It is well established that immigrant men are less likely to access healthcare than immigrant women. We cannot assume that immigrant men are just reluctant, and immigrant women are not, but that there are structural factors that facilitate and constrain gendered help-seeking. To better examine how gender structures immigrant access to healthcare, I develop a theoretical framework that integrates individual-level determinants with a contextual analysis of the immigrant household along multiple dimensions of gender relations. Employing the 2002-2003 National Latino and Asian American Study (NLAAS), I examine three outcomes related to healthcare access: having a usual provider for medical care, using a medical service within the last 12 months, and the number of medical visits within the last 12 months. First, I examine if gender interacts with migration decisions, incorporation and transnationalism to affect healthcare access. Second, I examine if gender interacts with socioeconomic-legal, institutional and social support resources to facilitate or hinder healthcare access. Third, I examine if gender interacts with multiple dimensions of gender relations related to the household division of labor, composition, caregiving, and decision making to affect healthcare access. I find that responsibilities, strain and support networks related to the household and family are more likely to be associated with immigrant women's healthcare access. In contrast, community relations in the U.S. and abroad, friends, and institutions are more likely to be associated with immigrant men's healthcare access. Moreover, household gender relations along multiple dimensions are more egalitarian than expected. The findings demonstrate how healthcare is a gendered institution that occupies a key role between intermediate social factors and structural processes of health inequality. These analyses enrich the structural understanding of healthcare access to better inform policy and programs to alleviate immigrant and gender inequities in health.
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