Quebec's Social and Health Survey Information

Compendium of tables including mother tongue information
derived from 1998 Quebec Social and Health Survey

The Baseline Data Report 2007-2008

Prepared by the

CHSSN

**Community Health
and Social Services Network**

for the Health and Social Services
Networking and Partnership Initiative

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This report was prepared by the Community Health and Social Services Network

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Introduction

The Health and Social Services Networking and Partnership Initiative

The Health and Social Services Networking and Partnership Initiative (HSSNPI) is a funding program of the Quebec Community Groups Network mandated by Health Canada as a measure of the Federal Action Plan for Official Language Communities. The HSSNPI aims to support the creation of durable links and joint action between English-speaking communities and Quebec's health and social services system. The Baseline Data Report is a series produced by the Community Health and Social Services Network (CHSSN) to serve as a relevant and comprehensive knowledge base regarding the health status and vitality of Quebec's English-speaking population. The report is intended to serve as a resource that will allow local communities to better understand the demographic factors and health determinants affecting them and to assist institutional partners and community leaders to develop strategies to improve the well-being of their constituencies.

The Baseline Data Report 2008 is the fifth of a five volume series. The first report in 2004 consolidated existing knowledge and created a template for generating the first integrated regional portraits of Quebec's Anglophone communities. The second report in 2005 was devoted to statistical profiles of the HSSNPI participants at the level of CLSC territories in order to provide an evidence base they could readily use to build effective local networks. The third report in 2006 focused on presenting the provincial and regional findings of the 2005 CHSSN-CROP Survey on Community Vitality as it pertains to English-language health and social service access in Quebec. Baseline Data report 2007 chronicled the development and implementation of each of what are now eleven networks (including CHSSN) funded by the HSSNPI through first-hand accounts of the challenges, best practices and overall assessment of the impact of network activities.

The Baseline Data Report 2008 provides extensive health information concerning Quebec citizens derived from the Quebec Social and Health Survey of 1998. A wide range of characteristics and practices such as lifestyle habits and preventative behaviours, prevalent health problems as well as recourse to the health and social service system are considered as they are differentially manifested in the sample population in terms of language, age, gender, income, education as well as household and family type. The presentation of the survey findings takes the form of a report with some 279 highlighted tables and 28 section summaries.

The Quebec Social and Health Survey

While the 2008-2009 Baseline Data Report is intended to build upon the extensive demographic, survey and interview data analyzed in previous volumes, it is primarily focused on presenting the findings of the 1998 Quebec Social and Health Survey (*Enquête Sociale et de Santé*) conducted by the Institut de la statistique du Québec. Approximately 20,000 Quebec citizens participated in the survey with some 18,000 French mother tongue and 1,000 English mother tongue respondents. Throughout the study previous surveys from 1978 and 1992-1993 are included to provide a point of comparison with the 1998 findings and lend insight into changes occurring over time in the Quebec population.

The health determinants considered in the Quebec survey are organized in terms of "an ecological model"[2] of assessing health and well-being. This is a dynamic and multi-dimensional approach that organizes the treatment of different health themes into five levels. These include characteristics of the individual, the immediate milieu, social networks, social conditions and the physical and normative environment. The first level reflects the key pillar of recent reforms of the health and social services system; namely, that the individual is the heart of the system. The other levels reflect Quebec's policy which suggests that health and well-being results from a constant interaction between the individual and his or her milieu and is based on a balanced sharing of responsibilities between individuals, families, their milieus, public authorities and the other areas of collective life.

The first section of this report presents tables with some key characteristics of the survey sample population including age, gender, civil status, income level and education. In recognition of income as a key health determinant this section also includes tables which draw on the 2001 Census, therefore the larger Quebec population, to inform us of the percentage of persons in families and unattached individuals living below the Statistics Canada low-income cut-offs by first official language spoken and administrative region.

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[2] For further elaboration of the ecological model, see *Institut de la statistique du Québec, Enquête sociale et de santé, 1998, p.53*.

1.   Sample Population Characteristics

- When the population of survey respondents is considered, the English mother tongue group had a greater proportion of seniors than the French mother tongue group.

- Anglophone survey respondents were more likely to be married or widowed/divorced/separated than their Francophone counterparts and much less likely to be living in a common-law situation.

- Anglophone respondents were more likely to be over-represented at the upper (comfortable financially) and lower end (very poor) of the scale than Francophones in terms of their perception of their economic situation.

- With respect to revenue sufficiency Anglophones were more likely than Francophones to report being poor and very poor (under $15,000 annually) at one end of the spectrum, and more likely to report high income ($60,000 and over) at the other end. Fewer Anglophones than Francophones report middle income earnings (between $15,000 and $59,000 annually).

- Anglophone survey respondents were substantially more likely than Francophones to report that they were financially worse off than their parents.

- Anglophone respondents showed less optimism with respect to their financial situation than did Francophones and were more likely to express the view that their financial situation would worsen.

- According to 2001 census data, Quebec Anglophones are 26% more likely than Francophones to have incomes that fall below the low-income cut-off point (LICO). Younger Anglophones (especially young adults aged 25-44) are more likely to compare poorly to the Francophone majority than other age cohorts.

- According to 2001 census data, Quebec Anglophones living in a lone-parent household are somewhat more likely than Francophones to be living below the low-income cut-off (LICO)

- When compared with Francophones, Anglophone survey respondents were less likely to report low levels of scolarity and were much more likely to report high levels of scolarity such as a completed bachelors degree and postgraduate degree.

- The mother's place of birth by mother tongue was much more likely to be the province of Quebec for Francophone survey respondents than for Anglophones. Anglophones were more likely to report their Mother's place of birth as a province other than Quebec or a country other than Canada. This was also true for Father's place of birth

- Proportionally speaking, Anglophone survey respondents were 40% more likely to report being very satisfied with health services in a region and 76% more likely not to be satisfied at all when compared to Francophones. If their responses are

considered in terms of two categories only, Anglophone respondents were more likely to be dissatisfied with health services in a region than Francophones.

Table 1.1 – Age distribution by mother tongue

N=	18211	1029	1045	445
Age	French	English	Other	n/a
15-17	5.90%	3.98%	4.88%	5.84%
18-19	3.68%	3.30%	3.25%	2.02%
20-24	7.90%	7.00%	9.38%	7.19%
25-29	7.45%	7.77%	9.09%	4.04%
30-34	9.35%	10.50%	10.62%	7.42%
35-39	11.69%	10.69%	10.53%	6.52%
40-44	11.83%	9.62%	8.52%	7.42%
45-49	9.90%	8.94%	8.80%	11.01%
50-54	8.65%	9.23%	8.90%	8.09%
55-59	6.80%	6.51%	6.60%	7.64%
60-64	5.17%	5.83%	5.36%	9.21%
65-69	4.39%	6.32%	3.06%	8.09%
70-74	3.60%	3.69%	5.26%	8.31%
75-79	2.13%	3.21%	3.44%	4.94%
80-84	1.10%	2.14%	1.63%	1.57%
85 and over	0.45%	1.26%	0.67%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

Table 1.2 – Age distribution by mother tongue (regrouped)

N=	18211	1029	1045	445
	French	English	Other	n/a
15-24	17.49%	14.29%	17.51%	15.06%
25-44	40.32%	38.58%	38.76%	25.39%
45-64	30.52%	30.52%	29.67%	35.96%
65+	11.67%	16.62%	14.07%	23.60%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone survey respondents were more likely to be seniors than Francophone respondents.

- There were fewer youth (15-24) and young adult (25-44) respondents in the Anglophone group than in the other language groups.

Table 1.3 – Sex by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Male	46.64%	45.97%	49.00%	52.81%
Female	53.36%	54.03%	51.00%	47.19%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- There was essentially no difference in the proportion of males and females in the Anglophone and Francophone respondent groups.

Table 1.4 – Civil status by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Married	45.66%	50.73%	55.31%	45.17%
Common law	18.81%	10.30%	6.41%	11.24%
Widowed/separated/divorced	11.22%	13.99%	12.73%	16.18%
Single	23.97%	24.39%	24.50%	26.97%
Unknown	0.33%	0.58%	1.05%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were more likely to be married or widowed/ divorced/ separated than their Francophone counterparts and much less likely to be living in a common-law situation.

Table 1.5 – Employment status in the previous 12 months by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Employed	53.99%	48.88%	47.66%	43.15%
Student	12.22%	12.05%	17.70%	9.89%
Homemaker	16.07%	18.37%	16.65%	17.30%
Retired	11.95%	15.74%	12.54%	21.80%
Unemployed	5.62%	4.96%	5.36%	7.42%
Unknown	0.14%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- In the previous 12 months, Anglophone respondents were more likely than Francophones to be homemakers (14% in relative terms) or retired (32%) than to be either employed or unemployed.

Table 1.6 – Employment status in the previous 2 weeks by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Employed	52.48%	47.62%	48.33%	40.67%
Student	8.97%	9.43%	13.30%	7.64%
Homemaker	17.84%	20.80%	17.32%	19.33%
Retired	11.43%	15.26%	11.96%	20.67%
Unemployed	9.14%	6.80%	9.00%	11.24%
Unknown	0.15%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- In the previous 2 weeks, Anglophone respondents were more likely to be homemakers or retired than to be either employed or unemployed.

Table 1.7 – Professional category by mother tongue

N=	10090	522	524	192
	French	**English**	**Other**	**n/a**
Professional/senior manager	12.42%	15.52%	11.26%	8.33%
Intermediate manager/semi-professional/technical	16.69%	24.14%	14.69%	10.42%
Office/sales/service	33.05%	34.48%	36.07%	25.00%
Foreman/qualified worker	24.85%	17.82%	27.10%	37.50%
Specialized worker, labourer	12.77%	8.05%	10.31%	18.75%
Unknown	0.23%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were much more likely to be employed in professional occupations and less likely to be employed as labourers when compared with their Francophone counterparts.

Table 1.8 − Perception of economic situation by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Comfortable financially		16.06%	21.96%	19.62%	9.21%
Income sufficient for basic needs		55.66%	49.95%	48.52%	30.56%
Perceived to be poor		21.75%	20.99%	24.40%	18.65%
Perceived to be very poor		3.70%	3.89%	3.35%	3.60%
Unknown		2.83%	3.21%	4.11%	37.98%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were more likely to be over-represented at the upper (comfortable financially) and lower end (very poor) of the scale than Francophones in terms of their perception of their economic situation

Table 1.9 − Perception of duration of an economic situation by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Not poor		71.72%	71.91%	68.13%	39.78%
Recently poor		2.92%	1.65%	4.11%	2.25%
Poor over the mid term (up to 10 years)		8.80%	9.14%	10.33%	6.74%
Poor over the long term (over 10 years)		13.22%	13.61%	12.44%	11.46%
Unknown		3.35%	3.69%	4.98%	39.78%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- With respect to their perception of the duration of their economic situation, both Anglophones and Francophones tended to report their poverty as mid and long term as opposed to recently poor.

Table 1.10 − Improvement of financial situation by mother tongue

	N=	18211	1054	685	445
		French	**English**	**Other**	**n/a**
Yes, in the near future		24.51%	23.62%	29.20%	11.46%
Yes, hope for improvement		37.93%	34.72%	40.44%	22.25%
No, do not believe so		29.31%	31.31%	22.19%	20.90%
No, situation will worsen		4.74%	6.64%	2.48%	3.60%
Unknown		3.50%	3.70%	5.69%	41.80%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents showed less optimism with respect to their financial situation than did Francophones.

- Anglophones were the most likely to express the view that their financial situation would worsen.

Table 1.11 − Comparison of financial situation with parents by mother tongue

	N=	18211	1054	685	445
		French	**English**	**Other**	**n/a**
Better off		50.89%	52.94%	51.24%	26.52%
Neither better or worse off		33.79%	29.41%	31.09%	22.70%
Worse off		12.64%	14.61%	11.97%	9.89%
Do not know		0.04%	0.00%	0.00%	0.00%
Refusal		2.64%	2.94%	5.69%	40.90%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- When comparing their financial situation with their parents, Anglophone respondents were somewhat more likely than Francophones to report being better off (4% in relative terms) and substantially more likely (16% relatively speaking) to report being worse off.

Table 1.12 − Revenue sufficiency

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Very poor		6.65%	7.77%	11.39%	10.79%
Poor		11.17%	11.47%	16.27%	16.63%
Lower middle income		32.63%	29.93%	34.74%	33.93%
Upper middle income		39.16%	37.41%	27.94%	32.81%
High income		10.38%	13.41%	9.67%	5.84%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- With respect to revenue sufficiency Anglophones were more likely than Francophones to report being poor and very poor (under $15,000 annually) at one end of the spectrum, and more likely to report high income ($60,000 and over) at the other end.

- Fewer Anglophones than Francophones report middle income earnings (between $15,000 and $59,000 annually).

Table 1.13 − Indicator regarding household income for 1-2 persons

Annual household income	**Revenue category**
<$10,000	Very poor
$10,000 - <$15,000	Poor
$15,000 - <$30,000	Lower middle income
$30,000 - <$60,000	Upper middle income
$60,000>	High income

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

Table 1.14 − Population with incomes below the Low-Income Cut-off (LICO), Quebec, 2001

Age group	Province de Québec	1 – RSS Bas-Saint-Laurent	02 – RSS Saguenay – Lac Saint-Jean	03 – RSS Québec	04 – RSS Mauricie et Centre-du-Québec	04 – Région Administrative Mauricie	17 – Région Administrative Centre-du-Québec	05 – RSS l'Estrie	06 – RSS Montréal	07 – RSS l'Outaouais	08 – RSS l'Abitibi-Témiscaminque	09 – RSS Côte-Nord	10 – RSS Nord-du-Québec	11 – RSS Gaspésie-Îles-de-la-Madeleine	12 – RSS Chaudière-Appalaches	13 – RSS de Laval	14 – RSS Lanaudière	15 – RSS Laurentides	16 – RSS Montérégie
Tendency to Have Incomes Below the Low-Income Cut-off Level — Minority-Majority Index Comparing Quebec Anglophones with Quebec Francophones By Age Cohort and Administrative Region, 2001																			
Total – Age groups	1.26	1.20	1.18	1.14	1.41	1.28	1.59	1.22	0.90	1.02	1.06	1.07	0.42	1.19	1.29	1.25	1.19	1.21	1.16
0-14 years	1.22	2.05	0.69	0.86	0.76	1.22	0.39	1.20	0.83	0.98	1.05	0.98	0.00	1.58	1.03	1.36	1.10	1.25	1.14
15-24 years	1.33	0.70	0.64	1.13	1.32	1.35	1.47	1.09	0.87	1.04	0.67	1.33	1.43	1.43	1.10	1.35	0.69	1.39	1.23
25-34 years	1.71	0.76	1.97	1.58	2.19	2.09	2.60	1.28	1.15	1.27	1.23	1.07	0.00	1.40	1.69	1.55	0.84	1.18	1.16
35-44 years	1.46	1.27	1.50	1.49	1.95	1.34	2.85	1.24	1.13	1.10	0.90	1.35	0.00	1.10	2.12	1.57	1.48	1.04	1.20
45-54 years	1.14	2.00	1.77	0.81	1.26	1.09	1.65	1.33	0.87	1.07	1.40	0.68	2.29	1.07	1.71	1.19	1.38	1.51	1.27
55-64 years	0.90	0.80	0.70	1.14	1.34	1.33	1.77	1.43	0.74	0.93	0.96	1.42	0.00	0.81	0.82	1.02	0.94	0.79	1.04
65-74 years	0.98	1.08	0.96	1.03	1.16	0.78	1.92	1.02	0.64	0.66	0.78	0.55	0.00	0.92	1.18	1.12	1.31	1.07	1.05
75-84 years	1.11	0.00	1.24	1.40	1.62	1.53	1.76	1.05	0.73	0.79	2.08	1.30	0.00	1.13	0.81	0.66	2.60	1.84	1.11
85 years and over	1.44	0.00	5.23	0.48	1.59	1.17	2.39	1.23	1.04	1.25	2.53	0.00		1.70	0.00	0.37	3.12	1.63	1.48

Source: Census of Canada, 2001. Statistics Canada.

Note: Language definition is that of First Official Language spoken, with dual responses distributed equally. A minority-majority Index greater than 1.00 indicates that there is a greater likelihood that a member of the minority group will have this characteristic (below LICO) than will members of the majority.

- When Quebec Anglophones and Francophones are compared, Anglophones are 26% more likely than Francophones to have incomes that fall below the low-income cut-off point. These findings reveal that there is an age dimension to this situation as younger Anglophones (especially young adults aged 25-44) are more likely to compare poorly to the Francophone majority than are other age cohorts.

- Quebec Anglophones of all regions except Montreal and Nord-du-Québec are more likely than Francophones to have incomes that fall below the low-income cut-off. Centre-du-Québec (59% more likely) and Mauricie (41% more likely) exhibit the greatest differences between Anglophones and Francophones when their likelihood to be earning below the LICO is compared.

Table 1.15 − Persons living alone who are below the Low-Income Cut-off (LICO), Quebec, 2001

Proportion Living Alone who are also Below the Low-Income Cut-off (LICO)	Total	Anglophone	Francophone	RGI for Anglophone group	MMI
Province of Québec	41.8%	42.8%	41.4%	1.00	1.03
*Bas-Saint-Laurent	41.2%	34.8%	41.2%	0.81	0.84
*Saguenay – Lac-Saint-Jean	41.1%	30.4%	41.2%	0.71	0.74
Québec	43.9%	41.9%	43.9%	0.98	0.96
*Mauricie et Centre-du-Québec	43.1%	38.6%	43.1%	0.90	0.90
Estrie	39.2%	35.6%	39.5%	0.83	0.90
Montréal	46.3%	45.3%	46.1%	1.06	0.98
Outaouais	36.4%	35.0%	36.6%	0.82	0.96
Abitibi-Témiscaminque	38.3%	43.2%	38.1%	1.01	1.13
Côte-Nord	33.2%	31.3%	33.3%	0.73	0.94
*Nord-du-Québec	33.5%	66.7%	33.0%	1.56	2.02
Gaspésie – Îles-de-la-Madeleine	41.5%	34.8%	42.4%	0.81	0.82
Chaudière-Appalaches	36.5%	45.5%	36.5%	1.06	1.25
Laval	39.5%	45.1%	38.7%	1.05	1.16
Lanaudière	37.7%	45.4%	37.5%	1.06	1.21
Laurentides	37.1%	32.8%	37.4%	0.77	0.88
Montérégie	37.2%	36.0%	37.3%	0.84	0.96
*Nunavik	16.1%	25.0%	4.7%	0.58	5.31

*Notes: The linguistic definition used is First Official Language Spoken. *Due to small sample size, data for the regions marked with an asterisk should be used with caution. Data in this table is organized by provincial health regions. Cree territories were included, as were the Inuit. They are part of the Cree Territories Health Region and the Nunavik Health Region. The Nord-du-Québec includes people outside these special territories.*

Source: JW Comm, based on data from Statistics Canada, 2001 Census of Canada.

- The proportion of Anglophones who live alone and below the LICO is similar to the proportion of Francophones living in that situation. On a regional basis, Anglophones residing in Nunavik (mmi=5.31), Nord-du-Québec (mmi=2.02), Chaudière-Appalaches (mmi=1.25), Lanaudière (mmi=1.21), Laval (mmi=1.16) and Abitibi-Témiscamingue (mmi=1.13) who living alone are more likely to be below LICO levels than their Francophone counterparts.

- Low income individuals living alone are at risk of having no one to turn to in the event of illness and, according to the 2005 CHSSN/CROP Survey on Community Vitality are more likely to access their health as "poor."

Table 1.16 - Proportion of those living in lone parent households below the Low-Income Cut-off (LICO), Quebec, 2001

Regions	Total	Anglophone	Francophone	RGI for Anglophone Group	MMI
Proportion Living in Lone Parent Households who are also Below the Low-Income Cut-off (LICO)					
Province of Québec	34.1 %	36.5%	33.7%	1.00	1.08
Bas-Saint-Laurent	30.2%	59.1 %	30.1%	1.62	1.96
Saguenay – Lac-Saint-Jean	32.1%	46.7%	32.0%	1.28	1.46
Québec	32.3%	42.0%	32.1 %	1.15	1.31
Mauricie et Centre-du-Québec	32.9%	35.4%	33.0%	0.97	1.07
Estrie	27.6%	35.9%	26.8%	0.98	1.34
Montréal	43.5%	41.0%	44.3%	1.12	0.93
Outaouais	31.7%	29.5%	32.0%	0.81	0.92
Abitibi-Témiscaminque	30.6%	31.5%	30.5%	0.86	1.03
Côte-Nord	25.5%	20.3%	26.4%	0.56	0.77
Nord-du-Québec	30.3%	0.0%	30.4%	0.00	0.00
Gaspésie – Îles-de-la-Madeleine	30.1%	23.8%	31.1%	0.65	0.76
Chaudière-Appalaches	25.1 %	17.4%	25.2%	0.48	0.69
Laval	28.8%	32.8%	28.4%	0.90	1.15
Lanaudière	31.1%	36.9%	31.0%	1.01	1.19
Laurentides	30.4%	21.9%	31.0%	0.60	0.71
Montérégie	30.3%	30.7%	30.2%	0.84	1.02
Nunavik	18.2%	17.3%	16.6%	0.47	1.04

Notes: The linguistic definition used is First Official Language Spoken (FOLS). . *Due to small sample size, data for the regions marked with an asterisk should be used with caution. Data in this table is organized by provincial health regions. Cree territories were included, as were the Inuit. They are part of the Cree Territories Health Region and the Nunavik Health Region. The Nord-du-Québec includes people outside these special territories.

Source: JW Comm, based on data from Statistics Canada, 2001 Census of Canada

- Quebec Anglophones living in a lone-parent household are somewhat more likely than Francophones to be living below the low-income cut-off (LICO). In regions such as Bas Saint-Laurent (mmi=1.96), Saguenay – Lac-Saint-Jean (mmi=1.46), Estrie (mmi=1.34), Capitale-Nationale (mmi=1.31), Lanaudière (mmi=1.19) and Laval (mmi=1.15), we find that among those living in lone-parent households, Anglophones are more likely than Francophones to live below the LICO.

- Social networks can constitute an essential source of informal services such as childcare, informal health care or even food, clothing and housing. Lone parents, often single mothers, and their children are at risk of social and economic exclusion and a poor health status.

Table 1.17 - Highest level of scolarity attained by mother tongue

	N=	18211	1054	685	445
		French	**English**	**Other**	**n/a**
Up to grade 7		14.28%	8.63%	15.04%	
Partial high school		26.78%	28.08%	18.98%	
Secondary 5 or grade 12 completed		16.41%	12.81%	12.41%	8.54%
Partial studies CEGEP or vocational school		9.36%	9.77%	7.15%	5.62%
Diploma or technical certificate CEGEP/vocational school		14.46%	11.10%	10.07%	5.62%
Diploma or certificate general program CEGEP		2.94%	3.61%	5.40%	1.35%
Partial studies at university		3.35%	8.54%	6.28%	1.80%
Undergraduate degree or certificate completed		2.23%	1.33%	3.80%	1.12%
Bachelors degree completed		6.86%	9.11%	11.82%	2.25%
Postgraduate degree completed		2.45%	5.22%	6.86%	
Unknown		0.88%	0.85%	1.17%	34.16%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- When compared with Francophones, Anglophone survey respondents were less likely to report low levels of scolarity and were much more likely to report high levels of scolarity such as a completed bachelors degree and postgraduate degree.

Table 1.18 - Relative scolarity by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Very low		22.31%	17.98%	23.25%	17.53%
Low		22.11%	17.49%	14.07%	16.40%
Average		20.41%	17.98%	18.85%	11.69%
High		18.84%	19.53%	18.56%	10.56%
Very high		14.96%	25.75%	22.49%	8.76%
Unknown		1.37%	1.26%	2.78%	35.06%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- When Francophone and Anglophone respondents to the survey are compared with respect to their levels of schooling, a greater percentage of Anglophones have very high levels of scolarity.

- Those who claim to be other than French and English are also more likely than Francophones to report very high levels of scolarity.

Table 1.19 - Relative scolarity according to sex and age, population 15 and over, Quebec, 1998

	Very low %	Low %	Average %	High %	Very high %
Men	19.7	19.6	18.5	22.4	19.9
Women	18.4	20.7	22.6	17.4	20.8
Sexes combined					
15-24	15.3	19.9	25.3	20.4	19.1
25-44	19.8	21.0	18.1	19.9	21.3
45-64	19.2	20.1	20.2	20.4	20.1
65 and over	21.1	18.2	22.7	18.1	19.9
Total	**19.0**	**20.2**	**20.6**	**19.9**	**20.3**
Population '000	**1,100**	**1,175**	**1,198**	**1,157**	**1,185**

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Survey respondents were fairly evenly distributed across scolarity levels for all ages and both sexes.

Table 1.20 − Mother's place of birth by mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
In Quebec	94.40%	50.19%	0.00%	38.88%
In another province	3.21%	25.62%	0.00%	4.94%
Outside Canada	2.13%	23.53%	98.69%	11.91%
Do not know	0.04%	0.00%	0.00%	0.00%
Refusal	0.21%	0.57%	0.00%	44.27%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- The mother's place of birth by mother tongue was much more likely to be Quebec for Francophone survey respondents than for Anglophones.

- Anglophone respondents to the survey were about half as likely as Francophones to report their Mother's place of birth as the province, eight times more likely to say she had been born in another province and almost twelve times more likely to say she had been born outside of Canada.

Table 1.21 − Father's place of birth by mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
In Quebec	94.13%	53.98%	1.17%	39.55%
In another province	2.80%	22.11%	0.00%	4.27%
Outside Canada	2.61%	22.49%	97.66%	11.46%
Do not know	0.10%	0.47%	0.00%	0.00%
Refusal	0.35%	0.95%	0.88%	44.72%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Father's place of birth by mother tongue was much more likely to be Quebec for Francophone survey respondents than for Anglophones. Anglophones were more likely than Francophones to report Father's place of birth as another province (eight times more likely) or outside Canada (more than 11 times more likely).

Table 1.22 − Satisfaction with health services in a region by mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Very satisfied	14.21%	19.83%	19.42%	10.79%
Fairly satisfied	59.69%	50.09%	52.99%	35.73%
Somewhat unsatisfied	18.96%	18.69%	17.66%	15.28%
Not satisfied at all	5.01%	8.82%	5.69%	5.17%
Do not know	0.08%	0.00%	0.00%	0.00%
Refusal	2.04%	2.47%	4.09%	33.03%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Proportionally speaking, Anglophone survey respondents were 40% more likely to report being very satisfied with health services in a region and 76% more likely not to be satisfied at all when compared to Francophones. If their responses are considered in terms of two categories only, Anglophone respondents were more likely to be dissatisfied with health services in a region than Francophones.

2.1 Tobacco Use

- Anglophone and Francophone survey respondents were about equally likely, some 30%, to be regular cigarette smokers.

- Among Anglophone respondents who claimed to be cigarette smokers, 90% reported smoking daily.

- Of the current non-smokers who responded to the survey, Anglophones were more likely than Francophones to have never smoked cigarettes in the past, less likely to have smoked on occasion and less likely to have smoked daily.

- Close to 32% of current English-speaking non-smokers reported smoking daily in the past.

Table 2.1.1 − Current cigarette smoker by mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Yes, regularly	30.08%	29.98%	17.08%	29.66%
Yes, on occasion	4.36%	5.60%	5.99%	6.29%
No	63.68%	63.28%	74.60%	57.53%
Refusal	1.89%	1.14%	2.34%	6.52%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone and Francophone survey respondents were about equally likely (30%) to be regular cigarette smokers. Anglophones were more likely to be occasional smokers than Francophones.

Table 2.1.2 − Daily cigarette smoker by mother tongue

N=	6271	375	158	160
	French	**English**	**Other**	**n/a**
Yes	90.53%	89.60%	81.01%	89.38%
No	8.87%	9.87%	18.99%	9.38%
Refusal	0.61%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents to the survey were more likely than Francophones to say they do not smoke cigarettes daily. Close to 90% of Anglophone respondents reported being daily cigarette smokers.

Table 2.1.3 − Past experience with cigarette smoking of current non-smokers, by mother tongue

	French	English	Other	n/a
N=	**12534**	**718**	**557**	**302**
Never smoked	42.21%	46.66%	52.78%	35.76%
Smoked on occasion	18.66%	16.30%	23.16%	19.87%
Have smoked daily	33.44%	31.48%	18.31%	29.47%
Refusal	5.70%	5.57%	5.75%	14.90%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Of the current non-smokers who responded to the survey, Anglophones were more likely to have never smoked cigarettes in the past, less likely to have smoked on occasion and less likely to have smoked daily. Close to 32% of current English-speaking non-smokers reported smoking daily in the past.

Table 2.1.4 – Age of start of daily smoking, current daily smokers by mother tongue

	French	English	Other	n/a
N=	**5677**	**330**	**216**	**143**
12 or under	10.78%	8.48%	4.63%	12.59%
13-15	36.02%	31.52%	31.02%	37.06%
16-19	38.81%	40.91%	35.65%	30.77%
20-24	8.72%	10.91%	17.59%	10.49%
25 or older	5.14%	6.97%	10.19%	6.99%
Unknown	0.53%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Among current daily smokers, Francophone survey respondents tended to start smoking at a younger age (12 – 15 years) than Anglophones. More Anglophones than Francophones started smoking between 16 and 24 years of age.

Table 2.1.5 – Smoke down to the filter, daily smokers by mother tongue

N=	5677	336	128	143
	French	**English**	Other	**n/a**
Yes	95.67%	96.13%	85.16%	90.91%
No	4.12%	3.57%	13.28%	6.29%
Refusal	0.21%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Among daily smokers, Anglophone and Francophone survey respondents were about equally likely to smoke down to the filter.

Table 2.1.6 – Daily consumption of cigarettes, daily smokers by mother tongue

N=	5677	330	216	143
	French	**English**	**Other**	**n/a**
1-10 a day	19.02%	23.94%	33.33%	23.08%
11-25 a day	69.07%	63.33%	58.80%	61.54%
26 or more a day	11.27%	11.52%	6.02%	13.29%
Unknown	0.63%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Among daily smokers, the greatest percentage of both Anglophones and Francophones report smoking 11-25 cigarettes a day.

- A greater percentage of Francophone respondents reported smoking 11-25 cigarettes daily compared to Anglophones.

Table 2.1.7 – Exposure to second-hand smoke at home by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Every day or nearly every day	35.46%	34.99%	24.40%	33.03%
Once a week	9.07%	6.90%	7.27%	8.76%
Once a month	13.18%	10.40%	8.52%	6.07%
Never	32.13%	40.62%	41.72%	22.70%
Unknown	10.16%	7.09%	18.09%	29.44%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone (34.46%) and Francophone (35.46%) survey respondents were about equally likely to be exposed to second-hand smoke at home on a daily basis.

- Anglophone respondents (40.62%) were more likely than Francophones (32.13%) to report never being exposed to second-hand smoke at home.

Table 2.1.8 – Exposure to second-hand smoke outside the home by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Every day or nearly every day		23.17%	23.62%	18.28%	21.57%
Once a week		32.97%	32.94%	28.04%	21.57%
Once a month		22.89%	25.75%	21.63%	12.36%
Never		7.87%	8.45%	14.26%	9.66%
Unknown		13.10%	9.23%	17.80%	34.83%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Francophone (23.17%) and Anglophone (23.62%) survey respondents are equally likely to report exposure to second-hand smoke outside the home on a daily basis.

Table 2.1.9 – Type of use of cigarettes according to certain demographic and socio-economic characteristics, population 15 years and older, 1998

	Non-smoker			Current smoker		
	Never smoked	**Former smoker**	**Total**	**Occasional smoker**	**Regular smoker**	**Total**
	%					
Civil status						
Married	31.6	41.6	**73.1**	2.0	24.9	**26.9**
Common law	26.8	29.4	**56.2**	3.7*	40.1	**43.8**
Widowed separated or divorced	29.3	34.3	**63.5**	2.0**	34.5	**36.5**
Single	38.7	22.7	**61.4**	6.6	32.0	**38.6**
Income level						
Very poor	28.1	25.7	**53.9**	3.3**	42.8	**46.1**
Poor	30.3	28.1	**58.4**	4.1*	37.5	**41.6**
Lower middle income	32.7	32.7	**65.4**	3.5	31.1	**34.6**
Upper middle income	32.0	35.2	**67.3**	3.2	29.5	**32.7**
High income	36.8	40.8	**77.6**	3.9*	18.5	**22.4**
Scolarity						
Very low	27.5	26.0	**53.4**	2.2*	44.4	**46.6**
Low	29.4	32.1	**61.4**	3.1*	35.5	**38.6**
Average	32.7	33.6	**66.3**	3.5*	30.2	**33.7**
High	31.3	38.2	**69.5**	4.2	26.2	**30.4**
Very high	40.5	38.1	**78.6**	4.2	17.1	**21.4**

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

*   Interpret with caution
**   Imprecise estimate, indication only

- The likelihood of being a regular smoker is associated with common law and widowed/ separated /or divorced civil status, very poor and poor income levels and low and very low levels of scolarity.

- Respondents who were non-smokers were more likely to be single, to have high income and very high levels of scolarity.

2.2   Alcohol Consumption

Table 2.2.1 − Type of drinker

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Abstinent	11.85%	9.62%	23.64%	20.67%
Former drinker	5.64%	8.16%	4.02%	6.97%
Current drinker	79.84%	80.56%	69.09%	64.49%
Unknown	2.67%	1.65%	3.25%	7.87%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- With respect to alcohol consumption, more than 80% of English-speaking respondents to the survey reported being current drinkers. Anglophone and Francophone survey respondents were similar in terms of the proportion that reported being current drinkers. Anglophones were much more likely to also report being former drinkers.

Table 2.2.2 − Type of drinker according to income level, population 15 years and older, 1998

	Abstinent	**Former drinker**[1]	**Current drinker**[2]
%			
Very poor	24.0%	9.7%	66.3%
Poor	22.9%	9.2%	67.9%
Lower middle income	14.3%	6.4%	79.3%
Upper middle income	9.1%	4.8%	86.1%
High income	5.1%	2.8*%	92.2%
	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution
1- Those who have not consumed alcohol in the last 12 months
2- Those who have consumed alcohol occasionally or on a regular basis in the last 12 months

- Respondents to the survey who were current drinkers were highly likely to report high income levels compared to those who were abstinent or former drinkers.

Table 2.2.3 – Frequency of alcohol consumption over the last seven days prior to the survey by mother tongue

N=	14540	829	722	287
	French	**English**	**Other**	**n/a**
None	36.86%	41.50%	45.98%	41.11%
1 to 6 drinks	36.58%	32.09%	34.35%	24.04%
7 to 13 drinks	14.90%	14.23%	11.22%	14.63%
14-28 drinks	7.28%	8.44%	4.57%	7.67%
29 drinks or more	1.97%	1.81%	0.97%	2.79%
Unknown	2.41%	1.93%	2.91%	9.76%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When Francophone and Anglophone respondents are compared, Anglophones were more likely (13% in relative terms) to report no alcohol consumption in the 7 days prior to the survey. For both Francophones and Anglophones the most likely reported frequency of alcohol consumption was 1-13 drinks over the past 7 days.

Table 2.2.4 – Frequency of alcohol consumption over the last twelve months prior to the survey by mother tongue

N=	14540	853	487	287
	French	**English**	**Other**	**n/a**
Daily	4.09%	4.81%	5.95%	5.57%
4-6 times a week	7.19%	7.39%	7.39%	9.76%
2-3 times a week	19.55%	16.30%	15.40%	17.42%
Once a week	22.59%	17.47%	20.74%	20.91%
1 to 2 times a month	21.41%	24.15%	22.18%	19.51%
Less than once a month	24.56%	29.19%	27.93%	23.69%
Refusal	0.61%	0.70%	0.00%	3.14%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When the frequency of alcohol consumption over the last twelve months is considered, the greatest percentage of Anglophones report 1 to 2 times a month or less followed by those reporting 1 to 3 times weekly.

- When Francophone and Anglophone survey respondents are compared, Francophones are more highly represented in the 1-3 times weekly group than Anglophones.

Table 2.2.5 – Alcohol consumption over the last seven days prior to the survey by sex and age, current drinkers 15 years and older, Quebec, 1998

	Number of drinks consumed			
	None	**1 to 6**	**7 to 13**	**14 or more**
%				
Men				
15-24	41.5	26.9	17.3	14.3
25-44	27.8	38.9	19.9	13.5
45-64	26.7	34.6	21.3	17.4
65 years+	34.8	34.0	15.5	15.7
Total	30.6	35.0	19.4	15.0
Women				
15-24	51.8	33.3	10.0	4.9*
25-44	40.4	43.5	11.7	4.4
45-64	40.4	43.0	11.6	5.0
65 years+	55.7	34.3	6.2*	3.8**
Total	43.8	40.7	10.9	4.6
Both sexes				
15-24	46.4	30.0	13.8	9.8
25-44	33.8	41.1	16.0	9.2
45-64	33.4	38.6	16.6	11.4
65 years+	44.6	34.1	11.1	10.1
Total	37.0	37.7	15.3	10.0

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When measuring the number of drinks consumed over the last seven days prior to the survey, the greater percentage of men and women either consumed none or 1 to 6 drinks.

- Women were somewhat more likely to have consumed 1 to 6 drinks than men; men were more likely to have consumed 7 or more. Women were more likely than men not to have engaged in alcohol consumption in the seven days prior to the survey.

- The highest percentage of non-drinking men and women during this time period were 15-24 years of age. The highest percentage of drinkers was in the 45-64 age groups.

Table 2.2.6 − High alcohol consumption on a single occasion, five times or more in 12 months, by income level, current drinkers 15 years and older, Quebec, 1998

	5 drinks or more on a single occasion (5 times or more in 12 months)	Intoxicated (5 times or more in 12 months)
%		
Income level		
Very poor	29.0	12.0
Poor	26.5	14.9
Lower middle income	27.4	10.9
Upper middle income	29.7	9.6
High income	31.8	7.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Intoxication 5 times or more in 12 months tended to occur more frequently among respondents with low income.

- 5 drinks or more on a single occasion 5 times or more in 12 months was fairly evenly distributed across income levels with slightly higher likelihood among high income earners.

Table 2.2.7 − High alcohol consumption on a single occasion, five times or more in 12 months, by age, current drinkers 15 years and older, Quebec, 1992-1993 and 1998

	5 drinks or more on a single occasion (5 times or more in 12 months)		Intoxication (5 times or more in 12 months)	
	1992-1993	**1998**	**1992-1993**	**1998**
%				
Both sexes				
15-24	38.7	41.9	24.2	28.7
25-44	28.2	29.1	8.3	8.2
45-64	21.1	25.0	3.6	3.5
65 years+	9.2	10.0	1.3**	1.6**
Total	26.8	29.0	9.5	10.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

**Imprecise estimate, indication only

- A greater percentage of respondents 15-24 years of age reported consuming 5 drinks or more on a single occasion and this percentage increased somewhat between 1992-1993 and 1998. They were also more likely than other age groups to report intoxication 5 times or more in 12 months. The percentage in this age group reporting intoxication 5 times or more in 12 months increased between 1992-1993 and 1998.

Table 2.2.8 − High alcohol consumption (five drinks or more) on a single occasion, five times or more in 12 months, by mother tongue

N=	14540	829	722	287
	French	**English**	**Other**	**n/a**
Not at all	37.65%	43.67%	46.54%	26.13%
1 to 4 times	27.54%	27.02%	25.62%	27.87%
5 or more times	28.89%	24.85%	16.48%	25.78%
Unknown	5.92%	4.46%	11.36%	20.21%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When Anglophone and Francophone survey respondents are compared, Anglophones report fewer occasions of high alcohol consumption over the 12 months prior to the survey.

Table 2.2.9 − Intoxication, five times or more in 12 months, by mother tongue

N=	14540	829	722	287
	French	**English**	**Other**	**n/a**
Not at all	57.97%	64.41%	66.20%	44.25%
1 to 4 times	25.28%	21.47%	15.37%	25.44%
5 or more times	10.04%	9.41%	4.02%	8.71%
Unknown	6.71%	4.70%	14.40%	21.60%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents reported fewer occasions of alcohol intoxication in the last 12 months when compared to Francophones.

2.3 Consumption of Drugs and Psychoactive Substances

Table 2.3.1 − Type of drug user by sex and age, population 15 years and over, Quebec, 1998

	Never used	Former user[1]	Current user[2]	Population
	%			'000
Men				
15-24	48.1	7.6	44.3	221
25-44	53.1	24.5	22.4	263
45-64	81.4	9.8	8.8	74
65 years+	94.4	1.1**	4.6*	16
Total	65.1	14.6	20.3	574
Women				
15-24	52.6	12.5	34.8	166
25-44	63.1	22.6	14.2	163
45-64	85.9	6.8	7.3	64
65 years+	93.3	0.4**	6.3	30
Total	72.2	13.2	14.5	422
Both sexes				
15-24	50.3	10.0	39.7	386
25-44	58.1	23.6	18.4	427
45-64	83.7	8.3	8.0	137
65 years+	93.8	0.7**	5.5	46
Total	68.7	13.9	17.4	996

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Has not used any drug over the last 12 months
2- Has used one or several drugs over the last 12 months

* Interpret with caution
** Imprecise estimate, indication only

- When the consumption of drugs and psychoactive substances are considered by sex and age, men were more likely than women to have used one or several drugs over the last 12 months prior to the survey.

- Women were more likely than men to have never used drugs and 68.7% of the combined male and female group reported never using drugs. For both sexes, the highest percentage of current users of drugs was 15-24 years of age. A much higher percentage of older respondents reported never having used drugs compared to younger respondents.

Table 2.3.2 − Type of drug user according to certain socio-economic characteristics, population 15 years and over, Quebec, 1998

		Never used	Former user[1]	Current user[2]	Population
		%			'000
Scolarity					
	Very low	73.6	10.3	16.1	189
	Low	68.7	13.7	17.6	199
	Average	68.3	13.1	18.6	213
	High	67.0	15.7	17.3	200
	Very high	65.5	16.8	17.8	194
Income level					
	Very poor	69.6	10.4	20.0	69
	Poor	71.7	10.1	18.2	116
Lower middle income		70.4	12.4	17.3	327
Upper middle income		67.5	15.6	17.0	372
	High income	64.8	18.1	17.1	112

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Has not used any drug over the last 12 months

2 - Has used one or several drugs over the last 12 months

- Level of scolarity is not strongly associated with the tendency to be a current user of drugs. Low scolarity is a socio-economic characteristic more likely to be associated with never having used drugs.

- Those respondents who are very poor were slightly more likely to be current users of drugs.

Table 2.3.3 – Current drug user[1] according to the type of drug, population 15 years and over, Quebec, 1998

		Marijuana only	Marijuana and other drugs, or other drugs only	All types of drugs
	%			
Men				
15-24		28.6	15.7	44.4
25-44		15.2	7.3	22.4
45-64		4.1	4.6	8.8
65 years+		--	4.6*	4.6*
Total		12.6	7.7	20.3
Women				
15-24		23.1	11.8	34.9
25-44		8.9	5.4	14.2
45-64		2.1*	5.2	7.3
65 years+		0.0**	6.3	6.3
Total		8.0	6.5	14.5
Both sexes				
15-24		25.9	13.8	39.7
25-44		12.0	6.3	18.4
45-64		3.1	4.9	8.0
65 years+		0.0**	5.5	5.5
Total		10.3	7.1	17.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Has consumed one or more drugs over the last 12 months

* Interpret with caution
** Imprecise estimate, indication only

- Among current drug users, male respondents were the most frequent users and a high percentage of them consume all types of drugs. The greater percentage of drug users was found among men 15-24 years of age and they reported using all types of drugs.

- The greatest percentage of current users among women is in the 15-24 age group and a high percentage of these consume all types of drugs.

Table 2.3.4 − Use of psychoactive substances (drugs and alcohol) according to certain socio-economic characteristics, population 15 years and over, Quebec, 1998

	No psychoactive substance	Alcohol only	Alcohol and drugs, or drugs only
%			
Scolarity			
Very low	26.5	57.1	16.4
Low	20.1	62.1	17.8
Average	17.4	63.9	18.8
High	11.8	70.7	17.5
Very high	8.9	73.3	17.9
Income level			
Very poor	29.6	50.1	20.3
Poor	29.1	52.5	18.4
Lower middle income	18.8	63.7	17.5
Upper middle income	12.7	70.2	17.1
High income	7.2	75.6	17.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The least likelihood of using any psychoactive substances (drugs and alcohol) is strongly associated with low scolarity and low income.

- The greatest percentage of survey respondents who report using alcohol only, and the highest levels of alcohol only use, are associated with high scolarity and high income levels.

- The use of both alcohol and drugs, or drug use only, is somewhat more likely among respondents who are poor and very poor.

Table 2.3.5 − Cigarette use according to the consumption of psychoactive substances (drugs and alcohol) population 15 years and over, Quebec, 1998

	Never smoked	Former smoker	Current smoker
%			
Alcohol[1]	15.8	33.5	50.7
Drugs[2]	18.5	26.4	55.1

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1-   Consumed 14 drinks or more in a period of 7 days
2-   Consumed at least one drug in the last 12 months

- Current cigarette smokers were much more likely to be consumers of alcohol and drugs than non-smokers and former smokers.

Table 2.3.6 − Use of drugs (non-prescription) over a lifetime by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Abstinent		64.91%	63.85%	77.13%	65.17%
Former user		13.27%	19.14%	7.46%	6.52%
Current user		16.98%	11.66%	8.61%	13.93%
Unknown		4.84%	5.34%	6.79%	14.38%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking survey respondents were much more likely (44% more in relative terms) than Francophones to report being former users of non-prescription drugs over their lifetime and much less likely (30% in relative terms) to be current users.

Table 2.3.7 − Type of drug used in the 12 months prior to the survey (non-prescription) by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Abstinent		78.17%	82.99%	84.59%	71.69%
Marijuana only		10.04%	7.00%	4.11%	6.74%
Other drugs/ Other drugs and marijuana		6.95%	4.66%	4.50%	7.19%
Unknown		4.84%	5.34%	6.79%	14.38%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- 83% of Anglophone survey respondents reported not having used non-prescription drugs in the 12 months prior to the survey compared to 78.17% of Francophones.

Table 2.3.8 − Use of psychoactive substances (drugs and alcohol) by mother tongue

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
No psychoactive substances		15.31%	16.52%	24.31%	21.12%
Alcohol only		61.73%	65.79%	59.23%	48.09%
Alcohol and drugs		16.98%	11.66%	8.61%	13.93%
Unknown		5.98%	6.03%	7.85%	16.85%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were somewhat more likely to report not using psychoactive substances (drugs and alcohol) than Francophones and less likely to report using a combination of alcohol and drugs.

Table 2.3.9 − Type of drug used by those stating to have consumed drugs in their lifetime, by mother tongue

	N=	5103	321	96	76
		French	**English**	**Other**	**n/a**
Marijuana (hashish, pot, grass)		47.95%	32.71%	41.67%	61.84%
Amphetamines, stimulants, speed, ecstasy		3.96%	3.12%	0.00%	7.89%
Cocaine, crack, free base		6.29%	3.43%	6.25%	9.21%
Heroin (smack), morphine		0.33%	0.00%	0.00%	0.00%
LSD (acid), mescaline		5.51%	3.74%	0.00%	10.53%
Non-prescription tranquilizers		3.61%	1.99%	3.07%	4.27%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among those survey respondents who stated they had consumed drugs in their lifetime, the greatest percentages of both Francophones and Anglophones used marijuana (hashish, pot and grass).

2.4   Diet: Perceptions, Practices, and Food Insecurity

Table 2.4.1 − Perception of the quality of eating habits according to sex and age, population 15 and over, Quebec, 1998

	Excellent or very good	Good	Average or poor
	%		
Men			
15-24	34.2	44.8	21.0
25-44	33.2	47.1	19.7
45-64	41.1	45.1	13.9
65 years+	47.5	42.0	10.5
Total	37.4	45.5	17.1
Women			
15-24	35.4	46.5	18.0
25-44	39.1	46.3	14.6
45-64	44.9	43.0	12.0
65 years+	45.9	44.5	9.6
Total	41.3	45.1	13.6
Both sexes			
15-24	34.8	45.7	19.5
25-44	36.1	46.7	17.2
45-64	43.0	44.0	13.0
65 years+	46.6	43.4	10.0
Total	39.4	45.3	15.3
Population '000	2,295	2,637	892

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- With respect to the perception of respondents regarding the quality of their eating habits, the greatest percentage (45.3%) reported good habits followed by 39.4% reporting excellent or very good habits.

- Women were somewhat more likely than men to perceive their eating habits as excellent or very good. Men 65 years of age and over were the most likely group to perceive their eating habits as excellent or very good followed closely by women of the same age group.

- The greatest likelihood of perceived average or poor eating habits was among men 15-24 followed by women of the same age group.

Table 2.4.2 − Perception of the quality of eating habits according to the perception of the state of health, population 15 and over, Quebec, 1998

	Excellent or very good	Good	Average or poor
	%		
Perception of state of health			
Excellent or very good	53.0	38.1	9.0
Good	24.3	56.1	19.6
Average or poor	19.8	47.3	32.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- There was a strong correlation between how survey respondents perceived their state of health and their perception of the quality of their eating habits. Those who claimed an excellent or very good state of health tended to report excellent or very good eating habits. A good state of health correlated with good eating habits and an average or poor state of health was reported most frequently among those with average or poor eating habits.

Table 2.4.3 − Perception of the quality of eating habits according to the indicator of body mass, population 15 and over, Quebec, 1998

	Excellent or very good	Good	Average or poor
	%		
Underweight	46.9	39.7	13.4
Healthy weight	41.3	45.1	13.6
Overweight	31.7	48.1	20.1

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Overweight survey respondents were the most likely group to report good eating habits and the least likely to report average or poor eating habits.

- Healthy weight was most frequently reported by those who perceived their eating habits as good followed by those with excellent or very good habits.

- Those with excellent or good eating habits were the most likely to report being underweight.

- A greater percentage of those who have average or poor eating habits claimed to be overweight compared to healthy weight or underweight.

Table 2.4.4 − Consumption of meals prepared outside the home in the course of 7 days according to sex and age, population 15 and over, Quebec, 1998

	Never	On occasion (1 to 3 times)	Often (4 to 6 times)	Consistently (7 times or more)
%				
Men				
15-24	14.5	47.7	26.2	11.6
25-44	19.0	49.0	21.3	10.6
45-64	32.3	44.9	16.0	6.9
65 years+	51.9	38.6	7.4	2.2**
Total	25.9	46.4	19.0	8.7
Women				
15-24	15.3	57.8	19.5	7.3
25-44	23.3	56.6	16.0	4.1
45-64	37.0	51.7	9.7	1.6*
65 years+	52.8	41.5	4.1*	1.6**
Total	30.5	53.1	12.9	3.5
Both sexes				
15-24	14.9	52.7	22.9	9.5
25-44	21.1	52.8	18.7	7.4
45-64	34.7	48.4	12.8	4.2
65 years+	52.4	40.3	5.5	1.8
Total	28.3	49.8	15.9	6.1
Population '000	1,657	2,895	922	351

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- Women were more likely than men to report consuming meals prepared outside the home in the course of 7 days. They were also more likely than men to report doing so often (4 to 6 times) as opposed to on occasion (1 to 3 times).

- The highest rate of consumption of meals prepared outside the home (4 to 6 times per week) was reported by female respondents 15-44 years of age. When both sexes are combined the 15-44 age group are the most likely to consume meals prepared outside the home and those 65 years and over are the least likely.

Table 2.4.5 − Frequency and type of meal consumed outside the home in the course of 7 days, population 15 and over, 1998

	1 time	2 times	3 times or more
%			
Frozen foods	53.7	27.0	19.2
Meals delivered to the home or takeout	70.5	20.4	9.0
Restaurant, cafeteria or snack bar meals (excluding takeout)	43.1	25.0	31.8

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The type of meal prepared outside the home most likely to have been consumed by respondents in the course of 7 days was at a restaurant, cafeteria or snack bar. There was a high likelihood of meals delivered to the home or takeout once a week.

Table 2.4.6 − Type of meal consumed outside the home in the course of 7 days, percentage of the population 15 and over, 1998

	%	Population '000
Frozen foods	16.7	970
Meals delivered to the home or takeout	35.8	2,077
Restaurant, cafeteria or snack bar meals (excluding takeout)	57.5	3,342

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- 57.5% of survey respondents consumed restaurant, cafeteria or snack bar meals in the course of 7 days, 35.8% had meals delivered to the home or takeout and 16.7% consumed frozen foods.

Table 2.4.7 − Food insecurity according to sex and age, population 15 and over, Quebec, 1998

	Sex		Age					Total	Pop.
	Men	Women	0-14	15-24	25-44	45-64	65+		
								%	'000
Yes or no response to one or more of the 3 aspects of food insecurity									
Yes	8.3	8.3	10.0	10.7	9.0	7.0	3.0	8.3	593
No	91.7	91.7	90.1	89.3	91.0	93.0	97.0	91.7	6,580
Monotonous eating routine									
Often	1.6	1.5	1.6*	1.8*	1.6	2.0	0.6**	1.6	112
Sometimes	5.8	5.8	7.4	7.8	6.5	4.4	2.1*	5.8	418
Never	92.6	92.6	91.1	90.5	91.9	93.7	97.4	92.6	6,643
Restriction on food availability									
Often	1.1	1.1	1.0*	1.3*	1.1	1.5	0.1*	1.1	78
Sometimes	3.6	3.3	4.5	3.9	3.8	2.8	1.4*	3.4	247
Never	95.3	95.6	94.5	94.9	95.0	95.7	98.5	95.5	6,847
Incapacity to offer balanced meals to children									
Often	0.7*	1.0*	1.0*	0.9*	0.8*	0.8*	--	0.9	54
Sometimes	2.9	3.5	3.9	3.5*	2.6	2.6	3.0*	3.2	217
Never	96.4	95.5	95.2	95.6	96.6	96.6	97.0	95.9	6,902

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

*   Interpret with caution
** Imprecise estimate, indication only

- There was little variation in levels of food insecurity among survey respondents when considered by sex and age. There tends to be a somewhat lower level of food insecurity among those who are 65 years and over.

Table 2.4.8 − Perception of the quality of eating habits according to certain demographic and socio-economic characteristics, population 15 and over, Quebec, 1998

	Excellent or very good	Good	Average or poor
	%		
Civil status			
Married	42.9	45.4	11.7
Common law	38.6	45.9	15.5
Widowed, separated or divorced	38.8	43.5	17.8
Single	34.4	45.4	20.2
Family type			
Unattached	37.3	42.1	20.6
Couple without children	43.1	44.1	12.8
Other family arrangement	33.1	44.7	22.2
Two-parent family	39.7	46.8	13.6
Reconstituted family	38.0	44.0	18.0
One-parent family	33.5	48.0	18.5
Relative scolarity			
Very low	35.0	46.8	18.3
Low	35.5	48.4	16.1
Average	38.4	47.1	14.6
High	38.9	45.1	16.0
Very High	48.5	39.6	11.9
Employment status			
Employed	38.3	46.1	15.6
Student	36.1	45.3	18.6
Homemaker	43.9	43.9	12.2
Retired	45.1	44.2	10.7
Unemployed	31.3	43.4	25.4
Professional category			
Non-qualified worker, labourer	34.3	45.2	20.6
Foreman, qualified labourer	31.6	51.7	16.8
Office, sales, service	36.5	45.9	17.5
Intermediate manager, semi-professional, technician	42.7	42.9	13.4
Professional, senior manager	50.0	39.3	10.7
Income level			
Very poor	33.4	42.4	24.2
Poor	35.3	46.3	18.5
Lower middle income	37.5	47.7	14.8
Upper middle income	40.9	44.9	14.1
High income	46.9	40.5	12.6
Perception of financial situation			
Very poor	26.9	39.6	33.4
Poor	30.6	47.8	21.6
Sufficient income	40.4	46.6	13.1
Comfortable	48.3	39.7	12.0

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Survey respondents who were single were more likely to perceive their eating habits as average or poor compared to those who were married, common law, widowed or divorced.

- Married respondents were the most likely to perceive their eating habits as excellent or very good. Couples without children were the family type most likely to report excellent or very good eating habits.

- Very high scolarity levels tend to be associated with perception of eating habits as excellent or very good.

- The perception of eating habits as excellent or very good was most frequently reported among respondents who were retired, homemakers and employed.

Table 2.4.9 − Consumption of meals prepared outside the home in the course of 7 days according to certain demographic and socio-economic characteristics, population 15 years and older, Quebec, 1998

	Never	On occasion (1-3 times)	Often (4-6 times)	Consistently (7 times or more)
%				
Civil status				
Married	33.1	50.5	12.5	4.0
Common law	19.9	54.2	18.4	7.5
Widowed, separated or divorced	40.9	43.0	11.2	4.9
Single	19.8	49.1	22.1	9.0
Family type				
Unattached	34.2	41.7	16.1	8.0*
Couple without children	33.2	49.4	12.9	4.5
Other family arrangement	22.7	46.7	20.6	10.0
Two-parent family	24.8	52.6	16.9	5.7
Reconstituted family	21.8	50.7	19.5	8.0*
One-parent family	26.1	51.2	15.8	6.9
Relative scolarity				
Very low	39.0	44.7	11.7	4.6
Low	29.3	52.4	13.0	5.4
Average	27.8	50.5	15.7	6.1
High	24.6	50.9	18.3	6.3
Very High	20.4	51.3	20.4	7.9
Employment status				
Employed	20.2	51.7	19.9	8.2
Student	16.1	53.2	23.1	7.5
Homemaker	46.1	47.0	5.3	1.6*
Retired	48.7	43.7	5.7	2.0*
Unemployed	41.1	44.4	11.2	3.4*
Professional category				
Non-qualified worker, labourer	21.9	51.8	16.8	9.6
Foreman, qualified labourer	24.9	51.3	17.1	6.7
Office, sales, service	18.2	54.9	19.6	7.3
Intermediate manager, semi-professional, technician	15.6	49.5	24.6	10.4
Professional, senior manager	14.7	50.2	27.2	7.9
Income level				
Very poor	47.4	38.5	8.4*	5.7*
Poor	38.3	44.9	12.3	4.5*
Lower middle income	31.0	49.6	14.3	5.2
Upper middle income	23.7	53.2	17.0	6.1
High income	15.6	50.1	24.2	10.2
Perception of financial situation				
Very poor	46.8	40.2	8.6*	4.5*
Poor	34.5	46.6	14.3	4.7
Sufficient income	27.0	52.2	15.4	5.5
Comfortable	20.1	49.0	21.0	10.0

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- Survey respondents who were single or living common law were more likely than married or widowed/separated/divorced respondents to consume meals prepared outside the home.

- Respondents with higher education levels reported higher frequencies of consuming meals prepared outside the home.

- Students and employed persons were substantially more likely than homemakers, retirees or unemployment to be frequent consumers of meals prepared outside the home.

- Professionals and other white collar workers were more frequent consumers of meals prepared outside the home than blue collar workers.

- Survey respondents in higher income brackets were more likely to consume meals outside the home than those in lower income brackets.

- Those who perceived their financial situation as "comfortable" reported higher frequency of consumption of meals prepared outside the home.

Table 2.4.10 − Meals eaten alone according to certain demographic and socio-economic characteristics, population 15 years and older, Quebec, 1998

	Yes	No
%		
Civil status		
Married	2.6	97.4
Common law	3.8	96.2
Widowed, separated or divorced	56.6	43.4
Single	32.2	67.8
Family type		
Unattached	84.4	15.6
Couple without children	4.1	95.9
Other family arrangement	29.0	71.0
Two-parent family	4.4	95.6
Reconstituted family	5.3*	94.7
One-parent family	13.7	86.3
Relative scolarity		
Very low	16.1	84.0
Low	14.6	85.4
Average	17.1	82.9
High	17.1	82.9
Very High	19.9	80.1
Employment status		
Employed	14.6	85.4
Student	15.1	84.9
Homemaker	15.6	84.4
Retired	26.1	73.9
Unemployed	27.7	72.3
Professional category		
Non-qualified worker, labourer	15.3	84.7
Foreman, qualified labourer	13.0	87.0
Office, sales, service	14.2	85.8
Intermediate manager, semi-professional, technician	16.2	83.9
Professional, senior manager	14.3	85.7
Income level		
Very poor	45.1	54.9
Poor	25.9	74.2
Lower middle income	17.1	82.9
Upper middle income	12.4	87.6
High income	7.9	92.1
Perception of financial situation		
Very poor	31.6	68.4
Poor	21.8	78.3
Sufficient income	15.1	84.9
Comfortable	15.2	84.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- Civil status and family type appear to be determinants in the frequency with which respondents reported eating alone. Those who are widowed /divorced/separated and those who are single were much more likely than persons who are married or living in a common law situation to eat meals alone.

- Retired and unemployed persons reported higher frequencies of eating alone than did the employed, students or homemakers among respondents.

- The poor and very poor reported a higher frequency of eating alone than did those with middle or high incomes.

- Those who perceived their financial situation as very poor or poor were more likely to report high frequency of eating alone than those who perceived their income as sufficient or comfortable.

Table 2.4.11 − Food insecurity according to certain demographic and socio-economic characteristics, population 15 years and older, Quebec, 1998

Yes or no response to one or more of the 3 aspects of food insecurity (*Table 2.4.7*)		
	Yes	**No**
%		
Civil status		
Married	4.0	96.1
Common law	7.9	92.1
Widowed, separated or divorced	12.5	87.5
Single	12.1	87.9
Family type with at least one child under 18		
Two-parent family	5.9	94.1
Reconstituted family	8.7*	91.3
One-parent family	22.5	77.5
Relative scolarity		
Very low	14.3	85.7
Low	7.8	92.2
Average	6.3	93.7
High	5.8	94.3
Very High	4.8	95.2
Employment status		
Employed	5.4	94.6
Student	9.5	90.5
Homemaker	11.5	88.5
Retired	4.4	95.6
Unemployed	27.1	72.9
Professional category		
Non-qualified worker, labourer	8.9	91.1
Foreman, qualified labourer	6.2	93.8
Office, sales, service	5.5	94.5
Intermediate manager, semi-professional, technician	3.5*	96.5
Professional, senior manager	2.0	98.0
Income level		
Very poor	38.7	61.3
Poor	19.5	80.5
Lower middle income	6.8	93.3
Upper middle income	2.0	98.0
High income	1.2	98.8
Perception of financial situation		
Very poor	32.5	67.5
Poor	18.0	82.0
Sufficient income	4.2	95.8
Comfortable	1.8*	98.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution

- Single people and those who are widowed/separated/divorced were more likely to report food insecurity than were married persons or those living common law.

- Survey respondents in single-parent families were more likely to report food insecurity than were those in two-parent or reconstituted families.

- Survey respondents with very low scolarity were more likely to report food insecurity than were those with other levels of scolarity.

- Unemployed respondents were much more likely to report food insecurity than respondents with other types of employment status.

- Labourers and non-qualified workers were more likely to report food insecurity than other types of workers.

- Income is a strong predictor of food insecurity as respondents who are poor and very poor are much more likely to report insecurity than those with middle and high incomes.

- In terms of respondent's perception of their financial situation, those who perceived themselves as poor or very poor were much more likely to report food insecurity than respondents who were comfortable or who reported sufficient income.

Table 2.4.12 − Perception of quality of eating habits by mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Excellent	7.99%	7.40%	10.36%	13.93%
Very good	29.32%	33.49%	30.80%	31.46%
Good	46.48%	41.08%	44.23%	37.53%
Average	13.56%	13.47%	11.53%	12.58%
Poor	1.77%	2.66%	1.31%	0.00%
Refusal	0.88%	1.90%	1.75%	3.82%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- English-speaking survey respondents were more likely to report very good eating habits but were also more likely to report poor eating habits than did French-speaking respondents.

Table 2.4.13 − Consumption of meals prepared outside the home by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Yes	69.18%	71.23%	59.62%	56.40%
No	29.39%	26.92%	37.42%	36.85%
Unknown	1.42%	1.85%	2.97%	6.74%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- English-speaking survey respondents were slightly more likely to report consuming meals outside the home than were Francophone respondents.

Table 2.4.14 − Frequency of consumption of meals prepared outside the home by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Never	29.39%	26.92%	37.42%	36.85%
1 to 3 times	48.64%	48.20%	41.34%	38.88%
4 to 6 times	13.69%	15.35%	11.10%	10.34%
More than 6 times	5.22%	5.34%	4.40%	4.27%
Unknown	3.06%	4.18%	5.74%	9.66%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- In terms of frequency of consuming meals prepared outside the home, English-speaking survey respondents were more likely to be at the high frequency end of the spectrum.

Table 2.4.15 − Meals eaten alone by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Yes	14.15%	20.51%	16.65%	18.20%
No	84.08%	77.65%	81.15%	75.96%
Unknown	1.77%	1.85%	2.20%	5.84%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- English-speaking survey respondents were more likely to report eating meals alone than were Francophone respondents.

2.5   Physical Activity

- 52% of survey respondents reported engaging in recreational physical activity on a weekly basis.

- Male respondents were more likely than women to engage in recreational physical activity with males aged 15-24 being the most active group.

- The differences in the rates of activity between young men and women in the 15-24 age group are substantial. While 43.3% of men in this age group engage in recreational activity 3 times a week or more, only 25.8% of women do so.

- Low levels of scolarity and income tend to be associated with lower rates of physical activity and a greater likelihood to never engage in such activity.

- French-speaking survey respondents were more likely than English-speakers to report never engaging in recreational physical activity. English-speaking respondents were more likely to report activity 3 times a week or more.

- Anglophone and Francophone respondents were about equally likely to declare that they intended to pursue recreational physical activity on a regular basis in the upcoming year.

Table 2.5.1 − Frequency of recreational physical activity[1] according to sex and age, population 15 and over, Quebec, 1998

	3 times a week or more	2 times a week	Once a week	1 to 3 times a month	Never
%					
Men					
15-24	43.3	15.3	13.0	18.4	9.9
25-44	21.4	14.8	14.2	22.7	27.0
45-64	25.9	13.2	9.2	14.6	37.2
65 years+	32.8	9.2	8.3	7.9	41.8
Total	27.9	13.8	11.8	17.8	28.8
Women					
15-24	25.8	18.5	18.8	25.1	11.8
25-44	20.3	14.5	13.9	26.1	25.2
45-64	28.1	13.0	9.9	15.1	33.9
65 years+	24.5	7.9	9.4	9.1	49.1
Total	24.1	13.7	12.8	20.1	29.2
Both sexes					
Total	26.0	13.8	12.3	19.0	29.0
Population '000	1,514	798	717	1,102	1,695

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Recreational physical activity is 20 to 30 minutes per session over a three-month period.

- 52% of survey respondents reported engaging in recreational physical activity on a weekly basis while 48% reported 1 to 3 times a month or never.

- Men were somewhat more likely than women to engage in recreational physical activity on a weekly basis and less likely to report only monthly physical activity or never. Men aged 15-24 reported the highest frequency of physical recreational activity when compared with men of other ages and women.

- The difference in rates of physical activity between young men and women 15-24 years of age is substantial. The greatest frequency of physical activity among the women was reported by the 45-64 years age group.

- For both sexes, those respondents 65 years and over were the most likely to report never engaging in physical recreational activity.

Table 2.5.2 − Frequency of recreational physical activity,[1] population 15 and over, Quebec, 1992-1993, 1998

	3 times a week or more	2 times a week	Once a week	1 to 3 times a month	Never
%					
1992-1993	25.3	13.1	14.8	20.5	26.4
1998	26.0	13.8	12.3	19.0	29.0

Source: Santé Québec, *Enquête social et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Recreational physical activity is 20 to 30 minutes per session over a three-month period.

- There was little change in the rates of physical activity among survey respondents when 1992-1993 and 1998 are compared.

Table 2.5.3 − Frequency of recreational physical activity[1] according to relative scolarity and income level, population 15 and over, Quebec, 1998

	3 times a week or more	2 times a week	Once a week	1 to 3 times a month	Never
%					
Relative scolarity					
Very low	20.7	11.0	8.9	17.3	42.0
Low	24.3	12.3	11.5	18.8	33.2
Average	26.8	14.6	12.2	18.7	27.9
High	26.0	14.3	14.2	20.5	25.1
Very High	31.7	16.8	15.0	19.4	17.2
Income level					
Very poor	28.9	9.9	8.8	15.3	37.1
Poor	24.2	11.1	10.8	18.5	35.3
Lower middle income	24.5	12.9	12.4	19.0	31.2
Upper middle income	25.7	14.9	13.1	19.3	27.0
High income	30.8	17.2	13.0	20.5	18.5

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Low levels of scolarity tend to be associated with lower rates of physical activity and a greater likelihood to never engage in physical recreational activity. Low income levels tend to be associated with an increased likelihood to report never engaging in physical activity.

Table 2.5.4 − Frequency of recreational physical activity by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Never	27.65%	22.84%	31.20%	31.69%
1-3 times a month	18.68%	17.40%	20.10%	15.96%
Once a week	12.01%	10.40%	11.67%	10.79%
Twice a week	13.75%	15.26%	9.57%	9.66%
3 times a week or more	25.53%	31.97%	25.17%	25.62%
Unknown	2.38%	2.14%	2.30%	6.29%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- English-speaking survey respondents are less likely (17% in relative terms) than French-speakers to report never engaging in recreational physical activity and more likely to report activity 3 times a week or more.

Table 2.5.5 − Intention to pursue recreational physical activity on a regular basis in the upcoming year, by mother tongue

N=	17788	1005	1017	411
	French	**English**	**Other**	**n/a**
Definitely yes	45.39%	45.87%	44.44%	42.58%
Probably yes	31.06%	29.05%	31.86%	33.33%
Neither yes nor no	11.92%	12.24%	12.39%	12.65%
Probably not	8.22%	8.86%	7.28%	6.33%
Definitely not	3.40%	3.98%	4.03%	5.11%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Together, a greater proportion of respondents declared they did intend to pursue recreational physical activity on a regular basis in the upcoming year compared to those who declared having no intention to do so.

- Anglophone and Francophone survey respondents were about equally likely to declare that they intended to pursue recreational physical activity on a regular basis in the upcoming year.

- More Anglophones than Francophones declared having no intention to pursue recreational physical activity on a regular basis in the upcoming year.

Table 2.5.6 − Type of physical activity in the workplace by mother tongue

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Mostly seated	20.77%	19.53%	23.35%	16.63%
Standing without lifting	46.57%	44.61%	47.37%	41.35%
Light lifting	19.15%	23.32%	17.89%	15.06%
Heavy lifting	9.18%	9.14%	5.45%	10.79%
Unknown	4.33%	3.40%	5.93%	16.18%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- There was little difference observed between Anglophone and Francophone survey respondents in the type of physical activity engaged in at the workplace.

2.6   Body Weight

Table 2.6.1 − Indicator of body mass according to age and sex, population 15 and over, Quebec, 1992-1993, 1998

	Insufficient weight		Acceptable weight		Excessive weight	
	1992-1993	1998	1992-1993	1998	1992-1993	1998
	%					
Men						
15-19	14.3	11.0	65.5	69.2	20.2	19.9
20-44	5.9	5.6	68.6	64.4	25.5	30.0
45-64	2.4*	2.4*	60.0	56.7	37.6	40.9
65-80	34.7	32.7	34.6	34.2	30.7	33.1
81+	47.4	45.4	42.4	47.1	10.2**	7.5**
Total	8.9	8.6	62.5	59.1	28.6	32.4
Women						
15-19	20.3	21.2	65.0	66.8	14.7	12.0
20-44	21.0	18.3	64.0	63.1	15.1	18.6
45-64	9.0	6.4	62.8	62.8	28.1	30.8
65-80	41.6	37.7	26.2	27.5	32.2	34.8
81+	53.9	44.4	34.3	40.9	11.8**	14.8*
Total	20.8	18.2	58.4	58.0	20.8	23.8
Both sexes						
Total	14.9	13.4	60.4	58.5	24.7	28.1
Pop. '000	--	778	--	3,374	--	1,617

Sources: Santé Québec, *Enquête social et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

*   Interpret with caution
**   Imprecise estimate, indication only

- When both sexes are combined, we observe an increase in those reporting excessive weight between 1992/93 and 1998 and a decrease in those reporting acceptable weight.

- Male respondents to the survey were more likely to report excessive weight than females.

- The incidence of excessive weight increased among male respondents aged 20-80 between 1992/93 and 1998. The incidence of excessive weight increased among female respondents aged 20 and over between 1992/93 and 1998.

Table 2.6.2 − Excessive weight according to age and sex, population 15 and over, Quebec, 1987, 1992-1993, 1998

		Excessive weight		
		1987	**1992-1993**	**1998**
	%			
Men				
15-19		13.0	20.2	19.8
20-44		19.8	25.5	30.0
45-64		31.6	37.6	40.9
65+		21.5	28.1	30.8
Total		22.3	28.6	32.4
Women				
15-19		8.6	14.7	12.0
20-44		12.1	15.1	18.6
45-64		25.5	28.1	30.8
65+		22.4	30.1	31.9
Total		16.6	20.8	23.6

Sources: Santé Québec, *Enquête social et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Between 1987 and 1998 there was a steady increase in men and women 20 years and over who reported excessive weight.

Table 2.6.3 − Indicator of body mass according to relative scolarity and income level, population 15 and over, Quebec, 1998

	Insufficient weight	Acceptable weight		Excessive weight		
	%	**Healthy weight**	**Start of excessive weight**	**Stoutness**	**Obesity**	**Severe obesity**
Relative scolarity						
Very low	9.3	41.6	16.5	16.0	12.3	4.3
Low	9.1	43.3	17.6	15.8	10.5	3.7
Average	9.5	45.4	17.8	15.9	8.6	2.8*
High	8.1	43.1	17.9	19.1	9.5	2.4*
Very High	8.5	50.2	17.7	14.4	7.7	1.6*
Income level						
Very poor	12.9	43.0	14.0	14.3	10.8	5.0*
Poor	12.5	40.5	15.7	16.3	10.5	4.5*
Lower middle income	8.6	45.9	17.1	15.4	10.1	3.0
Upper middle income	8.1	44.9	17.9	16.9	9.5	2.7**
High income	7.2	45.9	20.1	17.4	7.8	1.6**

Source: Institut de la statistique du Québec, *Enquête social et de santé, 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- Low levels of excessive weight are fairly evenly distributed across scolarity levels while obesity and severe obesity are more evident among those with very low and low scolarity levels.

- Low levels of excessive weight are associated with high income while obesity and severe obesity are associated with low income.

Table 2.6.4 − Desire to change body weight according to sex and age, population 15 and over, Quebec, 1998

		Maintain weight	Lose weight	Gain weight
	%			
Men				
	15-19	66.8	14.9	18.3
	20-24	54.6	25.3	20.1
	25-34	56.0	33.5	10.5
	35-44	57.7	37.6	4.7
	45-54	52.7	44.9	2.4*
	55-64	58.9	38.7	2.4**
	65-80	65.4	32.1	2.6**
	80+	79.9	14.3**	5.8**
	Total	58.3	34.3	7.4
Women				
	15-19	43.0	54.6	2.5**
	20-24	39.7	58.9	1.4**
	25-34	39.3	57.0	3.8*
	35-44	43.3	54.5	2.2*
	45-54	42.2	55.8	2.1*
	55-64	43.8	54.2	2.0**
	65-80	51.5	45.2	3.3*
	80+	80.3	17.4*	2.4**
	Total	44.2	53.3	2.5
Both sexes				
	Total	51.2	43.9	4.9
	Pop. '000	2,955	2,529	284

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- A greater percentage of women (53.3%) expressed the desire to lose weight when compared to men (34.3%).

- Among the female respondents, those aged 20-34 years were the most likely to express the desire to lose weight. Among the male respondents, those aged 45-64 were the most likely to express the desire to lose weight.

- Male respondents aged 15-24 were much more likely than all other age and sex groups to express the desire for weight gain.

Table 2.6.5 − Frequency of recreational physical activity according to sex, population 15 and over, Quebec, 1998

	None to 3 times a month	1 or 2 times a week	3 times a week or more
%			
Men			
Insufficient weight	46.2	23.9	29.9
Acceptable weight	43.0	27.1	30.0
Excessive weight	53.0	23.5	23.5
Women			
Insufficient weight	49.7	26.0	24.3
Acceptable weight	45.5	28.2	26.3
Excessive weight	57.5	23.0	19.5

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Female respondents reported a lower frequency of recreational physical activity than male respondents. Excessive weight was associated low frequency of recreational physical activity for both sexes.

Table 2.6.6 − Indicator of body mass according to sex and the presence of a health problem, population 20 to 64 years, Quebec, 1998

	Insufficient weight	Acceptable weight	Excessive weight
%			
Men			
Cancer	27.8*	49.2	23.1**
Diabetes	10.7*	38.7	50.7
High blood pressure	13.5	34.9	51.6
Heart disease	15.5	42.0	42.5
Women			
Cancer	18.4*	54.5	27.1*
Diabetes	12.1*	31.7	56.2
High blood pressure	17.0	39.7	43.3
Heart disease	24.5	38.8	36.6

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*
*   Interpret with caution
**   Imprecise estimate, indication only

- Both sexes with excessive weight were more likely to report the presence of diabetes and high blood pressure.

Table 2.6.7 − Indicator of body mass by mother tongue

N=	18040	1016	1027	442
	French	**English**	**Other**	**n/a**
Insufficient weight	12.49%	12.89%	11.39%	14.93%
Acceptable weight	57.42%	51.08%	53.36%	47.51%
Excessive weight	28.16%	33.37%	29.41%	31.00%
Unknown	1.93%	2.66%	5.84%	6.56%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking survey respondents were more likely than French-speaking respondents to report excessive weight.

Table 2.6.8 − Desire to gain weight by mother tongue

N=	1264	78	120	46
	French	**English**	**Other**	**n/a**
Slight gain	28.88%	28.21%	25.83%	0.00%
Large gain	31.57%	26.92%	27.50%	15.22%
Unknown	39.56%	44.87%	46.67%	80.43%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were less likely than Francophones to express a desire to gain weight.

Table 2.6.9 − Desire to lose weight by mother tongue

N=	8091	546	486	199
	French	**English**	**Other**	**n/a**
Slight loss	36.91%	33.15%	35.19%	30.15%
Large loss	56.92%	60.44%	53.29%	51.26%
Unknown	6.18%	6.41%	11.52%	18.59%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were somewhat more likely than Francophones to express a desire for weight loss.

Table 2.6.10 − Degree of desired change in weight by mother tongue

N=	18040	1016	1027	442
	French	**English**	**Other**	**n/a**
Maintain weight	50.91%	42.03%	46.45%	52.94%
Desire to slim down	42.08%	50.30%	41.87%	36.65%
Desire to gain weight	4.24%	4.23%	6.23%	2.04%
Unknown	2.77%	3.44%	5.45%	8.37%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely than Francophones to express the desire to slim down and less likely to desire to maintain their weight.

2.7 Sexual Behaviour and Condom Use

- 58.7% of survey respondents aged 15-19 reported having had sexual relations.

- When both sexes are considered, the greater percentage of respondents reported having had one sexual partner in a 12 month period. The greatest incidence of more than one sexual partner was reported among men 15-19 years of age. The greatest incidence of no sexual partner was reported among those 60 years old and over.

- A fairly high percentage of respondents with more than one sexual partner were living with a regular partner.

- Among heterosexual respondents having had more than one sexual partner in a 12 month period, condoms were more frequently used among occasional partners than regular partners.

- Among heterosexual respondents having had more than one sexual partner in a 12 month period, more women than men reported at least one incidence of risky sexual behaviour.

- Among heterosexual survey respondents, a greater percentage of women than men declared having been treated for a STD over a 12 month period.

- The highest percentage of persons who declared having been treated for a STD was in the 20-29 years age group.

- Anglophone respondents were less likely than Francophones to have had more than 1 sexual partner in a 12 month period.

- Among respondents having had more than one sexual partner in a 12 month period, Anglophones were more likely to have had non- cohabiting partners than Francophones.

- Anglophone heterosexual respondents having had more than one partner over a 12 month period reported a higher incidence of risky sexual behaviour than Francophones.

- Among heterosexual survey respondents, Anglophones were more likely than Francophones to have declared being treated for a STD over a 12 month period.

Table 2.7.1 − Persons having had sexual relations, population 15 and over, Quebec, 1998

	%	Pop. '000
Men	92.9	2,659
Women	93.2	2,763
Both sexes		
15-19	58.7	309
20-29	93.3	853
30-39	97.7	1,198
40-49	97.0	1,141
50+	96.4	1,920
Total	93.0	5,422

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- 58.7% of survey respondents aged 15-19 reported having had sexual relations.

Table 2.7.2 − Persons having had their first sexual relation with penetration before the age of 15, population 15 and over, Quebec, 1998

	%	Pop. '000
Both sexes		
15-19	14.9	78
20-29	14.9	137
30-39	7.8	95
40-49	4.0	47
50-59	2.6	23
60+	2.0	22
Total	7.1	401

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Of the survey respondents who had their first sexual relation with penetration before the age of 15, the greatest percentage were 29 years and under.

Table 2.7.3 − Number of sexual partners in a 12 month period, according to sex and age, heterosexual population 15 and over,[1] Quebec, 1998

	No partner	One partner	More than 1 partner
%			
Men	13.7	75.1	11.2
Women	19.3	72.8	7.9
Both sexes			
15-19	5.1**	62.2	32.7
20-29	5.8	71.0	23.2
30-39	6.3	85.6	8.2
40-49	10.3	83.8	5.9
50-59	18.5	78.2	3.3
60+	50.9	48.2	0.9**
Total	16.6	73.9	9.5
Pop. '000	898	3,785	475

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.
** Imprecise estimate, indication only.

- When both sexes are considered, most survey respondents reported having had one sexual partner in a 12 month period. The greatest incidence of more than one sexual partner was reported among men 15-19 years of age. The greatest incidence of having no sexual partner was reported among those 60 years old and over.

Table 2.7.4 − Type of relation undertaken with partner(s) among those with one partner and those with more than one partner over a 12-month period, according to sex, heterosexual population 15 and over,[1] Quebec, 1998

	Regular partner with whom the person is living	Regular partner with whom the person is not living	Occasional partner
%			
Persons having only one partner over a 12- month period			
Men	84.5	12.2	3.3
Women	83.8	14.4	1.8*
Total	84.2	13.3	2.5
Pop. '000	3,195	496	94
Persons having more than one partner over a 12-month period			
Men	35.4	48.5	16.1
Women	36.5	55.9	7.6**
Total	35.9	51.7	12.4
Pop. '000	170	245	60

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.
** Imprecise estimate, indication only.

- Among respondents reporting having only one sexual partner over a 12 month period, the greatest percentage was living with their partner.

- Among those having more than one sexual partner over a 12 month period, the greater percentage were not living with a regular partner.

- A fairly high percentage (36%) of respondents with more than one sexual partner, were regular sexual partners with whom the person is living.

Table 2.7.5 − Number of sexual partners over a 12-month period, according to sex and age, persons separated or divorced from a parent of one of their children under 18 years of age,[1] Quebec, 1998

	No partner	One partner	More than 1 partner
%			
Men	10.1*	68.2	21.7
Women	13.0	68.4	18.6
Both sexes			
15-29	8.7**	51.6	39.7
30-49	11.7	71.5	16.8
50+	19.9**	61.3	18.8**
Total	11.8	68.3	19.9
Pop. '000	49	280	81

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.
** Imprecise estimate, indication only.

- Among divorced or separated survey respondents, the greater percentage reported having one sexual partner over a 12 month period.

Table 2.7.6 − Use of a condom in the last sexual relation according to the type of relationship with the partner, sex and age, heterosexual population 15 and over having one sexual partner over a 12-month period,[1] Quebec, 1998

	Regular partner with whom the person is living	Regular partner with whom the person is not living	Occasional partner
%			
Men	9.8	36.9	61.2
Women	9.9	26.7	45.8
Both sexes			
15-19	32.8*	50.2	67.7*
20-29	18.8	32.2	75.5
30-39	14.2	27.9	49.1*
40-49	7.6	20.1*	43.1*
50+	2.7	13.7*	29.4*
Total	9.8	31.3	55.7
Pop. '000	304	153	52

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.

- Among heterosexual partners having one sexual partner over a 12 month period, the greatest use of condoms was among those aged 30 years and under.

Table 2.7.7 − Use of a condom in the last sexual relation according to the type of relationship with the partners, sex and age, heterosexual population 15 and over having had more than one sexual partner over a 12-month period,[1] Quebec, 1998

	Regular partner with whom the person is living	Regular partner with whom the person is not living	Occasional partner
	%	%	
Men	24.1*	51.5	67.1
Women	23.2*	43.7	58.6
Both sexes			
15-19	43.8*	57.0	71.8
20-29	21.5*	53.0	69.1
30-39	27.5*	47.4	66.9
40-49	8.3**	34.8*	50.7
50+	0.0	23.2*	33.3**
Total	23.7	47.8	63.7
Pop. '000	34	139	167

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.
** Imprecise estimate, indication only.

- Among heterosexual respondents having had more than one sexual partner in a 12 month period, condoms were used more frequently among occasional than regular partners.

Table 2.7.8 − Persons having at least one incidence of risky sexual behaviour according to sex, heterosexual population 15 and over having had more than one partner over a 12-month period,[1] Quebec, 1998

	Risky sexual behaviour	Pop.
	%	'000
Men	55.0	151
Women	63.1	127
Total	58.5	278

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

- Among the heterosexual survey population having had more than one sexual partner over a 12 month period, more women than men reported at least one incidence of risky sexual behaviour.

Table 2.7.9 − Persons having declared to have been treated for a STD over a 12-month period according to sex, age and the number of sexual partners, heterosexual population 15 and over,[1] Quebec, 1998

		Pop.
	%	'000
Men	1.3	31
Women	2.1	53
Both sexes		
15-19	5.5*	15
20-29	4.3	35
30-39	1.5*	17
40-49	1.1*	12
50+	0.3**	5
Number of sexual partners		
None	0.4**	3
1 partner	1.4	50
2 or more partners	6.4	31
Total	1.7	84

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.
** Imprecise estimate, indication only.

- Among the heterosexual survey respondents, a greater percentage of women compared to men declared having been treated for a STD over a 12 month period.

- The highest percentage of persons who declared having been treated for a STD was 20-29 years of age.

- The highest percentage of persons who declared having been treated for STD over a 12 month period had one sexual partner.

Table 2.7.10 − Persons having had sexual relations according to mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Yes	91.34%	88.43%	82.34%	61.12%
No	5.97%	6.17%	13.28%	4.27%
Refusal	2.69%	5.41%	4.38%	34.61%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English and French mother tongue survey respondents were about equally likely to have had sexual relations.

Table 2.7.11 − Age of the first sexual relation according to mother tongue

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Under 15 years	7.18%	5.44%	5.74%	5.39%
Over 15 years	86.41%	80.08%	80.96%	50.56%
Unknown	6.40%	14.48%	13.30%	44.04%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English mother tongue survey respondents were less likely than French mother tongue to have had their first sexual relation under the age of 15.

Table 2.7.12 − Number of sexual partners in a 12-month period according to mother tongue

N=	15730	826	760	222
	French	**English**	**Other**	**n/a**
None	14.11%	19.85%	18.16%	20.27%
1 partner	75.57%	70.82%	71.84%	63.51%
More than 1 partner	8.71%	7.02%	7.24%	7.66%
Unknown	1.61%	2.30%	2.76%	8.56%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents to the survey were more likely than Francophones to report having had no sexual partners in a 12 month period.

- Anglophone respondents were about less likely than Francophones to have had more than 1 sexual partner in a 12 month period.

Table 2.7.13 − Type of multiple sexual partner in a 12-month period according to mother tongue

N=	1370	58	55	17
	French	**English**	**Other**	**n/a**
Cohabiting	32.70%	34.48%	21.82%	0.00%
Non-cohabiting	39.49%	48.28%	45.45%	58.82%
Occasional only	11.09%	0.00%	9.09%	0.00%
Unknown	16.72%	10.34%	23.64%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among those having had more than one sexual partner in a 12 month period, Anglophones were more likely to have non-cohabiting partners.

Table 2.7.14 − Use of a condom in the last sexual relation according to mother tongue

N=	12081	615	386	148
	French	**English**	**Other**	**n/a**
Yes	11.85%	14.47%	20.21%	11.49%
No	87.58%	84.55%	79.53%	83.78%
Refusal	0.57%	0.98%	0.00%	4.73%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely to report using condoms in their last sexual relation when compared with Francophones.

Table 2.7.15 − Frequency of use of a condom in sexual relations in a 12-month period according to mother tongue

N=	12081	615	386	148
	French	**English**	**Other**	**n/a**
Never	76.65%	74.31%	66.06%	73.65%
Rarely	5.74%	5.04%	6.99%	4.73%
Occasionally	3.82%	3.58%	5.18%	0.00%
Half the time	1.66%	1.46%	2.07%	0.00%
Most of the time	2.13%	2.44%	4.92%	0.00%
Always or nearly always	7.84%	11.06%	12.69%	6.08%
No sexual relations in the period	0.74%	0.00%	0.00%	0.00%
Refusal	1.43%	1.46%	1.81%	8.78%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely than Francophones to report using condoms most of the time, or always and nearly always, in their sexual relations in a 12 month period.

Table 2.7.16 − Use of a condom in the last sexual relation with a regular partner with whom the person is living according to mother tongue, heterosexual population 15 and over having had more than one sexual partner over a 12-month period,[1] Quebec, 1998*

N=	463	20	12
	French	**English**	**Other**
Yes	24.41%	30.00%	41.67%
No	75.38%	70.00%	58.33%
	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.

- Anglophone survey respondents having had more than one sexual partner over a 12 month period were more likely to report the use of a condom in last sexual relation with a regular person with whom they are living than Francophones.

Table 2.7.17 − Use of a condom in the last sexual relation with a regular partner with whom the person is not living according to mother tongue, heterosexual population 15 and over having had more than one sexual partner over a 12-month period,[1] Quebec, 1998*

N=	827	42	33	13
	French	**English**	**Other**	**n/a**
Yes	91.34%	88.43%	82.34%	61.12%
No	5.97%	6.17%	13.28%	4.27%
Refusal	2.69%	5.41%	4.38%	34.61%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.

- Anglophone and Francophone heterosexual survey respondents were about equally likely to have used a condom in the last sexual relation with a regular partner with whom they are not living.

Table 2.7.18 − Use of a condom in the last sexual relation with an occasional partner according to mother tongue, heterosexual population 15 and over having had more than one sexual partner over a 12-month period,[1] Quebec, 1998*

N=	740	37	33
	French	**English**	**Other**
Yes	59.86%	59.46%	78.79%
No	39.86%	40.54%	21.21%
	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

* Interpret with caution.

- Anglophone and Francophone survey respondents were equally likely to use a condom in last sexual relation with an occasional partner.

Table 2.7.19 − Incidence of risky sexual behaviour according to mother tongue, heterosexual population 15 and over having had more than one partner over a 12-month period,[1] Quebec, 1998*

N=	1370	58	55	17
	French	**English**	**Other**	**n/a**
No risky behaviour	34.23%	27.59%	34.55%	0.00%
Risky behaviour	48.32%	60.34%	41.82%	58.82%
Unknown	17.45%	12.07%	23.64%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.
* Interpret with caution.

- Anglophone heterosexual respondents having had more than one partner over a 12-month period reported a higher incidence of risky sexual behaviour than Francophones.

Table 2.7.20 − Persons having declared to have been treated for a STD over a 12-month period according to mother tongue, heterosexual population 15 and over,[1] Quebec, 1998

N=	16634	932	564	272
	French	**English**	**Other**	**n/a**
Yes	1.54%	1.72%	2.30%	0.00%
No	92.32%	91.31%	89.54%	70.22%
Refusal	6.14%	6.97%	8.16%	28.68%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations with penetration.

- Among heterosexual survey respondents, Anglophones were more likely than Francophones to have declared being treated for a STD over a 12 month period.

2.8   Sexual Orientation and Health

- Among survey respondents having had sexual relations, 97% reported being heterosexual in their sexual orientation.

- The highest rate of homosexuality was among men 25-44 years of age.

- Heterosexual men and women were among the survey respondents most strongly represented in high income levels.

- Among female survey respondents, heterosexuals showed a greater likelihood to have had a PAP test in two years or less when compared to homosexuals or bisexuals.

- While generally both men and women of all sexual orientations perceived their state of health as excellent, very good or good, heterosexuals were somewhat less likely to perceive their health as average or poor.

- Survey respondents with a heterosexual sexual orientation were the least likely to report the occurrence of suicidal ideas.

- Heterosexual respondents were the group most strongly represented in high income levels.

- Anglophones were less likely than Francophones to report a homosexual orientation.

Table 2.8.1 − Sexual orientation according to sex and age, population 15 and over having had sexual relations, Quebec, 1998

	Heterosexual		Homosexual		Bisexual	
	%	Pop. '000	%	Pop. '000	%	Pop. '000
Men						
15-24	98.2	356	0.6**	2	1.1**	4
25-44	96.8	1,096	2.2*	24	1.1*	12
45-64	96.5	798	2.0*	17	1.5*	13
65+	96.5	324	1.5**	5	2.1**	7
Total	**96.8**	**2574**	**1.8**	**48**	**1.3**	36
Women						
15-24	97.6	344	0.6**	2	1.8**	6
25-44	97.6	1,100	0.9*	10	1.5*	17
45-64	97.7	827	1.4*	12	1.0**	8
65+	97.6	424	2.0**	9	0.5**	2
Total	**97.6**	**2,695**	**1.2**	**33**	**1.2**	34
Both sexes						
Total	**97.2**	**5,269**	**1.5**	**81**	**1.3**	70

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution.
**   Imprecise estimate, indication only.

- Among survey respondents having had sexual relations the percentage of heterosexuals was very high. Roughly 97% for both men and women.

- The highest rate of homosexuality was among men 25-44 years of age.

Table 2.8.2 – Civil status according to sex and sexual orientation, population 15 and over,[1] Quebec, 1998

		Married	Common law	Widowed, separated, or divorced	Single
	%				
Men					
	Heterosexual	49.5	19.4	8.0	23.0
	Homosexual	17.0*	27.7**	5.6**	49.8
	Bisexual	18.4**	16.8*	28.7	36.1*
	Total	**48.5**	**19.6**	**8.2**	23.7
Women					
	Heterosexual	47.5	18.5	15.4	18.5
	Homosexual	24.1*	8.2**	27.9*	39.8*
	Bisexual	18.8**	6.9**	21.4**	52.9
	Total	**46.9**	**18.3**	**15.7**	19.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations.
* Interpret with caution.
** Imprecise estimate, indication only.

- The most common civil status among survey respondents was married.

- Both married men and women showed a higher tendency towards heterosexuality than any other sexual orientation.

- Both single men and women showed the highest tendency towards homosexuality and bisexuality.

Table 2.8.3 − Income level according to sex and sexual orientation, population 15 and over,[1] Quebec, 1998

	Very poor	Poor	Lower middle income	Upper middle income	High income
%					
Men					
Heterosexual	5.6	8.9	31.9	40.9	12.8
Homosexual	10.6**	3.5**	34.3*	28.5*	23.1
Bisexual	15.3**	21.9**	28.3*	29.1*	5.4*
Total	**5.8**	**9.0**	**31.9**	**40.5**	12.8
Women					
Heterosexual	6.9	11.3	32.6	38.2	11.2
Homosexual	15.5**	16.8**	29.1*	29.0*	9.6**
Bisexual	15.4**	28.9*	27.8*	20.7**	7.6**
Total	**7.1**	**11.6**	**32.5**	**37.8**	11.1

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations.
* Interpret with caution.
** Imprecise estimate, indication only.

- Heterosexual men and women were among the survey respondents most strongly represented in high income levels.

Table 2.8.4 − Time elapsed since the last PAP test according to sexual orientation, female population 15 and over,[1] Quebec, 1998

	2 years or less	More than 2 years or never	Do not know
%			
Heterosexual	68.4	28.2	3.5
Homosexual and bisexual	51.7	38.5	9.8**
Total	68.0	28.4	3.6

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations.
** Imprecise estimate, indication only.

- Among female survey respondents, those heterosexual in sexual orientation showed a greater likelihood to have had a PAP test in the last two years or less.

- Respondents homosexual and bisexual in sexual orientation showed a greater likelihood for more than two years to have elapsed or never to have had a PAP test.

Table 2.8.5 − Perception of state of health according to sex and sexual orientation, population 15 and over,[1] Quebec, 1998

	Excellent, very good, or good	Average or poor
%		
Men		
Heterosexual	90.0	10.0
Homosexual	84.0	16.0**
Bisexual	82.7	17.3**
Total	89.8	10.2
Women		
Heterosexual	88.8	11.2
Homosexual	84.9	15.1**
Bisexual	86.0	14.0**
Total	88.7	11.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Persons having had sexual relations.
** Imprecise estimate, indication only.

- Generally, both men and women of all sexual orientations reported perceiving their state of health as excellent, very good or good.

- Heterosexuals were the least likely to perceive their health as average or poor.

Table 2.8.6 − Occurrence of suicidal ideas in the course of a 12-month period according to sexual orientation, population 15 and over,[1] Quebec, 1998

	%
Heterosexual	3.8
Homosexual	6.6**
Bisexual	10.8**
Total	3.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1. Persons having had sexual relations.

** Imprecise estimate, indication only.

- Survey respondents with a heterosexual sexual orientation were the least likely to report the occurrence of suicidal ideas.

Table 2.8.7 − Sexual orientation according to mother tongue, population 15 and over having had sexual relations, Quebec, 1998

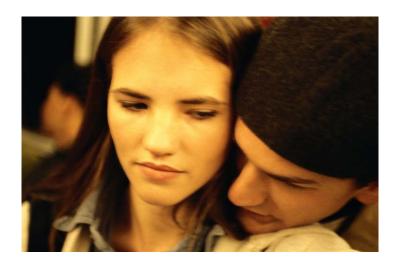| N=	16634	911	871	272
	French	**English**	**Other**	**n/a**
Heterosexual	96.54%	96.16%	95.06%	90.07%
Homosexual	1.18%	0.99%	1.72%	2.94%
Bisexual	1.14%	1.21%	1.38%	2.57%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among survey respondents having had sexual relations, Anglophones were less likely than Francophones to report a homosexual sexual orientation.

2.9 Health Behaviour of Women

Table 2.9.1 – Frequency of self-administered breast examination according to age, female population 15 and over, Quebec, 1992-1993 and 1998

	At least once a month		Once every 2 or 3 months		Less than once every 2 or 3 months		Never	
	1992-93	1998	1992-93	1998	1992-93	1998	1992-93	1998
	%							
15-29	18.4	18.0	18.6	17.2	25.5	25.2	37.5	39.6
30-39	20.7	23.6	25.3	23.5	30.0	29.7	24.0	23.2
40-49	26.2	29.0	24.2	23.9	27.1	25.4	22.6	21.7
50-69	31.2	34.9	22.7	20.6	21.9	22.8	24.3	21.7
70+	25.5	29.6	15.5	13.4	22.0	19.1	37.0	38.0
Total	**24.0**	**26.8**	**21.9**	**20.3**	**25.7**	**25.0**	**28.5**	**27.9**
Pop. '000	--	794	--	--				831

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The greater percentage of female survey respondents reported that they never do self-administered breast examinations and this remained relatively the same from 1992-1993 to 1998.

- The age group most likely not to do breast examinations was between 15-29 years of age and 70+. In contrast, those most likely to engage in self-administered breast examination at least once a month were located in the 50 - 69 age group followed by those 40-49. Both these groups increased their likelihood of an examination when 1992-1993 and 1998 are compared.

Table 2.9.2 – Time elapsed since the last clinic breast examination according to age, female population 15 and over, Quebec, 1992-1993 and 1998

	Less than 12 months		1 or 2 years		More than 2 years		Never		Do not know	
	1992-1993	1998	1992-1993	1998	1992-1993	1998	1992-1993	1998	1992-1993	1998
	%									
15-29	50.3	42.9	15.1	13.5	7.0	7.2	26.0	35.3	1.7*	1.1**
30-39	51.7	45.2	22.6	24.0	18.5	20.6	6.6	9.1	0.7**	1.1**
40-49	50.8	49.1	22.2	25.0	18.8	18.8	7.3	5.8	0.9**	1.3**
50-69	44.4	53.4	23.0	21.4	22.3	16.6	8.8	7.0	1.6*	1.5**
70+	29.3	32.7	16.1	17.7	26.6	29.8	22.9	16.0	5.2*	3.8*
Total	**47.4**	**46.2**	**20.0**	**20.4**	**17.2**	**16.9**	**13.7**	**15.0**	**1.6**	**1.5**
Pop. '000	**--**	**1,367**	**--**	**603**	**--**	**504**	**--**	**444**	**--**	**45**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate, indication only.

- The greater percentage of female survey respondents reported less than 12 months had elapsed since their last clinic breast examination.

- The 15-29 age group was the most likely to report never having had a breast examination followed by those 70+.

- The rate of women in the 15-29 age group never having had a clinical breast examination increased significantly from 1992-1993 to 1998.

Table 2.9.3 − Time elapsed since the last mammogram according to age, female population 15 and over, Quebec, 1992-1993 and 1998

	2 years or less		More than 2 years		Never		Do not know	
	1992-93	1998	1992-93	1998	1992-93	1998	1992-93	1998
	%							
15-29	2.7*	1.6*	2.3*	1.7*	95.0	95.6	0.0**	0.1**
30-39	13.0	8.8	12.7	12.9	74.0	77.8	0.3**	0.4**
40-49	42.9	36.2	19.6	22.2	36.9	40.2	0.7**	1.4**
50-69	49.4	64.3	20.3	16.8	29.4	17.2	0.9**	1.7*
70+	26.3*	35.7	19.0*	27.1	52.9	35.5	1.8**	1.7**
Total	25.5	29.1	13.6	14.4	60.3	55.5	0.6	1.0
Pop. '000	--	870	--	431	--	1,633	--	29

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate, indication only.

- The greatest percentage of female survey respondents reported never having had a mammogram. The number of those located in this category decreased between 1992-1993 and 1998 with the most dramatic decrease in the 50 + age group.

- The next largest group of females reported 2 years or less had elapsed since their last mammogram and the numbers in this category increased between 1992-1993 and 1998. The most dramatic increase was located in the 50+ age group.

Table 2.9.4 − Time elapsed since the last PAP test according to age, female population 15 and over, Quebec, 1992-1993 and 1998

	Less than 12 months		1 or 2 years		More than 2 years		Never		Do not know	
	1992-1993	1998	1992-1993	1998	1992-1993	1998	1992-1993	1998	1992-1993	1998
	%									
15-29	57.8	53.6	14.4	12.9	4.4	3.4*	21.9	28.1	1.5*	2.0*
30-39	56.8	49.8	23.7	25.6	14.7	17.2	3.6	5.0	1.2**	2.4*
40-49	49.8	46.5	23.9	24.5	21.9	21.2	2.9*	4.7	1.5**	3.1*
50-69	34.0	38.5	20.3	19.9	32.9	27.7	8.9	8.6	4.0	5.4
70+	14.7	14.8	11.0	11.2	39.2	34.9	25.3	27.6	9.8	11.5
Total	46.8	43.9	19.4	19.5	19.7	19.0	11.4	13.6	2.7	4.1
Pop. '000	--	1,287	--	573	--	--570	--	410	--	124

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate, indication only.

- A greater percentage of female survey respondents reported having had a PAP test in less than 12 months. When 1992-1993 and 1998 are compared, there is a decline in the percentage of female respondents who fall into this category.

- The age group most likely to report never having had a PAP test was 70+ followed by the 15-29 age group.

Table 2.9.5 − Use of oral contraceptives and sexual activity, female population 15 to 44, Quebec, 1998

	Use of oral contraceptives (sexually active women or not)	At least one sexual partner over a 12-month period
%		
15-17	29.8	42.3
18-19	56.6	77.0
20-24	52.2	85.1
25-34	28.5	91.5
35-44	7.1	88.4
Total	25.1	83.7

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Female survey respondents reporting at least one sexual partner over a 12 month period were highly likely (83.7%) to use oral contraceptives. The lowest rate of oral contraceptive use among those with at least one sexual partner over a 12 month period was among 15-19 year-olds.

Table 2.9.6 − Use of hormones for problems linked to menopause and perceived menopausal status, according to age, female population 15 and over, Quebec, 1998

		%
Use of hormones	15-24	0.1**
	25-44	2.4*
	45-64	35.5
	65+	16.1
	Total	13.9
Menopausal status	15-24	0.2**
	25-44	2.9
	45-64	66.2
	65+	57.4
	Total	29.0
Do not know	15-24	0.7**
	25-44	4.1
	45-64	8.8
	65+	2.3*
	Total	4.7

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution.
**   Imprecise estimate, indication only.

- The highest users of hormones were found among those with perceived menopausal status. The greatest rate of hormone use was in females 45-64 and 65+.

Table 2.9.7 − Frequency of self-administered breast examination according to scolarity and income level, female population 15 and over, Quebec, 1998

	At least once a month	Once every 2 or 3 months	Less than once every 2 or 3 months	Never
%				
Relative scolarity				
Very low	31.9	16.9	20.3	31.0
Low	27.2	20.6	24.9	27.3
Average	24.3	20.9	26.7	28.1
High or very high	25.7	21.5	26.4	26.4
Income level				
Very poor	28.6	12.4	26.3	32.8
Poor	26.9	17.5	21.5	34.1
Lower middle income	28.2	18.7	24.1	29.0
Upper middle income	26.1	23.6	25.0	25.3
High income	23.1	22.9	30.7	23.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- A greater percentage of women who do not engage in self-administered breast examinations report poor and very poor income.

Table 2.9.8 − Time elapsed since the last clinic breast examination according to scolarity and income level, female population 15 and over, Quebec, 1998

	Less than 12 months	1 or 2 years	More than 2 years	Never	Do not know
%					
Relative scolarity					
Very low	39.3	19.6	18.2	20.4	2.5*
Low	47.2	19.4	17.4	14.6	1.5**
Average	45.3	21.3	15.8	16.1	1.6*
High or very high	49.7	20.6	16.9	11.9	1.0*
Income level					
Very poor	40.1	17.8	19.2	18.9	4.0*
Poor	38.4	18.0	19.8	21.5	2.3**
Lower middle income	43.2	21.3	17.6	16.8	1.2*
Upper middle income	50.8	20.9	15.4	11.8	1.1*
High income	53.2	20.4	15.0	10.1	1.4**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate, indication only.

- Those who report less than 12 months since the last clinical breast examination tend to also report high income and scolarity. Those who report never having had a clinic breast examination show a tendency towards low scolarity and low income.

Table 2.9.9 − Time elapsed since the last mammogram according to scolarity and income level, female population 15 and over, Quebec, 1998

	2 years or less	More than 2 years	Never	Do not know
%				
Relative scolarity				
Very low	27.9	15.2	55.3	1.6**
Low	27.4	13.5	58.2	0.9**
Average	26.2	13.8	58.9	1.2**
High or very high	32.1	14.9	52.4	0.6**
Income level				
Very poor	27.0	14.5	57.6	1.0**
Poor	23.5	14.1	60.6	1.9**
Lower middle income	28.6	14.0	56.5	0.9**
Upper middle income	30.4	14.9	53.9	0.9**
High income	34.4	14.5	50.4	0.7**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

** Imprecise estimate, indication only.

- Female survey respondents who are most likely to report never having had a mammogram also tend to report low to average scolarity and poor and very poor income.

Table 2.9.10 − Time elapsed since the last PAP test according to scolarity and income level, female population 15 and over, Quebec, 1998

	Less than 12 months	1 or 2 years	More than 2 years	Never	Do not know
%					
Relative scolarity					
Very low	37.4	19.5	21.8	15.4	6.0
Low	44.0	19.6	18.1	14.1	4.3
Average	44.0	18.3	18.7	15.1	4.0
High	43.3	21.0	19.2	12.7	3.9*
Very high	50.4	19.2	17.5	10.7	2.2*
Income level					
Very poor	40.3	16.9	21.2	15.1	6.6*
Poor	34.6	17.8	21.3	19.1	7.2.*
Lower middle income	40.0	21.0	19.3	15.0	4.6
Upper middle income	49.1	19.4	17.8	11.0	2.7
High income	50.5	18.7	17.9	11.3	1.6**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate, indication only.

- Respondents with the highest likelihood to have had a PAP test in the last 12 months tend to report very high scolarity and high income levels. The tendency to never have had a PAP test is linked with low scolarity and income.

Table 2.9.11 − Use of oral contraceptives according to age and relative scolarity, female population 15 to 44, Quebec, 1998

	%
Relative scolarity	
15-24	
Very low	31.0*
Low	41.3
Average	48.8
High	44.3
Very high	58.1
25-44	
Very low	12.3
Low	14.2
Average	21.0
High	15.4
Very high	20.0
Total	
Very low	16.6
Low	21.5
Average	32.2
High	23.4
Very high	30.0

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution.
**   Imprecise estimate, indication only.

- The use of oral contraceptives in highest among respondents aged 15-24 with high scolarity.

Table 2.9.12 − Frequency of self-administered breast examination according to mother tongue, female population 15 and over, Quebec, 1998

N=	9718	556	533	210
	French	**English**	**Other**	**n/a**
At least 1 a month	26.03%	33.09%	27.02%	27.14%
Once every 2 to 3 months	21.07%	20.50%	15.01%	11.43%
Less often	25.14%	23.02%	22.89%	15.71%
Never	25.75%	21.94%	30.02%	16.19%
Unknown	2.01%	1.44%	5.07%	29.52%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone women were more likely to report a self-administered breast examination at least once a month when compared to Francophone women. They were also less likely to report never having engaged in a self- administered breast examination.

Table 2.9.13 − Time elapsed since the last clinic breast examination according to mother tongue, female population 15 and over, Quebec, 1998

N=	9718	556	533	210
	French	**English**	**Other**	**n/a**
Less than 12 months	46.14%	47.12%	37.71%	33.33%
1-2 years	20.38%	24.64%	21.01%	10.48%
More than 2 years	16.32%	14.03%	12.76%	13.33%
Never	13.68%	11.15%	22.89%	12.38%
Do not know	1.52%	1.62%	1.88%	0.00%
Unknown	1.96%	1.44%	3.75%	29.52%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking female respondents were more likely than French-speaking females to report a clinical breast examination in less than 2 years. They were less likely than Francophone females to report never having had a clinical breast exam.

Table 2.9.14 − Had a mammogram according to mother tongue, female population 15 and over, Quebec, 1998

N=	9718	568	340	210
	French	**English**	**Other**	**n/a**
Yes	42.23%	48.24%	35.00%	40.95%
No	55.69%	50.70%	62.65%	30.48%
Refusal	2.08%	1.06%	2.35%	28.57%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone female respondents were more likely than female Francophones to have had a mammogram.

Table 2.9.15 − Time elapsed since the last mammogram according to mother tongue, female population 15 and over, Quebec, 1998

N=	4104	274	119	86
	French	**English**	**Other**	**n/a**
Less than 12 months	37.99%	36.13%	40.34%	47.67%
1-2 years	26.78%	34.67%	30.25%	20.93%
More than 2 years	32.68%	27.74%	26.89%	25.58%
Never	2.17%	0.00%	0.00%	0.00%
Do not know	0.39%	0.00%	0.00%	0.00%
Unknown	37.99%	36.13%	40.34%	47.67%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When compared to Francophones, Anglophone women were more likely to report a 1-2 year time lapse since their last mammogram.

Table 2.9.16 − Time elapsed since the last PAP test according to mother tongue, female population 15 and over, Quebec, 1998

N=	9718	568	340	210
	French	**English**	**Other**	**n/a**
Less than 12 months	43.60%	43.31%	34.12%	30.48%
1-2 years	19.46%	23.59%	18.53%	12.38%
More than 2 years	18.85%	20.25%	11.18%	11.90%
Never	11.60%	8.45%	23.53%	6.19%
Do not know	3.59%	2.82%	7.65%	4.76%
Unknown	2.90%	1.58%	5.00%	34.29%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Compared to Francophones, Anglophone female respondents more frequently reported 1-2 years since their last PAP test. They were also less likely to report never having had a PAP test.

Table 2.9.17 – Use of oral contraceptives by mother tongue, female population 15 to 44, Quebec, 1998

N=	9718	568	340	210
	French	**English**	**Other**	**n/a**
Yes	15.54%	14.26%	7.94%	5.71%
No	81.17%	83.10%	88.82%	62.86%
Refusal	3.29%	2.64%	3.24%	31.43%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were less likely than Francophones to report using oral contraceptives.

Table 2.9.18 – Use of hormones for problems linked to menopause according to mother tongue, female population, 15 and over, Quebec, 1998

N=	9718	568	340	210
	French	**English**	**Other**	**n/a**
Yes	14.19%	11.27%	6.47%	13.81%
No	83.11%	86.62%	90.29%	54.76%
Refusal	2.70%	2.11%	3.24%	31.43%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

Table 2.9.19 − In menopause or entering menopause according to mother tongue, female population 15 and over, Quebec, 1998

N=	9718	568	340	210
	French	**English**	**Other**	**n/a**
Yes	26.38%	34.15%	17.94%	29.52%
No	65.53%	59.15%	71.18%	34.76%
Do not know	4.83%	4.05%	7.06%	2.86%
Refusal	3.26%	2.64%	3.82%	32.86%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone female respondents were more likely than Francophone females to report being in menopause or entering menopause.

2.10   Perceptions of Health Status

- The greatest percentage of survey respondents perceived their health status as very good and good.

- Women were less likely than men to perceive their health as excellent with the most notable difference being between men and women in the 15-24 age group.

- Those most frequently perceiving their health as good , average or poor as opposed to excellent or very good were 65 years and over.

- Perception of health as average or poor is associated with low levels of scolarity and low income. Conversely, Very high scolarity and very high income is associated with the likelihood to perceive one's health as excellent.

- Unemployed, homemakers and retired persons were more likely than other groups to perceive their health as average or poor.

- Survey respondents who were never smokers and/or engaged in recreational physical activity 3 times a week or more were the most likely group to perceive their health status as excellent.

- Among male respondents, insufficient weight tended to be associated with perception of health as average or poor. Among female respondents, perception of health as average or poor tended to be associated with excessive weight.

- Survey respondents with high levels of social support had a greater tendency to perceive their health status as excellent or very good compared to respondents with low levels of social support.

- Survey respondents with long term limitation on their activity were much more likely than those with no limitations to perceive their health status as average or poor.

- A long term problem and more than one long term problem, is linked to a perceived health status of average or poor.

- Perception of mental health and health status tend to go hand in hand. Perceived average or poor mental health is associated with average or poor health status.

- Respondents with high levels of psychological distress tend to perceive their health status as average or poor.

- Anglophone and Francophone respondents were quite similar with respect to their perception of their health status.

Table 2.10.1 − Perception of health status, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average	Poor
%					
Men					
15-24	24.2	42.5	27.2	5.5	0.6
25-44	21.4	38.6	33.2	6.1	0.8
45-64	17.8	35.2	34.5	9.7	2.9
65 years+	12.1	24.0	41.6	17.1	5.2
Total	**19.6**	**36.4**	**33.6**	**8.4**	**2.0**
Women					
15-24	17.8	41.0	33.6	6.7	0.9
25-44	19.1	39.5	34.2	6.1	1.1
45-64	16.0	35.0	35.6	9.9	3.4
65 years+	10.6	24.6	41.6	19.5	3.8
Total	**16.6**	**36.0**	**35.7**	**9.5**	**2.2**
Both sexes					
15-24	21.1	41.7	30.4	6.1	0.7
25-44	20.2	39.0	33.7	6.1	1.0
45-64	16.9	35.1	35.0	9.8	3.2
65 years+	11.2	24.3	41.6	18.5	4.4
Total	**18.1**	**36.2**	**34.7**	**9.0**	**2.1**
Population '000	**1 057**	**2 112**	**2 017**	**520**	**119**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998*

- With both sexes combined, the greater proportion of respondents perceived their health status as very good and good.

- When compared with other age groups, the 15-24 age group most frequently reported perceiving their health as excellent and very good. Those most frequently perceiving their health as good, average or poor were 65 years and over.

- Women were less likely than men to perceive their health as excellent with the biggest difference between men and women being in the 15-24 age group.

Table 2.10.2 − Perception of health status according to certain socio-economic characteristics, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Relative scolarity				
Very low	15.0	29.0	38.4	17.6
Low	17.2	34.8	37.4	10.7
Average	16.4	39.2	34.8	9.6
High	17.8	37.9	34.1	10.2
Very High	23.9	40.0	28.9	7.2
Income level				
Very poor	17.0	27.1	33.0	22.9
Poor	15.4	29.3	36.1	19.2
Lower middle income	16.4	34.7	37.1	11.9
Upper middle income	18.8	39.3	34.6	7.2
High income	23.6	42.2	27.6	6.6
Employment status				
Employed	20.8	40.1	33.8	5.3
Student	21.4	39.9	31.2	7.5
Homemaker	13.4	32.5	39.0	15.1
Retired	12.0	26.4	38.3	23.4
Unemployed	11.6	24.2	30.7	33.5
Professional category[1]				
Professional, senior manager	26.5	42.9	26.4	4.2*
Intermediate manager, semi-professional, technician	22.9	43.1	29.7	4.4
Office, sales, service	18.6	41.2	34.3	5.9
Foreman, qualified labourer	18.8	37.6	38.2	5.5
Non-qualified worker, labourer	20.3	39.0	34.7	6.0*

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Active population
* Interpret with caution

- Perception of health as average or poor is associated with respondents who report low levels of scolarity and low income. Very high scolarity and very high income is associated with the likelihood to perceive one's health as excellent.

- Unemployed, homemakers and retired respondents were more likely than other groups to perceive their health as average or poor. The greater percentage of the unemployed perceived their health as average or poor as opposed to excellent, very good or good.

Table 2.10.3 − Perception of health status according to certain individual behaviours, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Recreation physical activity				
None	14.1	28.2	38.7	19.1
1-3 times monthly	13.0	39.5	37.6	9.9
1-2 times per week	16.8	40.9	36.2	6.2
3 times per week or more	27.4	38.8	26.8	7.1
Type of smoker				
Never smoked	21.4	36.9	32.6	9.1
Former smoker	19.0	37.9	33.2	9.8
Occasional smoker	19.1	40.9	33.0	7.1*
Regular smoker	13.4	34.5	38.0	14.1

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution

- Survey respondents who were never smokers and engaged in recreational physical activity 3 times a week or more were the most likely group to perceive their health status as excellent.

- Those who had no recreational physical activity and/or were regular smokers were the most likely group to perceive their health as average or poor.

Table 2.10.4 − Perception of health status according to the body mass indicator, men and women 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Men				
Insufficient weight	14.0	29.4	41.2	15.4
Acceptable weight	23.0	39.0	29.5	8.6
Excessive weight	14.9	33.8	38.8	12.6
Women				
Insufficient weight	19.4	31.9	35.4	13.4
Acceptable weight	18.7	39.3	33.7	8.3
Excessive weight	9.4	32.0	39.9	18.8

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among male survey respondents, insufficient weight tended to be associated with perception of health as average or poor.

- Among female respondents, perception of health as average or poor tended to be associated with excessive weight.

- A greater percentage of both men and women view their health as very good and good.

Table 2.10.5 − Perception of health status according to the social support indicator, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Weak level of social support	13.6	30.2	39.1	17.1
High level of social support	19.3	38.1	33.3	9.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Survey respondents with high levels of social support had a greater tendency to perceive their health status as excellent or very good compared to respondents with low levels of social support. Perception of health status as average or poor was much more likely among those respondents with low levels of social support.

Table 2.10.6 − Perception of health status according to certain health indicators, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Limitations on activity over the long term				
Limited	2.8*	11.4	34.2	51.7
Not limited	19.9	39.1	34.7	6.3
Duration of health problems				
No problem	26.5	41.1	29.1	3.3
Problem of short duration	21.3	44.5	30.1	4.1*
Long term problem	18.8	39.5	35.2	6.5
More than one long term problem	9.6	27.6	40.3	22.6
Perception of mental health				
Excellent	33.4	39.2	21.9	5.6
Very good	13.3	46.2	33.4	7.1
Good	6.4	23.5	54.6	15.5
Average or poor	5.1*	16.2	40.8	37.9
Indicator of psychological distress				
Low or average level	20.1	38.7	32.8	8.4
High level	11.5	29.4	39.8	19.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- Survey respondents with long term limitations on their activity were much more likely than those with no limitations to perceive their health status as average or poor. A long term problem, and more than one long term problem, is linked to a perceived health status of average or poor.

- Perception of mental health and health status tend to go hand in hand. Perceived average or poor mental health is associated with average or poor health status.

Respondents with high levels of psychological distress tend to perceive their health status as average or poor.

Table 2.10.7 − Perception of health status according to certain indicators of use of treatment and health services, population 15 and over, Quebec, 1998

	Excellent	Very Good	Good	Average or Poor
%				
Use of medication[1]				
No medication	23.4	39.7	31.7	5.2
One or two medications	16.8	38.7	36.1	8.5
Three medications or more	9.5	24.5	38.5	27.5
Consultation with a health professional[2]				
No consultation	19.7	37.8	34.2	8.3
One consultation	15.0	33.4	35.0	16.7
More than one consultation	9.4	27.2	38.6	24.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Over a period of two days.
2- Over a period of two weeks.

- Survey respondents using three medications or more over a period of two days were much more likely to perceive their health status as average or poor when compared with those taking less or no medication.

- Respondents with more than one consultation with a health professional over a period of two weeks were more likely to perceive their health status as average or poor than those with fewer or no consultations.

Table 2.10.8 − Perception of health status by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Excellent	17.01%	15.35%	13.49%	15.28%
Very good	34.18%	38.00%	31.20%	28.99%
Good	33.14%	30.52%	37.51%	33.48%
Average	9.03%	8.36%	9.19%	10.79%
Poor	1.97%	2.24%	1.72%	2.70%
Unknown	4.68%	5.54%	6.89%	8.76%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- The distribution of Francophone and Anglophone survey respondents with respect to perceived health status is quite similar.

2.11   Health Problems

Table 2.11.1 − Number of health problems according to sex and age, total population, Quebec, 1998

	No problem	1 problem	More than 1 problem	At least 1 problem
	%			
Men				
0-14	52.6	28.8	18.7	47.4
15-24	51.3	26.8	21.9	48.7
25-44	43.0	28.0	29.0	57.0
45-64	33.0	26.0	41.0	67.0
65 years+	18.2	17.3	64.5	81.8
Total	**41.2**	**26.5**	**32.3**	**58.8**
Women				
0-14	56.9	26.3	16.9	43.1
15-24	39.1	25.2	35.7	60.9
25-44	30.0	24.9	45.2	70.0
45-64	19.1	21.9	58.9	80.9
65 years+	10.3	12.7	77.0	89.7
Total	**30.9**	**22.9**	**46.2**	**69.1**
Both sexes				
0-14	54.7	27.5	17.8	45.3
15-24	45.3	26.0	28.7	54.7
25-44	36.5	26.5	37.0	63.5
45-64	26.0	24.0	50.1	74.0
65 years+	13.7	14.6	71.7	86.3
Total	**36.0**	**24.7**	**39.3**	**64.0**
Population '000	**2 583**	**1 769**	**2 821**	**4 590**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998*

- When both sexes are considered, the greatest proportion of survey respondents (64%) reported having more than 1 or more health problems.

- A substantially greater proportion of female respondents (69.1%) report having 1 or more health problems when compared to males (58.8%). The likelihood of having 1 or more health problems increases with age for both sexes.

- 71.7% of survey respondents 65 years and over reported having more than 1 health problem. 77% of women 65 years and over reported having more than 1 health problem compared to 64.5% of the men from the same age cohort.

- 45.2% of women aged 25-44 years reported more than 1 health problem compared to 29% of the men from the same age cohort.

Table 2.11.2 − Number and duration of health problems according to sex and age, total population, Quebec, 1998

	No problem	Short-term problem only	1 long-term problem	More than 1 long-term problem
	%			
Men				
0-14	52.6	18.7	19.4	9.3
15-24	51.3	12.5	21.8	14.4
25-44	43.0	10.9	25.6	20.6
45-64	33.0	8.9	26.1	32.0
65 years+	18.2	4.0*	21.8	56.0
Total	**41.2**	**11.5**	**23.6**	**23.7**
Women				
0-14	56.9	18.0	18.4	6.8
15-24	39.1	9.5	26.1	25.3
25-44	30.0	9.8	25.2	35.1
45-64	19.1	8.1	24.7	48.1
65 years+	10.3	3.8*	16.9	68.9
Total	**30.9**	**10.0**	**22.9**	**36.2**
Both sexes				
0-14	54.7	18.4	18.9	8.1
15-24	45.3	11.1	23.9	19.7
25-44	36.5	10.3	25.4	27.7
45-64	26.0	8.5	25.4	40.2
65 years+	13.7	3.9	19.0	63.4
Total	**36.0**	**10.8**	**23.3**	**30.0**
Population '000	**2 583**	**771**	**1 668**	**2 151**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998*

* Interpret with caution.

- A greater proportion of female respondents reported having more than 1 long term health problem when compared to males.

- The likelihood of having more than 1 long term health problem increased with the accumulated years of the respondents.

- The greatest likelihood of short term health problems was reported by men and women up to 14 years of age.

Table 2.11.3 − Number and duration of health problems according to certain socio-economic characteristics, population 15 and over, Quebec, 1998

	No problem	Short-term problem only	1 long-term problem	More than 1 long-term problem
	%			
Income level				
Very poor	34.2	11.6	19.8	34.5
Poor	35.5	9.8	20.0	34.7
Lower middle income	37.3	10.4	22.7	29.6
Upper middle income	36.6	10.6	24.5	28.4
High income	32.3	13.0	26.7	28.1
Professional category[1]				
Professional, senior manager	33.1	9.2	28.7	29.0
Intermediate manager, semi-professional, technician	33.5	11.3	26.0	29.2
Office, sales, service	33.9	10.7	25.8	29.6
Foreman, qualified labourer	41.5	10.7	25.1	22.7
Non-qualified worker, labourer	42.6	11.4	22.8	23.2
Employment status				
Employed	39.6	10.7	25.7	27.0
Student	43.3	10.4	24.9	21.4
Homemaker	21.5	6.3	24.8	47.4
Retired	15.6	4.6	20.2	59.5
Unemployed	22.7	7.1	17.8	52.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Active population

- Among the possible options for employment status, retired or unemployed are those most strongly associated with having more than one long term health problem.

- Those respondents who reported a very poor or poor income level were somewhat more likely to report having more than one long term problem.

- Non-qualified workers and qualified labourers were those most likely to report having no health problems. Respondents employed in office, sales and service, semi-professionals and technicians, as well as senior managers were more likely than those located in other professional categories to report having more than 1 long term problem.

Table 2.11.4 − Prevalence of health problems according to sex, total population, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	1998	1987	1998	1987	1998	
	%						'000
Headache	5.1	7.2	11.7	16.2	**8.4**	**11.8**	844
Arthritis or rheumatism	7.2	8.8	12.7	14.7	**10.0**	**11.8**	844
Other allergies	4.9	7.7	7.9	12.8	**6.5**	**10.3**	737
Back or spinal pain	7.3	9.7	8.1	10.8	**7.7**	**10.2**	733
Allergic rhinitis	6.0	9.1	6.1	9.8	**6.0**	**9.4**	677
Allergies or skin ailments	6.5	7.0	9.3	11.2	**7.9**	**9.1**	654
Arterial hypertension	4.7	7.0	7.9	10.0	**6.3**	**8.5**	611
Accidents with injuries	…	9.2	…	6.3	**…**	**7.8**	556
Other respiratory ailments	4.0	4.9	4.2	6.0	**4.1**	**5.4**	390
Digestion problems	2.8	4.1	5.0	5.8	**3.9**	**5.0**	356
Asthma	2.2	4.5	2.5	5.4	**2.3**	**5.0**	356
Heart disease	4.0	4.8	4.2	4.4	**4.1**	**4.6**	329
Mental health problems	2.4	3.4	3.6	5.1	**3.0**	**4.3**	306
Acute anxiety	2.3	2.7	4.9	5.4	**3.6**	**4.1**	292
Eye disease[1]	…	2.9	…	5.1	**…**	**4.0**	287
Thyroid problems	0.3*	1.3	2.3	6.2	**1.3**	**3.7**	268
Flu	3.4	3.2	4.0	4.1	**3.7**	**3.7**	265
Other joint ailments	1.7	2.2	2.9	4.0	**2.3**	**3.1**	221
Hypercholesteremia	0.3*	3.0	0.3*	2.8	**0.3**	**2.8**	206
Diabetes	1.4	2.7	1.9	2.9	**1.6**	**2.8**	202
Bronchitis or emphysema	1.8	2.0	1.9	2.6	**1.9**	**2.3**	165
Sleep disorder	1.3	1.7	2.7	2.8	**2.0**	**2.3**	162
Other digestive disorders	1.6	1.6	2.6	2.6	**2.1**	**2.1**	152
Urinary and kidney disorders	1.3	1.6	2.1	2.1	**1.7**	**1.9**	133
Other blood diseases	0.2*	2.1	0.3*	1.6	**0.2**	**1.8**	130
Fatigue	1.0	1.2	2.6	2.3	**1.8**	**1.8**	126
Anaemia	0.4*	0.5	2.2	2.5	**1.3**	**1.5**	108
Gastric and duodenal ulcers	1.9	1.4	1.5	1.4	**1.7**	**1.4**	98
Ear ailments	1.3	1.1	1.2	1.1	**1.2**	**1.1**	78
Other problems	7.2	9.5	10.0	12.2	**8.6**	**10.9**	780
Menstrual or menopause problems	…	…	2.4	7.3	**…**	**…**	265

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.
*   Interpret with caution.

- The prevalence of health problems increased between 1987 and 1998 in all the ailments listed with the exception of the flu, certain digestive disorders, fatigue,

gastric and duodenal ulcers, and ear ailments. The most prevalent health problems cited by survey respondents was headache, arthritis or rheumatism, other allergies, back or spinal pain, allergic rhinitis, allergies or skin aliments and arterial hypertension.

- Women report a substantially greater proportion of the listed health problems when compared to men. A greater proportion of women compared to men are observed in 21 of the 29 listed health problems from "headache" through to "other problems". In relative terms, they are more than twice as likely as men to report headaches, twice as likely to report acute anxiety, 92% more likely to report fatigue and 65% more likely to report sleep disorder, 82% more likely to report joint aliments and 67% more likely to report arthritis or rheumatism.

- A greater proportion of men report accidents with injuries (32% greater in relative terms) and certain blood diseases (24% more likely). Men and women are about equally likely to report back or spinal pain, allergic rhinitis, heart disease, hypercholesteremia, diabetes, ulcers and ear aliments.

Table 2.11.5 − Prevalence of principal health problems according to sex, population 0 to 14 years, Quebec, 1987 and 1998

	Boys		Girls		Total		Pop
	1987	1998	1987	1998	1987	1998	
	%						'000
Allergies or skin ailments	8.1	8.1	8.6	9.8	**8.4**	**8.9**	120
Other allergies	6.5	8.7	6.9	7.0	**6.7**	**7.9**	106
Other respiratory ailments	7.4	7.7	5.9	7.8	**6.7**	**7.7**	104
Asthma	3.9	8.4	2.7	4.7	**3.4**	**6.6**	88
Accidents with injuries[1]	…	6.5	…	4.3	**…**	**5.5**	73
Flu	4.8	4.4	5.0	5.4	**4.9**	**4.9**	66
Allergic rhinitis	3.9	5.4	2.7	3.7	**3.3**	**4.6**	62
Ear ailments	3.0	2.8*	2.6	3.1*	**2.8**	**3.0**	40
Headache	1.4*	3.1*	2.0	2.5*	**1.7**	**2.8**	37

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1-   Data for 1998 not comparable with that of 1987.

*   Interpret with caution.

- The prevalence of principal health problems increased for the population 0-14 years between 1987 and 1998 with the exception of the flu.

- The most substantial increase was in the number of respondents from this age group who suffer from asthma and headache.

- A greater proportion of female respondents report the flu and allergies or skin ailments while more males report asthma and allergic rhinitis.

Table 2.11.6 − Prevalence of principal health problems according to sex, population 18 to 24 years, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	**1998**	**1987**	**1998**	**1987**	**1998**	
	%						**'000**
Allergic rhinitis	9.4	14.2	10.2	15.2	**9.8**	**14.6**	143
Other allergies	6.8	10.6	10.6	17.2	**8.7**	**13.8**	135
Allergies or skin ailments	7.0	7.1	10.5	14.0	**8.7**	**10.5**	102
Headache	4.0	6.1	10.8	13.3	**7.4**	**9.6**	93
Accidents with injuries[1]	…	10.5	…	5.5	**…**	**8.1**	78
Back or spinal pain	4.1	4.7	4.0	7.0	**4.0**	**5.8**	57
Asthma	1.9*	4.2*	3.1	7.0	**2.5**	**5.6**	54
Other respiratory ailments	3.1	3.4*	4.3	4.3*	**3.7**	**3.8**	37
Flu	3.2	2.9*	3.9	3.5*	**3.6**	**3.2**	31
Menstrual or menopause problems	…	…	3.9	6.3	**…**	**…**	30

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.

- The prevalence of principal health problems increased for the population 18-24 years between 1987 and 1998 with the exception of the flu and certain respiratory ailments.

- The incidence of asthma more than doubled between 1987 and 1998 for the 18-24 age group. A greater proportion of female respondents in this age group report headache, allergies or skin aliments, other allergies and back or spinal pain as health problems compared to men.

Table 2.11.7 − Prevalence of principal health problems according to sex, population 25 to 44 years, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	**1998**	**1987**	**1998**	**1987**	**1998**	
	%						**'000**
Headache	7.6	10.4	18.4	23.8	**13.0**	**17.0**	396
Allergic rhinitis	8.0	13.2	8.4	14.0	**8.2**	**13.6**	316
Other allergies	5.3	8.9	9.1	16.5	**7.2**	**12.7**	294
Back or spinal pain	10.7	12.5	10.1	12.2	**10.4**	**12.4**	287
Allergies or skin ailments	6.0	6.7	11.1	13.2	**8.6**	**9.9**	229
Accidents with injuries[1]	…	10.8	…	6.8	**…**	**8.8**	205
Arthritis or rheumatism	5.5	6.9	7.4	9.3	**6.4**	**8.1**	188
Other respiratory ailments	2.5	3.6	3.7	5.8	**3.1**	**4.7**	109
Acute anxiety	2.4	2.9	5.2	6.3	**3.8**	**4.6**	107
Mental health problems	2.5	3.5	4.1	5.6	**3.3**	**4.5**	105
Digestion problems	2.3	3.6	5.0	5.5	**3.7**	**4.5**	105
Asthma	1.3	3é4	2.2	5.7	**1.7**	**4.5**	105

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.

- The prevalence of all the listed principle health problems increased for the population aged 25 to 44 years from 1987 to 1998.

- The most notable increases are evidenced in the incidence of asthma, other allergies, allergic rhinitis, respiratory ailments and mental health problems.

- Women of the 25-44 years age group report a notably higher incidence of health problems compared to men with the exception of accidents with injuries, back or spinal pain and allergic rhinitis. Women of this age group are twice as likely as men to report headache, acute anxiety and allergies or skin aliments.

Table 2.11.8 − Prevalence of principal health problems according to sex, population 45 to 64 years, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	**1998**	**1987**	**1998**	**1987**	**1998**	
	%						**'000**
Arthritis or rheumatism	13.0	15.3	26.0	23.9	**19.7**	**19.7**	336
Back or spinal pain	11.4	14.8	13.0	14.9	**12.2**	**14.9**	254
Arterial hypertension	11.8	13.7	16.9	15.7	**14.5**	**14.7**	252
Headache	5.8	7.8	13.5	20.9	**9.8**	**14.5**	247
Other allergies	2.2	5.5	6.3	11.8	**4.3**	**8.7**	149
Accidents with injuries[1]	…	9.1	…	7.6	**…**	**8.3**	142
Allergic rhinitis	3.6	6.4	4.1	9.5	**3.9**	**8.0**	136
Allergies or skin ailments	4.4	6.1	7.2	9.4	**5.8**	**7.8**	133
Heart disease	8.5	8.2	6.8	4.4	**7.6**	**6.3**	108
Thyroid problems	0.5**	1.9*	4.7	10.6	**2.7**	**6.3**	108
Hypercholesteremia	0.7**	7.1	0.7**	5.3	**0.7***	**6.2**	106
Mental health problems	3.5	4.2	5.3	7.5	**4.4**	**5.9**	100
Menstrual or menopause problems	…	…	4.4	19.5	**…**	**…**	169

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.
** Imprecise estimate. Indication only.

- The prevalence of principal health problems increased for the population 45 to 64 years of age from 1987 to 1998 with the exception of arthritis or rheumatism and heart disease. The prevalence of arterial hypertension remained much the same from 1987 to 1998.

- A greater proportion of female respondents from this age group reported headache, other allergies, mental health problems, arthritis or rheumatism, allergies or skin ailments, and allergic rhinitis than male respondents. Men were more likely to report heart disease and hypercholesteremia.

Table 2.11.9 − Prevalence of principal health problems according to sex, population 65 years and over, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	**1998**	**1987**	**1998**	**1987**	**1998**	
	%						**'000**
Arterial hypertension	19.2	30.8	33.6	41.8	**27.6**	**37.1**	303
Arthritis or rheumatism	27.2	24.9	40.1	42.1	**34.7**	**34.8**	284
Heart disease	22.9	24.3	20.1	22.3	**21.3**	**23.2**	1889
Eye disease[1]	…	15.2	…	25.4	**…**	**21.1**	172
Back or spinal pain	8.2	13.3	11.7	17.6	**10.2**	**15.8**	129
Digestion problems	8.0	10.6	12.7	13.9	**10.7**	**12.5**	102
Thyroid problems	0.8**	4.5*	4.8	16.9	**3.1**	**11.6**	95
Diabetes	5.6	10.6	7.4	11.3	**6.6**	**11.0**	90
Sleep disorder	8.4	8.8	12.9	12.1	**11.0**	**10.7**	88
Hypercholesteremia	0.6**	9.6	0.8**	10.3	**0.7***	**10.0**	82

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.
** Imprecise estimate. Indication only.

- The prevalence of principal health problems increased for the population 65 years and over between 1987 and 1998 with arthritis or rheumatism and sleep disorder remaining stable.

- A greater proportion of female respondents 65 years and over reported suffering from the listed health problems when compared to males with the exception of heart disease. Men and women are about equally likely to report diabetes and hypercholesteremia.

Table 2.11.10 − Prevalence of diabetes according to age and sex, total population, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	1998	1987	1998	1987	1998	
	%						'000
0-14 years	0.2**	0.1**	0.0**	0.1**	**0.1****	**0.1****	1
15-24 years	0.4**	0.3**	0.3**	0.1**	**0.4****	**0.2****	2
25-44 years	0.6*	1.2*	0.8*	1.7*	**0.7**	**1.4**	33
45-64 years	3.2	5.2	3.7	3.7	**3.5**	**4.4**	75
65 years and older	5.6	10.6	7.4	11.3	**6.7**	**11.0**	90
Total	**1.4**	**2.7**	**1.9**	**2.9**	**1.6**	**2.8**	**202**

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.
** Imprecise estimate. Indication only.

- Between 1987 and 1998 the greatest increase in the prevalence of diabetes was located among men in the 65 years and over age cohort followed by women in the same age group.

- Men 45-64 years of age were more likely to report diabetes as a health problem when compared to women of the same age group.

Table 2.11.11 − Prevalence of heart disease according to age and sex, total population, Quebec, 1987 and 1998

	Men		Women		Total		Pop
	1987	1998	1987	1998	1987	1998	
	%						'000
0-14 years	0.5**	0.2**	0.4**	0.1**	**0.5****	**0.2****	2
15-24 years	0.2**	0.4**	0.6**	0.5**	**0.4****	**0.5****	5
25-44 years	1.0*	1.0*	1.3	1.2*	**1.1**	**1.1**	25
45-64 years	8.5	8.2	6.8	4.4	**7.6**	**6.3**	108
65 years and older	22.9	24.3	20.1	22.3	**21.3**	**23.2**	189
Total	**4.0**	**4.8**	**4.2**	**4.4**	**4.1**	**4.6**	**329**

Source: Santé Québec, *Enquête Santé Québec*, 1987.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Data for 1998 not comparable with that of 1987.

* Interpret with caution.
** Imprecise estimate. Indication only.

- The prevalence of heart disease increased somewhat for the 65 years and over age group between 1987 and 1998.

- Male respondents 45-64 years of age were substantially more likely (46%in relative terms) to report heart disease than females.

- Men and women of the 65 years and over age group were about equally likely to report heart disease.

Table 2.11.12 − Impact of asthma on the use of services and the limitation of activities, total population, Quebec, 1998

	Asthma	
	Yes	**No**
Consultation with a doctor in the course of a period of two weeks	24.4%	14.1%
Hospitalization in the coursed of a period of 12 months	15.2%	5.9%
Two hospitalizations or more in a period of 12 months	40.7%	19.6%
Average annual numbers of days of incapacity	36.0 days	15.9 days

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Survey respondents with asthma were much more likely than those without asthma to consult with a doctor in the course of a two week period.

- Asthma sufferers were more than two and half times more likely than non-sufferers to be hospitalized in the course of a 12 month period.

- Survey respondents with asthma were twice as likely as those without asthma to have undergone two or more hospitalizations in a 12 month period.

- Asthma sufferers reported 36 annual days of incapacity compared to the 15.9 days reported by respondents without asthma.

Table 2.11.13 − Number of health problems by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
No problem		31.22%	28.28%	38.56%	31.24%
One problem		24.47%	24.30%	23.16%	22.25%
More than one problem		44.31%	47.42%	38.28%	46.52%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were somewhat more likely than Francophones to report more than one health problem and less likely to report no health problems.

Table 2.11.14 − Duration of health problems by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	English	Other	n/a
No problem		31.22%	28.28%	38.56%	31.24%
Short term problem only		9.31%	8.65%	9.86%	7.19%
One long term problem		24.90%	24.39%	22.68%	22.70%
More than one long term problem		34.57%	38.68%	28.90%	38.88%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely than Francophones to report more than one long term health problem. Anglophones were less likely than Francophones to report no health problems or short term problems only.

Table 2.11.15 − Prevalence of health problems by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	English	Other	n/a
Headache	14.36%	17.01%	14.55%	11.24%
Arthritis or rheumatism	13.83%	17.01%	13.11%	17.53%
Other allergies	10.54%	12.83%	7.46%	10.11%
Back or spinal pain	12.71%	11.08%	10.53%	15.73%
Allergic rhinitis	8.73%	12.15%	8.23%	5.84%
Allergies or skin ailments	9.15%	10.40%	7.37%	6.74%
Arterial hypertension	10.25%	13.70%	11.00%	14.83%
Accidents with injuries	8.75%	9.14%	6.32%	8.09%
Other respiratory ailments	4.69%	5.34%	4.31%	3.60%
Digestion problems	5.86%	6.12%	3.64%	7.87%
Asthma	4.66%	6.32%	2.39%	5.84%
Heart disease	5.58%	5.25%	5.07%	8.76%
Mental health problems	4.44%	7.00%	2.87%	6.97%
Acute anxiety	4.85%	3.21%	3.73%	6.29%
Eye disease	4.03%	5.93%	3.44%	5.62%
Thyroid problems	4.88%	6.12%	3.64%	6.07%
Flu	3.97%	2.82%	1.91%	4.04%
Other joint ailments	3.58%	4.28%	2.58%	4.94%
Hypercholesteremia	4.06%	2.33%	1.72%	3.37%
Diabetes	3.20%	3.11%	3.73%	6.74%
Bronchitis or emphysema	2.58%	2.43%	0.86%	2.47%

Sleep disorder	2.73%	1.75%	2.11%	3.60%
Other digestive disorders	2.40%	3.21%	1.24%	2.70%
Urinary and kidney disorders	2.05%	2.72%	1.91%	3.15%
Other blood diseases	2.53%	2.14%	1.91%	3.60%
Fatigue	2.22%	1.26%	1.44%	2.47%
Anaemia	1.50%	2.14%	2.68%	1.80%
Gastric and duodenal ulcers	1.71%	2.43%	1.91%	2.70%
Ear ailments	0.67%	0.58%	0.57%	0.00%
Other problems	11.46%	13.22%	10.33%	12.13%
Menstrual or menopause problems	5.69%	4.08%	2.58%	3.37%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- In 17 of 30 listed ailments, a greater proportion of Anglophone survey respondents are affected than Francophones.

- When compared to Francophones, a greater percentage of Anglophones report suffering from the 7 most prevalent health problems reported by respondents with the exception of back or spinal pain.

- In relative terms, Anglophones are 58% more likely to report mental health problems, 47% more likely to report eye disease, 43% more likely to report anaemia, 42% more likely to report gastric ulcers and duodenal ulcers, 39% more likely to report allergic rhinitis and 36% more likely to report asthma than Francophones.

2.12   Hearing and Vision Problems

- The rate of hearing loss among survey respondents was higher for men than women and for respondents 65 years of age and over.

- Men 45-64 years of age were twice as likely as women of the same age to suffer from hearing loss.

- Among respondents who declared a hearing loss, 54% have had a consultation with a health professional.

- More women than men report vision problems and more women suffer from near-sightedness compared to far-sightedness. The rate of near-sightedness is highest among women 65 years of age and over.

- Generally, near-sightedness is a more prevalent vision problem among survey respondents than far-sightedness.

- The rate of problems with farsightedness is somewhat elevated for those with very high scolarity.

- Problems with far-sightedness tend to be fairly evenly distributed among income levels with a somewhat higher rate among high income respondents.

- Anglophone respondents were more likely than Francophones to report hearing problems.

- In relative terms, 20% more Anglophones than Francophones report mild hearing loss, 84% more report moderate hearing loss and 11% more Anglophones than Francophones report severe hearing problems.

Table 2.12.1 – Hearing loss according to sex and age, population 16 years and over, Quebec, 1998

		Pop
	%	'000
Men		
16-24 years	2.8**	12
25-44 years	4.4	52
45-64 years	10.2	86
65-74 years	21.5	53
75 years+	34.2	35
Total	**8.5**	**238**
Women		
16-24 years	1.9**	8
25-44 years	3.4	39
45-64 years	5.4	47
65-74 years	11.9	33
75 years+	25.2	47
Total	**6.0**	**175**
Both sexes		
16-24 years	2.4*	20
25-44 years	3.9	91
45-64 years	7.8	133
65-74 years	16.4	86
75 years+	28.3	82
Total	**7.2**	**413**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate. Indication only.

- The rate of hearing loss is higher among men and respondents 65 years and over.

- Men 45-64 years of age are twice as likely as women of the same age to suffer from hearing loss.

Table 2.12.2 – Degree of hearing loss according to sex and age, population 16 years and over, Quebec, 1998

	Light	Moderate	Severe
%			
Men	5.9	1.1*	1.5
Women	3.9	0.6*	1.6
Both sexes			
16-24 years	1.1	0.2	1.1**
25-44 years	2.5	0.3**	1.1*
45-64 years	5.7	0.8*	1.3*
65-74 years	11.8	2.1**	2.4*
75 years+	17.3	5.5*	5.5*
Total	**4.9**	**0.9**	**1.5**
Pop '000	**277**	**49**	**87**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.
** Imprecise estimate. Indication only.

- A much greater proportion of respondents with hearing loss report a light hearing loss as compared to moderate or severe degrees of loss.

Table 2.12.3 – Consultations with a health professional for hearing loss according to age and degree of loss, population 16 years and over declaring a hearing loss, Quebec, 1998

	Yes	No
%		
Both sexes		
16-24 years	35.6*	64.4*
25-44 years	41.4	58.6
45-64 years	58.1	41.9
65-74 years	57.3	42.7
75 years+	62.6	37.4
Total	**54.0**	**46.0**
Degree of hearing loss		
Light	55.5	44.5
Moderate	78.6	21.4*
Severe	35.5	64.5
Loss for all degrees	**54.0**	**46.0**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution.

- Among respondents who declare a hearing loss, 54% have had a consultation with a health professional.

- Respondents 65 years and over were more likely to have had a consultation with a health professional than those 25-64. For the 25-44 years age group who declare a hearing loss, only 41.4% have had a consultation with a health professional.

- Respondents with light or moderate degrees of hearing loss are more likely to have had a consultation with a health professional than those with severe loss.

***Table 2.12.4 – Prevalence of vision problems according to sex and age, population
7 years and over, Quebec, 1998***

	Vision problems: near-sightedness		Visions problems: far-sightedness	
	%	**Pop '000**	**%**	**Pop '000**
Men				
7-14 years	10.7	38	12.5	45
15-24 years	14.5	72	24.9	124
25-44 years	19.1	224	21.2	249
45-64 years	63.5	534	25.2	212
65-74 years	73.5	181	24.2	60
75 years+	70.5	71	37.6	38
Total	**34.8**	**1 121**	**22.6**	**727**
Women				
7-14 years	10.9	39	14.7	52
15-24 years	20.8	99	32.4	154
25-44 years	22.9	264	28.5	327
45-64 years	69.0	600	29.4	256
65-74 years	79.2	223	33.3	94
75 years+	78.4	148	43.8	82
Total	**41.3**	**1 371**	**29.1**	**965**
Both sexes				
7-14 years	10.8	77	13.6	97
15-24 years	17.6	171	28.5	278
25-44 years	21.0	487	24.8	576
45-64 years	66.3	1 134	27.4	468
65-74 years	76.6	404	29.1	153
75 years+	75.7	219	41.3	120
Total	**38.1**	**2 492**	**25.9**	**1 692**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Generally, near-sightedness is a more prevalent vision problem among survey respondents than far-sightedness.

- Near-sightedness is more likely to occur among respondents who are 45 years and over while far-sightedness is fairly evenly distributed among all age groups with a higher concentration among those 75 years and over.

- More women than men report vision problems and more women suffer from near-sightedness compared to far-sightedness. The rate of near-sightedness is highest among women 65 years and over.

Table 2.12.5 – Problems with farsightedness according to scolarity, population 15 years and over, Quebec, 1998

	%	Pop '000
Relative scolarity		
Very low	21.7	244
Low	24.2	286
Average	27.5	332
High	28.1	324
Very High	34.5	408

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The rate of problems with farsightedness is somewhat elevated for those with very high scolarity.

Table 2.12.6 - Problems with farsightedness according to level of revenue, population 7 years and over, Quebec, 1998

	%	Pop '000
Income level		
Very poor	25.8	118
Poor	25.1	192
Lower middle income	24.7	527
Upper middle income	25.3	614
High income	31.9	242

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Problems with far-sightedness tend to be fairly evenly distributed among income levels with a somewhat higher rate among high income respondents.

Table 2.12.7 – Hearing problems by mother tongue, Quebec, 1998

N=	17845	1014	1025	432
	French	**English**	**Other**	**n/a**
No problem	92.88%	91.22%	95.12%	90.97%
Mild	4.77%	5.72%	3.32%	5.32%
Moderate	0.75%	1.38%	0.68%	0.00%
Severe	1.42%	1.58%	0.78%	2.78%
Unknown	0.18%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely than Francophones to report hearing problems.

- In relative terms, 20% more Anglophones than Francophones report mild hearing loss, 84% more report moderate hearing loss and 11% more Anglophones than Francophones report severe hearing problems.

2.13   Accidents with Injuries

- The number of survey respondents reporting injuries resulting in the limitation of activities and/or a medical consultation decreased when 1992-1993 and 1998 are compared.

- Male respondents 15-24 years of age reported the highest rate of injuries resulting in the limitation of activities and/or a medical consultation in both 1992-1993 and 1998.

- Among female respondents, those aged 15-24 reported the highest rate of injury in 1992-1993 and those aged 25-64 in 1998.

- Survey respondents indicated work (21.1%) as the location where accidents with injuries were most likely to occur, followed by sports and recreation (19.9%) and home 17.8%).

- According to respondents, the greatest percentage of injuries resulted from a fall or recreational and sports activities.

- Anglophone respondents were much less likely than Francophones to report accidents with injuries occurring at work and more likely to report injuries occurring inside the home.

Table 2.13.1 – Accident victims with injuries resulting in limitation of activities and/or a medical consultation according to sex and age, total population, Quebec, 1992-1993 and 1998

	1992-1993	1998	Pop
	Rate per 1000		'000
Men			
0-4 years	51.1*	40.0*	9
5-14 years	94.6	69.8	32
15-24 years	132.4	105.1	52
25-44 years	122.4	93.6	110
45-64 years	69.0	67.7	57
65-74 years	37.1*	50.4*	12
75 years+	35.3**	38.0**	4
Total	**96.1**	**77.9**	**277**
Standardized rate[1]	**95.9**	**78.5**	…
Women			
0-4 years	41.1*	19.5**	4
5-14 years	57.7	52.4	24
15-24 years	89.8	47.1	22
25-44 years	62.2	56.1	64
45-64 years	66.6	56.3	49
65-74 years	72.7	34.1*	10
75 years+	63.3*	69.0*	13
Total	**65.6**	**51.4**	**186**
Standardized rate[1]	**65.7**	**51.2**	…
Both sexes			
0-4 years	46.2	30.3*	13
5-14 years	76.7	61.1	56
15-24 years	111.5	76.8	75
25-44 years	92.4	75.1	174
45-64 years	67.8	62.0	106
65-74 years	57.4	41.7	22
75 years+	52.1*	58.2*	17
Total	**80.7**	**64.5**	**463**
Standardized rate[1]	**80.5**	**64.7**	…

Source: Santé Québec, *Enquête sociale et de santé* 1992-1993
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Rate standardized for age by the direct method, using the Quebec population as of July 1, 1992 as the standard population.

* Interpret with caution.
** Imprecise estimate. Indication only.

- The number of survey respondents reporting injuries resulting in the limitation of activities and/or a medical consultation decreased when 1992-1993 and 1998 are compared.

- Male respondents 15-24 years of age reported the highest rate of injuries resulting in the limitation of activities and/or a medical consultation in both 1992-1993 and 1998.

- Among female respondents, those aged 15-24 reported the highest rate of injury in 1992-1993 and those aged 25-64 in 1998. The rate of injury was high among both men and women aged 75 years and older and increasing but the sample was also too small to be precise.

Table 2.13.2 – Accidents with injuries according to location, total of accidents with injuries,[1] Quebec, 1998

Location	%
Sports and recreation	19.9
Public place	10.6
Home (outside)	17.5
Home (inside)	17.8
School	4.3
Work	21.1
Road	7.3
Other	1.6

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- These are accidents with injuries occurring in a 12-month period and resulting in a restriction of activities or a medical consultation. The distribution is based on the total number of locations declared, excluding the second accident (and others) involving a person in the same location (10.3% of accidents).

- Survey respondents indicated work (21.1%) as the location where accidents with injuries were most likely to occur, followed by sports and recreation (19.9%) and home (17.8%).

Table 2.13.3 – Distribution of locations of accidents according to the victim's age group, total of accidents with injuries,[1] Quebec, 1998

	Sports and recreation	Public place	Home	School	Work	Road
			%			
0-4 years	0.8	5.9	91.0	…	…	2.3
5-14 years	23.6	12.3	34.8	23.7	…	2.9
15-24 years	32.5	9.2	18.0	7.0	23.7	8.7
25-44 years	22.5	6.7	28.2	0.8	31.7	8.4
45-64 years	12.0	13.6	42.0	…	23.2	7.7
65-74 years	8.6	23.5	56.9	…	0.6	9.3
75 years+	1.0	20.2	75.5	…	…	3.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- These are accidents with injuries occurring in a 12-month period and resulting in a restriction of activities or a medical consultation. The distribution is based on the total number of locations declared, excluding the second accident (and others) involving a person in the same location (10.3% of accidents).

- Among survey respondents with all age groups combined, the greatest percentage of accidents with injury resulting in a restriction of activity or a medical consultation occurred in the home.

- The greatest number of injuries to occur among those aged 5-14 years, 45-64, and 65-74 years was in the home. For those 15-24 years of age, the greatest number of injuries was located in sports and recreation followed by home. For the 25-44 age group most accidents occurred at work followed closely by home.

Table 2.13.4 – Stated circumstances concerning injuries, total of accidents with injuries,[1] Quebec, 1998

	%	Estimated number of accidents '000
Fall	33.7	166
Recreational and sports activities	21.4	105
Collision	9.5	47
Cutting object	7.7	38
Motor vehicle	6.9	34
Effort or contortion	6.0	29
False movement	4.1	20
Bicycle	3.1	15
Burn	2.2	11
Repetitive movements	1.2	6
Poisoning	1.1	5
Aggression	1.1	5
Others	1.1	5
Animal	0.5	2
Object in the eye	0.4	2
Total	**100.0**	**491**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- These are accidents with injuries occurring in a 12-month period and resulting in a restriction of activities or a medical consultation. The distribution is based on the total number of locations declared, excluding the second accident (and others) involving a person in the same location (10.3% of accidents).

- According to survey respondents, the greatest percentage of injuries resulted from a fall or recreational and sports activities.

Table 2.13.5 – Accidents with injuries according to location by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Sports and recreation		1.38%	1.17%	0.96%	0.00%
Public place		0.69%	0.78%	0.86%	1.35%
Home (outside)		1.27%	1.17%	0.48%	0.00%
Home (inside)		1.29%	1.36%	0.77%	0.00%
School		0.15%	0.00%	0.00%	0.00%
Work		2.19%	1.26%	1.53%	2.25%
Road		0.60%	0.00%	0.67%	0.00%
Other		0.12%	0.00%	0.00%	0.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were much less likely than Francophones to report accidents with injuries occurring at work. Anglophones were more likely to report accidents with injuries occurring inside the home and in a public place.

2.14   Mental Health

- When all survey respondents are considered the highest levels of psychological distress are reported by the 15-24 years of age group. Women 15-24 years of age were the most likely to perceive their mental health as average or poor.

- There is a strong correlation between perception of mental health and level of satisfaction with social life. Those who perceive their mental health as excellent tend to be very satisfied with their social life, while those who perceive their mental health as average or poor tend to report dissatisfaction with their social life.

- When 1987, 1992-1993 and 1998 are compared; we find that women have consistently reported higher levels of distress than men across the three time periods.

- Anglophone respondents were more than twice as likely as Francophones to perceive their mental health as poor.

Table 2.14.1 – Perception of mental health according to sex and age, population 15 years and older, Quebec, 1998

	Excellent	Very good	Good	Average or poor
%				
Men				
15-24 years	38.0	34.9	19.0	8.1
25-44 years	38.7	33.6	20.2	7.5
45-64 years	38.7	36.0	18.4	6.9
65+	34.9	33.6	26.4	5.0
Total	**38.2**	**34.5**	**20.2**	**7.2**
Women				
15-24 years	28.9	35.0	23.4	12.7
25-44 years	31.4	37.5	21.5	9.8
45-64 years	34.5	36.5	22.0	7.0
65+	33.2	36.1	24.0	6.8
Total	**32.2**	**36.6**	**22.3**	**9.0**
Both sexes				
15-24 years	33.5	35.0	21.2	10.4
25-44 years	35.1	35.5	20.8	8.6
45-64 years	36.6	36.2	20.2	7.0
65+	33.9	35.0	25.0	6.0
Total	**35.1**	**35.6**	**21.3**	**8.1**
Pop '000	**2 045**	**2 071**	**1 240**	**470**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among both male and female survey respondents, women 15-24 years of age were the most likely to perceive their mental health as average or poor.

- Women generally gave their mental health a lower rating than did men.

Table 2.14.2 – Perception of mental health according to satisfaction with social life, population 15 years and older, Quebec, 1998

	Excellent	Very good	Good	Average or poor
%				
Very satisfied	55.8	31.9	10.2	2.0
More or less satisfied	28.8	39.9	24.7	6.7
Not satisfied	13.7	26.6	31.3	28.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- There is a strong correlation between perception of mental health and level of satisfaction with social life. Those who perceive their mental health as excellent tend to be very satisfied with their social life, while those who perceive their mental health as average or poor tend to report dissatisfaction with their social life.

Table 2.14.3 – High level of psychological distress (indicator) according to sex and age, population 15 years and older, Quebec, 1998

	1987	1992-1993	1998	Pop
%				**'000**
Men				
15-24 years	17.4	29.7	23.1	115
25-44 years	14.9	22.8	17.7	207
45-64 years	13.7	20.8	16.7	141
65+	11.6	9.3	8.0	28
Total	**14.8**	**22.1**	**17.3**	**491**
Women				
15-24 years	29.6	40.8	33.5	159
25-44 years	22.9	32.2	22.8	262
45-64 years	22.1	26.4	21.5	187
65+	21.1	20.0	12.8	60
Total	**23.8**	**30.4**	**22.8**	**668**
Both sexes				
15-24 years	23.4	35.2	28.2	274
25-44 years	19.0	27.5	20.2	469
45-64 years	18.0	23.7	19.2	328
65+	17.0	15.4	10.7	88
Total	**19.4**	**26.3**	**20.1**	**1 159**

Source: Santé Québec, *Enquête Santé Québec* 1987 et *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- When both sexes are combined the highest levels of psychological distress are reported by respondents in the 15-24 years of age group.
- Levels of stress declined for all age groups when 1992-1993 and 1998 are compared.
- Women consistently reported higher levels of distress than men across all three time periods.

Table 2.14.4 – High level of psychological distress (indicator) according to sex, age and marital status, population 15 years and older, Quebec, 1998

		%
Men		
	Married	12.4
	Common law	19.2
	Widowed, separated or divorced	19.7
	Single	23.1
Women		
	Married	18.3
	Common law	23.4
	Widowed, separated or divorced	22.9
	Single	30.0
Both sexes		
15-24	Married	24.9*
	Common law	27.5
	Widowed, separated or divorced	-
	Single	28.5
25-44	Married	16.2
	Common law	20.7
	Widowed, separated or divorced	30.3
	Single	24.7
45-64	Married	16.5
	Common law	21.2
	Widowed, separated or divorced	24.6
	Single	24.5
65+	Married	9.0
	Common law	7.7**
	Widowed, separated or divorced	13.8
	Single	8.6**
Total both sexes		
	Married	15.3
	Common law	21.3
	Widowed, separated or divorced	21.8
	Single	26.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- When both sexes are combined, the highest level of psychological distress is reported among those who are 15-24 years of age and single. Female respondents of this age and marital status were more likely to report high levels of distress than males.

Table 2.14.5 – High level of psychological distress[1] according to sex, age, and activity status during a period of two weeks, population 15 years and older, Quebec, 1998

	%
Men	
Employed	16.0
Student	21.8
Homemaker	22.5*
Retired	10.6
Unemployed	28.0
Women	
Employed	22.8
Student	35.3
Homemaker	18.5
Retired	15.2
Unemployed	33.3
Both sexes	
15-24	
Employed	26.0
Student	28.7
Homemaker	39.3*
Retired	-
Unemployed	27.3
25-44	
Employed	19.0
Student	27.2
Homemaker	20.5
Retired	35.6**
Unemployed	27.2
45-64	
Employed	17.2
Student	26.2**
Homemaker	19.8
Retired	14.3
Unemployed	37.4
65+	
Employed	3.7**
Student	-
Homemaker	10.5*

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Retired	11.3
Unemployed	6.8**
Total both sexes	
Employed	19.0
Student	28.5
Homemaker	18.9
Retired	12.6
Unemployed	30.0

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Psychological distress indicator, Santé Québec.

* Interpret with caution
** Imprecise estimate, indication only

- The highest levels of psychological distress during a two week period were reported by respondents who were unemployed and/or students.

- These levels were higher for women when compared men.

- A very high level of psychological stress was reported among homemakers in the 15-24 age group but these numbers are small so must be interpreted with caution.

Table 2.14.6 – Level of psychological distress (indicator) by mother tongue, Quebec, 1998

N=	**18211**	**1029**	**1045**	**445**
	French	**English**	**Other**	**n/a**
Low to average	76.98%	76.87%	73.30%	59.55%
High	19.04%	18.56%	20.67%	15.28%
Unknown	3.98%	4.57%	6.03%	25.17%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone and Francophone respondents report relatively similar levels of psychological distress.

Table 2.14.7 – High level of psychological distress1 according to relative scolarity and level of income, population 15 years and older, Quebec, 1998

	%	Pop '000
Relative scolarity		
Very low	23.4	250
Low	20.7	237
Average	20.5	243
High	19.0	221
Very High	17.3	208
Income level		
Very poor	27.0	105
Poor	24.0	150
Lower middle income	20.6	384
Upper middle income	18.6	410
High income	16.2	111

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Psychological distress indicator, Santé Québec.

- Low scolarity and low income levels are associated with elevated levels of stress

Table 2.14.8 – High level of psychological distress1 according to long-term health problems, long-term activity limitations and perception of mental health, population 15 years and older, Quebec, 1998

Long-term health problems			Long-term activity limitations		Perception of mental health			
None	One problem	Two problems or more	Not limited	Limited	Excellent	Very good	Good	Average or poor
								%
16.6	18.9	25.0	18.6	33.3	6.6	15.7	33.2	66.7

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Psychological distress indicator, Santé Québec.

- Long-term health problems and long-term activity limitations are strongly associated with elevated levels of stress.

Table 2.14.9 – High level of psychological distress1 according to certain characteristics linked to social environment, population 15 years and older, Quebec, 1998

	%	Pop '000
Traumatizing events during childhood or adolescence		
None	13.1	380
1 event	20.9	284
2 events	28.8	202
3 events or more	37.1	202
Satisfaction with social life		
Very satisfied	7.7	138
More or less satisfied	19.3	622
Not satisfied	52.6	399
Indicator of social support		
Weak	37.6	429
High	15.8	730

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Psychological distress indicator, Santé Québec.

- High levels of psychological stress are strongly associated with certain social environment characteristics: 3 or more traumatizing events from childhood or adolescence, quality of social life and level of social support

- Respondents with high levels of psychological distress were highly likely to report not being satisfied with their social life (52.6%), having weak social support (37.6%) and 3 or more traumatizing events (37.1%)

Table 2.14.10 – Perception of mental health by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Excellent	33.97%	33.14%	31.29%	25.17%
Very good	34.28%	36.64%	36.17%	27.42%
Good	21.39%	19.34%	22.49%	19.33%
Average	6.54%	6.51%	5.55%	5.62%
Poor	1.41%	2.92%	0.96%	0.00%
Unknown	2.41%	1.46%	3.54%	21.57%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more than twice as likely as Francophones to perceive their mental health as poor.

2.15   Suicidal Ideas and Suicide Attempts

- Respondents 15-24 years of age were more likely than other age groups to report the presence of suicidal ideas.

- Women were more likely than men to report the presence of suicidal ideas over a 12 month period.

- Survey respondents with high levels of psychological distress were more likely to report suicidal ideas and suicide attempts.

- The presence of suicidal ideas over a 12 month period was reported most frequently by unattached individuals (widowed, separated, divorced or single) and tends to be linked with poor and very poor income levels, low scolarity and unemployment

- Among all demographic and socio-economic characteristics, those who perceived their financial situation as poor were the most likely to report the presence of suicidal ideas.

- Generally, Anglophone and Francophone respondents are similar with respect to the presence of suicidal ideas and suicide attempts. Anglophones were slightly more likely to report suicide attempts over a 12 month period.

Table 2.15.1 – Presence of suicidal ideas[1] over a twelve-month period, according to sex and age, population 15 years and older, Quebec, 1998

	%	Pop '000
Men		
15-24 years	6.3	31
25-44 years	4.5	53
45-64 years	2.7*	23
65+	0.5**	2
Total	**3.9**	**109**
Women		
15-24 years	8.5	40
25-44 years	4.0	46
45-64 years	2.9*	25
65+	0.5**	2
Total	**3.9**	**113**
Both sexes		
15-24 years	7.4	71
25-44 years	4.3	99
45-64 years	2.9	48
65+	0.5**	4
Total	**3.9**	**222**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- The reference population excludes persons having declared a suicide attempt.

* Interpret with caution
** Imprecise estimate, indication only

- The frequency of suicidal ideas over a 12 month period was similar for male and female survey respondents.

- Respondents 15-24 years of age were more likely than other age groups to report the presence of suicidal ideas.

Table 2.15.2 – Presence of suicidal ideas[1] or suicide attempts over a twelve-month period, according to the indicator of psychological distress[2], population 15 years and older, Quebec, 1998

	Psychological distress indicator (Santé Québec)	
	Low to average	**High**
	%	
Suicidal ideas	1.5	13.8
Suicide attempts	0.1**	2.3*

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- The reference population excludes persons having declared a suicide attempt.
2- Psychological distress indicator, Santé Québec.

* Interpret with caution
** Imprecise estimate, indication only

- Survey respondents with high levels of psychological distress were more likely to report suicidal ideas and suicide attempts.

Table 2.15.3 – Presence of suicidal ideas[1] over a twelve-month period, according to certain demographic and socio-economic characteristics, population 15 years and older, Quebec, 1998

	%
Civil status	
Married	1.8
Common law	3.4
Widowed, separated or divorced	4.6
Single	7.5
Income level	
Very poor	8.3
Poor	5.1
Lower middle income	3.6
Upper middle income	3.2
High income	3.2*
Perception of financial situation	
Comfortable	2.7
Sufficient income	2.5
Poor	6.8
Very poor	14.8
Relative scolarity	
Very low	4.9
Low	3.8
Average	3.7
High	3.5
Very High	3.6
Employment status	
Employed	3.4
Student	7.1
Homemaker	2.6*
Retired	1.3*
Unemployed	10.5

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1 – The reference population excludes persons having declared a suicide attempt.

* Interpret with caution

- The presence of suicidal ideas over a 12 month period was reported most frequently by unattached individuals (widowed, separated, divorced or single) and tends to be linked with poor and very poor income levels, low scolarity and unemployment.

- Among all demographic and socio-economic characteristics, those who perceived their financial situation as very poor were the most likely to report the presence of suicidal ideas.

Table 2.15.4 – Presence of suicidal ideas[1] over a twelve-month period, according to sex and age, population 15 years and older, Quebec, 1998

	%	Pop '000
Men		
15-24 years	0.9**	4
25-44 years	0.6**	6
45-64 years	0.4**	3
65+	-	-
Total	**0.5***	**13**
Women		
15-24 years	2.0**	9
25-44 years	0.4**	4
45-64 years	0.3**	2
65+	-	-
Total	**0.5***	**15**
Both sexes		
15-24 years	1.4*	13
25-44 years	0.5*	10
45-64 years	0.3**	5
65+	-	-
Total	**0.5**	**29**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- The reference population excludes persons having declared a suicide attempt.

* Interpret with caution
** Imprecise estimate, indication only

- Among survey respondents, the 15-24 years age group indicated the highest likelihood to have suicidal ideas over a 12 month period.

- Women were more likely than men to report the presence of suicidal ideas over a twelve-month period.

Table 2.15.5 – Presence of suicidal ideas by mother tongue, Quebec, 1998

N=	18125	1021	1037	444
	French	**English**	**Other**	**n/a**
Present	3.89%	3.53%	2.03%	2.25%
Absent	93.35%	94.12%	94.99%	74.55%
Unknown	2.76%	2.35%	2.99%	23.20%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were somewhat less likely than Francophones to report the presence of suicidal ideas.

Table 2.15.6 – Suicide attempts over a twelve-month period by mother tongue, Quebec, 1998

N=	17512	993	1025	435
	French	**English**	**Other**	**n/a**
Present	0.49%	0.81%	0.78%	0.00%
Absent	96.62%	96.78%	96.10%	76.09%
Unknown	2.89%	2.42%	3.12%	23.68%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were slightly more likely to report suicide attempts over a 12 month period when compared to Francophones.

2.16 Incapacity and Activity Limitations

- The rate of incapacity of survey respondents increased from 1987 to 1992-1993 through to 1998.

- The greatest increase was observed among women from 1992-1993 to 1998.

- The highest rate of incapacity was reported by those 65 years or more.

- Among survey respondents who reported the presence of activity limitations, a greater percentage reported moderate incapacity such as being incapable of working, doing housework or going to school.

- There was an increase in the rate of limitations related to osteoarticular, respiratory and mental causes from 1987 to 1998.

- The cause of incapacity most frequently cited by survey respondents was mental followed by osteoarticular (bone/joint).

- There was a higher rate of activity limitations reported among survey respondents with low income and scolarity levels.

- Anglophone respondents reported a higher rate of activity limitations than Francophones and Anglophone women exhibited a higher rate than Anglophone men.

Table 2.16.1 – Evolution of the rate of incapacity, according to sex and age, population in a private household, Quebec, 1998

	1987	1992-1993	1998	Pop '000
%				
Men	7.1	6.4	8.2	290
Women	7.6	8.0	110.4	376
Both sexes				
0-14 years	3.1	2.2	2.3	31
15-24 years	3.1	3.6	4.0	39
25-44years	5.3	6.1	7.4	172
45-64years	13.4	10.2	14.0	239
65 years or more	21.7	22.7	26.7	77
Total	**7.4**	**7.2**	**9.3**	**665**

Sources: Santé Québec, *Enquête Santé Québec* 1987 et *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- The rate of incapacity of survey respondents increased from 1987 to 1992-1993 through to 1998.

- The greatest increase was observed among women from 1992-1993 to 1998.

- The highest rate of incapacity was reported by those 65 years or more.

Table 2.16.2 – Days of incapacity according to type of incapacity, the presence or absence of long-term activity limitations and sex, population in a private household, Quebec, 1998

	Heavy[1]	Moderate[2]	Light[3]	Total
	Days			
Men				
Limited in activities	18.8	54.0	24.5	97.3
Not limited in activities	1.9	2.8	2,7	7.3
Women				
Limited in activities	18.1	44.2	38.2	100.5
Not limited in activities	2.2	2.6	4.7	9.5
Both sexes				
Limited in activities	18.4	48.4	32.3	99.1
Not limited in activities	2.1	2.7	3.7	8.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Required to stay in bed or on a couch all day, or nearly.
2- Incapable of working, doing housework or going to school.
3- Required to moderate activities.

- Among survey respondents who reported the presence of activity limitations, a greater percentage reported moderate incapacity such as being incapable of working, doing housework or going to school.

- Women were more apt to report being limited in their activities than men.

Table 2.16.3 – Evolution of the rate of incapacity, according to sex and age, population in a private household, Quebec, 1998

	1987	1992-1993	1998	Pop
%				'000
Cause				
Osteoarticular	24.0	26.6	26.8	178
Cardiovascular	15.9	13.1	13.7	91
Respiratory	7.6	12.9	10.7	71
Mental	5.6	6.0	8.3	55
Trauma	10.3	7.3	8.2	54
Other	35.7	34.3	32.3	216
Origin				
External	21.9	18.7	18.3	123
Other	78.1	81.3	81.7	543
Total	**100.0**	**100.0**	**100.0**	**665**

Sources: Santé Québec, *Enquête Santé Québec* 1987 et *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- There was an increase in the rate of limitations related to osteoarticular, respiratory and mental causes from 1987 to 1998.

Table 2.16.4 – Rate of activity limitations according to certain socio-economic characteristics and sex, population in a private household, Quebec, 1998

	Men	Women	Total
Income level		%	
Very poor	16.0	17.8	**16.9**
Poor	12.7	15.7	**14.4**
Lower middle income	9.0	10.0	**9.5**
Upper middle income	5.4	8.2	**6.8**
High income	6.0*	6.4*	**6.2**
Relative scolarity (15 years and older)			
Very low	12.2	17.7	**14.9**
Low	10.2	10.6	**10.4**
Average	8.6	10.5	**9.6**
High	7.9	11.9	**9.7**
Very High	5.3	9.0	**7.2**
Employment status (15 years and older)			
Student	2.7*	5.4*	**4.1**
Employed	4.3	6.1	**5.1**
Homemaker	16.1*	14.8	**14.9**
Unemployed	35.1	47.6	**40.1**
Retired	23.4	24.4	**23.9**
Professional category (15 years and older)			
Professional, senior manager	3.1**	6.3**	**4.7***
Intermediate manager, semi-professional, technician	3.8*	5.5*	**4.6**
Office, sales, service	4.3*	6.3*	**5.6**
Foreman, qualified labourer	3.9	4.0**	**3.9**
Non-qualified worker, labourer	6.1*	6.8**	**6.3**
Mother tongue (15 years and older)			
French	9.3	12.1	**10.8**
English	7.3*	12.2	**9.8**
Other	5.6*	9.1	**7.4**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- There was a higher rate of activity limitations reported among survey respondents with low income and scolarity levels.

- Those respondents who were unemployed, homemakers or retired reported a much higher rate of activity limitations than those employed or students.

- Anglophones reported a higher rate of activity limitations than Francophones and Anglophone women exhibited a higher rate than Anglophone men.

Table 2.16.5 – Cause of incapacity by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Osteoarticular (bone/joint)	1.80%	2.24%	1.15%	1.80%
Cardiovascular	0.57%	0.68%	0.48%	0.00%
Respiratory	0.93%	1.46%	0.00%	1.12%
Mental	2.33%	2.33%	1.53%	3.37%
Trauma	0.50%	0.49%	0.57%	0.00%
Other	4.25%	4.57%	3.25%	4.04%
Not applicable	89.62%	88.24%	92.63%	87.87%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The cause of activity limitations most frequently cited by survey respondents was mental followed by osteoarticular (bone/joint).

- Anglophones were more likely to report respiratory, osteoarticular and cardiovascular causes than Francophones.

2.17   Recourse to Health and Social Service Professionals

- Female survey respondents were more likely than males to have visited at least one health and social service professional in the course of a two-week period.

- Those respondents aged 65 years and over were the most likely age group to have visited a professional over a two-week period and those aged 15-24 were the least likely.

- The likelihood of respondents with very low scolarity to have consulted at least one professional in the course of a two-week period was somewhat greater than those with high levels of scolarity.

- The likelihood of having consulted at least one professional in the two-week period was lowest among 1st generation minority group members and highest among majority and 2nd and 3rd generation minority group members.

- Those respondents with greater psychological stress and who perceive their health status as average or poor were also more likely to have consulted one professional over a two-week period.

- Among respondents who had consulted at least one professional in the course of a two-week period, the most likely location was at a pharmacy or hospital out-patient clinic. School, work, hospital during a stay and telephone were locations less frequently used.

- The waiting period of 1 year or more for an appointment and a consultation with a physician or specialist was most frequently reported for allergies, rhinitis, gastric ulcer, back problems and asthma.

- Respondents living in distant regions were less likely to have consulted a health professional in a two-week period compared to those more centrally located.

- Survey respondents living in distant regions of Quebec were more likely than those centrally located to assess waiting time for a general physician or medical specialist as too long.

- Anglophone respondents were more likely than Francophones to travel more than 20 kilometres to see a general physician or a specialist.

- Anglophone respondents were more likely than Francophones to have had their last consultation with a health professional in a private clinic, outpatient clinic, or at home. Francophones were more likely to have had their last consultation at a CLSC, hospital emergency room or pharmacy.

- Anglophones were more likely than Francophones to have consulted at least one health professional in the course of a two-week period.

Table 2.17.1 – Persons having consulted at least one professional, doctor or other, in the course of a two-week period, according to sex and age, total population, Quebec, 1998

	At least 1 professional		Doctor		Professional other than a doctor	
	%	**Pop '000**	**%**	**Pop '000**	**%**	**Pop '000**
Men	21.1	749	12.1	430	12.7	449
Women	29.2	1,058	17.0	617	17.8	645
Both sexes						
0-14 years	22.5	303	13.7	184	12.6	170
15-24 years	19.2	187	10.1	98	12.2	119
25-44years	23.7	549	12.1	281	16.0	372
45-64years	28.5	485	17.0	290	17.0	290
65 years or more	34.5	282	23.7	193	17.6	144
Total	**25.2**	**1,806**	**14.6**	**1,047**	**15.3**	**1,094**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Female respondents were more likely than males to have visited at least one health and social service professional in the course of a two- week period. They were equally likely to have visited a doctor or some other professional.

- Those respondents ages 65 years and over were the most likely age group to have visited a professional over a two-week period and those 15-24 were the least likely.

- Those aged 65 and over were also more likely to have visited a doctor than a professional other than a doctor when compared to other age groups.

- Those aged 15-24 were the least likely to have visited a doctor among all age groups.

Table 2.17.2 – Persons having consulted at least one professional, doctor or other, in the course of a two-week period, according to certain demographic and socio-economic characteristics, total population, Quebec, 1998

	At least 1 professional	Doctor	Professional other than a doctor
	%		
Relative scolarity			
Very low	23.6	15.3	13.5
Low	25.3	14.2	15.3
Average	25.6	14.6	15.8
High	27.5	15.4	17.7
Very High	28.3	14.7	19.4
Income level			
Very poor	27.3	16.5	16.2
Poor	26.1	16.2	15.2
Lower middle income	24.2	14.6	14.1
Upper middle income	24.8	13.8	15.4
High income	27.0	14.4	17.8
Ethno cultural group			
Majority group	26.3	14.8	16.5
Minority group (2nd or 3rd generation)	30.8	21.0	16.5
Minority group (1st generation)	22.1	13.3	11.5

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The likelihood of respondents with very low scolarity to have consulted at least one professional in the course of a two-week period was somewhat greater than those with high levels of scolarity.

- The likelihood of having consulted at least one professional in the two-week period was lowest among 1st generation minority group members and highest among majority and 2nd and 3rd generation minority group members.

Table 2.17.3 – Persons having consulted at least one professional, doctor or other, in the course of a two-week period, according to certain health indicators, total population, Quebec, 1998

	At least 1 professional	Doctor	Professional other than a doctor
	%		
Number of health problems			
None	7.8	2.5	5.9
1 problem	23.8	13.1	13.7
More than 1 problem	42.0	26.7	24.8
Incapacity short or long-term			
Without incapacity	22.7	2.7	13.7
With incapacity	49.3	33.2	30.6
Indicator of psychological distress[1]			
Low or average	24.5	13.7	15.0
High	31.5	18.6	20.0
Perception of state of health[1]			
Excellent	19.2	9.8	12.1
Very good	22.7	11.7	14.3
Good	26.9	15.4	16.6
Average	41.5	27.8	24.0
Poor	57.4	43.1	30.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Population 15 years and older

- Survey respondents with more than one health problem and short or long term incapacity were among the most likely persons to have consulted at least one professional in a two-week period.

- Those with greater psychological stress and who perceive their health status as average or poor were also more likely to have consulted one professional over a two-week period. Those respondents with high levels of psychological stress were more likely to consult with a professional other than a doctor.

Table 2.17.4 – Location of the last consultation, population having consulted at least one professional in the course of a two-week period, Quebec, 1998

	%
Private office or private clinic	64.1
CLSC	4.9
Hospital emergency	3.1
Hospital out-patient clinic	10.1
Hospital during a stay	1.1
Work	0.3
School	0.8
Home	2.9
Telephone	1.3
Pharmacy	10.5
Other	0.9
Total	**100.0**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among those respondents who had consulted at least one professional in the course of a two-week period, the most likely location was at a pharmacy or hospital out-patient clinic. School, work, hospital during a stay and telephone were the locations most infrequently used.

Table 2.17.5 – Location of the last consultation, population having consulted at least one professional in the course of a two-week period, Quebec, 1998

	General physician	Specialist
	%	
Private office or private clinic	72.1	47.0
CLSC	7.4	0.6
Hospital emergency	7.8	4.2
Hospital out-patient clinic	8.4	39.5
Hospital during a stay	1.2	6.1
Work	0.2	0.0
School	0.1	0.0
Home	1.8	0.1
Telephone	0.8	2.0
Other	0.3	0.6
Total	**100.0**	**100.0**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among the respondents who consulted a general physician in the course of a two-week period, the locations most frequently reported were hospital out-patient clinic, hospital emergency or CLSC.

- Among those who had consulted a specialist, the location most frequently reported was hospital out-patient clinic.

Table 2.17.6 – Assessment of the waiting period with respect to the time elapsed between making an appointment and a consultation with a general physician or specialist, Quebec, 1998

	General physician			Specialist		
	Acceptable	A little long	Too long	Acceptable	A little long	Too long
	%					
Time elapsed between making appointment and consultation						
Less than 1 day	98.2	1.4	0.4	99.3	0.7	0.0
1 day to less than 1 week	92.2	3.6	4.2	94.3	1.9	3.8
1 week to less than 1 month	84.9	9.3	5.7	88.4	6.9	4.8
1 to 3 months	72.0	9.0	18.9	66.7	16.1	17.3
3 months or more	70.9	8.0	21.0	60.6	12.3	27.1
Total	**87.2**	**6.0**	**6.8**	**81.3**	**8.6**	**10.1**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Survey respondents assessed a waiting period of 1 to 3 months or more as too long to see a general physician or specialist.

Table 2.17.7 – Assessment of the waiting period with respect to the time elapsed between making an appointment and a consultation with a general physician or specialist, Quebec, 1998

	Less than 1 year	1 year or more	Never
	%		
Mental health problem	81.2	14.1	4.8
Sleep disorder	71.7	20.2	8.1
Acute anxiety	49.1	20.1	30.9
Thyroid problem	83.9	16.0	0.1
Diabetes	93.1	6.5	0.4
Hypercholesteremia	92.8	7.0	0.3
Anaemia	64.9	33.8	1.3
Other blood disorders	85.0	14.0	1.0
Headache	26.3	27.4	46.3
Eye disease	77.2	21.6	1.2
Hearing ailment	84.8	12.3	2.9
Hypertension	92.2	7.0	0.8
Cardiac problem	79.0	20.5	0.5
Flu	34.7	3.3	61.9
Bronchitis or emphysema	68.3	27.3	4.4
Asthma	62.6	36.4	1.0
Rhinitis	18.2	55.7	26.1
Other respiratory ailments	57.9	9.4	32.6
Other allergies	16.9	65.1	18.0
Gastric ulcer	52.8	39.3	8.0
Functional digestive disorder	48.0	19.4	32.7
Other digestive problems	75.1	20.9	4.1
Skin allergy	49.9	41.5	8.7
Arthritis or rheumatism	55.6	33.8	10.7
Back ache	49.1	37.8	13.1
Other back problems	53.5	39.9	6.6
Lesions	81.0	11.1	7.9
Urinary problem	76.2	20.3	3.5
Malaise or fatigue	51.5	13.4	35.1
Other problems	73.5	17.6	8.9
Menstrual or menopausal problems	68.2	25.2	6.6
Total	58.2	27.1	14.7

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The waiting period of 1 year or more for an appointment and a consultation with a physician or specialist was most frequently reported for allergies, rhinitis, gastric ulcer, back ache and other back problems and asthma.

Table 2.17.8 – Number of professionals consulted in course of a period of four months, according to whether the type of problem the object of consultation was long or short term, Quebec, 1998

	None	One	Two or more
%			
Long-term problem	52.5	40.9	6.5
Short-term problem	61.5	34.8	4.1
Total	**58.3**	**36.8**	**4.9**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- The majority of survey respondents had not consulted a professional in the course of four months. Among those who had consulted a professional, very few had had a consultation two or more times in a four month period.

Table 2.17.9 – Persons having consulted at least one professional, doctor or other, in the course of a two-week period, according to type of region, total population, Quebec, 1998

	Type of professional consulted			Among doctors	
	At least 1 professional	**Doctor**	**Professional other than a doctor**	**General physician**	**Specialist**
%					
Central regions	26.5	15.8	15.2	11.3	6.1
Peripheral regions	25.3	14.3	16.4	10.9	4.8
Intermediate regions	23.8	13.7	14.1	10.6	4.3
Distant regions	20.6	11.5	12.9	9.1	3.3*
Total	**25.2**	**14.6**	**15.3**	**10.9**	**5.1**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- Respondents living in distant regions were less likely to have consulted a health professional in a two-week period compared to those more centrally located.

Table 2.17.10 – Consultations having required a trip of 20 kilometres or more, or a traveling time of more than 30 minutes (one way), according to the type of doctor consulted and type of region, Quebec, 1998

	Trip longer than 20 km	Traveling time greater than 30 minutes
	%	
Consultations with a general physician		
Central regions	2.7*	3.5*
Peripheral regions	13.3	4.2*
Intermediate regions	11.7**	5.1*
Distant regions	16.9**	6.2**
Total	9.0	4.2
Consultations with a specialist		
Central regions	6.5*	12.7
Peripheral regions	33.9	15.9
Intermediate regions	32.6	21.8*
Distant regions	39.3**	33.3**
Total	**21.5**	**16.1**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- Whether consultations with a general physician or a specialist, distant regions reported the greatest likelihood of longer traveling time.

Table 2.17.11 – Time elapsed between making an appointment and a consultation with a general physician, and assessment of waiting time, according to the type of region, Quebec, 1998

	Persons having consulted a general physician					
	Time elapsed				Assessment of waiting time	
	Less than 1 week	1 week to less than 1 month	Between 1 and 3 months	3 months or more	Acceptable	A little or too long
	%					
Central regions	51.7	31.9	12.6	3.7**	89.1	10.9*
Peripheral regions	51.6	30.7	16.1	1.5**	85.4	14.6
Intermediate regions	46.4	32.3	17.9*	3.4**	87.0	13.1*
Distant regions	45.3*	41.8*	10.6**	2.3**	84.7	15.3**
Total	**50.2**	**32.1**	**14.8**	**2.9***	**87.2**	**12.8**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- Respondents located in the central regions were somewhat less likely than other regions to assess waiting time for a general physician as a little too long.

Table 2.17.12 – Time elapsed between making an appointment and a consultation with a specialist, and assessment of waiting time, according to the type of region, Quebec, 1998

	Persons having consulted a specialist					
	Time elapsed				Assessment of waiting time	
	Less than 1 week	1 week to less than 1 month	Between 1 and 3 months	3 months or more	Acceptable	A little or too long
	%					
Central regions	23.2	36.9	28.5	11.4*	82.7	17.3
Peripheral regions	23.5	39.4	25.6	11.6*	80.3	19.7
Intermediate regions	33.5	33.9	20.7*	11.9**	80.3	19.7*
Distant regions	24.4**	39.1**	26.8**	9.7**	79.7	20.3**
Total	**25.2**	**37.3**	**26.0**	**11.5**	**81.3**	**18.7**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- Survey respondents living in distant regions of Quebec were more likely than those more centrally located to assess waiting time between making an appointment and consultation with a medical specialist as too long.

Table 2.17.13 – Distance travelled to see a general physician by mother tongue, Quebec, 1998

N=	1986	153	115	55
	French	**English**	**Other**	**n/a**
20 km or less	86.40%	81.70%	84.35%	87.27%
More than 20 km.	12.19%	15.03%	11.30%	9.09%
Unknown	1.41%	3.27%	4.35%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely than Francophones to travel more than 20 km to see a general physician.

Table 2.17.14 – Travel time required to see a general physician by mother tongue, Quebec, 1998

	N=	1986	153	115	55
		French	**English**	**Other**	**n/a**
Up to 20 minutes		87.71%	79.74%	81.74%	87.27%
20 minutes to less than 30 minutes		6.85%	11.76%	9.57%	0.00%
30 minutes and more		4.93%	6.54%	7.83%	0.00%
Unknown		0.50%	0.00%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents reported requiring more travel time than Francophones to see a general physician.

Table 2.17.15 – Distance travelled to see a specialist by mother tongue, Quebec, 1998

	N=	879	56	53	23
		French	**English**	**Other**	**n/a**
20 km or less		65.19%	62.50%	84.91%	69.57%
More than 20 km.		30.72%	30.36%	13.21%	26.09%
Unknown		4.10%	0.00%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Francophone respondents were more likely than Anglophones to travel 20 kilometres or less to visit a specialist. Anglophones were equally likely to travel more than 20 km to see a specialist.

Table 2.17.16 – Travel time required to see a specialist by mother tongue, Quebec, 1998

	N=	879	56	53	23
		French	**English**	**Other**	**n/a**
Up to 20 minutes		61.43%	55.36%	69.81%	69.57%
20 minutes to less than 30 minutes		14.22%	14.29%	11.32%	0.00%
30 minutes and more		21.62%	26.79%	18.87%	0.00%
Unknown		61.43%	55.36%	69.81%	69.57%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely than Francophones to require 30 minutes of travel time to see a specialist. Francophones were more likely to require less than 20 minutes' travel to visit a specialist.

Table 2.17.17 – Location of the last consultation with a professional by mother tongue, Quebec, 1998

N=	4541	296	247	109
	French	**English**	**Other**	**n/a**
Private office	60.10%	64.53%	66.80%	59.63%
CLSC	6.14%	3.04%	2.83%	8.26%
Outpatient Clinic	10.68%	12.16%	13.77%	9.17%
Emergency room-Hospital	3.46%	1.69%	2.43%	0.00%
Hospital overnight	0.97%	0.00%	0.00%	0.00%
Pharmacy	11.43%	8.11%	11.74%	10.09%
Home	3.33%	4.39%	0.00%	7.34%
School	0.40%	0.00%	0.00%	0.00%
Work	0.31%	0.00%	0.00%	0.00%
Telephone	1.04%	2.03%	0.00%	0.00%
Other	0.86%	0.00%	0.00%	0.00%
Unknown	1.30%	1.69%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely than Francophones to have had their last consultation with a health professional in a private clinic, outpatient clinic, or at home. Francophones were more likely to have had their last consultation at a CLSC, hospital emergency room or pharmacy.

Table 2.17.18 – Persons consulting at least one professional in the course of a two-week period by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Yes	24.94%	28.77%	23.64%	24.49%
No	74.91%	71.23%	76.36%	75.28%
Unknown	0.15%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely than Francophones to have consulted at least one health professional in the course of a two-week period.

Table 2.17.19 - Number of professionals consulted in a four-month period by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
None		74.91%	71.23%	76.36%	75.28%
1 consultation		18.04%	20.12%	18.18%	16.85%
2 or more consultations		6.89%	8.65%	5.45%	7.64%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely to have had 1 or more consultations with a professional in a four month period.

2.18 Recourse to Hospitalization, Day Surgery, & Post-hospital Care

- Female respondents were somewhat more likely than males to have been hospitalized at least once in twelve months.

- The likelihood of hospitalization increased with each age cohort and was much more frequently reported by those 65 years and over.

- Hospitalization was more likely to be reported by those with low income and low scolarity.

- Older age and low scolarity was associated with an increased likelihood to receive day surgery.

- Among respondents receiving day surgery, 25% of respondents found the length of waiting time too long. Among persons hospitalized, 14.4% found the length of waiting time too long.

- Among persons receiving post-hospital service at home after day surgery, 96.3% relied upon the aid of family and close friends and 57.9% relied on family and close friends for home treatment.

- Among persons hospitalized, 81.2% relied upon aid at home from family and close friends and 38% relied upon a CLSC, private organization or community organization for home treatment.

- Anglophone survey respondents reported a somewhat higher reliance on family and friends than Francophones for post-hospital aid at home.

Table 2.18.1 – Recourse to day surgery and hospitalization at least once in twelve months, according to certain demographic and socio-economic characteristics, total population, Quebec, 1998

	Persons receiving day surgery		Persons hospitalized	
	%	Pop '000	%	Pop '000
Men	4.0	140	5.2	183
Women	4.4	160	7.5	272
Both sexes				
0-14 years	2.4	33	3.5	48
15-24 years	3.5	34	4.4	43
25-44years	4.6	107	6.1	142
45-64years	4.7	80	6.4	109
65 years or more	5.8	47	13.9	113
Total	4.2	300	6.4	455
Relative scolarity[1]				
Very low	5.3	59	8.4	94
Low, Average, High	4.3	153	6.8	245
Very High	4.7	56	5.7	68
Income level				
Very poor	4.6*	24	9.4	49
Poor	4.8	40	8.7	76
Lower middle income	4.3	99	D6.5	152
Upper middle income	5.1	105	5.5	144
High income	4.0	32	4.2	34

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Population 15 years and older

* Interpret with caution

- Female respondents were somewhat more likely than males to have been hospitalized at least once in twelve months.

- The likelihood of hospitalization increased with each age cohort and was much more frequently reported by those 65 years and over.

- Hospitalization was more likely to be reported by those with low income and low scolarity.

- Older age and low scolarity was associated with an increased likelihood to receive day surgery.

Table 2.18.2 – Problems treated at the last recourse to day surgery and the last hospitalization, according to the population treated in day surgery and the hospitalized population, Quebec, 1998

	Persons receiving day surgery		Persons hospitalized	
	Pop		Pop	
	%	'000	%	'000
Tumours	7.2	22	3.0	14
Endocrinal problems[1]	-	-	2.0	9
Mental health problems[1]	-	-	2.6	12
Problems with the nervous system or sensory organs	14.2	43	3.9	18
Problems with the circulatory system	3.5	11	10.5	48
Problems with the respiratory system	6.4	19	9.4	43
Problems with the digestive system	10.1	30	14.7	67
Genital-urinary problems	7.1	21	7.2	33
Delivery and complications from pregnancy and delivery	1.4	4	16.3	74
Skin diseases	9.2	28	1.0	4
Problems with the bone and joint system	3.4	10	3.7	17
Ill-defined symptoms[2]	-	-	5.0	23
Traumatic lesions	10.5	31	8.7	39
Others	27.1	81	12.2	55

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Insufficient occurrence; regrouped in 'Others' in the case of persons treated in day surgery
2- Insufficient occurrence in the case of persons treated in day surgery

- Among the respondents treated in day surgery, the majority had problems with their nervous system or sensory organs, followed by those with traumatic lesions and problems with the digestive system.

- Among hospitalized respondents, the majority had delivery complications from pregnancy and delivery followed by those with problems with their digestive system and then circulatory system problems.

Table 2.18.3 – Length of waiting time for treatment in day surgery or admission to hospital, and opinion expressed regarding this delay, according the population treated in day surgery and the hospitalized population, Quebec, 1998

	Persons receiving day surgery	Persons hospitalized
	%	
Length of wait		
Less than 1 week	23.2	78.4
1 week to less than a month	25.8	7.3
1 month to less than 3 months	31.1	7.4
3 months or more	20.0	6.9
Opinion expressed on the length of wait		
Acceptable	74.8	85.6
A little or too long	25.2	14.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among respondents receiving day surgery, the greater percentage waited 1 month to less than 3 months for treatment. 25% of respondents receiving day surgery found the length of waiting time too long.

- Among persons hospitalized, the greater percentage experienced a waiting time for admission of less than a week. 14.4% of persons hospitalized found the length of waiting time too long.

Table 2.18.4 – Use of post-hospital service at home according to the type of service and source of aid, population treated in day surgery and hospitalized population having received post-hospital services at home, Quebec, 1998

	Persons receiving day surgery		Persons hospitalized	
	%	Pop '000	%	Pop '000
Treatment at home				
Family and close friends	57.9*	8	15.0*	8
CLSC, private organization or community organization	36.4**	5	68.5	38
A mix[1]	5.7**	1	16.5*	9
Aid at home				
Family and close friends	96.3	47	81.2	86
CLSC, private organization or community organization	2.0**	1	10.5**	11
A mix[1]	1.7**	1	8.3*	9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Aid is mixed and comes from both family and close friends, and a CLSC, private organization or a community organization

*   Interpret with caution
**   Imprecise estimate, indication only

- Among persons receiving post-hospital service at home after day surgery, 96.3% relied upon the aid of family and close friends and 57.9% relied on family and close friends for home treatment.

- Among persons hospitalized, 81.2% relied upon aid at home from family and close friends and 38% relied upon a CLSC, private organization or community organization for home treatment.

- 17 % either relied on family and close friends for post-hospital treatment at home or a mix of family friends and CLSC, private organization or community organization.

Table 2.18.5 – Use of post-hospital aid at home according to the type of service and by mother tongue, population treated in day surgery and hospitalized population having received post-hospital aid at home, Quebec, 1998

	N=	153	8*	0	0
		French	**English**	**Other**	**n/a**
Family and close friends		94.77%	100.00%	n/a	n/a
CLSC, private organization or community organization		3.27%	0.00%	n/a	n/a
A mix[1]		0.00%	0.00%	n/a	n/a
		100.00%	100.00%	n/a	n/a

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Aid is mixed and comes from both family and close friends, and a CLSC, private organization or a community organization

* Interpret with caution

- Anglophone survey respondents reported a somewhat higher reliance on family and friends than Francophones for post-hospital aid at home.

2.19   Recourse to Info-Santé Telephone Service

- Among survey respondents, women tended to be significantly more aware of the existence of CLSC Info-Santé than men.

- Among men, the 15-24 years age group were the least aware. Among women, younger women aged 15-44 were more aware of CLSC Info-Santé than their seniors.

- The English mother tongue population was much less likely to be aware of the existence of CLSC Info-Santé compared to French mother tongue.

- Awareness was fairly evenly distributed among income groups with those very poor and those with the highest levels of income showing somewhat lower levels of awareness of Info-Santé services.

- Among respondents aware of the existence of Info-Santé, Anglophones were less likely to make use of the service than Francophones.

- 83.67% of Anglophone respondents report they did not use Info-Santé in a twelve month period compared to 74.75% of Francophones. Anglophones were also much less likely to have used Info-Santé at some point in their life.

- Among respondents who had used CLSC Info-Santé in the course of a 12 month period, the most frequent users were those who had undergone hospitalization followed by those with high levels of psychological distress, those who had undergone day surgery and those who were not hospitalized but shared a household with someone who was.

- Respondents who lived in a household with one minor were frequent users of the Info-Santé service.

- Those with low and very low scolarity as well as poor and very poor income were those most highly represented among respondents who had used CLSC Info-Santé three times or more in the course of 12 month period.

- Among survey respondents, women were more likely to be lifetime users of CLSC Info-Santé than men. The 25-44 years age group most frequently reported being lifetime users of the service and the 65 years and over group were the least frequent to report lifetime use.

Table 2.19.1 – Awareness of the existence of CLSC Info-Santé according to age and sex, population 15 years and older, Quebec, 1998

	%	Pop '000
Men		
15-24 years	60.8	302
25-44years	72.0	845
45-64years	67.5	568
65 years or more	73.7	256
Total	68.9	1,972
Women		
15-24 years	80.9	385
25-44years	84.1	966
45-64years	76.5	664
65 years or more	75.7	355
Total	80.1	2,370
Both sexes		
15-24 years	70.7	687
25-44years	77.9	1,811
45-64years	72.0	1,232
65 years or more	74.8	612
Total	**74.6**	**4,342**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among survey respondents, women tended to be significantly more aware of the existence of CLSC Info-Santé than men. Among men, the 15-24 years age group was the least aware. Among women, younger women aged 15-44 were more aware of CLSC Info-Santé than their seniors.

Table 2.19.2 - Awareness of the existence of CLSC Info-Santé according to income level and mother tongue, population 15 years and older, Quebec, 1998

	%	Pop '000
Income level		
Very poor	69.8	274
Poor	75.2	478
Lower middle income	75.6	1,431
Upper middle income	75.8	1,679
High income	69.9	480
Mother tongue		
French	77.5	3,759
English	58.9	239
Other	61.4	354

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among survey respondents, the English mother tongue population was much less likely to be aware of the existence of CLSC Info-Santé compared to French mother tongue.

- Awareness is fairly evenly distributed among income groups with those very poor and those with the highest levels of income showing somewhat lower levels of awareness.

Table 2.19.3 – Lifetime use of CLSC Info-Santé according to mother tongue, population 15 years and older and population 15 years and older aware of the existence of the service, Quebec, 1998

	Population 15 years and older	Population 15 years and older and aware of the service
	%	
Mother tongue		
French	31.2	41.1
English	19.1	33.3
Other	20.6	34.1

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among those respondents aware of the existence of CLSC Info-Santé, Anglophones were less likely to use the service than Francophones.

Table 2.19.4 – Use of CLSC Info-Santé in the course of a twelve-month period according to certain demographic and socio-economic and health characteristics, population 15 years and older aware of the existence of the service, Quebec, 1998

	%	Pop '000
Demographic characteristics		
Lives in a household with one minor	41.6	743
Aged 15 to 64 and lives in a household with a person 65 years and older	27.1	47
Socio-economic characteristics		
Relatively low scolarity	31.6	253
Income level very poor	39.0	105
Health characteristics		
Perception of state of health (average or poor)	36.9	176
High level of psychological stress according to indicator	42.0	358
Long-term activity limitations	38.7	179
Consultation with a doctor within a two-week period	39.9	267
Hospitalization in the course of a twelve-month period	49.8	160
Day surgery in the course of a twelve-month period	41.9	88
Was not hospitalized in the course of a twelve-month period but lives in a household with someone who was	41.7	159
Did not have day surgery in the course of a twelve-month period, but lives in household with someone who did	38.0	101
Total population aware of the existence of the service	**32.0**	**1,381**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

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- Among survey respondents who had used CLSC Info-Santé in the course of a 12 month period, the most frequent users were those who had undergone hospitalization followed by those with high levels of psychological distress, those who had undergone day surgery and those who were not hospitalized but shared a household with someone who was.

- Respondents who lived in a household with one minor were frequent users of the Info-Santé service.

Table 2.19.5 – Use of CLSC Info-Santé 3 times or more in the course of a twelve-month period according to relative scolarity and income level, population 15 years or more having used the service in the course of a twelve-month period, Quebec, 1998

	%	Pop '000
Relative scolarity		
Very low	31.7	80
Low	28.6	83
Average	24.0	67
High	24.3	66
Very High	21.7	62
Income level		
Very poor	31.5	33
Poor	32.8	56
Lower middle income	25.7	122
Upper middle income	24.3	122
High income	20.5	26

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Those with low and very low scolarity as well as poor and very poor income were those most highly represented among respondents who had used CLSC Info-Santé 3 times or more in the course of a 12 month period.

Table 2.19.6 - Use of CLSC Info-Santé 3 times or more in the course of a twelve-month period according to age of the youngest child in the household, population 15 years or more living in a household with a minor and having used the service in the course of a twelve-month period, Quebec, 1998

	%	Pop '000
Age of the youngest child in the household		
0-2 years	48.4	132
3-5 years	31.3	45
6-11 years	20.4	31
12-17 years	16.1	28
Total	**31.8**	**236**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Those respondents living in a household where the age of the youngest child is 1-5 years were the most likely to use CLSC Info-Santé 3 times or more in the course of a 12 month period.

Table 2.19.7 – Use of CLSC Info-Santé 3 times or more in the course of a twelve-month period according to certain health characteristics, population 15 years or more having used the service in the course of a twelve-month period, Quebec, 1998

		Pop
	%	'000
Health Characteristics		
Perception of state of health (average or poor)	32.9	59
High level of psychological stress according to indicator	29.9	107
Long-term activity limitations	33.6	60
Hospitalization in the course of a twelve-month period	42.5	68
Was not hospitalized in the course of a twelve-month period, but lives in a household with someone who was	34.8	55
Total population having used the service in a period of 12 months	**26.0**	**358**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Those respondents who had been hospitalized in the course of a twelve month period, or lived in a household with someone who was, were the most likely to have used CLSC Info-Santé 3 times or more in the course of a 12 month period. Those with long-term limitations and high levels of psychological distress were also highly represented in this group.

Table 2.19.8 – Lifetime use of CLSC Info-Santé according to sex and age, population 15 years and older and population 15 years and older aware of the existence of the service, Quebec, 1998

	%
Men	
15-24 years	24.9
25-44years	39.3
45-64years	19.9
65 years or more	25.9
Total	29.9
Women	
15-24 years	47.2
25-44years	62.1
45-64years	37.1
65 years or more	33.7
Total	48.7
Both sexes	
15-24 years	37.5
25-44years	51.4
45-64years	29.2
65 years or more	30.3
Total	**40.1**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among survey respondents, women were more likely to be lifetime users of CLSC Info-Santé than men.

- When both sexes are combined, the 25-44 years age group most frequently reported being lifetime users of the service and the 65 years and over group were the least frequent to report lifetime use.

Table 2.19.9 - Use of CLSC Info-Santé in the course of a twelve-month period according to sex, age and mother tongue, population 15 years and older aware of the existence of the service, Quebec, 1998

	Population 15 years and older	Population 15 years and older and aware of the service
	%	
Men		
15-24 years	12.5	21.2
25-44years	22.4	31.4
45-64years	9.7	14.7
65 years or more	13.7	19.7
Total	15.9	23.6
Women		
15-24 years	33.3	41.6
25-44years	42.5	51.1
45-64years	20.2	27.1
65 years or more	16.3	23.5
Total	30.3	38.9
Both sexes		
15-24 years	22.7	32.7
25-44years	32.3	41.9
45-64years	15.0	21.4
65 years or more	15.2	21.9
Total	23.2	32.0
Mother tongue		
French	25.0	32.9
English	14.4	25.0
Other	16.9	27.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- A much higher percentage of women compared to men used CLSC Info-Santé in the course of a twelve month period.

- Among male respondents, those aged 25-44 were the most frequent users of this service. Among female respondents, those aged 15-44 were frequent users.

- Francophones were more frequent users of the CLSC Info-Santé than Anglophones.

Table 2.19.10 – Persons who have used CLSC Info-Santé in a twelve-month period by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Yes		25.14%	16.33%	18.47%	13.48%
No		74.75%	83.67%	81.53%	85.17%
Unknown		0.11%	0.00%	0.00%	1.35%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Respondents with English mother tongue were much less likely (35% in relative terms) than Francophones to report having used Info-Santé in a twelve month period. 83.67% of Anglophones report they did not use Info-Santé in a twelve month period compared to 74.75% of Francophones.

Table 2.19.11 – Frequency of use of CLSC Info-Santé by those who have used the service in a twelve-month period by mother tongue, Quebec, 1998

	N=	4598	168	193	66
		French	**English**	**Other**	**n/a**
1-2 times		73.08%	70.83%	74.09%	59.09%
3-5 times		19.07%	21.43%	18.65%	22.73%
6 or more times		7.42%	7.74%	7.25%	9.09%
Unknown		0.43%	0.00%	0.00%	9.09%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Of those respondents who did use Info-Santé over a twelve month period, the greater percentage of both Francophones and Anglophones report 1-2 times.

Table 2.19.12 – Persons using CLSC Info-Santé at some point in their life by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Yes		30.45%	20.41%	22.97%	20.22%
No		68.85%	79.20%	76.75%	77.30%
Unknown		0.70%	0.00%	0.00%	2.47%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking respondents were much less likely (33% in relative terms) than French-speakers to report having used Info-Santé at some point in their life.

2.20   Consumption of Medication

- There was an increase in the percentage of survey respondents 25 years of age and over having consumed both prescribed and non-prescribed medication when 1987, 1992-1993 and 1998 are compared.

- The greatest consumers of prescribed medication are located in the 65 years and over age group.

- The 44-64 age group exhibit the highest levels of non-prescription medication consumption.

- When men and women 15 years of age and older are compared, women are consuming substantially higher levels of both prescribed and non-prescribed medication. The gender difference in the 15-24 age group with respect to the consumption of prescribed medication is noteworthy.

- The greatest percentage of persons using prescription and non-prescription medication in the course of a two-day period were average to very high income, and members of the majority ethno-cultural group or 2nd and 3rd generation minority group.

- When prescribed medication is considered, the greatest percentage was consumed by poor and very poor respondents and members of the majority ethno-cultural group and/or 2nd and 3rd generation minority group.

- The greatest percentage of non-prescribed medication was consumed by high income respondents, with high and very high scolarity, and by 2nd and 3rd generation minority ethno-cultural groups.

- Anglophone survey respondents were more likely than Francophones to have consumed 3 or more medications over a two day period.

Table 2.20.1 – Persons having consumed at least one medication and persons having consumed at least three medications or more in the course of a two-day period according to sex and age, total population, Quebec, 1987, 1992-1993 and 1998

	At least 1 medication				3 medications or more			
	1987	1992-1993	1998	Pop	1987	1992-1993	1998	Pop
		%		'000		%		'000
Men								
0-14 years	34.9	40.0	35.7	246	2.2*	3.3	3.6	25
15-24 years	23.6	28.7	24.9	124	1.7**	2.7*	3.1*	16
25-44 years	26.9	34.6	35.3	415	2.4	5.2	7.0	83
45-64 years	42.9	49.2	55.1	464	8.2	14.1	17.9	151
65 years or more	66.8	72.2	77.4	269	23.3	38.1	45.6	158
Total	**34.5**	**41.4**	**42.8**	**1,519**	**5.1**	**9.2**	**12.2**	**433**
Women								
0-14 years	37.1	42.6	36.4	240	2.0*	4.6	3.2*	21
15-24 years	56.1	60.2	61.7	293	5.3	8.7	8.2	39
25-44 years	52.5	58.2	60.3	692	8.1	11.7	13.2	152
45-64 years	63/1	70.0	75.9	660	19.0	28.5	35.9	312
65 years or more	76.4	86.8	86.4	405	33.6	49.4	56.1	263
Total	**54.7**	**61.4**	**63.2**	**2,291**	**11.5**	**18.0**	**21.7**	**787**
Both sexes								
0-14 years	36.0	41.3	36.0	486	2.1	3.9	3.4	46
15-24 years	39.6	44.1	42.9	418	3.5	5.6	5.6	55
25-44 years	39.8	46.4	47.7	1,108	5.3	8.4	10.1	234
45-64 years	53.3	59.8	65.7	1,124	13.7	21.4	27.1	463
65 years or more	72.4	80.6	82.5	674	29.3	44.6	51.6	422
Total	**44.7**	**51.5**	**53.1**	**3,809**	**8.3**	**13.7**	**17.0**	**1,219**

Sources: Santé Québec, *Enquête Santé Québec* 1987 et *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution
** Imprecise estimate, indication only

- There was an increase in the percentage of survey respondents having consumed medication in the course of a two-day period from 1987 to 1998.

- The greatest percentage of consumers of at least 1 medication in the course of a two-day period when both sexes are combined is the 65 years and over age group. This is also true of those consuming three medications or more in the course of a two-day period.

- Women report higher levels of medication consumption than men,

Table 2.20.2 – Persons having consumed at least one prescription medication and persons having consumed at least one non-prescription medication in the course of a two-day period according to sex and age, total population, Quebec, 1987, 1992-1993, and 1998

	Prescribed medication				Non-prescribed medications			
	1987	1992-1993	1998	Pop	1987	1992-1993	1998	Pop
	%			'000	%			'000
Men								
0-14 years	16.1	15.2	14.7	101	22.6	29.3	25.7	177
15-24 years	8.4	9.6	8.2	41	16.7	21.5	19.8	98
25-44 years	11.0	13.5	14.0	165	18.4	25.2	25.8	303
45-64years	30.6	31.8	37.3	314	17.8	25.7	28.9	243
65 years or more	56.6	64.3	67.9	236	20.3	26.8	30.9	107
Total	**19.2**	**21.7**	**24.1**	**856**	**19.0**	**25.8**	**26.2**	**929**
Women								
0-14 years	16.5	16.7	13.4	89	23.7	31.1	26.8	177
15-24 years	42.5	46.8	49.9	237	23.9	29.0	26.8	128
25-44years	32.7	33.2	36.3	417	29.4	37.1	39.1	449
45-64years	46.2	52.5	56.6	491	31.2	39.7	45.0	390
65 years or more	67.1	76.2	78.5	368	25.7	36.4	39.0	183
Total	**37.4**	**41.0**	**44.3**	**1,603**	**27.4**	**35.4**	**36.6**	**1,327**
Both sexes								
0-14 years	16.3	15.9	14.1	190	23.1	30.2	26.2	353
15-24 years	25.2	27.8	28.5	278	20.2	25.2	23.2	226
25-44years	21.9	23.3	25.0	582	23.9	31.1	32.4	752
45-64years	38.6	42.3	47.1	805	24.7	32.8	37.0	634
65 years or more	62.7	71.2	74.0	604	23.4	32.4	35.5	290
Total	**28.5**	**31.4**	**34.3**	**2,459**	**23.3**	**30.6**	**31.4**	**2,255**

Sources: Santé Québec, *Enquête Santé Québec* 1987 et *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- There was an increase in the consumption of both prescribed and non-prescribed medication among respondents 25 years of age and over when 1978, 1992-1993 and 1998 time periods are compared.

- When men and women 15 years of age and over are compared, women are consuming substantially higher levels of both prescribed and non-prescribed medication. The gender difference in the 15-24 age group with respect to the consumption of prescribed medication is noteworthy.

- The 65 years and over age group exhibit the highest levels of consumption of prescribed medication. The 44-64 age group exhibit the highest levels of non-prescription drug consumption.

Table 2.20.3 – Persons having consumed at least one medication, prescription or non-prescription, in the course of a two-day period according to income level, relative scolarity and ethno cultural group, total population, Quebec, 1998

	Prescribed medication	Non-prescribed medication	Prescribed and non-prescribed medication
	%		
Income level			
Very poor	35.8	30.2	52.5
Poor	37.1	28.3	53.2
Lower middle income	34.3	31.3	52.6
Upper middle income	33.3	31.4	52.3
High income	33.5	36.3	57.4
Total	**34.3**	**31.4**	**53.1**
Relative scolarity			
Very low	38.7	28.9	54.8
Low	37.3	31.2	55.0
Average	42.7	32.6	59.7
High	38.6	34.5	57.5
Very High	39.3	39.6	61.7
Total	**39.3**	**33.4**	**57.8**
Ethno cultural group[1]			
Majority	40.0	33.8	58.5
Minority (2nd or 3rd generation)	36.5	37.0	60.0
Minority (1st generation)	31.9	28.8	49.0
Total	**39.2**	**33.5**	**57.7**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Population 15 and over

- The greatest percentage of persons using prescription and non-prescription medication in the course of a two day period were high income, average to very high income, and members of the majority ethno-cultural group or of 2nd and 3rd generation minority group.

- The greatest percentage of persons consuming prescribed medication were poor and very poor and of the majority ethno-cultural group or 2nd and 3rd generation minority group.

- The greatest percentage of non-prescribed medication was consumed by high income respondents, with high and very high scolarity, and by 2nd and 3rd generation minority ethno-cultural group.

Table 2.20.4 – Number of medications consumed over a two-day period by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
No medication		42.63%	36.44%	49.19%	43.15%
1-2 medications		37.31%	38.29%	35.12%	32.81%
3 or more medications		19.78%	24.98%	15.60%	24.04%
Unknown		0.27%	0.00%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Relatively speaking, Anglophone respondents were 26% more likely than Francophones to have consumed 3 or more medications over a two day period.

Table 2.20.5 – Persons consuming prescribed medications over a two-day period by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Yes		39.84%	42.18%	32.92%	44.27%
No		59.80%	57.05%	66.89%	55.51%
Unknown		0.36%	0.78%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Among survey respondents, Anglophones were somewhat more likely to consume prescribed medications over a two day period.

Table 2.20.6 – Persons self-administering medications over a two-day period by mother tongue, Quebec, 1998

	N=	18211	1029	1045	445
		French	**English**	**Other**	**n/a**
Yes		31.86%	37.12%	28.71%	29.89%
No		67.63%	61.81%	71.00%	69.89%
Unknown		0.51%	1.07%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophones were more likely (17% in relative terms) to be self-administering medications over a two day period when compared to Francophones.

2.21   Vaccination against the Flu

- Female survey respondents were slightly more likely than males to be vaccinated against the flu.

- Respondents 65 years and over were more likely to be vaccinated against the flu compared to other age groups.

- Anglophone respondents were more likely to have received the flu vaccination in the course of a twelve month period than Francophone respondents.

Table 2.21.1 – Vaccination against the flu in the course of a twelve-month period according to sex and age, total population, Quebec, 1998

	%	Pop '000
Men	6.6	235
Women	9.0	327
Both sexes		
0-64 years	3.9	250
65 years or more	38.2	312
Total	**7.8**	**562**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Female respondents were slightly more likely than males to be vaccinated against the flu as well as respondents 65 years and older.

Table 2.21.2 – Vaccination against the flu in the course of a twelve-month period by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Yes	8.62%	12.54%	8.90%	14.38%
No	91.36%	87.46%	91.10%	85.39%
Unknown	0.00%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone respondents were more likely to have received a vaccination against the flu in the course of a twelve month period than Francophone respondents.

3.1   Families and Health

Table 3.1.1 − Family and non-family households (children of all ages)
according to type, Quebec, 1987, 1992-1993 and 1998

	1987	1992-1993	1998	Pop[1]
%				**'000**
Non-family households				
Single persons	19.7	24.9	27.1	804
Other households	4.3	3.7	3.3	97
Total	24.0	28.6	30.4	901
Family households				
Couples without children	24.0	26.2	26.1	772
Two-parent families (intact)	39.5	32.5	29.0	859
Re-constituted families	2.6	3.4	4.0	118
Single-parent families	9.5	8.9	10.4	308
Other families	0.3	0.3**	0.2**	5
Total	76.0	71.4	69.6	2,062

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Corresponds to an estimation of the number of households
** Imprecise estimate, indication only

- The percentage of single person households have increased when 1987, 1992-1993 and 1998 are compared.

- The percentage of two-parent families outweighs other types but has declined from 1987 to 1998.

- The percentage of couples without children and single-parent families has grown.

Table 3.1.2 − Socio-demographic characteristics of parents[1] living with at least one minor according to type of family, male and female heads of households with minors, Quebec, 1998

	Female parent				Male parent			
	Two-parent family	Re-constituted family	Single-parent family	Total	Two-parent family	Re-constituted family	Single-parent family	Total
	%							
Age group								
Less than 18 years	0.1**	0.3**	-	0.1**	0.0**	-	-	0.0**
25-34	3.9	3.9**	9.3**	4.8	1.7*	2.6**	-	1.8*
35-44	33.8	32.3	32.3	33.4	25.2	25.1	20.9*	25.0
45 years and older	14.5	8.2*	14.4	13.8	23.7	22.6	28.1*	23.8
Civil status								
Single	0.1**	-	48.9	8.4	0.1**	-	26.8*	1.2*
Married	77.7	23.1	-	58.5	77.6	22.6	0.7**	67.5
Common law	22.1	76.9	-	24.2	22.4	77.4	0.8**	28.3
Widowed, separated or divorced	0.2**	-	51.1	8.9	0.0**	-	71.8	3.0
Relative scolarity								
Very low	18.7	30.6	26.5	21.3	20.7	24.5	31.0*	21.6
Low	23.9	25.7	20.7	23.5	19.5	21.5	9.5**	19.3
Average	19.8	15.0*	18.9	19.1	15.9	14.4*	17.4**	15.7
High	18.6	15.9*	15.7	17.8	23.3	28.4	26.1	24.1
Very High	19.1	12.8*	18.3	18.2	20.6	11.3*	16.1**	19.2
Employment status								
Employed	61.7	66.6	57.8	61.6	92.4	83.6	80.6	90.8
Student	2.9	5.2**	8.8*	4.2	1.2*	2.4**	6.2**	1.5*
Homemaker	30.9	23.7	27.2	29.5	1.8*	3.9**	5.1**	2.2*
Retired	0.3**	-	0.3**	0.3**	0.5**	2.7**	1.7**	0.8*
Unemployed	4.2	4.5**	5.9*	4.5	4.1	7.4*	6.6**	4.6
Perception								
Comfortable	17.7	6.9**	5.1*	14.3	16.9	14.9*	12.1**	16.5
Sufficient income	65.2	60.2	49.3	61.9	64.0	57.9	51.9	62.8
Poor or very poor	17.1	32.9	45.6	23.8	19.1	27.1	36.1*	20.8

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- Includes persons who are not parents themselves but who are partners of a parent (reconstituted family only).

* Interpret with caution
** Imprecise estimate, indication only

- In single parent families with a minor, males who are head of the household tend to be older than females who are head of the household. Females who head single parent households are much more likely to report being single compared to males, while males are more likely to be widowed, divorced, or separated.

- Female headed single parent families with a minor are more likely to perceive themselves as poor or very poor when compared to male headed single parent families.

- Females who head a single parent family with a minor are much less likely than males of the same family type to be employed. 57.8% of females claimed to be employed compared to 80.6% of the males.

- A greater proportion of female headed households, including two-parent, re-constituted or single parent family type, report low and very low levels of scolarity compared to male headed households.

Table 3.1.3 − Quality of relations with minors and between partners, male and female parents according to type of family, male and female heads of households with minors, Quebec, 1998

	Female parent				Male parent			
	Two-parent family	Re-constituted family	Single-parent family	Total	Two-parent family	Re-constituted family	Single-parent family	Total
	%							
Relations with their own children								
No problem	48.9	35.2*	36.0	45.1	52.8	34.6	41.3*	50.4
Almost no problems or occasional problems	49.6	59.4	59.1	52.4	46.1	60.0	55.4	48.0
Frequent or constant problems	1.5**	5.4**	4.8**	2.5*	1.1**	5.4**	3.3*	0.1**
Relations with step-children								
No problem	-	31.8*	-	-	-	40.9	-	-
Almost no problems or occasional problems	-	39.4	-	-	-	54.7	-	-
Frequent or constant problems	-	28.8*	-	-	-	4.4*	-	-
Indicator of difficulty in relations between partners								
No difficulties	69.3	66.6	-	69.0	72.1	70.3	-	71.8
Minor difficulties	14.1	17.2*	-	14.5	12.6	15.0*	-	12.9
Average difficulties	9.6	8.4**	-	9.4	9.0	9.1**	-	9.0
Severe difficulties	7.0	7.8**	-	7.1	6.3	5.6**	-	6.2

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

*   Interpret with caution
** Imprecise estimate, indication only

- Both male and female parents of reconstituted families displayed a lower likelihood of reporting no problem with minors and between partners when compared with other family types.

- Reconstituted families were more likely than other family types to report occasional or frequent problems.

Table 3.1.4 − Health indicators of parents of minors according to type of family, both sexes, families with minors, Quebec, 1998

	Two-parent family	Re-constituted family	Single-parent family	Total
%				
Number of times alcohol consumed[1]				
14 or more	6.0	11.8	6.0*	6.6
7-13	12.8	12.6	10.0*	12.5
1-6	36.5	30.8	35.9	35.8
None	31.0	30.8	30.3	30.9
Former drinker or abstinent	13.7	14.1	17.9	14.2
Use of tobacco				
Regular smoker	28.3	53.7	49.0	33.6
Occasional smoker	3.0	1.4**	2.1**	2.7
Former smoker	36.9	24.8	26.9	34.4
Never smoked	31.9	20.0	21.9	29.3
Food insecurity				
Yes	5.7	8.4	21.3	7.8
No	94.3	91.6	78.7	92.2
Indicator of psychological distress				
Low or average	82.5	70.8	67.8	79.5
High	17.5	29.2	32.2	20.5
Perception of state of health				
Excellent, very good or good	94.1	92.3	90.0	93.5
Average or poor	5.9	7.7*	10.0*	6.5
Number of health problems				
No problem	38.5	34.7	26.0	36.6
1 problem	27.8	27.0	22.6	27.1
More than 1 problem	33.8	38.3	51.4	36.3
Consumption of medication[2]				
None	53.5	50.0	41.5	51.7
1 or 2	37.2	38.4	43.4	38.1
3 or more	9.3	11.7	15.1	10.2

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- In the course of a seven-day period.
2- In the course of a two-day period.

* Interpret with caution
** Imprecise estimate, indication only

- The parents of minors of re-constituted families were the most likely to report consuming alcohol 14 times or more in a 7 day period when compared with parents of other family types.

- The parents of minors of re-constituted and single-parent families were much more likely to be regular smokers compared to the parents of two-parent families.

- The parents of minors living in single-parent families are much more likely to report food insecurity than the parents of two-parent or re-constituted family types.

- The parents of minors living in re-constituted and single-parent families are much more likely to report high levels of psychological distress than those living in a two-parent family.

• The parents of minors living in single-parent families were more likely to report having more than 1 health problem than parents of other family types. They were also the group reporting the highest consumption rates of medication in a two day period.

Table 3.1.5 − Health indicators of parents of minors according to the sex of the parent and the type of family, male and female parents with minors, Quebec, 1998

	Female parent				Male parent			
	Two-parent family	Re-constituted family	Single-parent family	Total	Two-parent family	Re-constituted family	Single-parent family	Total
	%							
Number of times alcohol consumed[1]								
14 or more	2.0	7.5	4.2**	2.9	9.9	15.6*	15.9**	10.8
7-13	8.3	10.1*	10.0*	8.8	17.3	14.7*	10.0**	16.7
1-6	36.5	35.7	33.8	35.9	36.4	25.9	46.7	35.5
None	36.7	31.7	33.3	35.6	25.5	30.2	14.1**	25.7
Former drinker or abstinent	16.5	14.9*	18.7	16.7	10.9	13.5*	13.4**	11.3
Use of tobacco								
Regular smoker	26.9	58.3	49.1	34.3	29.5	49.5	47.8	32.8
Occasional smoker	3.0*	0.9**	2.3**	2.7	2.9*	2.0**	1.0**	2.7
Former smoker	35.8	24.3	26.0	32.8	38.0	25.`	32.9*	36.1
Never smoked	34.2	16.5*	22.5	30.3	29.6	23.5	18.4**	28.4
Food insecurity								
Yes	5.7	8.5*	24.0	9.2	5.7	8.5*	8.3**	6.2
No	94.3	91.5	76.0	90.8	94.3	91.5	91.7	93.8
Indicator of psychological distress								
Low or average	79.4	66.6	67.4	75.9	85.4	75.1	70.2	83.5
High	20.6	33.4	32.6	24.1	14.6	24.9	29.8*	16.5
Perception of state of health								
Excellent, very good or good	94.5	92.3	90.1	93.5	93.8	92.5	90.2	93.5
Average or poor	5.5	7.7*	10.0*	6.5	6.2	7.5*	9.8**	6.5
Number of health problems								
No problem	32.7	29.0	24.6	30.9	44.2	40.4	32.9	43.3
1 problem	26.5	23.8	20.9	25.2	29.1	30.3	31.1	29.3
More than 1 problem	40.8	47.3	54.5	43.9	26.7	29.4	36.1	27.4
Consumption of medication[2]								
None	43.2	39.4	37.4	41.8	63.9	60.7	61.7	63.4
1 or 2	45.3	43.8	45.8	45.2	29.2	32.6	32.2*	29.7
3 or more	11.5	16.8	16.9	13.0	7.0	6.7*	6.1**	6.9

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

1- In the course of a seven-day period.
2- In the course of a two-day period.

* Interpret with caution
** Imprecise estimate, indication only

- Female parents of minors are more likely than males to report either none or low levels of alcohol consumption in a seven day period. A greater proportion of males report consuming alcohol seven times or more in a seven day period compared to females.

- Female parents of minors living in a reconstituted family arrangement were more likely to be regular smokers than female parents in other family arrangements. They were also more likely to be regular smokers than male parents when all three family types are considered.

- Female parents of minors living in a single parent family type were much more likely (16-18% more in relative terms) than female parents of two-parent and re-constituted families to report food insecurity. They were also much more likely than male parents of all three family types to report food insecurity.

- Male parents of minors of all three family types reported lower levels of psychological stress than female parents living in the same family arrangements. Reconstituted and single-parent family types are linked with higher levels of psychological stress for both male and female parents of minors when compared with two-parent families.

- While variances in perception of health according to the sex of parents and family type are not great, there is a somewhat greater tendency for the parents of single-parent families to report average or poor health.

- When all three family types are considered, female parents of minors are much more likely (14 to 19% more in relative terms) than male parents to report having more than one health problem. Female parents living in a single-parent family arrangement are more likely than female parents of two-parent families and re-constituted families to report having more than one health problem.

- Female parents of minors tend to consume more medication than male parents.

Table 3.1.6 − Quality of relations with their ex-partners, separated parents according to sex, Quebec, 1998

	Mothers	Fathers	Total
%			
Climate at separation			
Good or fairly good	58.4	64.9	61.2
Poor or very poor	41.7	35.1	38.8
Contacts with the other parent			
Yes	74.2	82.9	78.0
No	25.8	17.1	22.0
Current climate with the other parent			
Good or fairly good	83.5	83.5	83.5
Poor or very poor	16.5	16.5	16.5
Satisfaction with the financial involvement of the other parent			
Satisfied	48.4	70.7	58.1
Not satisfied	51.6	29.3	41.9

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998

- Mothers who are separated are more likely than separated Fathers to report a poor climate at separation, no contact with the other parent and significantly greater likelihood of dissatisfaction with financial involvement of the other parent.

Table 3.1.7 − Family and non-family households by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Person alone	11.93%	15.26%	11.00%	18.65%
Couple without children	26.90%	25.56%	23.44%	28.09%
Other household	2.56%	3.11%	2.58%	4.04%
Two-parent with children	42.85%	40.52%	49.19%	33.03%
Reconstituted with children	1.34%	1.26%	1.15%	0.00%
Reconstituted without children	4.77%	3.98%	2.58%	5.39%
Single mother	7.18%	7.48%	8.52%	9.66%
Single father	2.02%	2.24%	1.24%	0.00%
Other family	0.44%	0.58%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were (28% in relative terms) more likely to report being a person living alone than Francophones. They were more likely to report being a single mother or single father than Francophone respondents.

Table 3.1.8 − Type of family with minor children by mother tongue, Quebec, 1998

	N=	7748	393	450	132
		French	**English**	**Other**	**n/a**
Two-parent		75.01%	74.55%	81.11%	70.45%
Reconstituted family without common children		8.65%	8.14%	4.44%	11.36%
Reconstituted family with common children		3.10%	3.31%	2.44%	0.00%
Single mother		10.62%	11.70%	11.78%	15.91%
Single father		2.62%	2.29%	0.00%	0.00%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone and Francophone survey respondents showed a similar pattern of distribution across family types.

- Anglophone respondents exhibited a slightly larger percentage of single mothers with minor children.

Table 3.1.9 − Number of children in families with minor children by mother tongue, Quebec, 1998

	N=	7748	393	450	132
		French	**English**	**Other**	**n/a**
1 child		45.24%	46.82%	45.78%	44.70%
2 children		40.32%	37.40%	32.89%	35.61%
3 children or more		14.44%	15.78%	21.33%	19.70%
		100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophones were more likely (9% in relative terms) than Francophones to report living in families with 3 children or more.

Table 3.1.10 − Age of the youngest child in families with minors by mother tongue, Quebec, 1998

N=	7748	393	450	132
	French	**English**	**Other**	**n/a**
0-5 years	33.21%	37.66%	40.44%	38.64%
6-14 years	42.63%	42.75%	40.67%	38.64%
15-17 years	24.16%	19.59%	18.89%	22.73%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were more likely than Francophones to live in a family where the youngest child is 0-5 years. They are (about 20% in relative terms) less likely to report living in a family where the age of the youngest child is 15-17 years.

Table 3.1.11 − Type of relationship with minor children by mother tongue, Quebec, 1998

N=	6302	341	226	99
	French	**English**	**Other**	**n/a**
No problem	46.14%	43.70%	58.41%	53.42%
Almost no problem	30.86%	35.78%	23.89%	26.03%
Occasional problem	20.04%	17.30%	15.93%	16.44%
Frequent problem	1.62%	2.05%	0.00%	0.00%
Constant problem	0.71%	0.00%	0.00%	0.00%
Refusal	0.62%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophones were more likely than Francophones to describe their relationship with minor children as frequently problematic or almost no problem. They were somewhat less likely to claim no problem.

Table 3.1.12 − Divorced or separated from the other parent by mother tongue, Quebec, 1998

N=	18211	1054	685	99
	French	**English**	**Other**	**n/a**
Yes	7.84%	7.40%	3.36%	4.27%
No	26.41%	24.86%	29.05%	11.91%
Refusal	0.36%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were less likely than Francophones to be divorced or separated from the other parent.

Table 3.1.13 − Satisfaction with the financial involvement of the other parent by mother tongue, Quebec, 1998

N=	1407	74	52	19
	French	**English**	**Other**	**n/a**
Very satisfied	51.67%	41.89%	40.38%	26.32%
More or less satisfied	16.13%	20.27%	13.46%	31.58%
Unsatisfied	25.80%	28.38%	38.46%	26.32%
Unknown	6.40%	9.46%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- Anglophone respondents were less likely (20% in relative terms) than Francophones to report being very satisfied with the financial involvement of the other parent. Proportionally speaking, they were 26% more likely to be satisfied than Francophones and 10% more likely to be unsatisfied.

4.1   Social Support Environment

- 80% of survey respondents reported having strong social support. Female survey respondents were more likely than males to report strong social report. For both males and females, weak social support is found among those aged 25-44 and 45-64.

- Survey respondents with a weak social environment were more likely to report psychological distress and long term health problems then those with a strong social environment.

- 13.6% of survey respondents are alone during their free time and the likelihood of being alone increases with age. Women 65 years and over are the most likely group to live alone. Women 45-64 years of age were somewhat more likely than men the same age to be living alone. Men 25-44 were more likely than women to report living alone.

- A greater percentage of survey respondents reported being more or less satisfied with their social life while 13% were not satisfied. When 1987, 1992-1993 and 1998 are compared, all age groups with the exception of those 65 years and over indicate an increase in their tendency to be dissatisfied with their social life.

- Anglophone respondents were much more likely than their Francophone respondents to say they were very satisfied with their social life and were also more likely to be very unsatisfied.

- When income levels are compared, survey respondents with the lowest income levels are more likely than others to report dissatisfaction with their social life. This group shows the greatest tendency to have no friends or confidants and no one they can turn to for affection. They are the most likely to report that they have no one that can respond in time of need.

- Middle and high income respondents are associated with higher levels of satisfaction with their social life. They report the greatest number of confidants and persons to whom they can turn to in time of need.

- When unemployed and employed respondents are compared, the unemployed are twice as likely to report being dissatisfied with their social life. Unemployed respondents were more likely to be alone during their free time, more likely to report having no friends or confidants, and no persons to respond to needs or show affection. Employment was linked with knowing more persons that could respond to need, more free time with others, more friends and greater numbers of persons showing affection.

- Single, widowed, separated or divorced respondents displayed the highest rate of persons lacking intimacy. Respondents reporting average or severe marital difficulties were more likely to report long term health problems and psychological distress than those reporting minor or no difficulties. Among those living with a

partner, the lack of intimacy was associated with psychological distress, suicidal ideas, consumption of drugs and alcohol, and long term health problems. Anglophone and Francophone respondents were similar in the rate of persons, roughly 20% of each language group, who experience lack of intimate contact.

Table 4.1.1 − Indicator of social support according to sex and age, population 15 years and over, Quebec, 1998

	Weak	Strong
	%	
Men		
15-24 years	15.8	84.3
25-44years	24.6	75.4
45-64years	26.5	73.5
65 years or more	15.4	84.6
Total	22.5	77.5
Women		
15-24 years	13.6	86.4
25-44years	18.6	81.4
45-64years	18.5	81.5
65 years or more	15.9	84.1
Total	17.4	82.6
Both sexes		
15-24 years	14.7	85.3
25-44years	21.6	78.4
45-64years	22.4	77.6
65 years or more	15.7	84.3
Total	**19.9**	**80.1**
Pop '000	**1,158**	**4,667**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- 80% of survey respondents reported having strong social support.

- Among those reporting weak social support the highest frequency was among those aged 25-44 and 45-64 years.

- Female survey respondents are more likely than males to report strong social support.

- For both males and females the weakest social support is found among those aged 25-64 years of age.

Table 4.1.2 − Components of the social support indicator according to age, population 15 years and over, Quebec, 1998

	15-24 years	25-44 years	45-64 years	65 years and over	Total
	%				
Frequency of meeting					
Once a year or never	5.9	5.0	5.8	4.3	**5.3**
At least once a month	19.2	26.7	26.1	19.0	**24.2**
Once a week of more	74.9	68.4	68.1	76.7	**70.5**
Solitude during free time					
Alone more than half the time	10.6	12.8	14.7	17.5	**13.6**
With others	89.4	87.2	85.3	82.5	**86.4**
Satisfaction with social life					
Not satisfied	11.2	15.0	14.1	7.6	**13.1**
More or less satisfied	52.5	57.6	55.5	55.32	**55.8**
Very satisfied	36.3	27.3	30.5	37.1	**31.1**
Presence of friends					
No	2.5*	5.8	7.9	7.8	**6.2**
Yes	97.5	94.2	92.1	92.2	**93,8**
Satisfaction with relations with friends					
Not satisfied	4.9	3.6	2.3	1.5*	**3.1**
More or less satisfied	45.7	50.5	46.5	35.8	**46.6**
Very satisfied	49.4	45.9	51.2	62.7	**50.3**
Number of confidants					
None	7.2	10.9	12.6	11.7	**10.9**
One	14.9	21.0	20.1	17.6	**19.3**
Two	30.7	31.4	30.6	26.8	**30.4**
Three or more	47.2	36.7	36.7	44.0	**39.4**
Number of persons that can respond to need					
None	2.1*	4.0	4.3	3.1*	**3.6**
One	8.3	12.7	14.0	11.1	**12.1**
Two	23.4	24.8	24.3	23.4	**24.2**
Three or more	66.3	58.5	57.4	62.5	**60.0**
Number of persons showing affection					
None	4.3	5.5	3.9	2.6*	**4.4**
One	13.9	15.6	13.1	9.8	**13.8**
Two	17.8	19.7	18.6	16.4	**18.6**
Three or more	64.1	59.2	64.4	71.3	**63.2**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- 70.5% of survey respondents attend meetings once a week or more. The greatest proportion of those attending meetings once a week or more are 65 years and over and 15-24 years of age.

- During free time, 13.6% of survey respondents are alone more than half the time, while 86.4% are with others.

- The likelihood of being alone more than half the time increases with age.

- The majority of respondents indicated they were more or less satisfied with their social life. 13% were not satisfied. Among those very satisfied, those aged 15-24 years and 65 years and over indicated the highest levels. The highest levels of dissatisfaction were reported by those aged 25-44 years and 45-64.

- 93.8% of survey respondents reported the presence of friends. Survey respondents were fairly equally divided between being more or less satisfied, and very satisfied, with their relations with friends. The least satisfied are those 15-24 years of age.

- Some 30% of survey respondents reported having none or one confidant while 70% reported having two or more confidants. Those aged 25-64 were the most likely age group to report having none or one confidant.

- 60% of survey respondents reported having three or more persons that could respond in time of need, 24.2% reported two such persons, 12.1% reported having one person and 3.6% reported having nobody. The 45-64 age group, followed by those 25-44 years, was the most likely to report having none or one person that could respond in time of need.

- 18.2% of survey respondents reported having none or one person who provided affection while 81.8% reported having two or more such persons. Respondents 65 years and over were the most likely group to report having two or more persons providing affection.

Table 4.1.3 − Persons unsatisfied with their social life according to age and sex, population 15 years and older, Quebec, 1998

	1987	1992-1993	1998
%			
15-24 years	8.0	10.4	11.2
25-44years	11.8	12.6	15.0
45-64years	10.9	11.3	14.1
65 years or more	10.0	8.7	7.6
Men	10.1	10.8	12.8
Women	11.1	11.9	13.2
Total	**10.6**	**11.4**	**13.1**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- When 1987, 1992-1993, and 1998 are compared, all age groups with the exception of those 65 years and over indicate an increase in their tendency to be dissatisfied with their social life.

- Men and women were similar in their levels of dissatisfaction.

Table 4.1.4 − Life situation according to sex and age, population 15 years and older, Quebec, 1998

	Does not live alone	Lives alone	Pop
	%		'000
Men			
15-24 years	95.4	4.6*	23
25-44years	85.4	14.6	172
45-64years	86.3	13.7	116
65 years or more	84.0	16.0	56
Total	**87.2**	**12.8**	**366**
Women			
15-24 years	96.8	3.2*	15
25-44years	91.5	8.5	97
45-64years	84.1	15.9	138
65 years or more	58.8	41.2	193
Total	**85.0**	**15.0**	**444**
Both sexes			
15-24 years	96.1	3.9	38
25-44years	88.4	11.6	269
45-64years	85.2	14.8	254
65 years or more	69.5	30.5	249
Total	**86.1**	**13.9**	**810**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- 14% of survey respondents live alone with females 65 years and over being the most likely to live alone.

- Men 65 years and over are only slightly more likely than other age groups to be living alone.

- Women 45-64 years of age were somewhat more likely than men of the same age to report living alone.

- Men 25-44 were more likely than women to report living alone.

Table 4.1.5 − Certain social and health indicators according to indicators of social support environment, population 15 years and older, Quebec, 1998

	High level of indicator of psychological distress	Suicidal ideas in the course of 12 months	Consumption of alcohol and drugs in the course of 12 months	Long-term health problems (6 months or more)
	%			
Social support				
Weak	37.6	9.7	18.0	39.3
Strong	15.8	2.5	17.5	34.4
Marital difficulties[1]				
None	13.1	1.8	14.4	32.0
Minor	28.0	5.8	19.3	35.6
Average	36.0	7.3*	19.3	38.8
Severe	44.8	9.2*	17.7	41.5
Lack of intimacy[2]				
Yes	36.6	8.8	25.3	38.0
No	15.4	2.4	15.9	32.4
Traumatizing events experienced in childhood or adolescence3				
None	13.1	1.7	11.8	32.7
One	20.9	4.3	17.9	37.1
Two	28.8	6.2	24.8	39.7
Three or more	37.1	10.6	28.1	45.8

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Population living with a partner (girlfriend or boyfriend)
2- Excluding persons not living with a partner (girlfriend or boyfriend) and not seeking this type of relationship
3- Population 18 years and older

- Survey respondents with psychological distress and long term health problems were the most likely to report a weak as opposed to a strong social environment. Respondents reporting average or severe marital difficulties were more likely to report long term health problems and psychological distress than those reporting minor or no difficulties.

- Among those living with a partner, the lack of intimacy was more likely to be associated with psychological distress, suicidal ideas, consumption of drugs and alcohol, and long term health problems.

- Two or more traumatizing events in childhood or adolescence increased the likelihood of respondents to report psychological distress, suicidal ideas, alcohol and drug consumption and long term health problems.

Table 4.1.6 − Components of the social support indicator according to marital status, population 15 years and older, Quebec, 1998

	Married	Common law	Widowed, separated, or divorced	Single
%				
Frequency of encounters				
Once a year or never	4.5	4.3	5.9	7.0
At least once a month	26.5	27.0	19.9	20.4
Once a week or more	69.0	68.7	74.2	72.6
Solitude during free time				
Alone more than half the time	8.2	8.8	28.8	18.8
With others	91,8	91.2	71.2	81.3
Satisfaction with social life				
Not satisfied	10.3	13.0	17.7	15.7
More or less satisfied	56.9	56.1	55.5	53.7
Very satisfied	32.8	30.9	26.8	30.6
Presence of friends				
No	6.5	6.2	9.2	4.2
Yes	93.5	93.8	90.8	95.8
Satisfaction with relations with friends				
Not satisfied	2.2	3.7	3.5*	4.3
More or less satisfied	46.6	50.5	40.3	46.7
Very satisfied	51.2	45.7	56.2	49.0
Number of confidants				
None	12.7	9.5	10.2	9.2
One	21.0	21.3	17.2	16.0
Two	30.0	32.4	29.6	30.3
Three or more	36.3	36.8	43.0	44.5
Number of persons that can respond to need				
None	3.7	3.3	4.4	3.2
One	12.3	12.7	14.1	10.6
Two	23.6	25.3	25.9	24.1
Three or more	60.4	58.6	55.6	62.1
Number of persons showing affection				
None	4.0	3.7	4.7	5.6
One	12.8	15.0	13.2	15.1
Two	16.7	19.8	21.5	19.6
Three or more	66.5	61.5	60.6	59.8

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution

- Survey respondents who were widowed, separated or divorced were much less likely (10 to 20% less likely in relative terms) than those who were single, married or living in a common-law situation to report spending their free time with others.

- A greater proportion of widowed, separated or divorced and single survey respondents reported dissatisfaction with their social life compared to married and common-law respondents.

- Widowed, separated or divorced survey respondents were slightly more likely to report a lack of available friends when compared to married, common-law or single individuals. They also are more likely to report being very satisfied with their relations with friends.

- Widowed, separated or divorced and single survey respondents were more likely than married and common-law respondents to report having three or more confidants.

- Widowed, separated or divorced survey respondents were the least likely to report three or more persons that can respond to need.

Table 4.1.7 − Components of the social support indicator according to income level, population 15 years and older, Quebec, 1998

	Very poor	Poor	Lower middle income	Upper middle income	High income
			%		
Frequency of encounters					
Once a year or never	10.9	6.4	5.4	4.4	3.5**
At least once a month	17.6	21.4	22.3	25.9	30.3
Once a week or more	71.5	72.2	72.3	69.7	66.2
Solitude during free time					
Alone more than half the time	26.8	19.7	13.0	10.9	10.8
With others	73.2	80.3	87.0	89.1	889.2
Satisfaction with social life					
Not satisfied	21.6	17.3	12.6	11.3	11.0
More or less satisfied	50.6	54.2	56.0	57.4	55.0
Very satisfied	27.8	28.5	31.4	31.3	34.0
Presence of friends					
No	10.5	7.4	6.2	5.4	4.8
Yes	889.5	92.6	93.8	94.6	95.2
Satisfaction with relations with friends					
Not satisfied	3.8*	3.6*	3.5	2.6	3.3*
More or less satisfied	41.6	45.0	46.1	48.0	47.2
Very satisfied	54.6	51.4	50.4	49.4	49.5
Number of confidants					
None	15.1	12.6	10.7	10.3	9.5
One	21.9	19.7	20.7	18.4	16.1
Two	26.2	31.2	30.0	31.3	30.2
Three or more	36.7	36.5	38.6	40.0	44.2
Number of persons that can respond to need					
None	10.7	4.8	3.3	2.9	1.7*
One	17.1	16.0	13.0	10.6	8.3
Two	25.7	26.4	24.6	23.7	22.2
Three or more	46.5	52.8	59.1	62.8	67.8
Number of persons showing affection					
None	10.8	6.0	4.2	3.5	2.8*
One	18.8	16.1	14.7	12.2	11.6
Two	20.2	21.2	18.6	18.2	16.4
Three or more	50.2	56.7	62.5	66.1	69.2

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

* Interpret with caution

- When income levels are compared, respondents with the lowest income levels are more likely than others to report dissatisfaction with their social life. This group also shows the greatest tendency to have no friends or confidants and no one they can

turn to for affection. They are the most likely to report that they have no one that can respond in time of need.

- Conversely, middle and high income respondents are associated with high levels of satisfaction with their social life. They report higher levels of satisfaction with their relations and their friends as well as the greatest number of confidants and persons to whom they can turn in time of need.

Table 4.1.8 − Components of the social support indicator according to employment status, population 15 years and older, Quebec, 1998

	Employed	Unemployed
%		
Frequency of encounters		
Once a year or never	4.7	11.0
At least once a month	27.7	22.8
Once a week or more	67.5	66.2
Solitude during free time		
Alone more than half the time	12.0	25.2
With others	88.0	74.8
Satisfaction with social life		
Not satisfied	13.2	27.2
More or less satisfied	58.1	48.3
Very satisfied	28.7	24.5
Presence of friends		
No	5.5	10.0
Yes	94.5	90.0
Satisfaction with relations with friends		
Not satisfied	3.5	4.1*
More or less satisfied	50.0	46.7
Very satisfied	46.5	50.2
Number of confidants		
None	11.3	14.9
One	20.0	24.2
Two	31.3	27.4
Three or more	37.4	33.6
Number of persons that can respond to need		
None	3.4	8.8
One	12.0	18.2
Two	24.5	25.5
Three or more	60.1	47.5
Number of persons showing affection		
None	4.4	9.7
One	14.5	18.0
Two	19.1	21.7
Three or more	62.0	49.6

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Excluding students, homemakers and retired persons
* Interpret with caution

- When unemployed and employed survey respondents are compared, the unemployed are twice as likely to report being dissatisfied with their social life.

- Unemployed respondents were more likely to be alone during their free time, more likely to report having no friends or confidants, and more likely to report no persons to respond to needs or to show affection.

- Employment was linked with knowing more persons that could respond to need, more free time with others, more friends and greater numbers of persons showing affection.

Table 4.1.9 − Persons lacking intimacy according to certain demographic and socio-economic characteristics and according to sex, population 15 years and older,[1] Quebec, 1998

	Men	Women	Total
%			
Civil status			
Married	14.3	17.5	15.9
Common law	15.8	19.3	17.5
Widowed, separated or divorced	37.0	40.5	39.2
Single	40.4	41.7	41.0
Income level			
Very poor	29.3	35.5	32.5
Poor	30.1	29.8	29.9
Lower middle income	24.1	26.5	25.3
Upper middle income	21.7	23.9	22.8
High income	17.8	21.0	19.3
Employment status			
Employed	21.0	25.0	22.7
Student	35.0	36.1	35.5
Homemaker	26.2*	20.7	21.1
Retired	17.1	24.0	19.8
Unemployed	32.5	33.0	32.7
Relative scolarity			
Very low	24.3	24.3	24.3
Low	22.4	24.9	23.7
Average	21.9	27.4	24.9
High	23.2	26.0	24.4
Very High	24.0	25.8	24.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Excluding persons not living with a partner (girlfriend or boyfriend) and not seeking this type of relationship

* Interpret with caution

- Single, widowed, separated or divorced respondents displayed the highest rate of persons lacking intimacy.

- Persons lacking intimacy showed a tendency to be poor and very poor, and unemployed or students.

Table 4.1.10 − Satisfaction with social life by mother tongue

N=	18211	1054	685	445
	English	**French**	**Other**	**n/a**
Very satisfied	29.96%	39.28%	33.87%	30.11%
More or less satisfied	57.09%	46.58%	53.72%	42.47%
More unsatisfied	10.11%	9.96%	9.78%	6.07%
Very unsatisfied	1.87%	3.42%	1.17%	2.70%
Refusal	0.96%	0.76%	1.46%	18.65%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were much more likely than Francophone respondents to say they were very satisfied with their social life and were also more likely to be very unsatisfied.

Table 4.1.11 − Level of social support by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Low level of social support	19.09%	16.62%	20.29%	14.38%
High level of social support	78.61%	81.92%	75.69%	59.33%
Unknown	2.30%	1.46%	4.02%	26.29%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were slightly more likely to report high levels of social support than Francophones.

Table 4.1.12 − Difficulties in a relationship with a spouse by mother tongue, 1998

N=	13688	752	747	248
	French	**English**	**Other**	**n/a**
No difficulties	67.77%	66.76%	67.60%	55.24%
Light difficulties	11.41%	14.76%	11.51%	17.34%
Moderate difficulties	6.68%	7.71%	6.56%	6.45%
Severe difficulties	5.98%	4.12%	5.62%	3.63%
Unknown	8.15%	6.65%	8.70%	17.34%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely to report light and moderate difficulties in a relationship with a spouse than Francophones.
  They were less likely to report severe difficulties.

Table 4.1.13 − Lack of intimate contact by mother tongue, Quebec, 1998

	French	English	Other	n/a
N=	16895	919	955	420
Yes	21.04%	20.24%	24.29%	15.48%
No	70.04%	71.49%	67.02%	49.05%
Unknown	8.92%	8.27%	8.69%	35.48%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone and Francophone survey respondents were similar in the rate of persons who experience lack of intimate contact.

4.2   Work and Health

- 30.8% of survey respondents reported an irregular or unpredictable work schedule, 21% report repetitive work with hands and arms, 18.4% report work using tools, machines or equipment and manipulation of heavy loads.

- Men are more likely than women to have an irregular work schedule, manipulate heavy loads, and produce work using tools, machines or equipment and deal with intense noise at their workplace. Chemical health risk at work was reported more frequently by men followed by the risk caused by dust and fumes from soldering.

- Survey respondents who manipulate heavy loads, and are affected by the vibrations of tools, machines or equipment, are more likely to report serious back pain or pain in the spine and at least one serious long-term muscular or skeletal problem.

- 86% of respondents never receive income from investment, commission or bonus. Women are more likely than men never to receive income from such sources.

- English-speaking survey respondents were less likely to have paid employment than French-speakers. Employed Anglophones were more likely to have non-manual, or a mix of non-manual and manual, work than Francophones.

- Almost 30% of respondents reported experiencing high levels of psychological distress and periods of extreme anxiety due to physical violence at work. 35% reported high levels of psychological distress and anxiety due to intimidation. 6.7% reported periods of severe distress and anxiety due to intimidation at work.

- English-speaking survey respondents were more likely than French-speakers to experience intimidation at work often and/or very often. They were also more likely to report violence at work.

- Survey respondents who reported physical violence at work were less likely than those who did not to perceive their state of physical health as excellent or very good. They were also more likely to perceive their mental health as poor or average.

Table 4.2.1 – Presentation of certain organizational conditions of work and physical risks according to sex, population 15 years and older with paid employment, Quebec, 1998

	Never	From time to time	Often or all the time
%			
Work organization			
Income from investment, commission or bonus			
Men	83.5	5.7	10.8
Women	88.8	3.3	7.9
Total	**85.9**	**4.6**	**9.5**
Irregular or unpredictable work schedule			
Men	32.4	33.2	34.4
Women	41.6	32.1	26.3
Total	**36.5**	**32.7**	**30.8**
Night shift			
Men	69.8	16.3	13.9
Women	87.8	6.4	5.8
Total	**77.8**	**11.9**	**10.3**
Physical risks			
Repetitive work with hands and arms			
Men	65.9	12.7	21.5
Women	71.0	8.6	20.4
Total	**68.2**	**10.9**	**21.0**
Manipulation of heavy loads			
Men	51.7	23.7	24.6
Women	72.5	16.8	10.8
Total	**60.9**	**20.6**	**18.4**
Produce work using tools, machines or equipment			
Men	52.0	20.2	27.9
Women	83.9	9.5	6.6
Total	**66.2**	**15.4**	**18.4**
Vibrations from tools used by hands (affecting hands and arms)			
Men	68.5	16.6	14.9
Women	94.0	3.9	2.1
Total	**79.9**	**10.9**	**9.2**
Vibrations from heavy machines, vehicles or the ground (vibrations of entire body)			
Men	77.0	12.5	10.5
Women	98.0	1.2*	0.8*
Total	**86.4**	**7.5**	**6.2**
Intense noise (required to yell)			
Men	58.7	22.0	19.3
Women	86.9	8.4	4.7
Total	**71.3**	**15.9**	**12.8**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution
**   Imprecise estimate, indication only

- 30.8% of survey respondents reported an irregular or unpredictable work schedule, 21% report repetitive work with hands and arms, 18.4% report work using tools, machines or equipment and manipulation of heavy loads.

- Men are more likely than women to have an irregular work schedule, manipulate heavy loads, produce work using tools machines or equipment and deal with intense noise at their workplace.

- 86% of respondents never receive income from investment, commission or bonus. Women are more likely than men to never receive income from investment, commission or bonus.

Table 4.2.2 – Presentation of certain organizational conditions of work and chemical risks according to sex, population 15 years and older with paid employment, Quebec, 1998

	Never	From time to time	Often or all the time
			%
Work organization			
Income from investment, commission or bonus			
Men	83.5	5.7	10.8
Women	88.8	3.3	7.9
Total	**85.9**	**4.6**	**9.5**
Irregular or unpredictable work schedule			
Men	32.4	33.2	34.4
Women	41.6	32.1	26.3
Total	**36.5**	**32.7**	**30.8**
Night shift			
Men	69.8	16.3	13.9
Women	87.8	6.4	5.8
Total	**77.8**	**11.9**	**10.3**
Chemical risks			
Dust from flour			
Men	91.0	4.5	4.5
Women	94.3	3.2	2.5
Total	**92.5**	**3.9**	**3.6**
Dust from wood			
Men	81.3	9.5	9.2
Women	97.4	1.6*	1.0*
Total	**88.5**	**6.0**	**5.6**
Fumes from soldering			
Men	77.6	15.0	7.5
Women	97.7	1.7	0.6**
Total	**86.6**	**9.1**	**4.4**
Solvents			
Men	64.9	21.3	13.9
Women	88.5	7.4	4.1
Total	**75.4**	**15.1**	**9.5**
Pesticides			
Men	91.0	7.2	1.9
Women	96.7	2.7	0.6**
Total	**93.5**	**5.2**	**1.3**

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution
**   Imprecise estimate, indication only

- The greatest chemical health risk at work reported by survey respondents was from solvents and this was reported with greater frequency by men than women. This was followed by the risk from wood dust and soldering fumes and was reported with greater frequency by men than women.

Table 4.2.3 − Indicators of psychological distress and periods of extreme anxiety or irritability according to violence and intimidation at work in the course of a twelve-month period, population 15 years and older with paid employment, Quebec, 1998

	Indicator of psychological distress		Periods of severe anxiety or irritability	
	Low or average	High	Yes	No
	%			
Physical violence at work				
Never	80.9	19.1	3.2	96,8
From time to time, often or very often	70.8	29.4	5.1**	94.9
Intimidation at work				
Never	84.0	16.0	2.4	97.6
From time to time, often or very often	65.1	34.9	6.7	93.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

**   Imprecise estimate, indication only

- Almost 30% of respondents reported experiencing high levels of psychological distress and periods of extreme anxiety from time to time, often, or very often due to physical violence at work. 70% reported low or average distress and anxiety due to physical violence at work.

- 35% reported high levels of psychological stress and anxiety due to intimidation at work from time to time, often or very often and 65% reported low or average levels due to these conditions. 6.7% reported periods of severe distress and anxiety due to intimidation at work.

Table 4.2.4 − Perception of state of physical health and mental health according to violence and intimidation at work in the course of a twelve-month period, population 15 years and older with paid employment, Quebec, 1998

	Perception of state of physical health			Perception of state of mental health		
	Excellent or very good	Good	Average or poor	Excellent or very good	Good	Average or poor
	%					
Physical violence at work						
Never	61.8	32.8	5.4	74.4	19.0	6.6
From time to time, often or very often	54.0	38.3	7.7**	65.1	24.3	10.6*
Intimidation at work						
Never	63.1	32.1	4.8	76.3	18.1	5.6
From time to time, often or very often	54.7	37.1	8.2	63.9	23.8	12.3

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution
**   Imprecise estimate, indication only

- Survey respondents who reported physical violence at work were less likely than those who did not to perceive their state of physical health as excellent or very good. They were also more likely to perceive their mental health as poor or average.

Table 4.2.5 − Different serious muscular and skeletal long-term problems according to exposure to certain risks or physical constraints at work, population 15 years and older with paid employment, Quebec, 1998

	Serious back pain or pain in the spine	At least 1 serious long-term muscular or skeletal problem[1]
%		
Manipulation of heavy loads		
Never	8.6	14.4
From time to time	9.7	14.9
Fairly often or all the time	11.9	17.7
Produce work using tools, machines or equipment		
Never	8.5	14.2
From time to time	9.4	14.2
Fairly often or all the time	13.0	19.2
Vibrations from tools used by hands (affecting hands and arms)		
Never	8.9	14.4
From time to time	9.5*	14.3
Fairly often or all the time	16.3	21.6
Vibrations from heavy machines, vehicles or the ground (vibrations of entire body)		
Never	9.0	14.7
From time to time	10.5	15.4
Fairly often or all the time	14.7	20.6

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

1- Includes serious back and spinal column pain, arthritis or rheumatism and other serious problems with bones, joints, muscles or tendons

* Interpret with caution

- Survey respondents who manipulate heavy loads, use tools, machines or equipment and are affected by the vibrations of tools used by their hands or from heavy machines and vehicles fairly often or all the time, are more likely than those who do not to have serious back pain or pain in the spine and at least 1 serious long-term muscular or skeletal problem.

Table 4.2.6 − Persons with paid employment by mother tongue, Quebec, 1998

N=	18211	1054	685	445
	French	**English**	**Other**	**n/a**
Yes	57.38%	52.47%	58.98%	42.02%
No	40.63%	45.35%	38.54%	51.24%
Refusal	1.98%	2.18%	2.48%	6.74%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking survey respondents were less likely to have paid employment when compared to French-speaking respondents.

Table 4.2.7 − Type of work by mother tongue, Quebec, 1998

N=	9783	498	491	172
	French	**English**	**Other**	**n/a**
Manual	36.29%	25.70%	38.90%	50.00%
Non manual	46.29%	56.22%	45.21%	34.30%
Mixed	16.18%	17.27%	15.07%	14.53%
Unknown	1.24%	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were (21% in relative terms) more likely than Francophones to have non-manual work and somewhat more likely (7% in relative terms) to have work that consists of a mix of manual and non-manual tasks.

Table 4.2.8 − Intimidation at work by mother tongue, Quebec, 1998

N=	10450	538	535	187
	French	**English**	**Other**	**n/a**
Never	80.15%	77.70%	80.56%	81.28%
From time to time	15.45%	15.24%	12.52%	10.70%
Often/Very often	2.84%	4.65%	2.24%	2.67%
Unknown	1.55%	2.42%	4.67%	5.35%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking survey respondents were more likely than French-speakers to experience intimidation at work often and/or very often.

Table 4.2.9 − Violence at work by mother tongue, Quebec, 1998

N=	10450	538	535	187
	French	**English**	**Other**	**n/a**
Never	95.42%	93.12%	93.27%	90.37%
From time to time	2.71%	3.16%	2.43%	0.00%
Often/Very often	0.37%	1.30%	0.56%	0.00%
Unknown	1.50%	2.42%	3.74%	6.42%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- English-speaking survey respondents were more likely than French-speaking respondents to report violence at work from time to time and were much more likely to report violence often/very often but numbers are small overall in this category.

4.3   Psychosocial Environment at Work

- When 1992-1993 and 1998 are compared, the percentage of employed respondents who report weak decision-making autonomy at work increased. The lowest levels of weak decision-making autonomy, and the greatest increase in low levels between 1992-1993 and 1998, were in the 45 years and over group.

- When compared with men, a greater percentage of women report weak decision-making autonomy at work.

- For the greatest percentage of employed male respondents, low and very low scolarity coincides with low psychological demand and low decision-making autonomy while high and very high scolarity coincides with high psychological demand at work and high decision-making autonomy. A greater percentage of female respondents face low decision-making autonomy at work regardless of level of scolarity.

- The greatest percentage of men and women with high levels of psychological distress was located in paid employment with high psychological demand and low decisional autonomy. A greater percentage of women compared to men are subject to these psychosocial constraints at work.

- Anglophone respondents were more likely than Francophones to report elevated autonomy as well as elevated psychological demands at their workplace. They were also more likely to report high psychological demand and low decisional autonomy.

- Single parent families, unemployment and low income levels are associated with a low likelihood of private health care coverage. Respondents 65 years and over were much less likely than other age groups to have private coverage.

- Anglophone respondents were somewhat less likely than Francophones to have their health care costs covered by a private insurance plan.

Table 4.3.1 − Weak decision-making autonomy at work according to sex and age, population 15 years and older with paid employment, Quebec, 1992-1993 and 1998

	1992-1993	1998
%		
Men	40.3	51.3
Women	49.6	61.5
Both sexes		
15-24 years	63.2	70.2
25-44 years	44.6	55.0
45 years and over	36.5	51.9
Total	44.1	55.5

Sources: *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

Baseline Data Report 2007-08: Quebec's Social and Health Survey Information

- When 1992-1993 and 1998 are compared, the percentage of employed respondents who report weak decision-making autonomy at work increased.

- The lowest levels of weak decision-making autonomy, and the greatest increase in low levels between 1992-1993 and 1998, were in the 45 years and over age group.

- When compared to men, a greater percentage of women report weak decision-making autonomy.

Table 4.3.2 − Psychosocial constraints at work according to relative scolarity, population 15 years and older with paid employment, Quebec, 1998

	PD- DA+	PD+ DA+	PD- DA-	PD+ DA-
				%
Relative scolarity				
Men				
Very low	12.0	22.9	32.3	32.8
Low	18.5	17.5	41.1	23.0
Average	21.5	23.6	34.3	20.5
High	22.9	27.9	30.0	19.2
Very High	30.0	43.3	16.6	10.1
Women				
Very low	10.0*	10.6*	45.6	33.8
Low	13.1	11.8	46.7	28.5
Average	16.6	16.6	39.6	27.1
High	22.7	19.5	36.7	21.1
Very High	25.7	34.9	20.1	19.4

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

PD = Psychological demand
DA = Decisional autonomy
+ = high; - = low

*   Interpret with caution

- The greatest percentage of employed men with low and very low scolarity was located in work with low psychological demand and low decision-making autonomy.

- The greatest percentage of men with high and very high scolarity was located in work with high psychological demand and high decision-making autonomy.

- The greatest percentage of women with low and very low scolarity was located in work with low psychological demand and low decision-making autonomy.

- The greatest percentage of women with high and very high scolarity faced the same psychosocial constraints as those with low scolarity. A greater portion of women than men than are located in work with low decision-making autonomy.

Table 4.3.3 − High level of the indicator of psychological distress according to psychosocial constraints at work and sex, population 15 years and older with paid employment, Quebec, 1998

	PD- DA+	PD+ DA+	PD- DA-	PD+ DA-
				%
Men	11.3	16.9	14.7	23.1
Women	15.0	23.7	20.9	29.5

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

PD = Psychological demand
DA = Decisional autonomy
+ = high; - = low

- The greatest percentage of men and women with high levels of psychological distress was located in paid employment with high psychological demand and low decisional autonomy. A greater percentage of women compared to men are subject to these psychosocial constraints at work.

Table 4.3.4 − Autonomy at work by mother tongue, Quebec, 1998

N=	8510	432	425	154
	French	English	Other	n/a
Elevated	42.23%	47.22%	31.76%	35.06%
Low	55.55%	51.16%	64.47%	51.95%
Unknown	2.22%	1.62%	3.76%	12.99%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were more likely than Francophones to report elevated autonomy at work.

Table 4.3.5 − Psychological demands at work by mother tongue, Quebec, 1998

N=	8510	432	425	154
	French	English	Other	n/a
Elevated	44.28%	56.02%	44.94%	43.51%
Low	53.31%	42.59%	49.65%	41.56%
Unknown	2.41%	1.39%	5.41%	14.94%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- In relative terms, Anglophone survey respondents were 27% more likely than Francophones to report elevated psychological demands at work.

Table 4.3.6 − Psychological constraints at work by mother tongue, Quebec, 1998

N=	8510	432	425	154
	French	**English**	**Other**	**n/a**
PD-/DA+	20.13%	16.90%	12.94%	10.39%
PD-/DA-	33.03%	25.69%	36.47%	28.57%
PD+/DA+	21.99%	30.32%	17.88%	24.03%
PD+/DA	22.14%	25.46%	26.82%	19.48%
Unknown	2.71%	1.62%	5.88%	17.53%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

PD = Psychological demand
DA = Decisional autonomy
+ = high; - = low

- In relative terms, Anglophone survey respondents were 38% more likely than Francophones to report high psychological demand and high decisional autonomy at work. They were 15% more likely than Francophone respondents to report high psychological demand and low decisional autonomy.

5. Coverage of Health Care Costs by a Private Insurance Plan

Table 5.1 − Coverage of health care costs by a private insurance plan according to family status, employment status and income level, total population, Quebec, 1998

	%
Family status	
Single	38.6
Couple without children	53.3
Two-parent family	62.6
Re-constituted family	56.3
Single-parent family	36.7
Employment status	
Employed	66.4
Student	53.7
Homemaker	36.9
Retired	34.0
Unemployed	23.1
Income level	
Very poor	8.1
Poor	20.4
Lower middle-income	48.7
Upper middle-income	70.2
High	79.9

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Single and two- parent families were less likely than other family types to have their health care covered by a private insurance plan.

- Respondents of two-parent families showed the highest likelihood to have health care costs covered by a private insurance plan.

- Unemployment and low income levels are associated with a low likelihood of private health care coverage.

Table 5.2 − Coverage of health care costs by a private insurance plan according to sex and age, total population, Quebec, 1992-1993 and 1998

	1992-1993	1998	Pop
	%		'000
Men	54.3	55.1	1,955
Women	52.5	52.4	1,896
Both sexes			
0-14 years	58.8	54.0	728
15-24 years	47.9	52.3	509
25-44 years	58.8	59.4	1,380
45-64 years	55.8	59.7	1,021
65 years and over	26.7	26.2	213
Total	53.4	53.7	3,851

Sources: *Enquête sociale et de santé* 1992-1993.
Institut de la statistique du Québec, *Enquête social et de santé* 1998.

- There was little change in the percentage of men and women with coverage of their health care costs by a private insurance plan from 1992-1993 to 1998.

- Respondents 65 years and over were much less likely than other age groups to have private coverage.

Table 5.3 − Coverage of health care costs by a private insurance plan by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Yes	54.10%	51.51%	41.82%	44.04%
No	45.64%	48.20%	57.70%	55.51%
Unknown	0.26%	0.00%	0.48%	0.00%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were somewhat less likely than Francophones to have their health care costs covered by a private insurance plan.

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6.   Spirituality, Religion, and Health

- The greater percentage of survey respondents felt that spiritual life was fairly important or very important and believe strongly in the positive effects of spiritual values on health.

- The greater percentage of respondents attended church once a year or never attended.

- 78.4% of respondents were Roman Catholic. 13.7% had no religious affiliation.

- Anglophone respondents were more likely than Francophones to claim a religious affiliation other than Catholic and no religious affiliation. They were also more likely than Francophones to claim that spiritual life is very important with respect to health status.

Table 6.1 − Importance accorded spiritual life, belief in the positive effect of spiritual values on health, attendance at a church or cult in a twelve-month period and current religious affiliation, population 15 years and older, Quebec, 1998

		Pop
	%	'000
Importance accorded spiritual life		
Very important	29.8	1,739
Fairly important	35.4	2,064
Of little importance	24.6	1,431
Not important at all	10.2	591
Belief in the positive effects of spiritual values on health		
Yes, a lot	36.9	2,150
Yes, a little	32.5	1,893
No, not at all	21.3	1.242
Do not know	9.3	540
Frequency of attendance at a church or cult in the course of 12 months		
More than once a week	4.6	270
Once a week	11.9	701
More than once a month	9.5	557
More than once a year	42.7	2,478
Never attend	31.3	1,818
Religious affiliation		
None	13.7	797
Roman Catholic	78.4	4,568
United Church	1.3	76
Anglican	1.9*	61
Greek Orthodox	0.8*	48
Jewish	0.7*	42
Islamic	0.9*	52
Other	3.2	181

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

*   Interpret with caution

- A greater percentage of survey respondents felt that spiritual life was fairly important followed closely by those who felt it was very important.

- A greater proportion of respondents believed strongly in the positive effects of spiritual values on health.

- The greater percentage of respondents attended church more than once a year or never attended. 78.4% of respondents were Roman Catholic. 13.7% had no religious affiliation.

Table 6.2 − Current religious affiliation by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
None	10.72%	18.37%	11.20%	4.94%
Catholic	83.67%	44.61%	55.02%	48.99%
Other	2.56%	33.72%	28.42%	6.52%
Unknown	3.04%	3.30%	5.36%	39.55%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Anglophone survey respondents were much more likely than Francophones to claim no religious affiliation and much more likely than Francophones to claim a religious affiliation other than Catholic.

Table 6.3 − Importance accorded spiritual life with respect to effect on health by mother tongue, Quebec, 1998

N=	18211	1029	1045	445
	French	**English**	**Other**	**n/a**
Very important	27.85%	33.21%	39.56%	28.76%
Fairly important	36.24%	35.01%	31.09%	27.87%
Of little importance	24.60%	19.83%	19.42%	13.26%
Not important at all	9.62%	9.96%	7.01%	5.39%
Refusal	1.70%	1.99%	2.92%	24.72%
	100.00%	100.00%	100.00%	100.00%

Source: Institut de la statistique du Québec, *Enquête social et de santé 1998.*

- Relatively speaking, Anglophone survey respondents were 19% more likely than Francophones to claim that spiritual life is very important with respect to its effect on health.