No. 28 - SPRING 1993

CANADIAN SOCIAL TRENDS

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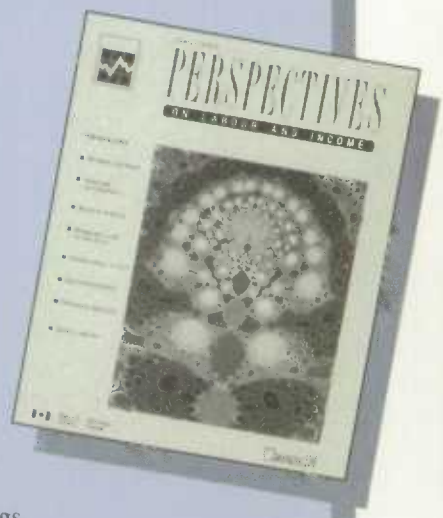

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In Memoriam

Dr. Edward T. Pryor

Edward Pryor, Director General of Statistics Canada's Census and Demographic Statistics Branch, died last November at the age of 61. His participation and leadership in six national censuses led many of us at Statistics Canada to refer to him fondly as "Mr. Census." Dr. Pryor was also responsible for Canada's first General Social Survey. He fostered a number of initiatives which integrated related data into "user-friendly" information such as that in **Canadian Social Trends**. This publication is in his debt for the support and encouragement he provided over the years.

Dr. Pryor went beyond numbers and clearly understood the relationship between information and knowledge in the proper functioning of a free and democratic society. He understood what was involved in the creation of meaningful and sound information and how it could be transformed into a useful tool for society.

Edward Pryor's influence extended far beyond Statistics Canada. He provided valuable advice to the Chinese government when it conducted the 1982 Census of China. He also wrote almost 30 articles and publications and was in constant demand as a speaker both nationally and abroad.

Before coming to Statistics Canada full-time in 1973, Dr. Pryor enjoyed a distinguished academic career. He earned his PhD at Brown University and also studied at Michigan State University and Laval University. From 1968 to 1972, he was chair of sociology at the University of Western Ontario. In the past few years he also taught at Carleton University. Last year, he was presented with the Brown University Distinguished Alumni Award.

Edward Pryor's professional legacy will continue for many years. Many of the people he taught and inspired still work for Statistics Canada, and the standards of excellence remain. He will be missed.

Cover: Evening on the North Shore (1916) by Clarence Gagnon. Oil on canvas, 77.0 x 81.6 cm. Collection: National Gallery of Canada.

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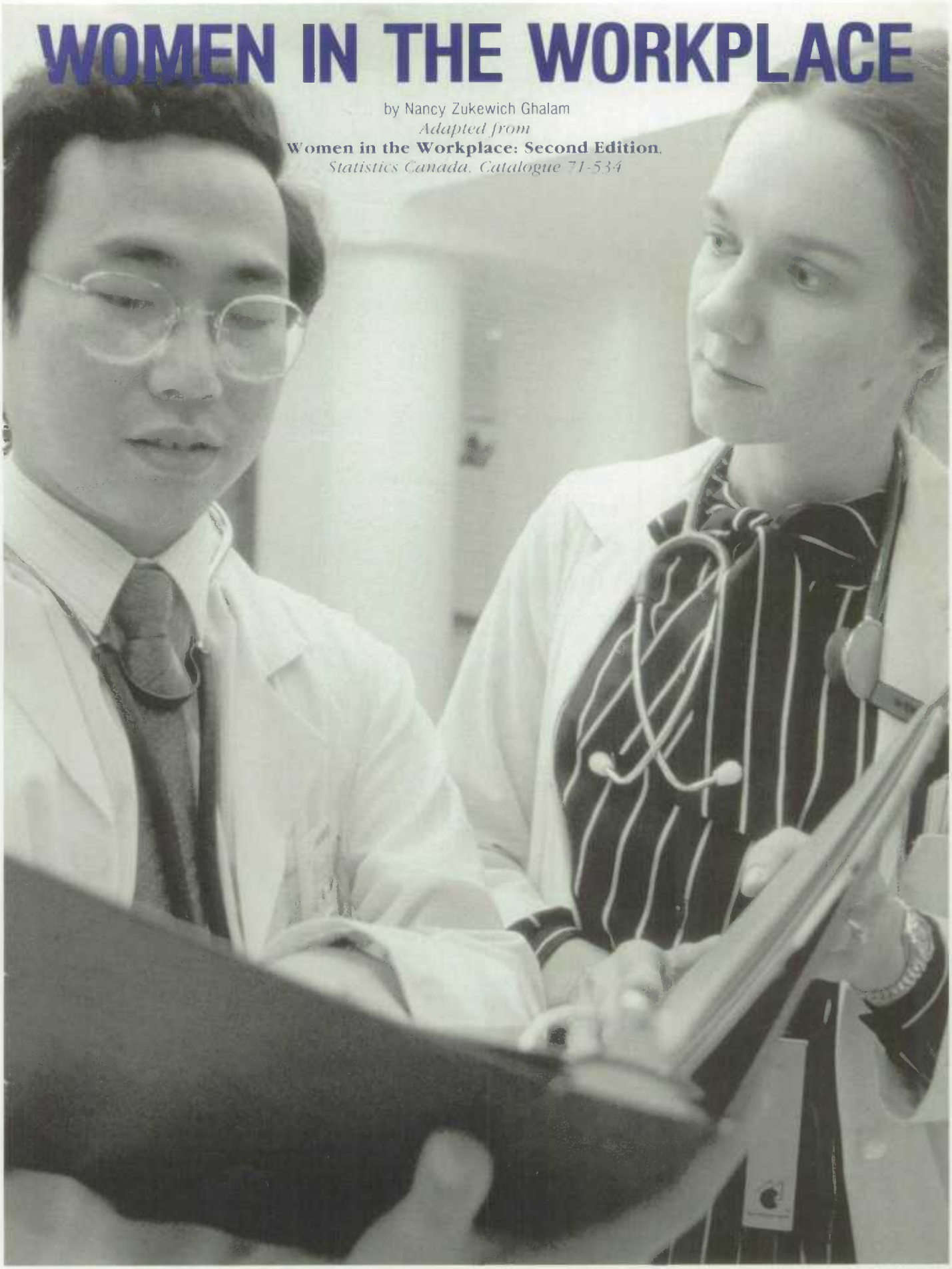
ISSN 0831-5698

WOMEN IN THE WORKPLACE

by Nancy Zukewich Ghalam

Adapted from
Women in the Workplace: Second Edition,
Statistics Canada, Catalogue 71-534



One of the most dramatic social changes in Canada over the past several decades has been the increase in the number of women in the workplace.[1] In fact, women currently make up almost one-half of all employed Canadians. However, women are still over-represented in part-time jobs, and, despite increased participation in most professional occupations, they remain concentrated in traditionally female jobs. Also, women's earnings are still well below those of men. Even when employed, women remain primarily responsible for family care and housework.

Rise in employment

Over the past two decades, most of the growth in Canada's employment levels has been attributable to the influx of women into the workforce. In fact, women aged 15 and over accounted for almost three-quarters (72%) of the rise in employment between 1975 and 1991. During this period, the total number of working women increased 65%, from 3.4 million to 5.6 million, whereas the number of men with jobs rose only 14%, from 5.9 million to 6.8 million. As a result, by 1991, women made up 45% of the workforce, compared with 36% in 1975.

Indeed, by 1991, 53% of women were employed, up from 41% in 1975. In contrast, male employment declined over the same period, falling to 67% from 74%.

Female employment levels vary widely across Canada. The proportion of women in the workforce in 1991 ranged from a high of 59% in Alberta to a low of 39% in Newfoundland. The percentages were around the national average in Ontario (55%), Saskatchewan (55%), Manitoba (54%) and British Columbia (53%). In contrast, less than one-half of women were employed in Prince Edward Island (49%), Quebec (48%), Nova Scotia (47%) and New Brunswick (45%). Employment levels of women, however, rose in every province between 1975 and 1991.

More women working part-time

Much of women's employment is part-time. In 1991, 26% of employed women worked part-time, compared with only 9% of employed men. In fact, women have consistently accounted for at least 70% of all part-time employment in Canada over the past fifteen years.

Many women, though, work part-time by "choice". In 1991, 36% of women employed part-time reported they did not want a full-time job, while another 22% were going to school.

However, many women work part-time either because they can't find a full-time position or because of personal or family commitments. In 1991, almost 400,000 women, 27% of all female part-time workers, indicated that they wanted full-time employment, but could only find part-time positions. Another 187,000 women, 13% of the total, worked part-time because of personal or family responsibilities.

Among both women and men, young adults are the most likely to work part-time.

[1] Throughout this article, involvement in the workplace or workforce refers to employment. Statistics Canada's Labour Force Survey defines employed persons as those who have a job performing work for pay or profit. This includes paid work in the context of both an employer-employee relationship and self-employment. It also includes unpaid family work where the work contributes directly to the operation of a farm, business, or professional practice owned or operated by a related member of the household.

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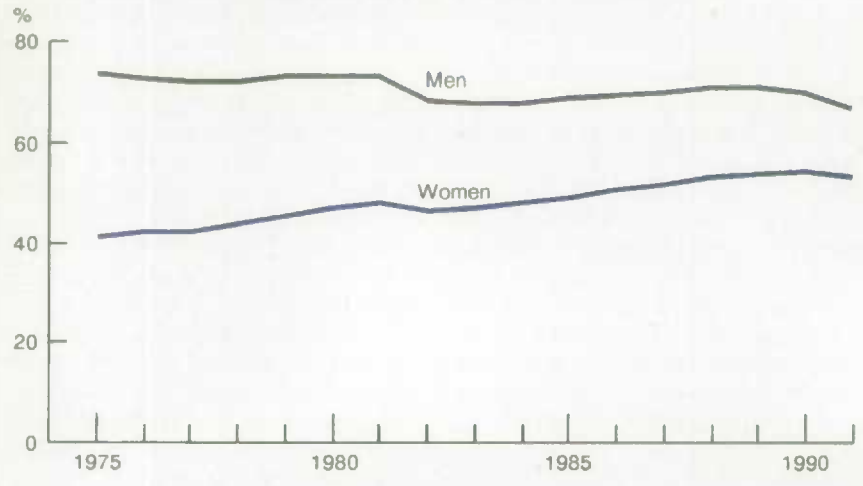
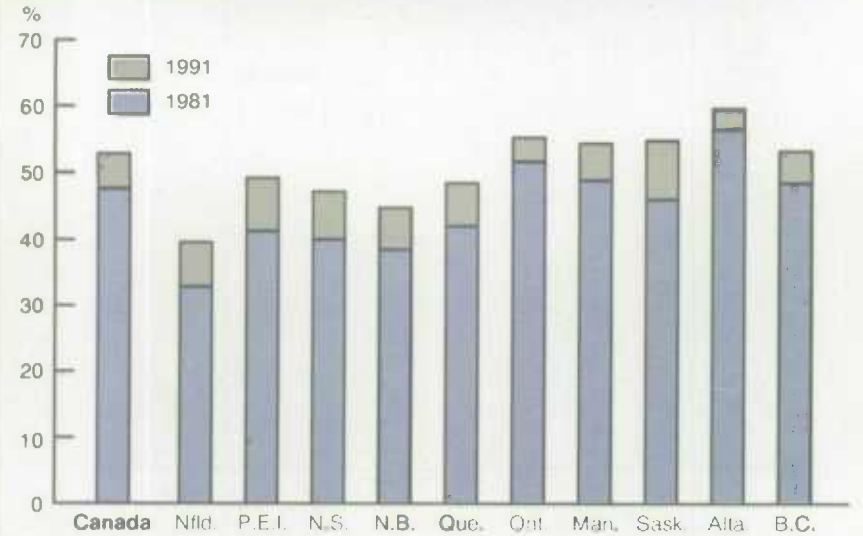
Percentage of women and men employed, 1975-1991



Sources: Statistics Canada, Catalogues 71-001, 71-220 and 71-529.

CANADIAN SOCIAL TRENDS

Percentage of women employed, by province, 1981 and 1991



Sources: Statistics Canada, Catalogues 71-220 and 71-529.

However, many older women also work part-time, in contrast to very few older men. In 1991, 20% of employed women aged 25-44 and 25% of those aged 45 and over worked part-time, compared with only 3% of employed men aged 25-44 and 6% of those aged 45 and over.

Not surprisingly, the reasons women work part-time vary by age, the stage of life, and the values associated with the different age groups. For example, most women aged 15-24 employed part-time in 1991 cited going to school as their reason (66%). On the other hand, 40% of women aged 25-44 and fully 65% of those aged 45 and over working part-time did not want full-time jobs. Personal or family responsibilities were cited by 24% of female part-time workers aged 25-44 (the prime child-rearing age-group) as their reason for working part-time.

More married women working

Married women are now much more likely to be in the workforce than they were in previous years. In 1991, 56% of married women were employed, up from 47% in 1981. Nonetheless, they are still considerably less likely than their male counterparts to be employed, although the percentage of married men with jobs dropped to 71% from 80% over the same period.

In contrast to trends among married women, the proportion of both separated/divorced and widowed women who were employed declined over the last decade. By 1991, 56% of separated/divorced women were employed, down from 59% in 1981. Over the same period, the proportion for widowed women dropped to 12% from 18%. Declines also occurred in the percentage of comparable men with jobs, although the proportion of these men employed remained higher than for women. In 1991, 65% of separated/divorced men and 20% of widowed men were employed.

Over the last decade, employment levels of single (never-married) women and men remained about the same. In 1991, 59% of such women and 60% of single men were in the workforce.

Growth in the employment of mothers

There has also been very rapid growth in the employment of women with children. In 1991, 63% of mothers with children under age 16 were employed, up from 50% in 1981. The rise in the proportion of employed mothers with children under age 6 was even more dramatic, rising to 57% from 42% over the same period. Still, these mothers were less likely than mothers whose youngest child was school-aged (6-15 years) to be in the work force (69%) in 1991.

In contrast to sharp increases in the proportion of mothers who were employed, the percentage of employed married women without children rose only to 45% in 1991 from 41% in 1981.

Lone mothers less likely employed than others

Female lone parents are considerably less likely than other women with children to be in the workforce. In 1991, just 52% of lone mothers with children less than age 16 were employed, compared with 65% of mothers in two-parent families.

In addition, employment among female lone parents was slightly lower in 1991 than in 1981 (54%). This decline can be traced largely to substantial drops in employment levels among lone mothers during the recessions of the early 1980s and 1990s, a trend contrary to that for women in general.

The labour force activity of female lone parents is particularly influenced by the presence of young children. For example, in 1991, 31% of lone mothers with children under age 3 and 47% of those whose youngest child was aged 3-5 were employed. These proportions were much lower than the 62% of lone mothers whose youngest child was aged 6-15.

Occupation

Most women continue to work in traditionally female-dominated fields. In 1991, 71% of women were employed in just five occupational groups — teaching, nursing or related health occupations, clerical, sales, and service. In contrast, only about 30% of employed men worked in one of these occupational groupings. The percentage of women currently employed in these areas, however, is down from around 76% during the early 1980s.

The largest single concentration of female workers is in clerical occupations. This category accounted for 29% of female employment in 1991, compared with 6% of that of men. At the same time, 17% of employed women had service jobs, 10% worked in sales, 9% were nurses or related medical professionals such as technicians, and 6% were teachers.

Women have made gains in several professional occupations. For example, in 1991, women accounted for 27% of all doctors, dentists, and other health diagnosing and treating professionals, up from 18% in 1982. At the same time, however, women made up 87% of nurses, therapists, and other medical assistants and technologists in 1991.

Women also represent a growing proportion of those working in management and administrative positions. In 1991, 40% of those working in one of these categories were women, up from 27% in 1981. Much of this increase is attributable to changes in occupational definitions, such as some clerical jobs being reclassified into the management/administrative category. Even without this artificial boost, though, there was considerable growth in women's employment in these areas.

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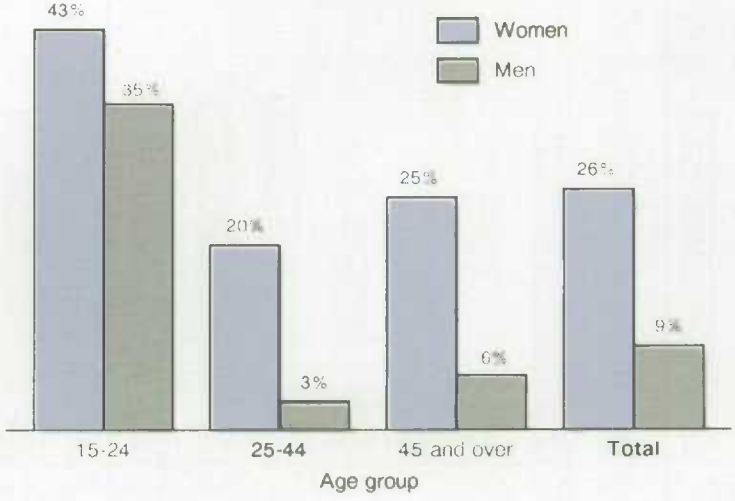
Percentage of employed women and men working part-time, by age, 1991



Source: Statistics Canada, Catalogue 71-220.

On the other hand, women remain very much under-represented in the natural sciences, engineering, and mathematics. For example, in 1991, women made up only 18% of professionals in these fields, up just slightly from 16% in 1981.

Women also remain under-represented in most traditionally male-dominated goods-producing occupations. Women accounted for 15% of employment in primary, manufacturing, construction, transportation, and materials handling jobs in 1991, ranging from 22% in the primary industries to only 2% in construction.

Self-employment lower for women

Women are less likely than men to be self-employed. In 1991, approximately 525,000 women worked for themselves, representing just 9% of all female employment. This compared with almost 1.3 million self-employed men, accounting for 19% of total male employment. As a result, women represented only 29% of all self-employed workers in 1991, a figure well below their share of total employment (45%).

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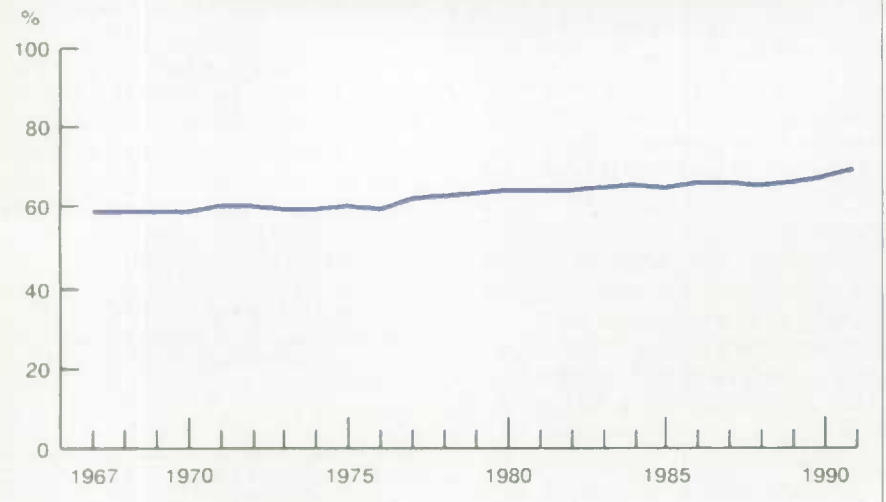
Earnings of women as a percentage of those of men[1], 1967-1991



[1] Includes earnings of full-time, full-year workers.
Source: Statistics Canada, Catalogue 13-217.

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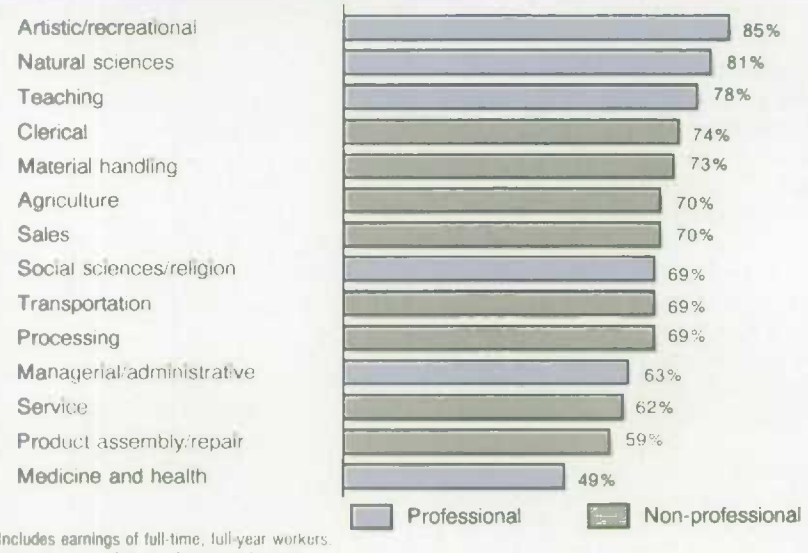
Earnings of women as a percentage of those of men[1], by occupation, 1991



[1] Includes earnings of full-time, full-year workers.
Source: Statistics Canada, Catalogue 13-217.

Average earnings[2]

Employed women in Canada earn substantially less than their male counterparts. In 1991, women working on a full-time, full-year basis earned an average of $26,800, just 70% as much as comparable men. Furthermore, this pattern changed little over the last decade: in 1981, women's earnings had been 64% of those of men.

Within several professional fields, the gap between women's and men's earnings is smaller than that for all occupations. In 1991, for instance, women employed in teaching earned 78% as much as their male colleagues.

Nonetheless, there were several professional occupations in which the female-to-male earnings ratio was quite low. In 1991, for example, the earnings of female managers/administrators were, on average, 63% of those of their male counterparts, and among health technicians and other related workers, just 58%. The earnings ratio was also very low, just 49% in 1991, for medical and health professionals. This reflects in part, though, the fact that women employed in these fields tend to be concentrated in lower-paying occupations such as nursing, whereas, men are more likely to be treatment and diagnosis professionals, such as doctors and dentists.

For women employed in some non-professional occupations, the earnings ratio was above the national rate: female clerical workers' earnings were 74% of those of their male counterparts. However, both women's and men's earnings in these occupational groups were quite low. In contrast, in the remaining non-professional occupations, women's earnings were less than 70% of those of men.

Contribution to family income

With the influx of married women into the workplace, both spouses are employed in the majority of Canadian families. By 1990, dual-earner families made up 62% of all husband-wife families, compared with 55% in 1981 and 32% in 1967.

Although the average earnings of women remain considerably less than those of men, women are making an increasingly

[2] Unless stated otherwise, the figures in this section are for women and men employed on a full-time, full-year basis.

important contribution to family income. The earnings of wives made up 29% of family income in 1990, compared with 26% in 1967. At the same time, husbands' contribution to family income fell from 63% in 1967 to 56% in 1990. The relative shares of income received from investments and transfer payments also increased over the same period.

Absences from work

Women in Canada remain primarily responsible for family-related matters, regardless of their employment status. This is reflected in the fact that women are more than twice as likely as men to be absent from work because of personal or family responsibilities. During an average week in 1991, 3.0% of all employed women, versus 1.2% of employed men, lost some time from work for these reasons.

The presence of young children has a particularly strong influence on work absences of women. In 1991, 11% of women in two-parent families with at least one child under age 6, and 6% of comparable lone mothers, missed time from work each week because of personal or family responsibilities. Absentee rates dropped to around 2% for both lone mothers and mothers in dual-parent families whose youngest child was aged 6-15. In contrast, the presence of young children had little effect on the work absences of fathers. Only 2% of fathers in two-parent families with preschool-age children and 1% of those whose youngest child was aged 6-15 lost time from work.[3]

[3] See *Absenteeism at work*, by Ernest B. Akyeampong, in Canadian Social Trends, Summer 1992, Statistics Canada, Catalogue 11-008.

Nancy Zukewich Ghalam *is an analyst with the Target Groups Project.*

Time use

Women who are active in the workplace still take on most household duties. In 1986, employed women spent almost an hour and a half more per day (averaged over a seven-day week) than men performing unpaid household work, including domestic work, primary child care, and shopping. That year, employed women spent 3.2 hours per day on these activities, compared with only 1.8 hours for men.

However, when all time devoted to paid work, education and unpaid work is combined, employed women and men spend nearly the same amounts of time on "productive activities". In 1986, women spent an average of 9.2 hours per day (averaged over a seven-day week) on these activities, compared with 9.0 hours for men. Given that women do more unpaid work, it follows that the productive activity of employed men is more heavily-oriented towards paid work. Indeed, in 1986, women devoted an average of 6.0 hours per day to paid work and education, compared with 7.2 hours for men.

Employed women generally have less free time than their male counterparts. In 1986, working women averaged about 4.2 hours of free time per day, compared with 4.8 hours for men. On the other hand, employed women devoted nearly half an hour more per day than men to personal care activities such as sleeping and eating.

Child care

The need for child care services has grown as a result of the increasing number of mothers entering the workforce. According to the National Child Care Study[1], 1.1 million preschool-age children and 1.6 million school-age children required some form of child care in the fall of 1988 to accommodate the work or study schedules of their parents.

Informal arrangements were the major source of child care support for families in 1988. In fact, regulated or organized care, including daycare centres, licensed family day care, before and after school care, and kindergarten and nursery schools was the main method of care for only 11% of children under age 13. Not surprisingly, preschool-age children were the most likely to be cared for through one of these arrangements. In 1988, this was the case for 19% of children under age 6, compared with only 5% of those aged 6-12.

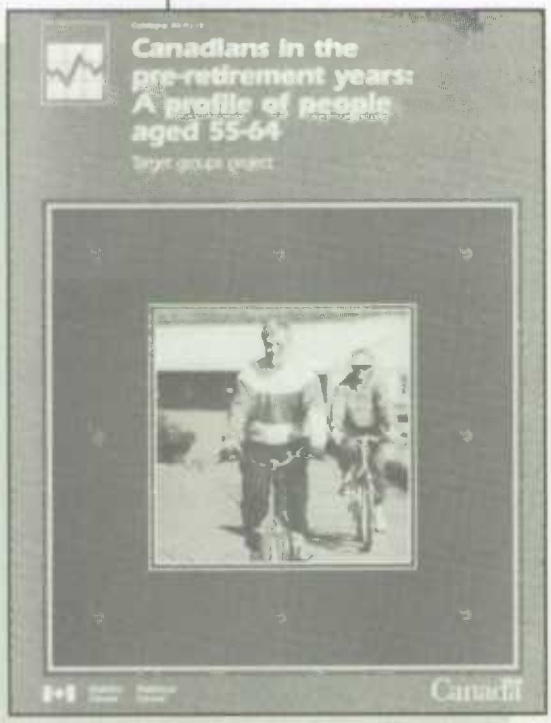
In 1988, parents themselves were the main source of care for 28% of all children under age 13. The employed parent most responsible for child care (usually the mother) looked after 9% of children while working, while 20% of children were cared for by that parent's partner to cover work or school hours. It is likely that many parents arrange their work schedules so as to be able to care for their children themselves. In 1988, 45% of employed parents primarily responsible for child care arrangements worked weekends, evenings or irregular hours. For these people, the availability of child care outside of daytime, weekday hours may be critical to their availability for jobs.

Babysitters and relatives are an important source of child care services, particularly for children under age 6. For example, in 1988, babysitters were the main source of care for 37% of children under age 3 and 31% of those aged 3-5. Reliance on a relative was the main child care arrangement for 24% of children under age 3 and 16% of those aged 3-5. Among children aged 6-12, babysitters were the main care giver for 16%, and relatives, for 11%.

School-aged children tended to rely more on themselves or on a sibling, or had no specific arrangements. In 1988, 23% of children this age either looked after themselves or were looked after by a sibling. No formal child care arrangement outside of school was necessary for another 16%.

[1] For additional information, see *Parental Work Patterns and Child Care Needs*, Statistics Canada, Catalogue 89-529, by D.S. Lero, H. Goelman, A.R. Pence, L.M. Brockman and S. Nuttall.

The Pre-Retirement Years... An Age of Transition



In 1990, Canadians aged 55-64 numbered almost 2.4 million. While much has been written about people aged 65 and over, the pre-retirement age group has received little attention. The Target Group's publication, ***Canadians in the Pre-Retirement Years: A Profile of People Aged 55-64*** provides a comprehensive, statistical overview of the population nearing retirement age.

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ALIMONY AND CHILD SUPPORT

by Diane Galarneau

The adequacy of the present system for determining alimony and child support is becoming a subject of increasing debate as the number of lone-parent families grows. Most of these families are mothers and their children, who generally are more financially disadvantaged than men following a marital separation or divorce.

According to tax data, alimony and child support payments averaged almost $4,900 in 1990 (about $400 per month). These payments accounted for 14% of female recipients' total family income, but just 9% of the total family income of men paying alimony and child support. Overall, most women who reported receiving alimony payments on their tax returns were lone mothers. In addition, they were younger and more likely to have young children than were other women.

Support payments

The 1968 Divorce Act distinguishes between orders for support payments for spouses and those for children. Amendments made in 1985 recognize that spouses have a joint financial obligation to maintain the child, and that this obligation should be apportioned between the spouses according to their relative abilities to contribute. In awarding child support, the court must take into consideration the circumstances of the parents and children. These include the length of time the spouses lived together, the functions performed by the spouses during their time together, and, any order, agreement or arrangement relating to support of the spouse or child.

Amendments also state that the financial ties between the former spouses are to be limited as far as possible. As a result, the number of both support orders for fixed time periods and cases in which no order was granted has risen. Middle-aged women who were not in the workforce while married and women in their thirties and forties with post-divorce custody of their children appear to be especially negatively affected by this objective of economic self-sufficiency. For example, it is possible that fixed-period support orders may not give women with custody of their children adequate time to acquire the skills or knowledge necessary to become self-supporting.

Recipients and payers

According to family-based tax data, of the 11.5 million family units[1] in Canada in 1990, 265,000 (2.3%) women in these units reported receiving alimony. The total amount claimed was $1.3 billion, an average of $4,900. In the same year, 312,000 men reported paying $1.5 billion in alimony, an average amount of $4,800.

The differences between the number of recipients and payers, and between the amounts received and paid, are likely due to under-reporting by recipients. Some recipients may not have reported receiving payments for a variety of reasons: they did not file a tax return; their incomes consisted solely of welfare payments, mothers' allowance or other non-taxable — and consequently unreported — benefits; and some recipients were living abroad. At the same time, an incentive exists for payers to report regular alimony payments because such payments are tax-deductible.

Characteristics of recipients

Most recipients of alimony payments were lone mothers and their children (64%). In comparison, almost all men who paid

[1] Includes people whose tax returns did not indicate the presence of a spouse or dependent child.

What is alimony?

According to Revenue Canada, alimony is an amount paid for the maintenance of a spouse (whether legal or common-law), former spouse, or any children of the marriage or common-law union. Spouses must be living apart when the payment is made and throughout the remainder of the year, and must be separated pursuant to a divorce, judicial separation or written separation agreement. Alimony is tax-deductible if it is paid periodically. Lump-sum payments made as a result of the dissolution of a marriage are not deductible and, therefore, do not appear in tax data.

The tax data used in this article do not distinguish between support payments made on behalf of the former spouse and those made on behalf of children. Since the current trend in divorce cases favours financial self-sufficiency of former spouses, it is possible that support payments are now being paid more often on behalf of children than of a spouse.

It is also not known how many children each payment covers. This can be important in cases of blended families which include children from both a previous and the current marriage. Even if payments are made solely on behalf of children from the previous marriage, tax data indicate only the total number of children in the new family and the amount paid.

In the case of joint custody, certain expenses related to the children are apportioned between the former spouses, who take turns maintaining them. Such expenses are in the form of clothing, food or leisure, and are not included in this article.

Finally, a support order, in itself, does not guarantee that payments will be made. Tax data disclose only the amounts reported to Revenue Canada, and not those that should be paid. In Ontario, a recent estimate indicates that there are 90,000 unpaid support orders, representing $470 million in delinquent payments (Canadian HR Reporter, 1991).

Although some men receive alimony, it is uncommon. According to tax data, men represented just 2% of those receiving such payments in 1990. As a result, recipient men have been excluded from this analysis. Thus, the term "recipients" refers only to women who indicated on their tax returns that they had received support payments, whether those payments were made on their own behalf or on behalf of their child(ren). Similarly, data referring to those paying alimony or child support (payers) includes only men.

Current legislation

The federal Divorce Act applies to support orders resulting from divorce while the provinces and territories have jurisdiction over legal or de facto separations. The rules for determining support payments, however, are vague. As a result, judicial decisions in these cases tend to be arbitrary.

Currently, a joint federal-provincial-territorial project is establishing rules for determining child support payments. These new rules will standardize the amounts granted throughout the country, in addition to overcoming several weaknesses of the present system.

At the provincial level, efforts are being made to ensure that support payments are made. For example, some provinces have automatic enforcement systems for alimony payments. Ontario's Bill 17, effective March 1, 1992, implements stricter support payment enforcement measures than other provinces. Employers must withhold alimony payments from the wages of employees delinquent in their payments. These deductions are obligatory, like those required for Unemployment Insurance or the Canada Pension Plan.

alimony were either unattached (47%) or had remarried and were in a husband-wife family (46%).

Overall, women receiving alimony payments tend to be younger than other women. In 1990, 75% of recipients were aged 25-44, and 20% were 45 and older. In contrast, just 49% of all other women were aged 25-44, while 42% were 45 and older. The exception to this pattern was women who were not living with a spouse or dependent children and were receiving support payments. In 1990, nearly 87% were aged 45 and over.

Families receiving alimony payments had more young children than did all other families. In 1990, 38% of lone mothers receiving support payments had two children under age 18, compared with 21% of other lone mothers. Husband-wife families in which the mother was receiving alimony were the most likely to have three or more children under age 18 (23%). This is likely due, in part, to the phenomena of blended families. In comparison, 9% of other husband-wife families had at least three young children.

Family income and alimony

Overall, the family income of women receiving alimony payments is lower than that of men who are making such payments. Part of this gap is attributable to the income differences between women and men in general. However, the difference was greater between the average income of those receiving and those paying alimony, than for the population as a whole.

In 1990, recipients' average family income was $35,300, compared with $55,400 for payers. Among both groups, however, income varied considerably by family type. Among alimony recipients, women living without a spouse or dependent children and lone mothers had average family incomes of $21,800 and $26,800, respectively. The average family income of women (who were remarried) living in a husband-wife family was much higher ($60,600). In contrast, the average family income of men paying alimony ranged from $40,300 for those living without a spouse or dependent children to $70,800 for those (who were remarried) in a husband-wife family.

Alimony payments also vary considerably by family type. Those with the lowest average family income tended to receive the most support. Annual payments were highest for women living without a spouse or dependent children, averaging $7,900 in 1990. Support dropped to $4,800 for lone mothers and to $3,900 for women in husband-wife families. On the other hand, men's alimony payments averaged about the same amount ($4,800), regardless of their family situation.

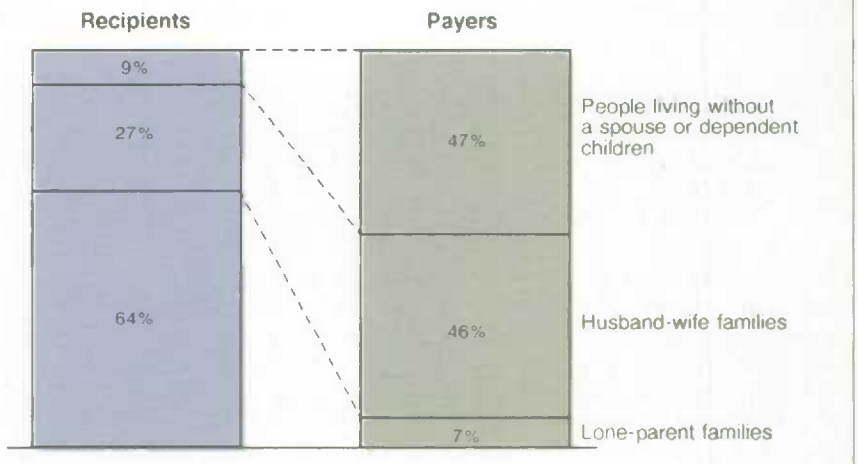
Support payments accounted for varying proportions of recipients' income, depending on family status. Women living without a spouse or children were most dependent, by far, on alimony. In 1990, support payments accounted for 36% of these women's average family income. At the same time, such payments represented 18% of lone-parent family income and just 6% of the family income of women living in husband-wife families.

Alimony and presence of children

Alimony payments received are highest for families with no children under age 18.

CANADIAN SOCIAL TRENDS

Alimony recipients and payers, 1990



Source: Statistics Canada, Small Area and Administrative Data Division.

Average family income and alimony payments of payers and recipients, 1990

	Average	
	Family income	Alimony
	$	
Male payers	55,400	4,800
Female recipients	35,300	4,900
Lone-parent families	**26,800**	**4,800**
With:No children under age 18	40,400	7,400
One child[1]	25,800	3,800
Two children[1]	26,000	5,100
Three or more children[1]	24,600	5,500
Husband-wife families	**60,600**	**3,900**
With:No children under age 18	70,000	4,900
One child[1]	61,800	3,200
Two children[1]	59,600	4,000
Three or more children[1]	56,900	4,200
Women without a spouse or dependent children	**21,800**	**7,900**

[1] Includes only children under age 18.
Source: Statistics Canada, Small Area and Administrative Data Division.

For lone-parent families with older children, payments averaged $7,400 in 1990. At the same time, average payments to women in husband-wife families with no children under 18 were $4,900.

Among families with children, support payments increase with the number of children under age 18. In 1990, among lone-parent families, payments ranged from $3,800 for those with one child to $5,500 for those with three or more children. Similarly, payments ranged from $3,200 to $4,200 for mothers with young children in husband-wife families.

Sources of income

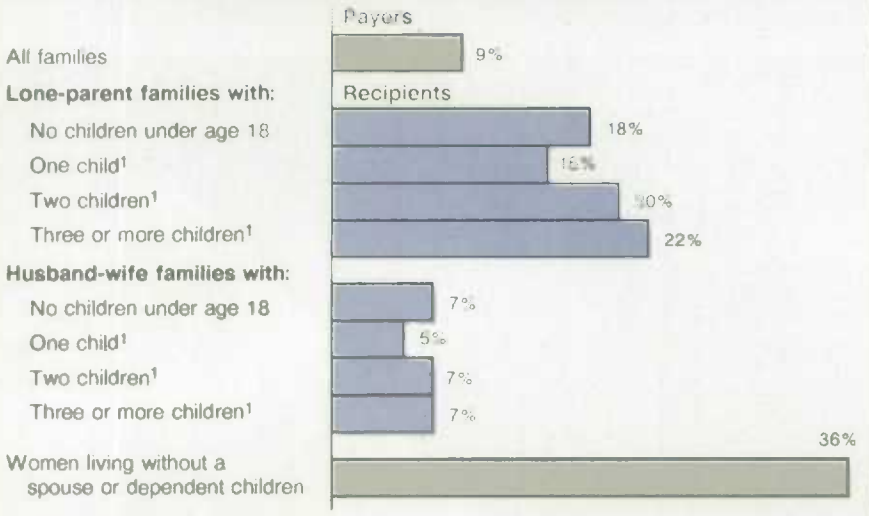
Sources of income differed substantially among recipients and non-recipients, because of the presence of alimony payments. Among non-recipient lone-parent and husband-wife families, earnings (including Unemployment Insurance benefits) represented the largest share of income. In 1990, about two-thirds of the income of lone-parent families and four-fifths of that of husband-wife families came from earnings.

Families not receiving alimony rely much more on Social Assistance[2] and other income than do those receiving support payments. For example, in 1990, Social Assistance made up 17% of the income of lone-parent families not receiving alimony, compared with 11% for recipients. Similarly, among husband-wife families, other income such as pensions and rental and investment income accounted for 18% of total family income for those not receiving support payments, but only 7% of the income of alimony recipients.

In 1990, women living without a spouse or dependent children and receiving alimony derived a smaller proportion of their family income from employment than did non-recipients (37% compared with 52%). This is due in large part to the heavier concentration of older women among those receiving support payments. Many of these women may not have participated in the labour market because family obligations and traditional expectations had kept them at home while they were married, with the result that lifelong support payments were probably essential. Income from other sources such as pensions, investments and rental property made up 42% of non-recipients' family income, in contrast to 24% of recipients' family income.

CANADIAN SOCIAL TRENDS

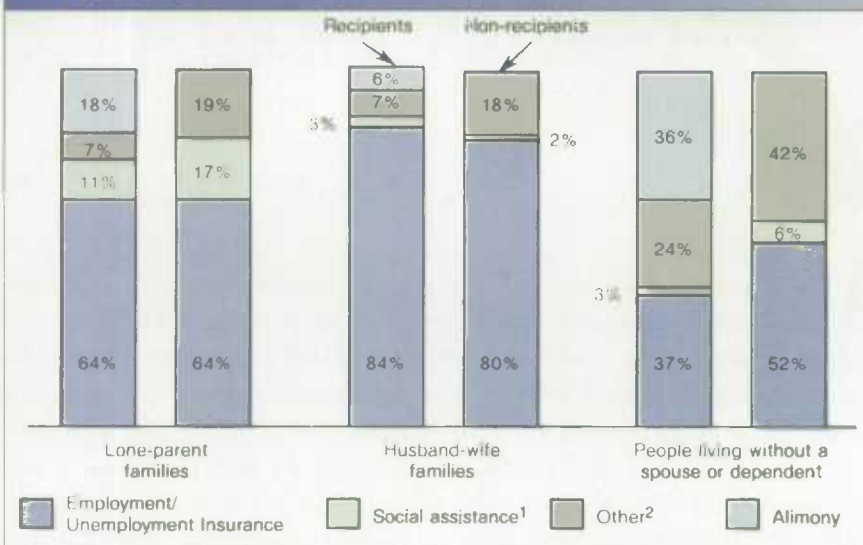
Alimony as a percentage of payers' and recipients' family income, 1990



[1] Includes only children under age 18.
Source: Statistics Canada, Small Area and Administrative Data Division.

CANADIAN SOCIAL TRENDS

Sources of income, by family type, 1990



[1] Includes non-taxable benefits such as welfare and Mothers' Allowance.
[2] Includes pension, investment and rental income, and Family Allowance.
Source: Statistics Canada, Small Area and Administrative Data Division.

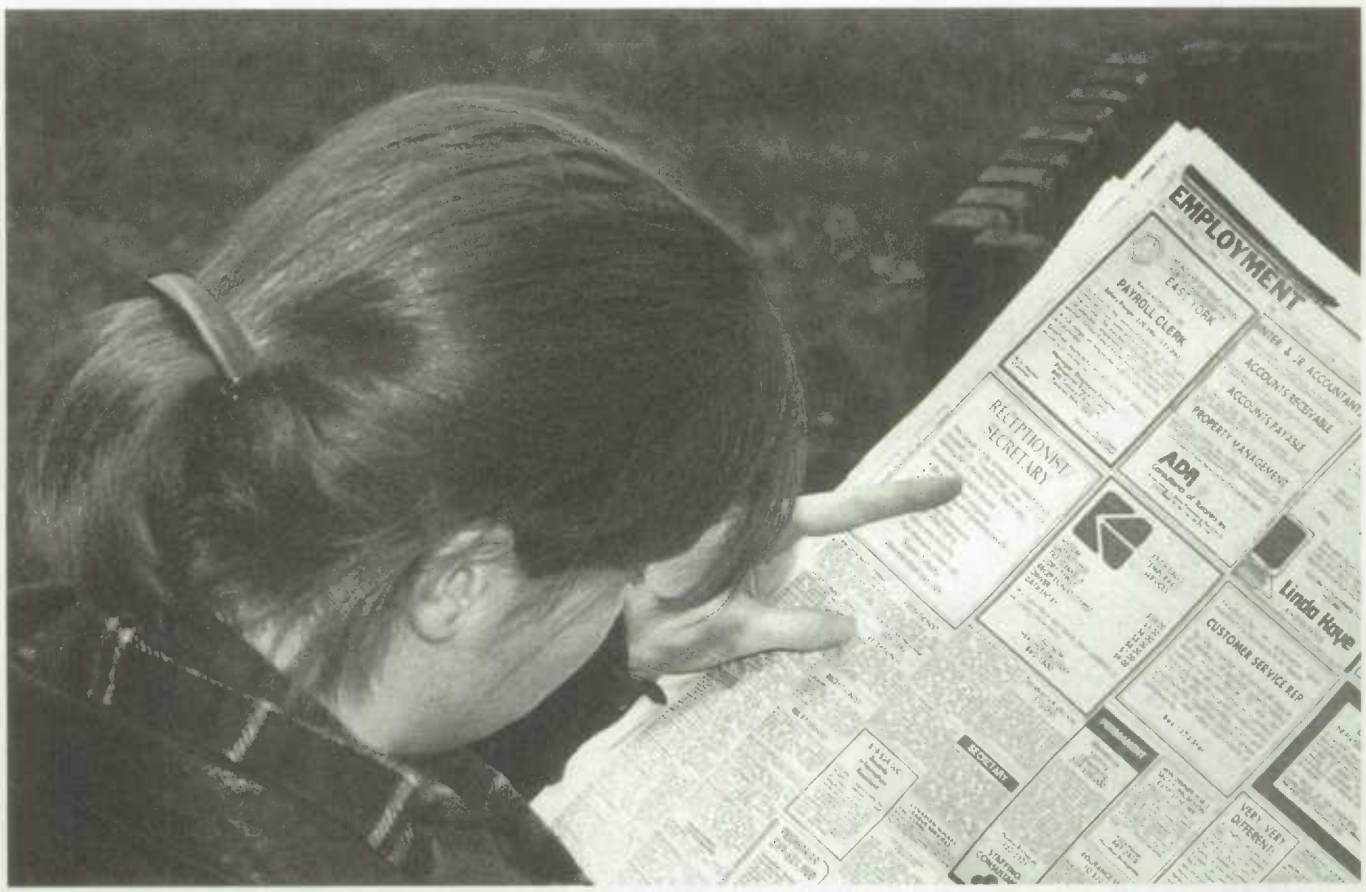
[2] Social Assistance includes non-taxable payments such as welfare and Mothers' Allowance. Other income includes investment, pension and rental income, and Family Allowance. Non-recipient lone-parent families include approximately 2% of women aged 65 and over, eligible for pension income, along with 25% of widows who do not receive support payments.

• This article was updated and adapted from "Alimony and Child Support" by Diane Galarneau, *Perspectives on Labour and Income*, Summer 1992, Catalogue 75-001E.

Diane Galarneau *is an analyst with the Labour and Household Surveys Analysis Division, Statistics Canada.*

UNEMPLOYMENT INSURANCE IN CANADA

by Roger Roberge Jr.



Almost all working Canadians are covered by Canada's Unemployment Insurance program that can provide temporary income security in the event of a job separation. During the recessions of the early 1980s and 1990s, many Canadians had a first-hand encounter with the system. For example, in 1991, 3.66 million individuals received Unemployment Insurance (U.I.) benefits. That year, anywhere from 8% to 12% of people in the labour force were receiving U.I. benefits each month, collecting a total of $17.7 billion (2.6% of the Gross Domestic Product). Employees and employers contributed almost $14.8 billion to the U.I. program in 1991.

Benefits paid for a variety of reasons

Various types of Unemployment Insurance benefits are available, although people make most claims under the regular benefits category. In 1991, the 12-month average number of regular beneficiaries[1] was 1.16 million, accounting for 85% of people receiving Unemployment Insurance that year.[2] The number of regular benefit recipients was even higher than the previous peak reached during the recession of the early 1980s (1.12 million in 1983), and almost double the 604,000 recipients in 1980. In 1976, there had been 627,000 people receiving regular benefits.

The number of regular beneficiaries as a proportion of the total labour force (which includes people employed as well as those out of a job and looking for work) generally reflects the cyclical nature of the economy. During the recession of the early 1980s, the proportion of labour force participants collecting U.I. benefits peaked at just over 9% in 1983. Thereafter, the proportion declined until 1989, but remained higher than at any time during the 1970s. By 1991, it was once again approaching the 1983 figure.

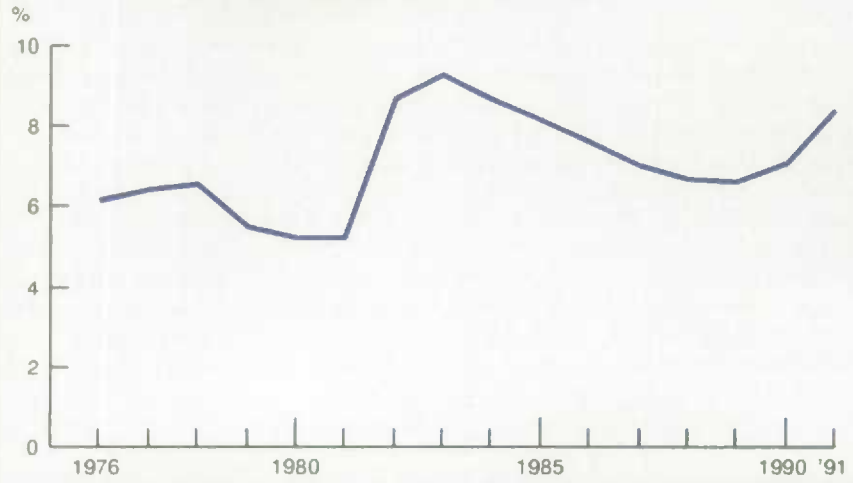
Other forms of U.I. assistance include maternity, parental/adoption and sickness benefits, fishing benefits, and work sharing, training and job creation allowances. In 1991, the 84,000 people (12-month average) receiving maternity and parental/adoption benefits accounted for 6.2% of U.I. beneficiaries that year. The number of people receiving such benefits was up sharply from 35,000 in 1980 and from the 1976 level of 28,000. This trend was due in large part to increased numbers of women in the labour force, particularly those of child-bearing age, and improved coverage. Sickness benefits were paid to 31,000 (2.3%) beneficiaries.

[1] A beneficiary does not necessarily represent a unique individual. A person can collect benefits more than once a year.

[2] Throughout this article, the counts for beneficiaries represent 12-month averages.

CANADIAN SOCIAL TRENDS

Regular beneficiaries[1] as a percentage of labour force, 1976-1991



[1] A beneficiary does not necessarily represent a unique individual. A person can collect benefits more than once a year.
Sources: Statistics Canada, Catalogues 71-201 and 73-202S.

U.I. benefits, 1991

Benefit type	Number of beneficiaries	Benefits paid	Number of weeks paid	Average weekly payment
	%	$ Millions	Millions	$
Regular	84.6	14,783.3	60.4	244.50
Sickness	2.3	409.6	1.6	248.50
Maternity/ Parental	6.2	1,136.8	4.2	260.70 323.10
Fishing	1.3	287.0	0.8	352.40
Work Sharing	2.7	160.1	1.9	80.50
Training	2.5	803.7	2.0	267.90
Job Creation	0.4	114.9	0.3	384.90

Source: Statistics Canada, Catalogue 73-202S.

In 1991, 17,000 people (1.3% of all beneficiaries) received fishing benefits that are region specific. Although people in every province received fishing benefits, those in the Atlantic provinces combined received 72% of all fishing benefits paid in 1991, with residents of Newfoundland alone receiving 34% of the national total. British Columbia residents received 21% of all fishing benefits paid, and those in all other provinces combined, 7%.

Work sharing, training, and job creation benefits have received more emphasis in recent years. Still, just 6% of all beneficiaries received payments under these programs in 1991. That year, 36,600 people received work sharing benefits and 34,600, training benefits. Job creation beneficiaries numbered 5,700 in 1991.

Age of beneficiaries increasing

Regular benefit recipients are becoming more concentrated in the older age groups. One of the major reasons for this is the aging of the population overall, and the concentration of the baby-boom generation in these older age groups. Still, over one-half (56%) were under age 35 in 1991. The proportion of people under age 25 receiving regular benefits dropped to 19% in 1991 from an average of 37% in the 1970s. In contrast, by 1991, the proportion of those aged 25-44 had increased to almost 60% from 41% over the same period.

Many families receiving U.I.

According to 1990 tax-filer data[3], 28% of Canadian husband-wife families, a total of nearly 1.8 million families, reported receiving some form of U.I. benefits that year. Similarly, about one-quarter of lone-parent families (representing 258,000 families) received such benefits through either the parent or an older child living with the parent. Of these U.I. recipients, 56% were female lone parents. Also in 1990, 15% (625,000 people) of those who lived without a spouse or children received U.I. benefits.

Those with lower incomes more likely to receive U.I.

Not surprisingly, people with lower incomes often have less secure jobs and are more likely to receive U.I. benefits. In 1989, for example, people with an annual income of less than $25,000 received 80% of all benefits paid out. This proportion had remained fairly constant over the 1980s. This is not at all unusual as unemployment rates also tend to be much

[3] Statistics Canada, Small Area and Administrative Data Division.

Benefits available under the Unemployment Insurance program

The Unemployment Insurance (U.I.) program is designed to provide temporary income protection to workers who are separated from their jobs through events such as lay-offs, dismissal, voluntary leave, sickness or maternity. While most benefits are paid directly to unemployed people, the U.I. program, through its training programs, also helps workers adapt their skills to meet changing work force demands without placing an overwhelming financial burden on them.

Regular benefits are the most common type of claim filed and are paid out in the event of job termination, lay-off or the person quitting. The length of time for which a person can be covered ranges from 17 to 50 weeks, depending on the regional unemployment rate and the number of weeks of insurable employment.

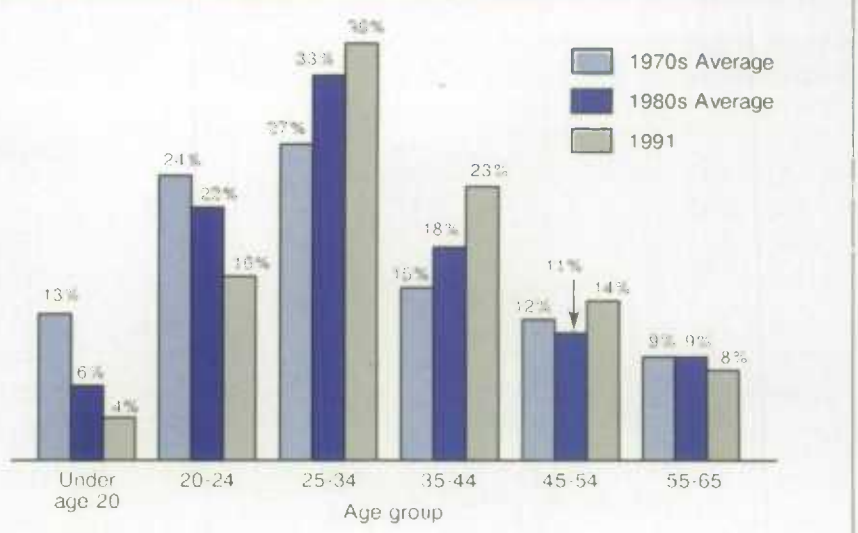
A second category of benefits relates to family (maternity and parental/adoption) and sickness. Maternity benefits can be paid up to a maximum 15 weeks to a mother following the birth of a child. Parental/adoption benefits allow a claim of up to 10 weeks for the mother or father individually, or shared between both parents, in the case of a newborn or adopted child. Maternity and parental benefits can be combined, allowing a mother to remain at home for 25 weeks. Sickness benefits are paid to people whose earnings are interrupted due to illness, injury or quarantine. A person can claim up to 15 weeks under this benefit type. Retirement benefits were also included in this category until their elimination at the end of 1990.

U.I. also provides coverage for seasonal and year-round fishermen who have at least six insured weeks as a fisherman. When U.I. fishing benefits are exhausted, however, the federal government may extend special regional benefits.

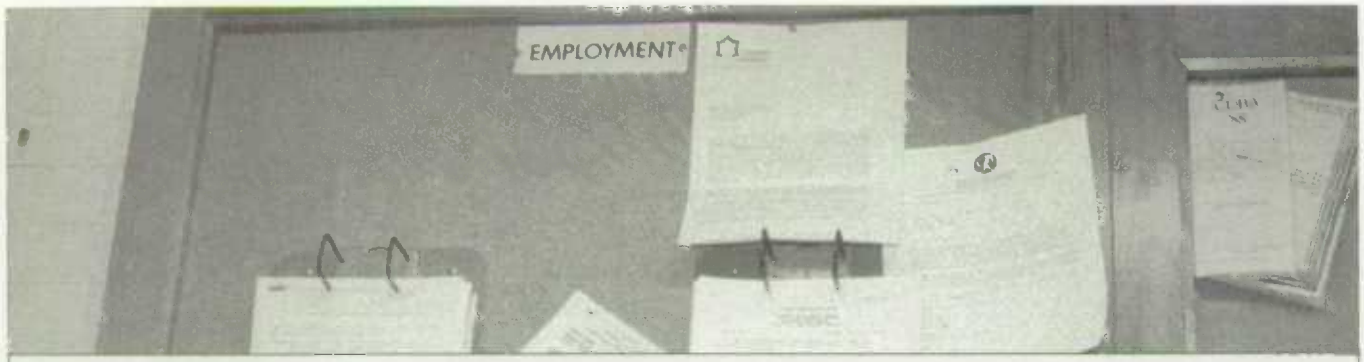
The other types of benefit payments are directed at maintaining existing employment, providing training and creating new jobs. For example, work sharing benefits can be drawn by employees who agree to share jobs to avoid temporary unemployment during difficult economic times. With job sharing, all employees are given the option of reduced working hours, thus allowing the employer to retain all workers with the shortfall in earnings partially offset by benefit payments. Claimants of job creation benefits are paid through the U.I. program rather than by their employer, while they are learning new skills through on-the-job experience. Such benefits can be claimed for a maximum of 58 weeks. Also aimed at providing new skills to unemployed workers, the training program benefit offers courses approved by Employment and Immigration Canada. Benefits can be paid to a maximum of 156 weeks.

CANADIAN SOCIAL TRENDS

Age distribution of regular beneficiaries, 1970s, 1980s and 1991



Source: Statistics Canada, CANSIM, Matrix 5706.



Evolution of Unemployment Insurance in Canada

Unemployment Insurance in Canada became an official federal government program on August 7, 1940 with the passage of the Unemployment Insurance Act. Prior to 1940, responsibility for assistance to the unemployed rested primarily with provincial and municipal governments, with some funding provided by the federal government on an ad hoc basis. The original U.I. Act was administered by the Unemployment Insurance Commission and the first premiums were collected from eligible workers in July, 1941. The first benefits were paid out to qualified insured workers in January, 1942.

The initial U.I. Act of 1940 was modeled after the British unemployment insurance system. The one major difference between the two programs was that the British program paid a flat rate benefit regardless of person's prior income level or contribution rate, whereas the Canadian program made benefits a function of prior earnings up to a maximum amount.

Initially, only those occupations considered to have a high risk of unemployment were covered under the program. Key sectors such as agriculture, forestry, fishing, transportation (air & water), teaching, armed forces, police, civil servants (federal, provincial and municipal) and seasonal workers in general, were excluded from coverage. In its first year of operation, 159,000 employers registered with the Unemployment Insurance Commission and almost 2.5 million employees (42% of the labour force) were covered. Minor adjustments to the U.I. plan during the 1940s increased coverage to 50% of the labour force.

A major restructuring of the program occurred with the passage of the Unemployment Insurance Act of 1955. In addition to changes to benefit payments and eligibility, the Act increased coverage to include most seasonal workers such as those in the fishing and agricultural sectors. The addition of seasonal workers effectively ended the concept of an insurance program based on actuarial principles. Payments of benefits on a regular basis to certain unemployed groups transformed U.I. into more of a social welfare program, in some instances, than strictly an insurance program. During the 1960s, the U.I. program improved benefits and increased coverage, and by the end of the decade, 68% of the labour force was insured.

In June, 1970, the federal government tabled the White Paper on Unemployment Insurance proposing major changes to the program. Most of the proposed changes were incorporated into Bill C-229 and passed in June, 1971. Bill C-229 introduced the concept of universality and coverage of the labour force was increased to 96% where it has remained. Only people aged 70 or over, self-employed people, and individuals earning less than one-fifth of the maximum weekly insurable earnings were not covered. In addition to universality, benefit categories were added for maternity, sickness and retirement. The length of benefit payments became a function of both the number of insured weeks employed prior to job loss and regional unemployment rates.

The changes to the U.I. Act in the early 1970s occurred during a time of relative economic prosperity and low unemployment. By the mid-1970s, however, high unemployment, inflation and budget deficits led the government to adopt a policy of fiscal restraint. The level of benefits paid was reduced from 66 2/3% of weekly insurable earnings to 60% by the end of the 1970s in an effort to reduce program costs.

During this period, the government created a new benefit category for training. The inclusion of this benefit was the first time the U.I. program took an active role in trying to reduce unemployment. The training benefit provides assistance to claimants to help facilitate finding a full-time, permanent position.

Several changes to the U.I. Act occurred during the 1980s. A benefit category was added for parents adopting a child. Also, women were no longer required to prove that they had been working for a least ten weeks prior to conception in order to qualify for maternity benefits. Work sharing and job creation benefit categories were also created in an attempt to help decrease unemployment. During this time, the federal government gradually reduced its financial responsibility for the program.

Another major change to the U.I. program occurred in 1990 with the passage of Bill C-21. This bill again reflected the prevailing environment of fiscal restraint in which the U.I. program had experienced several years of large deficits. Waiting periods, changes in eligibility and the duration for which benefits are paid, were all adjusted. The federal government also eliminated its regular financial contributions to the U.I. program. In the event of a deficit, the federal government would advance a loan, repayable at market interest rates, to cover any program shortfalls.

Late in 1992, additional changes to the U.I. program were proposed. The government proposed to freeze the Unemployment Insurance premium rate for 1993 at the 1992 level and to introduce a proposal to freeze the amount of benefits paid. It will also introduce a proposal to disqualify people who quit their jobs without "just cause" or are fired for misconduct.

higher amongst individuals with lower incomes. In fact, people with very low incomes of $10,000 to $14,999 received 24% of all U.I. benefits that year.

People with annual incomes of $30,000 and over contributed more than one-half (54%) of all premiums. Those with incomes between $30,000 and $39,999 accounted for 24% of all premium payments.

Initial and renewal U.I. claims

In 1991, 3.9 million Unemployment Insurance claims were filed. The majority (83%) were initial claims, while the remaining 17% were renewals. Of the total number of claims, 1.2 million were disqualified or disentitled, most of which ultimately were allowed. The approval rate for initial claims was 92% and for renewal claims, 99.7%, resulting in a total of 3.6 million allowed claims.

Of the major reasons reported for the disqualification or disentitlement of claims, 34% were because the claimant was not unemployed or no interruption of earnings had occurred, 18% of claimants were not capable of or not available for work, and 14% had benefits temporarily disqualified because they had voluntarily quit. Other reasons for disqualification included incomplete documentation, misconduct, labour dispute involvement, refusal of suitable work, and failure to search for work. The proportion of disqualifications or disentitlements remained fairly constant over the 1980s.

U.I. program costly during 1980s

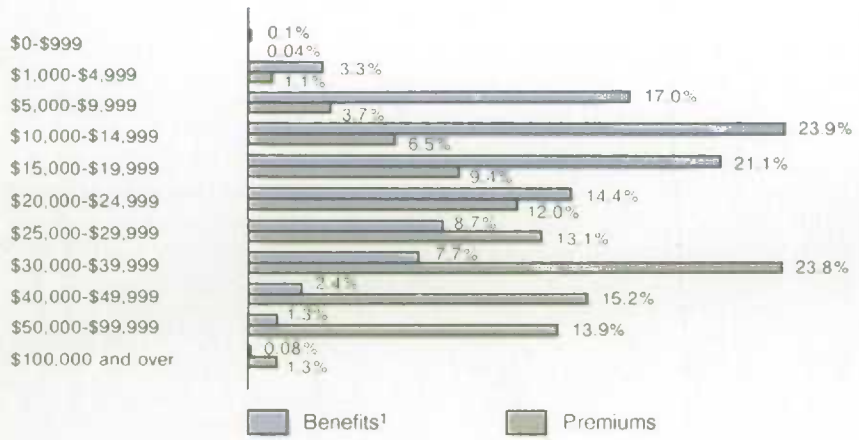
During the 1980s, the U.I. account ran large annual deficits. Large deficits between 1982 and 1984 resulted in negative ending balances for most of the 1980s. Until 1990, employers, employees and the federal government were financially responsible for the U.I. program. Since 1990, however, new U.I. legislation discontinued federal contributions.

In 1991, U.I. premiums generated $14.8 billion in revenue. That year, for the first time, there were no federal contributions to the program, whereas in 1990, such contributions amounted to $2.4 billion or 15% of all revenue. General expenditures in 1991 reached $19 billion, $17.7 billion of which was accounted for by benefit payments. Administration of the program accounted for an additional $1.2 billion and overdue loans accounted for the remaining $105 million.

Roger Roberge Jr. *is an analyst with the Social and Economic Studies Division, Statistics Canada.*

CANADIAN SOCIAL TRENDS

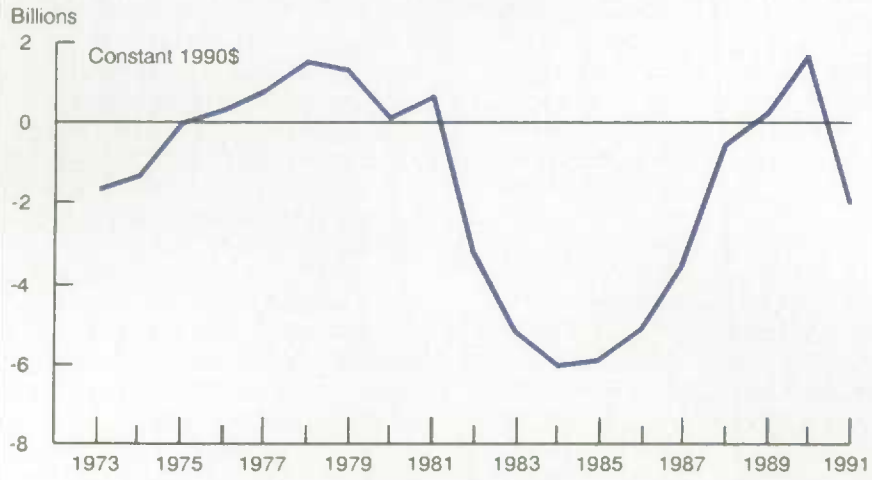
Percentage distribution of U.I. benefits and premiums, by income, 1989



[1] Individuals could have received benefits and paid premiums during the year.
Source: Statistics Canada, Catalogue 73-202S.

CANADIAN SOCIAL TRENDS

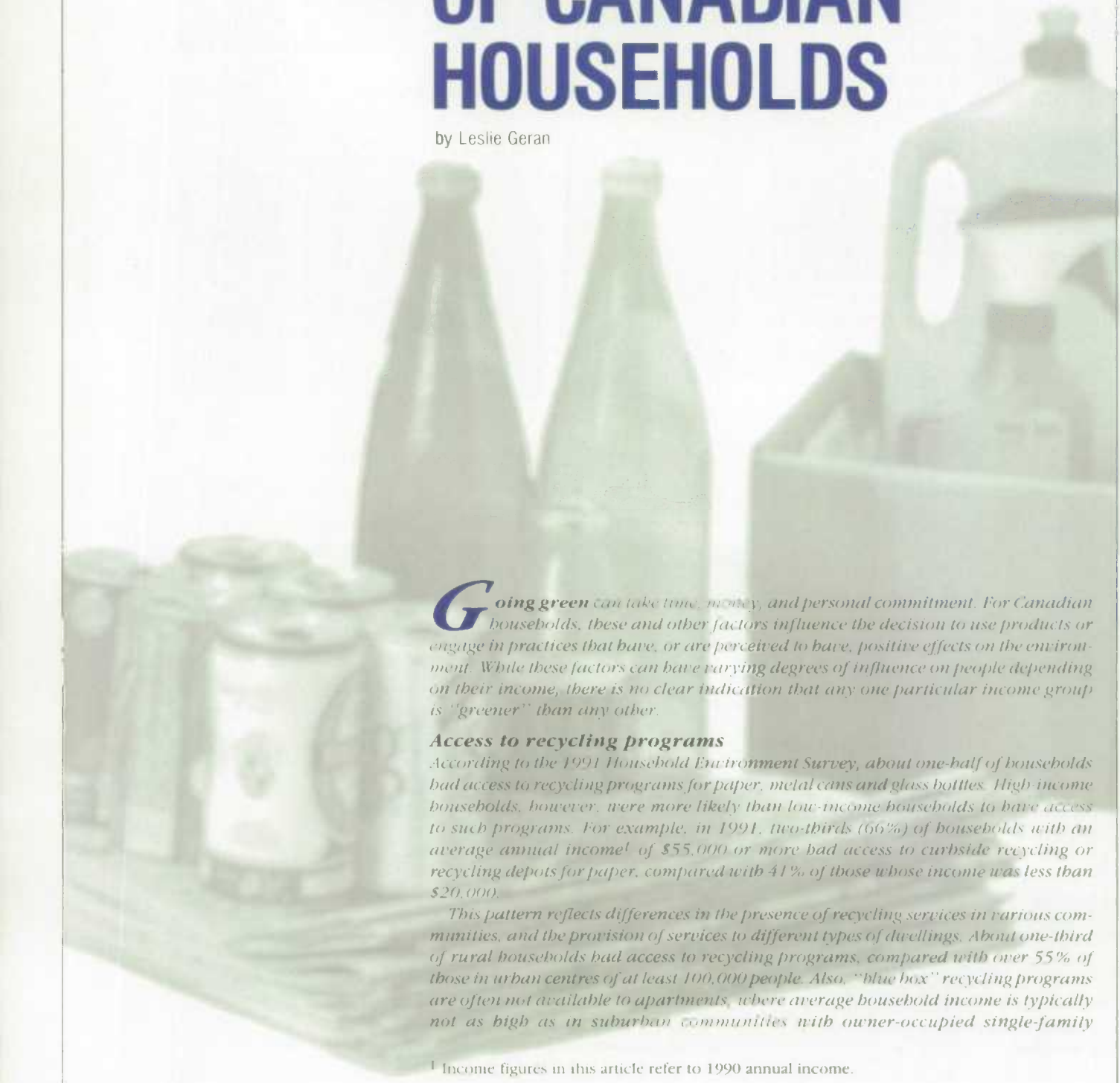
Year end balance in the Unemployment Insurance account, 1973-1991



Source: Statistics Canada, Catalogue 73-202S.

ENVIRONMENTAL PRACTICES OF CANADIAN HOUSEHOLDS

by Leslie Geran



Going green can take time, money, and personal commitment. For Canadian households, these and other factors influence the decision to use products or engage in practices that have, or are perceived to have, positive effects on the environment. While these factors can have varying degrees of influence on people depending on their income, there is no clear indication that any one particular income group is "greener" than any other.

Access to recycling programs

According to the 1991 Household Environment Survey, about one-half of households had access to recycling programs for paper, metal cans and glass bottles. High-income households, however, were more likely than low-income households to have access to such programs. For example, in 1991, two-thirds (66%) of households with an average annual income[1] of $55,000 or more had access to curbside recycling or recycling depots for paper, compared with 41% of those whose income was less than $20,000.

This pattern reflects differences in the presence of recycling services in various communities, and the provision of services to different types of dwellings. About one-third of rural households had access to recycling programs, compared with over 55% of those in urban centres of at least 100,000 people. Also, "blue box" recycling programs are often not available to apartments, where average household income is typically not as high as in suburban communities with owner-occupied single-family

[1] Income figures in this article refer to 1990 annual income.

Measuring participation

In order to gauge household participation in recycling programs, respondents to the 1991 Household Environment Survey were first asked if the household had access to curbside recycling or recycling depots for a number of different materials such as paper or household hazardous products. The respondent was allowed to interpret the meaning of access. Only those respondents who said they had access were asked a second question on whether the household used the recycling service.

For example, there were an estimated 9,873,000 households in Canada in 1991. Among the 5,198,000 households that had access to paper recycling, an estimated 4,462,000 used the service. In this article, access proportions are calculated among total households. Use proportions are calculated among households with access to the service. For paper recycling, 53% of households had access to this service, and 86% of those households used the service.

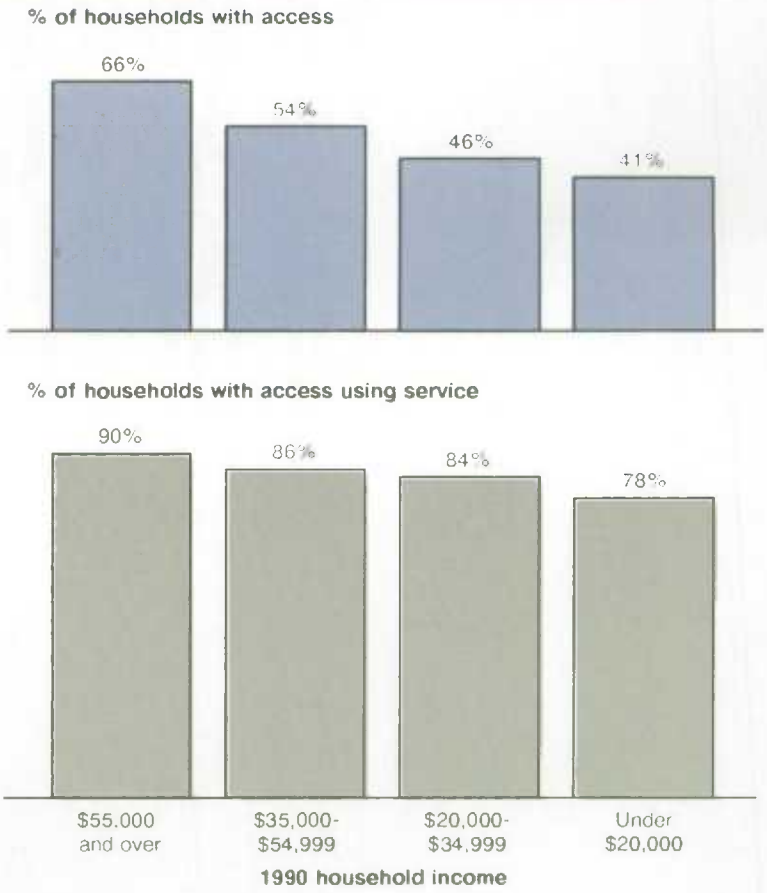
Survey notes

Data used in this article are from surveys administered by the Household Surveys Division of Statistics Canada. The Household Environment Survey was conducted in May 1991 and included 43,000 households. Some results from this survey were published in *Households and the Environment, 1991* (Catalogue 11-526). Data from the Household Environment Survey were coupled with data from the Labour Force Survey, the Survey of Consumer Finances, the Household Facilities and Equipment Survey and the Rent Survey which were administered to the same households, resulting in a rich database of environment, demographic, labour force, housing, and household facilities information on which analysis may be conducted.

The Health Promotion Survey was administered to 13,800 Canadians aged 15 years and older in June 1990. The survey was carried out by Statistics Canada for Health and Welfare Canada. Further results from the survey may be obtained from the Health Promotion Directorate of Health and Welfare Canada in Ottawa.

CANADIAN SOCIAL TRENDS

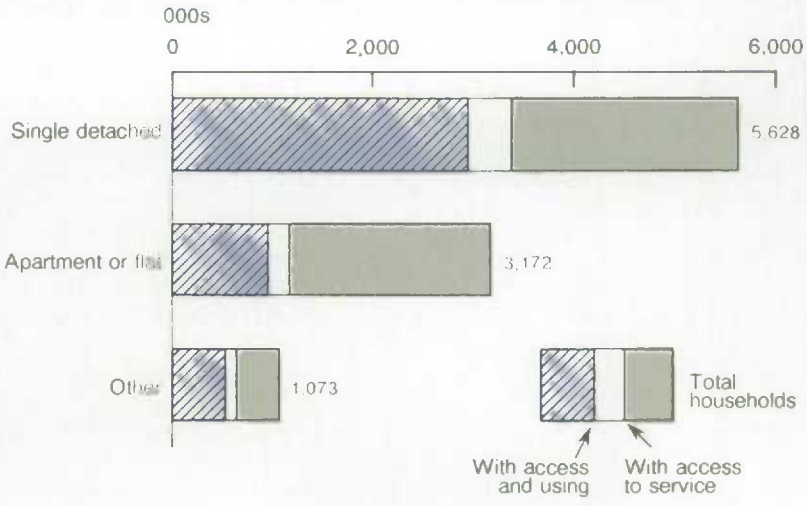
Households and paper recycling services, by income, 1991



Source: Statistics Canada, 1991 Household Environment Survey, unpublished data.

CANADIAN SOCIAL TRENDS

Paper recycling services, by type of dwelling, 1991



Source: Statistics Canada, 1991 Household Environment Survey, unpublished data.

dwellings. About 60% of households in single detached dwellings had access to paper recycling services, compared with 37% of households in apartments.

Compared to the number of households with access to recycling programs, fewer had access to special disposal programs for hazardous materials such as paints, solvents and other household chemicals. Such programs are typically not available at the curbside, but instead involve some effort on the part of the household, such as taking the chemicals to a central depot or local fire station. In 1991, 26% of Canadian households reported having access to special disposal programs. Households with an average annual income of $55,000 or more were much more likely (at 37%) than those with an income of less than $20,000 (17%) to say that they had access to such programs. The concept of access, however, can be interpreted in very different ways. For instance, although a recycling service may have been present in the community, if the survey respondent felt he or she could not get to it because of transportation difficulties, then the respondent may have answered that this service was unavailable. This interpretation may have been more prevalent among householders with low incomes, since only 56% of households with an average annual income of less than $20,000 owned a vehicle in 1991, compared with 95% of households with an income of $55,000 or more.

Use of recycling programs

Most Canadian households with access to recycling programs made use of these services. High-income households, however, were more likely than those with low incomes to participate in recycling programs. Among households with access to paper recycling, 90% with an income of $55,000 or more used the service, compared with 78% of those whose income was less than $20,000.

Fewer households used special disposal programs for hazardous materials (52%), although use increased with income. Among households with access to these services, 56% of households with an income of $55,000 or more used special disposal programs, compared with 40% of households with an income of less than $20,000.

Shopping trends

Although households with high incomes were more likely than low-income households to use recycling programs, high-income households likely had more to recycle. Expenditures on most household goods and services increase with income. This is not only because of the greater number of people, on average, in high-income households, but also because consumption patterns vary by income. For

example, people with higher incomes are more likely than others to purchase reading material and other printed matter, some of which may be recycled. According to the Survey of Family Expenditures, households with an annual income of less than $20,000 spent, on average, $122 in 1990 on reading material, compared with $405 for those with an income of $55,000 or more.

Average expenditure on carbonated beverages and canned vegetables, as well as household cleaning supplies, also increased with income. Waste from some of these products can be disposed of using metal can or plastic recycling programs or through special facilities for hazardous wastes.

Expenditure on paper, plastic and foil household supplies also increased with income. Households with an income of less than $20,000 spent, on average, $149 per year on these products, compared with $345 per year by high-income households. Some of these products were made from recycled content. According to the Household Environment Survey, proportionately more high-income households regularly bought paper products such as paper towels and toilet paper made with recycled content. Almost one-half (47%) of the high-income households regularly bought these products, compared with 39% of the low-income households.

Gardening practices

Over one-quarter (28%) of Canadian households with a lawn, garden or yard used chemical pesticides (including herbicides) in 1991, and just under one-half (45%) used chemical fertilizers. This includes chemicals applied by either commercial operators or household members. The use of such chemicals was considerably more common among high-income than among low-income households. Among households with a lawn, garden or yard, 36% with an annual income of $55,000 or more applied chemical pesticides within the 12 months preceding the 1991 survey, compared with 19% of those with an income of less than $20,000. The use of chemical fertilizers ranged from 57% among households in the highest income group to 30% among those in the lowest income group.

Composting was also a more prevalent activity for high-income households. One in four high-income households used a compost heap, container or composting service, compared with one in ten low-income households.

Water

Environmental practices can also affect the quality and quantity of water used in households. Over one-quarter (28%) of Canadian households in 1991 had a water-saving, low-flow or modified shower head, and 9% had a water-saving toilet tank. Fourteen percent of households used a drinking water filter or purifier, and a slightly higher proportion (16%) purchased bottled water for drinking. High-income households were more likely than low-income households to have these household facilities and purchase these products. For example, 38% of households with an annual income of $55,000 or more had a low-flow shower head, compared with 17% of households with an income of less than $20,000. High-income households were almost twice as likely as low-income households to use a drinking water filter (18% compared with 10%).

Diapers

In 1991, disposables were the diapers used all of the time by most (63%) households with children under two years old. Two out of three (66%) households with an income of less than $20,000 used disposables all of the time, compared with 60% of households with an income of $55,000 or more. About one in three (34%) high-income households (with children under two years) reported using disposable diapers most or some of the time, but only 26% of households in the low-income group.

Factors such as the relative prices of cloth diapers, disposables and diaper services, and the time and effort to wash diapers may enter into the decision of which type of diaper to use. Washing cloth diapers is more difficult for low-income households with children, as 29% of these households did not have an electric washing machine in their household in 1991. Only 3% of the high-income households did not have this appliance.

Leslie Geran *is an analyst with the Household Surveys Division, Statistics Canada.*

The environment and health

Economic factors are not the only motivations behind the behaviour of households in regards to the environment. The quality of the environment is also a health issue for many Canadians. In 1990, 72% of Canadians aged 15 years and over thought that environmental pollution had affected their health in some way, while 17% thought that their health had not been affected.

Canadians also thought that it was extremely important for the government to deal with environmental pollution. Environmental pollution ranked first in importance among 14 health issues including AIDS, drug use, heart disease, and eating habits.

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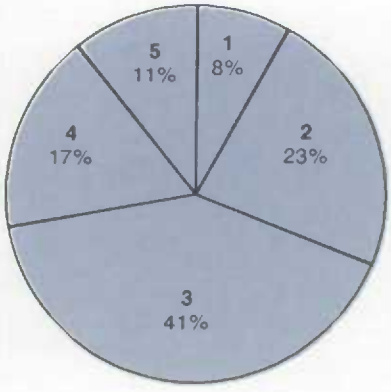
Health affected by environmental pollution



During the last 12 months, how much do you think that environmental pollution has affected your health?

1 Very much
2 A fair amount
3 Not very much
4 Not at all
5 Don't know/not stated

Source: Statistics Canada, Household Surveys Division, 1990 Health Promotion Survey, unpublished data.

ORGAN DONATION AND TRANSPLANTATION

by Jeffrey Frank

Medical advances over the past 30 years have transformed human organ transplantation from an experimental curiosity into an accepted form of medical treatment. As such, the numbers of transplant facilities and surgeons trained in transplantation are growing. Increased transplant capacity combined with the "greying" of the Canadian population have contributed to a serious shortage of human organs for use in transplant operations. The annual number of patients awaiting organ replacement is growing faster than the number of transplants performed each year.

Chronology of organ transplantation

1905-1951 — In Europe and in North America, various experiments (first with animals and later with humans) demonstrated that organ transplantation was possible.

1952 — The first kidney transplant, from mother to son, was performed in France. The 16-year-old recipient, however, died of organ rejection 22 days later.

1954 — American doctors performed the first successful kidney transplant between identical twin brothers. No anti-rejection drugs were used.

1958 — The first successful Canadian kidney transplant, also between identical twin brothers, was performed in Montreal.

— The discovery of "HLA" (a genetic marker) led to the creation of a tissue-matching system used to match donors and recipients. The system was not perfect, however, and organ rejection continued to be a major obstacle.

1967 — The first heart transplant was performed in South Africa. The 54-year-old male recipient lived for 18 days.

— The first liver, pancreas and lung transplants were performed.

— Many transplant operations ensued, but survival rates remained extremely low.

1971 — A Swiss pharmaceutical company discovered cyclosporin (a fungal extract that combats organ rejection). This development made transplants without ideal donors feasible.

— Testing of cyclosporin proceeded through the 1970s and early 1980s.

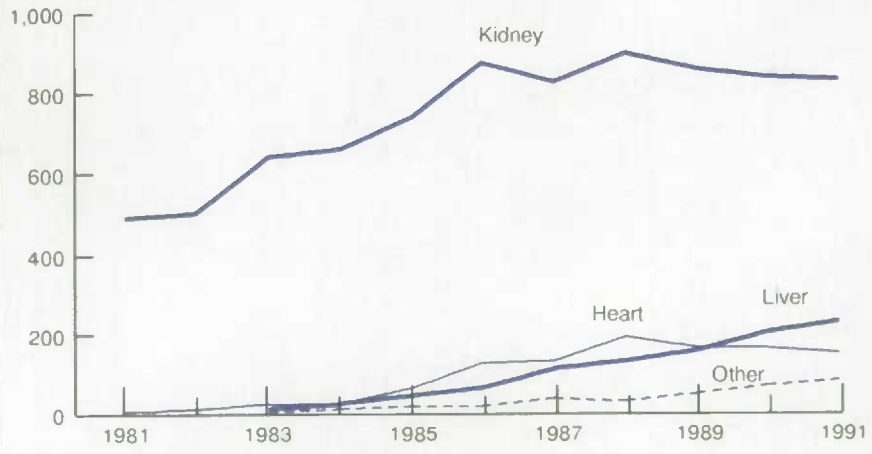
1983-84 — The U.S. Food and Drug Administration and the Health Protection Branch (Health and Welfare Canada) approved cyclosporin for general use.

— Widespread organ transplantation in North America began.

— Improvements in cyclosporin and other anti-rejection drugs continue to be made.

CANADIAN SOCIAL TRENDS

Transplants performed in Canada, 1981-1991



Source: Canadian Organ Replacement Register.

Most donated organs for transplant come from people who have died, although kidneys may come from living donors. Many contributors had signed organ donor cards (often on their driver's licences) indicating their wish to donate some or all of their organs in the event of their death. Opinion polls have consistently shown that many Canadians are willing to donate their organs. Still, a relatively low proportion of potential donor organs are retrieved.

Two events are being held this year to raise public awareness of the shortage of organs and to encourage people to sign organ donor cards. First, April 18-25 has been designated International Organ Donor Awareness Week. Second, in June, Canada will host the 1993 World Transplant Games in Vancouver. The games feature athletes who are organ transplant recipients.

Why organ transplants?

For some patients, organ transplantation makes the difference between life and death. For others, the quality of their lives is improved. Organ transplantation may also save money. For example, a kidney transplant operation may cost less than long-term dialysis treatments. In addition, many transplant recipients are able to resume full and independent lives. Organ transplantation is highly successful, with an overall survival rate after one year of 90%.

More than 14,000 transplants performed

According to the Canadian Organ Replacement Register, by the end of 1991, 14,425 organ transplants had been performed in Canada since transplant programs began. Of these, 84% were kidney transplants, 7% were heart transplants, and 7% were liver transplants. About 3% of transplants were single lung, double lung, heart and lung, kidney and pancreas, or pancreas transplants.

Canadian Organ Replacement Register

The Canadian Organ Replacement Register (C.O.R.R.) provided the data presented in this article. A joint project of the federal and provincial governments, C.O.R.R. is a national information system on organ failure and transplantation. Its mandate is to record and analyze the level of activity and outcome of vital organ transplantation as well as renal dialysis activities. C.O.R.R. collects data through each dialysis and transplant unit across Canada, as well as through quarterly questionnaires submitted by each provincial transplant program.

Regionally, more than two-thirds of transplant operations were performed in Ontario (44%) and Quebec (24%). Another 9% were performed in Alberta, 8% in Atlantic Canada, 8% in British Columbia, and 4% in each of Manitoba and Saskatchewan. These proportions reflect not only population differences but also the availability and type of organ treatment facilities in each region. For example, both Manitoba and Saskatchewan have just one transplant facility where only kidney transplants are performed.

Kidney transplants most common

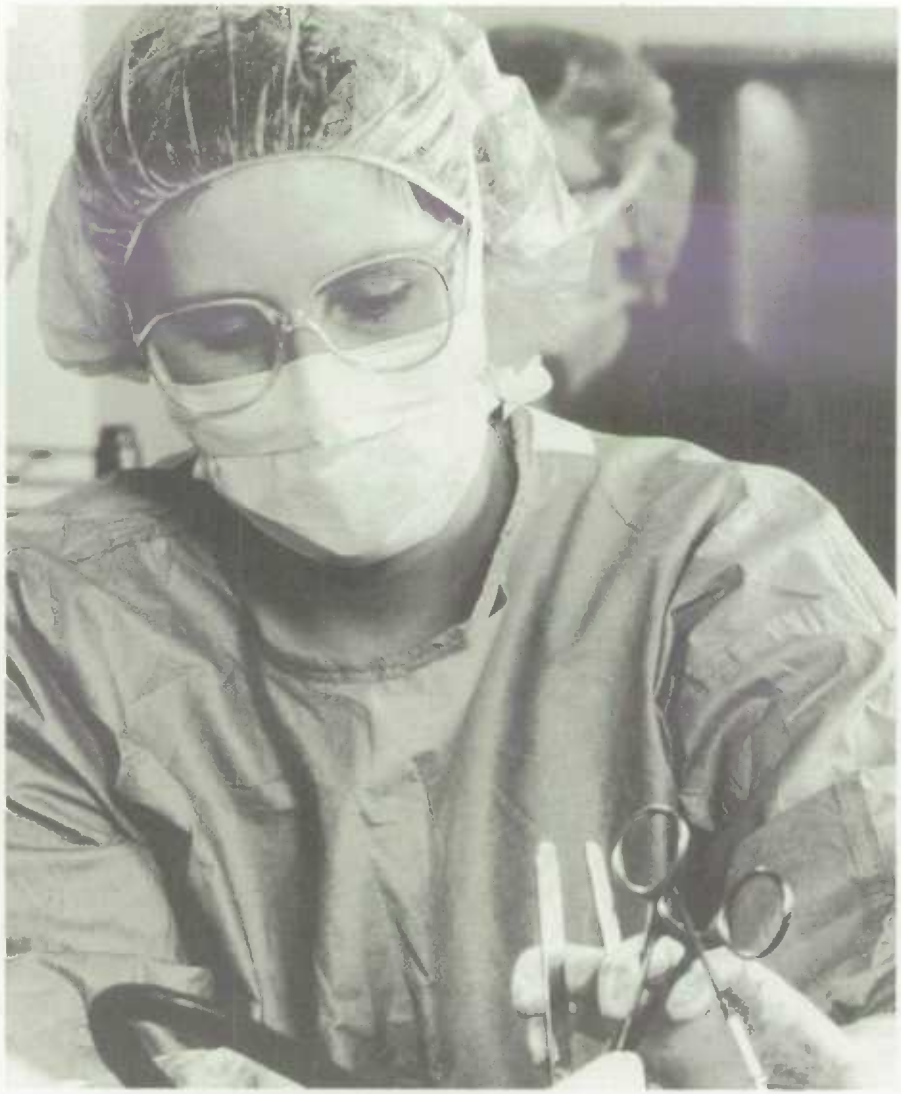
Renal or kidney failure is the most common reason for having an organ transplant operation. Of the 1,285 transplants performed in 1991, 831 (65%) were kidney transplants. This number was down slightly from a high of 901 kidney transplants in 1988. About 94% of kidney transplant recipients survive at least the first year after the operation. The patient survival rate is higher for kidney transplants than for other transplants because recipients can usually revert to dialysis if the new kidney fails.

Overall, the number of people entering kidney replacement therapy for every one million Canadians increased steadily over the past decade. There were 95 new patients for every million Canadians in 1991, a 93% increase from 49 in 1981. These people had been diagnosed with kidney disease and listed as candidates for organ replacement, but had not necessarily undergone a transplant operation.

Kidney replacement therapy patients older, more males

Older people are becoming increasingly more likely to enter renal replacement therapy than younger people. In 1991, 1,014 (40%) of the 2,568 newly registered kidney replacement therapy patients were aged 65 or older. In contrast, just 24% of patients were aged 65 or older in 1981. Also, males predominated in all age groups of new kidney replacement therapy patients, with an overall ratio of about three males for every two females in 1991.

The rates of older people entering renal replacement therapy have risen considerably since 1981, while the rates among those under age 15 (9 per million in 1991) and 15-44 (47 per million) have remained relatively stable. In 1991, there were 370 new transplant patients aged 65-74 for every million Canadians that age, a 154% increase from 146 in 1981. Similarly, among those aged 75 or older, there were



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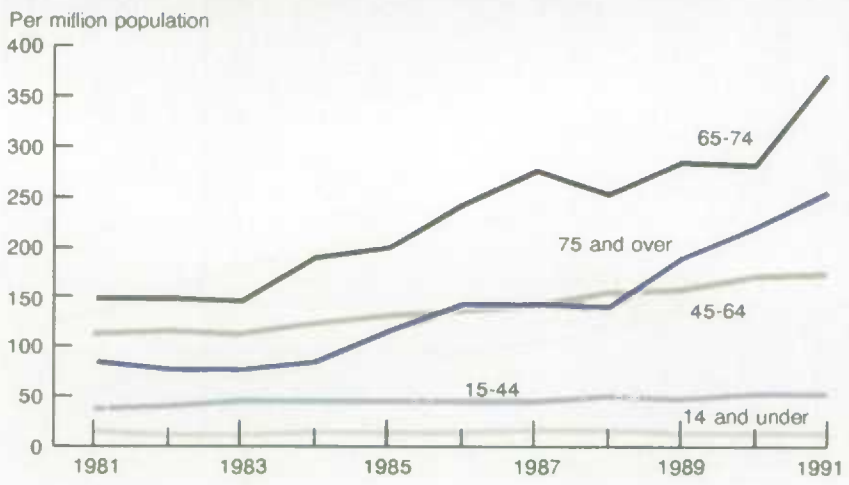
New kidney replacement therapy patients, by age at registration, 1981-1991



Source: Canadian Organ Replacement Register.

244 new transplant patients for every million people that age in 1991, a 192% increase from 84 in 1981.

Number of liver transplants increasing

The number of liver transplants performed has also increased, rising to 228 in 1991, from just 10 in 1983. In 1991, children under age 15 represented about 20% of those receiving liver transplants, while people aged 45-64 accounted for 42%. Slightly more males than females received liver transplants in 1991.

The one year survival rate for liver transplant recipients is 78%. Of all people who had ever had a liver transplant in Canada, 64% were still alive at the end of 1990. Among patients who die, most succumb during the first three months following a first or second transplant, usually because of infection or organ rejection.

Fewer heart transplants due to lack of donors

In 1991, 149 heart transplants were performed, down from 187 in 1988. The reduction in the number of such transplants was due to a serious shortage of donors. In 1991, most heart transplant recipients were male (78%) and most were aged 45-64 (64%) and 15-44 (28%). This is not surprising given the high incidence of heart disease among middle-aged men. The survival rate for heart transplant recipients is 80% after one year, and 67% after seven years.

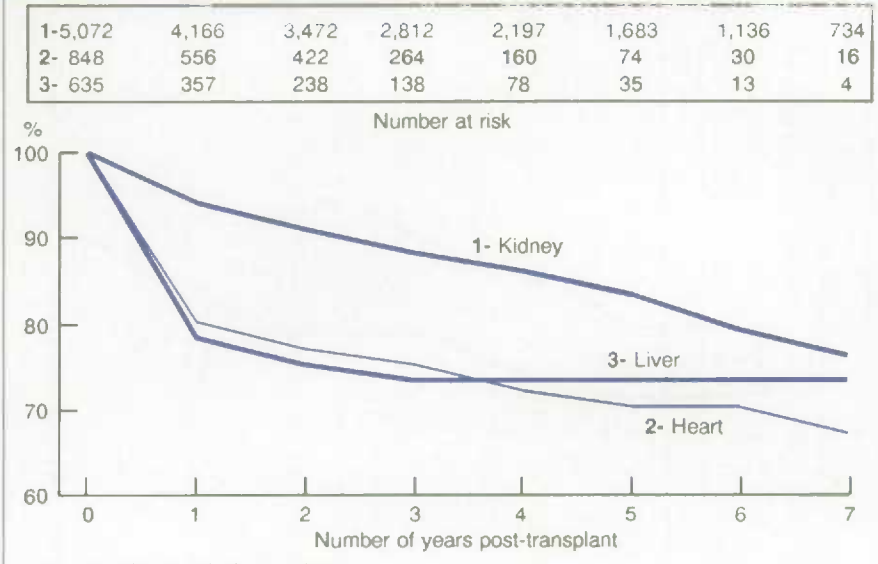
Patients waiting for a transplant, September, 1992

	Atlantic provinces	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Canada
Kidney	206	431	944	50	51	92	236	**2,010**
Heart	5	29	38	0	0	14	13	**99**
Liver	0	17	61	0	0	0	7	**85**
Lung	0	28	24	0	0	4	4	**60**
Heart/lung	0	1	16	0	0	1	1	**19**
Kidney/pancreas	0	11	0	0	0	0	4	**15**
Pancreas	0	1	0	0	0	0	0	**1**
Total	**211**	**518**	**1,083**	**50**	**51**	**111**	**265**	**2,289**

Source: Canadian Organ Replacement Register.

CANADIAN SOCIAL TRENDS

Patient survival, kidney, heart and liver transplantation, to December, 1990



Source: Canadian Organ Replacement Register.

Waiting lists growing

Transplant programs are relatively new. With increased numbers of trained surgeons and transplant facilities, transplantation capacity has expanded. Moreover, improvements in drugs that fight rejection have made organ replacement a viable option for a growing number of patients.

The supply of organs for transplantation, particularly kidneys and hearts, has risen more slowly than demand. The extent of the demand for organs is reflected in the growing number of people on transplant waiting lists. The number of patients waiting for a kidney transplant, for example, exceeded 2,000 in September, 1992. Also, waiting list figures understate the demand for organs because they do not include all potential recipients, and exclude those who died before a suitable donor organ could be found.

Donors from various sources

People who suffer brain death in hospital and who are free of cancer are often ideal organ donors. In fact, organs are retrieved most often through the consent of a deceased person's family members. Families, however, often do not know the wishes of the deceased. Also, relying on familial consent after death is not always effective, because health care staff may not have the time or the appropriate training to approach grieving families.

Many people identify themselves as willing to donate organs by signing and carrying organ donor cards. In 1988, about 26% of Canadians had signed donor cards, up from just 12% in 1978. A 1991 study of Ontario residents estimated that 38% had signed organ donor cards, up from 28% in 1984. Although a signed donor card is considered to be a legal document, hospitals will not retrieve an organ over the objections of the family. It is important, therefore, for potential donors to discuss organ donation with their families.

Several Canadian hospitals have implemented policies of "required request" or "recorded consideration." Under these schemes, health care institutions or physicians make potential donors and their families aware of the option of organ donation. Manitoba, Nova Scotia and Ontario have enacted laws that require hospitals to establish policies and procedures that encourage organ donation.

All provinces have organ registries that allocate donor organs as they become available. These organ registries store information on potential recipients such as blood and tissue type, medical priority,

length of time on the waiting list, and donor/recipient size comparisons. If a suitable match is not found within a given province, the organ is made available to high priority out-of-province patients. On rare occasions, organs are made available outside of Canada if suitable domestic recipients cannot be found. It is even less common for a Canadian patient to receive an organ from a foreign donor, because demand for organs in other countries is also high.

Ethical and legal considerations

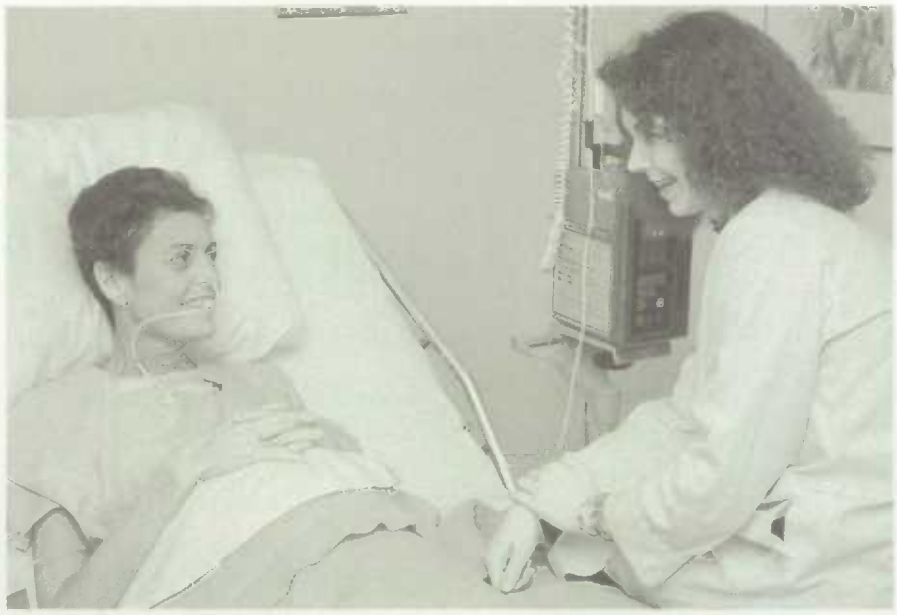
Organ transplantation raises ethical issues relating to the sanctity of the human body and of human life, and the extent to which medical technology should be used to prevent death. Although some religions object to transplantation, all major religions accept the philosophy of organ donation, reasoning that saving lives overrides considerations of the treatment of the body after death.

Organ retrieval from anencephalic infants — babies whose brains are only capable of regulating non-voluntary functions such as breathing and heartbeat and who are not expected to live beyond a few days — raises both ethical and legal concerns. These infants are potentially ideal organ donors, but the legal definition of "brain dead" does not apply to them. Laws in most countries, including Canada, moreover, prevent the acceleration of death in any circumstance. In 1989, an international ethics conference placed a moratorium on anencephalic organ retrieval.

Opponents of using dying infants as a source of organs argue that, eventually, the permissible circumstances for organ retrieval would be dangerously broadened. Conceivably, organs could be retrieved from comatose patients, from people with mental disabilities or even from life created specifically for the purpose of organ harvesting.

The use of animal organs for transplantation raises further issues. Doctors in the United States have successfully transplanted baboon hearts and pig livers to keep patients awaiting a human organ alive. As drugs that fight organ rejection are improved, using animal organs for transplantation will become more feasible. Critics, however, question the morality of transplanting animal organs into human patients.

Some observers have suggested paying donors or their families to increase the supply of organs. Such an approach, however, could lead to organ harvesting for profit and potential exploitation. In Canada, buying or selling human organs is illegal.



Other incentive-based schemes have also been proposed. One example is the creation of a voluntary organ donation program where those who enrol would be given priority for receiving organs.

Cost of transplantation

Little information exists on the actual cost of various surgical procedures. Organ transplantation, however, is fully covered under all provincial and territorial hospital insurance plans. Inter-provincial billing agreements provide an indication of the costs of transplant operations. (Procedures performed outside of Canada are not covered.) The amounts that hospital insurance plans can be billed for transplants (including hospital stay) range from $42,000 for a kidney transplant to $152,000 for lung or heart and lung transplants. In addition, transplant recipients must take anti-rejection medication for the rest of their lives. Depending on the dosage, these drugs can cost several thousand dollars every year. Of course, unsuccessful transplant operations, or those that lead to further complications, can result in much higher costs, both medical and human.

Fee schedule for transplant operations[1]

Type of transplant	$
Kidney	42,405
Liver	105,730
Heart	111,350
Lung (single or double not specified)	152,320
Heart and lung	152,320
Home dialysis/year	27,500
Hospital dialysis/year	40,250

[1] Includes cost of post-operative hospital stay.
Source: Advisory Committee on Institutional and Medical Services, April 1, 1992.

Expensive technologies and scarce resources

The subject of resource allocation and rationing in health care is of growing concern because of the aging population, the proliferation of medical technology, and the strains these place on health care resources. It is part of a larger debate over how society should value expensive curative medical care relative to preventative approaches to health care. The debate ultimately involves considerations over the value and the quality of life.

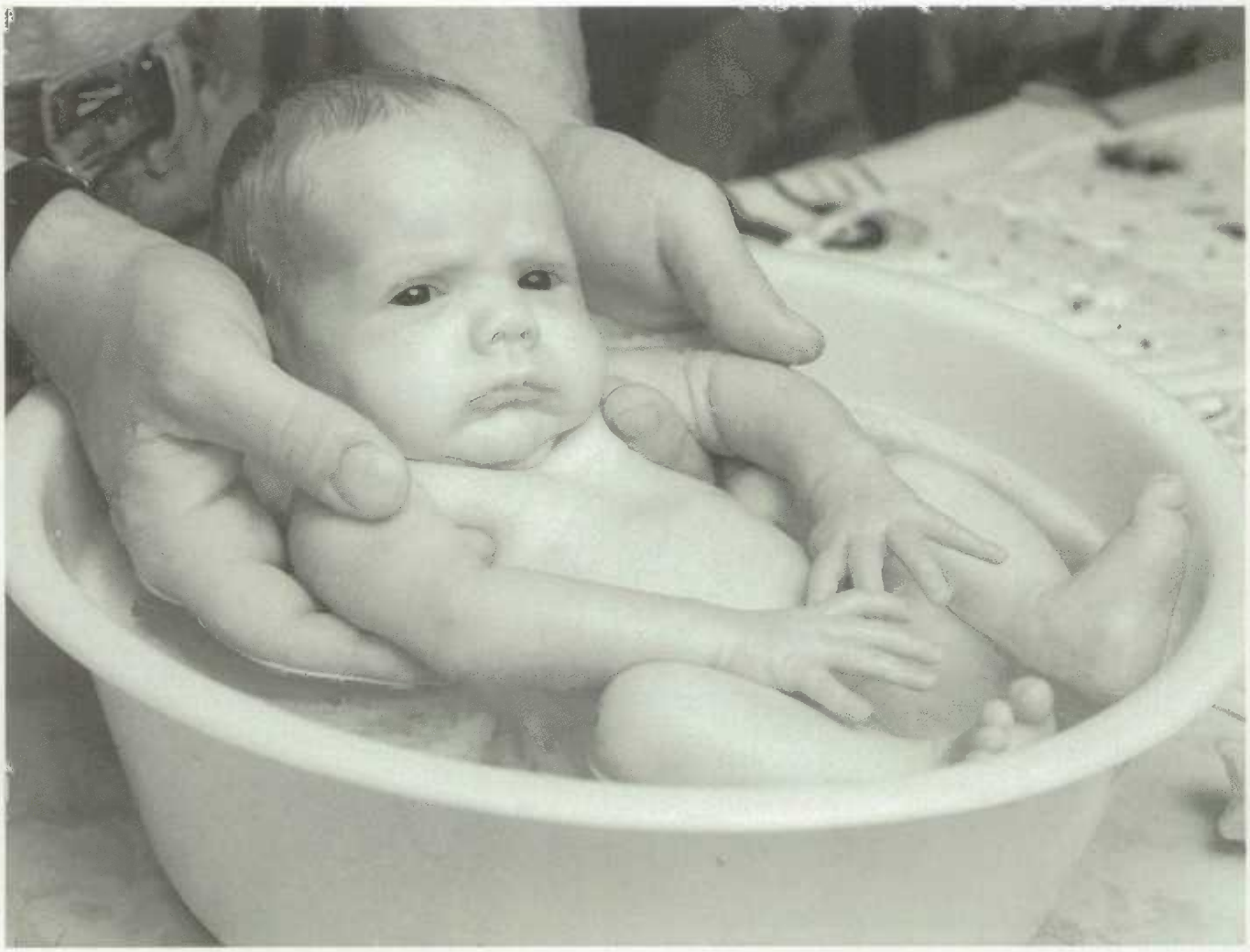
Financial constraints will eventually necessitate that a balance be achieved between the kinds of health services to be delivered. In striking this balance, cost-benefit evaluations of services will have to include not only relatively novel technologies such as organ transplantation, but all expensive approaches to health care.

Jeffrey Frank *is an Assistant Editor with* Canadian Social Trends.

TRENDS IN LOW BIRTH WEIGHT

by Wayne J. Millar, Jill Strachan and Surinder Wadhera

Adapted from "Trends in Low Birth Weight in Canada 1971 to 1989," **Health Reports**, *Statistics Canada, Catalogue 82-003, Vol. 3-4, pp. 311-325, 1991*



The weight of children at birth is related to the health of their mother and is a key predictor of their survival chances. Environmental, social and economic factors are also related to low birth weight. Low birth weights contribute to mental and physical disabilities and many early infant deaths.

Preventative efforts to lower infant mortality have focused on reducing the prevalence of low birth weight through pre-natal programs, the monitoring of high-risk mothers, and specialized hospital and medical care of low birth weight infants. Despite the introduction of new medical technologies and programs, the percentage of infants born with low birth weight has declined very little during the past decade.

Mothers under age 20 and over age 34 are more likely than others to have a baby born with a low weight. Mothers having their first baby are also more likely than others to have a child born with a low birth weight.

5% of infants have low birth weight

Low birth weight infants weigh less than 2,500 grams at birth. These children are either born pre-term (fewer than 37 weeks gestation) or are born full-term, but are small for their gestational age. Of all single live births[1] in 1989, 4.7% of the infants weighed less than 2,500 grams at birth, down slightly from 5.0% in 1980. During the previous decade, however, the proportion of infants of low birth weight declined. In 1979, 5.1% of all infants were born with a low birth weight, down from 5.5% in 1976 and 6.6% in 1971.

This overall decrease resulted from a drop in the proportion of infants with medium low birth weight (weighing 1,500 to 2,499 grams), to 4.0% in 1989 from 4.3% in 1980 and 5.8% in 1971. In contrast, the proportion of infants with very low birth weight (less than 1,500 grams) remained at about 0.7% during the 18 year period. This is perhaps because improvements in medical care and medical technologies continued to increase the opportunity for younger premature infants to be born alive.

20% of children in many developing countries have low birth weight

Birth weight is an indicator of the health status of a country's population. According to the United Nations[2], the percentage of infants born with low birth weight during the 1980s (including multiple births) equalled or exceeded 20% in Mozambique, Afghanistan, Malawi, Bangladesh, Nigeria, Pakistan, Laos, Togo, India, Honduras, Papua New Guinea, and Sri Lanka. Many other developing nations did not have statistics available.

In contrast, less than 10% of infants born in western countries had a low birth weight. Countries where 6% of infants were born with a low birth weight included Canada, Australia, Germany, Denmark, Austria and Greece. Many western nations had a lower percentage of infants born with a low birth weight than Canada. These included Sweden, Finland, Norway and Ireland with 4% and Japan, Hong Kong, Switzerland, France, New Zealand, Belgium and Portugal with 5%. Countries such as the United Kingdom, the United States, Italy, Singapore and Israel had 7% of infants born with a low birth weight.

Firstborn and female infants more likely to have low birth weight

A mother's firstborn tends to weigh less at birth than subsequent children. From 1971 to 1989, the proportion of live births that were the mother's first birth grew from 41% to 44%, thus increasing the probability of an increase in the number of low birth weight infants. However, during this period, the proportion of first births to women under age 20, who have a high risk of having an infant born with a low birth weight, fell.

Low birth weight is also more common among female infants than male infants. In 1989, 4.9% of all females were born with a low weight compared with 4.3% of males. In 1971, 7.4% of females were born with a low weight compared with 5.9% of males.

More low birth weight infants are pre-term

The prevalence of pre-term low birth weight infants declined to 2.7% of all single live births in 1989 from 3.1% in 1971. However, during this period the proportion of all low birth weight infants who were pre-term increased, rising to 60% in

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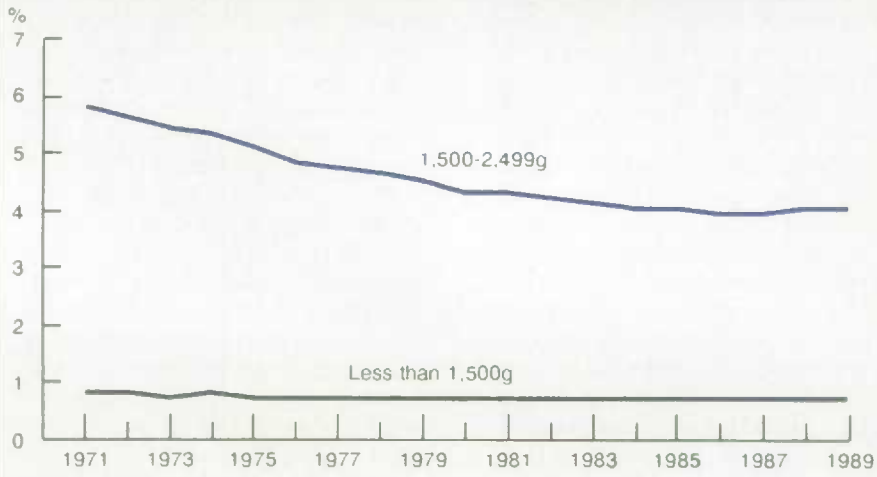
Low birth weight newborns as a percentage of all single live births[1], 1971-1989



[1] Excludes Newfoundland
Source: Statistics Canada, Health Reports 1991, volume 3, number 4.

Definitions

Gestational age	— Completed weeks (days) of pregnancy.
Pre-term or premature	— Infant born following less than 37 weeks (259 completed days) of pregnancy.
Small for gestational	— Birth weight less than the 10th age percentile of all live births of a given sex adjusted for sex, gestational age, and single or multiple birth status. Intrauterine growth retardation.
Low birth weight	— Less than 2,500 grams[1].
Medium low birth weight	— 1,500 to 2,499 grams[1].
Very low birth weight	— Less than 1,500 grams[1].

[1] World Health Organization definition.

1989 from 47% in 1971. A high proportion of pre-term infants are of low birth weight and often require more hospital care during their first weeks of life and more medical care throughout their lives than other children.

Low birth weight infants need more hospital care

Normal birth weight infants average 3.5 days in hospital during their first year of life, compared with 24 days for infants weighing 1,501 to 2,000 grams, 57 days for those weighing 1,500 grams or less, and 89 days for those weighing less than 1,000 grams[3].

In addition, premature and immature infants have more birth complications and are more likely than other infants to have deficits in their physical and mental development. In particular, the incidence of cerebral palsy, and visual and auditory defects is higher among low birth weight infants. For many children, the effects of being born with a low birth weight are irreversible.

Most mothers aged 20-29

Changes in the age distribution of mothers of low birth weight infants have followed overall fertility trends. Most mothers of low birth weight infants are aged 20-29, however the proportion has fallen since the early 1970s. In 1989, 59% of all low birth weight infants were born to women aged 20-29, compared with 63% in 1971. Similarly, the proportion of all low birth weight infants born to teenage women, under age 20, decreased to 8% in 1989 from 15% in 1971. In contrast, a greater proportion of low birth weight infants were born to mothers aged 30-39 in 1989 than in 1971. Whereas 31% of all low birth weight births were to women aged 30-39 in 1989, just 19% were to women this age in 1971. A small minority of low birth weight births were to women aged 40-49 in both 1989 (1%) and 1971 (2%).

The large increase in the proportion of low birth weight births to women aged 30-39 and the decrease in the proportion among teenagers is consistent with changes in overall fertility. In 1989, 32% of all births were to women aged 30-39 and 6% were to women under age 20. In contrast, in 1971, 20% of all births were to women aged 30-39 while 12% were to women under age 20.

Higher risk among mothers over 40 and teenagers

In 1971 and 1989, women under age 20 and over age 40 had the highest relative risk of having a low birth weight infant when compared to women aged 20-29. Births to women in these two age groups, however, accounted for just 7% of all births and 10% of all low birth weight births in 1989.

In 1989, women under age 20 were 1.18 times more likely to give birth to a low birth weight infant than women aged 20-29. The relative risk of a low birth weight child among women aged 40-49 was 1.41 times greater. Women aged 30-39 had almost the same risk (0.99) of having a low birth weight infant as women aged 20-29.

Income and infant health[1]

Children from low-income families are less healthy than children of other Canadians. Compared with infants from higher-income neighbourhoods[2], infants from lower-income neighbourhoods were 30-50% more likely to be of low birth weight, premature, or with growth retardation. They were also two-thirds more likely than other children to die before their first birthday.

In 1986, the higher the percentage of children in families with low incomes in a neighbourhood, the higher the rates of infant mortality, low birth weight, very low birth weight, prematurity, and infants born small for their gestational age. The infant mortality rate was 1.7 times higher in neighbourhoods with the lowest incomes (income quintile 5) than in those with the highest incomes (income quintile 1)[3]. The percentage of low birth weight and very low birth weight births was 1.4 times higher in the lowest income neighbourhoods than in the highest. The percentage of premature births varied with the percentage of low income, and was 1.3 times higher in the lowest income neighbourhoods than in the highest. The percentage of infants born small for their gestational age was 1.5 times higher in the lowest income neighbourhoods.

If the rates of infant mortality, low birth weight, prematurity, and growth retardation had been as low in all neighbourhoods in 1986 as they were in the highest income neighbourhoods, then 22% of infant deaths would not have occurred. There would also have been 14% fewer infants born with a low birth weight, 10% fewer premature infants, and 19% fewer infants born with growth retardation.

Much of Canadian society has already obtained low rates of infant and child mortality, low birth weight, prematurity, and disability. Tracking Canada's future progress in terms of reducing socioeconomic inequities in child health requires, however, an ongoing monitoring of the extent to which such low rates are attained by all, regardless of income.

Low income and unfavourable birth outcomes, by income quintile, urban Canada, 1986

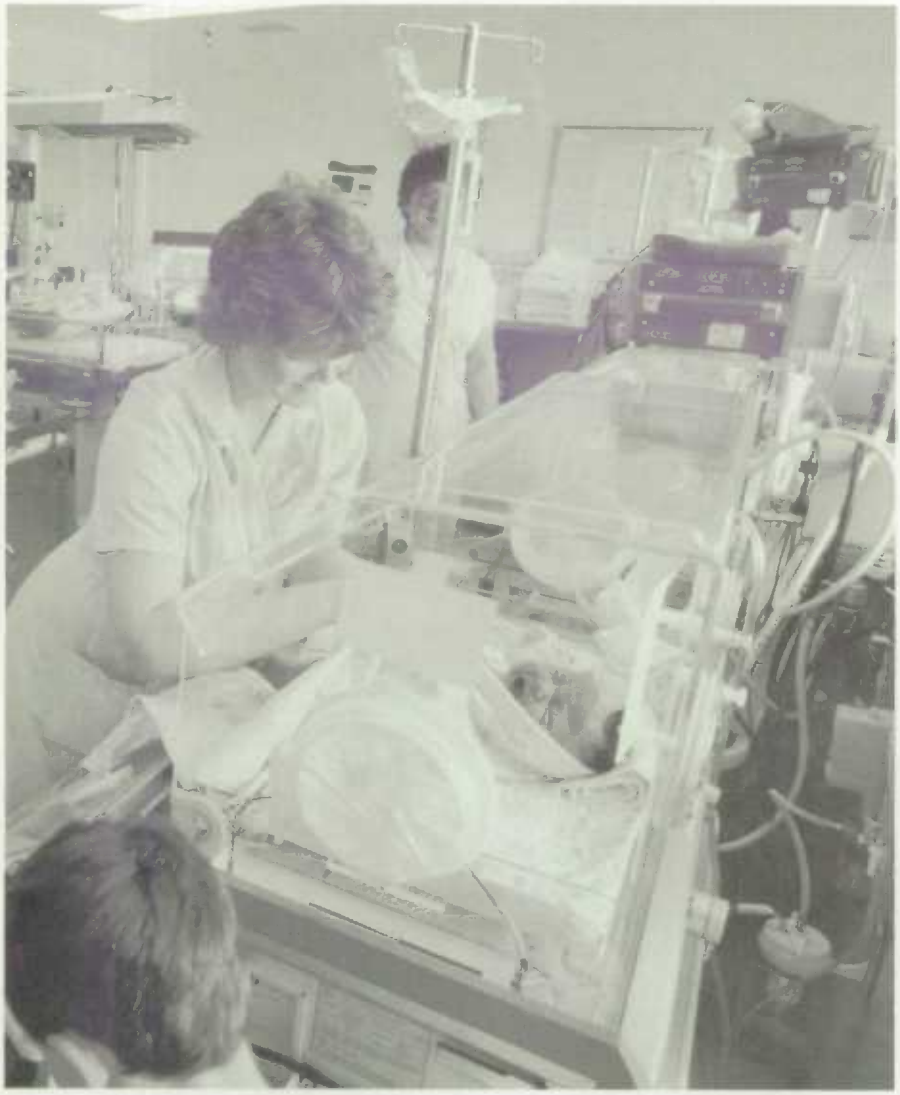
Neighbourhood income quintiles	Children with low family incomes	Low birth weight (<2,500g)	Very low birth weight (<1,500g)	Prematurity (<37 weeks)	Small for gestational age	Infant mortality (<1 year)
			%			
1	6.3	4.9	0.82	5.7	8.0	6.0
2	11.3	4.9	0.79	5.6	8.6	6.1
3	16.9	5.6	0.82	6.1	9.7	7.1
4	25.4	6.1	0.91	6.6	10.6	8.2
5	43.6	6.9	1.16	7.4	12.1	9.9

[1] Excerpted from Wilkins, R., Sherman, G.J., and Best, P.A.F. "Birth Outcomes and Infant Mortality by Income in Urban Canada, 1986". Health Reports (Statistics Canada, Catalogue 82-003, Vol. 3-1, pp. 7-31, 1991).
[2] 1986 Census Tracts.
[3] Census tracts (neighbourhoods) in each Census Metropolitan Area were assigned to one of five quintile groups, from lowest to highest percentage of children living in families with low incomes.
Source: Statistics Canada, Catalogue 82-003, Vol. 3-1, 1991.

[1] Unless otherwise indicated, live births excludes multiple births, such as twins, throughout the article.

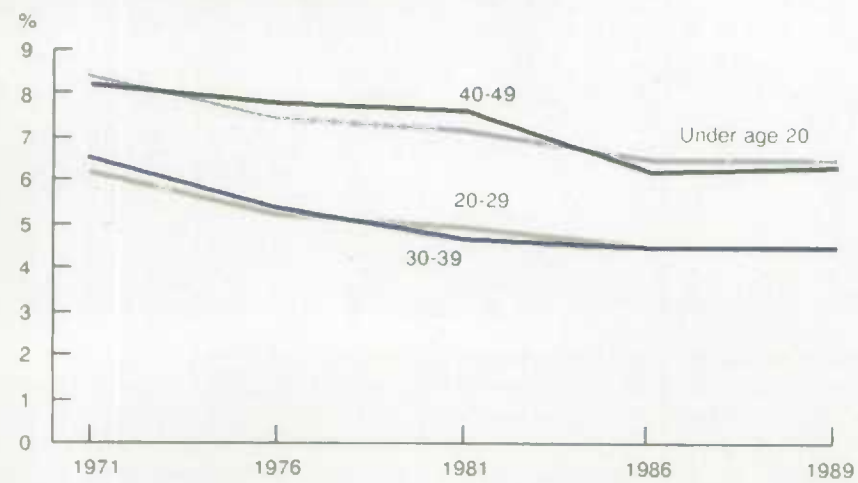
[2] UNICEF. "The State of the World's Children 1991". (U.K.: Oxford University Press). Statistics include multiple births.

[3] McCormick, M.C. "The Contribution of Low Birth Weight to Infant Mortality and Childhood Morbidity." *New England Journal of Medicine*, 1985;31(2): 82-90.



CANADIAN SOCIAL TRENDS

Low birth weight newborns as a percentage of all single live births[1], by age of mother, 1971-1989



[1] Excludes Newfoundland.
Source: Statistics Canada, Health Reports 1991, volume 3, number 4.

In 1971, women under age 20 and over age 40 were about 1.30 times more likely to have a low birth weight infant than women aged 20-29. That year, women aged 30-39 did not have a substantially higher risk than women aged 20-29. Their relative risk was 1.04 times greater.

Fertility control

The drop in the proportion of low birth weight infants from 1971 to 1980 may be related to women's increased control over their fertility. This control has likely led to an increase in planned children. Mothers of planned children may be more motivated and better able to make behavioural changes that would increase the probability of a higher birth weight.

Access to abortion also may have influenced the decline in low birth weight births. In 1988, 22% of therapeutic abortions involved women who were under age 20 and about 2% involved women aged 40 and over. Both groups have a higher risk of having premature delivery and low birth weight infants. The abortion of fetuses with genetic abnormalities, who would likely have a low birth weight, may have also contributed to a reduction in low birth weight births.

Smoking

The decrease in the proportion of low birth weight births from 1971 to the 1980s may have occurred, at least in part, because a smaller proportion of women were smokers during the 1980s than during the 1970s. Smoking is a known contributor to low birth weight and mothers who smoke are two times more likely than other mothers to have an infant born weighing less than 2,500 grams.

There are no national data on the smoking behaviour of pregnant women. However, according to the Labour Force Survey Smoking Supplements, the age standardized smoking rate for Canadian women of reproductive age (15-44) declined to 29% in 1986 from 37% in 1972.

Wayne J. Millar, **Jill Strackan** *and* **Surinder Wadhera** *are analysts with the Canadian Centre for Health Information, Statistics Canada.*

EMOTIONAL SUPPORT AND FAMILY CONTACTS OF OLDER CANADIANS

by Susan McDaniel

Elderly people can no longer expect to spend their senior years living with their families. This is particularly true for older women, who as widows are more and more likely to be living alone. With more seniors living on their own, emotional support from family may not be as easy to come by as in the past. It takes some effort by the individual, as well as by family and friends, to maintain the social contact they want.

Family ties contribute to an individual's well-being. Whom one calls on for help is an indication of how important family members and others are to a person's emotional well-being, and also reveals the social networks that exist. How often people interact with their family is an important factor in maintaining these ties.

Emotional support

According to the General Social Survey, spouses and children were the main sources of emotional support for most of the three million Canadians aged 65 and over in 1990. When asked who they would turn to first when they were a bit down or depressed, older women tended to report a larger variety of sources of support than did men. It is not surprising, therefore, that while a relatively large proportion of married (including common-law) seniors reported that they would turn to their spouse for support, it was more common for men this age (45%) to do so than it was among women (37%). Married women were more likely to seek support from one of their children (25%) or from a friend (10%) than were men (15% and 4%, respectively). This relative isolation of married men when it comes to emotional support is further illustrated by their greater tendency not to seek support from anyone. More than twice the proportion of men (12%) as women (5%) reported they would not seek support from anyone.

Women aged 65 and over not living with a spouse were most likely to say they would turn to a daughter for emotional support (28%), while only 16% of the men without spouses would do so. Both women and men were less likely to turn to a son than to a daughter (12% and 7%, respectively). The lesser tendency for men to turn to a child, whether a son or a daughter, is somewhat underestimated by these percentages, since only 5% of men said they had never had children, compared

with 12% of the women. Men, on the other hand, would most likely turn to a friend (24%), whereas this was the case for only 16% of women.

When upset with a spouse or partner, many older Canadians (26%) said they would turn to one of their children, their daughters in particular, for support. More women (31%) than men (21%) would turn to a child for support in these circumstances. A slightly higher proportion of women (8%) said they would seek support from a friend than did men (5%). About 15% of both men and women would seek help from a professional when upset with their spouse or partner. However, many older Canadians (27%) reported that they didn't know to whom they would turn for support and 21% said they would not seek support from anyone. A larger proportion of men (24%) than women (16%) reported they would not talk to anyone when upset.

Distance and contacts with children

The personal contact elderly parents had with their grown children who had left home was certainly influenced by how far away they lived, and also likely depended on the quality of the relationship. As the distance from the child increased, the frequency of contact fell. No matter how far parents lived from their child, however, few said they had not seen the child at all in the previous 12 months.

In 1990, older Canadians tended to live close to the child with whom they had the most contact, with about one-half living within 10 kilometres. Among parents living this close to the child with whom they had the most contact, 26% saw their child on a daily basis and 60% saw them at least once a week. Another 22% of the parents lived within 11 to 50 kilometres. More than one-half (53%) of the elderly visited weekly with the child in question. Another 36% had monthly visits. When parents lived over 50 kilometres away, visits were mainly monthly or at longer intervals.

In 1990, just 7% of elderly parents lived over 1,000 kilometres away from the child with whom they had the most contact. Visits over this distance require time, money and motivation. It is therefore not surprising that over two-thirds (69%) reported seeing their child less than once a month, and 23% reported no personal contact at all in the previous 12 months.

Older women, regardless of distance, tended to see their child more often than did men. Men were more likely than women to have had no personal contact at all over the year preceding the survey.

Most men (74%) and women (68%) aged 65 and over thought that the amount of personal contact they had with their adult children was just right. Men were slightly happier than women with the frequency of contact. About one-quarter of married men and one-third of married women said they saw their child less often than they would like. More widowed men (33%) than widowed women (27%) were unhappy about the amount of contact they had. Very few seniors, regardless of gender or marital status, expressed concern about seeing their child more often than they would like.

Contact with sisters and brothers

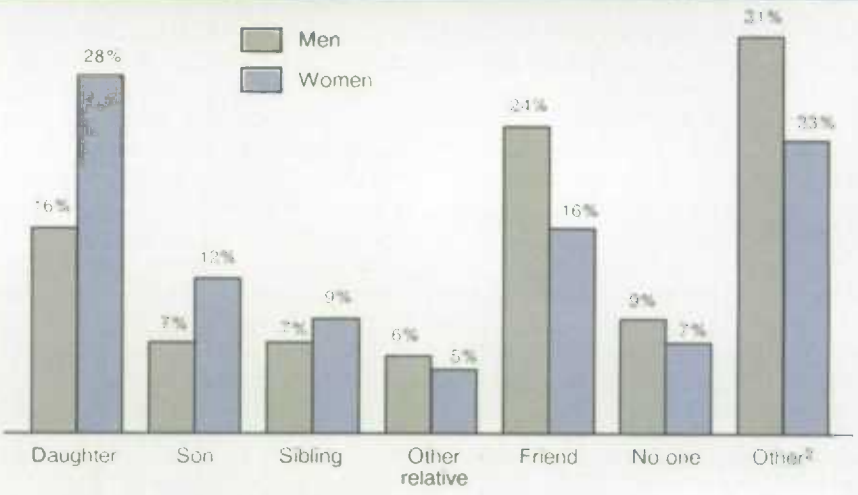
Most older Canadians with brothers and sisters still alive had relatively little personal

Reference child

The "child" referred to in the discussion of distance and contacts with children, is the "reference child" defined by the 1990 General Social Survey. This is the child with whom the respondent reported having the most contact. Only adult children who did not live with the respondent were eligible to be selected as the reference child. In addition, only people who had children (i.e., natural, step, adopted) still alive at the time of the survey were asked to select a reference child and answer questions about this child and their relationship with the child.

CANADIAN SOCIAL TRENDS

Sources of emotional support for elderly men and women without spouses[1], 1990



1 Includes persons without sons, daughters, siblings, etc.
2 Includes neighbours, co-workers, clergy, doctors, professional counsellors, others, and don't know. None of these specific sources exceeded 5%.
Source: Statistics Canada, General Social Survey, 1990

Personal contacts of seniors with their reference child[1], by distance away, 1990

Distance	Daily	Weekly	Monthly	Less than monthly	Not at all[2]	Total
0-10 Km	23	64	10	3	0	**100**
11-50 Km	5	52	36	5	1	**100**
51-100 Km	2	21	55	21	1	**100**
101-200 Km	0	8	49	40	2	**100**
201-400 Km	0	4	25	71	–	**100**
401-1000 Km	0	–	6	89	2	**100**
More than 1000 Km	0	–	2	64	29	**100**

1 Child with whom they had the most contact.
2 No personal contact in the previous 12 months.
Source: Statistics Canada, General Social Survey, 1990.

contact with their siblings in 1990. That year, 40% saw them less than once a month and another 18% had not seen their siblings at all. On the other hand, 18% reported monthly contact, 17% reported weekly contact, and 5% saw one of their siblings every day.

Older men and women maintained the same frequency of contact with their sisters and brothers overall. More women (43%) than men (36%) saw them less than once a month. However, more men (22%) than women (15%) reported they had not seen them at all during the previous 12 months.

Older women who had never married reported the most personal contact with their sisters and brothers. As many as 15% saw them daily and another 30% saw their siblings at least once a week. Never-married men were the next most frequent visitors of their siblings: 12% saw their siblings daily and 23% on a weekly basis.

Married men aged 65 and over maintained about the same amount of contact with their siblings as did married women aged 65 and over, with one in five seeing them daily or weekly. Divorced men were more likely to have daily contact than were divorced women. Widowed men and women saw their siblings less frequently than did others.

Women had contact with sisters and brothers by telephone or letter more often than did men. Daily and weekly contact with brothers or sisters by phone or mail was maintained by 39% of women, compared with 25% of men.

Distance and contact with parents

In 1990, approximately one-half of middle-aged Canadians (aged 45-64) reported that at least one of their parents was still alive. This is no surprise in light of the dramatic increase in the odds of living well into old age. Personal contacts with elderly parents reported from the middle-aged child's point of view provides an additional perspective on family ties.

Most middle-aged Canadians (57%) whose mothers were still alive saw their mothers at least once a month. Personal contact declined, however, as distance from mothers increased. About 80% who lived within 10 kilometres of their mothers saw them weekly or daily. The proportion who saw their mothers at least weekly dropped to about one-half (52%) for those living from 11 to 50 kilometres away.

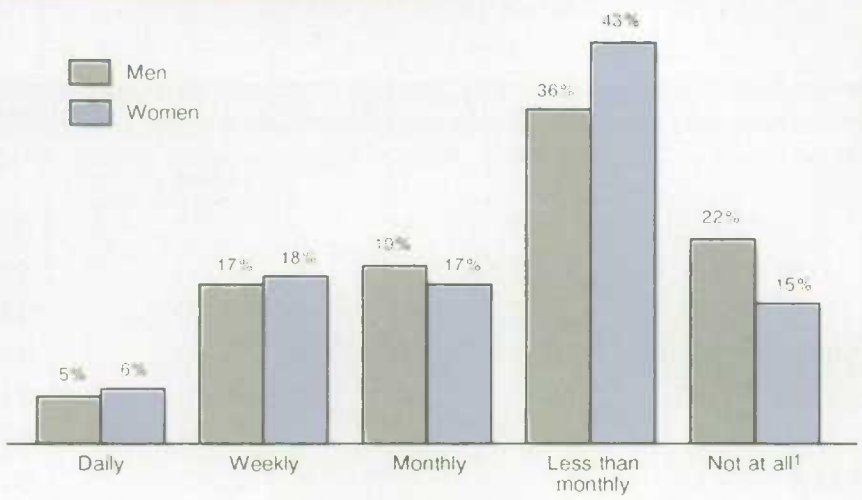
Daughters tended to see their mothers more often than did sons. Middle-aged women (86%) had a greater tendency than men (73%) to visit with their mothers daily or weekly if they lived within 10 kilometres. Men, although frequent weekly visitors of mothers, tended more toward monthly visits. For example, among men who lived 11-50 kilometres from their mothers, 43% saw their mothers weekly and another 43% saw them monthly. Among women living the same distance away, 56% saw their mothers weekly and 35% saw them monthly. With increased distance from mothers, women still saw them more often than men did. For men living 51-100 kilometres away, 14% saw their mother weekly and 63% monthly. However, 39% of the women living this distance away had weekly visits, while 49% had monthly visits.

For fathers, the pattern was different. Fewer respondents had fathers who were still alive because of men's lower life expectancies. Also, men tend to be older than their wives. It was principally the middle-aged children living within 10 kilometres of their fathers who maintained daily or weekly contact (76%). Among children living 11-50 kilometres away from their fathers, 3% saw them daily. Another 19% said they saw them at least once a week and another 47% said at least monthly. For those living 51-100 kilometres away, none saw their fathers daily. However, 3% had weekly contact, and another 69% had monthly contact.

The most frequent of these parent-child contacts were between daughters and mothers (41% of daughters saw their mothers daily or weekly). Ten percent of daughters had not seen their mother in the past year, and the same percentage had not seen their fathers. Personal contact between sons and their fathers occurred the least frequently. Only 20% of sons saw their fathers daily or weekly, 40% saw them less often than monthly, and another 18% did not see them at all. This is consistent with men's greater emotional distance from family members alluded to by the information on elderly men's sources of emotional support, as well as by how often sons and husbands are the first choice for that support. However, one

CANADIAN SOCIAL TRENDS

Personal contacts with siblings, by men and women aged 65 and over, 1990



[1] No personal contact in the previous 12 months.
Source: Statistics Canada, General Social Survey, 1990.

Sisters and brothers

Older Canadians reported large numbers of sisters and brothers relative to younger Canadians. This is not surprising in view of the large family sizes of the older generation. In 1990, more than one-half (54%) of people aged 65 or over reported coming from families where they had five or more siblings. Only 4% of men, and 5% of women reported having no siblings, while 8% of men and 10% of women had only one.

More seniors reported having sisters who were still living than brothers. This is expected given that women generally live longer than men. Among those aged 80 or over, about 60% of both men and women reported having a living sister. In contrast, 33% of men and 38% of women in this age group reported having a living brother.

should also consider differences between middle-aged men and women when it comes to how flexible their time is, with more sons than daughters in the labour force. How old or dependent the parent is could also be a factor, since elderly fathers are on average younger and less apt to be alone than elderly mothers.

Contacts with grandparents

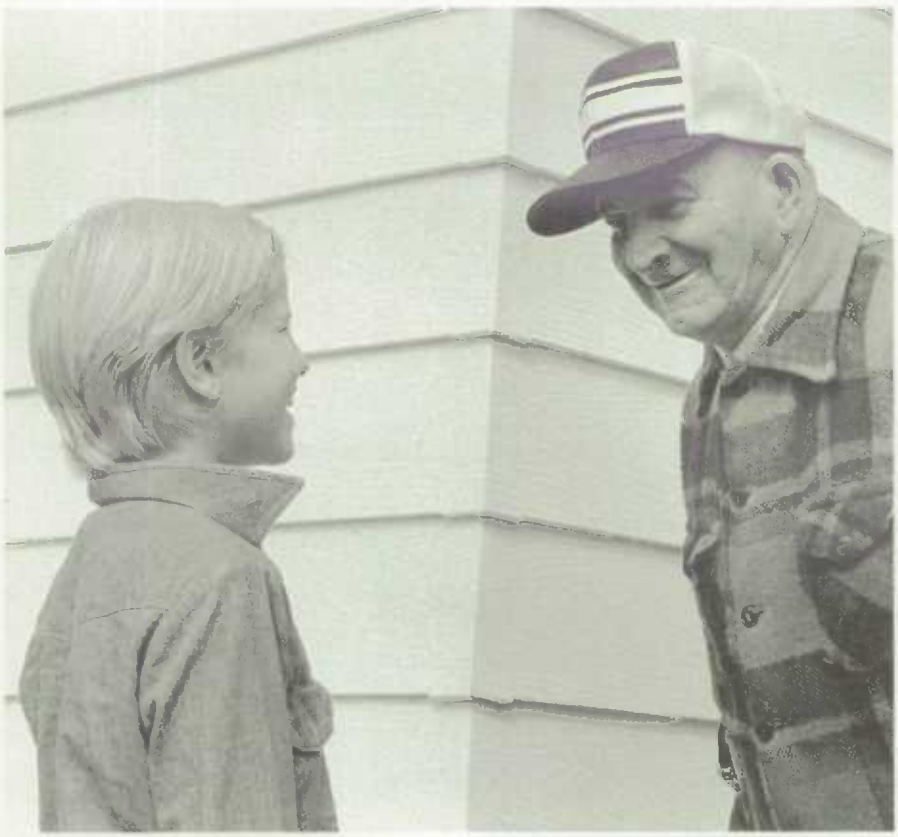
Grandchildren are an important part of the elderly's family environment. In 1990, over one-third of Canadians with a grandparent still living saw at least one of their grandparents once a month or more: 3% had daily contact, another 14% had weekly, and another 22% saw their grandparents at least once a month. It was common, however, to see a grandparent less frequently than once a month (41%). Another 20% had not seen their grandparents in over 12 months.

Young adults aged 15-24 saw their grandparents more often than did people aged 25-44. People who had never married reported more frequent contact with their grandparents than others. This may in part be a reflection of age.

The contacts by telephone or by letter that persons aged 15 and over had with their grandparents were quite similar in frequency to personal contacts. As many as 3% had daily contact by letter or phone. Another 13% talked or wrote to their grandparents weekly. Another 22% had this type of contact on a monthly basis, while 33% were in contact by phone or mail less than once a month. However, 29% of Canadians aged 15 or over had no contact with one of their grandparents by letter or phone in the year before the survey.

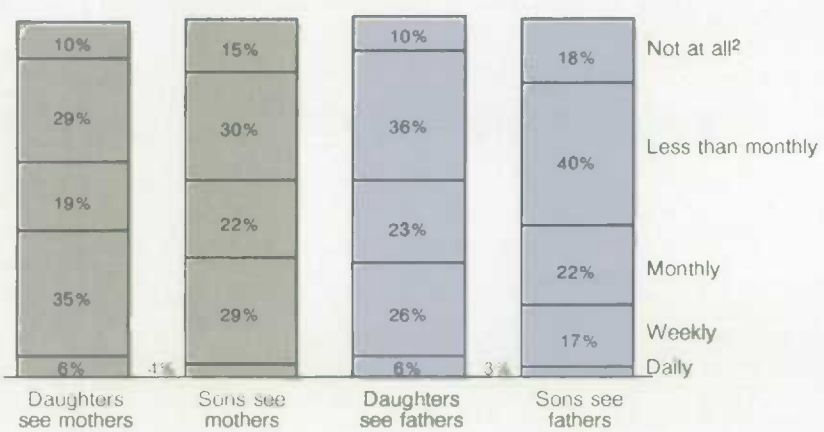
It is difficult to compare the level of personal contact between those aged 15 years and over and their grand-parents with the level of contact middle-aged children have with their parents. The frequency of personal contact between middle-aged sons and their fathers ranks low compared to the other parent-child relationships, but it closely resembles the frequency of contact between grandchildren and grandparents. Given the greater distance in terms of kinship, grandchildren appear to be doing their part.

Canadians are living longer. With access to pensions and increased mobility, more older Canadians are living alone or living with their spouses and no children. Women continue, on average, to outlive their spouses. With the growth in the elderly population, this means an increasing number of older women are living alone. The extended family household is becoming a thing of the past. Consequently, contacts with family members can no longer be taken for granted as the result of living together. For older Canadians to hold onto the feeling of security that family represents, someone must make the effort to maintain contact.



CANADIAN SOCIAL TRENDS

Personal contacts with elderly parents, by middle-aged[1] sons and daughters, 1990



[1] Aged 45-64.
[2] No personal contact in the previous 12 months.
Source: Statistics Canada, General Social Survey, 1990.

- The number of seniors surveyed in the 1990 GSS was doubled with the support of the *Seniors Secretariat*, Health and Welfare Canada.

Susan McDaniel *is a Professor at the University of Alberta.*

ANNUAL LABOUR FORCE ESTIMATES, 1946-1992

	Population aged 15 and over (000s)	Labour force (000s)			Participation rate (%)	Unemployment rate (%)	Employment/population ratio (%)
		Total	Employed	Unemployed			
1946	8,779	4,829	4,666	163	55.0	3.4	53.1
1947	9,007	4,942	4,832	110	54.9	2.2	53.6
1948	9,141	4,988	4,875	114	54.6	2.3	53.3
1949	9,268	5,055	4,913	141	54.5	2.8	53.0
1950	9,615	5,163	4,976	186	53.7	3.6	51.8
1951	9,732	5,223	5,097	126	53.7	2.4	52.4
1952	9,956	5,324	5,169	155	53.5	2.9	51.9
1953	10,164	5,397	5,235	162	53.1	3.0	51.5
1954	10,391	5,493	5,243	250	52.9	4.6	50.5
1955	10,597	5,610	5,364	245	52.9	4.4	50.6
1956	10,807	5,782	5,585	197	53.5	3.4	51.7
1957	11,123	6,008	5,731	278	54.0	4.6	51.5
1958	11,388	6,137	5,706	432	53.9	7.0	50.1
1959	11,605	6,242	5,870	372	53.8	6.0	50.6
1960	11,831	6,411	5,965	446	54.2	7.0	50.4
1961	12,053	6,521	6,055	466	54.1	7.1	50.2
1962	12,280	6,615	6,225	390	53.9	5.9	50.7
1963	12,536	6,748	6,375	374	53.8	5.5	50.9
1964	12,817	6,933	6,609	324	54.1	4.7	51.6
1965	13,128	7,141	6,862	280	54.4	3.9	52.3
1966[1]	13,083	7,493	7,242	251	57.3	3.4	55.4
1967	13,444	7,747	7,451	296	57.6	3.8	55.4
1968	13,805	7,951	7,593	358	57.6	4.5	55.0
1969	14,162	8,194	7,832	362	57.9	4.4	55.3
1970	14,528	8,395	7,919	476	57.8	5.7	54.5
1971	14,872	8,639	8,104	535	58.1	6.2	54.5
1972	15,186	8,897	8,344	553	58.6	6.2	54.9
1973	15,526	9,276	8,761	515	59.7	5.5	56.4
1974	15,924	9,639	9,125	514	60.5	5.3	57.3
1975	16,323	9,974	9,284	690	61.1	6.9	56.9
1976	16,701	10,203	9,477	726	61.1	7.1	56.7
1977	17,051	10,500	9,651	849	61.6	8.1	56.6
1978	17,377	10,895	9,987	908	62.7	8.3	57.5
1979	17,702	11,231	10,395	836	63.4	7.4	58.7
1980	18,053	11,573	10,708	865	64.1	7.5	59.3
1981	18,368	11,899	11,001	898	64.8	7.5	59.9
1982	18,608	11,926	10,618	1,308	64.1	11.0	57.1
1983	18,805	12,109	10,675	1,434	64.4	11.8	56.8
1984	18,996	12,316	10,932	1,384	64.8	11.2	57.5
1985	19,190	12,532	11,221	1,311	65.3	10.5	58.5
1986	19,397	12,746	11,531	1,215	65.7	9.5	59.4
1987	19,642	13,011	11,861	1,150	66.2	8.8	60.4
1988	19,890	13,275	12,245	1,031	66.7	7.8	61.6
1989	20,141	13,503	12,486	1,018	67.0	7.5	62.0
1990	20,430	13,681	12,572	1,109	67.0	8.1	61.5
1991	20,746	13,757	12,340	1,417	66.3	10.3	59.5
1992	21,058	13,797	12,240	1,556	65.5	11.3	58.1

[1] Includes the population aged 15 and over beginning in 1966. Data prior to 1966 are based on the population aged 14 and over. Estimates for 1966 to 1974 have been adjusted to conform to current concepts. Estimates prior to 1966 have not been revised.

SOCIAL INDICATORS

	1985	1986	1987	1988	1989	1990	1991	1992
POPULATION								
Canada, June 1 (000s)	25,105.4	25,353.0	25,617.3	25,909.2	26,240.3	26,610.4	27,000.4[pr]	27,408.9[pp]
Annual growth (%)	0.9	0.9	1.0	1.1	1.3	1.4	1.5[pr]	1.5[pp]
Immigration[1]	84,062	88,051	125,696	152,285	174,495	199,527	219,480[r]	232,758[p]
Emigration[1]	46,252	44,816	51,040	40,528	37,437	39,650	39,233[pr]	38,328[pp]
FAMILY								
Birth rate (per 1,000)	14.8	14.7	14.4	14.5	15.0	15.3	15.1[r]	*
Marriage rate (per 1,000)	7.3	6.9	7.1	7.2	7.3	7.1	7.2[r]	*
Divorce rate (per 1,000)	2.4	3.1	3.4	3.1	3.1	2.9	2.8	*
Families experiencing unemployment (000s)	990	915	872	789	776	841	1,046	1,132
LABOUR FORCE								
Total employment (000s)	11,221	11,531	11,861	12,244	12,486	12,572	12,340	12,240
- goods sector (000s)	3,425	3,477	3,553	3,693	3,740	3,626	3,423	3,307
- services sector (000s)	7,796	8,054	8,308	8,550	8,745	8,946	8,917	8,933
Total unemployment (000s)	1,311	1,215	1,150	1,031	1,018	1,109	1,417	1,556
Unemployment rate (%)	10.5	9.5	8.8	7.8	7.5	8.1	10.3	11.3
Part-time employment (%)	15.5	15.5	15.2	15.4	15.1	15.4	16.4	16.8
Women's participation rate (%)	54.6	55.3	56.4	57.4	57.9	58.4	58.2	57.6
Unionization rate - % of paid workers	34.4	34.1	33.3	33.7	34.1	34.7	*	*
INCOME								
Median family income	34,736	36,858	38,851	41,238	44,460	46,069	46,742	*
% of families with low income (1986 Base)	14.3	13.6	13.1	12.2	11.1	12.1	13.1	*
Women's full-time earnings as a % of men's	64.9	65.8	65.9	65.3	65.8	67.6	69.6	*
EDUCATION								
Elementary and secondary enrolment (000s)	4,927.8	4,938.0	4,972.9	5,024.1	5,074.4	5,141.0	*	*
Full-time postsecondary enrolment (000s)	789.8	796.9	805.4	816.9	832.3	856.3	887.0[p]	*
Doctoral degrees awarded	2,000	2,218	2,384	2,415	2,600	2,672	2,947	*
Government expenditures on education - as a % of GDP	6.0	5.7	5.6	5.5	5.4	5.5	*	*
HEALTH								
% of deaths due to cardiovascular disease								
- men	41.7	41.4	40.5	39.5	39.1	37.3	*	*
- women	45.3	44.9	44.0	43.4	42.6	41.2	*	*
% of deaths due to cancer - men	25.4	25.9	26.4	27.0	27.2	27.8	*	*
- women	25.7	25.5	26.1	26.4	26.4	26.8	*	*
Government expenditures on health - as a % of GDP	5.8	6.0	5.9	5.9	6.0	6.2	*	*
JUSTICE								
Crime rates (per 100,000)								
- violent	749	808	856	898	948	1,013	1,099	*
- property	5,560	5,714	5,731	5,630	5,503	5,844	6,395	*
- homicide	2.8	2.2	2.5	2.2	2.5	2.5	3.0	*
GOVERNMENT								
Expenditures on social programmes[2] (1990 $000,000)	155,990.6	157,737.2	160,670.7	164,293.2	170,125.0	175,640.0	*	*
- as a % of total expenditures	55.8	56.4	56.1	56.2	56.2	56.7	*	*
- as a % of GDP	26.2	26.1	25.5	24.7	25.0	26.3	*	*
UI beneficiaries (000s)	3,181.5	3,136.7	3,079.9	3,016.4	3,025.2	3,261.0	3,663.0	*
OAS and OAS/GIS beneficiaries[m] (000s)	2,569.5	2,652.2	2,748.5	2,835.1	2,919.4	3,005.8	3,098.5	3,180.5
Canada Assistance Plan beneficiaries[m] (000s)	1,923.3	1,892.9	1,904.9	1,853.0	1,856.1	1,930.1	2,282.2	2,723.0
ECONOMIC INDICATORS								
GDP (1986 $) - annual % change	+4.8	+3.3	+4.2	+5.0	+2.3	−0.5	−1.7	*
Annual inflation rate (%)	3.9	4.2	4.4	4.0	5.0	4.8	5.6	1.5
Urban housing starts	139,408	170,863	215,340	189,635	183,323.	150,620	130,094	140,126

- Not available * Not yet available [p] Preliminary data [pp] Preliminary postcensal estimates [m] Figures as of March. [pr] Updated postcensal estimates [r] Updated data.

[1] For year ending May 31st.

[2] Includes Protection of Persons and Property; Health; Social Services; Education; Recreation and Culture.

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Correction: In the article "Sleep Problems: Whom do They Affect?" in the Winter 1992 issue of CST, page 9, the last line in the second paragraph of the section - *Lone parents and their children* should read as follows: Children from lone-parent families were more likely than those living with both parents to have at least one health problem: 56% compared with 49%.

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