

# Gendered Immigrant Experiences during COVID-19 in Canada

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**Abstract:** This article examines the experiences of immigrant women and men from Ukraine during COVID-19 pandemic in Canada. Previous research has documented consistent gender differences in healthcare in general and in COVID-19 experiences in particular. However, no prior studies have directly compared the COVID-19 experiences of immigrant women and men within a single immigrant group, which is the focus of the present study. The study addresses two research questions: (1) Did COVID-19 experiences by immigrants from Ukraine in Canada differ by gender? and (2) What patterns of COVID-19 information access did immigrant women and men from Ukraine in Canada report, and did these patterns differ by gender? The study is based on a survey that included 51 women and 24 men. Quantitative analysis of the survey responses shows that women reported greater disruption of daily life due to COVID-19 and stronger fear that loved ones would contract the disease. By contrast, the types of COVID-19-related information sought during the pandemic did not differ significantly by gender. These findings have direct implications for healthcare, infectious-disease control, and mass-media communication, highlighting the need for gender-specific approaches to information access and for gender-disaggregated data to guide public-health messaging.

**Keywords:** COVID-19 experiences, gender, men and women, COVID-19 information seeking, immigrants from Ukraine in Canada.

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## 1. Introduction

Patients' experiences in healthcare often differ by gender even in countries such as Canada, where gender equality is formally institutionised (Kemp et al., 2021; Lacasse et al., 2023). Immigrants who are vulnerable because of unfamiliarity with the healthcare system, language barriers, and other structural obstacles are also disadvantaged in accessing healthcare (Díaz-Millón & Olvera-Lobo, 2025). COVID-19 revealed substantial differences in individuals' experiences across genders (Prowse et al., 2021; Chima et al., 2022) as well as between immigrant groups and the general population (Leung et al., 2023). This article brings together these two strands of vulnerability—gender and immigration status—by examining gender differences in the COVID-19 experiences of immigrants from Ukraine in Canada. The choice of this immigrant group is motivated by its global relevance in light of the ongoing Russian aggression against Ukraine, its significance in the Canadian context, and the author's research expertise. Although COVID-19 has largely subsided as an epidemic, it constituted one of the major crises affecting the world's health systems, and its lessons remain highly relevant for the future.

Canada has been receiving immigrants from Ukraine since the nineteenth century and is home to the largest Ukrainian diaspora abroad (Luciuk & Hryniuk, 1991). The number of individuals of Ukrainian ancestry in Canada currently exceeds 1.2 million, of whom approximately 100,000 report Ukrainian as their mother tongue (Statistics Canada, 2022). This population is characterised by high levels of literacy and digital literacy, making it particularly important to examine whether its members nevertheless experienced difficulties in accessing COVID-19-related information.

## 2. Literature review

This section reviews the literature on gender-related differences in healthcare, particularly during COVID-19, as well as reported challenges in immigrants' access to healthcare.

### 2.1. Gender differences in healthcare

Although the challenges faced by non-cisgender individuals in accessing healthcare must be fully acknowledged (e.g., Nowaskie & Menez, 2024), the present study focuses on two genders—men and women—because all participants in our sample identified as either men or women, with only two participants preferring not to disclose their gender and none identifying as non-cisgender. Healthcare access is gendered in terms of both the needs and the barriers experienced by women and men, which are shaped by social roles, resources, and provider and system responses.

Previous research shows that women use outpatient and preventive services more frequently than men, whereas men are more likely to delay or avoid help-seeking, particularly for stigmatized or emotionally laden concerns (Bertakis et al., 2000; Courtenay, 2000; Galdas et al., 2005). Cross-national research in Europe similarly reports higher odds of women's use of primary, specialist, dental, and mental-health services, with variation by country and service type—suggesting that health-system design can either amplify or reduce gender gaps (Golinelli et al., 2025). However, higher utilization does not necessarily translate into easier access. Recent research indicates that women report higher levels of unmet need due to healthcare costs than men, consistent with gendered income gaps and caregiving-related “time poverty,” that is, women's greater time investment in caring for family members (Rahman et al., 2022). In many settings, women also face constraints related to unpaid care work (e.g., childcare and eldercare), transportation, and limited control over household finances, which may delay appointments and disrupt continuity of care (Arbaugh et al., 2024). At the same time, gender bias within clinical encounters can shape “effective access,” including differential diagnostic testing and treatment (e.g., Al Hamid et al., 2024). Together, these strands of research suggest that gender disparities arise from interacting mechanisms involving gender norms, socioeconomic position, and institutional bias.

In Canada, where the present study was conducted, provincial coverage of physician visits and hospital admissions reduces financial barriers; nevertheless, gendered differences in perceived unmet needs, attachment to primary care, and waiting times persist. Women are more likely than men to report unmet healthcare needs (Bryant et al., 2009; Socías et al., 2016). Overall, across multiple contexts, including Canada, women tend to have higher levels of contact with healthcare services while simultaneously reporting substantial unmet needs, whereas men's access challenges are often mediated by lower help-seeking behaviour and gender norms.

## **2.2. Immigrants' access to healthcare**

Immigrants face more barriers to healthcare than the general population, primarily because of language discordance (Díaz-Millón & Olvera-Lobo, 2025; van Lent et al., 2025) and legal and administrative stratification related to insurance status and documentation (Derose et al., 2007; Hacker et al., 2015). Additional challenges include unfamiliarity with the healthcare system, transportation difficulties, settlement priorities, and other structural constraints (Kaur et al., 2021; Sundareswaran et al., 2024). In mental healthcare in particular, immigrants encounter numerous barriers, including stigma, limited availability of culturally appropriate services, lack of interpreters, and concerns about discrimination (Bilican et al., 2025).

In Canada, these challenges are compounded by the lack of insurance coverage during the initial months after arrival, which may result in restricted or absent access to medical care (Garasia et al., 2023), as well as by difficulties in securing a regular family physician, often leading to delayed preventive care and fragmented follow-up (Kalich et al., 2016; Tsai et al., 2023).

## **2.3. COVID-19 experiences by gender and immigrant groups**

COVID-19 experiences reinforced the gendered differences outlined above and introduced additional disparities. Women reported greater negative social, mental-health, and economic impacts during the pandemic and higher levels of pandemic-related stress in many settings (Flor et al., 2022; Prowse et al., 2021; Czepiel et al., 2024). Studies of vaccine attitudes and information-seeking behaviour found lower vaccination intentions and greater concern about side effects among women in multiple samples, and systematic reviews confirm that men more often report higher vaccine acceptance (Zintel et al., 2023; Syan et al., 2021). Reviews of COVID-19 clinical research further highlight inadequate sex and gender reporting, which complicates the interpretation of adverse-event patterns and underscores the need for gender-disaggregated data to inform healthcare and public-health messaging (Heidari et al., 2021; Zintel et al., 2023).

Among immigrant populations worldwide, COVID-19 amplified pre-existing structural vulnerabilities affecting exposure to infection and access to timely, actionable health information (Hintermeier et al., 2024; Hayward et al., 2021). Information access refers to the ability to find, understand, trust, and use information—an ability that is critical during times of crisis—and was weaker among immigrant populations during COVID-19 (Kalocsányiová et al., 2023).

Canadian research similarly shows that immigrants and refugees faced compounded barriers to understanding and acting on COVID-19 guidance, particularly during the early stages of the pandemic, when policies, eligibility rules, and service pathways changed rapidly (Leung et al., 2023; Amoako & MacEachen, 2021). Research in the Canadian context also documented disruptions in access to health and social services among immigrants from

specific groups, such as Sub-Saharan Africans, alongside heightened anxiety, with information needs shaped by settlement pressures and constrained support networks (Leung et al., 2023).

## **2.4. Theoretical foundations**

Gender and immigration interact in shaping healthcare and information access, highlighting that gender gaps are often intensified or reconfigured by migration-related barriers (Ssendikaddiwa et al., 2023). Accordingly, the present study is informed by an intersectional perspective (Bowleg, 2021) with respect to gender and immigration. An additional overarching framework is the Social Determinants of Health approach (Marmot et al., 2020), which conceptualises immigrants' COVID-19 experiences as shaped by structural and social conditions, including language access, access to health information, and navigation of healthcare systems.

## **2.5. Research aim and research questions**

To the best of our knowledge, no previous studies have systematically compared the COVID-19 experiences of immigrant women and men within a single immigrant group, and this constitutes the primary aim of the present study. Expanding research to include immigrant groups with diverse literacy and digital skills is also essential to obtain a more comprehensive understanding of immigrants' needs during health crises. The study addresses the following research questions:

1. Did the COVID-19 experiences of immigrants from Ukraine in Canada differ by gender?
2. What patterns of COVID-19 information access did immigrant women and men from Ukraine in Canada report, and did these patterns differ by gender?

The methodology used to address these questions is described in the following section.

## **3. Methodology**

This section outlines the methodology and participant characteristics.

### **3.1. Methods and tools**

A survey was designed to examine Ukrainian immigrants' experiences during COVID-19, based on earlier work (Nedashkivska & Makarova, 2026). The study instruments and procedures were approved by the author's university research ethics board. The survey was administered via SurveyMonkey in three languages (English, Ukrainian, and Russian), with translations prepared and verified by the author and native-speaking assistants. Eligibility criteria included being an immigrant from Ukraine, being over 18 years of age, and having arrived in Canada before February 2022. A purposive sampling strategy was used to ensure that these criteria were met. Recruitment took place through university and community websites, and participants were given the option to volunteer for a follow-up interview at the end of the survey. Because of space limitations, the interview data are not reported in the present article. Survey responses were exported to Excel (Microsoft 365, Version 2407) and analysed using SPSS 28.

Responses to the Likert-scale closed-ended survey questions were analysed using SPSS 28 to compare results across gender groups. Because Likert-scale data are ordinal in nature and exhibited non-normal, skewed distributions with unequal group sizes, non-parametric statistical procedures were employed. Specifically, Mann–Whitney U tests (Wilcoxon rank-sum), Wilcoxon signed-rank tests, and chi-square tests of independence were used, the latter to compare frequency distributions of categorical variables across gender groups. These tests are appropriate for ordinal and nominal data and allow for the assessment of whether response patterns differ systematically between groups.

### **3.2. Participants**

Participants were first-generation immigrants from Ukraine who reported using Ukrainian or Russian as their first or second language, including bilinguals in Ukrainian or Russian and another language. The sample consisted of 51 women and 24 men residing in five Canadian provinces (Saskatchewan, Alberta, British Columbia, Ontario, and Manitoba). The mean age was 37.4 years (SD = 10.0) for women and 36.1 years (SD = 9.6) for men. Because the group sizes were unequal and the age distribution among women was non-normal, a Mann–Whitney U test

was used to compare age distributions between the two groups. The difference was not statistically significant ( $U = 617.50$ ,  $z = 0.06$ ,  $p = .955$ ). Most participants held a university bachelor's or master's degree (see Table 1).

**Table 1.** Education level by gender.

Degree	F_n	M_n	F %	M %
Bachelor's Degree	7	8	13.7	33.3
Doctorate Degree	4	1	7.8	4.1
Master's Degree	23	7	45.0	29.1
Other	5	2	9.8	8.3
Primary school completed	2	0	3.9	0
Secondary school incomplete	0	2	0	8.3
Secondary school completed	2	1	3.9	4.1
Technical or Vocational certify.	7	2	13.7	8.3

A chi-square test of independence with Monte-Carlo permutation correction was conducted to examine the association between gender and highest level of education. The association was not statistically significant,  $\chi^2(8) = 10.43$ ,  $p = .24$ , indicating that the distribution of education levels did not differ significantly between women and men.

## 4. Results

This section reports the findings of the study across the two gender groups: men and women.

### 4.1. COVID-19 disruptions and fear

In response to the two survey questions listed below, participants provided the answers summarized in Table 2.

Survey Q1: "On a scale of 1 to 10, how much COVID-19 disrupt your daily life"

Survey Q2: "On a scale of 1 to 10, how much did you fear for your loved ones during COVID-19?"

**Table 2.** Reported disruption and fear caused by COVID-19 by gender.

women	(n=51)	men	(n=24)	U	P
mean, StD	median	mean, StD	median		
7.1 (0.3)	7.3	5 (2.5)	5	353.5	.003
6.7 (0.3)	7	4.24 ()	4	285.5	< .001

The Mann-Whitney analyses indicate that women reported significantly greater disruption of daily life and significantly greater fear for loved ones due to COVID-19 than men.

### 4.2. Problems understanding COVID vocabulary

When asked Survey question 3 ("Did you experience problems understanding COVID-19 vocabulary in Canada?"), participants provided the responses summarized in Table 3.

**Table 3.** Frequency of reported problems understanding COVID vocabulary by gender (n, % within gender)

Gender	never	rarely	sometimes	often	all the time	Total
Women (n = 51)	26 (51.0%)	11 (21.6%)	10 (19.6%)	2 (3.9%)	2 (3.9%)	51 (100%)
Men (n = 24)	17 (70.8%)	3 (12.5%)	3 (12.5%)	0 (0.0%)	1 (4.2%)	24 (100%)

No statistically significant difference was found between women and men in the frequency of reported difficulties understanding COVID-19-related vocabulary (Mann-Whitney  $U = 491.50$ ,  $p = .128$ ), although women reported experiencing vocabulary-related problems slightly more frequently than men.

### 4.3. Types of COVID-19 related information of greatest interest to participants

Survey Question 4 asked participants to indicate the types of information they searched for during COVID-19, with multiple response options permitted. The distributions of responses are presented in Table 4.

**Table 4.** The types of information that the participants searched for during COVID-19

<b>Information type option</b>	<b>Women n (%)</b>	<b>Men n (%)</b>
Infection rates	30 (58.8%)	14 (58.3%)
Death rates	25 (49.0%)	13 (54.2%)
Masks	21 (41.2%)	8 (33.3%)
Social distancing	19 (37.3%)	9 (37.5%)
Vaccinations	31 (60.8%)	17 (70.8%)
Vaccine types & availability	22 (43.1%)	12 (50.0%)
Side effects	28 (54.9%)	14 (58.3%)
Boosters	7 (13.7%)	5 (20.8%)
Appointment for vaccination	12 (23.5%)	10 (41.7%)
Scheduling booster	7 (13.7%)	8 (33.3%)
Long-term effects	23 (45.1%)	12 (50.0%)
Work / class mode switch	22 (43.1%)	11 (45.8%)

Overall, the response distributions were highly similar across the two gender groups. The most frequently searched topics concerned vaccinations, infection rates, vaccine side effects, vaccine types and availability, and the long-term effects of COVID-19. Gender differences in the distribution of COVID-19–related information interests were examined using separate chi-square tests for each response option as well as a test of the overall response distribution. No significant overall gender differences were observed ( $\chi^2(11, N = 75) = 3.63, p = .974$ ).

Across individual response options, only one marginal trend emerged. Men reported searching for information on scheduling booster appointments somewhat more frequently than women, although this difference did not reach statistical significance ( $\chi^2(1, N = 75) = 2.79, p = .095$ ).

### 4.4. Types of information that the participants had problems finding

In a subsequent multiple-choice question, participants were asked to identify the types of COVID-19–related information they had difficulty finding during the pandemic. The responses by gender are presented in Table 5. As shown in Table 5, women and men reported very similar patterns of difficulty in locating COVID-19–related information. However, a statistically significant gender difference was observed for infection-rate information: men were significantly more likely than women to report difficulty finding this type of information ( $\chi^2(1, N = 61) = 4.81, p = .028$ ).

**Table 5.** Types of information that the participants had problems finding

<b>Hard to find information</b>	<b>Women n (%)</b>	<b>Men n (%)</b>
Infection rates	1 (2.3%)	4 (23.5%)
Death rates	2 (4.5%)	1 (5.9%)
Masks	1 (2.3%)	0 (0.0%)
Social distancing	1 (2.3%)	1 (5.9%)
Vaccinations	5 (11.4%)	1 (5.9%)
Vaccine types & availability	7 (15.9%)	2 (11.8%)
Side effects	14 (31.8%)	5 (29.4%)
Boosters	4 (9.1%)	0 (0.0%)
Appointment for vaccination	6 (13.6%)	4 (23.5%)

Hard to find information	Women n (%)	Men n (%)
Scheduling booster	2 (4.5%)	0 (0.0%)
Long-term effects	14 (31.8%)	4 (23.5%)
Work / class mode switch	8 (18.2%)	2 (11.8%)

Overall, the number of reported difficulties was low, indicating that participants generally experienced few problems in accessing COVID-19–related information. This pattern is likely attributable to the high levels of literacy and digital literacy reported for this population.

#### 4.5. Sources used for COVID-19 information search

Participants were also asked to indicate the sources they used to obtain COVID-19–related information. The distributions of responses by gender are presented in Table 6. Overall, participants relied primarily on the Internet in Canada and on friends as sources of COVID-19 information. In contrast, provincial government sources—intended to serve as major channels for information about vaccinations, boosters, and related guidance—were used relatively infrequently. Patterns of information source use were largely similar across women and men, with one notable exception. Men reported significantly greater use of Canadian online newspapers than women ( $\chi^2(1) = 9.22, p = .002$ ). In addition, a marginal trend was observed for Canadian television use: men relied somewhat more on Canadian television than women, although this difference did not reach statistical significance ( $\chi^2(1) = 3.10, p = .078$ ).

**Table 6.** Sources of COVID-19 Information by Gender

Source of information	Women n (%)	Men n (%)
Canadian television	13 (25.5%)	11 (45.8%)
Canadian online newspapers	7 (13.7%)	11 (45.8%)
Other Canadian media	4 (7.8%)	3 (12.5%)
Municipal government sources	6 (11.8%)	3 (12.5%)
Friends	28 (54.9%)	12 (50.0%)
Media in country of origin	18 (35.3%)	10 (41.7%)
Internet in Canada	30 (58.8%)	15 (62.5%)
Internet in country of origin	16 (31.4%)	10 (41.7%)
Public library	0 (0.0%)	0 (0.0%)
University / college library	1 (2.0%)	0 (0.0%)

## 5. Discussion

The COVID-19 pandemic exacerbated existing healthcare access challenges for immigrants and refugees, who faced distinct barriers related to language, knowledge of the healthcare system, and access routes (Leung et al., 2023). The present study contributes novel evidence on gendered COVID-19 experiences within a specific immigrant population—first-generation immigrants from Ukraine in Canada. Several consistent patterns emerge from the findings.

With respect to Research Question 1 (Did the COVID-19 experiences of immigrants from Ukraine in Canada differ by gender?), we found that immigrant women reported significantly greater disruption of daily life and stronger fear for loved ones than did men. This finding closely aligns with a substantial body of international COVID-19 research showing that women experienced higher psychological burden, caregiving strain, and emotional stress during the pandemic (e.g., Prowse et al., 2021; Flor et al., 2022; Czepiel et al., 2024).

Turning to Research Question 2 (What were the COVID-19 information access patterns among immigrant women and men from Ukraine in Canada, and did these patterns differ by gender?), several notable trends emerged. Overall, there were striking similarities between women and men in their patterns of COVID-19 information seeking. Both genders primarily searched for vaccination-related topics, infection rates, side effects, vaccine availability, and the long-term consequences of COVID-19. This convergence contrasts with some international findings reporting greater vaccine hesitancy and heightened concerns about side effects among women (Syan et al., 2021; Zintel et al., 2023), suggesting that high levels of education and digital literacy may attenuate gender gaps in information seeking in this population.

Importantly, the study also shows that difficulties in accessing COVID-19 information were generally rare, consistent with the participants' high literacy and digital skills. Nevertheless, one notable exception emerged: men were significantly more likely than women to report difficulty finding information on infection rates. This pattern may reflect differences in media consumption habits. In addition, men relied more heavily on Canadian online newspapers than women and showed a marginal (though not statistically significant) tendency toward greater use of Canadian television. These patterns are consistent with broader evidence indicating that men more often consume formal news media and rely more on television, whereas women tend to rely relatively more on interpersonal networks and diverse online channels (e.g., Kontolatou, 2025).

Taken together, these findings highlight an important nuance in gendered pandemic experiences. While emotional impacts remained strongly gendered, access to and engagement with COVID-19 information among Ukrainian immigrants in Canada showed relatively little gender differentiation, likely reflecting the documented high levels of education and digital competence among Ukrainian immigrant women (Berg, 2025; Kosyakova et al., 2025). This pattern contrasts with research documenting substantial information barriers among more linguistically or socioeconomically marginalised immigrant groups (Leung et al., 2023; Kalocsányiová et al., 2023), underscoring the protective role of literacy, digital skills, and transnational media access. Notably, participants made limited use of provincial government COVID-19 information websites, a finding that warrants further attention.

The results should, however, be interpreted with caution because of the study's limited statistical power. It is possible that additional gender differences exist but were not detected in the present sample. Future research with larger and more diverse samples may identify further gender-based patterns in pandemic experiences and information access.

### **5.1 Limitations**

The primary limitation of the study is the relatively small size of the male subsample. A second limitation concerns the analysis of family-related variables: although participants were asked about the presence of children and elderly family members, the number of respondents in these categories was insufficient to permit meaningful comparisons. A further limitation is that the study is purely quantitative. Although qualitative interviews were conducted with the aim of adding an in-depth component to the analysis, these data could not be reported because of space constraints. More detailed qualitative analyses will be undertaken in future work.

### **5.2 Conclusions**

In conclusion, this study shows that gender differences among Ukrainian immigrants during COVID-19 were most pronounced in psychosocial disruption and emotional burden, whereas differences in information-seeking behaviour and information access were comparatively limited. These findings reinforce the importance of gender-disaggregated data in pandemic preparedness and response, while also suggesting that interventions should prioritise emotional support for immigrant women and tailor communication strategies to men's preferred news channels.

More broadly, the results illustrate how gender, migration status, and social resources intersect to shape health experiences during times of crisis. Future research should extend this approach to a wider range of immigrant groups with diverse literacy levels and language profiles in order to inform more equitable public-health communication and crisis response strategies. From a practical perspective, provincial governments, and particularly ministries of health responsible for healthcare delivery in Canada, should devote greater attention to promoting and disseminating their official COVID-19 information platforms more effectively.

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### **Ethics declaration**

The study was approved by the University of Saskatchewan Behavioural Research Ethics Board (4057).

### **AI declaration**

ChatGPT 5.1 was used to proofread the text of the article for typos and errors.

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