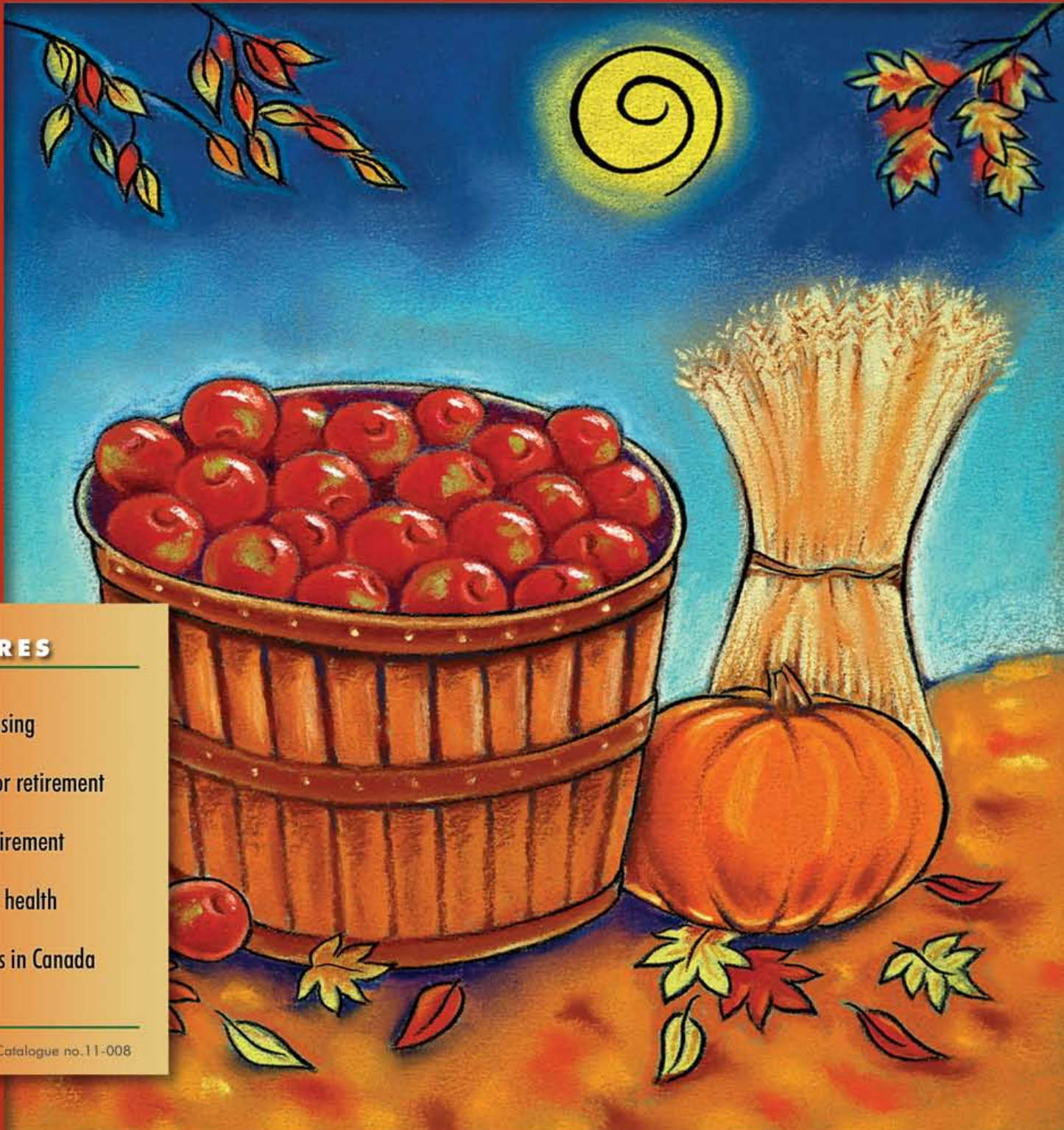




CANADIAN Social Trends

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FEATURES

- Seniors' housing
- Preparing for retirement
- Enjoying retirement
- Immigrants' health
- South Asians in Canada

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What do seniors spend on housing?

by Warren Clark

Canada's senior population has grown rapidly over the past three decades, from 1.8 million in 1971 to 4.1 million in 2004. By 2026, the number of seniors is expected to reach about 7.8 million and will represent 21% of the population. Today's seniors are living longer and healthier lives than those of earlier generations, and technological and medical advances are allowing them to live on their own for longer periods. Nonetheless, age brings limitations that affect where, how and with whom people live. One of the concerns that seniors may face is affordable housing. This may be a particular concern for those seniors who lose a spouse and are faced with reduced household income while shelter costs remain unchanged.

Using data from the 2001 Census of Population and the 2002 General Social Survey (GSS) this article looks at who seniors live with and the affordability of their homes.

Where do seniors live?

According to the 2001 Census, while the vast majority of seniors aged 65 and over live in private households (93%), the remaining 7% reside in collective dwellings (primarily healthcare institutions such as nursing homes and hospitals). Institutional residency is age-related, increasing from 2% among seniors aged 65 to 74 to 32% among those aged 85 and over. Since the early



GST What you should know about this study

For the purposes of this article "seniors" refers to the population aged 65 and over. Housing affordability problems refer to those households where 30% or more of household income is spent on shelter costs including rent, electricity, heating fuel, water or other municipal services, mortgage or loan payments for the dwelling, property taxes and condominium fees. If a senior lives in one of these households then they are said to have a housing affordability problem. Data used to analyze housing affordability of seniors exclude farm, band, and reserve households; households with incomes of zero or less; and households whose shelter costs equal or exceed household income. Data for this article come from the 2001 Census of Population and the 2002 General Social Survey (GSS).

The 2002 GSS is a telephone survey covering the population in the 10 provinces who have land telephone lines, primarily private households. This survey focused on aging and social support. Approximately 25,000 respondents were randomly selected from a list of individuals aged 45 and over based on a sample frame from the Canadian Community Health Survey. Data were collected over an 11-month period from February to December 2002.

1980s, the rate of institutionalization of seniors has declined, as home-care programs and community support have enabled them to stay in their homes longer.

Data from the 2001 Census show that about 69% of seniors who live in private dwellings live in houses, 29% in apartment buildings and 1% in mobile homes. As seniors age,

however, their housing preferences shift towards apartments (both rental and condominium). By age 85 and over, the percentage of private householders who live in houses dips to 58%, while the share of those in apartments rises to 41%. This shift in housing preferences may be related to home downsizing because of the loss of a spouse, the desire to do less maintenance or to pay lower shelter costs, or the need for improved accessibility to accommodate activity limitations. Despite this trend, selling the family home seems to be the exception rather than the rule for most seniors; overall, they are far less likely to move than younger adults.

Nearly half of seniors live with their spouse

Health status and the ability to do everyday tasks play a central role in the living arrangement options of older people.¹ According to the 2001 Census, 45% of seniors lived only with a spouse or common-law partner, 27% lived alone, 18% resided with their children or grandchildren (with or without their spouse present), 7% were in an institution and 3% lived with others (relatives or non-relatives).

Seniors share housing with their children for different reasons. Sometimes they move in with their children for help and support after the death of their spouse, because of failing health or the loss of a driver's license. In other cases, the care receiver-caregiver relationship may be reversed, with the senior providing care to a child or grandchild. In addition, co-residence may be influenced by the children's economic need rather than their parents' declining health and resulting need for care. In fact, of all seniors living with their adult children, over half (53%) were in households where a senior was the sole maintainer of the household, whereas about one-quarter (28%) were in households where an adult child was the sole maintainer.

Yet, some groups of seniors were more likely than other groups to

live with their children. In 2001, immigrants (29%), visible minorities (56%), and seniors living in large cities (24%) were more likely to live with their children than the Canadian-born (13%), those not in a visible minority group (16%) and seniors living in small urban communities with between 10,000 and 25,000 people (12%). Also, those seniors from the bottom income quintile,² excluding institutionalized seniors, were more likely to live with their children than those from the top income quintile (21% versus 14%).

The living arrangements of seniors have changed somewhat over the past 20 years. The percentage of seniors living alone and the percentage

living with a spouse have increased while the percentage living with their children has remained almost the same. As the gap between men's and women's life expectancies narrows, more seniors may have a spouse present, a key factor in being able to continue living in conventional housing as spouses provide support to each other. Meanwhile, the percentage of seniors in institutions has declined.

Most research shows that older persons with higher incomes are more likely to live independently, suggesting that privacy and independence are "purchased" by those who can afford to do so. According to the 2002 GSS, 86% of widows with higher

GST	Widows and widowers with higher income and fewer children are more likely to live alone	
	% living alone	
	Widows	Widowers
Total	77	72
Age		
65-74	76	66
75-84	78	77
85 and over	73	71
Personal income		
Less than \$20,000	72	68
\$20,000-\$39,999	83	85
\$40,000 and over	86	76
Self-assessed health		
Excellent	83	85
Very good	81	75
Good	80	74
Fair	79	75
Poor	67	F
Number of living children		
0	91	95
1	83	87
2	83	82
3	81	74
4	79	69
5	78	67
6 or more	72	67

F Too unreliable to be published.
Source: Statistics Canada, General Social Survey, 2002.

incomes lived alone compared with 72% of those with lower incomes. The presence of adult children and seniors' health status also influence living arrangements. Those with many adult children, for example, are less likely to live alone than those with few children, and those in poor health are less likely to live alone than those in excellent health. Most seniors prefer independent living in their family home but for some, living with their children or others may be an economic necessity or part of their cultural tradition.

Housing affordability problems increased for lower income seniors between 1981 and 2001

Although few seniors move for financial reasons, a considerable number still feel the strain of paying shelter costs³ on a limited income. One measure used in housing research to gauge housing affordability is the ratio of shelter costs to gross

household income. In this article, households are considered to have housing affordability problems if 30% or more of their before-tax household income is spent on shelter. However, it is possible that these households could have found other "acceptable housing"⁴ in their local area, but for whatever reason they chose to stay where they were.

In 2001, about 640,000 seniors (18%) had housing affordability problems. While the average household incomes of seniors increased by 20% between 1980 and 2000 in constant dollars, the prevalence of affordability problems for seniors changed only slightly: from 17% to 18% over the same period. Although this was a very small shift overall, affordability problems grew for those seniors in the lowest household income quintile, from 45% in 1981 to 52% in 2001, with nearly all of this change occurring after 1991. Seniors in higher income

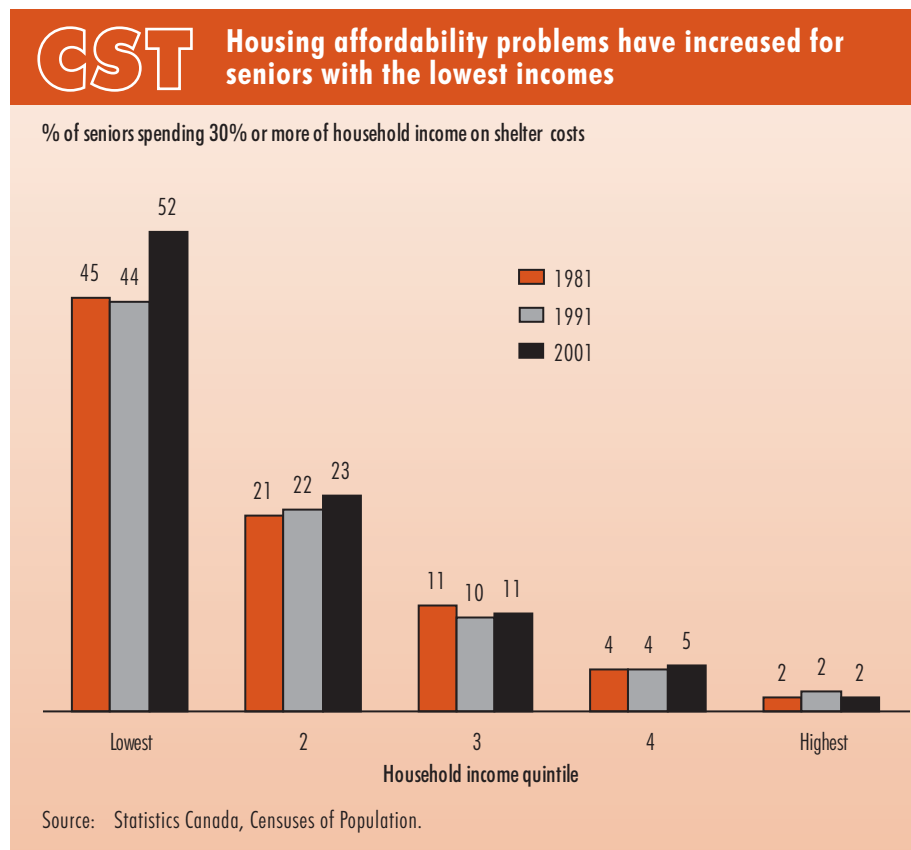
households were less likely to have housing affordability problems and experienced little change between 1981 and 2001.

Not surprisingly affordability problems were linked to living arrangements of seniors. Seniors who lived alone were most likely to have housing affordability problems (38%), followed by seniors living with others (12%), senior couples (10%) and those living with their children (10%). Lone seniors have lower household incomes and are more likely to be older than senior couples, circumstances that contribute to the disparity in affordability problems. Affordability problems for lone seniors have grown from 35% in 1981.

Housing affordability problems were more likely not only among seniors living alone but also among senior renters, residents of large cities,⁵ women, those over age 85, visible minorities and recent immigrants. The affordability problems of senior renters were linked to living alone as over half were in this situation.

Seniors living alone in large cities were more likely to rent (55%) than those in rural and small town (RST) Canada (31%).⁶ And senior renters living alone were the most likely group to experience housing affordability problems (61% in large cities and 49% in RST Canada). In contrast, only 21% of senior homeowners living alone had housing affordability problems (29% in large cities and 14% in RST Canada). Senior renters living with their spouse were much less likely to have affordability problems (28%).

When one spouse dies, household income usually declines. Although shelter costs may not change much, a larger percentage of household income is spent on these expenditures because of the loss of income. In 2000, household income for senior couples averaged \$51,000 compared with \$23,000 for widows living alone.



Seniors aged 65 and over

Characteristics of seniors	% with housing affordability problem ¹	Average monthly shelter cost (2001 \$)	Average household income in the previous year ('000s of 2001 \$)
Historical data			
1981	17	439	39.8
1986	17	445	41.1
1991	16	486	45.7
1996	18	503	44.2
2001	18	535	47.7
2001			
Men	14	537	52.2
Women	22	534	44.1
Age			
65-74	16	545	50.8
75-84	20	517	44.1
85 and over	27	541	40.2
Living arrangement			
Alone	38	457	24.5
Spouse only	10	502	50.9
Children	10	730	73.5
Others	12	597	55.2
Tenure			
Owned	10	510	53.1
Rented	44	615	30.8
Size of community			
Rural and small town ²	12	373	36.8
10,000-24,999	16	429	39.1
25,000-249,999	18	468	41.8
250,000-999,999	19	547	49.4
1,000,000 and over	23	676	57.4
Visible minority			
Yes	22	863	68.0
No	18	510	46.1
Immigration status			
Immigrants	20	643	55.2
Recent immigrants	24	1,046	71.4
Canadian-born	19	491	44.6

Note: Shelter costs include rent, electricity, heating fuel, water or other municipal services, mortgage or loan payments for the dwelling, property taxes and condominium fees.

1. Percent of seniors living in households who spent 30% or more of their before-tax household income on shelter costs.
2. "Rural and small town" (RST) refers to the population living outside the commuting zone of larger urban centres—specifically, outside census metropolitan areas (CMAs) and census agglomerations (CAs). RST includes all municipalities with urban populations of 1,000 to 9,999 and rural areas, where less than 50% of the employed individuals commute to the urban core of a CMA/CA.

Source: Statistics Canada, Censuses of Population.

Women have higher life expectancy than men and tend to be younger than their spouse. As a result, they are more likely to find themselves living alone in their senior years. Because senior women on average also had weaker attachment to the labour force during their working lives, their pension incomes are lower. It is therefore not surprising that senior women are more likely to experience housing affordability problems than men (22% versus 14%).

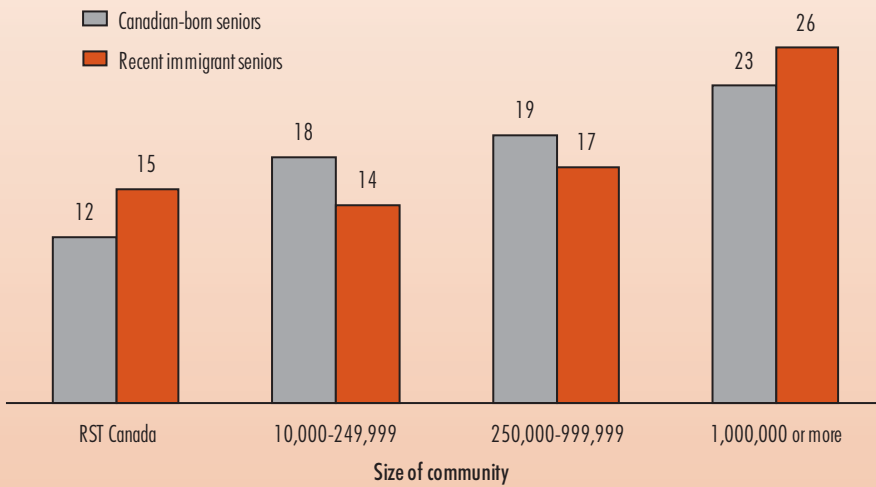
Seniors in large cities are more likely to have affordability problems than those in small communities

Seniors living in large cities usually have higher shelter costs and higher average household incomes than those living in smaller cities and rural areas. In large cities, 23% of seniors had housing affordability problems compared with 12% of seniors living in rural and small town Canada. This difference is associated with the higher cost of housing in large cities. In 2001, seniors in large cities had about 80% higher shelter costs than those who lived in RST Canada.

Seniors in visible minority groups and recent immigrants are more likely to have housing affordability problems

Seniors who are visible minorities or recent immigrants⁷ were more likely to live in housing that exceeded the housing affordability benchmark than seniors who were not in a visible minority group or who were Canadian-born. This is partly because two-thirds of visible minority and recent immigrant seniors are concentrated in Toronto and Vancouver where shelter costs are very high. Removing the effect of community size, recent immigrants and visible minority seniors are almost equally likely to have affordability problems as Canadian-born and non-visible minority seniors.

% of seniors spending 30% or more of household income on shelter costs



Note: RST Canada refers to the population living outside the commuting zone of larger urban centres—specifically, outside census metropolitan areas (CMAs) and census agglomerations (CAs). RST includes all municipalities with urban populations of 1,000 to 9,999 and rural areas, where less than 50% of the employed individuals commute to the urban core of a CMA/CA.

Source: Statistics Canada, Census of Population, 2001.

higher household incomes and also higher shelter costs, but those with homes valued at \$400,000 and more were more likely to have housing affordability problems than those with homes valued at less than \$100,000 (12% versus 9%). This is not surprising, as those with high value homes are more likely to live in large cities where shelter costs are higher and to pay higher property taxes, heating, electricity and fees for municipal services.

Interestingly, those seniors who owned high-value homes were equally likely to have housing affordability problems regardless of the size of the community they lived in. In contrast, those seniors with low-value homes (less than \$100,000) were about twice as likely to have affordability problems if they lived in a large city (14%) than in RST Canada (7%).

Summary

The majority of seniors live in houses, but as they age their preference shifts towards apartments. Most seniors live with a spouse, but as they grow older, larger and larger proportions, especially of women, live alone. Ultimately, health problems, death of a spouse, or the difficulties of maintaining a large house may encourage them to move elsewhere. Sometimes that may mean moving in with a son or daughter or vice versa. However, housing affordability problems exist for many seniors, especially for those living alone, renters and seniors living in large cities.



Warren Clark is a senior analyst with Social and Aboriginal Statistics Division, Statistics Canada.

Visible minority seniors and recent immigrant seniors were also more likely to experience crowding⁸ and, as noted earlier, were more likely to live with their children, especially those living in large cities. The high shelter costs in the large cities where visible minorities and recent immigrants are concentrated may contribute to crowding. Those visible minority and recent immigrant seniors living in smaller communities are less likely to have affordability problems and crowding than those living in large cities.

High-priced homes add to affordability issues

Although senior homeowners are less likely to have housing affordability problems than senior renters, about 1 in 10 had an affordability problem. However, many experiencing such problems had much wealth locked up in their homes. In fact, according to the 2001 Census, 21% of senior homeowners with affordability problems had homes valued in the top quarter of homes in their neighbourhood.⁹ Those who owned valuable homes had, on average,

1. Mutchler, J.E. and J.A. Burr. 2003. "Living arrangements among older persons— A multilevel analysis of housing market effects" *Research on Aging* 24, 6: 531-558.
2. Seniors were divided into five groups or quintiles based on their personal income. Each quintile represents one-fifth of all seniors. Quintiles are created by ranking seniors in ascending order of income and partitioning the seniors into five groups such that the estimated number in each group is the same.
3. Shelter costs include rent, electricity, heating fuel, water or other municipal services, mortgage or loan payments for the dwelling, property taxes and condominium fees.
4. Canada Mortgage and Housing Corporation (CMHC) uses the term "acceptable housing" to refer to housing that is in adequate condition (does not require major repairs), is of suitable size and is affordable (costing less than 30% of before-tax household income). A household is said to be in "core housing need" if its housing falls below at least one of these standards and if it would have to spend 30% or more of its before-tax income to pay the median rent of alternative local housing that meets all three standards. In 2001, 20% of households did not meet the affordability

standard (i.e. paid 30% or more of their before-tax household income on shelter costs) and of these about 7 in 10 were in core housing need. See CMHC. 2004. "The adequacy, suitability and affordability of Canadian housing." *Socio-economic Series* 04-007.

5. Includes census metropolitan areas (CMAs) with populations of 1 million or more people in 2001. This includes the CMAs of Toronto, Montréal, Vancouver and Ottawa-Gatineau.
6. "Rural and small town" (RST) refers to the population living outside the commuting zone of larger urban centres – specifically, outside census metropolitan areas and census agglomerations (CAs). RST includes all municipalities with urban populations of 1,000 to 9,999 and rural areas where less than 50% of the employed individuals commute to the urban core of a CMA or a CA.
7. Recent immigrants are those who arrived in Canada between 1996 and 2001.
8. The dwelling does not have enough bedrooms for the size and make-up of the occupying household.
9. Neighbourhoods refer to census tracts for large CMAs and CAs and to census subdivisions for untraced smaller CAs. Census tracts have populations of about 5,000 people.

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Preparing for retirement

by Grant Schellenberg, Martin Turcotte and Bali Ram

Settling into retirement involves changes in many aspects of a person's life. Certainly financial adjustments are involved as employment income is replaced by retirement income and spending patterns are altered. People often find they have to make psychological and social adjustments as well. For workers whose job provides a sense of purpose and self-identity, retirement may involve a significant change in how they define themselves.¹

Social contacts are also likely to be realigned as time is mainly spent with family and friends, rather than co-workers and business associates. Furthermore, retirement generally results in a significant increase in the amount of time that spouses spend together; while retired couples generally report that the quality of their relationship is high,² the process of retiring can produce a temporary increase in marital conflict as couples get settled into new routines.³

In light of these substantial transformations in lifestyle, retirement counsellors are increasingly encouraging older workers to prepare just as carefully for the non-financial as the financial challenges of retirement. This article draws on the 2002 General Social Survey (GSS) to examine four specific non-financial preparations made prior to leaving the labour force by Canadians who had retired in the previous 10 years (1992 to 2002).

GST What you should know about this study

Data for this paper were drawn from Statistics Canada's 2002 General Social Survey (GSS). The target population for the 2002 GSS was all persons 45 years of age and over residing in the 10 provinces. The 2002 General Social Survey used a subjective definition of retirement. Respondents identified as retired were those who said their main activity during the past 12 months was "retired", who said "yes" when asked if they had ever retired, or who said they had never retired but replied "yes" to a follow-up question that probed their degree of attachment to the labour force. Just over 4,400 respondents, representing 1.8 million Canadians, were identified as having retired in the 10 years preceding the survey. Respondents who had never worked, had left the labour force before age 30, or did not answer the questions regarding their retirement plans are excluded from this study.

Retiree: a person who had left the workforce at age 50 or older in the 10 years preceding the GSS (that is, between 1992 and 2002).

Non-financial preparations: one of four steps retirees had taken, before leaving the workforce, that were intended to help ease the transition from employment to retirement. These steps included becoming involved in physical activities, whether learning new sports or increasing the time devoted to their existing interests; cultivating non-physical leisure activities and hobbies; engaging in volunteer activities; or gathering information about retirement, such as talking with a consultant or attending a course about what to expect in retirement and how to plan for it.

Nearly three-quarters of retirees actively prepared for a life of leisure

In his recent study of retirement, Dr. James Nininger, former CEO of the Conference Board of Canada, argues that an active and varied life

outside work can help people make a smooth transition into retirement.⁴ For Nininger, the lesson is "get a life while you're working." Although it did not ask respondents to specify when they began readying themselves for retirement, the 2002 GSS did ask

whether they had become involved in physical activities; developed other leisure activities and hobbies; gotten involved in volunteer activities; or gathered information about retirement, such as talk with a consultant or attend a course.

Almost three-quarters of retirees (71%) had made one or more of these non-financial preparations: 31% made one type and 40% made two or more. On the other hand, over one-quarter of retirees (29%) did not undertake any. The most common type of non-financial preparation made was collecting information about retirement, with almost half of retirees (46%) having done this. More than one-third (35%) of retirees had cultivated hobbies or other leisure pursuits. Over one-quarter had gotten involved in physical activities (27%) and a larger proportion had become volunteers (29%) in anticipation of their departure from the workforce.

The likelihood that people had made pre-retirement adjustments to their lifestyle frequently depended on their demographic or socio-economic characteristics. For example, women were more likely than men to have gotten involved in volunteer activities (31% and 26%, respectively), although they were no more likely to have made the other types of non-financial preparations.

Workers with higher education were more often active in planning for their retirement. Almost two-thirds (62%) of retirees with a university degree gathered information prior to retirement, compared with under half (48%) of those with high school and less than one-third (30%) of those without high school. Differences between retirees with higher and lower levels of education were also significant for the three other non-financial preparations.

Individuals who were in very good or excellent health at the time they retired were more likely to have made provision for dealing with a change in lifestyle. Of course, it may not be surprising that retirees in fair or poor health less frequently

	Number of non-financial preparations made		
	None	One	Two or more
	% (distribution across)		
Both sexes	29	31	40
Men	29	33	38
Women	30	28	42
Marital status at retirement			
Married or common-law	28	31	41
Other	33	31	35
Age at retirement			
50 to 59	27	29	43
60 to 64	28	32	39
65 or older	35	33	32
Nature of retirement			
Voluntary	25	32	44
Involuntary	40	30	31
Health at retirement			
Excellent	23	34	43
Very good	26	29	46
Good	32	29	39
Fair or poor	39	31	30
Receives pension income			
No	37	31	32
Yes	21	31	48
Highest level of schooling completed			
Less than high school	42	32	26
High school	27	31	42
College or trade/technical diploma	23	29	48
University degree	18	30	52
Current household income			
Less than \$20,000	40	31	29
\$20,000 to \$29,999	34	32	34
\$30,000 to \$39,999	24	33	42
\$40,000 to \$59,999	22	31	47
\$60,000 or more	19	30	51

Source: Statistics Canada, General Social Survey, 2002.

developed physical activities or got involved in volunteer work, given the possible constraints imposed by their condition. Furthermore, someone obliged to leave the workforce by the sudden onset of health problems may have had little time to get ready for retirement the way they might have wished.

Retirees with "good jobs" geared up better for retirement

Among the retirees most likely to have gathered retirement information or become volunteers before leaving work were those who had worked in professional occupations, in public administration, and in the health, education, and social services sector.

Having a pension was another factor associated with a higher likelihood of making non-financial preparations for retirement. For example, all things being equal, the probability that a retiree had gathered retirement information was significantly higher for someone with pension coverage than for someone without (54% and 35%, respectively).

Retirees who had been paid employees were about twice as likely as those who were self-employed to have collected information in arranging for retirement (at 50% and 27% respectively), maybe because they had had access to information through employee assistance programs or employer-sponsored courses. However, paid employees and self-employed workers were about equally likely to have participated in the other types of planning.

The likelihood of paving the way for a lifestyle change after retirement was also associated with the nature of retirement itself. Involuntary retirees—those who did not want to retire but were compelled to do so by factors such as health problems or unemployment—were less likely to have made non-financial preparations than individuals who had left employment voluntarily. One reason may be that an unforeseen early exit from the workforce gave them little time to get organized.

Getting ready for retirement associated with greater enjoyment of life

Do retirees who develop leisure activities, gather information or become engaged in volunteer work report greater satisfaction in retirement than those who do not? The 2002 GSS asked respondents: "Compared to the year before you retired, do you now enjoy life more, less or about the same?"

Overall, 12% of recent retirees said they enjoyed life less than they had before retiring, while 47% enjoyed it more and 41% reported no real change. Whether retirees said "less," "the same" or "more" was associated

	Type of non-financial preparation for retirement			
	Developed physical activities	Cultivated other leisure activities and hobbies	Got involved in volunteer activities	Gathered retirement information
	%			
Employment status prior to retirement				
Paid employee	28	36	29	50
Self-employed	28	38	28	27
Occupation prior to retirement				
Managerial	28	38	28	42
Professional	30	42	38	63
Technical	41 ^E	40 ^E	31 ^E	54 ^E
Clerical	29	37	34	53
Sales and services	26	31	27	38
Trades and transportation	21	34	22	39
Other blue collar	28	36	20	36
Industry prior to retirement				
Agriculture and primary	31 ^E	40 ^E	28 ^E	33 ^E
Utilities and transportation	20 ^E	30 ^E	25 ^E	49 ^E
Construction	27 ^E	36 ^E	18 ^E	26 ^E
Manufacturing	24	34	22	45
Trade	27	35	28	36
Finance, insurance, real estate, professional and business services	30	37	33	43
Health, education and social services	29	40	37	61
Information, culture and recreation	26 ^E	30 ^E	25 ^E	52 ^E
Accommodation, food and other services	28 ^E	37	22 ^E	25 ^E
Public administration	32	37	35	70
Nature of retirement				
Voluntary	29	38	30	50
Involuntary	22	28	25	34
Receives pension income				
No	26	33	25	31
Yes	28	38	32	61
Current household income				
Less than \$20,000	25	30	24	26
\$20,000 to \$29,999	23	31	25	39
\$30,000 to \$39,999	26	37	27	51
\$40,000 to \$59,999	31	41	32	58
\$60,000 or more	34	40	33	58

^E Use with caution.

Source: Statistics Canada, General Social Survey, 2002.

with a number of factors, including their health, financial circumstances and the non-financial preparations they had made.

A statistical model was developed to predict the likelihood that a retiree would enjoy life more after retirement than before he or she

left the workforce. Holding other characteristics constant, the model predicts that the probability of enjoying life more was 43% among those who had not made any non-financial preparations, but 50% for those who had made two and 59% for those who had made at least three. The predicted probability of enjoying life more was highest among retirees who had developed physical activities and cultivated hobbies and leisure pursuits.

The correlation between non-financial preparations for retirement and post-retirement enjoyment of life can be interpreted in several ways. It may be that gearing up for the inevitable change in lifestyle by developing new habits and routines resulted directly in greater enjoyment of life when a person's working life was over. Alternatively, it may be that the people most likely to make non-financial preparations were the most eager to leave the labour force and thus also to report greater enjoyment of life after retiring. Unfortunately, it is not possible to assess the validity of either of these interpretations with the 2002 GSS.

Summary

There are considerable variations in the extent to which Canadians with different characteristics make non-financial retirement preparations; those most likely to do so tend to have characteristics that are generally associated with higher socio-economic status, such as having a higher level of education, having pension coverage, being employed in a professional occupation, having higher income and retiring voluntarily. There is also a correlation between readying oneself for the substantial lifestyle adjustment that retirement entails and life satisfaction after leaving the workforce, with those who do more planning reporting a greater increase in enjoyment of life.



Grant Schellenberg is a senior analyst and **Martin Turcotte** is an analyst with Social and Aboriginal Statistics Division; and **Bali Ram** is a senior research advisor with Demography Division, Statistics Canada.

1. Nininger, J.R. 2003. *The Public Service in Transition — Moving beyond the Workplace: Exploring Life's Journey*. Ottawa: Canadian Centre for Management Development.
2. Chalmers, L. and A. Milan. Spring 2005. "Marital satisfaction during the retirement years." *Canadian Social Trends*. p. 14-17.
3. Moen, P., J. Kim and H. Hofmeister. 2001. "Couples' work/retirement transitions, gender, and marital quality." *Social Psychology Quarterly* 64, 1: 55-71.
4. Nininger. 2003.

What makes retirement enjoyable?

by Grant Schellenberg,
Martin Turcotte and Bali Ram



The thought of retirement can often be appealing, particularly when stuck in rush hour traffic, faced with an unpleasant task, or just feeling worn out from a hectic week at work. At such times, the idea of sleeping in, playing a round of golf, or taking the RV on the road may be most attractive. But does retirement really measure up to people's expectations? Do individuals enjoy life more in retirement than they did while still working?

Using data from the 2002 General Social Survey (GSS), this article looks at recent retirees (individuals who retired during the preceding decade and were at least 50 years old when they did so) and their enjoyment of life before and after retirement. A statistical model explores the relationship between enjoyment of retired life and specific individual characteristics (for example, marital status, health and financial well-being) while holding the effects of other characteristics constant.

Life after retirement better for about half of retirees

When the GSS asked recent retirees, "Compared to the year before you retired, do you now enjoy life more, less or about the same?", nearly half (47%) said that they enjoyed life more now. A slightly smaller proportion (41%) took about the same amount of pleasure in life before and after retirement, while 12% reported that they enjoyed life less now.

GST What you should know about this study

Data in this analysis come from the 2002 General Social Survey (GSS). The target population for the GSS covered 25,000 persons 45 years of age and over residing in the 10 provinces, excluding full-time residents of institutions. Almost 4,500 respondents, representing 1.8 million Canadians, were classified as "recent retirees." Recent retirees were defined as those who retired during the years 1992 to 2002 and were at least 50 years of age when they did so.

The figures in the table are *predicted probabilities* computed from a multinomial logistic regression. They show the relationship between life enjoyment and each characteristic in the table independent of (or net of) the effects of the other characteristics.

Marital status

GSS respondents were asked about their marital status at two points in time: when they retired and when they completed the survey in 2002. From these responses we can identify individuals who were married at both times; who had become widowed since retirement; who had separated or divorced since retirement; who had married since retirement; and those who were not married at either point in time (this group includes never-married, widowed, separated or divorced people). Individuals who changed marital status more than once during the intervening period cannot be identified.

Health

GSS respondents were asked "Compared to other people your age, how would you describe your usual state of health? Would you say it is excellent, very good, good, fair or poor?" and "How would you describe your health at the time you retired? Compared to others your age, would you say that your health was excellent, very good, good, fair or poor?"

Finances

Recent retirees were asked if they believed their current financial situation is worse than, about the same as, or better than it was in the year prior to retirement.

Men and women had similar assessments of life enjoyment, although men were slightly less likely than women to report an increase in contentment. After taking into account age, marital status, health, income and other factors, 47% of retired men and 51% of retired women said they enjoyed life more in retirement than they did before.

Relationships, health and finances make a difference

Not surprisingly, the gain or loss of a loved one is closely related to happiness. According to data from the 2002 GSS, individuals who had been widowed since they retired were twice as likely as those who remained married to say their enjoyment of life had declined (12% and 6%, respectively). Conversely, individuals who got married since retirement were more likely than others to report an increase in their enjoyment of life.

Retirees who became separated or divorced since retirement varied greatly in their assessments of life. While some were more likely than their married counterparts to say they enjoyed life less since retirement, others reported enjoying life more, suggesting considerable variation in the experiences and views of divorced individuals.

The association between health and happiness is striking even after accounting for other variables. Individuals whose health had gotten much worse since retirement were most likely to experience a decline in their enjoyment of life (26%), while those whose health had improved were least likely to feel this way (2%). Similarly, retirees with worsening health were much less likely than those with improving health to report an increase in their enjoyment of life: 31% and 62%, respectively.

Most people would probably agree that while money doesn't guarantee happiness, it helps make life more enjoyable. Indeed, GSS data show

that retirees whose financial situation had improved since retirement were most likely to say their enjoyment of life had increased (64%, after taking into account all other variables). Individuals whose financial position remained the same came next (50%), followed by those whose finances had deteriorated (39%). Receipt of pension income, another indicator of financial security, was also positively associated with improvements in life enjoyment.

Early retirees enjoy life more

Is early retirement the key to happiness? According to data from the 2002 GSS, retiring sooner rather than later does make a difference. After accounting for all other factors, including current age, 59% of individuals who retired between the ages of 50 and 54 reported enjoying life more after retirement, compared with about 40% of those who took retirement when they were aged 65 to 74.

It is possible that age at retirement reflects small differences in health or financial well-being that are not captured by other measures. Alternatively, individuals who retired at older ages may have done so because they enjoyed their work and, in comparison, found retired life less satisfying. At the same time, retirees who left the labour force earlier may have been eager to do so and to make the most of retired life.

How much people enjoy life also appears to be associated with the length of time spent in retirement. Individuals who had been retired for longer than two years were more likely to report a decline in happiness than those who had only recently retired (a difference of three to four percentage points, after controlling for all other variables). Perhaps the 'honeymoon effect'—the relief from work stress and enjoyment of new-found freedom—diminishes as the initial glow of retirement wears off.

Those who plan for retirement get more out of it

Enjoying retired life seems more likely when one plans for it while still in the labour force. GSS respondents were asked whether or not they planned for their retirement by participating in physical activities, developing other leisure activities or hobbies, getting involved in volunteer work, or gathering information about retirement.

People who participated in three or four of these activities were far more likely to report increased enjoyment of life in retirement (59% after accounting for all other variables) than those who participated in two (50%), one (47%) or none at all (43%). Perhaps these activities afforded individuals greater life enjoyment in retirement. Or, it may be that individuals who were most eager to leave the labour force were also most likely to prepare for retirement and to enjoy their new life to the fullest.

Wanting to retire and having to retire are two very different things, which are no doubt related to how much one enjoys life in retirement. After holding all other factors constant, involuntary retirees were considerably less likely (38%) than their voluntary counterparts to consider retired life an improvement (53%). This is not surprising when bearing in mind that those who had no choice but to retire—mostly due to health problems or unemployment—often subsequently experienced adverse financial consequences.

Individuals who were self-employed prior to retirement were slightly less likely than paid employees to report an increase in their enjoyment of life (45% versus 50%, respectively).

Summary

Overall, about half of retirees report taking more pleasure in life after leaving the labour force. Their responses also indicate that meaningful relationships, good

Predicted probability of enjoying life

	Less than before retirement	The same as before retirement	More than before retirement
	%		
Marital status at retirement and in 2002			
<i>Married – Married</i>	6	45	49
Married – Widowed	12*	48	40
Married – Divorced/separated	10*	30	60*
Not married-Married	1	31	68*
Not married-Not married	8	44	49
Change in health since retirement			
Much worse	26*	43	31
Somewhat worse	13*	43	43
<i>No change</i>	7	46	47
Somewhat better	4*	44	52
Much better	2*	36	62*
Health at retirement			
Excellent	4	43	54*
<i>Very good</i>	4	47	49
Good	7*	45	48
Fair or poor	21*	40	39
Change in finances since retirement			
Worse	14*	47	39*
<i>No change</i>	4	46	50
Better	4	31	64*
Receives pension income			
Yes	5*	44	52*
<i>No</i>	9	46	46
Current household income			
<i>Less than \$20,000</i>	8	48	45
\$20,000 to \$29,999	9	47	44
\$30,000 to \$39,999	7	44	49
\$40,000 to \$59,999	6	42	53*
\$60,000 or more	4*	44	52

Predicted probability of enjoying life

	Less than before retirement	The same as before retirement	More than before retirement
	%		
Sex			
Men	7	47	47*
<i>Women</i>	6	43	51
Age at retirement			
50 to 54	5	36	59*
55 to 59	7*	39	54
<i>60 to 64</i>	6	42	52
65 to 69	6	54	40*
70 to 74	7	52	41*
75 or older	11	70	19*
Years since retirement			
<i>2 or less</i>	4	43	53
3 to 4	8*	43	49
5 to 6	7*	43	50
7 to 8	7*	42	51
9 to 10	7	54	39*
Number of non-financial preparations made before retirement			
<i>None</i>	10	48	43
One	6*	48	47
Two	5*	45	50*
Three or four	5*	36	59*
Nature of retirement			
<i>Voluntary</i>	5	42	53
Involuntary	11*	51	38*
Type of employment prior to retirement			
<i>Paid employee</i>	7	43	50
Self-employed	6	49	45*

Note: Reference group is shown in italics.

* Statistically significant difference from reference group ($p < 0.05$).

Source: Statistics Canada, General Social Survey, 2002.

health, and financial well-being are important ingredients for the enjoyment of life in retirement. In addition, being involved in physical activities, hobbies or volunteer work and researching retirement issues

while still at work help make the transition to retirement a success. In contrast, having to retire earlier than anticipated because of health problems or job interruptions detracts from the enjoyment of retired life.



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The changing health of immigrants

by Edward Ng, Russell Wilkins, François Gendron and Jean-Marie Berthelot

This article is an adaptation of "Dynamics of immigrants' health in Canada: Evidence from the National Population Health Survey," *Healthy Today, Healthy Tomorrow? Findings from the National Population Health Survey* (Statistics Canada Catalogue no. 82-618-MWE2005002), available for free online at www.statcan.ca/english/research/82-618-MIE/82-618-MIE2005002.htm. For a full list of references, please see the original article.

When immigrants arrive in Canada, their health is typically better than that of the average Canadian. In fact, many studies have established the existence of a so-called "healthy immigrant effect." This may partly be due to the fact that potential immigrants are screened on medical and other health-related criteria before they are admitted to the country. There is also a degree of self-selection in the originating countries, with applicants likely to be individuals with the stamina and motivation to undertake the rigours that immigration entails.

Previous studies have shown that immigrants, especially recent immigrants, are both less likely to have chronic conditions or disabilities than the Canadian-born population, and are more likely, upon arrival to Canada, to rate their health as good, very good or excellent. Most of these studies, however, have been based on data for a single point in time. As a result, they have not been able to track the changes over time in immigrants' health in their new country.

Using longitudinal data from Statistics Canada's National Population Health Survey (NPHS), this article assesses the health impact of the immigration process, as individuals adjust to life in Canada, by comparing changes in immigrants' self-perceived health status, health care use, and health-related behaviours with those of the Canadian-born population. Information was collected from the same individuals over an eight-year period from 1994/95 to 2002/03.

Immigrants' self-perceived health deteriorates over time

In 2001, Canada's 5.4 million immigrants made up just over 18% of the population, the highest percentage in 70 years. Canada now receives more than 200,000 immigrants each year, and they account for close to 60% of population growth. Without sufficient immigration to compensate for below-replacement fertility, the Canadian population would start to decline in about 30 years.¹ A better understanding of the dynamics behind any changes in immigrants' health

could inform public policy about potential risks that confront this increasingly important component of Canadian society.

It is hypothesized that over time, immigrants' perception of their health converges toward that of the host population. In some cases, medical problems may arise as immigrants age just like anyone else. In others, health may deteriorate as immigrants integrate into their new country and adopt behaviours with potentially negative health impacts.

The process of immigration itself is stressful and disruptive, possibly involving financial constraints, employment problems or the lack of a social support network, all of which may undermine health. The loss of a support network of family and friends in the country of origin can be particularly difficult. It is a well-known fact that lack of social support is a risk factor for a decline in health: for example, in general, Canadians with low social support were 1.3 times more likely to indicate a decline in health than those with high levels of social support.²

Data in this article come from the National Population Health Survey (NPHS), which collects information about the health of Canadians. The survey covers private households and institutional residents in all provinces, except on Indian reserves, Canadian Armed Force bases, and some remote areas. The first cycle of the survey (in 1994/95) interviewed over 14,100 residents aged 18 years and over living in private households. These individuals were then followed over time. The statistical model used in the analysis controlled for age, sex, household income, education and other selected characteristics.

For people who rated their health as good, very good or excellent in 1994/95, changes in health status, health care utilization (frequent doctor contacts and hospitalization) and health-related behaviours (daily smoking, leisure activity and body mass index) were examined by European/non-European origin and duration of residence in Canada. They were compared to the Canadian-born population (i.e. those who were Canadian citizens by birth).

Duration of residence in Canada

Immigrants' actual duration of residence in Canada is not available from the National Population Health Survey (NPHS). As a result, the number of years between immigration and the first NPHS cycle (1994/95) was used as a proxy, but

the duration of residence is not exact. Some people may have resided in Canada for several years before obtaining immigrant status, while others may have lived outside Canada for substantial periods after immigration. Because of sample size limitations, just two duration categories were created: recent immigrants (in Canada for 10 years or less as of 1994/95) and long-term immigrants (in Canada for more than 10 years as of 1994/95).

Self-perceived health

This is a commonly used indicator that has been shown to reflect other measures of health status such as mortality and clinically diagnosed morbidity. It was measured on a five-category scale: poor, fair, good, very good or excellent.

Income adequacy

This indicator is based on the number of people in the household and total household income from all sources in the 12 months preceding the 1994/95 survey. It was defined as less than \$15,000 for a household with 1 or 2 persons, less than \$20,000 for a household with 3 or 4 persons, and less than \$30,000 for a household with 5 or more persons.

Body mass index (BMI)

The BMI determines a person's weight relative to his or her height. An increase of at least 10% in the index reflects a substantial weight gain, which might be harmful to one's health.

To distinguish groups with cultural differences that might influence health, immigrants were grouped into two categories according to their country of birth: European and non-European. The European category also includes those born in the United States, Australia and New Zealand. Because of the diversity of the immigrant population, the European/non-European grouping is at best a crude way to capture the cultural differences underlying health transitions, but owing to sample size limitations, this was the only categorization possible.

According to the NPHS, immigrants from non-European countries were twice as likely as the Canadian-born to indicate deterioration in their health between 1994/95 and 2002/03. In other words, these immigrants

had rated their health as good, very good or excellent in the first year of the survey, but subsequently were more likely to describe themselves as being in fair or poor health than the Canadian-born.

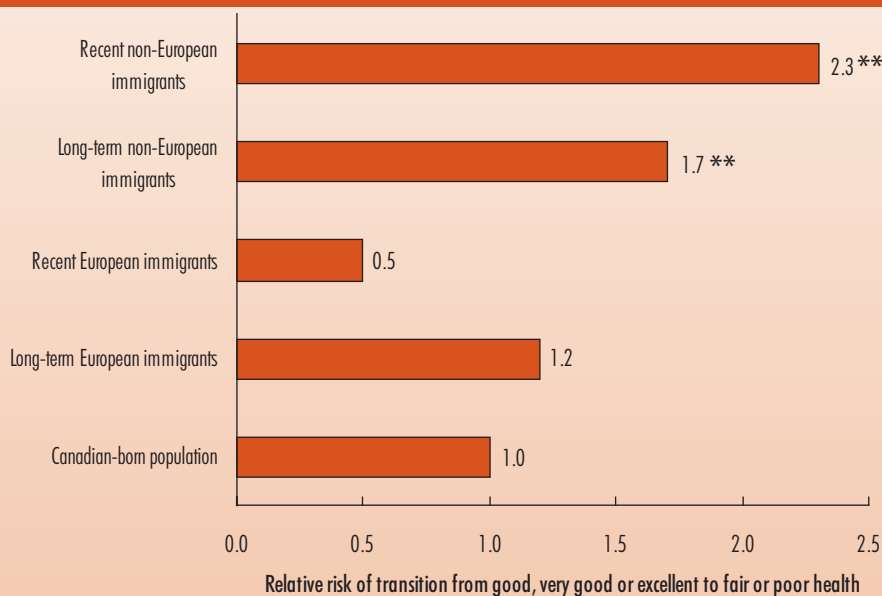
This decline was particularly pronounced among *recent* non-European immigrants (those who, for purposes of this study, arrived in Canada in 1984 or later). But surprisingly, even *long-term* non-European immigrants (those who came before 1984) were more likely than the Canadian-born to indicate a shift toward fair or poor health. In contrast, there was no statistically significant difference between European immigrants' likelihood of reporting a decline in health and that of the Canadian-born. (The statistical model used in the analysis controlled for age, sex,

household income, education and other selected variables.)

Non-European immigrants visit their doctor more frequently

In addition to their deteriorating self-perceived health, or perhaps mirroring it, recent non-European immigrants reported having visited their doctors more frequently than others over the years. Between 1994/95 and 2002/03, they were 1.5 times more likely than the Canadian-born to become frequent visitors to doctors (that is, to have visited in person, or consulted by phone, their general practitioner or other medical doctor at least six times in the previous year). Once again, European immigrants resembled Canadian-born individuals in their likelihood of visiting doctors.

Recent non-European immigrants were most likely to indicate a deterioration in health



Note: Analysis based on individuals reporting good, very good or excellent health in 1994/95, and controls for age, sex, income adequacy, education, smoking, inactive leisure, social support/involvement and body mass index in 1994/95.

** Statistically significant difference from estimate for Canadian-born ($p < 0.01$).

Source: Statistics Canada, National Population Health Survey, 1994/95 to 2002/03.

There was no statistically significant difference between any of the groups of immigrants and the Canadian-born in the likelihood of being hospitalized. However, admission to hospital is usually necessitated by relatively serious health problems, and it is possible that during the eight years of follow-up the decline in health was not severe enough to require hospitalization.

What causes non-European immigrants' health to decline?

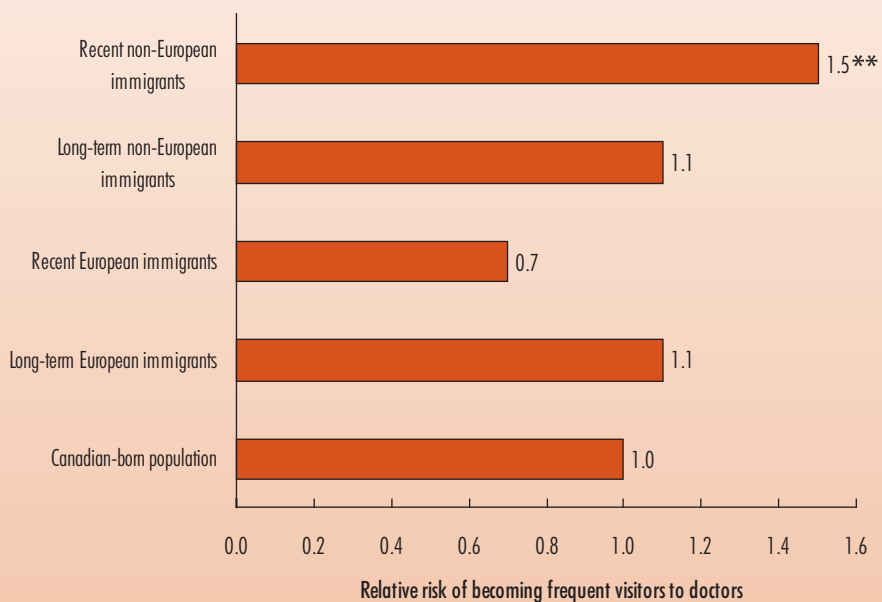
The decline in immigrants' self-perceived health might be attributable to a number of factors. For the Canadian population overall, daily smoking, inactive leisure time, and obesity were each found to be significantly associated with deterioration in self-rated health. Perhaps during the process of adjusting to the Canadian lifestyle, non-European immigrants have picked up some of these habits.

According to data from the NPHS, relatively few non-European immigrants became daily smokers. In fact, they were only half as likely as the Canadian-born population to start smoking on a daily basis between 1994/95 and 2002/03. Therefore, for these immigrants, daily smoking was unlikely to be associated with a higher risk of decline in self-reported health over the eight years. By contrast, European immigrants were as likely as their Canadian-born counterparts to start smoking during this period of time.

Non-European immigrants report lack of physical activity and weight gain

While non-European immigrants were not picking up the smoking habit, they were somewhat more likely than the Canadian-born to have become physically inactive during their leisure time.³ This may help explain why these immigrants were more likely to report declining health.

Recent non-European immigrants were more likely than the Canadian-born to become frequent visitors to doctors



Note: Analysis is based on individuals reporting good, very good or excellent health in 1994/95, and controls for age, sex, income adequacy and education in 1994/95.

** Statistically significant difference from estimate for Canadian-born ($p < 0.01$).

Source: Statistics Canada, National Population Health Survey, 1994/95 to 2002/03.

Adjusted risk ratios for transition from good/very good/excellent to fair/poor health

Immigration status and duration of residence	
<i>Canadian-born</i>	1.0
Recent European immigrants	0.5
Long-term European immigrants	1.2
Recent non-European immigrants	2.3**
Long-term non-European immigrants	1.7**
Sex	
<i>Men</i>	1.0
Women	1.1
Age group	
<i>18 to 34</i>	1.0
35 to 54	1.6**
55 and over	3.4**
Income adequacy	
<i>Low</i>	1.5**
<i>Not low</i>	1.0
Education	
<i>Less than high school</i>	1.9**
<i>High school graduation/some postsecondary</i>	1.2*
<i>Postsecondary graduation</i>	1.0
Smoking	
<i>Daily smoker</i>	1.5**
<i>Not daily smoker</i>	1.0
Inactive leisure	
<i>No</i>	1.0
Yes	1.2**
Social support	
<i>High</i>	1.0
Low	1.3*
Social involvement	
<i>High</i>	1.0
Low	1.1
Body mass index[§]	
<i>Underweight</i>	1.0
<i>Normal weight</i>	1.0
Overweight	1.2**
Obese	1.3**

Note: All explanatory variables are based on situation in 1994/95. Data refer to private household population aged 18 or older in Canada, excluding territories.

Reference categories shown in italics.

[§] Excludes pregnant women.

* Statistically significant difference from reference category ($p < 0.05$).

** Statistically significant difference from reference category ($p < 0.01$).

Source: Statistics Canada, National Population Health Survey, 1994/95 to 2002/03.

However, more research is needed to understand the complex associations between the level of leisure-time activity and health among immigrant groups. For example, the group most likely to become inactive were recent European immigrants. Yet, paradoxically, in contrast to their non-European counterparts, these recent European immigrants were not at a greater risk of indicating a decline in their health relative to the Canadian-born.

Although the fact that recent non-European immigrants' self-perceived worsening health could not be directly linked to daily smoking, weight gain was a possible contributor. Rapid changes within and between body mass index (BMI) categories could be considered as important indicators of potential problems. Indeed, recent non-European immigrants were almost twice as likely as the Canadian-born population to have experienced at least a 10% increase in their BMI since 1994/95.⁴

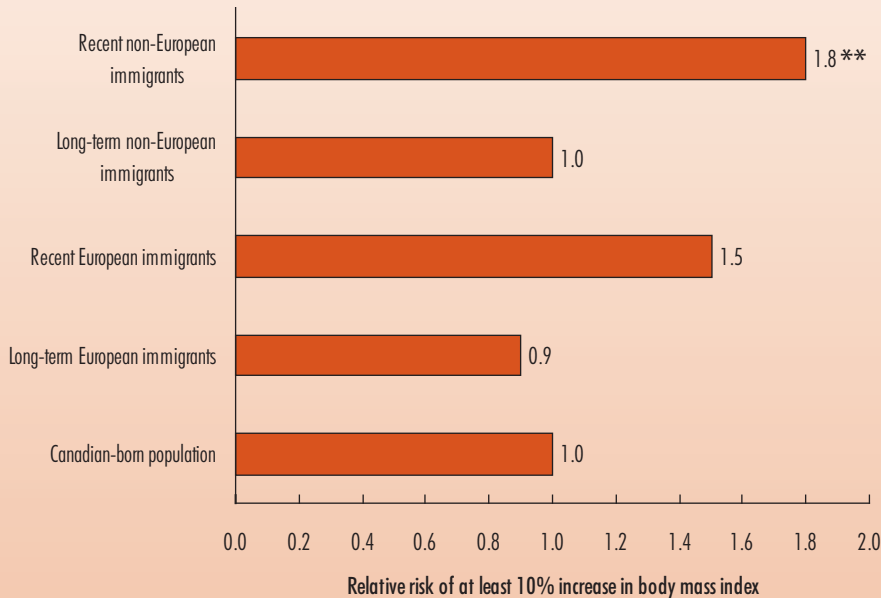
Summary

When immigrants arrive in Canada, they tend to have better health than the Canadian-born. However, as time passes, their health appears to decline and eventually approximates that of the host population. Potential reasons for the deterioration in immigrants' self-perceived health may include the process of aging, the adoption of behaviours with negative health effects and the stress of immigration itself.

The decline in health was most pronounced among recent non-European immigrants. Although this decline did not seem to be associated with the initiation of daily smoking, weight gain and physical inactivity may have been contributing factors.

The relationship between immigration and health transitions is highly complex, involving not only socio-economic, cultural, behavioural, environmental and biological factors, but also pre-immigration history.

Recent non-European immigrants were almost twice as likely as the Canadian-born to have indicated a substantial weight gain



Note: Analysis is based on individuals reporting good, very good or excellent health in 1994/95, and controls for age, sex, income adequacy and education in 1994/95. Excludes people who were underweight in 1994/95.

** Statistically significant difference from estimate for Canadian-born ($p < 0.01$).

Source: Statistics Canada, National Population Health Survey, 1994/95 to 2002/03.

More research is needed to clarify the links between the causes and effects of these factors.

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1. Statistics Canada. 2001. *Population Projections for Canada, Provinces and Territories, 2000-2026* (Statistics Canada Catalogue no. 91-520).
2. To measure levels of social support, respondents were asked if they had someone to confide in or count on, who could give them advice, and who made them feel loved. The effect of social support on health status is not included in subsequent analysis because the questions asked were not identical in the various cycles of the survey.
3. Difference was statistically significant at the 90%, but not at the 95%, confidence level.
4. Individuals who were underweight in 1994/95 were excluded from the analysis.

South Asians in Canada: Unity through diversity

by Kelly Tran, Jennifer Kaddatz and Paul Allard

Numbering 917,000 in 2001, South Asians were the second largest visible minority group in Canada, just behind the Chinese at slightly over one million people. The South Asian community is one of the most diverse visible minority groups, consisting of a range of ethnic, religious and linguistic groups whose ancestries, immigration histories and personal experiences are quite varied. And yet, the South Asian community is one of the most unified when it comes to the value they attach to family interaction, the maintenance of social networks within their cultural group, and the preservation of ethnic customs, traditions and heritage languages.

Using data from the 2002 Ethnic Diversity Survey (EDS) and the 2001 Census of Population, this article examines the diversity of the South Asian population in Canada, traces their history in this country and looks at how their ethnic and cultural backgrounds are reflected in their everyday lives.

CST What you should know about this study

The Ethnic Diversity Survey (EDS) was developed by Statistics Canada, in partnership with the Department of Canadian Heritage, to provide information on the ethnic and cultural backgrounds of people in Canada and how these backgrounds relate to their lives today. The survey was conducted by telephone between April and August 2002 and included about 42,500 respondents aged 15 years and over living in private households in the 10 provinces. Persons living on Indian reserves and those of Aboriginal origins living off-reserve were not included in the survey.

The 2001 Census of Population provides data on the demographic profile of the population, including the respondent's visible minority group, country of birth, the country of birth of their parents, landed immigrant status, time of landing in Canada, language and religion. Census data refer to the total population.

The roots of South Asian settlement in Canada

Growth and diversity within the South Asian population in Canada are in part the result of centuries of migration from the Indian sub-continent. Many South Asians can trace their lineage back to India and other parts of Southern Asia, but have

family members who have settled in all parts of the world. As early as the mid-1800s, indentured labourers from India went to Fiji, Mauritius, South Africa and the Caribbean to work in agriculture. Many remained in their new lands.¹

About 100 years ago, between 1905 and 1908, some 5,000 South Asians

CST Who is a South Asian?

A South Asian (sometimes referred to as East Indian in Canada and Asian Indian in the United States) may be defined as any person who reports an ethnicity associated with the southern part of Asia or who self-identifies as part of the South Asian visible minority group. This definition encompasses people from a great diversity of ethnic backgrounds, including those with Bangladeshi, Bengali, East Indian, Goan, Gujarati, Hindu, Ismaili, Kashmiri, Nepali, Pakistani, Punjabi, Sikh, Sinhalese, South Asian, Sri Lankan and Tamil ancestry. South Asians may have been born in Canada, on the Indian sub-continent, in the Caribbean, in Africa, in Great Britain or elsewhere.

Thus, the South Asian group could have been defined using a number of indicators such as visible minority status, ethnic or cultural ancestry, place of birth and/or place of birth of parents. This article mainly uses the visible minority variable from the Ethnic Diversity Survey and Census to describe the South Asian visible minority population. The visible minority variable includes respondents who self-identified as South Asian as well as those who self-identified as both South Asian and White. It does not include those who self-identified as South Asian and another visible minority group (e.g. Black, Chinese, Filipino, Latin American, Southeast Asian, Arab, West Asian, Korean, Japanese, etc.). According to the 2001 Census, the vast majority of people in the South Asian visible minority group also reported at least one South Asian ethnic origin.

arrived in British Columbia, lured by economic prospects and the beauty of the land.² The predominantly male population, mostly Punjabi Sikhs, worked mainly in railroad construction and in the logging and lumber industries.³

The South Asian community in Canada remained relatively small and homogenous throughout the early 1900s because of restrictive immigration laws prohibiting Asian and Indian immigration.⁴ As the social climate changed, immigration regulations slowly changed with them. By the 1960s and 1970s, employment skills, education and language ability were the criteria used to select immigrants rather than race or country of origin.

South Asian community grows and diversifies

Over the years, the South Asian community in Canada has evolved from a relatively small and homogenous population to one that is unique in its diversity, boasting a multitude of different birthplace origins, ethnicities, religions and languages. The number of South Asians in Canada more than tripled from 223,000 in 1981 to 917,000 in 2001, mainly due to a large number of immigrants from Southern Asia.⁵

At the time of the 2001 Census, 29% of South Asians living in Canada had been born here, 69% were immigrants and 2% were non-permanent residents.⁶ Some 76% of immigrants were born in Southern Asia, with India (47%), Sri Lanka (13%) and Pakistan (12%) being the

top three places of birth. Of the remaining immigrants who identified themselves as South Asian most came from Tanzania, Kenya, Guyana, Fiji, Trinidad and Tobago, and the United Kingdom.

South Asians have settled in different parts of this country, although the lion's share (70%) called either Toronto or Vancouver home.

In 2001, South Asians accounted for 10% of the population of Toronto (making up the largest visible minority group in that census metropolitan area) and 8% of Vancouver. However, the highest proportion of South Asians in any census metropolitan area lived in Abbotsford, British Columbia at 13% (almost three-quarters of the visible minority population in Abbotsford were South Asian).

South Asians maintain close ties with their birth country

Given their relatively recent arrival in Canada, it is perhaps not surprising that most South Asians still have close ties with their country of origin. Some 66% of South Asian immigrants (78% of those from India, 89%^E from Fiji, and 96%^E from Trinidad and Tobago) reported having visited their country of birth at least once since arriving in Canada.

Furthermore, the vast majority of South Asians, even those who were born in Canada, appear to maintain contact with overseas family members through visits, telephone calls, letters and e-mail. In 2002, 86% reported having had, during the previous 12 months, some type of contact with family living in their own birth country or the birthplace of their parents or grandparents, with 56% keeping in touch at least once a month.

Generations in Canada separate family members by time as well as distance. The proportion of South Asians who reported keeping in touch with family members in their countries of origin dropped from 88% of first generation to 75% of second generation individuals. In comparison, 86% of all immigrants in

	All South Asian immigrants	1991-2001	1981-1990	1971-1980	Before 1971
All countries	633,000	337,000	138,000	123,000	36,000
	%				
India	47.3	44.9	47.2	49.5	61.8
Sri Lanka	13.4	18.2	14.9	2.0	2.3
Pakistan	11.8	16.2	6.0	7.5	7.0
Guyana	4.7	2.7	7.8	6.6	4.2
Bangladesh	3.2	4.9	1.9	0.6	0.6
Fiji	3.2	2.2	3.9	5.0	4.4
United Republic of Tanzania	2.7	0.7	3.4	8.1	1.3
Kenya	2.4	0.8	3.7	5.4	2.4
Trinidad and Tobago	2.1	1.2	2.1	2.8	7.6
United Kingdom	1.9	1.1	2.7	2.8	2.5
Uganda	1.3	0.2	0.7	5.3	0.8
All other countries	6.0	6.7	5.8	4.4	5.1

Source: Statistics Canada, Censuses of Population.

in Canada, 38%^E of individuals who worked in the year prior to the EDS reported that half of their co-workers had Punjabi ancestral origins as well.

South Asians are the least likely of all visible minority groups to marry someone outside their population group. Of the 232,010 married and common-law couples that included at least one South Asian partner in 2001, about 13% were mixed unions: 9% between a South Asian and someone not in a visible minority group and 3% between a South Asian and a person in another visible minority group. In contrast, according to the 2001 Census, the proportion of mixed unions was 16% among couples with at least one Chinese partner and 43% among those with at least one Black partner.

Linguistic diversity is prominent among South Asians

According to the 2001 Census, members of the South Asian community reported more than 75 different mother tongues.⁸ Among those with just one mother tongue, Punjabi was the most common first language (29%), followed by English (27%), Tamil (10%), Urdu (8%), Gujarati (6%), Hindi (6%) and Bengali (3%).

As expected, South Asians who were born outside Canada were very likely to have a language other than, or in addition to, English or French as their mother tongue (80%). More surprisingly, though, nearly half (45%) of Canadian-born South Asians with at least one foreign-born parent, and 13% with two Canadian-born parents, also first learned to speak a language other than, or as well as, English or French when they were growing up.

The transfer of language between parents and children suggests the maintenance of strong cultural ties. When asked in the EDS how important it was to them that their child⁹ learn to speak their own first language, 58% of South Asian parents responded that it was important. In comparison, 38% of Chinese respondents felt this way.

Canada had contact with family from their countries of origin. This drops to 56% among second generation Canadians.

Families have a strong presence

The level of contact South Asians maintain with relatives in their birth countries is mirrored in the fact that the vast majority (93%) report a strong sense of belonging to their family. Indeed, 95% of South Asians live in family households of parents, children, spouses or other relatives, compared with 87% of the total Canadian population.

The importance of family is also reflected in the living arrangements of elderly parents. South Asian seniors aged 65 and over lived in predominantly family-oriented households: 66% with their spouse, 25% with other family members and just 8% alone. In comparison, 11% of Chinese seniors and 29% of all seniors in Canada lived on their own.

Local social networks continue to play a crucial role

In addition to valuing their family networks, South Asians also attach

a great deal of importance to their ethno-cultural community in Canada, which has provided them with invaluable assistance over the years. Many of the earliest immigrants faced economic hardship, discrimination, and loneliness and looked to the South Asian community in Canada for support. The community, in turn, worked together to provide food, housing, jobs, financial support and, of course, friendship ties.⁷ The bond forged in those early days appears to have continued to the present.

Social networks are often drawn from the particular ethnic community of the individual. Indeed, many South Asians tend to both socialize and work with members of their own ethnic group. For example, 83% of those with Punjabi ancestry reported that at least half their friends also had Punjabi ancestry. A similar proportion of those with Tamil ancestry stated that at least half of their friends had Tamil ancestry.

Strong social networks also play a role in the labour market as they can provide links to jobs. Among those with Punjabi ancestry, for example, a group with a long settlement history

On the other hand, many South Asians who first learned a heritage language now use English at home,¹⁰ either as their only language (29%) or in addition to a heritage language (40%), indicating that the use of English clearly becomes prominent over time. In addition, data from the 2002 EDS show that nearly 7 in 10 (69%) South Asians converse with their friends most often in English. This compares with just over half of Chinese individuals and nearly three-quarters of Blacks.

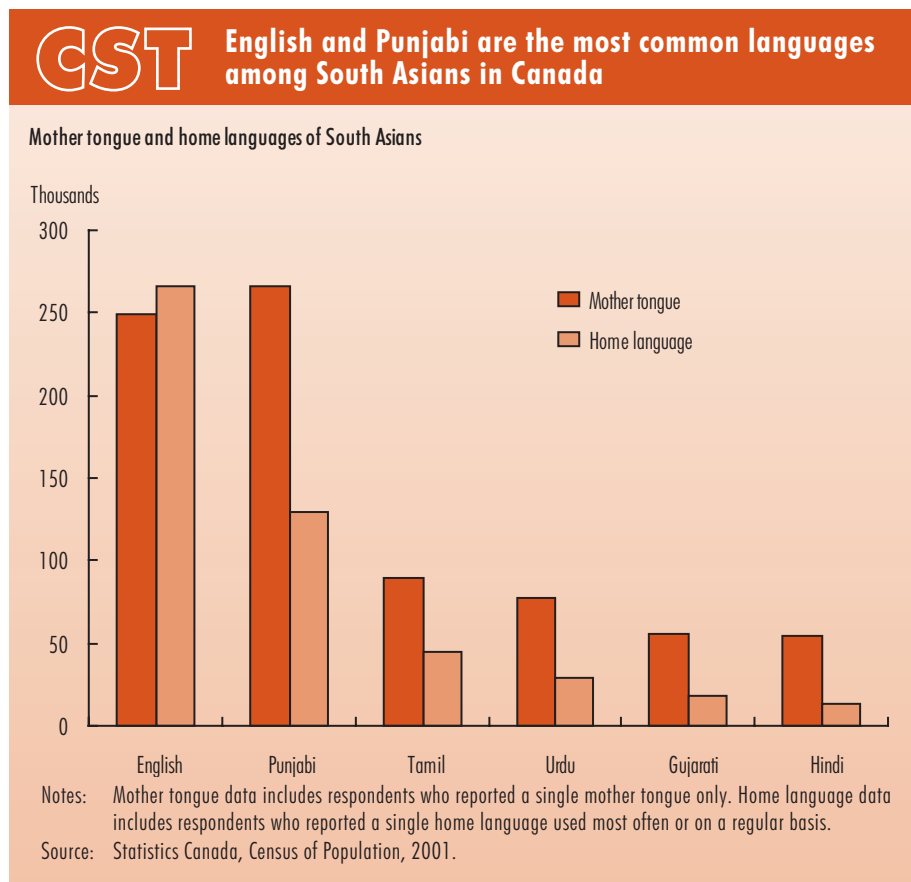
Customs and traditions highly valued

As with their linguistic traditions, South Asians in Canada tend to attach a strong sense of importance to their ethnic customs and traditions, such as holidays and celebrations, food, clothing and art. More than 8 in 10 said, when asked in the 2002 EDS, that they considered maintaining such traditions important or very important. In comparison, about 67% of Chinese, 70% of Blacks and 60% of individuals who were not in a visible minority group placed this same value on their cultural practises.

The importance of maintaining ethnic customs and traditions did not appear to diminish with time spent in Canada. The proportion of South Asian immigrants who had arrived in Canada between 1991 and 2001, and who felt that keeping their cultural heritage alive was important (84%) was comparable to that of second-generation South Asians, at 80%. In contrast, the proportion of individuals who felt this way was lower among second generation Blacks (63%) but comparable to South Asians among the Chinese.

Religion plays an important part in South Asian culture

Religion, another aspect of diversity, adds vibrancy to the South Asian cultural mosaic in Canada. The roots of Buddhism, Sikhism and Hinduism can be traced to the Indian sub-continent, and Southern Asia is also home to large Muslim and Christian



groups. Many South Asian immigrants have brought their religions to Canada with them: in 2001, some 30% of South Asians said that they were Sikh, 28% Hindu, 23% Muslim, 8% Catholic, 7% another religion and 3% reported having no religion.

South Asians of different religions tend to settle in different parts of Canada, perhaps reflecting early settlement patterns and the existence of established locations for religious worship and celebration. For example, 9 in 10 South Asians in Abbotsford are Sikh, compared with 6 in 10 in Vancouver and Victoria. In contrast, in Toronto more than one-third of South Asians reported being Hindu and over one-quarter Muslim.

Religious affiliation was associated with specific ethnic origins. For example, while those with Punjabi ancestry were predominantly Sikh (86%), the majority of individuals reporting Pakistani (90%), Bangladeshi (87%) and Bengali (74%) ethnic origins

were Muslim. Most people with Tamil and Sri Lankan ethnic origins were Hindu: 80% and 64%, respectively.

Despite the fact that South Asians differ considerably in terms of their religious affiliation, as a whole, this group is unified in attaching a strong sense of importance to their religion. According to data from the 2002 EDS, 83% of South Asians said that their religion was important or very important to them compared with a similar proportion of Chinese, 53% of all Canadians and 78% of Blacks. The importance of religion was maintained by second generation South Asians, 76% of whom said that their religion was important to them, compared with 55% of all second generation Canadians.

South Asians were also likely to actively participate in religious activities. Virtually all South Asians who reported a religion in the EDS had participated in such activities in the 12 months prior to the survey

either on their own or with others (97%). This compares with 87% for the total Canadian population, 91% for Chinese and 95% for Blacks.

Strong sense of belonging to both ethnic group and Canada

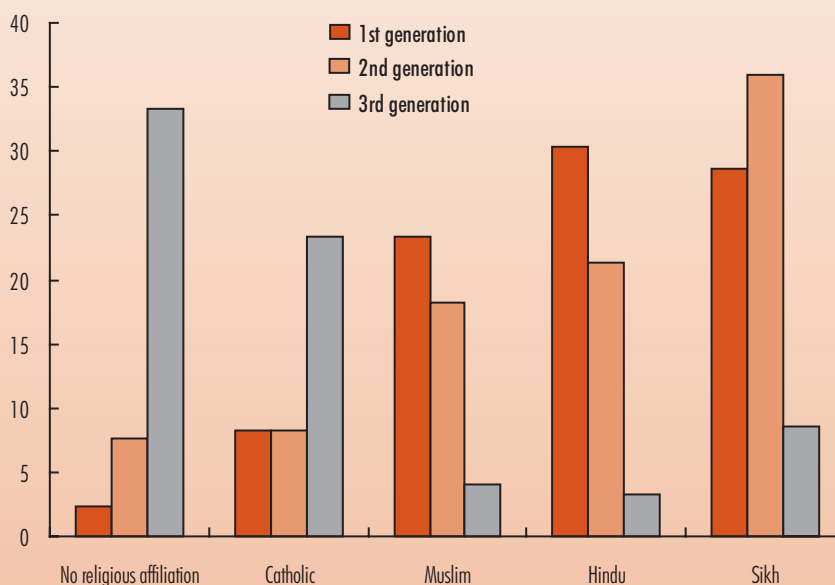
Considering their participation in religious activities, use of heritage languages, maintenance of customs and traditions, and attachment to family and social networks, it is not surprising that in 2002, the majority of South Asians (69%) felt a strong or very strong sense of belonging to their ethnic or cultural group. In comparison, a similar proportion of Chinese, 48% of people not in a visible minority group, and 72% of Blacks professed feeling the same way about their own ethnic or cultural group.

Nevertheless, most South Asians also report a strong sense of belonging to Canada, their province and municipality. In fact, no other visible minority group felt as strongly about belonging to Canada as did South Asians. Almost 9 in 10 (88%) indicated a strong or very strong sense of belonging to Canada, compared with 83% of Blacks, 77% of Chinese and 80% of people who were not in a visible minority group. South Asians were also more likely than other Canadians to report a strong or very strong sense of belonging to their province (74%) and town, city or municipality (70%).

South Asians also tend to participate in local group activities and organizations. According to the EDS, 39% of South Asians were involved in sports teams, hobby clubs, community organizations and other such activities in 2002. This is similar to involvement among the Chinese (36%), while Blacks (46%) and individuals who were not visible minorities (47%) were more likely to participate, perhaps because on average these groups have been in Canada longer than many others, including South Asians. And, as all newcomers know, settling into life in a new country can take some time.

GST Sikhism, Hinduism and Islam were the top three religions among South Asians

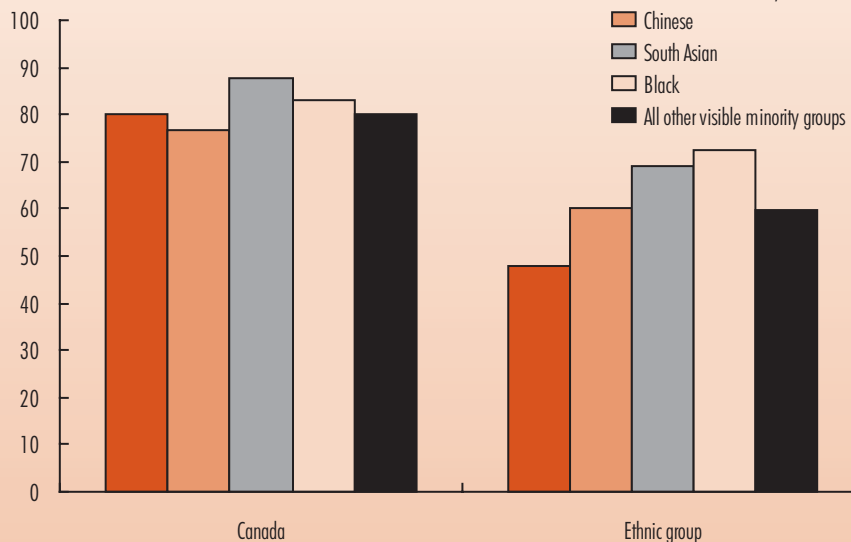
% of South Asians reporting selected religions



Source: Statistics Canada, Census of Population, 2001.

GST Sense of belonging to Canada and ethnic group is high among South Asians

% who indicated a strong sense of belonging to...



Note: The category "other visible minority groups" includes Arabs, West Asians, Southeast Asians, Latin Americans, Japanese, Koreans, Pacific Islanders and persons belonging to more than one visible minority group. All percentages included in this table are based on the percentage of total valid responses for the non-Aboriginal population aged 15 and over in each group. The difference between South Asian and Chinese figures is not statistically significant.

Source: Statistics Canada, Ethnic Diversity Survey, 2002.

South Asian participation in Canadian civic life, which may require fewer resources in terms of time and money for new immigrants, was even more active. In fact, about 79% of South Asians who were eligible to vote did so in at least one of the last federal, provincial and/or municipal elections, compared with 70% of Chinese, 73% of Blacks and 85% of persons who were not in a visible minority group.

Summary

Drawn to this country for its beauty and prosperity, the South Asian settlement in Canada started with humble beginnings. Today, South Asians are the second largest, and one of the fastest growing, visible minority groups in Canada.

Despite their different backgrounds, South Asians in Canada have built a cultural bridge that links them together. Many also maintain ties with relatives in their birth country, place a high value on ethnic, cultural and religious traditions, and pass on their linguistic heritage. In addition, the South Asian population has adapted to life in Canada and embraced it culturally, socially, economically and linguistically. South Asians continue to weave a rich tapestry of diversity in their new land, and many are proud to call Canada their home.



Kelly Tran is an analyst and **Paul Allard** is a subject matter project officer with Social and Aboriginal Statistics Division, and **Jennifer Kaddatz** is a senior analyst with the Census Subject Matter Program, Statistics Canada.

^E Use with caution.

1. Buchignani, N., D. Indra and R. Srivastava. 1985. *Continuous Journey: A Social History of South Asians in Canada*. McClelland and Stewart: Toronto, Ontario. p. 124-125.
2. Burnet, J.R. and H. Palmer. 1988. *Coming Canadians: An Introduction to a History of Canada's People*. McClelland and Stewart: Toronto, Ontario. p. 31.
3. Buchignani et al. 1985. p. 11.
4. The "continuous journey regulation," which came into effect in 1908, required all potential immigrants to travel by continuous passage from their country of origin directly to Canada. Because no shipping company provided direct service from India to Canada at the time, this regulation essentially closed the door to immigration from South Asia in the beginning of the 20th century.
5. If current trends in immigration and fertility continue, by 2017, South Asians could become the largest visible minority group in Canada, reaching over 1.8 million people. Belanger, A. and É. Caron Malenfant. March 2005. *Population Projections of Visible Minority Groups, Canada, Provinces and Regions, 2001-2017* (Statistics Canada Catalogue no. 91-541).
6. Non-permanent residents are people from another country who had an employment authorization, a student authorization, or a Minister's permit, or who were refugee claimants at the time of the census, and family members living here with them.
7. Buchignani et al. 1985. p. 20.
8. In the census, mother tongue is defined as the language first learned at home and still understood at the time of the census.
9. The EDS asked respondents for information about their youngest child, living in the same household, who was between the ages of 3 and 15.
10. Either most often or on a regular basis.



KEEPING TRACK

Household spending and debt



Canadian households have been spending more and saving less during the past two decades. About 47% of all households were spending more than their pre-tax income in 2001, up from 39% in 1982. And households in the pre-retirement years experienced the greatest shift in spending habits.

Between 1982 and 2001, per capita debt doubled, stemming from dramatic increases in both mortgage and consumer debt. Households that spent more than their pre-tax income were also more likely to be renters or homeowners with a mortgage.

In general, households that spent more than their pre-tax income had similar levels of expenditures to households that saved money, that is, those whose spending was equal to or less than their income. The big difference occurred in spending on automobiles. Households that spent more than their pre-tax income dished out thousands of dollars more per year on car purchases.

"Spenders and savers"
Perspectives on labour and income
vol. 6, no. 3

Catalogue no. 75-001-XIE

Use of alternative health care



More and more Canadians are using forms of alternative health care such as chiropractors, massage therapists and acupuncturists, according to new data from the Canadian Community Health Survey.

An estimated 11% of the population aged 12 or older had consulted a chiropractor (the most common form of alternative care) in the year before the 2003 survey. Around 8% had consulted a massage therapist, 2% an acupuncturist, and 2% a homeopath or naturopath.

Regardless of the type of care, women were more likely than men to report having had a consultation. The age groups most likely to use alternative health care spanned mid-life, while the very young and seniors were less likely to have used such care. Use was also higher in the western provinces than in other parts of the country.

Health Reports
vol. 16, no. 2
Catalogue no. 82-003

Child care



The proportion of children aged six months to five years who were in child care increased significantly between 1995 and 2001. In 1995, 42% of children aged six months to five years were in some form of child care. Over the next six years, the rate increased steadily to more than one-half of children (53%) by 2001.

In addition, during this six-year period, a shift occurred in the type of main childcare arrangement used. Of all children in child care in 2001, 25% were enrolled in a daycare centre as their main care arrangement, up from about 20% six years earlier. The proportion of children who were looked after in their own home by a relative rose from 8% to 14%. At the same time, the proportion of children who were looked after in someone else's home by a non-relative fell from 44% to 34%.

The Daily
February 7, 2005
Catalogue no. 11-001

Obesity: A growing issue



Once people are overweight, they are more likely to pack on even more kilos than they are to take them off, according to a new study of obesity among Canadians. Almost one-quarter of Canadians who had been overweight in 1995 had become obese by 2003. On the other hand, only half as many, about 10%, who had been overweight were in the normal weight range eight years later.

Men were more likely than women to make the transition from a normal weight to being overweight. At the end of the eight years, 38% of the men whose weight was normal in 1995 had become overweight, compared to 28% of the women.

However, women were more likely to go from being overweight to being obese. By 2003, 28% of the women who had been overweight became obese, compared to 20% of the men. Nonetheless, even for men, this translated into more than 600,000 new cases of obesity in less than a decade, compared to almost 500,000 new cases for women.

Healthy Today, Healthy Tomorrow? Findings from the National Population Health Survey

Catalogue no. 82-618-MWE



SOCIAL INDICATORS

	1997	1998	1999	2000	2001	2002	2003	2004
ECONOMY								
<i>Annual % change</i>								
Real gross domestic product	4.2	4.1	5.5	5.2	1.8	3.4	2.0	2.8
Wages, salaries and SLI	5.7	4.9	5.8	8.4	4.5	4.0	3.5	4.1
Personal expenditures on goods and services	4.6	2.8	3.8	4.0	2.7	3.4	3.1	3.5
Consumer Price Index	1.6	0.9	1.7	2.7	2.6	2.2	2.8	1.9
Savings rate (%)	4.8	4.8	4.0	4.7	4.5	3.2	1.4	0.4
Prime lending rate	4.96	6.60	6.44	7.27	5.81	4.21	4.69	4.00
5-year mortgage rate	7.07	6.93	7.56	8.35	7.40	7.02	6.39	6.23
Exchange rate (with U.S. dollar)	1.385	1.484	1.486	1.485	1.549	1.570	1.401	1.301
ENVIRONMENT								
Consolidated ¹ government expenditures on the environment ² (\$ millions)	8,381	8,703	8,566	8,672	9,222	9,933	10,168	11,220
Consolidated ¹ government expenditures ³ (\$ millions)	371,693	372,695	387,438	401,520	424,557	437,783	449,302	463,431
Consolidated ¹ government expenditures on the environment ^{2,3} (% of total expenditures)	2.3	2.3	2.2	2.2	2.2	2.3	2.3	2.4
Greenhouse gas emissions (kilotonnes of carbon dioxide equivalents)	682,000	700,000	705,000	725,000	716,000	731,000	..	..
Billions of public transit passengers	..	..	..	..	1.47	1.56	1.59	..
Total consumption of refined petroleum products ⁴ used for transportation (thousand m ³)	52,574	54,182	55,711	55,894	55,344	55,496	56,217	..
JUSTICE								
<i>Rate per 100,000 population⁵</i>								
Total Criminal Code offences	8,475	8,161	7,752	7,666	7,655	7,708	8,132	..
Property offences	4,880	4,569	4,276	4,081	4,004	3,975	4,121	..
Violent offences	993	982	958	984	984	969	963	..
Other Criminal Code offences	2,603	2,610	2,518	2,601	2,668	2,765	3,048	..
<i>Average days to process Criminal Code case through courts</i>								
Adults ⁶	160	152	156	160	190	191	..	..
Youths ⁷	104	107	109	114	110	124	..	..
<i>Average length of sentence per Criminal Code case</i>								
Adults (days in prison)	132	134	140	134	130	126	..	..
Youths (days of open and secure custody)	91	83	80	77	76	77	..	..
CIVIC SOCIETY								
Government expenditures on culture ⁸ (\$ millions)	5,401	5,485	5,783	5,918	6,291	6,708	7,058	..
Households reporting expenditure on newspapers (%)	70.7	69.1	66.9	65.0	63.5	61.4	59.5	..
Households reporting expenditure on live performing arts (%)	38.0	36.0	35.0	35.9	35.9	37.6	37.0	..
Households reporting expenditure on admission to heritage facilities and other activities and venues ⁹ (%)	35.5	35.0	34.8	33.9	31.9	33.0	32.9	..

.. Data not available.

1. Does not include CPP and QPP.

2. Includes expenditures on water purification and supply.

3. Expenditures for fiscal year ending March 31.

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. Excludes New Brunswick, Manitoba, British Columbia, the Northwest Territories and Nunavut.

7. Alberta is excluded.

8. Excludes intergovernmental transfers. Municipal spending is on a calendar-year basis.

9. Includes museums, zoos, ice shows, craft shows, fairs and historic sites.

Sources: Statistics Canada, National Income and Expenditure Accounts, CANSIM II Tables 385-0001, 380-0002, 380-0001, 380-0004, 380-0024, 326-0002, 203-0011, 203-0010, 176-0043 and 176-0049, *Canadian Crime Statistics, 2003* (Catalogue no. 85-205), *Government Expenditure on Culture* (Catalogue no. 87F0001XPE), and Environment Canada, *Canada's Greenhouse Gas Inventory, 1990-2002*.

LESSON PLAN

Suggestions for using *Canadian Social Trends* in the classroom

“South Asians in Canada: Unity through diversity”

Objectives

- To explore the elements of culture and their role in a multicultural society
- To examine the concepts of diversity

Curriculum areas: sociology, geography, history, religion.

Classroom instructions

1. Survey the class to determine what percentage of students are visible minorities and what percentage are immigrants. Discuss the differences between being a member of a visible minority group and being an immigrant.
2. How are a culture’s customs and traditions expressed (music, religion, language, etc.)? Is it important to preserve customs and traditions? Why? Discuss what can be done to facilitate the preservation of customs and traditions.
3. At times, parents encourage their children to marry someone with the same ethnic background as themselves. Discuss the family pressures a young person may have to face when marrying outside their family’s cultural context, such as religion, social class, education and language.
4. Is it important for students to stay in contact with their country of origin? Explore the various obstacles encountered in order to do this.
5. Survey the class to see how many students participate in community groups or organizations, such as sports teams or hobby clubs. Other than the obvious advantage of enjoying the particular activity involved, what benefits does community involvement confer? Discuss the significance of having close ties with one’s ethnic community.
6. Canada is one of the most culturally diverse countries in the world. Discuss some of the social and historical differences between culturally homogeneous nations and those with more diversity.

Using other resources

See the Family Studies kit at www.statcan.ca/english/kits/Family/intro.htm

To find lesson plans, articles and data for elementary and secondary schools, check the Statistics Canada Web site at www.statcan.ca/english/kits/teach/htm. There are more than 150 lesson plans for high school classes, many articles, E-STAT access and other data.

Educators

You may photocopy “Lesson plan” or any item or article in *Canadian Social Trends* for use in your classroom.

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