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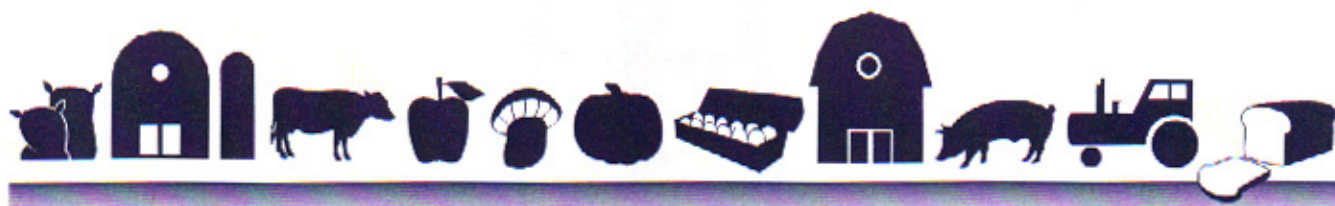
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Cover Illustrator

Born in 1962 in Canton, China, **Jay Li** graduated from the Fine Art Academy of Guangzhou, China. During the past 10 years, he travelled around Europe and Australia to study and develop his oil painting. His works have been exhibited in several countries and he now resides in Ottawa.

Family characteristics of problem kids

by Kathryn Stevenson

The teacher calls about your eight-year-old son's behaviour — again. He used to be a carefree kid who had only been involved in the playground scuffles typical of young children. You thought he would grow out of it when he started school but, instead, his behaviour has become worse. Now he's getting into daily fights, steals from other children, and is frequently disruptive in class.

In 1995, about 20% of children aged 8 to 11 (173,000 children) displayed some form of inappropriately aggressive behaviour, known formally as conduct disorder. Boys were nearly twice as likely as girls to fall into this category: 26% versus 13%. Experts generally agree that children who exhibit aggressive tendencies are more likely than others to display this behaviour during their adolescence and into adulthood. In fact, recent studies have shown that 12- to 17-year-old youths charged with a federal offence had frequently exhibited behaviour problems as children.¹ Policy makers and researchers believe that identifying the factors that predispose children to develop conduct disorder is, therefore, the first of many steps involved in reducing crime.

Using data from the 1994-95 National Longitudinal Survey of Children and Youth (NLSCY), this article examines the family circumstances of 8- to 11-year-old youngsters to assess the link between behaviour and certain family characteristics. Do children with conduct disorder, as many assume, live in low-income and lone-parent families? Do their parents use different child-rearing approaches than the parents of children who keep out of trouble? And does the age of the

mother or the number of siblings have any effect on the child's behaviour?

Parenting style makes the most difference

One of the most important influences in young children's lives is their family environment and the bond they establish with their parents — a bond closely affected by parenting practices. Most policy makers and crime prevention organizations recognize, and people intuitively acknowledge, the link between parents' and children's behaviour. In a recent public opinion survey, 64% of Canadians felt that poor parenting and broken homes were very important factors in crime.² The federal Department of Justice has identified positive child development as key to preventing children's future involvement in delinquent activities as youths or adults.³ And The National Crime Prevention Centre has stated that parenting practices that are "inconsistent,

1. For further information, see Sprott, J. and A. Doob. 1998. *Who Are the Most Violent 10 and 11 Year Olds? An Introduction to Future Delinquency*. Research paper no. W-98-29E. Ottawa: Human Resources Development Canada.

2. Environics Research Group. 1998. *Focus Canada Environics 1998-1*. Ottawa: Environics.

coercive or excessively permissive appear to maintain disruptive and aggressive behaviour in children. These practices, combined with insufficient monitoring, are associated with delinquency that begins before age 14 and persists into adulthood."⁴

Findings from the National Longitudinal Survey of Children and Youth support these conclusions. In fact, among all the variables examined in this study, parenting style appeared to have the strongest association with aggressive behaviour. This does not mean, however, that parents who use less-than-perfect child-rearing techniques from time to time — as all parents inevitably do — pay for their mistakes with delinquent kids. What makes the difference is the frequency with which the various parenting approaches are used.

Parents who employed ineffective, aversive, inconsistent or negative disciplining most of the time were significantly more likely to have children with behaviour problems than parents who utilized these approaches infrequently. For example, 63% of children whose parents very often used an ineffective technique exhibited conduct disorder, compared with 4%⁵ of children whose parents only rarely practised this kind of parenting style. When the effects of other family variables⁶ are held constant, the

3. Department of Justice Canada. 1998. *A Strategy for the Renewal of Youth Justice*. Ottawa: Standing Committee, Justice and Legal Affairs.
4. National Crime Prevention Centre. 1997. *Preventing Crime by Investing in Families: Promoting Positive Outcomes in Children 6 to 12 years old*. Ottawa.
5. Subject to high sampling variability.
6. Other variables included in this model are aversive, positive and consistent parenting styles, lone-parent versus two parent families, number of siblings, mother's age at birth of child, mother's work status and the family's socioeconomic status.

This article is based on data from the 1994-95 National Longitudinal Survey of Children and Youth (NLSCY). The NLSCY is conducted by Statistics Canada every two years on behalf of Human Resources Development Canada. It is designed to develop a better understanding of the factors that contribute to a child's development over time.

The 1994-95 NLSCY collected information on more than 22,500 children from newborn to 11 years living in private residences in the 10 provinces (excluding Aboriginal children living on reserves). Interviews were held with the "person most knowledgeable (PMK)" about the child (usually the mother) to gather information about the children and their families; with teachers and principals about the child's scholastic development; and with 10- to 11-year-olds themselves to learn about their experiences with family, friends and school. Information will be collected about the same children every two years until they reach adulthood.

Conduct disorder: Although there is no generally accepted and consistent definition of conduct disorder, most experts agree that it is characterized by either physical or indirect aggression against persons or property, or a severe violation of societal norms.¹ This study uses the conduct disorder scale developed by the NLSCY, which incorporates such items as frequency of fighting, threatening people and bullying other children. Following the methodology established by Offord and Lipman,² children who scored in the highest 10% of the scale were identified as having conduct disorder. In this article, "conduct disorder" is used interchangeably with "aggressive behaviour" or "delinquent behaviour."

Parenting practices: based on questions parents answered about interaction with their child, the NLSCY developed scales for four different parenting practice categories.

Ineffective: often annoyed with child, telling child he/she is bad or not as good as others.

*Aversive:*³ raising voice when child misbehaves, using physical punishment.

Consistent: disciplining the same way for the same behaviours each time.

Positive: praising the child, playing together, laughing together.

Socioeconomic status (SES): the relative social position of a family or individual. For the NLSCY, SES was derived from the level of education of the PMK, the level of education of the spouse/partner, the prestige of the PMK's occupation, the prestige of the occupation of the spouse/partner and household income. The highest SES families were in the top quartile and the lowest SES families were in the bottom quartile.

1. Measuring conduct disorder among children is complicated by the lack of benchmark crime data and by the fact that parents may not be fully aware of their child's conduct or may be unwilling to admit their child's problem behaviour to interviewers.
2. Offord, David R. and Ellen L. Lipman. 1996. "Emotional and behavioural problems," *Growing Up in Canada: National Longitudinal Survey of Children and Youth* (Statistics Canada catalogue 89-550-MPE) Ottawa: Human Resources Development Canada and Statistics Canada.
3. In the 1996-97 NLSCY, the scoring on this category was changed to reflect better parenting practices (e.g., calmly discussing problems, not using physical punishment) and the category was renamed the "rational parenting style."

Source: Statistics Canada, *National Longitudinal Survey of Children and Youth: Overview of Survey Instruments for 1994-95* (Report no. 95-02).

Children with conduct disorder	
%	
Parenting style used	
Ineffective	
Rarely	4 ¹
Sometimes	24
Very often	63
Aversive	
Rarely	7
Sometimes	22
Very often	40
Consistent	
Rarely	38
Sometimes	24
Very often	16
Positive	
Rarely	27
Sometimes	19
Very often	14

1. Subject to high sampling variability.
 Source: Statistics Canada, National Longitudinal Survey of Children and Youth, 1994-95.

odds of children displaying delinquent behaviour were 36 times higher if their parents employed ineffective disciplining techniques very often rather than rarely.

Aversive parenting techniques were associated with similar child behaviour patterns. Nearly 40% of children with parents who frequently used an aversive style exhibited aggressive behaviour compared with only 7% of youngsters whose parents were rarely aversive. And when the effects of other factors were controlled for, children whose parents regularly employed aversive parenting practices were twice as likely to display conduct disorder as kids whose parents were rarely aversive.

On the other hand, consistent and positive parenting practices were associated with less aggressive behaviour in children. Among youngsters who received consistent parenting most of the time, 16% displayed conduct disorder, compared with 38% of children whose parents rarely used consistent methods. Similarly, although to a lesser extent, 14% of children whose parents interacted positively with them most of the time demonstrated delinquent behaviour compared with 27% of children whose parents adopted positive approaches only rarely. After accounting for other factors, the odds of children exhibiting conduct disorder were 1.6 times higher for those whose parents used consistent

parenting styles infrequently. The effect of positive parenting style alone was not significant when holding all other factors constant.

Staying at home full-time may not solve all problems

In order to develop strong bonds, children require consistent supervision.⁷ When both parents work outside the home, they tend to have less time to spend with their children. As a result, it is generally believed that children in families where a parent (usually the mother) is at home tend to grow up more secure, better adjusted and are less likely to exhibit behaviour problems. It may come as a surprise, then, that families where the mother was at home full-time had the highest proportion of children with conduct disorder (more than one in five). It is likely, however, that other variables, such as lone-parent status, influenced this outcome because lone mothers are often not employed in the workforce. To be sure, when all other family characteristics were held constant, the mother's work status proved not to be significant.

Parental education, income and job status, collectively referred to as socio-economic status (SES), are considered important variables influencing children's development.⁸ Past studies have shown that the higher the socioeconomic status of the family, the better off the children will be. Indeed, according to the NLSCY, proportionally fewer children from the highest SES families than the lowest SES families exhibited aggressive behaviour: 13% versus 28%. When all other variables were held constant, children from these lowest SES families were twice as likely to exhibit behaviour problems as children from the highest SES families.

Many reasons may account for these patterns: high SES families have higher incomes, leading to more opportunities for children. Parents in these families also tend to be better

educated and may therefore be better equipped to foster an atmosphere of learning. In addition, the neighbourhoods these families live in probably boast higher quality schools, recreation facilities and social institutions, and offer peer groups whose similar norms and standards reinforce the parents' goals for their children.⁹

Children in lone-parent families exhibit more aggressive behaviour

Lone parents have often been identified as raising children with problem behaviours.¹⁰ Data from the 1994-95 NLSCY confirm that a larger proportion of children who lived with one parent displayed conduct disorder: about one-third of children with a lone parent demonstrated aggressive behaviour compared with less than one-fifth of those living with two parents. After holding all other factors constant, the odds of children in lone-parent families exhibiting delinquent behaviour was twice as high as the odds of those in two-parent families.

Again, complex reasons lie behind these patterns. A large percentage of lone-parent families live in low income situations. For many, enrolling their children in extra-curricular activities is simply not an option. As a result, these children may have more unstructured and unsupervised free time, and thus

7. Sacco, V. and L. Kennedy. 1994. *The Criminal Event*. Scarborough: Nelson Canada.
8. National Crime Prevention Centre. op. cit.
9. Corak, M. 1998. "Getting Ahead In Life: Does Your Parents' Income Count?" *Canadian Social Trends*, Summer 1998."
10. Lipman, E. L., D. R. Offord and M. D. Dooley. 1996. "What do we know about children from single-mother families? Questions and answers from the National Longitudinal Survey of Children and Youth," *Growing up in Canada: National Longitudinal Survey of Children and Youth* (Statistics Canada catalogue 89-550-MPE) Ottawa: Human Resources Development Canada and Statistics Canada.

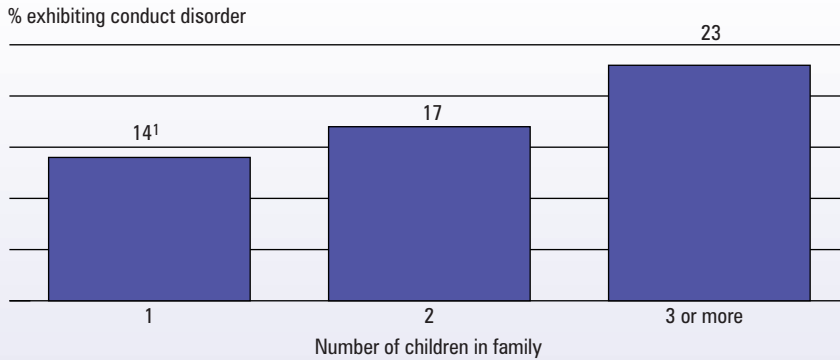
CST Many factors influence child behaviour

The table below presents the odds of children with particular family characteristics exhibiting conduct disorder, relative to the odds that a benchmark group will do so, when all other variables in the model are held constant (odds ratio). The benchmark group is shown in italics for each characteristic. A logistic regression model was used to isolate the effect of selected family variables on the child's behaviour.

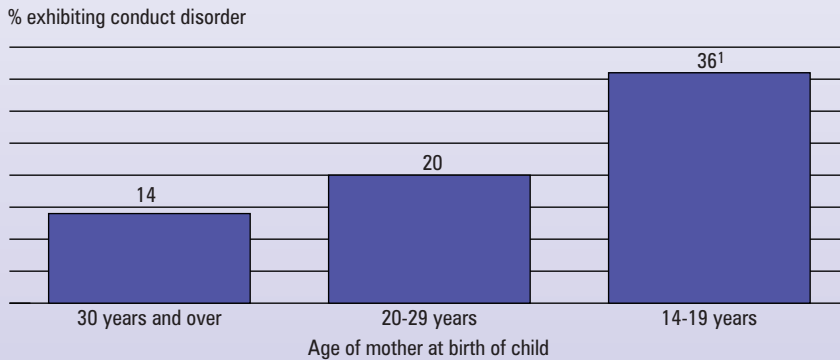
	Odds ratio
Parenting style used	
Ineffective	
Very often	36.1
Sometimes	6.7
<i>Rarely</i>	1.0
Aversive	
Very often	2.1
Sometimes	1.6
<i>Rarely</i>	1.0
Positive	
<i>Very often</i>	1.0
Sometimes	1.1 *
Rarely	1.3 *
Consistent	
<i>Very often</i>	1.0
Sometimes	0.9 *
Rarely	1.6
Number of parents in household	
One parent	2.0
<i>Two parents</i>	1.0
Number of siblings	
<i>None</i>	1.0
One	1.6
Two or more	2.6
Mother's age at birth of child	
14-20	1.1 *
21-29	1.0
30 and over	0.7
Mother's work status	
Full-time	1.1 *
Part-time	0.9 *
<i>Not in paid workforce</i>	1.0
Socioeconomic status of family	
Lower	2.0
Middle-lower	1.3 *
Middle-higher	1.2 *
<i>Higher</i>	1.0

* Not statistically significant.

Source: Statistics Canada, National Longitudinal Survey of Children and Youth, 1994-95.



... and among children born to teenage mothers



1. Subject to high sampling variability.
Source: Statistics Canada, National Longitudinal Survey on Children and Youth, 1994-95.

become more vulnerable to negative influences.¹¹ Also, parents who raise their children alone report higher levels of stress and fatigue, factors which tend to make parenting more difficult.

The number of siblings also appears to influence the child's behaviour. Children without brothers or sisters were the least likely to exhibit aggressive behaviour. As the number of siblings climbed, so did the frequency of conduct disorder, from 14%¹² of those who were lone children to 23% of those with two or more siblings. When the effect of other factors was controlled for, children with two or

more siblings were 2.6 times more likely to display conduct disorder than those who had no brothers or sisters.

Finally, it seems that the younger a mother was when she gave birth, the higher the likelihood that her children will display delinquent behaviour. Nearly 36%¹³ of kids born when their mother was a teenager (14 to 19 years old) exhibited conduct disorder, compared with 20% of children whose mother was between 20 and 29, and 14% of those whose mother was at least 30 years old. The higher probability that teenagers will have children with conduct disorder may not be related to

11. Canadian Centre for Justice Statistics. 1998. *A Profile of Youth Justice in Canada* (Statistics Canada catalogue 85-544-XPE)

12. Subject to high sampling variability.

13. Subject to high sampling variability.

age, but to other variables, such as lack of support and stability, along with low income, that are often a fact of life for young mothers. When other factors were held constant, being a teenage mother had no significant effect on the child's behaviour.

Summary

There is much public debate about the relationship between family characteristics and children with conduct disorder. Results of the 1994-95 National Longitudinal Survey of Children and Youth suggest that an ineffective parenting style is the strongest predictor of delinquent behaviour in children between the ages of 8 and 11 years. In addition, aversive and inconsistent parenting techniques, lone-parent status, low socioeconomic status, and number of siblings are also associated with a higher probability of children exhibiting conduct disorder.

These findings offer a starting point for further research. The NLSCY provides policy-makers, community workers and researchers with the tools required to examine many commonly held beliefs about the factors associated with raising a child with delinquent tendencies.

Kathryn Stevenson is an analyst in Housing, Family and Social Statistics Division, Statistics Canada.

Plugged into the Internet

by Paul Dickinson and Jonathan Ellison

Have you ever wondered why your neighbours' phones are always busy? It may be because they are surfing the Internet. More and more Canadians are now using the Net to stay in touch with each other, to bank, to shop, to research a topic for a school project, to browse for information, to play games, or to make travel plans. Conquering the limitations of geographic location, the Internet could change the lives of people as much as the telephone did in the early 20th century and television in the 1950s and 1960s.

Whether it will improve or harm participation in community life and social relationships is yet to be seen. But like it or not, the Internet is here to stay. In 1998, there were 4.3 million households in Canada (36% of all households) in which at least one member used computer communications regularly. This compared with 3.5 million households in 1997.¹ Household members may access the Internet from many locations: a child or teenager at school, a public library or a friend's house; a mother or father at work; a student at the university residence or perhaps at a cybercafé.

Ultimately, many people obtain access to the Internet from home. In fact, people were just as likely to use the Net from home as from the workplace, with home-use showing the largest growth between 1997 and 1998. Furthermore, those who used the Net at home did so frequently: 95% more than once a week.

E-mail most popular use of the Internet at home

Without doubt, e-mail was the most widely used application of home users: 86% households plugged into the

Internet used e-mail. The advantages of communicating electronically are many. In seconds, messages can be sent around the world to family members, friends or business colleagues. Digital photos can be appended to mail messages, thus making distribution of family photos easy. E-mail enables employees to work at home and still stay in contact with a central office, thereby reducing commuting time and providing a more family-friendly work environment. E-mail also keeps people with similar interests in

CST What you should know about this study

Statistics Canada first conducted the Household Internet Use Survey (HIUS) in October 1997 to collect detailed data about the use of the Internet by Canadian households. The survey was repeated in October 1998. The HIUS collected information from one household member about the Internet activities of the entire household. Over 38,000 respondents in private households were interviewed in 10 provinces.

Regular user: Households with at least one person who uses computer communications during a typical month, whether at home, work, school, public library or other location.

Income quartile: Total number of households divided into four equal parts sorted by household income. The top quartile is the 25% of households with the highest incomes; the bottom quartile is the 25% with the lowest incomes.

1. Households stating that they had ever used computer communications rose to 46% in 1998 from 38% in 1997.

touch: they can share information about a hobby, distribute special interest newsletters, or provide personalized editions of the daily news.

The Internet also has a wealth of information on nearly every topic imaginable. Government agencies, universities and colleges, libraries, banks, newspapers and magazines, businesses and maybe even your neighbours have web sites describing their products, services, programs, interests and opinions. It is little wonder, then, that searching for

information, and general browsing, were the second and third most common uses of the Internet for home users.

Although Internet shopping is becoming more popular, only one in 10 Internet-using households made purchases via computer at home (3% of all households). This low level of e-commerce may reflect consumer concerns over the security of credit card transactions on the Internet or perhaps the need by some consumers to see, feel or smell goods before they decide to buy.

	Households using the Internet	
	1997	1998
	%	
All households	29	36
Household income		
Bottom quartile	12	13
Second quartile	18	24
Third quartile	33	42
Top quartile	54	65
Education level of household head		
Less than high school graduation	9	13
High school graduation/some postsecondary/postsecondary ¹	31	37
University degree	60	68
Age of household head		
Less than 35	38	45
35 to 54	39	47
55 to 64	21	28
65 and over	6	7
Family type		
One person household	16	20
Single family, without children under 18	28	34
Single family, with children under 18	38	48
Multi-family household	44	46

1. College or trade/vocational diploma or certificate.
Source: Statistics Canada, Household Internet Use Survey.

High-income households more likely to use the Internet

The use of computer communications is closely related to the socioeconomic status of the household. In 1998, the highest regular Internet use (65%) was among individuals living in households in the top income quartile and among households where the head had a university degree (68%). In contrast, Internet use was far lower in the bottom quartile (13%), and in households where the head had not graduated from high school (13%). Members of the top income and education households were more likely to use the Internet at work, school, public libraries and other places (as well as at home) than persons living in households with lower income or less education. Nevertheless, even among households in the lowest income quartile, Internet use grew, with 7% using it at home, 6% at school, 4% at work and 3% at a library in 1998.

Younger generation more connected

As with other household technologies, Internet use varies not just with income but also with the generations.² Overall, Internet use was highest among households headed by a 35- to 54-year-old (47%). This is in part because middle-aged households have higher incomes. In the bottom three income quartile groups, households headed by someone under age 35 led in Internet use. After accounting for income differences,

2. Howatson-Leo, L. and A. Peters. 1997. "Everyday technology: Are Canadians using it?" *Canadian Social Trends*, Autumn 1997.

young households and households with children under age 18 were more likely to be users of computer communications than older or childless households.

Other research shows that the biggest computer and Internet user in a family is most likely to be a teenager.³ This may be because young people have the most free disposable time. At the same time, parents may view Internet access as a way of preparing their children for the future and providing them with an advantage over peers who don't have access.⁴ Yet some parents are fearful that their children will give out personal information, view sexually explicit material or become isolated from other people.⁵

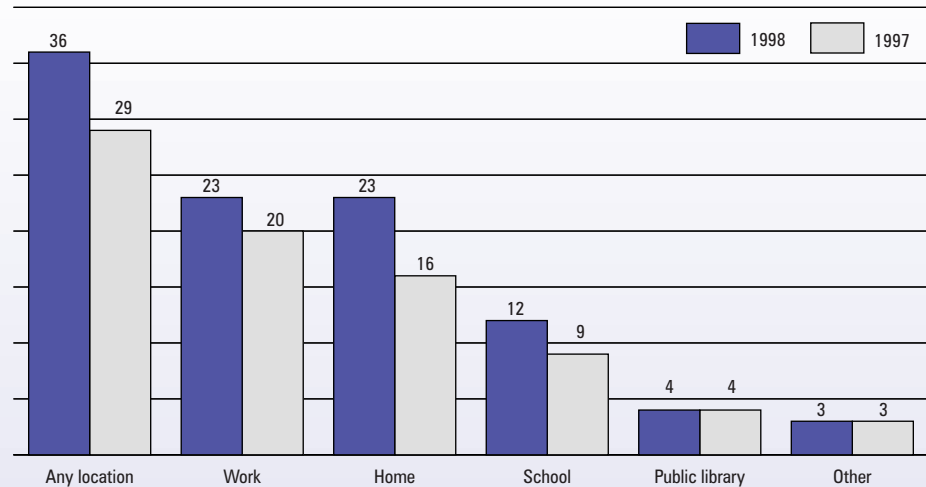
In contrast to high use in young households, only 7% of households headed by a senior used the Internet. Many seniors, at risk of social isolation after retirement and with the onset of physical disability, could benefit from access to Internet communities. However, most seniors did not use computers as younger adults and therefore did not acquire basic computer skills. In addition, many may be resistant to computer technologies and may not recognize the possible usefulness of the Internet.

Internet use highest in Ottawa

More than half of Canada's households are located in the 15 largest census metropolitan areas (CMAs) of the country. People living in these areas are generally more connected than those from smaller urban areas and rural communities. Ottawa⁶ is the most connected CMA, even though its Internet use did not change between 1997 and 1998. The population's high average levels of education and household income contribute to Ottawa's leadership in this area, as do the presence of the high-tech industry and the federal government, which provide Internet access to many of their employees. Household use of the Internet in all of the other large CMAs increased during the year, with the growth being particularly large in Calgary, Halifax, Victoria, Hamilton

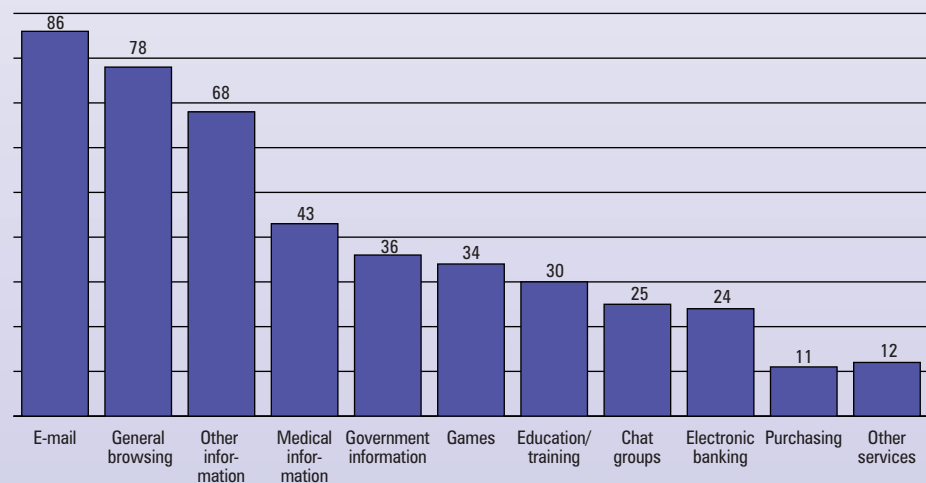
CST Internet use is growing fastest at home ...

% of all households with regular user



... and e-mail and general browsing are the most common uses

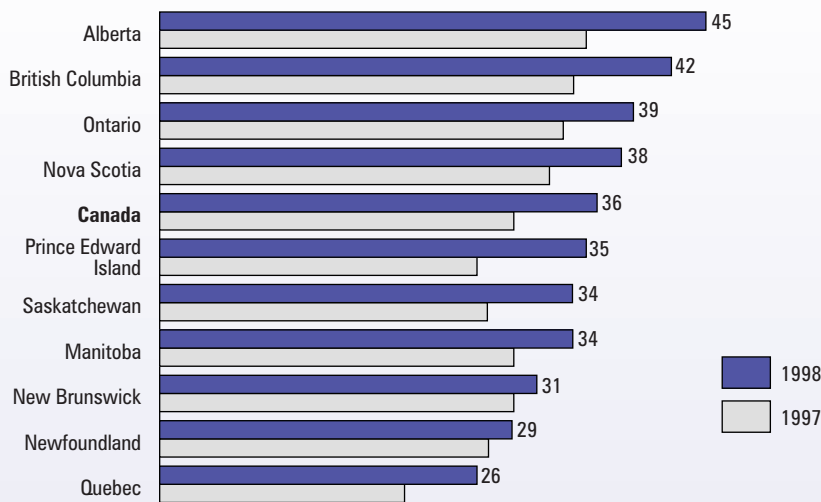
% of regular home user households



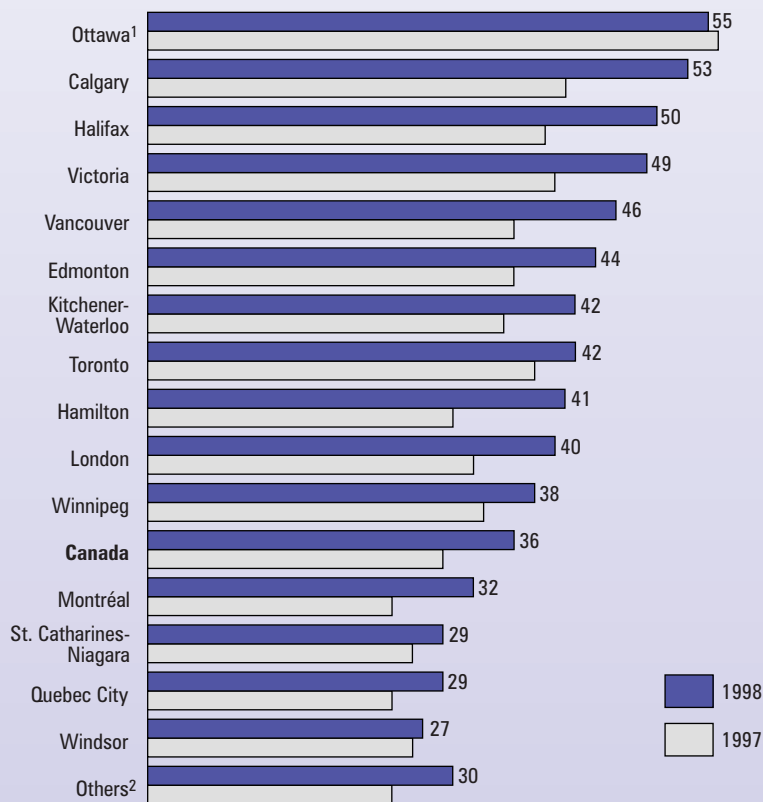
Source: Statistics Canada, Household Internet Use Survey.

- Tapscott, D. 1998. *Growing up Digital: The Rise of the Net Generation*. New York: McGraw-Hill. p. 48; and ACNielsen. 1998. *The ACNielsen Canadian Internet Survey '98*. (http://www.acnielsen.ca/sect_internet/internet_en.htm).
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- Includes only the Ontario component of the census metropolitan area of Ottawa-Hull.

% of households using Internet regularly



... and may be high in Ottawa¹ because of the presence of government and high-tech industries



1. Includes only the Ontario component of the CMA of Ottawa-Hull.
 2. Includes households in smaller CMAs and households not in CMAs.
 Source: Statistics Canada, Household Internet Use Survey.

and London. In addition, Internet access at schools increased everywhere, while access at public libraries grew in most locations.

• This article is adapted from “Getting connected or staying unplugged: The growing demand for computer communications services,” *Service Indicators*, Volume 6, No. 1, Statistics Canada, Catalogue 63-016-XPB, 1st Quarter 1999.



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Help close at hand: Relocating to give or receive care

by Kelly Cranswick

Caring for family members or friends with long-term health problems generally means stopping by to cook a meal, picking up groceries, or driving them to a doctor's appointment. In some instances, however, the care required is too complex or time-consuming to be carried out in a visit or the distances involved are too great. At times like this, one partner in the caregiving arrangement — the caregiver or the care-receiver — may move closer to, or move in with, the other. The commitment these new arrangements require has a strong impact on the lives of both the caregiver and the care-receiver.

CST What you should know about this study

This article uses data from the 1996 General Social Survey (GSS) on social and community support. The GSS interviewed almost 13,000 Canadians aged 15 and over living in private dwellings in the 10 provinces. Data were collected on formal or informal help received in the previous 12 months due to a long-term health problem or physical limitation, or to a temporarily difficult time.

This analysis captures only informal care, defined as the unpaid performance of tasks by family and friends, which helps maintain or enhance people's independence. Specifically, informal care includes the following: assistance with personal care; meal preparation and clean-up; house cleaning, laundry and sewing; house maintenance and outside work; shopping for groceries or other necessities; providing transportation; banking and bill paying; and childcare.

Most caregiving moves involve a parent or a friend

Nearly half a million Canadians (470,000) moved in 1996, either to provide care to someone with a long-term health problem or to be looked after by someone else. More than 300,000 simply moved closer to each other, perhaps to the same neighbourhood or street. An additional 130,000 actually moved

in with the person they were helping or the person who was helping them. Some 40,000¹ people reported both types of moves, that is, they may have moved closer first and then moved right in, or vice versa.

1. Subject to high sampling variability.

	All caregivers	Caregivers involved in move
	%	
Helping others resulted in ...		
changes in your social activities	45	76
changes in holiday plans	25	45
repercussions at work	50	61
changes in sleep patterns	29	46
extra expenses	44	59
changes in health	21	30

Source: Statistics Canada, General Social Survey, 1996.

Fully one-half of caregiving relationships involving a move entailed an adult child taking care of an ailing parent. This is not surprising, considering that the ties between parents and children are generally very strong. More unexpected, perhaps, is that nearly one out of five (18%) of these relationships involved helping friends, speaking to the strength of friendship ties. Siblings, in-laws and extended family were the care-receivers in the remainder of instances.²

One might expect that caregivers who moved, or who had care-receivers move close to them, would have few family responsibilities; however, the majority were married (62%) and over one-third (37%) had children under the age of 15. Just under half (49%) were between the ages of 35 and 54. Over half (55%) worked outside the home,³ while one-quarter (25%) worked at home raising children and keeping house. Most caregivers (69%) were women.

The recipients of these care providing activities were also mostly women (7 out of 10) and mostly seniors (58% were 65 years and over). This is to be expected, since long-term health conditions requiring a caregiver's assistance tend to occur in the senior years. Nine percent⁴ of care-receivers had died in the year preceding the survey, which indicates the severity of their long-term illness.

2. In a small number of cases, a move involved a caregiver and more than one care-receiver. In these cases it is not possible to know which of the care-receivers precipitated the move.
3. Includes a small percentage who were attending school.
4. Subject to high sampling variability.

Most relationships involved frequent contact

Caregivers who moved to help, or who had a care-receiver move close to them, were clearly committed to the relationship. Indeed, nearly half of caregivers (42%) saw their charges every day⁵ and more than one-third (37%) had contact with them once a week. In addition, despite the considerable impact these responsibilities have on caregivers' lives, some people were providing care to more than one person, as some 470,000 caregivers were helping out 575,000 care-receivers.

In busy lives, the additional responsibilities associated with caregiving inevitably lead to some disruptions. For those involved in a move, pressures in all areas of life were particularly pronounced.

Most notable were the changes in social activities, affecting 76% of caregivers involved in a move. Also significant were repercussions at work, with over 60% of people reporting that caregiving adversely affected some aspect of their job. Another substantial issue, raised by nearly 60%, was the financial cost of providing care to someone with a long-term health problem. Since many caregivers were married women with children, their care-taking responsibilities raise serious concerns about the potentially heavy burden placed on them.

5. This figure includes people who lived in the same household and were therefore assumed to see each other daily.



Self-employed hired fewer others

In 1998, nearly 2.5 million Canadians were working at their own businesses, more than double the number 20 years earlier. Although the rate of self-employment has risen steadily to about 16% in 1998, fewer self-employed Canadians hired paid help in the 1990s than in the 1980s. During the 1980s, total self-employment grew by 347,000 jobs: nearly two-thirds of this growth consisted of business owners who also hired employees, contributing to stronger growth in paid employment. This trend reversed itself in the 1990s, with nine out of ten of the 458,000 self-employed entrepreneurs working without any paid help, likely contributing to the weak growth in paid employment during much of the 1990s.

Analytical Studies Branch
Research paper no. 133
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Kids happy but testing the rules

More than nine in ten 12- and 13-year-olds are happy with the way things are in their lives. Just as many also said that their futures looked good. Nonetheless, as these young people enter adolescence, they have begun to test the boundaries of acceptable behaviour. Nearly one-third (31%) reported that at least once in the previous year they had stolen something from a store, school or from their parents; 41% had been in a fight or had threatened to beat someone up, but only 6% were in a fight with injuries serious enough to require care. Such behaviour was significantly influenced by peer relationships, with 15% stating that they belonged to a group that "did risky things." Risk-taking

was as much as six or seven times higher among youth who were members of such a group, as those who were not.

National Longitudinal Survey of Children and Youth
Special Surveys Division
 (613) 951-7333



Radio listening rebounds

The number of hours Canadians spent listening to their radios rose slightly in Fall 1998, after four straight years of decline. Average listening time was 20.4 hours per week in 1998, but was still below the most recent high of 21.6 hours in 1993. Although every province reported increases, the most avid listeners were in Quebec, Prince Edward Island and Alberta, all at 21.3 hours per week. Residents of British Columbia and New Brunswick tuned in for only 18.6 and 18.7 hours per week, respectively. Anglophone Quebecers listened more than all other Canadians — 23.7 hours per week, or 2.5 hours more than francophone Quebecers.

Culture Statistics Program
Culture, Tourism and the Centre for Education Statistics
 (613) 951-3136



Teens whose parents divorce delay marriage, more likely to divorce

A study that tracked 122,500 teenagers between 1982 and 1995 concluded that teenagers whose parents divorced were more likely to delay marriage and to have their own marital problems later in life. Teenagers with a divorce in their background put off marriage, with about 40% of men and 54% of women whose parents divorced marrying by their late 20s and early 30s. In contrast, 50% of men

and over 60% of women raised in families where there had been no divorce were married by the same age. These former children of divorce also experienced higher levels of divorce and separation themselves; 25% of men had divorced or separated, as had 30% of women. Among those whose parents had not divorced the rates were 17% and 21%, respectively.

Analytical Studies Branch
Research paper no. 135
 (613) 951-1804



Births to first-time mothers over 30 increase

The last decade has seen a marked increase in women having their first child at or over the age of 30. They accounted for 19% of first-time mothers in 1987, but for 31% by 1997. Women in their twenties still accounted for the majority of first births, but their share slipped to 58% from 70% in 1987. Women 30 and older also significantly increased their share of total births to 44% from 31% in 1987. The proportion of births to women in this age group increased in all provinces and territories. Ontario led the national trend in 1997, with 50% of all mothers 30 and over, surpassing even women in their twenties (45%).

Health Statistics Division
Client Custom Services
 (613) 951-1746



First national survey of alternative measures for young offenders

In 1997/98, about 33,000 young offenders (aged 12 to 17) participated in Alternative Measures programs that offer non-judicial, community-based methods of redress instead of the traditional

court process. The most serious offence in the majority of alternative measures cases (70%) was a property-related crime. Almost 64% of participants were male. Some 22% of cases involved youth performing community service. In 18% of cases, offenders formally apologized to their victim. Other methods, such as financial compensation to a victim, educational sessions and essays, or presentations related to the offence, accounted for 13% of cases. The vast majority of young people (89%) in these programs successfully finished their agreements and had their files closed.

Juristat
Vol. 19, no. 8
Statistics Canada
Catalogue 85-002-XPE or 85-002-XIE



Adults upgrade with education and training

More than 6 million Canadians, or 28% of adults, participated in adult education or training activities in 1997. Three-quarters of people were taking courses to maintain or improve their competitiveness in the labour market. Participation was greatest (39%) among those aged 17 to 34, and lowest (5%) for those over 65. Educational level also influenced the likelihood of participation: 48% for those with a university degree, but only 11% for those who had not completed high school. Some 20% of unemployed people participated in job-related education or training, compared with 29% of the employed. Paid workers were almost twice as likely to participate (32%), as were self-employed workers (18%). Close to one-quarter of the employed were taking advantage of employer-sponsored education or training opportunities.

Adult Education and Training Survey
Special Surveys Division
Client Services (613) 951-7355 or 1 (888) 297-7355

Mapping the conditions of First Nations communities

by Robin Armstrong

The majority of Registered Indians in Canada reside in approximately 900 small First Nations communities, which form a 5,000 kilometre archipelago across the Canadian landscape. Although many of these communities have much in common, they are by no means a homogeneous group. Separated by distance and differentiated by history, language and culture, individual communities often developed unique ways of life. Nearly all, however, have a substantially lower standard of living than the average Canadian community.

Comparing First Nations communities with each other reveals that living conditions in these communities vary considerably according to several factors. One of these factors is location. Regional differences in patterns of well-being — if indeed there are such patterns — may highlight some of the characteristics that are associated with these diverse living conditions. Using levels of schooling, employment rate, income and housing as indicators of well-being, this article examines the location of First Nations communities whose well-being is above average, average and below average. It then compares the living conditions of these First Nations communities with those of other Canadian communities.

Nearly one in four Registered Indians live in above average communities

In 1996, approximately 23% of the Registered Indian population lived in above average First Nations communities. They reported better incomes, higher employment rates, lower levels of crowding and generally higher levels of education than

did residents in average and below average communities. Most above average communities were clustered in Quebec, mid- and southern Ontario, and British Columbia's southern and coastal regions. However, smaller pockets were present in every province, at times adjacent to First Nations communities with substantially lower standards of living.

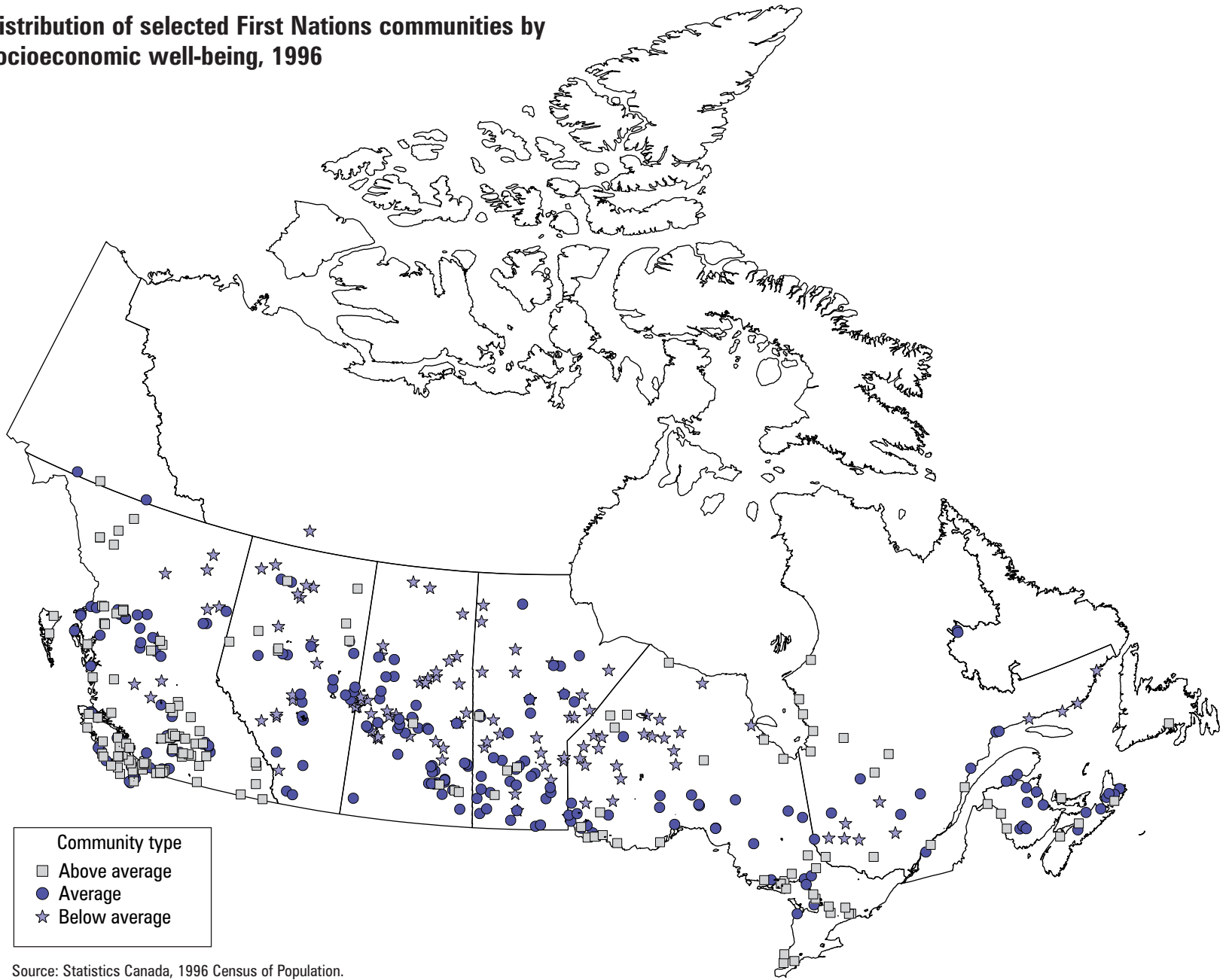
Approximately 47% of the Registered Indian population lived in communities with average socioeconomic conditions. Compared with above average communities, low educational attainment and crowding were marginally higher while employment rates and income were considerably lower. Average communities were most prevalent in the Maritimes, southern Manitoba and southern Saskatchewan.

The third group of communities, where nearly 32% of the Registered Indian population lived, exhibited below average conditions. In these communities, high rates of crowding combined with low levels of education, employment and income. The largest concentrations of below average communities were found in mid-Quebec, north-western Ontario, northern Manitoba and Saskatchewan, and throughout Alberta.

Communities near urban centres better off than others
Geographic patterns suggest that being near urban or resource-rich areas aids development. Communities in these locations are able to pursue socioeconomic well-being by accessing resources and integrating with urban labour markets. Location, however, is neither an assured nor an only

Although it seems important, location is neither an assured nor an only path to socioeconomic well-being

Distribution of selected First Nations communities by socioeconomic well-being, 1996



Source: Statistics Canada, 1996 Census of Population.

Data for this study have been drawn from the 1996 Census of Population. First Nations communities are defined as census sub-divisions (CSDs) classified as reserves, settlements, Indian government districts, terres réservées or villages cris. In 1996, Statistics Canada collected data from 751 First Nations CSDs. Of these, communities with populations less than 65 were eliminated, accounting for 2.5% of the Registered Indian population of enumerated First Nations communities. This left almost 500 First Nations communities in the study population. Cluster analysis was used to identify and group communities with similar characteristics: 154 were classified as above average, 218 as average, and 124 as below average.

The following four variables are used to measure socioeconomic well-being:

Education: the percent of population aged 20 to 64 with less than grade 9 education as their highest level of schooling. High percentages indicate the extent to which a population is inadequately educated for the modern economy.

Employment: the percent of population aged 20 to 64 employed during the week prior to the census. This variable is a measure of the general health of the local wage economy as well as the paid labour force success of a population.

Income: average annual income from all sources, in 1995, for individuals with income. Income serves as a proxy for the general material well-being of a population.

Housing: mean number of persons per room. Higher values indicate more crowded housing conditions. Not counted as rooms are bathrooms, halls, vestibules and rooms used solely for business purposes.

The remaining two indicators provide further aid in interpreting well-being:

Language: indicates the percent of population that speaks an Aboriginal language at home. It is a proxy for how successfully traditional culture has been preserved. However, a low percentage does not necessarily indicate a loss of uniquely Aboriginal culture.

Youth: indicates percent of population that is under 18 years old. This, in turn, points to the fertility of the population and may, where low, indicate out-migration of population from these areas.

path to success. Some First Nations communities near major cities have below average characteristics, while others in more isolated locations show above average attributes.

Other variables also help explain why some communities are better off than others. First it appears that, in general, First Nations communities that have adopted more “mainstream” ways of doing things are more likely to have better socioeconomic conditions. Indeed, in above average communities, a substantially lower proportion of people spoke an Aboriginal language at home than in below average communities (10% versus 52%), implying that more people conversed in English or French. Above average communities were also more like mainstream society in that they had older populations and were more highly educated.

There are, however, exceptions to mainstream-adaptation models of success. In a small group of eight above average communities (seven of which are James Bay Cree), nearly 90% of the population spoke an Aboriginal language at home. High proportions of Aboriginal home language use (35% to 75%) also occurred in another six above average communities. And some of these well-off groups have very young populations (45% to 55% under 18 years), which further differentiates them from mainstream society. These examples suggest that there are several models for socioeconomic success. Perhaps characteristics that above average First Nations communities share with other Canadians are more superficial than would appear at first glance.

First Nations communities still lag behind non-Aboriginal Canada

Substantial socioeconomic disparities continue to exist between residents in First Nations communities and other Canadians. Compared with the overall Canadian population, in 1996,



More than 4 in 10 people in a typical below average First Nations community had less than a Grade 9 education

	First Nations communities		
	Above average	Average	Below average
% of Registered Indian population	23	47	32
% with less than Grade 9 ¹	15	20	44
% employed ¹	60	42	35
Number of persons per room	0.8	0.9	1.3
Average annual income	\$16,000	\$11,000	\$10,000
% speaking Aboriginal language at home	10	15	52
% under 18 years	38	43	48

1. As percentage of population aged 20 to 64.
Source: Statistics Canada, 1996 Census of Population.

on-reserve Registered Indians were more than twice as likely to have less than grade 9 schooling. In addition, their employment rates were 60% lower, and their average income was only half as much (\$25,000 versus \$12,000). Data on family and housing conditions reveal a similar pattern: First Nations families were twice as likely to be lone-parent families (26% versus 13%) and dwellings were over six times more likely to be crowded (31% versus 5%).

But averages often mask individual differences. To see how specific First Nations communities compared with the rest of the country, non-Aboriginal Canada was divided into five regions of well-being, and a new group of “best-off” Aboriginal communities was created. This best-off group, whose socioeconomic well-being was the highest among First Nations, comprised a set of 45 communities located primarily in southern Ontario and in southern and coastal British Columbia. When levels of education, employment, housing and income were compared between best-off Aboriginal communities and the five non-Aboriginal regions, the results spoke for themselves: First Nations

communities with the best socioeconomic circumstances met the standards of only the poorest regions of non-Aboriginal Canada.

Then and now

While several factors preclude making an exact comparison between 1986 and 1996, sufficient similarities in methodology exist to allow a general contrasting of the two periods. Results indicate that the distribution of First

Nations by relative levels of socioeconomic well-being has not changed significantly during the 10 years.

Geographical patterns in 1996 also resembled those 10 years before. Conditions remained mostly poor in northwestern Ontario, northern Manitoba and northern Saskatchewan; they continued to be relatively good in southern and northern Ontario, along the U.S. border, and in southern British Columbia. Meanwhile, conditions eroded somewhat in the northern and central coastal regions of British Columbia and central Alberta, while they improved in Atlantic Canada and in isolated pockets in the northern parts of provinces from British Columbia to Quebec.

Summary

The vast majority of First Nations communities have considerably lower standards of living than non-Aboriginal regions. In fact, the best-off First Nations communities compare only with the worst-off areas of non-Aboriginal Canada. But substantial variations also exist between Aboriginal communities depending on several geographic and socioeconomic factors. For example, First Nations communities appear to do better



Conditions in even the poorest non-Aboriginal regions were better than those in the best-off First Nations communities

	Best-off First Nations communities	Worst-off non-Aboriginal regions
% with less than Grade 9 ¹	12	20
% employed ¹	58	57
Number of persons per room	0.7	0.6
Average annual income	\$18,200	\$18,900
% speaking Aboriginal language at home	2	n.a.
% under 18 years	36	25

1. As percentage of population aged 20 to 64.
Source: Statistics Canada, 1996 Census of Population.

socioeconomically when near an urban centre or resource-rich area. Their situation becomes better yet when certain factors — language, age structure of population, education — reflect those of the non-Aboriginal majority. At first glance, this may suggest that adopting mainstream ways may be the model for socioeconomic success. However, the numerous exceptions to this observation imply that there are alternative paths to development, making the situation more complex than may appear at first sight.

- This article is adapted from “Geographical patterns of socioeconomic well-being of First Nations Communities,” *Rural and Small Town Canada Analysis Bulletin*, Volume 1, No. 8, Statistics Canada, Catalogue 21-006-XIE. June 1999. <http://www.statcan.ca/english/freepub/21-006-XIE/199900821-006-XIE.pdf>



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Moving to be better off

by Frances Kremarik

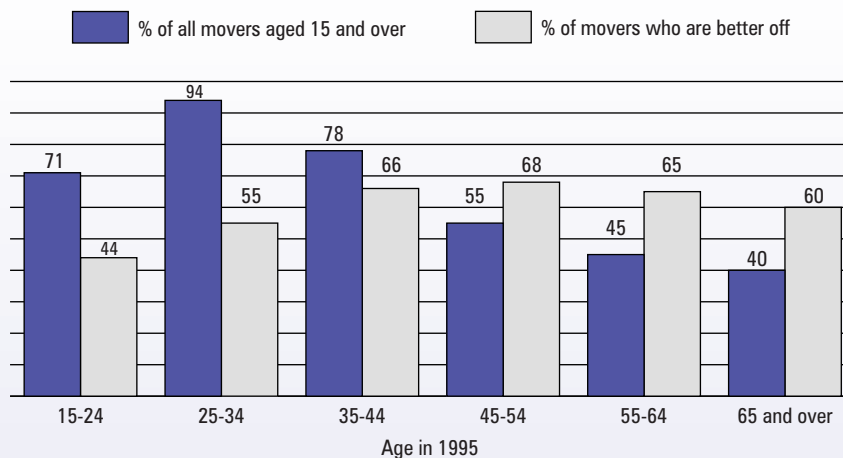
Moving is not fun. Whether you move to the other side of town, the other side of the country, or just two floors up in the same apartment building, moving involves countless chores and disruptions that most people find time consuming and annoying. Moving may involve leaving behind old friends and establishing a new social network; it certainly implies interrupting well-established routines and living out of boxes. No wonder psychologists consider moving one of the greatest stressors in people's lives. Nonetheless, most people decide to move because, despite the inconvenience, they end up better off in some way. This article uses data from the 1995 General Social Survey to draw a brief profile of Canadians who move to improve the quality of their life.¹

Between 1985 and 1995, more than 15 million Canadian adults (68% of all people aged 15 years and over in 1995) moved at least once. Some did so because they needed a larger house, others because of a job offer, while yet others moved because they married or divorced. People cited many other reasons too; for example, downsizing, finances, jobs or school, and seeking independence. The majority (60%), however, reported

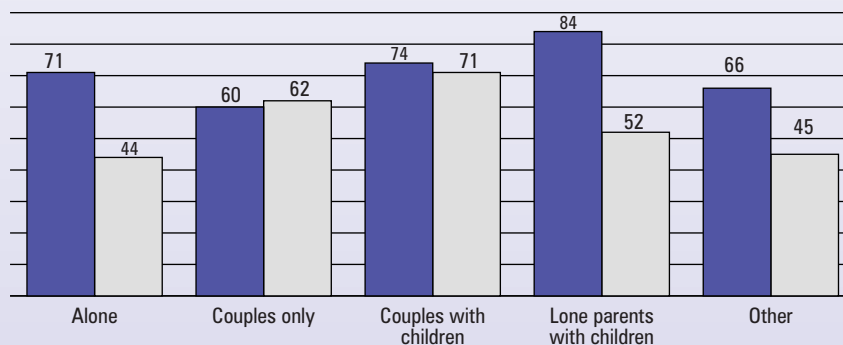
1. The 1995 General Social Survey interviewed nearly 11,000 respondents aged 15 years and over living in private households in the 10 provinces. The data collected included information about demographic and socioeconomic characteristics, most recent moves and reason for move.

CST

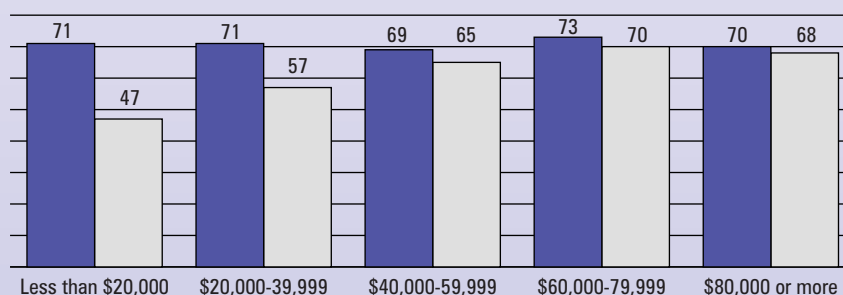
In the previous 10 years, Canadians aged 45 to 54 were most likely to have moved to be better off ...



... as were couples with children ...



... and people with household income over \$60,000



Source: Statistics Canada, General Social Survey, 1995.

	Movers who are better off	Reason why better off			
		Bought/ built house	Larger house %	Better neighbourhood	Smaller house
TOTAL MOVERS	60	34	15	10	4
Living arrangement					
Alone	44	17	7	12	10
Couples only	62	37	11	10	6
Couples with children	71	46	21	8	--
Lone parents with children	52	25	16	10	--
Other arrangements	45	16	17	11	2
Household income					
Less than \$20,000	47	18	11	13	7
\$20,000 – \$39,999	57	32	14	10	4
\$40,000 – \$59,999	65	43	15	9	2
\$60,000 – \$79,999	70	44	16	10	2
\$80,000 or more	68	39	23	10	--

Note: The question allowed multiple responses which will not sum to total.

-- Sample too small to produce reliable estimate.

Source: Statistics Canada, General Social Survey, 1995.

that they had moved to improve the quality of their lives with new housing choices — either they had bought a new house, moved into a house that better suited their needs (larger or smaller), or moved into a better neighbourhood; in other words, a change that made them “better off.”

But what does better off mean? In essence, better is defined by what people perceive to be important at any given stage in their life. A new graduate, for example, who had just moved out of his parents’ large single house, may consider a modest apartment a “step up” in life, if it means gaining independence. For a young couple with small children, moving from a crowded apartment to a more spacious townhouse is definitely a move up. Others may feel that a single

family home is their dream come true. Older couples, now that their children have gone, often feel that a smaller home would improve their quality of life by requiring less work and money, and leaving more time and resources for other pursuits.

Of course, a home exists within a neighbourhood, and people’s choice of neighbourhood is also closely linked to their stage in life. Although a “better neighbourhood” is usually defined in terms of its social or physical conditions, it is nonetheless a highly subjective term.² A young single man’s ideal neighbourhood may be completely unacceptable to an elderly woman; couples with young children may want a home close to parks and schools — features that a couple without children might find

detracts from the attractiveness of the area. Better can mean safer, further from downtown, closer to downtown, closer to schools, closer to work, or even closer to the golf course.

Canadians between the ages of 25 and 34 in 1995 were most likely to have moved in the previous decade — 94% between 1985 and 1995. During those 10 years, many in this age group were attending or finishing school, starting their careers, getting married or entering conjugal relationships — all reasons that help explain the high occurrence of moves. Nevertheless, over half of these younger movers felt

2. Hartshorn, T. A. 1992. *Interpreting the City: An Urban Geography*. Toronto: John Wiley and Sons, pp.247-248.

that their change of residence had made them better off.

On the other hand, proportionally fewer adults aged 35 to 54 had moved, but of those who did, about two-thirds had succeeded in becoming better off. They had moved to a better neighbourhood, to a home of more appropriate size, or had bought or built a home, most probably to accommodate their growing families.

Household composition strongly influences who moves and why. Couples with children were very likely to move (74%) and did very well, with nearly three-quarters improving their quality of life as a result of the move. Lone parents with children were even more likely to move (84%), but only about half of these families were made better off; over one in 10 had left their old home for financial reasons, pre-

sumably in search of more affordable accommodation.

In fact, people in the lowest income group were just as likely to move as people in the highest group. Not surprisingly, though, movers with household incomes of \$80,000 or more were much more likely to have been made better off: 68% versus 47% of those with incomes under \$20,000. Given the financial constraints faced by families in the lowest income group, it is not difficult to see why moving may not result in their being better off.



Frances Kremarik is an analyst with Housing, Family and Social Statistics Division, Statistics Canada.

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In sickness and in health: The well-being of married seniors

by *Susan Crompton and Anna Kemeny*

With the aging of the population, Canadians have become increasingly concerned about the well-being of senior citizens. In recent years, many sectors of society have discussed how best to help seniors maintain their independence as well as what seniors themselves can do to minimize the problems that can develop with aging. Researchers agree that “successful aging,” like successful living, is generally best achieved by some combination of physical, mental and emotional health; close relationships with friends and family; financial stability; and ongoing involvement with life.¹

However, it seems that good physical health is simultaneously a condition for, and a contributor to, aging well: more opportunities are available to a healthy person, and a wider variety of activities, both mental and physical, seems in turn to improve a person’s health.² This would suggest that seniors whose everyday activities are restricted by illness or disability are in greatest jeopardy of isolation and perhaps loss of independence.

Using some selected indicators, this article compares the psychological and social well-being of married seniors in poor health with those of seniors in good health. It also examines whether a person’s well-being is affected by their

spouse’s health. To control for the well-known effects of socioeconomic status on health, the study population are middle-income homeowners living in two-person households in which at least one spouse is age 65 or over.

Healthy or not, most married seniors were doing well psychologically

The majority of married seniors described themselves as happy — but those in good health were more likely to do so. Over 90% of healthy senior men and women reported that they were happy, regardless of their partner’s health. In comparison, no more than about three-quarters of men and fewer than two-thirds of women in poor health claimed to be happy. But while it appears that seniors in ill health are more likely to report feeling happy if their partner is healthy rather than ill, there is no statistically significant difference between the two groups, suggesting that a spouse’s physical health has a minimal impact on happiness.

Although the majority of married seniors scored very low on the scale for mental distress, a very real degree of emotional discomfort seems to attend the lives of people whose day-to-day activities are compromised by illness. Many seniors in poor health are likely living with chronic pain, which is often associated with increased levels of mental distress. According to the distress scale — which measures feelings of restlessness, hopelessness, worthlessness or sadness — married seniors who were ill reported

1. Rowe, John W. and Robert L. Kahn. 1998. *Successful Aging*. New York: Dell Publishing. pp. 35-52.

2. Ibid. pp. 35-52.

This article uses data from the cross-sectional component of the 1996-97 National Population Health Survey (NPHS), designed to collect information about the health of Canadians. Almost 82,000 respondents answered in-depth health questions, covering items such as health status, use of medication, risk-taking behaviour and mental and psychological well-being.

For this article, persons living in middle-income two-person homeownership households in which at least one person was age 65 or over — more than 2,050 respondents representing almost 600,000 persons — were identified; of these, persons in either poor or good health living with a spouse in either poor or good health — almost 800 respondents representing over 220,000 men and women — were selected for inclusion in the study population. In the great majority of these households, both the respondent and the spouse were 65 or older; in some cases, the respondent was younger. For the sake of brevity, however, all respondents will be referred to as “seniors.”

Poor health: having an activity limitation and at least two long-term health problems. Also referred to as “ill.”

Good health: not having an activity limitation and having no or only one long-term health problem. Also referred to as “healthy.”

Middle-income: annual household income of \$20,000 to \$40,000 in 1996-97.

Activity limitation: refers to any long-term physical or mental condition or disability that limits a person's activities at home, at school, at work or in other settings. Physical limitations common among seniors include mobility (ability to get around), non-correctable hearing and vision problems.

Long-term health problem/chronic health problem: a diagnosed health condition lasting, or expected to last, at least six months. Common long-term conditions among seniors include arthritis or rheumatism, non-arthritic back problems, heart disease, high blood pressure and diabetes.

Distress: based on a set of questions designed to assess mental and emotional well-being. Respondents were asked how frequently (from none

of the time to all the time) they felt very sad, nervous, restless or fidgety, hopeless, worthless, and that everything was an effort. Higher scores indicate more distress.

Depression: measures the symptoms associated with a major depressive episode using a subset of questions from the Composite International Diagnostic Interview.

Emotional support: based on four questions that ask (yes or no) if the respondents has someone they can confide in, someone they can count on, someone who can give them advice, and someone who makes them feel loved. A higher score indicates greater perceived social support.

Frequency of social contact: measures the frequency (every day, at least once a week, two or three times a month, once a month, a few times a year, once a year, never) with which the respondent had contact in the past 12 months with friends, neighbours and family members who are not part of the household. A higher score indicates more contacts.

Frequency of social involvement: measures the frequency (at least once a week, at least once a month, at least three or four times a year, at least once a year, never) of the respondent's participation in associations, voluntary organizations and religious services. A higher score indicates greater social involvement.

Cognitive function: measure of memory and thinking capacity, based on the respondent's usual ability to remember things and usual ability to think and solve day-to-day problems.

Physical activity index: measure of intensity of leisure-time physical activity based on energy expenditure. An *active* person expends a minimum of 3.0 calories per kilogram of body weight per day in activity during their leisure time; a person at a *moderate* level expends a minimum of 1.5 calories. A person will achieve cardiovascular benefits from active physical activity and health benefits from moderate activity. Persons who are *inactive* expend less than 1.5 calories per kilogram of body weight per day and are deriving no health benefits from physical activity.

higher levels of distress than their healthy counterparts. Nevertheless, having a healthy spouse seemed to help men in poor health, since almost all 94% of them reported a low level of distress (less than 7 out of 24), compared with only 63%³ of those whose spouse was also ill. Women in poor health did not seem to benefit in the same way, since there was no statistically significant difference in distress levels recorded by those with a healthy compared to an ill partner.

Average scores are another way of looking at levels of distress and they tell the same story: the average scores of seniors in poor health (except for men with healthy wives) were almost four to six times higher than those of seniors in good health.

The depression index probes the likelihood that a period of feeling blue or sad may have escalated into an episode of clinical depression. Depression is actually quite uncommon among people who are married, and even more uncommon among the elderly.⁴ Even when burdened with ill health, over 96% of married seniors had exhibited no symptoms of depression during the previous year.

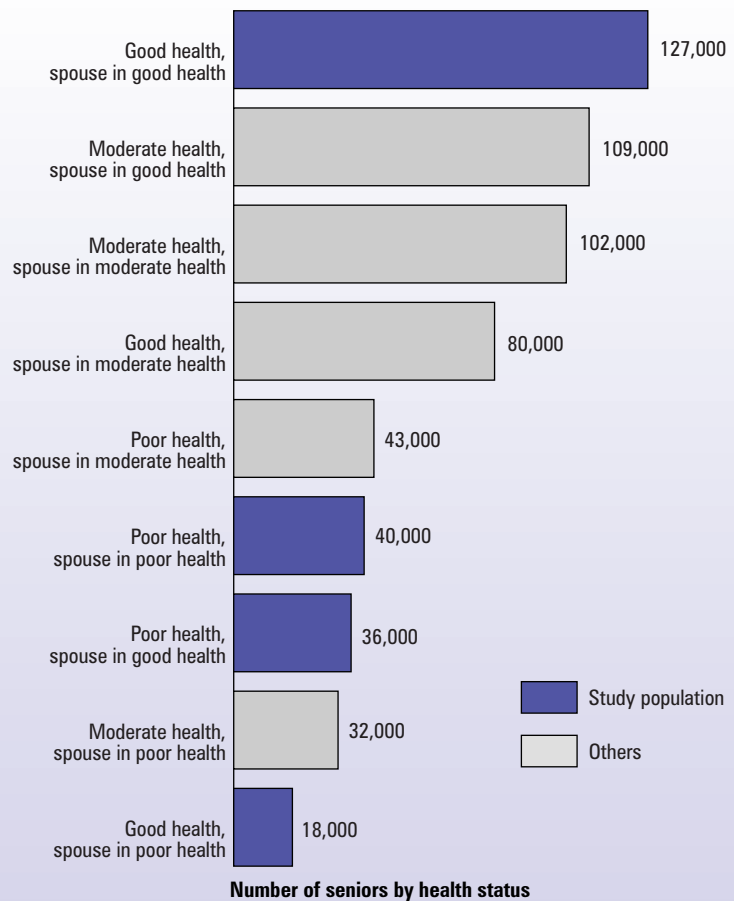
Medical studies have consistently shown that emotional support, especially from a partner, has direct positive effects on health. Researchers believe this is because some of the health-related effects of aging are buffered when people have someone they can confide in and can count on, and who can give them advice and make them feel loved. Conversely, lack of such support is a powerful risk factor for poor health, perhaps because people have no one to help shield them from the effects of various stressors.⁵

According to the NPHS, married seniors had a high rate of emotional support, with the overwhelming majority of both men and women scoring at least 3 out of 4 on the emotional support scale, regardless of their own or their spouse's health. (Although only 78% of men in poor health married to part-

ners in poor health scored high, the difference between them and other men was not statistically significant.)

The love and companionship received at home is reinforced by keeping in touch with friends, relatives and neighbours. The great majority of seniors reported that they visited with and talked to people in their social network at least several times a month. Women in both good and poor health, and with both healthy and ill partners, scored consistently high on the frequency of contact scale (over 94% scored at least 3 out of 6 and had average scores of over 4). Men, healthy or not, also had high scores (over 96% scoring 3 out of 6 with average scores of 4 and over) as long as their partner was healthy. However, if married to someone in ill health, men's scores dropped visibly, implying in the case of social contact that the health of their wives made a greater difference than their own.

CST Over one in five married seniors is in good health and lives with a spouse in good health



Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.
Source: Statistics Canada, National Population Health Survey, 1996-97.

3. Subject to high sampling variability.
4. In 1994-95, 6% of married persons and 3% of seniors were classified as having had a major depressive episode in the previous year. Beaudet, M.P. 1996. "Depression," *Health Reports* 7, 4. (Statistics Canada catalogue 82-003-XPB)
5. Rowe, J. W. and R. L. Kahn. 1998. *Successful Aging*. New York: Dell Publishing. pp. 152-166.

Some gerontologists believe that continuing engagement with life, sometimes reflected as involvement at the community level, also contributes to successful aging, and is associated with better health, self-worth and connection with others.⁶ However, according to their scores, few seniors ranked above the mid-point on the social involvement scale (at least 4 out of 8); the exception, not surprisingly, was healthy seniors with healthy partners — some 68% of men and 61% of women in healthy couples. Average scores indicated gender differences in involvement in community activities: women (both healthy and ill) living with a partner in poor health had average scores higher than men in the same situation, perhaps indicating their greater desire to “get out and about.”

The fact that seniors in poor health were less likely to participate in volunteer organizations and associations, or to attend religious services, may reflect the limits imposed

by their physical restrictions: attending meetings when one’s mobility is restricted, or participating in group activities with a hearing problem, may be difficult to undertake.

There is another benefit to social interaction that seniors may enjoy. Regular use of the powers of thinking, reasoning and solving problems is central to supporting day-to-day health and independence. Some medical studies show that seniors who are involved in a variety of activities appear to have strong cognitive capacity, while those with very little social involvement report having trouble concentrating, solving problems and remembering events. Over eight in 10 seniors in healthy couples reported having no difficulty with cognitive function. In contrast, over half of seniors living in couples in poor health had at least some cognitive difficulty (for example, being forgetful, having trouble thinking clearly). This could be due to a variety of factors related to their physical condition, such as chronic pain and discomfort or the effects of medication.

Interestingly, regardless of their own health, seniors with healthy spouses were more likely to report good cognitive function than those with ill spouses.

Seniors not likely to be physically active, even if they are healthy

According to many researchers, physical fitness is also crucial to aging well: fitness boosts muscular strength, reduces the impact of other health risks, maintains bone mass and improves psychological well-being.⁷ Health benefits can be derived from walking for as little as 30 minutes a day, and cardiovascular benefits from one hour’s walking.⁸

While leisure-time exercise in its various forms — walking, gardening, swimming — provides its own rewards, one of its benefits lies in keeping seniors in shape so they can perform the regular, mundane tasks of daily life — walking upstairs, doing laundry, preparing meals or doing yardwork. In the long-term, physical fitness can reduce a couple’s dependence on out-

	% who are happy	Distress index	
		% under 7 of 24	Average score
Senior men			
In good health			
Spouse in good health	96	98	1.0
Spouse in poor health	88	98	0.8
In poor health			
Spouse in good health	77	94	2.1
Spouse in poor health	64 ¹	63 ¹	6.1
Senior women			
In good health			
Spouse in good health	90	96	1.5
Spouse in poor health	94	93	1.8
In poor health			
Spouse in good health	64	72	4.0
Spouse in poor health	60 ¹	60 ¹	5.6

Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.

1. Subject to high sampling variability.

Source: Statistics Canada, National Population Health Survey, 1996-97.

6. Ibid. pp. 167-180.

7. Ibid. p. 98.

8. Example calculated for a 70-kilogram (154-pound) adult, using the NPHS definitions of energy expenditure at the moderate and active levels.

reduce a couple's dependence on outside help with their everyday activities.

One would not expect people with multiple chronic illnesses and an activity limitation to engage often in recreational physical activities. Indeed, about two-thirds of ill seniors with partners in poor health were physically inactive, compared with only half of healthy seniors living in healthy couples. What is somewhat surprising are the results for healthy seniors living with a spouse who is ill: two-thirds are inactive during their leisure time. This may suggest that the time available for their own activities is curtailed by the need to provide care for their partners.

Regardless of their own or their spouse's health status, women were more likely than men to be physically inactive during their leisure time: over eight in 10 women in poor health, and over half of those in good health, did not meet the basic minimum level of physical activity for maintaining their health. Some of this inactivity may be due to their inability to participate in traditional recreational activities,

but the special fitness classes now offered in many communities — aquafit, “chair aerobics” and seniors' yoga and weight training classes — may provide an opportunity for these seniors to enjoy the benefits of physical activity.

Summary

Results of the NPHS show that homeownership middle-income married seniors in poor health do not score as well on some indicators for psychological well-being (happiness, distress) as their healthy counterparts. They also report having more trouble in their day-to-day cognitive function. However, much of the malaise reported by seniors in poor health, as well as some of their difficulty with remembering things or thinking clearly, could be due to medication or chronic pain and discomfort related to their illnesses and physical limitations. On the other hand, married seniors in poor health enjoy a high level of emotional support and are just as socially engaged as those in good health.

CST The vast majority of seniors reported receiving high levels of emotional support						
	Emotional support		Frequency of contact		Social involvement	
	% at least 3 of 4	Average score	% at least 3 of 6	Average score	% at least 4 of 8	Average score
Senior men						
In good health						
Spouse in good health	96	3.8	96	4.4	68	4.4
Spouse in poor health	98	3.8	--	3.5	--	2.9
In poor health						
Spouse in good health	100	4.0	98	4.0	50 ¹	3.0
Spouse in poor health	78 ¹	3.3	82 ¹	3.6	24 ¹	1.7
Senior women						
In good health						
Spouse in good health	93	3.6	94	4.2	61	4.3
Spouse in poor health	96	3.9	97	4.4	48 ¹	3.4
In poor health						
Spouse in good health	96	3.8	100	4.2	42 ¹	2.7
Spouse in poor health	98	3.9	99	4.3	36 ¹	2.7

Note: Seniors include middle-income homeowners in two-person households only, in which at least one spouse is aged 65 and over.
 -- Sample too small to provide reliable estimate.
 1. Subject to high sampling variability.
 Source: Statistics Canada, National Population Health Survey, 1996-97.

For reasons which are not clear, higher socioeconomic status is strongly associated with good health. People in the upper-middle and upper income brackets are more likely to enjoy very good to excellent health than those in lower income groups. Researchers have proposed that this may be because high-income persons most often have a high education and are employed in less hazardous jobs; earning higher incomes also allows them greater control over their lives. Other researchers suggest that higher education helps people to better understand health risks, since well-educated people generally maintain healthier lifestyles, including more exercise, good nutrition, more medical check-ups and less risky behaviour (for example, not smoking and using seat belts).

The link between socioeconomic profile and health is less pronounced among older than younger people, but the association nonetheless persists. Among seniors, the link to socioeconomic status may not be simply the "heritage" of good or poor health from their youth, but the level of

involvement in maintaining their health into old age. Some studies suggest that seniors with higher socioeconomic status are better able to understand health education material provided by their doctors and to participate actively in making decisions about their health care. Also, the International Adult Literacy Survey showed that Canadian seniors with good literacy skills (which are strongly associated with higher income and education) are exposed regularly to a wider range of information — newspapers and magazines, books and radio — than seniors with poor skills. With many media sources now carrying health news, researchers suggest that seniors with access to more information in their daily lives may be alerted sooner to potential health problems, leading to earlier diagnosis and treatment.

- For more information, see Paul Roberts and Gail Fawcett. 1998. *At Risk: a Socio-economic Analysis of Health and Literacy Among Seniors* (Statistics Canada, Catalogue 89-552-MPE, no. 5)

The impact of a spouse's health on successful aging cannot be overlooked, since the well-being of someone close generally influences one's own state of mind. For most indicators of well-being examined, healthy seniors married to healthy people are better off than seniors in poor health married to people who are ill. The situation of "mixed health" couples is not as clear. Having a spouse who is ill does not seem to adversely affect the general well-being of healthy seniors; meanwhile, having a healthy spouse appears to be quite beneficial to seniors who are ill, especially men, suggesting that the healthy partner offers help and support that makes life more comfortable and enjoyable. Further research into this issue would be rewarding.



Susan Crompton is Editor-in-Chief and **Anna Kemeny** is an editor with *Canadian Social Trends*.

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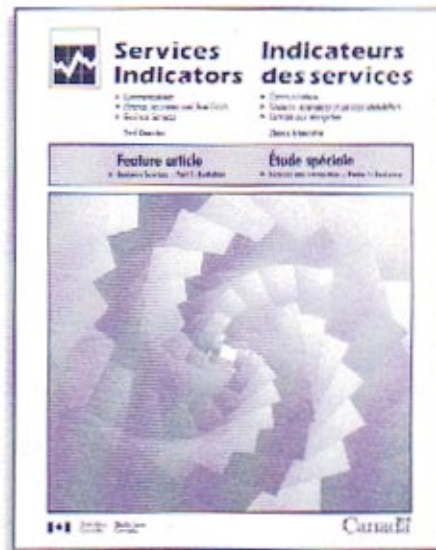
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S O C I A L I N D I C A T O R S

	1990	1991	1992	1993	1994	1995	1996	1997	1998
POPULATION									
<i>Total population (July 1)</i>	27,700,856	28,030,864	28,376,550	28,703,142	29,035,981	29,353,854	29,671,892	30,010,974	30,301,185
Age 0-17	6,867,478	6,937,359	7,025,890	7,082,119	7,129,772	7,165,617	7,205,638	7,217,560	7,203,354
Age 18-64	17,712,418	17,876,300	18,054,838	18,250,347	18,466,087	18,676,242	18,884,263	19,130,082	19,360,759
Age 65 and over	3,120,960	3,217,205	3,295,822	3,370,676	3,440,122	3,511,995	3,581,991	3,663,332	3,737,027
<i>Population rates (per 1,000)</i>									
Total growth	14.0	11.4	12.9	11.1	11.2	10.8	11.0	10.7	8.7
Birth	14.7	14.4	14.1	13.5	13.3	12.9	12.3	11.6	11.4
Death	6.9	7.0	6.9	7.1	7.1	7.2	7.2	7.2	7.4
Natural increase	7.7	7.4	7.1	6.4	6.1	5.7	5.2	4.4	4.1
Immigration	7.7	8.2	8.9	8.9	7.7	7.2	7.6	7.2	5.7
Emigration	1.4	1.7	1.6	1.6	1.6	1.6	1.6	1.7	1.7
Interprovincial migration	12.0	11.3	10.9	9.9	9.9	9.8	9.6	10.5	11.6
Marriage	6.8	6.1	5.8	5.6	5.5	5.5	5.3	–	–
<i>Percent growth in largest Census Metropolitan Areas (to July 1)</i>									
Toronto	1.6	0.9	1.7	1.4	2.0	2.0	1.9	2.3	2.0
Montréal	0.9	0.6	0.6	0.8	0.7	0.6	0.5	0.5	0.5
Vancouver	2.5	2.2	2.7	2.7	3.2	3.2	3.3	2.9	1.5
HEALTH									
Total fertility per women	1.72	1.71	1.71	1.69	1.69	1.67	1.62	1.55	–
Teenage pregnancy	45,639	45,553	46,221	46,376	47,376	45,044	–	–	–
Rate per 1,000 women 10-19	24.4	24.3	24.5	24.3	24.6	23.1	–	–	–
% of low birth-weight babies	5.4	5.5	5.5	5.7	5.8	5.9	5.7	5.8	–
Infant mortality (per 1,000 live births)	6.8	6.4	6.1	6.3	6.3	6.1	5.6	5.5	–
<i>Life expectancy (years)</i>									
Men	–	74.6	74.7	74.9	75.0	75.2	75.5	75.8	–
Women	–	81.0	81.0	81.0	81.0	81.1	81.2	81.4	–
<i>Leading causes of death for men (per 100,000 persons)*</i>									
Cancer	246.6	247.5	244.0	241.0	238.9	234.7	236.6	229.7	–
Lung	79.6	78.8	77.3	77.3	74.7	72.1	72.9	69.8	–
Colorectal	25.7	25.1	25.9	24.5	24.7	24.7	24.4	23.5	–
Prostate	30.1	31.2	30.9	30.8	30.3	30.3	29.2	28.6	–
Heart diseases	269.1	263.7	256.9	256.0	244.9	238.7	239.9	230.8	–
Cerebrovascular diseases	58.2	55.8	54.4	56.2	54.3	53.5	52.9	52.8	–
External causes**	69.1	68.7	66.9	67.4	64.9	65.0	63.0	–	–
<i>Leading causes of death for women (per 100,000 persons)*</i>									
Cancer	153.1	153.7	152.7	154.0	153.9	150.3	155.0	148.5	–
Lung	27.6	29.6	29.6	31.6	31.7	31.1	33.6	32.3	–
Colorectal	17.7	16.8	16.6	16.5	15.9	16.0	15.7	15.2	–
Breast	31.3	30.1	30.4	29.2	29.8	28.4	28.9	27.4	–
Heart diseases	150.1	147.6	140.8	140.5	137.9	134.8	134.7	129.7	–
Cerebrovascular diseases	46.8	46.3	46.1	47.3	45.3	44.0	44.1	43.9	–
External causes**	26.5	26.5	25.7	26.6	25.0	25.4	25.1	–	–

– Data not available.

* Age-standardized to 1996 population.

** Includes events such as suicide, poisoning, and motor vehicle and other types of accidents.

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Trends in Mortality from Smoking-related Cancers, 1950 to 1991	Winter 1995
Youth Smoking in Canada	Winter 1996

JUSTICE

Excerpts from a Handbook on Crime and Justice in Canada	Winter 1996
Stalking: Criminal Harassment In Canada	Autumn 1997
Women Assaulted by Strangers	Spring 1995
Youth And Crime	Summer 1999

CULTURE AND LIFESTYLES

Are Children Going to Religious Services?	Autumn 1999
Canada's Aboriginal Languages	Winter 1998
Canadian Television in Transition	Spring 1997
Drinking and Driving: Have We Made Progress?	Summer 1998
Everyday Technology: Are Canadians Using It?	Autumn 1997
Language and Culture of the Métis People	Winter 1996
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Plugged into the Internet	Winter 1999
Preparing for the Information Highway: Information Technology in Canadian Households	Autumn 1995
Religious Observance, Marriage and Family	Autumn 1998
The Leisurely Pursuit of Reading	Autumn 1997
The Persistence of Christian Religious Identification in Canada	Spring 1997
Trading Travellers – International Travel Trends	Summer 1997
Working Arrangements and Time Stress	Winter 1996

MISCELLANEOUS

Ice Storm '98!	Winter 1998
North Is That Direction	Autumn 1999
The Importance of Wildlife to Canadians	Summer 1995
Who Gives to Charity?	Winter 1996

Lesson plan for “Plugged into the Internet”

Objectives

- To examine who uses the Internet and what they are using it for
- To discuss potential risks associated with use

Method

1. Take a quick poll of the class to determine who has a computer at home. What proportion of this group uses the Internet at home and how many hours per week do they use it for? What does the class primarily use the Internet for? How does this compare with the national data?
2. What impediments do students experience in using the Internet?
3. Ask the class if their parents use the Internet as much as they do and if their parents' use of the Internet differs from theirs. Discuss what factors might contribute to a generation gap in Internet use.
4. Discuss what might be the signs of an Internet addiction. Ask the class if they know anyone who has an Internet addiction.
5. Discuss with the class if the Internet helps them to learn and if they are more productive in doing assignments when they use it. What problems are encountered when using the Internet as a resource for assignments?
6. Have the class discuss valuable techniques they have found to use the Internet for school assignments. Which sites did students find particularly valuable for their last assignment?
7. Ask the class if they have ever received threats or unsolicited flames. How did they deal with them? Discuss what would be a suitable response.
8. On the board, have the class list as many “Smileys” (ASCII characters that people use to communicate nonverbal information on the Internet) as they can think of and their meanings.

e.g., :-) Smiling,
&:(Bad hair day

Using other resources

- For your next social studies project, visit the Statistics Canada website at www.statcan.ca. It will probably have valuable Canadian information for your project.

Share your ideas!

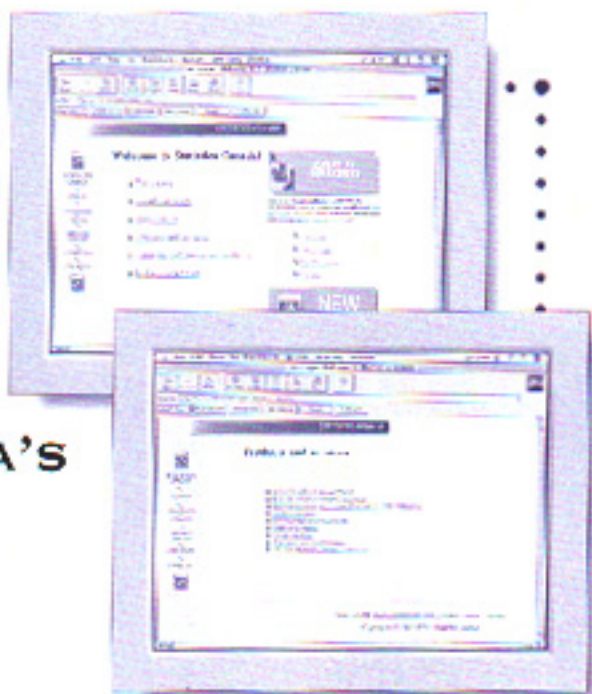
Do you have lessons using **CST** that you would like to share with other educators? Send us your ideas and we will ship you lessons using **CST** received from other educators. For further information, contact Joel Yan, Dissemination Division, Statistics Canada, Ottawa K1A 0T6, 1 800 465-1222; fax: (613) 951-4513 or Internet e-mail: yanjoel@statcan.ca.

EDUCATORS

You may photocopy *Educators' Notebook* and any item or article in *Canadian Social Trends* for use in your classroom.

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The Globe and Mail

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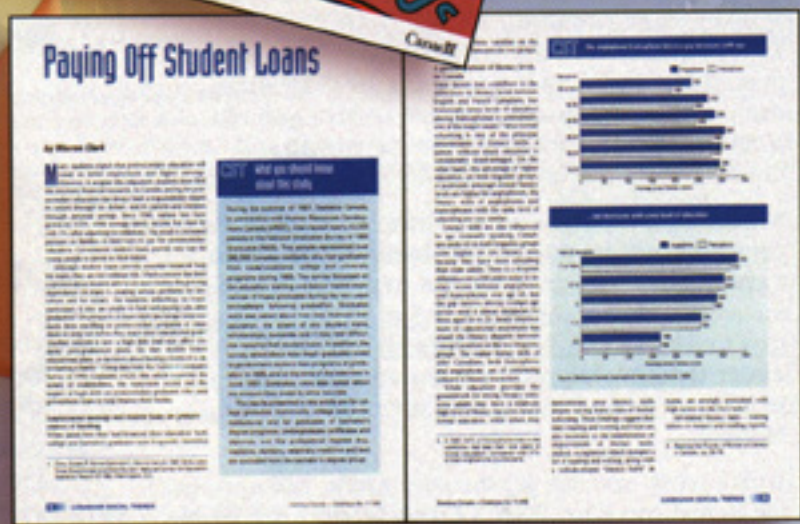
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