



CANADIAN

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# SOCIAL TRENDS

## FEATURES

*Time alone*

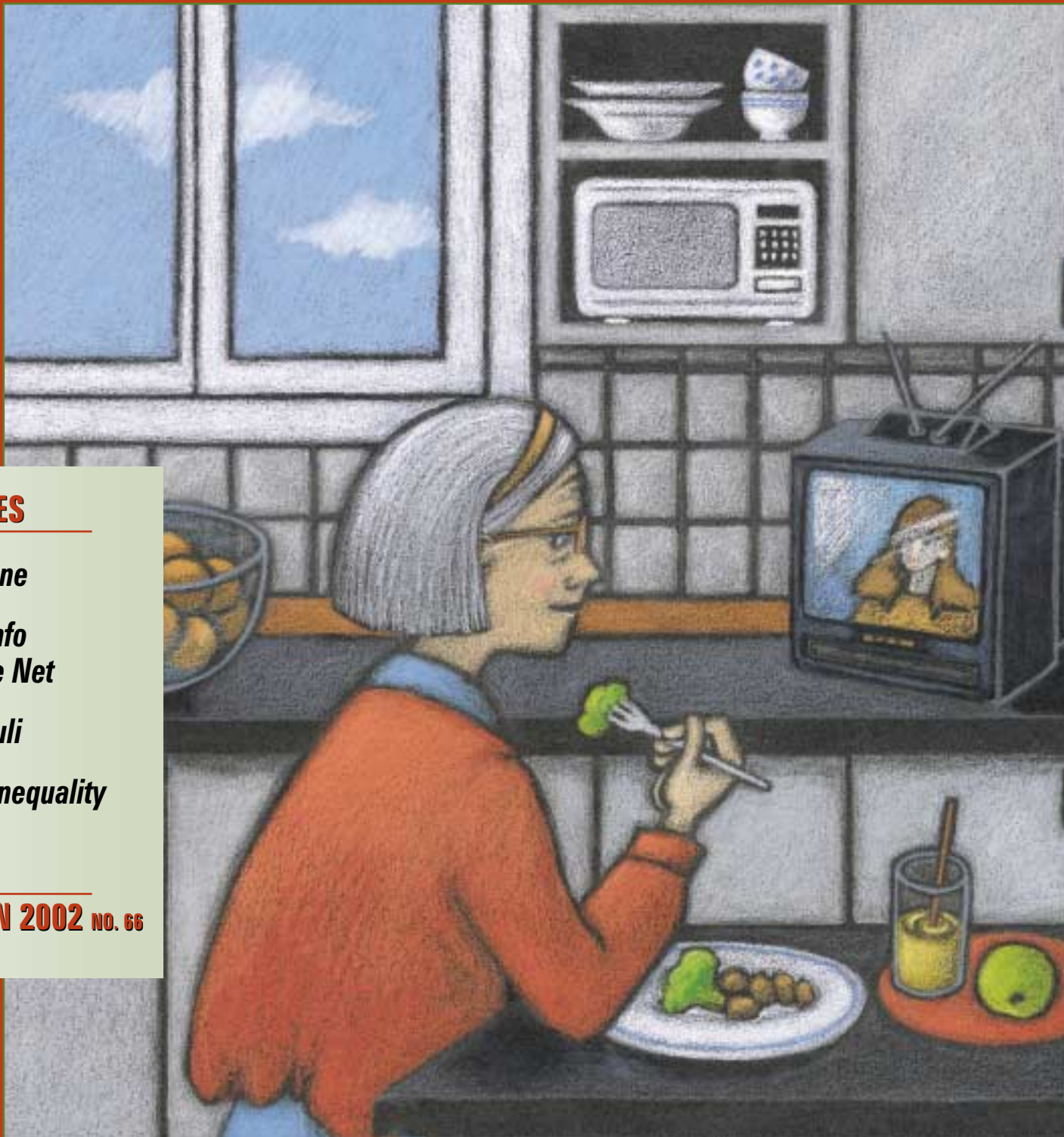
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# Time alone

by Warren Clark

Portable phones, pagers and data transmission devices of every sort keep us terminally in touch wherever we are. At the same time, many people frequently feel lonely. Loneliness has been linked to depression, anxiety, interpersonal hostility and an increased vulnerability to health problems.<sup>1</sup> Surveys asking what's most important in life routinely find relationships at the top of the list. Connections with other people sustain us, enrich us, and allow us to know who we are. Studies show they can make us healthier, happier and more successful at our jobs.<sup>2</sup> They make life worth living. Yet, many people live alone and spend much of their time alone.

Using data from the Census of Population, the Labour Force Survey (LFS) and the General Social Survey (GSS), this article examines the groups of Canadians most likely to live alone, the amount of time spent alone on an average day, attitudes to spending time alone and the influence that time alone has on overall happiness.

1. Rokach, A. 2000. "Perceived causes of loneliness in adulthood." *Journal of Social Behavior and Personality* 15, 1: 67-84.
2. Pappano, L. 2001. *The Connection Gap — Why Americans Feel So Alone*. New Brunswick, N.J.: Rutgers University Press. p. 130.



## CST What you should know about this study

Data on time spent alone come from the 1986, 1992 and 1998 General Social Surveys (GSS) on the time use of Canadians. Respondents were asked to indicate who was with them during each activity on the reference day. Those who said they were alone were recorded as spending time alone for the duration of that activity.

The 1986 GSS interviewed people between November 22 and December 22, whereas the 1998 survey was conducted throughout the year. However, selected interviews for 1998 show little difference in the time people spent alone during the pre-Christmas period and the rest of the year (6.0 hours versus 5.9 hours). This suggests that seasonality is not an important source of variation in time spent alone and that the increase between 1986 and 1998 is real.

Data on living alone are taken from the Census of Population and the 2001 Labour Force Survey. The concept of living alone refers to being the sole occupant of a private dwelling. Persons living alone are therefore not necessarily alone in the sense of being socially isolated. Excluded are those who live in collective dwellings such as hotels, hospitals, residences, institutions, camps, jails and rooming houses, representing about 1.6% of the population in 1996.

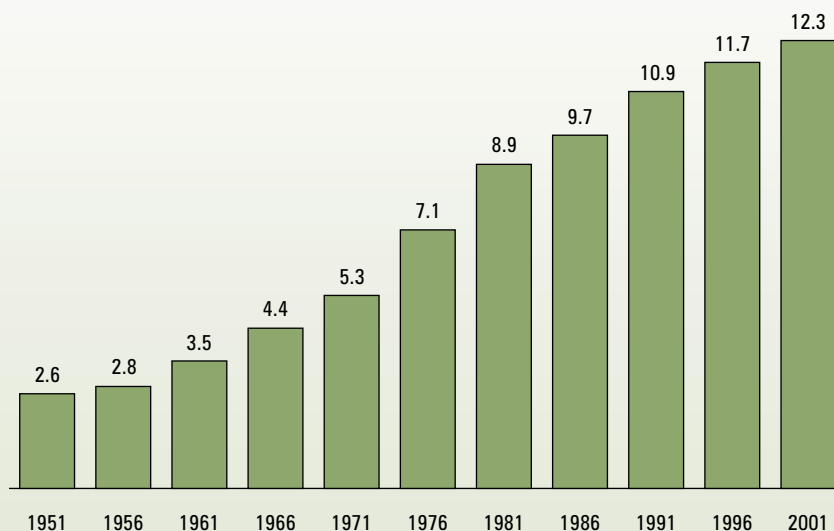
## Living alone has soared over the past 50 years

Although we want to be connected to those around us, our lives seem to be headed in the opposite direction. Over the last 50 years, living alone has become much more common: the proportion of Canadians aged 15 and over who lived alone nearly quintupled from 2.6% in 1951 to 12.3% in 2001.<sup>3</sup>

Many reasons may account for the rise in this living arrangement. The decline of extended families has seen more unattached grandparents, aunts and uncles — who previously would have stayed with relatives — living on their own, while falling fertility rates and fewer children living close by have left many widowed seniors alone.<sup>4</sup> Other equally important factors include the Canada and Quebec Pension Plans of 1966, which reduced economic hardship among seniors; health care programs that increasingly provide care in people's homes; and household conveniences, including microwaves, dishwashers, frost-free refrigerators, freezers and boxed meals, which all make living alone easier to accomplish.<sup>5</sup> As for the

## CST Living alone has become more common in the last 50 years

% of population aged 15 and over living alone



Source: Statistics Canada, Census of Population, 1951–1996, and Labour Force Survey, 2001.

3. About 12% of Great Britain's population lived alone in 2001 and 10% of the United States' in 2000. Matheson, J. and P. Babb (ed.). 2002. *Social Trends* 32. London, England: National Statistics. p. 41; and U.S. Census Bureau. 2002. *Quick Tables*. <http://factfinder.census.gov>, DP-1 Profile of General Demographic Characteristics — 2000; Data set; Census 2000 Summary File 1 (SF 1): 100-Percent Data; Geographic Area: United States (Accessed on 15 February 2002.)

4. Macunovich, D.J., R.A. Eaterlin, C.M. Schaeffer and E.M. Crimmins. February 1995. "Echoes of the baby boom and bust: Recent and prospective changes in living alone among elderly widows in the United States." *Demography* 32, 1: 18.

5. Miron, J.R. 1980. *The Rise of the One-Person Household: The Ontario Experience, 1951 to 1976*. University of Toronto, Centre for Urban and Community Studies. Research paper no. 116, p. 1-2.

young, changing societal circumstances such as delayed marriage, high divorce rates and greater economic independence for women have made the option of staying alone more likely.<sup>6</sup>

Not only are more Canadians living alone, but they do so at a younger age. According to the 1995 GSS, adults who in 1995 were between the ages of 25 and 34 were much more likely to have lived alone at ages 15 to 24 than their senior (ages 65 and over) counterparts: 36% versus 6%. Nearly one-quarter of seniors (23%) reported first being on their own at age 55 or older, probably due to widowhood in many cases, and almost half (47%) had never lived alone. While coping with the loss of a spouse is stressful at any age, learning to live alone later in life, when change is more difficult to adapt to, can be even more trying.

### Smaller households, larger homes

Many homes today are designed to provide people with spaces where they may do many things simultaneously. In the kitchen/family room, one person may be preparing a meal and speaking on the phone, while another watches TV and exercises, or checks e-mail while snacking, doing homework and listening to music on headphones. The old living room, with its essentially single purpose of sitting and talking has, in effect, been replaced with a room that encourages household members not to gather around the fire on a winter evening but to be privately engaged in separate tasks.<sup>7</sup>

Homes with more places to be alone and uninterrupted by other

family members are often in great demand. Between 1951 and 1996, while the size of the average household shrunk from 4.0 to 2.6 people, the size

of homes increased from 5.3 to 6.1 rooms. As a result, even individuals who live with others spend more time by themselves. Not too many years

Age	CST Nearly 4 in 10 senior women live alone			
	Both sexes	Both sexes	Men	Women
	'000	% of population living alone in private households		
15 and over	3,030	12	12	13
15-24	140	3	4	3
25-44	980	10	14	7
45-54	450	10	11	9
55-64	400	14	11	16
65 and over	1,060	29	17	38

Source: Statistics Canada, Labour Force Survey, 2001.

Age	CST Time alone has increased most for men aged 45 to 64			
	1986	1992	1998	Change between 1986 and 1998
	Number of hours spent alone on an average day			Hours
<b>Both sexes</b>				
15 and over	4.4	5.3	5.9	1.5
15-24	3.6	4.4	4.7	1.1
25-44	3.9	4.7	5.5	1.6
45-64	4.8	6.0	6.5	1.7
65-74	5.8	6.9	6.9	1.1
75 and over	6.8	7.8	8.0	1.2
<b>Men</b>				
15 and over	4.1	5.4	6.0	1.9
15-24	3.9	4.7	4.9	1.0
25-44	3.9	4.9	5.8	1.9
45-64	4.3	6.0	6.6	2.3
65 and over	5.1	6.5	6.5	1.4
<b>Women</b>				
15 and over	4.6	5.3	5.8	1.2
15-24	3.3	4.1	4.4	1.1
25-44	4.0	4.5	5.1	1.1
45-64	5.3	6.0	6.4	1.1
65 and over	6.9	7.6	8.0	1.1

Source: Statistics Canada, General Social Survey.

6. Teachman, J.D., L.M. Tedrow and K. Crowder. November 2000. "The changing demography of America's families." *Journal of Marriage and the Family* 62: 1243.

7. Pappano, L. 2001. op.cit. p. 109-110.



ago, for example, a small space tucked between bedrooms was the only bathroom for a household. Today, even the most modest new homes have two and sometimes three washrooms to preserve the privacy of fewer household members. Bedrooms, which in the past were often shared by siblings, are now often occupied by one child only, ensuring further privacy.

### Independent living rises most among the oldest

When picturing people living alone, widows and widowers often come to mind. In 2001, they were the largest group of people living on their own — about one million seniors, mostly widows. The rise in living alone reflects in part the aging of the population, as more people find themselves on their own after the death of a partner. At the same time, with the introduction of the Canada Pension Plan in 1966, fewer widowed people suffer economic hardship, facilitating an independent life.

In 1971, 39% of widowed people aged 65 and over lived alone; by 2001, this figure had increased to 72%.<sup>8</sup> Although widowed men and women of all ages are more likely to live alone than in the past, independent living increased the most among those over age 85.

However, seniors are not the only Canadians to report growing rates of living on their own. Individuals aged 25 to 44 are also increasingly more likely to experience this living arrangement (just under one million of them in 2001), with men this age nearly twice as likely as women to do so: 14% versus 7%, respectively.

### Canadians spend nearly six hours a day alone

According to the GSS, on an average day in 1998, Canadians aged 15 and over spent 5.9 hours alone compared with 4.4 hours in 1986 (excluding personal care activities such as sleep and



## Young working adults and parents aged 25 to 44 with children spend the least time alone

Age	Both sexes	Men	Women
	Number of hours spent alone on an average day		
<b>15 and over</b>	5.9	6.0	5.8
15–24			
Students	4.9	5.0	4.9
Employed	4.3	4.4	4.2
25–44			
Single	7.0	7.6	5.9
Married/common-law, no children	5.5	5.5	5.5
Married/common-law, children	4.8	5.0	4.6
45–64			
Single	9.0	9.6	8.2
Married/common-law, no children	6.0	6.1	5.9
Married/common-law, children	5.9	6.0	5.7
65 and over			
Married	5.2	5.3	5.1
Widowed	10.3	10.5	10.2

Source: Statistics Canada, General Social Survey, 1998.

personal hygiene). Time spent alone grew in nearly every group, but particularly among men aged 45 to 64, who reported an increase of over 2 hours between 1986 and 1998.<sup>9</sup> In contrast, women's time on their own climbed by approximately 1.2 hours, regardless of age.

Interestingly, people spent more time alone during both paid and unpaid work as well as leisure activities. The advent of personal entertainment devices and home computers likely contributed to more leisure time alone. Despite households getting smaller, the number of televisions has been climbing, thereby facilitating solitary viewing; while in 1990, 54% of households had more than one black and white or colour televisions, by 2000 58% reported having at least two colour televisions.

Dinner-table discussions — times when families exchange news, make plans and converse — may be one of the casualties of the rising trend in aloneness. Even people who live with others are eating more meals alone. On an average day in 1998, 50% of adults living with others ate at least one meal alone compared with 36% in 1986. Among those who live on their own, half ate all their meals alone (approximately the same proportion as in 1986), while 11% ate all their meals with someone else (down from 15% in 1986). Younger individuals

8. Statistics Canada. 1971 Census of Population and 2001 Labour Force Survey.

9. In particular, men aged 45 to 64 spent 2.2 hours alone doing paid work in 1998, compared with 1.2 hours in 1986.

who lived alone were much less likely than older ones to eat all of their meals alone: 29% of 25- to 34-year-olds compared with 65% of seniors.

### **Women with young children have the least time alone**

Nearly everyone spends some time during the day alone, even if it's only for a few minutes while driving to work after dropping off the kids at school.<sup>10</sup> Not surprisingly, older people spend much more time by themselves than younger ones. In 1998, Canadians aged 75 or over spent 8.0 hours alone on an average day compared with 4.7 hours reported by 15- to 24-year-olds. Women under 65 years spend less time by themselves than men that age, possibly because they tend to be more involved in caring for their families and participating in social activities. Even on the job, however, women spend less time working alone than men: 30% of their paid work time versus 40% reported by men. This difference may reflect the fact that women are more concentrated in health care and teaching professions as well as sales and services occupations, which involve a lot of social interaction.

Children, especially young children, require a lot of attention. It is no surprise, then, that parents aged 25 to 44 spend less time alone on an average day (4.8 hours) than others. As children grow older and the need to spend time with them declines, parents' time alone rises to about the same level as that of people without children. Parents aged 45 to 64, who tend to have older children, spend 5.9 hours alone compared with 6.0 hours for people the same age without children. Mothers with children all under age 5 spent the least time alone — 3.6 hours on an average day — compared with 5.1 hours for mothers with children aged 5 to 12, and 5.7 hours for mothers with teenagers.

### **25% of Canadians would like more time alone**

When the 1998 GSS asked Canadians if they wanted to spend more time alone, about one in four answered "yes." Not surprisingly, women aged 25 to 44 with children under 5 years were most likely to express this wish, 58%, compared with 34% of men in the same circumstances. When the children were older and required less care, mothers in this age group reported less need for more time alone. Because most seniors already spend a lot of time by themselves, few expressed a wish for more time alone (7%). And naturally, being time-stressed makes a difference. Among those who were highly time-stressed, 60% wanted more time alone compared with 31% of those with moderate levels of time stress and 8% with low levels.<sup>11</sup>

### **Time alone influences happiness**

According to the 1998 GSS, people who spent a lot of time by themselves were less likely to be very happy with their lives than those who spent little time alone. For example, 48% of those who spent less than 2 hours alone on an average day were very happy compared with 37% who spent 8 or more hours by themselves. This difference was greatest among seniors and almost non-existent among those aged 45 to 64.

Because people who live alone usually spend the most time alone, it is not surprising that they are less likely to be very happy than people who live with a spouse and children, or just a spouse. Lone parents aged 15 to 24 were the only group of people living with others who were less likely to be very happy than individuals this age living on their own. Overall, about 30% of people living alone felt very happy, compared with 44% of those with a spouse and children, and 48% with only a spouse. Part of the difference in happiness may be linked

to income (and people living alone generally have less income than those living with a partner), as people with higher incomes are more likely to say they are very happy.

### **Summary**

A combination of factors has resulted in more Canadians living on their own than ever before. In addition, we are spending more time alone even if we live with others. Women with young children spend the least time by themselves and are most likely to wish they had more time on their own. In contrast, many seniors are by themselves a lot and as a result very few wish to spend more time alone. Time alone seems to influence our level of happiness — those who spend a lot of time alone are less likely to be very happy than those who spend very little time by themselves.

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10. In 1998, 10% of the population aged 15 or over spent less than 1 hour alone on an average day while 19% spent more than 10 hours on their own.

11. Respondents were asked 10 questions to measure their perception of time stress. Answering "yes" to 7 or more questions classified someone as highly time stressed, "yes" to 4 to 6 questions as moderately time stressed and to 3 or fewer questions as having low levels of time stress. In 1998, 17% of the population aged 15 and over had high, while 30% had moderate levels of time stress.



**Warren Clark** is a senior analyst with Housing, Family and Social Statistics Division, Statistics Canada.



# Health information on the Net

by Kathryn Stevenson

*The office was busy and you didn't catch everything the doctor was saying. On the way home, you remembered all the questions you forgot to ask, and wondered what else there was to know about this condition. With no medical reference text on the bookshelf, you turn to the Internet — the latest tool for the health care consumer. You type the name of the illness into the search engine and within minutes you have an almost overwhelming volume of information from a variety of web sites.*

*Some Canadians turn to the Internet to find out more about a specific disease, while others use it to self-diagnose or to look for the latest diet regime. While, traditionally, people have used libraries and medical books to enhance their knowledge of health and medicine, the advent of the Internet presents a new means of acquiring information. And the more popular the Net becomes, the more likely people will be to use it as a search vehicle for the latest details on a variety of topics, including medical conditions, alternative treatments and experimental cures.*

CST

## What you should know about this study

Data in this article come from the 2000 General Social Survey (GSS) on access to and use of information communication technology and the Household Internet Use Survey (HIUS) from 1997 to 2000. The 2000 GSS collected detailed information about individuals' use of technology. Over 25,000 respondents aged 15 and over living in private households in the 10 provinces were interviewed. The survey asked questions about using the Internet for health information, types of information sought, web sites visited, and overall satisfaction with the information. The HIUS, first conducted in 1997 to measure the adoption of Internet services by Canadian households, collected data from approximately 34,000 private households in the 10 provinces. A question was included on using the Internet to search for medical or health information.

Along with a wealth of other subjects, health and medical information is readily available on the Internet. Who is most likely to search the Net for health-related topics? What sorts of health information are Canadians looking for and where exactly are they looking? And is the information they find credible?<sup>1</sup> Using data from the 2000 General Social Survey (GSS) and the Household Internet Use Survey (HIUS) for the 1997 to 2000 period, this article explores some of these questions.

### Nearly half of Net users have searched for health-related information

Health and medical information was the third most popular topic people searched for in 2000, following window shopping (information on

products and services) and news. Six million Canadians, or 46% of Internet users aged 15 and over, searched the Net for health or medical information; 3.4 million individuals had searched at least once a month in the previous year. Over time, use of the Net for health topics grew dramatically: between 1998 and 2000, the number of households looking for health-related information on the Internet increased by over 146% to 2.7 million. The growth of this group now

1. World Health Organization. 1999. *Medical Products and the Internet: A Guide to Finding Reliable Information*. [www.who.int/medicines/library/qsm/who-edm-qsm-99-4/medicines-on-internet-guide.html](http://www.who.int/medicines/library/qsm/who-edm-qsm-99-4/medicines-on-internet-guide.html) (Accessed May 6, 2002.) Geneva; "The web of information inequality." *The Lancet*. 1997. 349: 9068.

outpaces by far the overall growth in the number of Internet users (83%).<sup>2</sup>

Most people surfing the Internet for health-related topics are regular Net users.<sup>3</sup> Among those who searched online for health information, more than 60% used the Internet at least once a month, while 8% did so at least weekly. Women were more likely to look for health topics than men: 52% compared with 41%. This is not surprising given that women generally use health care services more often than men; women also tend to be more interested in health issues.<sup>4</sup> Searching for this type of information was common to Canadians of all ages, with the exception of young adults. Men in the 15- to 24-year age group were the least likely to try to find answers to health and medical questions; just over one-quarter had done so in the previous year.

Households with children are far more likely to search the Net for health information than other types of households. Among those households searching online for health-related topics, 18% had a child or children under age 5, 26% had children between 6 and 12 years and 22% had teenagers. The remaining one-third was divided among singles, couples without children and multi-family households without children.

### Health care workers most likely to search the Net for health information

Health care workers<sup>5</sup> have a higher than average rate of Internet use: 59% of health care workers use the Net compared with 53% of all paid workers. Not surprisingly, they are also more likely to search for health-related information; in fact, about 7 in 10 of Internet users employed in the health care sector had done so.

As health care workers take to the Net, elements of Canada's health care system are also moving online. Governments at all levels have invested in

more than 200 information and technology initiatives across Canada.<sup>6</sup> These include remote diagnosis, health promotion and education, and training of health care professionals.

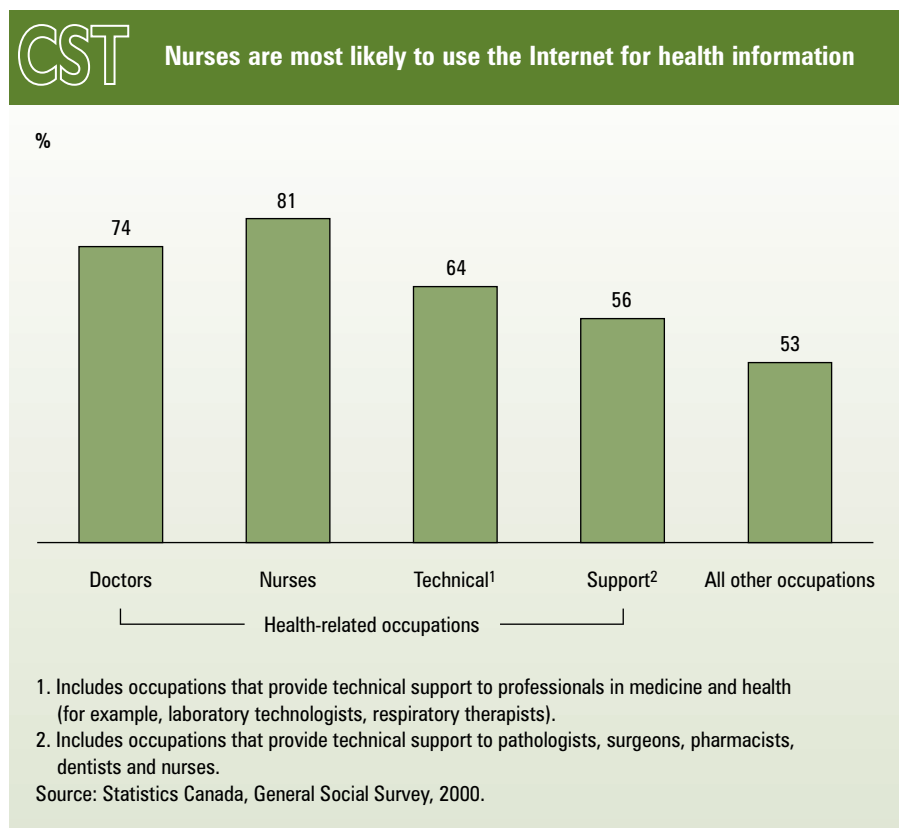
Health care associations have also developed web sites to make up-to-the-minute information available on the Internet. The Canadian Medical Association web site ([www.cma.ca](http://www.cma.ca)), for example, provides physicians with

links to the latest medical journals and offers a specialized search service.<sup>7</sup>

### Health searchers look for information on specific diseases

From the countless medical and health topics available on the Net, Canadians most often chose to access the particulars of specific diseases. More than half of those (52%) looking for health information on the Net

2. Because earlier data are not available for individuals, household use must be examined to get a sense of change over time.
3. For information on the relationship between socio-demographic characteristics and general Internet use, see the Winter 2001 issue of *Canadian Social Trends*.
4. Health Statistics Division. 2000. "Taking risks/taking care." *Health Reports: How Healthy Are Canadians?* (Statistics Canada Catalogue no. 82-003) 12, 3: 11-20.
5. Health care workers include doctors, nurses, technicians and those in occupations supporting health care.
6. Federal/Provincial/Territorial Advisory Committee on Health Infostructure. December 2000. *Blueprint and Tactical Plan for a pan-Canadian Health Infostructure: A Report on F/P/T Collaboration for the Planning of the Canadian Health Infostructure*. Health Canada [online]. [www.hc.sc.gc.ca/ohih-bsi/pubs/2000\\_plan/plan\\_e.html](http://www.hc.sc.gc.ca/ohih-bsi/pubs/2000_plan/plan_e.html) (Accessed May 6, 2002.)
7. Green, Deirdre. 2001. "A textbook case for online searching." *Canadian Medical Association Journal* 164, 7: 1034 [online edition]. [www.cmaj.ca/cgi/content/full/164/7/1034-b](http://www.cmaj.ca/cgi/content/full/164/7/1034-b) (Accessed May 6, 2002.)



searched for new research, diagnosis and treatment options for specific illnesses. Web sites highlighting lifestyle issues, such as diet, nutrition and exercise were also popular (28% of health searchers), as were web tools to match symptoms with specific illnesses or diseases (23%) and web sites that provide information on drugs and medication (20%).

### What sites do people visit?

The 2000 GSS asked people about the types of web sites they looked to for health information. Respondents were asked to choose from a list, which included sites run by governments, professional health care associations, non-profit groups, businesses and universities. Overall, people reported visiting all these —

from commercial sites set up by pharmaceutical companies to ones run by governments and non-profit organizations — in similar proportions.

People use the Internet to search for the same types of information for which they had traditionally looked to a medical reference book. Unlike books, however, few web sites are transparent in terms of identifying their sources and their sponsoring or sanctioning organization. Not all web sites are created equally or with the intent of providing unbiased information to the public. While promoting well-being and providing education on health topics are common on the Internet, so too are selling questionable products and advocating experimental treatments with no proven value.<sup>8</sup>

### Some topics are easy to find, while others may take much searching

Web sites that receive a lot of hits may be a testament to how well organized and easily navigable they are. Many visits may also reflect a level of trust in an organization and a belief that consumers will find reliable information. When looking for information on the Canadian health care system, 41% of individuals searched Health Canada's web site, while 35% visited professional health care associations, such as the Canadian Medical Association.<sup>9</sup>

While learning about Canada's health care system is therefore fairly simple, knowing where to look for other health-related issues is not as evident. For example, people trying to find information on surgeries searched Health Canada (36%), professional association (31%), business (31%) and university (32%) web sites. While the topic of surgery covers many areas of health care — ranging from the actual procedure to levels of insurance coverage — the many sites visited suggests that finding some types of information takes more time and effort than finding others.

### Surfing the web for alternative therapies

Potential for misinformation can increase when people look outside the established health care sector. Two-thirds of individuals searching for alternative therapies reported accessing a site not on the list provided by the survey. They may have done so because the alternative treatment they were looking for was not included on any of the traditional health care sites. The promotion of, and interest in, alternative therapies is not a new phenomenon; the Net simply provides an inexpensive, quick and

CST Internet users <sup>1</sup> search for all kinds of health information...	
Type of health content	Users of online health topics %
Diseases	52
Lifestyle	28
Analysis of symptoms	23
Drugs	20
Alternative medicine	12
Surgeries	7
Health care system	7
... on all types of sites	
Type of site visited	
Health Canada sites	24
Commercial sites	21
Professional health associations	17
Non-profit health organizations	17
Universities	16
Other government sites	11
Other	7

Note: Totals do not add to 100 as respondents were asked to mark all categories that apply.  
 1. Internet users refer to those who have ever used the Net for health information.  
 Source: Statistics Canada, General Social Survey, 2000.

8. World Health Organization. 1999. op.cit.

9. Respondents were asked to mark all categories that apply.



Millions of web sites contain medical and health-related information, but which ones are credible? Governments have undertaken a number of initiatives to help Internet users navigate through the sea of information. In the United States, the American Accreditation Health-Care Commission is an independent agency that awards seals of approval to health-related web sites that meet strict criteria.<sup>1</sup> The World Health Organization (WHO) has submitted a proposal to create a new top-level domain, *.health*. Under this plan, WHO would distribute the *.health* address to web sites meeting its standards.<sup>2</sup>

In Canada, the Canadian Health Network, sponsored by Health Canada, offers links to recognized associations, non-profit companies and government sites. The Canadian Health Network also provides this checklist to help Internet users evaluate health information on the Net:<sup>3</sup>

1. Is the author's name (or organization responsible) clearly stated?
2. Is there potential for bias or conflict of interest?
3. Are commercial links and/or sponsorships clearly stated?
4. Does the site offer a clear statement that health information should not be taken as health advice or a substitute for visiting a health professional?

1. "Health organization approves 13 web sites." December 13, 2001. [www.cbc.ca/cgi-bin/templates/view.cgi?category=Consumers&story=/news/2001/12/13/Consumers/HealthWebsites\\_011213](http://www.cbc.ca/cgi-bin/templates/view.cgi?category=Consumers&story=/news/2001/12/13/Consumers/HealthWebsites_011213) (Accessed May 6, 2002.)

2. "WHO proposal would raise quality of Internet health information: Dot health could soon be as well known as dot com." Press release WHO/72. November 13, 2000 (online). [www.who.int/inf-pr-2000/en/pr2000-72.html](http://www.who.int/inf-pr-2000/en/pr2000-72.html) (Accessed May 6, 2002.)

3. [www.canadian-health-network.ca/html/help/checklist1.html](http://www.canadian-health-network.ca/html/help/checklist1.html) (Accessed May 6, 2002.)

even anonymous way for individuals and organizations to publicize their products and services and for consumers to access non-traditional remedies at the touch of a button.

Some Internet users — possibly those who just used search engines — reported not knowing what site they were looking at when they found new information. When asked about the list of sites they used to find out more about health concerns, just over 80,000 Canadians said they didn't make note of them.<sup>10</sup> At the same time, over half of Net health searchers

reported that the health information they found was very useful. This raises concerns about the spread of false advice and the potential for harm when people make decisions for themselves and their families.

### Summary

Canadians have embraced the Internet and with it the opportunity to take a greater role in managing their health, and to become better-informed consumers. With six million Net users searching for health or medical information, the Internet has

established its role in supporting health care. However, not all Canadians are equally likely to take advantage of this new source. Women tend to search for health issues online more than men and households with children are more likely to do so than those without. Canadians who do go online are most likely to look for information on specific diseases.

At a cursory glance, the Internet is just another reference tool, as medical books have been for decades. What is different is that just about anything can be presented as health information; uncertified content multiplies almost daily. Although many steps are being taken to provide consumers with tools to evaluate health-related web sites, it remains difficult to distinguish between "good" web sites and "bad" ones. The challenge for the consumer, the health care sector and policy makers is to navigate through this endless volume of material and separate the authentic from the false.

10. No direct question was asked. This 80,000 includes respondents who replied "just search with key words", "used search engine" or "didn't notice what type of web site it was".



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# Vox populi: Canadians who speak up

by Susan Crompton

Everyone has an opinion about politics — whether about their local councillor or prime minister — and most people are more than willing to share their views with family and friends. However, far fewer people take the time to present their point of view in a more public forum. According to the 2000 General Social Survey (GSS), only 9% of Canadians aged 15 and over had taken part in a public debate that year, to the extent that they expressed their opinion by writing a letter to a newspaper or public official or calling a phone-in show.

Although this is a small minority of Canadians, their voices carry significant weight. Social scientists maintain that because political opinions may lead to political action, politicians, opinion leaders and policy-makers view them more seriously than public opinions about subjects like gardening, astrology or sports.<sup>1</sup> This article seeks to identify the basic characteristics of those Canadians who speak in a public forum.

## Writers/callers are better educated and better off

People generally have a core set of political values by the time they are in their 20s; if they change their opinions,

## CST What you should know about this study

This article uses data from the 2000 General Social Survey (GSS). The survey was conducted over a 12-month period, and interviewed more than 25,000 respondents aged 15 and over living in private households in the 10 provinces. In a series of five questions relating to their level of interest and involvement in politics, respondents were asked “In the past 12 months, have you written a letter or called a phone-in show to express a point of view?”

**Writers/callers:** persons aged 15 and over who answered “Yes” to the GSS question quoted above.

it is generally in response to changing personal circumstances.<sup>2</sup> In other words, a different political opinion at some point in a person’s life probably reflects a new job, a new community or change in social status, not his or her age. GSS data show that, generally, Canadians who write a letter or call a phone-in show are no more likely to be younger or older than the rest of the adult population. They are, however, more likely to be English-speakers than are other Canadian adults.<sup>3</sup>

As well, writers/callers tend to be better educated. Well over half (58%) have a college diploma or university degree, compared with 40% of their

silent counterparts. Since education is closely linked to income, one would expect writers/callers to be more affluent. Indeed, 27% have personal incomes exceeding \$50,000 (versus 18% of non-writers/callers) and 46% have household incomes over \$60,000 (versus 38%). A person’s

1. Guy, J.J. 1998. *People, Politics and Government: A Canadian Perspective*. Scarborough, Ontario: Prentice Hall Allyn and Bacon Canada. p. 34.

2. *ibid.* p. 29-30.

3. Refers to the language spoken most often in the home.



	Writers/callers	Non-writers/callers
	% of population aged 15 and over	
Men	52	49
Women	48	51
University degree/college diploma	58	40
Personal income over \$50,000	27	18
Household income over \$60,000	46	38
Speak only English at home	84	64

Source: Statistics Canada, General Social Survey, 2000.

	Writers/callers	Non-writers/callers
	% of population aged 15 and over	
Voted in last election (eligible voters only)	74	62
In past 12 months, have...		
talked with other people about politics	87	58
searched for information about political issues	53	20
volunteered for a political party	10	2
volunteered for a group or organization and had...	54	30
done fundraising, canvassing, campaigning	57	48
provided information or helped to educate, influence public opinion or lobby on organization's behalf	50	33
organized or supervised activities or events	67	60
done consultative or administrative work, or were unpaid member of board or committee	53	38

Source: Statistics Canada, General Social Survey, 2000.

socioeconomic status may affect their basic political and social values<sup>4</sup>; it may also influence their confidence in voicing their opinion in a public forum.

While the majority of Canadians like to talk about politics, writers/callers are more passionate about it. Most (87%) say they have discussed politics with other people in the previous 12 months, compared with 58% of other adults. Writers/callers are also five times more likely to have done

volunteer work for a political party in the previous 12 months (10% versus 2%). Not surprisingly, more writers/callers who were eligible to vote had cast their ballots in the last election (74% versus 62%).

These findings are valuable because peer groups influence political values and attitudes to a very large extent, especially if the subject of politics is important to the group.<sup>5</sup> Peer pressure, however, may produce a certain

uniformity of view. For example, a recent study shows that individuals are much more likely to discuss an issue with a group if they sense that the group supports their own opinions.<sup>6</sup> And while writers/callers are probably better informed (53% of writers/callers have researched political issues compared with only 20% of other adults), their knowledge may not produce a variety of opinions, since they are likely to conform their interpretations to those of their peer group.

### Writers/callers are more involved in the community

Information can lead to political "mobilization."<sup>7</sup> This suggests that writers/callers, who tend to be better informed, may have a greater tendency to "get involved" than other people. Indeed, writers/callers are much more active in the community than non-writers/callers, at 54% versus 30%, respectively.

As volunteers, writers/callers were considerably more likely than non-writers/callers to be involved in the educational and administrative sides of organizations, rather than with fundraising, canvassing or supervising events and activities. Half were working to educate, lobby or influence public opinion (50% versus 33% of

4. Luo, X. 1998. "What affects attitudes towards government's role in solving unemployment? A comparative study of Great Britain and the United States." *International Journal of Public Opinion Research* 10, 2.

5. Guy. 1998. op.cit. p. 32.

6. Hayes, A.F., J. Shanahan and C.J. Glynn. 2001. "Willingness to express one's opinion in a realistic situation as a function of perceived support for that opinion." *International Journal of Public Opinion Research* 13, 1.

7. Semetko, H.A. and P.M. Valkenburg. 1998. "The impact of attentiveness on political efficacy: Evidence from a three-year German panel study." *International Journal of Public Opinion Research* 10, 3.

New technologies are connecting citizens to information and to each other. An almost limitless array of newsgroups, discussion groups, chat rooms, and listserves on the Internet allow people the opportunity to express their views in ways unimaginable only a few years ago. People can program their computers to retrieve customized news and information from countless news organizations and databases.

Information exchange is becoming more interactive every day. News networks, for example, regularly ask viewers to e-mail or fax their questions and comments, which are then presented to panelists during the broadcast. In this atmosphere, the interaction of citizens with their politicians and media becomes increasingly important in defining, shaping, and influencing issues. Research generally shows that, in democratic societies, when more people use the media to acquire their political information, agreement about social priorities in the community increases.<sup>1</sup>

The fundamental values of both the media and politics are being challenged by the new technologies, accelerating a shift of power away from traditional voices of authority. How the new technologies of mass media information will affect public opinion, political institutions, and public policy remains to be seen.

1. López-Escobar, E., J.P. Llamas and M. McCombs. 1998. "Agenda setting and community consensus: First and second level effects." *International Journal of Public Opinion Research* 11, 1.

non-writers/callers), and more than half were helping to run the organization, for example, as board or committee members or administrators (53% versus 38%).

The higher level of political interest and community involvement by writers/callers is not surprising. The nucleus of informed political opinion about most issues is usually a "special public" as opposed to a "general public," and the issues in which people become involved tend to be highly specific and local.<sup>8</sup> Being active in the community generally involves becoming more aware of problems in the neighbourhood — from speeding cars on residential streets to hospital

closings — and local problems may quickly become political issues.

### Summary

Over the last few years, both print and broadcast mainstream media have become concentrated among a much smaller number of owners;<sup>9</sup> observers argue that the variety of views expressed has consequently become more homogeneous. Nevertheless, these remain the most transparent places in which people can express their opinions about public policy. One of the classic methods of applying political pressure remains letter-writing campaigns to the media and as such, the media can assist in

developing groups that share a common goal.<sup>10</sup>

However, fewer than one in ten Canadian adults write letters or phone call-in shows to express an opinion in the public forum. Those who do, tend to have higher levels of education and income than people who are more reluctant to present their views. The much higher involvement of writers/callers in community volunteer work and their interest in political issues indicate they are more highly politicized than the average Canadian. They appear to be local opinion-makers whose views may affect the lives of many other people.

8. Guy. 1998. op.cit. p. 34.

9. For instance, Canwest Global owns newspapers (including the *National Post*) in addition to the Global television network; Bell Globemedia owns CTV Inc., the *Globe and Mail* and Sympatico. *Financial Post*. March 11, 2002. FP3.

10. Shaw, D.L., M. McCombs, D.H. Weaver and B.J. Hamm. 1999. "Individuals, groups and agenda melding: A theory of social dissonance." *International Journal of Public Opinion Research* 11, 1.



**Susan Crompton** is Editor-in-Chief of *Canadian Social Trends*.

# Are families getting richer?

by René Morissette, Xuelin Zhang and Marie Drolet

This article has been adapted from “The Evolution of Wealth Inequality in Canada, 1984-1999,” Analytical Studies Branch Research Paper Series No.187, Statistics Canada Catalogue no. 11F0019, available on the Statistics Canada web site ([www.statcan.ca](http://www.statcan.ca)).

**M**ost studies about financial well-being focus on income. Some studies have examined the extent to which Canadian families live in straitened circumstances, or have difficulty making ends meet, using low-income data;<sup>1</sup> others have focussed on earnings inequality or inequality in family disposable income.<sup>2</sup> The after-tax income of families is certainly a key indicator of their ability to sustain a given standard of living. However, wealth is another important measure of financial well-being. Wealth provides resources that can be converted into cash to satisfy consumption needs. Furthermore, financial assets can allow a family to absorb the shock of economic stress, such as the loss of a job, sickness, or divorce.

Did changes occur in the wealth of Canadian families between 1984 and 1999? Did the rich continue to get richer? This study examines whether the gap between high-wealth families and low-wealth families increased during that 15-year period. Both wealth and financial wealth are used in the analysis. Wealth, or net worth, is defined as the difference between the value of a family's total current assets and the amount of its total debts. Financial wealth, a subset of total wealth, is defined as net worth minus net equity in housing and net business equity. It measures the assets a family could use relatively quickly to finance its consumption — without selling the house, the contents of the house, or the business — if family income fell substantially or the family encountered unexpected expenditures.

## Has wealth inequality increased between 1984 and 1999?

Between 1984 and 1999, average wealth for all families rose 37%. Excluding the top 1% of family units

from the total lowers the growth of average wealth to 31%, while excluding the top 5% of family units lowers it to 28%. The growth in average wealth occurred despite an increase in the percentage of families with zero or negative wealth (from 11% in 1984 to 13% in 1999, for all families).

1. Picot, G. and J. Myles. 1995. “Social transfers, changing family structure, and low income among children.” Analytical Studies Branch Research Paper No. 82 (Statistics Canada Catalogue no. 11F0019MIE); and Myles, J. and G. Picot. 2000. “Social transfers, earnings, and low-income intensity among Canadian children, 1981-1996: Highlighting recent developments in low-income measurement.” Analytical Studies Branch Research Paper No. 144 (Statistics Canada Catalogue no. 11F0019MIE).
2. Morissette, R., J. Myles and G. Picot. 1994. “Earnings inequality and the distribution of working time in Canada.” *Canadian Business Economics*. 2, 3: 3-16; and Beach, C.M. and G.A. Slotsve. 1996. “Are we becoming two societies?” Toronto: C.D. Howe Institute.



Data used in the preparation of this article come from the Assets and Debts Survey of 1984 and the Survey of Financial Security of 1999. In both cases, the sample represents all families and individuals in the 10 provinces, except the following: members of households located on Indian reserves; full-time members of the Armed Forces; and inmates of institutions. Data were obtained for all members of a family aged 15 years and over. Family units consist of economic families<sup>1</sup> and unattached individuals. To make the concept of wealth comparable between the two surveys, the following items were excluded from the 1999 data because they were not collected in the 1984 survey: contents of the home, collectibles and valuables, annuities and registered retirement income funds (RRIFs). Wealth (net worth) is defined as the difference between the value of a family's total current assets and the amount of its total debts.

This report uses the concepts of both median and average to discuss wealth. Both concepts can be used to describe net worth, but each provides a different picture. Median net worth is determined by ranking all family units from highest to lowest. The net worth of the family unit in the middle of the range is the median net worth. Average net worth, on the other hand, is determined by dividing the total net worth of all family units by the number of family units. The more the average exceeds the median, the more the wealthiest family units in the country contribute to the increase in the average. All references to median and average wealth in the study refer to real wealth, that is, adjusted for inflation. For more information on concepts and definitions, see Appendices A and B of *The Assets and Debts of Canadians: An overview of the results of the Survey of Financial Security*, Statistics Canada Catalogue no. 13-595.

1. An economic family is defined as a group of two or more persons who live together in the same dwelling and are related to each other by blood, marriage, common-law or adoption.

Average financial wealth rose at a much faster pace than average net worth, growing 92% between 1984 and 1999. Excluding the top 1% and the top 5% of families, average financial wealth rose 73% and 53%, respectively. As a result, the relative importance of financial wealth as a component of overall net worth rose dramatically during the period. Average increases in wealth mask

significant differences in the *distribution* of wealth, however. Between 1984 and 1999, median and average wealth evolved in dissimilar manners for different types of families. First, both rose much more among families whose major income recipient is a university graduate. Second, both increased among those whose major income recipient is aged 55 and over. Third, both increased among Canadian-born

family units and among foreign-born families who have been living in Canada for 20 years or more but fell among foreign-born families who have been living in Canada for less than 10 years. Fourth, both increased faster among non-elderly couples with no children than among non-elderly couples with children under 18.

The dramatic increase in median wealth and average wealth (56% and 51%, respectively) of families whose major income recipient is at least 65 years old most likely reflects a combination of factors that may have been present in 1999 but not in 1984: larger inheritances received by the 1999 cohort, compared to the 1984 cohort; higher income from private pensions; higher income from the Canada and Quebec Pension Plans and Old Age Security; an increase in the number of two-pension families; and appreciation of housing values over the 1984 to 1999 period.

### Young families hit hardest

Although some people enjoyed increases in wealth over the 1984 to 1999 period, others did not. In many population sub-groups, median wealth grew much more slowly than average wealth, indicating increasing inequality within the sub-groups. For instance, among families whose major income recipient was aged 25 to 34, median wealth fell 36% while average wealth fell only 4%. Young couples with children — i.e. those whose major income earner is aged 25 to 34 — experienced drastic changes. Their median and average wealth fell 30% and 20%, respectively. This decline in net worth had considerable consequences: the percentage of these couples with zero or negative wealth rose from 10% in 1984 to 16% in 1999.

### Increased wealth inequality — what caused it?

Several factors may have contributed to the growth in wealth inequality

All family units	1999 constant dollars		% change
	1984	1999	1984-99
<b>Net worth</b>			
Median	58,400	64,600	11
Average	128,900	176,100	37
Percent with zero or negative net worth	11	13	23
<b>Financial wealth</b>			
Median	10,900	14,900	36
Average	34,600	66,500	92
Percent with zero or negative financial wealth	18	20	11

Sources: Statistics Canada, Assets and Debts Survey, 1984 and Survey of Financial Security, 1999.

that occurred between 1984 and 1999. First, during the 1990s, young people stayed in school longer before entering the labour market in full-time jobs, thus decreasing the number of years during which they had significant incomes. This, and the greater debt load of students,<sup>3</sup> probably account for part of the decrease in their median wealth. Second, the booming stock market of the 1990s likely contributed to the rapid upward revaluation of financial assets.<sup>4</sup> Since financial assets such as stocks and bonds are held predominantly by families at the top of the wealth distribution, this revaluation contributed to the growth of wealth inequality. Third, easier access to credit may have induced some low-wealth families to accumulate debt to finance expenditures, thereby decreasing their net worth. Fourth, increases in contributions to RRSPs made by families in the middle of the wealth distribution may have widened the gap between them and lower-income families.

The aging of the Canadian population between 1984 and 1999, however, partially offset the increase in wealth inequality. It reduced the relative importance of young families

— who have lower than average wealth — and increased the relative importance of families in the middle of the wealth distribution. As a result, it made the distribution of wealth more equal. In the absence of the aging of the population, total wealth inequality would have increased more than it actually did.

#### Which wealth components contributed the most to wealth inequality?

The growth of wealth inequality occurred in conjunction with substantial changes in the wealth structure. Dramatic shifts in the relative importance of the various components of assets and debts took place between 1984 and 1999. The share of RRSPs as a proportion of wealth increased from 4% to 16%, reflecting the growing popularity of this financial asset. Similarly, the share of stocks, bonds and mutual funds rose from 6% to 11%.

On the debt side, the share of mortgages on principal residences increased to 14% in 1999, up from 10% in 1984, probably due in part to the easier access to mortgage loans by financial institutions. A marked drop

in the relative importance of business equity (from 25% to 17%) and a more moderate decrease in the relative importance of deposits (from 11% to 8%) accompanied these changes.

When identifying which of these components of wealth are major sources of wealth inequality between groups, it is clear that principal residence made by far the biggest contribution, accounting for approximately 35% of overall inequality in both 1984 and 1999. However, the contribution of RRSPs to overall inequality rose from 4% to 15% and that of stocks, bonds and mutual funds from 6% to 13%. As discussed earlier, these types of assets are more easily available to higher-income families. In contrast, the contribution of business equity dropped dramatically, showing a decline from 32% to 21%. Over the same period, the contribution of deposits also fell, from 10% to 6%.

During this period, self-employment in very small businesses without paid help grew tremendously. The move towards self-employed jobs without paid help and with very small assets (e.g. self-employed persons operating a consulting business with a micro-computer and some other electronic equipment at home) decreased the relative importance of business equity and thus its contribution to overall inequality. Since the contribution of RRSPs and stocks, bonds and mutual funds to overall inequality increased between 1984 and 1999, while the contribution of business equity and deposits fell, these four components appear to account for much of the

3. Finnie, R. 2001. "Student loans: The empirical record." *The Canadian Journal of Higher Education*. Vol. XXXI, No. 3.

4. Yan, X. 2001. "Understanding saving and wealth accumulation." Income and Expenditure Accounts Division, Statistics Canada. Mimeograph.

Characteristics of major income recipient	Median wealth			Average wealth		
	1984 \$	1999 \$	% change 1984-99	1984 \$	1999 \$	% change 1984-99
<b>Education level</b>						
Not a university graduate	52,800	54,100	2	119,300	145,300	22
University graduate	99,600	118,000	18	189,300	289,500	53
<b>Age</b>						
24 or younger	3,100	200	-95	32,300	32,900	2
25-34	23,400	15,100	-36	69,900	67,300	-4
35-44	73,000	60,000	-18	137,600	151,900	10
45-54	124,000	115,200	-7	202,400	247,800	22
55-64	129,100	154,100	19	210,300	303,900	45
65 or older	81,000	126,000	56	140,700	211,900	51
<b>Education by age group</b>						
25-34						
Not a university graduate	21,200	11,100	-48	62,600	49,800	-20
University graduate	41,200	30,900	-25	102,100	112,100	10
35-54						
Not a university graduate	80,500	65,800	-18	153,200	156,000	2
University graduate	130,300	144,700	11	218,700	312,300	43
<b>Immigration status of major income recipient</b>						
Canadian-born	53,900	60,500	12	122,900	168,700	37
Immigrant residing in Canada						
20 years or more	120,000	171,300	43	194,800	285,600	47
10-19 years	68,000	44,500	-35	114,400	140,800	23
Less than 10 years	17,600	13,100	-26	90,100	75,700	-16
<b>Family type</b>						
Unattached individuals						
— elderly	41,400	70,000	69	78,700	138,100	76
Unattached individuals						
— non-elderly	5,800	6,000	4	47,200	63,900	35
Couples						
No children	71,500	101,600	42	151,200	244,200	62
Children under 18	77,900	77,800	0	149,300	195,900	31
Children 18 and over	155,800	167,400	8	251,500	312,500	24
Elderly couples, no children	121,100	177,500	47	198,500	280,500	41
Lone-parent families	1,900	3,700	96	39,400	63,800	62
Other family types	74,200	112,700	52	145,100	210,200	45

Note: All dollar values are expressed in 1999 constant dollars.

Sources: Statistics Canada, Assets and Debts Survey, 1984 and Survey of Financial Security, 1999.





## Principal residence is the single biggest contributor to wealth inequality

Wealth component	Share of total net worth		Contribution to inequality	
	1984	1999	1984	1999
			%	
<b>Assets</b>				
Deposits, non-RRSP	11	8	10	6
Stocks, bonds and mutual funds, non-RRSP	6	11	6	13
RRSPs	4	16	4	15
Other investments or financial assets, non-RRSP	3	2	3	2
Principal residence	49	51	36	34
Real estate other than principal residence	12	11	11	11
Vehicles	7	6	3	3
Business equity	25	17	32	21
<b>Debts</b>				
Mortgage on principal residence	-10	-14	-3	-4
Other debt	-7	-7	-3	-2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: Authors' calculations from the Assets and Debts Survey, 1984 and the Survey of Financial Security, 1999.

growth in wealth inequality during the period.

### Summary

Although some segments of the population enjoyed increases in wealth, others did not, with the result that between 1984 and 1999, wealth distribution became more unequal. Some groups, such as young couples with children and recent immigrants, have suffered substantial declines. The growing proportion of young couples with children who have zero or negative wealth suggests that a non-negligible fraction of today's young families may be vulnerable to negative shocks, having no accumulated savings that can provide liquidity in periods of economic stress.

Median wealth and average wealth rose much more among family units whose major income recipient is a

university graduate; they both fell among family units whose major income recipient is aged 25 to 34 and increased among those whose major income recipient is aged 55 and over. While principal residence was the biggest contributor to wealth inequality in both 1984 and 1999, RRSPs contributed the most to the *increase* in wealth inequality. The aging of the Canadian population between 1984 and 1999, on the other hand, made the distribution of wealth more equal.



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# Suicide deaths and attempts

by *Stéphanie Langlois and Peter Morrison*

This article has been adapted from "Suicide deaths and suicide attempts" in the January 2002 issue of *Health Reports*, vol. 13, no. 2 (Statistics Canada Catalogue no. 82-003). Please see *Health Reports* for a full bibliography.

**S**uicide is a tragic and perplexing phenomenon that touches the lives of many Canadians. Around the world and across the centuries, suicide has stolen lives and inflicted grief and guilt on those left behind. The reasons for suicide and notions of what to do about it have varied with time and place, but suicide continues to exact a relentless toll.<sup>1</sup>

According to researchers and professionals, suicide is associated with a complex array of factors such as mental illness, social isolation, a previous suicide attempt, family violence, physical illness, and substance abuse. Some risks vary with age, while others occur in combination. Approximately 90% of those who commit suicide are suffering from depression, another mental illness or a substance abuse disorder, which could potentially be diagnosed and treated.

## CST What you should know about this study

Data in this article come mainly from Statistics Canada's Vital Statistics Database, Hospital Morbidity Database, and Person-oriented Information Database. Supplementary data are from Statistics Canada's Adult Correctional Services and Homicide Surveys, and the National Longitudinal Survey of Children and Youth, as well as from the World Health Organization. Population estimates used to calculate rates were provided by Statistics Canada's Demography Division, and were adjusted for net census undercoverage and non-permanent residents.

This article examines suicide deaths and hospitalized suicide attempts among Canadians aged 10 years or older between 1979 and 1998. Both suicide and attempted suicide rates are presented for men and women of various ages to highlight the demographic groups most at risk. The social, economic and psychological factors associated with suicide and suicide attempts are not discussed in this study.

### Suicide rate fairly stable over past 20 years

In 1998, approximately 3,700 Canadians took their own lives, an average of about 10 suicides per day. Although

rarely discussed, suicide results in the loss of more lives than many other causes of death: between 1993 and 1998, for example, suicide claimed considerably more lives than motor vehicle accidents. As well, Canadians are seven times more likely to die from suicide than to be the victim of a homicide. In fact, from adolescence to middle age, suicide is one of the

1. Knowledge Exchange Network. *Summary of National Strategy for Suicide Prevention: Goals and Objectives for Action*. <http://www.mentalhealth.org/publications/allpubs/SMA01-3518/default.asp> (Accessed March 8, 2002.)

leading causes of death for both men and women.

The total number of suicide deaths reported among Canadians aged 10 or older in 1998 represented a rate of 14 suicides per 100,000 population.<sup>2</sup> Since 1979 the rate has remained fairly stable with a peak of 18 in 1983.

The risk of suicide is not the same for all members of the population. Certain groups may be considered “high-risk” because they often have higher than average suicide rates: Aboriginal peoples, the young and the elderly, inmates, homosexuals, people who have previously attempted suicide and those suffering from mental disorders.<sup>3</sup> While a number of studies have attempted to estimate suicide rates for those at high-risk, accurate national rates are not available for these groups.

### Men much more likely than women to commit suicide

Earlier studies have found men to be at least four times more likely than women to commit suicide.<sup>4</sup> Men are also more likely to die in their first attempt. In 1998, the rate for Canadian males aged 10 or older was 23 suicides per 100,000 compared with

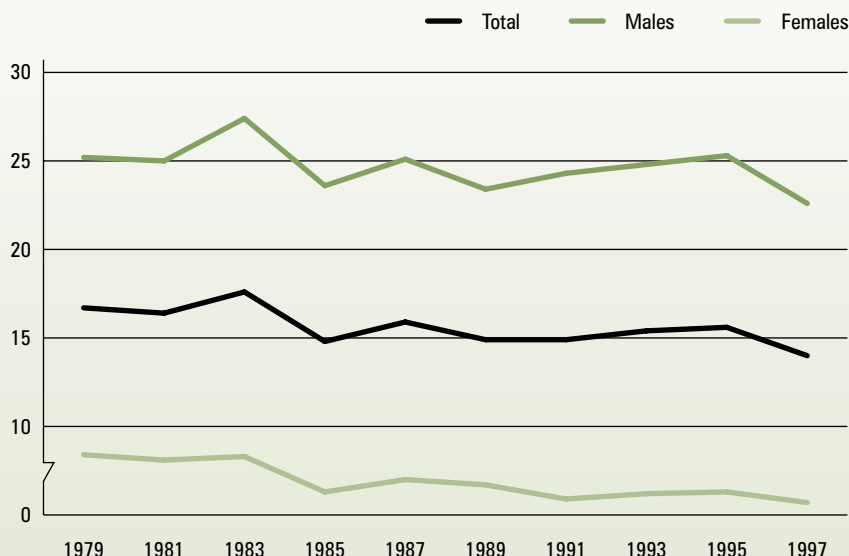
2. Unless otherwise indicated, all rates in this article have been age-standardized to the 1991 Canadian population aged 10 or older, adjusted for net census under-coverage and non-permanent residents.

3. Health Canada. 1994. *Suicide in Canada: Update of the Report of the Task Force on Suicide in Canada* (Catalogue H39-107/1995E). Ottawa: Minister of Supply and Services Canada.

4. Federal, Provincial and Territorial Advisory Committee on Population Health. 1999. *Toward a Healthy Future: Second Report on the Health of Canadians* (Catalogue H39-468/1999E). Ottawa: Minister of Public Works and Government Services. For information on other related studies, a complete bibliography is available in “Suicide deaths and suicide attempts.” *Health Reports* (Statistics Canada Catalogue no. 82-003) 13, 2. January 2002.

## CST Suicide rates remained stable between 1979 and 1998

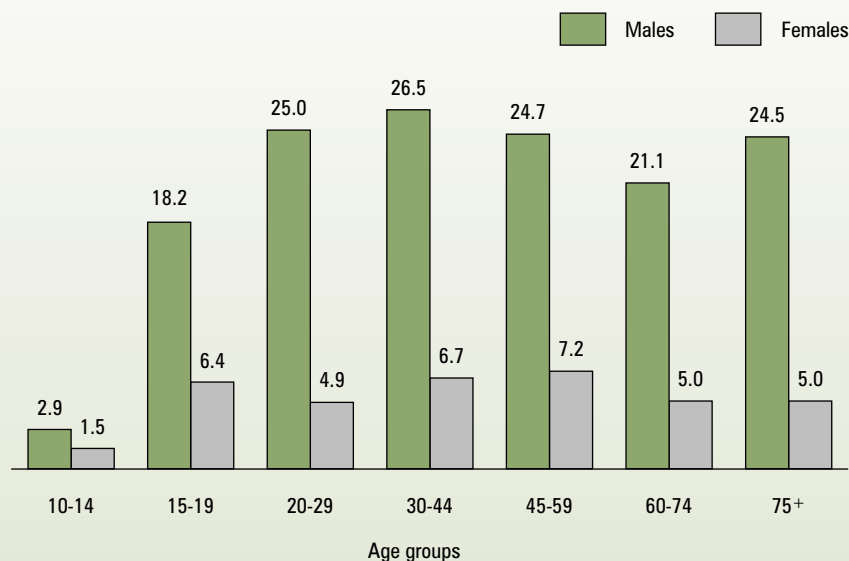
per 100,000 population



Source: Statistics Canada, Canadian Vital Statistics Database, 1979 to 1998.

## CST Men are consistently more likely to commit suicide than women

per 100,000 population



Source: Statistics Canada, Vital Statistics Database, 1998.

6 per 100,000 for females. In every age group, men had a higher suicide rate than did women.

In 1998, suicide was the leading cause of death for men between the ages 25 to 29 and 40 to 44, and for women aged 30 to 34. And for ages 10 to 24, it was the second leading cause of death for both sexes, surpassed only by motor vehicle accidents.

A major concern among parents and health professionals is the high rate of suicide among young persons in their late teens and early twenties. Because suicide is a leading cause of death during these years, the loss of potential years of life is high, particularly for men.<sup>5</sup> In 1997, suicide ranked third after cancer and heart disease in potential years of life lost for men; for women, it was fourth after cancer, heart diseases, and motor vehicle traffic accidents.<sup>6</sup>

### Quebec records highest rate of suicide

Historically, suicide rates have tended to increase from east to west. However, since 1993, Quebec has had the highest provincial rate. In 1998, Quebec's 21 suicide deaths per 100,000 population aged 10 or older was significantly above the national average of 14. While Alberta's rate of 16

was also significantly higher than the Canadian average, Newfoundland, Ontario and British Columbia reported rates below the national level. The Yukon and the Northwest Territories had rates of 26 and 56 suicides per 100,000 population aged 10 or older (5 and 35 deaths, respectively).<sup>7</sup> These provincial and territorial differences in suicide rates likely reflect social, economic and cultural factors.

### Men use more violent methods to kill themselves

In 1998, the most common means of suicide in Canada was suffocation (39%), principally hanging or strangulation; poisoning, which includes drug overdoses and inhalation of motor vehicle exhaust, was the next most common (26%). Firearms were the third leading means of committing suicide (22%). This contrasts with the

situation in the United States, where nearly 60% of people who killed themselves did so using guns.

Men tend to use more violent methods to take their lives than do women: 26% of men used firearms, compared with 7% of women. In contrast, women most often committed suicide by poisoning: in 1998 they were nearly twice as likely as men to die using this method, at 41% versus 22%. The most common method for men was suffocation (40%); among women, this method ranked second, accounting for 34% of suicides.

Between 1979 and 1998, the proportion of men who committed suicide with firearms declined from 41% to 26%, while those who died of suffocation rose from 24% to 40%. The pattern among women was similar with the most dramatic increase in suffocation (from 19% to 34%).

5. Potential years of life lost is calculated by subtracting the age at which a death occurs from an arbitrary age, often 75.
6. Health Statistics Division. 2001. "Death — Shifting trends." *Health Reports: How Healthy Are Canadians?* (Statistics Canada Catalogue no. 82-003) 12, 3: 41-46.
7. Some of the difference in provincial suicide rates may be attributed to variations in coding practices for causes of death, as well as in the timeliness of reporting mortality data. Particular caution is necessary when analyzing suicide rates for the Yukon and the Northwest Territories. Because of their small populations and the low number of suicide deaths, slight changes in the number of suicides may cause dramatic fluctuations in the rates when no substantial changes have actually occurred.

CST Suffocation was the most common method of suicide for men						
	Total	%	Males	%	Females	%
<b>Total suicide deaths</b>	3,698	100.0	2,925	100.0	773	100.0
Suffocation	1,433	38.8	1,171	40.0	262	33.9
Poisoning	965	26.1	646	22.1	319	41.3
Firearms	816	22.1	765	26.2	51	6.6
Jumping from high places	160	4.3	115	3.9	45	5.8
Drowning/submersion	122	3.3	79	2.7	43	5.6
Cutting/piercing instruments	59	1.6	48	1.6	11	1.4
Other <sup>1</sup>	143	3.9	101	3.5	42	5.4

1. Includes jumping or lying before moving objects, fires/burns, crashing of motor vehicles, other or unspecified means, late effects of self-inflicted injury, explosives.

Source: Statistics Canada, Canadian Vital Statistics Database, 1998.



## Most suicide attempts do not end in death

Many people who try to kill themselves do not die in the attempt. While it is difficult to determine exactly how many attempts do occur, the World Health Organization recently estimated as many as 20 attempts for every suicide death.<sup>8</sup>

In this article, the total number of suicide attempts is underreported because the analysis does not include cases that involved outpatient treatment in hospital emergency rooms or other medical facilities. As well, patients who attempted suicide in psychiatric hospitals but did not require acute care hospitalization are not included. And, of course, cases for which no medical attention was sought could not be counted.

In 1998–99, a total of just over 23,000 hospitalizations of Canadians aged 10 or older were related to suicide and intentional self-inflicted injuries. In the vast majority of these cases (about 98%), the patient did not die during their hospital stay. Based on these figures, the crude hospitalization rate for attempted suicide that year was 87 per 100,000 population aged 10 or older.

Suicide attempts typically involve less lethal methods than do completed suicides. In 1998–99, poisoning accounted for 83% of hospitalizations for a suicide attempt. The figure for women was somewhat higher than that for men: 88% versus 76%. Cutting or piercing instruments were next most common (10%), although the proportion of males using such methods (13%) exceeded the proportion of females (8%).

8. World Health Organization. *Prevention of Suicidal Behaviours: A Task For All*. [http://www5.who.int/mental\\_health/main.cfm?p=000000141](http://www5.who.int/mental_health/main.cfm?p=000000141) (Accessed June 7, 2002.)

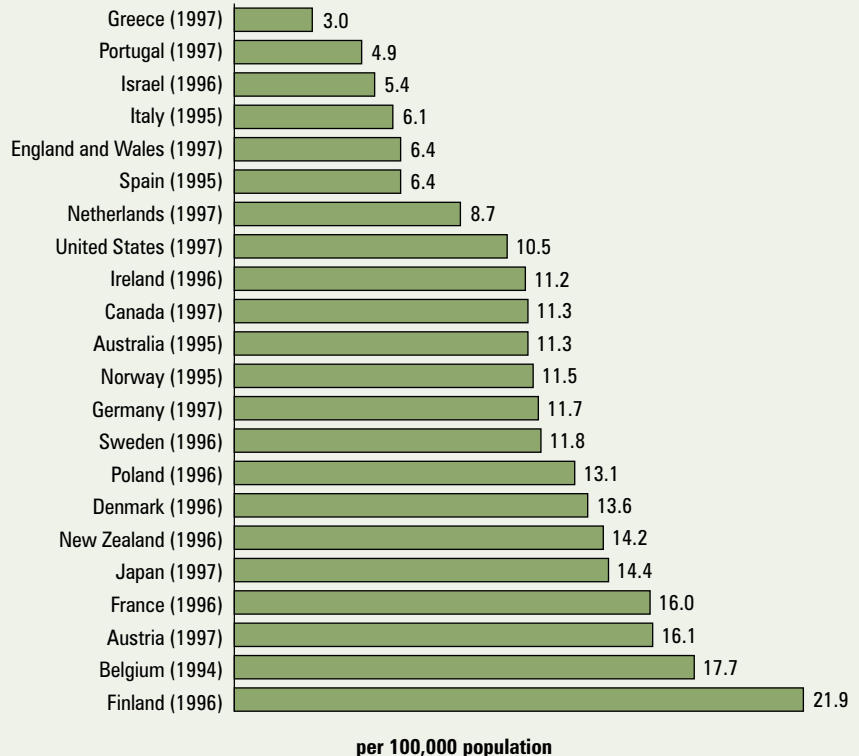
## CST International comparisons

According to data from the World Health Organization, Canada's suicide rate for the entire population ranked in the middle of 22 western industrialized countries. Age-standardized suicide rates ranged from 3 per 100,000 in Greece (1997) to 22 per 100,000 in Finland (1996). Canada's 1997 suicide rate of 11.3 per 100,000 population was similar to those reported in Australia, Ireland, Norway, Germany and Sweden. The suicide rate in the United States was slightly below these figures at 10.5. However, international comparisons should be interpreted with caution as methods of death certification can vary.

The overrepresentation of men in suicide deaths was consistent across all 22 countries. The male-female ratio ranged from 2 to 1 in the Netherlands to 7 in 1 in Greece, with most around 3 or 4 to 1 (4 in Canada).

Suicide rates for males varied from 5 per 100,000 in Greece to 35 in Finland. Female suicide rates ranged from 1 per 100,000 in Greece to 9 in Finland. Again, Canada ranked in the middle: 18 per 100,000 males and 5 per 100,000 females.

### Australia, Canada and Ireland have similar suicide rates



Source: World Health Organization database.

## Women more likely to attempt suicide

While men were far more likely than women to take their own lives, women's hospitalization rates for attempted suicide were substantially higher than men's. In 1998–99, the hospitalization rate for attempted suicide was 108 per 100,000 women aged 10 or older and 70 per 100,000 for their male counterparts. Some research has indicated that women are more likely than men to make suicide attempts that are actually intended to be non-fatal, but this view remains controversial.<sup>9</sup>

The hospitalization rate for attempted suicide among women peaks at ages 15 to 19. In 1998–99, the rate was 221 per 100,000 for girls in this age group, over twice the rate for 15- to 19-year-old boys (87 per 100,000). Even among 10- to 14-year-olds, the hospitalization rate for suicide attempts was much higher among girls than boys: 68 versus 16 per 100,000.

These figures parallel results from the 1996–97 National Longitudinal Survey of Children and Youth, which found that among young adolescents, girls are considerably more likely than boys to have suicidal thoughts. An estimated 8% of girls and 5% of boys aged 12 to 13 (approximately 44,000) reported that they had contemplated suicide in the previous year.

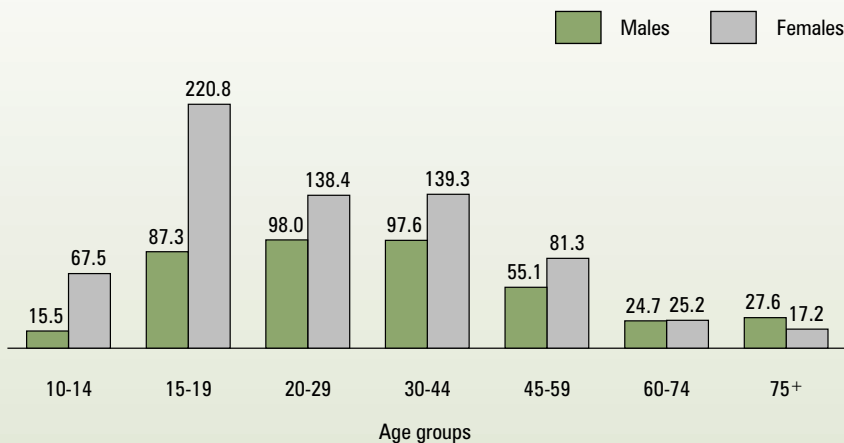
Men's hospitalization rates for attempted suicide were highest at ages 20 to 44 (about 98 per 100,000), but were still well below those of women in the same age range (about 139 per 100,000). Up to age 60, rates for women exceeded those for men in every age category. At older ages,

9. Canetto, S. and I. Sakinofsky. 1998. "The gender paradox in suicide." *Suicide and Life-threatening Behaviour* 28, 1: 1-23; and Moscicki, E.K. 1994. "Gender differences in completed and attempted suicides." *Annals of Epidemiology* 4: 152-158.

# CST

## Women aged 15 to 19 are most likely to make suicide attempts

per 100,000 population



Source: Statistics Canada, Hospital Morbidity Database, 1998–99.

# CST

## Murder—suicide

Homicide, the murder of one person by another, is rare in Canada. Even more rare are homicides followed by the suicide of the offender. Research indicates that the closer the ties between victim and offender, the greater the ensuing guilt and the likelihood of a suicide after the homicide, particularly if the homicide victim is a child.<sup>1</sup> Of the 503 separate homicide incidents (an incident could involve more than one victim) reported to police in 1999, 40 (8%) were murder—suicides.<sup>2</sup> These incidents resulted in the deaths of 52 homicide victims, where the accused, predominantly male (93%), committed suicide. Almost 9 out of 10 of these murder—suicides were family-related, a trend that has shown relatively little change over the last 20 years.

In 1999, one in four murder—suicide incidents involved more than one victim, and the accused in each of these multiple victim murder—suicides was male. In close to half (48%) of all murder—suicide incidents, men killed their spouse; in 15% of cases, men killed their child(ren). Men killed their spouse and child(ren) in 13% of cases. There were no murder—suicides in which women killed a spouse, but there were two incidents in which women killed their child(ren).<sup>2</sup>

1. Gillespie M., V. Hearn and R. Silverman. 1998. "Suicide following homicide in Canada." *Homicide Studies* 2, 1: 46-63.

2. Fedorowycz, O. 2000. "Homicide in Canada, 1999." *Juristat* 20, 9: 1-17 (Statistics Canada Catalogue no. 85-002).

hospitalization for suicide attempts was less common. There was little difference between rates for men and women at ages 60 to 74, but by age 75 or older, men's rate surpassed women's.

### **Hospitalization rate lowest in Quebec**

At 49 per 100,000 population aged 10 or older, Quebec reported the lowest hospitalization rate for suicide attempts in 1998–99. This contrasts sharply with Quebec's suicide death rate, which was the highest among the provinces.

Newfoundland and Nova Scotia also had relatively low hospitalization rates for suicide attempts and Prince Edward Island's rate did not differ significantly from the national rate of 89 per 100,000. The remaining provinces reported rates above the national level. Saskatchewan recorded the highest rate at 123 per 100,000, followed by British Columbia with 120.

In the Yukon and the Northwest Territories, hospitalization rates for attempted suicide were much higher: 169 and 219 per 100,000, respectively. But as with suicide death rates, these figures are based on relatively small numbers and can, therefore, fluctuate substantially from year to year.

### **Approximately 9% of patients hospitalized more than once for attempting suicide**

Total discharges from hospitals for suicide attempts are not equivalent to the number of individuals who were hospitalized, as one person can make several attempts and end up in hospital more than once during a year. Thus, the 22,887 hospital discharges for attempted suicide in 1998–99 involved approximately 20,000 individuals. About 9% had been discharged more than once during that year for a suicide attempt. Among these repeat attempts, about 23% of both men and women had been discharged on at least three occasions following a suicide attempt.

Earlier research has found that most people who attempt suicide, even repeatedly, do not die this way. On the other hand, although an attempt is a predictor of suicide, many who do commit suicide have not previously tried to take their life. Thus, it may be that the underlying motivations and emotional state of people who attempt but do not complete suicide differ from those whose attempt ends in death.

According to hospital records, nearly half of patients admitted for attempted suicide had a primary diagnosis of a mental illness, including manic depression (bipolar disorder), schizophrenia, personality disorder, or alcohol or drug dependence syndrome. Patients hospitalized for attempting suicide are likely referred to psychologists or psychiatrists, suicide intervention centres, or other health and social support institutions.

### **Summary**

In 1998, approximately 3,700 Canadians committed suicide, an average of about 10 suicides per day. Around the same time, about 20,000 individuals were hospitalized because of suicide-related injuries. Suicides occurred among children as young as 10 (the youngest age included in the analysis) and among seniors aged 75 or older. While men were three to four times

more likely than women to kill themselves, women were nearly one and a half times more likely to be hospitalized for attempting suicide. The vast majority of people hospitalized for suicide-related injuries did not die during their stay in hospital.

Men most likely to commit suicide were between the ages of 20 and 59; they were closely followed by those aged 75 or older. For women, the age range most at risk was somewhat narrower: 30 to 59. Hospitalization for attempted suicide tended to occur somewhat earlier in life: between the ages of 15 and 44 years for both sexes. Teenage girls were most likely to be hospitalized for having tried to kill themselves. The differences between men and women and various age groups in the rates and methods of suicide suggest differences in underlying problems, in responses to stressful situations, and in reaching out for help.



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## Case processing in criminal courts

Adult criminal courts are handling fewer cases in 1999–2000, but their level of workload is increasing as more complex cases are taking longer to process. Adult criminal courts in the seven provinces and two territories that participated in the study processed over 378,000 cases involving over 811,000 charges. Courts took a median of 105 days to resolve cases in which an adult faced three or more charges, compared with only 74 days for a case involving a single charge. Cases involving a preliminary inquiry (i.e. to determine if there is sufficient evidence to proceed to trial in a higher court) had a median elapsed time of 233 days, three times as long as the 77 days taken to complete cases without a preliminary inquiry. Similarly, the median processing time for cases decided through a trial process was 150 days, double the 77 days for non-trial cases.

### Juristat

*Catalogue no. 85-002-XIE  
Vol. 22, no.1*



## Police personnel in Canada

Canada had just over 57,000 police officers on June 15, 2001, 2% more than on the same date in 2000. Just over half of this gain was due to a 5% increase in the number of RCMP officers, who account for about one-quarter of all police officers. Female recruitment continues to increase and women now represent about 15% of all police officers.

Canada's rate of 184 officers per 100,000 population in 2001 was lower than those of both the United States (247 in 1998) and England and Wales (240 in 2001). Among the provinces, the most police per capita were found in Saskatchewan (193 officers per 100,000 population), Manitoba (192), Quebec (188) and Ontario (187). The fewest were in Newfoundland and Labrador (144) and Prince Edward Island (147). Among the larger metropolitan areas, the most officers per capita were recorded in Thunder Bay (195), Regina (181), Toronto (181) and Windsor (180), and the lowest in Sherbrooke (111) and Chicoutimi-Jonquière (119).

### Police Resources in Canada, 2001

*Catalogue no. 85-225-XIE*



## Farmers leaving the field

Farm employment as a main job fell to 313,000 between 1998 and 2001, a 26% drop in three years. Although widespread, the decrease in farm employment did not touch all provinces equally. Most affected were Alberta, Saskatchewan and Ontario. While farm employment has fallen, farm output has not, explained in part by fewer but larger and more productive farms. Another likely reason for the drop in farm employment is that individuals are increasingly operating their farms as second jobs. Not only have principal farm operators switched out of farming as a main activity, but spouses and children appear to have moved to off-farm work as well.

Why are farmers leaving their farms? Partly, the very strong demand for workers in industries such as manufacturing and transportation has offered jobs in cities where they can apply their skills. As well, farmers have not seen an increase in profits since 1996, pushing some out of the field. Operating expenses have risen to all-time highs, offsetting the modest gains in cash receipts. Finally, as a group, farmers are relatively old, with a large proportion approaching retirement.

### Perspectives on Labour and Income

*Catalogue no. 75-001XIE  
Vol. 3, no. 2*



## Participation in cultural activities: The role of language

Language appears to play an important role in the cultural activities of Canadians. In 1998, French speakers were more likely to attend symphony and classical music concerts or festivals. For example, one-third of French speakers versus only one-fifth of English speakers attended at least one festival in 1998. French speakers were also more likely than English speakers to have attended choral music, children's performances or other popular stage performances. The only exception was theatrical performances, for which English speakers had a higher participation rate.

English speakers, however, were more likely to visit a museum or other heritage institution than were French speakers. As well, Canadians whose home language was English were more likely to read than were those whose home language was French. In 1998, nine out of 10 English speakers had read a newspaper at least once in the previous 12 months, while 79% had read a magazine and 69% had read a book. In comparison, 86% of French speakers had read a newspaper, 75% a magazine and 60% a book. English speakers were also significantly more likely to have used library services.

### Focus on Culture

*Catalogue no. 87-004XIE  
Vol. 13, no. 3*



# S O C I A L I N D I C A T O R S

	1994	1995	1996	1997	1998	1999	2000
<b>ECONOMY</b>							
<i>Annual % change</i>							
Real Gross Domestic Product <sup>1</sup>	4.7	2.8	1.6	4.3	3.9	5.1	4.4
Wages, salaries and SLI	2.6	3.4	2.4	5.7	4.7	5.9	6.8
Personal expenditures on goods and services <sup>1</sup>	3.0	2.1	2.6	4.6	3.0	3.4	3.6
Consumer Price Index	0.2	2.2	1.6	1.6	0.9	1.7	..
Savings rate (%)	9.4	9.2	7.0	4.9	4.4	4.2	3.9
Prime lending rate	6.88	8.65	6.06	4.96	6.6	6.44	7.27
5-year mortgage rate	9.53	9.16	7.93	7.07	6.93	7.56	8.35
Exchange rate (with U.S. dollar)	1.366	1.372	1.364	1.385	1.484	1.486	1.485
<b>ENVIRONMENT</b>							
Consolidated <sup>2</sup> government expenditures on the environment <sup>3</sup> (\$ millions)	8,398.4	8,665.5	8,381.1	8,703.2	8,518.5	8,910.7	8,957.1
Consolidated <sup>2</sup> government expenditures (\$ millions)	373,760.0	381,158.0	371,692.5	372,695.6	386,147.5	398,406.4	416,646.2
Consolidated <sup>2</sup> government expenditures on the environment <sup>3</sup> (% of total expenditures)	2.2	2.3	2.3	2.3	2.2	2.2	2.1
Greenhouse gas emissions (kilotonnes of carbon dioxide equivalents)	641,000	658,000	672,000	682,000	689,000	699,000	..
Billions of public transit passengers	1.35	1.37	1.35	1.38	1.41	1.43	1.49
Total consumption of refined petroleum products <sup>4</sup> used for transportation (thousand m <sup>3</sup> )	49,115	49,596	51,062	52,574	54,182	55,711	55,899
Ozone (% of National Ambient Air Quality Objectives maximum acceptable levels over one hour)	92	94	89	91	94	..	..
<b>JUSTICE</b>							
<i>Rate per 100,000 population<sup>5</sup></i>							
Total Criminal Code offences	9,114	8,993	8,914	8,453	8,137	7,729	7,655
Property offences	5,250	5,283	5,264	4,867	4,556	4,263	4,070
Violent offences	1,046	1,007	1,000	990	979	955	982
Other Criminal Code offences	2,817	2,702	2,650	2,596	2,602	2,510	2,603
<i>Average days to process case through courts</i>							
Adults	135	141	148	157	150	152	158
Youths <sup>6</sup>	111	118	117	105	107	111	102
<i>Average length of sentence per case</i>							
Adults (days in prison)	116	122	126	129	137	130	127
Youths (days of open and secure custody)	88	82	79	74	75	72	71
<b>CIVIC SOCIETY</b>							
Government expenditures on culture (\$ millions) <sup>7</sup>	5,373	5,318	5,241	5,054	4,910	5,021	..
Households reporting expenditure on newspapers (%)	..	..	71.0	71.0	69.0	66.9	65.0
Households reporting expenditure on live performing arts <sup>8</sup> (%)	..	..	36.0	38.0	37.0	35.0	35.9
Households reporting expenditure on admission to museums and other heritage activities <sup>8</sup> (%)	..	..	26.0	36.0	35.0	34.8	33.9

.. Data not available.

1. Data in chained (1997) dollars.

2. Does not include CPP and QPP.

3. Includes expenditures on water purification and supply.

4. Refers to diesel oils, light heating oils, residual fuel oils, aviation gasoline, fuel for gas turbines and motor fuel.

5. Revised rates based on updated population estimates.

6. Alberta is excluded.

7. Excludes intergovernmental transfers. Data in 1990 dollars. Municipal spending is on a calendar year basis.

8. A definitional change occurred in the categories of Live Staged Performances and Admissions to museums, zoos, historic sites, etc. in 1996, reducing the size of these two categories.

Sources: Statistics Canada, Public Institutions Division; Transportation Division; Manufacturing, Construction and Energy Division; CANSIM II Tables 408-0001, 408-0002 and 128-0003; *National Income and Expenditure Accounts*, Catalogue no. 133-001PPB; *Canadian Crime Statistics*, 2000, Catalogue no. 85-205-XIE; *Youth Court Statistics*, 2000-01, Catalogue no. 85-002-XIE and *Adult Criminal Court Statistics*, Catalogue no. 85-002-XIE; *Government Expenditure on Culture*, Catalogue no. 87F0001XPB; Survey of Family Expenditures, 1992 and 1996, Survey of Household Spending, 1997 and 1998; and Environment Canada, 2001, *Canada's Greenhouse Gas Inventory 1990-1999*; and Pollution Data Branch.

# LESSON PLAN

*Suggestions for using Canadian Social Trends in the classroom*

*Lesson plan for “Time alone”*

## Objectives

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- To become aware of why more people are living alone.
- To discuss why people are spending more time alone.

## Methods

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1. In 2001, 12.3% of the population aged 15 and over lived alone compared with 2.6% in 1951. Discuss what has contributed to the nearly five-fold increase in the proportion of people living alone.
2. The largest group of Canadians living alone are seniors (mostly widows), followed by people aged 25 to 44. Survey the class to find out how many have grandparents, aunts, uncles, brothers, sisters or other family members who live alone.
3. Many seniors live on their own because their spouse died. But what about the younger age groups? What are some of the social factors that may contribute to 25- to 44-year-olds living alone?
4. In 1998, people aged 15 and over spent 5.9 hours alone (excluding personal care activities such as sleeping, getting dressed or personal hygiene), compared with 4.4 hours in 1986. Discuss why, regardless of whether people live alone or not, they are spending more time alone in the late 1990s than they did in the mid-1980s. What are the social and personal implications of this trend?

## Using other resources

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- For other lesson plans for Social Studies courses, check out the Statistics Canada web site, <http://www.statcan.ca> under Education Resources. Select Teaching resources, then Lesson plans. There are more than 120 lessons available, listed by level and subject. E-STAT is free to Canadian education institutions at <http://estat.statcan.ca>. Students may access E-STAT from home. Please ask the person responsible at your school for the User Name and Password for E-STAT. To check if your school has already registered for E-STAT, visit <http://www.statcan.ca/english/Estat/licence.htm>. If your school is not a member, please ask your licence administrator to visit the licence site above.

## Share your ideas!

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Would you like to share your lessons using *CST* with other educators? Send us your ideas and we will send you lessons using *CST* received from other educators. For further information, contact your regional Statistics Canada education representative at 1 800 263-1136 or Joel Yan, Education Resources Team, Statistics Canada, Ottawa ON K1A 0T6, telephone 1 800 465-1222; facsimile 1 (613) 951-4513 or e-mail [joel.yan@statcan.ca](mailto:joel.yan@statcan.ca). Details on regional educational support are available at <http://www.statcan.ca/english/edu/reps-tea.htm>.

## Educators

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