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# CANADIAN WOMEN: PROFILE OF THEIR HEALTH

by Louise Lapierre

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by Louise Lapierre

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Research and Analysis Section

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## PREFACE

Health and health care are of increasing concern as Canada's population grows older. Early in the 21st century, the first wave of the baby boom generation will hit age 65. In addition, there are indications that the elderly are living longer than ever before, perhaps with increased dependence on health care services.

Women are central to planning the health care of the future, since they make up a large proportion of the elderly. Indeed, in the age bracket of 85 and over, women outnumber men more than two to one. Women's longer life expectancy, at about 79 years as opposed to approximately 71 years for men, makes them more apt to require support from the health care system.

To better plan for the future, an accurate picture of the health of women today is needed. Certain social and economic changes we are seeing now may have effects on their health. Given that more and more women are joining the work-force rather than staying home, what are the possible implications on lifestyles and health? Are women really greater users of health services than men, and if so, is this likely to change?

This report draws together a certain number of research findings related to the health of women. We are grateful to the following people for their helpful suggestions as they reviewed the manuscript at various stages: Dr. Madeleine Blanchet, President of the Council of Family and Social Affairs, Government of Quebec; Jennifer Stoddart, Director of Research, Canadian Advisory Council on the Status of Women; Maureen O'Neil, Co-ordinator, Status of Women Canada; Ilona Varjassy, Senior Social Development Officer/District Manager, Ottawa Office, Secretary of State; and also Mr. Douglas E. Angus, Chief of Research and Analysis Section, Health Division, Statistics Canada. The author accepts full responsibility for the final product, including any remaining errors or omissions.



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## SUMMARY OF MAJOR FINDINGS AND CONCLUSIONS

Many differences in the current health of men and women are revealed in this study. For instance, while women seem to have better health habits (less smoking and drinking), they still suffer more health problems, visit the doctor more often and take more drugs than men.

According to data in this study, the major activity of women seems to have a relationship to their health status. For most of the variables studied, especially those related to mental health, work outside the home seems to have a positive effect on women's well-being.

Family income is equally associated with women's living habits, their frequency of doctor visits and their psychological well-being. However, the effect is more pronounced for housewives than those working outside the home. In addition, level of education affects women's health habits in the areas of alcohol and tobacco use.

Statistics related to morbidity revealed a greater number of hospitalizations among women, with more than a third accounted for by their child-bearing capacity. If these cases are excluded, there are more cases of hospitalization among men. However, women still account for more days of hospitalization. It seems that women use more hospital resources, not only because of their longevity, but also because of their ability to have children.

Data also tends to support the hypothesis that women tend to attach more importance to their physical appearance than men. Statistics related to plastic surgery are indicative in this regard.

In the area of mental health, once again, a greater proportion of women than men are dissatisfied with their lives. On the other hand, a slightly greater number of men than women were hospitalized for mental illness in 1978. It is difficult to explain this paradox. One might speculate that women consult their private physicians more readily than men, who wait until an illness is more serious before seeking medical advice. Unfortunately, no data for Canada as a whole are available to verify this hypothesis.

While mortality due to suicide is greater among men than among women, women attempt suicide more frequently than men. Data from some of the provinces show that men, more than women are likely to use violent means to end their lives. These observations confirm conclusions reached in other studies.

This study has pointed out the requirements for more (and improved) data and for research into other areas. More specifically, statistics are needed on a continuing basis on the health status of women in general: the snapshot provided by the 1978-1979 Canada Health Survey is good as far as it goes, but to better determine whether conditions are improving or deteriorating we will have to have more information. Another requirement is for institutional morbidity data which relate to cases and not admissions and separations. The need for disease-related cost information is also evident. With this type of information, one would be in a better position for preventive purposes, to identify the specific groups which are most significantly affected by certain illnesses (and the costs associated therewith).

With respect to future research, one area of future work could involve a close examination of the relationship between the socialization process and health, which may help to explain the differences according to sex noted in this study. Are there really **differences** in the health status and utilization of health services between men and women, and, if so, why? It would seem equally important to examine more carefully the mental health factors underlying some of the observed **differences** as well.

Despite its limitations, it is hoped that this study will give administrators and health specialists and planners some insights into the needs of women in the field of health care.





## INTRODUCTION

Towards the end of the 1970s, expenditures for medical services represented more than 7% of Canada's Gross National Product (GNP).(1)

The considerable amount being devoted to health care sparked the interest of a number of researchers who, among other things, have attempted to determine which population groups are the most likely to consume health services.

These studies revealed that the amount spent on hospital treatment is higher for the female population than for the male population.(2) This observation led to the conclusion that women are subject to more ill health than men.

Certain organizations, such as the Canadian Advisory Council on the Status of Women, examined the question of women over consuming health services in the context of current economic and social factors.

In line with this research perspective, the primary objective of this study is to compare the health of women and men, outlining the characteristics for each sex. At the same time, it gives some insights into the health differences of women in the labour force and those staying home. At times, the report will touch upon the association of health and certain socio-economic conditions, such as family income and education.

Presented first is an overview of the evolving socio-economic conditions of women. Lifestyles are examined using data on alcohol consumption, smoking and physical fitness.

The prevalence of health problems, drug use, the number of visits to the doctor and data concerning morbidity constitute the main indicators of physical health in this study.

Various aspects of mental health are examined. Data on emotional health reveal the level of psychological well-being of men and women. Statistics related to mental health and suicide provide information on the main types of mental illness which lead to hospitalization.

Lastly, the major results and comments arising from the study are then outlined. With these findings and a better knowledge of the health care needs of women, it is hoped that administrators and health specialists and planners will be better able to assess the need for existing and future health services.

## **Sources and Limitations of the Data**

The various data used in this study come principally from the Health Division of Statistics Canada(3) and the Canada Health Survey carried out across the country in 1978-1979. This survey has enabled researchers to examine Canadians' living habits, individual perceptions of their health and their behaviours according to sex, major activity, family income or education.

The published data concerning hospital morbidity are valuable in determining the leading causes of hospitalization among Canadians. However, these data indicate the number of hospital admissions and separations rather than the number of persons hospitalized: an individual may have been hospitalized more than once for the same illness in the course of the year. Therefore, the number of persons hospitalized is slightly lower than the data would indicate. The various diagnoses have been taken from the eighth edition of the International Classification of Diseases (ICDA-8).

(1) Angus, D.E., Lefebvre, L.A., Strohmenger, C., **An Analysis of Hospital Expenditures in Canada**, Catalogue 83-522E, Statistics Canada, Ottawa, March 1982, p. 3. Recent unpublished estimates from Health and Welfare Canada, place that proportion at over 8% of GNP.

(2) Ibid., p. 16.

(3) More recent data are available for most series.

With respect to mental health, statistics concerning admission to mental and psychiatric hospitals relate only to patients admitted for the first time. Diagnoses, once again, are taken from the eighth edition of the International Classification of Diseases (ICDA-8).

For the most part the population studied is limited to those between 20 and 65; young people and the elderly constitute sub-groups whose characteristics are very specific. However, a number of tables, particularly those related to treatment in general and psychiatric hospitals, include statistics for these two elements of the population.

Moreover, the data in this study relate only to Canada as a whole. It was not possible to provide detailed information at the provincial level because of the limited sample size of the Canada Health Survey. For the same reason, it was not possible to break down certain data by age group.

Given that the Canada Health Survey was taken only once, in 1978-1979, regrettably the evolution of Canadians' health is not dealt with here.

## CHAPTER I

### THE SOCIO-ECONOMIC CONDITIONS OF WOMEN

It is estimated that some 5 million women devoted themselves exclusively to household duties in Canada in 1979.(1) According to one study, housework involving such tasks as preparing meals, washing dishes, maintaining the house and clothing, caring for children and other members of the family, etc... is defined as those activities related to the production of goods and services inherent in the smooth functioning of the family (Walker and Woods, 1976).

According to Adler and Hawrylyshyn, housewives devote between 28 and 61 hours a week to housework.(2) Another study, carried out in the United States, shows that a housewife with two children spends an average of 46 hours a week on housework (Michel, 1978). In other words, women spend as much, if not more time working in the home as their husbands spend working outside, without the equivalent economic or social benefits. Indeed, it has been suggested that women's prestige is directly linked to the status of their spouses' occupation (Proulx, 1978).

In 1979, nearly half of Canadian women were in the job market; the female labour force increased by 62% between 1969 and 1979. Of these working women, 60% were married, 30% were single and 10% were widowed, separated or divorced.(3)

What is the main reason women work? Above all, single women work to provide for themselves. Of married women in the workplace in 1979, 70% had spouses who earned less than \$20,000 a year. It appears, then, that women primarily work for financial reasons.(4)

What is the situation for working women? Their average annual income in 1978 was \$8,083 (compared to \$15,287 for men); they work mainly in clerical/secretarial (35%), service (18%), teaching (6%) and health (9%) sectors. While a considerable proportion of Canadian women (34%) work less than 30 hours a week, most (57%) work more than 30 hours.(5)

Few would now contest the notion of "double employment" (at work-at home) for certain women who work outside the home, particularly if they are single parents or wives and mothers. Adler and Hawrylyshyn (Statistics Canada, 1972) consider that, depending on the number and age of their children, these women devote between 19 and 37 hours a week to household tasks mentioned above.(6)

It is interesting to compare the tasks carried out within the home to those performed by women working outside. While the jobs of nurses, teachers, secretaries and waitresses are not similar to one another, together their functions closely resemble those of housewives. However, it is often claimed that the remuneration (even minimal) received by women working outside the home confers a certain prestige that housewives do not enjoy.

Whether they are working outside or inside the home, the socio-economic characteristics of women are distinctly different from those of men. To the degree that a relationship exists between such factors and women's health, socio-economic factors become an important back drop for the following discussion.

(1) Labour Canada. Women's Bureau, **Women in the Labour Force**, Parts I and II, Catalogue L 38-30/1979 - 1, 2, Ottawa, 1980-81.

(2) Adler and Hawrylyshyn, **Estimates of the Value of Household Work, Canada, 1961-1971**, Statistics Canada, Ottawa, 1977, Appendix I, p. 41.

(3) op. cit.

(4) Ibid.

(5) Ibid.

(6) Adler and Hawrylyshyn, op.cit.





## CHAPTER II

### LIFESTYLE

In 1974, Health and Welfare Canada published a working document entitled **A New Perspective on the Health of Canadians** in which living habits were defined as "the decisions by individuals which have repercussions on their health, the factors over which they have a certain element of control... The report went on to say that behaviour and living habits which adversely affect health create risks to which the individual has exposed himself deliberately".(1)

One Health Researcher(2) questioned this approach which emphasizes the individual. Rather he maintains that society is equally responsible for human behaviour. Indeed, it is difficult to imagine how men and women can avoid being influenced by the familial and social milieux, and by advertising and consumer products.

For instance, a telephone survey carried out in 1979 by the National Center for Health Statistics (NCHS) in the United States showed the effects of education on living habits.(3) It revealed that those having low education levels were more likely to smoke cigarettes with high tar and nicotine content. Such people were also less inclined to brush their teeth twice a day, use seat belts or consume fruit juices and vegetables.

The main lifestyle habits dangerous to health are alcohol and drug abuse, repeated use of psychotropic drugs, smoking, overeating, malnutrition, overconsumption of carbohydrates and fat, a lack of recreation and exercise, careless driving and sexual promiscuity. Among these factors, four have been examined in this study: alcohol and drug consumption, levels of smoking and physical activity.

#### A. Alcohol Consumption

In its **"Special Report on Alcohol Statistics"**,(4) the Expert Committee on Alcohol Statistics pointed out a number of trends concerning the consumption of alcohol among Canadians.

Women are more likely to abstain from alcohol than men (29% compared to 19% for men). Yet, it is also among women that the greatest increase in the number of drinkers has occurred. For women, the proportion of drinkers varies between 67% and 74%, while it is between 74% and 84% for men.

Data also show that women drink less alcohol than men. Their median level of consumption is between one and three glasses a week; for men, it is between four and seven glasses.

The Canada Health Survey reveals that there are almost twice as many non-or occasional drinkers among working women (29%) as working men (16%)(Table 1). With respect to women doing housework, over 40% are non-or occasional drinkers; among those who do drink, most have less than seven drinks a week.(5)

Nearly 30% of men in the labour force have at least 14 drinks a week. This is more than three times the proportion of working women, and nearly four times that of housewives who drink that amount. Whether working outside or inside the home most women have fewer than seven drinks a week.

With respect to housewives, the number of drinkers and the volume of alcohol consumed on a weekly basis rise as family income and education increase (Tables 2 and 3).

While educational level has a direct bearing on alcohol consumption among working women, it appears that family income is less important. Indeed, even though there are proportionately more drinkers among women in the upper income levels, the rate is not appreciably higher than at lower family income levels.

(1) Marc Lalonde, **A New Perspective on the Health of Canadians**, Catalogue H31-1374, Information Canada, Ottawa, 1981, p. 34.

(2) Eugène Vayda, **"Health Policy in Canada: The Lalonde Report and Emerging Patterns"** in *Future Directions in Health Care*, Rick Carlson and Robert Cunningham, eds., Ballinger Publishing Company, Cambridge, Mass. 1978, pp. 189-199.

(3) NCHS, **"Effects of People's Education on their Health Habits and Views of Personal Health"** in *Public Health Reports*, Vol. 97, No. 1, January-February 1982, p. 88.

(4) **Special Report on Alcohol Statistics**, Expert Committee on Alcohol Statistics, Health and Welfare Canada and Statistics Canada, Catalogue H39-12/1981, Ottawa.

(5) Specially prepared tables based on data from the Canada Health Survey, June 1981.

There is a possibility that alcohol consumption among women is underestimated. According to Louise Nadeau, a specialist on addiction, women who drink are still frowned upon by society. Traditional values dictate that a "lady" should not drink.(6) Thus, women may feel compelled to shield their drinking habits from survey takers.

A more complete picture may be obtained from statistics on those seeking help with drinking problems. For instance, according to the International Service of Alcoholics Anonymous, women accounted for half of the new members in 1976.(7)

## B. Smoking

According to data from Canada Health Survey, in 1978-1979, nearly 60% of women and 50% of men were non-smokers (Table 4).

For women, use of tobacco does not seem to be linked to their occupation. Whether they work inside or outside the home, there are few differences either in the proportion of women who smoke or the number of cigarettes smoked daily.

Tables 5 and 6 show that the number of women smokers declines progressively as family income and education increase.

The results of a survey carried out by Health and Welfare Canada in 1979 reveal that the proportion of non-smokers among men has increased significantly since 1965. Yet, among women, this tendency to be a non-smoker has been much less noticeable and from 1965 to 1974 has decreased markedly for girls between 15 and 19. However, in 1979 the proportion of non-smokers among female adolescents did increase slightly.

## C. Fitness

The results of the Canada Fitness Survey (1981)(8) provide, among other things, an overview of physical fitness activities and the cardio-vascular condition of Canadians.

Table 7 indicates that more men than women engage in sports. Yet, proportionately more women do exercises. This report showed better results for men with regard to cardio-vascular condition (Table 8), while women proved to be more flexible.

Respondants who were unable to increase their level of physical activity, said they would not because of lack of time after work. Some 78% of the population surveyed considered that regular physical activity makes a contribution which is "somewhat" if not "very" important to individual well-being.

## D. Prevention and Immune Status

Cancer is the second leading cause of death in Canada. Between 1960 and 1980, it claimed an average of over 16,500 victims per year.

Breast cancer is the most common form of cancer in Canadian women. Each year, it is detected in about 7,000 women across Canada. The incidence of this disease rose by 21% between 1969 and 1978.

In 1978, Canadian women over 65 years of age were almost three times more likely to develop breast cancer than younger women. Hence, its frequency appears to increase with age, and since the population is aging, it could become even more common in the future.(9)

Preventive measures such as breast self-examination and the Pap smear test can help reduce the risk of death from cancer. Self-examination detects abnormalities in the breasts, and Pap tests play an important role in the early diagnosis of cervical cancer.

(6) L. Guyon, R. Simard and L. Nadeau, "Va te faire soigner, t'es malade," Éditions Stanké, Paris-Montréal, 1981.

(7) Ibid., p. 105.

(8) Fitness and Amateur Sport, Canada's Fitness, Preliminary Findings of the 1981 Survey, Ottawa, 1982.

(9) Douglas E. Angus, Robert Broyles and Pran Manga, "Factors Influencing Breast Self-examination, An Analysis of the Canada Health Survey", a paper presented at the 74th annual conference of the Canadian Public Health Association, St. John's, Newfoundland, June 1, 1983.

According to the Canada Health Survey, 60% of women over 14 years of age examine their breasts monthly, quarterly or occasionally. However, only 21% reported doing so on a monthly basis. While the proportion of women who conduct breast self-examinations increases with level of education, over 40% of women with elementary or secondary education had never examined their breasts or did not know how to do so.

Since the risk of breast cancer increases with age, the fact that almost 50% of women over 65 had never conducted a breast self-examination (Table 9) is of concern.

One in five Canadian women had never had a Pap test. Almost half of these women, however, were between 15 and 19. A large percentage of women between 20 and 44 have been tested, but interest appears to taper off in the over 45 age group. Like breast self-examination, the cervical cancer test is more common among women with higher levels of education (Table 10).

If contracted during the first two months of pregnancy, rubella can cause various types of abnormalities in the fetus, ranging from mental retardation to heart defects and cataracts (Levasseur 1983). Consequently, immunization against this disease by vaccination is important both for women in their childbearing years and for younger females, who will be the mothers of the future. According to the Canada Health Survey, 237,000 women between 20 and 34 were inadequately protected against rubella. Moreover, almost 900,000 younger females were unprotected (Table 11). Thus, it appears that the concerns of epidemiologists are well-founded and that much remains to be done in this area.

TABLE 1. Population Distribution 20 to 65 Years, by Type of Drinker and Weekly Volume of Alcohol Consumed, by Sex and Major Activity, Canada, 1978-1979

Sex and major activity	Type of drinker					
	Total		Occasional and non- drinkers		Drinkers	Unknown
	number		per cent			
Female, both ac- tivities	6,255,282	100	35.3		60.7	4.0
Working	2,857,166	100	29.1		68.1	2.9
Housework	3,398,117	100	40.6		54.4	5.0
Male, working	5,702,204	100	16.2		81.6	2.2
Total, both ac- tivities	11,957,487	100	26.2		70.6	3.2
Working	8,559,370	100	20.5		77.1	2.5
Housework	3,398,117	100	40.6		54.4	5.0
Current drinkers						
Weekly volume of alcohol consumed						
	Total		7 drinks or less	8-13 drinks	14 drinks or more	Volume unknown
	number		per cent			
Female, both ac- tivities	3,794,349	100	70.6	12.3	8.4	8.6
Working	1,945,362	100	71.1	13.2	9.2	6.4
Housework	1,848,988	100	70.1	11.4	7.6	10.9
Male, working	4,652,874	100	45.6	18.6	27.5	8.3
Total, both ac- tivities	8,447,223	100	56.8	15.8	18.9	8.5
Working	6,598,236	100	53.1	17.0	22.1	7.8
Housework	1,848,988	100	70.1	11.4	7.6	10.9

Source: Canada Health Survey, 1978-1979, unpublished data.



TABLE 2. Female Population Distribution 20 to 65 Years, by Type of Drinker and Weekly Volume of Alcohol Consumed, by Major Activity and Family Income, Canada, 1978-1979

Major activity and family income	Type of drinker					
	Total		Occasional and non-drinkers	Drinkers	Unknown	
	number		per cent			
Working:						
\$0-14,999	658,715	100	27.8	68.1	4.2	
\$15,000-29,999	1,270,977	100	30.0	66.6	3.4	
\$30,000 and over	723,778	100	27.7	71.2	1.1	
Unknown	203,695	100	32.1	66.2	1.7	
Total	2,857,166	100	29.1	68.1	2.9	
Housework:						
\$0-14,999	1,201,726	100	46.6	45.2	8.3	
\$15,000-29,999	1,601,827	100	39.1	57.7	3.3	
\$30,000 and over	494,355	100	30.0	67.5	2.5	
Unknown	100,209	100	45.3	48.5	6.3	
Total	3,398,117	100	40.6	54.4	5.0	
Both activities:						
\$0-14,999	1,860,442	100	39.9	53.3	6.8	
\$15,000-29,999	2,872,804	100	35.1	61.6	3.3	
\$30,000 and over	1,218,133	100	28.6	69.7	1.7	
Unknown	303,904	100	36.4	60.3	3.2	
Total	6,255,282	100	35.3	60.7	4.0	
Current drinkers						
Weekly volume of alcohol consumed						
	Total		7 drinks or less	8-13 drinks	14 drinks or more	Volume unknown
	number		per cent			
Working:						
\$0-14,999	448,239	100	67.0	16.2	10.3	6.5
\$15,000-29,999	846,861	100	72.2	11.9	8.6	7.4
\$30,000 and over	515,455	100	71.8	13.7	10.1	4.4
Unknown	134,806	100	75.6	10.1	6.6	7.8
Total	1,945,362	100	71.1	13.2	9.2	6.4
Housework:						
\$0-14,999	543,105	100	71.4	11.0	5.6	12.0
\$15,000-29,999	923,809	100	70.6	10.4	8.0	11.0
\$30,000 and over	333,506	100	67.5	15.1	9.8	7.5
Unknown	48,567	100	64.0	8.4	6.7	20.9
Total	1,848,988	100	70.1	11.4	7.6	10.9
Both activities:						
\$0-14,999	991,345	100	69.4	13.4	7.7	9.5
\$15,000-29,999	1,770,670	100	71.4	11.1	8.3	9.3
\$30,000 and over	848,961	100	70.1	14.2	10.0	5.6
Unknown	183,373	100	72.5	9.6	6.6	11.2
Total	3,794,349	100	70.6	12.3	8.4	8.6

Source: Canada Health Survey, 1978-1979, unpublished data.

TABLE 3. Female Population Distribution 20 to 65 Years, by Type of Drinker and Weekly Volume of Alcohol Consumed, by Major Activity and Education, Canada, 1978-1979

Major activity and education	Type of drinker					
	Total		Occasional and non-drinkers	Drinkers	Unknown	
	number		per cent			
Working:						
Secondary or less	1,830,533	100	31.4	65.2	3.5	
Post-secondary or less	694,012	100	27.1	70.4	2.5	
Bachelor degree or more	322,109	100	20.5	79.1	0.4	
Unknown	10,511	100	16.3	83.7	--	
Total	2,857,166	100	29.1	68.1	2.9	
Housework:						
Secondary or less	2,720,285	100	41.8	52.4	5.8	
Post-secondary or less	515,605	100	37.7	60.1	2.2	
Bachelor degree or more	144,134	100	29.1	70.2	0.7	
Unknown	18,093	100	31.0	69.0	--	
Total	3,398,117	100	40.6	54.4	5.0	
Both activities:						
Secondary or less	4,550,818	100	37.6	57.5	4.9	
Post-secondary or less	1,209,617	100	31.6	66.0	2.4	
Bachelor degree or more	466,243	100	23.2	76.3	0.5	
Unknown	28,605	100	25.6	74.4	--	
Total	6,255,282	100	35.3	60.7	4.0	
Current drinkers						
Weekly volume of alcohol consumed						
	Total		7 drinks or less	8-13 drinks	14 drinks or more	Volume unknown
	number		per cent			
Working:						
Secondary or less	1,193,344	100	69.2	12.5	10.2	8.2
Post-secondary or less	488,433	100	73.0	15.5	7.8	3.7
Bachelor degree or more	254,783	100	76.7	12.1	7.9	3.4
Unknown	8,802	100	64.9	22.8	3.5	8.8
Total	1,945,362	100	71.1	13.2	9.2	6.4
Housework:						
Secondary or less	1,425,328	100	69.7	10.7	7.1	12.5
Post-secondary or less	310,012	100	71.3	13.3	8.8	6.6
Bachelor degree or more	101,161	100	73.4	13.1	11.8	1.8
Unknown	12,486	100	62.5	25.2	--	12.3
Total	1,848,988	100	70.1	11.4	7.6	10.9
Both activities:						
Secondary or less	2,618,672	100	69.5	11.5	8.5	10.5
Post-secondary or less	798,445	100	72.4	14.6	8.2	4.8
Bachelor degree or more	355,944	100	75.7	12.4	9.0	2.9
Unknown	21,288	100	63.5	24.2	1.5	10.9
Total	3,794,349	100	70.6	12.3	8.4	8.6

Source: Canada Health Survey, 1978-1979, unpublished data.

TABLE 4. Population Distribution 20 to 65 Years by Type of Cigarette Smoker and Number of Cigarettes Smoked Daily, by Sex and Major Activity, Canada, 1978-1979

Sex and major activity	Type of cigarette smoker				
	Total		Occasional and non- smokers	Smokers	Unknown
	number		per cent		
Female, both activities	6,255,282	100	58.0	36.5	5.5
Working	2,857,166	100	58.2	36.9	4.9
Housework	3,398,117	100	57.8	36.3	5.9
Male, working	5,702,204	100	50.4	44.6	4.9
Total, both activities	11,957,487	100	54.4	40.4	5.2
Working	8,559,370	100	53.1	42.0	4.9
Housework	3,398,117	100	57.8	36.2	5.9
Current smokers					
Number of cigarettes smoked daily					
	Total		1-12	13-22	23 and over
	number		per cent		
Female, both activities	2,285,971	100	29.7	39.7	29.0
Working	1,054,019	100	30.4	38.5	29.4
Housework	1,231,952	100	29.1	40.6	28.7
Male, working	2,543,433	100	18.0	34.3	45.9
Total, both activities	4,829,404	100	23.6	36.8	37.9
Working	3,597,452	100	21.7	35.6	41.0
Housework	1,231,952	100	29.2	40.5	28.7

Source: Canada Health Survey, 1978-1979, unpublished data.

TABLE 5. Female Population Distribution 20 to 65 Years, by Type of Cigarette Smoker, Major Activity and Family Income, Canada, 1978-1979

Major activity and family income	Type of cigarette smoker				
	Total		Occasional and non-smokers	Smokers	Unknown
	number		per cent		
Working:					
\$0-14,999	658,715	100	52.8	43.3	3.9
\$15,000-29,999	1,270,977	100	59.4	34.5	6.1
\$30,000 and over	723,778	100	62.1	34.8	3.1
Unknown	203,695	100	54.2	38.5	7.3
Total	2,857,166	100	58.2	36.9	4.9
Housework:					
\$0-14,999	1,201,726	100	54.4	38.6	7.0
\$15,000-29,999	1,601,827	100	56.9	37.8	5.4
\$30,000 and over	494,355	100	67.7	27.3	5.0
Unknown	100,209	100	64.3	27.9	7.8
Total	3,398,117	100	57.8	36.3	5.9
Both activities:					
\$0-14,999	1,860,442	100	53.8	40.3	5.9
\$15,000-29,999	2,872,804	100	58.0	36.3	5.7
\$30,000 and over	1,218,133	100	64.4	31.8	3.9
Unknown	303,904	100	57.6	35.0	7.4
Total	6,255,282	100	58.0	36.5	5.5

Source: Canada Health Survey, 1978-1979, unpublished data.



TABLE 6. Female Population Distribution 20 to 65 Years, by Type of Cigarette Smoker, Major Activity and Education, Canada, 1978-1979

Major activity and education	Type of cigarette smoker				
	Total		Occasional and non- smokers	Smokers	Unknown
	number		per cent		
Working:					
Secondary or less	1,830,533	100	51.1	43.1	5.8
Post-secondary or less	694,012	100	67.2	29.4	3.5
Bachelor degree or more	322,109	100	79.2	18.2	2.7
Unknown	10,511	100	--	--	--
Total	2,857,166	100	58.2	36.9	4.9
Housework:					
Secondary or less	2,720,285	100	54.9	38.7	6.4
Post-secondary or less	515,605	100	69.8	25.4	4.8
Bachelor degree or more	144,134	100	70.5	28.4	--
Unknown	18,093	100	--	--	--
Total	3,398,117	100	57.8	36.3	5.9
Both activities:					
Secondary or less	4,550,818	100	53.4	40.4	6.2
Post-secondary or less	1,209,617	100	68.3	27.7	4.0
Bachelor degree or more	466,243	100	76.5	21.3	2.2
Unknown	28,605	100	56.0	39.1	4.9
Total	6,255,282	100	58.0	36.5	5.5

Source: Canada Health Survey, 1978-1979, unpublished data.

**TABLE 7. Population Distribution 10 Years and Over, by Sex and Physical Activity, Canada, 1981**

	Sex (age 10 and over)	
	Male	Female
Limited ability to participate	13	14
In last 12 months:		
Did sports	73	64
No sports	14	23
In last month:		
Did exercises	55	60
No exercises	32	26
<b>Total</b>	<b>100</b>	<b>100</b>

**Source:** Fitness and Amateur Sport, **Canada's Fitness: Preliminary Findings of the 1981 Survey**, Government of Canada, Ottawa, 1982, p. 22.

**TABLE 8. Population Distribution by Sex and by Different Levels of Cardio-vascular Fitness, Canada, 1981**

	Sex	
	Male	Female
Recommended	51	40
Minimal	37	42
Unacceptable	2	5
Screened out	10	13
<b>Total</b>	<b>100</b>	<b>100</b>

**Source:** Fitness and Amateur Sport, **Canada's Fitness: Preliminary Findings of the 1981 Survey**, Government of Canada, Ottawa, 1982, p. 22.

TABLE 9. Female Population Distribution 15 Years and Over by Frequency of Breast Self-examination, by Age and Education, Canada, 1978-1979

Education		Total	Monthly	Quarterly	Less often	Never	Don't know how	Unknown
in thousands								
15 years and over:								
Total	No.	8,907	1,884	1,840	1,642	2,736	584	222
	%	100.0	21.1	20.7	18.4	30.7	6.6	2.5
Secondary or less	No.	6,666	1,341	1,270	1,116	2,260	481	198
	%	100.0	20.1	19.1	16.7	33.9	7.2	3.0
Some post-secondary	No.	697	153	157	166	178	34	--
	%	100.0	22.0	22.5	23.8	25.5	4.9	--
Degree or diploma	No.	1,498	378	402	351	288	66	14
	%	100.0	25.3	26.8	23.4	19.2	4.4	.9
Unknown	No.	47	--	12	--	12	--	-
	%	100.0	--	25.0	--	24.6	--	-
15-19 years:								
Total	No.	1,146	106	92	132	684	102	29
	%	100.0	9.2	8.0	11.5	59.7	8.9	2.5
Secondary or less	No.	1,009	92	79	108	616	86	29
	%	100.0	9.1	7.8	10.7	61.0	8.5	2.8
Some post-secondary	No.	117	--	10	23	59	--	--
	%	100.0	--	8.6	19.7	50.3	--	--
Degree or diploma	No.	11	--	--	--	--	--	--
	%	100.0	--	--	--	--	--	--
Unknown	No.	--	--	--	--	--	--	--
	%	--	--	--	--	--	--	--
20-24 years:								
Total	No.	1,108	243	229	231	300	91	--
	%	100.0	21.9	20.6	20.8	27.1	8.2	--
Secondary or less	No.	674	148	144	106	202	63	--
	%	100.0	21.9	21.3	15.7	29.9	9.4	--
Some post-secondary	No.	179	41	27	54	44	--	--
	%	100.0	22.7	14.9	30.0	24.4	--	--
Degree or diploma	No.	250	54	56	70	54	--	--
	%	100.0	21.4	22.6	27.9	21.7	--	--
Unknown	No.	--	--	--	--	--	--	--
	%	--	--	--	--	--	--	--
25-44 years:								
Total	No.	3,242	764	803	700	739	194	42
	%	100.0	23.6	24.8	21.6	22.8	6.0	1.3
Secondary or less	No.	2,147	487	490	447	537	152	33
	%	100.0	22.7	22.8	20.8	25.0	7.1	1.5
Some post-secondary	No.	234	60	64	55	44	--	--
	%	100.0	25.5	27.2	23.4	18.8	--	--
Degree or diploma	No.	853	214	246	197	158	34	--
	%	100.0	25.1	28.8	23.1	18.5	4.0	--
Unknown	No.	8	--	--	--	--	--	--
	%	100.0	--	--	--	--	--	--
45-64 years:								
Total	No.	2,279	573	522	415	574	118	79
	%	100.0	25.1	22.9	18.2	25.2	5.2	3.4
Secondary or less	No.	1,888	469	408	311	520	104	75
	%	100.0	24.8	21.6	16.5	27.6	5.5	4.0
Some post-secondary	No.	107	26	39	26	14	--	--
	%	100.0	24.0	36.7	24.3	12.7	--	--
Degree or diploma	No.	264	71	70	72	38	--	--
	%	100.0	26.8	26.4	27.2	14.2	--	--
Unknown	No.	19	--	--	--	--	--	--
	%	100.0	--	--	--	--	--	--
65 years and over:								
Total	No.	1,132	198	195	163	439	79	58
	%	100.0	17.5	17.2	14.4	38.8	7.0	5.1
Secondary or less	No.	948	145	150	144	385	76	49
	%	100.0	15.3	15.8	15.1	40.7	8.0	5.1
Some post-secondary	No.	60	16	17	--	18	--	--
	%	100.0	26.3	28.4	--	29.1	--	--
Degree or diploma	No.	119	38	27	11	33	--	--
	%	100.0	31.5	22.9	9.3	27.5	--	--
Unknown	No.	--	--	--	--	--	--	--
	%	--	--	--	--	--	--	--

Sources: Health and Welfare Canada, Statistics Canada, The Health of Canadians, Report of the Canada Health Survey, Catalogue 82-538E, Ottawa, June 1981, p. 186.

TABLE 10. Female Population Distribution 15 Years and Over by Time Since Last Pap Smear Test, by Age and Education, Canada, 1978-1979

Education		Total	Less than one year	1-2 years	More than two years	Never	Unknown
		in thousands					
15 years and over:							
Total	No.	8,907	3,701	1,559	1,305	1,826	516
	%	100.0	41.6	17.5	14.7	20.5	5.8
Secondary or less	No.	6,666	2,512	1,168	1,028	1,493	465
	%	100.0	37.7	17.5	15.4	22.4	7.0
Some post-secondary	No.	697	333	113	61	157	33
	%	100.0	47.7	16.2	8.8	22.6	4.8
Degree or diploma	No.	1,498	839	272	205	165	16
	%	100.0	56.0	18.2	13.7	11.1	1.0
Unknown	No.	47	17	--	11	--	--
	%	100.0	37.4	--	24.3	--	--
15-19 years:							
Total	No.	1,146	221	50	21	767	87
	%	100.0	19.3	4.4	1.8	67.0	7.6
Secondary or less	No.	1,009	189	42	21	677	82
	%	100.0	18.7	4.1	2.0	67.0	8.1
Some post-secondary	No.	117	28	--	--	76	--
	%	100.0	23.8	--	--	65.1	--
Degree or diploma	No.	11	--	--	--	--	--
	%	100.0	--	--	--	--	--
Unknown	No.	--	--	--	--	--	--
	%	--	--	--	--	--	--
20-24 years:							
Total	No.	1,108	692	152	36	193	35
	%	100.0	62.4	13.7	3.3	17.4	3.2
Secondary or less	No.	674	431	103	15	103	23
	%	100.0	64.0	15.2	2.3	15.2	3.3
Some post-secondary	No.	179	104	14	--	43	--
	%	100.0	58.2	8.0	--	23.8	--
Degree or diploma	No.	250	153	34	--	47	--
	%	100.0	61.3	13.8	--	18.6	--
Unknown	No.	--	--	--	--	--	--
	%	--	--	--	--	--	--
25-44 years:							
Total	No.	3,242	1,809	709	443	185	97
	%	100.0	55.8	21.9	13.7	5.7	3.0
Secondary or less	No.	2,147	1,114	494	326	125	88
	%	100.0	51.9	23.0	15.2	5.8	4.1
Some post-secondary	No.	234	140	56	22	--	--
	%	100.0	59.7	23.8	9.5	--	--
Degree or diploma	No.	853	549	158	92	50	--
	%	100.0	64.4	18.6	10.8	5.9	--
Unknown	No.	8	--	--	--	--	--
	%	100.0	--	--	--	--	--
45-64 years:							
Total	No.	2,279	814	494	542	272	157
	%	100.0	35.7	21.7	23.8	11.9	6.9
Secondary or less	No.	1,888	641	404	454	239	150
	%	100.0	34.0	21.4	24.1	12.6	7.9
Some post-secondary	No.	107	51	25	20	--	--
	%	100.0	47.9	23.5	18.7	--	--
Degree or diploma	No.	264	113	62	61	24	--
	%	100.0	42.8	23.6	23.2	9.3	--
Unknown	No.	19	--	--	--	--	--
	%	100.0	--	--	--	--	--
65 years and over:							
Total	No.	1,132	165	154	264	409	140
	%	100.0	14.6	13.6	23.3	36.1	12.4
Secondary or less	No.	948	136	126	212	350	124
	%	100.0	14.4	13.3	22.3	37.0	13.0
Some post-secondary	No.	60	--	--	--	20	--
	%	100.0	--	--	--	33.7	--
Degree or diploma	No.	119	20	17	40	37	--
	%	100.0	16.4	14.4	33.2	31.4	--
Unknown	No.	--	--	--	--	--	--
	%	--	--	--	--	--	--

Source: Health and Welfare Canada, Statistics Canada, The Health of Canadians, Report of the Canada Health Survey, Catalogue 82-538E, Ottawa, June 1981, p. 185.



**TABLE 11. Population Distribution for Males 6 to 19 Years and Females 6 to 34 Years by Rubella Antibody Level, by Age, Canada, 1978-1979**

Age		Rubella antibody level (reciprocal of titre level)				
		Total	Less than or equal to 8	16-32	Greater than or equal to 64	Unknown
in thousands						
<b>All age groups</b>	No. %	8,827 100.0	1,135 12.9	2,171 24.6	4,930 55.8	592 6.7
6-9 years (both sexes)	No. %	1,445 100.0	231 16.0	445 30.8	627 43.4	-- --
10-14 years (both sexes)	No. %	2,030 100.0	375 18.5	633 31.2	921 45.4	100 4.9
15-19 years (both sexes)	No. %	2,333 100.0	291 12.5	400 17.1	1,480 63.4	162 6.9
20-24 years (females only)	No. %	1,113 100.0	121 10.9	195 17.5	774 69.5	-- --
25-34 years (females only)	No. %	1,906 100.0	116 6.1	499 26.2	1,128 59.2	163 8.5

**Source:** Health and Welfare Canada, Statistics Canada, **The Health of Canadians, Report of the Canada Health Survey**, Catalogue 82-538E, Ottawa, June 1981, p. 97.



## CHAPTER III

### PHYSICAL HEALTH

In 1946, the World Health Organization proposed a definition of health based on its physical, mental and social dimensions.(1) Thus, individuals who display suffering related to one or more of these dimensions are said to be "ill". Moreover, a direct correlation may exist among these three aspects of health.

In this chapter, we will examine the main levels of physical illness. First, on the basis of the prevalence of health problems, the attitudes adopted by individuals, and particularly women, in light of their illnesses will be examined. Limited activity, major-activity days lost, drug use and the number of visits to the doctor are valuable indicators. The second part of this chapter deals with hospital treatment.

#### A. Health Problems and Health Behaviours

According to the Canada Health Survey, less than half of men and nearly 55% of women surveyed mentioned at least one health problem (Table 13).

Of those with health problems, 26% of men and 38% of women used medication; 14% of men and 20% of women consulted a doctor. To a lesser extent, those with health problems were unable to carry on their major activity or had to limit their activities. However, 11% of men and 8% of women did not report any of the foregoing behaviours (Table 13).

Table 15 indicates the number of days of major activity-loss per person for health reasons. Overall, women lost more than twice the number of days of activity as men during a year. Working women lost two and a quarter days more than working men. Housewives were unable to accomplish their major activity for more than twice as long as working women and three times as long as working men. Female students lost two more major activity days per year than their male counterparts.

Table 12 presents the various health problems declared by men and women. The main difficulties among men are sight disorders, gastric and duodenal ulcers, trauma, asthma, hypertension and back, limb and joint disorders. Among women, anemia, thyroid disorders, headache, arthritis and rheumatism, mental disorders and other unspecified problems make up the list.

Pregnancy and problems related to it, contraception and diseases of the reproductive system, all requiring medical consultations or drug use, are presented in Table 14. These categories alone represent nearly 13% of those declaring "other unspecified problems". However, we cannot exclude the possibility of an underestimation in these data as contraception and pregnancy are not considered health problems. Data reveal that slightly more than half of these women used drugs; nearly one-quarter of them visited a doctor. However, nearly three-quarters indicated that they did not experience any disability which prevented them from exercising their major activity; nine out of 10 did not experience any limitation of their activities.

#### B. Drug Use

According to estimates in Table 16, 41% of men and 55% of women use drugs.(2)

Nearly 60% of boys under five years consume drugs; however, this proportion decreases until age 45, by which time it has dropped to 49%. At the age 65 and over, 66% of men use drugs.

A similar pattern prevails among women; yet, towards the age of 20 the proportion of drug consumers begins to rise, reaching 77% among women aged 65 and over.

Overall, vitamins and pain relievers are the most popular medicines. However, the products used vary by age and sex. For example, women are more inclined to use tranquillizers and sleeping pills than men; vitamins are consumed more frequently by children than by adults.

In their study on the effects of tranquillizers, Cooperstock and Hill(3) reveal that between 67% and 72% of this type of medication is prescribed for women. A higher proportion of users is to be

(1) WHO Study Group, "Early Detection of Health Impairment in Occupational Exposure to Health Hazards", No. 571 of a series of technical reports of WHO, 1975.

(2) It should be noted that included in drugs are such things as skin ointments, vitamins and birth control pills.

(3) J. Hill and R. Cooperstock, *The effects of tranquilization: Benzodiazepine use in Canada*, Health and Welfare Canada, Ottawa, 1982.

found among housewives than among women working outside the home. It appears that the level of activity (sports, social activities and so forth) is associated with the consumption of psychotropic substances, the use of which declines as the level of activity increases.

The study **Médicaments ou potions magiques?**(4) examines the causes and motivations influencing drug consumption, while pointing out that most existing research refers to the use of psychotropic substances.

It seems that the users of medication frequently experiences feelings of incompetence and powerlessness, in the face of his or her responsibilities. Women feel incapable of fulfilling their roles of wife and mother (Nadeau, 1979). Thinking they are alleviating their symptoms of anxiety, they take medication.

The fact that women express their suffering and seek help from doctors more frequently than men may also be an important factor in their high consumption of tranquillizers. Because they present their problems as psychological ones, the doctor intervenes by giving them a prescription (Nadeau (1979), Cooperstock and Hill (1982)).

### C. Visits to the Doctor

According to the Canada Health Survey, not only do more women than men consult a doctor, but they also consult doctors more frequently (Table 17). In 1978-79, 12% of women, compared to 7% of men, consulted a doctor at least 10 times during the 12 preceding months.

Broken down by age groups, these data reveal it is between the ages of 15 and 64 that women visit the doctor in greater numbers and more frequently even though the numbers of women and men in this age group are about the same. For those 65 and over, the differences by sex are less significant. Yet, among children under 15, more boys than girls visited a doctor.

Table 18 examines the number of visits to the doctor according to the major activity of women and family income. Undoubtedly, the most significant observation is that nearly twice as many housewives visited a doctor 10 times or more during the 12 preceding months.

For housewives, it seems that as family income rises, the number of visits to the doctor decreases. However, the effect of family income is much less clear for women working outside the home. Because the major activity in the Canada Health Survey was defined according to the occupation during the 12 preceding months, it should not immediately be concluded that housewives consult doctors more frequently than women working outside the home. It may well be that a considerable proportion of women had remained at home during the preceding year precisely for health reasons, or maternity. This may partially explain the higher consumption of health services attributed to housewives. It is also likely that women with health problems remain at home rather than work outside.

With respect to differences between men and women in the number of visits to the doctor, the reproductive capacity of women obliges them to consult doctors regarding contraception, pregnancy, delivery and sterilization (Guyon, 1981). As previously mentioned, it may also be that women are less reluctant than men to express their health needs and to seek help (Guyon, 1981).

### D. Use of Hospital Services

Just as the individual's perception and behaviour with respect to illness corresponds to sex, a close look at hospital treatment shows that hospitalization also varies according to sex.

In 1977, more than 2 million hospital separations and 22.5 million days of hospital care were noted for women. For men, 1.5 million separations and 17.5 million days of hospitalization were recorded.(5) The total cost of hospital treatment reflects these statistics: \$3 billion were spent on women and \$2.5 billion on men in Canada in 1976.(6)

Upon examining the data by type of disease,(7) it appears that to a large degree, the reproductive capacity and diseases affecting the reproductive organs of women explains differences in the use of hospital services. The latter accounts for 36.5% of all hospital separations of Canadian women and

(4) Conseil des affaires sociales et de la famille, **Médicaments ou potions magiques?** Gouvernement du Québec, Québec, 1982.

(5) Statistics Canada, **Hospital Morbidity 1977**, Catalogue 82-206 Annual. These data deal with separations and the number of cases and not with individuals. The number of cases is therefore slightly higher than the number of individuals hospitalized.

(6) D.E. Angus, L.A. Lefebvre and C. Strohmenger, op. cit.

(7) International Classification of Diseases, Adapted, 8th edition.



17.8% of hospital days.(8) Taken by age groups, these data may represent as much as 70% of the cases for women between 20 and 44, and as many as 63% of the hospital days for those between 20 and 24 (Tables 19 and 20 and Chart 1).

When the reproductive capacity of women is excluded, differences between males and females with respect to hospital treatment diminish. Hospital separations for males are 5.1% higher than for females, but days of hospitalization are still 10.8% higher among females. Nevertheless, this decrease is significant, given that the figure for hospital days was 28% higher for women than men prior to the exclusion.

A study by Guyon, Simard and Nadeau (1981) shows how, from the age of 15, women increase their use of physicians, as they consult them about contraception, maternity, surgery (including sterilization) and menopause.(9)

Taken together, these data indicate that if women seem to use more hospital resources, it is largely because of their child-bearing capacity.

Another factor which is equally responsible for their higher use of hospital services is greater longevity. A study by Angus, Lefebvre and Strohmenger (Statistics Canada, 1982) shows that if women were to live only as long as men, the amount spent on hospital services for them would actually be less than that amount for men.(10) Indeed, considered by age groups, hospital expenditures are higher for men than for women, except for ages 25-44 (Table 21).

### E. Leading Causes of Hospitalization

We have already seen that the use of hospital services varies according to the patient's sex. It also appears that the leading causes of hospitalization are different for men and women.

Table 22 clearly indicates that among the 10 leading causes of hospitalization for women, those related to pregnancy (delivery, complications arising from pregnancy and abortion) account for an appreciable part. Indeed, 23% of all hospital separations were related to pregnancy; childbirth was the major reason for hospitalization of women (17% of cases).

Table 23 again presents the leading causes of hospitalization of women, but those directly related to pregnancy have been excluded to better compare men and women.

Tables 23 and 24 reveal certain similarities between the leading causes of hospitalization of both sexes. Differences are negligible for the sub-categories "symptoms referable to systems or organs", "other diseases of upper respiratory tract", and "neuroses, personality disorders and other non-psychotic mental disorders".

For men, ischaemic heart diseases clearly predominate as the leading cause of hospitalization. Among women, diseases of the reproductive system head the list. Note that for this particular diagnosis, there are twice as many hospital separations for women.

A close examination of data on morbidity by diagnosis and sex reveals a number of interesting differences between the sexes.

For instance, Table 25 shows that in 1977, women were hospitalized because of obesity five times more frequently than men. Also, there were ten times as many hospitalization of women for plastic surgery. It should be noted that in both cases, hospitalizations were more numerous for women between 25 and 64.

How can this be explained? Why do women attach so much importance to their physical appearance? The image of women projected by the mass media may influence their attitude. It is unlikely that women require more plastic surgery than men, especially if such operations are carried out for purely aesthetic reasons.

(8) Diagnoses related to the reproductive capacity of women include prenatal courses, deliveries, complications arising from pregnancy, the aftermath of labour, post-partum examinations, sterilization and diseases of the genital organs; excluded are tumours. Hospital separations and days related to diseases of the genital organs and sterilization among men were excluded to permit a better comparison with women. Note, however, that category Y09 of the International Classification of Diseases (8th edition) includes those who are "not sick or display no symptoms" who consult a doctor for a sterilization or for another unspecified reason. Therefore, figures for actual sterilizations could be somewhat lower than this study suggests.

(9) Louise Guyon, Roxanne Simard and Louise Nadeau, "Va te faire soigner, t'es malade," Éditions Stanké, Montréal-Paris, 1981.

(10) op.cit. p. 39.

In her study entitled **Women and Aging**,<sup>(11)</sup> Louise Dulude noted that: "... women through the ages have alternately bound, painted, twisted, plucked, kneaded, starved, fattened, crippled, tattooed and mutilated themselves at the altar of a supposedly immutable standard of beauty".

With respect to sterility, there were nearly ten times as many hospital separations of women as men. Broken down by age groups, the data indicate that beginning at age 20, the female population is concerned with sterility, while men consult doctors in this regard at somewhat later ages.

Turning to morbidity arising from accidents, Table 26 shows that there are nearly twice as many hospitalizations of men as women. Driving habits may partly explain these statistics. **The Report of the Task Force on Highway Accidents**<sup>(12)</sup> suggests that alcohol is responsible for almost half of fatal accidents, and that excessive speed may account for as many as two-thirds of accidents resulting in injuries or death.

The preceding chapter pointed out that alcohol consumption is greater among men than women. Does the "machismo" image dominate advertising for men? If so, perhaps questions should be asked about the relationship between socialization agents and certain aspects of health.

## F. Mortality

This section deals with various aspects of mortality: disability-free life expectancy, life expectancy, death rates and major causes of death.

Canada has one of the highest average life expectancies in the world, for both men and women (Ableson et al, 1983). In 1978, life expectancy at birth was almost 71 years for males and seven years more for females.

Length of life is unquestionably an important indicator of the health status of a population, but the quality of life must also be taken into consideration. With this in mind, Wilkins and Adams (1983), using Canada Health Survey data, estimated the number of years that an individual can expect to live in good health, in other words free of disability. The authors demonstrated that although women live 7.5 years longer than men, their disability-free life is only 3.6 years longer (Table 27).

Between 1931 and 1976, life expectancy at birth increased 10.2 years for males and 15.4 years for women (Table 28). However, it is important to note that these gains were due primarily to a decline in mortality among young people rather than to a longer old age. Between 1931 and 1976, life expectancy at 60 rose by close to five years for females and by less than one year for males (Ableson et al, 1983).

The death rates for 1980 (Table 29) exhibit significant differences by sex. For the 15-19, 20-24 and 25-29 age groups, the death rate per 1,000 population was three times higher for males than for females. At one time, males in these age groups apparently had a greater chance of survival than females (Ableson et al, 1983). The index of male excess mortality in the 15-35 group climbed from 94.1 in 1931 to 265.6 in 1976.<sup>(13)</sup>

The five leading causes of death are the same for both sexes. In decreasing order of importance, they are diseases of the circulatory system, neoplasms, violence, diseases of the respiratory system and diseases of the digestive system. Except for accidents, poisonings and violence, which occur twice as frequently among males than females, the percentage distributions of deaths from all of these causes are similar for both sexes (Table 30).

To sum up, although women live longer than men, they experience longer periods of disability than men. Since 1931, the length of old age has increased only among women. The index of male excess mortality is highest in the 15-35 age group. Finally, even though the major causes of death are the same for both sexes, violent deaths are almost twice as frequent among men as among women.

(11) Louise Dulude, **Women and Aging**, Canadian Advisory Council on the Status of Women, Ottawa, April 1978, p. 5.

(12) **Report of the Task Force on Highway Accidents**, presented to the Honourable Helen Huntley, Alberta Minister of Social Services and Community Health, September 1975, p. 1.

(13) Janet Ableson, Peter Paddon and Claude Strohmenger, **Perspectives on Health**, Catalogue 82-540E, Statistics Canada, Ottawa, 1983, p. 62.

TABLE 12. Prevalence of Health Problems by Sex, Canada, 1978-1979(1)

Type of health problem		Both sexes	Male	Female
<b>Total problems</b>	No.	<b>25,526</b>	<b>10,559</b>	<b>14,967</b>
	%	<b>100.0</b>	<b>41.4</b>	<b>58.6</b>
Mental disorders	No.	1,000	363	637
	%	100.0	36.3	63.7
Diabetes	No.	379	149	230
	%	100.0	39.2	60.8
Thyroid disorders	No.	297	41	256
	%	100.0	13.7	86.3
Anemia	No.	417	52	366
	%	100.0	12.4	87.6
Headache	No.	1,102	292	809
	%	100.0	26.5	73.5
Sight disorders	No.	1,200	449	750
	%	100.0	37.5	62.5
Hearing disorders	No.	1,028	607	422
	%	100.0	59.0	41.0
Hypertension	No.	1,551	588	963
	%	100.0	37.9	62.1
Heart disease	No.	847	429	418
	%	100.0	50.6	49.4
Acute respiratory	No.	781	355	426
	%	100.0	45.4	54.6
Influenza	No.	680	296	384
	%	100.0	43.6	56.4
Bronchitis and emphysema	No.	562	279	283
	%	100.0	49.6	50.4
Asthma	No.	547	290	257
	%	100.0	53.1	46.9
Hay fever/other allergies	No.	2,157	987	1,170
	%	100.0	45.8	54.2
Dental problems	No.	1,697	739	958
	%	100.0	43.6	56.4
Gastric/duodenal ulcers	No.	482	282	199
	%	100.0	58.6	41.4
Digestive disorders	No.	687	286	401
	%	100.0	41.7	58.3
Skin disorders	No.	2,064	756	1,308
	%	100.0	36.6	63.4
Arthritis/rheumatism	No.	2,440	844	1,596
	%	100.0	34.6	65.4
Limb and joint disorders	No.	2,334	1,182	1,153
	%	100.0	50.6	49.4
Trauma	No.	616	349	268
	%	100.0	56.6	43.4
Other	No.	2,660	945	1,715
	%	100.0	35.5	64.5

(1) These data refer to health problems and not to the number of individuals claiming to have health problems.

Source: Health and Welfare Canada, Statistics Canada, *The Health of Canadians: Report of the Canada Health Survey*, Catalogue 82-538E, Ottawa, June 1981, p. 115.



TABLE 13. Prevalence of Health Problems, by Type of Health Problem and by Selected Health Behaviour, Canada, 1978-1979(1)

		Total population		At least one problem		No problem	
		Number	Percentage	Number	Percentage	Number	Percentage
in thousands							
Total population	M.	11,417	49.6	5,714	45.7	5,703	54.2
	F.	11,606	50.4	6,796	54.3	4,811	45.8
	T.	23,023	100.0	12,510	100.0	10,513	100.0
Days of disability	M.	1,111	4.8	1,110	8.9	--	--
	F.	1,654	7.2	1,647	13.2	--	--
Consultations	M.	2,086	9.1	1,723	13.8	363	3.5
	F.	3,031	13.2	2,556	20.4	475	4.5
Drug use	M.	4,658	20.2	3,254	26.0	1,404	13.4
	F.	6,363	27.6	4,776	38.2	1,587	15.1
Limited activity	M.	1,250	5.4	1,250	10.0	--	--
	F.	1,416	6.2	1,416	11.3	--	--
None of these behaviours	M.	5,405	23.5	1,359	10.9	4,046	38.5
	F.	3,989	17.3	1,049	8.4	2,940	28.0

(1) "Prevalence" refers to existing conditions reported at the time of the interview and therefore includes both acute and chronic conditions.

Source: Health and Welfare Canada, Statistics Canada, *The Health of Canadians: Report of the Canada Health Survey*, Catalogue 82-538E, Ottawa, June 1981, p. 115.



TABLE 14. State of Health and Problems Related to Female Reproductive Capacity by Selected Health Behaviours, Canada, 1978-1979(1)

	Pregnancy and health problems	
	Number	Percentage
	in thousands	
Visits to the doctor:		
Did not consult	165	77.1
Did consult	49	22.9
Total	214	100.0
Disability:		
No disability	158	73.8
Disability	56	26.2
Total	214	100.0
Drug use:		
No use	101	47.2
Use	113	52.8
Total	214	100.0
Activity limitation:		
No limitation	192	89.7
Limitation	23	10.3
Total	214	100.0

(1) See footnote 8 in Chapter III, p. 31.

Source: Canada Health Survey, 1978-1979, unpublished data.

TABLE 15. Total Population by Annual Major Activity-loss Days and Annual Major Activity-loss Days per Person, by Age, Major Activity and Sex, Canada, 1978-1979

Major activity		Total population	Annual major activity-loss days	Annual major activity-loss days per person
		in thousands		
All ages	T.	16,652	114,165	6.86
	M.	7,683	30,977	4.03
	F.	8,968	83,188	9.28
Working	T.	8,669	37,313	4.30
	M.	5,664	20,044	3.54
	F.	3,005	17,269	5.75
Housework	T.	4,141	53,178	12.84
	M.	31	--	--
	F.	4,110	52,572	12.79
School	T.	3,841	23,674	6.16
	M.	1,988	10,327	5.19
	F.	1,853	13,348	7.20

Source: Health and Welfare Canada, Statistics Canada, *The Health of Canadians: Report of the Canada Health Survey*, Catalogue 82-538E, Ottawa, June 1981, p. 120.

TABLE 16. Total Population by Class of Drug Use, by Age and Sex, Canada, 1978-1979

Age and sex		Class of drug use											
		Total	Pain reliever	Tranquilizers or sleeping pills	Heart/blood pressure medicine	Anti-biotic	Stomach medicine	Laxative	Cold remedy	Skin ointment	Vitamins	Other drugs	Any drug use
in thousands													
All ages:													
Both sexes	No.	23,023	3,138	1,096	1,564	618	726	592	1,450	1,293	5,167	1,800	11,021
	%	100.0	13.6	4.8	6.8	2.7	3.2	2.6	6.3	5.6	22.4	7.8	47.9
Male	No.	11,417	1,180	347	614	265	337	173	670	497	2,207	572	4,658
	%	100.0	10.3	3.0	5.4	2.3	2.9	1.5	5.9	4.4	19.3	5.0	40.8
Female	No.	11,606	1,958	749	950	352	389	419	780	796	2,960	1,229	6,363
	%	100.0	16.9	6.5	8.2	3.0	3.4	3.6	6.7	6.9	25.5	10.6	54.8
Less than 5 years:													
Male	No.	880	80	--	--	41	--	--	138	72	394	22	511
	%	100.0	9.1	--	--	4.6	--	--	15.6	8.2	44.7	2.5	58.0
Female	No.	838	81	--	--	39	--	--	103	69	383	19	502
	%	100.0	9.6	--	--	4.7	--	--	12.3	8.2	45.7	2.3	59.9
5-9 years:													
Male	No.	914	66	--	--	26	--	--	115	39	257	20	398
	%	100.0	7.2	--	--	2.8	--	--	12.6	4.2	28.1	2.2	43.5
Female	No.	868	54	--	--	26	--	--	101	38	227	15	349
	%	100.0	6.2	--	--	3.0	--	--	11.6	4.3	26.1	1.7	40.2
10-14 years:													
Male	No.	1,038	66	--	--	17	--	--	65	37	218	27	348
	%	100.0	6.4	--	--	1.7	--	--	6.3	3.6	21.0	2.6	33.6
Female	No.	992	92	--	--	18	--	--	81	59	213	23	370
	%	100.0	9.2	--	--	1.8	--	--	8.1	5.9	21.5	2.4	37.3
15-19 years:													
Male	No.	1,187	76	--	--	31	--	--	48	84	161	29	340
	%	100.0	6.4	--	--	2.6	--	--	4.0	7.1	13.6	2.5	28.6
Female	No.	1,146	127	--	--	35	13	--	55	102	228	47	450
	%	100.0	11.1	--	--	3.0	1.1	--	4.8	8.9	19.9	4.1	39.3
20-24 years:													
Male	No.	1,106	94	--	--	23	24	--	42	43	158	30	317
	%	100.0	8.5	--	--	2.1	2.1	--	3.8	3.9	14.3	2.7	28.6
Female	No.	1,108	162	25	--	39	27	16	66	97	292	106	558
	%	100.0	14.6	2.3	--	3.5	2.5	1.4	6.0	8.8	26.3	9.6	50.3
25-44 years:													
Male	No.	3,230	362	77	45	56	129	25	143	116	458	84	1,099
	%	100.0	11.2	2.4	1.4	1.7	4.0	0.8	4.4	3.6	14.2	2.6	34.0
Female	No.	3,242	640	168	56	111	115	92	183	217	814	317	1,733
	%	100.0	19.8	5.2	1.7	3.4	3.6	2.8	5.6	6.7	25.1	9.8	53.5
45-64 years:													
Male	No.	2,174	293	143	307	56	95	37	81	65	395	194	1,057
	%	100.0	13.5	6.6	14.1	2.6	4.4	1.7	3.7	3.0	18.2	8.9	48.6
Female	No.	2,279	524	311	426	60	139	151	122	148	536	437	1,528
	%	100.0	23.0	13.7	18.7	2.6	6.1	6.6	5.3	6.5	23.5	19.2	67.1
65 years and over:													
Male	No.	887	143	92	258	16	63	83	38	42	166	165	589
	%	100.0	16.1	10.4	29.1	1.8	7.1	9.3	4.3	4.7	18.8	18.6	66.4
Female	No.	1,132	279	223	463	25	81	140	69	66	266	263	872
	%	100.0	24.6	19.7	40.9	2.2	7.1	12.3	6.1	5.9	23.5	23.2	77.0

Source: Health and Welfare Canada, Statistics Canada, The Health of Canadians: Report of the Canada Health Survey, Catalogue 82-538E, Ottawa, June 1981, p. 179.

TABLE 17. Total Population Distribution by Frequency of Consultations with a Medical Doctor During Last 12 Months, by Age and Sex, Canada, 1978-1979

Age and sex		Frequency of consultations					
		Total	No consultation	1-2 consultations	3-9 consultations	10 consultations and over	Unknown
in thousands							
All ages:							
Both sexes	No.	23,023	5,297	9,509	5,902	2,162	153
	%	100.0	23.0	41.3	25.6	9.4	0.7
Male	No.	11,417	3,194	4,807	2,571	762	83
	%	100.0	28.0	42.1	22.5	6.7	0.7
Female	No.	11,606	2,103	4,702	3,331	1,400	70
	%	100.0	18.1	40.5	28.7	12.1	0.6
Less than 5 years:							
Male	No.	880	71	336	410	61	--
	%	100.0	8.0	38.1	46.6	6.9	--
Female	No.	838	94	340	336	67	--
	%	100.0	11.2	40.5	40.1	8.0	--
5-9 years:							
Male	No.	914	183	468	211	49	--
	%	100.0	20.0	51.2	23.1	5.4	--
Female	No.	868	213	412	205	31	--
	%	100.0	24.6	47.5	23.6	3.6	--
10-14 years:							
Male	No.	1,038	332	481	181	41	--
	%	100.0	32.0	46.3	17.4	4.0	--
Female	No.	992	350	455	147	36	--
	%	100.0	35.3	45.9	14.8	3.6	--
15-19 years:							
Male	No.	1,187	481	475	176	52	--
	%	100.0	40.5	40.0	14.8	4.3	--
Female	No.	1,146	330	463	262	80	--
	%	100.0	28.8	40.4	22.9	7.0	--
20-24 years:							
Male	No.	1,106	352	475	226	38	14
	%	100.0	31.9	43.0	20.4	3.4	1.3
Female	No.	1,108	128	466	377	125	--
	%	100.0	11.6	42.1	34.0	11.3	--
25-44 years:							
Male	No.	3,230	1,047	1,445	569	137	32
	%	100.0	32.4	44.7	17.6	4.2	1.0
Female	No.	3,242	450	1,367	944	463	18
	%	100.0	13.9	42.2	29.1	14.3	0.5
45-64 years:							
Male	No.	2,174	579	838	513	227	17
	%	100.0	26.6	38.6	23.6	10.4	0.8
Female	No.	2,279	385	863	674	345	11
	%	100.0	16.9	37.9	29.6	15.1	0.5
65 years and over:							
Male	No.	887	149	290	285	157	--
	%	100.0	16.8	32.7	32.1	17.7	--
Female	No.	1,132	152	336	385	253	6
	%	100.0	13.4	29.6	34.0	22.4	0.6

Source: Health and Welfare Canada, Statistics Canada, The Health of Canadians: Report of the Canada Health Survey, Catalogue 82-538E, Ottawa, June 1981, p. 169.

TABLE 18. Female Population Distribution 20 Years and Over, by Frequency of Consultations with a Medical Doctor During Last 12 Months, Major Activity and Family Income, Canada, 1978-1979

Major activity and family income	Total		No consultation		1-2 consultations	
	Number	Percentage	Number	Percentage	Number	Percentage
Working:						
\$0-14,999	639,766	100.0	67,784	10.6	277,691	43.4
\$15,000-24,999	848,936	100.0	104,031	12.3	404,371	47.6
\$25,000 and over	1,100,489	100.0	144,227	13.1	517,410	47.0
Unknown	255,277	100.0	61,658	24.2	97,493	38.2
Total	2,844,467	100.0	377,700	13.3	1,296,966	45.6
Housework:						
\$0-14,999	1,208,948	100.0	198,800	16.4	416,646	34.5
\$15,000-24,999	1,274,305	100.0	181,616	14.3	483,321	37.9
\$25,000 and over	789,919	100.0	128,420	16.3	316,888	40.1
Unknown	104,463	100.0	15,594	14.9	33,189	31.8
Total	3,377,636	100.0	524,429	15.5	1,250,045	37.0
			3-9 consultations		10 consultations and over	
			Number	Percentage	Number	Percentage
					Unknown	
			Number	Percentage	Number	Percentage
Working:						
\$0-14,999	225,269	35.2	61,333	9.6	7,689	1.2
\$15,000-24,999	249,162	29.3	87,084	10.3	4,288	0.5
\$25,000 and over	332,325	30.2	103,517	9.4	3,009	0.3
Unknown	69,092	27.1	18,144	7.1	8,888	3.5
Total	875,848	30.8	270,078	9.5	23,875	0.8
Housework:						
\$0-14,999	374,322	31.0	215,443	17.8	3,739	0.3
\$15,000-24,999	381,411	29.9	224,173	17.6	3,784	0.3
\$25,000 and over	219,149	27.7	125,462	15.9	-	-
Unknown	31,151	29.8	24,530	23.5	-	-
Total	1,006,032	29.8	589,607	17.5	7,523	0.2

Source: Canada Health Survey, 1978-1979, unpublished data.

TABLE 19. Number of Separations Related to the Reproductive Capacity of Women by Age, Canada, 1977

Age	Total (all diagnoses)	Reproductive capacity(1)	Percentage of hospital stays related to reproductive capacity
	number		per cent
Less than 1 year	44,781	943	2.1
1- 4 years	80,889	2,976	3.7
5-14 "	120,625	7,248	6.0
15-19 "	152,554	74,712	49.0
20-24 "	268,609	191,421	71.3
25-34 "	467,666	325,929	69.7
35-44 "	214,687	84,562	39.4
45-64 "	386,106	57,032	14.8
65-74 "	174,861	11,496	6.6
75 years and over	179,418	6,251	3.5
<b>Total</b>	<b>2,090,196</b>	<b>762,570</b>	<b>36.5</b>

(1) See footnote 8, in Chapter III, p. 31.

Source: Statistics Canada, **Hospital Morbidity 1977**, Catalogue 82-206 Annual, Ottawa, November 1980.

TABLE 20. Number of Days of Hospitalization Related to the Reproductive Capacity of Women by Age Group, Canada, 1977

Age	Total (all diagnoses)	Reproductive capacity(1)	Percentage of days of hospitalization related to the reproductive capacity of women
	number		per cent
Less than 1 year	353,435	7,409	2.1
1- 4 years	413,537	19,410	4.7
5-14 "	606,659	38,766	6.4
15-19 "	817,460	337,089	41.2
20-24 "	1,446,702	915,971	63.3
25-34 "	2,784,424	1,628,663	58.5
35-44 "	1,711,298	454,159	26.5
45-64 "	4,644,153	383,678	8.3
65-74 "	3,381,643	118,246	3.5
75 years and over	6,297,893	100,701	1.6
<b>Total</b>	<b>22,457,204</b>	<b>4,004,092</b>	<b>17.8</b>

(1) See footnote 8, in Chapter III, p. 31.

Source: Statistics Canada, **Hospital Morbidity 1977**, Catalogue 82-206 Annual, Ottawa, November 1980.



Chart 1

**Percentage of Separations and Days of Reproduction-Related Hospitalization of Women by Age, Canada, 1977**

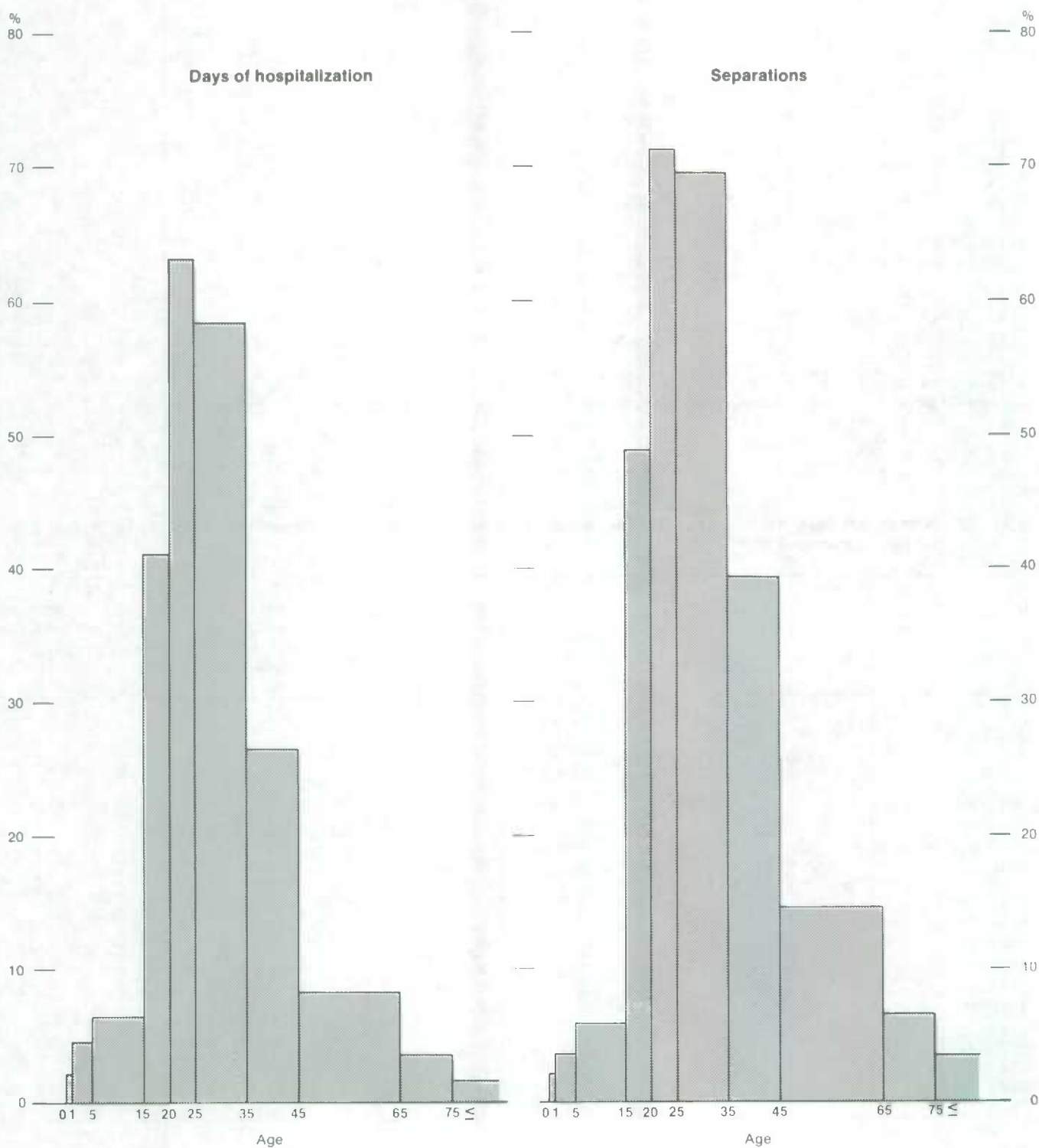


TABLE 21. Average Hospital Expenditures by Sex and Age, Canada, 1976

Age groups	Male	Female
	dollars	
Less than 1 year	2,328	2,188
1- 4 years	131	99
5-14 "	61	48
15-24 "	90	75
25-44 "	103	142
45-64 "	311	289
65-74 "	741	621
75 years and over	1,579	1,464
Total	239	249

Source: Angus, D.E., Lefebvre, L.A., Strohmenger, C., *An Analysis of Hospital Expenditures in Canada*, Catalogue 83-522E, Statistics Canada, March 1982, p. 57.

TABLE 22. Ten Leading Causes of Hospitalization of Women by Number of Separations, by Sub-groups (ICDA-8), Canada, 1977

ICDA-8	Sub-groups of diseases and conditions	Rank	Number	Percentage
650-662	Delivery	1	355,805	17.0
620-629	Diseases of uterus and other female genital organs	2	115,667	5.5
Y00-Y15	Supplementary classifications	3	74,525	3.6
780-789	Symptoms referable to systems or organs	4	73,437	3.5
500-508	Other diseases of upper respiratory tract	5	68,947	3.3
570-577	Diseases of liver, gallbladder and pancreas	6	67,729	3.2
630-634	Complications of pregnancy	7	66,919	3.2
640-645	Abortion	8	58,490	2.8
410-414	Ischaemic heart diseases	9	57,880	2.8
300-309	Neuroses, personality disorders and other non-psychotic mental disorders	10	53,006	2.5
	Total, 10 leading causes		992,405	47.5
	Total, residual		1,097,791	52.5
	TOTAL, ALL CAUSES		2,090,196	100.0

Source: Statistics Canada, *Hospital Morbidity 1977*, Catalogue 82-206 Annual, Ottawa, November 1980.

TABLE 23. Ten Leading Causes of Hospitalization of Women (Excluding Pregnancy, Delivery and Abortion) by Number of Separations, by Sub-groups (ICDA-8), Canada, 1977

ICDA-8	Sub-groups of diseases and conditions	Rank	Number	Percentage
620-629	Diseases of uterus and other female genital organs	1	115,667	7.3
780-789	Symptoms referable to systems or organs	2	73,437	4.6
Y00-Y15	Supplementary classification(1)	3	70,250	4.4
500-508	Other diseases of upper respiratory tract	4	68,947	4.3
570-577	Diseases of liver, gallbladder and pancreas	5	67,729	4.3
410-414	Ischaemic heart diseases	6	57,880	3.6
300-309	Neuroses, personality disorders and other non-psychotic mental disorders	7	53,006	3.3
210-228	Benign neoplasm	8	48,066	3.0
590-599	Other diseases of urinary system	9	42,979	2.7
610-616	Diseases of breast, ovary, fallopian tube and parametrium	10	38,896	2.5
	Total, 10 leading causes		636,857	40.1
	Total, residual		950,482	59.9
	<b>TOTAL, ALL CAUSES (EXCEPT PREGNANCY, DELIVERY AND ABORTION)</b>		<b>1,587,339</b>	<b>100.0</b>

(1) This category does not include visits related to prenatal courses and post-partum examinations. Moreover, as it is impossible to determine the precise number of sterilizations, they have been counted in this sub-group.

Source: Statistics Canada, **Hospital Morbidity 1977**, Catalogue 82-206 Annual, Ottawa, November 1980.

TABLE 24. Ten Leading Causes of Hospitalization of Men by Number of Separations, by Sub-groups (ICDA-8), Canada, 1977

ICDA-8	Sub-groups of diseases and conditions	Rank	Number	Percentage
410-414	Ischaemic heart disease	1	94,350	6.3
500-508	Other diseases of upper respiratory tract	2	73,582	4.9
780-789	Symptoms referable to systems or organs	3	62,091	4.2
550-553	Hernia of abdominal cavity	4	56,301	3.8
600-607	Diseases of male genital organs	5	52,044	3.5
720-729	Osteomyelitis and other diseases of bone and joint	6	49,087	3.3
300-309	Neuroses, personality disorders and other non-psychotic mental disorders	7	49,009	3.3
460-466	Acute respiratory infections except influenza	8	47,067	3.1
490-493	Bronchitis, emphysema and asthma	9	42,129	2.8
480-486	Pneumonia	10	39,155	2.6
	Total, 10 leading causes		564,815	37.8
	Total, residual		931,222	62.2
	TOTAL, ALL CAUSES		1,496,037	100.0

Source: Statistics Canada, Hospital Morbidity 1977, Catalogue 82-206 Annual, Ottawa, November 1980.

TABLE 25. Number of Hospital Separations by Age, Several Diagnoses of the ICDA-8 List and by Sex, Canada, 1977

ICDA-8	Diagnosis and sex		Less than 1 year	1-4 years	5-14 years	15-19 years	20-24 years	
277	Obesity not specified as of endocrine origin	M.	7	13	101	33	34	
		F.	4	12	141	94	168	
Y11	Plastic surgical treatment	M.	-	-	-	6	4	
		F.	-	-	1	6	35	
606,628	Sterility	M.	-	-	-	1	52	
		F.	-	-	-	87	1,063	
			25-34 years	35-44 years	45-64 years	65-74 years	75 years and over	Total
277	Obesity not specified as of endocrine origin	M.	101	91	166	31	13	590
		F.	625	528	705	126	46	2,449
Y11	Plastic surgical treatment	M.	12	5	18	1	1	47
		F.	133	82	161	30	4	452
606,628	Sterility	M.	343	93	15	2	1	507
		F.	3,382	409	13	2	-	4,956

Source: Statistics Canada, **Hospital Morbidity 1977**, Catalogue 82-206 Annual, Ottawa, November 1980.

TABLE 26. Number of Hospital Separations by Reported External Causes of Accidents (Grouped), by Age and Sex, Five Canadian Provinces, 1977(1)

ICDA-8(2)			0-4 years	5-9 years	10-14 years	15-19 years	20-24 years
E810-819	Motor vehicle traffic	M.	382	732	951	3,855	2,904
		F.	251	436	520	1,720	1,095
E820-827	Other road vehicle	M.	72	331	491	361	276
		F.	50	154	203	151	66
			25-44 years	45-64 years	65 years and over		Total
E810-819	Motor vehicle traffic	M.	3,394	1,360	751	14,329	
		F.	1,680	1,130	656	7,488	
E820-827	Other road vehicle	M.	429	185	50	2,195	
		F.	142	67	36	869	

(1) Five provinces: Nova Scotia, Manitoba, Saskatchewan, Alberta and British Columbia.

(2) ICDA-8: Nova Scotia, Manitoba and Saskatchewan; H-ICDA-2: Alberta; H-ICDA: British Columbia.

Source: Statistics Canada, **Causes of Accidents, 1977**, A five province study of accidents resulting in hospital inpatient care, Ottawa, December 1981.



TABLE 27. Life Expectancy and Disability-free Life Expectancy by Sex and Age, Canada, 1978

Age	Life expectancy			Disability-free life expectancy		
	Male	Female	Total	Male	Female	Total
At birth	70.8	78.3	74.6	59.2	62.8	61.0
15 years	57.2	64.5	60.9	46.2	49.4	47.8
25 "	48.1	54.8	51.5	37.6	40.4	39.0
45 "	29.6	35.7	32.7	20.6	23.6	22.1
65 "	14.4	18.7	16.7	8.2	9.9	9.1

Source: Russell Wilkins and Owen Adams, "Health Expectancy in Canada, Late 1970s: Demographic, Regional and Social Dimensions", in the *American Journal of Public Health*, Vol. 73, No. 9, September 1983, p. 1,078.

TABLE 28. Average Life Expectancy Gains by Sex, Canada, 1931-1976

Period	Male	Female
	years	
1931-1941	3.0	4.2
1941-1951	3.3	4.5
1951-1961	2.1	3.4
1951-1956	1.3	2.1
1956-1961	0.8	1.3
1961-1971	0.9	2.2
1961-1966	0.4	1.0
1966-1971	0.5	1.2
1971-1976	0.9	1.1

Source: Janet Ableson, Peter Paddon and Claude Strohmerger, *Perspectives on Health*, Catalogue 82-540E, Statistics Canada, Ottawa, February 1983, p. 62.

TABLE 29. Death Rates per 1,000 Population by Sex and Age, Canada, 1980

Age	Male		Female	
Less than 1 year	11.6		9.2	
1- 4 years	0.7		0.5	
5- 9 "	0.4		0.3	
10-14 "	0.4		0.2	
15-19 "	1.3		0.5	
20-24 "	1.7		0.5	
25-29 "	1.4		0.5	
30-34 "	1.5		0.7	
35-39 "	1.9		1.1	
40-44 "	2.8		1.6	
45-49 "	4.9		2.7	
50-54 "	8.2		4.2	
55-59 "	12.9		6.4	
60-64 "	20.4		9.8	
65-69 "	31.6		15.5	
70-74 "	48.2		25.0	
75-79 "	73.1		41.2	
80-84 "	109.7		69.3	
85 years and over	189.3		145.0	
<b>Total</b>	<b>8.2</b>		<b>6.1</b>	

Source: Statistics Canada, Vital Statistics, 1980, Volume I, Births and Deaths, Catalogue 84-204, Ottawa, May 1982, pp. 46-48.

TABLE 30. Major Causes of Death by Sex, Canada, 1978

CIMA-8 Code List A	Cause of death	Male		Female	
		Number	Percentage	Number	Percentage
A80-A88	Diseases of the circulatory system	44,764	46.1	35,720	50.3
A45-A61	Neoplasms	21,007	21.6	16,491	23.2
AE138- AE150	Accidents, poisonings and violence	11,442	11.8	4,644	6.5
A89-A96	Diseases of the respiratory system	7,206	7.4	3,877	5.5
A97-A104	Diseases of the digestive system	3,746	3.9	2,587	3.6
	Sub-total	88,165	90.8	63,319	89.1
	Other causes	8,950	9.2	7,745	10.9
	<b>All causes</b>	<b>97,115</b>	<b>100.0</b>	<b>71,064</b>	<b>100.0</b>

Source: Statistics Canada, Vital Statistics, 1978, Vol. III, Catalogue 84-206 (Annual), Ottawa, June 1980, Table 4.

## CHAPTER IV

### MENTAL HEALTH

Mental health, a concept which is multidimensional, is very difficult to define in any concise manner.(1) The World Health Organization many years ago defined (total) health as a state of complete physical, mental and social well-being. As has been done with the general definition of physical health, over time we will define mental health generally in terms of the absence of mental well-being. Our notion of a mentally healthy person varies according to time, culture, context and sex (Broverman et al, 1970).

Certain forms of mental illness are undeniably due to organic disorders. Nonetheless, new research devoted to mental health attaches considerable importance to the patient's environment, that is, to his or her workplace, living conditions and available resources (Conseil du Statut de la femme, Québec, 1981).

Today, individuals experiencing difficulty in adapting to their environment are less likely to be automatically thought of as mentally ill. Rather, the context in which the "difficulties" are arising is looked to for answers.

To measure the various states of mental health according to a quantitative scale, we will use the "Health Opinion Survey" and the "Affect Balance Scale" scores from the Canada Health Survey, as well as statistics on suicide and treatment in mental and psychiatric hospitals.

#### A. "Affect Balance Scale" and "Health Opinion Survey" Scores

"Affect Balance Scale" scores on emotional health have positive and negative states. The positive side includes a perception of well-being which includes oneself, the world and one's place in it. Affective disorders such as anxiety and depression are factors which make up a negative psychological state.

The "Health Opinion Survey" reveals the frequency of physiological symptoms of depression.(2) Respondants' answers were divided into two categories: "infrequent" and "frequent."

On the basis of Table 31, it appears women have a slightly more negative image of themselves and their surroundings than men.

More women inactive for health reasons are unhappy (19.4%). They are followed by women who are studying (6.5%) and housewives (5.6%). While more women working outside the home are happy, they nonetheless have a more negative perception of themselves than working men.

Data from the "Health Opinion Survey" (Table 32) corroborate certain of the "Affect Balance Scale" scores. A greater proportion of women than men experience frequent symptoms of anxiety and depression. In the labour force, more than twice as many women as men are afflicted. Such symptoms affect twice as many housewives as women working outside the home.

Table 33 demonstrates the close association between family income and self-perception. The higher the income of women, whether working inside or outside the home, the more satisfied they were with their situation in life.

Comparisons made in this chapter led to the conclusion that women have a less positive image of themselves than men. For those working outside the home, this negative perception might be because they generally occupy subordinate positions, which are less satisfying and less well-paid than those of men. Moreover, many working women must also take care of the housework. As for women staying home, some may wonder if certain of the duties they perform bring them hope for satisfaction.

Whether women are working outside or inside the home, they are undeniably happier as family income increases. It is possible that women who are better off may be able to afford help (domestic among others) and other amenities which contribute to their happiness.

(1) The reader is referred to, for example, American Psychiatric Association, **Diagnostic and Statistical Manual of Mental Disorders** (Third Edition), Library of Congress, Catalogue 79-055868, Washington, D.C., APA, 1980 p.5 and Alexander H. Leighton, **Caring for Mentally Ill People**, Cambridge University Press, Cambridge, London, 1982 p.6 for a discussion of the difficulty in defining this concept.

(2) Health and Welfare Canada and Statistics Canada, op. cit. p. 133.

## B. Treatment in Mental and Psychiatric Hospitals

In 1978, 61,061 individuals were admitted for the first time to a mental and psychiatric hospital in Canada. Of this number, 52.3% were men and 47.7% were women.(3)

Among males, the highest rate of hospitalization occurred in the 20-29 age group (397/100,000 population); among females, it was in the 30-39 age group (366/100,000 population). Note that even in the 5-9 age group, the hospitalization rate is more than three times greater for boys than girls.

Alcoholism, neuroses, schizophrenia, affective psychoses and personality disorders are the leading causes of hospitalization among men. Women are hospitalized for neuroses, affective psychoses, schizophrenia, alcoholism, and other unspecified psychoses (in descending order of importance). The median age for both men and women suffering from alcoholism and neuroses is similar (Table 35).

Table 36 indicates the relative index of marital status for selected diagnostic classes. First time admissions to mental and psychiatric hospitals were more numerous for widows and widowers, divorced and single men and women than for married persons. However, these differences by marital status were less pronounced for women.

With respect to neuroses among women (their leading cause of hospitalization), for every 100 married women hospitalized, there were 93 single women and 113 widows or divorcees. In contrast for every 100 married men, 96 single men and 346 widowers or divorcees were hospitalized for alcoholism (their leading cause of hospitalization).

## C. Suicide

In 1976, suicide occupied eighth place among causes of mortality, accounting for 2% of deaths in Canada.(4)

Across five Canadian provinces,(5) 1,202 individuals took their own lives in 1977. Men accounted for 76.6% of suicides, more than three times the rate of women. The greatest number of suicides among men was recorded in the 25-44 age group, while the greatest number among women was in the 45-64 age group.

While more men than women commit suicide, women attempt suicide more frequently than men. Table 37 shows that in 1977, in the five provinces, there were twice as many suicide attempts among women.

Two hypotheses help explain this phenomenon. First, Gove (1972) claims that many women do not really wish to end their lives, but rather are sending out distress signals. The second hypothesis cites the more violent means employed by men (firearms, hanging); drug overdose seems to be the preferred method of women, leaving more chances to be saved.

Tables 39 and 40 confirm these theories. More women than men opt for drug poisoning (included in E950: liquids or solids). In contrast, in 1977 suicides using firearms or explosives were 12 times more numerous for men than women in Nova Scotia, Manitoba and Saskatchewan. A recent study carried out in Quebec also revealed this phenomenon.(6)

(3) It is difficult to explain that, while more women than men are unhappy, a greater percentage of men than women were hospitalized for mental illness during the same year.

(4) Statistics Canada, Health Division, Vital Statistics and Disease Registries Section.

(5) Statistics Canada has data only for these five provinces.

(6) Marie-France Charron, *Le suicide au Québec: analyse statistique*, Appendice I de L'Avis sur la prévention du suicide du Comité de la santé mentale au Québec, Ministère des Affaires sociales, Québec, 1981.



TABLE 31. Population Distribution 15 Years and Over, by "Affect Balance Scale" Scores, Major Activity and Sex, Canada, 1978-1979

Major activity and sex		Affect Balance Scale scores				
		Total	Positive	Mixed	Negative	Unknown
in thousands						
Working:						
Male	No.	6,013	2,966	2,426	179	443
	%	100.0	49.3	40.3	3.0	7.4
Female	No.	3,100	1,453	1,285	122	240
	%	100.0	46.9	41.5	3.9	7.8
Housework:						
Male	No.	27	17	--	-	--
	%	100.0	62.3	--	-	--
Female	No.	4,213	1,855	1,622	237	498
	%	100.0	44.0	38.5	5.6	11.8
School:						
Male	No.	1,167	525	537	41	64
	%	100.0	45.0	46.0	3.5	5.4
Female	No.	1,041	441	509	68	24
	%	100.0	42.4	48.8	6.5	2.3
Retired/health:						
Male	No.	331	75	145	26	85
	%	100.0	22.6	43.8	8.0	25.7
Female	No.	117	34	46	23	15
	%	100.0	29.0	39.1	19.4	12.5
Retired/others:						
Male	No.	1,046	434	351	57	203
	%	100.0	41.5	33.6	5.5	19.4
Female	No.	436	156	152	16	111
	%	100.0	35.8	34.9	3.8	25.6
Total:						
Male	No.	8,584	4,017	3,467	304	797
	%	100.0	46.8	40.4	3.5	9.3
Female	No.	8,907	3,939	3,614	466	888
	%	100.0	44.2	40.6	5.2	10.0
Both Sexes	No.	17,492	7,956	7,081	770	1,686
	%	100.0	45.5	40.5	4.4	9.6

Source: Health and Welfare Canada, Statistics Canada, *The Health of Canadians: Report of the Canada Health Survey*, Catalogue 82-538E, Ottawa, June 1981, p. 138.

TABLE 32. Population Distribution 15 Years and Over, by "Health Opinion Survey" Scores, by Sex and Major Activity, Canada, 1978-1979

Sex and major activity		Health Opinion Survey scores			
		Infrequent symptoms of anxiety and depression	Frequent symptoms of anxiety and depression	Unknown	Total
in thousands					
Male:					
Employed	No. %	5,830 96.8	78 1.3	113 1.9	6,022 100.0
Unemployed	No. %	500 94.3	23 4.3	7 1.3	530 100.0
Not in the labour force	No. %	1,723 88.7	94 4.8	125 6.4	1,942 100.0
Unknown	No. %	86 95.6	-- --	1 1.1	90 100.0
Total	No. %	8,139 94.8	199 2.3	247 2.9	8,584 100.0
Female:					
Employed	No. %	3,344 95.0	126 3.6	51 1.5	3,521 100.0
Unemployed	No. %	574 91.4	47 7.5	7 1.1	628 100.0
Not in the labour force	No. %	4,106 88.2	315 6.8	235 5.0	4,657 100.0
Unknown	No. %	86 84.3	-- --	10 9.8	102 100.0
Total	No. %	8,110 91.1	494 5.5	304 3.4	8,907 100.0

Source: Canada Health Survey 1978-1979, unpublished data.

TABLE 33. Female Population Distribution 15 Years and Over, by "Affect Balance Scale" Scores, Major Activity, and Family Income, Canada, 1978-1979

Major activity and family income		Affect Balance Scale scores				
		Total	Positive	Mixed	Negative	Unknown
in thousands						
Working:						
\$1-14,999	No.	735	287	331	49	68
	%	100.0	39.0	45.0	6.7	9.3
\$15,000-24,999	No.	936	454	380	33	69
	%	100.0	48.5	40.6	3.5	7.4
\$25,000 and over	No.	1,182	602	475	31	74
	%	100.0	50.9	40.2	2.6	6.3
Total	No.	2,853	1,343	1,186	113	211
	%	100.0	47.1	41.6	4.0	7.4
Housework:						
\$1-14,999	No.	1,793	716	659	133	285
	%	100.0	39.9	36.8	7.4	15.9
\$15,000-24,999	No.	1,415	641	572	68	134
	%	100.0	45.3	40.4	4.8	9.5
\$25,000 and over	No.	889	446	362	29	52
	%	100.0	50.2	40.7	3.3	5.8
Total	No.	4,097	1,803	1,593	230	471
	%	100.0	44.0	38.9	5.6	11.5

Source: Canada Health Survey, Canada 1978-1979, unpublished data.

TABLE 34. First Admissions to Mental and Psychiatric Hospitals by Sex and Age, Canada, 1978

Age	Total		Male		Female	
	Number	Per 100,000 population	Number	Per 100,000 population	Number	Per 100,000 population
0- 4 years	189	11	110	12	79	9
5- 9 "	778	43	605	64	173	19
10-14 "	2,230	106	1,298	120	932	91
15-19 "	6,511	273	3,466	285	3,045	261
20-29 "	15,693	367	8,490	397	7,203	338
30-39 "	11,931	367	6,031	368	5,900	366
40-49 "	9,009	358	4,721	371	4,288	345
50-59 "	7,183	309	3,803	337	3,380	283
60-69 "	4,184	248	1,991	250	2,193	247
70-79 "	2,385	249	1,042	250	1,343	248
80 and over	968	239	422	285	546	212
All ages	61,061	260	31,979	274	29,082	246

Source: Statistics Canada, Mental health statistics, Vol. 1, 1978, Admissions and separations, Catalogue 83-204 Annual, Ottawa, December 1981.

TABLE 35. First Admissions for the Five Leading Causes of Hospitalization in Mental and Psychiatric Hospitals, by Age and Sex, Canada, 1978

ICDA-8	Sex and Diagnoses	Age						
		0-4 years	5-9 years	10-14 years	15-19 years	20-29 years	30-39 years	40-49 years
		number						
Male:								
303	Alcoholism	-	-	4	238	1,340	1,863	1,943
300	Neuroses	3	21	75	592	1,842	1,504	1,097
295	Schizophrenia	7	7	22	468	1,674	712	375
296	Affective psychoses	-	2	16	166	560	446	419
301	Personality disorders	5	5	53	411	796	352	147
Female:								
300	Neuroses	5	4	95	898	3,018	2,611	1,751
296	Affective psychoses	5	-	25	201	792	753	660
295	Schizophrenia	2	3	18	246	808	599	395
303	Alcoholism	-	-	2	106	367	498	501
298-299	Other psychoses and not stated	1	2	21	128	383	288	238
		50-59 years	60-69 years	70-79 years	80 years and over	All ages	Median age	
Male:								
303	Alcoholism	1,654	598	89	5	7,734	42	
300	Neuroses	793	442	214	49	6,632	35	
295	Schizophrenia	198	82	32	9	3,586	28	
296	Affective psychoses	377	273	117	15	2,391	40	
301	Personality disorders	58	30	16	-	1,873	26	
Female:								
300	Neuroses	1,366	851	401	79	11,079	36	
296	Affective psychoses	615	458	207	45	3,761	42	
295	Schizophrenia	283	135	47	10	2,546	33	
303	Alcoholism	381	136	19	2	2,012	41	
298-299	Other psychoses and not stated	191	140	81	32	1,505	38	

Source: Statistics Canada, Mental health statistics, Vol. 1, 1978, Admissions and separations, Catalogue 83-204 Annual, Ottawa, December 1981.



TABLE 36. Relative Index of Marital Status by Selected Diagnostic Classes, by Sex and Median Age Observed for these Cases for all Mental and Psychiatric Hospitals (First Admissions), Canada, 1978

		Male			
		Single	Married	Widower or divorced	Median age
Psychoses:					
290	Senile or presenile dementia	50	100	575	76
291	Alcoholic psychosis	125	100	475	49
295	Schizophrenia	800	100	292	28
296	Affective psychoses	150	100	245	40
297	Paranoid states	267	100	233	38
Neurotic disorders, personality disorders and other nonpsychotic mental disorders					
300	Neurotic disorders	118	100	206	35
301	Personality disorders	355	100	245	26
303	Alcoholism	96	100	346	42
304	Drug dependence	467	100	367	26
		Female			
		Single	Married	Widow or divorced	Median age
Psychoses:					
290	Senile or presenile dementia	67	100	700	76
291	Alcoholic psychosis	100	100	400	51
295	Schizophrenia	240	100	125	33
296	Affective psychoses	95	100	128	42
297	Paranoid states	125	100	250	51
Neurotic disorders, personality disorders and other nonpsychotic mental disorders					
300	Neurotic disorders	93	100	113	36
301	Personality disorders	267	100	100	27
303	Alcoholism	90	100	167	41
304	Drug dependence	200	100	150	31

Source: Statistics Canada, Mental health statistics, Vol. 1, 1978, Admissions and separations, Catalogue 83-204 Annual, Ottawa, December 1981.

**TABLE 37. Hospital Separations Related to a Suicide Attempt or Self-inflicted Injury by Sex and Age, Five Canadian Provinces, 1977(1)**

	0-4 years	5-9 years	10-14 years	15-19 years	20-24 years
Male	3	5	65	383	504
Rate per 1,000 population	--	--	0.2	1.0	1.4
Female	-	1	196	789	738
Rate per 1,000 population	-	--	0.6	2.2	2.2
Total	3	6	261	1,172	1,242
Rate per 1,000 population	--	--	0.4	1.6	1.8
	25-44 years	45-64 years	65 years and over	All ages	
Male	927	367	97	2,351	
Rate per 1,000 population	0.9	0.5	0.3	0.6	
Female	1,855	597	131	4,307	
Rate per 1,000 population	2.0	0.9	0.3	1.2	
Total	2,782	964	228	6,658	
Rate per 1,000 population	1.4	0.7	0.3	0.9	

(1) Five provinces: Nova Scotia, Manitoba, Saskatchewan, Alberta and British Columbia. Nova Scotia, Manitoba, Saskatchewan: ICDA-8; Alberta: H-ICDA-2; British Columbia: H-ICDA.

Source: Statistics Canada, Health Division, Institutional Care Section.

**TABLE 38. Deaths Attributable to Suicide or Self-inflicted Injuries by Sex and Age, Five Canadian Provinces, 1977(1)**

	0-4 years	5-9 years	10-14 years	15-19 years	20-24 years
Male	-	1	14	128	159
Rate per 100,000 population	-	--	4.1	34.5	46.4
Female	-	-	3	19	30
Rate per 100,000 population	-	-	0.9	5.3	8.9
Total	-	1	17	147	189
Rate per 100,000 population	-	--	2.5	20.3	27.8
	25-44 years	45-64 years	65 years and over	All ages	
Male	288	259	72	921	
Rate per 100,000 population	29.6	38.4	22.7	25.5	
Female	99	111	19	281	
Rate per 100,000 population	10.6	16.0	5.2	7.8	
Total	387	370	91	1,202	
Rate per 100,000 population	20.3	27.1	13.2	16.7	

(1) Five provinces: Nova Scotia, Manitoba, Saskatchewan, Alberta and British Columbia.

Source: Statistics Canada, Health Division, Vital Statistics and Disease Registries Section.

TABLE 39. Hospital Separations Related to Certain Diagnoses Respecting Suicide Attempts (ICDA-8) by Sex, Three Canadian Provinces, 1977(1)

ICDA-8		Total	Male	Female
E950	Liquids or solids Rate per 100,000 population	870 31.1	258 18.4	612 43.7
E951	Domestic gas Rate per 100,000 population	1 0.1	- -	1 0.1
E952	Other gases Rate per 100,000 population	7 0.2	4 0.3	3 0.2
E953	Hanging, strangulation and suffocation Rate per 100,000 population	17 0.6	13 0.9	4 0.3
E954	Immersion (drowning) Rate per 100,000 population	4 0.1	1 0.1	3 0.2
E955	Firearms or explosives Rate per 100,000 population	64 2.3	51 3.6	13 0.9
E956	Cutting or piercing instrument Rate per 100,000 population	140 5.0	73 5.2	67 4.8
E957	Jumping from an elevated point Rate per 100,000 population	10 0.4	7 0.5	3 0.2
E958	Other, or unspecified, means Rate per 100,000 population	28 1.0	15 1.1	13 0.9
E959	Late effect of a self-inflicted injury Rate per 100,000 population	27 1.0	19 1.4	8 0.6

(1) Three provinces: Nova Scotia, Manitoba and Saskatchewan (ICDA-8).

Source: Statistics Canada, Health Division, Institutional Care Section, unpublished data.

TABLE 40. Deaths Attributable to Suicide by Various Means (ICDA-8) by Sex, Three Canadian Provinces, 1977(1)

ICDA-8		Total	Male	Female
E950	Liquids or solids Rate per 100,000 population	64 2.3	28 2.0	36 2.6
E952	Other gases Rate per 100,000 population	38 1.4	31 2.2	7 0.5
E953	Hanging, strangulation and suffocation Rate per 100,000 population	98 3.5	84 6.0	14 1.0
E954	Submersion (drowning) Rate per 100,000 population	14 0.5	7 0.5	7 0.5
E955	Firearms and explosives Rate per 100,000 population	185 6.6	171 12.2	14 1.0
E956	Cutting or piercing instruments Rate per 100,000 population	5 0.2	4 0.3	1 0.1
E957	Jumping from an elevated point Rate per 100,000 population	11 0.4	7 0.5	4 0.3
E958	Other and unspecified means Rate per 100,000 population	5 0.2	4 0.3	1 0.2
E959	Late effect of a self-inflicted injury Rate per 100,000 population	- -	- -	- -

(1) Three provinces: Nova Scotia, Manitoba and Saskatchewan (ICDA-8).

Source: Statistics Canada, Health Division, Vital Statistics and Disease Registries Section.



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