



Finding Care, Facing Barriers: Immigrant Women's Experiences with Rural Healthcare in Nova Scotia

Stories, Challenges, and Solutions from the Voices of Immigrant Women



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STUDY INTRODUCTION



RURAL HEALTHCARE RESOURCES CANNOT MEET THE POPULATION'S NEEDS

More racially diverse immigrants are now settling in rural parts of Canada, like Nova Scotia, rather than just big cities. But healthcare services in these areas have not improved enough to meet their needs. Rural healthcare has had fewer resources compared to cities, and this gap is still a problem today.

IMMIGRANT WOMEN FACE ADDITIONAL CHALLENGES IN ACCESSING HEALTHCARE

The lack of healthcare resources is more challenging for immigrants who move to rural areas. Immigrant women, in particular, often need different kinds of care than the general population. However, they face extra barriers like discrimination and unfair treatment.

STUDY AIMS

The study aims to understand the social and healthcare challenges faced by immigrant women living in rural areas so that better healthcare solutions or strategies can be developed and proposed to improve their health and well-being.

PARTICIPANTS

A total of 22 immigrant women were interviewed, speaking about their experience of accessing care in rural Nova Scotia. Most of the interviews were held virtually, except for 3 that were in-person. All participants were Nova Scotia residents.



DATA COLLECTION

Recruitments were done through:

Posters and social media



Word of mouth

Resettlement coordinators



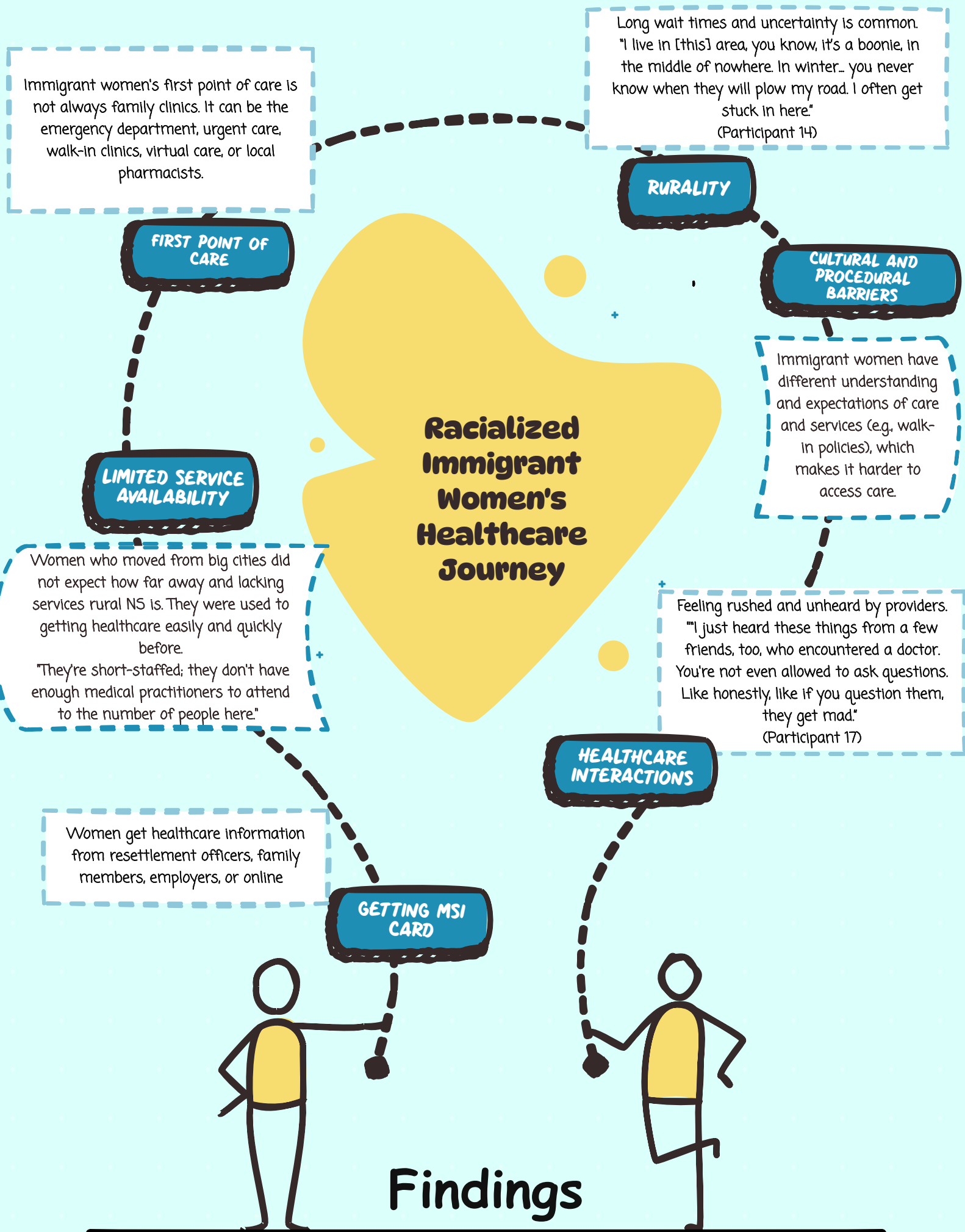
DATA ANALYSIS

Transcripts were analyzed, and the data were used to guide the documents selected for analysis.

Initial results were distributed to willing participants for member-checking.

Final results reported.





BARRIERS TO HEALTHCARE IN CANADA

Immigration Status Matters

In Canada, only specific statuses qualify for Medicare coverage. Canadian-born individuals and long-term immigrants often enjoy stronger social networks that can provide additional support compared to newcomers..

Racial/ Ethnic Discrimination

Assumptions based on looks and accents.

"English is my first language, I grew up speaking English. It might be different for people who cannot speak English fluently or who speak with an accent. I think that [accent] has more impact on how their experiences."

Employment Impact

Didn't matter much for basic care—but did for non-covered services like dental, vision, or medications. Those without private insurance often pay out of pocket or depend on their spouse's plans, limiting independence.

"To buy medicine, I used to be included under my husband's insurance...if I didn't have coverage, drugs can be expensive here."

Being a Woman

Many women were prioritized only in relation to reproduction

"I told them repeatedly, 'I'm not pregnant, trust me.' When they realized I wasn't pregnant or had miscarried, they told me, 'You can go home.'... Honestly, as a woman, I am offended and feel so disappointed."

Rural vs Urban Challenges

Rurality makes the issues worse. Limited service hours and public transportation, as well as weather conditions, and loneliness, make it harder for women to be included in the community or get help when needed.

"we are not prioritized during a power outage....We are disconnected because of where we live."

Policies Shape Experiences

The way the healthcare system runs and works shapes healthcare experiences.

"I think there is definitely some confusion about how the policies are used that needs to be reviewed because the policies are not women-centred."

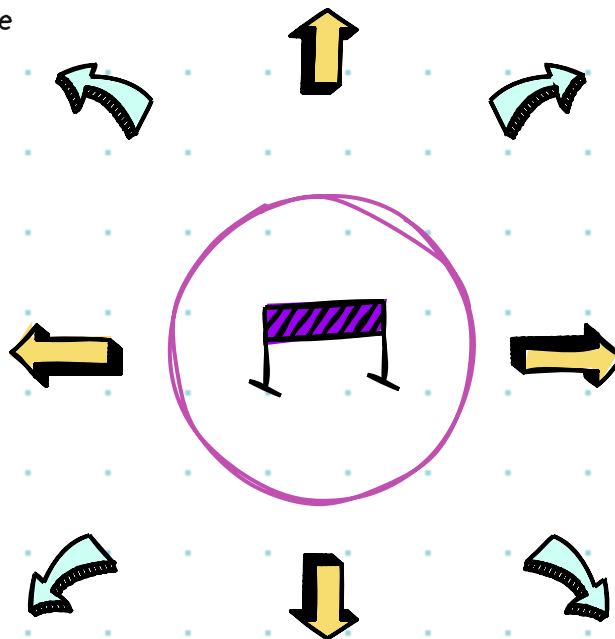
Individual Responsibilities

The Canadian healthcare system demands that women learn and understand how to access services on their own. In contrast, healthcare in the women's home countries is more publicly accessible and user-friendly.

Beliefs Affect Perceptions

Beliefs influence engagement with healthcare.

"I know sometimes it can be intimidating [to speak out and ask questions] because we came from, you know, a third world country."



How Immigrant Women Access Rural Healthcare in Nova Scotia

Immigrant women living in rural Nova Scotia have a hard time getting healthcare. This is because of problems in the way society, culture, and the healthcare system work. These problems make it more difficult for them to get the help they need.

What they do:

They rely on self-care to avoid the system.
They join community or online groups for support.
They participate in public life, like paying taxes or signing up for MSI. They contribute and belong, so they deserve the same access to healthcare as everyone else.

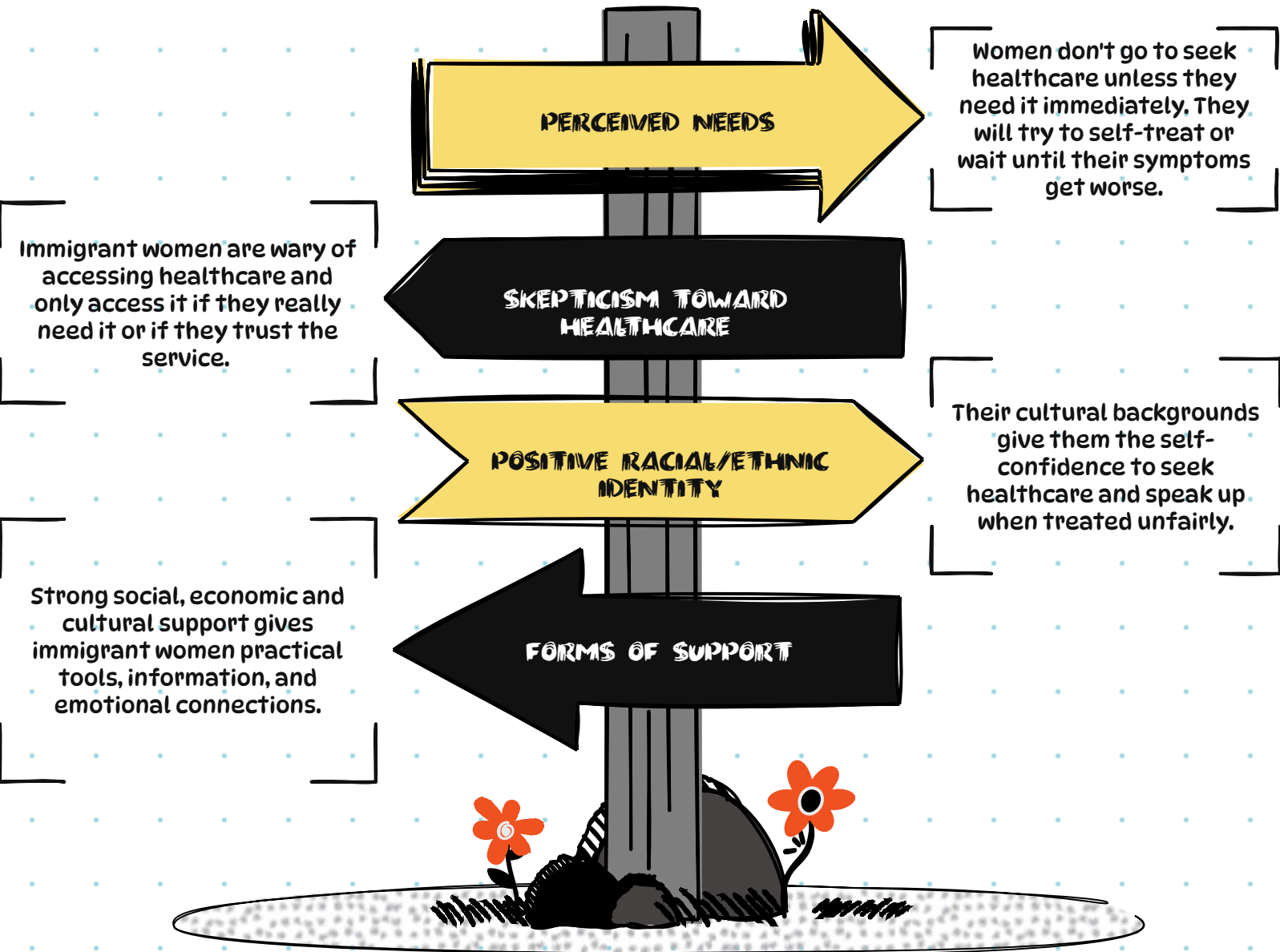
When facing discrimination, they also:

Speak up when unfairly treated.
Build new support groups with others who share their background.
Travel to other communities or home countries for better healthcare.
Stay connected to their culture through medicine and advice from back home.

KEY MESSAGE

Immigrant women in rural Nova Scotia are not passive; they are resourceful, resilient, and constantly working to overcome barriers in the healthcare system. Supporting them means recognizing the real challenges they face and valuing the strengths they bring.

WHAT HELPS THEM ACCESS HEALTHCARE?



RECOMMENDATIONS

FOR POLICYMAKERS : BUILDING A FAIRER HEALTHCARE SYSTEM

Improve access to the clinics that work for real life

Rural clinics are often only open 9-5 on weekdays, making it hard for working women and families to get care.

Create clinics that open later and include walk-in options.

People are willing to travel if they know they'll get quality care!

Match healthcare coverage with immigration status

Right now, newcomers like temporary workers and international students must renew their health cards every year, even when their visas are longer.

Aligning health coverage with the full length of their permit would reduce stress and paperwork and make sure people don't lose access to care.

Make it easier to get care from outside the province or country

When care isn't available locally, some women are willing to travel, even out of province or abroad.

Policymakers should create flexible referral options and help cover costs when local care isn't an option.

Track how these referrals work to improve services and make them more fair.

FOR COMMUNITY ORGANIZATIONS: BRIDGING PEOPLE

Your work is essential

From WhatsApp chat to community potlucks, you help newcomers find support and healthcare options they trust.

You are often the first place immigrant women turn when they don't know where to go.

Continue connecting newcomers with health services

Help build confidence around using local clinics, booking appointments, and understanding how the system works.

Provide info in multiple languages and include cultural context where possible.

Host sessions on how the healthcare system works, who is eligible for what, and what to do in emergencies.

Partners with local clinics, pharmacists, or health navigators for added support.

RECOMMENDATIONS

FOR PROFESSIONAL COLLEGES AND HEALTHCARE TEAMS: DELIVERING CARE THAT WORKS

Take time to explain your thinking

Many immigrant women want to understand their health and treatment options, but sometimes, healthcare providers move too quickly or don't explain enough.

Even when there are language barriers, patients are often eager to learn. Taking a few extra minutes to explain your thought process—why you're recommending a test, treatment, or wait time—can make a big difference.

When patients understand the "why" behind your decisions, it builds trust, reduces confusion, and helps them feel respected and involved in their care.

Build trust through relationships

Immigrant women are often hesitant to seek help. When they do, listen closely and take concerns seriously. Early action can avoid unnecessary ER visits and worsening symptoms.

Take time to learn about your patients' backgrounds and values. Don't assume; ask, listen and validate their concerns.

Go beyond cultural awareness. Address power dynamics, racism, and colonial systems in care. Embed anti-racist and equity-based practices into daily routines, team discussions, and evaluations.

Learn from and work with community networks

Patients are already using social media, faith groups, and informal circles to get health information.

Partner with those networks to share accurate health info and reduce misinformation.

KEY MESSAGE

Immigrant women in rural NS are doing their part to access healthcare, but the system needs to meet them halfway. Together, we can build a fairer, more accessible, and human-centred system that works for everyone.

