

Tuesday, May 3, 2005 Released at 8:30 a.m. Eastern time

Major releases

• Early sexual intercourse, condom use and sexually transmitted diseases, 1998/99 to 2000/01 and 2003 An estimated 12% of boys and 13% of girls have had sexual intercourse by ages 14 or 15. As well, many young people aged 15 to 24 may be putting their health at risk by having intercourse without using a condom, according to two new studies in Health Reports.

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Major releases

Early sexual intercourse, condom use and sexually transmitted diseases

1998/99 to 2000/01 and 2003

An estimated 12% of boys and 13% of girls have had sexual intercourse by ages 14 or 15, according to a new study based on data that the teenagers reported to a national survey.

Using data from the National Longitudinal Survey of Children and Youth (NLSCY), the study found that characteristics associated with early sexual activity differed for boys and girls.

A separate study, also based on self-reported data, found that many young people may be putting their health at risk by having sex without a condom.

This second report is based on data from the 2003 Canadian Community Health Survey (CCHS). It examines sexual activity, number of partners and condom use among 15- to 24-year-olds, as well as their likelihood of reporting having been diagnosed with sexually transmitted diseases (STDs), now also referred to as "sexually transmitted infections."

In 2003, an estimated 28% of 15- to 17-year-olds reported having had sexual intercourse at least once in their lives. By ages 20 to 24, the proportion was 80%. One-third of sexually active 15- to 24-year-olds reported that they had had more than one sexual partner in the previous year.

In addition, about 3 in 10 young people who had sex with multiple partners in the past year had not used a condom the last time they had intercourse.

Multiple partners, condom use related to age

Young men were more likely than young women to report having had more than one sexual partner during the previous year. As well, 15- to 24-year-olds who had had intercourse by age 13 were significantly more likely to have had two or more sexual partners in the past year than were those whose first experience happened when they were older.

Sex without a condom was more common at older ages. Nearly 44% of sexually active 20- to 24-year-olds reported sex without a condom, compared with 33% of those aged 18 to 19, and 22% of those aged 15 to 17.

It is possible that those in the older age group are more likely to be in a long-term relationship with

Note to readers

The study on early sexual intercourse is based on data from the 1996/97, 1998/99 and 2000/01 National Longitudinal Survey of Children and Youth (NLSCY). It uses a sample of 3,212 youths who were aged 14 or 15 in 1998/99 or 2000/01.

A second study, on sexual intercourse, condom use and sexually transmitted diseases among older teens and young adults, is based on data from the 2003 Canadian Community Health Survey. It uses a sample of 18,084 youths aged 15 to 24 in 2003.

Some data limitations should be noted. For example, the term "sexual intercourse" was not defined in the survey questions. What one respondent considers "sexual intercourse" may differ from another's interpretation. Also, the answers that survey respondents give to questions about matters such as sexual activity, smoking or drinking may not accurately reflect their behaviour.

one partner, and so perceive condom use as less of a concern.

When the impact of other factors that might influence condom use (such as current age, age at first intercourse, marital status) was taken into account, young women in Quebec and New Brunswick emerged as being more likely to engage in sex without condoms than their counterparts in Ontario.

STD risk linked to age

According to CCHS data, 4% of 15- to 24-year-olds who had had sex at least once reported having been diagnosed with a STD. The true figure is likely higher than reported because of a possible lack of symptoms or awareness.

Young adults aged 20 to 24 were significantly more likely than 15- to 17-year-olds to have been diagnosed with an STD. This is probably because the older group has had more years of being sexually active.

Similarly, early age at first intercourse also increased the risk. Those who had had sexual intercourse by age 13 were more than twice as likely to report an STD than were those who had waited until they were older.

Factors differ for boys and girls

The factors related to early sexual intercourse differed for girls and boys, according to NLSCY data.

The odds of early intercourse among girls were high for those who, at ages 12 or 13, had reached puberty or were not overweight. Also, girls whose self-concept was weak at ages 12 or 13 were more likely than those with a strong self-concept to have had sexual intercourse by 14 or 15. The opposite was true for boys.

An association between smoking and early sexual intercourse was strong for both sexes, even when the impact of the other factors was taken into account. At ages 12 or 13, 26% of boys and 31% of girls reported that they had tried smoking cigarettes. Within two years, over one-quarter of this group reported that they had had intercourse.

As well, for girls, having tried drinking by ages 12 or 13 was associated with reporting having had intercourse by ages 14 or 15.

Drinking was not associated with early sexual activity in boys. However, significantly high proportions of boys who had a poor relationship with their parents at ages 12 or 13, or who were in a low-income family, reported having had sex by ages 14 or 15.

Young girls in the eastern provinces and Quebec were more likely to report being sexually active than were those in Ontario.

Definitions, data sources and methods: survey numbers, including related surveys, 3226 and 4450.

The articles "Early sexual intercourse" and "Sex, condoms and STDs among young people" are available in the May 2005 issue of *Health Reports*, Vol. 16, no. 3 (82-003-XIE, \$17/\$48; 82-003-XPE, \$22/\$63). See *How to order products*.

For more information about the article "Early sexual intercourse," contact Didier Garriguet (613-951-7187; *didier.garriguet@statcan.ca*), Health Statistics Division. For more information about the article "Sex, condoms and STDs among young people," contact Michelle Rotermann (613-951-3166; *michelle.rotermann@statcan.ca*), Health Statistics Division.

This edition of *Health Reports* also contains two articles on smoking: "The journey to quitting smoking" and "Youth smoking." For more information, contact Margot Shields (613-951-4177; *margot.shields@statcan.ca*), Health Statistics Division.

Other releases

Study: Food insecurity in Canadian households 2000/01

Almost 15% of Canadians, or an estimated 3.7 million people, were considered to be living in what is known as a "food-insecure" household at some point during 2000/01, according to the article "Food insecurity" published today in Health Reports.

The report, based on data from the Canadian Community Health Survey (CCHS), also found that more than 40% of people in low- or lower-middle-income households reported some degree of food insecurity.

Households were considered to be food insecure if the person responding on behalf of the household acknowledged any of three circumstances stemming from a lack of money: someone had worried about not having enough to eat; someone had not eaten the quality or variety of food desired; or someone had not had enough to eat.

While food insecurity was much less common in higher-income households, it was not unknown. About 11% of people in upper-middle income households reported at least one dimension of it, as did 4% in high-income households. In middle-income households, almost 25% reported at least one aspect of the problem.

(For the purposes of the CCHS, a household of three or four people was considered low-income if it had total income of less than \$20,000.)

To some extent, the existence of food insecurity at higher income levels may have to do with the fact that annual income is a static measure that may not be sensitive to sudden changes in economic circumstances that contribute to temporary bouts of food insecurity.

For example, the impact of a job loss around the time of the CCHS interview would not be reflected in annual income, which covered the previous 12 months. As well, the possibility of some misinterpretation of the questions cannot be discounted.

About 7% of Canadians reported that they or someone in their household did not have enough to eat in the year before the survey because of a lack of money. Larger proportions had compromised the quality or variety of their diet, or had worried about not having enough to eat.

One group of women was at especially high risk. One-third of female lone parents reported food insecurity, almost double the figure for male lone

In contrast, just 9% of people who were parents. partners in a couple without children reported food insecurity.

The rate was also notably high among Aboriginal people living off-reserve. About 31% replied affirmatively to at least one of the questions on food insecurity, more than double the rate for non-Aboriginal people.

Definitions, data sources and methods: survey number 3225.

The article "Food insecurity" is now available in the May 2005 issue of Health Reports, Vol. 16, no. 3 (82-003-XIE, \$17/\$48; 82-003-XPE, \$22/\$63). See How to order products.

For more information, contact Ingrid Ledrou ingrid.ledrou@statcan.ca), (613-951-6567; Health Statistics Division.

Study: Research and development personnel

1993 to 2002

The number of people employed in research and development activities in Canada has increased by over one-third during the past decade, according to the service bulletin Science Statistics: Research and Development Personnel in Canada, 1993 to 2002, which is released today.

In 2002, over 177 000 people were working in research and development (R&D) activities, up from only 127 000 in 1993, a gain of 39%. Between 2001 and 2002, R&D employment showed little change.

Over 6 out of every 10 R&D personnel (63%) were employed in the business enterprise sector, followed by the higher education sector with 27%. The federal government employed 8% and the provincial governments 2%.

R&D personnel are expressed in full-time categorized into three equivalents (FTEs) and occupational levels: researchers, technicians and other support staff.

Researchers made up 112,630 R&D personnel or 64% of the total. With the exception of 2002, this proportion has increased steadily over the past 10 years from 59% in 1993, contributing to the increase in costs of performing R&D.

Technicians occupied the second largest category, with 40,380 full-time equivalents in 2002, while other support staff accounted for 24,110 (14%).

The two provinces with the highest concentration of R&D personnel were Ontario (46%) and Quebec (31%). They were followed by British Columbia (9%) and Alberta (7%).

Definitions, data sources and methods: survey numbers, including related surveys, 4201, 4204, 4208, 4209, 4210 and 4212.

The service bulletin *Science Statistics: Research and Development Personnel in Canada, 1993 to 2002,* Vol. 29, no. 2 (88-001-XIE, \$7/\$64) is now available. See *How to order products.* The working paper "Estimates of research and development personnel in Canada," 1979 to 2002 (88F0006XIE2005008, free), which elaborates on material in the bulletin, is available online. From the *Our products and services* page, under *Browse our Internet publications*, choose *Free*, then *Science and technology*.

For more information, or to enquire about the methods, concepts or data quality of this release, contact Janet Thompson (613-951-2580; *janet.thompson@statcan.ca*) or Antoine Rose, (613-951-9919; *antoine.rose@statcan.ca*), Science, Innovation and Electronic Information Division.

Annual Survey of Manufactures: Products shipped by Canadian manufacturers 2002

Data on products shipped by Canadian manufacturers are now available for Canada and provinces for 2002.

Definitions, data sources and methods: survey number 2103.

For more information, or to enquire about the concepts, methods or data quality of this release, contact the dissemination officer (1-866-873-8789; 613-951-9497; *manufact@statcan.ca*), Manufacturing, Construction and Energy Division.

Asphalt roofing

March 2005

Data on asphalt roofing are now available for March.

Available on CANSIM: table 303-0052.

Definitions, data sources and methods: survey number 2123.

For more information, or to enquire about the concepts, methods or data quality of this release, contact the dissemination officer (1-866-873-8789; 613-951-9497; *manufact@statcan.ca*), Manufacturing, Construction and Energy Division.

New products

Infomat: A Weekly Review, May 3, 2005 Catalogue number 11-002-XWE (\$100).

Health Reports, 2004, Vol. 16, no. 3 Catalogue number 82-003-XIE (\$17/\$48).

Health Reports, 2004, Vol. 16, no. 3 Catalogue number 82-003-XPE (\$22/\$63).

Science Statistics: Research and Development Personnel in Canada, 1993 to 2002, Vol. 29, no. 2 Catalogue number 88-001-XIE (\$7/\$64). Science, Innovation and Electronic Information Division Working Papers: Estimates of Research and Development Personnel in Canada, 1979 to 2002, no. 8 Catalogue number 88F0006XIE2005008 (free).

All prices are in Canadian dollars and exclude sales tax. Additional shipping charges apply for delivery outside Canada.

Catalogue numbers with an -XWE, -XIB or an -XIE extension are Internet versions; those with -XMB or -XME are microfiche; -XPB or -XPE are paper versions; -XDB or -XDE are electronic versions on diskette and -XCB or -XCE are electronic versions on compact disc.

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Thursday, June 5, 1997 For release of 8:30 a.m.	
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