

THE UNIVERSITY OF CALGARY

IndoCanadian Women : A Sociodemographic Profile

by

Baljinder Mann

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Pathology 0419
Pharmacology 0572
Pharmacy 0382
Physical Therapy 0573
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Radiology 0575
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General 0608
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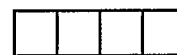
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Généralités	0310
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Histoire générale	0578

Ancienne	0579
Médiévale	0581
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Moyen-orientale	0333
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Asie, Australie et Océanie	0332
Histoire des sciences	0585
Loisirs	0814
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Généralités	0615
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Généralités	0626
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Travail social	0452

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Agronomie	0285
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Culture	0479
Élevage et alimentation	0475
Exploitation des paturages	0777
Pathologie animale	0476
Pathologie végétale	0480
Physiologie végétale	0817
Sylviculture et faune	0478
Technologie du bois	0746
Biologie	
Généralités	0306
Anatomie	0287
Biologie (Statistiques)	0308
Biologie moléculaire	0307
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Cellule	0379
Écologie	0329
Entomologie	0353
Génétique	0369
Limnologie	0793
Microbiologie	0410
Neurologie	0317
Océanographie	0416
Physiologie	0433
Radiation	0821
Science vétérinaire	0778
Zoologie	0472
Biophysique	
Généralités	0786
Médicale	0760

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Pathologie	0571
Pharmacie	0572
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Radiation	0756
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Agriculture	0539
Automobile	0540

Biomédicale	0541
Chaleur et ther modynamique	0348
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Génie chimique	0542
Génie civil	0543
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Techniques sanitaires et municipales	0554
Technologie hydraulique	0545
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The undersigned certify that they have read and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "IndoCanadian Women: A Sociodemographic Profile" submitted by Baljinder Mann in partial fulfilment of the requirements for the degree of Master of Social Work.



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ABSTRACT

The majority of Indian immigrants in Canada came to the country after the 1967 revision of the Canadian Immigration Policy. Due to the family re-unification clause in this policy, women and children came in large numbers.

IndoCanadian women are a very vulnerable group of women in the mainstream Canadian society because of their differences in appearance, language and culture. Social integration is a slow process, and this group is still struggling to establish their identity. This leads to specific psychosocial problems, for example, marginalization in the job market, family breakdowns and a lowered psychological quality of life.

The present study was undertaken to describe a general profile of Indian women in Canada, focusing particularly on their social-adaptation, employment and economic adjustment, and general physical and mental health. It is an exploratory descriptive study. This study describes IndoCanadian women as a mosaic in the bigger Canadian mosaic. They have many sub-cultures, religious practices, languages and values. Findings of this study possess implications for social work practice.

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DEDICATION

To the memory of my father, Late Major Jawala Singh Mann,
I.O.M., who provided the inspiration and guidance for me to
choose the paths of medicine and social work;

To my mother and sister Gursatwant, for being there for me
through the ups and downs of life;

To Gosha, Bikram and Sheri for whom I live; and finally,

To Indian women and great Indian heritage.

TABLE OF CONTENTS

	Page No.
Approval	ii
Abstract	iii
Acknowledgement	iv
Dedication	v
Table of Contents	vi
List of Tables	vii
List of Figures	ix
CHAPTER ONE : INTRODUCTION	1
Historical Perspective	1
Indian Women in Canada	3
Statement of the Problem	6
Study Purpose and Significance	8
Research Questions	9
Presentation of the Thesis	9
CHAPTER TWO : LITERATURE REVIEW	11
Social Adaptation	11
Employment and Economic Adjustment	23
Physical Health and Mental Health	29
Demographic Consideration	34

TABLE OF CONTENTS (Cont'd)

	Page No.
CHAPTER THREE : METHODOLOGY	39
Study Design and Procedure	39
Population and Sample	41
Research Instrument	43
Data Analysis Strategy	44
Study Limitations	45
Potential Ethical Issues	45
 CHAPTER FOUR : FINDINGS	 46
 CHAPTER FIVE : DISCUSSION	 93
Discussion	93
Conclusion	108
Recommendations	109
Future Research Projects	111
 REFERENCES:	 113
 APPENDICES:	 122
Appendix-A Letter of Introduction and Consent	122
Appendix-B Survey Questionnaire	123

LIST OF TABLES

	Page No.
1. Survey Return Rate by Location	42
2. Social Activities	48
3. Knowledge of Community Organizations	49
4. Membership of Immigrant/Cultural Organization	53
5. Ethnic Food and Dress	54
6. Attitude Towards inter-marriage and divorce	55
7. Factors That Make Life Hard for ICW	60
8. Experience With Discrimination and Prejudice	62
9. ICW's Feelings After Being a Target of Discrimination	63
10. ICW's Occupations	68
11. Felt Reasons for Unemployment	70
12. General Health Status of ICW	77
13. Common Ailments Among ICW	78
14. Access to Health/Mental Health Organizations	80
15. Main Reason For Immigration	84

LIST OF FIGURES

	Page No.
1. Media Information Source	51
2. Advice To Potential Immigrant Friend or Relative	52
3. Attitude Towards Home Country	56
4. Reason To Return To Home Country	58
5. Attitude Towards Canada	59
6. Education and Training in Country of origin	67
7. Current Employment Status	69
8. Family of Origin: Self-perceived Social Status	71
9. Self-perceived Social Position in Canada	72
10. Personal Income of IndoCanadian Women	74
11. Total Family Income	74
12. Immigration Class	83
13. Ethnicity of Friends	89

CHAPTER ONE

INTRODUCTION

Historical Perspective

In the Vedic Age (about 10,000 years ago), women enjoyed relatively high position in Indian society. "Dravidans", the true Indians, were a matriarchal society. "Aryans", who came from Europe and established all over North India, were a patriarchal society (Tikoo, 1985 and Pandit S. Jaitly, 19 June, 1994).

Indian women's position in society was influenced negatively around the era when 'Maharishi Manu' created the caste system. He laid down these guidelines to help civilization and deal with the masses in a systematic, work-related way. Women came to be treated as inferior to men in this era, (Jaitly, 19 June, 1994). 'Buddhism' (6th century B.C.) tried to bring women's status up, but during Islam and Mughal rule, women's position in society declined steadily (Sachchinanda and Sinha, 1984). Sikh religion, which is a reform religion, gave equal status to men and women and abolished the caste system, preaching equality of all mankind. Sikhism became established in Punjab region towards the end of 15th century.

Today, Indian society is mainly patriarchal. The influence of the matriarchal system is found only in the

northeastern regions of India, for example, Meghalaya and surrounding regions. It is also found in remote tribal cultures.

Patriarchal values and structure were established in India over 2,000 years ago. They still persist today, in a slightly different form. Motherhood, and the ideal of a faithful, loyal, self-sacrificing wife are projected through the media and education systems. The reality of the subordinate position of women is indicated through the adverse sex ratio of girls, growing domestic violence, and an increased numbers of dowry deaths and rape cases (Desia and Krisharaj, 1990). Aminocentesis testing is being misused for sex-determination all over India. This testing leads to abortion of female fetuses (Dr. G.K. Shalley, 30 October, 1993).

By 1975, the role of Indian women outside the home had become an accepted feature of social and economic life in India. At a micro level, families still struggled to accomodate to this double role of women as breadwinners and housekeepers. Thus the attitude of the husband remained ambivalent towards his working wife. This attitude imposed much strain on the working-wife and resulted in great physical and emotional stress (Devendra, 1986). Higher levels of education and job training have led to this integration of women into the working class.

Since the independence of the country in 1947, education in India is free. The modern education system does not discriminate against women. Therefore, the literacy rate among

women is very high. The literacy rate for women in some South Indian states, for example, Kerala, is 100% (Deepa Bharti, 2 November, 1992).

Indian Women in Canada

Immigration from the Indian sub-continent to Canada has increased since 1967 due to Canada's revised immigration act. In previous days, men used to go to foreign lands alone to improve the family's economic situation. Women and children were left behind. As the means of transportation improved, women and children started joining the men.

The family-reunification clause in the revised immigration policy encouraged immigrants to sponsor their relatives. Thus, Canada became home to a large number of women and children of Indian origin. There are many distinct groups of Indians in Canada. Punjabis, Gujuratis, and Indians from East Africa (Ismailis) are some of the most common. Indians came not only from India directly, but also from other countries where their ancestors had immigrated, for example, Africa, Fiji, Phillipines, England and Singapore. IndoCanadian culture is seen as a very distinct culture in Canadian society due to its many sub-cultures. Lack of awareness of these sub-cultures leads to a tendency to stereotype these distinct ethnic groups. These sub-cultures are distinct by religion, state of origin in India, class of origin, and country of last residence.

However, the experience of IndoCanadian women (ICW) in

Canada is more or less similar to all immigrant women. ICW are suffering a sense of loss, social-dislocation and social-isolation. According to Estable (1986), the majority of immigrant women are isolated in low paying, dead end jobs working long and irregular hours. A very few are protected by labour standards legislation and union contracts.

Estable reports they also suffer from homesickness, value conflicts and grief over various losses due to immigration. Loss of family of origin, extended family and loss of social status are some of the major common stressors found in this group.

ICW are suffering from multiple stresses, e.g. pre-immigration stress, post-immigration stress, settlement issues, integration issues and cultural conflicts. According to Morse, Edwards and Kappagoda (1988) South Asians often express mental health problems as physical complaints and are thus more difficult to diagnose and treat. The stress of culture shock, loss of family support system, unemployment, adapting to a new culture, and feelings of alienation in the new culture have resulted in emotional disorders and other mental health problems, for example, depression. Women who have witnessed political violence or torture have many mental health problems. Life stresses and life stages complicate the age-specific problems of seniors, adolescents and children. Families on the whole are in transition. Their situation is further complicated by the inability of these women to access available resources

and services due to organizational, cultural, and language barriers.

ICW are a vulnerable group of women. They are vulnerable because of barriers to integration such as language and culture. They have job-insecurities, with many of them working in low-paying jobs. Some are still living in joint family systems trying to balance the burden of double roles, ie: housekeeper and breadwinner. Many are abused by employers, in-laws, husbands and children.

The Indian family role system has not adjusted to the reality of the immigrant wife's employment and household responsibilities. There is lack of available household help due to a lack of economic resources.

The new country's social values conflict with the old country's values. Prejudice and discrimination lead to low self-esteem compared to majority culture women.

There is a reluctance to use formal help because of language and cultural barriers, and fear of being misunderstood. There is also a fear of stigma within their own community if formal help is utilized. For example, if a woman uses a shelter for abused women or a mental health clinic, there is a fear of being labelled. The language, the incompatibility of cultures, social values and attitudes towards health care are major factors that affect mental health of newcomers (Canadian Task Force on Mental Health Issues, 1988).

As reported by settlement and integration workers, the

majority of ICW do not have an informal support system available, as they had in India. Therefore, no help is available to solve any disputes, problems, or other issues.

Moghaddam and Taylor (1987) write that ICW are committed to retain balance between assimilation and culture maintenance strategies adhering to a 'middle of the road' stance. However, there is absence of empirical research on other issues faced by ICW. This helps maintain the invisibility of their particular social problems as described above. Hence the need for research that documents the experiences of ICW.

Statement of the Problem

ICW are not composed of one homogeneous group. They belong to many distinct groups based on religion, state of origin in India, class, and level of education.

There is a general assumption among professionals that the informal support system works very well in immigrant communities. It is not so in reality. Social problems in the adopted country are very different from those in the country of origin. Some problems are addressed by the host society, for example, language and job skills training. The effectiveness of these programs has been challenged by professionals and immigrants' groups. Some other problems are not addressed by the host society, for example, parent-child conflicts, culture conflicts, evaluation of education and experience.

ICW often face double isolation in their adopted country.

They are isolated because they are different in appearance, and because they cannot speak the language. Being women, they face additional obstacles in integrating into the majority culture. The immigration policy favours men as heads of the family. They are offered English as Second Language and other benefits. Women are deprived of these benefits offered to new immigrants as they are not heads of the family.

According to a study of immigrant women's needs by Arusha (1985), immigrant women are doubly vulnerable in our society because they are both immigrants and women. They face additional frustrations and adversities in finding suitable employment. Conditions such as language and job training for only the head of a family, set by immigration policies trap them into dependent situations. Thus immigrant women end up in low-paying insecure jobs, and have little or no opportunity for language and skills training. Language, and a lack of Canadian experience are the two major barriers to their successful integration. Racism does not help in the process of adaptation. Estable (1986) maintains that many immigrant women, lacking Canadian work experience, with little formal education, no job training recognized in this country, and often facing the additional barriers of language and racial discrimination, find their access to even the female-dominated portion of the labour market restricted. The experience of ICW is not different from above.

ICW mainly lack knowledge of Canada's dominant culture and

rules of society. They also lack knowledge of immigration laws and are afraid to seek help, fearing deportation if sponsorship breaks down.

Little is known about these women regarding their social adaptation, employment and economic adjustment, physical and mental health. Therefore, there is a need for a descriptive, exploratory study to develop a socio-demographic profile focusing on common issues of economic, employment adjustment, social adaptation, physical health and mental health. This study will provide an awareness and knowledge base for professionals who work with these women.

Study Purpose and Significance

The purpose of this study is to provide a descriptive profile of Indian women in Canada. More specifically, it will focus on the issues of **social adaptation, employment and economic adjustment, general physical and mental health, and demographics** of IndoCanadian women.

Professionals will be able to use this knowledge to to advance their ability to intervene with IndoCanadian women and their families. The community at large will benefit from this information, as it will make the social issues of this vulnerable population more visible to service providers.

Research Questions

The research study addresses the following questions:

- I. How and to what extent do ICW participate in Canadian society? Do they try to maintain their own ethnicity? Do they access the social services available in the community? Are they lonely and isolated? Are they leading satisfied lives? What are their attitudes towards dating, marriage and divorce?
- II. ICW make many adjustments to gain employment in Canada. What are these adjustments? Do ICW find employment in their intended occupations? Do they get re-training? How does their socio-economic status change with immigration?
- III. What is the general physical and mental health status of ICW? Do they access the health and mental health organizations in the community? Has their health status changed since immigration?
- IV. What is the demographic profile of ICW? Where do they come from originally? Do they live in extended/joint families?

Presentation of the Thesis

Chapter One outlined the purpose of this thesis and posed four research questions. Chapter Two presents a review of the literature relevant to the four research questions. Chapter Three presents the research methodology used in this study while Chapter Four presents the study findings. Chapter Five presents

discussion and conclusion, implications for social work practice, and future research projects.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a review of the literature relevant to the issues of social-adaptation, economic and employment adjustment, and general physical and mental health of immigrant women. It also reviews the demographics of Indians in Canada.

SOCIAL ADAPTATION

This section of the review provides information on the adaptation needs and concerns of immigrants. It focuses on social activities, life-satisfaction, loneliness and isolation, discrimination, and awareness and access to community organizations. It also looks at four processes of social integration, ethnic identity, issues of dating, marriage, inter-marriage, divorce, and separation.

Adaptation

The social work dictionary (Barker, 1987) defines adaptation as the active efforts of individuals and species over their life spans to achieve goodness of fit with their environment in order to survive, develop, and fulfill their reproductive functions. According to Germaine (1979), adaptation is a reciprocal process between the individual and

the environment, often involving changing the environment or being changed by it. People have to adapt to their surroundings to fulfill their responsibilities to society, to their significant others, and to themselves. Immigrants try to adapt by engaging in certain activities and ways of life to create a harmonious fit with their new environment. The process of changing the environment and changes on the part of the immigrants, leads to social adaptation in the adopted country.

According to Nguyen (1987), immigration is a major disruption in the life pattern of an individual. Immigrants have to resocialize in the new country by learning new coping mechanisms, social skills, values, norms and attitudes. Adaptation and change become necessary to survive.

Adaptation means strategies used by a new immigrant to deal with the process of acculturation and the long term outcome of this acculturation (Berry, 1988). Women are generally raised to be adaptive to others. This is a source of strength for immigrant women (McGoldrick and Anderson, 1989).

According to the Canadian Immigration and Population Study (Information Canada, 1974), social adjustment is a process by which a person or a group acquires the ability to fit into a given environment. Immigrants attempt to adjust by acclimatizing with the physical environment, material living conditions and life-styles, and by adopting some standards of conduct or certain cultural values of the environment in which they are going to live. Adaptation, on the other hand is a two-

way process between the immigrant and host society. Immigrants make an effort to adapt by changing their ways of life. The host society facilitates this process by making policies and providing opportunities for change. According to Nann (1982), resettlement requires the ability to create a life that can span two worlds - one left behind and one just entered.

It is generally believed that members of one cultural group tend to adjust themselves to the group possessing more prestige and power in order to avoid inferior feelings. Yet, it is exactly this act that creates ambivalence in the minority individual. The pressures for assimilation and acculturation (melting-pot theory) can be strong, creating possible culture conflicts (Sue and Sue, 1990). Sue and Sue also contend that third world people in particular are under strong pressures to adopt the ways of the dominant culture. They may look at their own ethnicity and cultural heritage as handicaps to be overcome.

Boyd and Taylor (1990) have described Canada's approach to her immigrant population as that of pluralistic integration or multiculturalism. This policy supports social adaptation i.e. efforts on the part of immigrant as well as the host society. Host society action is generally directed toward facilitating economic integration, largely through language training programs and job skill programs directed at immigrants destined for the labour force. The overall model thus is one of economic integration in a culturally pluralistic society (Rao, Richmond and Zubreycki, 1984).

Adaptation involves integration with a whole new social, political, and economic reality; to new rules and regulations, new life-style, family education and coordination. It requires adjustment to different habits, customs, and social values. Immigrant women's primary role is of mother, homemaker, and coordinator of religious and community events. Family relationships are under a lot of stress during the acculturation process. Warren (1986) compares the act of immigration to a brain stroke where one has to learn to walk again, to talk again, to move around the world again and, most difficult of all, to learn to re-establish a sense of community.

Meaningful integration is a slow process. It takes a few generations to be fully integrated into the new society (Minna, 1986). The nature of the adaptive actions and outcomes depends on personal and group experiences.

Four possible outcomes of adaptation or acculturation are assimilation, integration, separation and marginalization. Barker (1987) provides the following definitions. **Assimilation** means social integration or adoption of one group's values, norms, and folkways by another group, for example, a group of immigrants may eventually integrate with or adopt the culture of their new society. An example of assimilation according to Berry (1991), is also merging of many groups to form a new society, as in a 'melting pot'. In both examples, a single relatively uniform culture evolves. **Integration** describes the process of bringing together separate components into a unified

whole. For example, sociologically, it can be the process of bringing together diverse social or ethnic groups and achieving harmonious relations. According to Berry (1991), this is the case where a large number of distinguishable ethnic groups are cooperating within a larger social system, resulting in the 'mosaic' that is frequently promoted in Canada. **Separation** means the breaking off of a tie or relationship. Describing an immigrant population, it means an ethnic person who has broken ties with his/her own ethnic community (Barker, 1987). **Marginalization** describes an ethnic person who is neither comfortable with his own group nor with the majority culture (Berry, 1988). Groups can lose cultural and psychological contact with both their traditional culture and the larger society. If it's imposed by the larger society, it becomes ethnocide and a classical situation of marginality (Berry, 1991). Asian immigrant women experience stress because of family conflicts resulting from work overload when they attempt to sustain all the functions of homemaking in addition to working outside the home. There is an expectation that women, as primary caretakers of young children, will lead in the resolution of children's acculturation problems. There are pressures to resolve conflicting demands from within the family for change or constancy in cultural practices such as dress, food, and social interactions, combined with conflicting attitudes of self and of family members toward women' role as wage-earners (often seen as a necessary but culturally

undesirable feature of life). Although their adaptation to out-of-home employment may be smooth, immigrant women's adaptations within the family and their ethnic group create enormous psychological stress (Ross-Sheriff, 1992).

Immigrant wives as well as husbands generally believe that husbands are not to help with household tasks, even if the wife is working outside the home. Women are mainly nurturers and housekeepers, and out of home employment is in the tradition of supporting the husband rather than pursuing self-fulfilling careers.

Cultural adaptation is a difficult and emotionally demanding process. It not only requires functioning reasonably well in the host culture, but also a connection with what was familiar. It is difficult to learn about the host culture while remembering one's own. This conflicting process can provoke stress and tensions in family relationships. Immigrant women feel isolated because of language and cultural barriers. As stated by a single immigrant woman:

It is very hard ... in our country, you are never alone. Being alone is the worst experience here. You have to go to work and carry your feelings in your heart. Everything is different here. Even if it does not change your situation it helps to share your feelings with someone close. (Moussa, 1989).

The most acute loss for women is of their social networks

comprising of kin, neighbors, friends, and acquaintances. This loss is most acutely felt by those who do not have any relatives/friends in Canada (Canadian Task Force on Mental Health Issues, 1988).

Immigrants experience a sense of loss and grief similar to that experienced by bereaved persons. Further compounding this feeling of loss and bereavement is a sense of uprootedness from one's socio-cultural environment. Dislocation from one's social network can cause extreme and chronic feelings of anxiety. Often people in these circumstances withdraw themselves socially and this can create feelings of loneliness and isolation (Nguyen, 1987). Social adaptation is affected by negative factors in the environment, for example, discrimination as described in the following section.

Discrimination

Discrimination is defined as prejudgement of race, gender, religion or ethnicity (Barker, 1986). It denies equal treatment, civil liberties and opportunities to individuals or groups with respect to education, employment, health care and accommodation. Discrimination is a serious concern for immigrants. It is perhaps the single greatest barrier to full and equal participation in Canadian society that immigrants face (Seydegart and Spears, 1985). According to Henry and Tator (1985), a major myth is that Canada is not a racist country despite recent studies and surveys providing empirical evidence

of widespread discrimination at all levels of the labour force. It can be expressed through isolated acts of ill will on the part of the employer. Borovoy (1975) writes in the Study of Employment Agencies, done for the Canadian Civil Liberties Association, that employers who wish to maintain a white work force may use employment agencies to screen out minority applicants. Other forms of discrimination are biases built into hiring and selecting procedures. Also, minority group children are often placed in special education classes and/or streamed into lower level academic programs.

Czerny and Swift (1988) write that women of colour and Native women are not only subject to racial prejudice, but also face the same difficulties as white women in this patriarchal society. They face double-edged discrimination and oppression.

Buchignani (1985) writes that South Asians in Alberta worry about whether or not they will be able to have access to a full range of rights and privileges commensurate with their abilities and labour. In these situations, no one can honestly say that ethnicity does not matter. Name calling, vandalism, acts of physical violence, and obvious incidents of job and housing discrimination against South Asians continue to be frequent enough to make such a claim naive. Even when one does not come face to face with discrimination, awareness that it does exist can make one feel self-conscious and vulnerable. This lowers the psychological standard of living.

Family

Human society values the family as the most important and basic social unit. It is essential for the healthy development and functioning of any society. Unfortunately, for women and children in some societies, the family can be a mechanism for suppression and insubordination (Korten, 1990). Similarly for an immigrant, it can be a source of economic and emotional security as well as a source of oppression.

Family is one of the most important factors in adaptation. It provides support by meeting one's physical, financial and emotional needs. On the other hand, the family may limit a person's self-actualization by prescribing the belief that the family comes first. Balgopal (1988) writes that in modern India, the traditional joint family system is disappearing quickly. However, nuclear families remain well connected and depend on their extended families in many ways. Modernization in India has not followed the same lines as in the western world, and it is likely not to do so in the near future. Immigration moves the family along extended to nuclear forms at a faster rate than natural evolution. Therefore, there is sudden lack of extended family support when it is most needed. Ho (1987) writes that the individual in traditional Asian culture is protected securely in a wide network of kinship relationships. The individual is clearly reminded that other social relationships or friends should be secondary to the needs of the family and other kin relationships. Extended family ties

are maintained by sharing domicile or by frequent visits. Extended family ties help maintain a good reputation for the patrilineage in the community and play important roles in the affairs of family life and in the socialization of children.

Dating and Marriage

All societies and cultures develop a systematic procedure for mating, child rearing and education. No society permits random mating and each society has established rules around marriage (Ferraro, 1990).

Dating is an accepted fact of life in Canadian majority culture. However the practice is discouraged in Asian cultures. Marriage is a decision by two families and not merely a union of two individuals. Bhatnagar (1985) writes that South Asians are very conservative in dating patterns and marriage decisions. Traditionally, divorce is not favored in Asian societies; it is considered a great shame and tragedy (Ho, 1987). The attitudes of Indians towards dating, marriage, and divorce conflict with the attitudes of the majority culture thus affecting their social adaptation.

Awareness, Access and Utilization of Services

Social services have not responded in a uniform way to the needs of multi-racial communities. The majority do not have any policies in this regard. Others have responded in a patchy, piecemeal way (Bowes and Sim, 1991). According to Wright,

Saleebey and Watts (1983), many social programs are ignorant of the reality and depth of cultural differences and culture specific problems. In describing the situation in Canada, Yelaja and O'Neil - (1990) maintain that the barriers to minority use of services include the lack of ethnic language skills, the lack of sensitivity to cultural differences, the assumption by service systems that immigrants should be able to use the services geared to general population and finally the lack of coordination between mainstream and ethnic agencies. Social agencies mostly represent the dominant culture. Thus, immigrant women remain at a disadvantage because they lack the background formed by the controlling social structure.

Professionals working with immigrant women are aware of the fact that despite the sophisticated services available to Canadians, very simple and practical needs of immigrant women and their families go unmet. For example, an immigrant woman is not eligible for subsidized housing if she was sponsored by her husband even if the marriage has failed. The Canadian Social Service system deals exclusively with English or French Canadian cultural norms and problems though there have been some recent changes noticed in some organizations, for example, cross-cultural effectiveness training for professionals. Policy makers do not recognize the needs of immigrant women, or do not make these a priority. Government policies prevent 'sponsored' immigrants, which are the majority of immigrant women, from receiving basic social service benefits. These sponsored women

are ineligible for subsidized housing, intensive language training programs, and in many provinces cannot receive welfare or day care subsidies. According to Estable (1986), two-thirds of immigrant women enter Canada as dependents of male immigrants, primarily husbands. Thus, these women end up in a legal binding of dependence on their husbands.

According to Minna (1986), the almost total lack of accessibility to services in the health and social services field exists due to lack of response on the part of mainstream social agencies both public and private. Services to immigrants are not an integral part of the delivery system. Responsibility for language training, settlement/integration services, family counselling and mental health services is delegated to ethno-specific agencies. The situation is further complicated by the assumption on the part of government and other institutions that it only takes a few years for people to successfully integrate if they want to.

Language and culture are the two obvious barriers to service utilization by immigrants. These are further compounded by professionals' attitudes and lack of awareness of other cultures. Puri (1986) writes that existing services must be changed to accomodate the needs of immigrant and visible minority women and to adjust to the changing multicultural reality of Canadian society.

EMPLOYMENT AND ECONOMIC ADJUSTMENT

This section reviews issues of education and work experience evaluations, re-training, under-employment and unemployment, housing, income and financial assistance to relatives in the country of origin.

Education in India

Indians have always valued education. Higher education among Indian women has become a norm since India's independence. Very rapid and dramatic changes have been observed within one generation in terms of attitudes about education and formal employment for women. Immigrant Sikhs have always focused on success and the value of formal education. This focus has its roots in well-defined cultural processes pre-dating migration (Gibson and Bhachu, 1988). These values remain true for most Indian ethnic groups.

Exposure to English speaking, developed countries through migration has countered a growing tendency in India to promote education through the local or regional languages. Therefore English-medium schools in metropolitan areas are found in abundance. Public interest in education has also been strengthened in areas from which international migration has occurred.

Evaluation of Qualifications and Work Experience

In Canada, immigrant and visible minority women have

problems and concerns regarding the assessment of their professional qualifications, certification and re-training, and language training. These employment barriers impede their full and equal participation in the labour force. According to Boyd (1987), there is downward occupational mobility on arrival in Canada. Immigrant women, more than men, tend not to work in their expected jobs. The main reasons for this are that no jobs are available, or that there is a lack of Canadian experience, and failure to get credits for foreign qualifications.

Lack of recognition of foreign credentials appears to be as important as language barriers resulting in underemployment for immigrant women. The Alberta Government released a report titled Bridging the Gap (Government of Alberta, 1992) on the recognition of foreign qualifications. The report characterized the current evaluation system as fragmented without any centralized procedures for accreditation and licensure for credentials earned outside the province. The authors of this report recognize that for equal opportunities in a competitive labour market, a consistent and objective system of evaluation for foreign qualifications is required and is very important.

Employment, Underemployment and Unemployment

Immigrant women are generally not employed according to their qualifications and experience. Thus the majority of them are working in low paying jobs or not working at all. This inability to find employment leads to unequal income, unequal

resources, and unequal ability to participate in society (The Ontario Immigrant and Visible Minority Women's Organization, 1988).

In a 1992 study by Canadian Advisory Council on the Status of Women, visible minority women were more likely than Canadian women overall to be employed in low-paying occupations, especially as manual workers (18% compared to 9.9% for Canadian women overall). Like Canadian women overall, visible minority women were represented in clerical, sales and service occupations in 1986 (47.7% compared to 53.2% of all Canadian women). The percentage of the visible minority women in upper-level management positions was extremely small (0.4%). Visible minority women were among the most disadvantaged in terms of salary. In 1985, the average salary paid to visible minority women who worked full-time was \$18,900; this represents 67.7% of an average salary paid to their male counterparts and 62% of that for all Canadian men. However, the educational attainment of members of the visible minority was higher than that of the Canadian population (14% had a university degree compared to 10% in the overall Canadian population) (Canadian Advisory Council on Status of Women, 1992).

The above study indicates that ethnic minority women are constrained in their life chances by racial barriers and low income. The double jeopardy of racism and sexism continues to be a stubborn reality of their everyday lives. Race and ethnicity act as constraints which prevent ethnic minority women

from achieving sufficient occupational mobility. Ethnic minority women have few role models from which to learn or to pattern their own behaviour after. Difficulties with evaluation are best described below:

Academic credentials are not evaluated properly. There is still no system in place for objective evaluations. Evaluations are subjective and possible biases and lack of understanding affect the result. Professional societies are more inclined to protect the current memberships than pursue the need to ensure parity. Many trades and professions require proof of 'Canadian experience' as an entry to practice. (Canadian Advisory Council on the Status of Women, 1992, p.4).

Discrimination in evaluating the educational documents is reflected in the following statement made by an immigrant women at a workshop:

I was shocked when the Ministry of Education evaluated my Masters' degree equal to only two years of university in Canada. I think reason for this is that they put my country into a third world category. Unlike here, not everyone is qualified to get into university. We have limited number of universities and have to pass difficult tests to be accepted in the

university. So the selected students are the most serious and desirable ones. I even found out, although, the subjects that I was studying in my homeland were in my mother tongue, the subjects here are easier to study. (A workshop participant, Canadian Women's Studies, 1989).

Previous work experience of immigrant women is not recognized. The following statement by another workshop participant describes the frustrating situation when one cannot work in one's chosen career or profession:

Now, we must leave out all these years and start from zero. We even, sometimes, prefer to work in our own chosen professions for very low wages because we are afraid of forgetting our skills. (A workshop participant, Canadian Women's Studies, 1989).

The economic situation of immigrants in Canada is such that immigrant women have to work outside their homes to support their families financially. Many women who have education and previous work experience in their native land are forced to settle for minimal, unrelated jobs. These factors lead to greater isolation, discouragement and demoralization. According to the Re-evaluating Employment Equity Report (Canadian Advisory Council on Status of Women, 1992), individuals who have an education are most depressed. They also had a high ranking position at home. Their major concern is validation of their qualifications for which

there is no objective evaluation system in Canada. This leads to highly qualified people with considerable professional training and experience working in jobs unrelated to their field of study (Canadian Advisory Council on the Status of Women, 1992).

According to the authors of the Canadian Task Force on Mental Health Issues of Immigrants and Refugees (1988), immigrants are often the last to be hired and first to be fired. They face higher unemployment rates than the majority culture. Often they find themselves in situations where they are cut off from buffers to stress, such as social support, which offsets the effects of unemployment on mental health.

Immigrant women's issues and problems are further complicated by the fact that they are immigrants as well as women. This reality is described below:

Immigrant women are not only subject to the inequities affecting Canadian born women in the labour force; many are also destined to marginal employment because they enter the country as family class members and are, therefore, considered by many employment counsellors to have had little or no work experience outside the home. (Canadian Task Force on Mental Health Issues, p.30, 1988).

Immigrants who work as domestics or farm labourers may be required to work longer hours under adverse conditions. Immigrant women who work as agricultural labourers do not receive adequate protection from labour standards legislation (Estable, 1986).

Financial Assistance to Relatives in Country of Origin

Immigrants often send financial assistance to relatives in their country of origin. In India, some people believe that Punjabi prosperity has been made possible by money coming from Sikhs living abroad. In Jalandhar district alone, according to one report, the Punjab National Bank has foreign exchange deposits worth 2.70 billion Rupees (approximately \$110 million Canadian). The Reserve bank, however, is wary of liberalising credit facilities. Punjabis resent this (Kamath, 1984).

PHYSICAL HEALTH AND MENTAL HEALTH

This section discusses the definition of health, physical health and mental health issues of immigrant women, and their ability to access the mainstream health/mental health organizations.

Definition

Health is defined as the state of complete physical, mental and social well-being according to the World Health Organization (WHO), and, not merely the absence of disease or infirmity (Barker, 1987).

Physical Health and Mental Health

Immigrants are screened for their health status before immigration. Therefore, physical health of immigrants is generally good. However the mental health of new Canadians is

often affected by the various stresses imposed on the family or individual, along with the attendant loss of cultural familiarity and identity. This often leads to problems of alcoholism, family disruption, and physical illness (Masi, 1989). Emotional stress and mental illness are the biggest health problems suffered by immigrant, refugee and racial minority women (The Women's Health Bureau, 1993). Some cultures somatize their symptoms to a greater degree than do others. This is considered an acceptable means of expression of emotional problems as illustrated by the following situation:

A female client complained about all kinds of physical problems such as feeling dizzy, having a loss of appetite, an inability to complete household chores, and insomnia. She asked the therapist if her problem could be due to 'nerves'. The therapist suspected depression since these are some of the physical manifestation of the disorder and asked the client if she felt depressed and sad. At this point, the client paused and looked confused. She finally stated that she feels very ill and that these physical problems are making her sad. Her perspective is that it was natural for her to feel sad when sick. (Sue and Sue, 1990).

No research studies specifically prove that immigrant women's physical health suffers because of immigration. However, professionals maintain that emotional disorders often

manifest themselves through physical symptoms as stated above. Depression presents as sleeplessness, weight loss, appetite disturbance and pain. This gets misdiagnosed as psychosomatic disorders or physical illness and referral to mental health organizations does not take place. Cultural insensitivity exists right across the health care system (The Alberta and North West Territories Network of Immigrant Women, (1992).

Many immigrant women remain in high risk situations due, on one hand, to features of the culture from which they come and, on the other hand, to Canadian policies and programmes which disadvantage them. Leaving family, friends and familiar surroundings causes extreme stress. As stated in the Canadian Task Force on Mental Health Issues (1988), "Women not only leave what is familiar more reluctantly than men; they must also resettle in surroundings which initially have less to offer them." Women are devastated by the absence of family networks and familiar surroundings (p.74). The mental health of immigrants and refugees becomes a concern primarily when additional risk factors are combined with the stress of migration. In Canada, negative public attitudes, separation from family and community, inability to speak English or French, and failure to find suitable employment are among the most powerful predictors of emotional distress among migrants. Persons who are adolescents or elderly at the time of migration and women from traditional cultures are also more likely to experience difficulties during resettlement (Canadian Task Force

on Mental Health Issues, 1988). Immigration predisposes individuals to risk of developing mental disorders. This risk is increased if the immigrant has suffered torture or natural disasters.

According to the Canadian Task Force on Mental Health Issues, immigrants are also facing high rates of unemployment or underemployment. Unemployment in the general population is linked with increased rates of suicide, hospitalization for psychiatric disorders and threats to general well-being. Often the last to be hired and first to be fired, immigrants experience higher rates of unemployment than the general population. They often find themselves in situations where they are cut off from buffers to stress such as social support, factors which add to the effects of unemployment on mental health (Canadian Task Force on Mental Health Issues, 1988).

Professionally trained immigrant women in Canada have their own unique stresses:

They suddenly find that the only work which is available to them is the unskilled sector, as Canadian universities and Professional Organizations do not recognize their foreign qualifications. This deprofessionalization gives an intensive shock to women's self-esteem. For

example, medical doctors are known to work as housekeepers in hospitals. (The Alberta/North West Territories Network of Immigrant Women, 1988).

Service Access and Utilization

The Canadian health care delivery system assumes that care that is adequate for one is adequate for all. The individual's need or cultural background are not taken into account. This egalitarian health care philosophy expects newcomers to learn, with little assistance, how to use a health care system that is very different from the one they are accustomed to (Morse, Edwards and Kappagoda, 1988).

Immigrant or visible minority women in particular, have minimal access and utilization of quality health care and social services. Because most private and public service institutions do not have multilingual/multicultural staff, immigrants and visible minority women often cannot access and utilize these services. Underutilization of health care can be due to many factors, for example, ineffective communication, conflicting cultural values, different perceptions of health and illness.

In 1993, the Grace Hospital, in Calgary, conducted a study on women's health. One of the main themes of the report stressed that the majority of women who access women's health programming within Calgary are White and English speaking. Women's health programming is rarely provided specifically to

immigrant women's groups. None of the immigrant agencies or associations contacted for the purpose of this study provide health programming to the women who access their services. According to this report immigrant women are falling between the cracks in Health Care.

In Ontario The Women's Health Bureau (1993) undertook a community consultation process to identify strategies that will address the health access issues faced by immigrant, refugee and racial minority women in Ontario. The consultation findings show that immigrant refugee and racial minority women have significant health care needs but utilize health care services less than other female client groups. This is due to cultural, linguistic, racial, gender and class barriers embedded in the health care delivery model. The model is simply inappropriate for and insensitive to the needs of minority women (The Women's Health Bureau, 1993).

DEMOGRAPHIC CONSIDERATION

This section reviews the origin of IndoCanadians, reason for immigration, family, friends, marriage, mobility and their religious beliefs.

Origin

People of Indian origin have settled in almost every country of the world at this time. In Canada, they can be seen in almost all the provinces. Some IndoCanadians have come to

Canada directly from India, whereas others have come from countries where they or their ancestors had immigrated. IndoCanadians are not one uniform group but consist of many minority and ethnic groups as is described by Bhatnagar in the following quote:

An often forgotten characteristic of the South Asian group in Canada is that it is as diverse as the Canadian mosaic itself. Within this group, large differences exist with regard to the country of last residence, religion, mother-tongue, length of residence in Canada, educational level, adaptation responses, adjustment patterns and problem areas. Although all South Asians, at one point in time, originated in one of the countries in the Indian Sub-continent, some have come to Canada from countries to which their forefathers moved several generations ago. Thus, the South Asians are from India, Pakistan, Bangladesh, Sri Lanka, Nepal, Burma, also Africa (Uganda, Kenya, Tanzania, South Africa, Zimbabwe, Mauritius and so on), Europe, West Indies and the South Pacific. (Bhatnagar, 1985).

India has 15 official languages, and 300 dialects are spoken in the country. Indians are well acquainted with the concept of a multi-cultural society (Alberta Culture, 1990).

According to Boyd (1987), since World War II, women have represented about half of the total flow of immigrant adults,

with their share increasing to 50% during the past decade. Concurrently, the heterogeneity of immigrant women has increased as a result of alterations in admission criteria and world-wide economic and political relations. Boyd also writes that the majority of immigrant women are either married or come to Canada on a marriage sponsorship basis.

Family

Emigration from India has helped promote a preference for the nuclear family. However, most emigrants continue to cherish and honour their obligations to extended families. This can extend to kinship groups and even fellow villagers or friends (Visaria and Visaria, 1990).

Settlement and integration into the larger society does not necessarily require a loss of ethnicity. It is an interaction between the minority group and the host society with a resultant change in the culture, but without loss of cultural identity. People tend to take from other cultures what works best for them.

An ideal form of family in India is the patrilineal extended family, dwelling in a joint household under the direction of a senior member. Most Indian women came to Canada as dependents of their husbands. Marriage, unlike the modern Western conception of marriage, has not traditionally been regarded as the private affair of the couple concerned, but primarily as an institution for establishing a binding

relationship between two families (Gundara, 1986).

Religion

Religion is important in almost every aspect of life in India. It is a source of and expression of cultural values. It affects the general culture, social network and family. The potency of religion in the influence of human behaviour is related to the level of cultural organization and complexity. Small communities have a low differentiation of social roles and a relatively homogeneous social existence (Pattison, 1984). In such a society, religion is the culture and culture is the religion. Religion is infused into every aspect of daily life and provides an overarching structure for existence. Pattison further writes that "religious beliefs, values, attitudes and practices are an integral part of family life. Religion is a collective, not an individual fact" (p.125).

Religion is perhaps the strongest force in human history that can be crystalized into human good or human evil. Religion can promote mental health or create mental illness (Pattison, 1984). Many religions are practiced in India, for example, Hinduism, Christianity, Islam, Sikhism, Bahai, and Buddhism.

Chapter Summary

This chapter reviewed the literature around the issues of social adaptation and economic & employment adjustment. It elaborated on how the process of social adjustment unfolds for

immigrants, their social support networks, family, dating patterns and marriage, and access to community organizations. The chapter also reviewed the issues of education, work experience and finding employment with foreign education and experience.

Issues of physical and mental health of immigrants were discussed from various research studies as well as the barriers to effective health care system utilization. Lastly, this chapter focused on the demographic characteristics of Indians in Canada, how they chose Canada, where they come from, their language, and their religion. All these issues/themes have been framed in the four research questions of this study.

The next chapter presents the research methodology used in this study.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter provides a description of the study's design and procedures, researchability and feasibility, population and sample, research instrument, data analysis strategy, limitations of the study, and potential ethical issues.

Study Design And Procedure

This study is an exploratory descriptive study. Combined exploratory-descriptive studies are those exploratory studies which seek to describe a particular phenomenon thoroughly. The primary purpose of these studies is to develop and refine concepts and hypotheses. Descriptions are both in quantitative and qualitative forms. Sampling procedures are flexible and little concern is usually given to systematic representativeness (Tripodi, Fellin and Meyer, 1983).

This study attempts to examine the socialadaptation, employment and economic adjustment, physical and mental health and demographics of Indian immigrant women in Canada. The research study is not testing a particular phenomenon or hypothesis that has been tested before or over a period of time. Indians have settled in Canada in large numbers only since 1967. Some studies in Canada have been conducted on issues of

immigrants. There are a few research reports available on issues of immigrant women. Arusha, an International Development Resource Centre in Calgary conducted a study of Calgary Immigrant Women's Employment Needs in 1985. The Canadian Advisory Council on the Status of Women presented a brief, Re-evaluating Employment Equity, to the Special House of Commons committee in 1992. The Women's Health Bureau, Ministry of Health, Ontario published a report of Community Consultations on Immigrant, Refugee and Racial Minority women and Health Care Needs in 1993. Calgary Immigrant Women's Association published a report in 1991 on Concerns of Immigrant Parents with Teenagers. There are no research studies done on IndoCanadian women specifically. Therefore, this study is an exploratory study. This study utilizes a Post-test only one group design. This design, as described below, is simple and practical to conduct (Grinnell, 1988).

The Study design is X O.

X = immigration to Canada

O = observations of various phenomena as described under sub-questions to the four basic research questions.

The problem exists within the empirical domain and can be researched. It is an exploratory descriptive study and answers to the four research questions can be found by interviewing participants and/or by conducting a survey. The results can be used by helping professionals dealing with IndoCanadian Women.

These results can also be applied to other immigrant women populations in a limited way.

Population And Sample

The study population is IndoCanadian women aged 18 years or more. ICW are women of Indian origin in Canada. They may be first generation immigrants or second generation. They have come directly from India to Canada or from another country where they themselves immigrated or their ancestors had immigrated from India. The survey was conducted in five cities in three different provinces across Canada. These cities are Toronto, Calgary, Prince George, Surrey and Langley. These five cities were included following the snow ball sampling method as participants in Calgary had contacts in these cities. Various Indian ethnic groups are included in the survey. These are Ismailis, Gujuratis, Punjabis, and Bengalis.

Two hundred questionnaires were mailed out and 127 completed responses were returned. For respondents who did not read/speak English, the researcher conducted the interviews in person. The questionnaires were translated into Punjabi and Hindi during these interviews. The researcher had prepared four hundred questionnaires but the sampling method exhausted participants at two hundred only.

TABLE 1
SURVEY RETURN RATE BY LOCATION

CITY	SENT	RETURNED	RETURN RATE (%)
Calgary	125	74	59.2
Toronto	20	13	65.0
Prince George	25	19	76.0
Surrey	10	7	70.0
Langley	20	14	70.0

One hundred and eighteen (i.e. 92.9%) participants completed the questionnaires without any assistance. Only nine (i.e. 7.1%) participants were assisted by the researcher.

Immigration and settlement workers, social workers and friends in the community helped to conduct the survey. As the total population list of all ICW was not available, it was not possible to sample respondents on a truly random basis. As well, it is a difficult target group to get willing respondents from because of factors such as husband's disapproval, and/or lack of language skills etc. Therefore, it was decided to draw the sample using the snowball sampling method. The procedure is to simply gather data from a handful of appropriate persons from the target population, and then to request information from them as to other appropriate persons to survey. This cycle is repeated until all potential respondents are exhausted or one

has a sample of the desired size (Grinnell, 1988). The researcher anticipated that this would be reasonably representative of the population.

Two workers from immigrant aid organizations, one social worker and a few friends served as resources in identifying participants for the survey. Data collection took place from June, 1993 to November, 1993.

Research Instrument

The questionnaire construction began with a review of literature on immigrant populations in Canada. A number of areas relevant to understanding and describing the situation of immigrants were identified. Four research questions were divided into sub-questions and the survey questionnaire was prepared. It was pre-tested on five respondents. Based on this pre-test, and feedback/discussion with the project supervisor, minor modifications were made.

The final draft of the survey questionnaire (See Appendix B) was constructed. It contains four sections according to the four research questions and sub-questions, which logically answered the content areas identified. Two standard tests are included in the Research Instrument. These are the Satisfaction with Life Scale and the Loneliness Scale.

The Satisfaction With Life Scale (SWLS) is by Diener, Emmons, Larson and Griffin (1987). The purpose of this scale is to assess subjective life satisfaction. It reveals the

individual's own judgment of his/her quality of life. The instrument is very short and unidimensional. Since satisfaction with life is often a key component of mental well-being, SWLS has a clinical utility with a wide range of clients. SWLS has an internal consistency of 0.87 and test-retest reliability with a correlation of 0.82.

The Revised UCLA Loneliness Scale(RULS) is by Russell, Peplan and Curpna (1987). The purpose of this scale is to measure loneliness in a variety of populations. It can identify individuals whose loneliness is a problem in and of itself, or as related to other problems. RULS has excellent internal consistency with an alpha of 0.94. The scale has good concurrent validity correlating with a number of mood and personality measures, for example, The Beck Depression Inventory.

Data Analysis Strategy

In keeping with the exploratory descriptive nature of the study, basic descriptive statistical procedures were used.

Descriptive statistics simply describe and analyse the target population. Percentages, frequency distributions, measures of central tendency (i.e. mean, median and mode) standard deviation and correlation procedures were used. Pie charts, and bar graphs are used to graphically present the data for some research questions. For others, simple tables are used. The statistical analysis tool utilized is SPSS for MS-

Windows (Norusis, 1992).

As this is a non-probability sample, there is no way of knowing how representative the sample is. The presentation of results is organized around specific research questions.

Study Limitations

This is not a random sample; therefore, findings can not be generalized to all ICW. All ethnic and religious groups were not equally represented in this sample because of the use of the snow-ball sampling method. Thee predominant group in this sample is Punjabi sikhs followed by Ismailis and Gujuratis.

Potential Ethical Issues

Ethical considerations described by Grinnell (1988) were practiced i.e. informed consent, confidentiality, voluntary participation and ruling out the possibility of physical or mental harm to respondents.

It was explained to the participants verbally as well as through the letter of introduction (See Appendix A) that participation in the survey was voluntary and confidentiality would be maintained. Each respondent's consent was obtained before participating in the survey. A report of the study will be made available to participants who have requested a copy of it.

CHAPTER FOUR

FINDINGS

Introduction

This chapter presents the results emerging from the study. Four research questions focus broadly on ICW's Social Adaptation, Employment and Economic Adjustment, Physical and Mental Health, and Demographic considerations. These broad areas were further divided into categories (See Appendix B). Findings will be discussed according to these groupings.

SOCIAL ADAPTATION

The first research question focuses on the social adjustment and adaptation of ICW.

Research Question 1

How and to what extent do ICW participate in Canadian society? Do they try to maintain their own ethnicity? Do they access the social services available in the community? Are they lonely and isolated? Are they leading satisfied lives? What are their attitudes towards dating, marriage and divorce?

Social adaptation of ICW is measured by ICW's participation in Canadian living demonstrated by their social activities, integration and acculturation i.e. maintaining or not maintaining their ethnic identity, awareness and use of

community organizations, their membership of cultural or immigrant aid organizations, attitudes towards dating, inter-marriage, divorce, experienced discrimination, loneliness and life satisfaction.

Social Activities

Respondents' participation in nine common social activities was asked. These activities were visiting friends, shopping, going to watch a movie, going out for dinner, going out for a drive, going for a walk, going to a club or temple, going to the public library, and going out to participate in games.

The frequency of each activity engaged in by ICW is shown in Table 2. Visiting friends, shopping, walking and going to the temple or club were the most popular social activities. Games and movies were the least popular.

TABLE 2
 PERCENTAGES OF INDOCANADIAN WOMEN PARTICIPATING IN SELECTED
 SOCIAL ACTIVITIES
 (N=127)

ACTIVITY	OFTEN (%)	SOMETIMES (%)	RARELY (%)
Visiting Friends	40	48	12
Shopping	46	46	8
Movies	8	17	75
Eat Out	17	44	39
Drive	25	44	31
Walk	33	38	29
Club	34	42	24
Library	17	35	48
Games	13	31	55

People with different backgrounds enjoy different social activities. To assess the extent to which ICW's are overall participating in social activities of their choice, a new variable was computed by combining these nine activities. Maximum value of this new variable is 27 (expected maximum 30) and minimum 3 (expected minimum 3). Mean value is 18.85 with a standard deviation value of 3.46. This high mean value shows that ICW do engage to a large extent in social activities of their choice.

IndoCanadian Women's Knowledge of Community Organizations

ICW's awareness of six community organizations was assessed by asking if they knew about Social Services, shelters for abused women, Canada Employment Centres, Job Skills Training, Young Women's Christian Association, and any other organizations. Knowledge about the Canada Employment Centre was highest. Seventy seven percent of the respondents knew about this organization. YWCA and shelter for abused women were known to 40% of the respondents. Knowledge of Social Services was limited (32%). Job Skills Training was also known to 26% of the respondents. (Table 3).

TABLE 3

PERCENTAGES OF RESPONDENTS EXPRESSING KNOWLEDGE OF COMMUNITY
ORGANIZATIONS

(N=127)

ORGANIZATION	YES (%)	NO (%)
Social Services	32	68
Shelter for Abused Women	40	60
Canada Employment Centre	77	23
Job Skills Training	26	74
Y.W.C.A	40	60
Others	15	85

Potential Community Service Use

To assess services-utilization by ICW, they were requested to respond to a question stating if they will use the above mentioned community services or not. The majority (88%) of the respondents said they will use these services provided they knew about them while a few (12%) said they will not use these services. Respondents were further asked as to why they will not use these services. Only twelve respondents answered this question, and out of these three were not aware of the availability of these services and nine had other reasons, for example, 'I do not want outside help' or 'my family will not allow this.'

Husbands' Attitudes Towards IndoCanadian Women's Community Service Use

This question was framed around ICW's husbands' attitudes towards service use. There were four possible responses to this question i.e. the husband was in favour of his wife's service use, husband was not in favour of his wife's service use, husband's attitude depends on what service wife will access, or the wife does not know about her husband's attitude towards her service use.

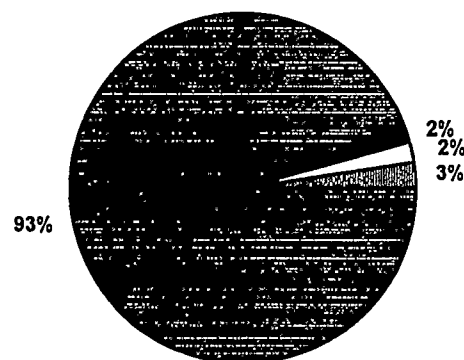
A very few (7%) responded that their husbands were not in favour of them using these services. Others (21%) said their husbands were in favour of them utilizing these services and a fairly high number (37%) replied that service use and husband's

approval depends on what services ICW will use. Only 18% replied that they do not know about their husband's attitude towards their service use.

IndoCanadian Women's Media Information Sources

Respondents were asked what their main media information source was i.e. television, radio, newspapers or magazines. The majority (93%) of the respondents stated television as their main source of general information. Only 2% of the respondents depend on radio and magazines for their information, and only 3% use newspapers as their source of information. The question was designed to find out how ICW were keeping themselves up to date as regards their general knowledge and what was happening around them in the community, country and the world.

**FIG. 1: MEDIA INFORMATION SOURCE
(N=127)**

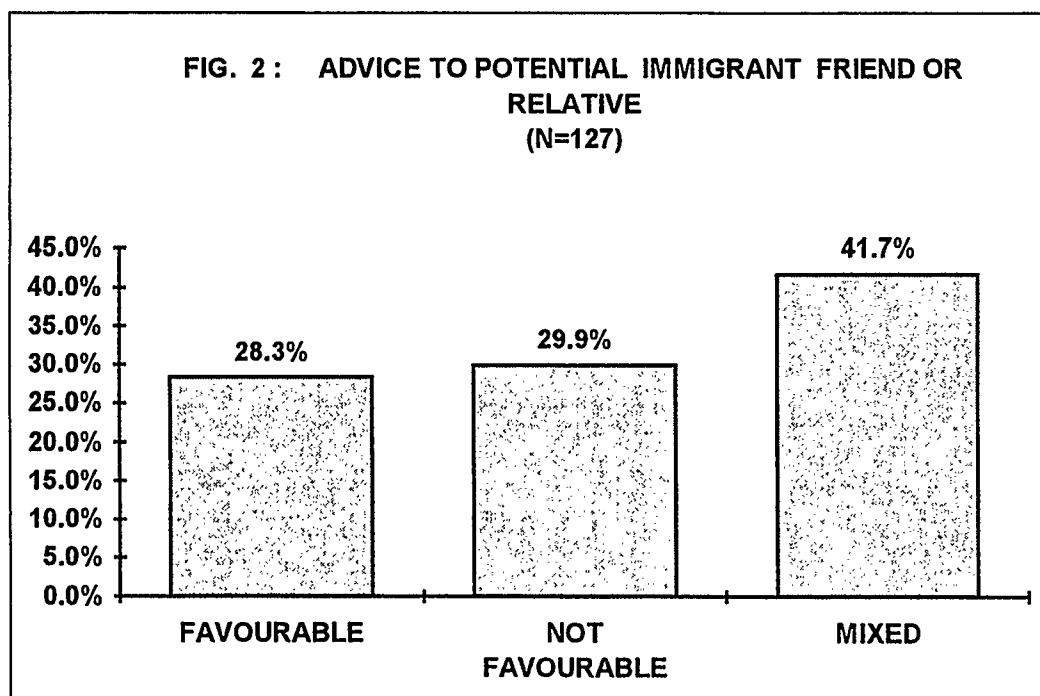


■ TELEVISION ■ RADIO □ MAGAZINE ▨ NEWSPAPER

Advice To Close Friend Or Relative Who Wants To Immigrate To Canada

This question was framed around ICW's advice to close friends or relatives who want to immigrate to Canada. There were three categories for a response: favourable advice, not favourable advice and mixed advice.

Only 28% of the respondents gave favourable advice, i.e. Canada is a nice country; Canada has a high standard of living, etc. An almost equal number (30%) of the respondents gave unfavourable responses, i.e. it's a sweet jail; don't ever come here to live, etc. The other 42% of the respondents gave mixed advice, i.e. come to Canada if you want to work hard, or if you can put up with loneliness, or get education suitable for decent employment, etc. (Figure 2).



Membership In Immigrant and/or Cultural Associations

The question was framed as to whether ICW have membership in any immigrant aid and/or cultural associations.

TABLE 4

MEMBERSHIP IN IMMIGRANT/CULTURAL ORGANIZATION

(N=127)

ORGANIZATION	MEMBERSHIP (%)
Immigrant Women's Association	6
Immigration Aid Organization	5
Cultural Association.	15
Others	3
None	71

The majority (71%) of respondents replied that they do not have membership in any cultural or immigrant aid organization. Only 15% are members of cultural organizations like The Fiji Association, Gujurati and Punjabi Cultural Associations.

Maintaining Ethnic Identity

To assess the degree of ICW's acculturation, they were asked if they cook and eat ethnic foods everyday, every week, or occasionally. They were also asked if they wear traditional clothing everyday, every week, or only occasionally.

Table 5 shows that the majority (76%) of the respondents often cook and eat ethnic foods. More than half (53%) of ICW wear traditional clothing everyday thus maintaining their cultural identity.

TABLE 5
ETHNIC FOOD AND DRESS
(N=127)

ETHNICITY	EVERYDAY (%)	EVERY WEEK (%)	OCCASIONALLY (%)
Cook/Eat	76	16	8
Traditional clothing	53	21	26

IndoCanadian Women's Attitudes Towards Dating

ICW were asked if they will allow their children to date. Close to forty percent (37%) said that dating should not be allowed, and other 32% said to take a cautious approach, i.e. allow it if you can trust the person. Only 16% of ICW think that it is alright to date.

Attitude Towards Inter-racial Marriage And Divorce

ICW were asked about their attitude towards their own inter-marriage (inter-religious or inter-cultural), their children's inter-marriage, and about separation and divorce. (Table 6).

TABLE 6
RESPONDENTS' ATTITUDES TOWARDS INTER-MARRIAGE AND DIVORCE
(N=127)

ATTITUDE	O.K. (%)	NOT O.K. (%)	DEPENDS (%)
Own inter-marriage	16	29	55
Children's inter-marriage	14	28	56
Divorce/Separation	7	21	72

Percentages do not add up to 100% due to non-respondents.

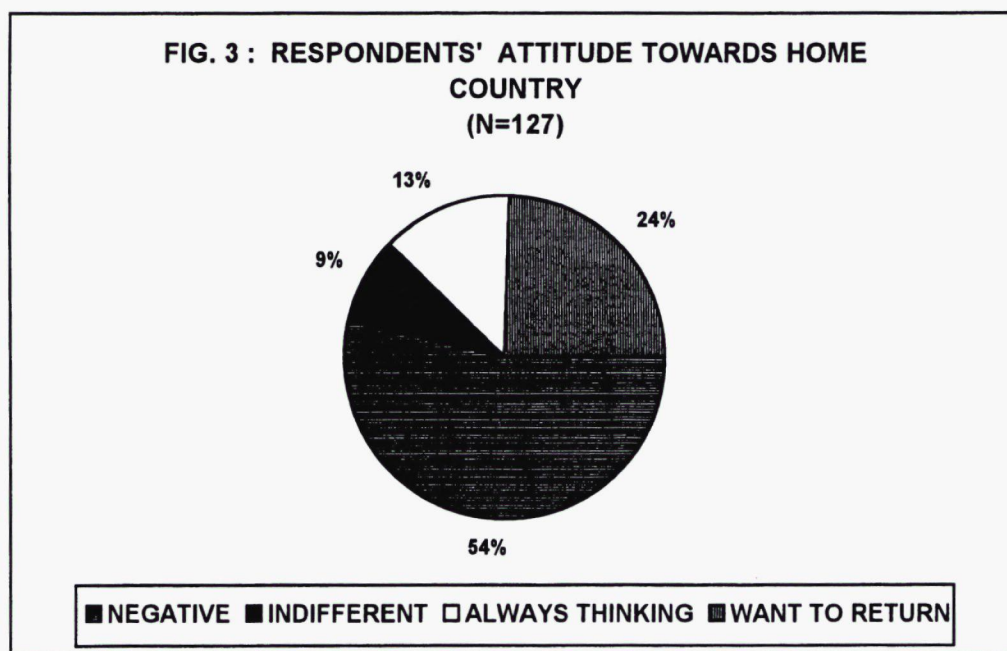
Very few (16%) ICW are in favour of having an inter-marriage. Only 14% are in favour of their children's inter-marriage, and only 7% are in favour of divorce or separation. A fairly large number (21-29%) are very clearly opposed to these issues, and more than half (55%) would take a conservative approach to inter-marriage. The majority (72%) are flexible about issues of divorce and separation, i.e. they would accept or reject these issues based on circumstances.

IndoCanadian Women's Attitudes Towards Home Country

The question was framed around exploring if ICW are happy living in Canada or they would like to return to their country of origin.

A fairly high number (24%) of the respondents have a clear

desire to go back to their country of origin. About 13% are always thinking about country of origin and have very fond memories. Only 9% have an indifferent attitude towards their country of origin (The response was that it did not matter to them if they lived in India or Canada). Most (54%) ICW have a negative attitude about their country of origin (Negative attitude means the respondents replied that they were better off here in Canada).



IndoCanadian Women's Desire To Return Permanently To Country Of Origin

The respondents were asked if an opportunity arose, would they go back to their country of origin.

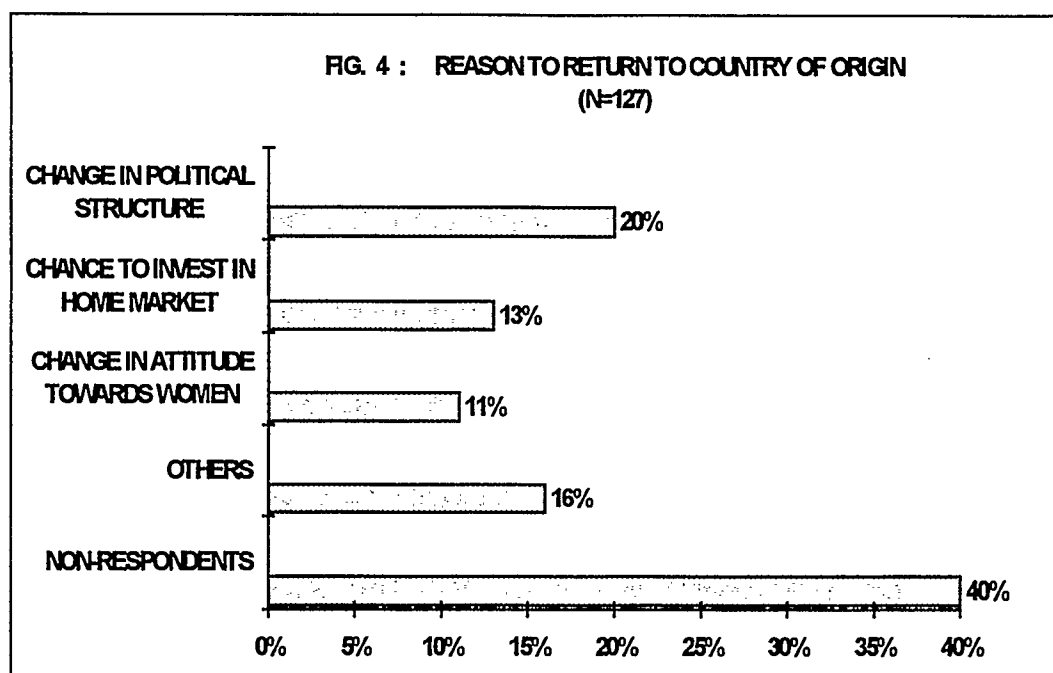
Only 28% of the respondents clearly wanted to go back to

their country of origin if an opportunity came their way. Another 21% were very clear that it will not be a possibility. The rest of the respondents were ambivalent i.e. 'maybe' or 'maybe not'.

Opportunity To Return To Country Of Origin

This question was framed to assess what would be possible reasons or opportunity that would make the ICW go back to their country of origin. The responses provided to the respondents were a change in political structure, change in attitudes towards women, chance to invest in the home market or any other such opportunity.

As shown in Figure 4, change in political structure is an important reason for 20% of the respondents to return to their country of origin. A chance to invest in home country market is important to 13% and a change in attitudes towards women is important to 11% of the respondents.

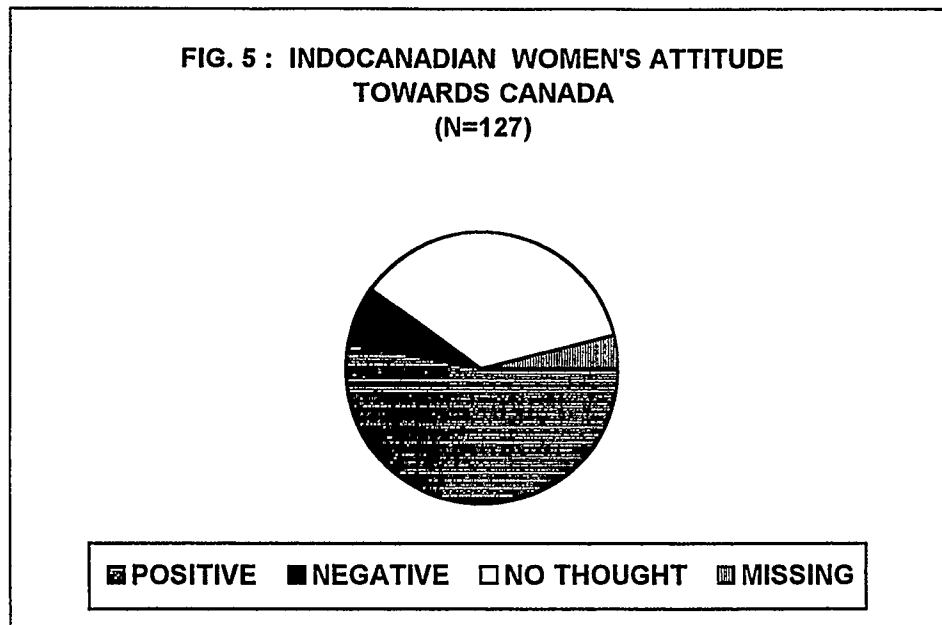


IndoCanadian Women's Future Perspectives In Canada

ICW were asked what their future outlook was on living in Canada:

The majority (53%) of the respondents replied that future outlook is positive, and only 7% have a negative outlook (Figure 5). A fairly high number (36%) have not thought about their future outlook in Canada. The reason for asking this question was to assess ICW's vision as future citizens of Canada.

**FIG. 5 : INDOCANADIAN WOMEN'S ATTITUDE
TOWARDS CANADA
(N=127)**



Life In Canada

ICW were asked if, generally speaking, they thought life was hard in Canada. A very high number (64%) find life hard in Canada compared to life in their country of origin. Thirty five percent of the respondents do not think so.

Respondents were further asked what were the factors that made life hard in Canada. Five possible responses to this question were lack of employment opportunities, lack of household help, language problems, no close family and other reasons.

As shown in Table 7, the lack of employment opportunities (51%) was the number one reason for making life hard in Canada for ICW. Lack of household help (36%) and language problems (39%) were the next two most important reasons.

TABLE 7
FACTORS THAT MAKE LIFE HARD FOR INDOCANADIAN WOMEN
(N=127)

LIFE FACTORS	YES (%)	NO (%)
Lack of employment opportunities	51	17
Language problem	36	32
Lack of household help	39	28
No close family	24	43
Other reasons	17	47

Percentages do not add up to 100% due to non-respondents.

The Life Satisfaction Of IndoCanadian Women

ICW were asked to respond to the 'satisfaction with life scale (SWLS)' included in the questionnaire. It assesses subjective life satisfaction, and reveals the individual's own judgement of his or her quality of life. Higher scores reflect more satisfaction with life. There is no clinical cut off score. The authors of SWLS report 23.5 with a standard deviation of 6.43 as normative value. The authors also reported 25.8 as mean for a smaller sample. The SWLS has a range of 5 to 35, the minimum value is 5 and maximum 35 (N=123). The scores ranged from 5 to 35 with mean score of 21.84 and a standard

deviation of 7.39. Thus implies that the majority of respondents have a moderate to low life satisfaction.

To find out if ICW were not satisfied with their lives in Canada, a question was framed as to what they would like to change to make it better. There were three possible responses to this question. The first response was 'not coming to Canada', the second response was 'getting more education and training', and the third response was 'other reasons.'

About 18% responded that 'not coming to Canada' would have changed their life-satisfaction for better. Another 17% replied that 'getting more education and training' will change things and 21% gave other reasons, for example, change in parents' attitude or divorcing husband, will change their life-satisfaction. The majority (45%) did not respond to this question.

IndoCanadian Women's Experience With Discrimination And Prejudice

ICW were asked to describe their experience with discrimination and prejudice in nine different areas. These areas are, general. experience with discrimination, discrimination by shopping clerks, at restaurants, when looking for accomodation or buying a house, discrimination at work, discrimination at their children's school, major societal institutions, by civil servants and because of the language barrier (i.e. because they do not speak fluent English).

As shown in Table 8, a very high number (60%) have had some general experience with discrimination. Discrimination at workplace and at their children's school is high, at 35% each. About 21% experienced discrimination by store clerks and 19% felt they were discriminated against because of difficulty with English language.

TABLE 8
INDOCANADIAN WOMEN'S EXPERIENCE WITH DISCRIMINATION AND
PREJUDICE
(N=127)

TYPE OF DISCRIMINATION	YES (%)	NO (%)	N/A (%)
General experience	60	37	2
Shopping clerk	21	74	5
Restaurants	13	77	9
Housing	7	59	32
At work	35	54	10
Children's school	35	50	13
Institutions	13	81	6
Civil servants	10	72	17
Language not fluent	19	49	31

Percentages depend on total number of respondents.

IndoCanadian Women's Feelings When They Were A Target of
Discrimination And Prejudice

ICW were asked to describe their feelings when they were a target of prejudice and discrimination. Ten types of feelings were explored i.e. feeling sad and lonely, frustrated, helpless, angry, bitter, ashamed, damaged self-respect, hate, indifferent, and insecure.

TABLE 9

INDOCANADIAN WOMEN'S FEELINGS WHEN THEY WERE A TARGET OF

DISCRIMINATION

(N=127)

FEELING	YES (%)	NO (%)
Sad and lonely	32	68
Frustration	49	51
Helpless	31	69
Angry	50	50
Bitter	21	79
Ashamed	15	85
Sense of self-respect damaged	17	83
Hatred	22	78
Felt nothing	5	95
Felt insecure	22	78
Felt determined to succeed	34	66

Almost 50% respondents felt angry and frustrated after experiencing discrimination. About 22% felt hatred towards those who made them a target of their discrimination and another 22% felt insecure about living in Canada after experiencing discrimination. Almost one-third respondents (32%) felt very sad and lonely after experiencing discrimination. About the same percentage (31%) felt very helpless with this situation. Some (21%) felt bitter and another 15% felt ashamed of themselves. Only 5% did not feel anything.

About one-third (34%) of the respondents answered that, they became more determined to succeed after experiencing discrimination, while the remaining 66% answered, they did not become more determined to succeed after being discriminated against.

Loneliness and Isolation

ICW were asked to respond to the Revised UCLA loneliness scale (RULS) in the questionnaire. It measures loneliness. People who report more lonely on the RULS, report more limited social activities and relationships and more emotions theoretically linked to loneliness. Higher scores mean more loneliness. There is no clinical cut off score. The authors of Revised UCLA scale report normative values between 32.7 to 37.06.

Mean score on loneliness scale was 42.15 with a standard deviation of 12.62. Minimum value was 20.00 and maximum value

was 76.00. This shows a high level of loneliness in this group.

Correlation between Loneliness and Life-Satisfaction.

Loneliness score for respondents was fairly high and life satisfaction score was not very high.

There was a strong negative correlation between 'Life-satisfaction' and 'Loneliness', i.e. 0.4280. This is in the expected direction and means life-satisfaction in this population goes down as loneliness increases and vice versa.

Section Summary

This section of the 'study findings' described results of social-adaptation of ICW. It showed that ICW engaged in social activities of their choice. It also showed ICW's knowledge of several community service organizations is very limited thus limiting their access and utilization of community service organizations. Membership in immigrant aid and cultural organizations is not very high. ICW engaged in their ethnic activities to a large extent. ICW's experience with various acts of discrimination is very high. Their attitudes towards dating, inter-marriage and divorce etc. are very conservative. ICW's life-satisfaction is not very high and their feelings of isolation and loneliness are high. There is an expected negative correlation between life-satisfaction and loneliness.

EMPLOYMENT AND ECONOMIC ADJUSTMENT

This section of findings deals with the initiatives and efforts made by ICW to gain employment. These adjustments may be re-training, career switch or going into business.

RESEARCH QUESTION II

ICW make many adjustments to gain employment in Canada. What are these adjustments? Do ICW find employment in their intended occupations? Do they get re-training? How does their socio-economic status change with immigration?

This question was broadly framed to assess the various employment and economic adjustments made by ICW.

Education, Occupation And Employment Status

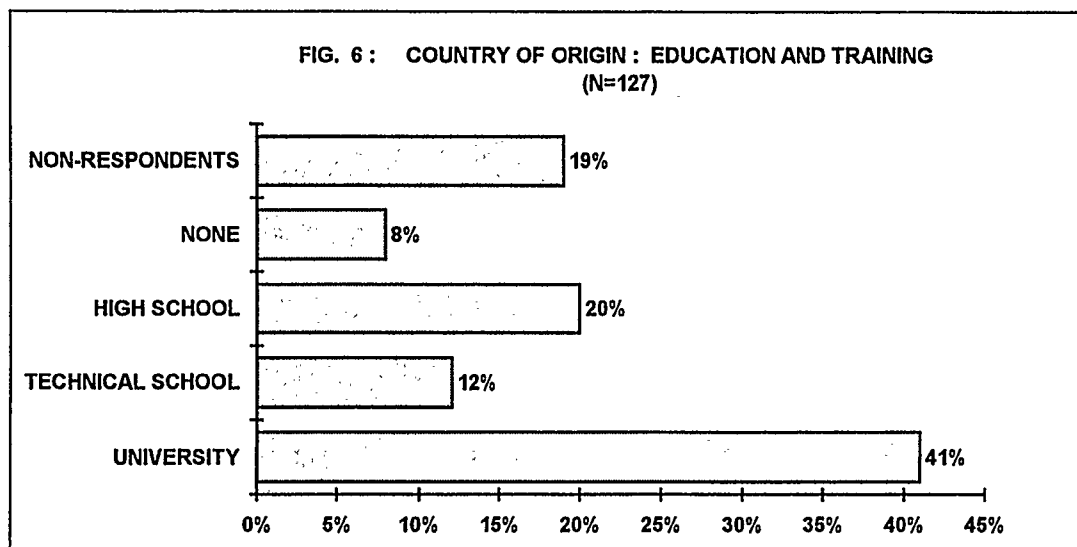
ICW were asked to describe their educational achievements in their country of origin, after coming to Canada, their intended and present occupation, i.e. work they are employed in at present and their present employment status whether they are working full-time, part-time, or are not employed at present.

Education and training of IndoCanadian women in their country of origin

This part of the question was framed to assess ICW's education before immigration.

The majority (41%) of the respondents have university degrees from their country of origin. A few (12%) have

technical training and some (20%) have completed high school education. Only 8% have had no education in their country of origin. (Figure 6).



Education and training received in Canada

ICW were asked if they had received any training or education since immigration to Canada.

A very high number (62.2%) had undergone some kind of retraining and education in Canada, while 37.8% had not. ICW who have undergone some retraining and education, are making efforts to adjust to the Canadian job market.

Occupation

This question was framed to assess if ICW were working in their chosen or intended occupations.

Table 10 presents percentages for ICW's 'intended'

occupation at the time of immigration, occupation before immigration and present occupation.

TABLE 10
INDOCANADIAN WOMEN'S OCCUPATIONS
(N=127)

OCCUPATION	PROFESSION (%)	MANAGEMENT (%)	LABOURER (%)	CLERICAL (%)	OTHER (%)
Intended Occupation	21	2	9	12	13
Before Immigration	17	1	34	6	60
Present Occupation	16	6	14	16	18

Percentages are based on total number of respondents.

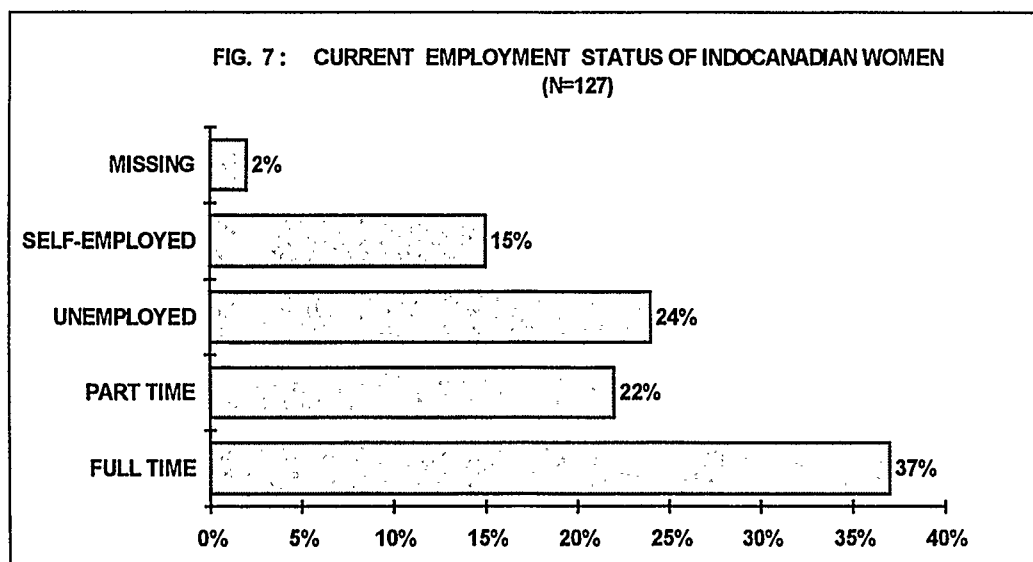
Almost one-fifth (21)% of the respondents had hoped to work in various professions (17% had been working as professionals plus 4% fresh graduates with professional training) but only 16% were at present working in professions. Only 9% had hoped to work as labourers, but 14% were, in fact, working as labourers. These trends show a downward occupational mobility after immigration for professionals. There is an upward mobility in the management and clerical fields.

Current Employment Status

ICW were asked to describe their current employment status.

Only 37% were working full time at the given time and 22%

were working part time. And 24% were unemployed. (Figure 7).



This is a high unemployment rate.

IndoCanadian Women's Felt Reasons for Their Unemployment

ICW were asked to describe their felt reasons for unemployment. Was it due to lack of Canadian experience, discrimination, lack of network, or lack of training? (Table 11).

TABLE 11
FELT REASONS FOR UNEMPLOYMENT
(N=127)

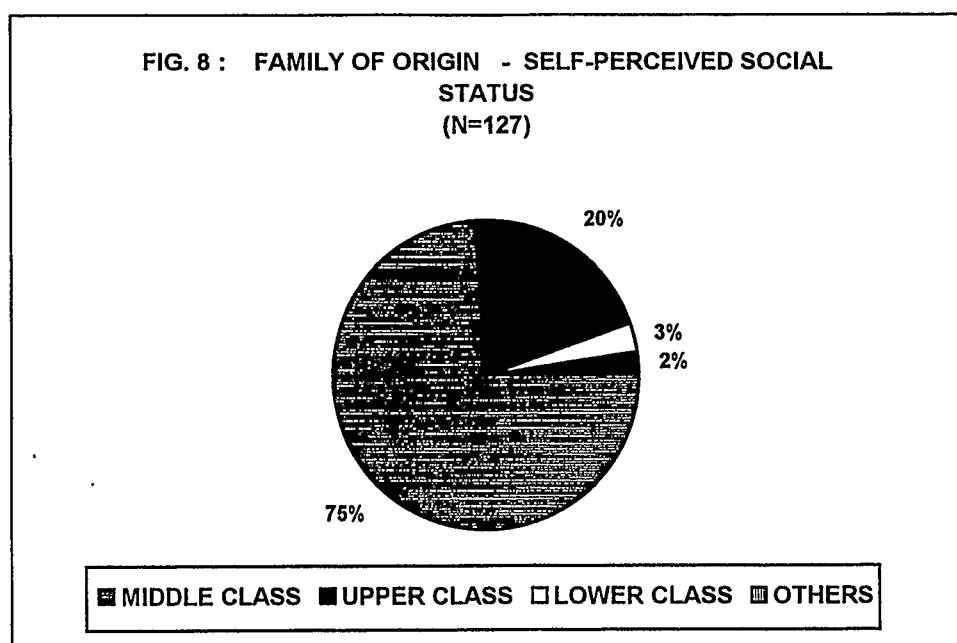
REASON	YES (%)	NO (%)	No Response (%)
Lack of Canadian experience	32	38	30
Discrimination	27	44	29
Lack of Network	15	56	29
Lack of suitable job training	23	48	29
Other	28	42	30

A fairly high number (32%) of the respondents replied that they are unemployed because of lack of Canadian work experience. About 27% felt they were discriminated against and 15% felt they were unemployed because of lack of a network. Only 23% replied that it was due to lack of appropriate training in the given field.

Social Status of Family of Origin of IndoCanadian Women

ICW were asked to describe the social status of their family of origin.

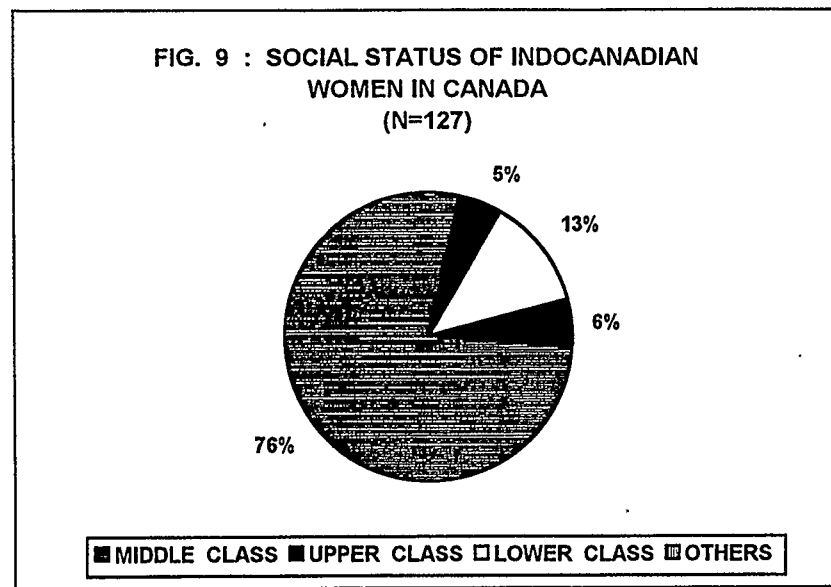
This is as perceived by ICW and not according to any set standards. The vast majority (75%) perceived their social status at birth as middle class. Only 20% replied that it was upper class. A very low number (3%) perceived their family of origin status as lower class. (Figure 8).



IndoCanadian Women's Social Position in Canada

ICW were asked to respond to their 'perceived' social position in Canada; whether they belonged to upper class, middle class, lower class or another category.

The majority (76%) of the respondents replied that they belong to the middle class. Only 13% felt they belong to lower social positions, and 5% replied that they belong to the upper class socially. The majority are in the same social class with a big drop in the upper class and increases in lower class. This is social positioning as perceived by ICW, and not according to any set standards. (Figure 9).



Living Arrangements

Questions were framed around the type of ICW's current accomodation, number of bedrooms in the accomodation and whether their accomodations were owned or rented. The majority (76%) were living in single homes. Only 12% lived in apartments, and 5% in condominiums. Subsidized housing was used by only 4% of this sample. More than half (60%) of ICW in this sample lived in 3-4 bedroom houses. A few (2%) lived in one bedroom accomodation, and 24% lived in 5-6 bedroom houses. Thus the majority of ICW were living in 3 or 4 bed room houses at the time of this survey. The majority (74%) owned their home or their families owned the house. Only 24% did not own their home. About 58% had mortgage on their home, which is a fairly high number. Only 14% have paid off their home completely. Another 8% did not know what the status was regarding mortgage.

Only 17% were renting their accomodation at the time of the survey. The majority (79%) of ICW lived in their own homes. ICW that were living in rented accomodations were paying anywhere from \$300 to \$750/month. The most frequent rent amount was \$500/month.

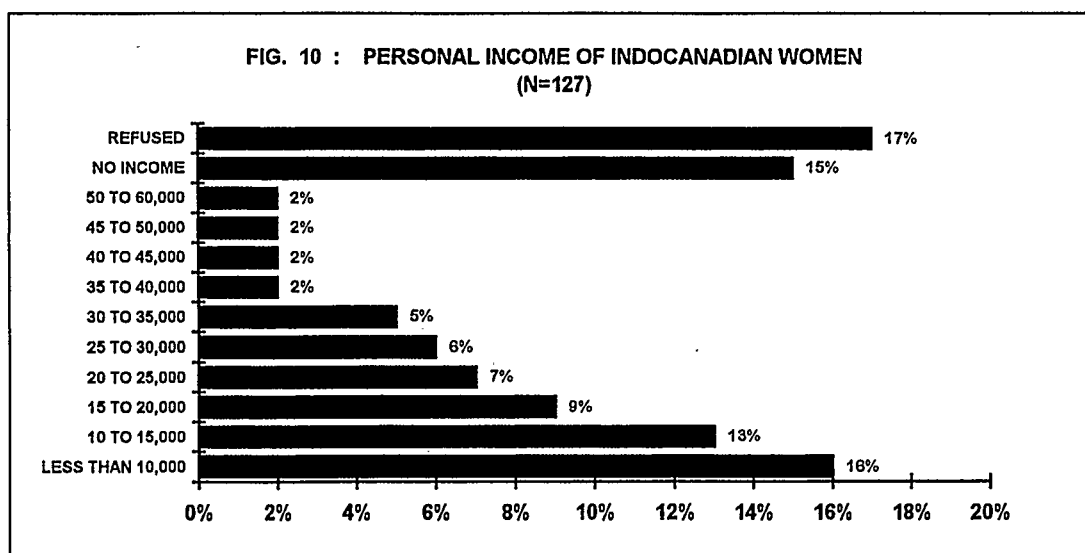
When asked if they were satisfied with their living arrangements, the vast majority (60%) were satisfied with their living arrangements. A fairly high percentage (21%) were dissatisfied with their living arrangements. Some (19%) had mixed feelings about their living arrangements and a small number (4%) were not happy at all.

Financial Status

Respondents were asked to give an estimate of their individual or personal income, and their family's combined total income to assess their socio-economic status.

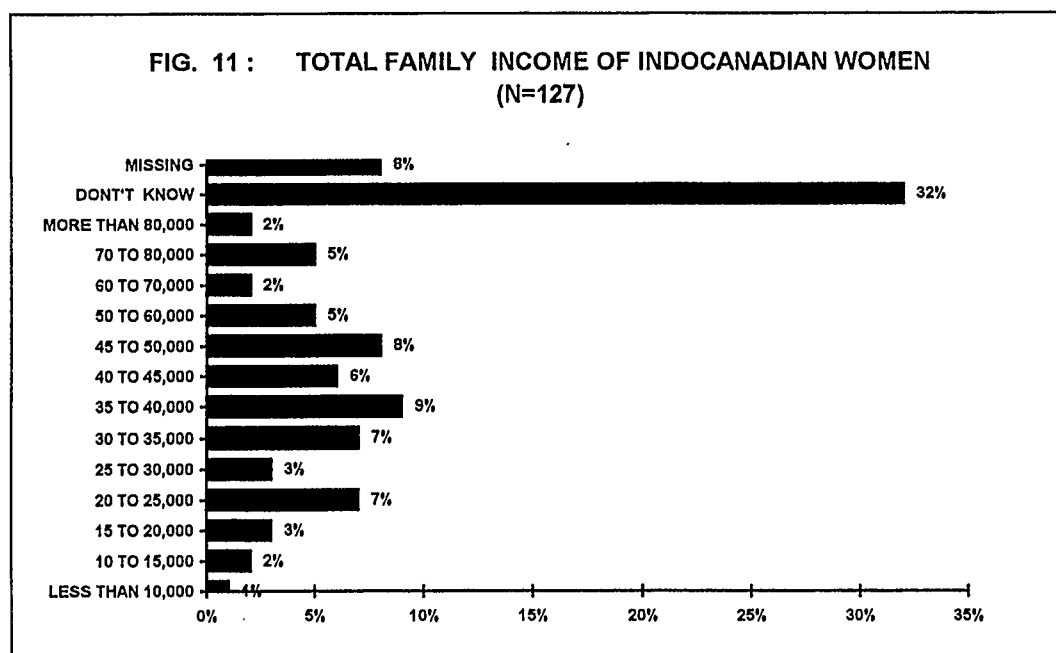
Personal Income of IndoCanadian Women

Mean income of ICW was between \$35,000 and \$40,000/annum as reported by the respondents and Median income was \$25,000 to 30,000/annum. The mode was less than \$10,000 per annum. This means that the most common income was less than \$10 000/annum. (Figure 10).



Total Family Income of IndoCanadian Women

Mean family income was \$40,000 to \$45,000/annum. Median was \$45,000 to \$50,000/annum. Mode was 'Do not know' which means that the majority of the respondents did not know what their combined family income was. (See Figure 11).



Financial Assistance to Relatives

ICW were asked if they provided any financial assistance to relatives and friends in their country of origin.

Only 20% responded that they provided some financial assistance to relatives back home and 78% responded that they did not provide any assistance to relatives back home. Those who send financial help to relatives usually send between 5,000 to 10,000 Canadian dollars every year.

Section Summary

This section of the study findings described that ICW's education and training levels were very high. There is a pattern of downward occupational mobility after immigration for professionals and general labourers. There is an upward mobility in management and clerical jobs. Unemployment is very high inspite of high levels of education and training. IndoCanadian women's individual income is not very high and majority of them do not send any financial help to their relatives in their country of origin.

PHYSICAL AND MENTAL HEALTH

This section describes findings related to general physical and mental health of ICW, and their health services access and utilization.

RESEARCH QUESTION III

What is the general physical and mental health status of ICW? Do they access the physical and/or mental health organizations in the community? Has their health status changed since immigration?

General Physical Health and Mental Health Status of ICW

Questions were designed to assess the general health status and mental health status of ICW.

The respondents were asked to reply if they considered their general health as excellent, good, fair or poor. The majority (50%) of the respondents claimed that their health was good and 27% claimed excellent health.

ICW were requested to describe their own health status prior to immigration to Canada. A fairly high number (39%) claimed excellent health and almost half (44%) claimed their health to be good before immigration.

IndoCanadian Women's Family's General Health in the Country of origin

When asked to describe their family of origin's general health, more than half (57%) of the respondents claimed good family health and 31% claimed excellent health. (Table 12).

TABLE 12
GENERAL HEALTH STATUS OF INDOCANADIAN WOMEN

(N=127)

HEALTH STATUS	POOR (%)	FAIR (%)	GOOD (%)	EXCELLENT (%)	DON' T KNOW (%)
Current Health	6	18	50	27	0
Health Before Immigration	1	10	44	39	4
Family's Health	1	8	57	31	3

Percentages based on total number of respondents.

Emotional Well-being

ICW were asked to describe their emotional well-being.

As perceived by the respondent, only 6% thought it was poor, and 24% thought it was fair. More than half (55%) felt their emotional well-being was very good. The other 16% thought it was excellent. Keeping low life satisfaction and high levels of isolation and loneliness in this group in mind, it is possible that the participants are not comfortable in describing their emotional health due to cultural factors or they do not know what it means.

Common Ailments Among IndoCanadian Women

This question was framed to assess the occurrence of

common ailments among ICW. The respondents were given the names of eleven common illnesses and were asked if any of these illnesses were a problem or not for them.

Anemia was found to be a problem for 9%. Arthritis (11%), diabetes (3%) and high blood pressure (5%) were seen as depicted in Table 13. Overall, illness was low in this sample. There was no cancer, stroke, glaucoma, epilepsy, and liver disease in this group. Tuberculosis and asthma were each at only 1%. (Table 13).

TABLE 13
COMMON AILMENTS AMONG INDOCANADIAN WOMEN
(N=127)

ILLNESS	PROBLEM (%)	NO PROBLEM (%)
Anemia	9	91
Arthritis	11	89
Asthma	1	99
Cancer	0	100
Diabetes	3	97
Stroke	0	100
Epilepsy	0	100
Glaucoma	0	100
High B.P.	5	95
Liver Disease	0	100
Tuberculosis	1	99
Other	10	90

Use of Health Aids

ICW were asked if they were using any health aids, for example, wheelchairs, walkers, hearing aids or pace-makers.

Response showed a very limited use of health aids i.e. Wheelchair (1%), Walker (1%), Hearing Aid (1%) and Pacemaker (0%). Almost half (47%) of the respondents replied that they use prescription eye glasses.

Physical and Mental Health Organizations Access

This question was framed around the utilization of six types of health organizations i.e. walk-in-clinics, family physician's offices, medical labs, hospitals, mental health clinics or any other health organizations, for example, physiotherapy clinics.

The majority used family physicians' office (87%) and walk-in-clinics (57%). Mental health clinics (7%) were very infrequently used and so were other clinics or organizations, for example, physiotherapy clinics (6%). Hospitals were accessed by 32% and medical labs were used by 34%. (Table 14).

TABLE 14
ACCESS TO HEALTH/MENTAL HEALTH ORGANIZATIONS
(N=127)

ORGANIZATION	YES (%)	NO (%)
Walk-in Clinic	57	43
Family Physicians' Office	87	13
Medical Lab	34	63
Hospital	32	69
Mental Health Clinic	7	93
Other	6	95

Section Summary

This section of study findings described that general health and mental health status of ICW was very good. Common illnesses were not found in any great degree in this population. ICW were frequently accessing their family physicians' office and area walk-in-clinics but use of mental health and other organizations and clinics, for example, physiotherapy was very limited.

DEMOGRAPHICS CONSIDERATIONS

This section of findings deals with ICW's family and marriage situation, their immigration and citizenship status, their immigration class, main reason for immigration, country and state of origin, language skills, social support system, their religious practices and general mobility.

RESEARCH QUESTION IV

What is the demographic profile of ICW? Where do they come from originally? Do they live in extended/joint families?

This research question tried to capture the demographic profile of ICW.

Marriage and Family Situation

The questions were framed around family living arrangements, marital status, and whether marriage was arranged or not.

Family Living Arrangements

ICW were asked if they lived in nuclear families, joint families or on their own.

The majority (66%) of ICW lived in nuclear family situation and 24% lived in extended families. Only 4% lived alone and 4% replied they had other living arrangements, for example, living with a maternal uncle or brother's family etc.

Marital Status

ICW were asked to state their marital status. The majority (80%) were married women in this sample. Five percent were widowed, only 1% were separated and 4% were divorced. A few (10%) were single at this time.

Arranged Marriage

ICW were asked if their marriage was arranged by their families or not. A very high number (71%) of this sample said that their marriages were arranged by family or friends. Only 18% did not have a traditional arranged marriage.

Age and Birth Year of ICW

ICW were asked to state their birth year so that their age could be determined. The majority of the respondents were born in the fifties, 1956 being the most commonly found birth year. This means that the majority are baby-boomers in their forties. The oldest respondent in this sample was born in 1905 and the youngest was born in 1978.

Immigration and Citizenship Status

The questions were asked to determine the year of ICW's immigration to Canada, immigration class, citizenship status and reason for immigration.

Year of Immigration

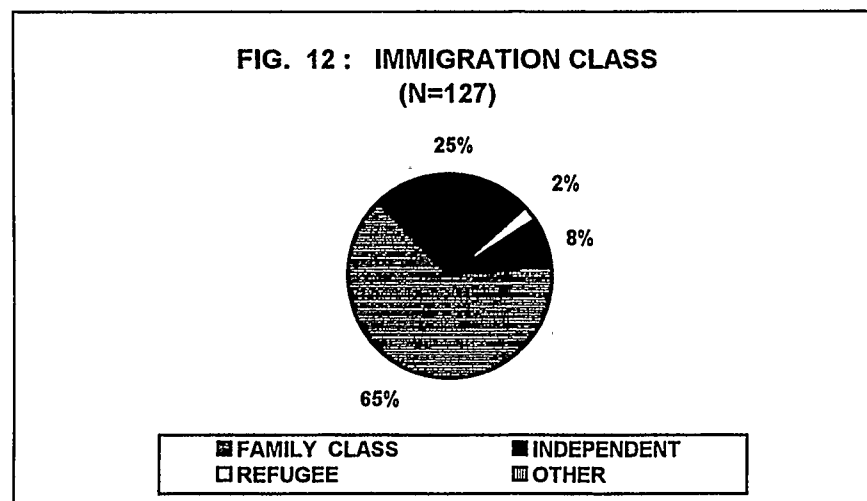
This question was framed to assess the immigration and citizenship status of ICW, as well as their year of immigration to determine their age at immigration.

The most frequent finding was 1975 as the year of immigration indicating the the majority of ICW came to Canada in 1975. The most recent immigrant in this sample came in 1993 and the first immigrant in this group came to Canada in 1960.

Immigration Class

ICW were asked to describe their immigration class whether they were family class sponsored immigrants or came as independent immigrants or refugees.

Only 25% came as independent class immigrants. The majority (65%) came as family class sponsored immigrants. Only 2% came as refugees and 8% as other classes, for example, on a student visa or exchange visitor program. (Figure 12).



Canadian Citizenship

The majority (66%) were Canadian citizens at the time of the survey. Another 28% did not have Canadian citizenship yet, but intended to apply for it. Only 6% had no intention of applying for citizenship.

Main Reason for Immigration to Canada

ICW were asked to give their reasons for immigration to Canada; whether they immigrated to Canada for economic reasons, to have a better life style, to have a better social life, due to unpleasant circumstances in their home country or simply to join their families in Canada.

TABLE 15

MAIN REASON FOR IMMIGRATION

(N=127)

REASON	YES (%)	NO (%)
Economic	21	76
Life Style	25	72
Social	8	89
To join family	46	51
Circumstances at home	9	88
Other	20	77

The majority (46%) of ICW came to Canada to join their family and/or husbands. Twenty one percent came with hopes to have a better economic future and another 25% came expecting a better life style. Only 1% were looking for a better social life and 9% came to avoid unpleasant circumstances at home. (Table 15 above).

Country and State of Origin

Country of Origin

This question was designed to find out the country of origin i.e. whether ICW came directly from India or from other countries.

When asked of their country of origin, the majority (67%) responded that it was India. Only 6% were born in Canada and are therefore, second generation immigrants. A significant number (25%) of the respondents came from other countries, for example, Phillipines, Fiji Islands, Africa, Singapore and England.

State/Region in India

ICW from India were asked to give the name of state or region that they came from.

Almost half (50%) of them replied that they came from Western regions of India i.e. Punjab, Gujurat, Bombay, etc. Only 12% were from central India and a very few (3%) were from

Northern states, i.e. Bihar, Kashmir, Himachal Pardesh etc., and 3% from Southern regions, i.e. Kerala, Madras etc., and 1% from Eastern regions, i.e. Bengal, Orissa, etc.

Mother Tongue and Language Skills

Questions were asked to identify the native regional language of ICW; and whether or not they spoke any other language besides their mother tongue.

Mother Tongue

ICW usually speak more than one language and this question was designed to determine their mother tongue and any other Indian languages spoken by them.

More than half (54%) described Punjabi as their mother tongue. Another 21% spoke Hindi, and an almost equal number (20%) spoke Gujurati. Only a few (1%) spoke Urdu.

Other Languages

Many (i.e. as high as 92%) of the respondents spoke another language besides their mother tongue. These other languages were: Hindi (28%), Punjabi (48%), Gujurati (10%), Urdu (4%), English and other Indian languages (2%), for example, Tamil.

Social Support System of ICW

Questions were asked to assess the informal social support

system of ICW. These questions were framed around number and closeness of family members, siblings, and friends.

Family of Origin

The majority of ICW came from a family of 3 or 4, thus having 2 or 3 siblings.

It was asked if ICW had a close family member with whom she could discuss her problems. Almost every one in this sample had at least one family member to whom she felt close and could talk to about her problems.

A high percentage (32%) had their close family member living in the same house or in the neighborhood (8%). Another 18% had their close family member in the same city and 14% had their close family member living in Canada. Only 18% replied that their close family member did not live in Canada.

Satisfaction With Frequency of Contact with Family Members

The majority (74%) thought that they were satisfied with the quality and quantity of contact with their close family member. Of these, 33% were very satisfied and 61% were somewhat satisfied with the frequency and contact with this close family member. Only 19% of the respondents replied that they were not satisfied with this contact.

Close Friends

ICW were asked if they had any close friends, where these

friends lived and if they belonged to the same ethnic group as ICW.

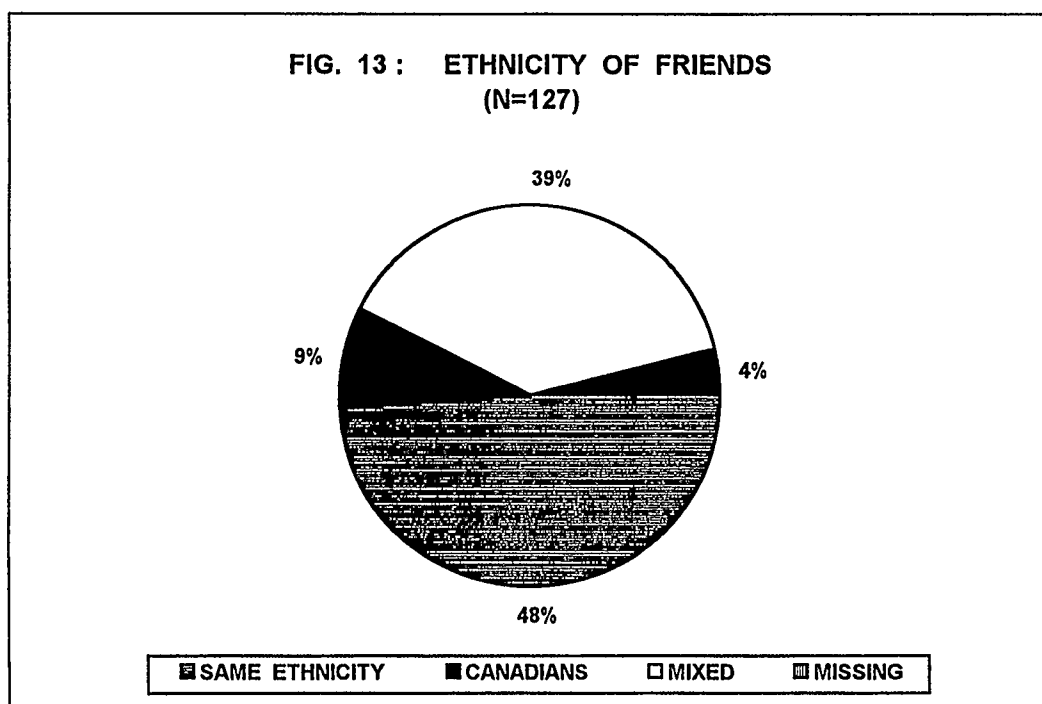
The majority (80%) of ICW replied that they had close friends. Only 15% replied that they did not have any close friends. The majority of ICW had at least two friends.

Where are ICW's Closest Friends

In response to the physical location of the close friend, almost half (53%) had a close friend in the same city as they live in. Another 11% had their friends in the neighborhood and a few (6%) had their best friend living in the same house. Thirteen percent had their best friend somewhere in Canada and another 10% replied that their best friends did not live in Canada.

Ethnicity of Friends

When asked about the ethnicity of their friends, the majority (48%) of ICW had friends within the same ethnicity. Only 9% had Canadian dominant culture friends. A significant number (39%) had mixed friends. (Figure 13).



Satisfaction With Quality and Frequency of Contact with
Their Friends:

When asked if they were satisfied with the quality and frequency of the contact with their friends, the majority (78%) of ICW replied that they were satisfied with the quality and the quantity of contact with their friends. Out of these, 38% were very satisfied with the contact and 59% were somewhat satisfied. Only 18% were dissatisfied.

General Mobility

In order to assess the general mobility of ICW, they were asked if they had a valid driver's licence and access to a vehicle or public transport system.

Valid Driver's Licence

When asked if ICW had a valid driver's licence, the majority (79%) of ICW replied that they had valid driver's licences. Those that did not have a driver's licence numbered 21%.

Access to Vehicle

In response to the question of having access to a vehicle, the majority (87%) of ICW replied that either they themselves or their families owned vehicles. Only 13% did not own a car. Out of those who owned a vehicle or had access to one, 54% drove the vehicles themselves, 43% used vehicles as passengers only and 1% did not use the vehicles at all.

Out of those who drove vehicles, more than half (56%) drove a vehicle more than 3 times a week. Seventeen percent drove only 1-3 times a week and 6% drove 1-3 times a month. Six percent drove a vehicle less than once a month, and 10% never drove the family vehicle.

Public Transportation

ICW were asked if they lived in an area where public transportation was available.

The majority (89%) of ICW lived in areas of the city or town where public transportation was available.

Attitude Towards Religion

ICW were asked about their religious practices and affiliations, the importance of religion in their lives and how often they went to temple/mosque/church.

Religious Affiliation

About 28% of respondents practiced Hindu religion. The majority (60%) practiced Sikh religion and only 8% were Moslems. Another 4% were Christians by faith.

Importance of Religion to ICW

The majority (58%) of ICW felt that religion was very important to them. Another 32% thought it was important and 3% thought it was slightly important. Only 1% felt that it was not important at all and another 6% were not sure about religion's importance in their lives.

Going to Temple/Church/Mosque

Only 7% went to the temple everyday. About 33% went every week and 27% went once a month. Thirty percent rarely went to the temple 2% never went to the temple but practiced religion at home, in private, and in their own way.

Section Summary

This section of findings described ICW as a cohort. The majority of them were born around 1956, are in arranged

marriages and came to Canada around 1975 to join their families and/or husbands. They are family class sponsored immigrants with landed immigrant status and the majority (66%) already have Canadian citizenship. About 67% of this group have come directly from India to Canada. They speak more than one language. Their informal support system is good in the form of relatives and friends of the same ethnicity. It is a fairly mobile group as the majority have a driver's licence and access to family vehicle. Sikh and Hindu religions are predominantly practiced in this group.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

Introduction

This chapter presents discussion of study findings under the four broad categories of social adaptation, employment and economic adjustment, physical and mental health, and demographics. It will end with conclusion and implications for practice, and future research projects.

DISCUSSION

Social Adaptation

The extent of social adaptation and adjustment of ICW in Canadian society was measured by many variables that will be discussed in this section. First variable was ICW's social activities and how often they engaged in these social activities. Previous research studies have emphasized the fact that new immigrants like to socialize mainly with other new immigrants of their own ethnicity. Nguyen (1987) writes there is a consistent pattern of predominant affiliation among newcomers within their own ethnic community and little interaction between newcomers and people outside their ethnic group, especially on the close interpersonal level. According to this study, the most common social activity that ICW engage

in is meeting with their friends. A fairly high number (40.1%) of respondents visit with their friends often and (48.0%) respondents visit with their friends sometimes. Only 12.1% rarely go to visit with their friends. Shopping, taking a walk, and going to the temple are other activities that ICW engage in. These other activities are also, generally, engaged in when one has a friend or friends to go with. All the above activities lead towards separation from the main-stream. The use of the public library is very limited, indicating either that ICW have no interest in reading or no time to go to library because of various obligations towards family and occupation. This could be due to difficulties with English and French languages as libraries generally do not have books in Indian languages. This is an example of environment not responding to ICW's needs by providing reading materials in Indian languages. Going out for dinner or to watch a movie is not popular. This may be due to reluctance on the part of ICW to integrate with the majority culture, or simply due to difficulties with language and communication, leading to being uncomfortable in these activities. Thus ICW's patterns of socializing and engaging in social activities are not different from other immigrants. Social activities are more prone towards segregation/separation. Environment also leaves them to find their own ways by not responding in appropriate ways, for example, a multilingual library or community centre.

Knowledge And Utilization of Services

ICW's knowledge of community organizations is very limited. According to Seydegart and Spears (1985), immigrants' lack of knowledge of services in Canada can be simply due to lack of English and/or French language skills. The most commonly known organization is Canada Employment Centres (C.E.C.). The unemployment rate is high in this group (25%) according to the findings of this study, and this might be the reason for widespread awareness of C.E.C. in this population. There is very limited knowledge of shelters for abused women, and the majority of respondents do not know about any social services. The lack of services utilization is due to lack of awareness, and not because this population does not want to use these services. Minna (1986) writes that this total lack of accessibility to services exists due to lack of response on the part of the mainstream social agencies and assumption that it only takes a few years for people to successfully integrate if they really want to. The majority (88%) replied that they would use these services if they knew how to access them. The idea that husbands will probably not allow their immigrant wives to access and use these services appears to be false, as the majority of ICW replied that their husbands' attitudes depend on what type of service they will use. It is interesting to note that very few respondents were aware of the existence of 'Job Skills Training', programs that, for years, helped new immigrants in job training and finding employment. This

indicates that ICW are not utilizing a service that was specifically designed for immigrants to train and find jobs in the existing labour market. The high unemployment rate in this population may be further facilitated by this lack of awareness of an existing service. Thus the barriers to awareness and access of services encountered by ICW are predominantly the same as encountered by other immigrants, i.e., lack of awareness and lack of access. This is due to lack of information available in their language and myths/assumptions on the part of service providers. Therefore, ICW are making adjustments as opposed to adaptation due to inappropriate response to their needs by most community organizations.

Media Information Source

Television is the most common source of information. Use of newspapers, magazines and radio is extremely limited. This implies that to reach out to this group of women, television will be the medium of choice. Almost all big cities in Canada have community channels which broadcast programs in various ethnic languages. These programs will need to be utilized by professionals to educate and create awareness of social issues and the help available in the communities.

Advice To Potential Immigrant Relatives or Friends

Generally, it is believed that new immigrants favour the process of chain immigration. Gundara, (1986) writes in

Splintered Dreams that chain immigration is a pattern of migration commonly associated with immigrants from one country to another. New immigrants tend to keep close contact with their familial roots in the country of origin and often help their relatives to move to the new country. Chain immigration means sponsoring close family, relatives, and friends to join the sponsor in the new country. According to this study, only one-third of the respondents are in favour of their relatives and friends joining them, and one-third are clearly not in favour. The majority fall into the "cautious" advice i.e. immigrate if you are willing to work very hard and start from zero or go through re-training for employment. Though, the majority of ICW are sponsored immigrants, they are reluctant to put their relatives in the same situation as they are in. It may be due to the fact that they are struggling to establish themselves and going through hardships. Only 21.3% respondents came to Canada to seek an economically more rewarding life, another 7.9% came with hopes of better social life. The majority (45.7%) came simply to join their families. Thus joining families has not been such a satisfying experience and ICW are discouraging their other family members from making the same mistake (according to ICW).

Social Position in Canada

Immigrants are generally perceived to have a lower social position than the average dominant culture citizen. In this

study, the majority of respondents perceive themselves as middle class. This may not be according to Canada's middle class standards as no standard questions were asked. A very few (4.1%) see themselves as lower class indicating that most do not perceive themselves as poor. On the other hand, modal income of ICW is below \$10,000. Therefore, either their husbands are high wage earners or joint families have more assets, such as real estate.

Membership in Immigration Aid or Cultural Organization

It is expected by immigrant aid and settlement workers that new immigrants will be interested in memberships with immigrant organizations. It is interesting to note that, according to the findings of this study, that is not the case. The majority (71.1%) do not have any membership with cultural or immigrant aid organizations. This may be again due to the fact that ICW are not aware of these services in the community, or due to the fact that their husbands or families do not encourage this type of activity. It may also be due to the fact that they have satisfying ethnic/cultural connections through their friendships. This also implies the need for joint/multicultural organizational awareness to enhance the relationship between immigrants and organizations. Active participation by ICW in religious organizations may be another reason for their low participation in immigrant aid or cultural organizations. Religion, socialization and culture all combine in Indian way of

life.

Ethnic Identity

Canada's multiculturalism policy announced in 1971, encourages the retention of characteristic cultural features by those groups which desired to do so, and to encourage the sharing of these cultural features with other members of the larger Canadian society (Berry, Kalin and Taylor, 1977). According to this study, almost two-thirds of the respondents engage in daily cooking and eating of traditional ethnic foods. Traditional clothing is worn everyday by almost half of the respondents. This indicates that the majority of ICW are very much inclined towards keeping their own ethnic identity in Canada and do not see the need to give up their traditional ways to integrate successfully into the mainstream society. This trend is in favour of integration process.

Attitudes Towards Dating, Inter-marriage and Divorce

Attitudes towards dating, inter-marriage and divorce are very conservative, and are clearly not accepted. Calgary Immigrant Women's Centre published a report titled Concerns of Immigrant Parents with Teenagers in 1991. According to this report, dating is quite a foreign concept in many cultures, especially Asian. This study supports the above findings. Previous research also shows that Asian cultures are very much against separation and divorce (Ho, 1987). This study, however,

shows a conservative approach by majority i.e. 'depends on circumstances.' Therefore, it can be implied that there is a change in attitude towards these issues compared to more traditional views. This difference may be the result of being away from their usual networks of kith and kin, and less stigma attached to separation or divorce in the new country. This change may very well be due to the influence of majority culture's attitudes towards separation and divorce. An interesting point to note here is that attitudes towards separation and divorce have become liberal but not towards dating and inter-marriage. This is an example of preserving the ethnicity but letting the ethnic group as a whole adopt patterns of the majority culture.

Attitude Towards Home Country

Attitudes about the home country are very favourable. Some clearly want to return as soon as an opportunity arises. This factor can be a hindrance to social adaptation. This opportunity could be change in political structure or a chance to invest in the home market. Very few respondents feel that they are better off here. This may be due to the fact that majority are still struggling to adapt, and grieving over the loss of familiar life-styles. The future outlook on living in Canada is negative for one-third. Another one-third are either not clear about it or have never thought about it.

Life in Canada

'Life is not easy' for ICW in Canada mainly because of lack of employment opportunities, lack of household help and language problems. The life satisfaction score is not very high. Some participants are wondering if their life-satisfaction would have been better if they had not come to Canada, or had more education to find decent employment. Some people indicated other themes that would have changed their life satisfaction, for example, changing her parents' attitude or husband's attitude.

Discrimination

According to Henry and Tator (1985), through out the history of this country, the Canadian immigration policy has been laden with discriminatory practices. They further contend that many recent studies and surveys provide empirical evidence of widespread discrimination at all levels of the labour force and that discrimination in the workplace is perhaps the single most serious problem confronting visible minorities in Canada today. ICW's experience with discrimination and prejudice is very high according to this study. Almost half of the respondents have felt discrimination in some way or another. Discrimination generates negative feelings. One-third respondents became more determined to succeed after this experience. A very high number (35.4%) have experienced discrimination at the work place; thus supporting Henry and

Tator's views. Almost an equal number of respondents reported experiencing discrimination at their childrens' school. This implies that work place and school setting prejudice is a reality of ICW's and their children's lives. At major institutions like hospitals, banks etc. and when in interactions with the civil servants, the level of experienced discrimination that has been reported is not so high. Discrimination interferes with the process of social-adaptation leaving the ethnic groups alienated and hostile.

Loneliness and Isolation

Previous research studies have found high levels of loneliness and isolation in immigrants, especially women and seniors (Dholakia, Zachariah, McNeill, 1987). According to this study, the loneliness score is fairly high, indicating high levels of isolation and loneliness. There is a strong negative correlation between life satisfaction and loneliness. As loneliness goes up, life satisfaction goes down. Loneliness and isolation do not facilitate adaptation to the new country.

Employment And Economic Adjustment

Employment and economic adjustment of ICW is measured by variables like education and training, occupation, employment, income and accomodations.

Education and Training

According to Estable (1986), many immigrant women come to Canada with advanced education, and considerable professional training and experience. "Nevertheless, many of them find themselves unemployed, or underemployed, having to accept jobs well under their level of qualification, or entirely unrelated to their field of study" (p.37). According to this study, a very high percentage of ICW have university degrees from their country of origin. Others have high school diplomas or training certificates and diplomas. A very high percentage have gone through re-training upon arrival in Canada. As a majority of ICW do not qualify for training and English language programs for immigrants (because they are sponsored), they must access re-training through community colleges and universities. In spite of high education and re-training, ICW are still experiencing a high unemployment rate overall. Literature on immigrant women highlights their high levels of educational achievements and no objective evaluations of these qualifications (Boyd, 1987; Estable, 1986 and Canadian Advisory Council on Status of Women, 1992). This is the reason for the majority of them going through re-training in Canada to find suitable employments. When high levels of education are compared to the level of unemployment, or under-employment, it is outstandable that people with such high qualifications are either not working at all or are working as labourers. There is downward occupational mobility for professional women supporting Boyd's (1987)

research. There is an increase in management and clerical jobs as reported by this study. Lack of evaluation systems, lack of employment training and channelling highly educated into labour jobs shows an environment that is not responsive to the needs of these immigrants.

Accomodation

The majority of ICW live in single homes with 3 or 4 bedrooms, owned by the women or her family. Very few live in subsidized housing, apartments or condominiums. The majority are happy with their living arrangements.

Income

Gupta, (1987), writes that immigrant women occupy the lowest strata of Canadian society, concentrated in textile, garment and other industries as labourers and as cleaning staff in various places. Their income levels are thus below average income levels for Canadians. According to this study, ICW's own income is not very high but total family income is reasonably high. The majority are not sending any assistance to relatives in their country of origin. Those who send financial assistance to relatives are not sending a lot, but only in the range of 5,000 to 10,000 Canadian dollars per year. This is in contradiction to the literature that stresses that immigrants often send financial assistance to relatives in their country of origin (Kamath, 1984). This may be due to the fact that being

women, culturally they are not expected to support their relatives financially or simply due to the fact that they are not making enough money to be able to help others. A point to be noted is that even though the average family's income is not very high, ICW and their families are living in three or four bedroom houses owned by the families. This may mean that owning a home is very important to ICW.

General Physical And Mental Health

According to authors of the Report of the Canadian Task Force on Mental Health Issues affecting Immigrants and Refugees, (1988), persons who are alienated from the majority culture, cannot speak its language or find work and who, at the same time, are deprived of their customary sources of social support do not belong anywhere. Their risk of developing emotional disorders is great. According to this study, general health and emotional health status of the respondents is very good. (Immigrants are screened for serious illness, therefore they are usually a healthy population). Low rate of mental health concerns may be due to the fact that this group is reluctant to put it that way due to cultural factors. (Asians tend to somatize emotional/mental health issues). Their health status back home and the health status of their family of origin are both very good. No serious illness are found in this group. There is very low rate of diabetes, high blood pressure and arthritis. Glasses are commonly used, but no other health aids

e.g. wheelchair, walker, pace maker etc. Less illness and use of health aids can be both due to health screening prior to immigration and this population being a comparatively young, middle age cohort.

Physical/Mental Health Organization Access

Various research studies provide evidence of lack of awareness and access of health care organizations by immigrant women (The Women's Health Bureau, 1993, and The Alberta/North West Territories Network of Immigrant Women, 1992). According to this study, the family physician's office is the most frequently accessed health organization. Use of area walk-in-clinics is also popular. Mental health clinics and physiotherapy clinics are very infrequently used. Previous research studies have shown that Asians are very reluctant to use help for emotional and mental health needs, due to stigma, lack of knowledge, and fear of taking family problems to strangers. Also, in India, traditionally, one's family doctor is one's counsellor, guide and friend as there are no 15 minute time limits for each patient. Therefore, ICW in the same line, visit their doctors more often than any other health professionals.

Demographics

According to Bhatnagar (1985), Indians have come to Canada from many parts of the world. The majority of this group (i.e.

two-thirds) came from India directly. The other one-third combined are from other countries. They are living in nuclear families and their marriages were arranged by families for most of them. In this group, five mother tongues are spoken, but many speak more than two languages. The majority came as family class and were sponsored by their husbands. This supports findings of Boyd (1987), Estable (1986), and Gupta (1987) that the majority of immigrant women in Canada are sponsored immigrants. Canadian citizenship was either already in place or they intend to apply as soon as they become eligible. Very few have no intention of applying for Canadian citizenship. It is an interesting point that almost all respondents want Canadian citizenship, and yet one-third of the respondents have reported that they would return to their country of origin if a suitable opportunity came along. This implies that ICW certainly feel safer in Canada if they have Canadian citizenship. Also, it helps in getting jobs and various benefits available to Canadians.

Reason for Immigrating

The most common reason for immigration is to join their husband/ or family as opposed to seeking an economically or socially enhanced life-style. This supports previous research as mentioned in the previous section. Therefore, many have extended families here (Chain immigration). They are not satisfied or happy with the quality and amount of contact with

family, indicating that having family does not mean that they are not lonely. Their friends are mostly from the same ethnicity. This finding supports previous research on immigrants. As discussed previously under social activities, visiting and meeting with friends is a favourite pastime. The majority have valid driver's licences and are using family cars or city transport frequently, if not driving their own cars. This finding contends that ICW are not isolated by choice as they have means to engage in social activities in the community.

Religion

Hindu, Sikh and Moslem religions are predominant in this group. Religion is very important, and the majority go to the temple every week. This supports Pattison's view (1984) that religion is a source of and expression of cultural values affecting social network and family. This indicates that to access this population for educating them about social issues and availability of social services, places of worship can be a starting point. Educational material, brochures, meetings and workshops could be arranged at places of worship to facilitate access by this population.

CONCLUSION

Overall conclusion of this discussion is that ICW speak many languages, practice a variety of religions and belong to many Indian sub-cultures. Marriages in this group have been

mainly arranged and they, themselves, discourage dating for their children.

They are family class sponsored immigrants, therefore are not eligible for many benefits available to ordinary Canadians, for example, child care subsidy, income support, etc. The majority of ICW have experienced discrimination in one way or another.

This is a very religious group and religion has an important place in their lives. ICW would utilize community services provided they have an awareness of services available. Multiculturalism in policy supports integration process but in reality environment is not facilitating adaptation leaving ICW to make adjustments to the new country in their own separate ways.

RECOMMENDATIONS

Based on the results of this study, the following practices may be beneficial for professionals working with ICW.

1. ICW are not homogeneous group. Basic awareness and knowledge about various Indian sub-cultures, country of last residence, religions and languages will be helpful in assessment and intervention.
2. ICW come from families with a lot of interdependence. The majority have extended families in Canada and report highly satisfying relationships with family members. This can be a focus to use for the client's benefit depending

on her situation.

3. ICW are reluctant to acknowledge mental health concerns and use mental health services very frequently. Introduce mental health concepts very slowly after building trust. Professionals may have to explain what the therapy and counselling are, thus a lot of preparation will be required to initiate these processes.
4. The majority of ICW are family class sponsored immigrants therefore, ICW leaving a violent or abusive situation will need a lot more advocacy with social services, low income housing and day care subsidy programs to get funding because of sponsorship breakdown.
5. Sixty eight percent ICW do not express any knowledge of social services. There is a need to reach out and educate ICW about social issues and help available in the community by various community service organizations. The medium of choice will be television. Providing information brochures in Indian languages should be considered. Reaching out can be done with the help of religious leaders through the temple as well. The third important resource for outreach is the family practitioner's office.
6. ICW have very conservative attitudes towards dating and intermarriage, therefore, there is a possibility of parent-child conflicts around dating, inter-marriage and divorce. Outreach programs by schools and mainstream organizations

will be helpful in creating awareness around these issues.

7. ICW report high levels of discrimination directed at them especially at workplace and in school-setting. Public education and training teachers about Indian cultures will be preventive in this area.
8. Forty one percent ICW in this sample have a university degree implying a high level of educational achievement. Employment skills programs could focus on matching the previous education, intended occupation and retraining in Canada accordingly.
9. ICW report high unemployment rate of 24%. Therefore, helping organizations need to focus more on recruiting and employment skills training.

FUTURE RESEARCH PROJECTS

Results and discussion of this study raise some interesting points, for example, if the experience of ICW is similar to ICM (IndoCanadian Men) or different. The following research projects could be undertaken to explore further within this community and to compare some experiences with other ethnic groups or mainstream.

1. Comparison of advice to potential immigrant relatives and friends between ICW and ICM (IndoCanadian men).
2. Comparison of attitudes towards home country between ICW and ICM.
3. Longitudinal study on life-satisfaction of recentimmigrant

ICW, five years after immigration and ten years after immigration.

4. Comparison of life-satisfaction between ICW and ICM.
5. Comparison of life-satisfaction between ICW and majority culture women.
6. Comparison of life-satisfaction between married and unmarried ICW.
7. Discrimination experience at work place for ICW and ICM.
8. Discrimination comparison between various ethnic groups in Canada.
9. Income comparison between ICW and majority culture women.
10. Survey of qualifications and present occupations, for example, cleaning, factory work, service sector, management of ICW.
11. Barriers to access of community service organizations.
12. Comparison of education and training in country of origin and in Canada.

The results of the future areas of research will enhance our understanding of how immigrant groups adapt to Canadian society.

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APPENDIX A

Baljinder Mann
Faculty of Social work
University of Calgary

June 15, 1993

The purpose of this research study is to develop a general profile of IndoCanadian women. Particular focus is on issues of Social-adaptation to Canada, Economic and Employment Adjustment and General health.

As immigration laws and trends changed, Canada became home to a large number of people of Indian origin. These IndoCanadians came, not only from India directly but also from other countries. Like other immigrants, IndoCanadians are also required to make many adjustments in adapting to their new home. IndoCanadian women have to deal with all these issues plus issues specific to women in Indian culture and women in Canada.

This study will be useful to professionals dealing with IndoCanadian women and IndoCanadian society.

Since you are one of these women, your input is very important for successful completion of this study. Your participation is voluntary and you may withdraw any time.

There is no direct benefit to you but indirectly you will be helping yourself and other IndoCanadian women by making the professional community aware of these issues.

All answers will be treated with strict confidentiality and reported only in summary form.

Your signature on the "consent form" below indicates that you have understood the information regarding your participation in this research study. I appreciate your participation and an early response.

Thank you,

yours sincerely,

Baljinder Mann.

I give my consent to participate in the above study.

Signature _____ Date _____

APPENDIX B

QUESTIONNAIRE

I

SOCIAL ADAPTATION

The following questions refer to your adaptation to Canada while maintaining your own cultural identity.

I would first like to ask you a few questions about your activity outside your home.

1. During a typical month, do you often, sometimes or rarely

	Often	Sometimes	Rarely
1. go to or visit friends or relatives?.....	_____	_____	_____
2. go shopping?..... (Excluding groceries)	_____	_____	_____
3. go out to movies?.....	_____	_____	_____
4. eat out?.....	_____	_____	_____
5. go out for a drive?...	_____	_____	_____
6. go out for a walk?....	_____	_____	_____
7. go to clubs, church, temple or a community centre?.....	_____	_____	_____
8. go to the library?....	_____	_____	_____
9. play cards or other games?.....	_____	_____	_____

2. Do you know about any community organizations that can help.

Check what applies.

1. _____ Alberta Social Services
2. _____ City Social Services
3. _____ Emergency Shelter
4. _____ Canada Employment Centres
5. _____ Employment Future
6. _____ Y.W.C.A.
7. _____ Others (Please specify) _____

APPENDIX B ... (Cont'd)

3. Would you use any of these if needed be?

1. ☐ yes
 2. ☐ No, Why Not?
-

4. If married, what's your husband's attitude toward your use of these services?

1. ☐ He is not in favor
2. ☐ He is in favor
3. ☐ Depends on what I use
4. ☐ Don't know

5. This question relates to your use of news media. What is your main source of information?

1. ☐ T.V.
2. ☐ Newspaper
3. ☐ Magazine
4. ☐ Radio

6. If a close friend or relative wants to immigrate to Canada, what advice would you give?

7. How would you describe your social position in Canada?

1. ☐ Upper Class
2. ☐ Middle Class
3. ☐ Lower Class
4. ☐ Other (Please specify) _____

8. Are you a member of:

1. ☐ Immigrant Women's Association
2. ☐ Immigrant Aid Organization
3. ☐ Cultural Association
4. ☐ Other (Please Specify) _____

5. ☐ None of the above

APPENDIX B ... (Cont'd)

9. Do you cook/eat ethnic food?

- 1. ☐ Everyday
- 2. ☐ Every week
- 3. ☐ Once in a while

10. Do you wear your traditional clothing?

- 1. ☐ Almost Everyday
- 2. ☐ Once a week
- 3. ☐ Once in a while

The following questions refer to dating and marriage:

11. If you have children, what is your attitude about them dating?

- 1. ☐ It should not be allowed
- 2. ☐ Dating should be allowed only if you can trust the man
- 3. ☐ It's okay to date

In general, what is your attitude towards inter-marriage? ie: marriage outside your ethnicity.

12. Would you consider inter-marriage?

- 1. ☐ Yes
- 2. ☐ No
- 3. ☐ Depends on circumstances

13. If you have children will you allow your children inter-marry?

- 1. ☐ It's okay
- 2. ☐ It's not okay
- 3. ☐ depends on the circumstances

14. What is your attitude on divorce/separation?

- 1. ☐ It's okay
- 2. ☐ It's not okay
- 3. ☐ Depends on circumstances

Now I am going to ask you a few questions about how you feel about leaving your country and life in Canada.

APPENDIX B ... (Cont'd)

15. In general, what is your attitude towards your home country?

1. ☐ Would like to "return"
2. ☐ Always thinking about it
3. ☐ Fond memories
4. ☐ It does not matter
5. ☐ I am better off here

16. If an opportunity arises, would you permanently return to your home country?

- | | |
|---------------------------------|--|
| 1. <input type="checkbox"/> Yes | 3. <input type="checkbox"/> Don't know |
| 2. <input type="checkbox"/> No | 4. <input type="checkbox"/> Perhaps |

17. If yes, what would their opportunity have to be?

1. ☐ Change in political structure
 2. ☐ Change in attitudes towards women
 3. ☐ Chance to invest in home market
 4. ☐ Others (Please specify)
- _____
- _____

18. What is your future outlook on living in Canada?

1. ☐ Positive (Please specify)
- _____
- _____

2. ☐ Negative (Please specify)
- _____
- _____

3. ☐ Not thought about

19. "Life is not easy for IndoCanadian Women in Canada". Do you agree with this statement?

1. ☐ Yes
2. ☐ No

20. If yes, why. Please elaborate.

a) Job situations _____

APPENDIX B ... (Cont'd)

b) Lack of household help _____

c) Language problems _____

d) No close family _____

e) Others (Please specify) _____

21. Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by place the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 1.= Strongly disagree
- 2.= Disagree
- 3.= Slightly disagree
- 4.= Neither agree nor disagree
- 5.= Slightly agree
- 6.= Agree
- 7.= Strongly agree

- _____ 1. In most ways my life is close to my ideal.
- _____ 2. The conditions of my life are excellent.
- _____ 3. I am satisfied with my life.
- _____ 4. So far I have gotten the important things I want in life.
- _____ 5. If I could live my life over, I would change almost nothing.

22. If you are not satisfied with your life, what would you like to change?

APPENDIX B ... (Cont'd)

23. The following questions are on your experience with prejudice and discrimination in Canada.

	Yes	No	N/A
1. Did you ever experience ethnic discrimination while living in Canada?	_____	_____	_____
2. Did people disregard you because you were IndoCanadian?	_____	_____	_____
3. While shopping were clerks unfriendly because you were IndoCanadian?	_____	_____	_____
4. At restaurants did you receive unfriendly service because you were IndoCanadian?	_____	_____	_____
5. While looking for an apartment, were you refused housing because you were IndoCanadian?	_____	_____	_____
6. Did you experience discrimination at the place of work?	_____	_____	_____
7. Did you or your children experience discrimination at school?	_____	_____	_____
8. At banks or other institutions, did you receive unfriendly service because you were IndoCanadian?	_____	_____	_____
9. Did policemen or civil servants treat you abrasively because you were IndoCanadian?	_____	_____	_____
10. Were you mistreated because you cannot speak English fluently?	_____	_____	_____

24. What did you feel when you were a target of prejudice and discrimination? Check all that apply.

- a) _____ felt sad and lonely
- b) _____ felt frustrated
- c) _____ felt helpless
- d) _____ felt angry
- e) _____ wanted to fight back
- f) _____ felt bitter
- g) _____ felt ashamed
- h) _____ my sense of self-respect was damaged
- i) _____ felt hatred toward the prejudiced person
- j) _____ did not feel anything
- k) _____ felt insecure about living in Canada
- l) _____ determination to succeed became firmly ingrained

APPENDIX B ... (Cont'd)

25. Now I am going to ask a few questions about your feeling isolated or lonely in Canada.

Indicate how often you have felt the way described in each statement using the following scale:

- 4 = "I have felt this way often."
3 = "I have felt this way sometimes."
2 = "I have felt this way rarely."
1 = "I have never felt this way."

- _____ 1. I feel in tune with the people around me.
- _____ 2. I lack companionship.
- _____ 3. There is no one I can turn to.
- _____ 4. I do not feel alone.
- _____ 5. I feel part of a group of friends.
- _____ 6. I have a lot in common with the people around me.
- _____ 7. I am no longer close to anyone.
- _____ 8. My interests and ideas are not shared by those around me.
- _____ 9. I am an outgoing person.
- _____ 10. There are people I feel close to.
- _____ 11. I feel left out.
- _____ 12. My social relationship are superficial.
- _____ 13. No one really knows me well.
- _____ 14. I feel isolated from others.
- _____ 15. I can find companionship when I want it.
- _____ 16. There are people who really understand me.
- _____ 17. I am unhappy being so withdrawn.
- _____ 18. People are around me but not with me.
- _____ 19. There are people I can talk to.
- _____ 20. There are people I can turn to.

APPENDIX B ... (Cont'd)

II

EMPLOYMENT AND ECONOMIC ADJUSTMENTS

The following questions refer to your employment and economic adjustment since coming to Canada.

1. What was your "intended" occupation when you immigrated?

1. _____ Professional (Please specify) _____
2. _____ Management (Please specify) _____
3. _____ Laborer _____
4. _____ Clerical _____
5. _____ Others (Please specify) _____
6. _____ No Previous Intention _____

2. What was your "previous" occupation before coming to Canada:

1. _____ Professional (Please specify) _____
2. _____ Management (Please specify) _____
3. _____ Laborer _____
4. _____ Clerical _____
5. _____ Others (Please specify) _____

3. At birth how would you describe the social-status of your family?

1. _____ Upper Class eg: Industry or estate owners
2. _____ Middle Class ie: Working class
3. _____ Lower Class - poor

4. What is or was your Father's occupation?

1. _____ Professional (Please specify) _____
2. _____ Management (Please specify) _____
3. _____ Laborer _____
4. _____ Clerical _____
5. _____ Others (Please specify) _____

APPENDIX B ... (Cont'd)

5. Describe your education and training in your country of origin. _____

6. Describe your education and training received in Canada

7. What is your current employment state?

- 1. _____ Full-time
- 2. _____ Part-time
- 3. _____ Unemployed
How long have you been unemployed? _____
- 4. _____ Selfemployed
- 5. _____ Other (Please Specify) _____

8. If employed, what is your occupation:

- 1. _____ Professional
- 2. _____ Management
- 3. _____ Laborer
- 4. _____ Clerical
- 5. _____ Other (Please Specify) _____

9. If unemployed, your felt reasons for your situation? Check all that applies.

- 1. _____ Lack of Canadian experience
- 2. _____ Discrimination
- 3. _____ Lack of Network
- 4. _____ Lack of Training
- 5. _____ Others (Please specify) _____

10. If married, what is your husbands occupation?

- 1. _____ Professional
- 2. _____ Management
- 3. _____ Laborer
- 4. _____ Clerical
- 5. _____ Others (Please specify) _____

APPENDIX B ... (Cont'd)

11. What describes your accommodation?

- 1. ☐ Apartment
- 2. ☐ Single Home
- 3. ☐ Condominium
- 4. ☐ Subsidized Housing

12. How many bed rooms are there in your house? _____

13. Do you own your house?

- 1. ☐ Yes
- 2. ☐ No

14. Is this with a mortgage or is your mortgage paid off completely?

- 1. ☐ With mortgage
- 2. ☐ Paid off completely
- 3. ☐ Don't know

15. Do you rent your accommodation?

- 1. ☐ Yes
- 2. ☐ No

16. How much do you pay for rent per month?

17. How do you feel about your living/housing arrangement?

- 1. ☐ Unhappy
- 2. ☐ Dissatisfied
- 3. ☐ Mixed
- 4. ☐ Satisfied

18. What is your best estimate of your "own" income from all sources before deductions during 1992? Was your income

- 1. ☐ Less than \$10,000
- 2. ☐ \$10,000 to \$15,000
- 3. ☐ \$15,000 to \$20,000
- 4. ☐ \$20,000 to \$25,000

APPENDIX B ... (Cont'd)

- 5. _____ \$25,000 to \$30,000
- 6. _____ \$30,000 to \$35,000
- 7. _____ \$35,000 to \$40,000
- 8. _____ \$40,000 to \$45,000
- 9. _____ \$45,000 to \$50,000
- 10. _____ \$50,000 to \$60,000
- 11. _____ \$60,000 to \$70,000
- 12. _____ \$70,000 to \$80,000
- 13. _____ More than \$80,000
- 16. _____ No income _____ Don't know _____ Refused

19. What is your best estimate of the total income of "all" household members from all sources, before deductions during 1992?

- 1. _____ Less than \$10,000?
- 2. _____ \$10,000 to \$15,000?
- 3. _____ \$15,000 to \$20,000
- 4. _____ \$20,000 to \$25,000
- 5. _____ \$25,000 to \$30,000
- 6. _____ \$30,000 to \$35,000
- 7. _____ \$35,000 to \$40,000
- 8. _____ \$40,000 to \$45,000
- 9. _____ \$45,000 to \$50,000
- 10. _____ \$50,000 to \$60,000
- 11. _____ \$60,000 to \$70,000
- 12. _____ \$70,000 to \$80,000
- 13. _____ More than \$80,000
- 14. _____ I Do Not Know

20. Do you provide financial assistance to your relatives back home?

- 1. _____ Yes
- 2. _____ No

21. If yes, how much financial assistance do you provide to your relatives back home?

- 1. _____ \$25,000 or less per year.
- 2. _____ \$5,000 to \$10,000.
- 3. _____ \$10,000 to \$15,000.
- 4. _____ \$20,000 or more.
- 5. _____ None

APPENDIX B ... (Cont'd)

III

GENERAL HEALTH

The following questions refer to your general health.

1. How would you describe your general health?

1. ☐ Poor - Comment _____
2. ☐ Fair - Comment _____
3. ☐ Good - Comment _____
4. ☐ Excellent - Comment _____
5. ☐ Don't know Comment _____

2. Is any of the following a problem for you? Check all that apply to you.

- | | |
|---------------------------------------|---|
| 1. <input type="checkbox"/> Anemia | 8. <input type="checkbox"/> Glaucoma |
| 2. <input type="checkbox"/> Arthritis | 9. <input type="checkbox"/> High Blood Pressure |
| 3. <input type="checkbox"/> Asthma | |
| 4. <input type="checkbox"/> Cancer | 10. <input type="checkbox"/> Liver Disease |
| 5. <input type="checkbox"/> Diabetes | 11. <input type="checkbox"/> Tuberculosis |
| 6. <input type="checkbox"/> Stroke | 12. <input type="checkbox"/> Other (Please Specify) |
| 7. <input type="checkbox"/> Epilepsy | _____ |

3. Do you use any of the following:

1. ☐ Wheelchair
2. ☐ Walker
3. ☐ Hearing Aid
4. ☐ Pace Maker
5. ☐ Others (Please specify) _____

4. How would you describe your emotional well-being?

- | | |
|----------------------------------|---------------------------------------|
| 1. <input type="checkbox"/> Poor | 3. <input type="checkbox"/> Good |
| 2. <input type="checkbox"/> Fair | 4. <input type="checkbox"/> Excellent |

5. Do you use any of the follow. Check what applies.

1. ☐ Walk-in-clinic
2. ☐ Family Physician's office
3. ☐ Medical Laboratory

4. _____ Hospital
5. _____ Mental Health Clinic
6. _____ Others (Please specify) _____

6. How would you describe your health back in your home country?

1. _____ Poor - Comment _____
2. _____ Fair - Comment _____
3. _____ Good - Comment _____
4. _____ Excellent - Comment _____
5. _____ Don't know - Comment _____

7. How would you describe the general health of your family in your home country?

1. _____ Poor - Comment _____
2. _____ Fair - Comment _____
3. _____ Good - Comment _____
4. _____ Excellent - Comment _____
5. _____ Don't know - Comment _____

IV

DEMOGRAPHICS

First I would like to ask you a few general questions about your self and family.

1. Are you living in a:

1. _____ Nuclear family situation (couple, parents & children if any)
2. _____ Extended family (Nuclear family & other relatives)
3. _____ Alone
4. _____ Other (Please specify) _____

APPENDIX B ... (Cont'd)

2. What is your marital status?

1. Currently Married
2. Widowed
3. Divorced
4. Separated
5. Single, never married

3. If married, was your marriage arranged by your family and/or friends?

1. ☐ Yes 2. ☐ No

4. If any children, what is the age and sex of each of your children?

Sex	Age
	Child 1
	Child 2
	Child 2
	Child 3
	Child 4
	Child 5

5. What is the country of your birth?

1. ☐ India
2. ☐ Canada
3. ☐ Other (Please Specify) _____

6. What is the year of your birth ? 19____

7. If born in India, what state/region are you from?

8. What is your Mother tongue/Native Language?

APPENDIX B ... (Cont'd)

9. Do you speak any other languages? Please specify.

1. _____
2. _____
3. _____
4. _____
5. _____

10. What year did you immigrate to Canada?
19_____

11. What is your immigration class?

1. _____ Independent
2. _____ Family Class
3. _____ Refugee
4. _____ Other (Please specify) _____

12. Do you have Canadian citizenship?

1. _____ Yes.
2. _____ Not yet, but I intend to apply for it.
3. _____ No, and I don't intend to apply for it.

13. What was the main reason for your migrating to Canada? Check all that apply to you.

1. _____ To seek a more rewarding life economically.
2. _____ To seek a better life style.
3. _____ To seek a more rewarding life socially.
4. _____ To join the family.
5. _____ To avoid unpleasant circumstances in home country.
6. _____ Other (Please specify) _____

I would like you to think now about your family and close friends. By family, I mean spouse or partner, children and other relatives.

14. How many brothers and sisters do you have still living?

_____ Number or '0' None

APPENDIX B ... (Cont'd)

15. Do you have any family members you feel close to?
That is, family members you feel at ease with, can talk to about
private matters, or can call on for help?

1. ☐ Yes, How Many?
2. ☐ No, Go to Question 20

16. Thinking about the family member you feel closest
to, does this person live _

1. ☐ In the same household as yourself?
2. ☐ Within your neighborhood?
3. ☐ Within the same city or town?
4. ☐ In another city or town?
5. ☐ Not in Canada

17. Are you satisfied or dissatisfied with the kind and
frequency of contact you have with family members,
including personal contact, phone calls and letters?

1. ☐ Satisfied
2. ☐ Dissatisfied

Is that very or somewhat satisfied?

3. ☐ Very
4. ☐ Somewhat

18. Not counting family members, do you have any close
friends? That is, do you have any friends with whom you feel
at ease, can talk to about private matters, or can call on for
help?

1. ☐ Yes
2. ☐ No

19. How many close friends do you have?

Number of close friends

20. Thinking about the friend you feel closest to, does this
person live _

1. ☐ In the same household as yourself?
2. ☐ Within your neighborhood?
3. ☐ Within the same city or town?
4. ☐ In another city or town?
5. ☐ Not in Canada.

APPENDIX B ... (Cont'd)

21. Among your circle of friends, would you say they are mostly:

1. ☐ All of same ethnicity as yours.
2. ☐ Dominant Culture
3. ☐ Mixed
4. ☐ Other (Please specify) _____

22. Are you satisfied or dissatisfied with the kind and frequency of contact you have with friends, including personal contact, phone calls and letters?

1. ☐ Satisfied
2. ☐ Dissatisfied

Is that very or somewhat satisfied?

3. ☐ Very
4. ☐ Somewhat

The next section includes a question on transportation and your mobility.

23. Do you have a valid driver's license?

1. ☐ Yes
2. ☐ No

24. Do you or any member of your household lease or own a car or truck?

1. ☐ Yes
2. ☐ No

25. Do you use this vehicle mostly as a driver or passenger?

1. ☐ Mostly as a driver
2. ☐ Mostly as a passenger
3. ☐ Does not use this vehicle. Go to Question 27

APPENDIX B ... (Cont'd)

26. How often do you drive?

- 1. _____ More than 3 times a week?
- 2. _____ 1 to 3 times a week?
- 3. _____ 1 to 3 times a month?
- 4. _____ Less than once a month?
- 5. _____ Never?

27. Is public transportation, for example bus, train or subway available in your area?

- 1. _____ Yes
- 2. _____ No

28. What is your religious affiliation?

- 1. _____ Hindu
- 2. _____ Sikh
- 3. _____ Moslem
- 4. _____ Christian
- 5. _____ Other (Please specify) _____

29. How important is religion to you?

- 1. _____ Very important
- 2. _____ Important
- 3. _____ Not sure
- 4. _____ Of slight importance
- 5. _____ Not important at all

30. How often do you go to temple/church/mosque?

- 1. _____ Everyday
- 2. _____ Every Sunday
- 3. _____ Once a month
- 4. _____ Rarely
- 5. _____ Never