RHS
QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

LANGUAGE AND CULTURE

Highlights

- Although the vast majority of individuals living in communities claim to know a First Nations language, only four out of ten people commonly use one. This proportion increases to more than eight out of ten people in remote communities.
- Children aged under 12 years are those who mostly commonly participate in the cultural activities of their communities.
- Since 2002, the proportion of people who use traditional medicine has been declining.
- The main difficulties cited related to accessing traditional medicine are not knowing where to find it and a lack of knowledge on this subject.

INTRODUCTION

The term "culture" is often used in everyday language to refer to certain external cultural expressions in areas such as language or food. However, culture is rather a complex set of knowledge, beliefs and customs that are specific to the members of a society in response to its environment[1]. Within any culture is a concept of the universe, nature and health, as well as a social and political organization that corresponds to particular knowledge, values and history[2]. Culture is therefore fundamentally linked to identity, but it is also constantly evolving; thus, within the same group, there can be many variations in cultural expression depending on the age, mobility and history of its individuals.

Culture is therefore an important determinant of health for many reasons. Indeed, certain sociocultural norms influence health behaviours such as diet or smoking, for example. Moreover, having an Aboriginal identity, being socially excluded from mainstream society, being from a stigmatized culture and speaking a threatened language are all recognized as important determinants of health inequities for indigenous peoples[3]. It is in this sense that many experts define colonialism as a major determinant of the health of indigenous peoples, through its attacks on the way of life, languages, values and family, social and political structures of indigenous peoples both at home and elsewhere[4].

As a result, there is a greater understanding of how the revitalization of culture, language, and traditional practices is an important factor in the collective resilience of indigenous peoples, as well as recognition for the "need for self-determination in moving toward the recovery of the populations[5]". The purpose of this fact sheet is therefore primarily to describe some of these cultural practices that are recognized as protective factors such as knowledge of First Nations languages, participation in community cultural activities and access to traditional food and medicine.

Knowledge and command of the language

Language is an important manifestation of cultural identity. Through their language, people belonging to a distinct culture carry in them the visible and invisible elements of a given culture[6]. According to the RHS data, a vast majority of people living in communities (90% [88%-92%]) claim to know a First Nations language, even if only a few words. Of these, more than half say they can easily speak and understand a First Nations language, while about a third say they can easily read and write one.

However, only 40% of First Nations living in communities reported using a First Nation language frequently in their daily activities. This proportion is similar to that of 2002, and there does not appear to be any variation in the use of a First Nations language based on the gender or age of individuals. On the other hand, there is a marked difference in the proportion of First Nations language users by geographic zone. While less than a quarter of the residents of urban communities (Zone 1) use a First Nations language as their main language, such is the case for the vast majority of the residents of the communities in the more remote areas (Zones 2, 3 and 4).

FIGURE 1
Command of a First Nations language

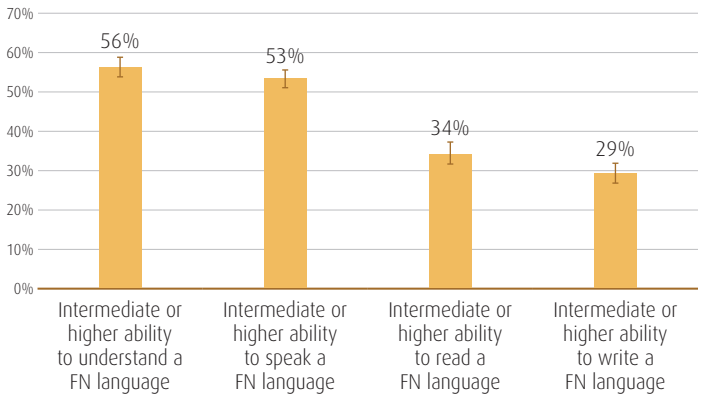
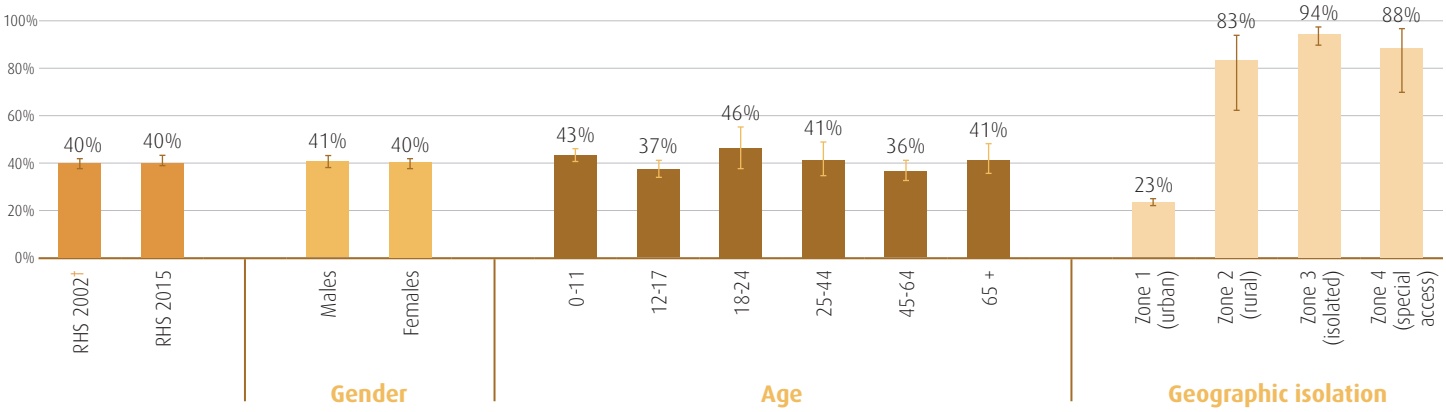


FIGURE 2
First Nations language as an everyday language



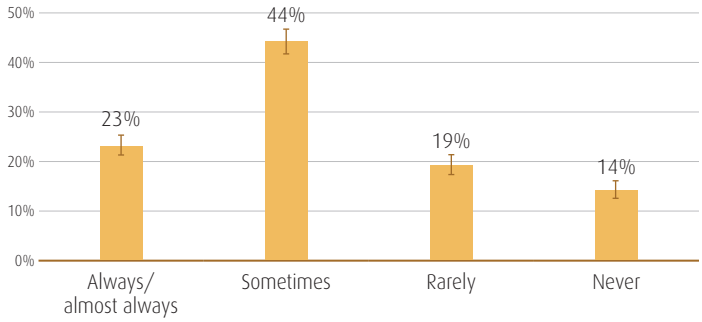
† The 2002 data only includes people ages 12 years and over.

Participation in cultural activities

Cultural activities vary greatly from one community to another. The main purpose of the RHS questionnaire is to measure the level of participation of the population in the various cultural activities taking place on their territories, regardless of the type of activity.

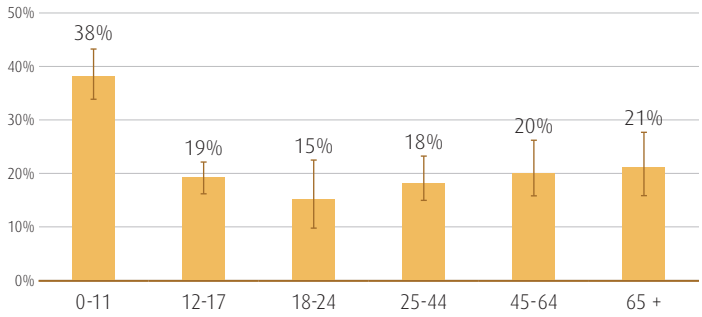
Looking at FIGURE 3, almost two-thirds of First Nations living in communities reported participating in cultural events in their communities either "sometimes" or "always or almost always".

FIGURE 3
Participation in cultural events



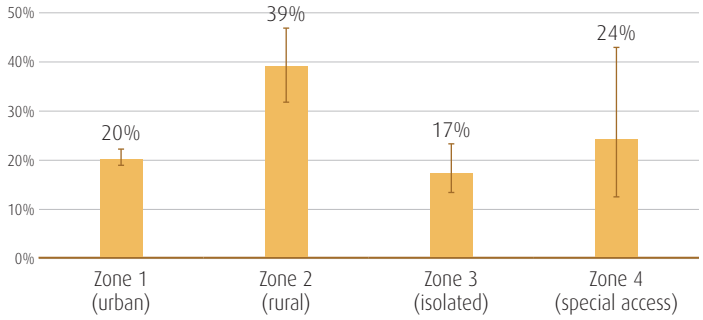
Although there appears to be no difference between men and women in terms of the level of participation ("always or almost always"; men: 21% [18%-24%], women: 24% [21%-28%]), it is found that children ages 0 to 11 years participate the most (FIGURE 4).

FIGURE 4
Participation in cultural events «always or almost always» by age



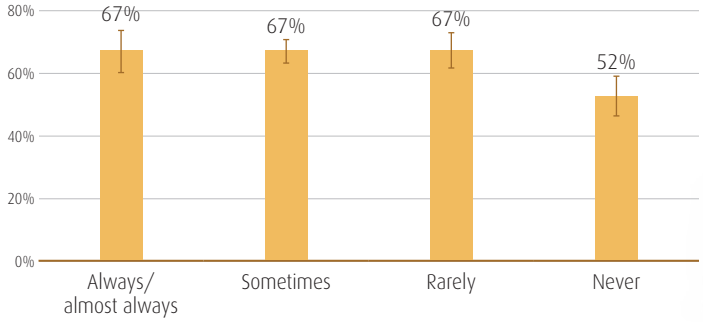
Although FIGURE 5 does not show a clear trend between participation in cultural events and the level of geographic remoteness, it appears that the highest participation rates are in Zone 2.

FIGURE 5
Participation in cultural events "always or almost always" by geographic isolation



As mentioned previously, culture is an important determinant of mental health[7]. Inclusion and participation in a community sharing common values appear to be factors influencing the well-being of individuals. Therefore, FIGURE 6 reveals that people who say they never participate in cultural events are significantly less likely to perceive their mental health as being excellent or very good. However, culture and mental health are both complex realities. Although there seems to be an association between them, the data does not allow us to explain how these realities influence each other.

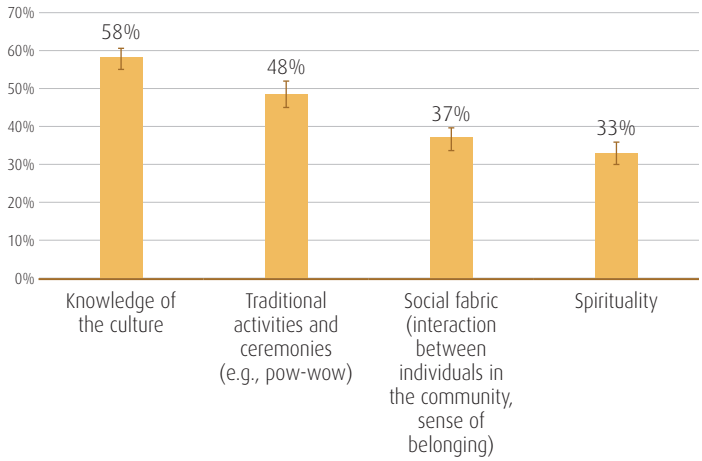
FIGURE 6
Adolescents and adults who rated their mental health as very good or excellent by their participation in cultural events of their community (12 years and over)



Perception of the community's cultural strengths

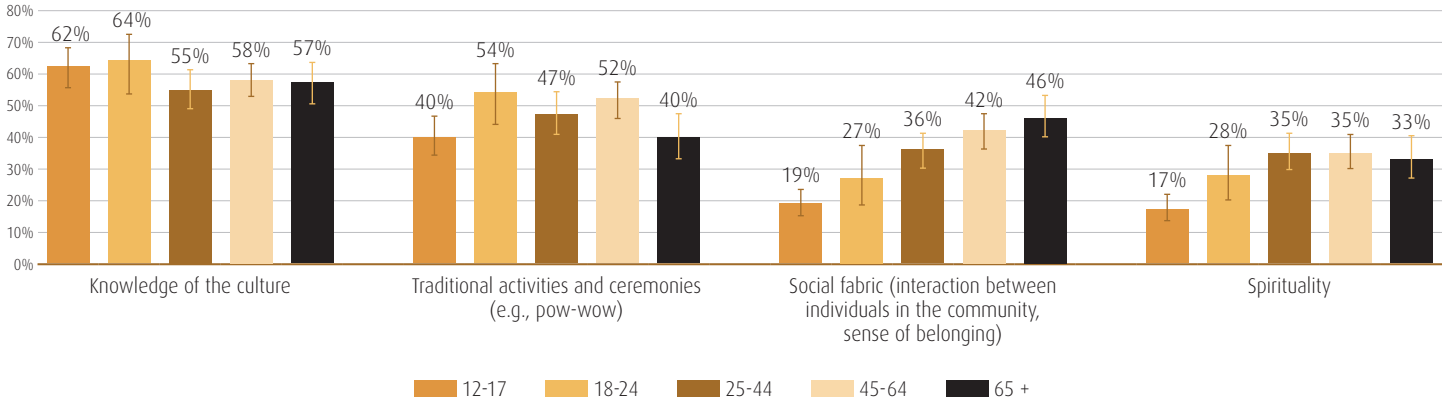
A portion of the RHS questionnaire intended for adolescents and adults was designed to determine their perception of the strengths of their communities. For nearly six out of ten people, knowledge of culture was mentioned as a strength of their community. The same is true for traditional activities and ceremonies in almost half of the individuals. Next, for about one-third of the respondents, social fabric and spirituality (FIGURE 7) were cited.

FIGURE 7
Strengths of the community (12 years and over)



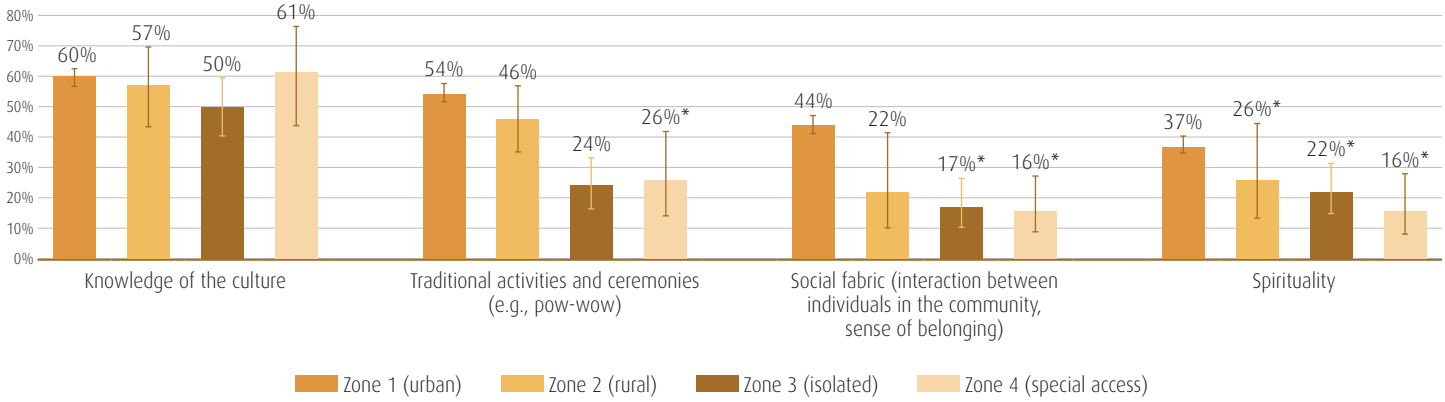
Although the proportions of individuals claiming that knowledge and cultural activities are community strengths do not appear to vary across age groups, it seems that the perception of social fabric and spirituality as strengths of the community seems to increase with age.

FIGURE 8
Strengths of the community by age group



When these same proportions are compared between geographic zones, they seem to decrease with isolation. Thus, with the exception of knowledge of culture, residents of the communities in Zone 1 are proportionately more likely to identify the strengths of their community (FIGURE 9).

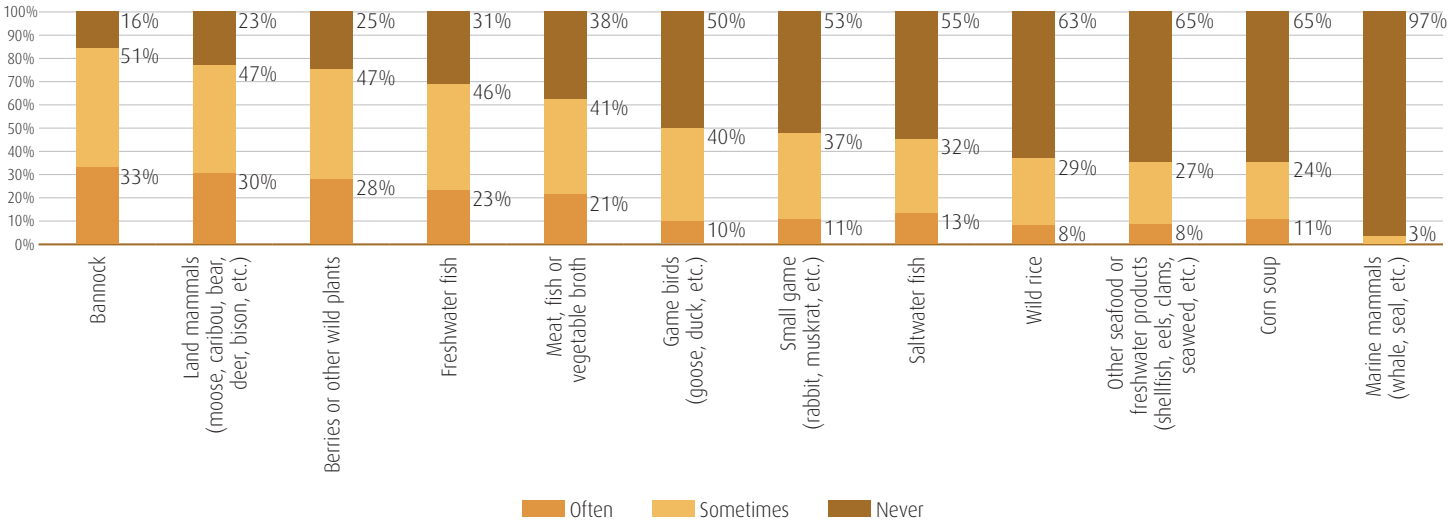
FIGURE 9
Strengths of the community by geographic isolation (12 years and over)



Traditional food

Traditional food is very diverse among First Nations. Although the consumption of certain foods is widespread in many communities, traditional food remains heterogeneous among the communities and nations. Since certain foods are considered traditional in some communities while not in others, it is difficult to provide an overall picture of the consumption of traditional foods for all First Nations. Nevertheless, FIGURE 10 illustrates the frequency of consumption of certain traditional foods for a number of nations. The main foods eaten include bannock, land mammals (such as moose, caribou, etc.), wild berries and freshwater fish.

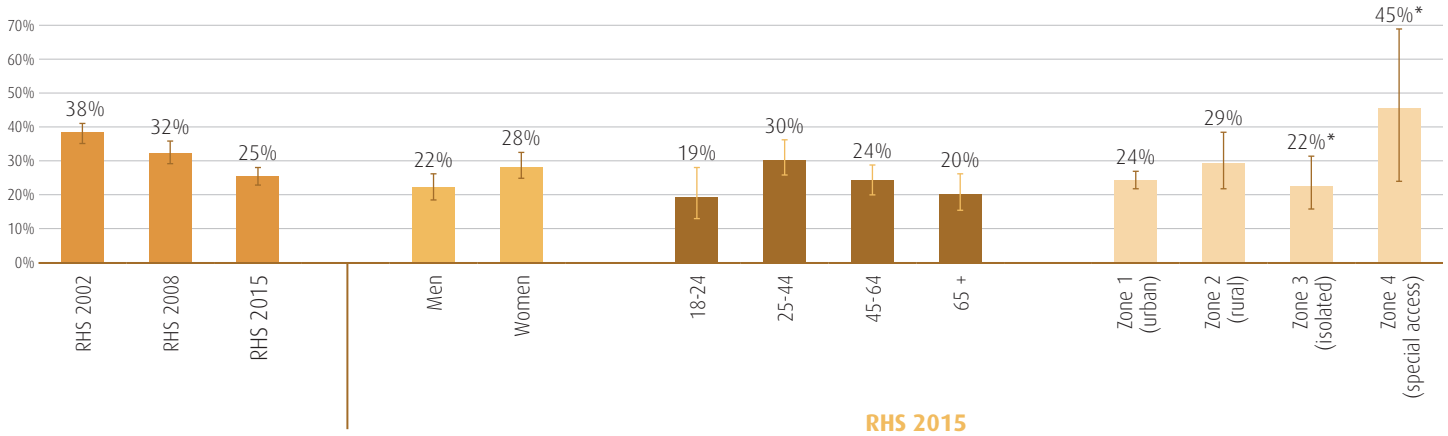
FIGURE 10
Consumption of traditional foods in the past year



Traditional medicine

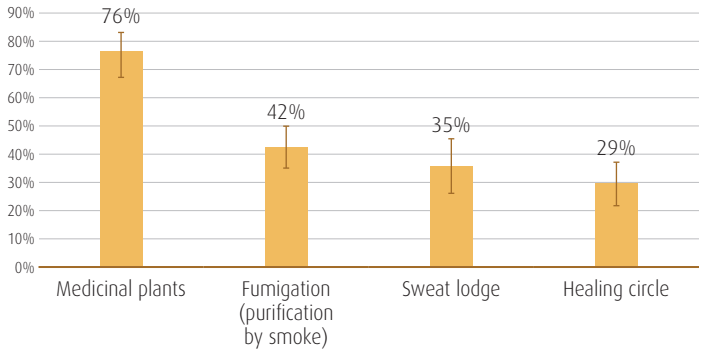
In 2015, one-quarter of adults reported using traditional medicine in the past year, even though the use of traditional medicine has been declining since 2002 **(FIGURE 11)**. However, there does not appear to be any variation in the use of traditional medicine according to gender, age and geographic isolation.

FIGURE 11
Use of traditional medicine in the past year (18 years and over)



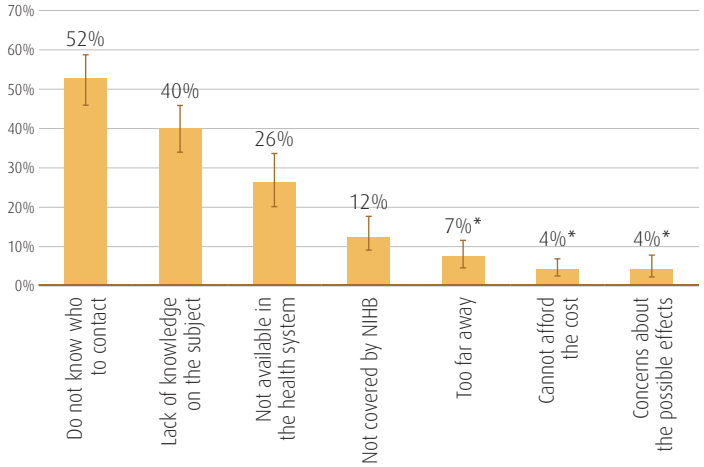
When looking at the types of traditional medicine used, it is found that more than three-quarters of users use medicinal plants. To a lesser extent, there are also fumigation, sweat lodges and healing circles **(FIGURE 12)**.

FIGURE 12
Type of traditional medicine used (18 years and over)



Although two-thirds of adults (64% [60%-68%]) reported being interested in traditional medicine, one-third (31% [27%-36%]) of these adults stated they had difficulty accessing it. The main difficulties raised by the latter are that they do not know who to contact to access it, a lack of knowledge on the subject and the fact that it is not covered by the health system and the Non-Insured Health Benefits (NIHB) program **(FIGURE 13)**.

FIGURE 13
Main reasons cited by those who have had difficulty accessing traditional medicine (18 years and over)



CONCLUSION

The results presented in this information sheet only allow for providing an overview of the culture of First Nations. More research would undoubtedly be useful to fully understand the cultural wealth of the First Nations communities in Quebec. However, the data indicates that culture is alive and well in everyday life. This is demonstrated by the large proportion of individuals who reported knowing a First Nations language and the high percentage of youth ages 0 to 11 years participating in the cultural events taking place in their communities. If, however, there is a decrease in the use of traditional medicine since 2002, understanding the reasons for this decrease will be necessary to ensure that this practice is maintained.

It is now necessary to move towards self-determination so that First Nations culture remains the foundation of their daily lives. This seems to be an essential condition for improving the health of First Nations.

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METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the "*" sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign "**" indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:[1]

– Zone 1 (urban): less than 50 km from a service centre with road access;

– Zone 2 (rural): between 50 and 350 km from a service centre with road access;

– Zone 3 (isolated): more than 350 km from a service centre with road access;

– Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term "community" is used to represent "Indian reserves."

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: https://centredoc.cssspnql.com.

1 INAC, http://fnp-ppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng [accessed 2018-01-03].

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