



## ***Position Paper #10***

# **Reproductive Healthcare Access for Newcomers**

While newcomers to Canada often face barriers such as language, cultural differences, and discrimination, these challenges are compounded when it comes to accessing abortion care and reproductive health care. This paper aims to explain the barriers that newcomers face when accessing reproductive health care services. Newcomers can be defined as immigrants, refugees, students, migrant workers, and other individuals who are new to the country and may be unfamiliar with the Canadian health system.

## ***Canada's Diverse and Expanding Newcomer Population***

Newcomers make up over a quarter of the Canadian population. In 2021, immigrants and permanent residents comprised 23% (8.3 million)<sup>1</sup> of the population, with an additional 3% of the population considered non-permanent residents.<sup>2</sup> Immigration has been the main driver of population growth in Canada since the 1990s. However, in the past few decades, newcomer populations have shifted considerably, with more people coming to Canada with precarious immigration status. There are many systemic and cultural barriers that newcomers face when accessing the Canadian healthcare system. Newcomers' experiences with healthcare access also vary greatly based on factors of public healthcare coverage.

## ***Obstacles to Reproductive Health Care***

In general, newcomers face barriers when accessing health care in Canada. These issues are further compounded when accessing reproductive health care.

Language and literacy are significant barriers to access for many newcomers, particularly those whose primary language is not English or French. The lack of translation services can cause delays in accessing health care, as well as make it more difficult to obtain proper treatment and correct diagnoses. Without being able to express concerns and ask questions about their health

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<sup>1</sup> Statistics Canada. 2023. (table). *Census Profile*. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released November 15, 2023. <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm> (search: Immigrant)

<sup>2</sup> Ibid.

or the healthcare process, immigrants and newcomers may not receive the same quality of care as someone who is born in Canada.

Furthermore, previous cultural norms and biases can influence the care that individuals receive. For example, some newcomer ciswomen may only feel comfortable receiving care and discussing reproductive health with a woman practitioner. This can lead to longer delays in care. For some newcomers, conversations around abortions and contraceptives may be seen as problematic and heavily stigmatized.<sup>3</sup> The stigma around sex and contraception can make it difficult for newcomers to take the initiative in accessing contraceptives and abortions. If youth are coming from a culture that stigmatizes sexual health, they may be reluctant to access health care and seek proper guidance from family.<sup>4</sup>

Providers' limited awareness of newcomers' varying insurance statuses, along with gaps in cultural competence, can significantly impede equitable access to care. For example, a Saskatchewan study described a Muslim woman misdiagnosed during Ramadan because her doctor assumed her pain was due to fasting, when in fact her appendix had ruptured.<sup>5</sup> Such cases reveal how cultural assumptions and provider bias can delay accurate diagnosis and care. Moreover, uninsured newcomers often face uncertainty about whether they can access the care they need, since eligibility frequently depends on the discretion of hospital staff. Together, these factors create structural and interpersonal barriers that deter newcomers from seeking timely medical help.<sup>6</sup>

For newcomers who are not covered by public health care, the primary concern is the out-of-pocket costs. With inconsistent coverage in provinces and territories, many newcomers arrive in Canada and are ineligible for a public health plan.<sup>7</sup> If individuals can access care, they often face out-of-pocket costs that they may not be able to afford.<sup>8</sup>

## ***Difficulty Understanding the Reproductive Landscape***

For many newcomers struggling to navigate their new country, the struggle to understand their rights and the healthcare laws in Canada is a significant issue that prevents people from

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<sup>3</sup> Lane G, Hengstermann M, White J, & Vatanparast H. (2021). Newcomers' challenges with accessing healthcare services in Saskatchewan, Canada. *Border Crossing*, 11(2), 155-172. <https://bordercrossing.uk/bc/article/view/1222/1617>

<sup>4</sup> Meherali S, Salami B, Okeke-Ihejirika P, Vallianatos H, & Stevens G. (2021). [https://www.researchgate.net/publication/353423519\\_Barriers\\_to\\_and\\_facilitators\\_of\\_South\\_Asian\\_immigrant\\_adolescents'\\_access\\_to\\_sexual\\_and\\_reproductive\\_health\\_services\\_in\\_Canada\\_A\\_qualitative\\_study](https://www.researchgate.net/publication/353423519_Barriers_to_and_facilitators_of_South_Asian_immigrant_adolescents'_access_to_sexual_and_reproductive_health_services_in_Canada_A_qualitative_study)

<sup>5</sup> Lane et al, *ibid*.

<sup>6</sup> Larios L, Ahonon MP, Elias H, & Halldorson H. (2025). Migrant Reproductive Justice: Experiences of Uninsured Pregnant People in Manitoba, Canada. <https://mansomanitoba.ca/wp-content/uploads/2025/03/MRJ-final-report-March-2025.pdf>

<sup>7</sup> Planned Parenthood Ottawa. <https://ppottawa.ca/resources/pregnancy-options/>

<sup>8</sup> Larios et al. (2025), *ibid*.

accessing reproductive health care.<sup>9</sup> This can become a battle and a barrier as newcomers may feel pressure to carry on with the pregnancy due to the lack of access to reproductive health care information.

In Canada, about 95% of abortions are done in the first trimester of pregnancy (first 12 weeks).<sup>10</sup> But without fully understanding their rights, newcomers may be more likely to continue a pregnancy for longer than necessary.<sup>11</sup> The lack of access to public education on reproductive rights becomes a significant barrier because access and choice are not the only factors needed for an abortion – receiving support is also a considerable need.<sup>12</sup> Among newcomers, youth are most vulnerable and do not have proper access to contraceptives.<sup>13</sup>

## ***Migrant Workers and Abortion Access***

Migrant workers (or temporary workers) face additional barriers when attempting to access abortion or reproductive health care.<sup>14</sup> Beyond access to basic reproductive health care like pregnancy tests, birth control, and abortions, migrant workers struggle to seek support from their employers when they are pregnant or parenting.<sup>15</sup> In this case, their immigration status becomes the greatest barrier to access. Instead of seeking help, migrant workers may put aside their reproductive health for the sake of work.<sup>16</sup> For migrant workers, both carrying their pregnancy to term and getting an abortion come with the risk of losing their jobs.

Being dependent on a work permit means that the employee does not receive the same rights as a Canadian citizen or permanent resident. Although they can take time off work during pregnancy, the employer is not obligated to hire them back.<sup>17</sup> This puts workers at risk of losing income and employment, as well as their ability to stay in the country (i.e., closed work permits).

Although some migrant workers have public health insurance that can help with the cost of abortion, those who are not covered can struggle with the expense. For example, in Quebec, only migrant workers with a closed permit of more than six-months are eligible for public

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<sup>9</sup> Paynter M, Heggie C, McLeod A, Castonguay M, Fuller M, & Norman WV. (2025). The role of doulas in abortion care in Canada: A qualitative study. *PloS one*, 20(3), e0313918.  
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0313918>

<sup>10</sup> Action Canada (2019).

<sup>11</sup> Paynter et al., *ibid*.

<sup>12</sup> Paynter et al., *ibid*.

<sup>13</sup> Khan Z. (2023). Contraception options and reproductive access (CORA) for newcomer youth in Canada: a qualitative knowledge translation investigation (Doctoral dissertation, University of British Columbia).  
<https://open.library.ubc.ca/soa/cIRcle/collections/ubctheses/24/items/1.0435574>

<sup>14</sup> Larios L. (2023). Briefing Note on Migrant Worker Access to Reproductive Care in Canada For the Senate Standing Committee on Social Affairs, Science, and Technology. University of Manitoba.  
[https://sencanada.ca/Content/Sen/Committee/441/SOCI/briefs/2023-11-20\\_SOCI\\_Brief\\_Dr.L.Larios\\_e.pdf](https://sencanada.ca/Content/Sen/Committee/441/SOCI/briefs/2023-11-20_SOCI_Brief_Dr.L.Larios_e.pdf)

<sup>15</sup> Larios (2023), *Ibid*.

<sup>16</sup> Larios (2023), *Ibid*.

<sup>17</sup> Larios (2023), *Ibid*.

health coverage, while in Manitoba, workers must have a permit of at least twelve-months to be eligible for healthcare coverage.<sup>18</sup> This becomes an issue as workers with shorter permits are potentially compromising their health to work in Canada. Depending on the stage of pregnancy and the type of abortion care needed, an uninsured person may pay up to \$10,000 – the latter was charged to a patient accessing an abortion in Winnipeg, MB at the Health Sciences Centre.<sup>19</sup> Additionally, any travel needed to access abortion care can be costly, especially if individuals are unable to receive paid time off.<sup>20</sup> Thus, for migrant workers, the cost, time, and their immigration status become an obstacle to accessing proper abortion and reproductive health care.

### ***Special Healthcare Needs for Refugees and Immigrants***

Some refugees may have special healthcare needs due to their previous exposure to war, the trauma of being forcefully removed from their home country, and being forced to live in refugee camps.<sup>21</sup> For example, some African newcomers may have dealt with the trauma of female genital mutilation before arriving in Canada.<sup>22</sup> Since this is not a practiced procedure in Canada, many doctors may lack the necessary resources or knowledge to accommodate the needs of these individuals. As a result, newcomers who have undergone genital mutilation have experienced doctors making hurtful comments about their bodies.<sup>23</sup>

To ensure safe, culturally appropriate, and equitable access to care, healthcare providers must understand the different anatomy and trauma that refugees and immigrants may have undergone in the past, and provide a safe environment where patients are comfortable exposing their bodies to doctors without feeling judged.

### ***Sexual Education and Reproductive Health Care for Newcomer Youth***

Newcomer youth have unique needs and face additional barriers to reproductive health care. A study exploring newcomer youths' experiences with sexual health and reproductive health care in Canada revealed that many youth considered sex shameful and thought it should not be discussed.<sup>24</sup> Moreover, newcomer youth from other countries may not have received the same sex education as adolescents in the West. A lack of reproductive education for youth can be a major barrier, as they are unsure of how to navigate proper health care. Culture plays a major

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<sup>18</sup> Larios (2023), *ibid.*

<sup>19</sup> Larios et al. (2025), *ibid.*

<sup>20</sup> Larios et al. (2025), *ibid.*

<sup>21</sup> Negash B, Driedger SM, Hatala A, Iervolino A, Daniel S, & Mignone J. (2025). Experiences of African immigrant and refugee women with prenatal and maternal health care services and treatment adherence in Winnipeg, Manitoba. *Sexual & Reproductive Healthcare*, 43, Article 101076.  
<https://www.sciencedirect.com/science/article/pii/S187757562500014X>

<sup>22</sup> Negash et al., *ibid.*

<sup>23</sup> Negash et al., *ibid.*

<sup>24</sup> Khan, *ibid.*

part in determining which category of immigrants and newcomers will be disproportionately affected by the lack of education.<sup>25</sup>

If youth come from a culture that stigmatizes sexual health, there can be greater fear associated with how their parents, friends, or family may view their choices. Youth who were brought up in cultures where sex before marriage, teen pregnancies outside of marriage, and having abortions are frowned upon, making it difficult for youth to find the courage to seek proper guidance.<sup>26</sup>

## ***Conclusion***

In conclusion, newcomers may face cultural, language, insurance status, and educational barriers when seeking or accessing reproductive health care. It is important to consider these factors and implement solutions to create more accessible care.

Healthcare professionals should consider spending additional time with their patients and ask questions that consider these barriers. Accessible reproductive health care reflects inclusive spaces with diverse representation, as well as educational materials and resources available in many languages beyond French and English.

Additionally, implementing improved policies that allow for expanded insurance coverage for newcomers is an important step to ensure that individuals can exercise their right to choose whether to continue or not continue a pregnancy. Policymakers must expand reproductive health care to be accessible for everyone in Canada, regardless of immigration status.

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<sup>25</sup> Meherali et al., *ibid.*

<sup>26</sup> Meherali et al., *ibid.*