



Prairie Centre Regional Workshop

Workshop Presentation Abstract

Health, Integration, and Coping Styles: A Comparison of Chinese, Somali and Chilean Immigrants to Edmonton

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October 29-31, 1998
Regina, Saskatchewan

Problem Statement

The goal of the research is to understand the relation between health, integration, and coping styles among Chinese, Somali, and Chilean immigrants to Edmonton. We selected these three communities because they represent significantly different types of immigrant experience.

Methodology

Our approach is qualitative in that we are interested in an in-depth understanding of the experiences of selected immigrants, using structured interviews. Qualitative data can, however, be subjected to quantitative analysis, as we hope to demonstrate in our final report.

Data collection involves the following steps: (1) appointing an advisory committee composed of knowledgeable individuals from the three communities, as well as selected community service organizations, (2) studying existing data bases and ethnographies; dealing with the three communities, (3) interviewing leaders in each of the three communities and using this information (in conjunction with the data obtained in step 2 above) to construct an ethnographic profile for each community, (4) establishing admission criteria to guide the selection of potential interviewees who best represent dominant themes in each of the ethnographic profiles, (5) finding and interviewing 10 members from each community who meet the admission criteria, and (6) interviewing a variety of community service providers concerning their perceptions of the three communities.

Analysis involves (1) using NUD*IST and SPSS to isolate dominant themes in the interviews, (2) using these themes as the basis for studying the relationship between health, integration, and coping styles at both the individual and community levels, (3) constructing hypotheses and generalizations that can be tested in other contexts, (4) formulating culturally-sensitive policy recommendations concerning ways to help immigrants better cope with challenges affecting integration and health.

To date we have completed data collection, thematic analysis of interviews, and use of these themes for community comparisons (summarized below). Remaining analysis will be completed in time to present a final report at the Vancouver conference.

Summary of Community Comparisons

Background: The Chinese immigrated from Hong Kong to Canada within the past 10 years. They came from middle-class backgrounds, frequently brought considerable financial resources with them, and are well-educated. They immigrated because of fears about the effects of political instability in Hong Kong on their livelihoods. The Somali also immigrated to Canada within the past 10 years, coming from somewhat lower socio-economic backgrounds than the other two groups. They immigrated because of the civil war. The Chileans immigrated to Canada at least 20 years ago. Like, the Chinese, they came from middle-class backgrounds and are well-educated, but they brought fewer financial resources with them. They immigrated because of political harassment, oppression, and torture.

Challenges: Challenges to all three groups included language, cold weather, lack of recognition of credentials, and difficulty finding meaningful employment. In terms of somewhat unique challenges, the Chinese encountered suspicion from earlier Chinese immigrants who had come with less wealth and had a difficult time establishing themselves. The Somali experienced a radical transition from a homogeneous culture to a culturally-diverse industrial society; and the Chileans suffered a serious decline in both economic and social status.

Social Support: Traditionally, Chinese relied upon extended family, kin and close friends. Normally this works well, but when in need and separated from family members who have returned to Hong Kong for business purposes, immigrants are reluctant to approach Chinese community service organizations for fear of "losing face." Traditionally, Somali relied on family, clan, and religious affiliation. In Canada they are separated from kin, and immigrants from different clans are thrown together, resulting in low community cohesion. This is partially offset by common religious affiliation (Islam) and a strong women's support group. The Chileans initially relied upon each other after immigrating. But when Pinochet stepped down, political differences came to the fore and some returned home. Today, they tend to rely on their own inner resources and, like many other Canadians, pursue a somewhat "nuclear" life style.

Degree of Integration: Immigrants from Hong Kong report very positive relations with neighbors, few instances of differential treatment, and a relatively high socio-economic status. They have not been here long enough to integrate fully into the older Chinese community or the larger society. Somali are treated with respect by neighbors, but do not feel fully accepted as Canadians. Some experience what is perceived as racism. Because of a relatively low socio-economic status they may take longer to achieve integration into the social and economic life of the larger society. Chileans report cordial relations with neighbors and co-workers, and experience little or no differential treatment. They have been here longer than the other two groups and have regained a relatively high socioeconomic status. They seem to be relatively content with life in Canada, but, apart from work, have a low level of participation in the broader community.

Values and Attitudes: Chinese emphasize hard work and self-reliance in the - pursuit of wealth and status. Somali emphasize accepting God's will and being resilient in the face of adversity. Chileans emphasize the importance of developing inner resources and imbuing work with meaning.

Health Issues: Most Chinese feel their health status has improved since coming to Canada; they place emphasis upon nutrition, but are split on the value of traditional Chinese medicine. Somali tend to feel their health has declined since coming to Canada and utilize biomedical care almost exclusively. Chileans feel their health status has remained the same or improved since coming to Canada. They place emphasis upon mental health as well as upon the value of alternative health care. All three groups are positive about the Canadian health care system, particularly its universality. Most complaints are shared with other Canadians: long waits to see specialists, poor service in emergency, and the high cost of pharmaceuticals. There are also culturally-specific complaints. Somali seem to suffer the most from communication and cultural barriers when accessing health care, and Chileans, believe doctors under emphasize holistic approaches and prevention.