Highlights of the 1998-1999 Cultural Communities Survey on Immigrants of Haitian Origin

Introduction

In 1998-1999, the *Institut de la statistique du Québec (ISQ)*, in collaboration with the *ministère de la Santé et des Services sociaux,* conducted the Cultural Communities Survey (*Étude auprès des communautés culturelles*). Four groups of immigrants who arrived between 1988 and 1997 and who were living in the Greater Montreal region (including Laval and Montérégie) were surveyed. The goal of the survey, the first of its kind in Québec, was to collect data on the health status and well-being of immigrants of Chinese, Haitian, Central and South American, and Middle Eastern and North African origins. The process leading up to the survey began in 1994, following a request from the *Alliance des communautés culturelles pour l'égalité des soins en santé et en services sociaux (ACCÉSSS)*, an organization primarily concerned with equality in access to and use of health and social services. The survey provides invaluable data that reveal the health and social problems associated with adapting to a new society – data that can also help planners and people working in the field gain a better understanding of the needs of immigrant communities in terms of intervention and research priorities.

This bulletin presents highlights of the survey results with regards to immigrants from Haiti who arrived between 1988 and 1997. As a follow-up to data presented in the final report by Clarkson et al. (2002), it is hoped the salient facts presented here will inspire the this community to use the information to assist in decision-making, planning and conducting activities related to their health and well-being.

Themes presented in this bulletin cover the demographic characteristics of this population, immigrant status, lifestyle habits, health status, use of health care services, prescription and over-the-counter drugs, mental health, pre-immigration history, discrimination and social environment. The data collection instruments and methods of the *Étude auprès des communautés culturelles 1998-1999* were largely inspired by the *Enquête sociale et de santé 1998* (1998 Health and Social Survey) (Daveluy et al., 2000) which was conducted by the ISQ on the Québec population as a whole, thereby allowing for comparisons. The Québec population was standardized (adjusted) for age and sex of the Haitian immigrants, who were in general much younger.

❖ Overview

In general, immigrants from Haiti who arrived between 1988 and 1997 had a better health profile at the time of the survey (1998-1999) than that of the Québec population as a whole. They reported fewer health problems and had a lower rate of using prescription and over-the-counter drugs. They were less likely to smoke and consume alcohol than Québecers in general. The results also suggest they had a favourable mental health status.

However, Haitian immigrants were just as likely to be overweight as Québecers in general. Certain aspects of their social support network suggest a higher level of social isolation. Approximately half reported they had witnessed acts of violence related to social or political issues in their country of origin, and 27% said they themselves or family members had suffered from persecution. In addition, nearly a third of these immigrants had experienced some form of discrimination since their arrival in Québec.

A Note to the Reader:
Percentages followed by an asterisk (*) are less precise estimates and should be interpreted with caution.
Unless otherwise stated, all differences presented in this bulletin are statistically significant with a confidence interval of 95% (or 19 times out of 20).

Description of the Population

❖ Sociodemographic Characteristics and Immigrant Status

At the time of the survey, immigrants from Haiti who had arrived between 1988-1997 were considerably younger than the Québec population in general; 38% were under 15 years of age compared to 19% of Québecers in general, and only 14% were 45 years of age or over compared to 35% of Québecers (data for all Québecers not standardized). Approximately 45% of the Haitian community was male and 55% female, whereas in the Québec population, the percentages were 49% male and 51% female.

Approximately 45% of Haitian immigrants 15 years of age or older were married or living in a common-law union, 29% were single, and 26% were separated, divorced or widowed.

The community surveyed comprised people of Haitian origin born outside of Canada, i.e. in Haiti (72%), and their children under 18 years of age born in Canada (28%).

Among those born outside of Canada, only 25% had an immigrant status termed "independent" because they had undergone the selection process based on points, whereas approximately 75% had been sponsored, were refugees, students or other.

Approximately 50% of Haitian immigrants 15 years of age or older reported they could speak and understand French or English well.

The results show 69% of Haitian immigrants reported their highest level of education was high school or postsecondary studies such as Cégep (junior college), vocational or trade school, similar to the proportion of Québecers in general (71%). However, only 12%* of Haitian immigrants reported having completed at least one year of university compared to 22% of the Québec population as a whole.

In terms of family life, at the time of the survey, there were fewer two-parent families in the Haitian immigrant community (30%) than in the Québec population in general (40%), and a much higher percentage of single-parent families (31% vs. 12%). In families with children under 18 years of age, approximately half (49%) of immigrant families in this community comprised intact, two-parent or blended ones, a much lower percentage than that for Québecers in general (80%), and 48% of these were single-parent families compared to 20% for Québecers in general.

With regards to the employment rate, approximately 51% of immigrants of Haitian origin had a paying job, lower than the 64% employment rate among Québecers in general. More Haitian men than women had a job (59% vs. 46%), although this difference was not significant. Approximately 63% of Haitian immigrants between 25 and 44 years of age, 40% of those 45 years of age or over, and 31% of those 15 to 24 years of age were working. Nearly 37% of those working had the impression that they were working at a job below their level of qualification compared to before their arrival in Québec.

Characteristics of Immigrants from Haiti, 1998-1999

Total Population		
		%
Birthplace	Canada	28
	Outside Canada	72
Sex	Male	45
	Female	55
Age	0-14 yrs	38
	15-24 yrs	13
	25-44 yrs	34
	45 yrs and over	14
Immigrant Status[1]	Independent	25
	Other (refugee, sponsored, student or other)	75
Population 15 years of age and over		
Self-reported ability in French or English	French or English	75
	Neither French nor English	25
Marital Status	Married or common-law	45
	Separated, divorced, widowed	26
	Single	29
Employed	Male	59
	Female	46
	Both sexes	51

1. Only those born outside of Canada.
Source: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.

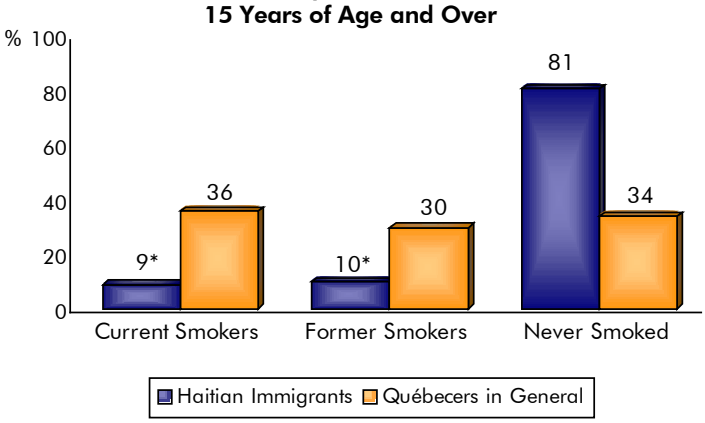
Lifestyle Habits and Behaviours

❖ Smoking

The harmful effects of smoking on health status are well-known. Indeed, approximately 40,000 to 50,000 deaths per year in Canada are attributed to smoking. In addition, around 3,000 deaths in non-smokers can be attributed to second-hand smoke or smoke in the environment. In this section of the bulletin, current smokers at the time of the survey comprised regular smokers (smoked every day) and occasional smokers (did not smoke every day).

Far fewer Haitian immigrants 15 years of age and over were current smokers at the time of the survey compared to Québecers in general (9%* vs. 36%), and a much higher proportion had never smoked compared to Québecers in general (81% vs. 34%). More than half (52%) of Haitian immigrants reported they were exposed to cigarette smoke in their environment (home, workplace, school or other public places) every day or almost every day.

Smoking in Immigrants from Haiti 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over

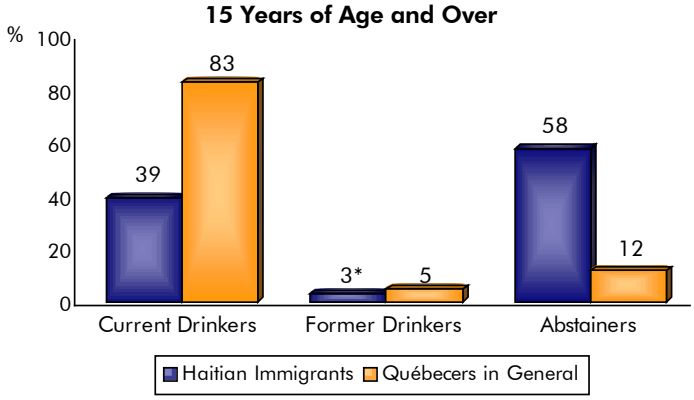


Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999.*
Institut de la statistique du Québec, *Enquête sociale et de santé 1998.*

❖ Alcohol Consumption

Alcohol consumption was surveyed in light of three categories: abstainers, namely those had never drunk alcohol in their lives, former drinkers, namely those who had not consumed alcohol in the year preceding the interview, and current drinkers, namely those who had consumed alcohol on a regular or occasional basis during the same period. The data revealed that 61% of immigrants from Haiti 15 years of age and over (who arrived between 1988 and 1997) were abstainers or former drinkers and 39% were current drinkers, a significantly lower figure compared to current drinkers among Québecers in general (83%). More men than women in the Haitian community were current drinkers (49% vs. 32%).

Alcohol Consumption in Immigrants from Haiti 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over



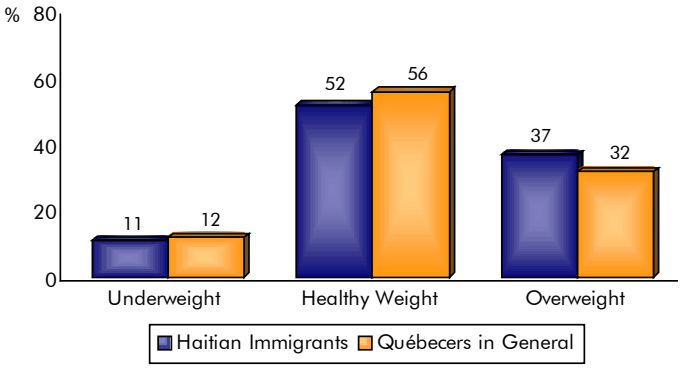
Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999.*
Institut de la statistique du Québec, *Enquête sociale et de santé 1998.*

❖ Body Weight

The Body Mass Index (BMI) is the ratio of weight (in kilograms) to the square of height (in meters). It is a recognized means of determining the body fat content of a person. Being underweight can be a sign of nutritional deficiency while being overweight can increase the risk of diseases such as coronary heart disease, high blood pressure and diabetes.

Immigrants 18 years of age and over from Haiti were similar to Quebecers in general in terms of weight categories. Approximately 37% of Haitians 18 years of age and over were overweight, 52% had a healthy weight, and 11% were underweight. In Québecers in general, these proportions were 32%, 56% and 12% respectively. More Haitian women than men were overweight (45% vs. 24%*), and fewer Haitian women then men had a healthy body weight (41% vs. 68%).

Body Mass Index (BMI), Immigrants from Haiti 1998-1999 and the Québec Population in General 1998, 18 Years of Age and Over



Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999.*
Institut de la statistique du Québec, *Enquête sociale et de santé 1998.*

❖ Physical Activity

Physical activity, whether at home, at work, as a means of transportation or recreation, is known to have a beneficial influence on a person's health status. Over a fifth (21%) of Haitian immigrants 15 years of age and over who arrived between 1988 and 1997 reported having engaged in leisure-time physical activity at least three times a week (20 minutes a session) during a period of three months. This figure was comparable to that of Québecers in general (25%). A higher proportion of immigrants in this community (44%) compared to Québecers in general (26%) reported not having engaged in leisure-time physical activity during the same timeframe. In particular, Haitian women had not engaged in any physical activity compared to Haitian men (52% vs. 31%).

❖ Diet

Regular diet was examined in terms of the four food groups contained in Canada's Food Guide. As regards daily consumption, only 38% of Haitian immigrants 15 years of age and over ate fruits and vegetables once a day or more. This low consumption level is difficult to interpret. However, 48% of Haitian immigrants consumed grain products, 51% meat or meat alternatives, and 55% milk products at least once a day.

An index on variety in the diet revealed that only 21% of Haitian immigrants had a varied and balanced diet, defined as consuming at least one item from each of the four food groups in Canada's Food Guide every day. This result was corroborated by responses to the question on food insecurity. A little under two-thirds (63%) of Haitian immigrants said their household income was sufficient to ensure a good diet in terms of both quantity and quality. In addition, only 59% reported they could easily find food at a reasonable price. However, a higher percentage reported that they could easily find food that responded to their taste requirements (69%) and that was good for their health (77%).

❖ Prevention Behaviours Related to Women's Health

The three breast cancer screening activities recommended for women are breast self-examination, clinical examination by a doctor or nurse and mammograms (from 40 years of age in women at risk). The Pap test is recommended to screen for cervical cancer.

Slightly fewer Haitian immigrant women 15 years of age and over compared to Québec women in general reported breast self-examination at least once during a three-month period (39% vs. 46%); however, this difference was not significant. In terms of other preventive behaviours, far more women in this immigrant community, namely half (50%), had never had a clinical examination of the breasts by a doctor or nurse compared to 17% of Québec women in general, and two-thirds (66%) had never had a Pap test compared to 14% of Québec women in general. Nearly three-quarters (73%) of Haitian women 40 years of age and over had never had a mammogram, compared to 34% Québec women in general in the same age category.

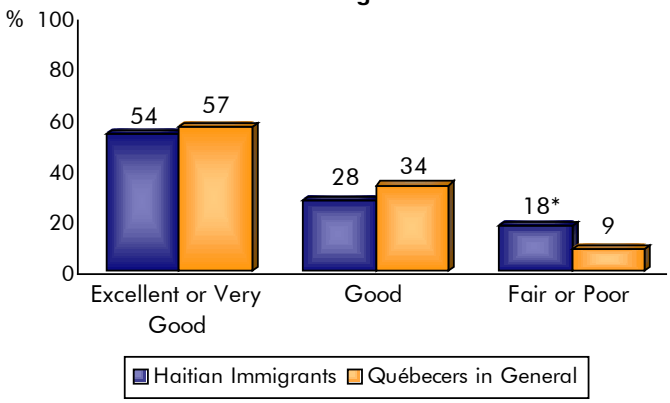
Health Status

❖ Perception of Health Status and Health Problems

How people perceive their health is generally considered a good indicator of their actual health status. In this regard, 54% of Haitian immigrants 15 years of age and over considered themselves to be in excellent or very good health, a proportion comparable to the 57% of all Québecers with these perceptions. In contrast, more immigrants in this community judged their health status to be fair or poor compared to Québecers in general (18%* vs. 9%).

The majority of Haitian immigrants in all age groups (65%) reported no health problems, compared to only 42% of Québecers in general. Approximately 20% of immigrants in this community reported one health problem, and 15% two or more. This latter percentage was significantly lower than that for Québecers in general (32%). Haitian women were more likely than men to report at least two health problems (41% vs. 27%).

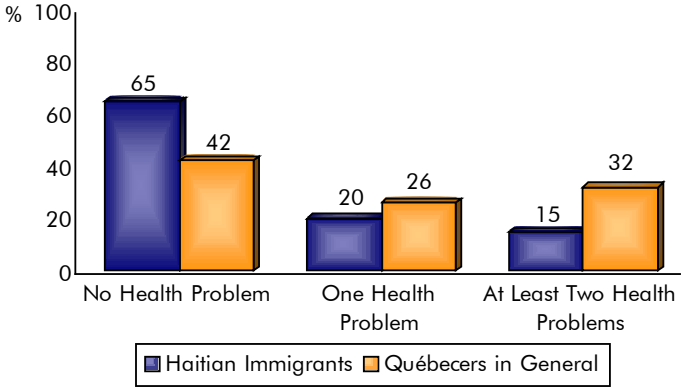
Perception of Health Status in Haitian Immigrants 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over



Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

What health problems were most frequently reported by immigrants of Haitian origin who arrived in Québec between 1988 and 1997? Approximately 6% reported suffering from headaches, 6% from back or spinal problems, 5%* from arthritis and rheumatism, and 5%* from allergies or skin problems. With the exception of anemia, which had a higher prevalence among Haitians than Québecers in general (3.9%* vs. 1.2%), the prevalence of health problems reported by this community was lower or at least comparable to that of Québecers in general.

Number of Health Problems, Haitian Immigrants 1998-1999 and the Québec Population in General 1998, All Ages



Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999.*
Institut de la statistique du Québec, *Enquête sociale et de santé 1998.*

❖ Mental Health

Two measures were used for mental health. The first described symptoms of anxiety or depression, such as crying easily, fear, or lack of interest in anything. Among Haitian immigrants 15 years of age and over, the mean score of symptoms related to anxiety or depression was 1.42 The women's mean score was higher than the men's (1.48 vs. 1.32). These mean scores correspond in general to those of the general population as a whole and other immigrant communities. In a more positive vein, the second measure was used to investigate satisfaction with one's life. The data revealed that Haitian immigrants 15 years of age and over had a satisfaction score of 3.05; it was higher in those 15-24 years of age (3.26) compared to those in the 25-44 age category (2.97).

❖ Pre-Immigration and Post-Immigration Life

Many factors motivate people to emigrate. The survey posed questions on what life was like before and after immigration. Approximately half (47%) of Haitian immigrants 15 years of age and over reported they had witnessed acts of violence in their country of origin and 27% said they themselves or family members had suffered persecution. Two-thirds (66%) reported they had left their country of origin for political reasons. More than half (57%) stated they had emigrated because of the economic situation in their country of origin.

Since their arrival in Québec, nearly a third (31%) of Haitian immigrants 15 years of age and over felt they had been discriminated against at least once. Discrimination was primarily experienced in seeking employment (72%) or housing (67%).

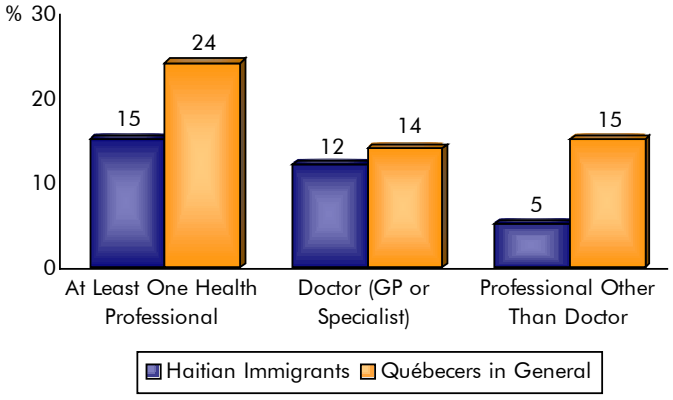
Use of Health Care Services

❖ Visits or Telephone Calls to a Doctor or Other Health Professional

Approximately 15% of immigrants of Haitian origin who arrived in Québec between 1988 and 1997 (in all age groups) had visited or talked to a health professional (doctor, dentist, nurse, optometrist, etc.) at least once in a two-week period, a lower proportion than that of all Québecers who had done so (24%). However, comparable proportions of immigrants in this community and Québecers in general had visited a general practitioner or specialist (12% and 14%).

The survey also revealed that the majority of the most recent visits had occurred in the doctor's office (74%), a figure slightly higher than that for Québecers in general (65%), but this difference was not statistically significant.

People Having Visited or Talked to at Least One Health Professional (Doctor or Other) During a Period of Two Weeks, Haitian Immigrants 1998-1999 and the Québec Population in General 1998, All Ages



Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999.*
Institut de la statistique du Québec, *Enquête sociale et de santé 1998.*

❖ Prescription and Over-the-Counter Drugs

The use of prescription and over-the-counter drugs among Haitian immigrants over a period of two days was also studied. A quarter (25%) of these immigrants of all ages had used at least one drug or supplement in a period of two days compared to a much higher proportion of Québecers in general (47%). Similar to Québecers in general, more Haitian women than men had used a drug or supplement in a two-day period (30% vs. 18%). Most frequently used were analgesics (6%*) and vitamin or mineral supplements (5%*).

❖ Using Info-Santé CLSC

Info-Santé CLSC is a telephone help line available 24 hours a day, 7 days a week, that has been in operation throughout Québec since 1995. Its purpose is to improve access to health care services and direct citizens to the most appropriate resources.

Nearly two-thirds (63%) of Haitian immigrants 15 years of age and over knew about the Info-Santé help line in their region, a proportion lower than that of the Québec population as a whole (76%). Among immigrants in this community who knew about the help line, 38% had used it to obtain advice or information, fewer than Québecers in general who had done so (46%), but the difference was not statistically significant. Knowledge of the help line in the Haitian community was higher among people with a child under 18 years of age in the household compared to those without one (68% vs. 55%).

Social Environment

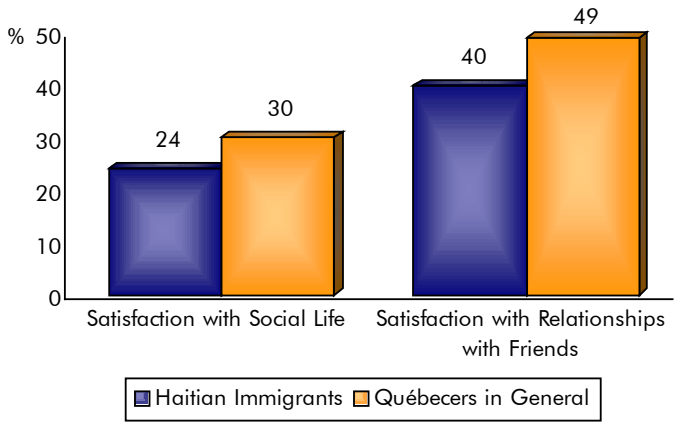
❖ Integration and Social Support

Many studies show that social support and a support network can have a beneficial effect on health. In light of this, the first few years of living in a new country are crucial in terms of ensuring social integration and wellness over the long term.

Although the vast majority of Haitian immigrants 15 years of age and over (who had arrived between 1988 and 1997), namely 90%, reported they had friends, this was slightly lower than the proportion of all Québecers (95%) who were asked the same question. Fewer Haitian immigrants than Québecers in general reported they were very satisfied with their relationships with friends (40% vs. 49%). The frequency of their social contact, at least once a week or more, was lower than that of Québecers in general (53% vs. 71%), as was satisfaction with their social life (24% vs. 30%). In terms of the size of their social network, the proportion of Haitian immigrants who reported they had no one who would help them in time of need (14%*) was approximately four times that of Québecers in general (3.4%).

Approximately one third (30%) of Haitian immigrants 15 years of age and over had experienced problems in their personal lives in a 12-month period. More than half (57%) had received help to resolve these problems. Approximately 20% of people in this immigrant community had had contact with a cultural association or support organization, and 20% had sought advice from people not living in Québec.

Satisfaction[1] with Social Life and Relationships with Friends, Haitian Immigrants 1998-1999 and the Québec population in general 1998, 15 Years of Age and Over



1. Very satisfied

Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

❖ Religion and Spirituality

In many cultures religion and spiritual values play an important role in people's lives and can provide support in various aspects of daily life or during difficult times. For the new immigrant, religion and place of worship often constitute the first point of social contact. The vast majority of Haitian immigrants (90%) reported they were Christian, 50% Catholic and 40% Protestant; in comparison, 77% of Québecers in general reported they were Catholic. Two-thirds (67%) of Haitian immigrants had attended a place of worship more than once a month in a period of 12 months, more than three times the proportion of Québecers in general who had done so (21%). Haitian immigrants were more likely than Québecers in general to ascribe importance (very or

somewhat) to the spiritual dimension of life (84% vs. 63%) and more likely to believe that spiritual values have a positive effect on physical and mental health compared to Québecers in general (51% vs. 34%).

❖ Points of Reflection and Strategies for Action

As the data reveal, immigrants from Haiti (who arrived in Québec between 1988 and 1997) have sociodemographic and cultural characteristics that distinguish them from the Québec population in general in terms of lifestyle habits, health profile, service utilization, beliefs and religious practices. Any action plans for this community should take into account its unique characteristics, implying that the people who design and implement these plans in health or social services should have the knowledge and specific sensitivity to do so.

In the final report of *l'Étude auprès des communautés culturelles 1998-1999*, the authors present a series of challenges to be met in terms of the immigrant population in general. The first refers to planning for health and wellness, the aim being to maintain or improve the health status of immigrants after they have set up home in Québec. The second consists of reaching out to immigrants in order to facilitate their access to health and social services and prevent potential isolation. Compared to the Québec population as a whole, proportionally fewer Haitian immigrants use these services. This may be explained in part by a certain lack of awareness of services available, but also more positively by the fact that they reported a better health status than Québecers in general.

In terms of lifestyle habits, immigrants in this community should be encouraged to engage in physical activity and exercise to maintain a healthy weight. A healthy diet should be promoted among people who are overweight or have a diet lacking in certain nutrients. Doctors should be encouraged to focus on informing women about screening tests for breast and cervical cancer.

With regards to social environment, a number of strategies could be applied to the first year of residence in Québec that would facilitate social integration, such as better access to programs designed to foster employment, and community activities for people to socialize and strengthen their support network. It would be beneficial, therefore, to rely on the expertise of well-established community organizations and associations that can help immigrants adapt to their new home.

Finally, the discrimination experienced by Haitian immigrants is a wake-up call to re-examine the policies of employers and businesses as they relate to this problem, and for media to better sensitize Québecers to this phenomenon.

Methodology in Brief

❖ Target Population

Although four immigrant communities were examined in this survey, only the characteristics of Haitian immigrants (who arrived between 1988 and 1997) are presented here. Adults, and their children under 18 years of age, residing in the regions of Montréal-Centre, Laval and Montérégie were surveyed.

❖ Sample Size

- 312 households in the Haitian community participated in the survey.
- In these households, questionnaires on all members of the household were filled out, thereby providing information on the health and well-being of 1,068 people of all ages; 379 people 15 years of age and over also filled out an individual questionnaire on their lifestyle habits and behaviours.

❖ Data Collection Method

An interviewer of Haitian origin or a non-Haitian (with a Creole interpreter if needed) visited the household. Respondents could choose the language of the interview – French, English or Creole.

❖ Data Collection Period

November 1998 to August 1999.

References

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DAVELUY, Carole, Lucille PICA, Nathalie AUDET, Robert COURTEMANCHE et autres (2000). *Enquête sociale et de santé 1998*, 2e édition, Québec, Institut de la statistique du Québec, 642 p.

Access to the Survey Data

The *ISQ* encourages researchers and people who work in the field of health and social services in immigrant communities to use the data of this survey. Data from the *Étude auprès des communautés culturelles 1998-1999* can be accessed by contacting the *Centre d'accès aux données de recherche de l'ISQ (CADRISQ)*, who have offices in Montréal and Québec City. For more detailed information on accessing the data, please consult the *ISQ* website at www.stat.gouv.qc.ca.

This report, written and published by the *Institut de la statistique du Québec*, is dedicated to the memory of May Clarkson.

For more information:

This bulletin on the highlights of the survey of Haitian immigrants is available on the *ISQ* website at www.stat.gouv.qc.ca by clicking on "Publications," "Statistical Sector," then "Society and Health."

If further information is required, the person in charge of the report, Lucille Pica, can be contacted at (514) 873-4749 or 1-800-463-4090 (toll-free throughout Canada and the United States).

Suggested Reference: PICA, Lucille (2004). *Highlights of the 1998-1999 Cultural Communities Survey on Immigrants of Haitian Origin*, Québec, Institut de la statistique du Québec, 8 p.