

THE CHALLENGES SOUTH ASIAN IMMIGRANTS FACE IN ACCESSING THE EDUCATION AND EMPLOYMENT OPPORTUNITIES IN THE GREATER TORONTO AREA (GTA) NEEDED FOR THEIR HUMAN DEVELOPMENT

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Abstract: The objective of the study is to investigate the challenges/barriers South Asian immigrants face in accessing the education and employment opportunities in the Greater Toronto Area (GTA) needed for their health and well-being and maximizing their human development. Using the convenience sampling technique, we collected 307 samples of self-administered survey questionnaires and five focus group discussions of South Asian immigrants living in the GTA. The preliminary results of this research show that South Asian immigrants living in the GTA face multiple barriers such as their degrees/diplomas are not recognized and those who reported that their degrees are recognized, say, they are not treated as equal to Canadian/USA degrees. The data also shows that the unemployment rate of the sample population is higher than the national average. They are also facing challenges in finding an employment in their field of study and their monthly income is very low. This research conducted Person Chi-Square test and cross tabulation and the results show there are significant relationships between self-rated health and variables related to accessing education and employment opportunities. It also shows that those who have obtained their degrees from South Asia, those whose degrees/diplomas, professional degrees/diplomas, skills and experience were not recognized, who did not have opportunities for accessing community resources had lower self-rated health. In addition, the results also show that among the sample population those whose degrees, professional degrees, and outside work experience were not recognized, who were not working in their same profession, whose credentials were undervalued and whose jobs did not

match with qualifications had higher unemployment rate, lower income and living lower quality of life. As a result, their health is deteriorating and their human development is being compromised, affecting their integration into the new society.

Keywords: Education; Employment; Human development; South Asian; Well-being.

Introduction

Canada is a country of immigrants that includes a rich diversity. Immigration has been a key component in nation building and social development of Canada from the Confederation time. The state uses immigration to address the problems of labor shortage and economic development, as well as to stimulate the economy and investment. Canada's foundation, history and development are therefore interrelated with immigration.

Canadian immigration policy changed gradually in a series of steps in the 1960s. The 1962 immigration regulations changed the traditional immigration system and provided the basis for education and professional qualifications to immigrate to Canada. Furthermore, the 1967 immigration regulations, the 1976 immigration Act as well as 1984's *Royal Commission Report on Equality in Employment* and *Employment Act of 1986* fostered the rapid growth of visible minority immigrants in Canada [1]. These new immigration regulations were based on a point system using individual personal characteristics for admission rather than nationality. The point system is used to assess all skilled workers and professionals who are eligible to immigrate to Canada [2, 3, 4]. As a result, throughout the 1980s and 1990s, immigrants

from Asia, Africa, and other non-traditional sources immigrated to Canada and the number of visible minority immigrants increased very rapidly [5].

After arriving, immigrants face three kinds of problems related to their education, employment and health care services. First, they encounter a waiting period of three months before access to the public health-care system becomes available as well as other challenges in accessing to care; second, immigrants' education and professional degrees are not recognized in Canada; and third, their previous experience is not considered in Canada [6,7, 8]. From the very beginning of their arrival in Canada, immigrants feel the strain of the resettlement process; they become demoralized and they may be constrained to stay unemployed or underemployed with lower level jobs and income for a long time. This resulted in adverse mental and psychological pressures that not only affect their health and well-being, but also their future dreams and aspirations for a better life that they were expecting in Canada. From these perspectives, this research investigated what are the challenges/barriers in the Greater Toronto Area (GTA), the South Asian Immigrants facing in accessing to education and employment opportunities, and how they are affecting their health, employability, income, well-being and integration. This research also investigated that how accessing challenges/barriers to education and employment to their new society affecting their human development as well. Therefore, the overall objective of the study is to investigate the challenges/barriers South Asian immigrants face in accessing the education and employment opportunities in the Greater Toronto Area (GTA) needed for their health and well-being and maximizing their human development.

This study focused on South Asian immigrants because they are the fastest growing immigrants' population in the Canada as well as in the GTA. A Statistics Canada study (2010) of Projections of the Diversity of the Canadian Population 2006 -2031 shows that 78 percent of Toronto's population will be either immigrants or children born in Canada of immigrant parents by 2031. Among the visible minority population, South Asians will represent 24 percent of Toronto's population by 2031, up from 14 percent from 2006 [9]. Statistics Canada (2010) data also shows that the South Asian immigrants are the fastest-growing population in Canada as well as in the Greater Toronto Area (GTA) [10]. The implication of this demographic trend for policies such as economic, social support services and employment is tremendous. In addition, South Asians are understudies despite this trend.

Literature Review

The literature suggests that immigrant populations are facing significant challenges in accessing education and employment opportunities in Canada [11, 12, 13, 14, 15]. The literature also suggests that the recent immigrants are highly educated and more than half of the population have a university degree [16]. Canadian immigration policy selects highly educated and skilled immigrants. However, their foreign credentials and work experiences are not considered, and as a result these overqualified immigrants face challenges and barriers [17, 18]. Here, "overqualified" is referred to as a situation where an individual is working in an occupation below their education, skills and experience. Both Statistics Canada and the literature suggest that immigrants with foreign credentials are discounted in Canada, as well as their international skills and work experiences. More importantly, their educational attainment, skills and work experience are undervalued in Canada [19]. In addition, immigrants' degrees/diplomas are undervalued compared to native-born Canadians and a foreign degree obtained by both; visible minority immigrants' face more disadvantages than white Canadians [20]. Immigrants who have degrees in medicine, nursing, veterinary, engineering, architecture and other regulated professions in Canada face tremendous challenges to enter their profession because their professional degree is not recognized in Canada.

As immigrants enter into the Canadian labor market, they initially face difficulties finding employment. Employment rates for these immigrants varied according to where they received their university degree and from where they are coming from. The gap between immigrants who are living here for longer than ten years and Canadian-born citizens has become narrower [21]. A number of reasons explain the causes of immigrants having difficulty finding employment, such as foreign credential recognition, lack of knowledge in the Canadian way of communication, comparability of educational attainment, lack of Canadian work experience and knowledge of the Canadian labor market needs and trends. In addition, the participation of women in the labor market is lower than that of males and particularly those who were born and educated in Asia faced higher challenges [22]. Low employment rates are common for immigrants with postsecondary diplomas from most regions and periods. Basran and Zong (1998) found that most foreign-trained professionals found it difficult to stay in their field of training because of the non-recognition or devaluation of their foreign credentials. This is the most important factor contributing to their

inaccessibility to professional occupations and upward mobility [23]. A study by Li (2003) demonstrates that visible minority immigrants with their foreign-trained professional degrees face systemic challenges/barriers in pursuing employment in their field of training and at the same time experience degree undervalued and/or underemployment [24].

The literature also suggests that employment and health are related and demonstrates that employment is correlated with a positive health status such as better physical well-being, increased happiness, self-confidence, life satisfaction and self-esteem. It is also suggested that unemployment generates poor health that increases depression, anxiety, and stress, as well as overall mental and physical health problems [25]. A study by Cai and Kalb (2006) argued that the immigrants' employment status is positively correlated with their health and well-being. In addition, employment of the immigrant population enhances their health and well-being as well as improving their community participation, social status, self-esteem, economic independence, family peace and recognition from others that eventually brings better health status [26]. Moreover, the unemployed population's income is lower, which can create poor health status. Another study by Wilkins et al. (2002) suggested that in Canada low socio-economic status is strongly associated with poor health and well-being [27].

The literature suggests that immigrants' degrees/diploma, professional degrees and skills and work experience obtained outside Canada/USA are not considered as equal to Canadian. As a result they face tremendous challenges in accessing to the education and employment opportunities in Canada which result their poor self-rated health. This research investigated what are the nature of these challenges immigrants face in accessing the education and employment as well as their relationship to their health, well-being and human development.

Methods

For this research, a wide range of primary and secondary data sources were used: a self-administered questionnaire, focus group interviews and relevant data from Statistics Canada, the Canadian Institute for Health Information (CIHI), and the Canadian Institute of Health Research (CIHR) data. The questionnaires focused on the respondents' individual encounters and experiences in accessing health care services and education and employment services, as well as how these affect their capabilities and well-being. The questionnaires were developed

in English and translated into 6 other south Asian languages: Bengali, Hindi, Nepali, Punjabi, Tamil, and Urdu; back translation ensured that the questionnaire reflected the proper meaning. To ensure cultural sensitivity, the questionnaires were reviewed by community members. Mixed methods, qualitative and quantitative, were used, along with a wide range of primary and secondary data: self-administered questionnaires, focus group interviews and secondary data.

Sample

Using the convenience sampling technique, we have collected 307 samples of self-administered survey questionnaires and administered five focus group discussions of South Asian immigrants living in the Greater Toronto Area (GTA). The sample population (n=307) is highly educated, stable, and from different cultural communities. Most of them have lived in Canada more than three years. Among the sample population, 53 percent are male and 47 percent are female, 242 are married people, 59 single, 3 separated, 4 divorced and 1 widowed. In the sample, there are 8 PhDs, 14 degrees in Medicine, 103 Master's, 107 Bachelor's, 58 diploma/community colleges and 17 others with high school graduation.

The data shows that most of them fall into the category of age 30-49 (almost 61 percent) and 24 percent are between 18 and 29. The Mean age = 37.81, the Median = 38 and the Std. Deviation = 11.718. The sample population has chosen the Greater Toronto Area (GTA) for job opportunities, friends and family, similar cultural community, education and a better life. Among the sample population, there are 18 first languages spoken.

Data Collection

The data of this article reports on a part of the preliminary finding of the study of "Human Development of South Asian Immigrants Living in the Greater Toronto Area (GTA): Access to Health Care," questionnaire. The study adopted a non-probability convenience sampling technique, the sample consisting of 307 people living in the Greater Toronto Area (GTA) for the study of "Human Development of South Asian Immigrants Living in the Greater Toronto Area: Access to Health Care." This research included a survey questionnaire to gather information on dependent and independent variables. For the survey, we used close-ended questions in the questionnaires. Data was collected from respondents who visited a doctor or clinic, were admitted to the hospital or never visited a doctor or clinic as well. To recruit the participants we went to the institutions that are providing services to South Asian immigrants and the meeting places of South

Asian immigrants such as Temple, Church, Mandir, Mosque, cultural organizations, and South Asian groceries. In these places, we met with South Asian immigrants, personally and through the organizations, and asked them if they were interested in volunteering for the research. We also explained to them there is a small honorarium for participating in this research; we provided a C\$10 gift card for filling out the survey questionnaire and a C\$15 gift card for participating in the focus group discussions.

Data Analysis

Data were analyzed using the Statistical Packages for Social Sciences (SPSS) version 20 for Windows. The demographic variables, socio-economic variables and years in Canada, and sample questions about access barriers of the sample population were used for the descriptive quantitative analysis. To analyze the data, cross tabulation and the Chi-square significance test were conducted, in addition to measuring the strength of the association, the results of Cramer's V was also reported. In the Chi-square test, conditions for cell (maximum 20%) have also been observed. To analyze and measure the human development, this research used Nobel Laureate Amartya Sen's capabilities and freedom approach [28, 29]. Here "human development" is used as a process of enlarging people's choices and enhancing human capabilities and freedoms, enabling them to live a long and healthy life. Capabilities vary from elementary freedoms, such as being free from hunger and undernourishment, to such complex abilities as achieving self-respect, self-esteem, access to community resources, professional development, opportunities for full and creative life, opportunities living a life to choose among alternative options, social participation and living the quality of life they were expecting in Canada. This research used these complex abilities to analyze how the barriers to accessing health care are hindering people's development process and capabilities in their new society. Here the goal of the development is the promotion and expansion of capabilities of the immigrants in their new society. In this research I used the question of how the capabilities of immigrant population are being enhanced or hindering their personal growth and development. Immigrants who enter Canada as the independent skilled worker category are highly educated and skilled in their home countries, but when they come to Canada they face multiple challenges in their settlement process. Most importantly, the immigrants face barriers/challenges to accessing health-care and employment opportunities. As a result, most of them

experience a decline in their health that hinders the development of their capabilities and freedom and limits the quality of the life they are expecting in Canada.

Results

Descriptive Statistics

The sample populations (n=307) are highly educated (Chart 1). Among the sample there are 8 PhDs, 14 degrees in Medicine, 103 Master's, 107 Bachelor's, 58 diploma/community colleges and 17 others with high school graduation.

The data shows (Chart 2) that 70 percent of the sample population obtained their degrees from South Asia; 22 percent from Canada; 5 percent from South Asia as well as Canada; 3 percent from other countries such as UK, Russia and Thailand and other places.

It is very important to note that almost 44 percent of the participants responded that their degrees/diplomas are not recognized in Canada (Chart 3).

In the case of professional degrees (Chart 4), 57 percent responded that their degrees are not recognized in Canada and those who reported that their degrees are recognized say they are not treated as equal to Canadian/USA degrees.

Employment Status of the Participants

As discussed in an earlier section, more than half of the sample population's degrees obtained outside Canada/USA was not recognized (Chart 5). In addition, 59 percent responded that the skills and experience they obtained outside Canada/USA are not recognized by Canadian employers.

Furthermore, 66 percent experienced difficulties in finding any employment in the GTA (Chart 6).

The unemployment rate of the sample population (n=307) is very high. Only 48 percent of the sample population is working full-time (Chart 7), and the length of their working time mean was =5.57, Median = 4.00 and the Std. Deviation=5.84.

Whereas the national average of unemployment is only 7 percent, almost 16 percent of the South Asian population is unemployed and 14 percent is employed part-time. Those who are looking for full-time employment are highly educated, under 50 years of age and in good health, but their degrees, experience and skills are not recognized in Canada. In addition, 50 percent reported that their jobs do not match with their qualifications (Chart 8).

Chart 1: Highest Degree Obtained by the Participants

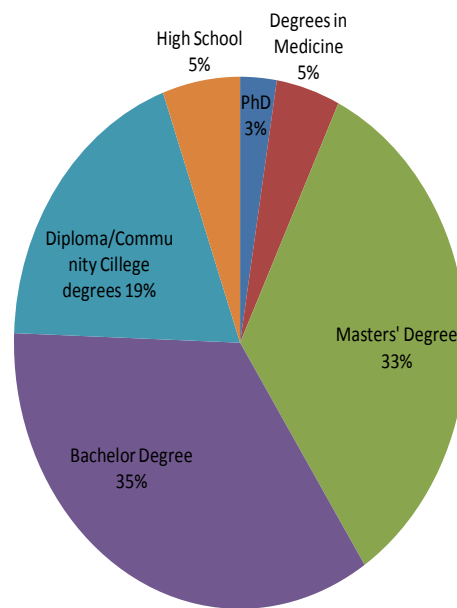


Chart 2: Where Participants Obtained Degrees

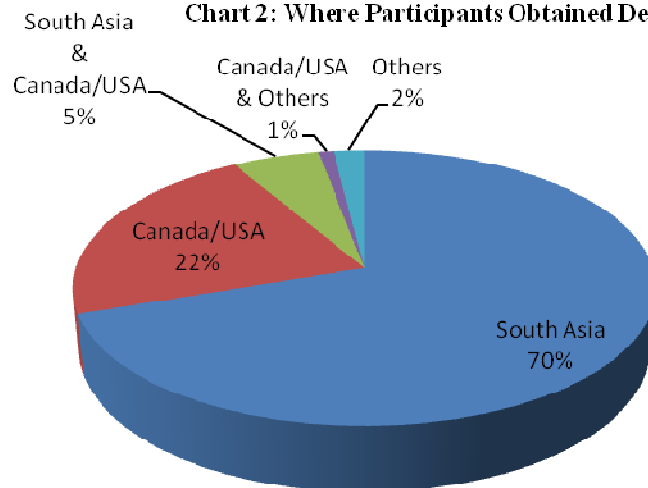


Chart 3: Degrees Recognized

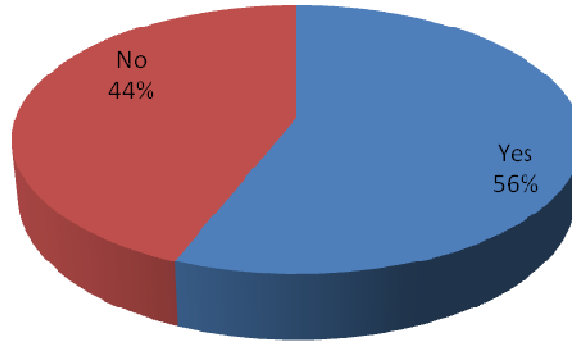


Chart 4: Professional Degree Recognition

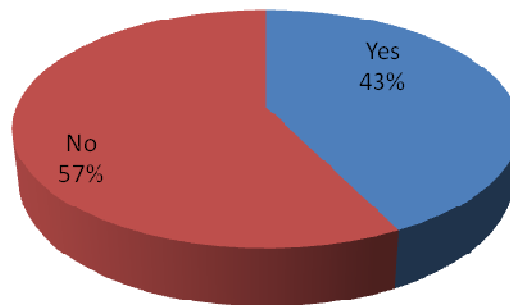


Chart 5: Outside Experience & Skills Recognized

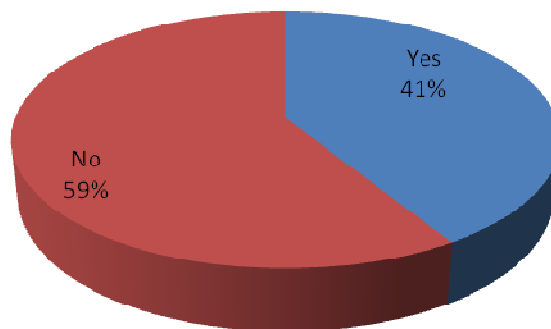


Chart 6: Experienced Difficulties Finding Jobs

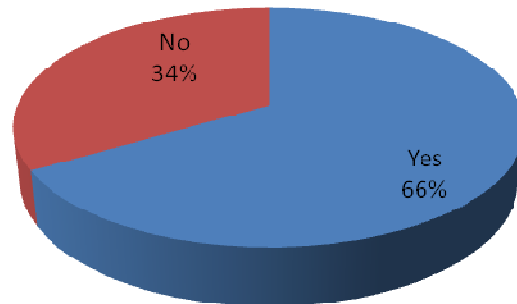


Chart 7: Employment Status

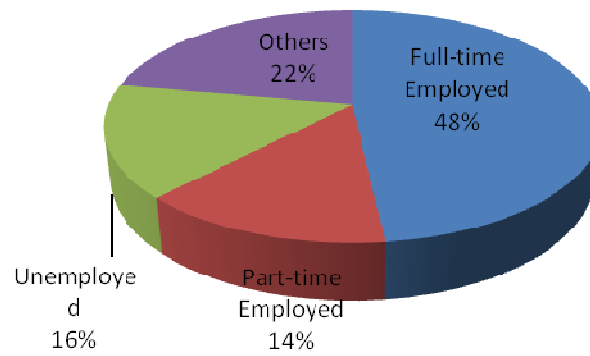


Chart 8: Job Match with Qualifications

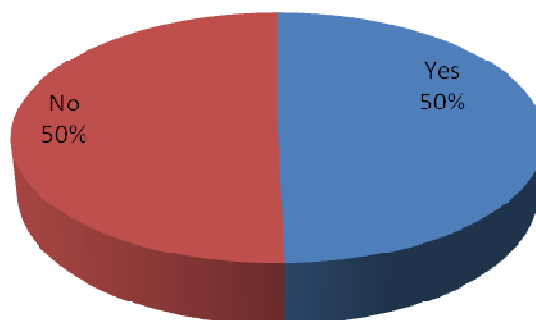
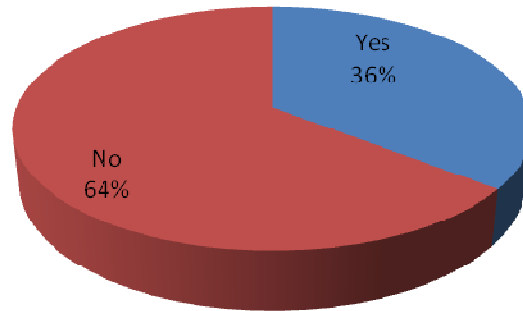
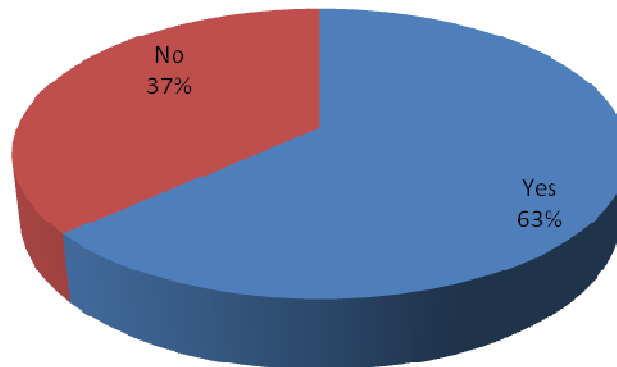


Chart 9: Working in Same Profession**Chart 10: Degrees Undervalued**

Only 36 percent work in the same profession/field as they did prior to immigrating to Canada (Chart 9).

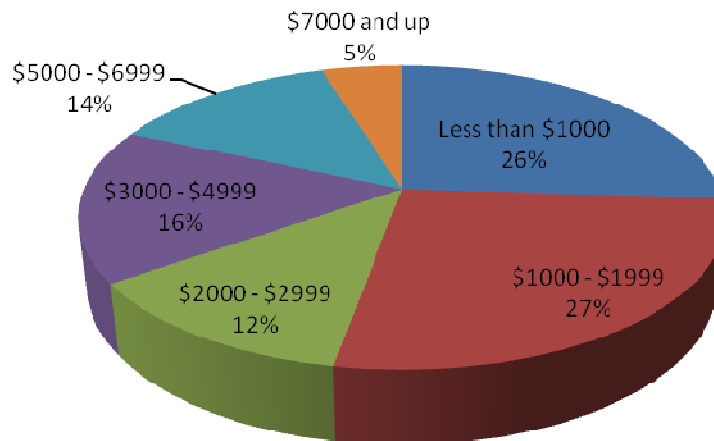
Among the sample population, 63 percent think that their credentials are undervalued by employers (Chart 10).

As a result they are facing tremendous negative consequences that affect their health status and well-

being directly. Furthermore, among the sample population 35 percent reported their dissatisfaction with employment; 23 percent were neither satisfied nor dissatisfied. In addition, 70 percent reported that their underemployment has increased their unhappiness, frustration, anxiety and depression (Table 1).

Table 1: Effects of Underemployment

	Yes	No
Unhappiness	74.9%	25.1%
Frustration	71.1%	28.9%
Anxiety	66.2%	33.8%
Depression	64.3%	35.7%

Chart 11: Participants' Personal Monthly Income

Income of the Participants

The data shows that the monthly income of the sample population (n=250) is very low. Most of the population responded that they are working full-time and the rest of them are working part-time. The only exception was in cases of less than \$1000 per month; in this category most of them were working part-time and others were working full-time, even though the 10 participants who responded were working full-time.

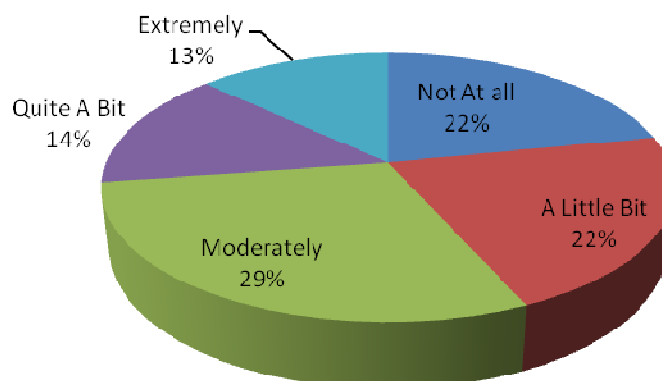
Among the sample population almost 26 percent of the population earned less than \$1000 per month; 27 percent earned \$1000 to less than \$2000 per month; 12 percent earned from \$2000 to less than \$3000; 16

percent earned \$3000 to less than \$5000; 14 percent earned \$5000 to less than \$7000; and only 5 percent earned more than \$7000 per month (Chart 11).

It is important to note that 65 percent of the respondents' income is less than \$ 3000 per month. For long as they have lived in Canada, the situation has improved very little. Of those who have lived in Canada less than 1 year, 92 percent's income is less than \$3000; 93 percent for those who lived here less than two years; 89 percent of those who lived here less than three years; 77 percent of those who have lived here more than three years but less than 5 years; and for 50 percent of those who have lived longer than 5 years in Canada their income is less than \$3000 per month (Table 2).

Table 2: Personal Income Overtime (monthly)

	Less than 1 Year	Less than 2 Years	Less than 3 Years	3 Years to less than 5 Years	5 Years and up
Less than \$1000	8	20	28	10	27
\$1000 - \$1999	2	15	24	12	31
\$2000- \$2999	1	2	4	1	26
\$3000 - \$4999	0	1	3	2	36
\$ 5000- \$6999	1	2	4	5	36
\$7000 and up	0	0	0	0	12
Missing	6	19	24	14	19
Total	18	59	87	44	176

Chart 12: Living the Quality of Life Expected

Education and employment are very important elements of better health and well-being. This research suggests that a significant number of the sample population's degrees, skills and experience obtained outside Canada/USA are not recognized in Canada. They cannot even apply for employment opportunities and were working in minimum wage jobs. Their education and skills were misused and lost. As a result, they were unemployed, underemployed and although wishing to work full-time, they were working part-time. Furthermore, those who were working with lower income were not able to obtain extended health care such as dental, eye care and so on. Therefore, the sample population

faced tremendous pressure regarding their education and employment opportunities, which is reflected in their personal income.

People from different countries immigrate to Canada to live a better life. They want to enjoy culture and society and to achieve the capabilities and freedom of leading the kind of life they have reason to value. However, the barriers to accessing health care and other challenges limit their ability to achieve their quality of life. Among the sample population, 73 percent responded that they were not living the quality of life they were expecting in Canada (Chart 12).

Table 3: Cross tabulation and Chi-Square test of health before and after

			Health after			Total
			Good & below	Very good	Excellent	
Health before	Good & below	Count	56	6	1	63
		% within Health before	88.9%	9.5%	1.6%	100.0%
	Very good	Count	40	54	4	98
% within Health before		40.8%	55.1%	4.1%	100.0%	
Excellent	Count	33	38	75	146	
	% within Health before	22.6%	26.0%	51.4%	100.0%	
Total	Count	129	98	80	307	
	% within Health before	42.0%	31.9%	26.1%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	142.591 ^a	4	.000
Likelihood Ratio	150.974	4	.000
Linear-by-Linear Association	99.096	1	.000
N of Valid Cases	307		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 16.42.

Statistical Analysis

The present study aimed at examining factors associated with the South Asian immigrants accessing barriers/challenges in education and employment services in the Greater Toronto Area; what are the effects on their health and human development because of their accessibility problems? This section will analyze the hypothesis of the research.

Hypothesis 01: Challenges/barriers to accessing health care, education and employment affect the health status of South Asian immigrants negatively.

The hypothesis was tested using cross tabulation, which compares South Asian immigrants' self-rated health before and after they entered Canada. The Chi-Square test was conducted to determine how the two variables were related. Cramer's V was used for the strength of the association.

The results shown in the Table- 3 shows that there is a significant relationship between South Asian immigrants' self-rated health before coming to Canada and their self-rated health after coming to Canada.

The result is $X^2(4) = 142.59$, $p < .001$. Cramer's $V = .482$. Cramer's V shows that there is strong association between two of the variables. The results of Table 3 cross tabulation show that, among the sample population, 146 participants reported their health was excellent before coming to Canada, but after coming to Canada their self-reported health declined. Only 75 participants remained as excellent, 38 participants' health decreased to very good, 33 to good and below category. The health of 98 participants who reported their health as very good also decreased, as 54 reported remaining in the very good category, 40 reported decreased to good and below category. Among the participants, 54 reported their health before as good and 5 participants health increased to very good and 1 rose to the excellent

category; however, 6 participants' health declined below.

Therefore, the results show that there is a significant relationship between South Asian immigrants' self-rated health before coming to Canada and self-rated current health after coming to Canada. It is also demonstrated that the association between the variables is strong. Furthermore, the results from cross tabulation show that the South Asian immigrants' self-rated health declined after coming to Canada.

Hypothesis 02: South Asian immigrants face challenges in accessing education and employment opportunities in the Greater Toronto Area (GTA).

To test the hypothesis, the relationship between the South Asian immigrants' self-rated health status and education and employment; between employment status and degree-related variables; and between participants' income and education and employment-related variables were tested. For this article variables related to education and employment have been reported.

The results shown in Table 4 and cross tabulation show that there are significant relationships between self-rated health and variables related to accessing education and employment opportunities in the GTA. It shows that those who have obtained their degrees from South Asia, those whose degrees/diplomas were not recognized, professional degrees/diplomas, skills and experience, who did not have opportunities for community resources. As well, those who did not have opportunities for professional development in ways that matched their training had worse self-rated health and they had statistically significant relationships. On the other hand, those who had completed their degrees in Canada had better self-rated health. The results also reported that the Cramer's V was not weak or not very strong, however, the relationship strength was strong and statistically significant.

The results seen in Table 5 and cross tabulation show that there were statistically significant relationships between employment status and degree and work experience related variables of the sample population. Among the sample population, males were mostly full-time employed. The results from cross tabulation also showed that those whose degrees/diplomas, skills and work experience, working in the same area of training, and whose degrees were evaluated as equal to Canadian degrees had better employment

rates. The associations are also medium in strength.

The results noted in Table 6 and cross tabulation show that among the sample population those whose degrees, professional degrees, and outside work experience were not recognized, who were not working in their same profession, whose credentials were undervalued and whose jobs did not match with qualifications had lower income and they had a statistically significant relationship. The result also showed a strong association between those whose professional degrees, work experiences, those who were not working in the same profession and whose job did not match their qualifications. In addition, there is a very strong relation between full-time employment and better income.

Hypothesis 03: Employment and education challenges are limiting the South Asian immigrants' quality of life and their human development is being compromised.

The results noted in Table 7 and the cross tabulation show that there were statistically significant relationships between quality of life and education and employment related variables. The results show that those who completed their degrees/diplomas in Canada and worked in the same profession as their training had a better quality of life. On the other hand, those whose degrees/diplomas were from South Asia, whose degrees are not recognized, and whose professional degrees, skills and experience, and credentials were undervalued had a lower quality of life. The results also show that those who were underemployed had increased unhappiness, anxiety and depression and had a lower quality of life.

Discussion

The primary goals of this article are to examine association of education and employment with self-rated health, accessing barriers/challenges in education and employment opportunities and human development of the sample population. The data of the sample population show that they are a highly educated stable community, but are facing barriers/challenges in accessing the education and employment opportunities in the GTA. Education, employment and income significantly affect the population's health in various ways. In the area of employment, the sample population faced multiple challenges and barriers. Almost half of the sample populations' general and professional degrees and diplomas, experience and skills obtained outside Canada/USA were not recognized in Canada. The unemployment rate of the sample population is higher than the national average.

Table 4: Statistical relationship between self-rated health and accessing to education and employment

Variables	Self-rated health after entering Canada					Chi-Square	V
		Good & Below	Very Good	Excellent	Total		
Degrees completed in Canada/USA	No	107	66	47	220	15.55***	.225
	Yes	22	32	33	87		
Degrees completed in South Asia	No	16	30	30	76	19.35***	.251
	Yes	113	68	50	321		
Outside degrees/diplomas recognized in Canada	No	55	28	16	99	11.51*	.226
	Yes	53	39	34	126		
Outside Professional degrees/diplomas recognized	No	72	32	21	125	11.96**	.234
	Yes	32	33	28	93		
Outside skills and experience recognized	No	87	51	36	174	10.36**	.187
	Yes	39	43	40	122		
Had opportunities for professional development in ways which matched their training	Not at all	47	18	24	89	27.01***	.210
	A little bit	25	30	19	74		
	Moderately	30	16	10	56		
	Quite a bit	15	21	7	43		
	Extremely	12	13	20	45		

P= * < .05, ** < .01, *** < .001

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Table 5: Statistical relationship between employment status and educational degree, work experiences related variables

Variables	Employment Status						Chi-Square	V
		Full-time employed	Part-time employed	Unemployed	Others	Total		
Degrees completed in Canada/USA	No	115	34	32	39	220	11.27**	.192
	Yes	33	9	16	29	87		
Degrees completed in South Asia	No	29	8	13	26	76	9.76*	.178
	Yes	119	35	35	42	231		
Outside degrees/diplomas recognized in Canada	No	40	17	21	21	99	11.24**	.224
	Yes	76	17	11	22	126		
Outside Professional degrees/diplomas recognized	No	52	20	25	28	125	17.96***	.287
	Yes	63	13	5	12	93		
Outside skills and experience recognized	No	68	30	32	44	174	17.76***	.245
	Yes	78	12	14	18	122		
Experienced difficulties/barriers in finding employment	No	65	14	9	11		16.73***	.238
	Yes	83	29	39	45			
Working same profession for which they trained for	No	73	31	38	39	181	29.28***	.323
	Yes	73	12	7	8	100		
Outside credentials evaluated equal to Canadian	No	26	13	14	16	69	16.05***	.329
	Yes	54	9	4	12	79		

P= * < .05, ** < .01, *** < .001

Next page

Table 6: Statistical relationship between participants' monthly income and education- and employment-related variables

Variables	Monthly Income								Chi-Square
		<1000	1000-1999	2000-2999	3000-4999	5000-6999	7000+	Total	
Outside degrees/diplomas recognized in Canada.	No	24	26	9	8	5	0	72	14.92*
	Yes	20	30	13	19	20	7		
Outside Professional degrees/diplomas recognized.	No	29	34	13	8	8	1	93	23.32***
	Yes	13	19	9	20	18	6	85	
Outside skills and experience recognized.	No	41	45	16	18	8	3	131	28.68***
	Yes	18	21	15	23	26	8	111	
Experienced difficulties/ barriers in finding employment.	No	21	19	10	19	21	6	96	13.80*
	Yes	43	48	21	22	13	6	153	
Working same profession for which they trained for.	No	47	54	16	14	10	3	144	51.67***
	Yes	11	13	14	26	24	8	96	
Outside credentials evaluated equal to Canadian	No	14	23	5	6	6	0	54	11.57*
	Yes	10	19	7	14	15	6	70	
Job matched with qualifications	No	34	18	11	25	22	10	120	29.69***
	Yes	22	48	19	14	12	2	117	

P= * <.05, ** < .01, *** < .001

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Table 7: Statistical relationship between Capability Index (quality of life) and employment & education related variables

Variables	Quality of Life							Chi-Square
		Not at all	A little bit	Moderately	Quite a bit	Extremely	Total	
Completed their degrees/ diploma in Canada lived a better quality of life.	No	20	70	86	38	6	220	22.47***
	Yes	8	23	18	28	10	87	
Completed degrees in South Asia lived a lower quality of life.	No	6	24	17	21	8	76	11.41*
	Yes	22	69	87	45	8	231	
Degrees are not recognized in Canada had lived a lower quality of life.	No	7	39	40	13	0	99	11.80*
	Yes	15	31	47	28	5	126	
Professional degrees are recognized here in Canada had lived a better quality of life.	No	10	46	53	16	0	125	18.35***
	Yes	12	19	33	24	5	93	
Skills and work experiences were not recognized had lived a lower quality of life.	No	16	65	61	31	1	174	26.09***
	Yes	12	23	42	32	13	122	
Did not find difficulties/ barriers in finding employment have a better quality of life.	No	6	25	30	27	11	99	13.88**
	Yes	21	64	68	38	5	196	
Worked in the same profession of training had a better quality of life.	No	21	66	60	27	7	181	21.51***
	Yes	5	19	35	33	8	100	
Whose credentials were undervalued had lived a lower quality of life.	No	6	23	31	30	8	98	12.57*
	Yes	16	58	63	27	6	170	
Underemployment increased unhappiness had lived a lower quality of life.	No	2	13	16	17	9	57	25.09***
	Yes	18	53	63	34	2	170	
Underemployment increased frustration had lived a lower quality of life.	No	3	18	13	20	9	63	20.33***
	Yes	18	46	56	32	3	155	
Underemployment increased anxiety had lived a lower quality of life.	No	5	20	14	23	9	71	19.08***
	Yes	14	42	52	29	2	139	
Underemployment increased depression had lived a lower quality of life.	No	4	21	20	22	9	76	13.30***
	Yes	16	45	46	27	3	137	

P= * < .05, ** < .01, *** < .001

The sample population faced difficulties in finding employment, working in the same profession/field as they did prior to immigrating, and their present jobs do not match with their qualifications. They also responded that their credentials were undervalued by the employers and they did not have opportunities for professional development in ways that match their training.

The study analyzed three hypotheses with Chi-square test, cross tabulation and Cramer's V test results. Hypothesis shows that there is a statistically

significant relationship between the sample population's health on entering Canada and after living in Canada for varying periods of time. The result also shows that the strength of the relationship is strong. The results of the hypothesis also show that there were significant statistical relationship between self-rated health and accessing in education and employment. It also reports that there are significant statistical relationship between employment status and degrees, monthly income and degrees and employment. The Chi-Square test and the cross

tabulation shows that those who had Canadian degrees had better self-rated health, higher employment rates, and better quality of life. On the other hand, for those who completed their degrees in South Asia, degrees and professional degrees were not recognized in Canada, along with skills and work experience obtained outside Canada, degrees were undervalued, they were not working at their same profession of training, had lower self-rated health, lower monthly income, higher unemployment rates, and lower quality of life.

Therefore, the sample population faced tremendous challenges with their degrees, skills and experience obtained from South Asia and/or outside Canada/USA. They also faced challenges in finding employment in their field of study. In addition, those who were employed believe they were underemployed. As a result, their monthly income is very low. Almost 70 percent responded that underemployment increased their unhappiness, frustration, anxiety and depression. More than 75 percent reported that their well-being has been compromised and they are not living the quality of life they were expecting in Canada.

Conclusion

This research data shows that an overwhelming 41 percent of the sample population chose the GTA for their new destination because of job opportunities and 19 percent because of a better life, better education. However, the sample population is facing significant barriers in accessing education and employment opportunities in the GTA. Their educational credentials and skills are not recognized and that is causing tremendous loss of education, training, and skills and wasting of their valuable works experience. This research investigated beyond the previous research and analyzed that the accessibility challenges/barriers to education and employment not only contributing their declining health but also affecting their integration to their new society and they are not living a better quality of life and their human development is being compromised. This research result could also be applicable to other visible minority immigrants groups living in the GTA as well as other Canadian cities. This research also has tremendous policy implications of Canadian policy of immigration and multiculturalism, health care, economic and social and employment policies.

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