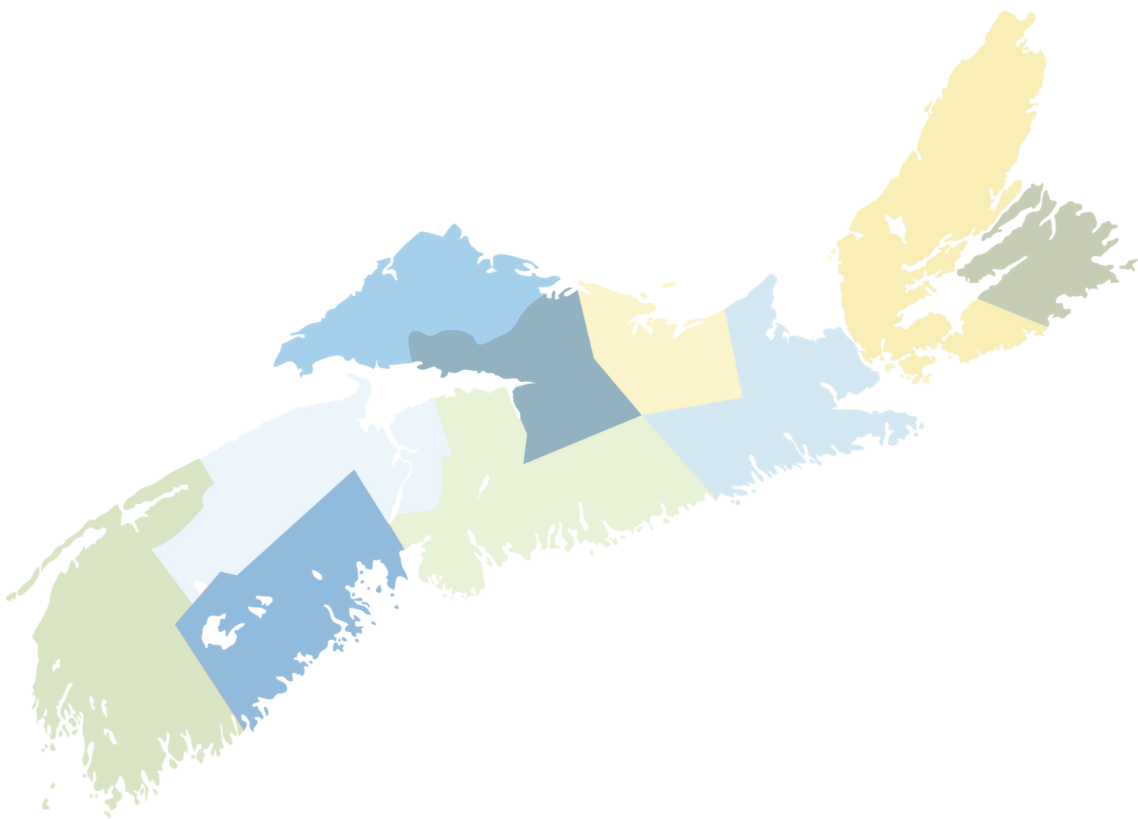




Women's Quality of Life in Halifax Regional Municipality
Results from the 2019 Nova Scotia Quality of Life Survey



Engage Nova Scotia
Spring 2021

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About this Report

This report was created for and is based on variables requested by Halifax Regional Municipality's Office of Diversity and Inclusion/African Nova Scotian Affairs Integration Office.

To learn more about the Nova Scotia Quality of Life Initiative and download the full set of summary results, please visit: www.engagenovascotia.ca.

Our thanks to Alex Gallagher, GIS Technician with HRM, who developed and refined the geographic information system files for this research report.

About Engage Nova Scotia

Engage Nova Scotia is a non-profit organization whose vision is a more vibrant, inclusive, and resilient Nova Scotia.

Our work sits at the intersection of public, private, non-profit, and academic sectors and our primary focus has been the Nova Scotia Quality of Life Initiative since 2017.



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Key Terms and Abbreviations

CIW: Canadian Index of Wellbeing, housed at the University of Waterloo.

HRM-EDI-ANSAIO: Halifax Regional Municipality's Office of Diversity and Inclusion/African Nova Scotian Affairs Integration Office

GIS: Geographic Information Systems

HRM: Halifax Regional Municipality

QoL: Quality of Life

SOC: Sense of Community

Women: Any individual who, in response to a survey question on gender identification, reported identifying as a woman.

Background

The focus of the Nova Scotia Quality of Life Initiative is to prompt fresh perspectives and new action—by all of us—that better balances our social, environmental, cultural, and economic priorities.

Since 2017, we, Engage Nova Scotia, have been bringing people together across the province to consider what a good life looks like and who is experiencing it. In 2018, we released the Nova Scotia Quality of Life Index in collaboration with the Canadian Index of Wellbeing (CIW).¹

The CIW, based at the University of Waterloo in Ontario, is our primary research partner. The CIW regularly reports on the quality of life of people living in Canada – nationally, provincially, and locally – and advocates for change that reflects our values and places wellbeing at the heart of policy.² They are recognized globally as one of the leading organizations measuring wellbeing.



In 2019, in partnership with Nova Scotia Community College and nine Local Leadership Teams across the province, we coordinated the distribution of a 230-question survey to people living in Nova Scotia and received close to 13,000 responses.

The Nova Scotia Quality of Life Survey was modelled on the CIW's *Community Wellbeing Survey*, a national survey that was administered in over a dozen communities across Canada between 2015 and 2020.³ The survey questions are organized by domain, according to the CIW's Eight Domains of Wellbeing framework.

In 2020, we released *An Exploration of Wellbeing in Nova Scotia: A Summary of Results from the Nova Scotia Quality of Life Survey* in collaboration with the CIW.⁴

In 2021, we released *A Closer Look: The Nova Scotia Quality of Life Survey based on the CIW Community Wellbeing Survey* in collaboration with the CIW.⁵

This report primarily uses data from the Nova Scotia Quality of Life Survey undertaken in 2019.

Methodology

Purpose

Halifax Regional Municipality's Office of Diversity and Inclusion/African Nova Scotian Affairs Integration Office (HRM-EDI-ANSAIO) requested data analysis services from Engage Nova Scotia in early 2021. Specifically, the data analysis request was for a report card of women's quality of life in the region to raise awareness of any gaps in services or programming, inform future program design and delivery, and identify the nuances of quality of life for local women. The report card was developed to provide a benchmark or snapshot which can assist in measuring progress towards improving women's quality of life over time.

Planning

The first step of the analysis entailed identifying relevant variables from the Quality of Life survey, through an iterative and collaborative process between team members at Engage Nova Scotia and the HRM-EDI-ANSAIO. Meetings were held weekly during decision-making processes. Priority topics were identified and, where appropriate, external data sources were identified for any gaps in the Quality of Life (QoL) dataset. An analysis plan was developed which included visualizations (e.g., bar graphs) and tools (e.g., software for spatial analysis due to the place-based nature of the dataset) to be used.

Process

Over a period of four months, data analysts at Engage Nova Scotia prepared the dataset for analysis and used various software and methodological approaches to analyze the data.

External data were used to triangulate data analysis results, such as demographic profiles of communities. External data had to be accessible in a timely manner, free to access, and be specific to HRM. We compiled a list of external data sources that could supplement or fill gaps in the QoL dataset. Topics from the list were chosen and integrated into this report. External data sources are referenced at the end of this report.

Socio-demographic groups were identified by categorizing individuals based on personal characteristics. Socio-demographic groups were cross-referenced across communities to ensure methodological considerations such as margin of error and a robust sample size were satisfied. QoL indicators across these groups were compared and discussed before graphing.

Sample

There are 182,770 women living in HRM who are represented in these results. Our sample is characterized by:

- 90% report being born in Canada
- 23% report living with a mental health challenge that limits their participation in the community
- 90% identify as heterosexual
- 72% currently have a partner
- 55% have children

Using Geographic Information System (GIS) Mapping, we also present quality of life indicators across 10 communities that were identified in collaboration with HRM. We assigned survey respondents into communities based on postal code prefix in consultation with a data specialist within the municipal government. In order to identify and assign communities, the aggregation of postal code prefixes had to represent:

- ✓ a geographic area that was large enough to contain resources and facilities necessary for daily life (e.g., schools and community/recreation centres)
- ✓ enough survey respondents for a margin of error of 6% or less, and
- ✓ one of the community councils for HRM (e.g., Halifax and West).

We developed a datafile containing geographical coordinates and boundaries for each of the 10 communities identified:

- Sackville/Beaverbank area: B4G, B4E, B4C
- Fall River/Waverly/Elmsdale: B2R, B2S, B2T
- Bedford/Hammonds Plains/ Beechville, Lakeside, Timberlea: B3Z, B4A, B4B
- Spryfield/Armdale: B3R, B3P
- Fairview/Clayton Park: B3M, B3N
- Downtown Halifax: B3H, B3J
- Peninsular Halifax: B3K, B3L
- Sambro/Prospect area: B3V, B3T
- Downtown Dartmouth: B2Y
- Dartmouth North area: B3A, B3B, B2W, B2V
- Dartmouth East area: B3E, B2Z, B2X

The overall margin of error is 2%. We report quality of life indicators across all women in HRM who responded to the survey, organized by survey domain and present it in narrative, graphic, and map form. Then, we present indicators across select socio-demographic groups that, in preliminary analyses of the groups, showed meaningful differences in comparison to the broader population of women.

Demographic Results

Age	
Under 35	25%
36-50	31%
51-60	19%
61-70	14%
71-80	9%
Over 80	3%

Highest education level completed	
High school	20%
Post-secondary certificate, trade, apprenticeship	13%
College diploma	17%
University degree	34%
Graduate degree	18%

Marital Status	
Are single and never married	18%
Are married	55%
Are living common-law	11%
Are separated	3%
Are divorced	7%
Are widowed	6%

Household income	
Under \$10,000	4%
\$10,000 to \$19,999	4%
\$20,000 to \$29,999	6%
\$30,000 to \$39,999	6%
\$40,000 to \$59,999	14%
\$60,000 to \$79,999	14%
\$80,000 to \$99,999	11%
\$100,000 to \$119,999	12%
\$120,000 to \$149,999	9%
\$150,000 and over	14%

Main activity	
Employed full-time	43%
Employed part-time by choice	8%
Employed part-time not by choice	2%
Self-employed	6%
Unemployed, looking for work	2%
Unemployed, not looking for work	2%
Non-standard employment (e.g., contract)	2%
Retired, by choice	21%
Retired, not by choice	2%
Going to school	4%
Household work/caring for children	4%
On leave from work due to long-term disability	2%
Temporary leave from work (e.g., illness, leave)	1%

Community Vitality

This domain measures quality of life with respect to the communities we live in. Community Vitality indicators tell us what is happening in our neighbourhoods, how safe we feel, and whether or not we are engaged in community activities or becoming socially isolated.³

Women in HRM who responded to the survey have a slightly lower domain composite score for Community Vitality ($M = 4.72$) compared to men in HRM ($M = 4.78$).

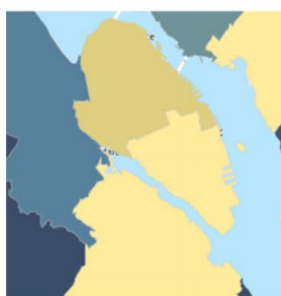
Women tended to actively participate in their community through civic and community groups. For example, 46% of men and 53% of women reported volunteering in their community in the past year. Women also tended to belong to hobby groups (27%) slightly more than men (24%). Community groups were also more frequently populated by women (25%) than men (20%).

Women, whether in HRM or the broader province, tended to perceive cultural and recreational facilities as having more barriers (e.g., cost prevents participation) and less participation-promoting factors (e.g., welcoming, easy to get to, activities and events offered at convenient times, offerings suit interests).

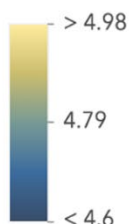
Dimensions of Sense of Community⁶ (e.g., needs fulfillment; help in case of need; social climate) were comparable across women and men in HRM and the broader province. Feelings of social isolation⁷ appear to be greater for men in HRM relative to women in HRM who responded to the survey and the broader province.

Sense of Community

Women in some satellite areas (e.g., Sackville and Fall River) and some urban-surrounding areas (e.g., Sambro/Prospect, East Dartmouth) tended to report a lower sense of community. The Bedford area (e.g., Hammonds Plains, Beechville, Lakeside, Timberlea) and North Dartmouth show a moderate sense of community. In the downtown cores (Halifax and Dartmouth) and Armdale/Spryfield, women reported the highest sense of community.



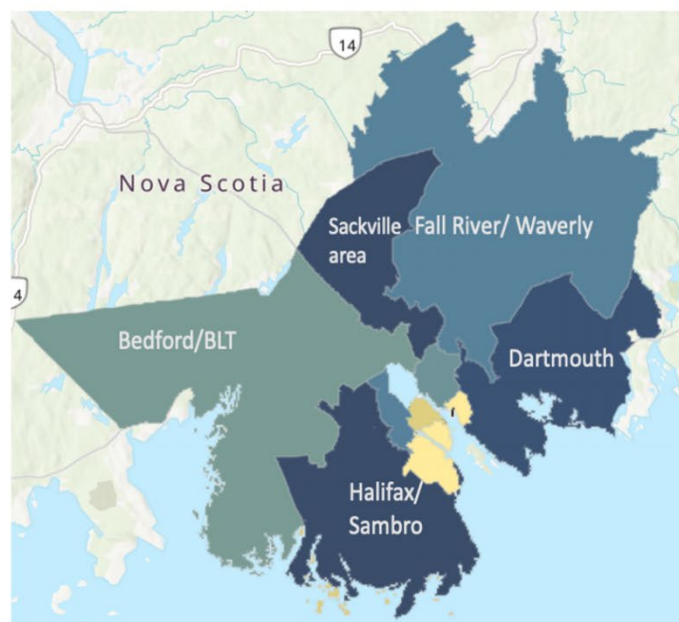
Peninsula



Higher scores (yellow) reflect a higher sense of community

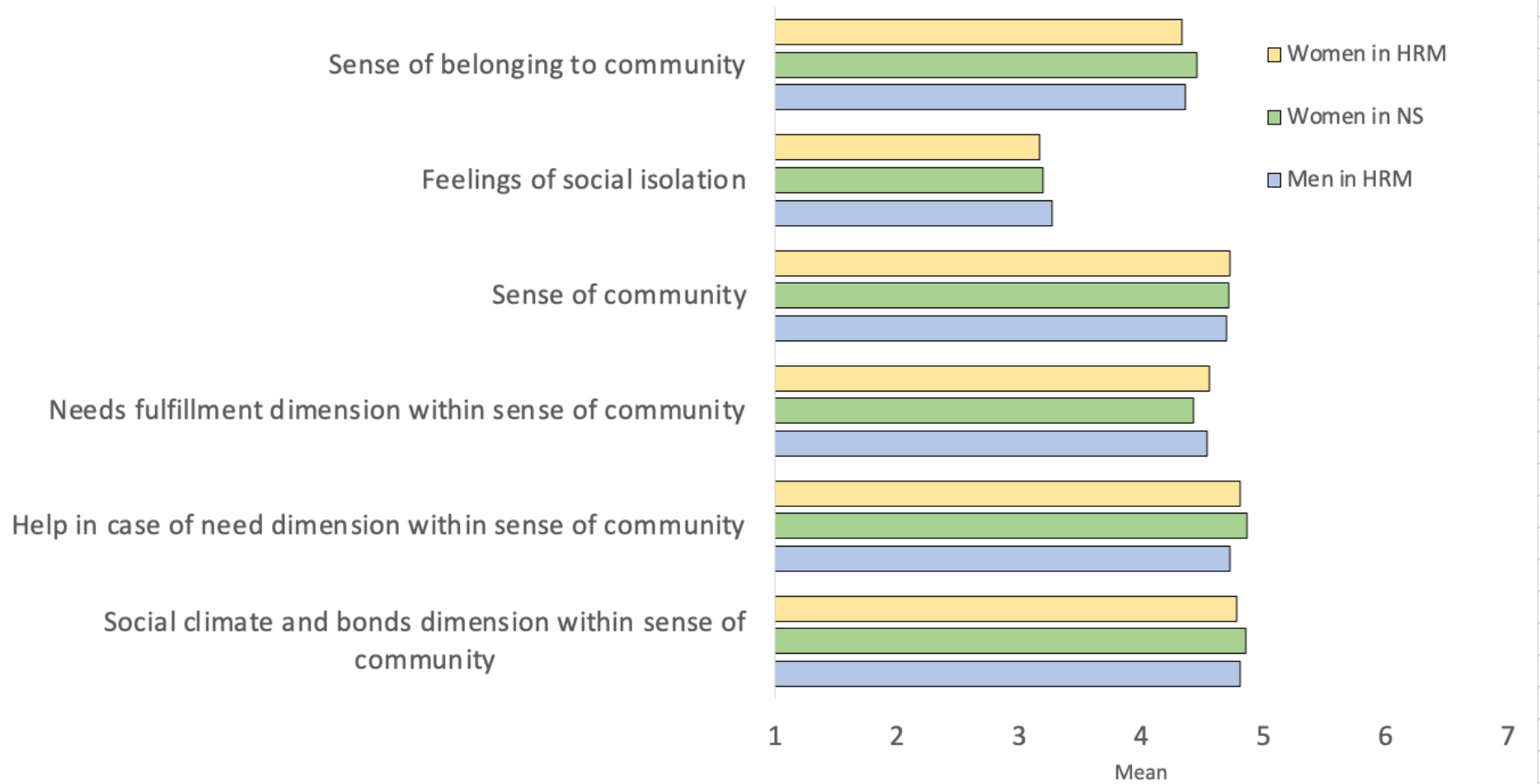
Sense of Community is a composite score of three dimensions: help in case of need; needs fulfilment; and social climate and bonds

Sense of Community



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Sense of Community indicators



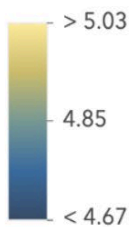
Sense of Community: Social climate

The *social climate* subscale of the Sense of Community⁶ scale is made up of four survey questions that ask about friendship, feeling at ease, sociable community members, and connecting with others.

Perceptions of social climate was highest in women living in core urban areas (e.g., downtown Halifax and Dartmouth, and the peninsula), and lowest in the surrounding areas (e.g., Sackville area; East and North Dartmouth; Sambro and Prospect area).



Peninsula

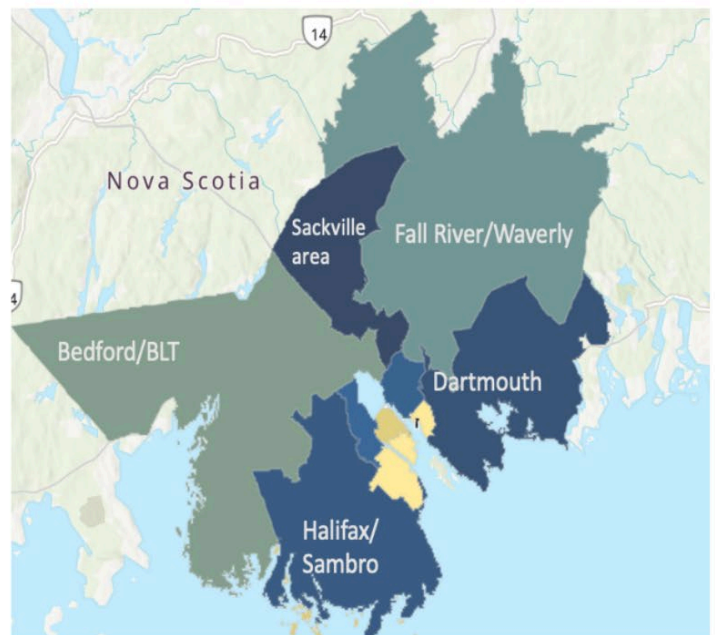


Higher scores (yellow)
reflects a higher
perception of social climate

- Good friends
- Feel at ease
- People are sociable here
- Difficult to connect*

*reflects a reverse-coded question

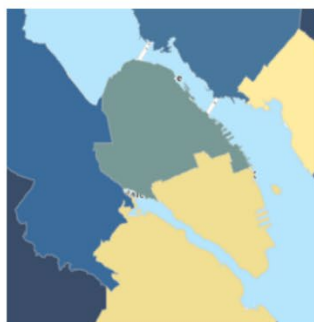
Social Climate



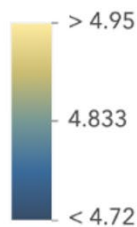
Sense of Community: Help in case of need

The *help in case of need* subscale of the Sense of Community scale⁶ contains three survey questions that ask about the availability of community members to help if needed, perceptions about whether many people would try to help, and perceptions of likelihood that strangers would try to help.

Women in some satellite areas (e.g., Bedford and Fall River areas) and some urban-surrounding areas reported being able to get help in case of need from their community. Women in the Sackville area, East Dartmouth, Spryfield/Armdale, and Sambro/Prospect area reported low perceived help in case of need. The downtown cores (Halifax and Dartmouth) show mixed findings. The South end of Halifax and the Dartmouth waterfront area show high perceived help in case of need, and North Halifax and North Dartmouth show moderately low perceived help in case of need.



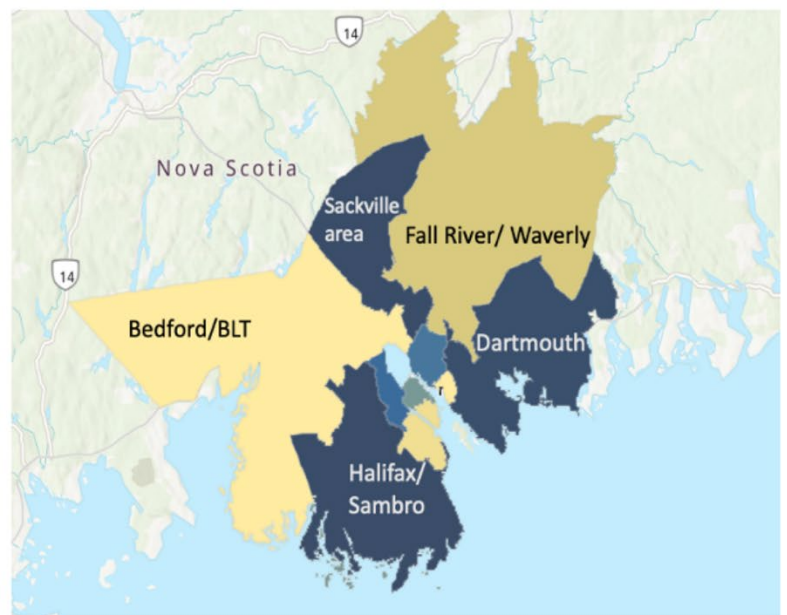
Peninsula



Higher scores (yellow) reflect higher perceived help in case of need

People are available to give help if needed
Few people in community would try to help me*
People I do not know would be willing to help me
*reflects a reverse-coded question

Help in Case of Need

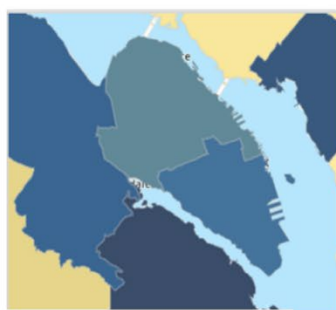


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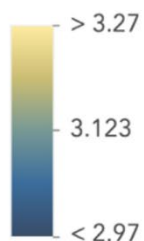
Sense of Community: Social isolation

The *Social Isolation Scale*⁷ contains three survey questions that ask about companionship, feeling left out, and feeling isolated from others.

Feelings of social isolation varied across women in HRM who responded to the survey. In core urban areas (e.g., downtown Halifax and Dartmouth and the peninsula), feelings of social isolation are relatively low. In the surrounding areas (e.g., Sambro/Prospect area; East Dartmouth; Sackville area), women reported quite high social isolation. In the satellite areas (e.g., Fall River area, Bedford and surrounding area), social isolation is moderate.



Peninsula



Higher scores (yellow)
reflect higher feelings of
social isolation

- Often lack companionship
- Often feel left out
- Isolated from others in the community

Feelings of Social Isolation



Confidence in Institutions: Health care

Reports of confidence in the health care system was relatively low throughout HRM communities, with slightly higher ratings in urban areas such as South Halifax, downtown Dartmouth, and Fairview/Clayton Park areas. Confidence was particularly low in Sackville and East Dartmouth.



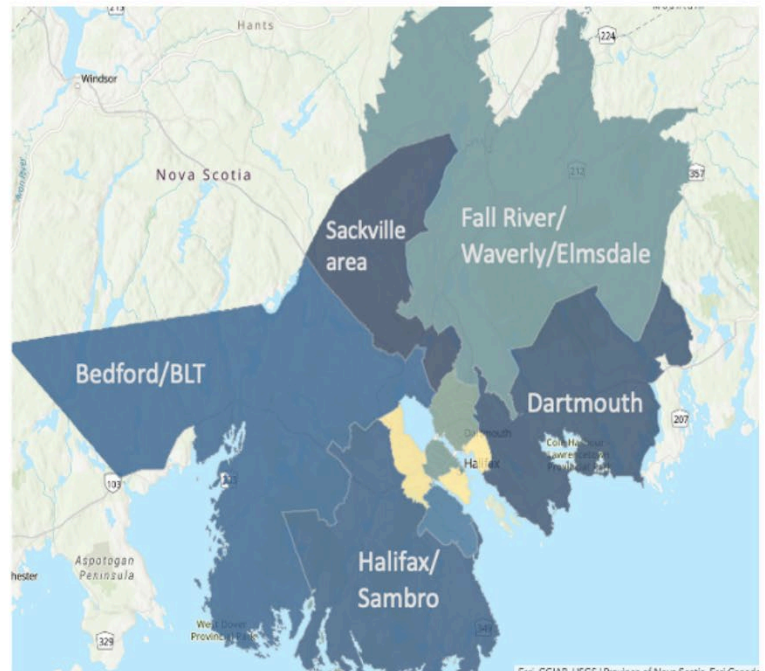
Peninsula



Higher scores (yellow) reflect higher confidence

How much confidence do you have in the health care system in your community?

Confidence in Health Care System

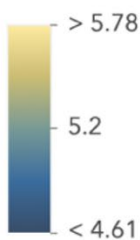


Confidence in Institutions: Police

Women in the satellite areas of HRM (e.g., Bedford, Sackville, and Fall River areas), tended to report the highest confidence in police. Results suggest that the closer women live to the downtown cores, the lower their confidence in police (particularly in downtown Halifax).



Peninsula



Higher scores (yellow)
reflect higher confidence

How much confidence do you have
in the police in your community?

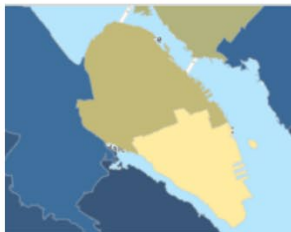
Confidence in Police



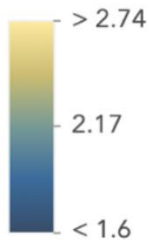
Note. Halifax operates under an integrated policing model: Halifax Regional Police is responsible for policing the urban core of Halifax (Halifax, Dartmouth, and Bedford) and communities from Bedford to the Sambro Loop. The remaining areas (Sackville and Fall River areas) are policed by the Halifax District RCMP.

Discrimination: Experience of gender

Women in the satellite and surrounding areas of urban HRM tended to experience gender discrimination least frequently. Results suggest that the closer to the downtown cores, the more common it is that women experience gender discrimination (particularly in downtown Halifax and Dartmouth).

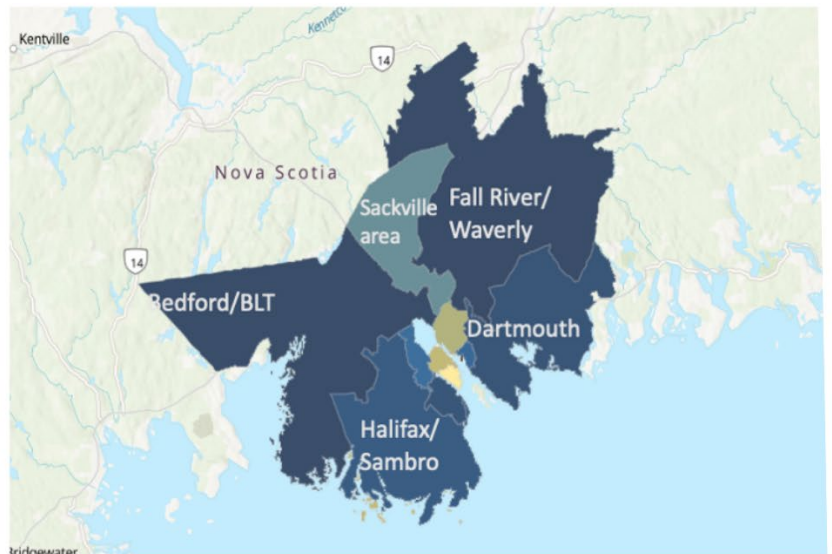


Peninsula



Higher scores (yellow) reflect more frequent experiences of discrimination

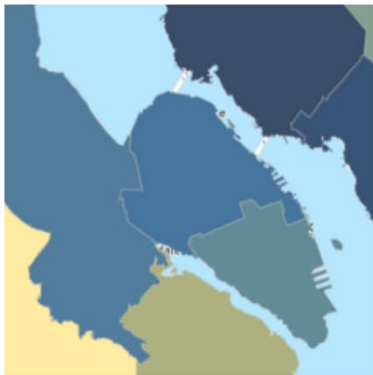
Experience of Gender Discrimination



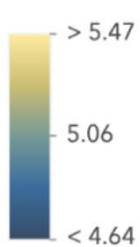
How often do you feel discriminated against in your community because of your gender?

Perceived Safety: Walking alone in their neighbourhood after dark

Women in the satellite areas of HRM (e.g., Bedford and Fall River areas) and urban-surrounding (e.g., Sambro/Prospect area) tended to report feeling safe walking alone after dark. Results suggest that feeling safe alone after dark is lowest for women in Sackville area, North Dartmouth, and Fairview/Clayton park.

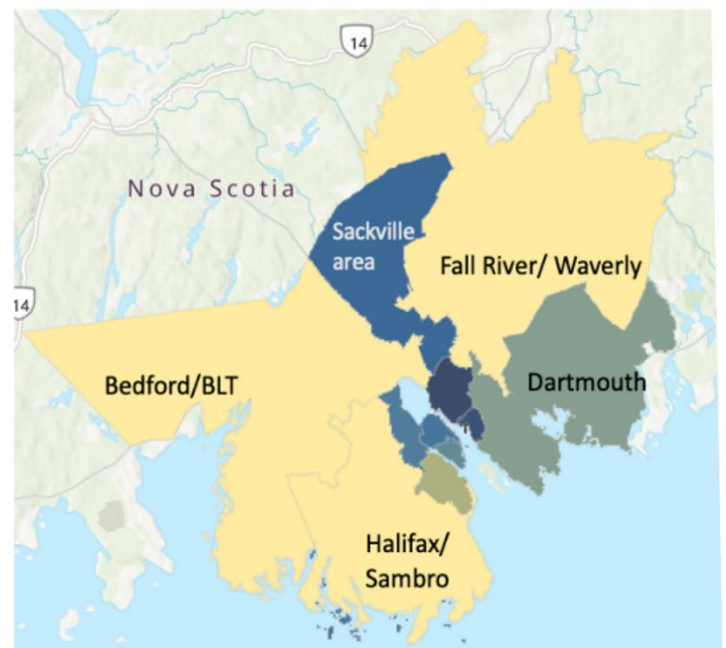


Peninsula



Higher score (yellow) reflects higher perceived safety walking alone after dark

Perceived Safety Walking Alone After Dark



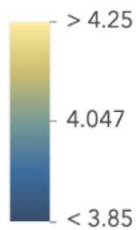
How safe do you feel when you are out alone in your neighbourhood after dark?

Trust in Institutions: Local/Municipal Government

Trust in the local/municipal government was highest in downtown Halifax and Dartmouth and Armdale/Spryfield area. Trust was lowest in East Dartmouth and Sambro/Prospect area. Satellite areas (Bedford, Sackville, and Fall River) show moderate trust.



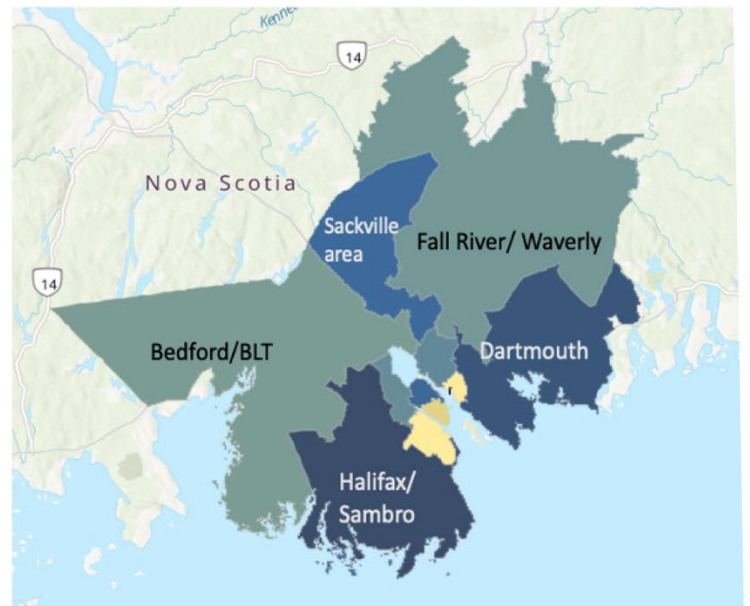
Peninsula



Higher score (yellow)
reflects higher trust

How much do you trust the
local/municipal government?

Trust in Local/Municipal Government

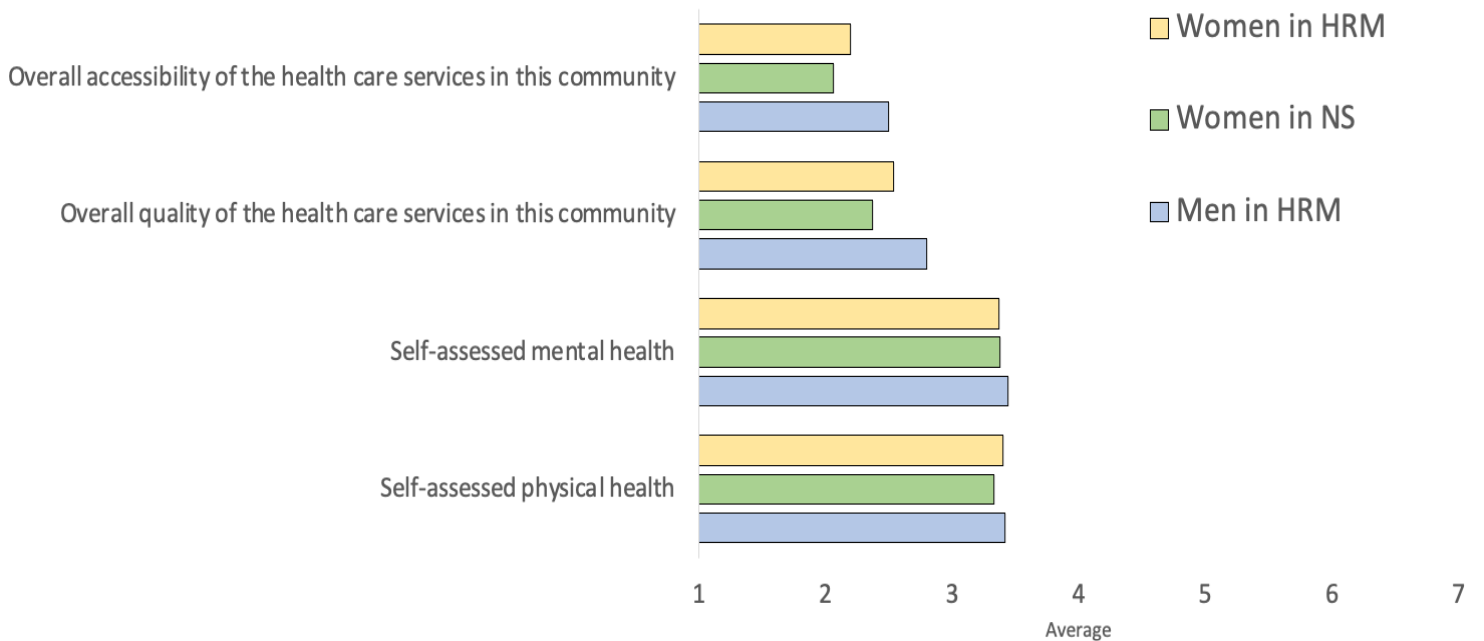


HEALTHY POPULATIONS

This domain captures both overall health (“health status”) and factors that affect our health (“health determinants”), and self-reported physical and mental wellbeing. Healthy Populations indicators tells us about dimensions of self-reported physical and mental wellbeing, individual behaviours and perceptions, and circumstances that influence health.³

Women in HRM who responded to the survey have a noticeably lower domain composite score for Healthy Populations ($M = 4.59$) compared to men in HRM ($M = 4.85$).

Health and health care

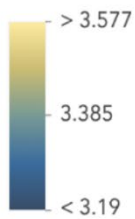


Mental health

Women's self-rated mental health was highest in the Fall River area, Fairview/Clayton Park, Armdale/Spryfield, and downtown Dartmouth. Women in the Sackville area, followed by Sambro/Prospect, reported lower mental health. Women in the broader Bedford and East Dartmouth areas, North Dartmouth, and downtown Halifax and peninsula reported moderate mental health.



Peninsula



Higher scores (yellow)
reflect higher
mental health

In general, how would you
say your mental health is?

Self-Rated Mental Health

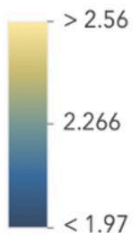


Perception of health care access in community

Perceived access to health care is quite low across HRM, particularly in satellite and urban-surrounding areas such as Sackville and Fall River areas, Dartmouth, and Sambro/Prospect area. Although still low, perceived access is higher for women in the Bedford area, and in downtown Halifax and Dartmouth, and the peninsula.

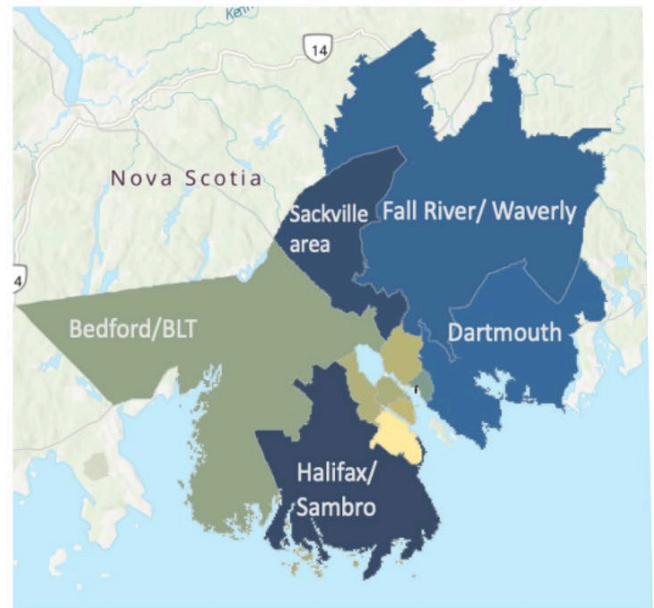


Peninsula



Higher scores (yellow) reflect higher perceived access

Perceived Access to Health Care



In general, how would you rate the overall accessibility of the health care services in your community?

Hospitals in and around HRM

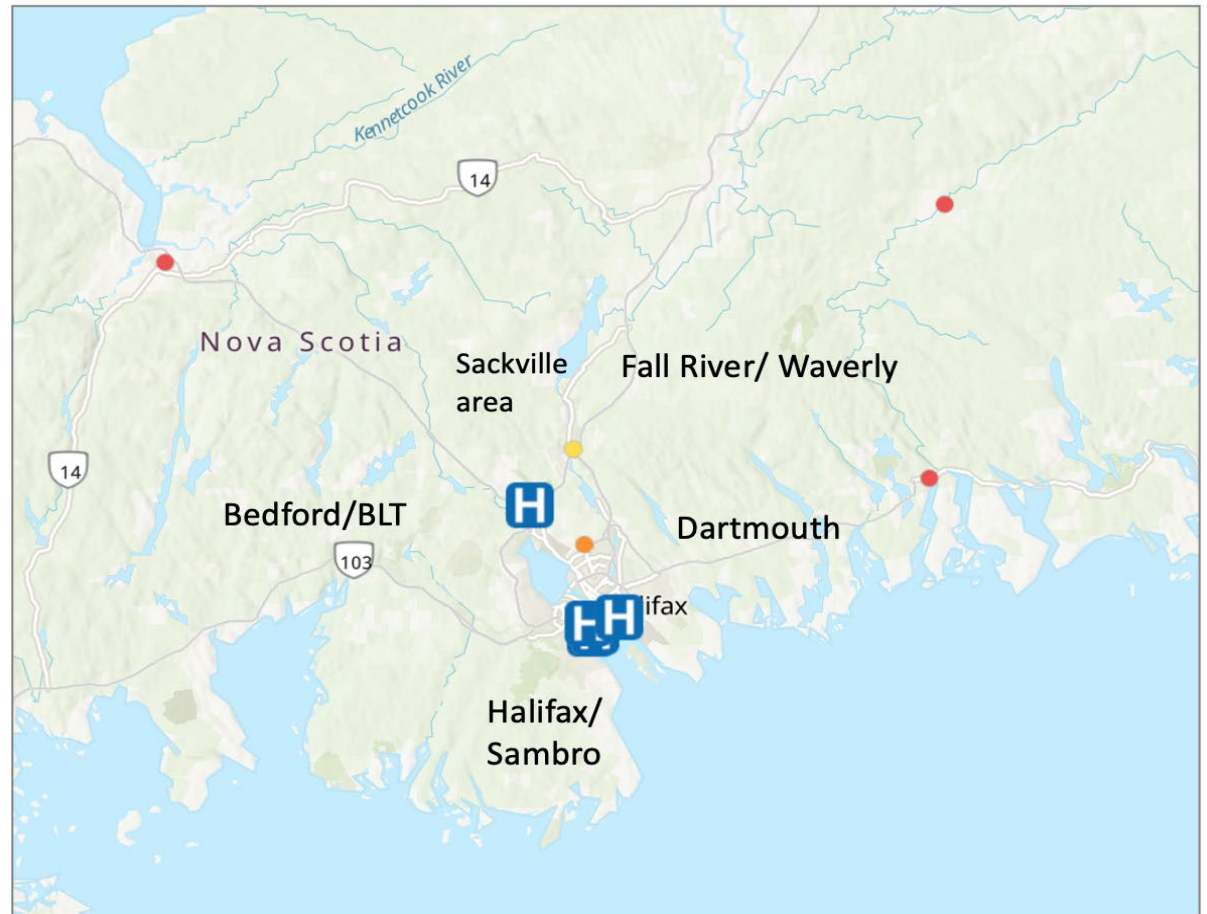
Hospitals* in HRM are concentrated in the downtown area, with one in Sackville area (Cobequid), and community health centres in rural areas. There is a rehabilitation care centre in Dartmouth and an environmental health centre in Fall River.

Hospitals in Halifax NS



HospitalsNS

- Community
- Regional
- Community Health Centre
- Tertiary
- Rehabilitation
- Environmental Health
- Out Patient/ Nursing Home



*Provincial hospital geo-data publicly available through Nova Scotia Health – some items in the legend represent hospitals across NS that are not present in the HRM snapshot.

Hospital type mapped onto women's perceived access to health care

When we layer* perceived access to health care, it appears that health care access perceptions are high where the main hospitals are (downtown Halifax). Outside of downtown Halifax, perceived access is low (despite the presence of community health centres).

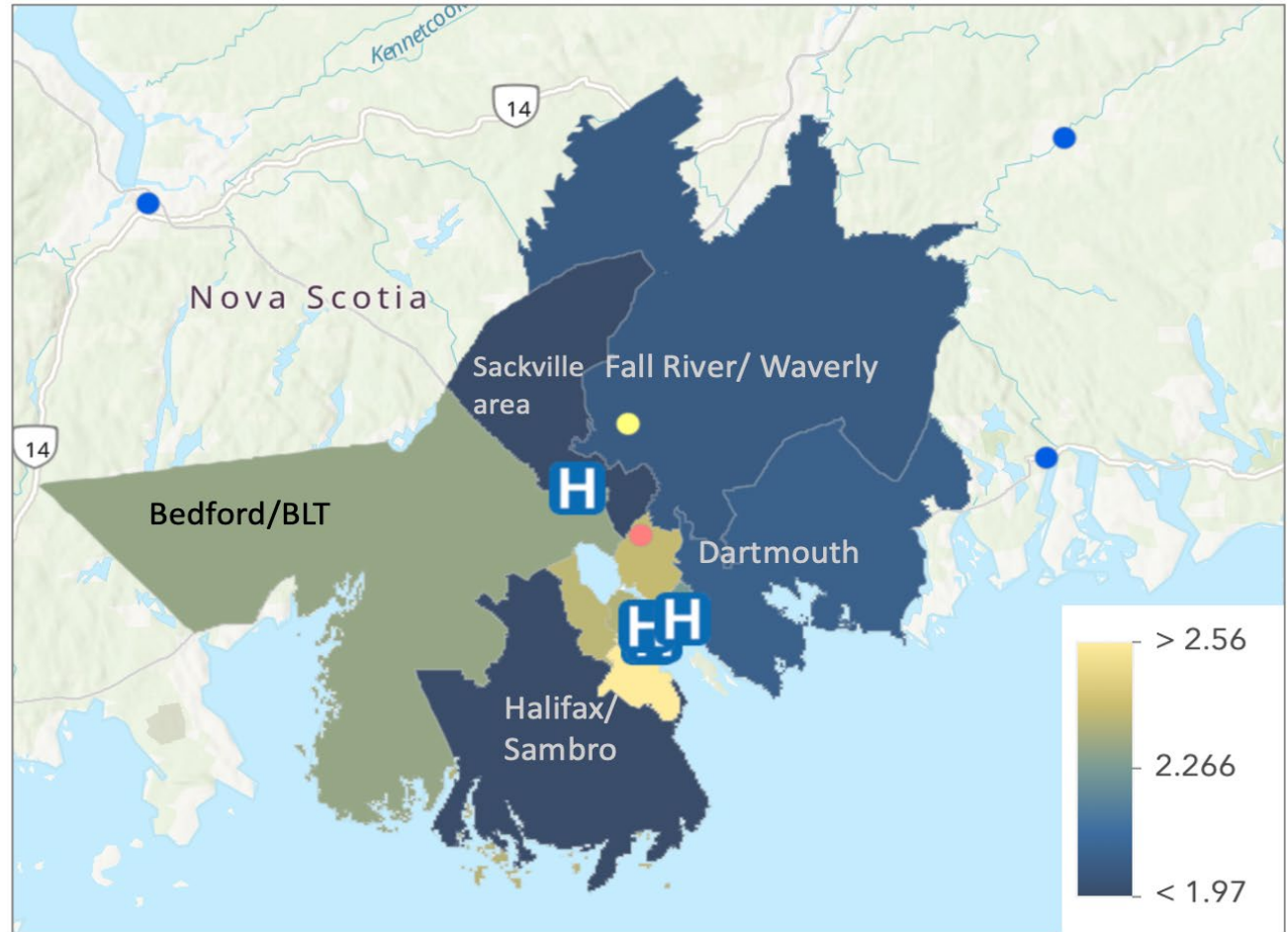
Perceived access to health care

Hospitals in Halifax NS



HospitalsNS

- Community
- Regional
- Community Health Centre
- Tertiary
- Rehabilitation
- Environmental Health
- Out Patient/ Nursing Home



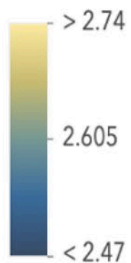
*Community locations colored differently than previous map to be visibly layered.

Perception of health care quality in community

Perceived quality of health care does not appear to directly align with perceived accessibility of health care. The downtown areas and peninsula are perceived as having a higher quality of health care while most of the satellite and urban-surrounding areas have low perceived quality (e.g., Bedford area, Sambro/Prospect area, Sackville area, Dartmouth).

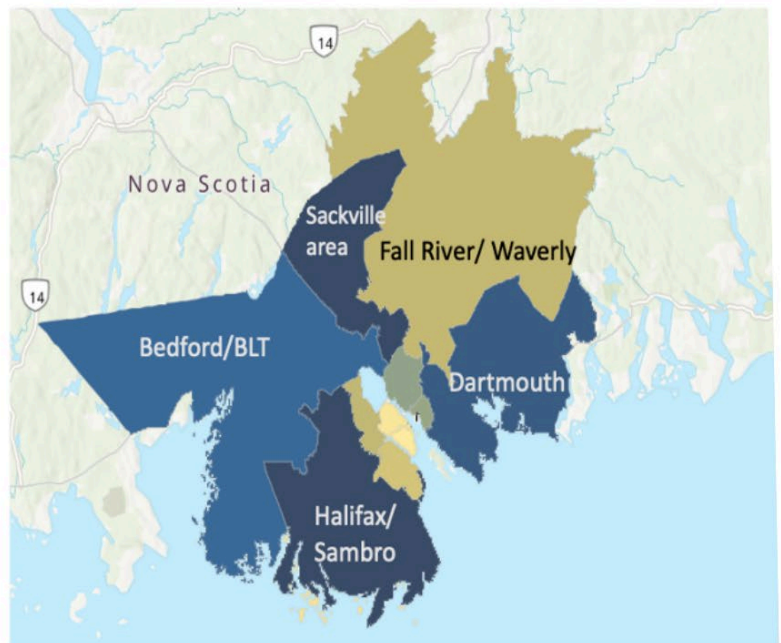


Peninsula



Higher scores (yellow) reflect higher perceived quality

Perceived Quality of Health Care



In general, how would you rate the overall quality of the health care services in your community?

EDUCATION

This domain measures quality of life mostly in terms of opportunities for formal learning. Education indicators tell us about motivation for pursuing learning, the availability, access to, and experiences of formal education and courses of interest, as well as participation in any traditional or cultural education opportunities.³

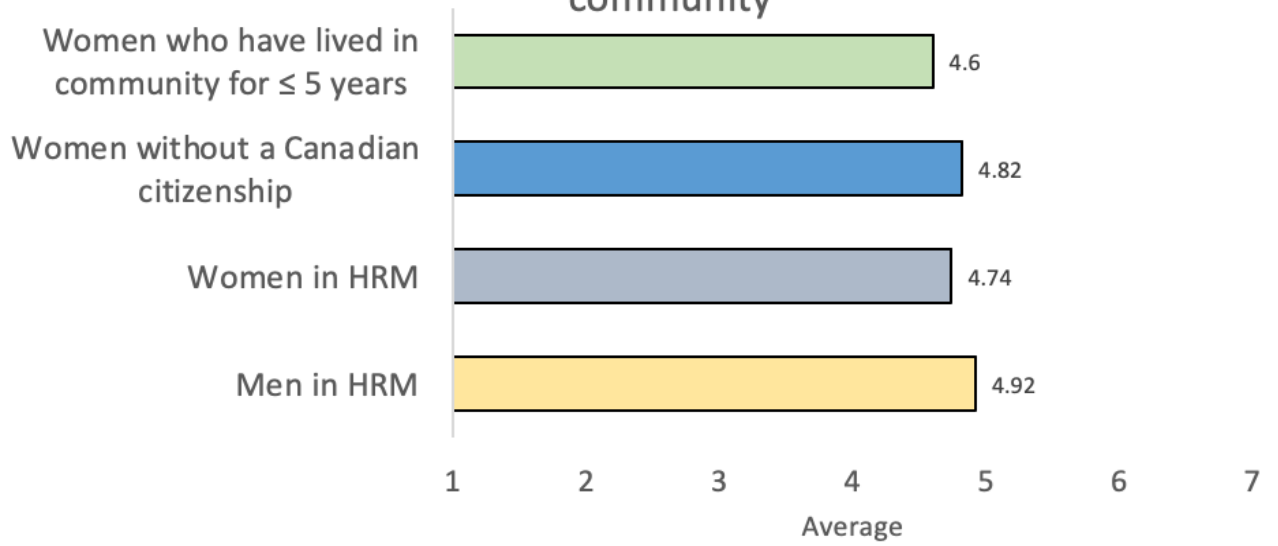
Women in HRM who responded to the survey have a higher domain composite score for Education ($M = 5.33$) compared to men in HRM ($M = 4.85$). Satisfaction with educational opportunities in the community are slightly lower for women ($M = 4.74$) than for men ($M = 4.92$) in HRM and women without Canadian citizenship ($M = 4.82$). Women who are new to HRM ($M = 4.6$) report the lowest satisfaction with educational opportunities in the community.

In samples of Nova Scotians over 15 years of age, nearly one-quarter of *females** in HRM (24.2%) report that a high school diploma is their highest level of education completed, compared to males at just above one-quarter (26.6%). Compared to the provincial population of females, those in HRM report their highest education level as a post-secondary certificate or diploma more often (61.9% in HRM compared to 56.6% in NS). The completion of graduate degrees are comparable for males (5.4% Masters and 1.5% Doctorate) and females (6.8% Masters and 0.8% Doctorate).⁸

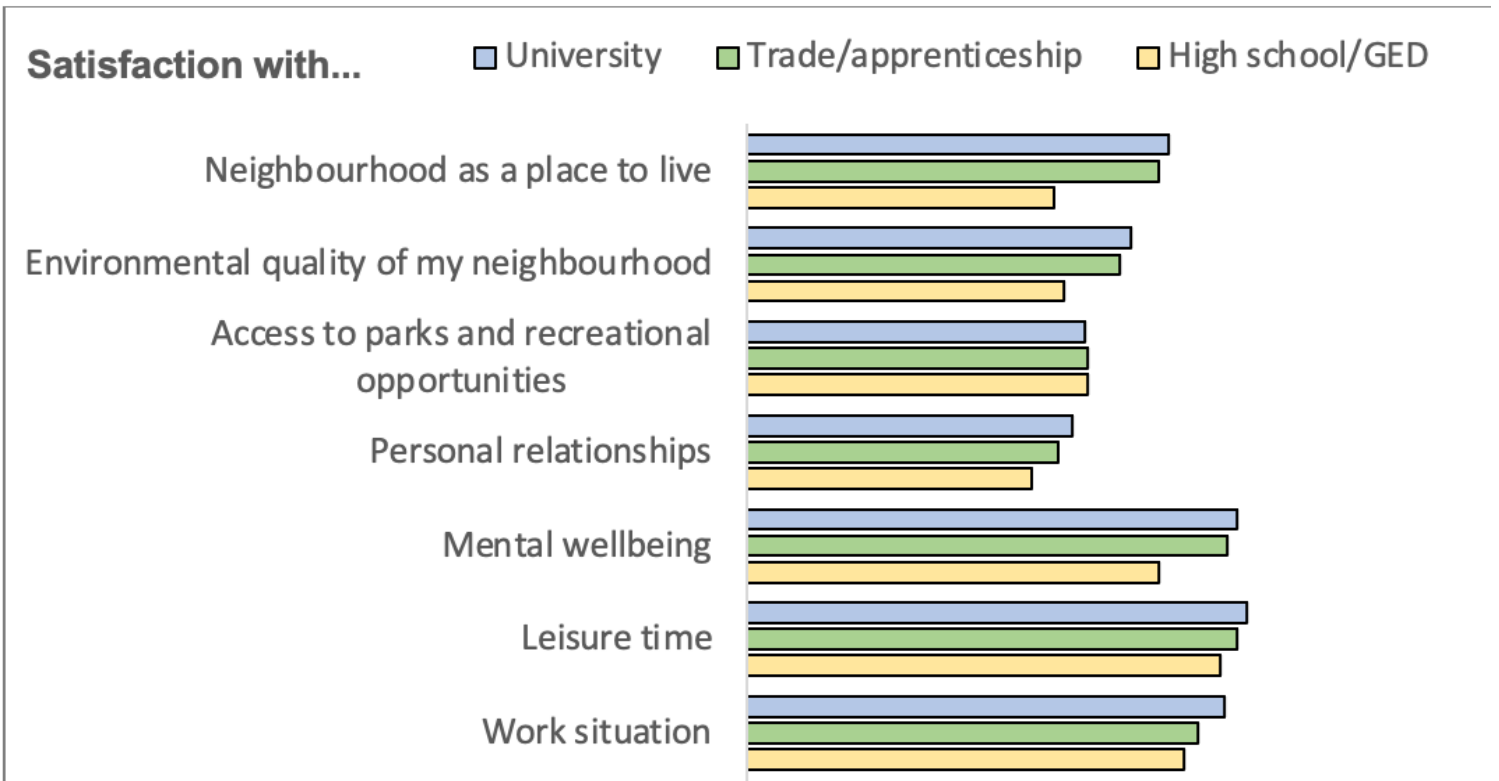
More than twice the number of females in HRM (5.4%) work in education compared to males (2%). Females also tend to outnumber males in the fields of Humanities (e.g., languages, literature), Social and Behavioral Sciences (e.g., law, gender studies, communication, psychology), and Business, Management, Health (e.g., health professions), and Public Administration (e.g., social service professions). Females are outnumbered by males in Architecture, Science, Technology, Engineering, and Mathematics (STEM).⁸

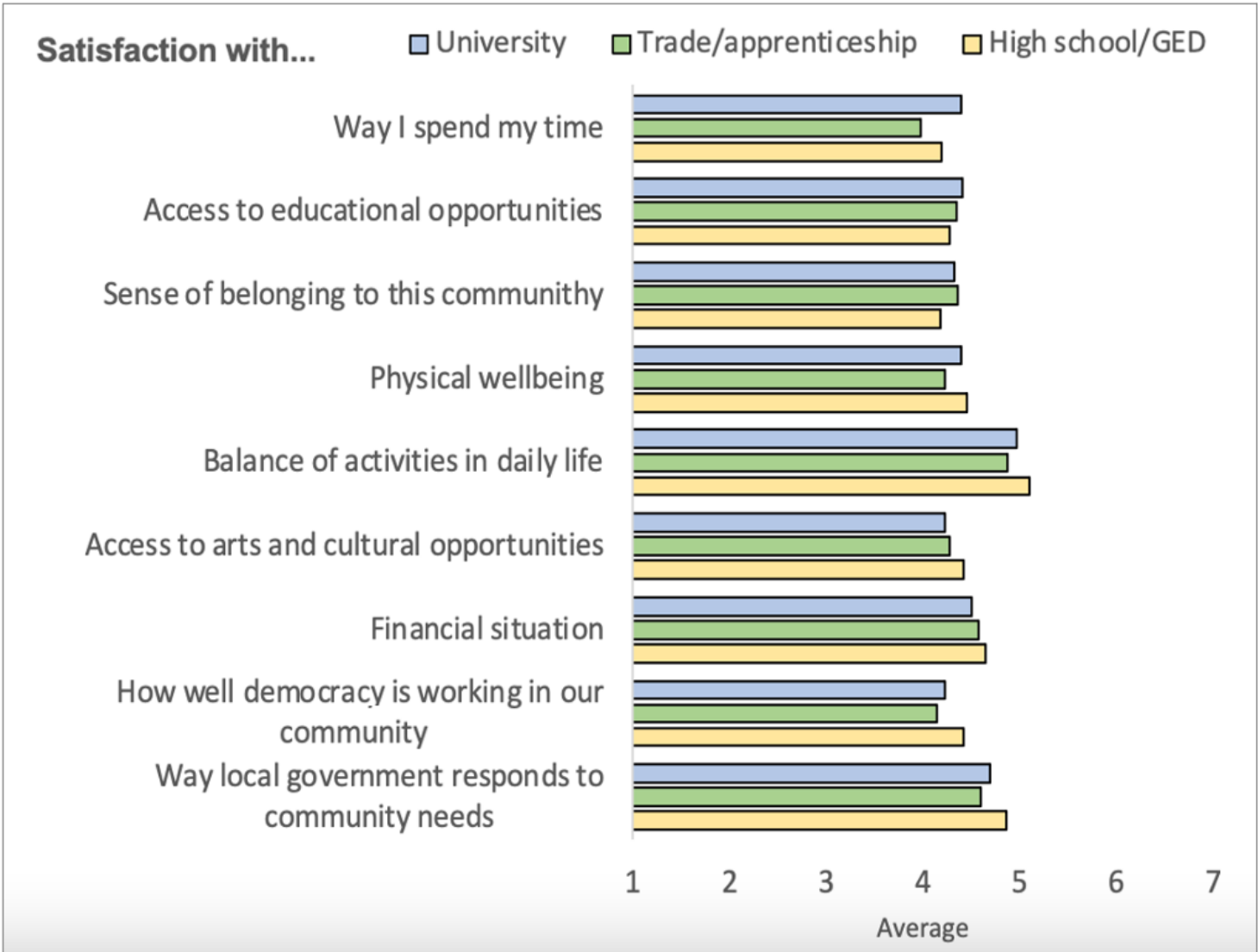
* Females, as identified by Statistics Canada, refers to sex at birth.

Satisfaction with access to educational opportunities in the community



Wellbeing indicators across various levels of education of women in HRM show that women with higher education (e.g., graduated from undergraduate or graduate programs), report higher satisfaction with half of the indicators (e.g., neighborhood livability, personal relationships). Women whose highest education level is high school (or GED) report higher satisfaction with financial situation and local government.





DEMOCRATIC ENGAGEMENT

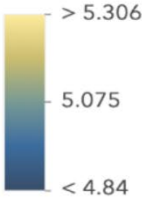
This domain measures quality of life in terms of being part of advancing democracy through political institutions, organizations, and activities. Democratic Engagement tells us about interest and participation in democratic activities.³

Women in HRM who responded to the survey have a comparable domain composite score for Democratic Engagement ($M = 3.90$) relative to men in HRM ($M = 3.96$). Scores on the Political Efficacy Scale (e.g., feeling qualified to participate in politics) were varied across women ($M = 4.11$) and men ($M = 4.43$) in HRM, and women in Nova Scotia overall ($M = 4.03$). This suggests that men in HRM feel the most politically efficacious relative to women in HRM who responded to the survey and to women provincially. Minimal difference between genders emerged in perceptions of public policy and programming bettering lives. When asked if policy and programming have “made me better off,” women ($M = 4.98$) and men ($M = 4.92$) in HRM were comparable to the provincial population of women ($M = 4.94$).

Community-level differences also emerged across women, wherein urban areas of HRM (e.g., downtown Halifax and Dartmouth and peninsula) showed higher perceived benefit of policy and programming.



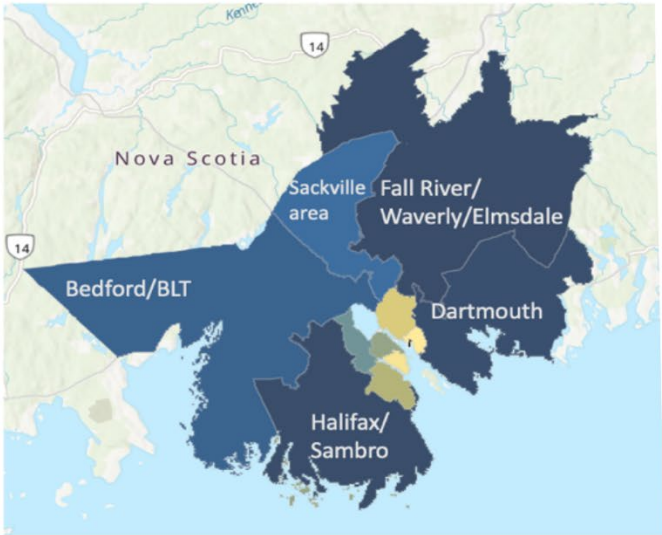
Peninsula



Higher scores (yellow) reflect higher perceived benefit

Have the programs and services of the local government made you better off?

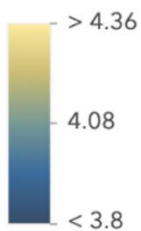
Perceived Benefit of Government Services and Programs



Women's satisfaction with the way that democracy is working in their community highlighted urban-rural differences, wherein urban areas of HRM (e.g., downtown Halifax and Dartmouth, and peninsula) reported higher satisfaction.



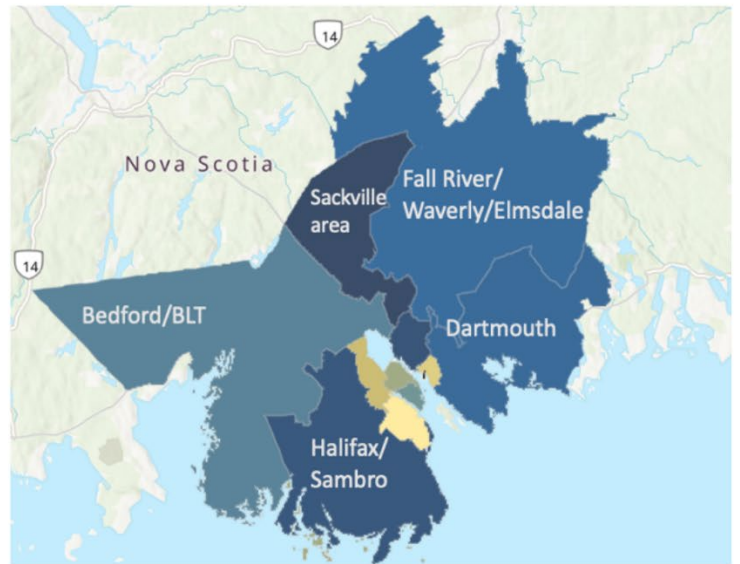
Peninsula



Higher scores (yellow)
reflect higher
satisfaction

How satisfied are you with how well democracy is working in your community?

Satisfaction with Democracy



What characterizes women in HRM who responded to the survey who feel they have been made better off due to government policy and programming?

When asked if they feel better off due to government policy and programming, all women in HRM who responded to the survey reported between 4 and 6 on a scale of 1-10. Of these women, we can see how certain socio-demographic groups (e.g., answers to employment status and marital status) report their perception of policy and program benefits.

Women who report being separated, a student, or self-employed, reported the highest perceived benefit (at least 5.25/10). Those who reported being a single parent (adult living with children at home), unemployed but looking for work, employed part-time, or common-law/married, divorced, report lower perceived benefit (all under 4.85/10).

Women who reported spending either A) less than 30% or B) more than 50%, of monthly income on housing, reported being better off due to government policy and programming (i.e., greater than 5 out of 10). Women who reported spending between 30% and 50% of monthly income on housing report a considerably lower perceived benefit from government efforts.

LEISURE & CULTURE

This domain measures quality of life in terms of participation and engagement with the arts, culture, and recreation. Leisure and Culture tells us about perceptions, experiences, and accessibility as they relate to physical, social, and cultural activities.³

Women in HRM who responded to the survey have a comparable domain composite score for Leisure & Culture ($M = 4.74$) relative to men in HRM ($M = 4.81$).

Perceived access to local parks was quite varied across communities in HRM. Women in the Sackville area reported the lowest accessibility to local parks, and women in downtown Halifax and Dartmouth reported the highest access.



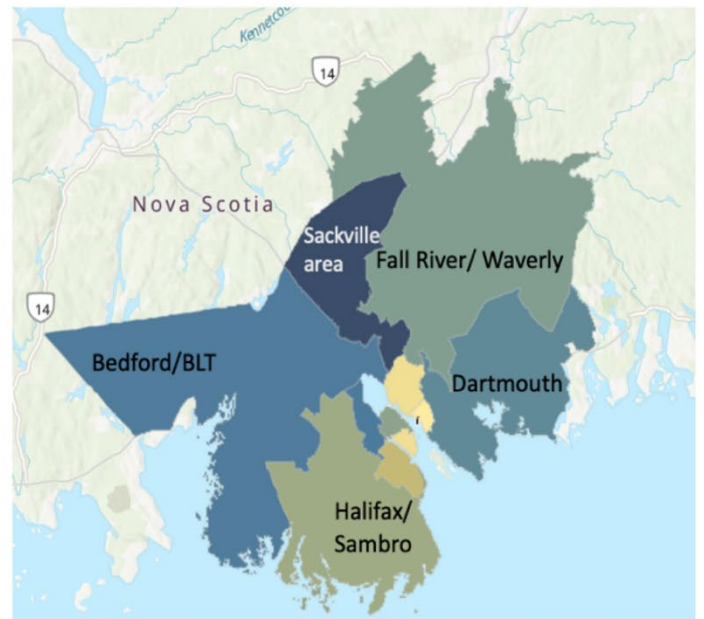
Peninsula



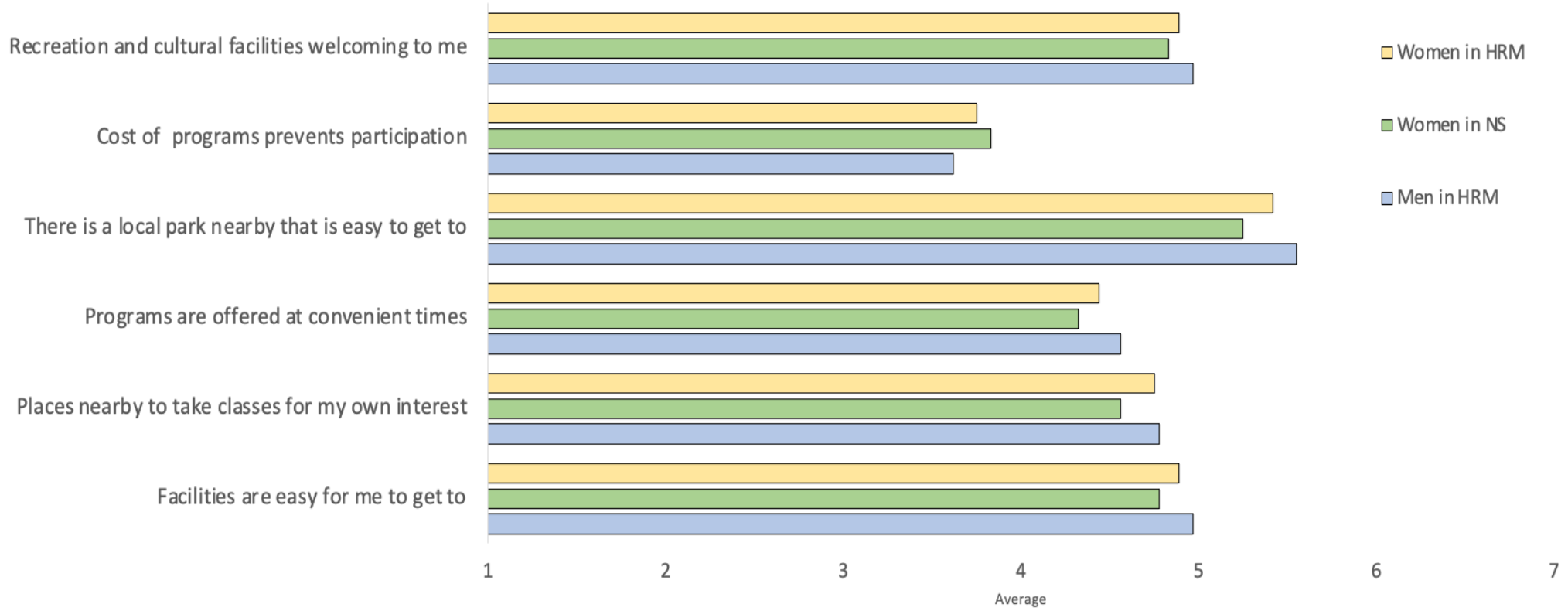
Higher scores (yellow)
reflect higher
satisfaction

Thinking about your *access* to recreation and cultural facilities in your community, is there a local park nearby that is easy to get to?

Satisfaction with Access to Parks



Accessibility of community cultural and recreational facilities



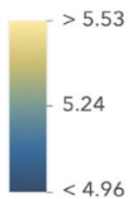
ENVIRONMENT

This domain explores environmental protection and the availability and quality of the natural environment. Environment tells us about perceptions and personal practices.³

Women in HRM who responded to the survey have a comparable domain composite score for Environment ($M = 5.33$) relative to men in HRM ($M = 5.31$).



Peninsula



Higher scores (yellow)
reflect higher
satisfaction

How satisfied are you with the
quality of the environment in
your community?

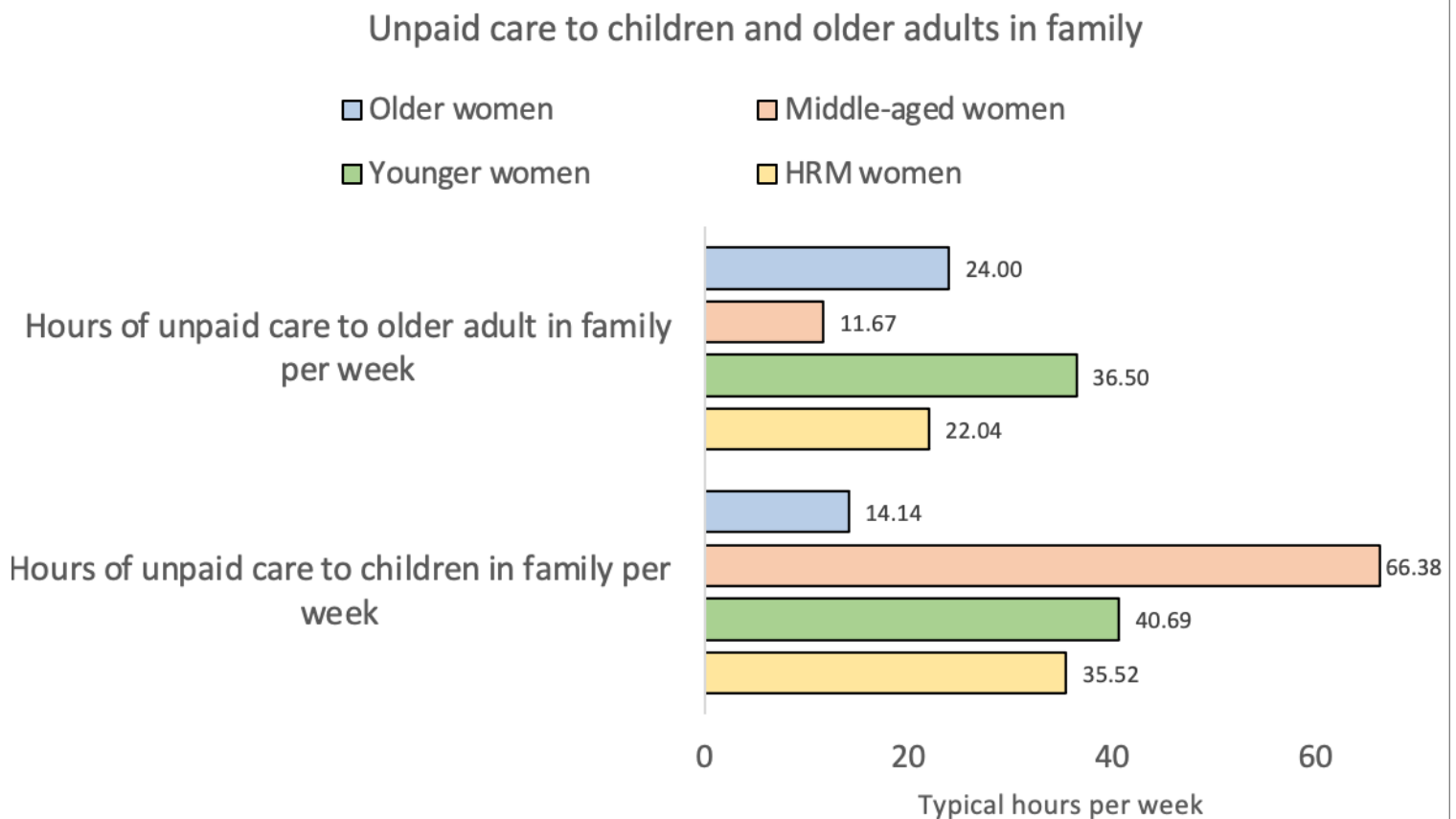
Satisfaction with Quality of Environment



TIME USE

This domain measures quality of life in terms of how people spend their time, experience time, factors influencing time use, and how time use impacts wellbeing. Time Use tells us about the amount of time we spend doing things, time pressure, and control over our time.³

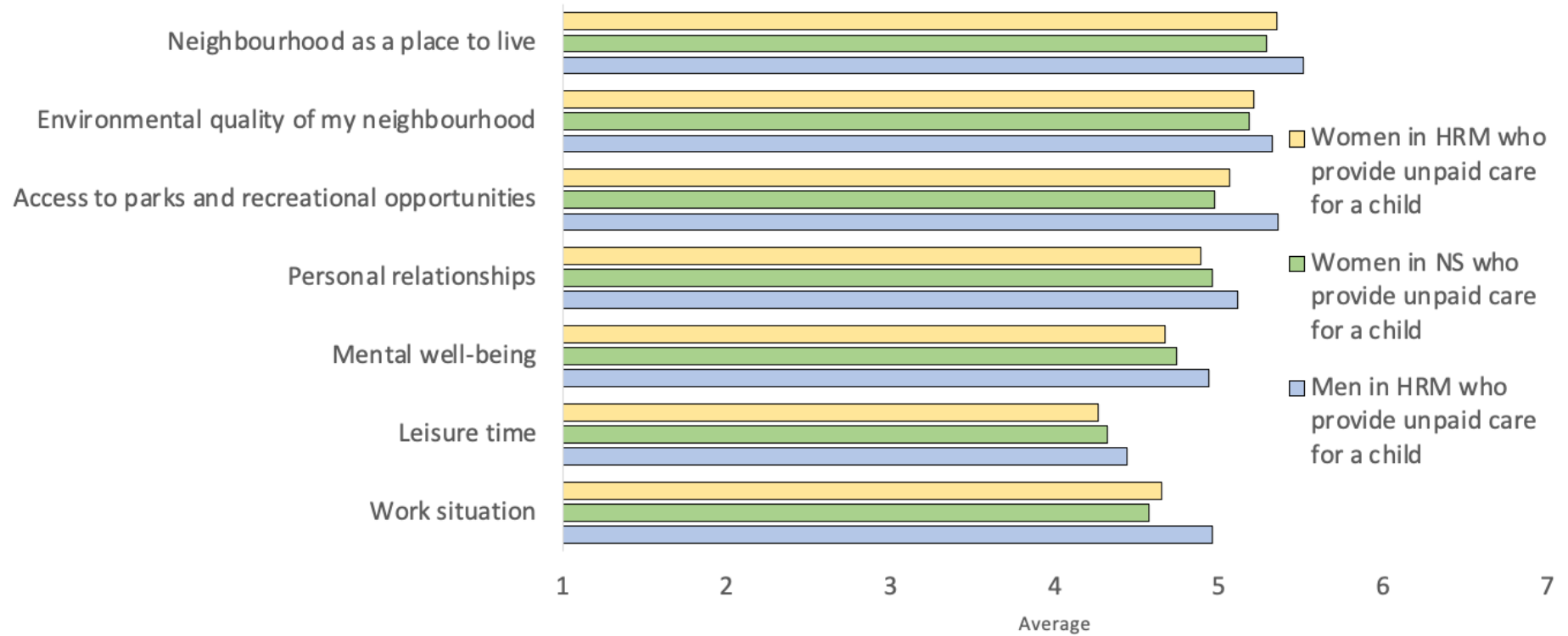
Women in HRM who responded to the survey have a comparable domain composite score for Time Use ($M = 4.44$) relative to men in HRM ($M = 4.6$). Time spent caring for children (inside the family) is highest among middle-aged women (i.e., 30 to 50 years old; typically, 66 hours spent caring for children per week). Older women (under 30) also spend substantial hours per week caring for family members (typically 24 hours caring for older adults and 14 hours caring for children).



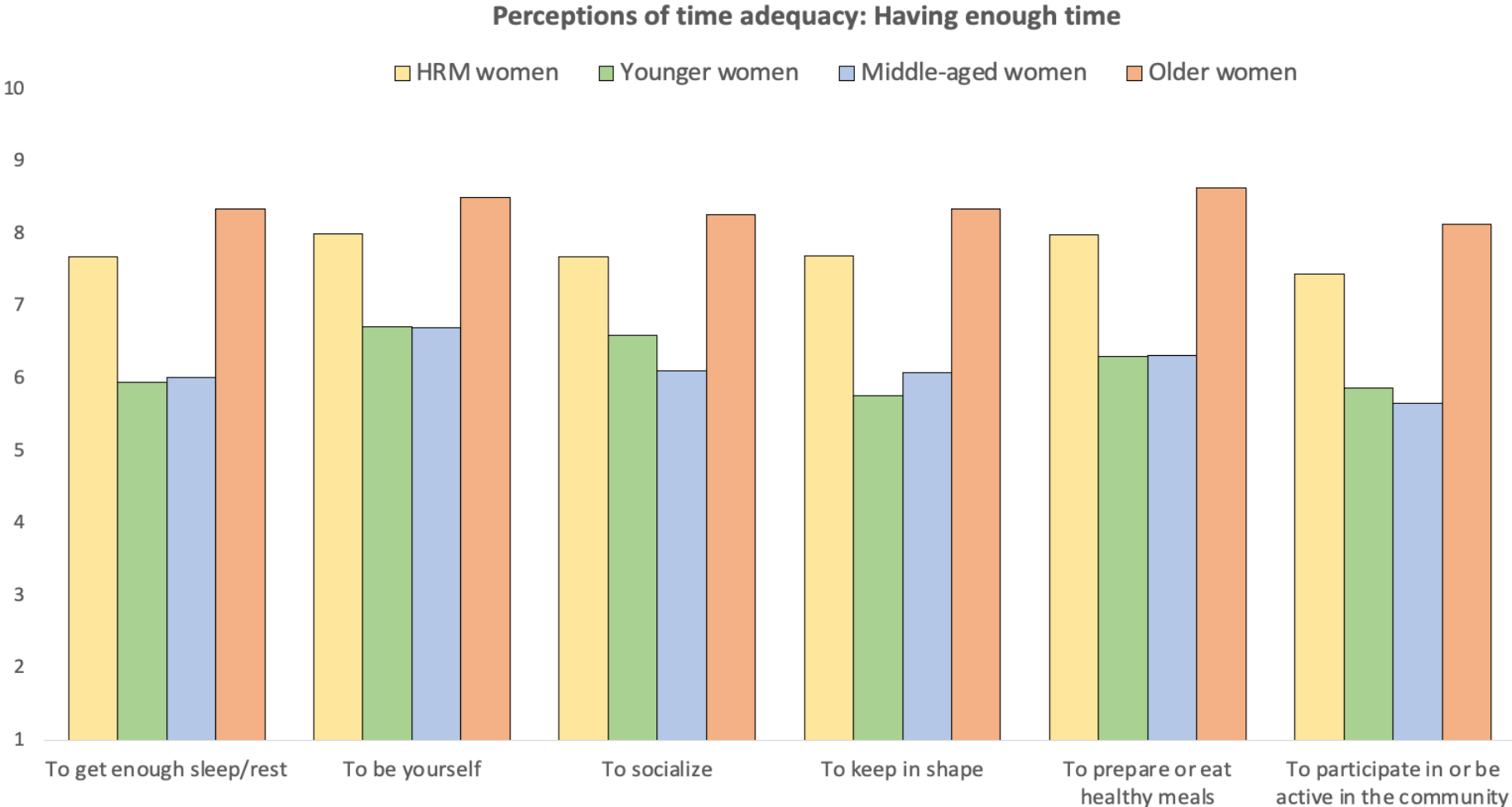
Women who reported providing unpaid care to children in their family have a noticeably lower wellbeing, as captured in these satisfaction questions, than the general HRM population of women. Nearly every single indicator illustrates a lower level of satisfaction with these life domains by women who provide unpaid care to children.



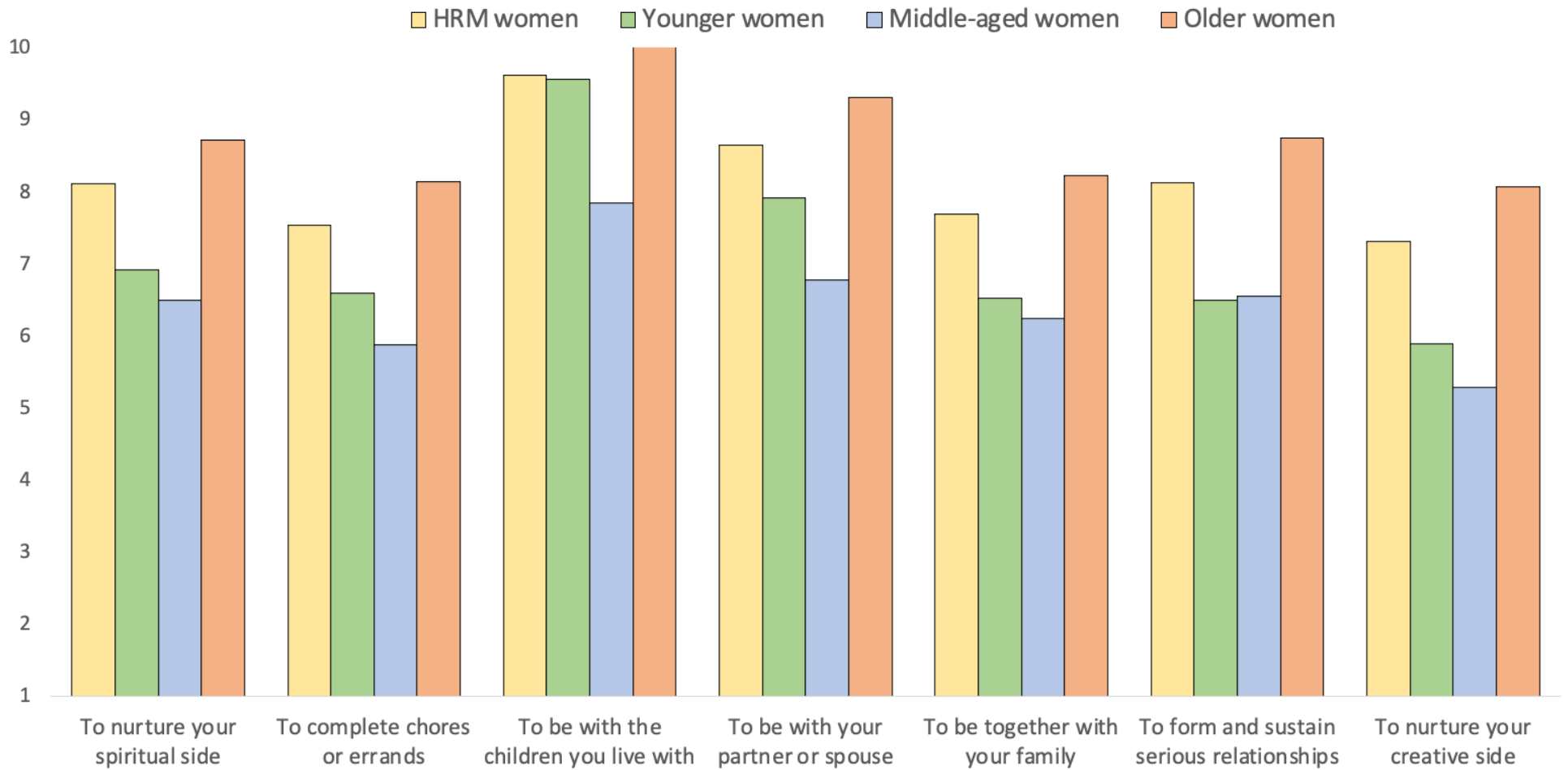
Satisfied with...



Older women tended to report having more adequate time; the general sample of HRM women who responded to the survey also reported relatively high time adequacy.



Note. For the purposes of this report, younger women are those who reported being 30 years or younger, middle-aged women are those who reported being 31-49 years old, and older women are those who reported being 50 years or older.



LIVING STANDARDS

This domain measures quality of life related to financial (in)security and characteristics of paid work. Living Standards tells us satisfaction with work and work-life balance.³

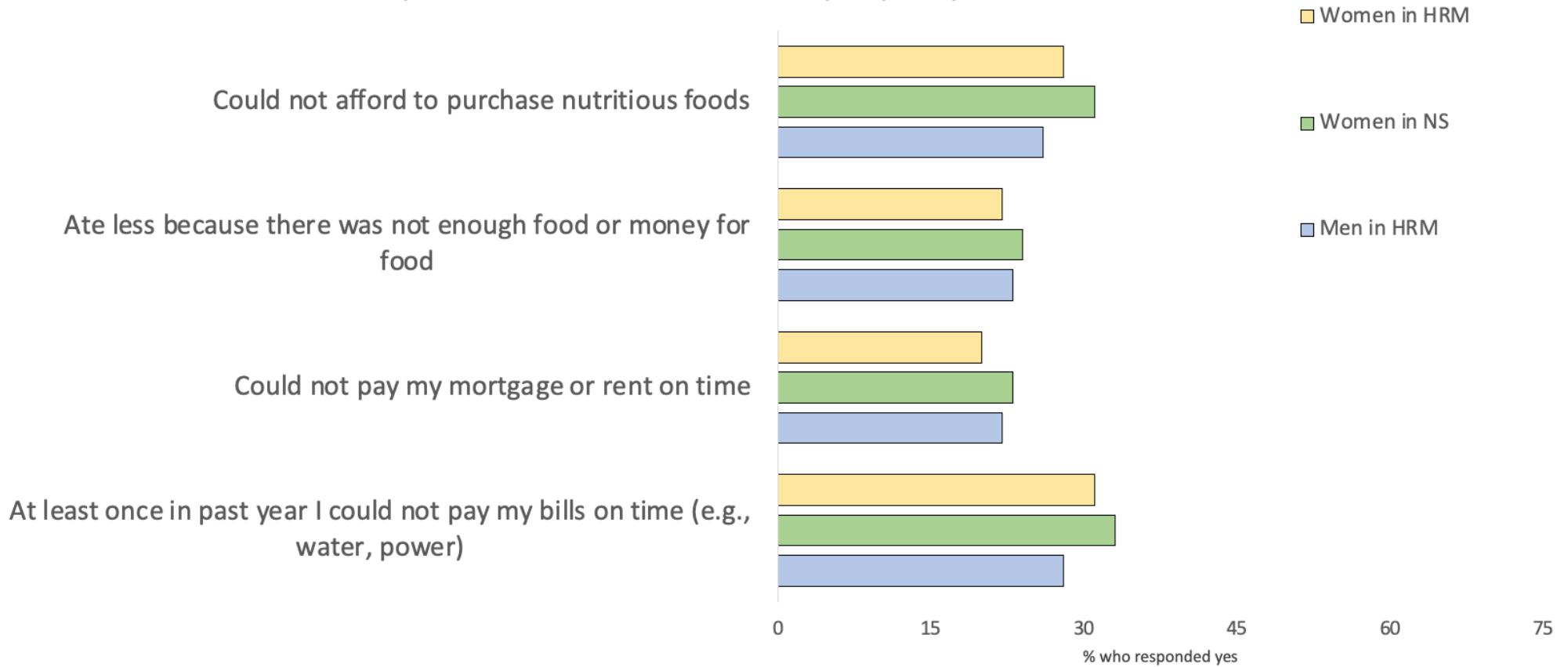
In Nova Scotia, females* typically have an annual income of \$27,800 while males have an annual income of \$40,900 per year, which is a female-to-male average earnings ratio of 67.9%.⁹

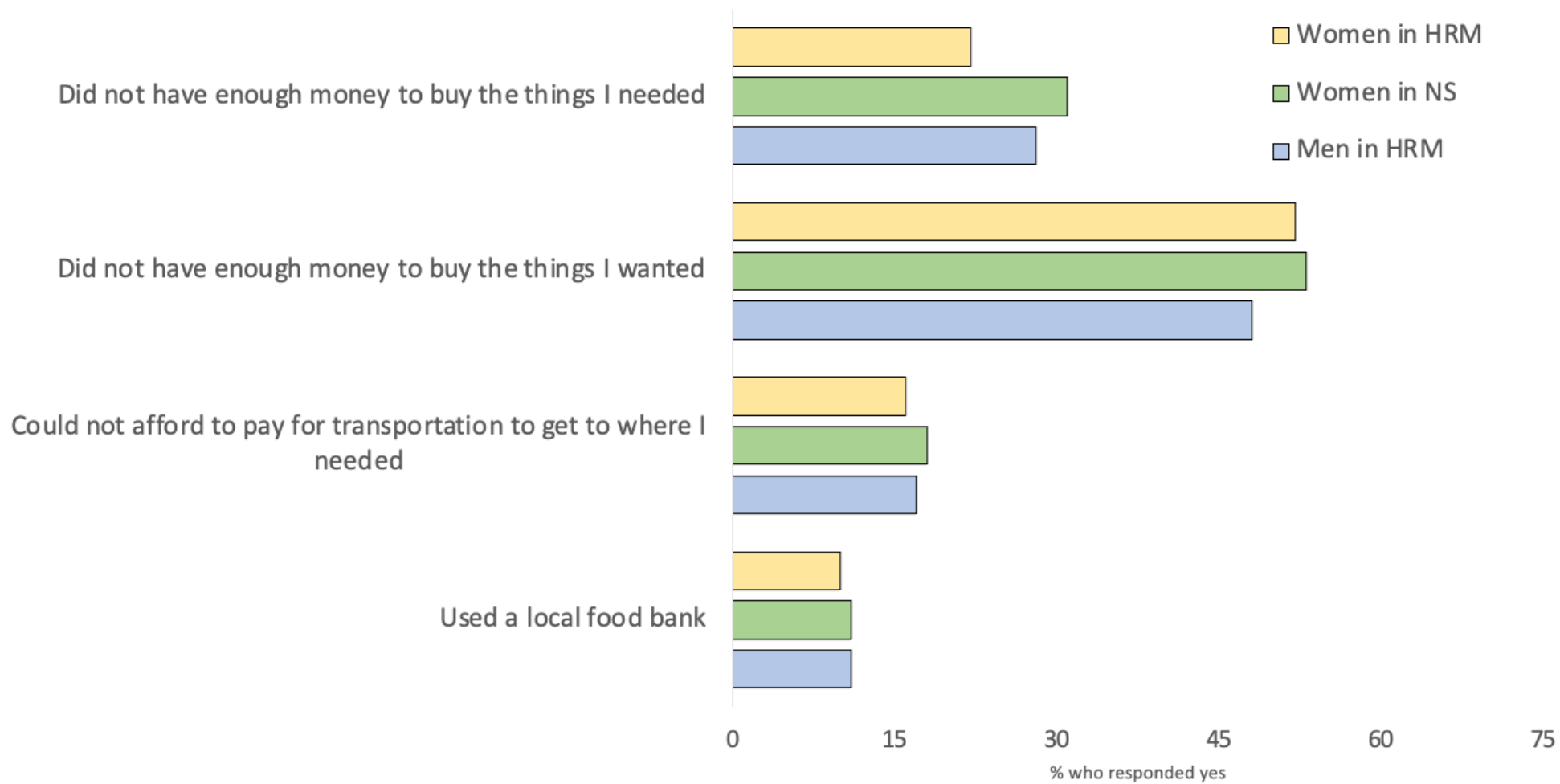
In HRM, women's median income is \$40,000 to \$59,000 and men's median income is \$80,000 to \$99,000. A higher proportion of women (14.3%) report living at or below the poverty line (\$30,000) than men (13.3%). More women also report spending a high proportion of their monthly income on housing than men, and fewer women than men report spending a low proportion:

- 55.4% of women and 62.4% of men report spending **less than 30%** of their monthly income on housing
- 32.7% of women and 46.8% of men report spending **between 30% and 50%** of their monthly income on housing
- 5.9% of women and 3.9% of men report spending **more than 50%** of their monthly income on housing

* Females, as identified by Statistics Canada, refers to sex at birth.

Experience of financial insecurity in past year



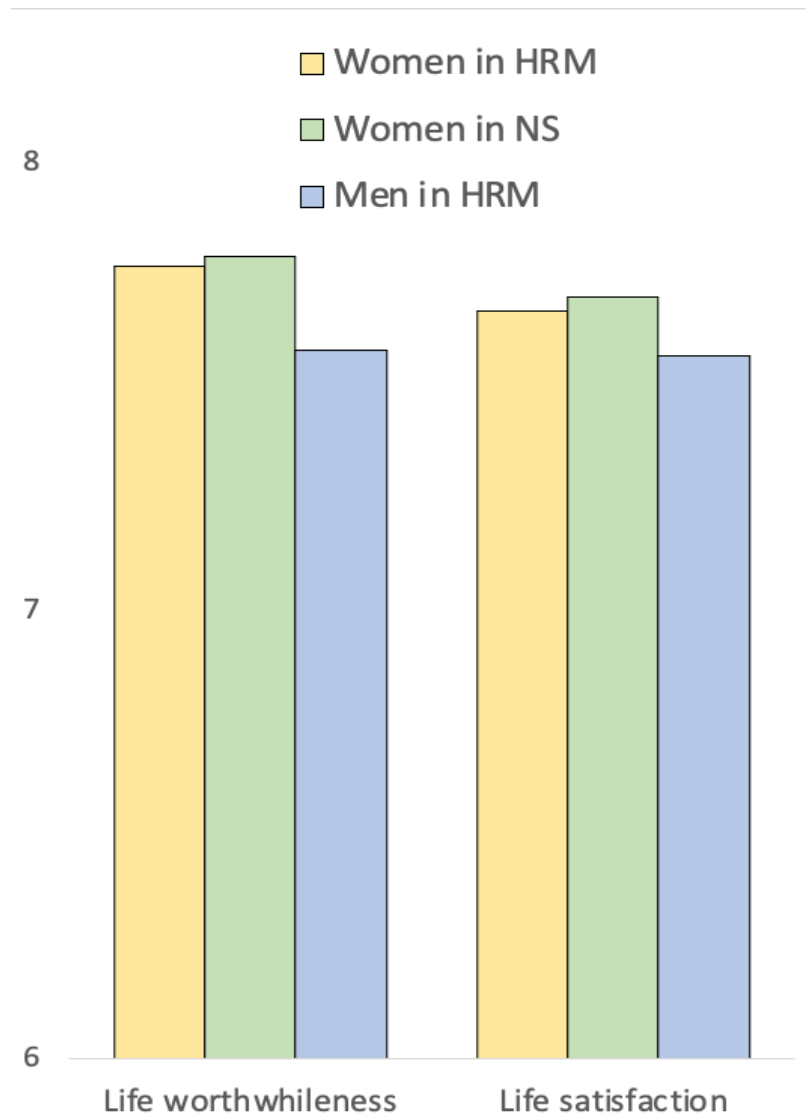


OVERALL WELLBEING

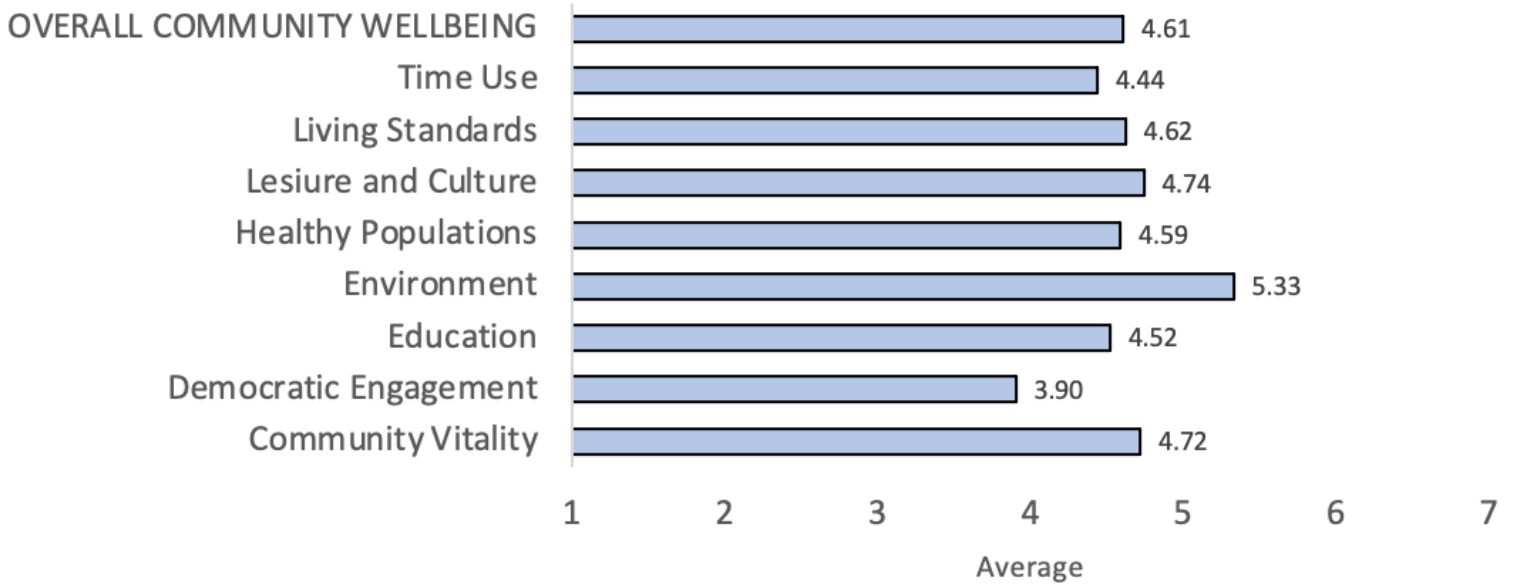
This domain measures quality of life by drawing on the eight domains of wellbeing that make up the survey.

Women in HRM who responded to the survey have a slightly lower overall score (overall community well-being survey score; $M = 4.61$) to men in HRM ($M = 4.71$) but report slightly higher life satisfaction and life worthwhileness than men:

Life satisfaction and life worthwhileness are measured on a scale of 1-10. Ratings of these well-being questions tend to be high, where averages across groups all fall between 6 and 8. For visibility, we have plotted average scores on a scale of 6-8, rather than 1-10.

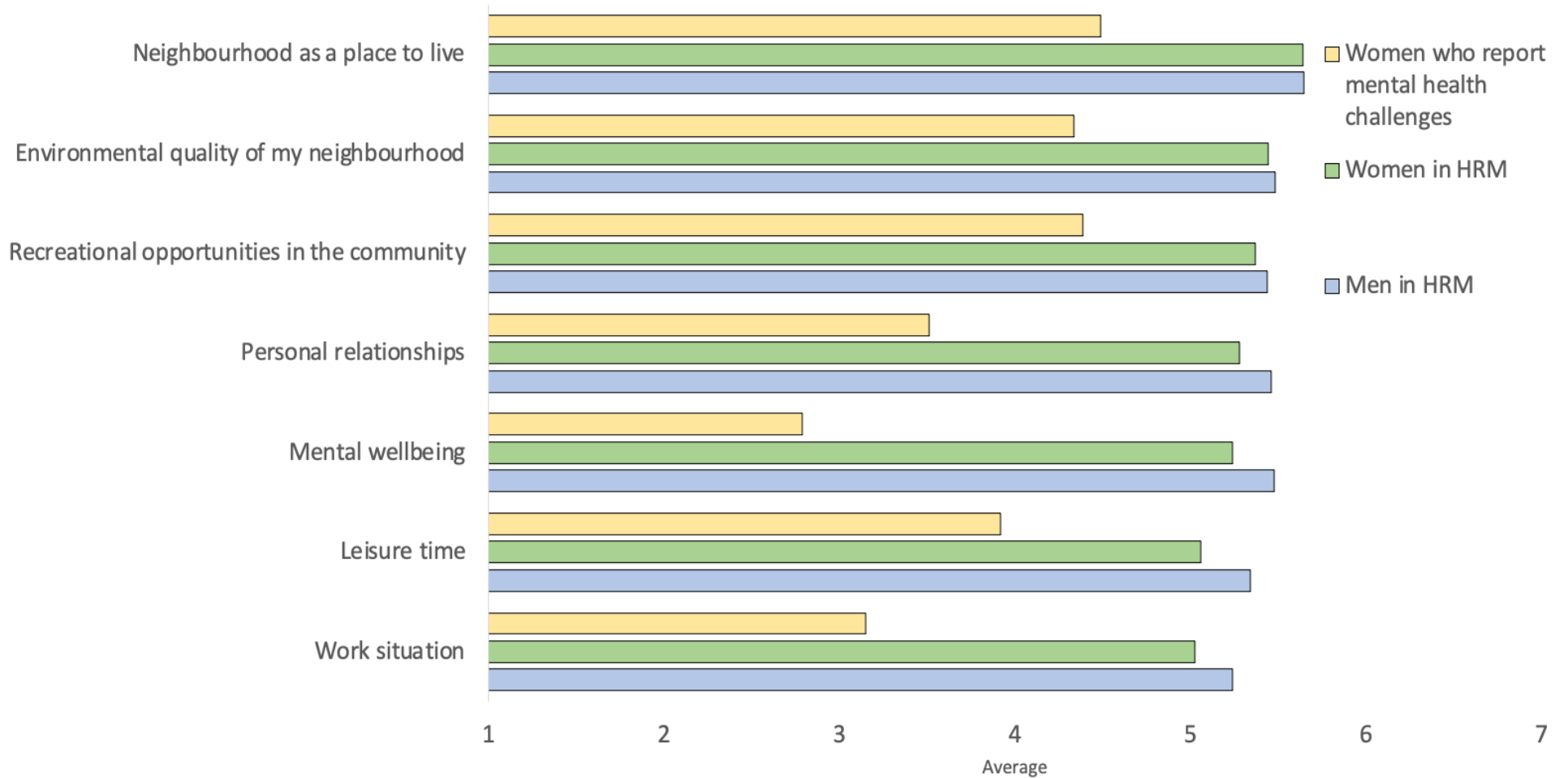


Survey domain composite scores

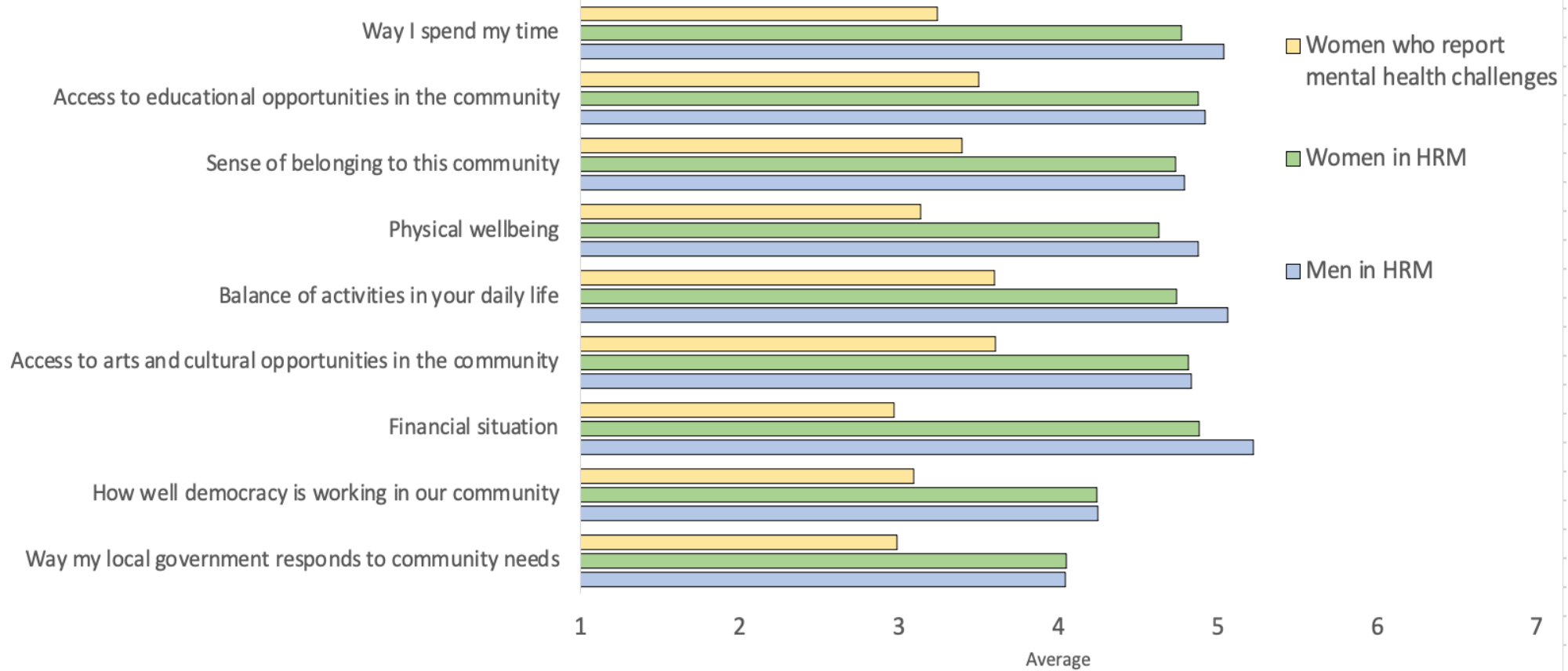


The following results represent women in HRM who responded to the survey and reported identifying with the statement “mental health challenge limits participation in community.”

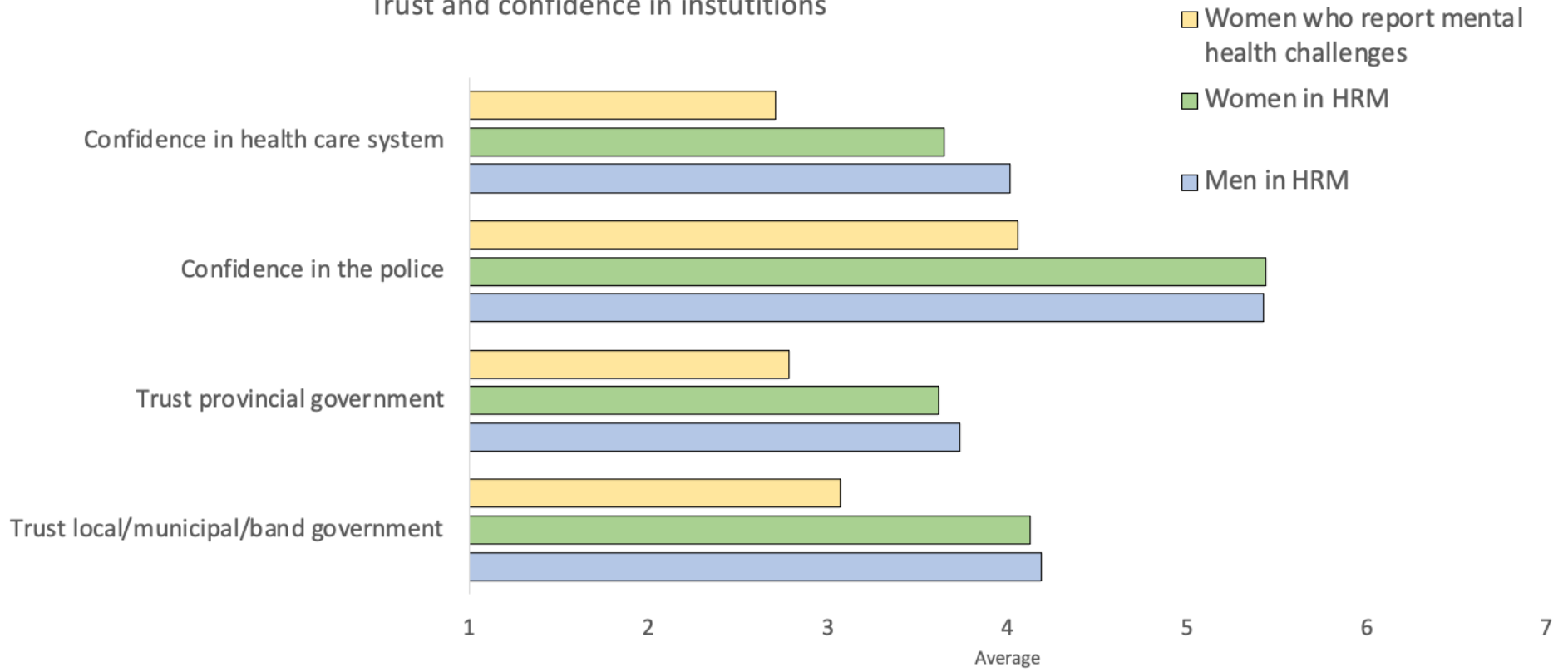
Satisfied with...



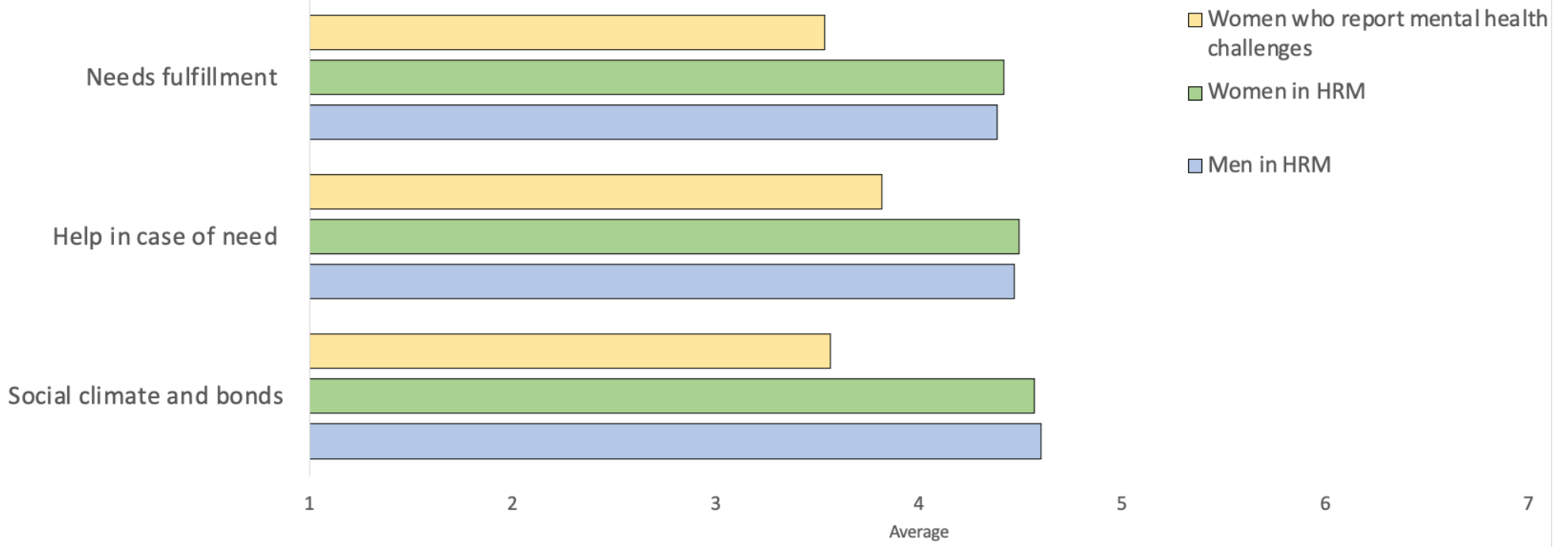
Satisfied with...



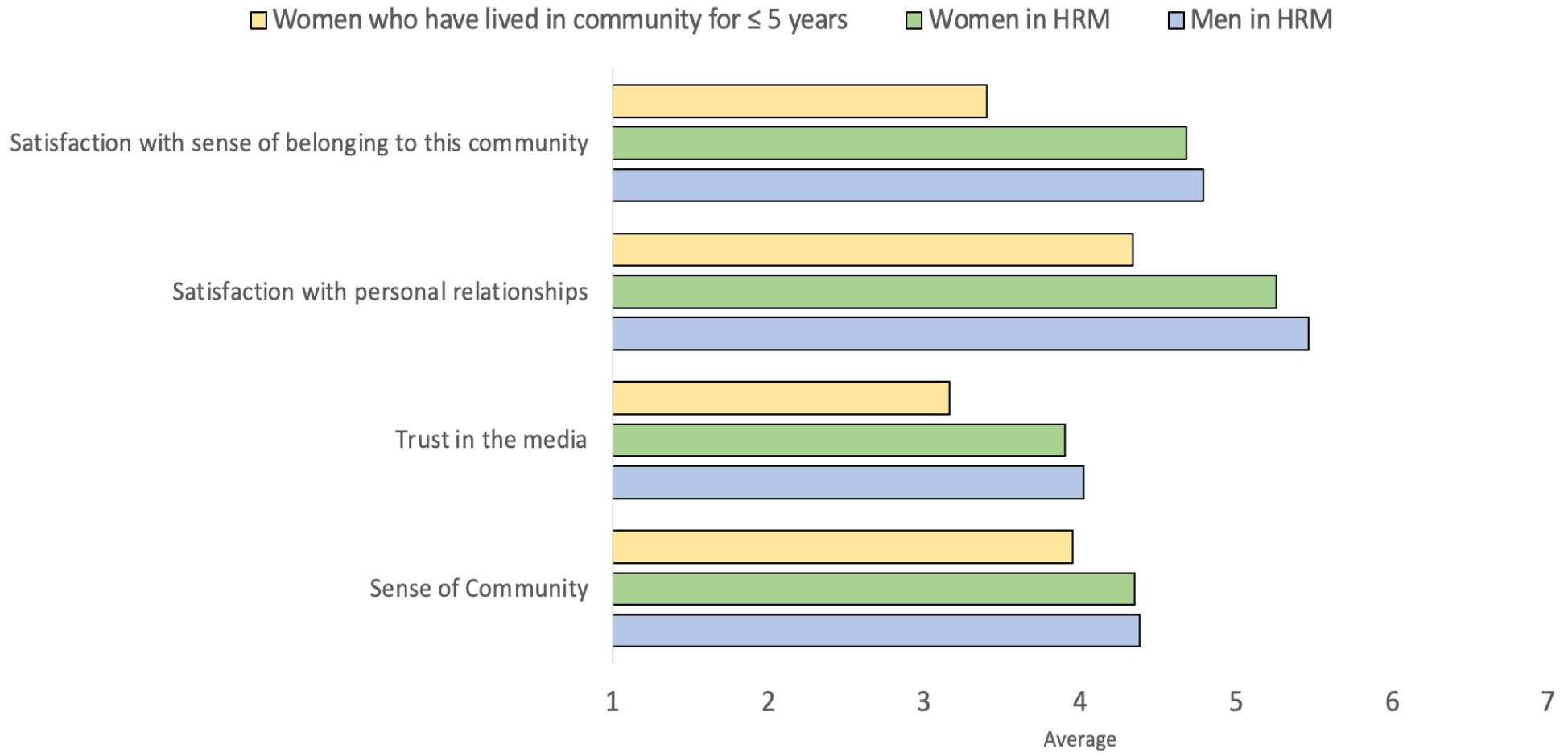
Trust and confidence in institutions



Sense of Community subscales

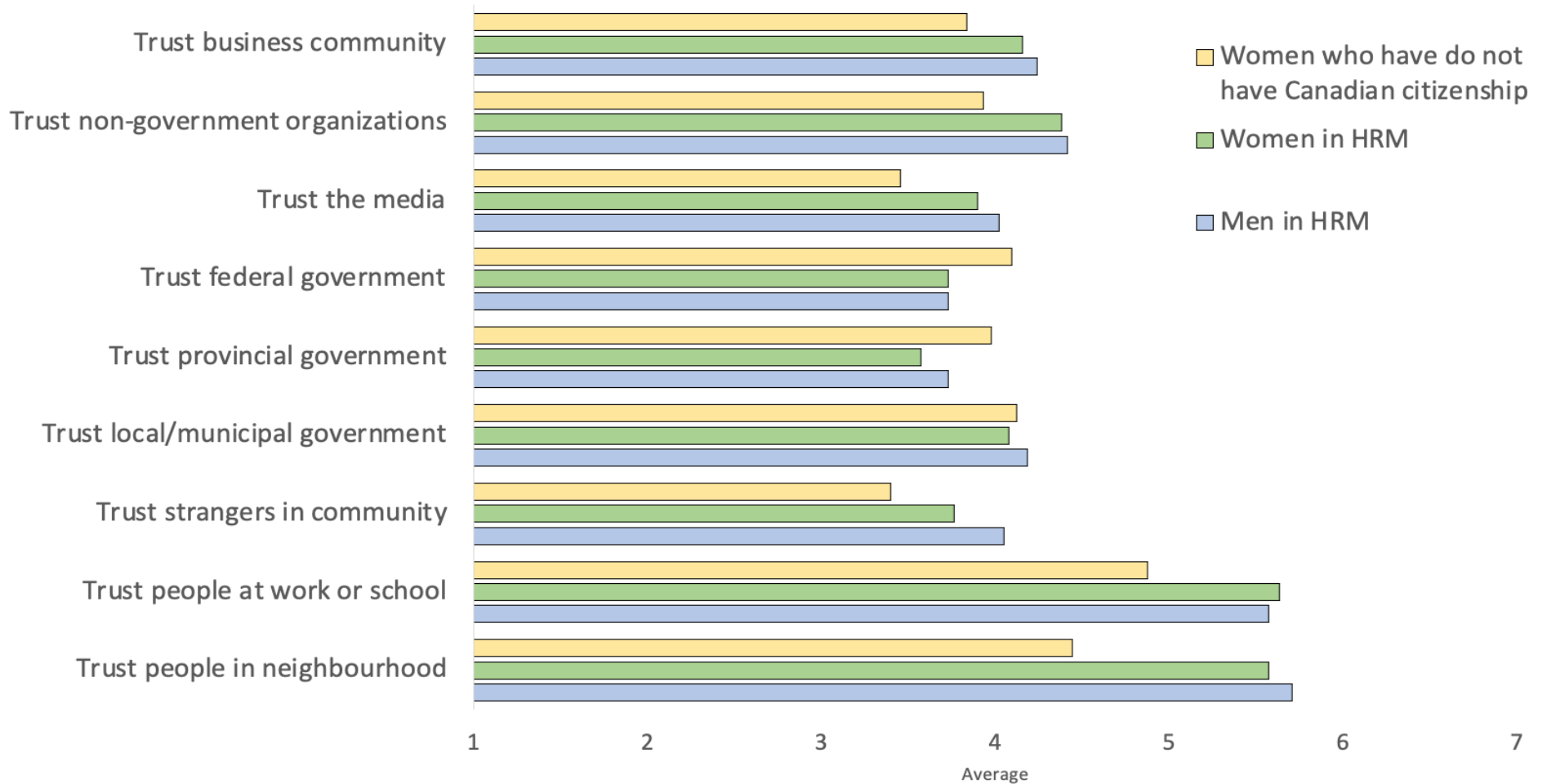


Preliminary analyses of survey responses of women in HRM who reported living in their current community for 5 years or less showed meaningful differences with women and men in HRM, on the following indicators:

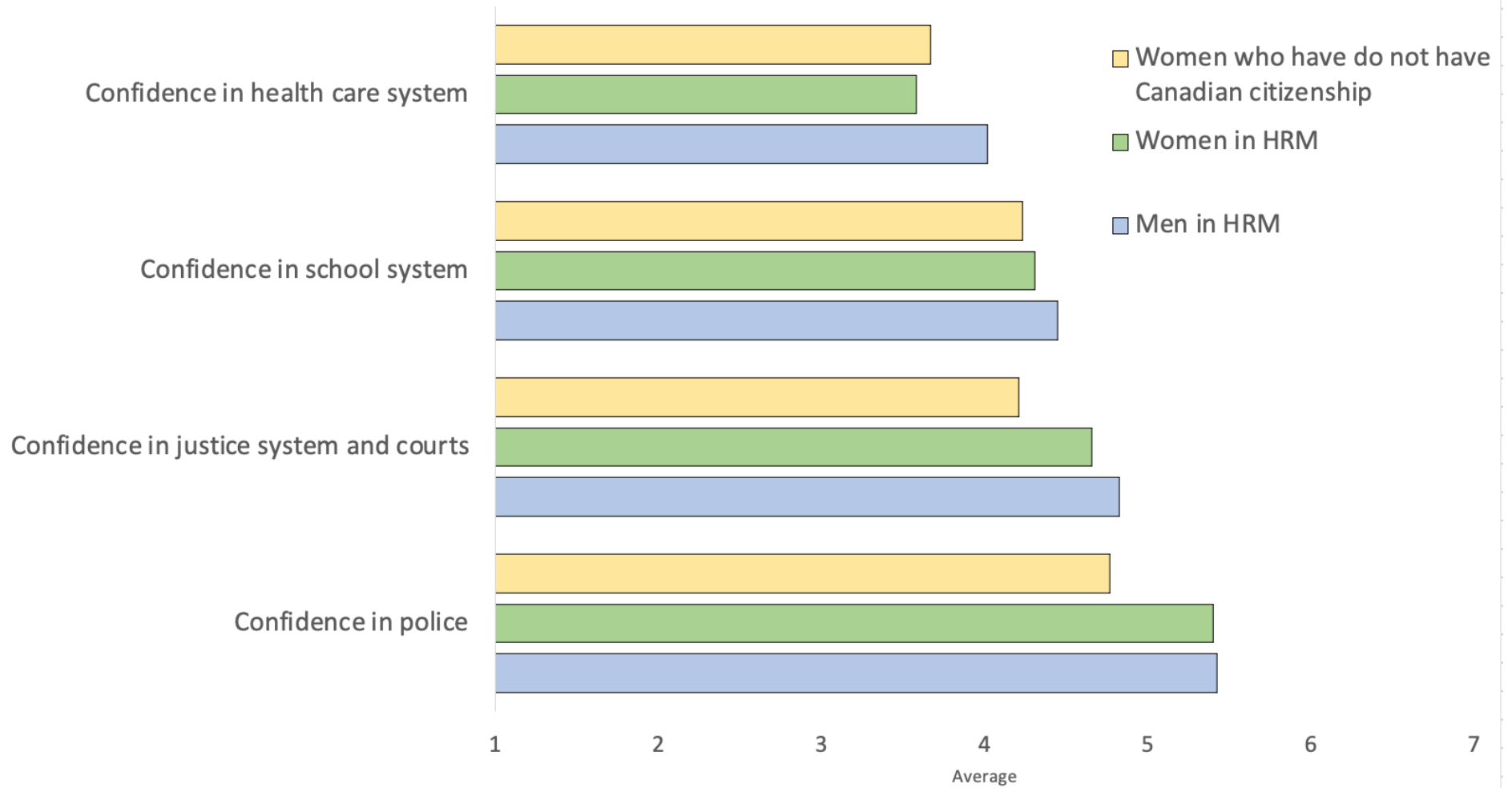


The following results represent women in HRM who responded to the survey who do not have Canadian citizenship.

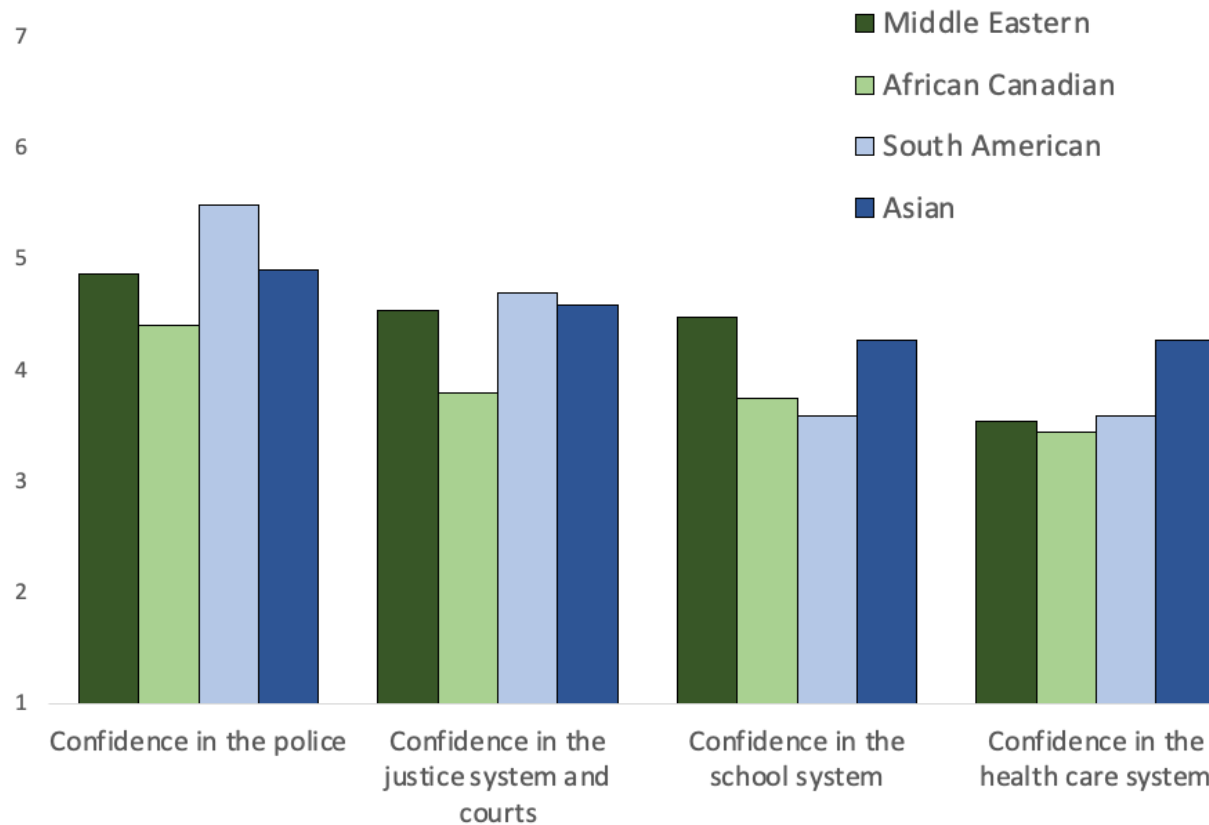
Women who do not have Canadian citizenship: Trust in institutions

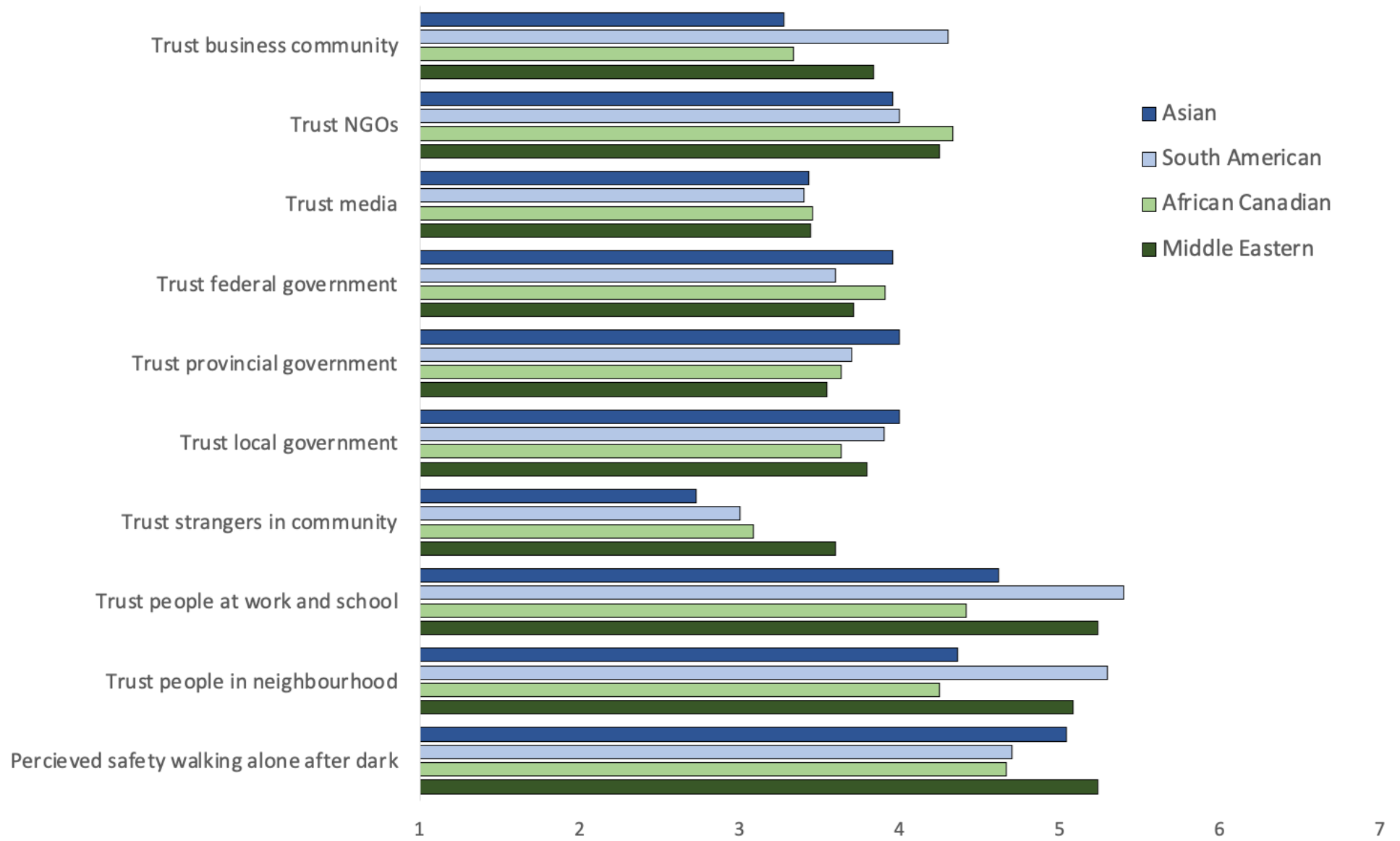


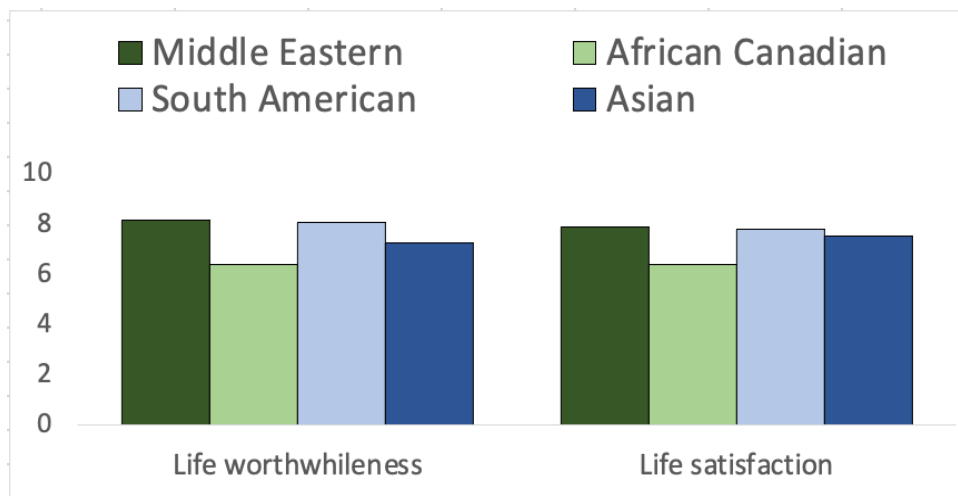
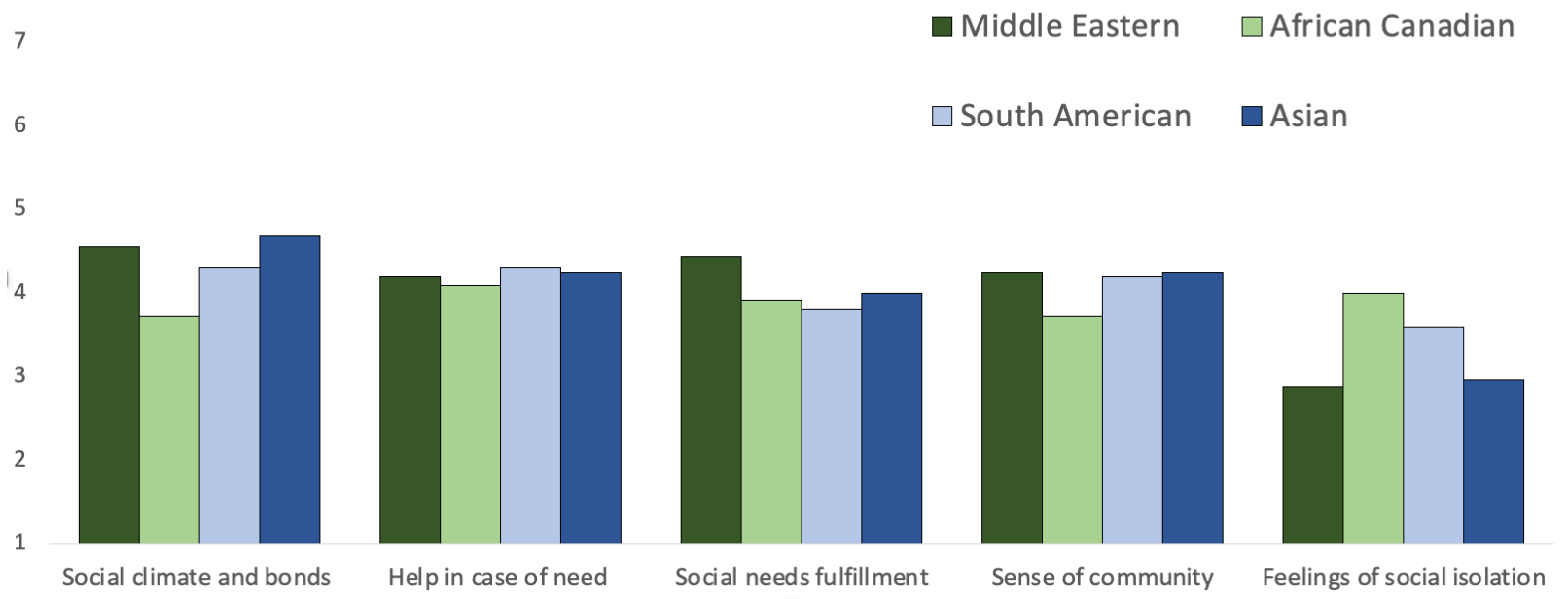
Women who do not have Canadian citizenship: Confidence in institutions



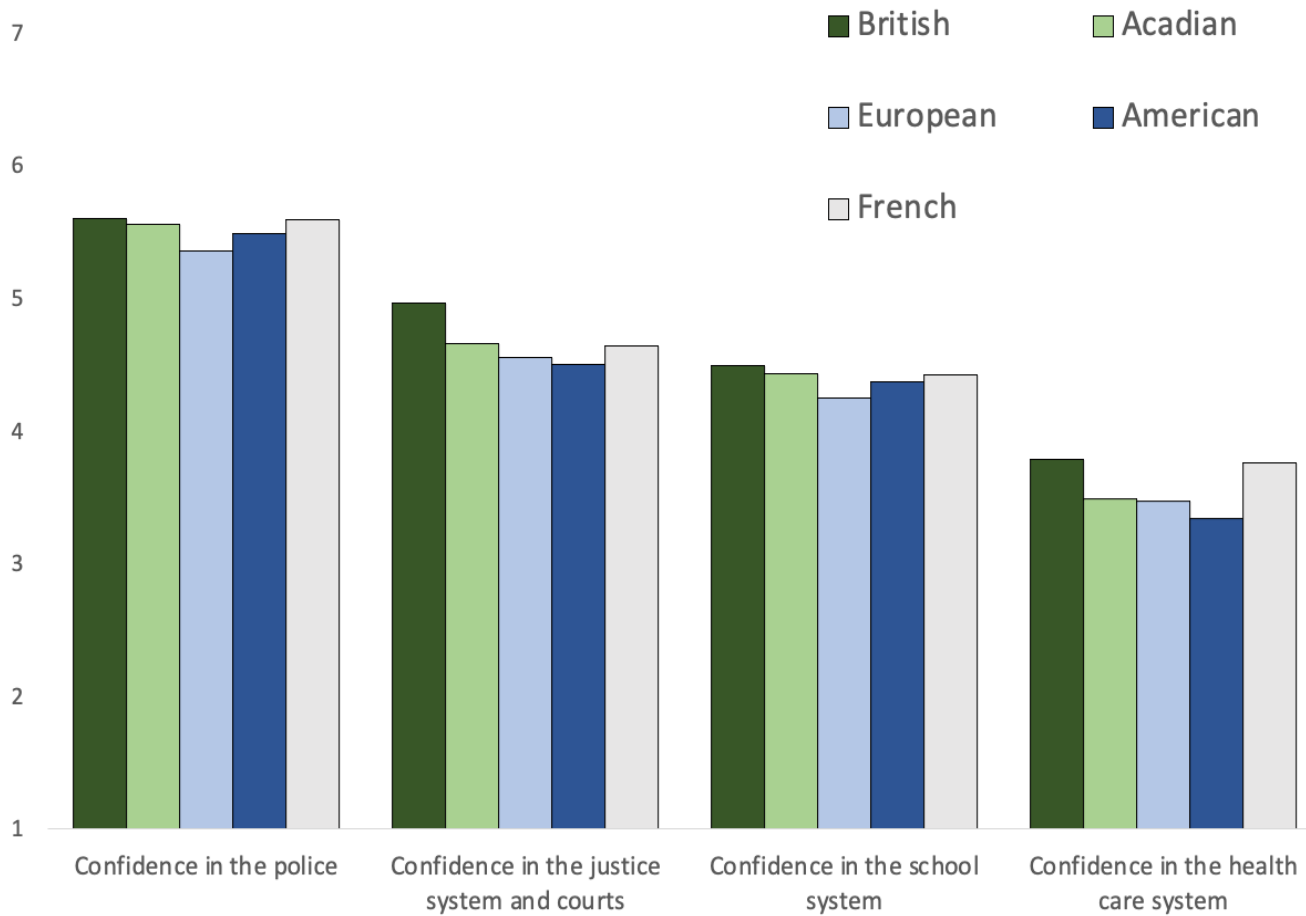
The following results represent women in HRM who responded to the survey who identified as belonging to one of four ethnicities. There are 16 options for ethnic identities in the survey, meaning that some ethnic identities are not represented or are self-reported as “other.” For example, there is no option for women to self-report as Sri-Laken, Caucasian, or a Pacific Islander. The number of women who reported identifying with a particular ethnicity was evaluated for generalizability and representativeness. For example, a sample of 50 women identifying with one ethnic group limits methodological soundness. Further, the results presented in this report is limited to non-Indigenous women in HRM as we did not survey on-reserve (see survey limitations at the end of this report for more details). The graphs below represent women who responded to the survey in HRM, identifying as Middle Eastern, African Canadian, South American, or Asian.

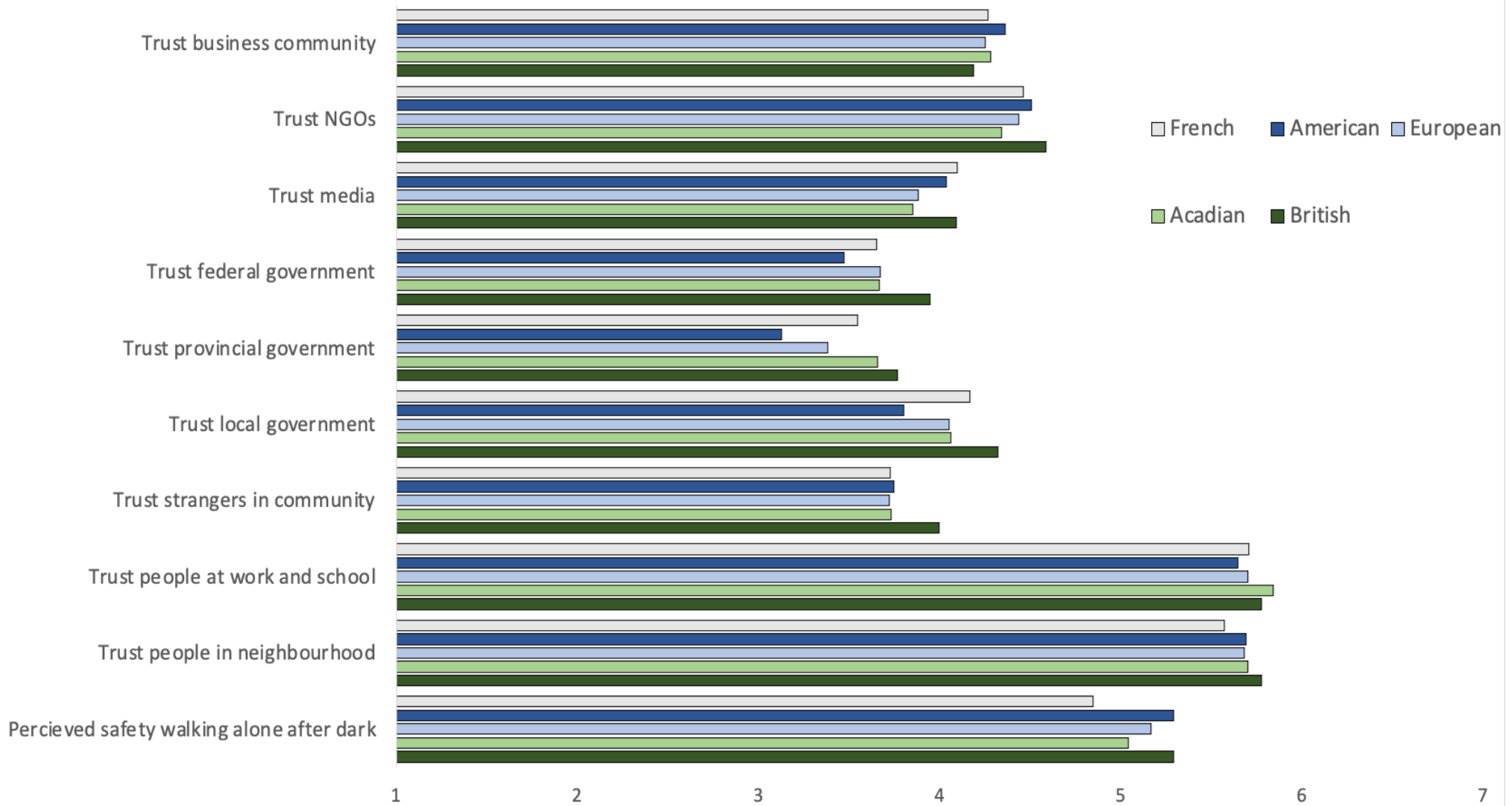


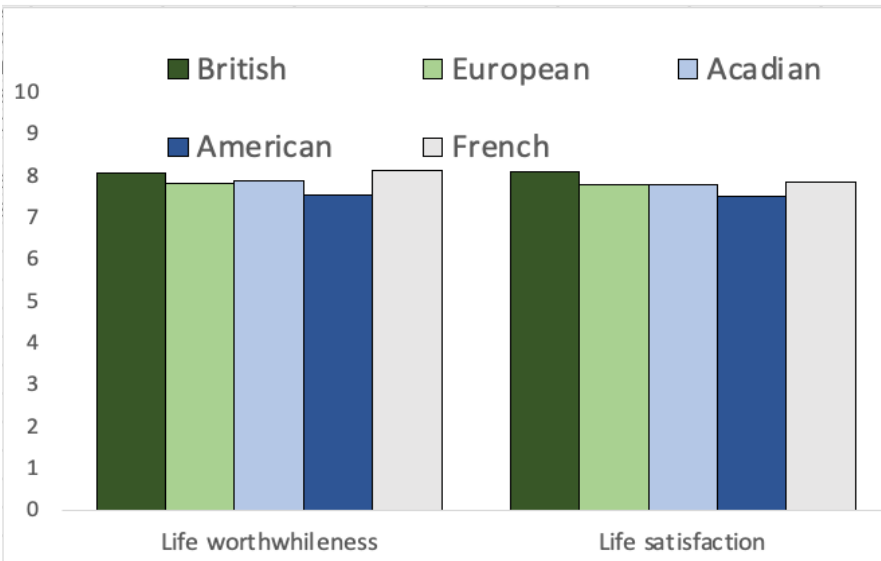
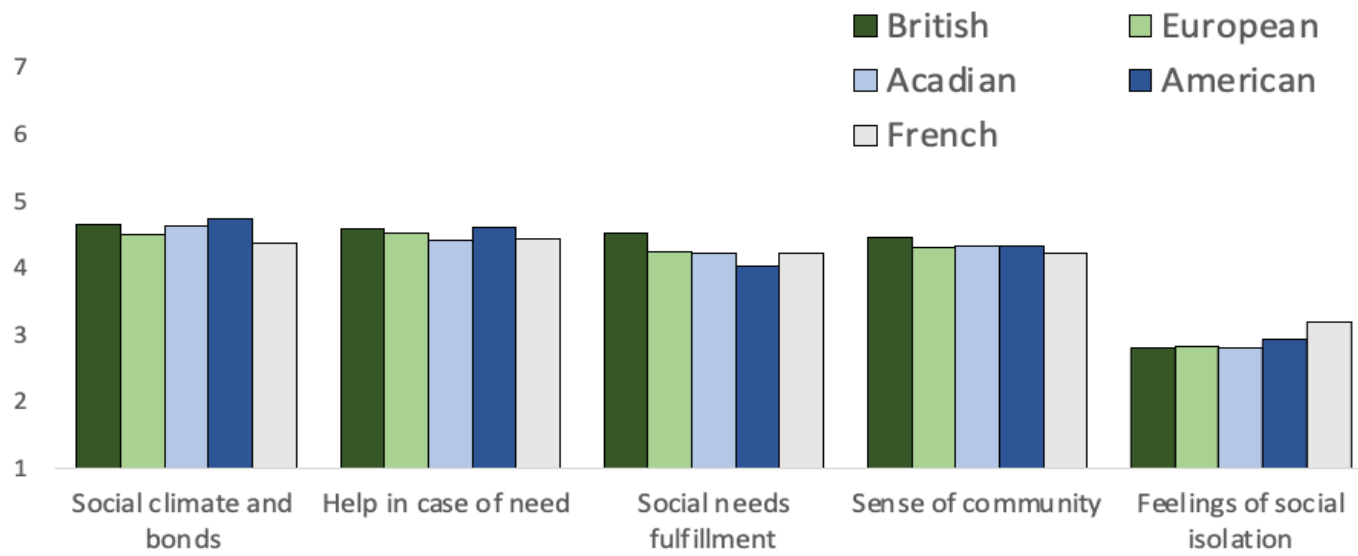




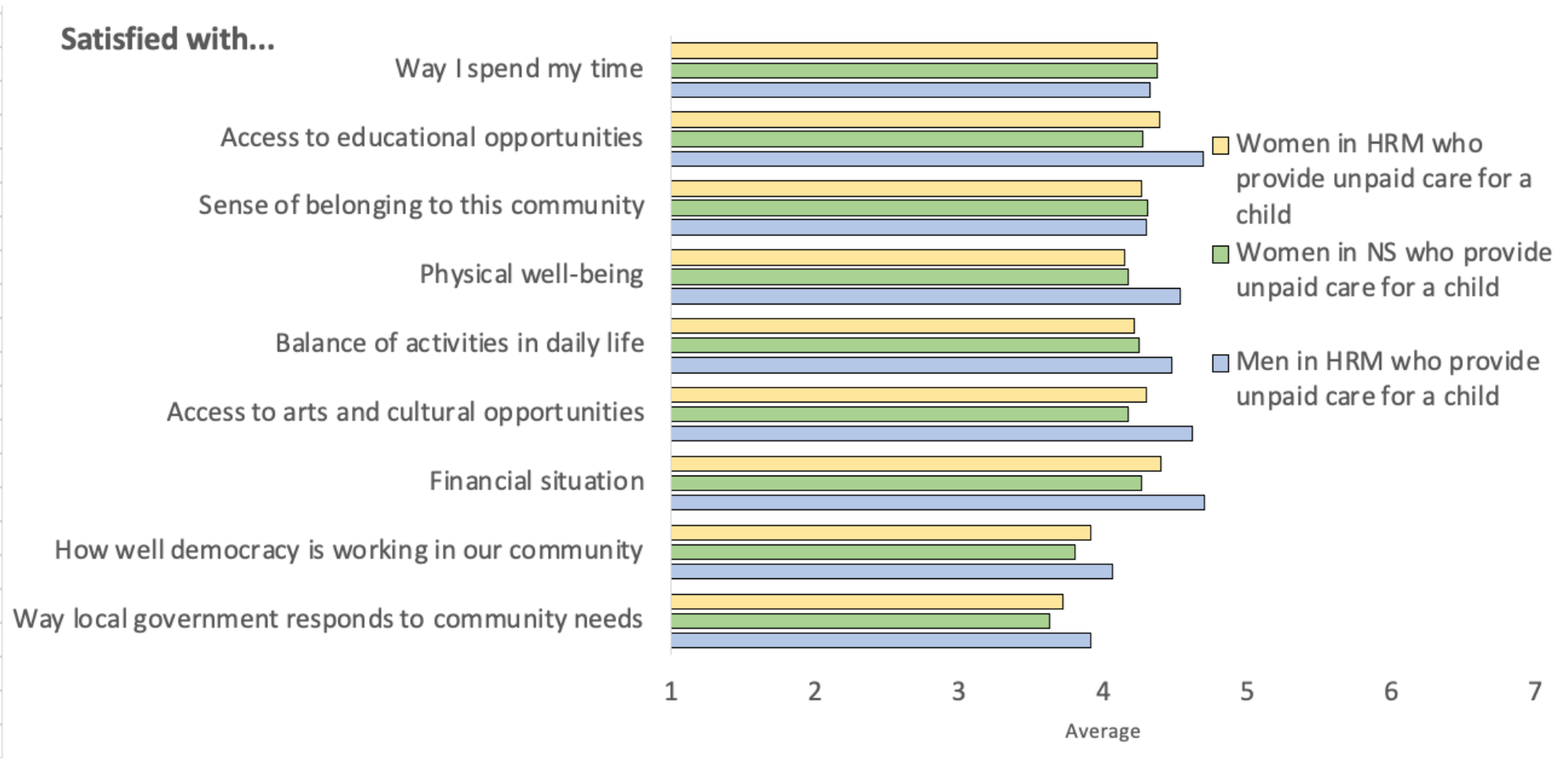
The graphs below represent women who responded to the survey in HRM, identifying as British, Acadian, European, American, or French.



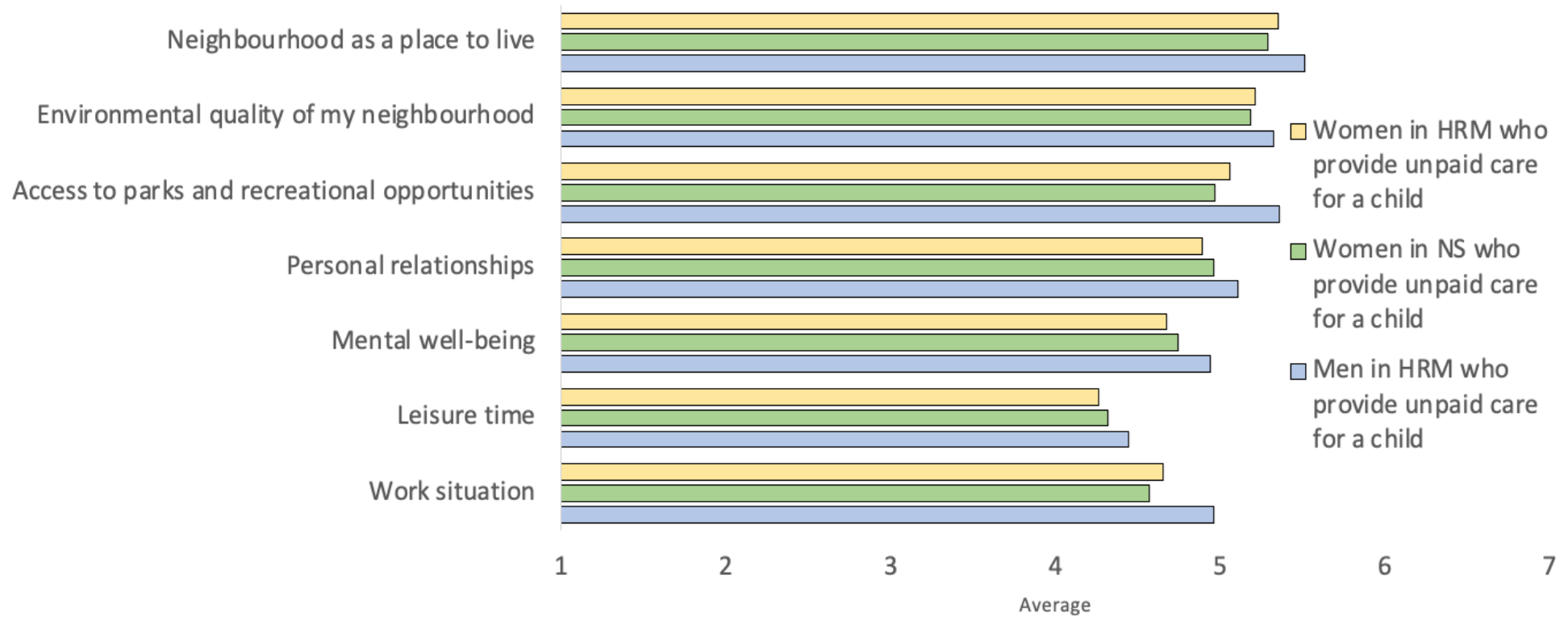




The following results represent those who responded to the survey who reported providing unpaid care for a child in their family.

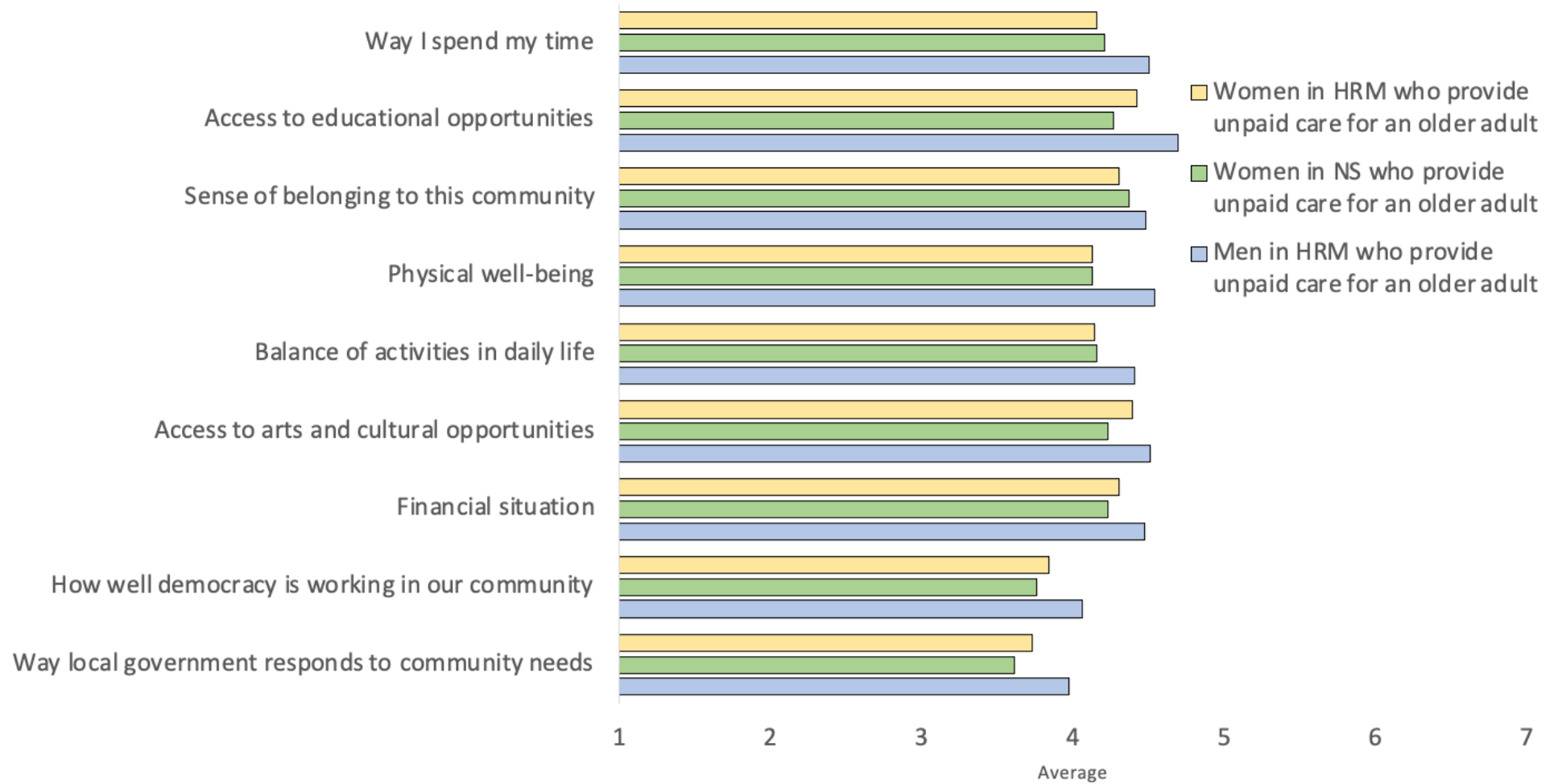


Satisfied with...

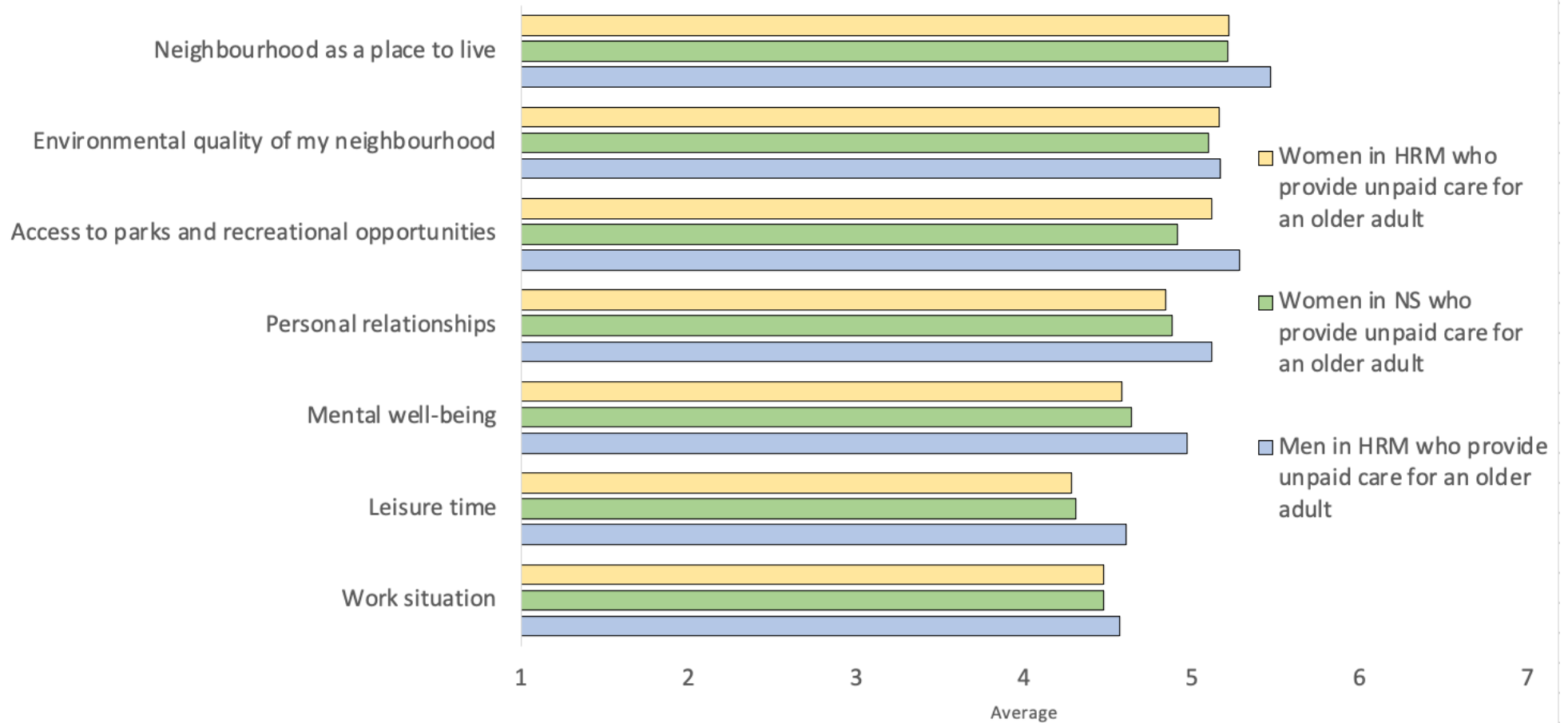


The following results represent those who responded to the survey who report providing unpaid care for an older adult in their family.

Satisfied with...

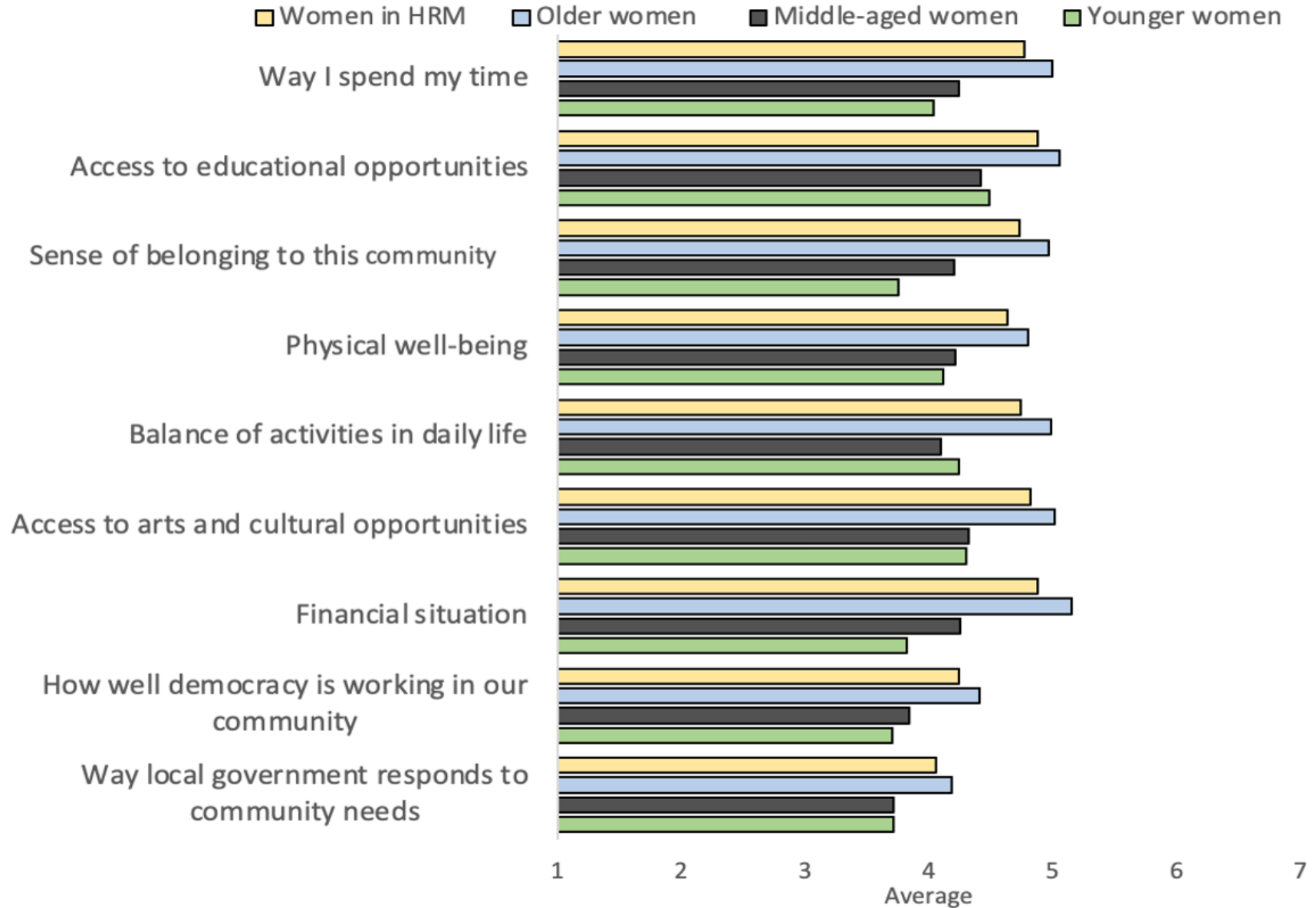


Satisfied with...



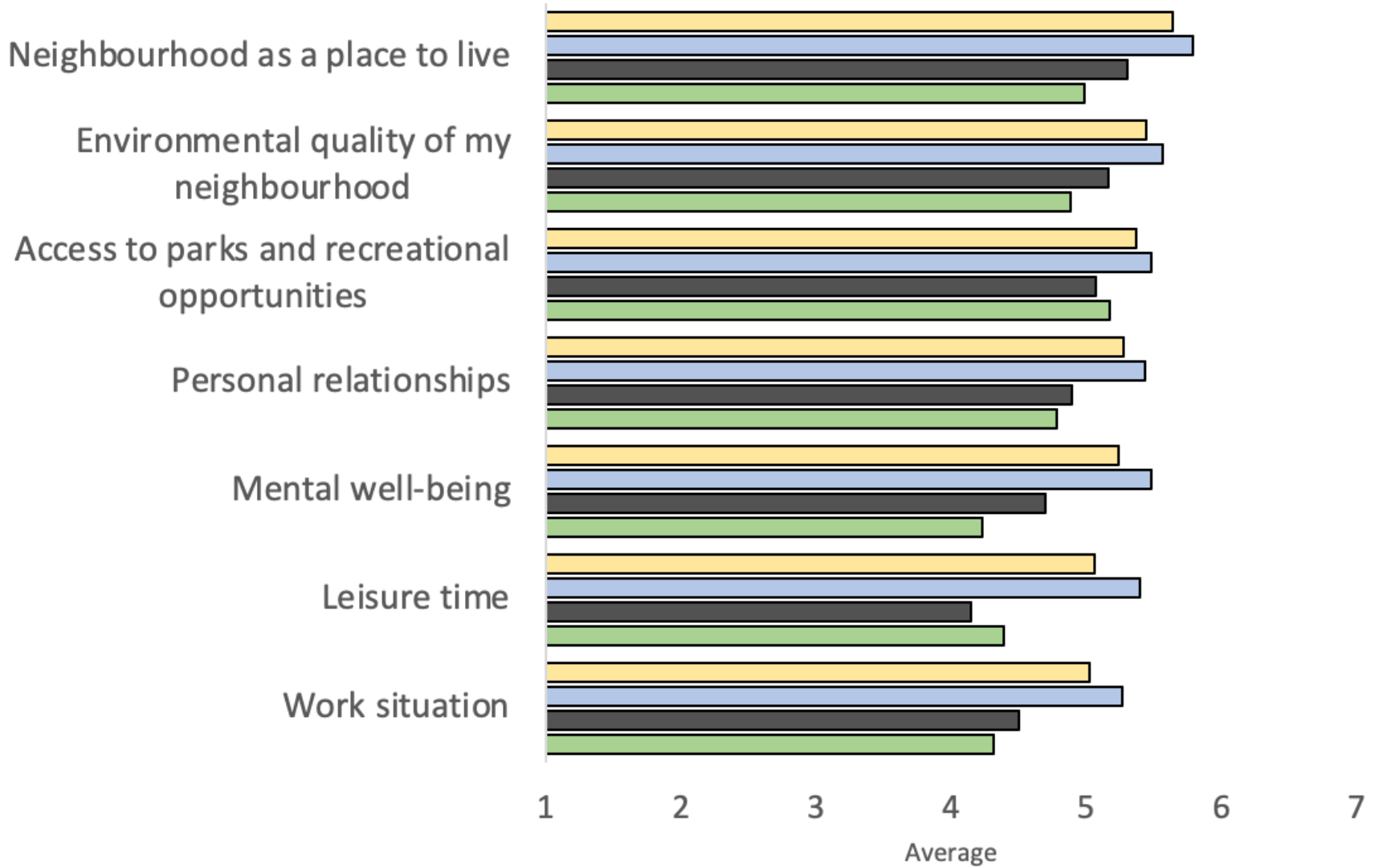
The following results represent women in HRM who responded to the survey by age group.

Satisfied with...

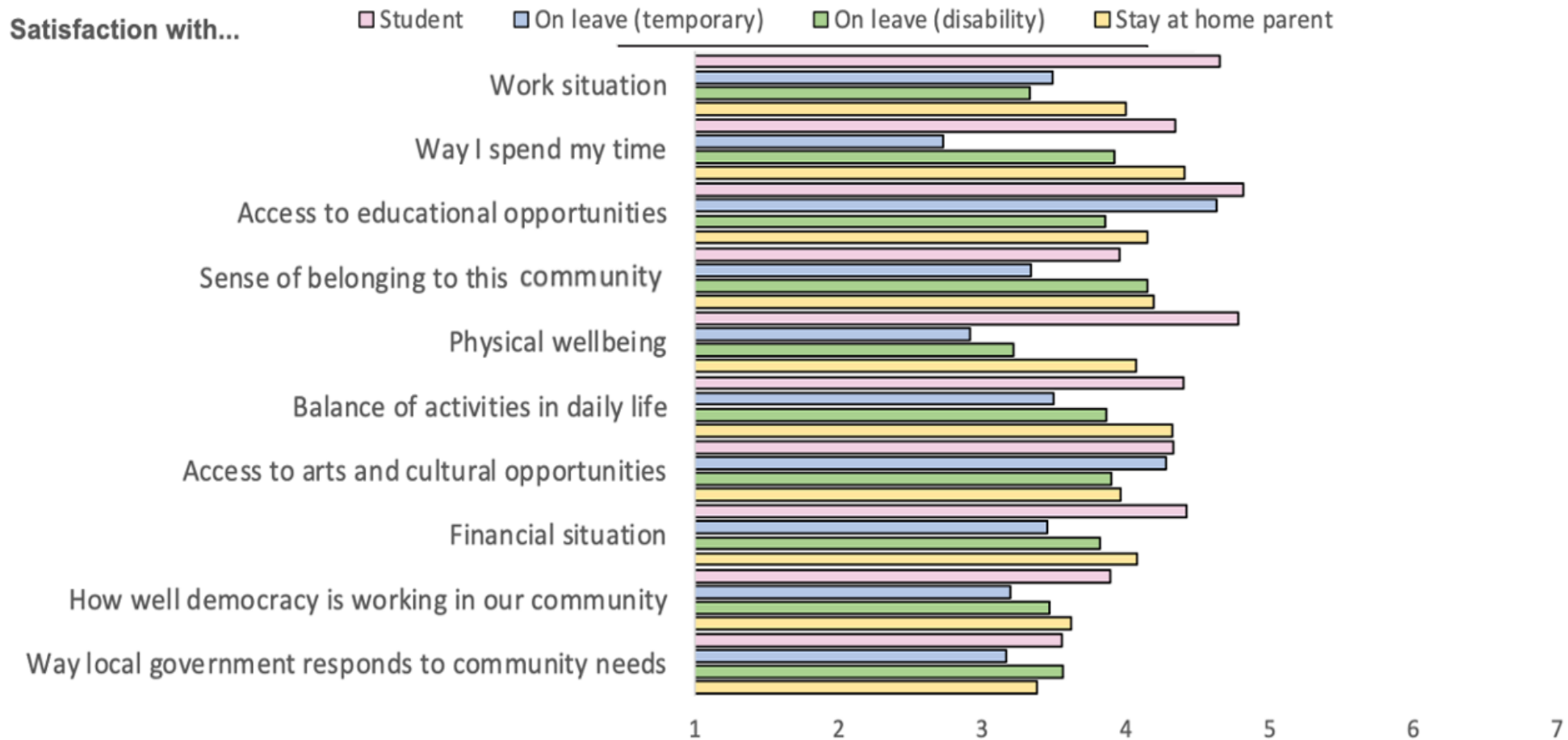


Satisfied with...

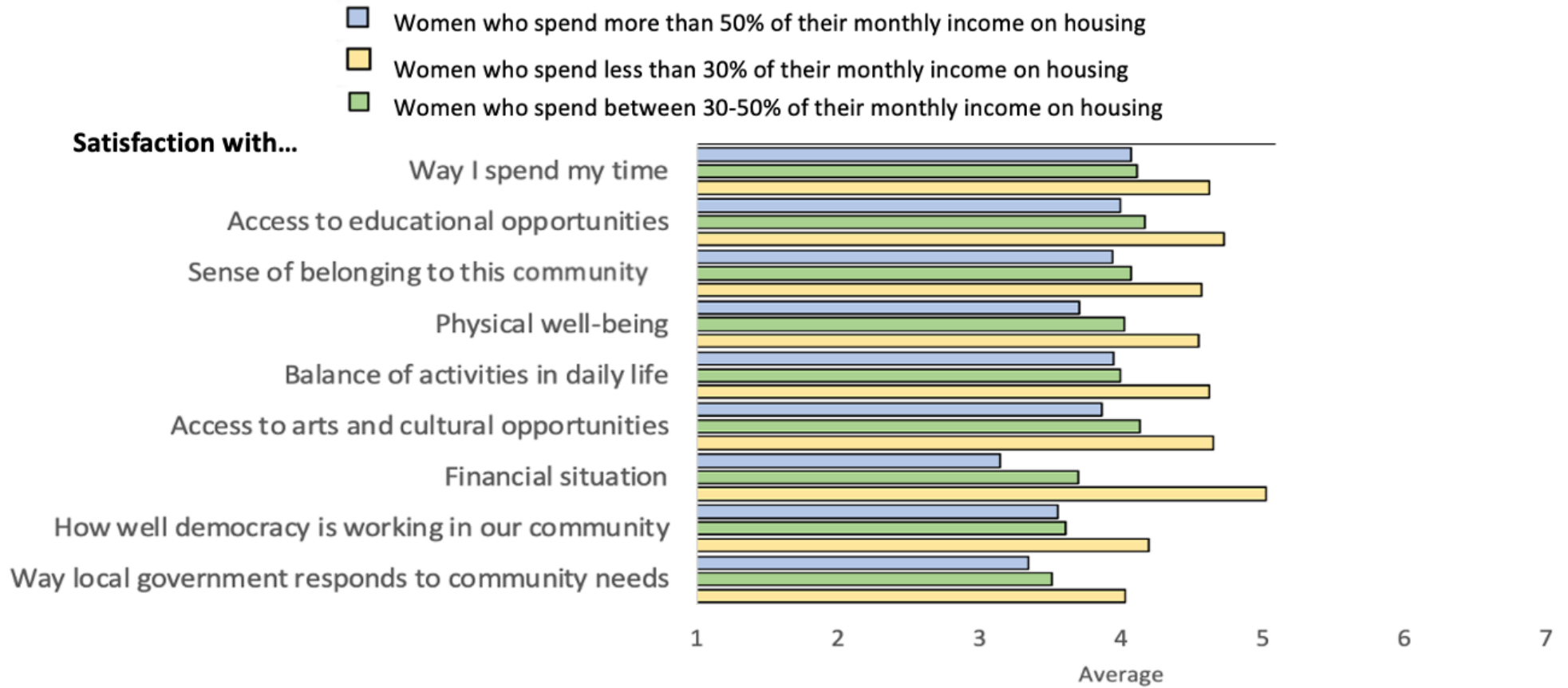
Women in HRM Older women Middle-aged women Younger women







The following results represent women in HRM who responded to the survey by their monthly income spent on housing.



- Women who spend more than 50% of their monthly income on housing
- Women who spend less than 30% of their monthly income on housing
- Women who spend between 30-50% of their monthly income on housing



Conclusion

Which women are at risk of falling behind?

Preliminary analyses highlighted meaningful differences among various groups of women in HRM who responded to the survey. We highlight where these groups of women are experiencing poor quality of life and where they are experiencing high quality of life.

Women who identify as being limited by their mental health

Where they are falling behind:

- Low number of close friends and relatives and those from whom they can ask a favour
- Low sense of belonging to community
- Low perceived safety walking alone after dark in community
- Low trust and confidence in institutions and people
- High experiences of discrimination

Women who identify as having lived in their community for less than five years

Where they are falling behind:

- Low sense of community
- Low trust in media
- Low satisfaction with personal relationships
- Low satisfaction with sense of belonging to community

Where they are doing well:

- Trust in all levels of government (local, provincial, federal)

Women who identify as not having Canadian citizenship

Where they are falling behind:

- Low trust in some institutions (e.g., media, business community)
- Feel they do not know neighbours well enough to ask a favour

Where they are doing well:

- High trust in government (local, provincial, federal)
- High satisfaction with educational opportunities and with government response to local needs

Which women are enjoying a high quality of life?

Preliminary analyses highlighted meaningful differences among various groups of women in HRM who responded to the survey. We highlight where these groups of women are experiencing high quality of life.

Women over the age of 50

Compared to the general provincial population of women, those over 50 experience:

- High confidence and trust in institutions
- High perceived time adequacy
- High average hours of sleep per night
- More vacation days
- High overall wellbeing (e.g., satisfaction with mental wellbeing, satisfaction with balance of activities in daily life, satisfaction with financial situation)
- High life satisfaction
- High sense of help in case of need
- High overall sense of community
- High self-assessed mental health

Women who are married

Compared to the general provincial population of women, those who are married experience:

- More neighbours known well enough to ask a favour
- Sense of belonging to community
- High confidence and trust in institutions
- High self-assessed mental health
- High perceived time adequacy

Limitations

The findings presented here should be interpreted with the understanding that there are limitations of the data. For example, those who self-reported their ethnic identity were limited to the options available on the original survey, a limiting feature of most survey designs to enable feasibility of data analysis. This limitation is present on questions such as gender identity, marital status, and household composition. This is particularly highlighted by the lack of information presented about Mi'kmaw and other Indigenous women. We did not undertake the survey on-reserve and we are not sharing distilled data about Mi'kmaw and other Indigenous survey respondents because of our ongoing consideration of the First Nations principles of ownership, control, access, and possession (OCAP[®]), which “assert that First Nations have control over data collection processes, and that they own and control how this information can be used.”¹⁰

Strengths

Overall, the information presented in this report contextualizes quality of life for a sample of women using a dataset that is unique in scope and size. In general, when women are experiencing lower or higher quality of life, the differences tend to emerge in sense of belonging, trusting people, and holding confidence in community institutions. Future surveying will be enhanced with consideration for culturally-aware pathways to quality of life, which will allow us to paint a picture of the trends present in women's quality of life over time. We hope this information will help shed light on the gaps, strengths, and experiences of women who live in HRM, Nova Scotia.

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- ² Canadian Index of Wellbeing. (2016). *How are Canadians Really Doing? The 2016 CIW National Report*. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo.
- ³ Michalos, A.C., Smale, B., Labonté, R., Muharjarine, N., Scott, K., Moore, K., Swystun, L., Holden, B., Bernardin, H., Dunning, B., Graham, P., Guhn, M., Gadermann, A.M., Zumbo, B.D., Morgan, A., Brooker, A.-S., & Hyman, I. (2011). *The Canadian Index of Wellbeing. Technical Report 1.0*. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo.
- ⁴ Smale, B., Gao, M., & Jiang, K. (2020). *An Exploration of Wellbeing in Nova Scotia: A Summary of Results from the Nova Scotia Quality of Life Survey*. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo.
- ⁵ Smale, B., & Gao, M. (2020). *A Closer Look: The Nova Scotia Quality of Life Survey based on the CIW Community Wellbeing Survey*. A report prepared for Engage Nova Scotia. Waterloo, ON: Canadian Index of Wellbeing and University of Waterloo.
- ⁶ Prezza, M., Pacilli, M. G., Barbaranelli, C., & Zampatti, E. (2009). The MTSOCS: A multidimensional sense of community scale for local communities. *Journal of Community Psychology*, 37(3), 305-326.
- ⁷ Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys: Results from two population-based studies. *Research on Aging*, 26(6), 655-672.
- ⁸ Statistics Canada. 2017. *Halifax, RGM [Census subdivision], Nova Scotia and Nova Scotia [Province] (table)*. *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017.
<https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>.
- ⁹ Statistics Canada. Table 11-10-0143-01. Average female and male earnings and female-to-male earnings ratio. DOI: <https://doi.org/10.25318/1110014301-eng>
- ¹⁰ First Nations Information Governance Centre. (2021). The First Nations Principles of OCAP®. <https://fnigc.ca/ocap-training/>.