



ACCESS TO HEALTH CARE

for pregnant women
and young children
in migrant families

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Highlights

Although Quebec enjoys a universal public health care system, there are children living in Quebec—many of whom were born here and have never lived anywhere else—who do not have access to insured health care because of their immigration status or that of their parents.

We do not have access to data on the number of families affected by this situation in Quebec. We do know, however, that in 2017-2018, 56 new children without health insurance came to a clinic run by Doctors of the World for migrants with precarious status. Of those children, 25 had been born in Quebec.

To ensure optimal development in early childhood, children must have ready access to quality health care starting at birth. Pregnancy monitoring is also important as it provides opportunities to detect complications that could have an impact on the health of the mother or her baby. Children who are unable to benefit from health care services, or whose mother was not followed during pregnancy, are at greater risk of developing various health and development problems that will stay with them throughout their lives.

The situation of pregnant migrant women and their children who are not covered under the *Régie de l'assurance maladie du Québec* (RAMQ) is especially worrying because immigrants with precarious status form a particularly vulnerable segment of the population. Studies have shown that migrant families generally live in less favourable living conditions, with housing that can be unhealthy, low incomes and difficult working conditions. Barriers to health care make these vulnerable families even more vulnerable, and this can translate into serious issues for Quebec society. The lack of preventive health care can lead to medical complications that are subsequently more complex to treat and thus more costly to the health care system and society overall.

It is possible to take action to improve access to health care for migrant pregnant women and their children who are not eligible for public health insurance. In order for our actions to have any effect on breaking down barriers to health care, however, they must be undertaken at several levels.

At the legal level, for example, the Ombudsman has recommended that the RAMQ ensure that its interpretation of the *Health Insurance Act* is in accordance with the intention of legislators who wish to make children born in Quebec eligible for health insurance under the RAMQ regardless of their parents' immigration status. In the case of children born outside of Canada who are living in Quebec, inspiration could be drawn from measures that have been adopted in the area of education. Since 2017, the Quebec *Education Act* has required that instructional services be provided free of charge to every person who is not a resident of Quebec within the meaning of that Act, provided that the person holding parental authority over them ordinarily resides in Quebec.

Preventive interventions aimed at other determinants of health could also have a positive influence on the lives of these children. Examples of possible solutions include facilitating the social and socio-professional integration of all immigrants, advancing the integration of children into daycare services and reducing food insecurity.

“ Since immigration is a reality in Quebec, it is important to provide newcomer families with adequate care, especially children and pregnant women. These are the children who will make an active contribution to building the society of tomorrow. ”

Do all children have ready access to health care in Quebec in utero and during early childhood?

Access to health care for pregnant mothers and their very young children is indispensable for optimal early childhood development. Although Quebec enjoys a universal public health care system, some children living in the province are denied access to care because of their immigrant status or that of their parents.

Children who are unable to benefit from health care services are at greater risk of developing various developmental problems that can follow them throughout their lives. Those problems also represent a cost to society. This situation is a flagrant example of inequality and injustice.

Universal coverage for young children's health care is thus not yet a reality across Canada. According to the World Health Organization (WHO), however, an individual's right to health and health care is a fundamental right, regardless of his or her status and country of origin. Canada has dedicated funds to help improve the organization or quality of health care in other areas around the world. In fact, between 2017 and 2019, the Canadian government will spend approximately \$2 billion and 2019 on children's health in other countries⁽¹⁾.

Since pregnant women and very young children in the migrant population who do not have access to free health care rarely visit establishments in the health and social services network, we do not have any administrative data that could tell us more about them. Moreover, no province-wide population surveys have been conducted on these families. It is therefore difficult to determine how many women or children are affected by this situation and to paint an accurate picture of their condition.

The objective of this report is thus to promote a better understanding of the issues surrounding access to health care for pregnant women and very young children in the migrant population based on the data available to us in the scientific literature and certain local surveys.



What do we mean by “migrant”?

A migrant is a person who is moving, or has moved in the past, to a country other than that where they usually reside. The term “migrant” includes:



Immigrants:
people who have left the country where they live and have arrived in a new country.





Emigrants:

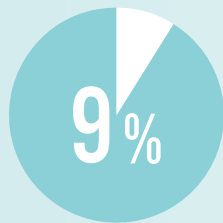
people who are in the process of leaving their country of origin.



A person who is an emigrant from the point of view of their native country is also an immigrant in their host country.



Every year between 2007 and 2017, Quebec welcomed an average of **4,700** children aged 5 and under. This represents a significant increase over the past six years (2001-2017), during which period an average of 3,700 children between 0 and 5 were welcomed annually.



Young children represent **about 9%** of all newcomers to the province.



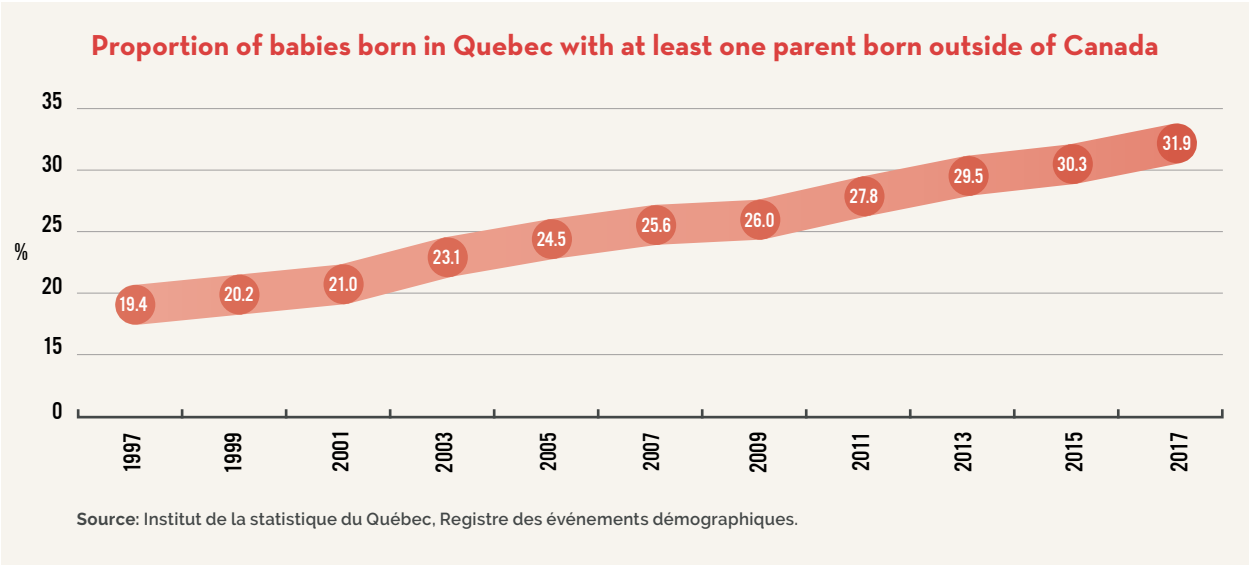
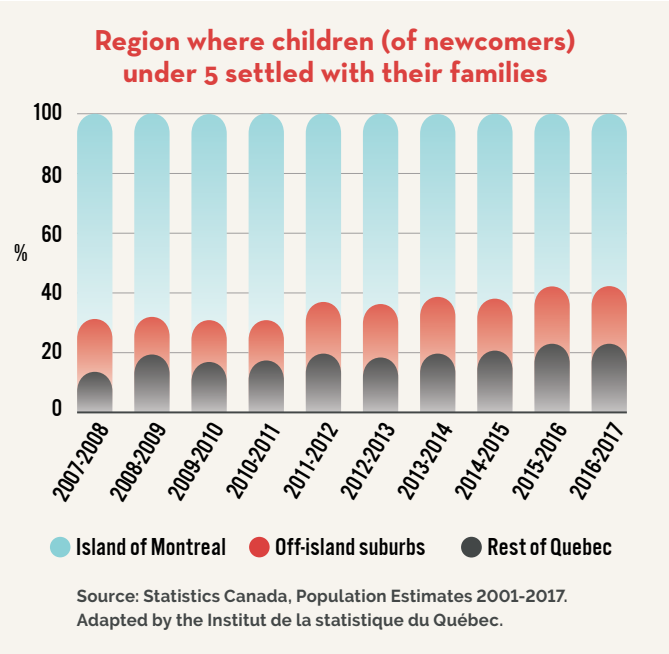
In 2016-2017, Quebec admitted a total of **53,000** immigrants from all age groups.



Young children and immigration in Quebec

Approximately 80% of those children settled in the census metropolitan area (CMA) of Montreal, 60% of whom settled with their families on the Island of Montreal. During the past few years, however, the proportion living on the actual Island of Montreal has declined in favour of off-island suburban areas.

The proportion of babies born in Quebec with at least one parent born outside of Canada has risen over the past 20 years, from 20% in 1997 to 32% in 2017.



In 2016, this proportion was much higher in Montreal (67%) and Laval (54%), followed by the Outaouais (24%) and the Montérégie (22%).

Different types of migratory status

People who immigrate to Canada can find themselves in a variety of situations, which is called their “migratory status.” Their status can subsequently change, depending on whether they have applied for permanent residence or asylum, or if their temporary resident permit has expired.



Temporary resident

Temporary residents are issued a visa (a temporary resident permit or TRP) of a predetermined duration as visitors, temporary workers or foreign students. As soon as their visa expires, temporary residents may request that it be renewed. If they meet the required conditions, they may also submit an application for permanent residence.

Anyone who stays in Canada after their visa has expired is considered to be in an irregular situation.

Application for permanent residence

Permanent resident

Permanent residents have the right to remain in Canada for an indefinite period. They are entitled to the same rights and advantages as a Canadian citizen, with a few exceptions (they do not have the right to vote, for example). Permanent residents may eventually apply for Canadian citizenship.

The main categories of permanent residence are:

- economic immigrant
- families of permanent residents or citizens (family sponsorship)
- refugees and residents on humanitarian grounds

Application accepted

Application for permanent residence

Once visa has expired

Application
for asylum

Asylum seekers

Asylum claimants request authorization to remain in Canada because they would be in danger if they were sent back to their home country. While awaiting the decision of the Immigration and Refugee Board of Canada (IRB), an asylum claimant has legal temporary resident status.

If the request for asylum is granted, the claimant will obtain refugee status (protected person status) and be able to request permanent residence. If the request is definitively refused, the claimant is considered to be in an irregular situation.

Application refused

Application
for asylum

Irregular situation

Any person who remains in Canadian territory after their temporary resident permit has expired or who has violated a removal order from Canada is considered to be in an irregular situation or without status. In certain cases, a person can regularize their status by applying for permanent residence on humanitarian grounds, for example, or by being sponsored by their spouse who is a citizen or permanent resident.

Any person who enters into Canadian territory illegally without having submitted an asylum claim will be considered to be in an irregular situation.



**WHO HAS
ACCESS**
to health insurance
in Quebec?



In Quebec, it is the *Health Insurance Act* and the *Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance maladie du Québec* that determine who is eligible for health care paid by public health insurance (the RAMQ is the Quebec public health insurance board).

According to the *Act*, a person is insured if he or she is a resident of Quebec and registered with the RAMQ. In order to be recognized as a resident of Quebec, an individual must be residing in Quebec and meet one of the conditions in Section 5 of the *Health Insurance Act*: for example, he or she must be either a Canadian citizen or a permanent resident as defined in the *Immigration and Refugee Protection Act*.

As a result, a significant number of people who have temporary resident status or are awaiting a decision regarding their migratory status are not eligible for Quebec health insurance under the RAMQ. This is also true for permanent residents during the first three months following their arrival in Canada, known as the “waiting period.” Asylum claimants, however, are entitled to health care coverage under the Interim Federal Health Program (IFHP)* offered by the Government of Canada.

“ A significant number of people who have temporary resident status or who are awaiting a decision regarding their migratory status are not eligible for Quebec health insurance under the RAMQ. ”



WAITING PERIOD

A person who arrives in Canada from another country or who has spent more than 183 days per calendar year outside of Quebec **must wait for three months after their arrival (or return) to benefit from coverage under the RAMQ**, even if they are a Canadian citizen or permanent resident.† No exception is made for minor children.

In 2013, the *Commission des droits de la personne et des droits de la jeunesse du Québec* concluded that the waiting period violated the individual's right to security, integrity and dignity, and that it could be considered “a retrograde measure that contravenes Quebec's international agreements in the areas of economic, social, cultural and—in particular—health rights.”⁽²⁾ (translation)

* Even though IFHP coverage is similar to that of the RAMQ, many clinics refuse patients who have IFHP coverage.

† Certain health services may be provided free of charge during the waiting period, however. This applies to services required by victims of domestic violence or sexual assault, services related to pregnancy, childbirth or termination of pregnancy, for vaccines required by the Québec Immunization Program or during special immunization campaigns, as well as services for individuals suffering from an infectious disease that could affect public health.



Health care coverage for children born in Quebec to immigrant families

In order to be covered under the *Health Insurance Act*, an individual must live and be domiciled in Quebec. Since it is difficult, however, to determine whether a child has the intention of growing up in a specific location and eventually residing there, it is generally assumed that minor children are domiciled with their parents. In order to establish whether a child is entitled to health insurance, therefore, the RAMQ looks at the situation of their parents.

According to the RAMQ, a child born in Quebec is eligible or may apply for health insurance only if at least one of their parents:

- is eligible for RAMQ or IFHP (temporary support offered by the federal government)
- has applied for permanent residence at the federal level.

The RAMQ therefore refuses to insure children who were born in Quebec—who are Canadian citizens—if neither of their parents is covered by either the RAMQ or the IFHP.

According to a report by the Quebec Ombudsman (*Protecteur du citoyen*^{*}) published in 2018, this procedure constitutes an overly restrictive interpretation of the Act by the RAMQ. The modifications made to the Health Insurance Act in 2001 were specifically intended to make all children born in Quebec eligible for coverage under the public health plan, regardless of their parents' immigration status. A study of the parliamentary debates that took place in 1999 on Bill N^o. 83 (An Act to amend the Act respecting health services and social services and legislative provisions) provides evidence of representatives' intention to distinguish the status of children born in Quebec from the migratory status of their parents⁽³⁾.

^{*} The mission of the *Protecteur du citoyen*/Quebec Ombudsman is to ensure that the rights of citizens are upheld in their dealings with departments and agencies of the Government of Quebec and the institutions within the health and social services network. The Ombudsman intervenes to prevent or correct any infringement of rights that affect a citizen or group of citizens.

Eligibility for health insurance varies depending on an individual's migratory status. The information in the following table applies to both children and adults.

WHO HAS ACCESS TO HEALTH CARE COVERED BY PUBLIC HEALTH INSURANCE?		
STATUS		RAMQ COVERAGE
Canadian citizen		YES [~] , if the individual is a resident of (domiciled in) Quebec. Nevertheless, the RAMQ refuses coverage to certain children who are citizens because of their parents' migratory status.
Permanent resident	→ e.g.: economic immigrant [*] , family reunification [†] , refugee	YES [^]
Temporary resident	→ Foreign students whose home country has an agreement with the RAMQ [‡] → Foreign workers with a closed permit [§] for over six months, a post-graduation work permit or agricultural workers	YES [^]
	→ Foreign students whose home country does not have an agreement with the RAMQ → Visitors → Temporary foreign workers with an open permit or a closed permit [§] for under six months	NO , not in most cases
Asylum claimants		NO , covered under the IFHP (federal government).
Migrants in an irregular situation	→ People without official status	NO

[~] Note that eligibility for RAMQ may be suspended following an extended absence from Quebec (see p.16).

[^] Subject to a three-month waiting period (see p.16).

^{*} People who move from one country to another for employment or to improve their economic prospects.

[†] People who move from one country to another to join family members who have already settled in the host country.

[‡] The Government of Quebec has established reciprocal social service agreements with certain countries (Belgium, Denmark, Finland, France, Greece, Luxemburg, Norway, Portugal, Roumania and Sweden). Students (as well as their spouse and dependent children) from those countries may therefore be eligible for Quebec health insurance and benefit from the provisions of those agreements.

[§] An open work permit is a work permit that is not job-specific. A closed work permit is valid for a specific job, and includes work-related conditions such as employer's name, duration of the work period and job location.

Barriers to health care access for migrants

According to a study⁽⁴⁾ of personnel working at various Montreal health facilities, there are several factors apart from migratory status that can restrict access to health care for pregnant women and very young children who do not have public health insurance. Survey respondents mentioned the following factors, among others:

- language
- difficulty in finding a doctor
- poor understanding of the health services network
- fear of being reported to immigration authorities.

Another study of pregnant women without health insurance coverage revealed a great deal of mistrust of health professionals, which could prevent women in this category from seeking health care when needed⁽⁵⁾.

Yet another study, however, of personnel in health care facilities revealed the sometimes negative attitude of certain employees in the health services network towards individuals seeking to obtain health care without RAMQ coverage. In fact, not even half (49.2%) of hospital staff said they would be in favour of full or more extensive access to health care for children and pregnant women without official status.

This proportion was higher, however, for CLSC personnel (68.5% would be in favour)⁽⁴⁾.

“ In 2017-2018, 56 new children without health care cards came to the Doctors of the World Migrant Clinic. Of those children, 25 had been born in Quebec. ”

— Annual Report 2017-18,
Doctors of the World Canada





WHAT ARE THE REPERCUSSIONS

of not having access to health care during pregnancy, childbirth and early childhood?



Pregnant women

Pregnancy monitoring is very important for the health of both the mother and the unborn child. According to WHO, quality health care during pregnancy and childbirth could prevent a large number of deaths among women and infants.

Several factors can influence the process of pregnancy and childbirth, including the mother's socio-economic situation. Pregnancy monitoring is important because it permits action to be taken on several risk factors. The manifold benefits of care and follow-up during pregnancy have been clearly proven in studies⁽⁶⁾.



MOTHER'S HEALTH

Prenatal care helps to detect and prevent illnesses that could have an effect on the mother's health and well-being. Follow-up appointments also provide an opportunity to identify mothers who have health problems (physical or mental) or who are victims of domestic violence and to intervene accordingly.



COMPLICATIONS AT BIRTH

Medical appointments, tests and ultrasounds during pregnancy can detect multiple pregnancies, fetal anomalies or other conditions that could lead to complications during childbirth.



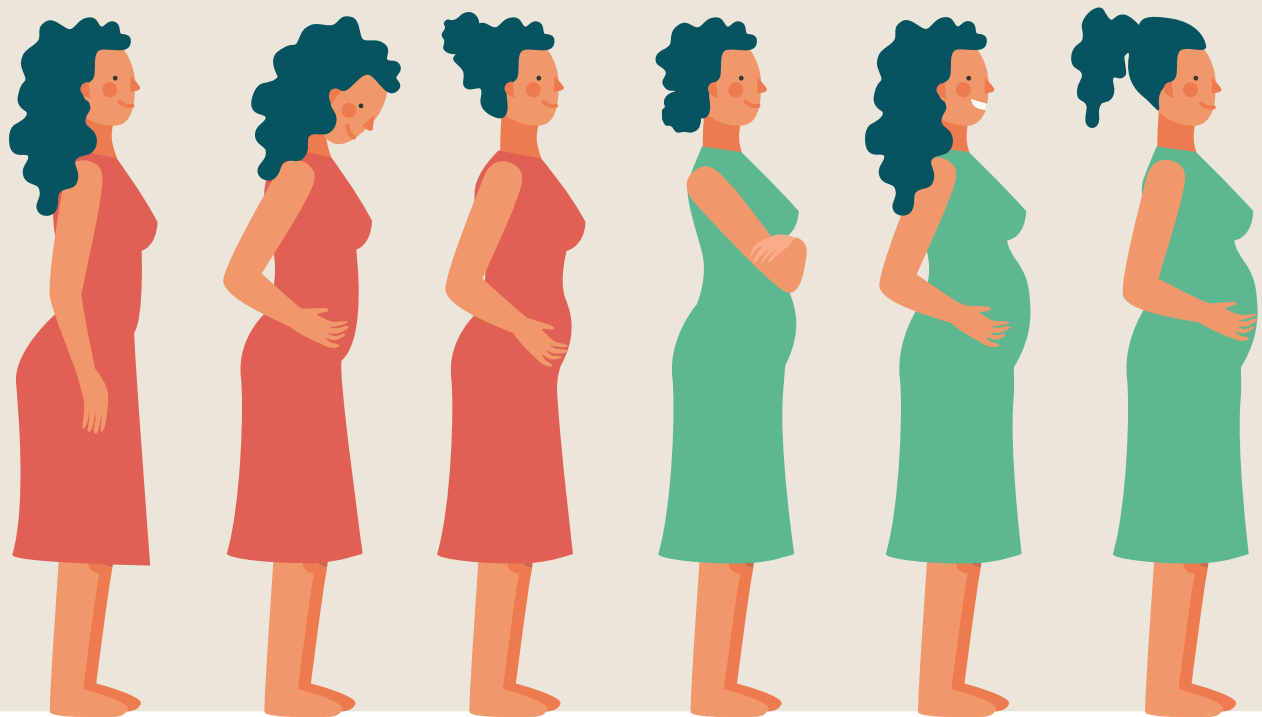
BABY'S HEALTH

An increase in the frequency of prenatal check-ups is associated with a reduced probability of stillbirth.

Since prenatal appointments provide an opportunity to give mothers advice on healthy behaviour, they can positively affect their babies' development both before and after birth.

The World Health Organization recommends that pregnant women be offered at least eight prenatal check-ups⁽⁶⁾.

In Quebec, a regular pregnancy follow-up usually includes about a dozen visits to the doctor or midwife⁽⁷⁾.



FIRST TRIMESTER

One visit

The first visit allows the doctor or midwife to detect high-risk pregnancies and take the necessary action prevent complications.

SECOND TRIMESTER

About 3 visits

One visit every
4-6 weeks



Pregnancy should be a positive experience for all women and they should receive care that respects their dignity.



– Dr. Ian Askew, Director of Reproductive Health and Research, WHO⁽⁸⁾



THIRD TRIMESTER

About 8 visits

One visit every 2-3 weeks,
then one visit/week
starting in week 37

Babies and young children

In order to create conditions for optimal early childhood development, very young children must have easy, rapid access to health care. Young children must be able to see a doctor when they are sick or injured. Preventive visits are also crucial for children's health.

Preventive visits to the doctor ensure that children are vaccinated in compliance with the immunization schedule recommended by the Quebec department of health and social services, detect physical disorders or developmental delays, and provide parents with support in caring for their children.

According to the Quebec Ombudsman's report published in 2018, children without health insurance do not receive the routine health and preventive services they need for their optimal development. Their health may also be endangered if they fail to receive the necessary care in emergency situations. The Report states that "the consequences can be physical as well as psychological and can hinder children's integration into daycare, school and the community."

If children are denied access to health care...



Their lives could be affected by an undetected disability, developmental disorder or chronic illness.



If they do not receive the necessary care in the event of injury or illness, their condition could worsen.



Their parents may not receive important preventive health information (about physical activity, eating habits, screen time, etc.) that could benefit children's overall health and development.

In Quebec, children are expected to visit a doctor for follow-up appointments at least ten times between birth and age 5. These do not include visits to clinics without appointment or the emergency department if a child is sick or injured.



FIRST YEAR OF LIFE
5 visits

SECOND YEAR
2 visits



BETWEEN 2 AND 5 YEARS
4 visits (one every year)



The Quebec immunization protocol (*Protocole d'immunisation du Québec*) stipulates that the vaccines that are included in the Quebec Immunization Program must be available **free of charge to every person living in Quebec, regardless of their status or insurance coverage, including persons awaiting legal status.**

According to a 2016 survey by Doctors of the World of 94 health care centres in Quebec (clinics without appointment, Integrated Health and Social Services Centres [CISSS], Integrated University Health and Social Services Centres [CIUSS] and family medicine groups [GMFI]), however, only 43% would agree to vaccinate children without health insurance and 38% charged fees of between \$10 and \$205.

Further to this study, in 2017 the *Direction régionale de santé publique de Montréal* published a bulletin reminding establishments that vaccination is free in Quebec for all infants and babies, regardless of their eligibility for health insurance.



HOW MUCH

does health care
cost for people who
are not insured?

Cost of pregnancy monitoring and childbirth without health insurance



It is difficult to determine the exact cost of pregnancy follow-up for pregnant women who do not have health insurance coverage. In principle, establishments are required to charge the rates stipulated in circulars issued by the provincial department of health and social services. Costs can vary widely, however, from one hospital to another and one physician to another.

EXAMPLE OF COSTS PAYABLE FOR MONITORING THE PREGNANCY OF A WOMAN WITHOUT HEALTH INSURANCE

Optimal pregnancy follow-up (12 visits)	Between \$1,494 and \$2,960
Cost of attending physician at birth	\$2,700 for a vaginal birth and \$4,600 for a caesarian section [†]
Two days' hospitalization after childbirth	Between \$4,740 and \$9,720*
Total cost for pregnancy follow-up and birth without complications	Between \$8,934 and \$17,280

BREAKDOWN OF FEES FOR CERTAIN SERVICES INCLUDED IN PREGNANCY MONITORING

Consultation for a prenatal follow-up appointment	\$124.50 to \$246.70*
Analyses (blood tests, screening tests)	\$450 to \$600 [†]
Ultrasound	\$150 to \$300 [†]

 I prayed that I would have a natural childbirth, because I didn't have the money to pay for an epidural. I prayed I wouldn't have complications. 

– Woman interviewed as part of a Montreal study on the perinatal health care experiences of undocumented women⁽⁵⁾

* These rates were taken from the circular issued by the Ministère de la Santé et des Services sociaux, which set rates for outpatient services and hospitalizations. These amounts already include a 200% surcharge (see p.33).

[†] These rates are based on information compiled by representatives of Doctors of the World and the testimonies of mothers interviewed as part of the Migrants without medical coverage in Montreal survey (*Migrants sans assurance médicale à Montréal – MSAM*) described later in this document.

Cost of health care for children without health insurance

For a child without health insurance to benefit from a routine follow-up in accordance with the recommendations set out in the previous section (i.e., 10 doctor's visits during their first five years), his or her uninsured parents would have to pay about \$1,845.

Added to this amount would be visits to clinics without appointments or emergency departments if the child is ill or injured. The following table shows the cost of various services for young children.

	RATE*
Hospital stay for a newborn (in the nursery or rooming-in)	\$2.475/day
Stay in neonatology	\$8.604/day
Visit to medical clinic	\$124.50/visit (+ about \$60 in doctor's fees)
Visit to hospital emergency department	\$716.25/visit (+ between \$150 and \$200 in doctor's fees)
Minor surgery in an operating room	\$716.25
One-day surgery	\$4.155/day
Hospitalization	\$4.881 day



Several hospitals require uninsured patients to pay for these services up front, before they are provided.

The rates shown here generally do not include additional costs for tests like ultrasounds, x-rays, blood tests, etc.

The websites of some Montreal hospitals claim to offer services to patients without provincial health insurance only in cases of emergency. They do not, however, specify what constitutes an emergency.

* CHU Sainte-Justine: [https://www.chusj.org/en/soins-services/services-connexes/Comptes-clients-\(Bureau-des-comptes\)/Non-residents-Liste-de-pix](https://www.chusj.org/en/soins-services/services-connexes/Comptes-clients-(Bureau-des-comptes)/Non-residents-Liste-de-pix) and McGill University Hospital Centre: <https://muhc.ca/homepage/patientaccounts>. These amounts already include a 200% surcharge (see p.33).



Higher rates for people without RAMQ coverage

Schedule 1 of Circular 2019-021 published by the *Ministère de la Santé et des Services sociaux* addressed to the Executive Directors of health centres, CLSCs, CISSS or CIUSSS, CHSLDs and rehabilitation centres stipulates that rates for non-Canadians or Canadians living outside of Quebec be increased by 200%.

Although physicians and private establishments are free to choose whether or not to comply with this directive, all public health institutions are bound to apply the surcharge.

“ Last week, I took my son to the hospital because he was sick. (...) The woman said, “If you don’t have a Medicare card, we can’t take you.” They told me that I had to pay \$600 right away, otherwise they couldn’t treat my children. ”

– Carole, originally from Côte d’Ivoire, interviewed during MSAM survey

A close-up photograph of a pregnant woman's midsection. She is wearing a brown, long-sleeved, form-fitting dress. Her hands are resting on her belly, with her fingers gently touching the fabric. She has white nail polish and a ring on her left hand. The background is a plain, light-colored wall.

WHO ARE THE PREGNANT WOMEN AND CHILDREN

who do not have access to
insurance under the RAMQ?

Since migrants without health insurance constitute a highly diverse group, it is difficult to paint a representative picture. Studies done in different countries, however, have revealed some common characteristics⁽⁹⁾. The migrant population generally lives in less favourable living conditions than the citizens of the host country, and in greater poverty. Undocumented migrants generally work in jobs that are higher-risk and less well paid.

Since there are no reliable data on migrants without health insurance in Quebec, we must rely on smaller, more local studies to learn more about these families.



The *Migrants sans assurance médicale à Montréal* (MSAM) survey (Migrants without medical coverage in Montreal) was conducted by researchers at the Université de Montréal in 2016-17 on

871 migrant persons without health insurance in the Montreal region.



Since 44% of the participants in the MSAM survey were recruited at the Doctors of the World clinic for migrants with precarious status, the sample cannot be considered to be representative of the entire population of migrants in Quebec who do not have access to public health care. It is therefore important to emphasize that certain migrant families without health insurance may have a different profile from that presented in this report. On the other hand, the survey definitely underestimates the number of uninsured migrant children living in the province. Any interpretation of the results presented here must therefore take those limitations into account.



Another study was done in Montreal between 2014 and 2017 on the prenatal, postnatal and childbirth experience of

72 migrant women recruited at the clinic for migrants with precarious status run by Doctors of the World (DoW) Canada.

Although the information provided by these two surveys cannot be generally applied to all uninsured migrant families, it gives us an idea of the living conditions of some of those families. The picture painted here—incomplete as it is—is a reminder of how important it is to accurately document the phenomenon in order to better understand how to help these families.

Who are the pregnant women without RAMQ health coverage who were interviewed for the MSAM and DoW surveys?

Participants included pregnant, uninsured migrant woman:

→ **Migrants sans assurances médicale à Montréal (MSAM):**

45 pregnant, uninsured migrant women

→ **Doctors of the World (DoW) survey: 72 pregnant, uninsured migrant women**

What was their immigration status and economic situation?

→ **36%** of the women interviewed were living with their families on less than \$1,000/month. **MSAM**

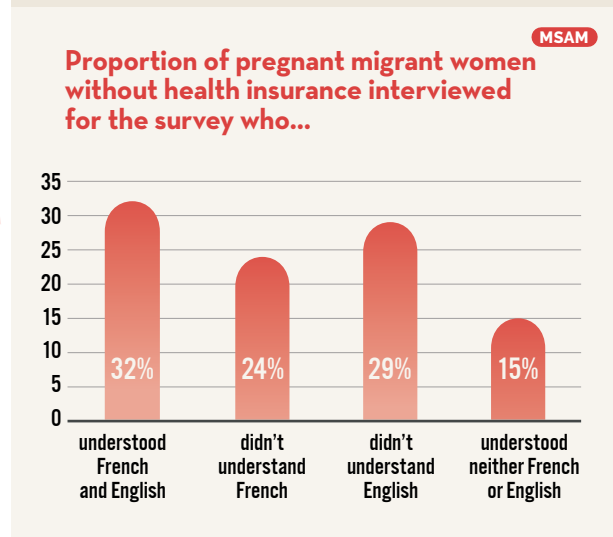
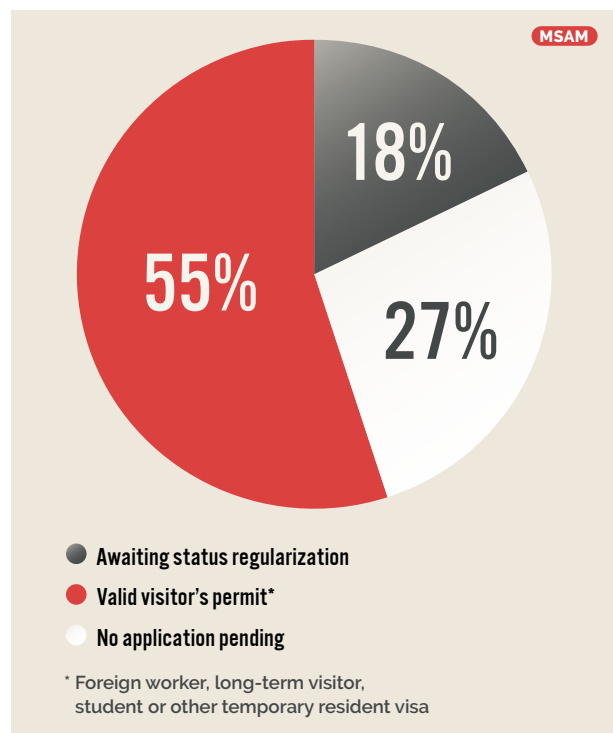
→ **1/3** of these women were not making enough money to pay for their basic needs (food, housing, transportation, health care). **MSAM**

→ **1/5** of these women said they had been short of food at some point since they arrived in Quebec. **MSAM**



MSAM Migrants sans assurance médicale à Montréal (MSAM) survey

DoW Doctors of the World (DoW) survey





WHY DID THEY IMMIGRATE?

In a study carried out in Montreal between 2010 and 2012, pregnant migrant women without health insurance under the RAMQ were asked why they had come to live in Canada. Their responses included fleeing political or family violence in their native country, coming to join their spouse already living in Canada, and wanting to offer their children the chance of a better life and better economic opportunities⁽⁵⁾.

What was the state of their physical and psychological health?

- **38%** said they were in poor health* **MSAM**
- **68%** were in a state of great or extreme psychological distress **MSAM**
- **16%** said they had no one they could talk to about their problems. **MSAM**
- **75%** had already tried to obtain medical attention without success. **DoW**
- **87%** who had given up on obtaining health care had done so for financial reasons. **MSAM**

* Since a portion of this sample was drawn from a clinical population, it is possible that the women who were interviewed had more health problems.



How does the situation of these women compare to that of other women in Quebec?

For various methodological reasons, it is difficult to find statistics that could be used to compare the situation of women interviewed for the two surveys with that of other women living in Quebec. The following information is provided only to contextualize the results of the MSAM and DoW surveys.

- In 2016 in Quebec, the average monthly income after taxes for families with children 5 years of age and under was \$7,058⁽¹⁰⁾.
- In 2014-2015, 10.7% of Quebec women 15 years of age and over considered themselves to be in poor or fair health⁽¹¹⁾.
- In 2006-2007 in Quebec, the proportion of women who had only "rarely" or "never" received support during their pregnancy was 9.1%⁽¹²⁾.
- In 2006-2007, when Quebec women were asked about their stress levels during the 12 months preceding the birth of their baby, 9.8% said that most of their days were highly stressful⁽¹²⁾.

What type/how much follow-up did the women in the studies receive during their pregnancy?

35% were not followed by a health professional during their pregnancy

Among the women interviewed who received follow-up during their pregnancy:

For **48%** follow-up started between the 3rd and 5th month of their pregnancy **MSAM**

69% had only 2 follow-up appointments or less and fewer than 10% had 4 or more appointments **MSAM**

20% reported having had a negative or very negative experience in prenatal care **DoW**

On average, the women surveyed said they had spent **\$1,150** on their pregnancy follow-up **MSAM**



In Quebec, the ideal pregnancy follow-up consists of about a dozen appointments, the first of which is scheduled before the end of the first trimester.

MSAM Migrants sans assurance médicale à Montréal (MSAM) survey

DoW Enquête Médecins du Monde Canada (MdM) survey

How did they describe their childbirth

Only **34%** of the women said that the birth of their child had been a positive experience. **DoW**

24% received no medical follow-up after their child was born. **DoW**



How does the situation of these women compare to that of other women in Quebec?

For various methodological reasons, it is difficult to find statistics that could be used to compare the situation of women interviewed for the two surveys with that of other women living in Quebec. The following information is provided simply to contextualize the results of the MSAM and DoW surveys.

- In a 2006-2007 survey, all the Quebec women interviewed had had at least one prenatal consultation. Only about 1% had had only four appointments or less during their pregnancy⁽¹²⁾.
- In 2006-2007, Quebec women had an average of 12 appointments for prenatal care⁽¹²⁾.
- In 2006-2007, 93% of Quebec women had begun their pregnancy follow-up before the end of the first trimester. The first appointment occurred around nine weeks, on average⁽¹²⁾.
- In 2006-2007, 56% of Quebec women said that their entire labour and childbirth experience had been a very positive one⁽¹²⁾.

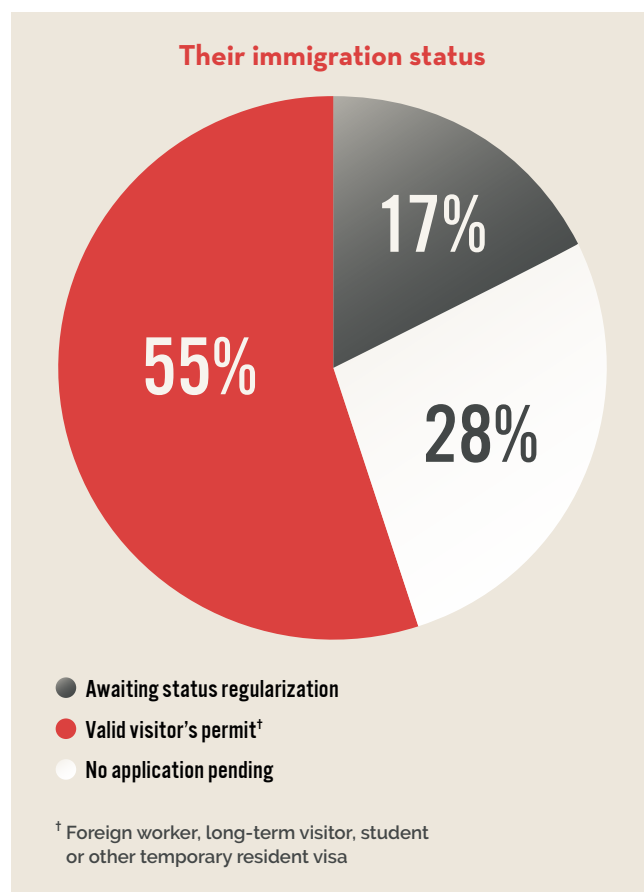
It is also important to point out that, according to a report from *Directeur de la santé publique de Montréal*, all socially and economically disadvantaged women generally receive less follow-up during their pregnancies, regardless of their migratory status⁽¹³⁾.


Who are the young children without health insurance under the RAMQ mentioned in the MSAM survey?

The respondents of the MSAM survey included 130 parents with children under 6 years of age. Twenty-nine of those parents reported that none of their children had access to public health insurance. Based on survey calculations, therefore, 39 children were not insured under the RAMQ.

What are the characteristics of the families in the MSAM survey with uninsured children under 6?

Of the 29 parents in the MSAM study who had at least one child under 6 and who declared that none of their children had access to the RAMQ...*



 72% of all the parents surveyed who had at least one child under 6 had had trouble obtaining health care.

- The parents of these families had been living in Quebec for an average of **31½ years**
- **72%** were **married** and **10%** were living in a **common-law** relationship
- **48%** said they were **barely or not at all** able to meet all their families' basic needs
- Their average age was **33**
- **58,5%** had a **university** degree
- **66%** had been forced to do without health care
- **45%** were in a state of great or extreme psychological distress
- **45%** said that none of their children were attending daycare

* Caution: Small sample – only 39 respondents fell into this category.





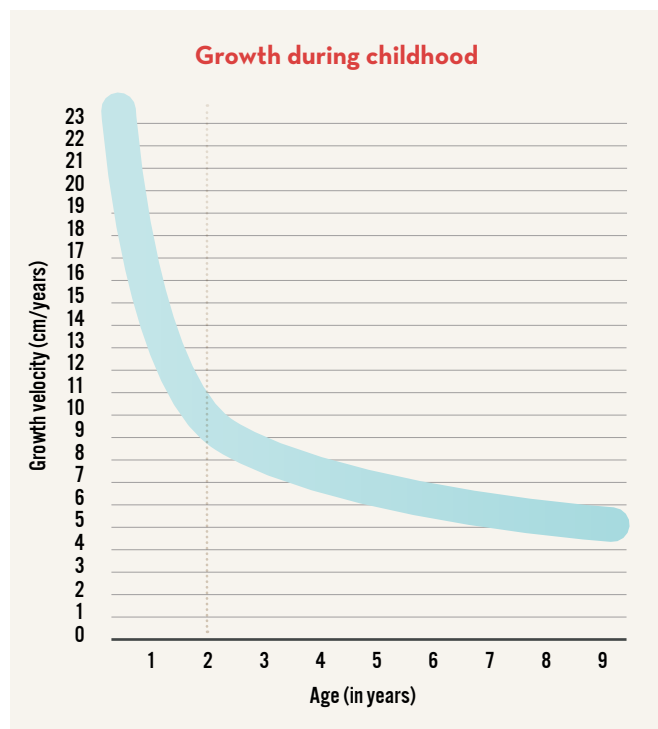
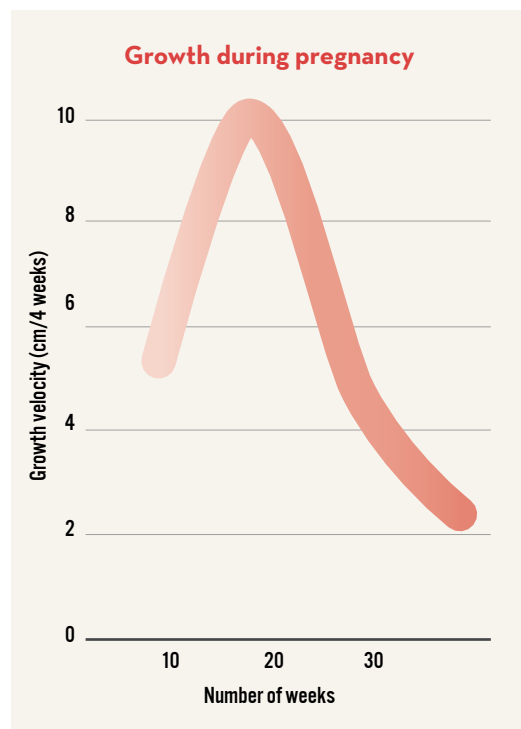
Why is it so
**URGENT
TO TAKE
ACTION?**

There are several reasons why the situation of pregnant migrant women and young children who are not covered under the RAMQ is cause for serious concern:

- Pregnancy and early childhood are critical periods in human development
- Migrants with precarious status are particularly vulnerable
- The migrant population has been growing steadily over the past 50 years
- The situation represents a cost for the entire society.

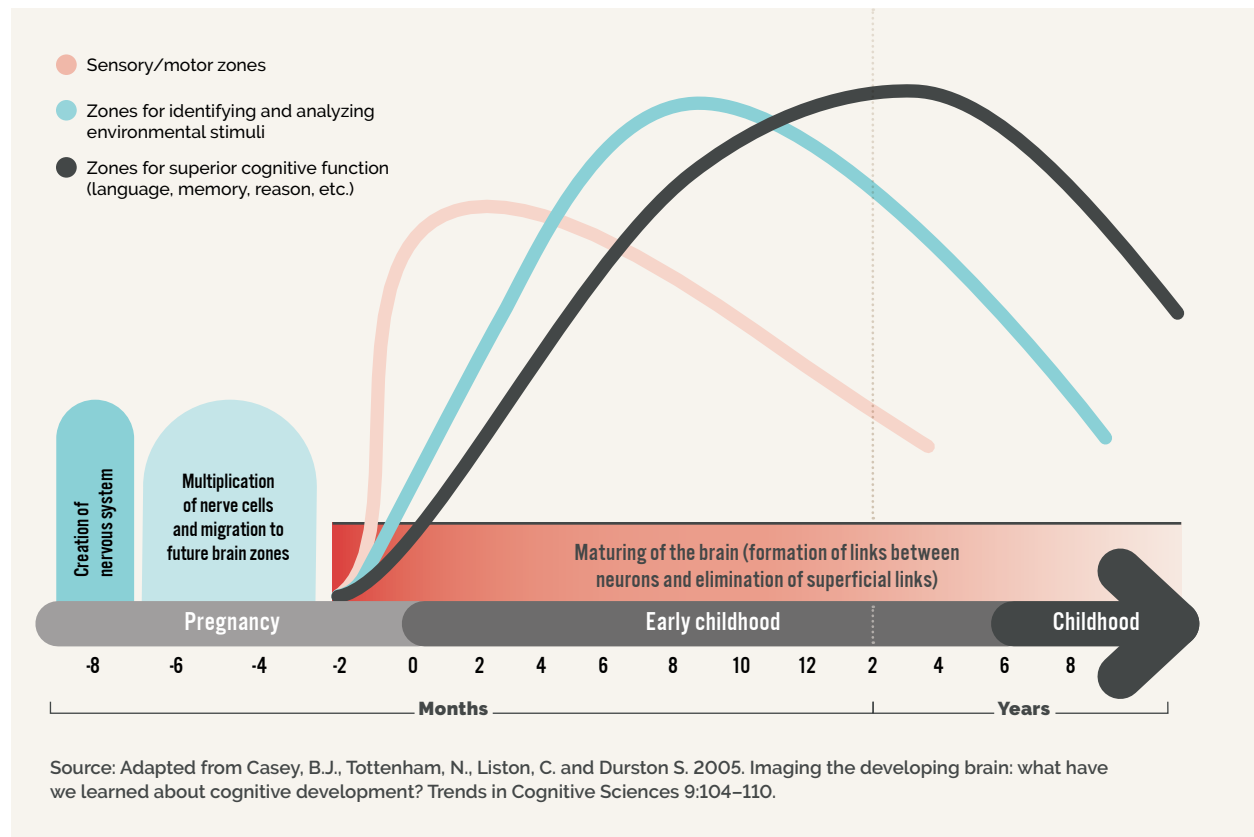
Gestation and early childhood are vulnerable periods in human development

Scientific studies have clearly shown that the first 1,000 days of life (gestation and the first two years of a child's life) are critical to our development. Growth is extremely rapid during this period: during the first 20 weeks of a woman's pregnancy, her fetus grows at the rate of 2.5 cm a week, and after birth, a baby grows 24 cm/year. This growth rate slows progressively to less than 10 cm/year by the time a child turns 2.



* Source: Adapted from Tanner, J.M. Foetus into Man. 1978. Cambridge, MS: Harvard University Press, p. 250 and Tanner, J.M., Whitehouse, R.H. and Takaishi, M. 1965. Standards from birth to maturity for height, weight, height velocity and weight velocity; British children. Arch Dis in Child 41:454-71; 613-35.

During the same period, the brain goes through important developmental phases, both during gestation and the very first years of life⁽¹⁴⁾.



The environments in which children grow up, combined with their life experiences, have an influence on the expression of their genetic material. Just as childhood and adolescence are key periods for development, everything that happens in early childhood can leave traces that could lead to problems later in life.

For all these reasons, a lack of access to health care during pregnancy or early childhood can have serious, harmful consequences for these young children and the adult Quebec residents they will become.

Migrants with precarious status are particularly vulnerable

Leaving their native country and having to adapt to a new life in their host society is already a major source of stress for precarious migrants, who often find themselves cut off from their support networks and live in isolation.

Studies have shown that the families of irregular migrants often live in less favourable conditions⁽¹⁵⁾:



Their living conditions are **sometimes unhealthy**⁽¹⁶⁾



Their **incomes are lower**⁽¹⁷⁾



Their **working conditions are difficult**⁽¹⁸⁾



They often do not receive any social or financial assistance from the government.

Significant restrictions governing eligibility for government aid services (such as discretionary social assistance and family allowances for children) make it very difficult—if not impossible—for many migrants with precarious status to obtain such services, even those in extremely vulnerable situations.

In the majority of cases, migrants with precarious status live in difficult conditions that could negatively affect their health⁽¹⁹⁾. Scientific studies have shown that children in disadvantaged families are more likely to present physical health problems, cognitive difficulties and socio-affective disorders⁽²⁰⁾. Moreover, their unstable financial situation makes it harder for these families to pay for health care.



The migrant population has grown steadily over the past 50 years

As the effects of globalization, political instability and climate change are increasingly felt around the world, more and more people are choosing to leave their native country to make a new life for themselves elsewhere⁽²¹⁾.

According to the Government of Canada, 67% of the country's population growth has been the result of international immigration. The number of migrant pregnant women and children in Quebec could therefore increase.



According to the UN, impacts of global warming could potentially result in the displacement of between 150 and 250 million people between now and 2050⁽²²⁾.



In Canada*:
in 2017,
144,859
applications for
permanent residence
were submitted, 91%
of which were accepted.



In 2016,
1,536,917
applications for
permanent residence
permits were submitted,
80% of which
were accepted.

A cost to society as a whole

A lack of preventive health care leads to more medical complications that are subsequently harder and more expensive to treat. For example, a study conducted in Germany, Greece and Sweden and published in 2015 found that giving pregnant women with an irregular status access to prenatal care enabled the state to lower health care costs overall⁽²³⁾.

Elsewhere, a California study published in 2000 showed that the state would save US \$58 million by not subsidizing prenatal follow-up for migrant women with precarious status. Such a move would, however, result in an increase in premature and low-weight births, which would consequently incur additional health care costs of \$194 million. To that would be added \$211 million in health care costs for other medical problems that would require treatment later in children's lives⁽²⁴⁾.

Finally, all of a country's inhabitants, regardless of their nationality or origin, have a potential social, economic and cultural contribution to make to society—provided they are in good physical and mental health. Effective integration enables those qualities to be put to good use and prevent the development of social and health problems.

* Sources: *Permanent Resident: EDW (PR Datamart)*, as at August 20, 2017 and *Temporary Resident: EDW (TR Datamart)* as at August 20, 2017.

“ Even though we know that a society is enriched by the contributions of citizens who are able to play an active role in the community, we are reducing the chances of some citizens to take their place in society. ”

— Report by the Quebec Ombudsman





HOW CAN WE HELP

migrant pregnant women
and young children
without health insurance?

It is possible to take action to improve access to health care for migrant pregnant women and young children. In order to have an impact on all obstacles to access to health care, however, action must be taken at all levels of society. We can:

- take legal action
- take action that will affect the factors of social vulnerability

Taking legal action

Many charters and agreements—in Quebec as around the world—stress the importance of ensuring that all persons have access to health care without any form of discrimination.



UNITED NATIONS' UNIVERSAL DECLARATION OF HUMAN RIGHTS (1948)⁽²⁵⁾

"Everyone has the right to a standard of living **adequate for the health** and well-being of himself and of his family, including food, clothing, housing and **medical care** and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (...) Motherhood and childhood are entitled to special care and assistance."

According to Amnesty International, a recent decision by the United Nations Human Rights Committee confirms that protection of the right to life required states to ensure access to essential health care for people with precarious status or migrant persons⁽²⁶⁾.

INTERNATIONAL CONVENTION ON THE RIGHTS OF THE CHILD (1989)⁽²⁷⁾

"States recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States shall strive to ensure that no child is deprived of his or her right of access to such health care services."

CANADIAN CHARTER OF RIGHTS AND FREEDOMS (1982)⁽²⁸⁾

The Canadian Charter of Rights and Freedoms does not mention a basic right to health care, but *does* state that "every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability." According to the Supreme Court of Canada, the Charter also prohibits discrimination on the basis of family status.

QUEBEC CHARTER OF HUMAN RIGHTS AND FREEDOMS (1975)⁽²⁹⁾

The *Charte québécoise des droits et libertés de la personne* states that every human being has the right to personal security, inviolability, freedom and assistance. The Charter denounces, among other things, discrimination on the basis of age or parentage.

What can be done in Quebec?

Children born in Quebec to parents with precarious migratory status

In its 2018 report, the Quebec Ombudsman (*Protecteur du citoyen*) deplores the fact that children born in Quebec to parents with precarious migratory status are deprived of the routine, preventive health care they need to develop properly if their parents cannot afford to pay for it⁽³⁾.

The Ombudsman recommends that the RAMQ revise its interpretation of the *Health Insurance Act* and its *Regulation respecting eligibility* to make children eligible for health insurance under the RAMQ if they:

- were born in Quebec
- reside in Quebec
- stay in Quebec for more than 183 days in the calendar year.

Other migrant children and pregnant migrant women with precarious status

In order to comply with international agreements and the principles of the Canadian and Quebec charters of rights and freedoms, all minor children residing in Quebec should have access to the RAMQ or free health care and medication, regardless of their parents' immigration status, i.e., without discrimination. An exception could also be made for pregnant women.



A PRECEDENT IN THE FIELD OF EDUCATION

This type of measure was adopted in 2017 in the area of education. A modification to Quebec's *Education Act* stipulates that "preschool education services and elementary and secondary school instructional services are to be provided free to every person not resident in Québec within the meaning of that Act on the condition that the person having parental authority over that person ordinarily resides in Québec⁽³⁰⁾." At a press conference, the Minister of Education, Recreation and Sports explained that it would not be possible for every child to succeed if every child didn't go to school or have access to an educational system⁽³¹⁾.



IN OTHER COUNTRIES AROUND THE WORLD...

In Spain, migrants with regular status have unconditional, universal access health care.

In the case of those with irregular status, minor children and pregnant women have access to the national health care system for pregnancy, prenatal care and childbirth.

In France, migrant pregnant women and children with regular status have access to a special form of health insurance, while those with irregular status have unconditional access to health care through structures set up in hospitals for migrants without status or very little money.



Would improving migrants' access to health care lead to abuse?

Like any other system, the health care system in Quebec is not immune to people who attempt to take advantage of the benefits it offers. According to the Ombudsman of Quebec, however, **“the *Health Insurance Act* and the *Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance maladie du Québec* provide RAMQ with the instruments needed to counter abuse.”** Current legislation, for example, governs the maximum allowable time spent outside Quebec.

In 2013, a study was done in three pediatric hospitals in Montreal and Toronto of children without provincial health coverage who were brought to emergency. **Results showed that no more than between 1.1% and 11.5% of those children did not live in Canada⁽³²⁾.** This proportion seems reasonable, since visitors to Canada may occasionally require medical care and are prepared to pay the necessary cost. Not every such situation is a case of medical tourism.

Whenever we talk about access to health care, the issue of medical tourism often comes up. **Studies have shown, however, that medical tourism is a phenomenon that affects Western countries much less than is commonly thought.** The rare medical tourists from southern countries who choose to seek medical services in Western countries are primarily very wealthy individuals—usually heads of state and diplomats. In fact, many more North Americans and Europeans travel to southern countries (such as Algeria, India, Thailand and Brazil) for medical care, creating an exponentially expanding market⁽³³⁾. It is difficult to see, therefore, **how facilitating access to health care for migrants residing in Quebec could pave the way for an increase in medical tourism.**

Taking action to influence factors of social vulnerability

1) Acting to affect determinants of health in the migrant population

Although having difficulty accessing health care can obviously have an effect on children's health, it is not the only factor that affects the health of very young migrants. Having a low income, for example, living in substandard housing, experiencing food insecurity or having very little social support can also have a negative impact on health.

For that reason, preventive interventions that target other health determinants can also have a positive influence on children's lives.

Professional and social integration

Services that help migrant parents find employment can do much to improve the socio-economic situation of their young children. The Employment Integration Program for Immigrants and Visible Minorities (*Programme d'aide à l'intégration des immigrants et des minorités visibles en emploi* or PRIIME) helps participants write CVs and cover letters and offers job-search training. A program evaluation showed that 66% of service users had succeeded in finding work⁽³⁴⁾. This type of program focuses its services on people most likely to find a job, however, not the most vulnerable populations of which migrant women awaiting status regularization are a part.

Fighting employment discrimination and facilitating the recognition of foreign diplomas and qualifications are also invaluable in helping vulnerable migrant families⁽³⁵⁾.

Many forms of precarious employment, such as positions offered by temporary staffing agencies, are occupied by migrants. According to a report by the Directeur de santé publique, approximately one-third of workers in temporary agencies in Quebec were born outside of Canada. Improving the working conditions for these workers would be another significant improvement.



A JOB FOR MUNICIPALITIES

Cities could take it upon themselves to create resources for migrant families with precarious status. The *Bureau d'intégration des nouveaux arrivants à Montréal* (BINAM) offers, among other services, information on health care to migrant families.

The City of Montréal recently announced its intention to implement an "access without fear" policy with respect to civic services. This policy would include recognizing a declaration of residence (without having to provide an address) in order to access municipal services, as well as a mechanism that would allow victims of criminal acts to report an assault to the police without being questioned on their immigration status.



Integrating children into daycare

Even though daycare is a favourable environment for young migrant children, their parents are sometimes reticent to enroll their children and the integration process can be difficult.

Educational early childhood services can help integrate young migrant children into their host society through various initiatives: cultural discovery activities, initiatives that encourage discussion among parents, programs that promote multicultural activities in the daycare environment, and the recruiting of personnel of different ethnic origins. These types of initiative are currently being implemented at the CPE (early childhood centre) in Côte-des-Neiges.

CPEs are not always accessible to children with irregular status, however. In fact, non-status migrants and asylum seekers are not eligible to attend CPEs and are required to pay the full unsubsidized rate. Other educational daycare facilities may also refuse to accept migrant children with irregular status.



IN OTHER COUNTRIES AROUND THE WORLD...

Initiatives around the world aimed at helping to improve the integration of young migrant children in daycare are having positive effects on their development.

For example, Westcoast Multicultural and Diversity Services in Vancouver is creating cultural discovery activities based on international culinary practices. Vancouver's Westcoast Child Care Resource Centre offers a telephone consultation service for parents in three languages.

Finally, in the United States, the Early Head Start program has perfected an approach that promotes multicultural educational activities, recruiting personnel of different ethnic origins and attentive communication with parents.

Reducing food insecurity

Many migrant families are forced to experience food insecurity, which can have negative effects on the health of their very young children.

Studies have shown that a major cause of food insecurity is the excessively high cost of housing. Adopting strategies and policies that promote affordable housing and investing in social housing programs would help to reduce food insecurity for migrant families⁽³⁶⁾.

In Montreal's Petite-Bourgogne borough, the organization *Équipe mobile en sécurité alimentaire* offers food products at lower prices, and has set up a community coffee shop and market⁽³⁷⁾. An evaluation has shown that this initiative has helped to improve families' financial situation while promoting cultural integration and social diversity and empowering residents. Other similar initiatives exist, such as the Notre-Dame-de-Grâce Community Food Centre, but only borough residents are eligible for these programs. Furthermore, it can be difficult for migrants with precarious status to prove their eligibility for these types of service as they do not always have the necessary documents to explain their situation.



“ Adopting strategies and policies that promote affordable housing and investing in social housing programs would help to reduce food insecurity for migrant families. ”

2) Offering medical services to pregnant migrant women and their young children

Organizations on the ground, whether they be non-governmental, non-profit or an integral part of the provincial health network, can take action to improve access to health care and certain risk factors.

It goes without saying that these organizations alone cannot compensate for the lack of access to the public health care network. In fact, the services they offer are not always reserved specifically for migrants without medical insurance.

These organizations also do not have sufficient resources to offer their services to every uninsured migrant who needs them. In certain cases, children who are seen in these health care facilities may require more specialized care (such as surgery, for example) that community resources are not able to provide.



IN OTHER COUNTRIES AROUND THE WORLD...

The cities of Toronto, Los Angeles and San Francisco have set up initiatives that offer free pregnancy follow-up, childbirth support and primary preventive health care for very young migrants who do not have health insurance.

These initiatives have improved access to care for migrant mothers and their children.

Since these services are reserved for city residents, however, migrant families who choose to live in the suburbs for financial reasons are not eligible. These initiatives are generally highly dependent on private investment.

A few examples:

DOCTORS OF THE WORLD

In 2017-2018, Doctors of the World (*Médecins du Monde*) saw 190 pregnant migrant women who did not have medical insurance (MSAM).

MEDICOLEGAL CLINICS IN CERTAIN HOSPITALS

These clinics help migrants better understand how the health network works and inform them of their rights with respect to health care.

Taking action to improve the health of migrant pregnant women and their young children



SOCIAL DRIVERS FOR CHANGE

GOVERNMENTS

THROUGH THE SOCIAL SERVICES NETWORK

- Professional and social integration services (preparing CVs, job-search training)
- Fight hiring discrimination
- Promote the recognition of foreign diplomas

COMMUNITY ORGANIZATIONS

- Help uninsured migrants obtain medical and legal services
- Provide migrant families with information and support
- Help migrants families find affordable housing

EDUCATIONAL CHILDCARE SERVICES

- Include young children with precarious status in educational daycare
- Promote better integration of young migrant children (through cultural discovery activities, discussions with parents and diversity in hiring practices)

THROUGH LEGISLATION

- Clarify the *Health Insurance Act* with respect to children born in Quebec to migrant parents
- Legislate access to health care for very young children residing in Quebec and pregnant women

MUNICIPALITIES

- Form partnerships with the government and community/philanthropic organizations to offer medical services free of charge to migrant pregnant women and their young children
- Set up resources to provide families with information



CONCLUSION

Monitoring women's health during pregnancy and providing adequate health care for their young children are key factors in childhood development. Unfortunately, however, in spite of our universal public health care system, certain children living in Quebec—some of whom were born here and have never lived anywhere else—do not have access to medical services because of their parents' immigration status.

This situation could have serious repercussions on the health of very young children in migrant families and for Quebec society as a whole. A lack of preventive health care can result in more medical complications that are subsequently more complex to treat and more costly for the system.

Something can be done to help children in migrant families. By taking action at the legal level and working to reduce the vulnerability of this population, we can ensure that all children living in Quebec have access to the health care services they need.

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The mission of the Early Childhood Observatory is to help ensure that the development and well-being of Quebec's very youngest children has a place on the province's list of social priorities. In order to do so, the Observatory compiles the most rigorous data on 0-5 year-olds which it then disseminates to incite dialogue on collective actions in this area.

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