SOCIODEMOGRAPHIC AND SOCIOECONOMIC CONDITIONS

RHS
QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION

# EDUCATION

## Highlights

- Half of the children 6 to 11 years old have attended an Aboriginal Head Start Program.
- A third of the adolescents said that they have had learning problems, and more than four adolescents out of ten have repeated a grade.
- More than a third of adults did not complete high school. In the 18-24 age group, the proportion is six out of ten.
- The proportion of adults with a high school diploma decreases with geographic remoteness.
- Adolescents who are attending school have a better perception of their general health than those who do not. Adults with a high school diploma also have a better perception compared to those who have not completed high school.

## CONTEXT

This booklet presents the main results of the RHS survey on the school path of First Nations children, adolescents and adults living in First Nation communities. The results relate to the participation of children in the Aboriginal Head Start Program, problems experienced in school and the level of education. There are also results related to education as it pertains to health and income.

For many reasons, education is a major health determinant. Being educated namely enables people to more easily access employment and earn a higher income (National Collaborating Centre for Aboriginal Health, 2017), which are outcomes, in themselves, known as important social determinants of health (Public Health Agency of Canada, 2011). According to the World Health Organization (WHO) health inequalities may be improved through providing support for the development of children, such as the implementation of preschool programs facilitating the parents' participation. It is also important to "increase opportunities for educational attainment at all ages, since education is associated with raised health awareness and improved self-care" (WHO, 2000).

## ACADEMIC EXPERIENCE - CHILDREN

It is estimated that four out of ten children (0-11 years old) have attended or are attending an Aboriginal Head Start Program. This proportion is higher for half of the children between 6 to 11 years old (FIGURE 1).

A small proportion of the 6-11 age group have skipped a grade due to their academic performance. This seems to be more prevalent among girls. Almost two out of ten children have however repeated a grade (FIGURE 2).

FIGURE 1
**Participation of children in an Aboriginal Head Start Program, by age group**

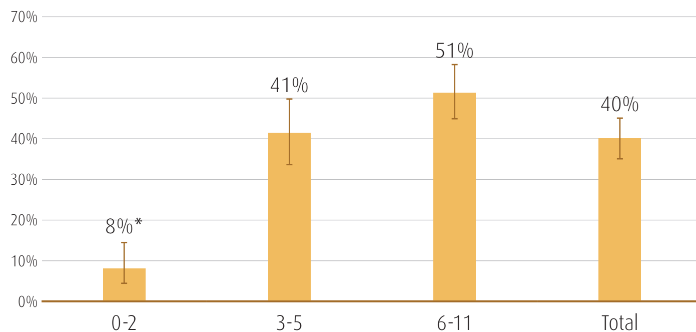
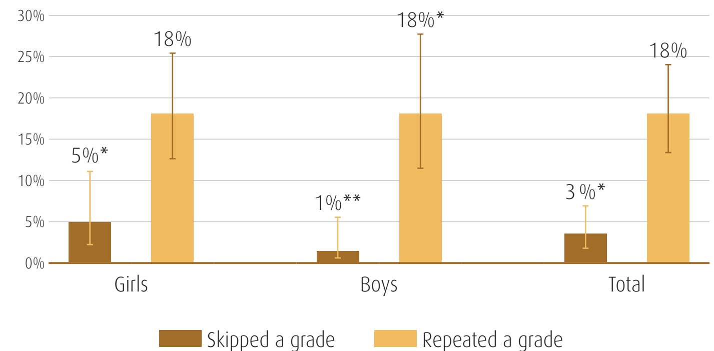



FIGURE 2
**School path, by gender (children 6-11 years old)**



## SCHOOL ATTENDANCE - ADOLESCENTS

According to the RHS data, more than nine out of ten adolescents, aged between 12 and 17, reported that they were attending school at the time of the survey. This proportion is not as high in the 16-17 age group in comparison with the 12-15 age group (FIGURE 3). Furthermore, the proportion of adolescents attending school seems lower in communities located in Zones 3 and 4 (FIGURE 4).

FIGURE 3
**Proportion of adolescents attending school at the time of the survey, by age group**

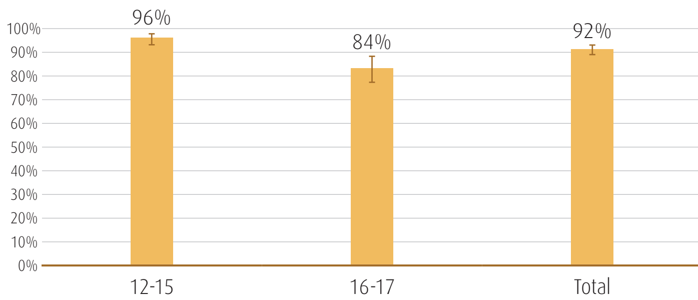
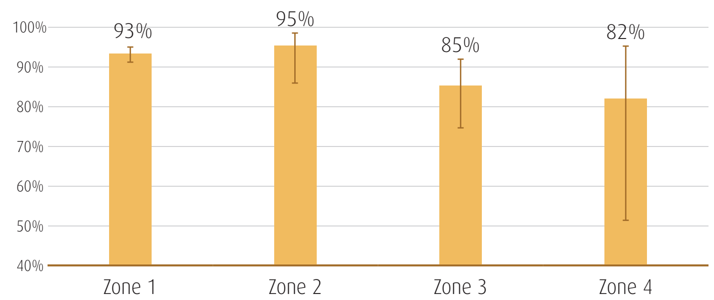


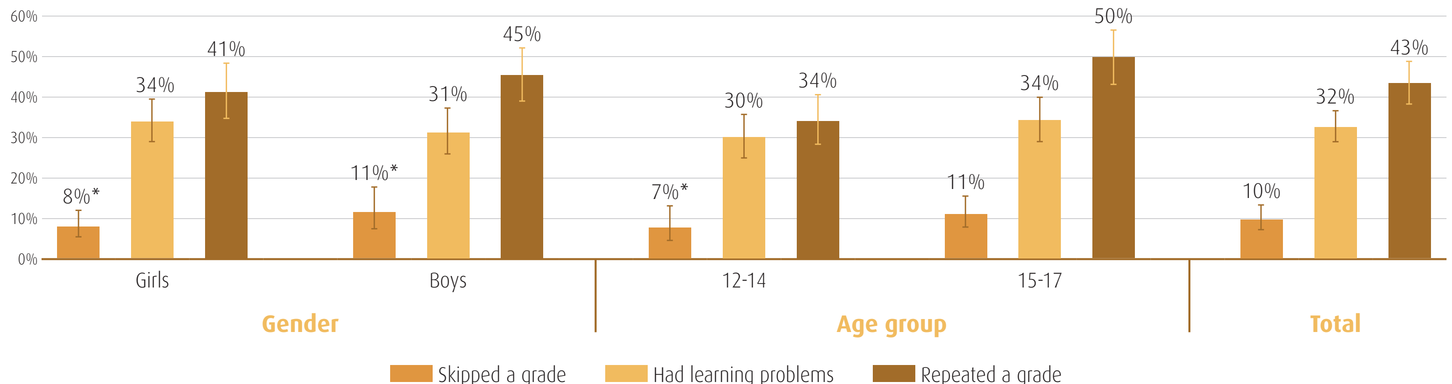

FIGURE 4
**School attendance among adolescents, by geographic zone**




### School path - Adolescents

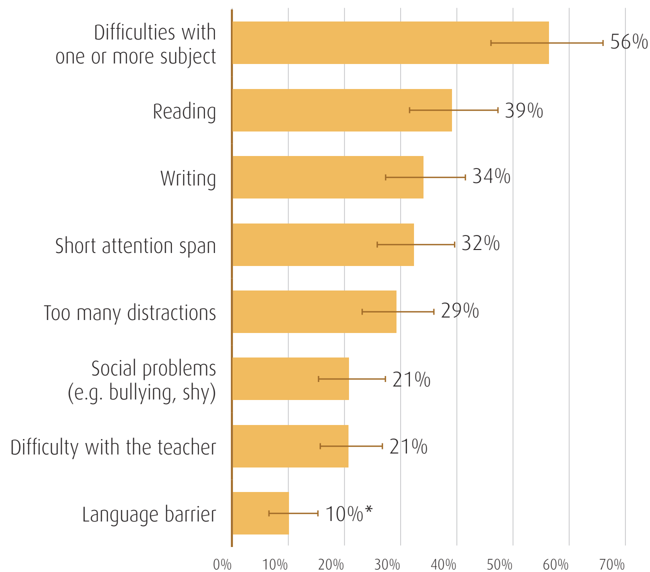
FIGURE 5 shows that one adolescent out of ten reported having skipped a grade; there is hardly any difference between genders or age groups. Learning problems were reported by nearly a third of the adolescents surveyed, and more than four out of ten adolescents said that they had repeated a grade. The proportion of adolescents who have repeated a grade is higher among the 15-17 age group than the 12-14 age group.

FIGURE 5
**School path, by gender and age (adolescents 12-17)**



Among the adolescents who said they had learning problems, more than half mentioned having struggled in one or more subject matters; more than a third have had reading problems and approximately a third have had writing and short attention span problems (FIGURE 6).

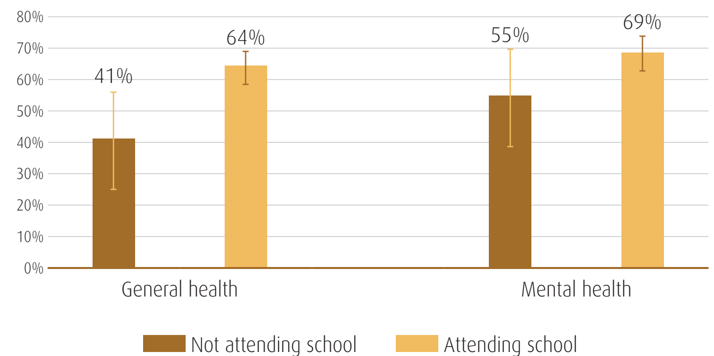
FIGURE 6
**Difficulties experienced by adolescents with learning problems**




## Education and Health - Adolescents

In FIGURE 7, we see that adolescents between 12 and 17 years old who were in school more often considered themselves as being in very good or excellent health, compared to those who were not attending school. They also tended to report being in good mental health.

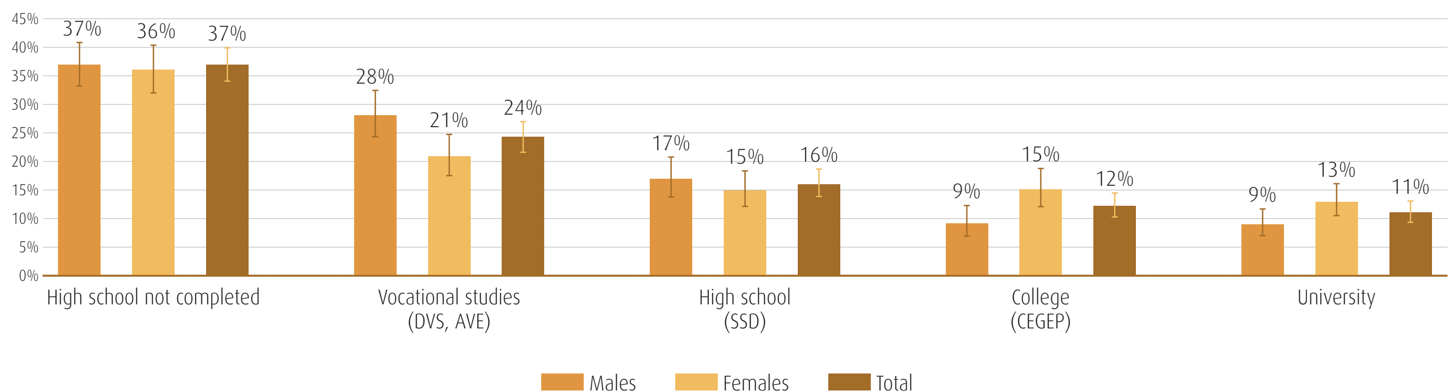
FIGURE 7
**Adolescents who reported their general or mental health as being very good or excellent, by schooling situation**



## SCHOOL PATH - ADULTS

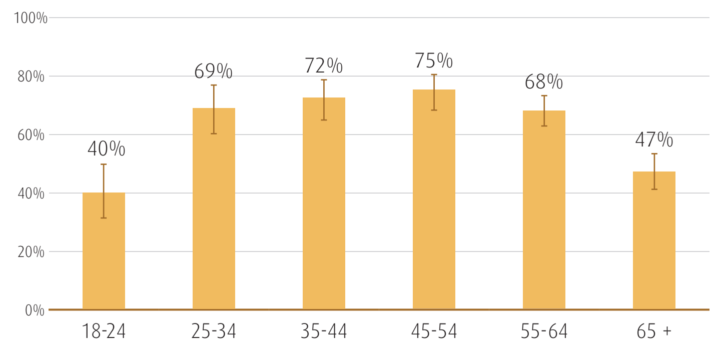
The results concerning the academic path of adults reveal that nearly two-thirds (63%) have a high school diploma (Diploma of Vocational Studies [DVS], Attestation of Vocational Education ([AVE], Secondary School Diploma [SSD], college or university degree). Nearly four out of ten have a SSD or higher level of education. The vocational studies diploma seems to be the most popular option chosen (FIGURE 8).

FIGURE 8
**Highest level of education completed, by gender**



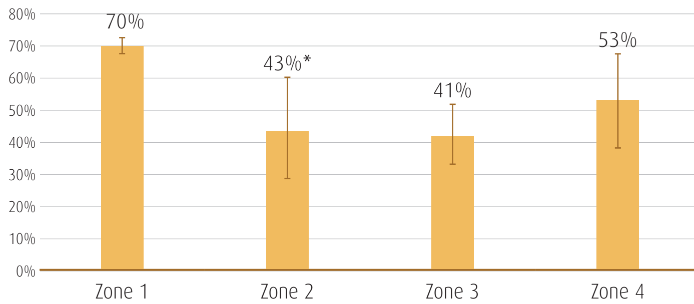

Even though nearly two-thirds of adults completed high school (FIGURE 8), the proportion is lower in the 18-24 age group and the 65 and over group. The proportion of adults with a high school diploma is significantly higher among adults aged between 25 and 64 (FIGURE 9). This could indicate that a good number of adults returned to school and completed their secondary studies at the age of 25 or older.

FIGURE 9
**Proportion of adults who have completed high school, by gender**



The results by geographic location show that the proportion of adults with a high school diploma is higher in the communities located in Zone 1 compared to those who are in Zones 2, 3 and 4 (FIGURE 10).

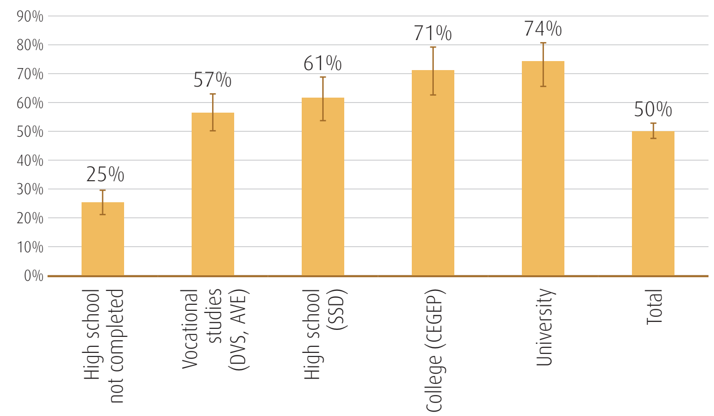
FIGURE 10
**Proportion of adults who have completed high school, by geographic zone**




## Education, Employment and Income

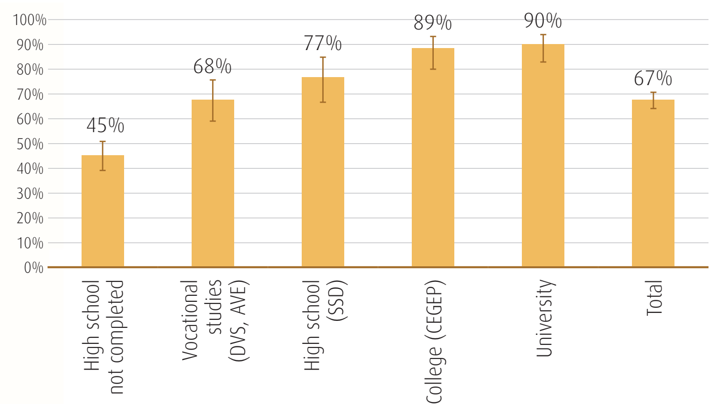
Half of the adults reported being employed at the time of the survey. It is found that the proportion rises with the level of education (FIGURE 11).

FIGURE 11
**Proportion of employed adults, by highest level of education completed**



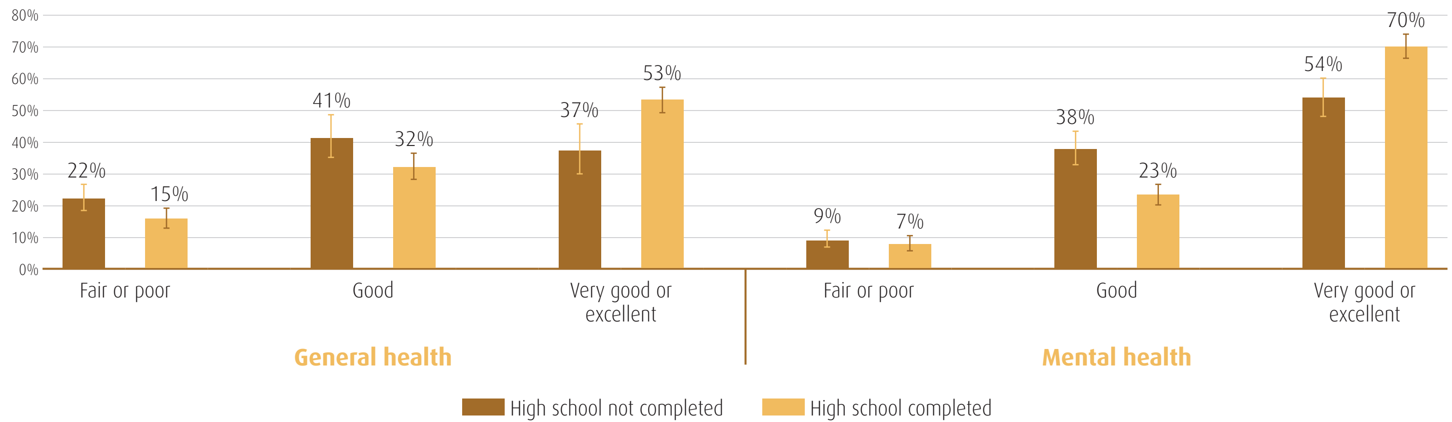

Just like the proportion of employed adults rises with the level of education, so does the income of households who annually earn $20,000 or more (FIGURE 12).

FIGURE 12
**Household income of $20,000 or more, by highest level of education completed (18 years old and over)**



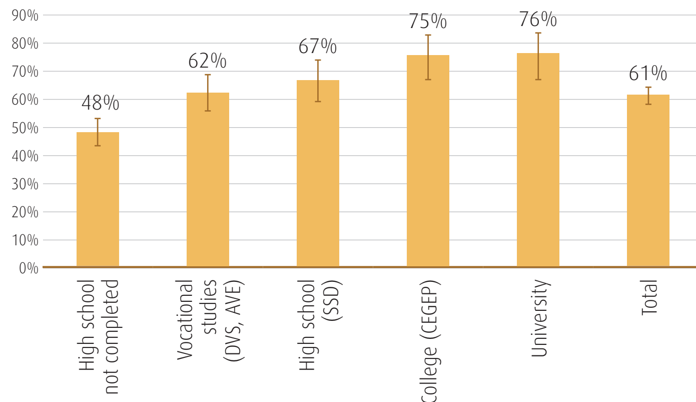
Adults who have a high school diploma proportionally feel more often that they are in very good or excellent physical and mental health compared to those who did not complete high school (FIGURE 13).

FIGURE 13
**Perceived state of general health and mental health, by school path (18 years old and over)**




The proportion of adults who reported feeling like they have a strong control over their lives seems to rise in accordance with their level of education. This is also true for less than half of the people who have not completed high school, for two-thirds of adults who have a high school diploma, and for three quarters of those who have a college or university degree (FIGURE 14).

FIGURE 14
**Strong feeling of control over their life, by highest level of education completed**



## CONCLUSION

Education is an important social determinant of health, just like culture. Unfortunately, the Canadian school system contributed for numerous years to the alienation and the discrimination of First Nations. It is now crucial for the well-being of First Nations that the school system allow culture and identity to have the place they deserve.

The RHS data show that numerous persons have had or are having academic problems. Also, children and adolescents seem to repeat a grade rather frequently, and adolescents seem to frequently experience learning difficulties. Among adults, the proportion of people who did not complete high school is higher than the proportion of adults with a diploma in each education level. This is greatly higher among young adults and people who live in remote communities. Furthermore, it can be noted that people who have a diploma have a better perception of their health compared to those who do not have a diploma.

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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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