2017; Ross & Solinger, 2017; Smith, 2005; Solinger, 2013). Furthermore, the pro-choice framework mobilized through reproductive rights advocacy still fundamentally relies on neoliberal assumptions and values and does not adequately attend to the structural violence that inhibits choice for many marginalized people. Loretta Ross and Rickie Solinger's (2017) historical account links reproductive policies in the United States to ideologies of eugenics, population control, and nation-building – for example, policies where sterilization and contraception were coercively linked to benefit programs or performed without consent (see also: Gutiérrez, 2008; Roberts, 1997; Smith, 2005b). This scholarship has also drawn attention to child protection and policing and carceral policies that are disproportionately used against poor and racialized communities and lead to family separation, and other economic and political inequalities. Immigration policies which restrict family migration, access to health services, and directly or indirectly prohibited pregnancy also fall within this category (Galarneau, 2013; Jolly, 2017). While agency and self-determination are still key components of the RJM, the framework allows for a deepened understanding of how choice becomes constrained, and the implications of these constraints for individuals and communities.

These concerns have a long history and have been echoed in the activist movements of racialized women. The Reproductive Justice Movement emerged in the United States in the 1990s through a women's collective now known as SisterSong Women of Color Reproductive Justice Collective, However, the RJM traces its roots to early Black feminist activism, like that of Anna Julia Cooper (1890s), Dorothy Ferebee (1930s), and Fannie Lou Hamer (1960s) and activists fighting against forced sterilization of Black and other racialized women in the 1970s, most notably the Combahee River Collective (1974-1980) (Ross, 2018). Additionally, the Black Women's Health Imperative (BWHI), founded in 1984, whose work explicitly used an intersectional lens to conceptualize the ways in which multiple forms of oppression – related to gender, race, and class, for example –

Table 1

Frameworks of analysis for understanding issues related to reproduction

	Reproductive Health Framework	Reproductive Rights Framework	Reproductive Justice Framework
Problem	Lack of access to healthcare services and information	Lack of legal protections, laws, or enforcement of laws	Power inequalities inherent in social institutions, environment, economics, and culture.
Strategy	Improving and expanding services, research, and access	Legal, legislative, and administrative advocacy at the subnational and federal level	Support for the leadership and power of secluded groups, in particular low-income, racialized women and communities with a concrete agenda of real individual, community, institutional, and societal change through networks of allied social justice and human rights organizations
Constituents	Patients	Voters	Communities
Key Players	Healthcare providers, researchers, educators	Advocates, legal experts, policymakers	Justice advocates and organizations
Challenges and Limitations	Services and education often delivered at an individual level Resource intensive without long term change Different people have different levels of access	Emphasis on individual choice obscures social context and state regulation Assumes level of knowledge, access, and belief in political and legal systems that not all marginalized people have	Asks people to adopt a worldview opposed to the status quo, take risks, and take direct action against those in power Resource-intensive and requires in-depth comprehensive analysis Lengthy process; immediate and short-term needs of constituents can be difficult to meet

(Source: Asian Communities for Reproductive Justice, 2009)

inform Black women's healthcare experiences in the US, was an early predecessor of the movement. The work of BWHI led to the establishment of other organizations, such as the National Latina Health Organization developed by Luz Alvarez Martinez in 1986, the Native American Women's Health Education Resource Center by Charon Asetoyer in 1988, and the Pacific Islanders for Choice (rebranded Asians and Pacific Islanders for Reproductive Health in 1992; now going by the name Forward Together[27]) by Mary Luke in 1989 (Bond Leonard, 2017). This work laid the foundations for the birthing of the term *reproductive justice* in 1994, and its subsequent development into an analytic conceptual framework and advocacy strategy, largely under the direction of 16 organizations working together as the SisterSong Women of Colour Reproductive Health Collective (now the SisterSong Women of Color Reproductive Justice Collective, or SisterSong[28]) formally founded in 1997 under the leadership of Loretta Ross and Luz Rodriguez (Bond Leonard, 2017; Strickler & Simpson, 2017).

In particular, the term *reproductive justice* was crafted by twelve Black women[29] working in reproductive rights and health movements who attended a conference in Chicago facilitated by the Illinois Pro-Choice Alliance and the Ms. Foundation for Women, where it was decided they should draft a response to the proposed healthcare reforms under the Clinton administration's 1993 Health Security Act (Bond Leonard, 2018; Ross & Solinger, 2017). Critical of reforms that were not attentive to the needs of Black women, they recommended a comprehensive and affordable healthcare plan that included coverage for abortion, contraceptives, pre- and post-natal care, and focused on prevention and education. The original intent of the RJM was to centre Black women in the reproductive health debate, making visible their marginalization and creating space for their voices to open up about their "personal experience[s] with the political reality of efforts to control the fertility of women of colour through punitive legislation, dramatically affecting [their] ability to be self-determining about [their] bodies, and ultimately, [their] families and communities" (Bond Leonard, 2017, p. 46). This manifested not only as a critique of mainstream health politics but also of feminist movements that mobilize around the white middle-class experience and liberal or neoliberal values that prioritize individual choice and privacy.

The RJM was profoundly shaped by global human rights discourse, in particular the global women's health movement emerging around the same time. This movement was concentrated within number of international conferences[30] hosted by the United Nations (UN) from the 1970s to 1990s, focused on women's and human rights (Price, 2010). Reproductive justice emerged as a

[27] https://forwardtogether.org

[28] https://www.sistersong.net

[29] Founding members include: Toni M. Bond Leonard (Chicago Abortion Fund); Alma Crawford (Religious Coalition for Reproductive Choice); Evelyn S. Field (National Council of Negro Women); Terri James (American Civil Liberties Union of Illinois); Bisola Maringay (National Black Women's Health Project, Chicago Chapter); Cassandra McConnell (Planned Parenthood of Greater Cleveland); Cynthia Newbille (National Black Women's Health Project, now Black Women's Health Imperative); Loretta J. Ross (Centre for Democratic Renewal); Elizabeth Terry (National Abortion Rights Action League of Pennsylvania); "Able" Mabel Thomas (Pro-Choice Resource Center, Inc.); Winnette P. Willis (Chicago Abortion Fund); and Kim Youngblood (National Black Women's Health Project).

[30] For example, UN Women's conferences held in Mexico City (1975), Nairobi (1985), Copenhagen (1980), and Beijing (1995), and the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW – 1979), the World Conference on Human Rights held in Vienna (1993), and the International Conference on Population and Development held in Cairo (1994) (Price, 2010).

framework after the United Nations International Conference on Population and Development in Cairo (1994) as a lens that would connect the struggle for women's rights globally with domestic issues within the US that women of colour activists there were confronting. In particular, activists were inspired by Article 3 of the UN's Universal Declaration of Human Rights: "Everyone has the right to life, liberty, and the security of person" (United Nations, 1948). In particular, they saw how structural barriers to the attainment of the three broad categories of human rights laid out by the UN – (1) civil and political rights; (2) economic, social, and cultural rights; and (3) sexual, environmental, and developmental rights – intersect in the lives of their community members to create experiences of reproductive oppression (Price, 2010).

While reproductive justice emerged as a Black feminist movement it quickly expanded to include other groups of racialized women, first organizing together with Latina, Asian, and Indigenous organizations under the SisterSong collective. While reproductive justice continues to centre racialized women, it is continuously evolving and expanding and fundamentally pertains to all people – "as people and oppression shift, so too does that centre of the movement" (Strickler & Simpson, 2017, p. 53). Reproductive justice advocacy and scholarship includes reproductive experiences and lives of LGBTQ+ people (Price, 2018; Silver, 2020) and those living with disability (O'Connell, 2017), for example, as well as mobilizing around a broader range of policy sectors, including immigration (García Hernandez, 2017; Messing et al., 2020), the environment (Jiménez et al., 2017), and the prison system (Roth, 2017). This advocacy and analysis aim to work toward dignity for all people while remaining sensitive to the intersectional nature of oppression. Furthermore, while the movement is most visible in the US, use of the RJF has expanded beyond American borders. Reproductive justice as a framework for understanding reproductive issues has been mobilized at the UN and other countries around the world. In Canada, for example, the Native Youth Sexual Health Centre (Danforth, 2010) the Abortion Rights Coalition of Canada (Arthur, 2015), and the Ontario Coalition for Abortion Clinics (Egan & Gardner, 2016) were early adopters. The RJM has been active in collaborating with other contemporary movements, such as Black Lives Matter, and have played a key role in enacting legislative and policy changes at the state-level across the US.

As the uptake of reproductive justice as an analytic framework and practice increased, it raised questions as to who should use the RJF and in relation to what issues. In particular, the RJM was keen to respond to other movements and organizations who seemingly co-opted the term reproductive justice without genuinely embracing its full message. Founding members gathered to formalize the RJF. While acknowledge that ideas will vary and should be responsive to the needs of different individuals and communities, they established the following criteria –

Reproductive justice:

- Is intersectional,
- Connects the local to the global,
- Based on the human rights framework,
- Makes the link between individual and community,
- Addresses government and corporate responsibility,
- Fights all forms of population control (eugenics),
- Commits to individual/community leadership development that results in power shifts,
- Puts marginalized communities at the center of the analysis,

- Understands that political power, participation of those impacted, and policy changes are necessary to achieve reproductive justice
- Has its own intersectionality of involving theory, strategy, and practice
- Applies to everyone (Ross, 2017c, p. 301).

This section defined and outlined the historical development of the RJF, highlighting its activist roots in both domestic US and international activism of women of colour and development into a fully realized framework for advocacy, governance, and scholarship. Before discussing how the framework is currently being used within academic research, the following section will explore several key theoretical tenants in more detail.

Theoretical grounding of reproductive justice

Reproductive justice draws on a rich body of theoretical work, for example, Black feminist theory, critical race and critical feminist theory, self-help theory, standpoint theory, and human rights theory. This section highlights three overarching theoretical components grounded in these theoretical perspectives: (1) the use of intersectional analysis of oppression; (2) the centring of marginalized communities, and (3) use of the global human rights framework. Reproductive justice invokes an intersectional analysis in order to illuminate the ways in which reproductive oppression is shaped by various intersecting forms of structural violence. As a framework grounded in activism, reproductive justice foregrounds community and individual storytelling as a means to illuminate the experience of reproductive oppression and make visible structural violence, while pressuring states using a global human rights approach for policy change.

An intersectional analysis of oppression

Loretta Ross' theoretical work decisively roots reproductive justice within Black feminist thought and critical race feminism, centring the realities and voices of racialized women in theoretical analysis and knowledge production. Reflective of this influence, the framework:

> views racism and sexism as normal parts of domination not aberrant; recognizes how elites use racism and sexism to serve them; views gender and race as social constructs, not immutable biological categories; understands how racial and gender stereotypes change over time; [and] incorporates intersecting identities (Ross, 2017a, p. 209).

Policies and programs tend to use gender- and race-neutral language that obscures the way that different groups are impacted by the state differently. This allows for instances of discrimination to be reported as individual cases or isolated incidents rather than systemic structural inequalities. Structural inequalities then become normalized and racism, sexism and classism within civil society prevents mass movements pushing for systemic change. For example, racism within the women's movement in the US and in Canada normalized the inequality and oppression endured by racialized women and often endorsed further state intervention in their lives.

Reproductive justice developed alongside, and in conversation with, other concepts emerging from this body of work at the time. In particular, the concept of *intersectionality*, which was also understood, practiced, and nurtured at the community level by racialized women before being theoretically conceptualized and named by legal scholar Kimberlé Crenshaw (1989, 1991), plays

a central role.[31] In their recent work, Patricia Hill Collins and Sirma Bilge explain intersectionality as a way of understanding how the

> events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people's lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves (2016, p. 2).

Crenshaw argued that while the development of identity politics, and feminist and anti-racist discourses, had been empowering for many people and communities, it often failed to make space for intragroup difference, and therefore fails to account for the ways in which power and oppression are enacted according to these differences. This works to undermine the experiences of racialized women, whose life experiences are shaped by both gender and race, in addition to class, sexuality, and ability, for example. Using the concept intersectionality, Crenshaw demonstrates how the oppression of racialized women is due to structural, political, and cultural expressions of both sexism and racism, the full picture of which cannot be grasped by focusing solely on gender or solely on race as a determining factor. As an example, Crenshaw has applied this analysis to employment discrimination and experiences of violence in order to show "the need to account for multiple grounds of identity when considering how the social world is constructed." Dorothy Roberts, in her 1997 foundational work *Killing the Black Body*: *Race, Reproduction, and the Meaning of Liberty,* provides an intersectional analysis of Black motherhood in the American context. She argues, for example, that "race completely changes the significance of birth control to the story of women's reproductive freedom," highlighting how birth control had been "an emblem of reproductive freedom" for privileged white women but at the same time contraceptives, sterilization, and other policies aimed at reducing fertility targeted Black women, influenced in part by the eugenics movement and the drive to reduce fertility by those deemed to be 'unfit' mothers (Roberts, 1997, p. 56; see also: Gutiérrez, 2008; Smith, 2005b).

This intersectional analysis provides a direct critique of liberal (and neoliberal) conceptions of citizenship, wherein citizens are conceived of as independent, primarily rational, individuals with equal rights under law that enable them to freely choose from a diversity of options in the course of their lives – often at the expense of relationality, interdependence, and emotion, or any nuanced analysis of power and oppression that structure these experiences (Ross, 2017a, pp. 190–192). In order to further conceptualize the organization of power that shapes these intersecting identities and oppressions, Collins has introduced the term *matrix of domination* to describe the "overall social organization within which intersecting oppressions originate, develop, and are contained" (2000, p. 228). Experiences of oppression which have often been characterized as isolated and individual are recognized through this analysis as social and systemic issues. Domination is enacted through institutions (for example, governments, courts, employment structures, etc.) that regulate the patterns of oppression as enacted through intersecting systems of racism, sexism,

[31] See Chapter 3 of *Intersectionality* by Patricia Hill Collins and Sirma Birge (2016) for a detailed account of early mobilizations of the concept of intersectionality by Black and other racialized women in the 1960s and 70s in the United States.

classism, etc. Collins argues that power is not "something that groups possess, but as an intangible entity that circulates within a particular matrix of domination and to which individuals stand in varying relationships" (p. 274). This structural organization of interlocking oppressions is central to intersectional analysis.

Reproductive justice has been described as "the application of the concept of intersectionality to reproductive politics in order to achieve human rights" (Ross & Solinger, 2017, p. 79). This section provided a brief overview of the way in which this framework incorporates an intersectional approach to understanding how experiences of oppression are shaped through the social organization of domination and intersecting identities. The RJF therefore asks whether there are systemic or structural conditions that shape particular reproductive experiences due to the positionality of community members (for example, in respect to their race, gender, class, sexuality, ability, etc.), and in particular whether these conditions can be linked to broader historical legacies and global phenomena (for example, colonialism, neoliberalism, white heteropatriarchy). In order uncover these dynamics, it is necessary to centre the experiences of marginalized communities.

Centring the experiences of marginalized communities

The RJF's epistemic priorities are grounded within its activist roots and the ongoing community-based commitments of the Movement. As with critical race and critical feminist theory, reproductive justice centres the experiences of marginalized communities and "relies on storytelling as primary form of communication" (Ross, 2017a, p. 209). Oppression of certain communities is perpetuated through exclusion from participating in the public, political, and scholarly dialogue that informs dominant narratives. Dominant narratives tend to be directed by people in power and play a significant role in shaping what is seen as a political problem and what the policy response is. When marginalized communities are not permitted space to share their experiences, or those voices are undermined or delegitimated as sources of knowledge, it means they cannot meaningfully participate in the policy process, the impacts of policies on those communities is not fully considered, and power imbalances are maintained. As described by Patricia Hill Collins, "Suppressing the knowledge produced by any oppressed group makes it easier for the dominant groups to rule because the seeming absence of dissent suggests that subordinate groups willingly collaborate in their own victimization" (2000, p. 3). Silence, in this case, should perhaps be understood as a means to survival in the face of oppression, not an absence of perspectives and ideas (Ross, 2017a). Marginalized communities, and women and gender minorities in particular, are "structurally denied the ability to tell [their] stories" (Ghansah in Rasheed, 2014). In response, critical feminist scholars have called for the decentring of white, middle-class, heterosexual, Western women (and men) from Western feminist political and scholarly work (and mainstream politics more broadly) (Harding, 1991).

The RJF draws from feminist standpoint theory (Harding, 1987, 1991, 2004) to articulate the strengths and necessity of this approach. A standpoint can be understood as a social position shaped by gender, race, ethnicity, class, sexuality, ability, and other social factors that come to structure one's experience and perspective (Swigonski, 1993). Alongside postmodern and poststructuralist critiques of objective master narratives, standpoint theory emerged in the 1970s and '80s as a feminist critique of the "relations between the production of knowledge and the practices of power" (Harding, 2004, p. 1). Standpoint theory explicitly centres marginalized communities, or "those who are unprivileged with respect to their social positions," as sources of knowledge of social

reality (Rolin, 2009, p. 218; see also: Harding, 1991). Marginalized communities experience and interpret a different social reality that is shaped by the conditions of their oppression. Power relations can "suppress or distort relevant evidence" in ways unseen by those not also experiencing that reality or dismissed as the result of discriminatory reasoning (Rolin, 2009, p. 219; see also: Ross, 2017a, pp. 220–221). Their everyday life experiences reveal "hidden aspects" of the social structures that support and maintain structural power differentials (Harding, 1991, p. 127). In order to survive, marginalized communities must have "knowledge, awareness, and sensitivity to both the dominant view of reality and their own" (Swigonski, 1993, p. 173; see also: Harding, 1991; Collins, 2000).

The RJF asserts that each individual standpoint is shaped by multiple social factors whose relationship to each other can be ambiguous and subject to temporal change. Knowledge is strengthened through the inclusion of multiple perspectives, or standpoints, in what Ross and Solinger refer to as an embrace of "polyvocality – many voices telling their stories that together may be woven into a unified movement" (Ross & Solinger, 2017, p. 59; see also: Ross, 2017a, pp. 221–222). Within the RJF, personal stories and organizational narratives are important sources of knowledge, resistance and social change. Kimala Price (2010) describes how stories can serve multiple purposes, including constructing reality by sharing information and perspectives and giving meaning to experiences, creating space within society or a given community, and as a consciousness-raising tool for political organizing. Furthermore, Ross and Solinger describe storytelling as:

> an act of subversion and resistance. Stories help us understand how others think and make decisions. They help us understand how our human rights – and the human rights of others – are protected or violated. Storytelling is a core aspect of reproductive justice practice because attending to someone else's story invites us to shift the lens – that is, to imagine the life of another person and to re-examine our own realities and reimagine our own possibilities (2017, p. 59).

In a context of oppression, personal storytelling is asserting subjectivity (Ross, 2017a, pp. 203–208), "freedom to challenge" the dominate narrative (p. 206), claiming the "dignity and respect to tell the truth of [one's own life]," a "revolutionary gesture" (hooks, 1989, p. 12). Storytelling in this sense is about documenting and claiming ownership of experiences, thoughts, and emotions that have thus far not been included in public memory. In doing so, this form of sharing become a tool of consciousness-raising and a basis upon which to make claims upon the world (see: Price, 2010, p. 50; Ross & Solinger, 2017, p. 60). In coming together to share personal stories, community members can "link personal stories to collective experiences to form a platform for shared political action" (Ross, 2017a, p. 204).

This section has discussed the epistemic and political imperatives that motivate the centring the experiences of marginalized communities within the Reproductive Justice Framework. In particular, the importance of storytelling within the framework is grounded in feminist standpoint theory and the activism of the 1970s women's movement. Central to the reproductive justice framework is, therefore, centring how community members tell their stories and represent their experiences. Collectively, these stories form the foundation of the political activism of the

Reproductive Justice Movement and provide a basis for human rights claims. The following section will unpack the human rights framework employed by the reproductive justice movement.

Advocating for human rights

Reproductive justice mobilizes a global human rights framework that links the movement to broader social justice activism both historically and internationally. As discussed above, the RJM was influenced by women's health organizing happening around the same time in the Global South which centred on issues of human rights in the context of systemic underdevelopment (for example, Kabeer, 2015; Walby, 2002). Women of colour organizers viewed international human rights as a "holistic, inclusive framework" that recognized that they "have the right to control their own bodies simply because they are human" (Strickler & Simpson, 2017, p. 52). Ross and Solinger conceptualize human rights broadly as "what governments owe to the people they govern," including both positive and negative rights. In agreement with international bodies such as the UN and the World Health Organization (WHO), they conceptualize "access to safe, dignified fertility management, childbirth, and parenting" as a fundamental human right and that "interference with the safety and dignify of fertile and reproducing persons is a blow against their humanity – that is, against their rights as a human being" (2017, p. 10). The UN defines reproductive rights as the culmination of:

> certain human rights that are already recognized in national laws, international laws and international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (1995, p. 40).

Both the UN and WHO continue to mobilize a human rights approach to advocating for reproductive and sexual wellbeing (for example, Šimonović, 2019; United Nations, 2014; World Health Organization, 2020).

Importantly, a rights-based approach looks different according to the RJF compared to mainstream reproductive rights advocacy and discourse. Reproductive rights are often conceptualized as negative rights (e.g. the right of non-interference from authorities in decisions over one's own body); however, the RJF is grounded in the principle of positive rights (e.g. the obligation of authorities to ensure a good quality of life for all) (Bristow, 2012; see also: Chrisler, 2014; Ross & Solinger, 2017, p. 158). For example, many pro-choice approaches to reproductive rights have mobilized around issues of privacy and freedom from state intervention concerning reproductive decision-making – that is, the government should not have a say in a person's right to choose if they want to have children, want to terminate a pregnancy, and so forth (Smith, 2005a). However, reproductive justice advocates have been critical of this framing as one that "best fits the experience of relatively privileged women in Western industrialized countries with individualistic culture" (Chrisler, 2013, p. 2). They have demonstrated that simply removing legal barriers and regulation is not enough to actually ensure access. For example, even where abortion is decriminalized, like in Canada, many people still have to travel a considerable distance and incur

associated financial costs in order to access this care (Sethna & Davis, 2019; Sethna & Doull, 2012) or may face additional levels of scrutiny based on racial or cultural stereotypes (Kang, 2016; Salamanca, 2017). Intersectional analyses show these barriers to access disproportionately affect marginalized communities, and racialized and/or low-income pregnant people especially. As summarized by Joan C. Chrisler and Cynthia Garrett, "If women are not able to exercise their rights, it does them little good to know that the government guarantees their right to make their own 'choices'" (2010, p. 130). Negative rights, therefore, are not enough to ensure justice; rather pregnant people need resources, accessibility, and respect for their decisions in order for reproductive rights, as defined by the UN, to come to fruition (Chrisler, 2014). International human rights bodies are increasingly "recognizing a broader conception of rights that requires states to take steps to enable individuals to exercise their fundamental rights" (Soohoo, 2012, p. 5).

An intersectional analysis, then, can help us understand what each person or community needs in order to realize their human rights – "While every human being has the same human rights, not everyone is oppressed in the same way, or at the same time, or by the same forces" (Ross & Solinger, 2017, p. 72). Resourcing a community, then, is not about allocating "special rights" but rather about recognizing the unique needs of that community that have emerged as a direct result of structural oppression. These should not be understood as individual needs, but needs that emerge from broader systemically entrenched social conditions like poverty, racism, sexism, cis- and heteronormativity, ableism, and environmental degradation (Chrisler, 2014). The RJF, therefore, "intertwines individual and collective human rights and asserts them both as entitlements based on the humanity of individuals," likewise emphasizing both individual and collective responsibility (Ross & Solinger, 2017, p. 117). The RJF sees these two as interconnected, such that when the individual is harmed, so is the community, and vice versa – in other words, the policing of an "individual's sexual, reproductive, and maternal experiences [has] the effect of policing a community" (Ross & Solinger, 2017, p. 16). The discourse of choice fails to acknowledge the embeddedness of that person in their community and within broader society. This further invisibilizes the ways in which reproductive decision-making can be a painful and difficult process that is "not always experienced as a choice" (Chrisler, 2013, p. 3), often shaped by structural conditions outside a person's control (e.g. systemic poverty and state violence), and fails to acknowledge all the complex ways family and community relationships shape that experience. An individual's ability to exercise their rights and experience their choices as empowering are directly connected to the rights and resources available in their communities (Ross & Solinger, 2017, pp. 16, 84).

The rights advocated for by a RJF are those given based on one's status as a human person rather than rights as a legal feature of a particular state – as a "birthright of all human beings" in virtue of their humanity in a way that transcends national boundaries and does not depend on citizenship status (Ross & Solinger, 2017, p. 84). For this reason, and following the global women's health movement, reproductive justice explicitly relies on global human rights framework. As stated by Ross and Solinger, "a global human rights system offers the most powerful and likely pathway through which the goals of reproductive justice may be achieved. If reproductive justice activism confines itself to attempt to realize intersectionality within the US legal system, the result would offer a much less radical and comprehensive challenge to the status quo" (Ross & Solinger, 2017, p. 85).

While acknowledging that gains in legal rights have been fundamental to the Reproductive Justice Movement, scholars and advocates have questioned whether this is sufficient for realizing the normative goals of reproductive justice (Galarneau, 2013; Lonergan, 2012) – in particular, these scholars offer challenges to liberal justice frameworks and Western feminism, and the transformative potential of the nation-state. Karen Stote has argued that

> reproductive rights gained from within an inherently unjust system have reinforced relations of exploitation and subjugation for all women despite the improvement in quality of life some may experience from these [and] that by falling short of fundamentally revolutionizing the relations of exploitation upon which the current capitalist, heteropatriarchal, and colonial system is based, what is being offered to women as reproductive rights pales in comparison to the knowledge and self-determination women could hold and have held over our bodies under different modes of social organization (2017, p. 111).

The ultimate goal of the RJF is transformational, "aiming not for simple inclusiveness but for changing the rules of the game" (Ross & Solinger, 2017, p. 117), and in doing so, "transcend[ing] rights and mov[ing] toward justice" (Strickler & Simpson, 2017, p. 52).This push for social and political transformation has included a call to "make the state irrelevant by developing new structures and ways of meeting our needs based on mutuality, relatedness, and respect" (Stote, 2017, p. 118) and "create a culture of caring that can transform… society through social justice activism" (Ross & Solinger, 2017, p. 115; for example, see also: Arvin et al., 2013).

That said, there is a key tension in this framework. Despite the aim of moving away from statist approaches to human rights, the nation-state remains the dominate organizational structure for securing human rights. As Ross explains, engaging with the government to fight for human rights "requires us to recognize the ambiguous role of the state in supporting or denying justice" (2017a, p. 218). Even within the global human rights framework, international bodies rely on nation-states to realize their human rights obligations and international treaties among nation-states are a primary tool for mediating human rights violations. Advocates of reproductive justice, for example, have used the UN *Convention on the Rights of the Child*, *Convention to Prevent and Punish the Crime of Genocide,* and *Convention on the Elimination of all Forms of Discrimination against Women* in their activism. On one hand, advocates and theorists have acknowledged these limitations – for example:

> We recognize that these treaties are the products of national boundaries, entities that have historically been unstable, defined by colonialism, and that may in the future disappear. Indeed, in our own time, capital, environmental issues, and, in effect, corporations are stateless. Why, then, should human rights depend on national borders? Why, then should human rights not be universal? (Ross & Solinger, 2017, p. 87; see also: Ross, 2017a, p. 218)

On the other hand, reproductive justice is not a purely theoretical project, but a grassroots movement dedicated to ongoing social justice action and policy change, which necessitates mobilizing around the most accessible and effective tools available to meet the needs of community members. As stated by Ross and Solinger, for example:

> There is, however, little chance that national boundaries will dissolve anytime soon. For the foreseeable future, nation-states will be the dominant form of geographical and political human organization. And the human rights framework offers the best moral, political, and legal strategy for respecting persons and communities and for pressuring governments to live up to their obligations (2017, pp. 87–88).

The RJF centres the reproductive experiences of marginalized people, as a rights-bearers entitled to dignity and bodily autonomy and whose subject positions are shaped both in relation to their community and to broader social and political structures and dynamics. Central to this framework, as discussed above, is whether community members are genuinely able to access their right to have a child, right to not have a child, and right to care for their families in safe and healthy environments. This section has provided an overview of the use of global human rights within the reproductive justice framework as a way of understanding these rights. In particular, the RJM grounds its advocacy in the claim that people are entitled to basic human rights by virtue of their humanity, as opposed to any other status (e.g. legal citizenship status). On a practical level, however, reproductive justice activists continue to recognize the nation-state as a key site of advocacy for rights expansion. The RJM therefore uses a two-pronged approach to theorizing and mobilizing human rights – advocating international bodies and nation-states for rights expansion, while also remaining critical of their ongoing role in creating and maintaining structures of oppression as the movement moves towards the goal of social and political transformation. The following section will speak further on the value of using reproductive justice as an analytic lens and how this lens has been deployed thus far within academic research.

Reproductive justice as a framework for analysis

While theoretically grounded in core components such as intersectionality, storytelling, and human rights, reproductive justice as an analytic framework uniquely centres the reproductive body within the analysis in order to interrogate the structures of oppression impacting marginalized communities and to argue for intervention. As discussed above, it does so differently than reproductive health or reproductive rights approaches. The reproductive health framework provides a health service delivery model for addressing the reproductive health disparities among women, focused on expanding access to reproductive health services and information (Asian Communities for Reproductive Justice, 2005; see Table 1). While this focus is important, the overall framework tends to focus on health outcomes and intervention at the level of the individual and does not allow for an analysis of structural conditions or root causes of health disparities. The reproductive rights framework is a legal and advocacy model that frames the problem of reproductive oppression as a lack of legal protection and legal rights for reproductive healthcare services (Asian Communities for Reproductive Justice, 2005). The removal of legal barriers, therefore, would enable the individual to choose freely their course of action. As discussed above, the concept of choice employed within the RJF is rooted in a liberal individualism that obscures the broader social conditions that shape individual choice and "discounts the ways in which the state regulates populations, disciplines individual bodies, and exercises control over sexuality, gender, and reproduction" (Silliman & Bhattacharjee, 2002, pp. x–xi). Secondly, the reproductive rights framework relies on legal advocacy and exercising voting rights as a primary intervention strategy, which assumes a level of inclusivity that is not always attainable by people who are marginalized by immigration status, race, class, or age, for example. The RJF, therefore, offers a theoretically grounded alternative for analysis that addresses these limitations through its

attentiveness to intersectional structures of oppression, the need for active inclusion and centring of marginalized communities, and a two-pronged approach to human rights that aims for both incremental human rights gains and broader systemic transformation.

Attention to community membership, state intervention and regulation, and differential access to basic rights makes the RJF suitable as a lens for analyzing immigration and citizenship debates. Beyond simply being a question of citizenship, however, centring reproductive experiences with this analysis importantly highlights key dimensions not otherwise commonly the focus within migration and citizenship studies (although see, for example, Abji & Larios, 2020; Shachar, 2009 for theoretical interventions) or, when examined, consider these issues primarily from the perspective of the state. The rights of reproductive citizenship are commonly subsumed under other social rights and healthcare. The RJF considers how reproductive rights and access are actually much broader and mean something very different to the state and to the communities differentially subjected to state regulation. We therefore need a different lens, as offered by the RJF, that speaks to the nuances of reproductive citizenship and extends beyond theoretical debates and into praxis and policy intervention.

There is a growing US-based scholarship (primarily in the field of Women and Gender Studies) using the RJF to understand issues pertaining to immigration and citizenship. Charlene Galarneau (2013), for example, uses reproductive justice as a lens in her study of the conditions surrounding access to reproductive care for migrant farmworkers in California. Anna Ochoa O'Leary and William Paul Simmons (2017) also use of the framework to explore migrant women's agency and resistance in the face of reproductive oppression at the US-Mexico border region of Arizona. Other work has centred on experiences of and resistance to obstetric violence – for example, Elena Gutiérrez's (2008) study of obstetric violence and reproductive oppression of undocumented Latina/x migrants and its links to anti-immigrant sentiment in 1990s California and Patricia Zavella's (2016) contemporary analysis of this ongoing issue. Importantly this work both considers the structures that shape the experiences of pregnant Latina/x migrants in the US, linking them to broader ideologies of white heteropatriarchy that underscore dominant national narratives, while also centring the lived experiences of migrants themselves as they navigate and resist these challenges. With the more recent intensive and visible border politics that emerged under the Trump administration, scholars have also begun to use the RJF to unpack the complexities of migrant encounters with border control, detention, and family separation, as seen in the work of Leandra Hinojosa Hernández (2019) and Ariella J. Messing, Rachel E. Fabi, and Joanne D. Rosen (2020) who point to systematized reproductive injustice in migrant detention – for example, denial of abortion for unaccompanied minors, neglect of pregnant detainees, and the separation of children from their caregiver. This scholarship makes a clear case for the usefulness of the Reproductive Justice Framework as an important tool for the analysis of immigration and citizenship issues, especially as they pertain to precarious non-citizens.

Use of reproductive justice as an analytic framework for activism and scholarship remains predominately US-based; however, the framework is gradually being applied to the Canadian context. For example, the edited collection *Abortion: History, Politics, and Reproductive Justice after Morgentaler* edited by Shannon Stettner, Kristin Burnett, and Travis Hay (2017) covers a wide range of issue areas related to abortion in Canada. The RJF has also been increasingly taken up to discuss the particular challenges faced by Indigenous women in the Canadian context. Karen

Stote uses the RJF to examine the coercive sterilization, birth control use, and abortion experienced by Indigenous women in northern Canada and the complexities of bodily autonomy for Indigenous women within a context of genocide (2015, 2017; see also: Burnett, 2017; E. Dyck & Lux, 2016). Other work has used the RJF to understand conditions surrounding the reclamation of Indigenous birth practices and ceremony in the Canadian settler state context wherein Indigenous pregnant people face barriers practicing ceremony and birthing in their communities, and had their children forcibly removed from their communities and families (for example, Finestone & Stirbys, 2017). Sarah Marie Wiebe and Erin Marie Konsmo use the RJF to analyse the conditions and impacts of environmental contamination on reproductive health in Indigenous communities – centring the reproductive body as "an essential site, or *place* to understand politics" (2014, pp. 331, emphasis in original; see also: Wiebe, 2017). Even so, Stettner et al. point to a significant gap in our scholarly knowledge of nuanced perspectives and experiences of marginalized pregnant people in the Canadian context.

While there is an abundance of thoughtful critical feminist and critical race scholarship on issues of immigration and citizenship in Canada, the RJF has so far not been extensively applied to this area of study in Canada. In particular, precarious migration status as a reproductive justice issue has been under-theorized. An important exception includes Amy Cohen and Susana Cojax's (2018) work which demonstrates that female migrant agricultural workers in British Columbia face barriers accessing reproductive healthcare and legal and extra-legal mechanisms aimed at controlling their sexual behaviour, including immigration status. Laura Salamanca's (2017) chapter on immigrant women and access to abortion in the Canadian context uses the framework to theorize the (neo)liberal citizenship model as a barrier to understanding immigrant women's reproductive needs and perspectives. Furthermore, work that emerged, in part, from this project, co-authored with Salina Abji (2020), brings into conversation debates on birthright citizenship with the experiences of racialized pregnant people in migrant detention in Canada using the reproductive justice framework. Each of these works provided vital insight for this project into the application of the RJF in the contemporary Canadian immigration and citizenship context.

This dissertation uses the RJF to examine more broadly experiences of pregnancy and precarious immigration status in Canada, which continues to receive little attention in the Canadian immigration and citizenship scholarship. In order to understand the impact of precarious reproductive citizenship in people's day-to-day lives, I will use the Reproductive Justice Framework to analyze the lived experiences of pregnant migrants as expressed through their personal narratives. The reproductive justice framework for analysis asks:

- How do community members represent their experiences? Tell their stories?
- What do these stories tell us about how (a) the right not to have a child, (b) the right to have a child, and (c) the right to parent one's child in a safe environment, are experienced by community members?
- Are there systemic or structural conditions that shape these experiences? In what ways can these conditions be linked to broader historical legacies and global phenomena? (e.g. colonialism; neoliberalism; white heteropatriarchy)
- How are these stories shaped by community members' (storytellers) positionality? (e.g. race, gender, class, ability, etc.)

- What interventions would address reproductive oppression (concerns raised by storytellers)? What are the implications of this analysis for attaining reproductive justice in community/for storytellers?

The following section aims to bring the RJF into conversation with critical migration and citizenship scholarship in order to develop an analytic framework for understanding precarious reproductive citizenship.

Towards an understanding of precarious reproductive citizenship

The key elements of the Reproductive Justice Framework discussed above together offer a new analytic lens for understanding precarious immigration status and reproductive citizenship in Canada. Specifically, the RJF helps to formulate a novel theoretical and empirically informed understanding of precarious reproductive citizenship. Reproductive citizenship is understood as a component of sexual citizenship that speaks to the rights conferred by the state regarding if, when, and with who one may have children and under what conditions (Richardson & Turner, 2001; Ross & Solinger, 2017). Reproductive justice therefore offers us a framework to be able to understand and interrogate the inequalities embedded within reproductive citizenship as a lived experience within a given state.

In the dissertation, I aim to formulate a novel theoretical and empirical understanding of precarious reproductive citizenship by applying the RJF to the question of reproductive citizenship for precarious status people. In doing so, I consider the implications of neoliberal citizenship for immigration and reproduction, the reproductive management of migrant pregnant people, and the expansion of reproductive citizenship to precarious status people in Canada.

The neoliberal citizen: Implications for immigration and reproduction

Citizenship is understood as the relationship between individuals and states consisting of rights and responsibilities to which each is beholden (see Chapter 1). States are understood to be responsible for honouring and protecting the rights of citizens, while individuals are responsibilized to be 'good citizens' characterized by adherence to national values. The contemporary neoliberal or market citizenship has valourized the enterprising, independent, rational subject with an individualistic sense of rights and self-regulating sense of responsibilities as the 'ideal' citizen (Lupton, 2012), at the expense of relationality, interdependence, and the value of social reproduction and emotion. The RJF has been key in unlocking the problematic logic that underpins this conception of citizenship as it is implicated in pro-choice reproductive politics by drawing attention to the structural and relational factors that shape reproductive experiences (Price, 2010; Smith, 2005a). Specifically, the RFJ highlight how reproductive decisions are not always experienced as an unencumbered choice fully within the control of the individual.

Likewise, the neoliberal politics of immigration consistently represent immigration as a market-based endeavour wherein prospective enterprising migrants freely choose from a marketplace of gender- and race-neutral options. Critical migration and citizenship scholarship has highlighted the ways in which this "neutral" conception of citizenship nonetheless continues to be shaped by and perpetuate gendered and racialized assumptions with differential impacts that mirror historical and contemporary power relations (for example, Bannerji, 2000; see Chapter 1). As a nation-state,

Canada has come to be defined as a compassionate meritocracy hospitable to cultural difference, while at the same time positioning white settlers as the 'original citizens' with natural claims to the land and its governance (Bannerji, 2000; Razack, 2000; Thobani, 2007). Immigration and citizenship policies function to reward performances of this ideal citizen model. While overt acts of sexism and racism are unacceptable in the context of a modern liberal democracy, the logic of neoliberalism hides the structural gendered and racialized dimensions of this process (Razack, 2000).

While critical migration scholarship has analyzed these dimensions of the neoliberal citizenship model, it has not yet fully considered how this discourse works in concert with a similar discourse in reproductive politics in the contemporary Canadian context (although see: Salamanca, 2017). Fundamental to this analysis is calling attention to immigration and citizenship status as an axis of oppression, differentially shaped by race, gender, class, and other factors, that structures access to reproductive rights (Abji & Larios, 2020; Cohen & Caxaj, 2018; see also: Bhuyan & Smith-Carrier, 2012; Bloemraad et al., 2008). The RJF enables a more holistic analysis of the impact of neoliberal understandings of citizenship and choice-discourse by centring on the reproductive experiences of marginalized communities. It allows researchers to better unpack the ways in which this discourse moves through both reproductive and immigration politics and into the lives of migrant women and other birth givers.

Non-citizens as marked for reproductive management

Those who are not welcomed as full and legitimate members of the state, yet reside within its borders, are organized into administrative categories via immigration programs which differentially enable access to particular citizen rights and privileges via a given status (Goldring & Landolt, 2013; see Chapter 1). While citizen and non-citizen appear to be fundamentally dichotomous experiences, more recent scholarship has troubled this conceptualization by highlighting the ways in which citizens are differentially excluded from the full rights of citizenship and non-citizens are differentially included (Bloemraad et al., 2008; Goldring & Landolt, 2013). While the ability to access the full breadth of one's human rights is impacted by a range of factors, for non-citizens their citizenship or immigration status represents a fundamental barrier to access. People with precarious immigration status must negotiate basic access and protection of human rights in a legal system that is not always beholden to protecting them, and in some cases may be actively legislating against them. While modern liberal democracies purport to fight against conditions of social exclusion and rights expansion, when a state is "forced to defend its borders from bodies bent on betraying its trust, then such acts become acceptable and even laudable" (Razack, 2000, p. 187). Part of Canada's national narrative becomes that of a compassionate country "under siege" by foreign nationals, namely poor, racialized migrants, who want access to the same privileges as Canadian citizens by any means necessary, taking advantage of Canada's otherwise fair and meritocratic immigration system.

On the other hand, a willingness to play one's assigned role and act within the dictates of one's status indicates a likelihood of good future citizenship. Even in a state of non-citizenship, rights are allocated based on adherence to this conception of the ideal citizen. For example, formally participating in the economy through a labour migration program generally entitles a worker to healthcare benefits – the more skilled the labour, the more potential benefits, such as family

reunification and permanent residency.[32] One's likelihood of attaining permanent residency is likewise connected to their ability to acquire Canadian-recognized education or work experience, ability to speak the official languages, financial independence, and able-bodiedness – all elements highly valued under the neoliberal citizenship model. In contrast, no rights of citizenship are extended to migrants in Canada on the basis of their engagement in family caregiving or here to be cared for – for example, under programs such as the parent and grandparent super visa, or those pursuing an inland spousal sponsorship. Immigration status, and the conditions that enable someone to fit within a given category, determine whether a person is legally eligible to access rights and protections under the state where they reside. Within this model, meeting these conditions and ideals is framed as a matter of personal responsibility or personal choice, rather than shaped by structural conditions.

Following this logic, for people with precarious immigration status, reproduction can only be framed as irresponsible and a transgression of the assigned role one had agreed to play within a given society (Ahmed, 2014, p. 127). Loss of access to state protections due to reproduction therefore also becomes a matter of one's personal choice and responsibility. Within broader discourses of motherhood, the idea of 'responsible reproduction' is frequently classed and racialized. The RJF exposes the reproductive oppression created through state policies, programs, and discourse that de facto tell certain groups of people when they should have children – a process Gurr refers to in her work on healthcare for Indigenous women, as being "marked for reproductive management" (2015, p. 30). As stated by Ricki Solinger,

> Our political culture conditions us to regard these mothers as inappropriate, 'illegitimate' mothers in comparison. It underwrites the idea that motherhood is a class privilege, properly reserved only for women with enough money to give their children 'all the advantages,' a deeply undemocratic idea (Ross & Solinger, 2017, p. 4).

Good citizens, and good non-citizens, only have sex for procreation in accordance with the nation-building project and birth children they can afford (Ross & Solinger, 2017, pp. 179–180; see also: Ahmed, 2014; Lozanski, 2020). An ideal citizen is one that exercises control over their body, control over their reproduction, and chooses to have children "responsibly" (Ahmed, 2014; Carroll & Kroløkke, 2018; Salamanca, 2017). Immigration status is another way, to borrow Gurr's phrase, of marking bodies for reproductive management (see also, for example: Cohen & Caxaj, 2018).

Within Canada, reproductive citizenship for precarious status people includes no formal restrictions on one's ability to marry, live conjugally, and have children with a person of one's choosing within the context of consenting relationships. It also includes the condition that a person cannot be denied entry or deported strictly based on the condition of pregnancy (though it can be a factor if a person is thought to be misrepresenting their reasons for coming to Canada). Lastly, reproductive citizenship for precarious status people includes the right to emergency care if one goes into labour while in the country (even if they do not have health insurance). Beyond this, however, issues of access and more robust reproductive rights are conditional and therefore

[32] This point is not meant to undermine the ongoing precarity of much migrant labour and the fact that these rights were not given automatically but rather the product of sustained community activism. Furthermore, while migrant workers overwhelmingly have legal eligibility for healthcare, this does not consistently translate to substantive access (for example, Hennebry et al., 2016; Oxman-Martinez & Hanley, 2011).

precarious. Under this logic, reproductive citizenship for people with precarious immigration status could include, for example, formal access to healthcare services (for temporary workers, for example), but also comes with the responsibility to plan, control, and manage their reproduction in a way that adheres to the state's expectations of ideal citizenship/non-citizenship (that they remain available for work, for example) (Cohen & Caxaj, 2018). Not reproducing "responsibly" means that individuals are responsible for their own rights exclusion because they failed to regulate reproduction in accordance with the state's expectation. There is, however, little discussion over what these assumptions and expectations mean for migrant families, and birth givers in particular, and how these decisions or experiences are structurally limited or influenced.

By bringing the RJF into conversation with critical migration scholarship's critiques of nation-building, neoliberalism, and precarious immigration status, we can begin to see how contemporary reproductive citizenship is still ultimately in service of the nation, relies upon a neoliberal notion of citizens who rationally and freely choose when, where, and how to have their children. As summarized by Ross and Solinger, "When government confers (or not) rights and obligations of citizenship according to characteristics and external criteria, old privileges and old vulnerabilities are perpetuated" (2017, p. 178). In particular, assumptions of choice and market citizenship problematically hide the structural violence created and sustained by immigration and citizenship categories (for example, by creating barriers to healthcare and normalizing family separation) and the ways in which states use these categories to manage current and future citizens. These assumptions also hide the ways in which these categories intersect with other axes of oppression such as gender, race, and class, despite their purported neutrality.

Expanding reproductive citizenship

Contrary to neoliberal values, reproductive justice, as a normative ideal, raises new demands on the state to respect sexual and reproductive rights of all human beings, in calling for "public support for private actions" (Ross & Solinger, 2017, p. 180). Under the standard neoliberal citizenship model, the positive right to healthcare is consistently linked to economic contribution or a charitable humanitarian issue, not to sexual and reproductive autonomy being a matter of substantive citizenship for all. In particular, calls for supporting the reproductive citizenship of precarious status people is a departure from the privacy-based pro-choice reproductive rights activism and has not been strongly featured within migration scholarship, broadly speaking. This call for action on the basis of global human rights is both a practical call for adoption of a more expansive sense of human rights obligations on the part of states and a normative challenge to national membership being the primary determinate of human rights protections. This tension dovetails with debates in citizenship studies pertaining to the relationship between human rights and citizenship (Bloemraad et al., 2008).

Within citizenship studies, post-nationalism as a theory of citizenship emerged as a challenge to prevailing understandings of citizenship as a relationship between individuals and states, as well as statist approaches to human rights.[33] In particular, post-nationalism interrogates the relevance

[33] Around the same time, *transnationalism* emerged as a novel theory of citizenship in response to similar critiques. Rather than calling for an end to national citizenship, transnationalism instead remains fundamentally statist but calls for the recognition of multiple forms of citizenship (e.g. dual, multiple, supranational) (Bloemraad, 2004; Bloemraad et al., 2008).

and legitimacy of both state borders and their naturalized authority over human rights and belonging (Basok, 2009; Bosniak, 2001; Carens, 1987; Soysal, 1994). This scholarship also draws from global human rights discourse to locate human rights within one's status as a person rather than as a member of a national community – in the words of Yasemin Soysal, "the logic of personhood supersedes the logic of national citizenship" (1994, p. 164). Although it has been widely criticized as an impractical project (for example, Bloemraad, 2004; Stasiulis & Bakan, 2005), post-nationalism nonetheless remains an important normative critique (K. Anderson, 2000; Bosniak, 2001) and discursive framing strategy for migrant justice (Abji, 2013; Basok, 2009). In particular, Joseph Carens critiques state-based citizenship and allocation of citizenship by birthright as "the modern equivalent of feudal privilege – an inherited status that greatly enhances one's life chances… akin to a 'birthright lottery'" that legitimates and naturalizes inequality in the distribution of universal human rights (1987, p. 252; see also: Shachar, 2002, 2009). On the other hand, critics of post-nationalism, along with activists and service providers, continue to foreground state-based approaches to advancing migrant rights on the basis of the continued salience of the nation-state in protecting human rights – a point particularly salient for stateless people (Stasiulis & Bakan, 2005). Importantly, as highlighted by reproductive justice scholars, lobbying the state to expand access to human rights on the basis of international treaties or otherwise, although imperfect, remains one of the key strategies for advancing justice. Similarly, although precarious status people may not experience full access to the rights of citizenship, migration may nonetheless represent an expansion of their access to basic services, opportunities, and protections.

Similar to the human rights approach taken by the Reproductive Justice Movement, critical migration and citizenship scholarship has identified a similar tension between the practical necessity of statist approaches to human rights expansion and the post-nationalist critiques of this model both in Canadian migrant justice social movements (for example, Abji, 2013; Lowry & Nyers, 2003) and among service providers in the non-profit and public sector (Abji, 2018). Other scholars have examined subnational and regional citizenship models as potential manifestations of post-national citizenship that could lead to rights expansion for non-citizens (for example, Bhuyan, 2010; Bhuyan & Smith-Carrier, 2012). Although the relationship between nation-states and rights remains contested, the approach mobilized within the RJF, and within immigrant and women's organizations on the ground, speaks to the necessity of considering the inequalities produced through precarious reproductive citizenship both from a statist perspective for expansion of day-to-day rights, as well as the post-national perspective which situates these issues within the need for a broader, more radical global transformation.

Conclusion

This chapter provided an overview of the reproductive justice as a theoretically grounded normative framework. In particular, it highlighted three key aspects: (1) an intersectional analysis of structural oppression that reveals the limits of neoliberal citizenship's framing of citizens as fully autonomous decision-makers; (2) the importance of centring the experiences of marginalized communities in activism and scholarship in order to uncover how this structural oppression is lived and provide space for alternative narratives; and (3) the importance of advocating for human rights on the basis of one's humanity rather than a given legal status in a way that both pressures nation-states for material rights expansion that supports marginalized communities in the present and that pushes for more fundamental radical change in the way we conceptualize human rights and our relationships to each other. The framework was then further fleshed out, in particular noting the

analytic leverage it provides, and brought into conversation with critical Canadian migration and citizenship scholarship in order to understand precarious immigration status as a barrier to reproductive rights. As claimed by Stettner et al. in their discussion of abortion access in Canada, reproductive justice "can only be achieved through an epistemological revolution that fundamentally transforms how society perceives the subjectivity of women and the ownership of their reproductive lives and choices" (2017, p. 15). I argue here that this transformation must include precarious status people. The theoretically informed understanding of precarious reproductive citizenship that emerges from this use of the RJF focuses on understanding the impact of gendered and racialized dynamics of reproduction and immigration politics and policies that operate under a neoliberal logic that upholds individualized responsibility as a compliment to rights eligibility while hiding the broader structural forces at play. The following chapter will describe the methods used for this project. In particular, it will focus on what it means to centre marginalized communities and their stories within policy studies and outline the steps taken during data collection and analysis.

Chapter 3

Narrative Method

> *The politics of the personal story insists that the reader consider the woman storyteller as real and whole, a person who must be heard.*
> *– Ricki Solinger, Offending Women, 2015*

> *That's why I'm in the research. I want to tell this to someone.*
> *– Farah, participant*

In challenging hegemonic conceptions of reproductive politics represented in both mainstream politics and feminist movements, reproductive justice as an analytic framework, movement, and practice demands alternative modes of knowledge generation (Ross, 2017a). It insists on a method that surfaces the oppression faced by marginalized communities and resists replicating oppressive power relations inherent in mainstream political discourse. It demands a platform for voices that have been politically silenced to reclaim their experiences, define their own interests, and speak truth to power. In describing the importance of storytelling in the Reproductive Justice Movement (RJM), Loretta Ross stated:

> As women of color acting as our own agents of knowledge, we embrace the emotions, interests, and values generated by our unique situations and standpoints. In doing so, we reject the positivist methodological approach of objectivity and distance, and do not seek to ascertain truth through adversarial debates (2017a, pp. 222–223).

The Reproductive Justice Framework (RJF) requires a methodological approach and research design that creates space for personal storytelling while critically assessing the structural features that shape those experiences (see Chapter 2). In applying this framework to the question of how immigration policy impacts reproductive rights for precarious status migrants, the answer must be found in the stories told by those living this experience. Feminist policy studies has also emphasized the importance of methodologies that are attentive to the voices and representation of marginalized groups. Following this research tradition and consistent with the principles of the RJF, this dissertation used narrative interviews grounded in a critical feminist approach to politics and policy studies. In total, 37 interviews were conducted between summer 2018 and summer 2019 in Montreal, Quebec. This includes narrative interviews with 24 migrant women who had experienced pregnancy while having precarious immigration status, supplemented by 13 key informant interviews and contextualized through a policy and media review.

This chapter begins with an overview of approaches to policy studies and align the concerns raised by reproductive justice scholars with feminist critiques of mainstream policy studies. It will then present the ways in which narrative methods and analysis are used within policy-related research contexts. Next, the chapter provides an overview of the study's participant recruitment and data collection methods and provides a brief demographic overview of participants. Next, it will then highlight ethical considerations and measures adopted while doing research with vulnerable populations, including researcher reflexivity. Finally, it will outline the narrative analysis done for

this project and how this analysis was contextualized within broader political and policy discourses and practices.

Feminist policy studies

The RJF calls for researchers, advocates, and policymakers to pay attention to how individuals and communities articulate their own experiences in order to understand a given policy or issue. This call for a *bottom-up* approach to policy studies is echoed within feminist policy studies. Feminist policy scholarship has been at the forefront of introducing new methods of policy analysis into policy studies. One example of this has been a shift in analytic focus from policymakers, bureaucrats, and political institutions and onto civil society in order to capture experiences of otherwise marginalized individuals and communities. There has also been an expansion of methods – in particular, an incorporation of those which take seriously the analytic value of language, emotions, and positionality. This is a significant, and important, departure from traditional policy analysis.

Policy analysis first emerged as the exercise of applying economic principles to public problems. Policy studies eventually crystalized as a unique field of study dedicated to examining and understanding state-society relationships – in particular, those that exist between government and citizens (Howlett et al., 2009; Torgerson, 1986). Consistent with its roots in economics, mainstream policy analysis has tended to retain its technocratic and rationalist character through a positivist approach to the study of public policy. Positivist approaches operate under the fundamental assumption that policymaking is principally aimed at problem-solving and that there exists an optimum collective decision that can be achieved through rational analysis using the proper neutral procedures – prioritizing objectivity, efficiency, and effectiveness as primary goals. These assumptions led to highly technocratic approaches to policy analysis that aimed to produce neutral assessments of facts based on the use of appropriate expertise. A hierarchical ordering of knowledge that insists upon dichotomizing objective facts and subjective values privileges an understanding of scientific expertise and hard facts and data as something apart from, and more analytically desirable than, subjective and situated knowledges and values.

While this traditional perspective is still influential, the civil and women's rights movements in the United States opened a window to new approaches to talking about power and inclusion within the political sphere. These dynamics were complemented by a growing awareness that the highly rationalized "scientific" approach to policy-making that had been implemented across North America was not producing the results promised (Fischer, 2003; Torgerson, 1986). Instead, it had enacted a hegemonic construction of social and political relations that impeded genuine citizen participation and policy change (Schneider & Ingram, 1993). In light of this growing awareness, there was a concerted call for new, less technocratic, more deliberative and contextually-sensitive approaches to governing (Torgerson, 1986). This led to the development of post-positivist approaches to policy analysis, moving "beyond objectivist conceptions of reality, especially the fact/value dichotomy" (Orsini & Smith, 2007, p. 3). The resulting post-positivist approaches to policy studies contended that public policy must attend to the role of values, beliefs, and experiential knowledge in policy processes in order to respond to social inequalities and oppression (Fischer, 1993). This shift, also referred to as the *argumentative turn*, problematized the established facts/values dichotomy and emphasized the critical role of argumentation, framing, and discourse in elevating or silencing different interests and positions within the policy process,

often leading to a reification of elite power (Fischer & Forester, 1993). The deliberative and participatory approaches put forward by many post-positivist scholars called for an expanded range of actors involved in the policy process (de Leon, 1990; Dryzek, 1990) and a co-operative approach to knowledge creation that emphasized situated knowledge and diverse perspectives over technocratic expertise (de Leon, 1990; Fischer, 1993; Hajer, 2003).

Feminist policy scholars argue this shift in policy studies needs to go further in challenging dominant epistemology (Bacchi, 1999; Hawkesworth, 1988; Yanow, 2007). In particular, feminist policy scholars have challenged the "the early adoption of rational, self-interested man as the reference point for both policy development and policy studies" (Burt, 1995, p. 357), and called for the incorporation of new theoretical groundings and methodologies. While feminist policy studies benefit from dialogue with other critical approaches and align closely with the critiques presented by the post-positivist approaches referred to above, this scholarship has also illuminated methodological and theoretical gaps within critical policy studies, broadly conceived. For example, a critical orientation to policy studies has not automatically meant awareness of the "gendered and gendering" dimensions of particular policies or policy processes and feminist policy scholarship that speaks to these dynamics continues to be sidelined within these broader discussions (Paterson & Scala, 2016, p. 484; see also: Orloff & Palier, 2009). Furthermore, even within participatory and deliberative research, knowedge generation and recognition has tended to continue following androcentric biases, with women's voices and experiences being subsumed within broader categories of "the oppressed" (Reid, 2004, p. 5). As argued by Susan Phillips (1996), lack of nuanced gendered policy analysis can be attributed to the (neo)liberal policy paradigm whereby socio-economic contingencies, gender, race, etc. are abstracted away from conceptions of citizen and the false dichotomy between public and private is often mainatained. Feminist policy analysis addresses such concerns by calling attention to "discourse, identity, and voice" (Phillips, 1996).

As summarized by Mary Margaret Fonow and Judith A. Cook (2005), feminist methodology continues to shape new work within policy studies such that feminist policy studies can be defined through several broad priorities (see also: Paterson & Scala, 2016). First, feminist policy studies have continued to be devoted to addressing questions and issues related to gender oppression (and often women's oppression more specifically). A broad body of literature has been devoted to state-centred scholarship that concerns itself with how to create more women-friendly or feminist policies – for example, as found within the growing literature on state feminism and gender-mainstreaming (for example, in the Canadian context, Hankivsky, 2005; Scala & Paterson, 2017; or comparatively, Mazur, 2017, 2002). Other society-centred approaches have turned to understanding how specific policies impact women's lives and the underlying conditions shaping these experiences. Common across this research is attention to how particular power dynamics come to produce, maintain, and constitute given relationships and subjectivities within society. To this end, important tools for understanding these dynamics, such as intersectionality, have gradually been introduced into feminist policy studies insights (see, for example, Hankivsky, 2012; Manuel, 2006). Second, and building on this point, incorporation of feminist methodology into policy studies requires epistemological shifts that better capture women's perspectives and experiences. Feminist studies challenge the idea of the disembodied abstract knower and research subject, asserting that "bodies and their location mattered" (Fonow & Cook, 2005, p. 2215), casting light on the gendered nature of knowledge production and recognition. This has led to a

proliferation of work focused on incorporating the situated and embodied knowledge of lived experience within scholarly work (for example, Harding, 2004 on standpoint theory). Furthermore, this has included a recognition of the role of the researcher as a situated, embodied subject, as an active mediator of this knowledge, eschewing the notion of pure objectivity within the research process. Feminist researchers are therefore called to practice reflexivity – to be aware of how their own positionality and biases may be shaping the research process and their interpretation and representation of data (Fonow & Cook, 2005; Jorgenson, 2011). Third, feminist methodology maintains a commitment to social change and political action or praxis. As discussed above, the original thrust of feminist research was a call to action for women's liberation, from proposals of radical transformation to more moderate calls changes to existing policies that negatively impact women (Fonow & Cook, 2005).

Feminist methodology for studying policy and beyond has not been uniform and the attention devoted to each of these goals varies. Despite mobilizing a social justice platform centred on gender equality/equity and ending gender oppression, Black feminist and post-colonial feminist scholarship has critiqued feminist scholarship's continued whiteness and marginalization of theory and method that truly captures and creates space for the perspectives of marginalized women and people (Mohanty, 1984). Concepts such as intersectionality (see Chapter 2) have seen a relatively slow uptake within feminist policy studies and feminist scholars continue to debate the best analytic strategy for meaningfully incorporating the nuances of these approaches. Related challenges concern questions of representation and voice. Incorporation of insights from standpoint theory (see Chapter 2), and the importance of "situated knowledges" more generally, has long been a staple of feminist research. Researchers continue to raise questions regarding how, for example, to best recognize and include the perspectives of marginalized communities in a meaningful way into policy analysis contexts and scholarly work (for example, Tungohan, 2020).

Many of these same critiques have been voiced by reproductive justice scholars and activists. Following the RJF, this project utilizes a feminist analysis of policy that is intersectional, centres the lived experiences and stories of pregnant people who have been marginalized socially and from the policy process, and orients itself toward policy and social change. Based on this, the following section turns to a more detailed discussion of the use of personal storytelling and narratives as a research method as put forward by the RJF and, increasingly, by critical and feminist policy scholars.

Use of personal narratives in research

In order to investigate issues related to reproductive justice for precarious status migrants in Montreal, this study focuses on personal narratives. While a narrative approach has not been a traditional tool of policy analysis or political studies, it has been part of post-positivist and feminist policy research traditions.[34] Early use of narratives within policy analysis focused on the role of stories in making sense of otherwise "intractable policy problems" (Rein & Schon, 1996; Roe, 1994; Stone, 1989). Deborah Stone (1989), for example, in her work on problem definition and agenda setting, argues that policy problems come to be understood as problems once they are seen through the lens of a causal story that makes causal connections, assigns blame or responsibility,

[34] There has been some uptake within more positivist-leaning scholarship, as well – for example, the narrative policy framework (Jones & McBeth, 2010).

and frames the problem as amenable to human action. Similarly, Emery Roe (1994) developed a method of narrative policy analysis with the aim of uncovering and reconciling underlying stories, nonstories, counterstories, and metanarratives in order to reconstruct policy controversies into actionable problems. In addition to these kinds of state-centred applications of this approach, narratives have also been used in society-centred research in order to understand how non-state actors experience public policy in their everyday lives (Dubois, 2015; Neysmith et al., 2005; see also: Fischer, 2003; Yanow & Schwartz-Shea, 2014). This use of personal narratives aligns with the tenets of the RJF. The use of personal narratives as objects of analysis builds upon the tendency of people to use stories to give life events order and meaning, make sense of their experiences, and reflect the ways in which they, as a narrator, want to be understood (Langley, 2017; Riessman, 2008; Sandelowski, 1991; Yanow, 2000). Personal narratives are therefore the object of analysis and interpretation, where the narrative is defined as a the story that unfolds over the course of the interview (Riessman, 2008, p. 57).

Narratives should only ever be understood as temporally and contextually constructed representations of a given experience. Acknowledging the constructed nature of these narratives does not deny the material reality of the narrator's experiences, "but draws attention to the ways in which their experiences are interpreted and understood though socially situated narratives" (Langley, 2017, p. 99). Narratives have been conceptualized as taking numerous forms – for example, restitution narratives, chaos narratives, and quest narratives (Frank, 2002) – and serve a variety of purposes – for example, to remember the past, to persuade, to share an experience, to entertain, to mislead, and to mobilize for action (Riessman, 2008). Narrative analysis also lends itself to varied approaches – for example, exploring questions of "*how* and *why* incidents are storied" as well as "[for] whom was *this* story constructed, and for what purpose? What cultural resources does the story draw on, or take for granted? What storehouse of plots does it call up? What does the story accomplish? Are there gaps and inconsistencies that might suggest preferred, alternative, or counter-narratives?" (Riessman, 2008, p. 11). Personal narratives are understood as emerging relationally (Brown & Gilligan, 1992), both in terms of the narrator being embedded in a particular context and also through the process of engaging in the interview itself. Feminist scholars, in particular, have championed the use of narratives as a way to unpack women's lived experiences and give space to otherwise marginalized voices (for example, see: Esposito et al., 2019; Paterson et al., 2019).

Recent studies have shown that society-centred approaches of using narrative analysis are particularly valuable in shedding light on the experiences of groups of people whose voices have historically been marginalized in society and in the formal political sphere especially – for example, people experiencing stigma and chronic illness (Orsini & Scala, 2006), new mothers (Paterson et al., 2019), and people in migrant detention (Esposito et al., 2019). Such narrative approaches recognize lived experience as a "source of important knowledge" (Clandinin, 2013, p. 17). Knowledge generation is directly connected to people's perceptions of their own experiences and how they choose to communicate those experiences through storytelling. The data gained through the interview and analysis process is therefore a co-constructed product, whereby the voices of participants direct the content produced, while the researcher provides the venue, lens, and audience. This involves the subversion of the idea of an expert, neutral, objective researcher deferring to the participant as expert of their own experience (Fonow & Cook, 1991, 2005). This bottom-up approach to policy research can be used to gain understanding of the lived effects of

public policy on individuals and communities in order to understand the policy itself, rather than focusing on the intentions and actions of policymakers and bureaucrats within political institutions (Neysmith et al., 2005; Yanow, 2000). In centring the experiences and perspectives of community members within the analysis, this narrative approach has been endorsed as a methodological response to critical, feminist, interpretivist, and post-structural methodological and epistemological critiques of power relations within research and knowledge production by creating a venue for "particular perspectives [that] were being devalued or going unheard by dominant approaches" (Doucet & Mauthner, 2008, p. 75).

Specific to this project, the use of personal narratives provides a pathway to a more sensitive and critical analysis that responds to the critiques levied by reproductive justice scholars and advocates – in particular, that the voices of marginalized people have not been given space and credibility to define their own interests and stories within current scholarship and politics (Ross, 2017a). As put forward by the RJF and feminist policy scholars, use of personal narratives and storytelling are a way to centre the voices of otherwise marginalized community members who have typically not had access to or been recognized by spaces of political and epistemic authority. The following section will describe how participants were recruited to share their stories for this project and the process of narrative interviewing.

Recruitment and interviewing

The primary source of data for this research is narrative interviews with people who have experienced being pregnant while having precarious immigration status in Montreal, Quebec, contextualized by key informant interviews and a review of relevant policies. Overall, 37 interviews were completed between summer 2018 and summer 2019. Of those, 24 were semi-structured narrative interviews with participants speaking about their experience being pregnant while living in Montreal with precarious immigration status and 13 were key informant interviews with service providers, including community-sector and medical-sector service providers. Ethics approval for this project was granted by the Concordia University Human Research Ethics Committee.

Key informant interviews

Community organizations played a vital role in facilitating key informant interviews and aiding with recruitment of participants for this research. Because they are particularly mobile, often have limited public engagement, and may have feelings of distrust towards people they do not know, precarious status migrants tend to be a difficult population to engage in the research process (Choudry et al., 2012; Hanley, Lenet, et al., 2020). Over the last three years, I have built relationships with migrant-serving organizations[35] in Montreal that helped to facilitate participation in this project and hold the project accountable to its intended migrant-centred orientation. In total, 32 community organizations and network contacts were identified through local-level resource mapping. Each was contacted to see if they were interested in helping to

[35] In order to protect the identities of community workers who were interviewed for this project and participants who were recruited via connection to these organizations, names of organizations are withheld as they related to recruitment.

facilitate recruitment of participants, participate in key informant interviews, and/or give community feedback on the project.

These contacts led to key informant interviews with 13 service providers, including community service providers from migrant- and women-serving organizations (5), and health-sector service providers (8), such as doctors, nurses, midwives, and doulas. All key informants worked directly with precarious status women, pregnant people, and families and considered themselves allies to this community. Most key informants were women (one man), of these five were racialized women. These key informant interviews helped to contextualize migrants' personal narratives. Key informants also revealed key issues and policy barriers that have been identified at the community-level and the strategies that have been employed to navigate these issues. These interviews also highlight the ways in which migrants' perceptions of their situation may differ or coincide from those providing them services. Key informant interviews were conducted either onsite at the community organization or professional office (8) or in coffee shops (5), depending on the interviewee's preference. Interviews lasted an hour on average. When done onsite, interviewees often offered a tour of the organization's facilities, which provided time for additional discussion of community programming and needs and a deeper understanding of their work environment. Key informants each signed a consent form and agreed to be contacted for follow-up questions and to receive results of the project.[36] An honorarium of $25 was offered for each interview, sometimes as a donation to the organization at the discretion of the interviewee. Interviews were audio-recorded and conducted in English.[37]

Participant narrative interviews

A majority of community organizations that were contacted agreed to advertise the project to their members via community bulletin boards, newsletters, social media, and word of mouth.[38] Most participants were recruited through these avenues (18) as well as via snowball sampling (1) and through advertising in my personal network (5). While this method of recruitment does run the risk of over-representation from certain groups (for example, those connected with migrant-serving organizations), a purposeful recruiting strategy, as much as possible, ensured a diversity of experiences were represented (Robinson, 2014). Intentional variation across different precarious immigration statuses was one of the goals of recruitment. Furthermore, recruitment endeavours aimed to capture different pregnancy stories, including both stories where the pregnancy was carried to term and where it was not. Due to the nature of the research and the participants involved, the need for building relationships and interpersonal connections took priority over a more randomized approach to recruiting participants. The aim is to engage in meaningful dialogue with participants concerning their day-to-day lives and to formulate thick narrative descriptions (Clandinin, 2013); securing a random sample that could produce overarching generalizations was not the goal of the project.

To this end, a total of 24 semi-structured narrative interviews with people who have experienced pregnancy while living with precarious status in Montreal were conducted. The interviews were

[36] See Appendix 2 for key informant consent form.
[37] See Appendix 6 for key informant interview guide.
[38] See Appendix 1 for sample recruitment flyers.

loosely structured and framed around participants' experiences, in particular how citizenship and immigration policy has impacted their experience of pregnancy in Canada, and life after.[39] Questions were asked in a way that "encouraged women to begin at the beginning" and "invite[d] extended accounts"(Riessman, 2008, p. 25). For example, interviews began with the question "Can you start by telling me about how you came to Canada?," which allowed participants to set the stage, often before naturally transitioning into their pregnancy stories. Prompts such as "Can you tell me your birth story?" and "What has it been like caring for your baby here?" were used to guide the interview and open up new topics and but still "allow[ed] respondents to construct answers in ways they find meaningful" (p. 25). Specifically, each participant was prompted to share and reflect on their migration story, their pregnancy story, their birth/loss story, and (when applicable) their story of new motherhood, which were often interwoven with one another.

Prior to the commencement of the interview, participants were each presented with a consent form that they were asked to read and review.[40] Before signing, I reviewed the form with them in order to ensure comprehension and highlight key components relating to confidentiality and the right to refuse certain questions or to withdraw at any point, as well as to answer any additional questions. In all cases participants agreed to an audio-recorded interview, and to be contacted for any follow-up questions and to receive results of the project. In some cases, participants had not yet had their babies when initially interviewed, so a follow-up conversation was scheduled to discuss the birth. In other instances, follow-ups were conducted in order to clarify certain elements of their stories or when there was a concern about a participant's wellbeing (for example, in addition to making a referral, I personally followed-up with one mother when I had concerns about her health and barriers accessing care). Pseudonyms[41] are used through this project to protect the identities of participants. As with key informants, participants were each given an honorarium of $25 for participation. In several cases, participants asked to have their honorarium donated to a community organization that was meaningful to them. In order to facilitate ease of participation and participant comfort, interviews were conducted at the preferred location and in the preferred language of each participant. Almost one-third (7) of interviews took place in participants' homes, one was done via phone, and the others took place in public venues such as coffee shops, public libraries, community organizations, and the university campus. Interviews often took place over coffee and other refreshments – especially when conducted in homes. Participants were most likely to request interviews be done in their homes when they had caregiving duties. These interviews are frequently punctuated by participants attending to their older children and babies – for example, preparing snacks and activities, breastfeeding, and attending to naptime needs. On average, interviews lasted one hour and 15 minutes. All interviews were conducted in English, except for two interviews that were conducted with the help of a translator.[42]

The women interviewed arrived in Canada between 2005 and 2018, with a third (8) arriving in the last year, from various global regions, including Africa (5), Central Asia (3), Europe (5), North America (3), South America (3), and Southeast Asia (5) (see Table 2). They also arrived through

[39] See Appendix 7 for participant interview guide.

[40] See Appendix 3 for participant consent form.

[41] Pseudonyms were assigned based on lists of the most popular names from their country of origin.

[42] One participant chose to have a close friend act as her translator. In the other case, the participant requested I find someone to provide this service. In both cases, translators were briefed on the project and signed confidentiality agreements. See Appendix 4 for translator confidentiality form.

Table 2

Participant profile

Participant (Pseudonym)	Region of Origin	Immigration Status on Arrival	Immigration Status During Pregnancy	Beginning of Pregnancy in Relation to Arrival	Family Status During Pregnancy
Agathe	Europe	Visitor (family sponsorship)	Visitor (family sponsorship)	6 months after	Partnered with child/ren
Analyn	Southeast Asia	Worker (closed permit)	Worker (open permit)	7 years after	Partnered (abroad)
Ayomi	Southeast Asia	Spouse of worker	Spouse of worker	1 year after	Partnered
Blessing	Africa	Refugee claimant	Refugee claimant	2 months before	Partnered (abroad) with child/ren
Elena	Europe	Visitor (family sponsorship)	Visitor (family sponsorship)	1 year after	Partnered
Elodie	Europe	Worker (open permit)	Worker (closed permit) / No status	3 years after	Partnered
Emilia	South America	Worker (closed permit)	Worker (closed permit)	1 year after	Partnered (abroad)
Esperanza	South America	Student	Student	1 month before	Partnered
Esther	Africa	Spouse of student	Spouse of student	2 years after	Partnered
Farah	Central Asia	Student	Student	4 months before	Partnered
Fiorella	South America	Refugee claimant	Refugee claimant	7 months before	Partnered with child/ren
Florence	Africa	Refugee claimant	Refugee claimant	2 months before	Partnered with child/ren
Gina	Southeast Asia	Worker (closed permit)	Worker (closed permit)	2 years after	Single with child/ren (abroad)
Inès	Europe	Student	Worker (open permit) / No status	6 years after	Partnered
Marina	Europe	Refugee claimant	Visitor (family sponsorship)	7 years after	Partnered
Marisol	North America	Student	Visitor (family sponsorship)	2 years after	Partnered
Martisha	North America	Refugee claimant	Refugee claimant	3 months before	Single with child/ren
Maya	North America	Student	Student / No status	3 months before	Partnered with child/ren
Reyna	Southeast Asia	Worker (closed permit)	Worker (closed permit)	6 months before	Partnered (abroad)
Rosamie	Southeast Asia	Worker (closed permit)	Worker (open permit)	4 years after	Single with child/ren (abroad)
Sadeen	Central Asia	Spouse of student	Spouse of student	6 years after	Partnered
Samira	Africa	Spouse of student	Spouse of student	8 months before	Partnered
Sana	Central Asia	Student	Student	4 months before	Partnered (abroad) with child/ren
Vivian	Africa	Refugee claimant	Refugee claimant	9 months before	Single

diverse migration pathways including as students or spouses of students (9), as workers or spouses of workers (7), as refugee claimants (6), and as visitors (2). As immigration status is not a static category, some participants had shifted in immigration status by the time they experienced their pregnancy. Pregnancy and birth experiences overlapped with experiences of being an international student or spouse of a student (6), a temporary worker (6), a refugee claimant (5), a visitor with an in-land spousal sponsorship application (4), and experiences of falling out of previous status (3). At the time of the interview, many (9) had either permanent residency or citizenship, while others remained in states of immigration precarity. Eleven were pregnant when they arrived. Most were married or partnered (20), but almost half of those couples (9) experienced prolonged periods of separation (one month to seven years). Among the 20 partnered interviewees, six had partners who were Canadian citizens or permanent residents when they met. At the time of the interview nine participants were currently pregnant, fourteen had given birth in Canada prior to the interview (half (7) within the last five years), and one had miscarried. All identified as cis-women and 19 were racialized.

While experiences and positionality do vary considerably among participants, overall the participant profile reflects a certain level of relative privilege within the broader scope of precarious status migration. Many participants had access to a pathway to permanent residency, even if they did face prolonged immigration precarity and had significant challenges navigating the immigration process. Furthermore, many participants had relatively stable support networks – for example, had a partner or were connected to community-level supports. In part, this is due to recruitment methods that relied heavily on advertising within community organizations. Additionally, the participant profile does not reflect gender or sexual diversity, as no participants identified as LGBTQ+. As a result, the most vulnerable situations of immigration precarity (for example, being undocumented) and isolation are under-represented in the study. Nonetheless, the participant profile successfully captures a diverse range of experiences of immigration precarity that varies by immigration status, region of origin and racialization, and family status.

Researcher ethics and reflexivity

Participants may have an immigration status that exposes them to high levels of risk in their daily lives, so it was very important that participating in this research did not increase the magnitude of that risk. At the time of the interviews, many participants (9) had already regularized their status, had received permanent residency, and were reflecting on their past experiences from a place of relative security. For those who had not, it was important to acknowledge that they may feel insecure or perceive a potential risk when expressing the problems they experience in Canada due to their precarious immigration status, which limits their access to certain social goods, rights, and recourse for responding to problems (Hanley, Lenet, et al., 2020). Migrants without formal authorized status manage high levels of risk in their daily lives are likely to feel most at risk of being identified to immigration officials. Therefore, it was especially important to be explicit in communicating that under no circumstances will I be in contact with or provide information to immigration officials and that participant's names or identities will not be connected with their immigration status and story at any stage in the project (as stated in the consent form). All data was identified by a code and contact information was kept separately and carefully protected in a password-protected computer file.

Additionally, some participants may find it triggering to discuss their personal struggles and may experience emotional discomfort due to the personal nature of the interview. My social work education provided me with training in interviewing around sensitive topics, including active listening and creating a supportive interview environment. This background also equipped me to gauge when a participant would benefit from a referral to additional resources and to identify what resources were most appropriate. In order to minimize risks of emotional discomfort, I reviewed the nature of the interview questions with participants prior to starting the interview process, explaining that they need not respond to any question they were not comfortable with and may exit the interview at any point during the process. Throughout the interview, I remained vigilant for signs of distress and, when necessary, checked periodically to make sure they wanted to continue. I carried tissues with me to every interview and tried my best to empathize during emotional and tearful moments, which were frequent. I did a short debrief with the participant after the interview to ensure they were comfortable with the process and referred them to a list with contact information for helpful organizations and services that was attached to their copy of the consent form as appropriate.[43] In some cases, participants disclosed a situation they were currently struggling to manage and indicated they needed support. In these instances, I spent additional time discussing potential resources and, in some cases, with the participants' permission, played a more active role in referring their case directly to contacts within organizations that could provide assistance. In other instances, participants contacted me after the interview for recommendations on resources to help with a given issue. I checked-in with each participant after the interview in order to confirm they were still comfortable with what they had shared and to provide an opportunity to communicate any other feedback and reflections.

This fieldwork is fundamentally relational (Brown & Gilligan, 1992; Undurraga, 2012). It is incumbent on me as a researcher to create and sustain a safe space throughout the research process, as much as possible. This requires a fundamentally different approach to the traditionally hierarchical researcher-participant relationship, emphasizing my position as an ally on these issues as opposed to any claim to neutral expertise. It also meant being aware of my own positionality and the multiple facets of my identity that shape this process – the assumptions I make and how I relate to participants, and participants' perceptions of me and how they relate to me. Most of this work was done intuitively; however, through my own reflexivity practices I became aware of these dynamics and practices throughout the process. Reflexivity can be defined as a "'bending back' by going more deeply into the self in order to understand others" (Jorgenson, 2011, p. 115) and requires a recognition of the impact of the interactional context in which the interview is produced.

Along certain axes of identity, participants and I shared some commonality. For example, my identity as a cis-woman was a point of commonality shared with all participants; furthermore, there was not a significant age difference between myself and participants, which helped generate peer-to-peer dynamics. As women of "childbearing age" we were able to connect around shared understandings and experiences of reproductive care, decision-making, and complications, as well as the gendered nature of social life, particularly in relation to women's bodies and family caregiving. This connection helped facilitate conversation around intimate and vulnerable moments, such as experiences of pregnancy and birth, in a way that would have been very different if the interview was conducted by someone without these commonalities. On the other hand, my positionality as a white Canadian-born citizen clearly positioned me as an outsider to their

[43] See Appendix 5 for list of resources.

perspectives and magnified our respective power differentials within the research process and our social environment. The majority of my participants were racialized women (19) from historically marginalized groups; the way in which they experience and navigate social life is not something I will ever be able to fully understand. Furthermore, the way in which they narrate their story for me as a white Canadian-born citizen may be very different than how they would share with someone from a similar background or in a similar social location. Fostering relational connection through this process and actively working to sustain it and reduce social distance helps to mitigate these issues to a certain extent. Although I cannot fully understand all the nuances of their experiences, I was explicit about my position as an ally, someone who cares about their challenges and is critical of the same issues.

My aim as a researcher and facilitator of this process was to create a supportive interview environment through active listening and supportive verbal and non-verbal communication, empathizing and validating participants' experiences rather than giving opinions about their lives or remaining neutral. As expected, different participants responded to this in different ways. Some participants expressed challenges but hesitated to directly express critiques of the government. Others used humour and couched their critique in apologies – for example, "Sorry to tell you…" (Marina). Still others were quite open in describing their rage and hurt and often articulated clear and passionate concerns. Toward the end of the interview when I would ask if there was anything further they wanted to discuss that had not already been covered in the interview, participants would often ask about my life, opinions, and future plans. The vulnerability and passion shared with me and the desire to continue to converse after I had signaled the end of the interview, communicated to me that, overall, I had been successful in creating a kind of space where my participants felt comfortable. This relational approach also meant being open to answering questions about myself, which I did freely.

While relational interviewing and researcher reflexivity are not, in themselves, "a process for overcoming distortion or exploitation in research relationships" it allows "what might otherwise remain as 'undiscussable'" to surface and "creates more space for participants' understandings and interests to enter the circle of interpretation" (Jorgenson, 2011, p. 118; see also: Wasserfall, 1997).

Narrative analysis

All interviews were audio recorded and transcribed. They were first thematically coded using NVIVO 11 software, while maintaining the narrative structure (Braun & Clarke, 2006; Butler-Kisber, 2010; Riessman, 2008). *Thematic narrative analysis* focuses primarily on content, with minimal focus on how the narrative is structured or spoken, or the context of production – the focus is on the "told" not the "telling" (Riessman, 2008, pp. 53–54, 58). Importantly, the narrative approach to thematic analysis is distinct from, for example, grounded theory, in that "narrative scholars keep a story 'intact' by theorizing from the case rather than from component themes (categories) across cases" (Riessman, 2008, p. 53). The aim of this initial analysis was to take stock of the broad array of issues and challenges raised by participants and begin to think about how they relate to each other theoretically.

Interviews were then *restoryed*, or re-constructed, to create a cohesive, chronological narrative for each participant using the participant's own words (Clandinin & Connelly, 2004). Using direct quotes from the interview, I chose to restory the narratives to reflect three types of stories:

'migration stories', 'pregnancy/birth stories', and 'motherhood stories.' Following the thematic narrative tradition, I removed myself as audience – my interactions, prompts, questions – from the presentation of the restoryed narratives. Consequently the "biographical account emerges 'full blown' from the 'self' as the narrator, rather than in conversation between a particular listener/questioner" (Riessman, 2008, p. 58). As discussed above, while acknowledging interview data is co-produced and relational, I felt it did greater justice to participants and their stories to present them in a holistic manner, speaking directly to the reader, with the reader already understanding the interview context.

Lastly, restoryed narratives, with consideration to the most salient themes, were analysed collectively to construct *metanarratives*, or shared storylines, that span individual stories that allow researchers to identify instances of *discursive affinity*, or commonalities across stories that seem different because of the language used, for example, but in reality rely on the same underlying representations and shared assumptions that ultimately allow the narrators to make sense of their experience (Hajer, 1993; Roe, 1994; see Paterson et al., 2019 for an example of use of metanarratives in policy research). The aim is to identify the commonalities across different narratives in relation to their varied understandings and experiences, while still remaining attuned to difference. While individual narratives are key in uncovering how citizenship and immigration policy is lived for people with precarious status during pregnancy and how that shapes their experiences, metanarratives help bring these perspectives together to think about how citizenship and immigration policy could be re-imagined to take into consideration these the lived reproductive experiences.

Attention to intersectional dynamics was also central to this analysis – in particular how social and political structures shaped participants' experiences in accordance with their gender, race, ethnicity, socio-economic status, and immigration status. Following Lisa Bowleg's (2008) approach to intersectional research, interview questions were asked quite open-endedly, allowing participants to connect their stories and experiences to different facets of their identities and their relation to general society and the state as they deemed fit. According to Bowleg, researchers engaging in intersectionality "bear the responsibility for interpreting their data within the context of sociohistorical and structural inequality" and to "make explicit the often implicit experiences of intersectionality, even when participants do not express the connections" (2008, p. 321). An understanding of the political and policy context, as discussed in the following section, helped to situate these experiences within their broader socio-political contexts.

Mapping the political and policy context

In order to be able to fully contextualize these narratives within the policy environment and politics from which they emerge, I completed a thorough mapping of the political and policy context. The analysis focuses on the political discourse mobilized by federal level politicians in the press regarding pregnant precarious status migrants during the previous ten years as well as a review of current (2018)[44] federal and provincial policy documents and webpages relating to programs and policies that make up reproductive citizenship – for example, health insurance, child benefits, childcare programs, family reunification policies, and labour policies aimed at preventing unfair treatment against pregnant people.

[44] Updated as needed.

First, concurrent to the interview process, policy mapping was done, which entailed a thorough review of policies at the federal and Quebec provincial level, as well as a comprehensive mapping of local-level resources aimed at precarious status residents and marginalized women and families in Montreal. The primary focus was to take stock of accessibility and eligibility criteria as it relates to immigration status. This review included citizenship and immigration policies, as legislated federally by Immigration, Refugees, and Citizenship Canada (IRCC) and provincially by Immigration, Francisation, et Intégration Québec (IFIQ), as they intersect with health policies as outlined by the Régie de l'assurance maladie du Québec (RAMQ), and other social benefits and programs, for example under the Ministrére du Travail, de l'Emploi, et Solidarité sociale (MTESS) and Famille Québec. In total, this included 11 federal level policy documents and webpages, and 37 provincial level policy documents and webpages. Because this document review was done alongside interviewing, it developed in accordance with policies and policy areas brought up by participants. In order to further contextualize the Quebec provincial policy context within the rest of Canada, cross-provincial policy-mapping was also done for the healthcare policy sector, which included a review of an additional 23 health policy documents and webpages. Further data was also collected on hospital and clinic fees in the Montreal context, as well as available private health insurance coverage options and non-profit prenatal care options offered at the community level. The aim of this policy mapping was to provide context to the narrative interviews to better understand the policies that shape their experiences.

Second, using Eureka (as searchable database that provides full access to articles, columns, and features from newspapers and other media sources across Canada), I located 108 relevant newspaper articles that discussed issues related to immigration and pregnancy in Canada, focusing predominately on Canada's most widely read newspapers, Globe and Mail, Toronto Star, and La Press, from 2009 to 2019. This review sensitized me to the political context and ongoing debates surrounding pregnancy and precarious status migrants in Canada.[45]

Conclusion

Theoretical frameworks, such as the RJF, that centre the experiences of politically marginalized communities within their scholarly and political analysis work to further highlight the inadequacies of mainstream approaches to practicing and studying policy and politics. In particular, we need a method that recognizes the "relation between the production of knowledge and the practices of power" (Harding, 2004, p. 1; see also: Ross, 2017a, pp. 219–223). One of the core elements of the RJM is the importance of coming together to share stories that have been silenced – both as a means to community solidarity and healing and as political action (see Chapter 2). A narrative approach to policy research, as developed within critical and feminist policy studies, also highlights the value of these sharing stories as important sources of knowledge and as a vital part of the democratic process where every voice needs to be heard and represented. As such, the narrative method aligns well with the RJF as it positions the interviewee as expert on their own experience and opens up a space to for their voice to be heard. In the following chapters, these

[45] Results of this analysis informed the conference paper" Re-imagining immigration through the ethics of care: Reproductive justice and precarious status migration in Canada," presented at annual conferences for the Canadian Political Science Association and International Conference on Public Policy (Larios, 2019b). Although this analysis is not directly taken up here in detail, it does provide background for this study.

elements have been brought together to understand how precarious immigration status, and the policies and politics surrounding this issue, impact reproductive experiences in the day-to-day lives of community members. These chapters will focus on migration stories, stories concerning obstetric care, and stories of early motherhood.

Chapter 4

Stories of Migration

my
mother
was
my first country;
the first place i ever lived.
– Nayyirah Waheed, lands, 2019

This piece of paper actually changes the way that people either look at you, or how you even, unfortunately, look at yourself… That's also very sad, that just having a piece of paper can… label you as a good or bad, label you somebody who's suspicious or somebody who is not.
– Sana, participant

Both the right to geographic mobility and the right to reproduce are widely considered to be core human rights, yet the pregnant migrant person continues to be a contentious figure in the political and social imagination. Interviews for this project opened with participants telling their stories of coming to Canada. Immigration policy, politics, and participants' interactions within the immigration system set the stage for their experiences of pregnancy, and their expectations of motherhood and the perinatal period more broadly, in many ways. As discussed in Chapter 2, reproductive citizenship refers to the rights conferred by the state regarding creating and caring for a family. For precarious status migrants these are limited, made conditional based on their status, and largely a matter of state non-interference rather than substantive rights to access. As stories unfold, we can see how the ways in which participants' immigration and reproductive experiences in Canada were co-produced to form very particular experiences of reproductive citizenship, conceptualized earlier as precarious reproductive citizenship. The Reproductive Justice Framework (RJF) provides an analytic lens that problematizes precarious reproductive citizenship and embeds these experiences within broader structural inequalities.

This chapter first provides an overview of the immigration policy and political context as it pertains to pregnancy and childbirth for precarious status people. Against this background, this chapter documents how pregnant people with precarious status themselves tell their immigration stories and deploys the RJF to more fully understand how the dynamics of precarious reproductive citizenship are lived. In particular, these stories were analyzed and organized into three interconnected metanarratives related to immigration experiences. As discussed in Chapter 3, metanarratives are shared storylines that speak to commonalities of experience across individual accounts. Within this chapter, immigration metanarratives are represented in three sections. Each section opens with a story that serves as an emblematic example of a given metanarrative. These stories are told entirely in the words of the storyteller but have been restoryed as a part of the narrative analysis for the purposes of chronology, clarity, and cohesion (see Chapter 3). The first metanarrative is exemplified in Vivian's story and highlights how the immigration system is experienced by participants as both a facilitator and barrier to reproductive justice and how this relates to the selection and pursuit of particular immigration pathways and motivations for

migration. Opening with Sana's story, the second metanarrative focuses on participants' experiences with the immigration bureaucracy and navigating the system. It highlights how immigration management on the part of the state – for example through immigration categories, renewals, and infrastructure – is experienced as reproductive management in the lives of precarious status people. Lastly, building on the previous sections, the third metanarrative highlights Reyna's story and, in particular, the differential and punitive impact of a system not built to accommodate the needs of pregnant people as shaped not only by sex or gender (for example, the female body as potentially pregnant), but also by race, class, and nationality.

This analysis shows that while participants tend to make immigration and reproductive decisions in parallel and, in many cases, consider immigration a vital part of accessing their reproductive rights. They face challenges in this regard due to an immigration system that is not built to accommodate their unique circumstances as pregnant people and instead often explicitly views them as a threat (Chapter 1). This tension is carried through their ongoing interactions with the immigration system, such that state management of temporary migration categories comes to be experienced as management of reproduction and, following the logic of the RJF, reproductive management of whole communities of people living within Canada's borders. This state oversight disproportionately affects racialized pregnant migrant people with fewer socio-economic resources, in accordance with historic legacies of immigration and reproductive discrimination. By centring reproductive experiences – in particular, as expressed through the stories of precarious status migrants – the RJF challenges conceptions of reproductive citizenship that have failed to substantially include non-citizen populations and problematizes immigration and citizenship policies and politics that welcome their economic productive potential but ignore or criminalize their reproductive needs. It raises questions as to whether legal rights, in a context where the state's interests will always take precedent, can ever fully secure reproductive justice for precarious status people.

Policy context

All participants in this study entered Canada without the full benefits of permanent residency or citizenship, through various authorized and unauthorized pathways (see Table 2). The majority of them envisioned their futures in Canada and were either in the process of applying for permanent residency or had already been granted it at the time of the interview. Their immigration stories reveal a lot about people's experiences with the Canadian immigration system, its complexity, and how prolonged precarity impacts people's lives and experiences of reproductive citizenship. The stories also show how asserting their right to have and care for their children likewise shaped their immigration experiences. In particular, this chapter focuses on experiences of *conditional presence* (Goldring et al., 2007) – that is, when one's sustained presence in a country and the life they created for their family are dependent on a third party and one's ability to navigate a complicated, ever-changing system of policies, or when the threat of deportation is a part of their everyday. The chapter also examines how the immigration pathway a person uses to enter Canada, and their subsequent status during their pregnancy and in motherhood, directly shape their access to public services and resources, or their *conditions of access* (Goldring et al., 2007). These stories highlight the multiple ways immigration status shifts as a person negotiates the immigration system (and their reproductive citizenship) – sometimes finding more stability, but also falling deeper into precarity, very often as a direct consequence of their pregnancies. These shifts and transitions are important because with them emerge different requirements and contingencies for a person's

presence in Canada and for their ability to access certain public resources, such as healthcare, child benefits, and employment, speaking to the precarity of their reproductive citizenship.

Beyond the policies that structure the conditions of each pathway, the social positioning of pregnant precarious status people is informed by a national (and subnational) politics that constructs them as a threat (as discussed in Chapter 1). One of the primary ways that precarious status pregnant women[46] are represented as taking advantage of the Canadian state is by fraudulently representing themselves in the immigration process to gain access to citizenship for their children born on Canadian soil and, through those children, permanent residency for themselves and other family members.[47] Statements such as this one by Jason Kenny, speaking on behalf of the Canadian government in his role as the former Minister of Citizenship and Immigration (CIC), highlight one of the main concerns related to pregnant precarious status migrants, from the perspective of the state:

> The truth is that for too long, perhaps because of the Canadian characteristic of always wanting to be nice and never wanting to say no, we looked the other way when significant numbers of foreigners sought to acquire Canadian citizenship even illicitly… All of this indicated to me a cheapening of the value of Canadian citizenship (quoted in Brean, 2012).

Canadian citizenship is granted to anyone born within Canadian borders (with the exception of children born to foreign diplomats), regardless of the immigration and citizenship status of their parents (Government of Canada, 2018). Hospitals across the country do not habitually inquire about the status of parents, and when they do it is usually only to the extent of establishing whether the mother and child are covered by a public health insurance program. Although possessing Canadian citizenship, children born to precarious status parents may have unequal access to citizenship benefits – for example, in Quebec, a child's access to the public health system aligns with the status of their parents rather than the entitlements of their own citizenship (RAMQ, 2020). When the child turns 18, they are eligible for full citizenship benefits, including a pathway to sponsor their parents and grandparents if their income meets the requirements. In 2012, the Conservative government under Stephen Harper issued a number of reforms aimed at toughening up access to Canadian citizenship but fell short of abolishing it as a birthright. In the following election cycle, the Conservatives, under the leadership of Andrew Scheer, reintroduced the topic of birthright citizenship as an area of needed reform, by focusing in on concerns around 'birth tourism.' Though the Conservative party has been the most vocal and has played a significant role in framing the issue, a Liberal federal Member of Parliament from BC also raised the issue of birth tourism in the House of Commons, referring to the process as legal but also "unethical and unscrupulous" (Bilefsky, 2019). The then-Minister of Immigration, Refugees, and Citizenship (IRCC), Ahmed Hussen, called for further investigation into the issue (Selley, 2018).

Debates surrounding Canadian birthright citizenship and who should have access to it often centre on the figure of the pregnant precarious status woman, who are often portrayed as a threat to, in the words of the former CIC Minister, Jason Kenny, the "integrity of our immigration system" and

[46] This concern would no doubt extend to any pregnant person entering Canada with precarious immigration status, but the subject of this particular narrative is predominately gendered as 'woman.'

[47] This is demonstrated through a systematic review of statements made to the media from 2008 to 2018 (Larios, 2019b; see also: Abji & Larios, 2020; Buhler, 2002).

the "value of Canadian citizenship" (Brean, 2012). Whether cast as a 'bogus' refugee claimant or a 'birth tourist' entering Canada on a visitor visa with the sole intention of giving birth, pregnant precarious status women are represented as a threat and criminalized in this discourse as fraudulently representing their motivations for arriving in Canada in order to, in the words of a former CIC policy analyst, "[exploit] the loophole in the law to obtain citizenship for their children when they are not entitled to that" (Griffith as quoted in Keung, 2018). According to this representation, people are birthing their children in Canada in order to circumvent migration controls and to secure family sponsorship opportunities in the future. Furthermore, concerns have been expressed that allowing people with no prior formal connection to Canada to birth citizens devalues Canadian citizenship and undermines a vision of Canada "characterized by social cohesion and a sense of mutual obligation and civic responsibility" (Kenny as quoted in Brean, 2012). The neo/liberal logic of choice, particularly in pro-choice reproductive politics, is widely praised; however, clearly the state views the choices non-citizens make to have children in Canada as something that needs to be managed as a potential threat to the national project. The following stories highlight how these politics are lived.

Immigration and reproduction as interwoven aspirations:
Vivian's immigration story

> *I literally walked across the border. I was about nine months pregnant. I didn't know what would happen. I just needed to be sure that I tried my best, and whatever happens after that, at least it would be that I tried my best. Thankfully, it ended up being a good decision… because I'm still here, and I have my daughter… From the moment I realized I was pregnant, things got really bad between me and her dad. If I were back in my country, I would be dead before I even had my daughter. That's how bad it is. I didn't have Canada in the picture, I never anticipated that things would spiral down to this point, but… I needed to be safe from him. It was just me looking for options. I stumbled on seeking asylum in Canada and I saw that while your asylum claim is being reviewed you can work, you can access healthcare, and you can also get accommodation, and things like that. The fact that I can work and be independent was the KEY for me. So, I thought, what do I need for my daughter right now? I need shelter. I need to be able to work to feed her. I tried to get information on where the border was.*[48] *I got to New York and I was stuck. I had booked a taxi to pick me up and it didn't show up... So, there I was by the roadside, heavy, heavy pregnant. I kept on calling him, but he wouldn't take my call. I didn't know where to go. I had no information. I asked people on the street how to get to the border. Somebody told me to go to the [bus station]. When I was leaving, I only took my baby's things. I thought that was the only thing I needed. [But] I realized*

[48] The Safe Third Country Agreement (STCA) between the US and Canada requires asylum seekers to claim refugee status in the first 'safe' country they enter, preventing people who enter via a recognized US-Canada border crossing from claiming refugee status (IRCC, 2016). However, claims are able to be made if the claimant is already on Canadian territory. For some, this is possible by walking across the border unauthorized. Beginning in 2017, Quebec (along with Ontario and, to a lesser extent, Manitoba), saw an increase in refugee claimants arriving this way (Atak, 2018; Atak et al., 2018). In 2020, a Federal Court justice ruled the STCA violates the Canadian Charter of Rights and Freedoms and gave the federal government until January 2021 to respond (Tunney, 2020). The federal government has chosen to appeal the decision.

that there's no way that I will be able to move around with this [suitcase]. I looked for one of the cleaners [at the station], and I just gave her the things inside. I said, 'These things are for my baby, please make sure you give to someone who really needs it.' I gave her everything! I cried like a baby. I'm still emotional thinking about it. After waiting about five hours, the guy shows up and said we're heading out. I was hungry, tired – I had given up, but there's no turning back at this time. We got in the car. Everything was a blur… We got to the border and it was raining. I was numb. That's all. I was numb because I was passed being scared. Now it was a case of 'I need to survive.' If you're a refugee from [my country], you are treated with distain. You are treated like, 'You're just coming to use up our resources.' You're treated with contempt. You see the hate in the ways you're being talked to, in the way you're being tossed around, you know? It breaks my heart. It makes me just want to DIE.

Participants in this study utilized a variety of migration pathways to enter Canada, corresponding to their diverse motivations for migration and the opportunities available to them (see Table 2). Stories shared by participants highlighted these numerous reasons for migration – for example, seeking out safety and security for themselves and their children, economic opportunities open to them through studying or working in Canada, and family reunification. Some stories describe situations where participants were pregnant already when they arrived in Canada (12), and would-be mothers, sometimes together with their partners, actively sought out migration as a strategy that provided a secure pathway for their child's survival and future opportunities for their child and the family.

The fundamentally relational nature of these migration stories is apparent. While immigration applications are largely individualized, these stories embed migration journeys within broader relational dynamics.[49] In particular, within participants' stories we can begin to see migration strategies represented explicitly as parenting care strategies and acts of maternal self-determination. These are stories that reflect participants' understandings of the right to bear, birth, and raise their children with dignity, safety, and self-determination, as emphasized within the RJF, positioning immigration as a facilitator for reproductive justice. From the perspective of the state, however, immigration policies and politics are not designed for this purpose and often do not accommodate the needs of pregnant people; instead, they often contribute directly to the structural vulnerability of precarious status migrants.

This metanarrative speaks to the tension in how participants think about their migration strategies and how immigration policies and politics structurally position them (see also: Lozanski, 2020). Vivian's story is emblematic of this metanarrative and provides a good example of the ways in which immigration policies and politics facilitate but also construct barriers for her ability to access reproductive justice. Vivian is a single mother who traveled to Canada from her home country via the US to claim asylum while pregnant, fleeing an abusive partner who had already forced the abortion of a previous pregnancy and was now threatening her life if she did not terminate her second. Her choice to keep her pregnancy and have her child was made in the context of sexual violence and patriarchal assumptions of family decision-making and women's sexuality in her country of origin and personal relationships. For Vivian, migration was the only way to exercise

[49] Other recent work (for example: Francisco-Menchavez, 2018; Gaucher, 2018; Luibhéid, 2015) highlights this dynamic within immigration policy.

self-determination in her pregnancy. Her story highlights how migration can be an act of maternal self-determination, or a strategy initiated by the mother to protect the safety of the foetus – her future child – and herself.

Reflective of findings from other studies on women's irregular or undocumented migration (for example, Bosworth et al., 2018; Esposito et al., 2016; Pickering, 2011), while Vivian's choices are structurally constrained, her migration is far from passive but rather an agentic expression of resistance to these structures (Ahmed, 2014). Under other conditions, Vivian may have had other migration pathways available to her – for example, family sponsorship programs (which she described researching) and, as an educated person with skilled work experience, economic migration streams. However, these otherwise viable and more stable options did not meet her needs given the conditions of her pregnancy – namely, she could not risk waiting in her country of origin for such applications to be processed. Therefore, constraints in receiving countries (in this case, the US and Canada) also structured her decision to pursue a precarious migration pathway (Esposito et al., 2019).

In another example, Blessing, a participant who was also already pregnant when she arrived as an asylum seeker, describes having a medical condition that is not well-known in her county of origin that leads to high risk pregnancies, and resulted in a near-death experience during the delivery of her first child. As a result, she has sought out medical experts from the US to follow her subsequent pregnancies. As she describes,

> When I [had] my first child, […] it was a very, very difficult situation and I almost died. So, I had my second child in the US, which I paid for. It was very, very expensive, but I just had to do it because it was terrible.

Although she is referring to a previous trip to the US, this story highlights the realities and complexities of how pregnancy and children shape and shift motivations for and planning around migration. Both Vivian and Blessing were adamant that they could not have carried their pregnancies to term safely if migration were not available to them as a strategy. Migration for them meant accessibility to their right to have a child.

Vivian's story also demonstrates how parents come to see migration as a strategy for parental care – an avenue to provide physical, economic, and cultural security for their children – and speaks to the right to care for one's children in a safe and healthy environment, as described under the RJF. Although often criminalized themselves through state discourse – for example, as 'bogus' refugees seeking citizenship (Browne, 2002; Maynard, 2017) or access to welfare state resources (A. Pratt & Valverde, 2002) – safety and security were common motivations for migration, especially from participants claiming asylum. For example, Blessing expresses these motivations:

> My husband's a soldier [fighting a militant insurgency in my country]. […] It has cost us, so much damage to my family, so much. Like right now I have not seen my family in almost a year. So, I can't go back. My kids, their lives are in danger. […] So, I just had to come here and seek for safety first before anything. […] [The militants] pick little boys and keep them for six, seven years, and train them to become terrorists, and I don't want that for my kids.

Child- and family-centred motivations were not only discussed by asylum seekers but also by participants utilizing all kinds of migration pathways – for example, migrant workers and international students. When asked why she chose to migrate to Canada, Rosamie, a former migrant care worker in the LCP, stated, "I see that the future of my daughter is here." Responding to the same question, Farah, an international student who now has permanent residency, said, "Honestly, to start a family like this. Yeah. That motivated us." She described hearing from friends that "Canada is very peaceful, very quiet, and they have good environment for their kids, and for religion, they can practice openly, and nobody bothers you." Similarly, Esperanza describes her motivations for becoming an international student:

> The situation in [my home country] is hard. It's difficult, even if you have studies or something, you have to work so hard. The quality of life is not good. So maybe two years ago we decided to move to another country. We started looking for options and we found the Programme Expérience Québécoise [that allows you to apply for permanent residency after getting a degree from Quebec]. […] So, we tried to get all the documents [to meet] the requirements. We did that for two years. […] We received our visa and the last week we before came, we realized that we were pregnant. So, in that moment, we have sold everything we have— our stuff, everything. So, we started asking for information on Facebook. We received a lot of bad comments for the delivery. It is so expensive.[50] But one comment there, wrote to us that the best thing that we can give to our baby was to give the nationality for his future, for the studies, for everything. So, she encouraged us to come. And really, we didn't have another option…

In each of these cases, whether working (like Rosamie) or studying (like Farah and Esperanza), the financial and professional benefits of these migration programs were considered alongside the opportunities they provided to settle permanently and what that would mean for their families.

While Esperanza notes that the benefits of Canadian citizenship for her child were part of their decision to follow through with their migration plans, her story also speaks to the unpredictability of pregnancy for many people, especially when engaging in migration plans that take several years to come to fruition. This is a counter to neo/liberal idealizations of an individual's purported rational control over their bodies (emotional, physical, or otherwise), including liberal reproductive rights discourses which centre on choice, control, and planning. Within this framework, unplanned pregnancies are characterized as mistakes and often used against pregnant people to signal irresponsibility – and therefore, a potentially irresponsible citizen (Salamanca, 2017). Such a condition may be forgivable in the context of white, socio-economically stable, heteronormativity but suspicious and threatening when committed in the context of racialized non-citizenship, as we see within 'bogus' refugee and 'birth tourism' discourses, discussed above (and in Chapter 1). Esperanza's story, in particular, calls for a more nuanced reading of how birthright citizenship policies shape reproductive decision-making (see also: Abji & Larios, 2020). For her and others, conditions of immigration and of reproduction co-produce her experience of precarious reproductive citizenship.

[50] As an international student from South America, Esperanza did not have access to public health insurance (as discussed in Chapter 1 and explored further in Chapter 5).

For many of the participants, motherhood was directly related to their motivations for migration. It was something they expected to be able to pursue alongside their immigration process and, as many of these stories illustrate, inflexible immigration processes and unpredictable timelines complicated these experiences. However, children were not always in participants' plans. Others describe how they sought out migration to further their own personal and professional goals, but unexpected pregnancies complicated their situations. In these stories, we see the fundamentally gendered nature of an immigration system and set of programs not designed to accommodate pregnant people. Esperanza, as well as Sana and Farah, were international students who planned to study in Canada to advance their careers and fulfill professional goals, who unexpectedly became pregnant prior to arriving in Canada. For Esperanza and Sana, the situation arose after their doctors suspected infertility. As Sana describes,

> It wasn't happening to become pregnant, […] I decided, 'Okay, I'll apply to [graduate school] and then move on in my life.' So, I applied for [graduate school], knowing I wouldn't have kids, and then after I was accepted – I was accepted in February and then I started the process in March, then I discovered in May that I'm pregnant! So, it just happened. It was a surprise for us, but it was a great surprise. Then I asked – I didn't know what do to and I panicked – should I come to Canada? Should I stop the process? What should I do?

For international students, their ability to renew their study permit and access their funding and student health insurance are tied to their active enrolment in their university. Additionally, many pay high tuition fees and medical bills (when prenatal and obstetric care is not covered). Each of these conditions make it difficult to take time off and structure how international students think about balancing their studies, work, and care responsibilities. Although their pregnancies and experiences with new motherhood presented unique challenges to their journeys, Sana and Farah were each able to finish their education and each had received permanent residency by the time the interviews took place. This is not always the case – for Maya, who also originally came to Canada as an international student with her partner and eldest child, the birth of her second child led her to drop her studies and fall increasingly into precarity, eventually losing her legal status.

For participants engaging in in-land spousal sponsorship (such as Agathe, Marina, Elena, and Marisol), their pregnancies were unexpected but felt like a natural extension of their reason to immigrate– to establish their family in Canada together with their Canadian spouses. Despite this, however, at the time of their pregnancies and the births of their babies, they were still categorized as visitors. Agathe, whose spouse and other children were already Canadian citizens, struggled with this:

> We have all the proof that we're here to stay. I didn't come here just to give birth and get my child Canadian citizenship. It just happened that way. […] It should be given [to all spouses of citizens], the Medicare card and the permanent residency. […] I'm a little upset because of that. [I feel like] the stranger in the family because I'm the only one that doesn't have it yet. I feel excluded.[51]

[51] Translated to English from participant's preferred language.

Within many of these stories, there is an awareness that, as pregnant women without permanent residency status, they will be judged as potential 'birth tourists' regardless of their migration pathway or intentions. Agathe's comment above speaks to this. Likewise, Vivian's poignant remarks about being treated with "disdain" and "contempt" in her interactions with immigration representatives, her lawyer, and others within broader society, speak directly to the way in which she experiences people responding with suspicion to her refugee claim as having some ulterior motive. The RJF embeds these experiences not only within contemporary criminalization of asylum seekers in Canada and in other receiving countries, but also within structural legacies and logics of citizenship that consistently frame the reproductive capacity of racialized women as a threat to the nation (Browne, 2002; Ross & Solinger, 2017).

The stories shared so far describe a system that was not built to accommodate these women's motivations, ambitions, bodies, and self-determination. Though immigration to Canada provides them with opportunities, it does not fully take into consideration their needs as people with reproductive bodies and aspirations and what it means to be pregnant. While pregnant people are not forbidden from migrating, symbolically the pregnant body is left out, and the pregnant person's motivations and desires are silenced, with very serious material consequences. These messages are also signaled through the structures and bureaucracy of the immigration system itself, as discussed in the following section where we examine how management of temporary migration is intertwined with reproductive management and therefore the 'management' of whole migrant communities.

Migration management as reproductive management:
Sana's immigration story

> *Immigration is one of the worst experiences that I went through in my life. I came as an international student. They processed my visa and [my son's] visa, but not my husband's visa. Even though we submitted as a family application. I didn't have any other option to join my school on time, so I left him behind. I arrived pregnant, alone with [my son], at the last minute, running all over the place, trying to get settled. I was emailing the embassy from Canada all the time and I NEVER heard from them. Never. He arrived in December and [our baby] was born in January. So, I stayed from August to December by myself. Even last winter I got a grant to do [research abroad], and because all these delays in my visa [renewal], I lost my opportunity… I was thinking, why would they say security checks? Am I a threat to the system? Why do they think I'm a threat? What's going on? And nobody answers your questions. And whenever you explain how it affects you and your family, and the family wellbeing, they treat you in a way that you don't have the right to ask this question. Like I felt that I don't have the right to say that I have a family. You come to study here; you feel it's a privilege… You're supposed to be treated in a respectful way, but on the other hand, they treat you as if you will abuse their system. It's painful and insulting. It affects my studies. I couldn't focus. I couldn't write a single word, all of this period. If affects my health and my wellbeing, 'cause I couldn't sleep. I lose weight. I start to lose hair. It was really a tough period. I am now finishing my [studies], [and just received] permanent residency in Canada. In fact, nothing changed in terms of our lives, but just this piece of paper actually changes the way that people either look at you or how you even, unfortunately, look at yourself, in terms of feeling – being able to have more*

> *control over your life. And that's also very sad, that just having a piece of paper can tell what you – label you as a good or bad, label you somebody who's suspicious or somebody who is not.*

Many times, while trying to navigate immigration bureaucracy, participants ran up against processes and regulations that were not responsive to their needs as pregnant people. In particular, transitions between statuses – whether it's renewing a work or study permit, waiting for a refugee determination hearing, or applying for permanent residency – were experienced as especially vulnerable periods when people risked falling out of status, losing access to employment, healthcare, and other benefits. This vulnerability and the stress that emerged alongside it were exacerbated by long processing times and complex bureaucracy. Emerging as a metanarrative within this project, participants' stories reveal how migration management on the side of the state (the production and administration of migration categories and the bureaucratic infrastructure that supports this process) was experienced as reproduction management in the lives of participants (see also: Heckert, 2020 on "reproductive governance"). That is, it had a direct impact on their ability to have safe, dignified childbirth and care for their child in a healthy, safe environment, as understood through the lens of reproductive justice (Ross & Solinger, 2017).

Elsewhere in migration scholarship this has been referred to as *bureaucratic violence,* with the aim of bringing "attention to the ways that it is not always the law itself that causes harm but rather the enactment of law via bureaucracy" (Heckert, 2020, p. 35; see also: Menjívar & Abrego, 2012; Näre, 2020). That is, while laws themselves may appear neutral, the way in which they are enacted can generate exclusion. Bureaucratic violence can surface in numerous ways – for example, through a politically calculated use of legal ambiguities and cuts to funding and staffing, or more indirectly though the discretion of service providers and difficult to navigate processes. For participants, bureaucratic violence was experienced mostly through delays is visa processing linked to backlogs in the system, difficulties navigating the process (including policy changes), or falling into ambiguous categories of increased surveillance (for example, the additional security checks experienced by Sana's family). Sana's story speaks to the ways in which these bureaucratic processes can exacerbate family separation and impact mental health. In particular, each time there was a delay in processing her family's papers in meant prolonged family separation from her spouse. These elements of migration management significantly affected her ability to access the care she needed during her pregnancy, and to maintain her and her family's overall health and wellbeing. The structural vulnerability created and maintained through these systems are not experienced in the same way by all migrant and immigrant groups, often following historic legacies of penalty and privilege within immigration policy (Razack, 2010). The physical condition of pregnancy exacerbated these vulnerabilities, which contributed to participants' experience of precarious reproductive citizenship.

Others shared their frustrations over the bureaucratic processes involved in applying for permanent residency and visa renewals, as well. For example, those participating in the former Live-in Caregiver Program (LCP) reported waiting two to five years for their permanent residency papers to be processed, on top of the two to four years they already lived and worked in Canada in the program while separated from their families.[52] For Gina, who came to Canada through the LCP,

[52] These timeframes are consistent with findings reported in other analyses of the LCP (for example, Hanley, Larios et al., 2017; G. Pratt, 2012).

permanent residency processing times added an additional five years to the eight years she spent working in Canada and abroad elsewhere. She describes conversations with her children, who remained in her home country for those thirteen years,[53] where they asked her when they would be joining her, comparing their situation to that of their friends who were already reunited with their mother in another province. Another former live-in caregiver, Reyna, shared a similar experience. She spent seven years separated from her partner, saying they were "not expecting that long." As she was pregnant when she arrived, her partner was not able to be present at the birth of her child. While they communicated by phone, it took a long time to build the relationship between father and child – "She doesn't want to go to my husband." Reyna explained, "It's a reason also for us not to have another child. […] Because if we were going to have the baby, [my partner] would not have any time to take care of [their eldest child]. [He] will not have any time to know her." These accounts provide clear examples of how migration management – in this case, the conditions of the LCP and the backlog of applications waiting to be processed – had a direct impact on biological and social reproduction. For Reyna, these processes directly contributed to her decision to not have another child.

Delays in visa and permit renewal also impact participants' employment stability, access to healthcare and social benefits, and overall stability in Canada (the impacts of which are discussed in further detail in Chapters 5 and 6). Often this paperwork has to be renewed annually. Reyna describes renewing her work permit when she finally found an employer:

> We came here legally. We pay our taxes. And we're not doing any kind of crime. All we want is to work and to have our immigration status. That's all. But at that time, they make it so hard for us. The processing alone, it takes you six months to have your working permit. Good thing they changed […] the immigration under Live-in Caregiver [Program].[54]

For Gina and Reyna, unexpected delays in renewing their permits under the LCP meant lapses not only in formal employment but also in public healthcare coverage for themselves and their children, as well as other benefits such as the Canada Child Benefit (CCB). Because their healthcare insurance cards expired when their work permits expired, this is an especially vulnerable time for many temporary workers. In Reyna's case, these delays also contributed to her falling short of her requirements to be eligible for permanent residency.[55] Elodie, who was working in Canada on a closed work permit, lost both her employment and formal status in Canada as well as her healthcare coverage due to unexpected issues renewing her work permit during her pregnancy. Ayomi, the partner of a temporary skilled worker, was able to renew her work permit but was shocked to find that it was only renewed for under six months, making her ineligible for healthcare coverage during her pregnancy. The approach of tying healthcare access to work permits is consistent with neoliberal citizenship models which tend to reward economic

[53] As of 2019, migrant care workers are entitled to bring their children and spouses with them to Canada (IRCC, 2019; for discussion of family separation for migrant care workers in Canada, see also: Hanley, Larios et al., 2017; G. Pratt, 2012; Migrant Workers Alliance for Change, 2018).

[54] As of 2019, migrant care workers are given sector-specific work permits rather than closed single-employer work permits (IRCC, 2019d). This means that workers are no longer required to obtain a new work permit if they switch employers, reducing, as well, time spent waiting for processing.

[55] Under the former LCP, a worker had to complete 24 months (or 3,900 hours) of in-home caregiving work within four consecutive years in order to be eligible for permanent residency (IRCC, 2019a).

production, tying human rights to the responsibilities of 'good citizenship'. For migrant workers whose presence in Canada is considered legitimate only in relation to their economic productivity, this is even more the case (Preibisch & Otero, 2014; Villegas & Blower, 2019). While pregnant migrant workers, in principle, are able to access certain labour protections, the procedures of migration management position them as increasingly vulnerable and present clear challenges to accessing safety and dignity in their pregnancies, childbirth, and postpartum recovery (Hanley, Larios et al., 2020). The underlying message being that they are in Canada solely to work (or study, in Sana's case), not to have babies or care for their families.

Participants who were refugee claimants (also referred to as asylum seekers) were waiting for their hearing in front of the Immigrant and Refugee Board of Canada (IRBC) to determine their eligibility for refugee status in Canada. If successful, this decision will enable them to stay permanently in Canada.[56] Five participants were in this situation at the time of their interviews, at least three of which had already waited over a year. Several other participants had applied for refugee status earlier and either abandoned their claim or had it rejected. Although the federal government has aimed to decrease processing times by making the system more efficient, the average wait-time for a hearing in 2019 was still 21 months (IRBC, 2019). Blessing described how she has prayed for her hearing every day for almost a year, saying, "If I had my hearing, and was granted [refugee status], I would have the opportunity […] to start my life." Vivian, also a single mother, also felt disheartened by the process, describing how her lawyer forgot to send her documents and missed a hearing date. While the immigration official assigned to her case was understanding, she felt betrayed – "These are things that my life depends on. My daughter's future hangs on that document. So, it hurts me." While grateful for the relative safety of being in Canada, being stuck in this state of precarity for such a prolonged period of time prevents her from planning long-term for her family's future and accessing vital resources, such as subsidized childcare (discussed further in Chapter 6).

Marina, who at the time of her interview was a spousal sponsorship applicant on a visitor visa, had been waiting over a year for her permanent residency application to be processed. She described being in her mid-30s and having concerns about her future fertility. Checking the processing times listed on the IRCC website,[57] she determined it should take approximately one year to process her file. Taking into account both immigration and biological timelines, she calculated accordingly, trying to match the advent of her pregnancy with the arrival of her immigration documents. At the time of the interview, it had been over a year since her file was submitted and while she was happily pregnant, she still had not received sponsorship approval or health insurance. This account demonstrates how even when precarious status residents try to manage their own reproduction to fit ascribed expectations of reproductive citizenship (Salamanca, 2017), the unpredictable processes of migration management makes it difficult for them to do so.

[56] The IRBC is responsible for determining whether a refugee claimant is in need of individual protection and/or if they meet the definition of a Convention refugee – specifically, if they have a "well-founded fear of persecution" or face "a danger of torture, a risk to life or risk of cruel and unusual treatment or punishment" if returned to their country of nationality (IRBC, 2019).

[57] IRCC provides a feature on their website that estimates the time it will take to process an application (IRCC, 2019b). In 2019, the estimate on processing times for family sponsorship was 12 months.

Overall, participants experienced challenges navigating the complexity of the processes, the delays incurred when small mistakes were made on any of these applications (prompting the process to begin again from the start), and policy changes that occurred and were applied without their knowledge to applications participants had already submitted (rather than only new applications). These challenges were exacerbated by a lack of communication, characterized both by moments of bureaucratic rigidity and significant discretion on the part of public servants, which contributed to the complexity and chaotic feeling of the process. Elodie's experience trying to get her work permit renewed in order to maintain her healthcare coverage during her pregnancy echoes this:

> I was calling all those people and I was playing ping-pong – 'Oh, you need to call this.' – 'You need to do this.' – 'Oh, ma'am, you cannot be mad.' – but I'm like collapsing into tears and what can I do? I'm like five months pregnant and everyone is playing ping-pong with my case. And at this point, the man [on the phone] was like, 'Oh my god, I need to help you.'

She reflects on how her own knowledge of the language, familiarity with the culture, and higher education gave her more confidence navigating the system and being persistent. Sana, crediting her own persistence, makes a similar reflection:

> I don't think everybody has also the patience, the time, the energy, the ability to keep digging to find other solutions when they find the door closed. […] I am sure there's other people who when the doors close, they don't know what to do and they panic and it affects them and their families, their decisions, and their lives.

This can be contrasted with the case of Gina, who was told post-partum that she was not eligible for healthcare coverage while waiting for her permanent residency application to be processed, causing her to put off medical check-ups even when presenting with serious symptoms. After several years of waiting, she was connected with an advocacy organization (through this project) who inquired on her behalf and found she should have been eligible all along. The point here is not about individual acuity, but about the differential impacts of a system that is difficult to navigate on the lives of people, which has the effect (purposefully or not) of intensifying the vulnerability of those who are already in the most precarious positions.

This section presented the metanarrative that what is often characterized as migration management for the state is experienced as reproductive management in the lives of precarious status migrants (see also: Cohen & Caxaj, 2018; Heckert, 2020). That is, bureaucratic categories, infrastructure, and procedures of immigration have a direct impact on people's ability to access safe and dignified childbirth and care for their family in a safe and healthy environment. To the extent that these processes resulted in exclusion and harm, they can be conceptualized as examples of structural and bureaucratic violence (Eldridge & Reinke, 2018; Näre, 2020). Precarious immigration status de-facto marks particular groups of migrants for reproductive management – and in ways that also intersect with race, nationality, education, and employment status. The RJF not only sheds light on these intersections of oppression but requires us to consider these processes as embedded within state legacies of oppression against certain groups. As Ross and Solinger have argued, managing the sexual, reproductive, and maternal experiences of an individual has the effect of managing the whole community (2017, p. 16). Experiences such as transitions in immigration status and long processing times exacerbated the stress of this precarity with prolonged family separation, loss of

access to healthcare and other services; people also risked falling out of status and becoming deportable. The following section will introduce the final immigration metanarrative, which further speaks to the differential risk of these immigration policies and politics.

Differential risks of precarious reproductive citizenship:
Reyna's immigration story

> *When I came, I'm already six months pregnant. I was processing my papers to come here, and then the accident came. Before coming here in Canada, I asked the agency*[58] *who processed my paper if there would be any problem coming here. They said, 'Oh, there would be no problem. As long as the employer will not drop your sponsorship, you're going to be fine.' When I came here, they already dropped their sponsorship. [The agency] never give me employer. Every agency does that. Just to make money, they let somebody come here, and then after that they will drop you. You have to look for another employer to work, to sponsor you. Unfortunately, of course, if you're pregnant, nobody will hire you. So, I work under the table just for me to have money for my pregnancy, for when I will go into the labor. I take care of an [elderly person] for five days [a week], 24 hours. I'm being paid $50 every day. I didn't complain at all because, like what I said, nobody [is] going to accept me with my condition. So, I grabbed [the] opportunity just to save money until I gave birth. After I gave birth, I start looking for, again, another employer. But the problem was nobody will hire me again. Every time they know that I have my daughter, they don't want to accept. They always ask, 'If she's going to get sick, who's going to take care of her?' Of course, I am a mom. Who would take care of my daughter? I want to ask them, "You are a parent, too. If they are sick, of course, you want to take care of your own children. But you're lucky because you have money to pay somebody like me.' I was thinking when you come here in Canada, everything is equal. I find it so discriminating. Why? They have their children, too. Of course, when they went to work, they didn't ask that in their job. So, in the back of my mind, 'We don't have the right to get sick. My daughter doesn't have the right to get sick.' My working permit was going to expire [soon]. At that time, I'm not going to have the status. But, thank God, somebody called, an employer called. I tell them right away – at the very moment that she phoned me I already told them I have my daughter. They were very excited. They said, 'Yeah, it's no problem. Come.' So, I met them. They were very nice. They were the ones who'll stand up until I get my permanent residency. So, you have to finish 24 months, but I did only 19 months, because I didn't have the working permit for 6 months. I told that to [my lawyer] and she emphasized that one in the letter to the immigration – that I am fit to work, but nobody accepted me. They put my papers to humanitarian, because I didn't finish [the Live-in Caregiver] Program. They ask, 'Is your daughter going to school already? Was she adapted to the environment here in Canada? Here in Quebec?' I said, 'Yes. She's going to a French school.' – 'And what about you? Are you adjusted here?' I said, 'Yes. For how many years I'm staying here? I'm just so anxious whether you will accept me to stay here not. That's the only question.' I'm*

[58] Private for-profit recruitment agency often act as intermediaries between Canadian employers and temporary foreign workers, such as those entering under the former LCP (Larios et al., 2020). Meaningfully regulating their activities, such as charging illegal fees and not following through with contracts, remains a jurisdictional challenge.

> *always saving money for us, just in case we get sent back home, for us to buy our plane ticket. It's not a guarantee. [Because she was born a citizen,] they will let you choose to let your daughter stay here or [bring her back to your home country with you]. […] I will bring her home. I can't leave my daughter here. But then they said, 'Yes. We accepted.' Oh, thank God.*

The concept of precarious immigration status has been used within this project in order to provide a conceptualization of citizenship and status that includes the important legal distinction between citizen and non-citizen but, by introducing the notion of precarity, also troubles each of these categories by requiring us to consider the variety of experiences of precarity and relative privilege embedded within each of them (Goldring et al., 2009). Participants in this project came to Canada through a variety of pathways (see Table 2), characterized by race, socio-economic, and family status, which shaped their differing experiences of relative precarity and privilege, including the risks they assumed falling out of formal status. Reyna's story shows various dynamics of this metanarrative; she clearly articulates her vulnerability as a racialized migrant worker engaging in precarious work in contrast to her financially well-off, white, Canadian employers (Hankivsky, 2014; Hochschild, 2000; Raghuram, 2012). Considered alongside other stories shared by participants, we can see further that her experience of falling out of status was shaped by these dynamics in ways that, for example, temporary workers from Europe who more easily met the qualifications for permanent residency were not. Precarious reproductive citizenship is therefore not to be understood as equally precarious for all, or precarious in the same way for all, as an intersectional analysis reveals.

Like many others, Reyna, a former migrant care worker who is now a Canadian citizen, became pregnant mid-way through an expensive immigration process, investing months of preparation and thousands of dollars. As she explained, as a live-in caregiver, Reyna had to complete 24 months of in-home care work before being eligible for permanent residency, but she was unable to do so because employers resisted hiring her due to her pregnancy and later because of her role as her child's primary caregiver. This significantly derailed her immigration process, leaving her at various moments vulnerable to deportation. After seven years in Canada and living apart from her spouse, she finally received permanent residency under Humanitarian and Compassionate Grounds.[59] As she describes, if this application had not been successful, Reyna would have been asked to leave the country. Her daughter, however, as a Canadian citizen was not deportable. Reyna would have had to make the choice whether to leave her child in Canada to be raised by someone else or take her with her. While Reyna's initial migration pathway was a means to permanent residency, it was also one characterized by racialization, socioeconomics, precarious work, and family separation. Her perceived worthiness as a citizen was to be determined by her economic productivity, with little accommodation for biological and social reproduction. Consistent with other studies (for example, Hanley, Larios et al., 2020), her work and immigration conditions shaped considerably her experience of safety and dignity during her pregnancy and while caring for her child post-partum.

[59] People not otherwise eligible for permanent residency may apply to stay in Canada on Humanitarian and Compassionate Grounds. These are determined on a case-by-case basis that generally hinge on factors related to how settled a person currently is in Canada, if they have family ties or the bests interests of a child are involved, and consideration of potential negative consequences that would occur as a result of deportation (but that do not fit within the official bounds of refugee status) (IRCC, 2017).

Maya, a racialized former international student, also fell out of status due to circumstances related to her pregnancy and the birth of her child. She was also strategizing how to reconcile the likelihood that she will have to go back to her country of origin, her desire to stay in Canada, and how to best care for her Canadian-born children, who, at the time of the interview, did not have the proper citizenship and identity documentation to travel with her internationally due to circumstances related to her lack of status. Maya's fear of deportation hinged predominantly on her concern that her children would not be able to come with her. In an example of how bureaucratic discretion can be used to deliberately mislead people, Maya describes how she was led to believe that immigration officials were willing to work with her to navigate complications related to her child's status, but instead she was detained.

> They said, 'Come into the immigration office, and we're going to take care of you.' So, we go into the immigration office, and they say, 'You guys aren't compliant with what we're saying. We're sending you guys back.' And they put us in a detention centre. Me, I was pregnant now with my child. I had my [other young child]. And they separated me and my husband and put my husband in his own – the men's detention centre and put me and the baby in another detention centre. And this time, I'm super freaked because I'm not a criminal. I've never done anything.

As a Black woman, she was marked for state surveillance in ways others are not (Maynard, 2017; Roberts, 1997; Ross & Solinger, 2017) – an experience that intensified when she fell out of status and became vulnerable to deportation. Likewise, in her pregnancy she was more likely to be subject to scrutiny by healthcare professionals and others. Samira, a racialized woman who immigrated as the spouse of a international student, also reflects on this scrutiny despite her relative immigration stability. She describes entering Canada with permanent residency documents while visibly pregnant and having the legitimacy of her migration questioned by both border and health officials upon finding out she did not have health insurance.

Maya is currently working with community service providers in order to regularize her status, or at least the status of her children and feels strongly supported by the community she has built around her. Others have struggled to find people they can trust. Inés, a former international student who is currently without formal status but has a permanent residency application in process, is anxious about disclosing her situation, preventing her from reaching out for support. As she describes,

> I tend to keep it very private also because I don't trust a lot of people. And also, because you never know who you can meet, and what their intentions are, what they could do. I've heard crazy stuff. I don't know if it's true, but if you call the government about someone that is kind of in the same position, they give you a compensation.[60] Like a $2,000 compensation for thanking you. So, I'm like if it's true – that's crazy! I don't know if it's true, but in case it is, I better not say anything. So, my circle of friends is very small.

[60] In 2011, the Canadian government introduced a tip line to report incidences of suspected immigration or citizenship fraud (IRCC, 2019c). There is no compensation distributed for reporting a case of fraud.

While her lack of formal status is a cause for constant concern and the financial weight of not having health coverage for her pregnancy and childbirth is a matter of intense anxiety, Inès' situation differs from Maya's, for example, in that she has a clear path to permanent residency and as a white, French-speaker she is not as clearly marked for surveillance (for the purposes of migration management and reproductive management).

Immigration pathways and the transitions between immigration categories that participants were navigating had a significant impact on how falling out of status or the threat of deportation was experienced. For example, someone who is concerned about a potentially rejected refugee claim and being deported back to a country they still perceive as violent has very different concerns than someone whose visa has lapsed but has a permanent residency application in process, whose concern is not so much about deportation but losing access to basic health services. As Vivian explains, when considering what would happen if her refugee claim were rejected, "Going back home would technically mean going back to the mess I left. So, that is not an option." Even when the pregnancy was not related to the reason for falling out or potentially falling out of status, it amplified the impact and risk associated with the threat of deportations. Others, like Reyna and even Maya, were bracing for deportation and were in some ways ready. As people who had lived in Canada for numerous years, had children and felt more or less settled, despite living in prolonged precarity, it would mean the loss of the life they built and for which they sacrificed.

Participants from Europe who found themselves in this space were not as concerned with physical threats or financial loss if they were to be sent back. Elodie, for example, described the latter experience as "falling through the cracks" and that her pregnancy made her more aware of her vulnerability. She considered returning to her country of origin, but according to her research residency policies there also excluded her from the public health system for the first three months after her return. In a follow-up conversation with Marina, a woman who had spent eight years in Canada, first as a refugee claimant (eventually abandoning her claim) and then on a visitor's visa awaiting approval of a family sponsorship application, she revealed that her application had been denied. Like Reyna, she considered filing a Humanitarian and Compassionate Grounds application, but ultimately decided not to, expressing, "I have no money and nerves to fight this and lose another five years." For the time being her and her Canadian partner and child are relocating back to her country of origin.

This metanarrative spoke to the differential risks associated with of precarious immigration status and subsequently precarious reproductive citizenship. The fear and anxiety associated with falling out of status was palpable in the stories of all who experienced it; however, the impact of those experiences was in many ways shaped by nationality, race, and socioeconomic status. Participants who are white women with European backgrounds entering Canada as students and skilled workers experienced challenges transitioning between status and living without official papers but had more access to pathways to permanent residency and fewer negative repercussions of ultimately returning. Racialized participants, in this case women with African or Southeast Asian backgrounds, entered Canada through more precarious pathways and were more vulnerable to deportation. These inequities and vulnerabilities are experienced differentially, often with ties to historic legacies of immigration oppression or privilege.

Conclusion: Immigration and reproductive justice

These stories begin to illuminate the many ways in which immigration policy and politics shape the experience of being pregnant when one does not have permanent residency, as represented by community members who have lived these experiences.

These stories reveal a complex relationship between immigration policies and reproductive justice. Participants' stories show how immigration policy can both be a facilitator for reproductive justice, as well as a barrier. For example, though imperfect, the migration pathways sought out by Vivian, Rosamie, and others, were part of a strategic plan in order to provide for the security and wellbeing of their pregnancy and/or future child. Immigration policy can play a vital role in access to maternal care and self-determination by opening up possibilities for people to exercise their right to have children when that right is elsewhere under threat (for example, in Vivian's case) or the right to parent one's child in a safe and healthy environment (for example, as motivated Blessing and Rosamie). That said, stories also highlight barriers and challenges to accessing reproductive justice that are a direct result of the immigration system. These challenges are shaped by structural features of the immigration system and, in particular, the way that conditional presence and conditional access are embedded within immigration categories, shaped by community members' positionalities and the historical legacies that contextualize them (Goldring et al., 2009; Thobani, 2001). Furthermore, who can pursue these as strategies, and how one is perceived when they do, is racialized and classed and strongly characterized by nationality. The right to parent one's child in a safe environment is a bordered phenomenon and when a person is seen as a security threat (Sana) or as likely to be a 'bogus' refugee (Vivian) because of where they are from, this introduces additional barriers.

One of the key structures at play is immigration status, or legal statuses which mark insiders and outsiders to the nation. Although different migration pathways and programs offer a range of opportunities to immigrate to Canada, they also have the effect of organizing people into migration categories that define their motivations, needs, and activities from the perspective of the state (Goldring et al., 2009) – for example, Vivian is here solely for safety, Sana is here solely to study, and Reyna is here solely to work. Secondly, the organization of immigration status is facilitated through bureaucratic processes that constitute a constant re-evaluation of that status. These status renewal and transition periods are especially vulnerable times for people who may experience a lapse in both status and access to state resources, prolonged family separation and unemployability, and the stress of day-to-day uncertainty. From the perspective of the state, these processes are necessary to monitor whether people still fit within their designated category. Because pregnancy and childbirth can complicate the ways in which people relate to these categories, we can often see an intensification of their vulnerability (Abji & Larios, 2020; Hanley, Larios et al., 2020). The institutionalization of precarious migration status categories is a form of structural and bureaucratic violence enacted on pregnant migrant people used to legitimize precarious reproductive citizenship and is a fundamental barrier to reproductive justice for migrant people living in Canada.

While pregnant people seek out safety, study, and work, their bodies also challenge neoliberal understandings of migration and categories such as refugee, student, and worker. When individuals are conceptualized primarily as rational agents, responsibilized for their health and reproductive experiences through 'choice' discourse, it leads to concerns that if a person really did not feel safe,

really wanted to study or work, they would not get pregnant. As these stories show, this is an incredible androcentric over-simplification of both conditions of pregnancy and migration (Cohen & Caxaj, 2018; Salamanca, 2017). Given the structural features that formally categorize some community members as outsiders, migration strategies involving reproductive aspirations tend to be criminalized for those who fall into certain categories. Most popularly, this is done by employing fraud discourses against pregnant precarious status people (Larios, 2019b) – for example, the 'birth tourism' narrative to which Agathe refers or the 'bogus' refugee narrative about which Vivian expressed concern. Participants frequently referred to different fraud discourses levied against pregnant migrants who are framed in the media and general society as coming to Canada under false pretenses in order to given birth within Canadian borders and gain citizenship for their child and actively position themselves outside them.

While Canada's immigration and citizenship policies are considered among the most inclusive among comparable states globally, they are nonetheless embedded in a nation-building history that actively supressed the permanent residency and citizenship of certain (often racialized) groups (Abu-Laban, 1998; Razack, 2000). Important work in the field of critical migration studies has made visible the gendered impacts of these politics (Thobani, 2001) and these findings align those of this chapter. However, by centring reproductive experiences, the reproductive justice lens situates the perceived threat of pregnancy and childbirth by precarious status migrants within this nation-building legacy and the immigration system, resulting in self-determination in reproduction being experienced as a privilege of Canadian citizenship rather than a global human right. Building on these metanarratives, this chapter argues that experiences of immigration and reproduction are co-produced for precarious status migrants and, for many people, pursued as parallel aspirations. The institutionalization of precarious immigration status, however, is a structural barrier that works against this. Immigration status is used to legitimate precarious reproductive citizenship while responsibilizing individuals for their own care needs. Furthermore, this is experienced along lines of privilege that structure conditions of access which further vulnerabilize migrant families already socially positioned outside the norms of white, hetero-patriarchy and the ideals espoused by the neoliberal citizenship model.

Chapter 5

Stories of Pregnancy and Childbirth

Alone in the waiting room I shook and shook
And the blood ran down my legs
– Dorothea Lasky, The Birth, 2015

Nobody should go without something that can save their lives or make their lives better just because they're not citizens… There is something spiritual about that, because God created the earth, and he didn't put boundaries around and say, 'If you cross this border then you can't get simple care because you're over on the other side...'
– Maya, participant

While immigration policies and politics structured the conditions of participants' precarity, the material, mental, and emotional effects of this played out most viscerally in their pregnancy and birth stories. As we saw in the previous chapter, their position as pregnant people interacting with the immigration system produced unique challenges both in terms of immigration and accessing the care for their pregnancies. For example, immigration policies constrained who was available to support them during pregnancy and birth, as we saw in Sana's case when her partner experienced extensive visa delays and when Reyna's work permit did not include family accompaniment. We also saw examples of how the institutionalization of precarious immigration status and the bureaucratic management of these different programs impacted people's access to healthcare, in particular when a given status allows for access to public health insurance or conversely when shifts in immigration status or gaps in visa renewals leave them without (as described by Reyna, and as Elodie and others will elaborate on in this chapter). Lastly, immigration politics and discourses, apart from the actual policies themselves, extended beyond who has a legitimate reason to be in the country to also include perceptions and narratives of who can legitimately give birth here – for example, the judgement Vivian felt despite making a legal claim to asylum and accessing the programs available to her while in Canada.

This chapter will unpack these dynamics further by focusing specifically on the context of obstetric care and participant's experiences of safety and self-determination in pregnancy and birth. In particular, the Reproductive Justice Framework (RJF) sheds light on how immigration status shapes access to reproductive rights and is used to undermine the needs of pregnant non-citizens by individualizing and marketizing care. Concerns related to who can enter Canada and for what reason extend to who can access public services and under what circumstances. Conditional access to public resources and services is a defining feature of precarious immigration status. As outlined in Chapter 1, Canada and its provinces have increasingly opened up conditional access, such that many precarious status people have formal access to labour rights, their children can access their right to education, and basic healthcare is broadly available. However, this accessibility varies according to immigration status and province, and formal eligibility does not always translate into accessibility in practice (Chen, 2017). In other words, not only does the pregnant migrant person pose unique immigration challenges (conditional presence), as illustrated in the stories shared in Chapter 4, but also for access to public resources and services (conditional access).

This chapter first provides an overview of the policy context that impacted participants' experiences accessing care during their pregnancies and while giving birth. Against this backdrop, the three metanarratives (or shared storylines) featured in this chapter raise important concerns regarding the structural constraints on access to reproductive rights and self-determination in pregnancy and childbirth. In doing so, they make visible the implications of precarious reproductive citizenship. Within the first metanarrative, represented through Maya's story, we see that while all people in labour are entitled to emergency care in Canada, the care needs articulated by participants go beyond this basic level of access and immigration status is used by gatekeepers to justify restricted or conditional access to care. Building on this, Elodie's story is used to discuss the second metanarrative, which highlights the dehumanization experienced when access to care is monetized and patients are seen first as potential abusers of the system. Lastly, the final pregnancy and birth metanarrative centres on interactions with service providers in the healthcare system experienced while in childbirth and considers how these dynamics undermine the bodily integrity and voice of birth givers throughout this process, as described by Marisol. Each of the issues raised by these metanarratives work in concert to undermine participants' right to birth their child safely and with dignity as seen through the lens of reproductive justice.

Policy context

Using broad categories, Table 3 provides an overview of variations in healthcare insurance access by immigration status (outlined in detail in Chapter 1). Those migrating to Quebec as long-term temporary workers receive access to public health insurance, the Régie de l'assurance maladie (RAMQ), usually after a three-month probationary period.[61] Regulations do exist to waive the wait period for temporary workers experiencing intimate partner violence and pregnancy-related medical needs. As discussed in Chapter 4, however, gaps in a work visa or permit renewal may lead to gaps in health coverage. In Quebec, international students and their families are not covered under the provincial insurance program. They can purchase private insurance, which may or may not cover pregnancy-related costs. Refugee claimants, while not covered under the provincial health system, are covered by the federal government's Interim Federal Health Program (IFHP). Additionally, one major category that is often less visible is spouses in Canada as visitors who are actually awaiting family sponsorship; despite having a Canadian citizen or permanent resident partner and showing clear intent to reside permanently in Canada, they do not have access to health insurance while their applications are being processed. All other non-citizens or non-permanent residents are likely to pay out of pocket for most of their healthcare services. In Quebec, this also includes Canadian-born children who become citizens at birth but are ineligible for health services. Instead their access depends on the status of their parent – for example, a child born in Canada to a temporary worker will likely have healthcare coverage, but a citizen child born to a visitor will not (unless the other parent is covered).

Due to their status, 13 participants did not have access to public health insurance coverage for their pregnancies and births and had to pay the expenses out of pocket (Figure 1). Participants who

[61] Seasonal agricultural workers, for example, those coming through the SAWP, are exempt from this wait period, as well as workers from countries that have signed social security agreements with Quebec (IFIQ, 2018). Because of the bilateral agreements between their countries and Quebec, international students from 10 European countries (Belgium, Denmark, Finland, France, Greece, Luxembourg, Norway, Portugal, Romania, and Sweden) are able to access RAMQ. No participants in this study qualified for this exemption during their pregnancies.

birthed in the hospital without insurance coverage were charged fees between $6,000 and $23,700, with an average of $10,300. Ultrasounds, blood tests, and other specialized testing were done at additional cost. Many of these participants had private healthcare insurance, but in all cases except one, it did not cover any costs related to perinatal and obstetric care. Among those without any type of insurance coverage (public or private), four had temporary visas awaiting family sponsorship and six were students or spouses of students. Others found themselves uninsured because of issues related to falling out of status (3). All but two participants gave birth in a hospital environment with a medical doctor – of those two, one miscarried and the other chose a home birth.

Table 3

Access to public healthcare coverage in Quebec by immigration status

Immigration Category	Healthcare Access	Details
Temporary Worker	Yes	RAMQ access with minimum 6-month permit, after 3 -month wait period for most workers
International Student	No	For most students, requires private coverage which may cover a portion of costs associated with pregnancy
Refugee Claimant	Yes	Covered under the Interim Federal Health Program, not RAMQ
Visitor	No	Requires private coverage, usually a travel insurance which does not cover costs associated with pregnancy.
Unauthorized/ No Status	No	No RAMQ access and impossible to acquire private insurance
Citizen Children of Ineligible Residents	No	Access to RAMQ follows status of parent until age 18

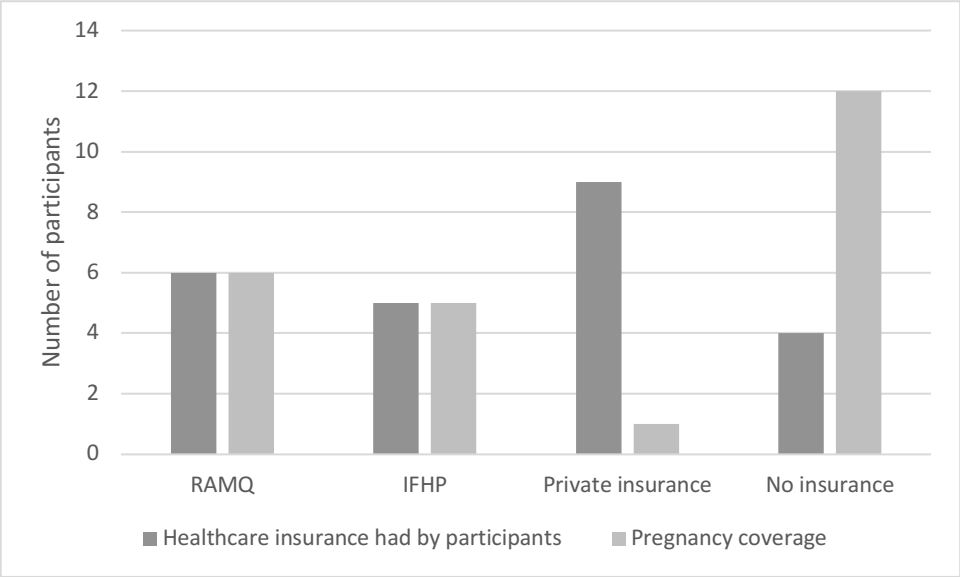
There are several local level community organizations and clinics in Montreal whose mandate is to provide perinatal services and support to marginalized pregnant people, including those without insurance, which participants made use of. Médecins du Monde,[62] for example, hosts a clinic for uninsured migrants that can provide an initial prenatal evaluation and helpful information for navigating the Quebec health system without insurance (Médecins du Monde, 2018). La Maison Bleue[63] is another organization comprised of four[64] clinics located throughout Montreal offering social perinatal care to marginalized pregnant people through an integrated team of service providers, including medical doctors, midwives, social workers, and specialized child educators. Several participants without insurance went to Médecins du Monde for their initial prenatal examination and used their informational resources. Only one participant was followed by La

[62] https://www.medecinsdumonde.ca
[63] https://maisonbleue.info
[64] There were only three clinics at the time of the interviews; a new location opened in 2020.

Maison Bleue. Through these clinics, pregnant people are also able to connect with a network of volunteer doulas who can also assist in navigating the health system, provide perinatal supports, and birth accompaniment. Participants also frequently mentioned accessing programs at the Montreal Diet Dispensary[65] – a community organization offering free of charge nutrition and breastfeeding support and other perinatal programming.

Figure 1

Participants' access to healthcare insurance and pregnancy coverage



Pregnancy experiences are also shaped by other policy sectors – for example, employment – that can have a significant impact on health and wellbeing during pregnancy and after. Pregnant workers in Quebec are generally entitled to workplace accommodations and preventative leave if their job involves activities or takes place in an environment which puts the pregnancy at risk (Government of Quebec, 2020). Although technically not excluded, migrant workers face barriers accessing these protections. For example, the Immigrant Workers Centre,[66] a migrant labour rights organization in Montreal, recently reported on a case where pregnant migrant workers were being laid off rather than given preventative leave (Calugay, n.d.). While they were able to file a complaint and won access to preventative and maternity leave, they ultimately lost their jobs. For migrants, whose immigration status is often directly tied to their work status, the risk of not having their work contract and permit renewed is a barrier to accessing these protections (Hanley et al., 2014). An employer refusing to renew a work permit because of pregnancy is not included in the protections for pregnant workers against unjust dismissal (see Reyna's story in Chapter 4, and Elodie's story in this chapter). Workers without status or those with status but without authorization to work (for example, visitors) are ineligible for these protections (Hanley, Larios et al., 2020).

[65] https://www.dispensaire.ca
[66] https://iwc-cti.ca

Apart from the immigration and healthcare policies that structure access, the experiences of pregnant migrants are shaped by politics of healthcare access. The same dynamics that frame the migrant pregnant body through the narrative of immigration fraud, as discussed in Chapter 4, impacts access to services. Precarious status migrants are framed not only as a threat to the integrity of the Canadian immigration system but also to the healthcare system, with concern often centred on healthcare costs and availability of practitioners. This is most visible for refugee claimants and those without healthcare insurance. While covered by the federal government under the IFHP, access to healthcare for refugee claimants has been the subject of political debate (Villegas & Blower, 2019) and coincides with broader discourses of fraud and security embodied in the 'bogus' refugee narrative (Atak et al., 2018; A. Pratt & Valverde, 2002; Razack, 2000). For example, when the Harper federal government cut funding to the IFHP, the former Minister of Citizenship and Immigration, Jason Kenny, stated: "These reforms allow us to protect public health and safety, ensure that tax dollars are spent wisely and defend the integrity of our immigration system all at the same time" (Keung, 2012).[67]

Another group affected by this discourse are those without public insurance who are paying hospital costs directly. As discussed above, this is a heterogenous group whose circumstances for being in Canada and for not having insurance vary considerably. Despite this, they are frequently grouped together as 'birth tourists' and experience heightened levels of public and political scrutiny (for example, Griffith, 2018a, 2018a; see also: Gaucher & Larios, 2020 for further discussion). While the debate regarding birthright citizenship taking place within the realm of immigration and citizenship is somewhat removed from the public, the discourse on health and social welfare fraud is experienced within the face-to-face interactions of participants with healthcare providers who, for example, are sometimes positioned as gatekeepers to healthcare access (particularly for those without insurance). This is an example of extending bordering practices beyond immigration and citizenship policies and politics and into other policy sectors and facets of day-to-day life (for other examples, see: Nobe-Ghelani, 2017; Bhuyan, Korteweg, et al., 2018).

Participants' stories reveal that people in these circumstances are criminalized through discourse, policy, and their interactions in society, and represented as taking advantage of immigration and social welfare policies. This representation is used to undermine the authenticity of their needs as pregnant people and justify restricted access to services. The RJF allows us to challenge the legitimacy of these political narratives and policy restrictions on access, embedding them within an historical understanding of nation-building. As discussed in Chapter 1, nation-building is grounded in a legacy of excluding migrant families from the social welfare state and full rights of citizenship. Furthermore, what we conceptualize here as precarious reproductive citizenship can be seen as a neoliberal, androcentric conception of citizenship that responsibilizes pregnant people for their inability to access and pay for healthcare through choice discourses while lending legitimacy to structural constraints. While pregnant non-citizens are not legally prohibited from giving birth within Canadian borders, conditions of access nonetheless present barriers to the right to have a child with safety and dignity – in other words, this is a negative right, rather than a positive right. Within this project, these dynamics are conceptualized as precarious reproductive

[67] Funding for IFHP was restored in 2016 under the Trudeau government (IRCC, 2016).

citizenship, wherein access to full reproductive rights as protected by the state is conditional and predicated upon one's immigration status.

Elsewhere, these dynamics have been connected to conditions of *obstetric violence*, including in a recent report by Médecins du Monde (2019) on obstetric care for precarious status migrants in Montreal. The term obstetric violence gained traction, beginning in Latin America, as a means to conceptualize dehumanizing treatment and abuse of people under obstetric care (Pérez D'Gregorio, 2010). Critical feminist scholars and reproductive justice advocates have highlighted the ways in which these experiences are shaped by race, class, ability, and other vectors of power and oppression which have heightened the vulnerability of certain groups of marginalized pregnant people (for example, Chadwick, 2018; Luibhéid, 2013; Ross & Solinger, 2017). Recent work has called for a structural analysis of obstetric violence (Sadler et al., 2016). Chapter 4 argued that the institutionalization of precarious immigration status is a form of structural violence grounded in a politics of exclusion that reinforces colonial white hetero-patriarchy, acting as a barrier to reproductive justice by de facto legislating some bodies as more worthy of care than others (Bhuyan, Valmadrid, et al., 2018; Montesanti & Thurston, 2015; Sadler et al., 2016). The following stories highlight how precarious immigration status, as a form of structural violence, impacts experiences of pregnancy and childbirth.

Gatekeeping and access to care:
Maya's pregnancy and birth story

> *I already had a [child] when I came to Canada, and I was pregnant with another. And I said, 'Okay, well, I'm going to have this baby here in Canada. So, let me call the hospitals and see what the process is.' I didn't have any Medicare, so basically, it was cash. You come in and if you have a baby, you're going to pay. I'm a student with one child. I didn't have $3,500 to have another baby. So, I started calling around. I called up a doula and they said that they would meet me. Through that network, I was able to communicate and get linked up with someone that was doing unregistered home births. I didn't have another option. And at that time, I also didn't know that, no matter what, you could just go into the hospital and have the baby and they would just bill you. I literally thought, when I went in, they were going to reject me or something if I didn't have money to pay. There's this view of you, if you go [to the hospital] and you're not a citizen – You know, there's this view of 'You're leeching off our country. You're lower than us,' type of thing. I didn't want that view, because I'm not. I'm not the degraded people that they make us out to be. I'm not that. I didn't want that energy around the newborn baby. It's almost like, 'And you should be thankful that we're doing this because you're not even one of us.' So basically, I linked up with an unregistered midwife and we planned to have a home birth. And so, I had my [baby] here as a home birth. I learned more about my body than I had ever learned about in school, or having my first baby, or anything else. I learned what I had to do and what needed to be prepared. And it was a very, very simple, easy transition. I couldn't believe how easy it was and how wonderful of an experience it was. After that, I said to myself, 'I'll never have another baby in a hospital again.' [I had] my first baby in the hospital; [it] was actually not a good experience. I had the baby, and then afterwards some placenta was left inside of me*

or something like that, and I went through shock. And they're like, 'No, you just had a baby. You're fine.' And my husband was like, 'She's not fine, trust me. She's not fine.' And then they pressed on my stomach, and these huge two fistfuls of blood came out. It was a hospital experience where I put my whole trust in them, and I wasn't okay. My midwife stayed with me that night just to make sure I was taken care of. The next day she came back to check on me and the baby, and then she came back every day to check on me and the baby for the next week. Then after the first week, she came like every two weeks. I was able to labour how I wanted to labour.

Maya first came to Canada as an international student but eventually fell out of status after the birth of her baby. Not having access to health insurance that would cover her pregnancy and misinformation about hospital billing processes had a significant impact on how Maya planned her labour and delivery. As one doula noted, in her experience, uninsured pregnant people opt for home births primarily due to costs (Key informant 7). However, Maya's choice of care provider was also influenced by previous traumatic hospital experiences of obstetric racism, as well as earlier negative interactions with healthcare providers in Canada. In order for a person without health insurance to access a registered midwife as a primary care provider, they must pay a deposit covering the professional fees for both the midwife as well as an affiliated hospital in case an emergency transfer is needed (Médecins du Monde, 2018). Accessing midwifery care within the health system is nearly impossible for uninsured pregnant people, and even more difficult when looking for a midwife of colour (Key informant 6, doula; see also: Nestel, 2000, 2004 for more on whiteness in Canadian midwifery). For example, Marisol would have preferred midwifery care for "a more natural labour" but due to the costs involved, she ended up going with a doctor instead. Specialized clinics for marginalized pregnant women, like La Maison Bleue, provide midwifery services as part of their integrated care team; however, these clinics also face high demand and take on only the most vulnerable cases (Key informant 12, health provider).[68] For example, Marina, who was on a visitor visa awaiting family sponsorship, was hoping to access care at one of these clinics but did not fit their admissibility criteria.

Within Quebec and most other Canadian provinces and territories, midwives are not permitted to practice without a license and must be registered with the province (CMRC, 2020). Nonetheless, Maya was able to find a birth attendant she trusted to assist in her delivery at no cost and delivered without complications. However, because her care provider was unregistered and she was without status, she was unable to provide adequate documentation of the birth. Consequently, her child, who is entitled to Canadian citizenship, was undocumented at the time of the interview. Her child is able to access public education (Meloni et al., 2017) and the family pays privately for healthcare services. Even if her child had documents, as a child of non-status parents, they still would not be able to access public healthcare insurance, as RAMQ eligibility follows the legal status of the parent until the child is 18. Maya's primary concern was the potential for family separation in the event of her deportation, as she has no government-issued records that document that she is the mother of her child (see Chapter 4). At the time of the interview, she was trying to ascertain documents for her child with the assistance of a local community organization.

[68] For example, at La Maison Bleue clinics, a person is eligible for services if they present with a minimum of three risk factors, including precarious migration status, but also factors such as unstable financial situation, low education levels, adolescent pregnancy, mental health or addiction issues, experiences of violence, involvement with youth protection, single-parenthood, isolation, or family instability (La Maison Bleue, 2020).

The decision to access care and birth outside the formal healthcare system was, legally speaking, potentially risky for both Maya and her care provider but her options were limited due to policies and politics that consistently vulnerabilizes racialized pregnant women (and racialized or pregnant people more generally) and add additional layers of risk when trying to access healthcare. The RJF, following Bosworth et al.'s discussion of women's migration decision-making, calls for a reading of these circumstances less as "sites or people outside the law, but rather places and populations whose existence and options reflect and re-inscribe global patterns of racial and gendered inequality" (2018, p. 2183). Although Maya was the only participant interviewed that sought a route to prenatal care and childbirth outside the 'formal' healthcare system, these gendered and racialized dynamics are similarly felt across multiple stories as participants negotiate their access to care in contexts that position them within a complex web of social, economic, and biological power relations. Maya explicitly frames her experience as one of empowerment and self-determination that, although problematic, stands in stark contrast to the disempowerment other participants associated with the navigating perinatal and obstetric care.

Many participants faced difficulties accessing prenatal care from physicians, and echo Maya's other hospital experiences. In some cases, refusal of care seemed tied to care providers' (or their administrators') concerns of not being compensated in a timely manner or at all. Ten participants described being refused care due to immigration status-related insurance issues – including refugee claimants with the IFHP and those paying privately. As Vivian (a single mother and refugee claimant) describes when trying to access specialized care for a condition that emerged during her pregnancy:

> Because of my status, yes, I had access to the care, but I had access to LIMITED care. […] They sent me back. They said – and I kind of understand, because my status is refugee – even though I had [IFHP], it might take them awhile to get their money back if they attend to me, so…

Vivian's condition never got treated. Martisha, also a refugee claimant and single mother, described contacting a clinic and being told, "point blank, that they just don't want to deal with [IFHP]." A community advocate later contacted the same clinic on Martisha's behalf and was able to get her an appointment. Interviews with community workers confirm they frequently have to take on this intermediary role (Key informant 9 and 11). Inès (a former international student who was without insurance after her work permit expired) was turned down at multiple locations for both abortion care and later prenatal care because she was paying privately. When attempting to access prenatal care, Marisol (a spousal sponsorship applicant) describes disclosing to a clinic that she did not have health insurance and being adamantly turned away, "like I have a disease or a virus or something." When discussing with her doctor the hospital's request for a $30,000 deposit (a prohibitive cost) because of her high-risk pregnancy, Samira (the spouse of an international student who was just approved for permanent residency) was told, "if you do not pay the hospital, do not come back to see me."[69] Samira eventually received RAMQ and the hospital admitted her immediately, citing concern for her medical condition.

[69] Translated to English from participant's preferred language.

In other instances, often intersecting with financial concerns, gatekeeping practices were more explicitly racist and hinged on judgements of the mother's moral character as inferred by race, nationality, and immigration status. This aligns with other work on the attitudes of healthcare providers providing care for uninsured patients. In one Montreal-based study, clinicians, hospital staff, and administrators approved of limiting or refusing access to healthcare for uninsured pregnant patients, citing "abuse of the system," despite agreeing that healthcare is a human right (Ruiz-Casares et al., 2013). As Maya vividly describes above, participants who were paying the costs themselves often linked these responses from healthcare providers to narratives of 'birth tourism' and other racial stereotypes. In discussing her difficulties finding a care provider, Farah (a racialized international student) describes most people as "very helpful" but some interactions as "very rude," referring to comments such as "You people come to Canada for the passport" and "You have diseases." Others, such as Sana (an international student) and Agathe (a spousal sponsorship applicant), describe being looked down on for their decision to have a baby in Canada and made to feel guilty and irresponsible. As Agathe explains, "They've told us, 'Well, why didn't you use protection?' It's not like, it was – I wouldn't want to lose the baby or abort it, unless of course, medically [necessary]."[70]

Through the RJF, we can understand these responses as embedded within neoliberal conceptions of reproductive citizenship (that is, good citizens and good mothers reproduce only when they can afford it and in a way that contributes to nation-building project) and a conception of reproductive rights that centres on people's ability to choose abortion (or be scrutinized for lack of birth control) in the advent of accidental pregnancy under non-ideal conditions (Salamanca, 2017).

Because of these challenges, participants often had to settle for less than ideal care conditions. For example, Marina had to travel two hours via public transit to see her doctor at a clinic she chose because of the lower cost, and feels stressed by this arrangement – "The doctor should be at least near, no? [In case of] an emergency?" Esperanza, an international student, chose to deliver in a different city about a 40-minute drive from her home for similar reasons – "It's cheaper. It's a little far, but it's a good hospital." While showing up at a hospital in labour is an option, participants clearly valued prenatal care and felt not accessing it would put their future baby and themselves at risk. In some cases, participants were diagnosed with high-risk pregnancies and having this care was essential to their health and wellbeing. High costs and the anxiety associated with that also prompted some participants to consider returning to their countries of origin to give birth. Sana considered this, but her doctor would not approve her travel due to her high-risk pregnancy. Samira faced a similar situation – "When there were all these problems, I decided to return to my [home country] and give birth there, and forget about Canada, but the airline refused to take me." Agathe decided against it because it would mean leaving her children and spouse (who were already in school and working) here and going alone – "I don't want to leave the kids here for six months."

While many people experience challenges accessing and navigating the healthcare system, this was intensified for participants by the additional stress of simultaneously navigating the immigration process. The complexity of each of these processes, and mental labour of navigating them, often negatively impacted their experience of pregnancy and overall mental health. Participants often recalled spending hours trying to find resources online or on the phone,

[70] Translated to English from participant's preferred language.

sometimes only then to be turned away. Participant used a variety of resources to help them navigate access to the care they needed, usually from the non-profit sector. Marisol, for example, referred to Médecins du Monde, the Montreal Diet Dispensary, Alternative Naissance, and other new mothers' groups, and community-based resources. Like Marisol, many other participants used the informational guide provided by Médecins du Monde (2018) (for example, Agathe and Ayomi) as well as volunteer doulas (for example, Blessing and Florence) as key resources and people helping them navigate this process. They also spent a tremendous amount of time traveling (often with other children in tow) both to these non-profit organizations and to clinics. These resources were often geographically inconvenient but were chosen because of lower fees or because it was the only place that would help them (as discussed above).

All participants were eventually able to connect with a care provider, some of whom became key support persons throughout participants' pregnancies, as Maya describes. In some cases, access was made possible when care providers were able to use their professional discretion to act with "compassion" and "empathy" (Sana). Sana describes how she was limited in her prenatal care options, requiring a doctor with specific expertise, which caused her to put off seeking care. Eventually she was connected to a doctor who empathized with her situation and agreed to see her for half of the usual professional fee, which otherwise would have been $150 per visit once or twice every month. In a different context, Inès describes her experience making an appointment at an abortion clinic. The fees for service at the clinic depend on how many weeks pregnant the patient is, ranging from $550 to $1,200 (Montreal Abortion Access Project, 2018). Inès was told she would have to wait three weeks for her appointment; however, because she did not have health insurance, a delay in service meant an increase in fees of almost $1000. Upon learning of her situation, the clinic staff agreed to charge her at a lower rate.

The impact of the discretionary power of service providers as gatekeepers in "determining the nature, amount, and quality of benefits […] provided by the agencies" speaks to the central role of "street-level bureaucrats" in these experiences (Lipsky, 2010, p. 13). Lipsky uses the concept of "street-level bureaucrats" to refer to lower-level public service workers who interact frequently with the public and who have substantial discretion in their decision-making. As highlighted in the examples above, this discretion "provides opportunity to intervene on behalf of clients as well as to discriminate among them" (p. 23). These decisions collectively come to constitute informal healthcare policy. For instance, one study drawing on interviews with doctors in Montreal who frequently cared for uninsured pregnant women highlighted the perspective of service providers who saw it as their ethical duty to provide care to people in need regardless of their ability to pay and demonstrated a willingness to engage in different cost-effective strategies to make that happen (Munro, Jarvis, Kong, et al., 2013). On the other hand, a larger survey of clinicians, administrators, and support staff in Montreal's health sector were more likely to see healthcare as a privilege for Canadian taxpayers (Ruiz-Casares et al., 2013; Vanthuyne et al., 2013). Participants shared examples that reflected each of these approaches to service provision. While having a sympathetic service provider was key for many in being able to access appropriate care, the uncertainty of not knowing how a service provider was going to react to their status added to their anxiety.

These findings are consistent with concerns raised by migrant justice advocates regarding barriers to access to care, specifically as a feature of obstetric violence (Médecins du Monde, 2019). Analyzing these stories through the lens of reproductive justice allows us to theorize around these

more salient dynamics of precarious reproductive citizenship. While, in the end, participants were able to access care, it was often delayed, stressful, and required navigating a whole range of gatekeepers with varying attitudes toward providing care for pregnant migrant people. Participants in this situation report feeling treated as if they did not have a right to this care and that health professionals were doing them a favour; sometimes they internalized that sentiment. Access to an appropriate care provider (as defined by the care receiver) and access to appropriate and timely care are features of safety, dignity, and self-determination in pregnancy and childbirth, as laid out both by reproductive justice advocacy and scholarship as well as by the United Nations (2014). This kind of gatekeeping represents a significant barrier to reproductive justice. As we see in Maya's story, choice of care provider and care environment can be very important to some labouring people. For Maya, this choice was shaped by her experience as someone marked as an 'outsider,' lack of provincial health insurance and obstetric racism she endured after the delivery of her first child. Despite structural constraints, being able to access care on her own terms was an empowering exercise of bodily autonomy. This story also introduces us to key elements explored further in the following two metanarratives – namely, the framing of migrant women and other migrant pregnant people as potential abusers of the healthcare system and the dehumanizing narratives that shape the way bodily integrity and voice are treated during childbirth.

Dehumanization through the monetization of care and 'abuse of the system' narratives: Elodie's pregnancy story

> *I went through with the pregnancy. At my work, I was doing really well, and I said it right away – I considered this company my family. Then, not far after, I realized that the end of this visa [was soon] and that I would have an empty moment [in my] medical cover[age]. So, it starts to stress me out. I start the working visa [renewal] process, hoping that [it] would arrive before the delivery. I came from being a super star in this work to the worst person ever. [My boss] started to be very cold and very mean, telling me that this situation I'm in is just my fault, that he doesn't have pity for my tears. I'm like, 'But I need this. I need this money. I need this permit.' And he's like, 'Yeah, but I don't want you to come back.' I called right away the labour board and I was basically between the cracks because, this [work permit], he has the right to not give it to me. He has the right to change his mind… I learned after that immigration called and he said, 'Oh, she's gone 'cause she's pregnant.' He didn't help at all so I could have this permit so I could pay [for] my delivery. They start to say that the delivery is basically $5000. I start to get really stressed about this $5000 that I don't have. I'm sure that I'm not going to have this money. I'm finding all the ways that I can shorten the stay at the hospital, the ways that you can pay less, which put you at risk for all kinds of things. [I] hear stories of people who actually did it in front of the hospital, [or] go to the hotel, and I was like, 'Oh yeah, I get it, I considered it.' I remember at around like 18 weeks of pregnancy, digging into, 'Can I have an abortion?', you know? I was panicking. I was in survival mode. We arrived at the ultrasound then they start to tell me that they are not going to perform this test if I don't pay half of the delivery, right now… 'How am I supposed to get $2500? We bring the money for the ultrasound. It was $500. But NOW you ask me to have half the delivery or you don't perform that! There is a risk that my baby may have heart defect, or… a lot of things. You cannot do that to me! The technology is right here next to you! Give me another week!' – I felt like I was talking to the mafia, basically.*

> *It was like my health was depending on money. The health of my baby was depending on money. It was not human. It's not what our society is. You're supposed to be covered. I guess it taught me not to take anything for granted. So, I had to pay $5000 in the end for the [hospital] room. The doctor still asked me for $2000, and it was cash. They have the right to ask that. They have no law saying you can only ask this, or justify, or you have to give back what you don't use. No. They can ask whatever they want. They should be regulated. I really felt they were not on my side. People will listen to the law whatever [the impact]. They believe in those stories that we create with the law, and it's so easy to lose humanity behind that. You dehumanize yourself by the institution, by the rules. It was me living that, being in front of people, looking them in the eyes, being like, 'Really? You're going to let that happen?' – 'Well, it's not my fault.' I mean I understand why they did that. I understand why everybody's applying the rules – but still, you see the power of the stories, those structures… wow! Pretty dangerous. So that's what I learned from this, definitely. And now you are living that with your baby, and the baby is in good health, and you look fine… but all the pain and the struggle is inside, and it's silent pain. I was traumatized.*

Elodie had been living in Canada for three years working with a closed work permit tied to a single employer when she became pregnant. As outlined in the previous chapter, bureaucratic junctures which call for a re-evaluation of status – for example, the renewal of a work permit or transition to a different status – can be vulnerable time points. Elodie shares an example of this vulnerability, describing how losing her work permit meant losing her access to public health coverage for perinatal and obstetric care. It also highlights how work permit renewals create a crack in employment protections for pregnant people. A Canadian citizen or permanent resident would be able to fight against being fired for being pregnant and would not have lost access to medical coverage as a result. The financial and psychological impact of this employment experience and its residual effects ultimately led to Elodie falling into a deep depression. Of the 24 women interviewed, six had health coverage under Quebec's provincial healthcare insurance for the full length of their pregnancy. These were women who gained access to insurance because of their work permit, but as we can see from Elodie's story, even this access is conditional. The feeling of being dehumanized within the healthcare system, especially for those without healthcare insurance, traversed multiple interviews as participants recount struggling with the financial pressures and the toll on their mental health.

In this study, apart from those who had lost their formal status, participants who were without public health insurance were students, spouses of students, or visitors awaiting family sponsorship. Precarious status migrants are often encouraged to purchase private insurance to fill gaps in public healthcare eligibility; however, most participants could not find a private insurance that would cover any costs related to pregnancy and birth. As Agathe (a spousal sponsorship applicant) states, "Once I got pregnant, Blue Cross no longer covered anything to do with the pregnancy. […] Once they find out you're pregnant, everything goes out the door."[71] Sadeen (the spouse of an international student) thought she found a possible insurance plan but the company refused to cover pregnancy for her because of her medical history. Furthermore, even though Esther (also a

[71] Translated to English from participant's preferred language.

spouse of an international student) was able to use private insurance to reimburse some of the costs of her pregnancy, she still had to pay all costs upfront to the clinic and was only reimbursed about 60% of the expenses. She describes being confused by the system – "because I have the [private health insurance], I thought everything would be okay." While private insurance may be a reasonable option for some precarious status people, it does not provide adequate and accessible health coverage for pregnancy. The logic of relying on the private sector is consistent with neoliberal views of reproductive citizenship that frame pregnancy primarily as choice and birth as an elective procedure. Framing childbirth solely as an individual choice renders invisible the relational and structural dynamics that shape these decisions and that signal a public valuing of certain families over others by providing for their care or not.

Despite this assumption that rational decision-making is always possible, participants found planning for the costs of delivery within a largely unregulated system and the unexpected nature of childbirth nearly impossible (Médecins du Monde, 2019). As discussed above, while a hospital will not turn away a person in labour who does not have insurance, someone who wants to access prenatal care will often be asked to pay a deposit ranging from $4,845 to $18,830 (for hospitals in the Montreal area). The deposit often does not include the fees charged by the obstetrician and anesthesiologist for the delivery (Médecins du Monde, 2018). As described in Elodie's story, doctor fees charged to people without insurance are arranged in the context of a private contract and are largely unregulated by the public health system. There is no regulation of what amount can be charged for pregnancy-related care for uninsured people, but the Ministère de la Santé et des Services sociaux Québec recommends doctors charge fees at a 200% markup from what the public health system would normally pay them (Médecins du Monde, 2019; see also: Nicoud, 2015). As Elodie and others expressed, anxiety related to these costs dominate much of the pregnancy experience for those paying directly. Mothers in this study report paying costs ranging between $6,000 and $23,700 for their prenatal consults and hospital deliveries (not including ultrasounds).

Sana and Agathe both discuss how difficult it was not knowing what the costs were going to be – sometimes putting off prenatal care due to the cost, cutting back on basic needs like heating in the winter to save money, and working as long as possible even with a high-risk pregnancy. Others, such as Elodie and Inès (both without access to health insurance), considered terminating their pregnancies due to growing anxiety over the cost of care. Sadeen was putting off trying to get pregnant until she had permanent residency because of the costs for her and her child, explaining, "if you have a child here and you don't have RAMQ, they don't. So, they get citizenship, but they don't have health insurance. So, all those factors together, I didn't feel very secure." Influenced in part by her age, she eventually decided that "I can't really wait 'til we're secure here because that's going to take a long time." These strategies highlight participants' agency and their attempts to navigate the costs of accessing healthcare in a system not meant for them. While the strategies that became part of their reproductive decision-making highlight their agency, they also highlight the structural conditions of their precarious reproductive citizenship. Having to forego heating and food and feeling pressured to terminate a pregnancy due to the high and unpredictable costs of prenatal and obstetric care do not represent the fulfillment of the right to have a child (or not to have a child) with safety and dignity.

Participants were asked for payments at various moments throughout the perinatal period. A portion of the deposit requested by the hospital was often required prior to accessing prenatal care, with another deposit required later within the third trimester. For those who do not make arrangements with the hospital beforehand, payment is sometimes requested upon arrival at the hospital for the birth or billed out afterward. Accessing information regarding payments, as Elodie's story shows, is not a straightforward process and participants often described being caught unexpectedly by requests for payment, sometimes resulting in negative interactions with their healthcare providers. Specifically, assumptions and suspicions regarding patients' ability to pay their hospital fees, and their intention of doing so, played out in these interactions – for example, "it's difficult to make them believe that I'm able to pay" (Farah) and "I didn't feel welcome there" (Esther). Costs of services continued to shape labour and delivery. Esther, the partner of an international student, did not initially plan on having an epidural (due to costs) but changed her mind once in labour. The cost was $800 and she was told she could not receive it until after the fee was paid. Esther explains, "It's very bad. […] For instance, if [my partner] had no money on him, and if I need that epidural desperately, they wouldn't have given me. Yeah, it's so bad." By the time her partner was able to retrieve the money and do the paperwork, her labour had progressed to a point where it was too late to administer the epidural. As described by a healthcare practitioner working in a hospital setting, some clinicians view epidurals as elective rather than necessary pain management, therefore justifying seeking payment upfront (Key informant 13). Sana describes taking deliberate steps to reduce costs, including not requesting a private room. Once receiving her hospital bill, she tried to work out a payment plan but was confronted with harassment characterized by the criminalization discourses described above:

> It's a shock for me to see a bill for $21,000. […] I cannot pay, and I was worried what would happen and I didn't know what's the laws, and if I would have access anymore to the health system and, when I go to hospitals, if they would receive me if I have this outstanding bill. So, it was really a period of time when I panicked, and it was really hard and I tried to ask what to do. […] The hospital started to call. […] They sent it to collection. So, somebody started to harass me, like calling, calling, calling, 'You should pay'. Then I went to ask, 'Okay, they are harassing me, what should I do?' They said, 'We're going to take your money.' I was worried, are they going to take it to court? Because the university pays me some money that I use to pay for rent and for living – are they going to take this money? Are they going to leave me, my family, with nothing? Is that going to affect our status in Canada as a student? Will they cancel my student permit, my visa because of that? If I don't pay this bill, will I be able to have a new visa? […] Someone advised me to reach an agreement with the hospital to do payments. I talked with them. […] They made me feel… that I came to Canada to have a Canadian baby… and abuse the system. And for me that was… the bill was shocking, but then to also accuse me… like that is more shocking.

As we saw in the previous section, discretion on the part of individual care providers played a significant role in facilitating access to stable and quality care, and overall feelings of support or not, especially in relation to costs. Although the majority of participants without insurance struggled through this process, there were also cases of genuine empathy and support. For example, while she describes feeling pressure from one doctor to pay upfront, overall, Esperanza (an international student) found the hospital staff supportive and understanding.

> I had previously spoken with the accountant, while I was pregnant, and he told me that after delivery I will receive an invoice with all the fees. […] In fact, the staff in the hospital […] charged me just one night despite that I had to stay two days, and it meant two nights. They told me that they know we had to pay, and that we were alone in this country, so they wanted help us.

Sana describes being scared to return to the hospital for postpartum care because of her outstanding bill from the delivery and fears of incurring more costs. A public health nurse from a community health clinic who came to do postpartum home check-ups proved to be a vital resource.

> A nurse came and she was super nice to me. […] Because I have lots of stitches when I had the baby, but to take them off, I needed to go to the hospital, and I told her, 'Maybe I can't. Maybe they will ask me to pay. It's not an emergency, so maybe I can't go to the hospital to take these. So, I will wait 'til they fall by themselves.' But that also might cause, uh, problems, so, she decided to come do that for me at home. She came by herself and that was very nice of her. Yeah, I was lucky all the way to find some supportive people.

Elodie also tried to find strategies for reducing costs. In her case, the cost of staying overnight in the hospital (about $2,500 per 24 hours) motivated her decision to not stay more than one night. Hospital staff were reluctant to let her go and were adamant about the risks and conditions under which she should return. Unfortunately, there were complications that caused her to return:

> I arrive [at the hospital] and I'm starting to get scared. […] [The doctor's] like, 'Okay… I need to admit you at the hospital to have IV antibiotic because you're risking bleeding out. […] This is a matter of life and death; you cannot just leave like this. This is really risky. I don't want to leave you like this.' – But if I need to go there, every night is $2500, and I'm like, 'I can't, I just paid my delivery.' I don't want to fight with this really nice doctor who's trying to convince me to do that.

Thankfully, her doctor was able to find a work-around so Elodie was able to get the care she needed without being admitted overnight. Farah (a racialized international student), on the other hand, felt like she was pressed to leave – "they were worried I would not pay" – and that her questions and concerns were dismissed. They had to return to the hospital a few days later after her baby was found to be severely dehydrated. "I was only thinking, 'Is my baby going to survive?' But later, I was thinking, 'would the nurses at the hospital really do this with anyone else?'" Like Elodie, others also had concerns about returning to the hospital for postpartum care. As Gina (a former migrant care worker) describes:

> I'm waiting for when they're gonna let me know that I'm covered. […] Since I gave birth to [my baby], [I've been passing] a big, big amount of blood. I [didn't experience that] before. I want to see a doctor, but I can't. […] I was supposed to have appointment [with] her, but I didn't go because my Medicare card expired.

Quebec does have special measures for newly arrived pregnant permanent residents and temporary workers, who would normally have to wait three months before accessing public health insurance (IFIQ, 2018). Samira arrived pregnant in Canada with permanent residency status and immediately

went to get her healthcare card. She was first denied and told, "'You are pregnant, you are alone, you have just arrived, you do not have a lease or housing, it is not a very stable situation. So, we do not give you the papers."[72] Because of the nature of her pregnancy, she was told by the hospital that they required a $30,000 deposit, which was not possible for her to get. Returning to the public health insurance office, the decision was reviewed, and she was told she could access RAMQ if she provided documents indicating that her partner resigned from his job in their country of origin, bought a one way ticket, was with her in Canada, closed all their bank accounts and sold their property, and if she started a lease right away and began looking for a job (despite being eight months pregnant). While she was able to accommodate these demands and receive her public health insurance, she describes it as "madness." Samira explicitly locates her situation within the 'birth tourism' narrative, describing how "there was a wave of [pregnant women who] came here, they gave birth, they gave the nationality to the baby, and then they left again. So that's what made RAMQ […] ask for a few more documents and [doubt] everything."

This metanarrative speaks to the experiences of pregnant people without public health insurance (over half of participants in this project) and the mental, emotional, and physical toll that monetizing their healthcare outside of the public system took on them and their families. Although universal healthcare is at the forefront of Canadian national identity, the treatment of uninsured pregnant migrants trying to navigate this system signals the right to have a child is not meant for everyone. Framed as untrustworthy and potential abusers of the healthcare system, immigration status is used to justify this exclusion. In particular, immigration and health policies co-produce these interactions and maintain a system that creates gaps in coverage (in the case of Elodie) and legitimate a non-standardized, market approach to healthcare. Participants overwhelmingly describe these interactions as dehumanizing, putting their health and that of their baby at risk, and a source of profound mental health concerns both throughout their pregnancies and postpartum. The final metanarrative speaks to how these dynamics are experienced during childbirth.

Bodily integrity and voice in childbirth:
Marisol's birth story

> *Now I'm only a tourist. We are at the start of the [spousal sponsorship] process. We started it and we got pregnant! When we started to search for follow-up, and when we knew we needed to pay… you start to think about it, you think, 'That's a lot of money.' And I was worried about it. I feel like I made a wrong thing, like I made a mistake [getting pregnant]. And I thought, 'Oh, you need to wait,' because it wasn't really planned. And that time, I was so stressed. And I feel guilty… When we arrive in the emergency room [for the delivery], my husband says, 'We paid the doctor! We paid the doctor!' (laughs) One nurse, she gave us advice [on how] we can pay less. In the end it was $6,000. In [my home country], a lot of the births are by C-section. We don't have vaginal delivery. It's a new way. So, I felt glad! I imagined how my delivery should be – it wasn't. It wasn't at all. So that's why I am sometimes angry with the bad part. Because I felt so drugged, an overdose – I really felt so numb. And they made some procedures – they didn't ask me. Even [they] didn't ask my husband, and my husband speaks French very well. So, I get mad about it. They only came and 'Open your legs.' Okay. 'Ah, okay. I just broke your water.' Okay. Thank you. They didn't*

[72] Translated from participant's preferred language.

ask about it. The vacuum – didn't ask me too. I had a nurse pushing my belly and didn't ask me. Yeah. It's difficult. In the delivery, it was fine for me because everybody was smiling. And at the end, I saw [my baby] outside of me on my chest. And so, I think it's well. It's like a good thing and bad thing because everybody is like, 'Oh, yes,' and smiling and telling you, 'Ah, yes, yes, yes, yes.' But at the end, they don't listen. Two days later or the day after, I think, 'It wasn't so good.' I really feel this sensation of, 'You're a fool.' I really have really, really bad episode of, I think, depression. It's not only about the immigration, it's about the respect for the people. It's communicating. A least try to communicate, try to understand. You don't need the language. Because when you want to communicate with somebody, you find a way. I think it could have been a worse case because I have my mother and my husband. Some women don't have anyone and receive that treatment. It's so disrespectful. So that's why I have this feeling of foolish immigrant. I try to remember for myself the objective, the target was [my baby]. And [my baby] is well. The sensation slowly starting to erase, but [it] takes time. I just think [about the] good part – I used a short [hospitalization] time, and we didn't need to pay a lot, and [my baby] is well... If you look at my situation, you can see it's not so bad. But this happened. I didn't have control.

Throughout her interview, Marisol (a racialized spousal sponsorship applicant) referred often to the "good part" and the "bad part" of giving birth in Canada. She spoke of greater opportunities for self-determination throughout the process – for example, selecting the hospital, planning for a vaginal birth, deciding who she wanted to accompany her. Furthermore, despite experiencing financial constraints, she expressed feeling well-resourced and supported throughout her pregnancy, especially by the community organizations she reached out to who provided her with information, prenatal classes, and second-hand baby items. Others also noted that in Canada they had a greater sense of self-determination during labour and delivery compared to established practices in their countries of origin. For example, in Esperanza's home country, obstetric norms would not have allowed her partner to be with her during the birth, whereas in Canada they have that option – "I'm happy for the decision." As a refugee claimant, Blessing's perinatal care was covered under the IFHP and she was able to access additional birth support through a volunteer doula program. She describes how much she appreciated the medical expertise and treatments she received throughout her pregnancy (also discussed in Chapter 4), as well as the opportunity to learn from prenatal classes – things that weren't as available to her for her previous pregnancies (Johnson, 2016). In this sense, it is possible to see access to these programs and supports as facilitators of bodily autonomy and reproductive justice. While in many ways coming to Canada gave them an expanded sense of reproductive citizenship, it is still precarious – that is, conditional on their status. Marisol and others struggled with access and feeling respected during the process and her story clearly highlights the structural and inter-relational challenges she encountered as someone with precarious reproductive citizenship.

Participants, as well as key informant healthcare providers and doulas, frequently noted how experiences of care are shaped by the specific attitudes and discretionary powers of care providers (as discussed earlier in this chapter; see also: Ruiz-Casares et al., 2013). As we see in Marisol's story, she was advised by a nurse who was understanding of her situation on how she could reduce her hospital costs; on the other hand, the negative and disrespectful attitudes she encountered from others strongly impacted her experience. These negative interactions were far more common in

the stories of racialized participants (specifically, those without insurance or who were refugee claimants). Most often, racism was manifest subtly in tones of voice and willingness to engage with the patient, as Marisol experienced, or as Blessing describes in talking about her experience:

> I met a very mean nurse. I didn't have anybody. I didn't have any help. I couldn't walk. I was being induced. And sometimes I just needed help to get up from the bed and she didn't even want to touch me, you know?

In addition to participants' stories, doulas who participated in key informant interviews were able to offer further insight into childbirth experiences from a position of knowledge of the healthcare system and one whose primary role is to be attentive to the needs of the birthing person and support patients in communicating them (Davis, 2019; Morton et al., 2018). Key informant interviews with doulas also discussed witnessing racism. For example, one doula described healthcare staff commenting on one mother's skin colour and associating her Blackness with wide hips and innate ability to birth easily – stereotypes historically used to dismiss Black women's experiences of pain (Bridges, 2011). In another instance, she recalled a patient being yelled at by a care provider who could not understand her accent (Key informant 4). Doulas who supported racialized migrant women through their labour and delivery described witnessing interactions that were paternalistic, rude, disrespectful, and dismissive (Key informants 4, 5, 6, 8) – for example, birthing patients being scolded for being too loud while labouring or having interventions pushed on them (Key informant 8). As one doula put it, "it felt racist" (Key informant 5). These attitudes were made most visible around issues of consent, both in terms of communicating information to patients and listening and attending to their concerns.

Marisol describes lack of communication and informed consent during her labour and delivery as a painful and dehumanizing experience. When asked about what needed to change to better support birthing migrant mothers overall, doulas expressed that "the most problematic thing is the lack of consent and the lack of talking about what is happening" (Key informant 4; see also Médecins du Monde, 2019). One healthcare provider agreed that there were significant issues with accessing appropriate language services in the hospital where she worked (Key informant 13). However, for Marisol and in the other cases represented in this study, language translation was not the primary issues as these mothers all spoke English and often had someone fluent in French accompanying them. An example of this was not obtaining informed consent before administering medications – including pain and labour-inducing medications (Key informants 6 and 8). Both Marisol and Blessing described being given medications without their impact being fully explained. Esperanza describes being prescribed medication during her pregnancy and having questions about potential side-effects for her and the foetus, only to have them ignored by her doctor. She did not feel entitled to press for more information, as she felt this doctor was doing her a favour in agreeing to see her and that she had already used the time she had paid for. In addition to the other non-consensual procedures described by Marisol, doulas described witnessing unnecessary vaginal examinations without explanation or consent (Key informant 5) and a doctor performing stitches despite the mother explicitly asking for them to stop (Key informant 4).

While clearly certain procedures are medically necessary, doulas consistently raised concerns around lack of communication, explanation, and willingness to listen to birthing people's concerns. "It felt like the doctors were just coming in and knowing best, telling you what to do and taking

charge, and it didn't feel good" (Key informant 4). This lack of communication was not only with respect to medical staff performing interventions without patient full consent, but also not listening to patients when they were requesting them. Blessing, for example, describes not having her questions answered, not experiencing informed consent, and not being listened to or believed when communicating with staff during her labour and delivery:

> After five hours of contractions, I told them, 'I think I'm ready.' I [asked for] the doctor to come check and she told me, 'No, it's not possible. You have to sit down there for 12 hours.' I told her, 'No!'

Despite her contractions being between two to three minutes apart, Blessing describes how she only really felt heard when a nurse of the same cultural background came to attend to her and insisted the doctor come check – "The baby was out before they even knew it. […] I was feeling it, but they didn't believe." Vivian, another refugee claimant, had a similar experience. She was scheduled for an induction and, after waiting over five hours to be attended to, was told to go home. Before leaving, they checked on the baby and found that she had been labouring the whole time and her contractions were already four minutes apart. As a first-time mother, she didn't understand what it was she was feeling. The staff told her they hadn't checked in on her "because [she] didn't look like [she] was in pain." Vivian ended up having an emergency C-section. We can see this also in Esther's account of requesting an epidural (as discussed in the previous section) and the anesthesiologist choosing to prioritize payment over her articulation of her own need for pain management. While acknowledging that the individual circumstances of each birth vary in numerous ways, it is nonetheless of note to contrast the response to Esther's request to that of Elodie, a white French-speaker also without insurance, who at the same hospital was given the epidural immediately without question or additional charge. Though it is not possible to know the full medical details of these cases (including Maya's, as discussed above), these experiences are consistent with recent research on Latina and Black women's healthcare experiences, in particular obstetric care, in North America (Bridges, 2011; Gutiérrez, 2008; Roberts, 1997; Ross & Solinger, 2017).

Participants' stories showed how these challenges with respect for bodily integrity and communication are also present throughout postpartum care both in hospital and follow-up care. Sana, a Muslim international student, could not afford to pay for a private room at the hospital. She describes how her position as an uninsured patient intersected with her racialized religious identity to exacerbate feelings of disrespect, disempowerment, and not being heard.

> Because we have to pay for everything, we said I cannot be by myself [in a private room]. […] But for me, as a Muslim who [wears the hijab and dresses modestly], it was very difficult to be in a room with another person. I couldn't go to the bathroom, because I needed each time to cover myself, and having a [C-section] surgery – it was really very complex. Some of the nurses couldn't understand my needs […] To go to the bathroom, I need to cover, and she doesn't give me time. They didn't understand my needs – or they didn't accept it. […] There isn't enough staff and they work long hours, so they are overwhelmed too. For that, I could excuse them. But again, they couldn't understand my needs as a Muslim and they couldn't understand my culture. […] I faced that because I wasn't covered financially.

> I couldn't afford paying for a private space so I can have more freedom to practice, or to do things the way I would do it in my culture.

Sana's story provides example of how immigration status, financial capacity, and religion can uniquely structure perinatality and the experience of childbirth. Her immigration status meant that she did not have access to public health insurance and was therefore paying the high costs of her delivery. Because she could only afford a shared room, she had to be especially attentive to how she was dressed while in recovery in order to stay true to her religious beliefs. Furthermore, because her partner could not stay with her to assist (as they had no one to care for the older child), she had to rely on hospital staff to assist her while in the hospital postpartum. As a result of these intersecting identities, respect for her religious practice became structured as a privilege and conditional upon the discretion of the service provider.

Overall, these experiences were disempowering and dehumanizing, and many participants felt that their voice and bodily integrity during labour and delivery was not fully considered, and that they did not have a right to complain. As expressed by Maya earlier, there was a sense that healthcare providers were just doing you a favour, so it was best to just be grateful. Others, like Blessing, were exhausted and overwhelmed and just wanted to move on – "I just don't let that bother me. Because it was terrible and my doula wanted to report her – like the nurse who [made a racist comment] – but I told her, 'Forget about it.'" Many participants also found navigating the health system to be a challenge – both due to unfamiliarly with the system, in general, and especially when the participant did not have health insurance coverage. They were hesitant to engage further with the system or did not know where to go to safely make a complaint. Others, such as Marisol, Elodie, and Farah, did not realize the full impact of the trauma they experienced during childbirth until much later. Overall there was the sense that if the baby was healthy, it was best to just accept the situation and be grateful (Marisol).

Conclusion: Obstetric care and reproductive justice

Building on the migration stories previously shared, this chapter presented participants' stories of being pregnant and giving birth while having precarious immigration status. As discussed in Chapter 4, reproduction is, in part, managed through borders and the immigration policies that govern them. What we see here is the extension of these borders into the waiting and delivery rooms of clinics and hospitals as pregnant people negotiate basic human needs while marked by 'outsider' status. Furthermore, participants' stories show how these experiences are shaped not only by their identity as a precarious status person, but also by race, financial status, and religion.

These metanarratives complement other studies that point to structural issues of access for pregnant precarious status migrant pregnant people (Médecins du Monde, 2019; Munro, Jarvis, Kong, et al., 2013; Rousseau et al., 2014), as well as negative interactions and attitudes encountered within healthcare environments (Ruiz-Casares et al., 2013; Vanthuyne et al., 2013). While some had good experiences, many of the participants' stories outline significant barriers to accessing care. The care available to them was often conditional upon their immigration or financial status and did not always align with their specific care needs, as Maya describes – for example, participants who needed midwifery care and prenatal care, or needed a specific expertise. Immigration status was commonly used as a legitimate reason to decline care (in non-emergency situations). Many participants – for example, as described by Elodie – found the process of

negotiating payment for services tainted with the view that pregnant migrant women were a threat to and potential abusers of the healthcare system. Most participants accepted that they would have to pay out of pocket but felt dehumanized by a process that was unpredictable and non-standardized and that positioned them as (potential) criminals first and humans with healthcare needs second. This feeling extended into their birthing experiences as well, where Marisol, and others, expressed feeling further dehumanized in the ways their bodies were sometimes treated and their voices and consent were not prioritized.

In their narration of their pregnancy and childbirth stories, participants both accepted differential treatment as part of their non-citizenship, and also countered it using references to universal human rights. Although participants succeeded in accessing care, resourcing themselves, and enacting different strategies for meeting their needs, these stories were not framed as experiences of empowerment or resistance (with the exception of Maya's). Overwhelmingly, they were stories of just surviving, feeling powerless, and intense exhaustion and stress. That said, the act of storytelling and sharing their experience (and their rage) was sometimes framed as resistance – "I wanted to tell this to someone" (Farah).

The RJF as mobilized in this project situates these experiences within an extensive politics of exclusion that position 'outsiders' as unwelcomed and suspicious when they transgress accepted modes of 'good citizenship' (Razack, 2000) – an experience especially felt by racialized migrant women in this project. Using Razack's framing, while the state may position itself as the benevolent provider of health and social services, these provisions are limited and the extension of reproductive citizenship rights to migrant pregnant people is precarious. Building on these metanarratives, this reveals the limitations of state-centred approaches to human rights – the needs of non-members can always be framed as legitimately excluded and pregnant people themselves scrutinized and responsibilized for their own inability to access and negotiate their own care.

Chapter 6

Stories of Motherhood

and I sit here wondering
which me will survive
all these liberations.
– Audre Lorde, Who Said it was Simple, 1973

They're desperately looking for answers, just like every single other new mom is looking for answers.
– Interview 3, community worker

Reproductive justice represents a holistic approach to understanding reproductive citizenship that extends beyond biology and reproductive healthcare into policy sectors and social conditions that shape the conditions of motherhood. In particular, the framework raises questions regarding how people's capacity to care for their families is supported or restricted by broader social and political conditions (Ross & Solinger, 2017). These conditions are vital parts of people's reproductive decision-making. Questions of 'How can I support a family?' and 'What resources do I have access to?' relate to the material circumstances and policies that shape access to housing, income security, safe neighbourhoods, and other basic needs. They are also fundamentally tied up with access to emotional and social supports and broader relational dynamics that come to bear on people's lives. A person's relationship with the other biological parent or partner, their network of friends and family, and positionality within their community can all become important factors.

As discussed in Chapter 4, immigration is a policy area that can have significant bearing on each of these factors. Immigration, for many families, represents possibilities for expanded economic and social opportunities, possibilities for safety and security for those living in the context of violence, and possibilities for family reunification and a coming-together of people and communities in new ways. Participants consistently drew on immigration as a maternal strategy in the care of their children and the futures they imagined for them. At the same time, citizenship and immigration policies have been identified as key obstacles for many people as they endeavour to create and care for families (Cohen & Caxaj, 2018; Galarneau, 2013; Hartry, 2012b; Jolly, 2017; Lonergan, 2012; Zavella, 2016). While this is often true across immigrant experiences, people with precarious legal status face particular challenges. As Chapter 4 argued, this is true both in terms of the criminalizing politics surrounding precarious status migrants giving birth in Canada and the structures manifest in the regulation and bureaucracy of migration management that shape the experiences of pregnant migrant people as they navigate the immigration system. We saw the impact of these dynamics play out in the stories shared in Chapter 5, where immigration status had a significant impact on participants' experiences of prenatal and obstetric care. Specifically, both within the policy itself and according to certain health professionals, immigration status is used as a legitimate justification for limiting access to basic services. We now turn to examine these dynamics as participants navigate motherhood with precarious immigration status – in relation to caring for both their newborns and older children.

This chapter first sets the stage by providing an overview of the policies and political context that informed participants' experiences of motherhood after the birth of their babies and situates participants within than context. It then features three metanarratives which speak to the ways in which motherhood is experienced against this policy backdrop. The first story shared is Blessing's story of motherhood. She tells of her experience navigating motherhood as a refugee claimant without access to many of the public programs aimed at supporting families. As with healthcare, much of the social safety net in place for residents of Canada is only conditionally available to non-citizens. At the same time, family supports which tend to otherwise fill this gap are less available due to conditions of migration, while other community networks are less developed. Building on this, the second metanarrative focuses on transnational configurations of care, as highlighted by Rosamie's story as a former live-in care worker. Once again, we see precarious status migrant families (and mothers in particular) individually responsibilized for their family's wellbeing in a way that does not fully consider the structural barriers that shape their choices and capacity. Lastly, we turn to Farah's story in order to understand how exclusion from such programs and opportunities is experienced not only as a denial of material resources but as exclusion from society and therefore feelings of belonging and social solidarity.

Policy context

Canada, and the province of Quebec in particular, has a robust social welfare system aimed at supporting families and mothers – for example, through public social services and benefits, such as healthcare, education, housing, daycare, labour standards, parental leave, and other income security measures. While there are some federal level programs, most fall under the jurisdiction of provincial governments and therefore may vary across different provinces. Canada's maternity and parental leave policies are administered through EI at the federal level, with the exception of Quebec (ESDC, 2020).[73] Quebec administers the Quebec Parental Insurance Program (QPIP) comprised of maternity, paternity, and parental leave, which provides benefits for parents who take time away from work due to pregnancy and the birth or adoption of a child (MTESS, 2020). QPIP provides parents who have earned a minimum of $2,000 of insurable income within the previous year with benefits for approximately one year.[74] The federal and provincial governments also each offer additional financial support to families with children under age 18 through the tax system – for example, the CCB (Canada Revenue Agency, 2020) and the Quebec Family Allowance (Retraite Québec, 2020). Additional benefits are also available, for example, to cover the costs of school supplies and additional expenses for children with additional needs. Furthermore, Quebec's

[73] EI maternity benefits provide up to 15 weeks of temporary financial assistance to biological mothers and pregnant people who are taking time away from work due to conditions surrounding pregnancy and birth. Additionally, parents may be eligible for parent leave – either 35 weeks at a benefit rate of 55% of their weekly insurable earnings, or 61 weeks at 33% (ESDC, 2020). Parents must have accumulated 600 hours of insurable employment within the previous year in order to be eligible.

[74] Specifically, maternity benefits for the person who gave birth can last up to 18 weeks away from work with a weekly benefit of 70% of one's average weekly earnings or 15 weeks at 75%. Paternity leave allows the other parent to take up to five weeks off with weekly benefits of 70% of one's average weekly earnings or three weeks at 75%. A parental leave, which may be shared between parents, is available for 32 weeks with a benefit of 70% of one's weekly earnings for the first seven weeks and 55% for the remaining weeks, or up to 25 weeks at 75%. QPIP is more easily accessible (and includes self-employed workers) and offers higher benefits than EI. Pregnant workers with authorized work permits may also qualify for preventative leave (discussed in Chapter 5).

subsidized childcare programs provide affordable and educational childcare options scaled to income, for the cost of between $8.05 and $21.95 a day, as well as tax benefits to cover the costs of families paying the full cost of private daycare (Famille Québec, 2019).

Table 4

Access to social programs supporting family and maternal wellbeing in Quebec by immigration status

Immigration Category	Child Benefit (Federal)	Family Allowance (Provincial)	Subsidized Daycare (Provincial)	Parental Insurance/Leave (Provincial)
Temporary Worker	Yes, after 18 months residency	Yes, after 18 months residency	Yes	Yes, if worked in QC in the last 12 months and meet income threshold
International Student	Yes, after 18 months residency	Yes, after 18 months residency	Yes	Yes, if worked in QC in the last 12 months and meet income threshold
Refugee Claimant	No	No	No	Yes, if worked in QC in the last 12 months and meet income threshold
Visitor	No	No	No	No
No Status	No	No	No	No

Access to these programs not only varies across provinces and territories, but also varies by immigration status (see Table 4). As discussed in Chapter 1, *conditional access* as a feature of precarious immigration status means that not all pregnant people within Canada (and Quebec) are equally entitled to access these resources under the law or may experience other barriers which indirectly shape their access. Using broad categories, Table 4 provides an overview of family policies aimed at supporting family and maternal wellbeing in Quebec. Many of these programs are administered through the taxation system, a trend in social and family policy since the neoliberal turn (for example, Bezanson, 2010), or linked to employment. Migrant workers and international students are able to access child benefits through the federal and provincial systems after 18 months of residency and are also eligible for subsidized daycare and the parental insurance program. As long as they apply before leaving, they are able to collect QPIP even if they return to their country of origin. Refugee claimants, who are eligible for work permits, can access parental leave, but none of the other programs until their refugee claim is accepted. Visitors and people who are undocumented or have fallen out of status a have no way of accessing these programs, including preventative leave and other protections if they are working underground (Hanley,

Larios, et al., 2020). Already given this broad overview, we can see that not all people within Canada's borders are granted equal access to the resources we have deemed helpful for giving birth and raising a family. Participant experiences reflect this unevenness in access. Due to immigration status and length of time in Canada, two-thirds of participants were ineligible for the Child Benefit and Family Allowance immediately upon giving birth, and half of participants were ineligible for subsidized childcare. Five participants' families were able to access these resources only because of the father's status as Canadian citizen or permanent resident. Similarly, almost half (11) of participants were ineligible for any kind of parental leave – but in five of those cases, the father was. While 13 participants were formally eligible for parental insurance, six of them opted not to take a leave from working or studying due to the conditions of their immigration status (discussed below).

In the absence of public programming, reliance on relational networks – and family support, in particular – can be especially important (I. Dyck, 2005; Spitzer et al., 2003; Wheelock & Jones, 2002). However, separation from family members and established communities and support networks are often part of immigration. People with precarious immigration status may feel this more acutely because of structural barriers in place that prevent spouses and children from accompanying them (for example, in low-wage and agricultural temporary work programs)[75] and provide no additional opportunities for family sponsorship until they have officially settled permanently. Travel restrictions and visa processes add further barriers – for example, while not all travellers to Canada require visas, many do. The parents and grandparents super visa program meant to facilitate temporary visits from parents and grandparents requires applicants to have a child or grandchild that is a permanent resident or citizen who can financially support them for the duration of the visit (IRCC, 2020c), making the program generally inaccessible for precarious status families. Precarious status migrant parents therefore face barriers, not only in accessing public resources for families, but also traditional family support systems.

The development of these policies dovetails with the politics of welfare fraud discussed in Chapter 5. Pratt and Valverde demonstrate the convergence of 'welfare cheat' and 'bogus' refugee narratives in the 1990s, leading to the "composite figure of the 'bogus' refugee on welfare, thought to be craftily engaged in defrauding immigration and social services simultaneously" (2002, p. 136). Such narratives have become a common feature of Canadian immigration politics, used at various moments to criminalize whole communities of (mostly racialized) immigrants (Atak, 2018; Gilbert, 2013; Matas, 2011; Molnar Diop, 2014). A more recent manifestation of these concerns is Quebec's 2018 decision to exclude refugee claimants from subsidized daycare programming. An ambiguous clause of Section 3 in the Reduced Contribution Regulation had meant that since around 2015 Quebec's subsidized daycares were able to admit children of anyone with a working permit. However, in the wake the highly politicized increase[76] in refugee claimants entering Quebec beginning in 2017 (and a subsequent provincial election), the government clarified that this section was to be interpreted as excluding refugee claimants from eligibility

[75] Notably, this was also a longstanding criticism of the former (Live-in) Caregiver Program (Hanley, Larios et al., 2017; Migrant Workers Alliance for Change, 2018).

[76] In 2017, 25,515 asylum claims were processed in Quebec, the majority of which were irregular entries. This accounted for roughly half of all claims made in Canada, a trend that continued in 2018 and 2019 (IRCC, 2020a; see Chapter 1). By comparison, 5,530 asylum claims were processed in Quebec in 2016, accounting for 23% of all claims in Canada.

(Gruda, 2018). This move fits within a well-established pattern of scapegoating refugees, or migrants and newcomers more generally, for political gain or lack of sustained investment in social infrastructure. A petition brought forward by a group of asylum seekers and supported by over 30 community groups, states, "This new policy serves to isolate us, both our children and ourselves, from the society to which we hope to contribute, and especially impacts women asylum seekers" (Comité des demandeurs et demandeuses d'asile pour l'accès aux garderies, 2018). Aside from the denial of material supports, social welfare exclusion also signals a symbolic exclusion from society at large. Since then, a class action lawsuit has been brought forward against the Quebec government for unjustly discriminating against mothers who are refugee claimants (Saint-Arnaud, 2019).[77] The following stories explore how these policies and politics are experienced in the lives of those they exclude.

Financial stability and provisioning with precarious status
Blessing's motherhood story

> *Since I got here, it's kind of difficult – but things are getting better. I was two months pregnant when I got here, with [my other young kids]. I filed the paperwork [for asylum]. I actually thought it was gonna be faster, but it's taking longer because I haven't had my hearing. It was postponed indefinitely. The basic challenge I have is the length, because if I had had my hearing, at least I'd know – there are lots of things that would change if I've had my hearing. First of all, my kids would get daycare, which would make life a lot easier for me. I do not have a daycare, because refugees don't get the subsidized daycares. They no longer give it to refugees. So, all refugee children are home; so, most refugee moms cannot work. I don't know if this is right, but I feel useless. Some things I want to do for them, I can't afford it because I don't have a job. I'm grateful that I have welfare, but I wish I could work. Keep the welfare, I want the daycare. I want to go out and work. Let me pay. I want to pay taxes. Let me give back to the society. I'm tired of sitting at home. I wish I could be a volunteer somewhere, but what's going to happen to the kids? I tried to go into a French school, but I was too sick [with the pregnancy], so I couldn't stay. And now I am ready, but I have kids – where am I going to keep them? There's nothing I can do right now, 'cause I don't have family here, I don't have daycare… [Second], they would get their medical card. Some clinics won't accept my kids because we don't have a RAMQ card, we have the [IFHP]. There's a pediatrician over there who will take my kid, but he only wants to take the one that's born in Canada and doesn't want to take the rest. Thirdly, I'd be getting allowances for the children which I don't get now – the child allowance. I was told I should get that. Life would have been a lot easier if [the refugee determination hearing] came early. A lot of people see us at home, like, single mothers – It doesn't mean I'm illiterate. It doesn't mean I'm irresponsible. I have a Master's degree. We're just here because of the situation. At times I used to cry. I was frustrated. When I was pregnant, I was at the bus stop and a guy was speaking French to me. I just [arrived in Canada], I was so sick, and I was like, 'Please, I don't understand what you are saying.' He told me the same thing my neighbour told me. He told me to go back to my*

[77] Interview data from this project informed an Expert Opinion prepared by Dr. Jill Hanley on the employment implications of being excluded from Quebec's subsidized childcare program for refugee claimant mothers used by the legal team involved in this action (Kanyinda c. Procureure Générale du Québec).

> *country. It's going to be a year since I got here. So hopefully they call me soon. I WISH the process was faster, so that I – so that the kids and I can have our best life. So, it's been very, very difficult, but we're surviving.*

Blessing arrived in Canada with her older children and gave birth to her youngest six months later. Her partner, the father of her children, remained in their country of origin in a situation they deemed unsafe for their children. While she is in contact with him, she describes herself as a single mother right now. Her story reflects her struggles adjusting to mothering under the weight of this new context, managing family separation from her spouse, the economic pressure of being her children's sole provider, and the underlying uncertainty of her immigration status and future in Canada. Community workers agree – "The wait times are brutal. It's really difficult to make plans if you can't work, don't know what's coming next" (Interview 3). Like Blessing, many participants struggled to balance caring for their children and their need and desire to work outside the home. Access to affordable childcare was consistently raised as a barrier for many mothers, especially refugee claimants who are ineligible for Quebec's subsidized childcare programs (see also: Morantz et al., 2013). Vivian, for example, also a single mother and refugee claimant, began work when her newborn was three months old. On a regular workday, she makes about $80 per day after taxes and pays $40 a day for daycare –

> I have bills to pay, and this house, and I have to take care of her. So, I've been having anxiety pangs for days now because of that. Because I don't know how we're going to survive. I'm maxed out. I work very hard. I'm maxed out on resources, literally… […] Sometimes I do 80 hours a week if I can, and then I still get my paycheque and like… (laughs) What do I choose? Which do I choose? I don't even have winter boots. All I have is those that I crossed the border with. (gestures to worn boots by the door) Yeah. I've fallen in them like four times. Every time I say I'm buying boots this week… then I have to buy my daughter's diapers, then I have to buy the wipes. Now I'm paying for daycare by the skin of my teeth, because I'm not entitled to it, and I can't fight, 'cause it's almost like, even if you find your voice… there is a kind of subtle threat. […] There is a kind of 'You better not talk or else you're going back home' – and when you think of going back home, you're just like, 'Okay, I'll take it.' […] It's hanging over your head every day, you know? And there's nothing you can do.

Vivian is considering quitting her job and focusing on learning French full-time in order to expand her earning potential in Montreal. In discussing the 2018 change in subsidized daycare eligibility, a community worker who works with asylum seekers described a notable shift – "We have families that really should be well on their way. Should have their kids in daycare, working full-time, off social assistance, just living normal lives. Instead, they're stuck." (Interview 10). Blessing and Vivian both envisioned employment as a means to empowerment, both in terms of their professional identities and to ability to provide materially for their families. However, as mothers who are their children's sole care providers and refugee claimants without access to affordable childcare, in addition to not speaking the majority language, not having their credentials recognized, and facing employment contexts known to be hostile to Black women, they are not positioned to succeed. Without measures to address these structural barriers, employment is experienced as disempowering, as Vivian's story highlights.

Those in different immigration pathways also reflected on the costs of private childcare and making different kinds of financial trade-offs. Gina, a former live-in caregiver, spent the first four years of her baby's life sharing a two-bedroom apartment with another single mother and her child in order to save on rent. After being unable to locate a subsided daycare spot, she described childcare as one of her biggest expenses at $30 per day and recalls thinking "I'm gonna die, I'm gonna die. It's so hard!" Farah and her partner, both international students, decided to trade off caregiving responsibilities between the two of them while completing their graduate studies. Noting both her medical bills and tuition fees, the decision to forgo help with childcare was primarily financially motivated – "I can't afford [it]. We already paid enough to get the child there. (laughs) Yes, when someone is international student, we're paying a lot."

While financial concerns were a clear motivation for interest in subsided public childcare programs, participants also expressed interest in the early childcare developmental benefits of them (Morantz et al., 2013). As Gina expressed – "I want to give a good education for my kids at their age. I found it in *garderie.*"[78] Agathe (a spousal sponsorship applicant) was looking into available daycares, "to have [my child] socialize too and pick up the language." Similarly, Florence (a refugee claimant) was excited about the programs and resources she has found for children in her neighbourhood, but is concerned that her child is ineligible for the public childcare program and falling behind –

> Me and my husband, we don't feel happy. [Our child] is home and he's not in school or in daycare learning something. He's very intelligent. […] Here you have [the kids] in daycare [where they are] teaching them mental development, culture, learning to love, care. [They] do that at this age. These are things they teach them first.

Those who are ineligible for subsidized public childcare have found other community-based programming, specifically *halte-garderie*[79] system – provincially-funded drop-in childcare programs based in community organizations (Famille Québec, 2017). For example, Fiorella (a refugee claimant) describes,

> I think that the system is good. […] I feel that the government – they have many [policies] so the parents can pass with the children and to have a time to share many activities also – free activities, go to the park, or that program.

Florence has also made use of drop-in childcare programs in her community –

> So, pay for the half day so they can socialize and participate in activities with other kids and participate, learn, love, join in crafts. And it's been very, very helpful. Very, very helpful. They take them to the library. […] And that's how we introduce reading habits and culture. So that's what we're doing until we're to be able to get enough for them for daycare, and that's maybe when we get our [permanent residency].

Importantly, both Fiorella and Florence are in Canada with their partners as well as their children and do not have the same economic pressures as single mothers with precarious immigration status,

[78] Daycare.
[79] Drop-in daycare.

especially those who are refugee claimants who are ineligible for affordable childcare. Those with co-parents had more flexible schedules that allowed for them to access different kinds of programs.

However, whether partnered or not, these stories align with Blessing's observation that it is refugee mothers, specifically, who are staying at home in the absence of subsidized childcare. The fact that access to affordable childcare has a direct impact on the likelihood of mothers to be able to participate in the labour force is well-established and often a key part of the rationalization for universal childcare programs (Lefebvre & Merrigan, 2008). The removal of eligibility for subsidized childcare for refugee claimants has been characterized as discriminatory to refugee mothers in a class action lawsuit currently being levied against the Quebec government (Saint-Arnaud, 2019). Critical work on race and gender also calls attention to the ways in which these dynamics intersect with already established narratives of Black motherhood in Canada and the US (Maynard, 2017). For example, as Blessing alludes to, stereotypes of 'welfare queen' have frequently been used to criminalize and undermine the needs of Black mothers and families. For Blessing, Vivian, and others, this representation is reinforced by harmful migration narratives that also frame refugee claimants as potentially fraudulent and likely to abuse social welfare programs (for example, A. Pratt & Valverde, 2002). The decision to limit access to public childcare programs is grounded in these dominant narratives, as was the previous government's decision to cut the IFHP healthcare funding (Villegas & Blower, 2019). Participants actively position themselves against these narratives – for example, Blessing's discussion of wanting to work and concern over how it appears to others that she does not. Through these stories, we can begin to see how gender, race, family status, immigration status each intersect in these specific experiences of precarious reproductive citizenship.

While each of these mothers' immigration trajectories and circumstances are very different, it is nonetheless possible to see how their experience of motherhood is shaped by structural constraints of their immigration status. In each case, they signal that this is not a context that supports their mothering and that they are individually responsible for the care of their child(ren). For refugee claimants, like Blessing and Vivian, restrictions on childcare eligibility based on their status is a clear example. For others, their ability to pay for childcare was shaped by their status. For example, Gina's economic insecurity is grounded in an immigration status that is tied to her position as a migrant care worker – an historically low-wage, racialized, and precarious form of work (Gutierrez-Rodriguez, 2014). Likewise, the structural conditions of being an international student (for example, high tuition fees, no coverage for pregnancy-related expenses) positioned Farah in a situation of financial insecurity. In each case, participants' subject position as a precarious status migrant mother further vulnerabilized them in a system not designed for their motherhood. Through the lens of reproductive justice, the positive right to parent children in a context of safety and security – for example, economic security – is not treated as equally valid for all families living within Canada.

In other cases, mothers struggled with having to go back to work while craving more time with their child and to heal postpartum. Likewise, this need to go back to work or university studies was shaped by immigration status and a lack of postpartum options as a feature of precarious reproductive citizenship. Those who were in Canada as temporary workers, for example, had access to maternity and parental leave (as long as they had met the employment criteria). Some, for example Analyn and Rosamie (former migrant care workers), were able to take almost a full

year of leave with their babies while maintaining their status. As Rosamie describes, "I did my full-time maternity leave. I stay with my son, because I don't want to miss the seconds, minutes, hours, and days with him. If I miss it, I cannot go back again." Each of them had already completed their required number of work hours to apply for permanent residency under the former Live-in Caregiver Program and were waiting for their residency applications to be processed when they became pregnant. Taking a year off of work for maternity and parental leave therefore did not impact their immigration trajectory. Others, such as Gina and Reyna (also former migrant care workers), gave birth while still trying to meet their required work hours. For them, taking time off meant prolonging their precarity in Canada and their separation from their families. As Gina describes,

> I applied for maternity leave. The agent asked me, 'Why you only take four months? You could have a year.' I said, 'If I take a year, then [getting] my papers is going to be long.' Because I really want to have the permanent residency, so it's faster [if I don't take leave].

At that time, migrant care workers were required to 'live-in' the same residence where they worked; however, Gina was able to negotiate 'living-out' with her baby and commuted to work. Tearing up, she described how painful it was to leave her child with other care providers and to go to work caring for her employer's children, often having to leave for full weekends when the family she worked for vacationed out of the city. For her second pregnancy, Gina had met the required number of hours under the LCP and was waiting for permanent residency. She took the full year of leave. She described this time as, "still hard, but at least it's not hard like the first one." Reyna, on the other hand, did not meet the requirements to qualify for the government maternity or parental leave program and took three months of unpaid leave instead. She found herself in a similar working situation as Gina, bringing her baby to the daycare every morning at 6am in order to be at work for 7am. She reflects on those times –

> I saw [the child I was paid to care for] grow up more than my daughter who stays in the daycare for four years. I have to bring [my daughter] early in the morning at 6 o'clock, 5:30, and I have to pick her up 6 in the [evening]. I will bring her, so dark in the morning, and at dark in the night, I will go and pick her [up]. When she went to school – it was my first time to bring her to school and I was crying because it's the first time that I bring her with the sun.

Apart from migrant workers, international students also faced difficulties postpartum. While international students are permitted to work, making it possible for them to accumulate enough earnings to qualify for leave, none of the students interviewed for this project did. Mothers describe trying to balance university classes, caring for a newborn, and healing postpartum. For example, as Sana explains,

> That was a very difficult period of my life, because I didn't take a leave when I had [my baby]. She was born in January, the beginning of winter term. I decided to keep going because if I take a leave from the school, then I won't have access to health insurance, and I won't have any money from the scholarship from the school for that term. I cannot afford not having the money or the health insurance. So, I decided to continue being a student at [the university] despite the fact that I had just a baby and a C-section. […] [E]motionally, physically, it was really, yeah, very tough.

Sana describes her professors being understanding of her situation and accommodating, allowing her to work from home most of the time and bring the baby to class when she needed to. Farah faced a similar situation and explained how her supervisor granted her an unofficial two month leave while maintaining her student status. "He helped me," she explained, "He didn't stop paying me because I had taken two months break. Like a semester is four months; for two months I didn't do anything, and [in the] latter two months I start working because I was feeling like, 'Well, they're paying me. Why I should not work?'" She described how she could have applied for a formal leave; however, that would leave her without income. Esperanza (also and international student) and her partner are splitting the leave differently – while as a student she hasn't worked enough to qualify, her partner has. He is planning to work enough hours to qualify for permanent residency under the QEP[80] and then take parental leave. She is excited that they have this opportunity and can do so without delay to their permanent residency application.

The benefits of maternity and parental leave for new mothers is well-known – for example as a measure of work-family balance and employment equity (Tremblay, 2009) and also postpartum recovery (Dagher et al., 2014). In recognition of this importance, Quebec has invested in creating a substantial and accessible leave program for both new mothers and new fathers/co-parents (McKay et al., 2016). However, if and how these programs get taken up, and new parents' experiences while navigating these programs, varies widely (for example, Paterson et al., 2019). These stories show that many factors shape access, and immigration status and the conditions of a person's migration trajectory is a significant factor for those with precarious reproductive citizenship.

Another measure of reproductive citizenship in Quebec is entitlement to the Canada Child Benefit and the Quebec Family Allowance – both are programs designed to address financial insecurity for families with young children and alleviate child poverty. As Blessing explained, not all families (including families with Canadian-born children) have access to them. Blessing and other refugee claimants will not be eligible for these programs until they have permanent residency (even if they reside within Canada for the usual residency requirement of 18 months). International students and temporary workers are eligible after 18 months of living in Canada. Sana (an international student) described the difference it made in her family –

> I wasn't able to first register my son in any of the activities because I couldn't afford it. But after that, after getting that support, I'm able to do all of that for my children. So that is a privilege and that's what makes me feel happy being here, providing for these kids by myself.

Rosamie (a former migrant care worker) echoed these sentiments, saying "We are very thankful that Canada has support for the child. That's good. It's a BIG help, even though they said, it's just a small amount." Gina's experience, however, reminds us that these benefits are conditional. She experienced several moments where her work permit had expired, and her renewal had not yet been processed. During this time, the children's benefits would follow her status and also be put on hold. As discussed in Chapter 4, these transitions in immigration status were vulnerable points for many families. She expressed frustration with the process, "I want to ask about the allowance

[80] The Quebec Experience Program (QEP) provides a pathway to permanent residency for those who have worked or studied within the province of Quebec (IFIQ, 2020b, 2020c).

for the children. I don't understand why if I don't have the status they can't give the benefit – [the child is] a citizen, no? They should have! It's not me that's getting it, it's for them!"

Much like we observed earlier, in the context of obstetric care, here we can see access to social programs aimed at supporting mothers and families is also determined by immigration status – for example, Blessing's exclusion from access to public childcare based on her status as a refugee claimant. Furthermore, formal eligibility does not always translate to accessibility – as was the case for many international students and temporary workers. Within the RJF, the conditions that shape motherhood and parenthood are an important part of advocacy around reproductive rights. Therefore, this conditional access is an extension of precarious reproductive citizenship. We can see how conditions of migration and conditions surrounding childbirth (for example, debts incurred paying for obstetric care), continue to shape the conditions of motherhood for migrant families, re-enforcing the need for a more holistic understanding of the challenges of migrant motherhood (Stewart et al., 2006). In the absence of public supports, mothers must turn to expensive private options or informal supports. For many families, informal family supports are a key part of their childcare strategies (I. Dyck, 2005; Henly & Lyons, 2000; Wheelock & Jones, 2002). However, migrant families are often separated from their extended family and other established community networks. The following section will unpack the ways in which participants navigate transnational configurations of family care.

Transnational configurations of caregiving:
Rosamie's motherhood story

> *I'm a single mom. I have two kids. I came here [as a Live-in Caregiver]. I worked with one family. I stayed and worked with them for five years. The experience to be a caregiver in one family is very difficult. You are a servant. They were abusing the program, but what can I do? My priority is to get my papers, and that means finish [the LCP]. I want to give the best future for my daughter. Even when we were miles apart, in the time when [my daughter was] in [my home country], I still have time with her. We do tutorials online. I help her with projects, homework. When she heard that I'm pregnant… upset. But I explained everything, and she understood. [At that time], I'm totally scared, because I don't know what will happen. Where can I live if I am pregnant? But God gives all the friends surrounding you, that guide your future, so that you are not alone. [After the birth of my son], I arrived to my [friend's] apartment. My [room] was empty, only the garbage bag with our clothes. There is a lot of love in my friend's house. They are sleeping, working – they said, baby is crying, but it's no problem, it's okay. [I was] paying the apartment with my friends and sending money [home], because I had daughter in [my home country]! We had just one room. It was enough for us. But when my daughter came, I need her [to] have own room, because she's a teenager. I'm nine years here, so six years apart [from my daughter]. [It's] difficult, but finally after everything, for the sake of [my] daughter, [I] received all the papers from the immigration [and] a little bit [the stress] subsided. At least [my children] are together. We are a complete family. We don't have money in the bank, but if you have love, it will last you to the end of your life. Now I'm waiting for my interview as a Canadian citizen! I'm praying I can pass the exam. It's too much studying while you're working [and] caring for your kids.*

Rosamie immigrated to Canada under the former Live-in Caregiver Program. She completed her 24 months of live-in care work to qualify for permanent residency and was awaiting approval of her application when she became pregnant. It took four years for her application to be approved. For those six years, her eldest daughter lived with relatives in their home country, while Rosamie supported them financially, communicated daily online, and made the occasional trip back to visit. At the time of the interview, Rosamie had her permanent residency approved and had been reunited with her daughter. While Rosamie does have some family living in Montreal, neither they nor the baby's father supported the pregnancy. Practically speaking, Rosamie identified as a single mother. Her story, and those shared by other participants, include a complex array of relationships and transnational configurations of care that in many ways nuance or disrupt common understandings of family separation, family support, and care chains (see also: Raghuram, 2012; Tungohan, 2013, 2019).

As Rosamie's narrative highlights, many participants (9) had children before coming to Canada. In most cases, these families were able to travel together; however, for Rosamie and Gina, their status as migrant care workers in the LCP prevented them from having family accompany them. Each of them supported older children in their country of origin (in the care of other family members) while living and working in Canada. Unlike Rosamie, Gina was still in the process of accruing her 24 months of live-in care work, so taking time off during her pregnancy and postpartum extended her separation from her two older children (discussed above). At the time of the interview, Gina had just received her permanent residency and was preparing travel plans to bring her older children to live with her in Montreal. Gina had lived apart from them, doing migrant labour in different countries, for the last 13 years, spending the last eight years in Canada (five of which were spent waiting for her permanent residency application to be processed). While they communicate online on a daily basis, and she has been able to make occasional trips to visit with her two other Canadian-born children, she was eager to live together as a family under one roof. It's been a difficult journey –

> It's so hard living far from your children. I'm just thankful that, even though I am far from them, they are still focused on their studies. […] And they know that I'm working hard for them. […] Before, when they are still young, because they don't understand, there is something in their heart – they are thinking that I abandoned them, 'cause before they could not understand that what I am doing is for them. […] When they grow, they learn to understand. Every time I talk with them, I explain with them, then they understand. So, from then on, they are communicating with me. Before, no, even if I send a message, no. I can't do anything, just cried. Just praying that one day, they will understand.

A few other participants also raised concerns related to separation from their children – particularly those who had fallen out of status and feared deportation, as discussed in Chapter 4. For example, Reyna weighed the pros and cons of leaving her Canadian-born child in Canada with a family member in the event that her Humanitarian application was not approved, and she would be forced to leave. In another example, Maya (whose story was highlighted in Chapter 5) was avoiding a deportation order as her children did not at the time have proper documentation to travel with her. Her first priority, before pursuing a Humanitarian application or leaving Canada, was to protect her family from separation – "I can't allow them to try to send me back right now without my children."

Much has been written on unpacking the dynamics of temporary labour migration and family separation. Much of this scholarship focuses on situations such as Rosamie's and Gina's –domestic and care workers who migrate to work caring for children and households in wealthy countries while having to leave their own children in the care of other family members in their home countries, popularly conceptualized through the *global care chain* model (Hanley, Larios et al., 2017; Hochschild, 2000; Parreñas, 2000). The term *global care chain* is used within care migration studies to conceptualize the "series of personal inks between people across the global based on the paid or unpaid work of caring" (Hochschild, 2000, p. 1). Most commonly this scholarship focuses on the global gendered, racialized, and socio-economic dimensions of the care deficit created when migrant care workers move abroad to care for their employer's children while being separated from their own children in their home country. While a valuable conceptual tool, it is also limiting – for example, the global care chain model has been critiqued for being too simplistic in its accounting of intimate and family relationships, not taking into account local genealogies of care, representing workers as passive and not accounting for their agency (Raghuram, 2012; Tungohan, 2019).

Stories shared here also speak to a more complex and varied understanding of these caring relationships, providing further evidence for calls to nuance and complexify this model of transnational care (Tungohan, 2019). For example, while family separation was clearly a challenge and source of emotional pain, Rosamie and Gina each described themselves as parents actively engaged in caregiving from abroad (see also: Francisco-Menchavez, 2018; Tungohan, 2013). Adding to this literature, these stories also highlight how children born in the host country (in Canada, in this case) add another element of complexity, especially as mothers navigate childcare arrangements and other supports, strive to maintain their immigration status, and deliberate about whether to leave Canadian-born children in the care of Canadian family members in the event permanent residency is not granted to the entire family. Recalling a case where she was advocating on behalf of a pregnant migrant worker, one community worker described visiting different offices of members of parliament (MP) petitioning for support –

> [One MP responded], to her face, 'Why did you get pregnant? You know that you are not going to get your permanent residency if you get pregnant.' I heard it. I was so mad. I said, 'Aren't you lucky you don't get pregnant? You can [have sex] any time you want without getting pregnant. Your biological needs are satisfied and us, we won't get satisfied because we are women.' I told [the worker], 'Let's go!' Stupid man.

By centring the reproductive body, the RJF reveals gaps in the ways in which transnational configurations of care have popularly been theorized – in particular, that reproduction happens concurrently with family separation and precarious migration. Building on Chapter 4, temporary workers do not merely work, but form relationships, engage in intimacy, and aspire to create and expand their families (Perry, 2018).

Another element of Rosamie's story is her single parent status. While she has worked hard to make sure her son has a relationship with his father, she ultimately identifies herself as a single parent. Four participants identified as single mothers; nine others experienced moments of single motherhood due to extended separation from their spouse (ranging from one month to seven years).

In some cases, this was a matter of immigration (as discussed in Chapter 4) – either participants did not have a status that allowed them to be accompanied by a spouse (as in the case of the former LCP) or separation was related to visa delays (for example, Sana's story). As Analyn, another former migrant care worker, recalled:

> [T]here's a lot of applications and then, after that, you submit and then you wait. So, there's a lot of waiting. It took about like two to three years before you get the permanent residence.

Analyn's partner arrived two weeks before her due date. She described how difficult it was to be alone in Canada while pregnant.

> It's so hard because I'm still working. […] Sometimes my husband is sending money here; it helps. […] I said I don't want to stop because I need to work, and I need also help my family. Because my niece, she's studying in college, so I need to support also my family as well as myself here. Yeah. Renting the apartment, food, it's so hard. So hard being alone.

Reyna, a former live-in caregiver whose story was highlighted in Chapter 4, described being her child's sole care provider for the first seven years of her life, while trying to regularize her status – communicating with her partner via phone, email, and video calls. She described that time –

> The hardest thing is when she's sick. When they're sick and you are sick, nobody is going to take care of you. You still have to get up, and you have to take care [of] another. To be a single mom, you don't have the right to get sick because you are going to think of your pay. [...] You still need to cook because you have somebody to feed.

When finally reunited, she described a period of adjustment for the whole family, noting in particular how this time and distance affected her child's relationship with her father.

> She knows [him]. She heard over the phone. She saw like in Facetime. […] See, but it's different when she sees him personally. She doesn't want to go to my husband. She's only [with] me here. And my husband has to talk to her, and then eventually she finally went. When my husband was holding her hands, she doesn't want him to. It's kind of awkward, or maybe she's shy.

Sana's story as an international student waiting for her partner's visa, first highlighted in Chapter 4, revealed a similar experience. She shared how difficult it was being pregnant while also studying and caring for her eldest child. She expressed frustration that the family's visas were not processed together, in her words, "not understanding that we are a family, separating the family, and not taking into consideration that there is serious health conditions here, and there is a need for the family to be together." Four months later and right before the birth of their baby, when her husband did arrive, she could finally relax, "because he took over the other responsibilities."

In other cases, families experienced separation because of financial concerns. Analyn's partner, even after receiving the permanent residency, stayed longer in their home country in order to be able to work. Emilia, a temporary skilled worker, and her partner lived apart during her pregnancy and after the birth of their baby, so she could continue her work while he did the same as a

temporary skilled worker in the US. He travelled every weekend to see her and the baby. In a very different context, Blessing, a refugee claimant, describes living as a single mother in Canada, since her partner decided to stay and work in their home country, a situation Blessing did not deem safe for their children.

> We were staying in the barracks, like in the military zone, and there was a time the terrorists came into the barracks. It was so bad. And I was not just comfortable, I didn't feel safe – not because of me, but because of the children. That was why I left. It's so difficult because I miss my husband. I want my kids to be with their father all of the time, but… their safety.

Sana and Analyn each described their partners having difficulty finding adequate work once arriving in Montreal. For example, as Sana explained, "he was able to find a job, but unfortunately it was not in his field; it was a low paid job and it wasn't good for him. He wasn't treated fairly." The family ended up splitting their time between Canada and their home country as professional opportunities presented themselves. At times this meant longer periods of family separation, exasperated by stressful and drawn-out visa renewal processes (as described in Chapter 4). For example, when Sana's visa renewal was flagged for "security checks" and ended up taking a year to process rather than the usual few months, it left her and her children unable to visit her partner who was working in their country of origin. She described reaching out to her Member of Parliament for help –

> I was telling her how that affects me and my family. Like my daughter was all the time crying because she misses her dad and she wants her dad. […] She made me feel like I didn't know how… to raise up my children and she was telling me that, and I just felt that – I felt that she says to me, 'It's not your right to tell your child that you have a right to be as a family, and spend the holidays together… because there is this VERY important thing, the security checks that are happening, and since you are subject to that you don't have rights, like humans, like any other family, to be together.' […] Is that going to be acceptable for a Canadian family, to tell them that? Is she going to say that to a Canadian family?

While the nuclear family of two (usually hetero) parents continues to represent the ideal Canadian family structure (Gaucher, 2018), family separation is often represented as justified for many families based on immigration status and therefore a normalized part of precarious reproductive citizenship.

Lastly, Rosamie's story and the experiences shared by others also highlight the importance of extended family within their caregiving networks – both in the provision of direct care (for example, when relatives participate directly in caring for children) and also in relation to the isolation felt when that support is not available. Rosamie experienced both. While originally having close relationships with family members living in Montreal, her pregnancy caused a rift in these relationships, leading to a lack of direct support in her day-to-day life – arguably at a time when she needed it most. At the same time, however, she continued to benefit from supportive extended family in her home country who cared for her eldest daughter there. Whether solo or with their partner, participants share how difficult it was for them to care for their small children without help from their extended family networks. Esther, a first-time mother and the spouse of an international student, recalled relying on the community service provider who led her prenatal

classes for ongoing support and advice postpartum – "I was listening to whatever she asked me to do, […] because I have no relative here to help me." Florence, a refugee claimant, described the challenge of taking on most of the caregiving responsibilities without extended family support –

> I was like, 'Oh, God. How am I going to do this?' Because with [my first son], having other people around me – during that recovery stage, people were there to hold baby. I could sleep. Not like this where I have to do everything myself. My husband helps with the meals and cooking […] but that first stage was a bit challenging trying to do everything yourself, not having a lot of people around like the way you are used to. […] What I can do, I do. What I can't do, I just pause it, I do it later, so I don't have a breakdown.

Community workers also agreed that many parents experience challenges related to isolation and not having an established network of support. For example, in the words of one community worker,

> If you've got a newborn, if you're 36 weeks pregnant, or you've got a couple little kids and you're pregnant or have a newborn, all of a sudden getting out of the house becomes a sort of immense obstacle. Everything takes three times as long, so you're not going to be first to ask for things online. You're not going to be first in the line at the food bank. You're not going to be first in line at the CLSC for your checkups or for urgent care or anything like that. Everything becomes that much more challenging to get out and do on your own. […] [T]hat is the time of life when you call on people you wouldn't normally call. You know - our neighbors or our friends or our family member to come and help us. And so, asylum seekers coming here, they don't have any of that network left, and so they're left kind of having to create that network again, or to get it artificially from us. (Key informant 10, community worker)

In thinking about future children, Esther wants to invite her mother to stay with them. Analyn said the same – "I'm talking with my mom. I told them to come here to help me. Just to stay with me." Others had family members who were able to come stay with them. In part, this was facilitated by ease of travel – for example, when family members were domestic or did not need a visa to travel. Marisol (a spousal sponsorship applicant), for instance, had family living in Montreal and her mother travelled between her home country and Canada frequently. Marisol's story confirmed how helpful it was to have family support – "the first months were so difficult; I don't have time. I'm not was able to feed me. That's why the help from my mother was so helpful." Several refugee claimant mothers (Blessing, Fiorella, and Vivian) were able to have family members from other parts of Canada and the US come help them. For Vivian, her mother was able to help with childcare while she worked.

> She was really helpful coming. I was able to work extra hours. I was able to, you know, put in a lot of work, get money to take care of my daughter, take care of her. […] I felt at least my daughter didn't leave the house. That gave me a lot of peace.

Fiorella lamented having her family leave after spending several weeks together when she was postpartum, but still communicates with them every day. She also tries to remain positive, saying, "I think it's also an opportunity to be a strong family because we know that here we are only the four of us." As Rosamie described, in the absence of family, participants developed close friend

relationships – for example, “They treat me as family” (Gina) and “Here, friends are family” (Agathe). As Analyn elaborated, while trying to hold back tears,

> My friends are very supportive. They took care of me. They are amazing. […] They're always at my side when I need someone to comfort me. They help me and they talk to me because sometimes you're going to cry because you miss your family.

In the absence of affordable or consistent childcare and financial stability, family relationships become more central for those who had access to them. For those who experienced separation and isolation from those family networks, they were doubly penalized by their migratory status: unable to access public supports due to immigration status or other informal barriers, and separation from family and other established caring networks. In addition to a general lack of public support, barriers to family support are also a key component of precarious reproductive citizenship. While participants had varied experiences of both public and family support, the conditionality of this support ultimately situates the needs associated with migrant motherhood within the private sphere. While for established citizens, and white middle- and upper-class families in particular, the private market often symbolizes choice, the lens of reproductive justice and other feminist critiques of neoliberalism (for example, Bezanson, 2010) allow us to see that this is not the lived experience of many other families. Participants’ feelings about their capacity to support their family in Montreal – for example, how they are able to resource themselves and the community they are able to establish – were linked with their overall sense of belonging, both locally and within the province or the country more generally. The following section will highlight the issue of belonging as it relates to motherhood as another prominent metanarrative that emerged from participants’ stories.

Finding community and struggling with belonging:
Farah’s motherhood story

> *I came here as an international student. When I come, I was already pregnant. I had friends here. They help me to get a doctor here, and other supports for living, accommodation, and everything. And I was a research assistant, that's why I was getting paid by the university for studying. I could apply for maternity leave, but at that time they would stop paying me. I have to pay my tuitions, the hospital bills. That's why I didn't. Those time was really difficult – to study and taking care of your child. My professor was saying that I have funds, you can go for Ph.D. I said but my brain is not working anymore. I cannot concentrate anymore, so I cannot go. The offer was really good – as a student, it's like a dream come true. I liked to study too. Doing research is something I do from my heart. But I was totally more than exhausted. I'm trying to get in my track because there is a gap for me and my career for three years... So, I'm trying to slowly get into it, but it's difficult now. Because I wear niqab, it's more difficult for me to find work. I went to learn French at first, but they said with niqab, we don't allow students in the class. My challenge now is my son is going to a French school and I cannot communicate with him because I don't know French. I cannot help him. He brings a book, read this for me. I cannot. You can take the beginner's class online but it's really difficult. I attend some classes, but I think it's not enough. I want to learn French so that I can help my kid, you know? I don't feel like living in Quebec anymore. But if the government allowed us to learn French – yeah, it would be more*

> *easy for me. The Charter of Values,*[81] *it really didn't have a good impact on the society. People scream on the street, 'Go back to your country! It's Quebec*.' *It helps to have the skin, the hair, the language; otherwise, you live here for 50 years, and still you don't belong here. It's better than where I was [before moving to Canada], because the education system here is good. And I can bring them to the library. They can play around. And the environment is calm and quiet. I like it. For the kids, I'm here for the kids.*

Farah came to Montreal with her partner, both as international students, with the hope of settling permanently in Canada. The challenges she faced juggling the pressures of being an international student and taking care of a newborn reflect many of the tensions already described above. Her particular experience as a racialized and visibly Muslim person, mothering both as an international student (and now as a permanent resident), meant she has also faced unique challenges. Since graduating, she has been able to access permanent residency through the QEP. While this changed many things for her family – for example, her partner's ability to access stable employment and access to public health insurance for the whole family – she still feels stuck both due to the implications of being her children's primary caregiver and the structural barriers she faces as a Muslim woman. Her story can only be understood with attention to each of these aspects of her identity and the broader social, political context in which she lives. While she is happy for the future she envisions for her children in Montreal and how they've flourished so far, she is acutely aware that she has sacrificed her own sense of belonging and community to make this happen.

As discussed in Chapter 4, participants frequently described their migration aspirations in relation to their aspirations for their children. When asked whether they found Canada to be a welcoming place to raise their family, participants describe feeling "safe" (Analyn) and "stable" (Reyna), and experiencing a "fairly open society" (Sadeen). In general, however, responses involve a nuanced weighing of pros and cons, such as we see in Farah's story. Sana, also a visibly Muslim international student, initially responded with "It depends," before reflecting on the complexities of her immigration experience and what life in Montreal has meant for raising her family.

> Sometimes I feel it's a privilege; it's great. Coming from [my country], being in Canada for me is a safety thing. I feel like I'm raising my son in a safe place, because teenagers back in [my country], it's not safe for them. Kids his age are targeted, so many of them being killed or being detained. […] So, seeing him going to all these activities, me not being worried about him coming back home from school, I feel really… I'm thankful, I'm happy. I even thank the system.
>
> On the other hand, there are times where the system that supported me [also] at a certain point made me feel I'm suspicious, I'm a threat, […] I am begging something I don't

[81] The Quebec Charter of Values was introduced in 2013 under Premier Pauline Marois to address issues related to state secularism and reasonable accommodation – for example, the controversial proposal to limit public-sector workers from wearing conspicuous religious symbols and requiring the people to have their faces uncovered when providing or receiving public services (Government of Quebec, 2014). The proposed legislated was critiqued for disproportionately effecting Muslim women who wear face coverings for religious reasons (for further discussion, see: Bakali, 2015; Iacovino, 2015). While this Bill did not move forward after the 2014 election, in 2019 Premier François Legault passed legislation that took up many of these same restrictions (Government of Quebec, 2019a).

> deserve. […] Thank god that the kids don't see it so far, […] but for us as adults, we are seeing that, facing it, living it, and sometimes being treated as outsiders, as people who are here to take away from the people in the country, even though they don't see our contribution. […] We want to feel included, to feel part of the system, and to feel welcomed, and to feel accepted.

In Sana's reflection, we can see how immigration facilitated reproductive justice, in that it allowed her the opportunity to raise her children in a safe environment. At the same time, immigration politics that position her as an 'outsider,' due to her precarious immigration status and cultural-religious identity, also construct barriers to reproductive justice and feeling genuinely supported and secure raising a family in Canada.

Some participants pointed to specific policies, in particular at the provincial level, that have contributed to feelings of non-belonging. For example, Farah describes feeling both material and social impacts of islamophobia as heighted by the proposed Charter of Values in 2013, and subsequently reimagined as Bill 21 (Government of Quebec, 2019a). She has experienced this not only as exclusion from employment advancement, but also as impacting the way she is able to engage with her children as a mother. For example, in being excluded from public French classes due to wearing a niqab, her French-language skills have not advanced as fast as her children's. She struggles to be involved in their school and help them with their reading. In another example, both Inès and Sadeen referred to the Quebec government's 2019 decision to cancel a backlog of 18,000 applications from workers and international students transitioning into permanent residency (Government of Quebec, 2019b) as shaking their sense of stability in the province and making them feel less valued as community members. Sadeen, the spouse of an international student who had been in Canada for seven years at the time of the interview, describes, "We can't really secure ourselves here, and they can make decisions like change the criteria [for permanent residency], and there's nothing you can do about it." Refugee claimant mothers, in particular, point also to their recent exclusion from subsidized childcare as symbolic of their overall exclusion from the community. The lack of security associated with having precarious status adds another layer of political exclusion to how these policies are experienced. Whereas community members with full status may feel empowered to speak out politically against policies negatively affecting their families, participants felt less confident and expressed concern that political engagement would negatively affect their status. For example, in relation to the childcare restrictions, Vivian (a refugee claimant) describes,

> Back home I was really actively involved in politics, […] so this kind of thing is something I would have been active about in my country. HOWEVER, I'm trying as much as possible not to get sucked in here. […] I just want to understand from where comes that decision.

Another major factor in belonging that was frequently raised was the issue of language. Participants spoke a range of languages – in regard to Canada's official languages, all but two were comfortable communicating in English, while only four described themselves as fluent in French.[82]

[82] Both French and English were present on all recruitment materials and interviews were conducted in the participants' language of preference; however, more extensive recruitment efforts took place within community organizations with bilingual or primarily English-speaking services and staff, so there may nonetheless be a recruitment bias.

Many noted how language presented challenges for feeling part of Quebec society, both economically and socially. As discussed above, Blessing and Marisol describe discriminatory treatment as a result of not speaking the language. Others, such as Farah and Vivian have found their lack of fluency in French an employment barrier and, despite desiring to improve their French skills, have faced additional challenges accessing language learning resources such as balancing being the sole income earner or the sole care provider or restrictions due to religious expression. These experiences led them to question whether they will ever feel like they belong. Vivian and Blessing, both refugee claimants, have been advised that it would be more pragmatic to move to a province where English is the dominant language – for example, "Every person I've met has told me to move out of Quebec" (Blessing), "A lot of people are leaving for other provinces" (Vivian). International students (for example, Esperanza, Esther, and Farah) have also considered this seriously. Like Farah, however, others also expressed the desire to stay in Quebec despite these challenges because of the values they place on multilingualism for their children – for example, "I would have moved, but it's important to me that my children are bilingual, because it adds value to their life and future" (Blessing). Vivian was resolute to make it work –

> If I can absorb myself into the system as much as possible, I feel like it will make it easier for [my daughter] to settle in the future. I do like it. There are really kind people here. I mean, I have had other experiences, but I choose to dwell on the positive.

In a follow-up conversation, however, she disclosed that she took this advice and had moved out of Quebec in order have more opportunities for employment as someone without strong French language skills.

Apart from these broader systemic issues, participants nonetheless express finding community in Montreal. Rosamie describes the people she's met as "friendly, hospitable, helpful" and Maya explains, "I love the people that I've met here. I have a lot of friends – but actually, I have a lot of who I would call family here as well." For Fiorella, this developed when she moved into an ethnically diverse neighbourhood with "many people of different countries" who she could relate to. For Analyn this is also a factor – "It's nice here and there's also a lot of [people from my] community here, so you don't feel alone." These networks are both sources of material and emotional support and were key in moments of heightening precarity. Gina and Blessing, for example, both describe finding support in the community when they had difficulties with childcare and housing. Esperanza describes feeling a huge sense of support from her fellow students who gifted her baby items – "He has a stroller. He has a bed. Everything. People gave us a lot of things."

Many credit community organizations with helping them and their families be active in their communities and connect to community members. For example, Esther "met a lot of mothers to be friends with" during her prenatal classes at one community organization who continue to be sources of support. Others have found community in their churches – "They treat us as family" (Gina). In reflecting on instances when she felt most welcome in Montreal, Sana describes engaging with community organizations and public programming for children – "that's where the community comes in, to fill the gaps here when you cannot do it." Reflecting on her postpartum experience, Elodie (a former temporary skilled worker who fell out of status) shared how important community is and but believes more can be done to create opportunities for new mothers to connect to each other.

Many participants had become permanent residents already at the time of the interviews or were on a clear set path towards residency. Farah's story, however, highlights how by the time people become permanent residents, they have already experienced structural exclusion on multiple levels and continue to navigate the consequences of that exclusion even after being accepted. She alludes to sacrificing her own sense of belonging in her community to ensure her children's wellbeing and future success. For others, motherhood enhanced their feeling of connectedness by providing new opportunities to build relationships in their communities. We can see clearly how precarious reproductive citizenship continues to shape people's experiences of new motherhood and family life.

Conclusion: Motherhood and reproductive justice

Building on their migration stories and stories of giving birth, participants reflected on their experiences of motherhood, both in caring for their newborns but also more broadly. As reproductive justice calls for a more holistic understanding of reproductive citizenship, the ways in which mothers are able to support and resource themselves within their communities are an integral part of the right to have children and the right to parent children in safe and healthy environments (Ross & Solinger, 2017). We continue to see a denial of access to social programs and economic opportunities based on immigration status. While this is true for many migrant experiences, regardless of gender, sex, or family status, this chapter highlighted policies and programs aimed at supporting new mothers and families with young children. Uniquely, these programs (such as maternity and parental leave, childcare, and child benefits) are created and administered as an acknowledgement that people with postpartum bodies and who are caring for newborns and young children face different challenges biologically, socially, and economically that make them more structurally vulnerable to inequalities within society. Funding and mandating such programs is an acknowledgement that reproduction and the people most impacted by it are equally valued members of society and contribute to society through their reproductive labour (Richardson & Turner, 2001). These are positive steps toward gender equality for anyone who can access these programs. Following this logic, however, deliberate exclusion from these protections signals an undervaluing of certain reproductive labour and a tacit acceptance of the social vulnerabilities those doing this work take on.

As told by community members, this is a denial of precarious status people as having reproductive bodies and aspirations and sends both a material and symbolic message that they are on their own. We can see this in Blessing's stories, describing the way in which her status as a refugee claimant prevents her from accessing childcare, which has not only elongated her state of financial instability but also her isolation and exclusion from other forms of contributing and connection to society. While family support has been the traditional means of filling this gap, this was also not accessible for many participants, as they experienced separation from family members, including children, spouses, and extended family due to the conditions of their migration. Rosamie's story showed the complexity of managing these complex caregiving relationships, especially transnationally. We saw both a general normalization of family separation for precarious status migrants, as separation from spouses and children were waved off as procedural necessities to be endured. At the same time, as is made visible within their lived experiences of precarious reproductive citizenship, we can see a denial of certain migrants' desires for intimacy and aspirations for family creation, as well as the realities of female reproductive bodies. As Farah's

story showed, the cumulative impacts of her immigration status, what that meant for her as she navigated obstetric care and life postpartum, and her experience as someone visibly (and discursively) marked as 'other' to the nation even after receiving permanent residency. Together these elements contributed to her feelings of not belonging, as she became more isolated from professional networks and aspirations and increasingly more isolated from her own children.

While each of these experiences of motherhood is uniquely marked by different immigration statuses, family statuses, socio-economic situations and experiences of racialization, in each case mothers are impacted by precarious reproductive citizenship and structural barriers set in place by the state that signaled their experience of reproduction, and subsequently their families, would not be supported. This required them to resource themselves through different means and act strategically and with care and caution as they navigate their precarious reproductive citizenship and the challenges of motherhood. It has nonetheless come at great personal cost, marked clearly by financial insecurity and physical, mental, and emotional distress. As Sadeen described, "it's the stress of trying to manage all this and try to plan in a situation that's really not designed for you." These stories speak to the strength and resourcefulness of these women who have nonetheless found ways to survive.

I don't know how we're going to survive. (Vivian)

I was only thinking how [is] my baby going to survive. (Farah)

It's been very, very difficult, but we're surviving. (Blessing)

I did these strategies in order to survive. (Sana)

The priority is for us to survive. (Reyna)

I was in survival mode. (Elodie)

I survived. (Analyn)

I survived. (Gina)

We survive. (Rosamie)

I'm just to survive? (Marina)

Conclusion

I bloomed a resistance...
– Mercedez Holtry, 2018

I've seen people being treated differently just because they're immigrants or they don't have papers – like […] they don't deserve a right; they don't deserve something. We're still human in the end. We're still human. We come from different backgrounds. Some people have money. Some people don't. Some people have studied. Some don't. And it's really different, but we're fully human in the end.
– Inés, participant

In a follow-up conversation with Vivian a few months after our interview, she told me that her refugee claim had been approved. She and her daughter had secured permanent residency in Canada. Ultimately, she said that regardless of everything she had been through – walking across the border nine months pregnant, her experience of obstetric violence, her struggle to maintain economic stability and provide as a single mother – was worth it to secure her daughter with a safe environment full of opportunities. As she said in her interview, "I just felt the need to protect her with everything I had." Once again, I was struck by her use of migration and Canada's asylum system as a reproductive justice strategy; while at the same time, the system that gave her that pathway concurrently framed her as problematic and exposed her to new forms of reproductive oppression. The enactment of reproductive justice is not straightforward.

When we talk about pro-choice reproductive politics in Canada, whose choices are we talking about? How do we respond when pregnant noncitizens choose? When Vivian chooses, against all odds, to have her baby, and to have her baby in Canada? When Reyna chooses? When Sana chooses? This dissertation looked at the lived experiences of precarious status people as they navigate pregnancy, childbirth, and motherhood, in order to better understand the impact of precarious immigration status on reproductive citizenship. There is no rule against pregnant noncitizens entering Canada. Is it not a requirement in any of these temporary migration programs that one not be pregnant, that one refrain from intimate relationships (although see: Cohen & Caxaj, 2018). However, the Canadian conception of reproductive citizenship is still grounded within the nation-building project and its historical biases, leveraged as an act of national sovereignty. The pro-choice stance toward reproductive rights fails to consider the wide range of structural barriers constructed around pregnant people. In doing so, it fails to support the choices of people to create and care for their families with, as reproductive justice activists have called for, "dignity, self-determination, and genuine support" (SisterLove, Inc., 2017).

In this conclusion, I will present an overview of the key policy issues identified in participants' stories analyzed through the Reproductive Justice Framework (RJF). I will then summarize key research contributions to Canadian scholarship on migration and reproductive politics, and reproductive justice scholarship, and then explore directions for future research. Lastly, I will provide a summary of the key points and arguments presented throughout this dissertation.

Policy barriers to reproductive justice

Participants held a range of different immigration statuses since arriving in Canada and throughout their pregnancies and experiences of motherhood – for example, as temporary workers, international students, family sponsorship applicants, asylum seekers, and having no status. While these immigration categories represent different journeys, motivations, opportunities, and challenges, they each fundamentally share a grounding in precarity. Specifically, each of these categories represents a different experience of non-citizenship that positions migrants as conditionally present in the country and conditionally eligible to access public services, resources, and protections (Goldring et al., 2009). While participants' experiences of reproductive citizenship are also clearly shaped by race, religion, family- and economic-status, and other factors, immigration status as a legally sanctioned determinant of exclusion has a significant impact. Collectively these stories challenge the legitimacy of precarious migration programs as a means of exclusion, highlighting how immigration status presents a barrier to reproductive justice. In particular, a range of specific polices represent obstacles to reproductive justice – namely, administrative and document processes that are constitutive of precarious migration status, the practice of tying access to vital services, resources, and protections to immigration status, and normalization of precarious reproductive citizenship for pregnant precarious status people through fraud discourses.

Document expiration, transition, and processing

In order to maintain one's legal status, each immigration program requires migrants to maintain up-to-date documentation, for example residency visas and work or study permits. One of the clearest challenges for foreign workers who became pregnant was related to the renewal of work permits (Chapter 4) – maintaining one's work permit was necessary both to maintain one's legal residency in the country and also to maintain eligibility for public services and resources. Stories shared by these participants highlight several key issues and challenges.

Participants whose work permits were not renewed faced the some of the biggest challenges maintaining their residency and access to resources and services. Reyna and Elodie each fell out of status when their employers refused to renew their work permits for reasons related to their pregnancies. Both were effectively fired for being pregnant; however, for foreign workers on closed permits, Canadian policy does not require employers to provide justification for not renewing a work permit. As such, labour standards protections that apply to Canadian citizens experiencing employment discrimination due to pregnancy are difficult to apply to cases like Reyna's or Elodie's. Due to these circumstances, Reyna was unable to finish the Live-in Caregiver Program (LCP) but eventually secured permanent residency through a Humanitarian application (Chapter 4). Elodie's Quebec work experience allowed her to secure permanent residency through the Quebec Experience Program (PEQ). Neither had formal status in Canada for the birth of their children. Workers also faced unexpected gaps in status while renewing their work permits due to unanticipated policy changes and processing times. For example, on several occasions Analyn experienced difficulties having her work permit renewed. Each time there was a gap in status, it also meant a gap in her healthcare coverage, the healthcare coverage of her child, and her child's Canada Child Benefit (CCB). In the case of Inés, she became pregnant towards the end of a work permit that could not be renewed. Although she had been working on her permanent residency application, she faced unexpected challenges navigating the process, leaving her without formal

status or healthcare coverage for the birth of her child. The consequences of not having their work permits were severe. While those with active work permits have access to public healthcare insurance, this coverage is lost when the work permit expires (for both mother and baby, if the father also does not have public insurance). Elodie and Inés had to pay out of pocket for all of their prenatal and obstetric care (Chapter 5). Analyn put off getting necessary postpartum care because she could not afford it without health insurance.

Prolonged processing times did not always result in falling out of status, as experienced by Inés, they more often meant living in prolonged states of precarity and extended conditions of family separation. This was experienced across immigration categories. For those in the former LCP, the lengthy processing times of their work permit renewals and permanent residency application meant prolonged family separation from their spouses (Reyna and Analyn) and their children (Rosamie and Gina) (Chapter 6). As an international student, Sana also described how delays in study permit renewals led to prolonged separation from her partner (Chapter 4). Finally, as an asylum seeker, Blessing described the impact of living in a state of prolonged precarity, separated from her partner, while waiting for her claim to be reviewed (Chapter 6).

Falling out of status or experiencing temporary gaps in status and prolonged processing times are a structural component of the organization of precarious migration (Bhuyan, Valmadrid, et al., 2018). This may even be intensified in the Quebec context, as applicants navigate both provincial and federal-level bureaucratic processes. These structural features of all precarious migration programs are barriers to reproductive justice, as they expose people to the risk of deportation, prolonged family separation, and losing access to basic services. A migration model attuned to the RJF would therefore shift away from reliance on precarious status migration programs, in favour of expanding the accessibility of immigration programs offering permanent status on arrival, and regularization programs for non-status community members. This call for immigration reform is consistent with migrant justice activism in Montreal and across Canada – for example, No One is Illegal, Solidarity Across Borders, and the Migrant Rights Network (see also: Abji, 2013) – and should likewise be incorporated into reproductive rights activism as a defining feature of reproductive injustice in Canada.

Rights allocation tied to immigration status

Although people with precarious immigration status have access to a range of public services, resources, and protections, the specifics of who can access what and under what conditions vary by category. Immigration status can be a direct barrier to reproductive justice, through restrictive eligibility criteria, or an indirect barrier, when conditions related to their status present a challenge for accessibility. Participants' stories showed they struggled (economically, physically, and psychologically) to navigate their ineligibility.

One of the most significant challenges was related to the accessibility of healthcare, and prenatal and obstetric care in particular (Chapter 5). Many participants (international students, family sponsorship applicants, workers with permits under six months, and those without formal status) were ineligible for public healthcare insurance. Because of this, they were required to negotiate their healthcare access through private contracts with healthcare providers and institutions. For these participants, access to prenatal and obstetric care was a major challenge. Clinics routinely refused or expressed reluctance to take them on as patients, explicitly citing their lack of insurance.

High, unregulated, and unpredictable fees presented financial barriers and took a mental toll. Although private health insurance is an option for those with temporary status, most private insurance options do not cover costs related to the birth of a child. Another frequently cited example of restricted access based on immigration status was subsidized childcare and the Canada Child Benefit for asylum seekers (Chapter 6). Without subsidized childcare, asylum seekers, especially single mothers, faced challenges securing employment and covering the costs of basic needs.

Stories also show how immigration status indirectly presented challenges for accessing other services, resources, and protections. For example, particular immigration programs can indirectly penalize a person for taking maternity and parental leave (Chapter 6). People making use of temporary work and study programs who have to complete a certain amount of time working or studying in Canada before being eligible for permanent residency are motivated to not take time off in order to not extend their time in precarity (Gina). Another example, as described above, is access to employment protections for pregnant people and parents. As we saw in Elodie's case, employers of temporary workers do not have to give a justification for not renewing an employment contract, leaving pregnant people without protection against discrimination. Each of these examples references legal rights offered by the state that fall under the category of reproductive citizenship. Participants were generally accepting that they may not have the same access to services and resources as citizens; however, they also made appeals based on global understandings of human rights – for example, "[we] have a right to be as a family" (Sana) and "[we] don't have the right to get sick…?" (Reyna).

In Canada, health, social, and labour policies that comprise reproductive citizenship generally fall under provincial jurisdiction and may therefore vary across provinces. This inevitably complicates advocacy for reforms to reproductive citizenship and any pan-Canadian reproductive justice strategy grounded in global human rights. While access based on immigration status will always present an issue for reproductive justice due to issues of direct discrimination and the structural instability of immigration status (as discussed above), small-scale policy reforms at the provincial level would nonetheless advance this cause. In the Quebec context, opening up access to RAMQ to international students, family sponsorship applicants (especially in cases of pregnancy – for example, the 3-month probationary period for new permanent residents is waived in the case of pregnancy), and children of uninsured parents would facilitate access to vital healthcare for the birthing person and children and support economic stability for these families. Additionally, regulating or capping hospital and physician fees for those without insurance or expanding other options for increasing accessibility of necessary perinatal care would also facilitate reproductive justice. Lastly, opening up access to subsidized childcare for asylum seekers, and ensuring pregnant people have equal employment protections and are not subject to employment discrimination is necessary. Various groups in Quebec have also raised these as key issues of concerned – for example, Médecins du Monde (2019), Observatoire des tout-petits (2019), and Comité des demandeurs et demandeuses d'asile pour l'accès aux garderies (2018).

The right to give birth and parent with dignity

The analysis revealed that pregnant people in these circumstances are often criminalized through discourse, policy, and their interactions in society, represented as taking advantage of immigration and social welfare policies. This representation is used to undermine the authenticity of their needs

as pregnant people and further justify restricted access to services. This exclusion is felt as they interact with service providers, specifically in the healthcare context, where they encounter difficulties accessing care providers and describe experiences of dehumanization and obstetric violence (Chapter 5).

We need more nuanced political discourse for discussing pregnancy and migration that challenges the racist androcentrism of current fraud narratives and fail to include any perspectives of pregnant migrants themselves. Whether it is for the child's safety, education, or future opportunities – it is not unusual for parents to plan their lives around these priorities (Chapter 4). When migration becomes a parental care strategy directed toward those priorities it is frequently viewed as highly suspect and clearly racialized, classed, and gendered. The 'passport baby' narrative has become the default representation of pregnant migrants, when the reality is so much more complex and varied. This dissertation raises several key critiques related to this representation. First, this representation has the homogenizing effect of problematizing any pregnant person that is a non-citizen or who does not have permanent residency as a potential threat to the integrity of the Canadian immigration and citizenship system (Gaucher & Larios, 2020; Larios, 2019b). Missing from this conversation is any nuanced discussion about the varied motivations people have for migration and the global and local dynamics and impact these trajectories. Furthermore, it positions people's reproductive and family lives as apart from their public, bureaucratically-defined lives in a way that casts pregnancy as suspicious rather than simply a feature of everyday life. The impacts of these assumptions are both gendered and racialized, allowing for certain people to be de facto criminalized and face heightened scrutiny at the border, throughout the immigration process, and when accessing health services.

This public narrative presents a barrier to reproductive justice as it impacts pregnant persons' ability to access necessary services and continues to shape their interactions with the healthcare system, in particular. By positioning pregnant migrants as figures of suspicion first, and human beings with human rights second. This dissertation argues that we need new ways of understanding the realities of pregnancy and migration.

Research contributions

This dissertation advances our knowledge of reproductive citizenship and politics in Canada and precarious migration and citizenship in Canada. It also represents a novel case study for the application of the RJF (although see: Abji & Larios, 2020; Cohen & Caxaj, 2018) and for advancing reproductive justice as a normative ideal.

On migration and reproductive citizenship

Reproductive citizenship, traditionally conceived, has been used to conceptualize the social rights and resources made available by the state in exchange for the reproductive labour of reproducing citizens for the nation (Turner, 2001). Feminist citizenship scholars have critiqued the androcentricity of mainstream citizenship models in order to address, for example, how one's relationship with the state is both gendered and racialized, and have called for greater recognition of reproductive labour as a practice of citizenship (Dobrowolsky & Jenson, 2004; Lister & Campling, 2003; Yuval-Davis, 1997). Citizenship and immigration scholars have noted the gendered and racialized nature of reproductive labour, such that racialized migrant women are

encouraged and lauded when caring for the children of Canadian citizens, but often critiqued or rendered invisible when taking care of their own (Larios, 2019a; Migrant Workers Alliance for Change, 2018; Parreñas, 2000). In a context where the rights of citizenship are slowly and partially being extended to non-citizens in accordance with various precarious migration programs, the rights of reproductive citizenship are not consistently or reliably extended to precarious status migrant people, regardless of their contributions to reproducing the citizens of the nation (Basok, 2004; Bosniak, 2000).

Although critical migration scholarship has revealed a lot about the gendered and racialized dimensions of Canada's immigration system, I argue that within the context of expanding precarious migration and rights for non-citizens, a fuller account of reproductive citizenship for precarious status people is needed. For example, while there exists literature on pregnancy and precarious immigration status in Canada, it is rarely the focus of the argument but rather regarded as part of a larger discussion of access to services (Almeida et al., 2013; Munro et al., 2013; Oxman-Martinez et al., 2005), employment (Hanely & Shragge, 2009; McLaughlin, 2009), or birthright citizenship (Buhler, 2002). For example, arguing for employment protections for migrant workers that include pregnancy, while important and certainly aligning with the normative appeal of reproductive justice, is a different argument than arguing for self-determination and dignity in reproduction for each person in virtue of their humanity. Similarly, arguing for access to prenatal and obstetric care as being in the best interests of the child, while important, may also sideline the rights and experiences of the pregnant person themselves.

It is argued here that the issue of reproduction for non-citizens uniquely implicates both nation-building and rights allocation agendas, positioning it as a unique type of problem for the nation-state. In particular, there is a need for an account of pregnancy and migration that extends beyond the dominant public and political narrative of 'passport babies,' to highlight the lived experiences of pregnant precarious status people living in Canada and take seriously the inclusion of sexual and reproductive justice as global human rights. That is, securing reproductive rights (as conceptualized through the RJF) for pregnant precarious status migrants is of fundamental importance, not only because of what it means for the state, not only because of what it means for the baby, but because reproduction with dignity and self-determination is a universal human right for all people. Using the RJF, this dissertation contributes to our empirical knowledge of the reproductive experiences of pregnant precarious status people in Canada and theorizes around the barriers to the full realization of reproductive justice. Through the application of the RJF, this dissertation speaks to and expands the Canadian scholarship on both migration and reproductive politics.

On reproductive justice

As a framework of analysis and normative appeal for reproductive freedom for all people, reproductive justice first emerged to address the reproductive oppression faced by Black women in the US. Scholars have used this framework to interrogate the impact of white supremacy and neoliberal capitalism on the reproductive experiences of marginalized communities more broadly. This scholarship has included immigration, and precarious status migration in particular. Key examples have included obstetric violence experienced by undocumented and other Mexican-origin women (Gutiérrez, 2008), challenges accessing reproductive healthcare for migrant farmworkers (Galarneau, 2013), and inability to access reproductive healthcare and issues of

family separation at the US-Mexico border (Hernández, 2019; Messing et al., 2020). This work shows that immigration systems in the US are a significant barrier to reproductive justice – in particular, for undocumented people and migrant workers from Mexico and Central America.

The RJF is emerging as a relatively new analytic lens within Canadian scholarship. While health scholarship has revealed a lot about the conditions of access and maternal health outcomes related to status in Canada, and Montreal in particular (Almeida et al., 2013), the RFJ allows for a deeper understanding of how these experiences link to other systems of oppression and state power and how these systems shape people's daily lives. Cohen and Cajax (2018) used the RJF to look the reproductive health and wellbeing of migrant agricultural workers under the Seasonal Agricultural Worker Program (SAWP) – including the legal and extra-legal mechanisms that police the sexual behaviour of workers. The authors rightfully point out that the reproductive health of SAWP workers is under-researched. Building on this, this dissertation demonstrates that further research on the reproductive experiences of all precarious status migrants in Canada is needed. And, while the specificities of each particular immigration status contribute uniquely to people's experience of reproduction, it is necessary to examine the growing trend of precarious migration as a whole in order to understand the dynamics underlying individual migration programs. In particular, how the way we think about citizenship and inclusion in the national body continues to mirror historic patterns of exclusion, despite liberalization. In this respect, this dissertation represents a novel application of the RJF, offering a wider structural analysis of immigration in Canada that extends beyond a specific program.

This dissertation contributes to expanding the use of the RJF by bringing it into conversation with migration and citizenship scholarship. Reproductive justice activism is concerned with both advancing the legal rights of marginalized individuals and pushing for a global human rights framework that recognizes the rights of all people beyond their legal membership in a given state. This agenda mirrors debates within migration activism and scholarship on the rights of non-citizens in host states. The extension of legal citizenship status remains an important means of rights protection for precarious status people. However, migration scholars and activists have pointed out the problematic nature of a "birthright lottery" accord to which rights are distributed and protected in accordance to global privilege (Shachar, 2009), and like reproductive justice activists, look to global human rights frameworks to advocate for postnational conceptions of rights allocation (Soysal, 1994). Abji and Larios (2020), in work emerging in part from this project, use the RJF to theorize around the lived experiences of pregnant people in immigration detention as a starting point for reconceiving citizenship and rights allocation. While the case of pregnancy and immigrant detention is an important example, this dissertation contributes to this discussion by showcasing how these same dynamics play out in the everyday lives of precarious status people. Collectively this work argues that reproductive justice needs to be a central component of migrant justice initiatives and global human rights advocacy and it is "a key axis along which the structural violence of non-citizenship is enacted" (Abji & Larios, 2020, p. 1).

Limitations and areas for further research

While the key policy issues summarized above speak to the overall organization of the Canadian welfare state and immigration system, it remains important to consider that there are provincial level variations that exist both in relation to the politics of precarious status migration and

eligibility for services under provincial jurisdiction. Quebec immigration and integration politics are characterized by concerns over the protection of Quebec national identity and the French language (most clearly represented in Farah's story), in a way that sets it apart from the rest of Canada. Furthermore, Quebec as a province has unique authority over immigration into the province, adding another layer of provincial bureaucracy to immigration applications which does not exist in other provinces (Paquet, 2019b). Given these unique features, pregnant people with precarious status may encounter different challenges in other provincial contexts. For example, we would expect precarious reproductive citizenship in British Columbia to be shaped more intensely by the 'birth tourism' narrative, given that phenomena of non-citizen visitors coming to Canada for the express purpose of giving birth is a more prominent political issue there compared to other provinces (Bilefsky, 2019; Lozanski, 2020). Secondly, in addition to these broader political and social contexts, eligibility for provincial services differs. For example, access to public health insurance is not consistent across provinces for international student or foreign workers. Lastly, different initiatives exist in different provinces (and cities) in response to the needs of pregnant precarious status migrant people – for example, Quebec funds services for a very limited number of marginalized pregnant people, including precarious status people, through a partnership with La Maison Bleue community health centres (La Maison Bleue, 2020), while in Ontario, under the discretion of the professional order, midwifery care is provided free of charge to those without insurance (Burton & Bennett, 2013). A cross-provincial analysis would provide a fuller picture of the different experiences of precarious reproductive citizenship in Canada.

Following the RJF, this dissertation focused explicitly on the stories of marginalized community members and provided an in-depth narrative account of the lived effects of the politics and policies shaping pregnancy and childbirth for precarious status pregnant people. The political and policy contexts shaping these experiences were constructed through a review of the relevant provincial and federal policies and public statements to the media. Given that this is publicly accessible information that participants and their communities and service providers interact with, it provided an appropriate contextual grounding for this analysis. A richer account of dominant political narratives and policy decisions could be gleaned, for example, by analyzing parliamentary transcripts and interviews with bureaucrats (for example, Paquet, 2019a; Paterson & Scala, 2017). This would provide a more nuanced account of the position of the state on the issue of pregnancy and precarious status migration.

Although diverse in many other ways, stories analyzed in this dissertation all represented the point of view of a pregnant person identifying as mother. This offered a wealth of analytic leverage as a starting point for thinking about experiences of reproduction but is nonetheless narrow and does not capture the full breadth of experiences. The concept of precarious reproductive citizenship could be effectively applied to understand how co-parents or partners of pregnant people also experience the intersection of precarious migration and reproduction in their families – how do partners feel about missing out on the birth of their child when the family is separated (for example, in cases like Reyna's and Blessing's)? how do partners who are Canadian citizens feel about not having the birth of their child covered by public health insurance because of the status of non-citizen partner (as Elena questioned)? As Jessica Clarke (2020) argues, the experience of pregnancy (while certainly most clearly impacting the pregnant person) has an effect on all co-parents and can take place in a range of family structures.

This dissertation showed the important role of reproductive justice in expanding migrant rights. I see this work moving forward on two fronts. At a time when the federal government has shown no intention of moving away from the use of precarious status migration programs, further research is needed on the intersection of migrant justice and reproductive justice in order to secure accessible services provision for noncitizens. A comparative look at programs in place to support precarious status people giving birth across different provinces and states, including a range of public and non-profit actors, would expand this work. Second, a major barrier to addressing precarious reproductive citizenship is the current model for understanding migration. This dissertation demonstrates the ongoing criminalization of pregnant precarious status migrants through discourses of criminalization and fraud. There is a need for more research that challenges this narrative and provides an alternative model for understanding reproduction and migration. In particular, there is a need to shift the narrative from the criminalization of certain types of racialized mothers and other birth givers to broader discussions of global structures surrounding these issues in a way that is attune to the lived experiences of all types of families.

In summary

This dissertation aimed to address two primary objectives. First, it aimed to expand our understanding of the ways in which immigration status shapes people's reproductive experiences and access to reproductive rights (broadly defined) in Canada. While health research had indicated that precarious immigration status could have a considerable impact on health outcomes for mother and child (Almeida et al., 2013; Merry, Semenic, et al., 2016) and the way they are perceived by healthcare providers (Rousseau et al., 2014; Ruiz-Casares et al., 2013; Vanthuyne et al., 2013), less was known about how pregnant migrants with precarious immigration status make decisions about their pregnancies and navigate this complex policy environment. Furthermore, much of this research is narrow in focus and does not speak to the broad structural barriers that shape immigration trajectories and experiences of pregnancy, childbirth, and parenthood for precarious status people in Canada beyond the healthcare environment (although see: Hanley, Larios et al., 2020; Morantz et al., 2013). In light of this gap, the highly politicized narrative that racialized migrant pregnant women represent a threat to the country dominates the immigration discourse and is used to justify restrictive policymaking – for the example, the removal of jus soli birthright citizenship (Griffith, 2018b; for critique, see: Buhler, 2002).

Second, in recognition of these gaps and their implications, this dissertation aimed to expand our understanding of migrant justice using the Reproductive Justice Framework (RJF). Developed and mobilized by Black women and other marginalized people in the US to analyze the impact of white supremist and neoliberal policymaking on the reproductive experiences of marginalized pregnant people, it is argued here that the RJF is the most appropriate analytic tool we have for unpacking the reproductive experiences of marginalized communities and advocating for their reproductive freedom. In particular, the RJF is well suited to help address the question of what the dynamics of reproduction look like for those whom the state has a vested interest in discouraging from making families.

To meet these objectives, I looked to life experiences of pregnant precarious status people, as shared in narrative interviews, to answer these questions. Migration metanarratives shared in Chapter 4 highlighted how participants consistently framed immigration as an important part of reproductive self-determination and a parental strategy for the care of their children and their

imagined futures. Despite this, they were frequently confronted with suspicion and an immigration system not structured to fit the realities of pregnant precarious status people. As such, migration management on the part of the state was experienced as reproductive management in the lives of participants. When participants fell through the cracks of the immigration system, they risked losing access to vital resources (for example, healthcare) and being deported. These risks were experienced most intensely for racialized participants, single mothers, and those with fewer economic resources.

Metanarratives in Chapter 5 focused on experiences of pregnancy and childbirth. They described how precarious immigration status presented a challenge to accessing prenatal and obstetric care. Participants, specifically those without public health insurance and refugee claimants using the Interim Federal Health Program (IFHP), recounted situations in which they felt their pregnancy needs and experiences were not adequately addressed due to their status. In these cases, interactions within the healthcare environment were experienced as dehumanizing and characterized by obstetric violence.

Lastly, the motherhood metanarratives shared in Chapter 6 highlight how these dynamics carried through to participants' experiences caring for their children. Precarious immigration status continued to present a barrier for participants as they faced barriers accessing childcare care, parental leave, and employment. These challenges were compounded by the transnational nature of participants' care relationships. Most participants were separated from family members (for example, their partners or parents) who would otherwise provide direct caregiving support. In other cases, participants were separated from their children. They faced unique pressures to send remittances and maintain their immigration status in order to qualify for reunification. These experiences shaped participants' overall sense of belonging and community in different ways. For some, motherhood enhanced their sense of community (connecting to community organizations and forging new relationships), while others felt they had sacrificed their own sense of belonging to ensure their children's future wellbeing.

In this dissertation, I argue that having precarious immigration status has a significant impact on a person's experience of pregnancy, childbirth, and parenting; and while immigration itself can be act of reproductive freedom, precarious status is a structural barrier to reproductive justice. We need a more expansive view of reproductive citizenship that is not tied to the objectives of the state, but one in which reproductive justice is guaranteed in virtue of personhood. These stories reveal how reproduction is a fundamental axis along which the structural violence of precarious immigration status is realized. Therefore, reproductive justice is an essential component of migrant justice and human rights advocacy.

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Appendices

Appendix 1: Sample recruitment flyers

RESEARCH OPPORTUNITY
- PARTICIPANTS NEEDED!

What is it like to be pregnant in Canada when you don't have permanent resident status?

If this is an experience you have lived,
I would love to hear your story!
All participants receive $25.00.

If you would like to participate in this research project, contact Lindsay at **(XXX) XXX-XXXX** or by email at **XXXXX@concordia.ca**.

This research has received Ethics Certification from Concordia University.

OCCASION DE RECHERCHE
- BISOIN DE PARTICIPANT!

Qu'est-ce que ça veut dire d'être enceinte au Canada quand on n'a pas le statut de résident permenant?

Si c'est que vous vivez,
je suis très intéressée par ton histoire!
Tous les participants recevront 25$.

Si vous souhaitez participer à ce projet de recherche, contacte Lindsay au **(XXX) XXX-XXXX** ou par email à **XXXXX@concordia.ca**.

Cette recherche a reçu un certificat d'éthique de l'Université Concordia.

Research Participants Needed

What is it like to be pregnant in Canada when you don't have permanent resident status?

If this is an experience you have lived, I would like to invite you to participate in a research project aimed at understanding how immigration status has influenced people's experience of pregnancy in Canada, and their lives after.

WHO?

I am interested in talking to people who have been pregnant in the last five years, while without permanent resident status in Canada. This includes people who, for example, at the time of their pregnancy, were in Canada on a:

- Work visa (or their spouse),
- Student visa (or their spouse),
- Staying as a tourist,
- Refugee claimant,
- Fallen out of status or undocumented,
- Recently sponsored by a family member

This also includes both experiences where people have carried their pregnancy to term and those where people have not.

WHAT?

Participation involves one **confidential** interview lastly about 60-90 minutes. You will receive $25.00 as an honorarium to thank you for your time.

WHERE?

The interview can take place at a location that is convenient for you – some suggestions are at Concordia University's downtown campus, or a quiet public place near your home, like a coffee shop.

If you would like to participate, contact Lindsay at **(XXX) XXX-XXXX**
or by email at **XXXXX@concordia.ca**

Project Title:
Pregnant and Precarious: Canadian Immigration through the Lens of Reproductive Justice
Researcher: Lindsay Larios, Concordia University

This research has received Ethics Certification from Concordia University.

Appendix 2: Key informant consent form

INFORMATION AND CONSENT FORM

Study Title: Pregnant & Precarious: Canadian Immigration through the Lens of Reproductive Justice

Researcher:
Lindsay Larios
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Supervisor:
Stephanie Paterson
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Source of funding for the study: Social Sciences and Humanities Research Council of Canada

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to understand how precarious immigration status influences people's experiences of pregnancy in Canada, and their lives after (for example, caring for their children).

B. PROCEDURES

If you participate, you will be asked to participate in one individual interview lasting approximately 60-90 minutes. This interview will be audio recorded and transcribed by the researcher. This audio information will only be used for the purpose of the transcript.

As well, you will be asked to participate follow-up conversation lasting approximately 15 minutes, either through phone or email according to your preference.

In total, participating in this study will take approximately 2 hours of your time.

C. RISKS AND BENEFITS

We do not anticipate any risk to you from participating in this research.

This research is not intended to benefit you personally. However, participating in the study will allow you to share your experiences and have your voice represented in a body of research that may one day have a positive impact on people that you work with.

D. CONFIDENTIALITY

We will gather the following information as part of this research:

- information discussed in the interviews about your experience of working with people with precarious status who are pregnant and the kinds of supports they are offered and need during this time and after.

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form. We will protect the information by storing it in a locked filing cabinet and on password protected computer in a locked research office.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name. We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher 2 weeks after the completion of the interview.

For participating in this research, you will receive $25 at the time of the interview. This will not be impacted if you choose to withdraw before the end of the research. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) _____

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix 3: Participant consent form

INFORMATION AND CONSENT FORM

Study Title: Pregnant & Precarious: Canadian Immigration through the Lens of Reproductive Justice

Researcher:
Lindsay Larios
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Supervisor:
Stephanie Paterson
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Source of funding for the study: Social Sciences and Humanities Research Council of Canada

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to understand how immigration status has influenced your experience of pregnancy in Canada, and your life since (for example, caring for your children).

B. PROCEDURES

If you participate, you will be asked to participate in one individual interview lasting approximately 60-90 minutes. This interview will be audio recorded and transcribed by the researcher. This audio information will only be used for the purpose of the transcript.

As well, you will be asked to participate follow-up conversation lasting approximately 15 minutes, either through phone or email according to your preference.

In total, participating in this study will take approximately 2 hours of your time.

C. RISKS AND BENEFITS

We do not anticipate any risk to you from participating in this research. Nevertheless, you may feel insecure or perceive potential disadvantages due to your current or previous precarious immigration status. You may choose not to answer a question or to stop participating in the interview at any time if you become uncomfortable. If you feel like you cannot manage your emotional discomfort on your own, you may consult the list of resources provides with this form.

This research is not intended to benefit you personally. However, participating in the study will allow you to share your story and have your voice represented in a body of research that may one day have a positive impact on people with similar experiences as you.

D. CONFIDENTIALITY

We will gather the following information as part of this research:

- demographic information to facilitate analysis of patterns or themes among participants (e.g., age, sex, marital status, county of origin, immigration status, income, employment status,);
- information discussed in the interviews about your experience of pregnancy and you life since (for example, caring for your children).

We will not allow anyone to access the information, except people directly involved in conducting the research. We will only use the information for the purposes of the research described in this form. We will protect the information by storing it in a locked filing cabinet and on password protected computer in a locked research office.

The information gathered will be coded. That means that the information will be identified by a code. The researcher will have a list that links the code to your name. We intend to publish the results of the research. However, it will not be possible to identify you in the published results.

We will destroy the information five years after the end of the study.

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and

your choice will be respected. If you decide that you don't want us to use your information, you must tell the researcher 2 weeks after the completion of the interview.

For participating in this research, you will receive $25 at the time of the interview. This will not be impacted if you choose to withdraw before the end of the research. There are no negative consequences for not participating, stopping in the middle, or asking us not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) _____

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix 4: Translator confidentiality form

TRANSLATOR CONFIDENTIALITY AGREEMENT FORM

Study Title: Pregnant & Precarious: Canadian Immigration through the Lens of Reproductive Justice

Researcher:
Lindsay Larios
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Supervisor:
Stephanie Paterson
Dept. of Political Science, Concordia
XXXXX@concordia.ca
XXX-XXX-XXXX

Source of funding for the study: Social Sciences and Humanities Research Council of Canada

I understand that when employed as an interpreter/translator, my responsibility is to facilitate communication between two or more parties that do not speak or understand the same language. **All information discussed between the parties is considered to be "confidential".**

I agree to hold confidential or proprietary information in trust and confidence and agree that information discussed at a meeting/activity shall be used only for the purposes of conducting such meeting/activity and shall not be used for any other purpose, or disclosed to a third party.

Furthermore, at the conclusion of the meeting/activity, I agree to return all written information (i.e., forms, notes, etc.) provided to me for the purposes of conducting such meeting/activity.

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research as an interpreter/translator under the conditions described.

NAME (please print) _____

SIGNATURE _____

DATE _____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix 5: List of resources

Helpful Resources

ARE YOU EXPERIENCING DIFFICULTIES ACCESSING HEALTH SERVICES?

Doctors of the World - Médecins du Monde
https://www.medecinsdumonde.ca/en/
https://www.medecinsdumonde.ca/en/clinic-uninsured-migrants-2/
560 Crémazie E Blvd (Metro Crémazie) Montreal, QC H2P 1E8
514-281-8998 ext. 246

ARE YOU A LOOKING FOR SOCIAL SUPPORT AND INFORMATION ON CARING FOR YOURSELF AND YOUR FAMILY?

Montreal Diet Dispensary - Dispensaire Diététique De Montréal
https://www.dispensaire.ca/en/
2181 Lincoln Ave (Between Metro Guy-Concordia & Metro Atwater), Montreal, QC H3H 1J3
514-937-5375
info@dispensaire.ca

South-Asian Women's Community Centre – Centre Communautaire des Femmes Sud-Asiatiques
http://www.sawcc-ccfsa.ca/EN/
1035 Rachel St East, 3rd Floor Montreal, QC H2J 2J5
514-528-8812
sawcc@bellnet.ca

Chez Doris
http://chezdoris.ca/
1430 Chomedey, Montreal, QC H3H 2A7
(514) 937-2341
information@chezdoris.org

DO YOU NEED TO TALK TO SOMEONE ABOUT A WORK PROBLEM OR FIND INFORMATION ON YOUR RIGHTS?

Immigrant Workers Centre - Centre des Travailleurs et Travailleuses Immigrants
http://iwc-cti.ca
4755 Van Horne, #110 (Metro Plamondon), Montreal, QC H3W 1H8
514-342-2111
info@iwc-cti.org or iwc_cti@yahoo.com

Project Genesis
https://genese.qc.ca
4735 Côte-Sainte-Catherine Road (Metro Côte-Sainte-Catherine), Montreal, QC H3W 1M1
514-738-2036

DO YOU NEED LEGAL ADVICE ON IMMIGRATION ISSUES?

Just Solutions Clinic – Solutions Justes
http://www.montrealcitymission.org/en/programs/just-solutions
1435 City Councillors St, 3rd floor (Metro McGill) Montreal, QC H3A 2E4
514 844-9128 ext. 201 or ext. 204
solutions.justes@gmail.com

ARE YOU EXPERIENCING DOMESTIC VIOLENCE AND LOOKING FOR SHELTER OR OTHER SOCIAL SUPPORTS?

Shield Of Athena Family Services – Bouclier d'Athena Services Familiaux
http://shieldofathena.com/en
514-274-8117 OR 1-877-274-8117
HELP LINE: 514-270-2900

ARE YOU A REFUGEE CLAIMANT OR ASYLUM SEEKER NEEDING SUPPORT?

Regional Program for the Settlement and Integration of Asylum Seekers - Programme régional d'accueil et d'intégration des demandeurs d'asile (PRAIDA)
http://ciusss-centreouestmtl.gouv.qc.ca/en/care-and-services/asylum-seekers-praida/
3725 St Denis St (Metro Sherbrooke), Montreal, QC H2X 3L9
514-284-0054

PRAIDA-YMCA Day Centre
4039 Tupper Street (Metro Atwater) Montréal, Québec H3Z 1T5
514 932-5353 ext. 2008

Action Refugees Montreal - Action Réfugiés Montréal
https://actionr.org
1439 Ste-Catherine St. W. Suite 2 (Metro Guy-Concordia) Montréal, Québec H3G 1S6
514-935-7799
info@actionr.org

HAVE YOU FALLEN OUT OF STATUS OR UNDOCUMENTED IN CANADA AND NEED SUPPORT?

Non-status Women's Collective of Montreal – Collectif des femmes sans status
http://www.solidarityacrossborders.org/en/non-status-women
femmes.sans.statuts@gmail.com

Appendix 6: Key informant interview guide

Key Information Interview Guide

(1) Can you tell me a little bit about your organization and the work you do?

(2) What are the challenges that people with precarious immigration status face when becoming pregnant?
    a. With prenatal care?
    b. Birth?
    c. Postpartum?

(3) What are the challenges that people with precarious immigration status face when caring for children?

(4) Are there specific policies and programs you can identify as problematic or missing altogether? What strategies do you employ to navigate these issues?

(5) Are there specific policies and programs you can identify as helpful?

(6) Not having permanent residency in Canada often means there are certain services people may not be able to access as freely or different stereotypes that people may encounter –
    - how do you feel about government responses to this situation?
    - how do you feel about grassroots/community responses to this situation?
    - is funding as issue in serving people with precarious status?

(7) How do you perceive citizenship and immigration policy as enabling or constraining? Would you describe Canada as a caring country? In your opinion, what would a caring immigration and citizenship policy look like?

(8) What are the challenges involved in this work, personally or professionally?

(9) Why do you do this work? Why is it important to you?

Debriefing Script:

That's all the questions that I have for you today. Is there something else you would like to add about your experience that I haven't asked you about?

Thank you very much for agreeing to talk with me today. I really appreciate it. With your permission, I will contact you again within the next year to check in with you about the project and get some feedback from you. I will also update you with any publications or presentation that happen connected to this project. Do you agree to being contacted again? If so, what method of contact do you prefer?

In the meantime, if you have any questions or concerns about the project, feel free to contact me.

Appendix 7: Participant interview guide

Participant Interview Guide

(1) CAN YOU TELL ME A LITTLE BIT ABOUT HOW YOU CAME TO CANADA?

Prompt Questions:

- What motivated you to come?
- What was the process? – E.g. what pathway/program
- Who came with you?

(2) CAN YOU SHARE WITH ME YOUR STORY OF BECOMING PREGNANT?

Prompt Questions:

- When you first realized you were pregnant, what did you think the changes that would mean for your body and your life?
- Did you always want to be a mother? Was it difficult to decide how to proceed with the pregnancy? What influenced that choice?
- What prenatal and maternal or other health practices did you engage in?
    - Did you have access to RAMQ or other health insurance?
- How do you feel about the level of care you were given and the services you were able to access during your pregnancy?
- Did you experience discrimination or unequal treatment?

If pregnancy carried to term (if not, go to 3b for unplanned loss of pregnancy, to 3c for planned termination):

(3A) CAN YOU SHARE WITH ME YOUR EXPERIENCE OF GIVING BIRTH?

Prompt Questions:

- How would you describe your ideal birthing experience? In what ways did your birthing experience match your ideal? In what ways did it differ?
- What influenced the choices you made surrounding the birth?
- Who was involved in the birth process? Did you feel supported? If you had questions or concerns, did you feel listened to?
- Did it go how you expected? How do you feel about how it went?
- In what ways did you immigration status influence your birthing experience?
    - Did you experience discrimination or unequal treatment?
    - Were there services or treatments you had difficulty accessing?
    - Partner/father's immigration status?
- What does it mean to you that your child was born in Canada? What has it meant for your sense of community in Canada?

If pregnancy is not carried to term due to unplanned loss of pregnancy (e.g. miscarriage):

(3B) CAN YOU SHARE WITH ME YOUR EXPERIENCE WITH PREGNANCY LOSS?

Prompt Questions:

- What were the things you needed most during this experience?
- Who was involved in your care after that experience? Did you feel supported? If you had questions or concerns, did you feel listened to?
- How do you feel about the experience?
- Did you experience discrimination or unequal treatment? Were there services or treatments you had difficulty accessing?

If pregnancy is not carried to term due to planned termination (e.g. abortion):

(3C) CAN YOU SHARE WITH ME YOUR EXPERIENCE TERMINATING YOUR PREGNANCY?

Prompt Questions:

- What things were important to you during that experience?
- What influenced the choices you made surrounding terminating your pregnancy?
- Who was involved in the termination process? Did you feel supported? If you had questions or concerns, did you feel listened to?
- Did it go how you expected? How do you feel about how it went?
- Did you experience discrimination or unequal treatment? Were there services or treatments you had difficulty accessing?

(4) ARE YOU THE PRIMARY CAREGIVER OF YOUR CHILD(REN)?

If participant is primary caregiver (if not, go to 5b):

(5A) CAN YOU SHARE WITH ME YOUR EXPERIENCE CARING FOR YOUR CHILD AFTER THEY WERE BORN?

Prompt Questions:

- When you first thought about motherhood, what did you think the changes that would mean for your life?
    - What has it meant for work/school? How have your supported yourself?
- What most influences the choices you make caring for your child(ren)?
- What services are you accessing that help you take care of your child(ren) – e.g. healthcare, childcare, education, and financial benefits? Are there services you wish you could access that you can't?
- How do you feel about the services you access? How do you feel about not being able to access certain services?
- In what ways did you immigration status influence your experience caring for your child(ren)?
    - Did you experience discrimination or unequal treatment?

If participant is not primary caregiver (cases of adoption or separation):

(5B) WHO IS THE PRIMARY CAREGIVER FOR YOUR CHILD(REN)?

Prompt Questions:

- What most influenced this choice/outcome? How do you feel about it?
- What relationship do you have with your child? Are you involved? – e.g. Financial support? Communication?
- What services or supports are you accessing that help you through this transition – e.g. community organizations, mental health services, family services? Are there services you wish you could access that you can't?
- In what ways did immigration status influence your experience? Did you experience discrimination or unequal treatment?

(6) HOW WOULD YOU CHARACTERISE YOUR EXPERIENCE WITH IMMIGRATION SINCE COMING TO CANADA?

- Have there been things that surprised you?
- (IF APPLICABLE) has having a child impacted your immigration process? Or the way you thought about the immigration process?
- Would you describe Canada as a caring country?
- What would make you feel more welcomed?

Debriefing Script:

That's all the questions that I have for you today. Is there something else you would like to add about your experience that I haven't asked you about?

Thank you very much for agreeing to talk with me today. I really appreciate it. With your permission, I will contact you again within the next year to check in with you about the project and get some feedback from you. I will also update you with any publications or presentation that happen connected to this project. Do you agree to being contacted again? If so, what method of contact do you prefer?

In the meantime, if you have any questions or concerns about the project, feel free to contact me.