

# Highlights of the 1998-1999 Cultural Communities Survey

## on Immigrants of Chinese 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 of Chinese origin 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 Chinese 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 immigrant Chinese population, who were slightly younger.

#### ❖ Overview

In general, immigrants of Chinese origin 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 cigarettes and consume alcohol, and much less likely to be overweight. They were more educated than Québécois in general. The results also suggest a favourable mental health status.

However, certain aspects of their social support network were less satisfactory compared to Québécois in general. More than one third of Chinese immigrants reported having witnessed acts of violence related to social or political problems in their country of origin. The survey also revealed that approximately 39% 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 of Chinese origin who had arrived between 1988-1997 were slightly younger than the Québec population as a whole; 29% were 45 years of age or older compared to 35% of Quebecers (data not standardized). Approximately 51% of the Chinese immigrant community was male and 49% female in 1998-1999, close to the non-standardized figures for Quebecers in general.

Nearly two thirds (65%) of immigrants of Chinese origin 15 years of age or older were married or living in a common-law union and slightly over one quarter (26%) were single. Approximately 8%\* of Chinese immigrants were separated, divorced or widowed.

The community surveyed comprised people of Chinese origin born outside of Canada (86%) and their children under 18 years of age born in Canada (14%). Most of those born outside of Canada came from mainland China (49%) and Hong Kong (32%). Approximately 17% came from Taiwan.

Among those born outside of Canada, 65% had an immigrant status termed "independent" because they had undergone the selection process based on points, whereas approximately 35% had been sponsored, were refugees, students or other.

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

The results show that in 1998-1999 Chinese immigrants were more educated than the Quebecers in general. Approximately 36% reported having completed at least one year of university versus 21% of Quebecers in general.

In terms of family life, at the time of the survey, there were more two-parent families in the Chinese immigrant community (57%) than in the general Québec population (37%). In families with children under 18 years of age, 96% of Chinese families comprised intact, two-parent ones, compared to 69% of those in the general Québec population.

With regards to the employment rate, approximately 54% of immigrants of Chinese origin had a paying job, compared to 62% of Quebecers in general. More Chinese men than women had a job (63% vs. 45%). Approximately 67% of Chinese immigrants between 25 and 44 years of age, 49% of those 45 years of age or over, and 35% of those 15 to 24 years of age were working. Nearly 45% 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 in the Chinese Community 1998-1999

Total Population		
		%
Birthplace	Canada	14
	Outside Canada	86
Sex	Male	51
	Female	49
Age	0-14 yrs	20
	15-24 yrs	17
	25-44 yrs	34
	45 yrs and over	29
Immigrant Status <sup>1</sup>	Independent	65
	Other (refugee, sponsored, student or other)	35
Population 15 years of age and over		
Self-reported ability in French or English	French or English	50
	Neither French nor English	50
Marital Status	Married or common-law	65
	Separated, divorced, widowed	8*
	Single	26
Employed	Male	63
	Female	45
	Both sexes	54

1. Only those born outside of Canada.

Source: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.

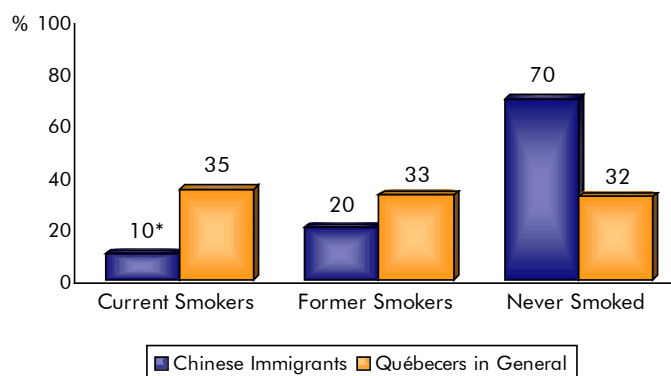
# Lifestyle Habits and Behaviours

## ❖ 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).

Compared to Québécois in general, Chinese immigrants 15 years of age and over were much less likely to be smokers (10%\* vs. 35%) and much more likely to have never smoked (70% vs. 32%). Approximately 31% of the Chinese immigrant community 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 of Chinese Origin 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over**

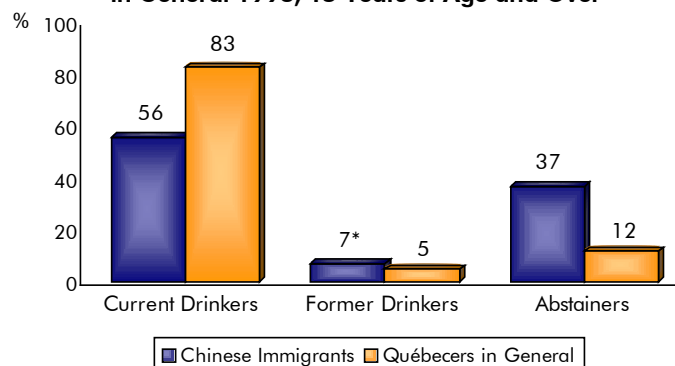


Sources : Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.  
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

## ❖ Alcohol Consumption

Alcohol consumption was surveyed in light of three categories: abstainers, namely those who 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 in the same period. The data revealed that 44% of Chinese immigrants 15 years of age and over (who arrived between 1988 and 1997) were abstainers or former drinkers. Approximately 56% were current drinkers at the time of the interview, a significantly lower figure compared to current drinkers among Québécois in general (83%). More men than women were current drinkers at the time of the survey in the Chinese community (68% vs. 44%).

**Alcohol Consumption in Immigrants of Chinese Origin 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over**

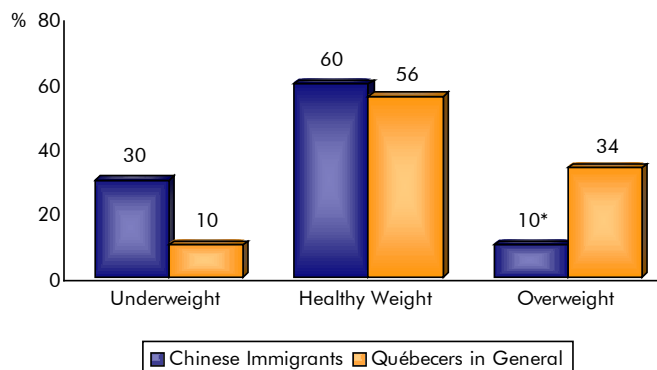


Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.  
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

## ❖ 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. Approximately 30% of Chinese immigrants 18 years of age and over were underweight, compared to only 10% of Québécois in general. Chinese women in particular were more likely to be underweight compared to men (37% vs. 24%). Only 10%\* of immigrants of Chinese origin were categorized as overweight, compared to 34% of Québécois in general. However similar proportions of Chinese immigrants (60%) and Québécois in general (56%) had a healthy body weight at the time of the survey.

**Body Mass Index (BMI), Immigrants of Chinese Origin 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. A quarter (25%) of Chinese immigrants 15 years of age and over who arrived between 1988 and 1997 reported engaging in leisure-time physical activity at least three times a week (20 minutes a session) during a period of three months. This figure was very similar to that for Québécois in general (26%). However, more Chinese immigrants (33%) than Québécois in general (27%) said they had not engaged in any leisure-time physical activity during the same timeframe. No difference between the sexes was observed in the Chinese community with regards to physical activity.

### ❖ Diet

Regular diet was examined in terms of the four food groups contained in Canada's Food Guide. As regards daily consumption, high proportions of Chinese immigrants 15 years of age and over ate meat or meat alternatives (69%), fruits and vegetables (79%) and grain products (81 %) once a day or more. However, only 41% consumed milk products every day. Such low consumption of dairy products seems to be typical of the Chinese community, since recent immigrants tend to adhere to their traditional dietary habits.

An index on variety in the diet revealed that only 28% of the Chinese immigrant community 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. However, nearly all

immigrants of Chinese origin (98%) responded that their household income was sufficient to ensure a good diet in terms of both quantity and quality. Moreover, a high percentage reported they could easily find food at a reasonable price (94%) that responded to their taste requirements (90%) and that was good for their health (97%).

### ❖ 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.

Although similar proportions of Chinese immigrant women and Québec women 15 years of age and over reported practising breast self-examination, only 26% of the Chinese immigrant women compared to 46% of Québec women reported doing so at least once during a 3-month period. Furthermore, nearly half (48%) of Chinese immigrant women had never had a clinical examination of the breasts by a doctor or nurse compared to 16% of Québec women in general, and more than two-thirds (69%) of Chinese immigrant women had never had a Pap test versus 14% of Québec women in general. Among women of Chinese origin 40 years of age and over, nearly two-thirds (64%) had never had a mammogram compared to 30% of Québec women in general in the same age group.

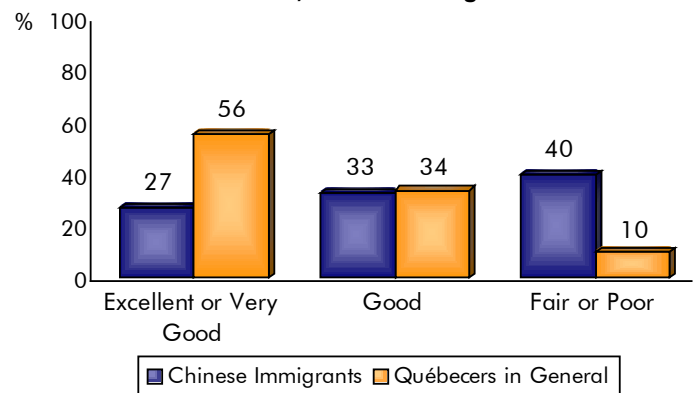
## Health Status

### ❖ 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, only 27% of immigrants of Chinese origin 15 years of age and over considered themselves to be in excellent or very good health, significantly below the 56% of all Québécois with these perceptions. Furthermore, nearly 40% of Chinese immigrants compared to only 10% of Québécois in general judged their health status to be fair or poor.

These results are surprising, given that the majority (55%) of Chinese immigrants in all age groups reported having no health problems, compared to 38% of Québécois in general. Approximately 25% of Chinese immigrants reported one health problem, and 20% two or more. No difference was observed based on sex.

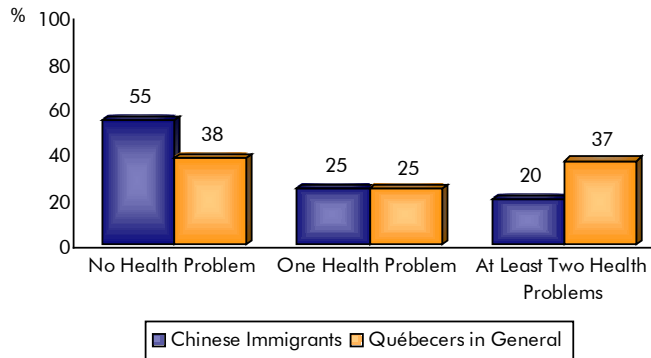
Perception of Health Status in Immigrants of Chinese Origin 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over



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 Chinese origin who arrived in Québec between 1988 and 1997? Approximately 11% reported suffering from rhinitis due to allergies and 7% from skin problems due to allergies or other conditions. In general, the prevalence of health problems reported by this community was lower or at least comparable to that of Québécois in general.

**Number of Health Problems, Immigrants of Chinese Origin 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 Chinese immigrants 15 years of age and over, the mean score of symptoms related to anxiety or depression was 1.38. The women's mean score was higher than the men's (1.42 vs. 1.34) as was that of the 15-24 age group compared to older age groups (1.48 vs. 1.36). 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 Chinese immigrants 15 years of age and over had a satisfaction score of 3.14; it was higher in women compared to men (3.24 vs. 3.03). Younger people in the community (15-24 years of age) had a higher score (3.34) than those in the 25-44 (2.98) and 45 and over age categories (3.21).

### ❖ 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 37% of Chinese immigrants 15 years of age and over reported they had witnessed acts of violence in their country of origin, and a small proportion (8%\*) said they themselves or family members had suffered persecution. More than half (57%) reported they had left their country for political reasons.

Since their arrival in Québec, 39% of immigrants of Chinese origin 15 years of age and over felt they had been discriminated against at least once. Discrimination was primarily experienced in situations where service was being provided to the public (68%), in seeking employment (58%), or at school (47%).

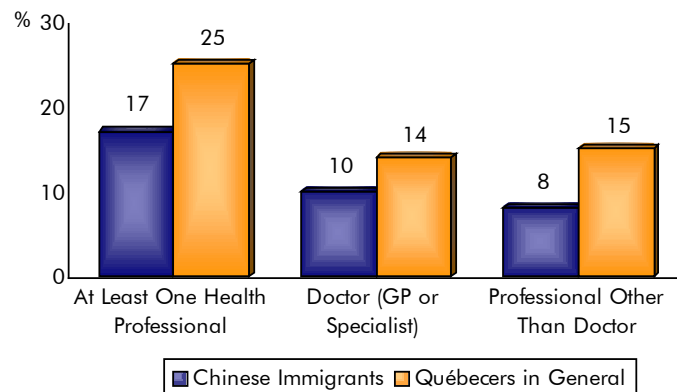
## Use of Health Care Services

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

Approximately 17% of immigrants of Chinese 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 compared to 25% of Québécois in general. Fewer Chinese immigrants than Québécois in general had visited or talked to a doctor (general practitioner or specialist) (10% vs. 14%) or a health professional other than a doctor (8% vs. 15%).

The survey also revealed that the most recent visit had occurred more often in the doctor's office among Chinese immigrants (80%) than among Québécois in general (65%). The reason for a visit most often mentioned by both Chinese immigrants (26%\*) and Québécois in general (23%) was "prevention."

**People Having Visited or Talked To at Least One Health Professional (Doctor or Other) During a Period of Two Weeks, Immigrants of Chinese Origin 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 Chinese immigrants over a period of two days was also studied. Approximately 32% of Chinese immigrants of all ages had used at least one drug or supplement in a period of two days compared to 51% of the Québec population as a whole. More Chinese women than men had used a drug or supplement during a two-day period (37% vs. 27%). Most frequently used were vitamin or mineral supplements (13%).

### ❖ 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.

Only 38% of Chinese immigrants 15 years of age and over knew about the Info-Santé help line, compared to 75% of the Québec population as a whole. Among Chinese immigrants who knew about the help line, approximately 20%\* had used it to obtain advice or information, whereas 41% of the Québec population in general had done so. Knowledge of the help line in the Chinese community was higher among people with a child under 18 years of age in the household compared to those without one (44% vs. 31%), and higher among those who spoke French compared to those who did not (45% vs. 35%). However, these differences were not statistically significant.

## Social Environment

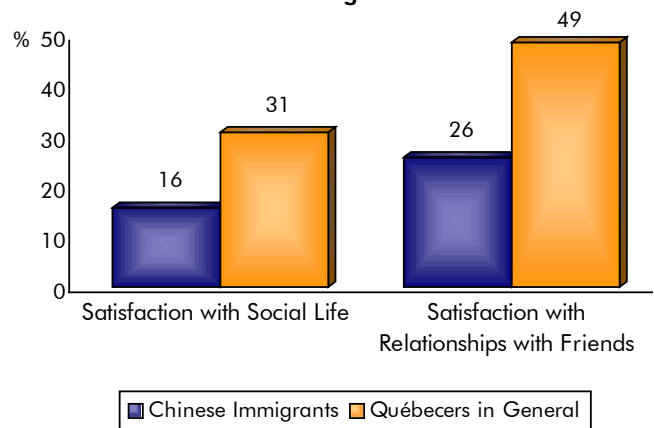
### ❖ Integration and Social Support

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.

The vast majority of Chinese immigrants 15 years of age and over (who had arrived between 1988 and 1997), namely 98%, reported they had friends, slightly more than the 94% of all Québécois who were asked the same question. The frequency of their social contact, at least once a week or more, was similar to that of all Québécois (75% and 70%). However, only half as many Chinese immigrants said they were very satisfied in their relationships with friends compared to Québécois in general (26% vs. 49%). In the same vein, only half as many Chinese immigrants as Québécois in general said they were very satisfied with their social life (16% vs. 31%). Furthermore, in terms of the size of their social network, the proportions of Chinese immigrants who reported they had no one who would help them in time of need (8%\*) and no one they felt close to or who showed affection for them (10%\*) were significantly higher, indeed, than those of Québécois in general (3.6% and 4.5% respectively).

Nearly a quarter of Chinese immigrants 15 years of age and over had experienced problems in their personal lives (22%) or related to their environment (26%) such as home, school, or the workplace, during a 12-month period, and approximately three quarters of them had received help to resolve these problems. Approximately 29% of people in the Chinese immigrant community had had contact with a cultural association or support organization and 35% had sought advice from people not living in Québec

**Satisfaction<sup>1</sup> with Social Life and Relationships with Friends, Chinese 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. A majority of Chinese immigrants 15 years of age and over (56%) reported they did not currently belong to any religion; 23% said they were Buddhist. In contrast, only 15% of Québécois in general reported they did not belong to any religion, and a large majority said they were Catholic (77%); approximately 8% said they belonged to another religion. These results are likely a reflection of Chinese culture today and are perhaps related to the repression of religion in recent history. Approximately 21% of Chinese immigrants reported having attended a place of worship more than once a month during

a 12-month period, comparable to the proportion of Québécois in general who had done so (23%). However, more Chinese immigrants reported having never attended a place of worship (56%) compared to Québécois in general (33%). Chinese immigrants were also less likely to ascribe importance (very or somewhat) to the spiritual dimension of life (49% vs. 63%) and less likely to believe that spiritual values have a positive effect on physical and mental health compared to Québécois in general (20% vs. 35%).

#### ❖ **Points of Reflection and Strategies for Action**

As the data reveal, immigrants of Chinese origin 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 Chinese immigrants use these services. This may be explained in part by a certain lack of awareness of health and social services available, but also more positively by the fact that they reported a better health status than Québécois in general.

In terms of lifestyle habits, physical activity and exercise should be encouraged in order 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 language courses, 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 Chinese immigrants is a wake-up call to re-examine the policies of businesses and organizations that offer employment or services to the public, and of educational institutions as they relate to this problem.

## Methodology in Brief

#### ❖ **Target Population**

Although four immigrant communities were examined in this survey, only the characteristics of Chinese immigrants are presented here. Having immigrated between 1988 and 1997, their countries of origin were China, Hong Kong, Taiwan and Macao. Adults, and their children under 18 years of age, residing in the regions of Montréal-Centre, Laval and Montérégie were surveyed.

#### ❖ **Sample Size**

- 246 households in the Chinese 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 950 people of all ages; 543 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 Chinese origin or a non-Chinese interviewer (with an interpreter if needed) visited the household. Respondents could choose the language of the interview – French, English or Chinese.

#### ❖ **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*, 2<sup>e</sup> édition, Québec, Institut de la statistique du Québec, 642 p.

## Access to the Survey Data

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The ISQ encourages researchers and people who work in the field of health and social services in immigrant communities to use the data from 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](http://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 Chinese immigrants is available on the ISQ website at [www.stat.gouv.qc.ca](http://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 Chinese Origin*, Québec, Institut de la statistique du Québec, 8 p.