

Highlights of the 1998-1999 Cultural Communities Survey on Immigrants from the Middle East and North Africa

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 the Middle East and North Africa 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 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 Middle Eastern and North African immigrants, who were in general much younger.

❖ Overview

In general, immigrants from the Middle East and North Africa 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 more educated than Québécois in general, and less likely to consume alcohol. The results also suggest they had a favourable mental health status.

However, Middle Eastern and North African immigrants were just as likely to smoke cigarettes and be overweight as Québécois in general. Certain aspects of their social support network suggest a higher level of social isolation. Approximately 44% 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, approximately 26% 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 the Middle East and North Africa who had arrived between 1988-1997 were considerably younger than the Québec population in general; 32% were under 15 years of age compared to 19% of Québécois in general, and only 17% were 45 years of age or over compared to 35% of Québécois (data for all Québécois not standardized). Approximately 51% of the Middle Eastern and North African community was male and 49% female, close to the non-standardized figures for the Québec population as a whole.

Nearly two thirds (66%) of immigrants of Middle Eastern and North African origin 15 years of age or older were married or living in a common-law union and slightly less than a quarter (24%) were single. Only 10%* were separated, divorced or widowed.

The community surveyed comprised people from the Middle East and North Africa born outside of Canada (78%) and their children under 18 years of age born in Canada (22%). Most of those born outside of Canada came from Lebanon (40%), Syria (15%), Algeria (12%), Morocco (12%), Egypt (10%), and 12 other countries (11%).

Among those born outside of Canada, 60% had an immigrant status termed "independent" because they had undergone the selection process based on points, whereas approximately 40% had been sponsored, were refugees, students or other.

Approximately 77 % of Middle Eastern and North African immigrants 15 years of age or older reported they could speak and understand French or English well.

The results show that in 1998-1999 Middle Eastern and North African immigrants were more educated than the Québec population as a whole. Approximately 39% of those 15 years of age and over reported having completed at least one year of university versus 22% of Québécois in general.

In terms of family life, at the time of the survey, there were more two-parent families in the Middle Eastern and North African immigrant community (57%) than in the general Québec population (38%). In families with children under 18 years of age, 91% of immigrant families in this community 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 Middle Eastern and North African origin had a paying job, significantly lower than the 65% employment rate among Québécois in general. More men than women in this community had a job (67% vs. 41%). Approximately 65% of Middle Eastern and North African immigrants between 25 and 44 years of age, 44% of those 45 years of age or over, and 39% of those 15 to 24 years of age were working. Nearly 44% 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 the Middle East and North Africa, 1998-1999

Total Population		
		%
Birthplace	Canada	22
	Outside Canada	78
Sex	Male	51
	Female	49
Age	0-14 yrs	32
	15-24 yrs	15
	25-44 yrs	36
	45 yrs and over	17
Immigrant Status ¹	Independent	60
	Other (refugee, sponsored, student or other)	40
Population 15 years of age and over		
Self-reported ability in French or English	French or English	77
	Neither French nor English	23
Marital Status	Married or common-law	66
	Separated, divorced, widowed	10*
	Single	24
Employed	Male	67
	Female	41
	Both sexes	54

1. Only those born outside of Canada.

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

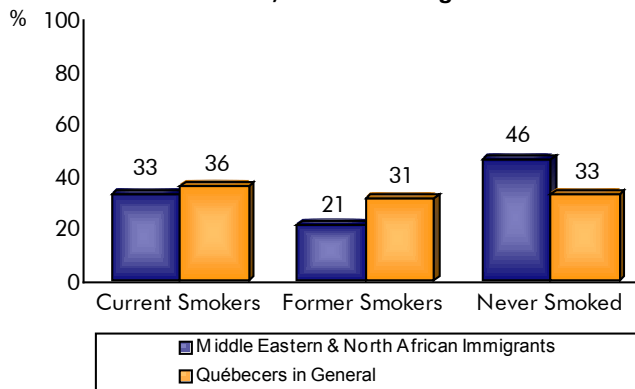
Lifestyle Habits and Behaviours

❖ 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).

Approximately 33% of Middle Eastern and North African immigrants 15 years of age and over (who had arrived between 1988-1997) were current smokers at the time of the interview, comparable to the proportion of current smokers among Québécois in general (36%). However a higher proportion had never smoked compared to Québécois in general (46% vs. 33%). Approximately 62% of Middle Eastern and North African 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 the Middle East and North Africa 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over

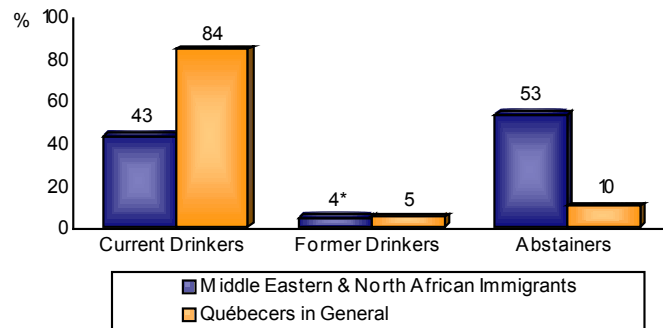


Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

❖ 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 53% of immigrants from the Middle East and North Africa 15 years of age and over (who arrived between 1988 and 1997) were abstainers or former drinkers and 43% were current drinkers at the time of the survey, a significantly lower figure compared to current drinkers among Québécois in general (84%).

Alcohol Consumption in Immigrants from the Middle East and North Africa 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over

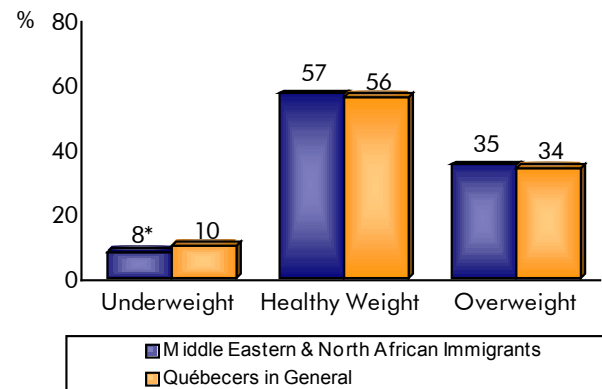


Sources: Institut de la statistique du Québec, *Étude auprès des communautés culturelles 1998-1999*.
Institut de la statistique du Québec, *Enquête sociale et de santé 1998*.

❖ 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 the Middle East and North Africa were similar to Québécois in general in terms of weight categories. Approximately 35% of these immigrants were overweight and 57% had a healthy body weight, similar to the proportions found in Québécois (34% and 56%). In this immigrant community, no differences by sex were observed.

Body Mass Index (BMI), Immigrants from the Middle East and North Africa 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. Approximately 19% of Middle Eastern and North African 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 lower than that for Québécois in general (25%). A high proportion of immigrants in this community (29%) and Québécois in general (26%) reported not having engaged in any leisure-time physical activity during the same timeframe. No difference between the sexes was observed in the Middle Eastern and North African 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, only 34% of Middle Eastern and North African immigrants 15 years of age and over ate meat or meat alternatives at least once a day. This slightly low figure is difficult to interpret. However, higher proportions of immigrants in this community ate fruits and vegetables (63%), grain products (65%) and milk products (69%) at least once a day. The variations in eating habits seen here likely reflect the different geographic regions from which these immigrants came.

An index on variety in the diet revealed that only 22% of Middle Eastern and North African 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. However, approximately 88% responded that their household income was sufficient to ensure a good diet in terms of both quantity and quality. In addition, a high percentage reported they could easily find food at a reasonable price (91%) that responded to their taste requirements (91%) and that was good for their health (93%).

❖ 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.

Similar proportions of Middle Eastern and North African immigrant women and Québec women in general 15 years of age and over reported breast self-examination at least once during a 3-month period (48% and 45%). However, in terms of the other preventive behaviours, approximately 35% of women in this immigrant community had never had a clinical examination of the breasts by a doctor or nurse compared to 18% of Québec women in general, and 57% had never had a Pap test versus 15% of Québec women in general. Among women of Middle Eastern and North African origin 40 years of age and over, 43%* had never had a mammogram compared to 33% of Québec women in general in the same age group, but this difference was not statistically significant.

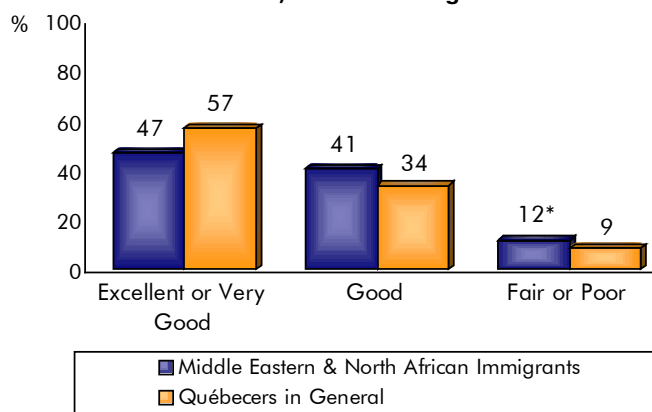
Health Status

❖ 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, 47% of Middle Eastern and North African immigrants 15 years of age and over considered themselves to be in excellent or very good health, lower than the 57% of all Québécois with these perceptions. In contrast, more immigrants in this community judged their health status to be good compared to Québécois in general (41% vs. 34%).

Approximately 61% of immigrants from the Middle East and North Africa in all age groups reported no health problems compared to 41% of Québécois in general. Approximately 21% of immigrants in this community reported one health problem, and 17% two or more. These two proportions were significantly lower than those reported by Québécois in general (26% and 33%). Middle Eastern and North African women were more likely than men to report at least two health problems (21% vs. 14%), but this difference was not statistically significant.

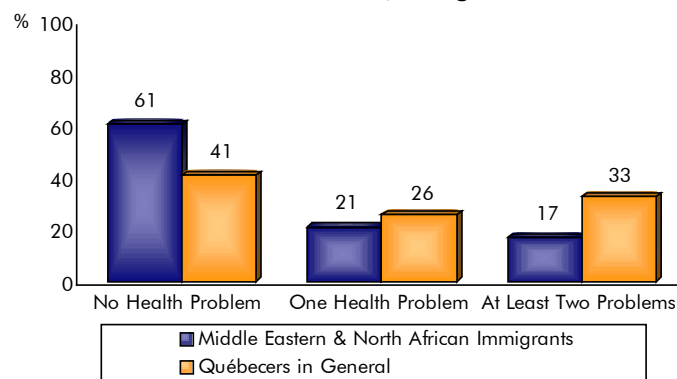
Perception of Health Status in Middle Eastern and North African Immigrants 1998-1999 and the Québec Population in General 1998, 15 Years of Age and Over



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 Middle Eastern and North African origin who arrived in Québec between 1988 and 1997? Approximately 9% reported suffering from headaches and 6%* from back or spinal problems. In general, 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, Middle Eastern and North African 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 Middle Eastern and North African immigrants 15 years of age and over, the mean score of symptoms related to anxiety or depression was 1.43. The women's mean score was higher than the men's (1.49 vs. 1.38). 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 Middle Eastern and North African immigrants 15 years of age and over had a satisfaction score of 3.34; no difference was observed between the sexes or age groups.

❖ 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 44% of Middle Eastern and North African immigrants 15 years of age and over reported they had witnessed acts of violence in their country of origin, and over a quarter (27%) said they themselves or family members had suffered from persecution. Nearly two-thirds (64%) reported they left their country for political reasons. Approximately 43% stated they had emigrated because of the economic situation in their country of origin.

Since their arrival in Québec, over a quarter (26%) of Middle Eastern and North African immigrants 15 years of age and over felt they had been discriminated against at least once. Discrimination was primarily experienced in seeking employment (74%).

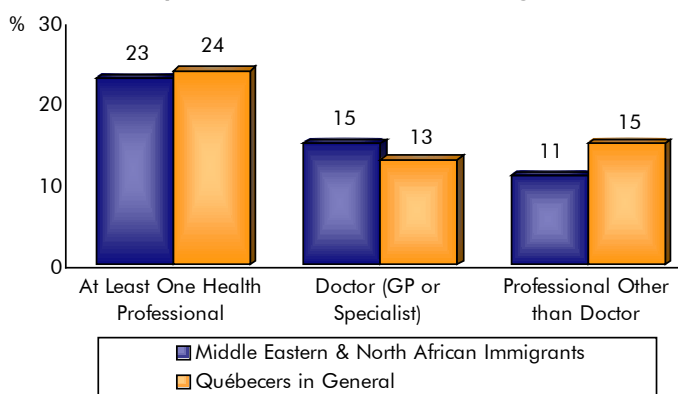
Use of Health Care Services

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

Approximately 23% of immigrants of Middle Eastern and North African 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, comparable to the proportion of all Québecers who had done so (24%). However, fewer immigrants from this community had visited or talked to a health professional other than a doctor compared to Québecers in general (11% vs. 15%).

The survey also revealed that the majority of the most recent visits had occurred in the doctor's office (66%), a figure comparable to that for Québecers in general (65%). The reason for a visit most often mentioned by both Middle Eastern and North African immigrants (25%*) and Québecers in general (22%) was "prevention."

People Having Visited or Talked To at Least One Health Professional (Doctor or Other) During a Period of Two Weeks, Middle Eastern and North African 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 Middle Eastern and North African immigrants over a two-day period was also studied. Approximately a third (32%) of these immigrants of all ages had used at least one drug or supplement in a period of two days compared to a higher proportion of Québécois in general (48%). Similar to Québécois in general, more women than men in this immigrant community had used a drug or supplement in a two-day period (37% vs. 27%). Most frequently used were analgesics (13%) and vitamin or mineral supplements (12%).

❖ 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 three-quarters (74%) of Middle Eastern and North African immigrants 15 years of age and over knew about the Info-Santé help line in their region, a proportion virtually identical to that of the Québec population as a whole (75%). Among immigrants in this community who knew about the help line, 44% had used it to obtain advice or information, again mirroring the proportion of the Québec population in general who had done so (43%). Knowledge of the help line in the Middle Eastern and North African community was higher among people with a child under 18 years of age in the household compared to those without one (78% vs. 68%); however, the difference observed was not statistically significant. Knowledge of the help line was also higher among those who spoke French compared to those who did not (81% vs. 57%).

Social Environment

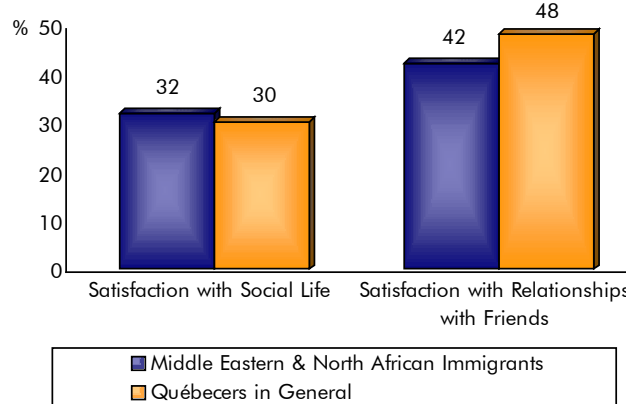
❖ Integration and Social Support

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 Middle Eastern and North African immigrants 15 years of age and over (who had arrived between 1988 and 1997), namely 92%, reported they had friends, similar to the 94% of all Québécois who were asked the same question. Comparable proportions of Middle Eastern and North African immigrants and Québécois in general reported they were very satisfied with their relationships with friends (42% and 48%). The frequency of their social contact, at least once a week or more, was similar to that of all Québécois (75% and 70%), as was satisfaction with their social life (32% and 30%). However, in terms of the size of their social network, the proportions of Middle Eastern and North African immigrants who reported they had no one they could confide in (18%) and no one who would help them in time of need (14%*) were higher than those of Québécois in general (11% and 3.6%).

Over a third (37%) of Middle Eastern and North African immigrants 15 years of age and over had experienced problems in their personal lives in a 12-month period, and about two-thirds (65%) had received help to resolve these problems. Approximately 26% of people in this immigrant community had had contact with a cultural association or support organization and 27% had sought advice from people not living in Québec

Satisfaction¹ with Social Life and Relationships with Friends, Middle Eastern and North African 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. Approximately 46% of Middle Eastern and North African immigrants reported they were Moslem, 33% Catholic and 14% Orthodox. In contrast, a majority of Québécois in general reported they were Catholic (77%), and 16% said they did not belong to any religion. Nearly half (49%) of Middle Eastern and North African immigrants had attended a place of worship more than once a month in a 12-month period, a considerably higher proportion than that of Québécois in general who had

done so (20%). Middle Eastern and North African immigrants were more likely to ascribe importance (very or somewhat) to the spiritual dimension of life (77% vs. 61%) and more likely to believe that spiritual values have a positive effect on physical and mental health compared to Québécois in general (49% vs. 33%).

❖ Points of Reflection and Strategies for Action

As the data reveal, immigrants of Middle Eastern and North African origin (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 offer 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. Although Middle

Eastern and North African immigrants seemed to visit health professionals in similar proportions to Québécois in general, they were seeing fewer health professionals other than doctors. 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 Québécois in general.

In terms of lifestyle habits, immigrants in this community should be encouraged to quit smoking and 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 clinical breast examinations and the screening test for 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 Middle Eastern and North African immigrants is a wake-up call to re-examine the policies of companies and employers as they relate to this problem.

Methodology in Brief

❖ Target Population

Although four immigrant communities were examined in this survey, only the characteristics of Middle Eastern and North African immigrants are presented here. Having immigrated between 1988 and 1997, they primarily immigrated from Lebanon, Syria, Algeria, Morocco and Egypt. Adults, and their children under 18 years of age, residing in the regions of Montréal-Centre, Laval and Montérégie were surveyed.

❖ Sample Size

- 268 households in the Middle Eastern and North African communities 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 960 people of all ages; 405 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 Middle Eastern or North African origin or non-Arabic speaking interviewer (with an interpreter if needed) visited the household. Respondents could choose the language of the interview – French, English or Arabic.

❖ Data Collection Period

November 1998 to August 1999.

References

CLARKSON, May, Rebecca TREMBLAY et Nathalie AUDET (2002). *Santé et bien-être, immigrants récents au Québec. Une adaptation réciproque? Rapport de l'Étude auprès des communautés culturelles 1998-1999*, Québec, Institut de la statistique du Québec, 341 p.

DAVELUY, Carole, Lucille PICA, Nathalie AUDET, Robert COURTEMANCHE et autres (2000). *Enquête sociale et de santé 1998*, 2^e 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 Middle Eastern and North African 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 from the Middle East and North Africa*, Québec, Institut de la statistique du Québec, 8 p.