

14

SOCIAL HYGIENE SURVEY

A PILOT STUDY

by

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INTRODUCTION AND ACKNOWLEDGEMENTS

This study was termed a pilot study in retrospect. It was hoped initially that we might collect some fairly definitive information on a particular group of women in conflict. For various reasons, except for some fairly obvious data, the report is anything but definitive and merely suggests there is a problem which needs further exploration. We hope you will regard and interpret the findings of this report in the light of these remarks.

In making this report we wish to acknowledge the assistance of the Provincial Social Hygiene Clinic, and in particular Mrs. J.D. Hanna, which made it possible to collect the data in the first place. In addition we wish to thank the nursing staff at the Clinic who provided extra data from the records and interviews.

In the processing and analysis of the data we would like to thank Miss Lorraine Bice, graduate student, Department of Sociology who helped with the coding, preparation of the I.B.M. cards, and processing of the data through the I.B.M. machine. In addition Miss Bice drafted the tables on which the report is based.

A further acknowledgement is due to Miss Shelly Weisler, sociology student at the University of Alberta who assisted in analyzing the tables and drafting the report.

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Table of Contents

- Introduction and Acknowledgements
- Table of Contents
- Background
- Method
- Shortcomings
- Findings:
 - A. Description of Sample
 - B. By Age
 - C. By Race
- Indications for Further Study
- Proposal and Design of Further Study
- Appendix: Questionnaire

SOCIAL HYGIENE SURVEYA PILOT STUDYBACKGROUND

In the spring of 1963, the Edmonton Welfare Council, at the request of the Catholic Indian and Metis Service, convened a meeting of organizations and government departments in the community concerned with the plight of the single Indian or Metis girl or woman in the city. The main focus of the discussion was on the apparent lack of accommodation for this group. On the one hand, the conviction was expressed that a separate hostel for this group of girls and women would tend to segregate and defeat our purpose of trying to achieve social integration; on the other, it was recognized that existing organizations that offered a protective environment for women and girls (e.g. Rosary Hall, Y.W.C.A.) often were in a position of not being able to accommodate the "problem" girl or woman.

It was agreed that above all more factual information was required about the size of this particular group and the kind of problems it manifested. It was mentioned by some that, for instance, 3/4 to 4/5 of the women who were treated at the Provincial Social Hygiene Clinic were of Indian descent. It was further said that these women were unable to secure accommodation, and often were trapped in a vicious circle of Social Hygiene Clinic, "cure", contacts with men, charges of vagrancy, Police Court, Fort Saskatchewan gaol, release, contacts with men, Social Hygiene Clinic, etc.

In order to learn more about this group, it was agreed that the Edmonton Welfare Council in cooperation with the Social Hygiene Clinic would attempt to get more information about their female patients. This decision was based on the assumption that the problem of V.D. was central, and that, therefore, this would provide us with a good sample of women who apparently were in need of accommodation. At the same time we would attempt to find out what other social problems were attendant upon this group in order to see, if and where the vicious circle of agencies and institutions could be broken with appropriate services.

METHOD

A time sample at the Social Hygiene Clinic was selected as the method for obtaining information about this group of women. All patients coming to the Clinic during the two-month period of April and May, 1963 were included once. This created a total sample of 282 individuals. One of the nurses at the clinic obtained all the additional information that was not already contained on the official record. In this way at least interviewer consistency was maintained.

The information obtained was coded and punched on IBM cards by a graduate student in sociology at the University of Alberta. The person also processed the cards and made up the appropriate tables, on which the report is based.

SHORTCOMINGS

The method had serious shortcomings, and the value of the report is, therefore, limited. On the other hand, it has served the purpose of providing good introductory data which leads us to believe that a further study would not only be useful, but imperative.

The questionnaire itself had several weaknesses, not the least of which was ambiguity of terms and questions which were open to subjective interpretation. No information was obtained on the recency of residence in the city, nor of previous residence before coming to the city.

In addition, mistakes were made in the interview itself. In the first place, as the terms were not clearly defined, it was difficult for the interviewer to interpret these correctly. Secondly, the purposes and methods of the study were never fully explained to the interviewer directly. Hence, what the designers had in mind with some of the questions, and how the interviewer interpreted these, were two different things. The results were particularly obvious in the area of social problems, which yielded very little concrete information

For these reasons we urge the reader to use extreme caution in drawing inferences from the data obtained from this sample. Except for the obvious "hard" data such as age, race, education, etc., their validity must be seriously questioned.

FINDINGS

A. Description of the Sample:

Table 1 shows that of the total of 282 women interviewed, the greatest number were White (43%) with Metis and Treaty Indian accounting for a little over half the sample.

TABLE 1: Racial Background of the Sample

| | <u>%</u> | |
|---------------|----------|-------|
| White | 43 | |
| Metis | 33 | |
| Treaty Indian | 23 | |
| Other | <u>1</u> | |
| | 100 | N=282 |

Approximately three quarters of the admissions to the clinic were new, with just over one quarter old admissions.¹⁾ A breakdown of the sample by number of infections is shown later in this sections.

There was an age span ranging from under 15 years to over 40. From Table 2 we learn that the greatest concentration fell in the 20-24 year age bracket (30%, and 53% of the respondents in the sample were under 25.

TABLE 2: Age Distribution of the Sample

| | <u>%</u> | |
|----------|----------|-------|
| Under 15 | 1 | |
| 15-19 | 22 | |
| 20-24 | 30 | |
| 25-29 | 19 | |
| 30-34 | 11 | |
| 35-39 | 6 | |
| Over 40 | <u>9</u> | |
| | 100 | N=282 |

¹⁾ The terms "new" and "old" refer to admissions to the Edmonton Clinic, and are therefore, not necessarily co-extensive with "first" and "successive" infections respectively. A person may be referred from other clinics in the Province, and have had several infections, and still be a "new" admission.

Over half the sample (56%) was single, as shown in Table 3. Widowed or divorced accounted for the second largest group, with only a small number classified as married.

TABLE 3: Marital Status of the Sample
By Race

| | <u>Total</u> % | <u>Treaty Indian</u> % | <u>Metis</u> % | <u>White</u> % |
|---------------------|-------------------|---------------------------|-------------------|-------------------|
| Single | 56 | 69 | 57 | 49 |
| Married | 15 | 11 | 13 | 21 |
| Widowed or divorced | 27 | 20 | 31 | 27 |
| N. A. | 2 | | | |

N=279*)

*) Excludes 3 "other race".

Table 4 shows the living arrangements of the respondents. Although it does not tell us anything about the stability of these arrangements, it indicates that nearly half (46%) of the women interviewed resided in rooming or boarding houses. A little over one quarter were living at home.

TABLE 4: Living Arrangements of the Sample

| | | |
|---------------------------|----------|-------|
| | <u>%</u> | |
| At home | 27 | |
| Apartment | 12 | |
| Hotel | 3 | |
| Rooming or Boarding House | 46 | |
| Employer's home | 5 | |
| Residence | 3 | |
| Other | 4 | |
| | <hr/> | |
| | 100 | N=282 |

It is one thing to know where the sample was living; i.e. what type of accommodation, it is just as important to find out their family connections. Are they living at home, with their family, with friends, etc. Table 5 provides this information. We see that just over one third of the sample was reported to have been living with a male. (35%)¹⁾

¹⁾ This does not include those living with their husbands.

Just under one third reported living with their family either of orientation or of procreation (30%)

TABLE 5: Cohabitation of the Sample

| | | |
|-------------------------|-------|-------|
| | % | |
| Alone | 9 | |
| With girlfriend | 11 | |
| With male | 35 | |
| With parents | 12 | |
| Husband and/or children | 18 | |
| Others | 12 | |
| N.A. | 3 | |
| | <hr/> | |
| | 100 | N=282 |

In relation to the total female population in Edmonton not attending school, the educational level achieved by the sample compared favorably. Table 6 shows that a smaller proportion is without schooling, and that at all other levels the sample is on a par with this particular Edmonton group, except beyond high school level.

TABLE 6: Educational Level of the Sample in Comparison to Female Population in Edmonton not Attending School

| | <u>Sample</u> | <u>Edmonton</u> ¹⁾ |
|---------------------|---------------|-------------------------------|
| | % | % |
| None | 2 | 5 |
| 1 - 6 Elementary | 23 | 26 |
| 7 - 9 Junior High | 43 | 38 |
| 10 - 12 High School | 27 | 23 |
| College | 0 | 7 |
| Trade | 3 | - |
| N.A. | 2 | - |
| | N=282 | N=91,793 |

¹⁾ Dominion Bureau of Statistics, Dominion Census 1961, Catalogue No. 92-550

The employment picture of this group of women was dim. Most of the respondents had haphazard and varied employment histories which spelled little stability. Table 7 indicates that half the sample were involved in semi-skilled and skilled employment. Service industries accounted for a little more than 20% of the sample. None were employed in semi-professional or professional occupations, and few in the sample were students or housekeepers. Only 5% of the sample said they were unemployed.

TABLE 7: Type of Employment of the Sample

| | | |
|--------------------|------------|-------|
| | <u>%</u> | |
| Unskilled | 37 | |
| Semi-skilled | 13 | |
| Service Industries | 21 | |
| Housewives | 9 | |
| Student | 6 | |
| No Occupation | 5 | |
| Skilled | 4 | |
| Housekeepers | 1 | |
| N.A. | 4 | |
| | <u>100</u> | N=282 |

Table 8 shows the proportion of the sample which had been detained in the various correctional institutions. Unfortunately we cannot deduce from this the proportion of individuals who have not been detained at all. However, as will be shown later in this section, we can say, what proportion was detained in each institution. If there were no duplication at all, in other words, if, for example, all who had served at the City Gaol had never been sentenced to Fort Saskatchewan, and vice versa, we would have 230 individuals out of the total sample of 282. The minimum proportion, therefore, that had never been detained would be 18%. On the other hand, if there were complete duplication, and all who had served in other institutions had also served in Fort Saskatchewan (108), the maximum proportion of individuals who had never been detained would be 62%.

TABLE 8: Detention of the Sample in Correctional Institutions

| | <u>%</u> | |
|-----------------------------|----------|-------|
| City Gaol | 30 | |
| Alberta Institute for Girls | 2 | |
| Good Shepherd Home | 12 | |
| Fort Saskatchewan | 38 | |
| Other | 3 | |
| N.A. | 15 | N=282 |

B. Findings in Relation to Age:

It may be of some significance to look at the findings in relation to age and race. In relation to Age, Table 9 shows the frequency of venereal disease infection.

TABLE 9: Frequency of Venereal Disease Infections by Age

| Total Sample <u>%</u> | <u>AGE GROUPS</u> | | |
|-----------------------------|-------------------|-------------------|-----------------|
| | - 19 <u>%</u> | 20-29 <u>%</u> | 30+ <u>%</u> |
| 30 | 50 | 28 | 16 |
| 34 | 40 | 31 | 33 |
| 20 | 4 | 23 | 25 |
| 17 | 6 | 17 | 26 |
| <u>100</u> | <u>100</u> | <u>100</u> | <u>100</u> |

N=260*)

*) Excludes 17 no infection, 5 N.A.

As might be expected most of the younger age group (90%) had 4 or less infections, and over half of the older age group (51%) had 5 or more infections. 70% of the total sample, and at least 50% of all age groups had had 2 or more infections. The proportion of individuals with 10 or more infections increased with age (6% to 26%); conversely, the proportion of individuals with 1 infection decreased with age (50% to 16%).

Detention in Correctional Institutions by Age:

If we look at detention in relation to age groups, we find from Table 10 that of the 64 individuals in the 19 and under age group, 23% served at A.I.G. or our Lady of Charity School for Girls.¹⁾ In the over 30 year old group 40% had been detained at the City Gaol and 45% at Fort Saskatchewan. The greatest proportion of detentions occurred in the 20-29 year old group, where almost half (47%) had been serving sentences at Fort Saskatchewan.

TABLE 10: Percentage of Respondents Detained
in Various Correctional Institutions in
Relation to Age.

| <u>Age Group</u> | <u>TOTAL NUMBER</u> | <u>City Gaol</u> | | <u>Our Lady of Charity School or A.I.G.</u> | | <u>Fort Saskatchewan</u> | |
|------------------|-------------------------|------------------|-------------|---|-------------|------------------------------|-------------|
| | | <u>% Yes</u> | <u>% No</u> | <u>% Yes</u> | <u>% No</u> | <u>% Yes</u> | <u>% No</u> |
| - 19 | 64 | 14 | 86 | 23 | 77 | 13 | 87 |
| 20- 29 | 141 | 31 | 69 | 16 | 84 | 47 | 53 |
| 30+ | 76 | 40 | 60 | 1 | 99 | 45 | 55 |

N=281

Table 11 shows the proportion of respondents in relation to the frequency of detention. The disconcerting fact here is, that when we contract the table, we find that 14% and 13%, respectively have been incarcerated 5 or more times in Fort Saskatchewan or the City Gaol. We also see that 20% are recidivists at the City Gaol, and 26% at Fort Saskatchewan.

TABLE 11: Frequency of Detention by
Various Institutions

| <u>Frequency of Detention</u> | <u>City Gaol</u> % | <u>Our Lady of Charity School or A.I.G.</u> % | <u>Fort Saskatchewan</u> % |
|-----------------------------------|-----------------------|--|-----------------------------------|
| 1 time only | 10 | 13 | 12 |
| 2 - 4 times | 7 | 1 | 12 |
| 5 - 9 times | 7 | - | 7 |
| 10 + times | 6 | - | 7 |
| TOTAL % Detained | 30 | 14 | 38 |
| % NOT Detained | 70 | 86 | 62 |
| N=281 | 100 | 100 | 100 |

¹⁾ Formerly Good Shepherd Home

Cohabitation in Relation to Age Groups:

Although it was important to know where people in the sample lived and what type of accommodation they frequented, it would not give us an idea about the stability of these arrangements. We are not able to glean anything definitive about this aspect from the data, but a consideration of how the sample lived and with whom in relation to age might at least give a subjective indication of the stability of these arrangements and show areas for further exploration. Table 12 shows that the percentage of persons living with parents decreased as age increased. (31%-3%) By way of contrast, women living with a male increased with age (16%-45%). In the 19 and under age group, 39% were found to be living alone, with girlfriend or with a male.

TABLE 12: Cohabitation of Sample by Age Group

| | Total Sample % | AGE GROUPS | | |
|----------------------|-------------------|------------|------------|------------|
| | | - 19 % | 20-29 % | 30+ % |
| Alone | 9 | 8 | 8 | 12 |
| With Girlfriend | 11 | 13 | 13 | 7 |
| With male | 35 | 16 | 39 | 45 |
| With parents | 13 | 31 | 10 | 3 |
| Husband and/or child | 19 | 5 | 18 | 32 |
| Others | 13 | 28 | 13 | 1 |
| | <u>100</u> | <u>100</u> | <u>100</u> | <u>100</u> |

N=275 *)

*) Excludes 7 N.A.

C. Findings in Relation to Race

As our second task we would like to examine certain variables in relation to race. As we did with the findings by age-groups, let us first look at the relationship with frequency of infection.

Frequency of Venereal Disease Infection by Race:

As indicated in Table 13, over half the Metis (56%) had five or more infections in contrast to 35% of the Treaty Indians and 22% of White respondents. Conversely, 44% of the White respondents had only one infection as compared to 18% Treaty Indians and 14% of the Metis. In all races there was a high rate of re-infection (70% for the total sample).

TABLE 13: Frequency of Venereal Disease Infection by Race

| <u>No. of Infections</u> | <u>Total Sample</u> %% | <u>Treaty Indian</u> % | <u>Metis</u> % | <u>White</u> % |
|--------------------------|---------------------------|---------------------------|-------------------|-------------------|
| 1 | 30 | 29 | 14 | 44 |
| 2-4 | 33 | 37 | 30 | 34 |
| 5-9 | 19 | 21 | 30 | 10 |
| 10+ | 18 | 14 | 26 | 12 |
| | <u>100</u> | <u>100</u> | <u>100</u> | <u>100</u> |

N=259*)

*) Excludes 17 with no infection
 4 N.A.
 2 Other

Detention in Correctional Institutions by Race:

Table 14 shows the proportion of the various racial groups that were detained in one or the other correctional institution.

TABLE 14: Percentage of Respondents Detained in the Various Correctional Institutions by Race

| | <u>TOTAL SAMPLE</u> | <u>City Gaol</u> | | <u>Our Lady of Charity School or A.I.G.</u> | | <u>Fort Saskatchewan</u> | |
|---------------|---------------------|------------------|--------------|---|--------------|--------------------------|--------------|
| | | <u>NUMBER</u> | <u>Yes %</u> | <u>No %</u> | <u>Yes %</u> | <u>No %</u> | <u>Yes %</u> |
| Treaty Indian | 64 | 33 | 67 | 6 | 94 | 47 | 53 |
| Metis | 95 | 46 | 54 | 6 | 94 | 60 | 40 |
| White | 120 | 16 | 84 | 4 | 96 | 17 | 83 |
| Total | <u>279</u> | | | | | | |

It is clear from the above Table that proportionately fewer Whites were involved with correctional institutions than either Treaty Indian or Metis. One may wonder about findings which show the proportion of Metis sentenced to Fort Saskatchewan as 3/5 and that of the White as less than 1/5. The same holds true for the City Gaol, where the respective proportions are almost 1/2 and less than 1/6. The same, although not quite as drastic, differences hold between Treaty Indian and White. Without further evidence it may be unfair to suggest that prejudicial treatment may lie at the root of this disparity. The differences may be caused by misreporting on the part of

the White respondents, or may in actual fact reflect a greater proportion of indictable offences on the part of both other racial groups.

Education and Employment in Relation to Race

Table 16 shows that White respondents had the highest level of schooling with 44% having grade 10 or better, Metis had the lowest level of schooling with 39% having less than Grade 6. There were also few persons possessing a trade.

TABLE 16: Highest Educational Level Attained by Race

| <u>Grades</u> | <u>TOTAL</u> | <u>RACE</u> | | |
|---------------|---------------|----------------------|--------------|--------------|
| | <u>SAMPLE</u> | <u>Treaty Indian</u> | <u>Metis</u> | <u>White</u> |
| | <u>%</u> | <u>%</u> | <u>%</u> | <u>%</u> |
| 0 | 2 | - | 2 | - |
| 1 - 6 | 28 | 31 | 37 | 13 |
| 7 - 9 | 44 | 47 | 50 | 39 |
| 10 + | 27 | 19 | 11 | 44 |
| Trade | 2 | 3 | 0 | 4 |
| N=275 | 100 | 100 | 100 | 100 |

It is interesting to note that the amount of education had little bearing on whether or not a person was employed, and on their type of employment. Table 17, for example, indicates that though Whites had the greatest amount of schooling, they comprised the largest group of unemployed.

TABLE 17: Whether Employed in Relation to Race

| | <u>TOTAL</u> | <u>Treaty Indian</u> | <u>Metis</u> | <u>White</u> |
|------------|---------------|----------------------|--------------|--------------|
| | <u>SAMPLE</u> | <u>%</u> | <u>%</u> | <u>%</u> |
| | <u>%</u> | <u>%</u> | <u>%</u> | <u>%</u> |
| Unemployed | 59 | 64 | 60 | 55 |
| Employed | 27 | 24 | 24 | 31 |
| Welfare | 7 | 6 | 12 | 6 |
| N. A. | 6 | 6 | 4 | 8 |
| N=279*) | 100 | 100 | 100 | 100 |

*) Excludes 3 persons in category "other race"

In relation to type of employment, Table 18 again shows little difference for the three racial groups. In each of the racial groups approximately 1/3 were employed in unskilled and semi-skilled jobs. There were few skilled workers, but a total of 17 students in the sample. Noteworthy perhaps are the 15% classified as "housewives" in the White respondents.

TABLE 18: Type of Employment in Relation to Race

| <u>Occupations</u> | <u>TOTAL SAMPLE</u> % | <u>Treaty Indian</u> % | <u>Metis</u> % | <u>White</u> % |
|-----------------------------|------------------------------|---------------------------|-------------------|-------------------|
| Unskilled - semi-skilled | 50 | 59 | 50 | 46 |
| Service Industries | 22 | 19 | 29 | 17 |
| Housewives | 9 | 5 | 4 | 15 |
| Student | 6 | 6 | 1 | 10 |
| Skilled | 4 | 3 | 1 | 7 |
| Housekeepers | 1 | 0 | 3 | 0 |
| No occupation | 8 | 8 | 12 | 6 |
| N=279*) | 100 | 100 | 100 | 100 |

*) Excludes 3 persons in "other race" category;

INDICATIONS FOR FURTHER STUDY

Although the data on race, age, education, etc. are helpful, a number of areas in the study show statistical results which do not agree or conform with expectations. Because of the obvious methodological errors made in this pilot survey a further study would be indicated.

As explained in the introduction of this report, one of the reasons for setting up the study was to find out more about residence of patients of the Social Hygiene Clinic. Terms used to identify different kinds of accommodation were vague and ambiguous, e.g. rooming house and boarding house. It may be assumed that living in a rooming house or boarding house should have some influence on the degree and frequency of social interaction, hence the degree of loneliness and isolation.

A second area which failed to produce any significant findings was that of social problems. We have referred earlier to the obvious methodologi-

cal errors. For this reason, we have not reported the little information that was available in this area. At a glance we may conjecture that the most frequent problems encountered were (1) emotional, (2) financial, and (3) family. The obvious lack of consistent information on these important factors points to the need for a further study. Lastly, the fact that only 21 referrals were made to other agencies, may mean that we should seriously question the state of inter-agency communications; or on the other hand, simply that the data are incomplete.

These factors and the obvious inconclusiveness of this survey suggest that a further study of this group of women should be undertaken.

PROPOSAL AND DESIGN FOR FURTHER STUDY

A further study may be undertaken either by repeating this study but including a more sophisticated methodology, or by instituting a similar study without using the Social Hygiene Clinic necessarily as the point of departure.

After due consideration and discussion with both the Alcoholism Foundation of Alberta and the Social Hygiene Division of the Public Department of Health, and later with the City Welfare Department it was decided to propose a study of a similar group of single women in conflict, and using the files of the City Welfare Department as our point of departure. The following design in outline has been suggested.

A. PURPOSE: To study a group of single women "in conflict" to gain knowledge about the extent of problems they face or have faced and about the constellation of these problems; and further to determine if, when and where professional intervention through social service programs is desirable and useful.

B. METHOD: To gather facts and impressions through questionnaire and interview of a sample selected from the files of the City Welfare Department. This sample will be selected on the basis of three criteria:

1. The file has to be active on May 31st, 1964.
2. The women must be either single, divorced, separated or widowed, exclusive of women under 18, who were never married.
3. The women must manifest at least three problems, whether or not they have sought and/or received assistance with these.

It is hoped that approximately 100 cases would form our sample or at least as many as could be identified by this process. It is proposed that after taking certain data from the C.W.D. files on the particular case, collateral information would be sought from other agencies and departments, such as the Court, the Social Hygiene Clinic, Family Service Bureau, Guidance Clinic, Police Department and others.

The data thus collected will be processed and analyzed according to standard procedure, and a report prepared.

C. SPONSORSHIP:

This study will be sponsored jointly by the Alcoholism Foundation of Alberta and the Edmonton Welfare Council. It has been agreed that each will make a grant of \$200.00 to the study.

D. PERSONNEL:

The study will be carried out under the immediate supervision of Dr. Richard Laskin, Research Associate of the Alcoholism Foundation of Alberta and Mr. Gustave A. deCocq, Research Consultant of the Edmonton Welfare Council. A sociology student from the University of Alberta, Miss Shelly Weisler will collect the data and help in the analysis as far as possible.

E. TIMING:

The data will be collected during June and July of 1964, and analysis will be conducted during August. A report should be drafted for presentation to both sponsoring organizations by late September.