No. 31 WINTER 1993

CANADIAN SOCIAL TRENDS

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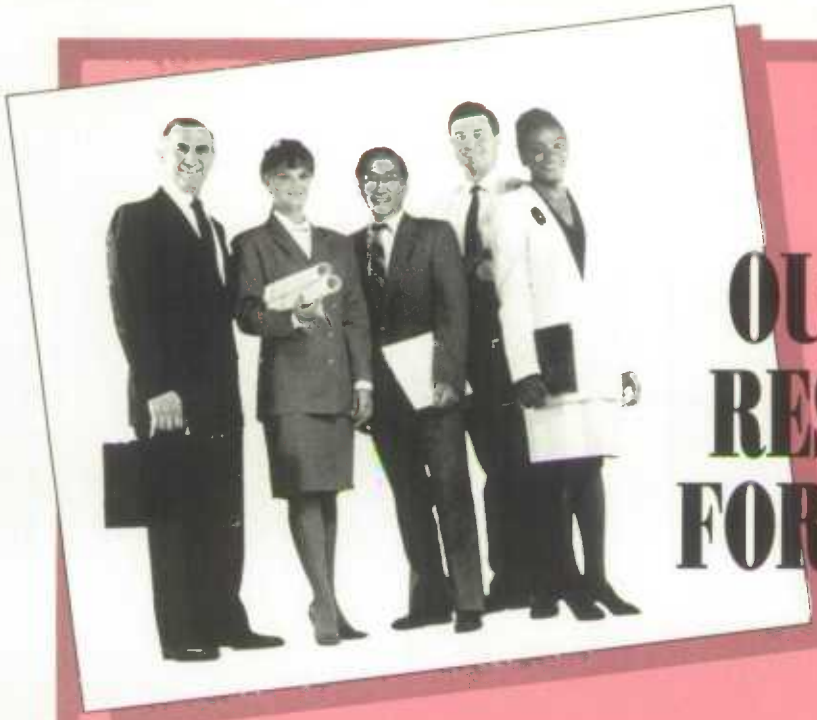

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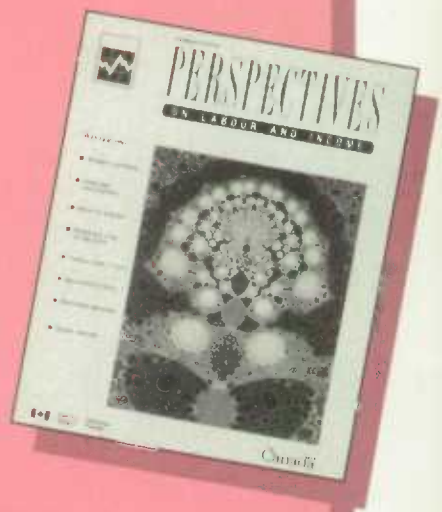

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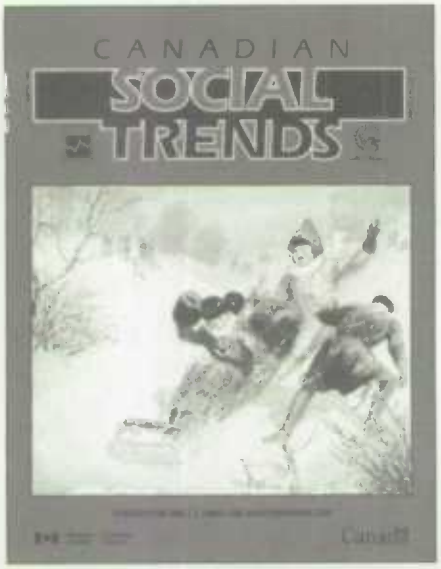
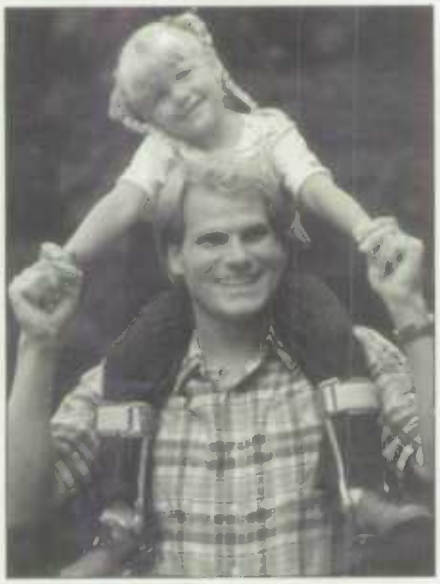


Cover: Tobogganning (watercolour over graphite on wove paper: 20.9 x 25.2 cm). Anonymous 19th century artist. Acquired in 1955 by the National Gallery of Canada, Ottawa.



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CANADIAN SOCIAL TRENDS

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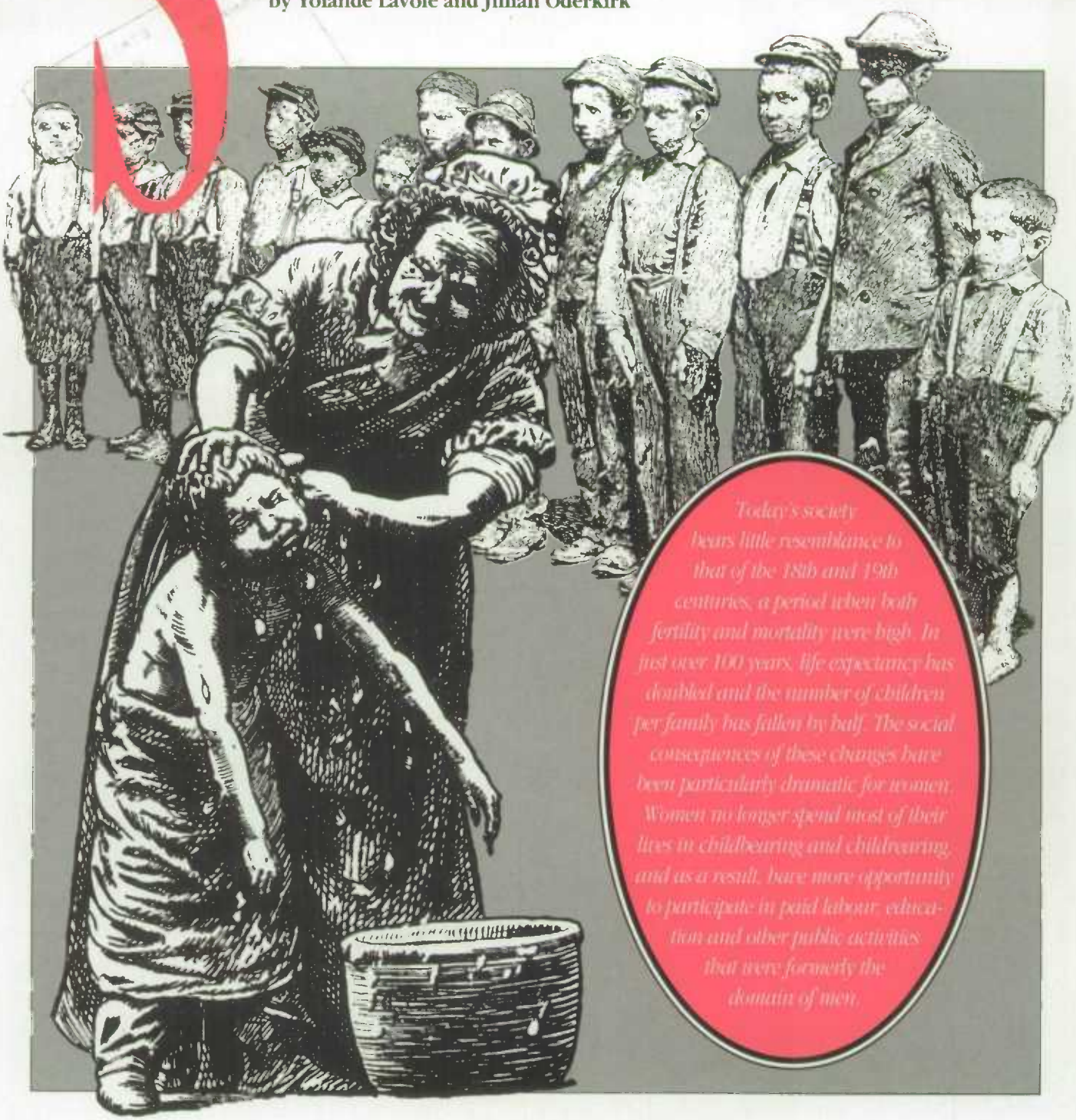
Indexed in the **Canadian Magazine Index, Public Affairs Information Service, Inc.** and available on-line in the **Canadian Business and Current Affairs Database.**

ISSN 0831-5698

Social Consequences of Demographic Change

by Yolande Lavoie and Jillian Oderkirk



Today's society bears little resemblance to that of the 18th and 19th centuries, a period when both fertility and mortality were high. In just over 100 years, life expectancy has doubled and the number of children per family has fallen by half. The social consequences of these changes have been particularly dramatic for women. Women no longer spend most of their lives in childbearing and childrearing, and as a result, have more opportunity to participate in paid labour, education and other public activities that were formerly the domain of men.

In the 18th century, the labour force was composed mainly of young adult males who could expect to work for about two decades. Today, in contrast, the labour force consists of an aging population of not only men but also of women, whose working lives are twice as long as those of their ancestors. Many new challenges accompany this increase in working life. For example, few workers can expect to work with the same skill set, perform the same job or even remain in the same field during their entire career. To cope with the likelihood of change, most are expected to participate in education and training programs throughout their lives.

From many early deaths to universal access to old age The lives of pioneers born in 1700 were very short, averaging only 30 to 35 years. Factors such as poor hygiene, infectious diseases, inadequate diet and limited means to control fertility lead to very high mortality rates. Four generations later, men born in 1831 lived an average of 40 years and women, 42 years. Although this was an improvement from the 1700s, infantile infectious diseases (scarlet fever, diphtheria, measles and others) and epidemics of cholera (1832), typhus (1846-1849), and smallpox (1885-1886), among others, were still taking the lives of many people.

During the next four generations, however, a spectacular increase in life expectancy occurred. From the 1831 cohort to the 1951 one, the average length of life almost doubled and the two-year survival advantage of women over men increased to eight years. For those born in 1951, life expectancy is 72 years for men and 80 years for women.

Increased opportunity to become a mother... The vast majority of women today have the opportunity to become a mother. In contrast, only about half of women born in the late 18th and 19th centuries had this chance. This is because many did not survive to reach puberty and many others died during their reproductive years. The period from age 15 to age 50 is considered by demographers to be the reproductive period of women's lives.

Just 667 of every 1,000 girls born in 1700 lived to reach age 15. By 1861, chances of survival had not increased very much, with only 691 of every 1,000 girls reaching that age. Improvements in the life expectancy of young women did not occur until the 20th century. For every 1,000 women, 874 of those born in 1921 survived to age 15, compared with 956 of those born in 1951. Less than one-half of all women born in the late 18th or early 19th centuries lived to age 50, whereas few Canadian women born around 1950 will die before reaching their 50th birthday.

...but lower fertility If every 1,000 women born in the early 18th century had survived to the end of their reproductive life, they would have given birth to 8,200 children, according to the reproductive behaviour prevalent at that time. This represents a lifetime fertility of slightly more than eight children per woman. However, since the majority of women from that period did not survive to age 50, every 1,000 women born in 1700 bore only 4,300 children instead of 8,200.

By the 20th century, however, women's fertility had decreased substantially. Although the vast majority of women born in 1951 will live to age 50, they are expected to give birth to only 1,800 children for every 1,000 women, less than two per woman.

The population is replaced when each woman in the present generation is replaced by at least one daughter in the next. This daughter-to-mother ratio is called the net reproduction rate. In the 18th century, there were 2,100 daughters to replace 1,000 foremothers. With this reproduction rate the population doubled in 30 years. However, for every 1,000 women in the 1951 cohort, only 900 daughters are expected to be born, less

Female and male survivors at different ages, Canada, 1700 and 1831 to 1951 CST

	Survivors per 1,000 females born in...					
Age	1700	1831	1861	1891	1921[1]	1951[1]
1 year	789	838	834	856	923	966
15 years	667	681	691	744	874	956
20 years	634	659	672	731	868	953
45 years	405	519	552	645	834	935
50 years	365	490	527	627	820	928
60 years	267	412	458	572	775	899
70 years	155	286	347	475	690	834
80 years	53	122	178	311	537	676
90 years	3	16	35	101	274	327

	Survivors per 1,000 males born in...					
Age	1700	1831	1861	1891	1921[1]	1951[1]
1 year	789	814	811	835	907	958
15 years	667	666	674	724	856	944
20 years	634	646	656	710	847	937
45 years	405	502	531	624	798	901
50 years	365	466	500	603	775	889
60 years	267	371	414	527	695	833
70 years	155	237	295	389	549	704
80 years	53	89	137	198	329	462
90 years	3	10	22	43	108	147

[1] Survival projected for ages 40 and over.
Source: Statistics Canada, Catalogue 91-209E.

than the rate necessary to ensure replacement of the population.

Women's lives no longer devoted to childbearing In the late 18th and early 19th centuries, women's lives were devoted to motherhood. Canadian women born during this time, on average, married at age 22 and if they lived to age 50, bore about 10 children. Their first pregnancies usually occurred a few months after marriage and last pregnancies around age 40. At that age, these women had exhausted, on average, 70% of their expected years of life. For many, responsibilities associated with raising young children continued until their lives ended.

In sharp contrast to their foremothers, women in their early forties today are expected to have half of their lives still ahead of them. In addition, the creation of couples is not as closely linked to reproduction as it was in the past, because the development and use of reliable contraceptive methods during the 20th century have enabled women and men to plan pregnancies. Couples may also choose to remain childless. As a result, women born in 1951 are expected to devote about two years of their lives to pregnancy and early infant care. Therefore, even after this period is subtracted from women's lives, because women generally live longer than men, they are expected to have the same number of years potentially available for public activities, such as paid work, as do men.

More women with paid work As the amount of time women had available for activities other than childbearing increased, so did their labour force participation. By 1961, the participation rate for women had grown to 30%, double the rate in 1901. During this period, however, it was mostly single women who were entering the labour force. Today, women's participation is much more pronounced and marital status does not have such a strong influence. In 1991, 77% of married women and 84% of single women aged 25-44 were participating.

The presence of children also does not restrict participation significantly. While mothers of very young children were less likely than mothers of older children to be in the labour market, the majority were still participating. In 1991, 62% of mothers with children under age 3, 68% of mothers with children aged 3-5 and 76% of mothers with children aged 6-15 were in the paid labour force.

Changing professional patterns The vast increase in the length of working life from the 18th to the 20th century combined with the increase in women's participation in public life have changed occupational patterns for both men and women. These changes present challenges which will likely lead to increased demands for training opportunities and flexibility in the workplace.

In the past, the labour force was not only primarily male but, because of its demography, was also young. During the second half of the 18th century, 7 out of 10 men aged 15-65 were aged 40 or less. Because of high mortality rates, those born in the 18th century could expect to work for only 23 years on average, between ages 15 and 65.

Today, workers born in the 1950s can expect to work for 40 years before retirement. During such long careers, changes within the economy and industry may force many workers to upgrade their skills, switch jobs or even change vocations. Also, mature workers will dominate the labour force in Canada as early as the second decade of the next century. As a

result, there will be many workers competing for jobs at the top of organizational hierarchies.

In addition to the challenges associated with an aging labour force, women encounter gender-based biases in the workplace. In spite of some progress, such as an increasing acceptance of employment equity and a shift toward more equal sharing of parental responsibilities, many social mechanisms are not yet fully adapted to the reality that women have a permanent place in public life. For example, many women still encounter difficulty in obtaining parental leave, face job uncertainty after maternity leave and pay inequities between men and women.

Increasing uncertainty and competition in the workplace, for both men and women, are expected to result in greater demand for education and training programs. This may actually increase the relative importance of the educational system despite significant shrinking of the population of children and young adults.

Conclusion Increased longevity and controlled fertility are slowly changing traditional social hierarchies, within the family, workplace and community. In the 18th and 19th centuries, roles for both men and women, in the home and the public domain, were well defined. In addition, most of the population was young and those who were able to survive to older ages assumed positions of authority by virtue of their years of experience. The distribution of the population at that time, a pyramid with many young people at the bottom and fewer senior people at the top, corresponded to the hierarchical structure of most organizations.

Today, however, living to become a senior citizen is no longer limited to a select few. The population of older Canadians is growing relative to the size of younger age groups which are shrinking. This change in the age structure of the population expands the traditional pool for recruitment to the top levels of organizational hierarchies and substantially reduces the base. As a result, competition from both men and women for a limited number of positions of authority within social hierarchies, including those in the family, workplace and community, will likely increase.

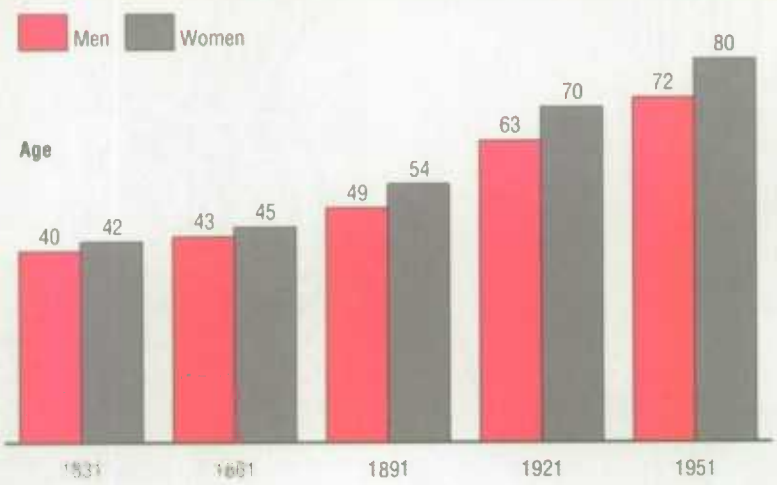
Shifts in the demographic structure of society, however, cause social and economic change as much as they result from it. Totally unexpected situations often occur because as members of the population change over time, so do attitudes, beliefs and behaviours. Consequently, the future course of society can only be speculated upon by those who will be participants in roles they have not yet learned.

Yolande Lavoie is an independent consultant in demography and **Jillian Oderkirk** is an Editor of **Canadian Social Trends.**

- For more information consult Lavoie, Yolande, "Structure in Transition: Two Centuries of Demographic Change", in **Report on the Demographic Situation in Canada, 1992**. Statistics Canada, Catalogue 91-209E.

CANADIAN SOCIAL TRENDS BACKGROUNDER CST

Life expectancy at birth, 1831-1951 CST



Source: Statistics Canada, Catalogue 91-209E.

Women's reproductive life, Canada, 1700 and 1831 to 1951 CST

	Year of birth					
	1700	1831	1861	1891	1921	1951
Percentage born who reproduced	53%	52%	49%	58%	73%	82%
Average number of years lived during reproductive life[1]	18.3	20.6	21.4	24.1	29.8	33.1
Net number of children per woman	4.3	3.9	3.0	2.5	2.7	1.8
Net reproduction rate	2.1	1.9	1.5	1.2	1.3	0.9

[1] Ages 15 to 50.
Source: Statistics Canada, Catalogue 91-209E.

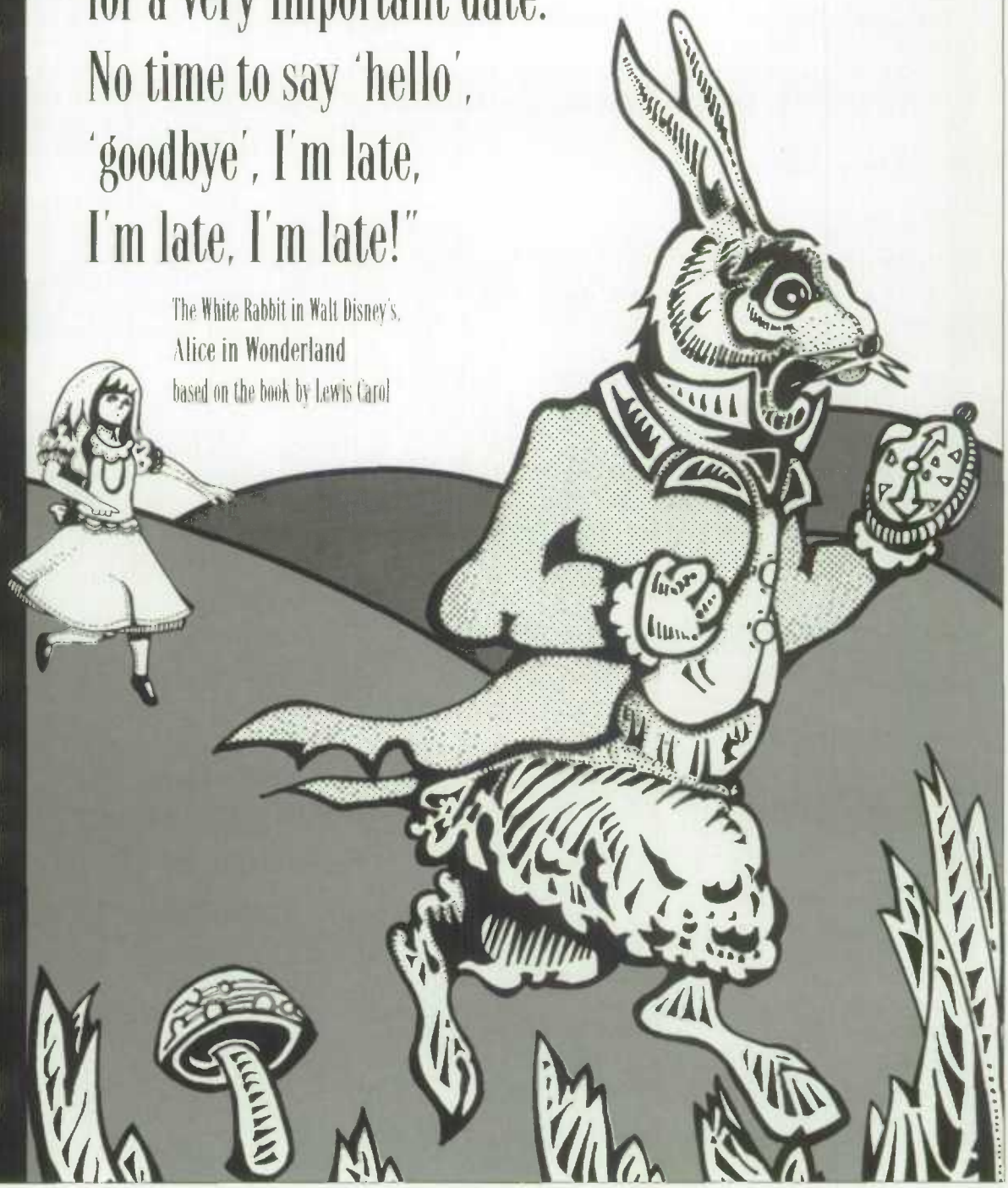
TEMPUS FUGIT

Are you time crunched?

by Judith Frederick

"I'm late, I'm late,
for a very important date.
No time to say 'hello',
'goodbye', I'm late,
I'm late, I'm late!"

The White Rabbit in Walt Disney's,
Alice in Wonderland
based on the book by Lewis Carol



Many Canadians share the harried life of the White Rabbit. Do you? If you agree with four or more of the statements below, consider yourself time crunched and in the company of almost one-half (45%) of Canadians aged 15 and over. If you agree with seven or more of the statements, you, together with about 15% of all adult Canadians, are likely experiencing very high levels of time-crunch stress. While a certain amount of stress is good for you, too much can play havoc with your health.

% of Canadians aged 15 and over who agree with the statement

	Total	Men	Women
❑ 1. I plan to slow down in the coming year.	21	19	22
❑ 2. I consider myself a workaholic.	25	26	25
❑ 3. When I need more time, I tend to cut back on my sleep.	44	45	43
❑ 4. At the end of the day, I often feel that I have not accomplished what I had set out to do.	46	44	48
❑ 5. I worry that I don't spend enough time with my family and friends.	32	33	32
❑ 6. I feel that I'm constantly under stress trying to accomplish more than I can handle.	33	31	35
❑ 7. I feel trapped in a daily routine.	34	32	37
❑ 8. I feel that I just don't have time for fun any more.	28	25	31
❑ 9. I often feel under stress when I don't have enough time.	45	41	48
❑ 10. I would like to spend more time alone.	22	19	26

Source: Statistics Canada, 1992 General Social Survey.

According to the 1992 General Social Survey (GSS), a significant proportion of Canadians experience some degree of time-crunch stress. Role complexity, or the number of hats you have to wear, adds to these feelings of stress. Therefore, it is not surprising that dual-income parents of young children, especially mothers, who are juggling their work, family and personal responsibilities are the most susceptible to feeling time crunched. On the other hand, seniors, many of whom have finished raising their children and/or are retired from the labour force, are the least likely to feel time pressured. With ever-increasing numbers of women entering the paid labour market, the number of Canadians feeling time crunched will not likely diminish in the near future.

Time stressors People feel the pressure of lack of time and cope with it in different ways. For example, nearly 45% of adults reported that they cut back on their sleep when they needed more time for other activities. A similar proportion reported they frequently felt they were not accomplishing what they set out to do, or often felt under stress when they had insufficient time. About one-third felt trapped in a daily routine, constantly under stress by trying to do more than they could handle, or worried that they were not spending enough time with family and friends. As well, about one-quarter felt that they had no time for fun, considered themselves workaholics, or admitted they would like to spend more time alone. Generally, women were more likely than men to feel these pressures. Yet, despite the relatively high proportion of adults feeling time pressured, only one-in-five were planning to slow down in the near future.

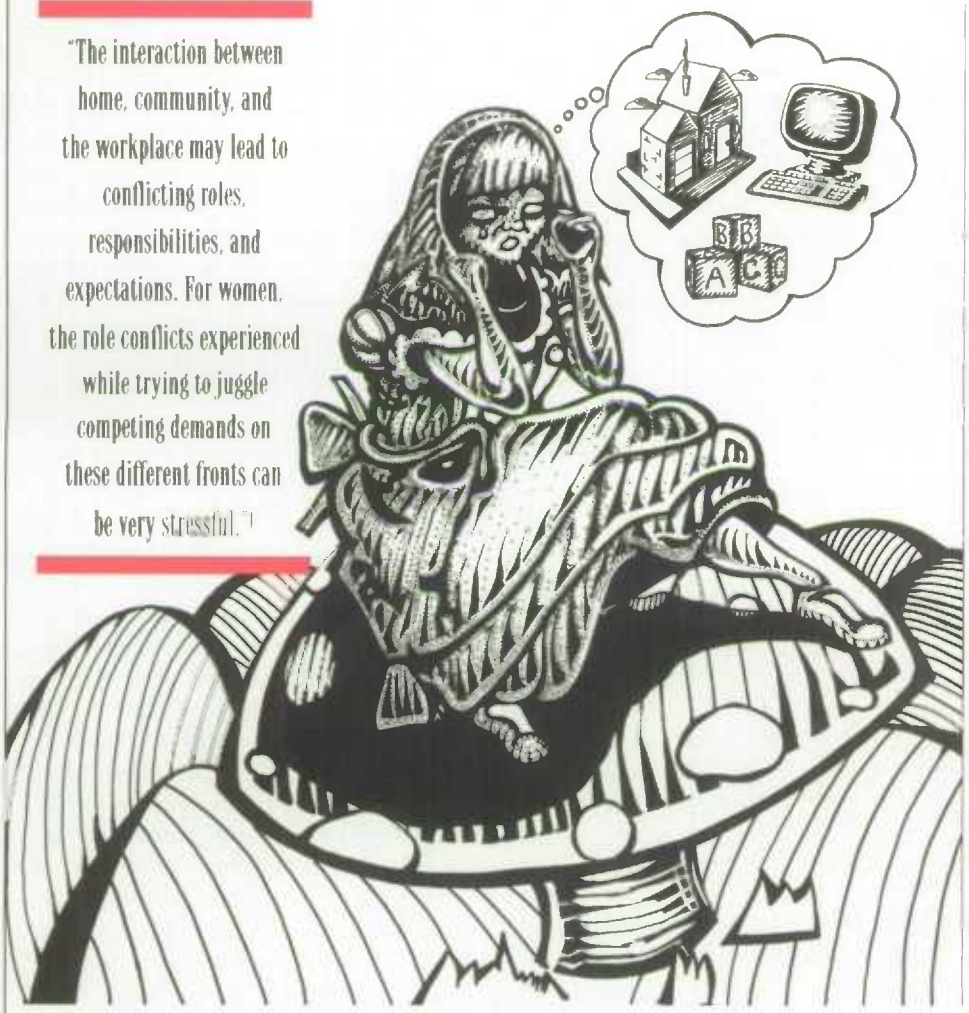
More time-crunch stress among women than men Women appear to be consistently more time stressed than men, regardless of age or stage in life. About 45% of women and 41% of men agreed with four or more time crunch statements, indicating some degree of time stress. Similarly, 16% of women and 12% of men concurred with at least seven statements, making them severely time crunched.

Time-crunch stress varies considerably by age, which is some indication of life-cycle stage. It is highest for those aged 25-44 in their prime childbearing and childrearing years. About 53% of these adults are time crunched, with 19% reporting severe time-crunch stress. The demands ease somewhat for people aged 45-54 but the proportion of frenzied adults only drops markedly at age 55. While this trend likely reflects the easing of both work and family demands, it may also be an indication of changing values as people age.

Mothers with infants most time stressed People's main activity, or what they spend most of their day doing, significantly affects the proportion who feel the pressure of lack of time. Surprisingly to some, mothers on maternity leave reported feeling exceptionally stressed for time. Having to meet the unrelenting demands of a new baby left 72% stressed for time, with nearly 25% feeling severely time crunched.

While an equal proportion of the employed and students (each 52%) were time crunched, slightly more of the employed (18%) than of students (14%) were severely time crunched. The time-crunch profile of people keeping house and those looking for work were similar. Close to 40% of each group admitted to feeling

"The interaction between home, community, and the workplace may lead to conflicting roles, responsibilities, and expectations. For women, the role conflicts experienced while trying to juggle competing demands on these different fronts can be very stressful."[1]



time crunched, with around 11% severely so. Most retired people were virtually time-stress free: only about 14% reported feeling time crunched.

Attachment to the labour force appears to add to the feeling of being time crunched. Proportionately more people working full-time (52%) and students with a job (55%) felt time crunched than did part-time workers (46%) or students without a job (50%). Individuals not in the labour force have the most control over their use of time. This is reflected in the lower proportion (28%) reporting time-crunch stress.

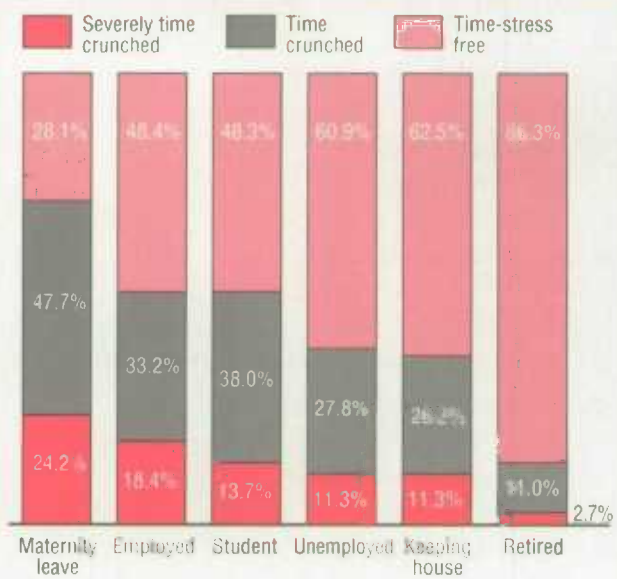
Balancing work and family Dual-earner couples working full-time are among the most time-crunched members of Canadian society. About 57% of these couples reported feeling time crunched, while 22% were severely time crunched. However, there is a striking difference in time stress levels between men and women in these relationships. Over 28% of women employed full-time and in dual-earner families were severely time crunched, in contrast to less than 16% of their male counterparts.

The presence of young children contributes to feelings of time-crunch stress among women, but not among men.

Percentage of Canadians affected by time-crunch stress, 1992 CST

Source: Statistics Canada, 1992 General Social Survey.

Time-crunch stress, by main activity, 1992 CST



Source: Statistics Canada, 1992 General Social Survey.

Percentage of full-time dual earners affected by time-crunch stress, by age of youngest child, 1992

Source: Statistics Canada, 1992 General Social Survey.

Percentage of full-time dual earners affected by time-crunch stress, 1992

Source: Statistics Canada, 1992 General Social Survey.

Among women employed full-time and in dual-earner families, 34% whose youngest child was under age 10 were severely time crunched, compared with 25% with only older children or without children. In contrast, similar proportions of men working full-time whose youngest child was under age 10 (16%) and other men in dual-earner families (15%) were highly stressed for time.

Similar proportions of women (53%) and men (56%) aged 45 and over in dual-earner families and working full-time experienced time stress. In contrast, women under age 45 (66%) were considerably more likely than men that age (48%) to feel time crunched. These younger women (31%) were twice as likely as their male counterparts (15%) to be severely time crunched.

One of the most likely explanations for these differences is that, even in dual-earner families where both partners are working full-time, women are still primarily responsible for children and housework. These demands ease as children mature and ultimately leave home, resulting in less time-crunch stress for older full-time employed women in dual-earner families.

Finding a balance Creative solutions within both the family and workplace would likely alleviate time-crunch stress among Canadians, many of whom are trying to balance work and family responsibilities, with little time left for individual pursuits. In dual-earner families, for example, especially those with young children, sharing of household responsibilities and child care is essential to easing time-crunch stress.[2]

Potential employer assistance to ease this stress lies in more flexible working hours, job sharing, portable computers and other technology to allow more work-at-home arrangements, family leave, counselling services, organizational workshops, and day care benefits and/or on-site child care. Already, many of these ideas are being implemented to make the workplace "family-friendly," to use the current jargon. Employers wanting to attract and keep qualified employees, and enhance productivity and morale, will likely continue to feel pressure to provide a more flexible working environment.

[1] Lowe, Graham S., **Women, Paid/unpaid Work, and Stress: New Directions for Research**, Canadian Advisory Council on the Status of Women, March 1989.

[2] Duxbury, Dr. Linda, Dr. Catherine Lee, Dr. Christopher Higgins, Dr. Shirley Mills, **Balancing Work and Family: A Study of the Canadian Federal Public Sector**, December 1991.

Judith Frederick is a senior analyst with the General Social Survey, Housing, Family and Social Statistics Division, Statistics Canada.

DUAL EARNERS

Who's responsible for housework?

by Katherine Marshall

Women employed full-time and in dual-earner families, particularly those with young children, are the most pressured for time. This is not surprising, given that these women carry the double burden of paid work and unpaid housework. More than one-half of full-time working wives in dual-earner families with children at home[1] are solely responsible for all daily household chores, according to the 1990 General Social Survey (GSS). However, husbands of these women generally take a greater role in domestic chores than do other husbands. Sharing of household work tends to be most common among younger, well-educated couples with few children. Nonetheless, the division of housework is still far from equal.

Most couples are dual earners Balancing family and job obligations has become a challenge for more Canadian couples than ever before. According to the 1990 GSS, 71% of couples, with children under age 19 in the household, were dual earners (both partners had at least some employment outside the home) that year. In contrast, just over 20 years ago, only 30% of such families were dual earners.

In 1990, both the wife and the husband were employed full-time in 51% of two-parent families. In 19% of two-parent families, the husband worked full-time, while the wife was employed part-time. Single-earner families, in which the husband was employed full-time and the wife was at home full-time, accounted for 27%.

Wives' responsibility for housework varies with employment status As wives' involvement in the workforce increases, their responsibility for housework declines, but their husband's contribution does not increase enough to approach parity. For example, 72% of wives aged 15-64 working full-time who had children living at home were solely responsible for meal preparation, compared with 86% of wives employed part-time and 89% of those not in the labour force.

Husbands in dual-earner families, with both partners employed full-time and with children at home, were the most likely of all husbands to assume responsibility for domestic chores. The proportions who did

[1] The population examined in this article consists of married or common-law couples with both partners aged 15-64 and with dependent children under age 19 at home.

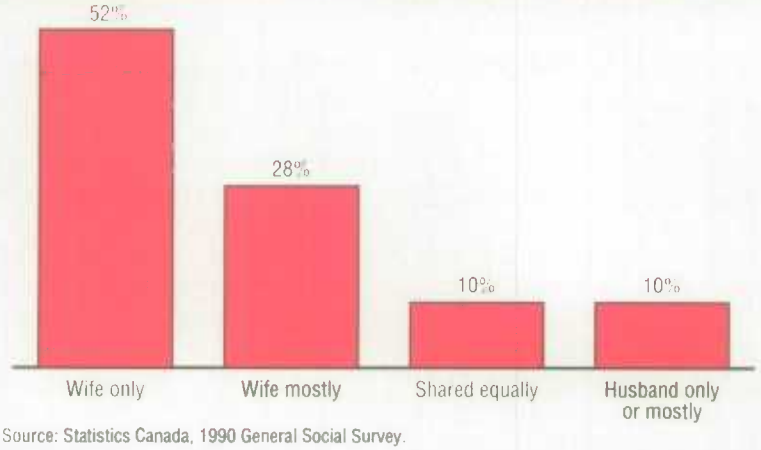
CANADIAN SOCIAL TRENDS BACKGROUNDER CST

Primary responsibility for work around the house among couples aged 15-64 with children under age 19, 1990 CST

Household chore and type of couple	Total[1]	Primary responsibility: Wife only	Husband only	Wife and husband equal	Other[2]
		%			
Meal preparation					
Dual-earner, both full-time	100	72	13	12	2
Dual-earner, wife part-time[3]	100	86	7	6	--
Single-earner, husband part-time	100	89	5	5	--
Meal clean-up					
Dual-earner, both full-time	100	59	16	15	6
Dual-earner, wife part-time[3]	100	72	9	10	3
Single-earner, husband full-time	100	78	7	8	3
Cleaning and laundry					
Dual-earner, both full-time	100	74	7	13	3
Dual-earner, wife part-time[3]	100	86	4	6	--
Single-earner, husband full-time	100	86	4	7	--
House maintenance and outside work					
Dual-earner, both full-time	100	7	79	4	9
Dual-earner, wife part-time[3]	100	9	80	3	6
Single-earner, husband full-time	100	8	77	5	9

[1] May not add to 100 due to rounding and the exclusion of Not Stated.
[2] Someone other than the wife or husband has primary responsibility for the chore.
[3] In this type of couple, the husband works full-time.
Source: Statistics Canada, 1990 General Social Survey.

Wives largely responsible for housework in dual-earner families with both spouses employed full-time, 1990 CST



Source: Statistics Canada, 1990 General Social Survey.

so, however, were relatively low. Meal clean-up was the task that these men most often shared (15%) or did on their own (16%). Slightly fewer shared (12%) or had sole responsibility (13%) for meal preparation. And although 13% of husbands shared the cleaning and laundry, these were the chores that they were least likely to do alone (7%).

Men maintained responsibility for chores such as repairs, maintenance and yard work, regardless of whether their wife was employed or stayed at home. In 1990, for example, the husband had sole responsibility for these tasks in 79% of full-time dual-earner families with children at home. In families where the wife stayed at home, the proportion was 77%.

Women working full-time often responsible for all housework In one-half of couples with children under age 19, both spouses are employed full-time, and consequently, have less time for domestic chores than do those with other employment patterns. With both partners sharing responsibility for paid work, it would appear that these couples deviate from traditional gender roles. However, this is not the case in the home, where wives still are usually responsible for the routine household chores of meal preparation and clean up, as well as cleaning and laundry.[2] Over half of wives employed full-time (52%) had all of the responsibility for daily housework, while another 28% had most of this responsibility. Only 10% of dual-earning couples working full-time shared responsibility for housework equally. In the remaining 10% of couples, the husband had all or most of the responsibility.

Who shares...who doesn't? Only a small minority of dual-earner couples, with both partners working full-time and with children at home, had an egalitarian division of housework. Generally, the younger the partners, the less likely was the wife to be the only one responsible for housework. For example, 47% of wives under age 35, in dual-earner families and employed full-time, were solely responsible for daily housework, compared with 69% of those wives aged

[2] Throughout the rest of this article, the terms "housework" or "household chores" refer to the tasks of meal preparation, meal clean-up, and cleaning and laundry.

The General Social Survey

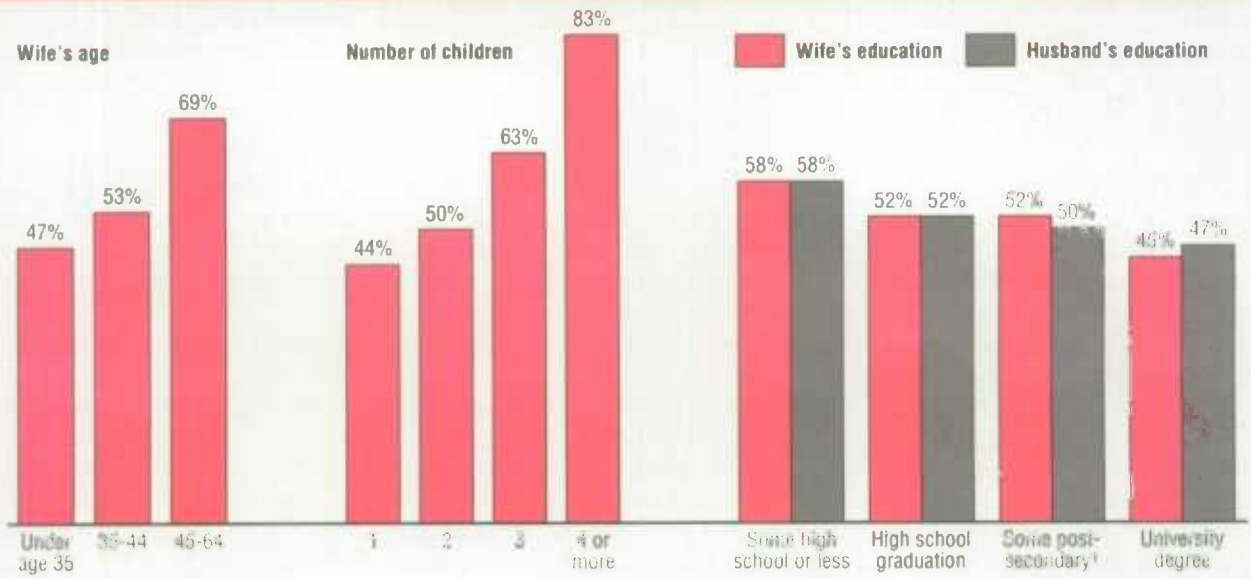
Statistics Canada established the General Social Survey (GSS) in 1985 to monitor changes in the living conditions and well-being of Canadians, and to provide information on various social issues of current or emerging interest. Data are collected annually from a random sample of households. Approximately 13,500 people were interviewed in 1990. The target population consists of all people aged 15 and over, except full-time residents of institutions and residents of the Yukon and the Northwest Territories. For further information on the survey, contact Josephine Stanic at (613) 951-8644.

Determining level of responsibility for housework A point system was used to determine responsibility for housework. Individuals scored a point each time they were acknowledged as having primary responsibility for meal preparation, meal clean-up, and cleaning and laundry. If responsibility for a chore was shared equally, each partner scored a point. Since daily housework consisted of three chores, the maximum score was three points. For example, "wife mostly" comprises scores of W=3 H=2; W=3 H=1; and W=2 H=1.

Because one respondent reported for all family members, the data reflect that person's perception of who was responsible for household chores. Husbands collectively perceived themselves as doing more than wives observed them doing, and vice versa. Since results were based on responses from both husbands and wives, differences in perception generally averaged out. In the case of income, however, the analysis of husbands' income and housework was based on male respondents only, which results in a male perspective on the division of household chores. The same is true for female income and housework. This produces some bias in reporting.

Percentage of wives employed full-time and in dual-earner families with sole responsibility for housework, 1990

CST



[1] Includes certificate or diploma.
Source: Statistics Canada, 1990 General Social Survey.

45-64. Some of this variation is due to attitudinal differences across age groups.

Although husbands and children may help with household tasks, women assume more responsibility for housework as the number of children in the household increases. The percentage of full-time employed wives in dual-earner families who had all responsibility for housework increased from 44% of those with one child at home to 83% of those with four or more children. It appears that women are more likely than men to do the extra work required to maintain a home with several children. It is also possible that parents with several children at home may have retained many traditional values, despite the mother working at a paid job.

Women in common-law unions where both partners work full-time were somewhat less likely than those in marriages to do all the housework. The wife had sole responsibility for housework in 46% of common-law unions, compared with 52% of marriages.

Women with high educational attainment were less likely than others to assume full responsibility for domestic chores in dual-earner families. University-educated women employed full-time with children living at home had sole responsibility for daily housework in 45% of their households. This was the case in 58% of households where women had less than high school graduation. Husbands with higher education were more likely than others to share responsibility for household chores. This may be because there is less of an income differential between wives and husbands as education level rises. More equality in income earned may lead to more equal sharing of responsibilities for housework.

The relationship between domestic responsibility and income differed for women and men. In dual-earner families with both partners working full-time, the wife's likelihood of having sole responsibility for housework declined as her income rose. Whereas 67% of women whose income was under $20,000 had sole responsibility for housework, this was the case for 53% of those whose income was $40,000 or over. As a husband's income increased, his propensity for doing housework declined, leaving an increasing proportion of wives with sole responsibility for domestic chores. Thirty-nine percent of wives whose husband's income was under $20,000 had sole responsibility for housework, compared with 45% of those whose husband's income was $40,000 or over. This pattern corresponds to the theory that the relative social and economic power between husbands and wives determines who does household chores.[3] In other words, having greater economic power "buys" time out of housework.

Satisfaction with division of chores

Despite the fact that most women are solely or mostly responsible for housework, the vast majority of both women and men in dual-earner families indicated that they were satisfied with the allocation of domestic chores. Almost all husbands (97%) and wives (98%) in households where housework was shared equally, as well as spouses with little responsibility for these tasks (at least 94%), reported being satisfied with this arrangement. Not surprisingly, spouses least satisfied were those with sole responsibility for household chores. For example, only 75% of wives in this situation reported being satisfied with the division of labour.

Dual earners' time for activities and balance between family and job

Spouses with sole responsibility for housework are less satisfied than their partners with the amount of time they have to pursue other interests. In dual-earner families where both partners were working full-time, 58% of women with sole responsibility for housework were satisfied, compared with 70% of their partners. In those families where the husband had sole or most of the responsibility, 54% of men were satisfied, compared with 74% of their spouses. In other dual-earner families, around 60% of both husbands and wives were satisfied with the amount of time they had for other activities.

Regardless of the allocation of responsibility for housework, around 80% of spouses in dual-earner families said that they were satisfied with the balance between job and family. Experience with other surveys has shown, however, that reported levels of satisfaction tend to be somewhat exaggerated because many people consider it more socially acceptable to express satisfaction than dissatisfaction with their personal life.

Traditional division of labour

Although in many families today, both spouses are working, traditional roles still persist in the home. Women, even those employed full-time, continue to be primarily responsible for housework, whereas men maintain responsibility for tasks such as repairs, outside work and maintenance.

Responsibility for a chore goes beyond the actual performance of the task to include anticipating, planning and organizing what needs to be done and managing people, resources and time. The routine tasks of housework – such as meal preparation, meal clean-up, and cleaning and laundry – are time-consuming and often must be performed daily or at least weekly. In contrast, many repair, yard work and maintenance chores are done infrequently and, in some cases, can be delayed indefinitely.

Because of the differences in the nature of the responsibilities, it is usually more difficult to manage the daily household chores in conjunction with full-time employment than to manage the more infrequent repairs, yard work and maintenance. Without a more equal division of responsibility for housework, women will have to continue to juggle employment, household chores and family time. This, in turn, will leave them more limited time for professional or personal development.

[3] Brayfield, April A., "Employment Resources and Housework in Canada," in **Journal of Marriage and the Family**, Vol. 54, No. 1, February 1992, pp.19-30.

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- See also "Employed Parents and the Division of Housework" by Katherine Marshall in **Perspectives on Labour and Income**, Autumn 1993, Statistics Canada, Catalogue 75-001.

T R E N D S • I N

Health Status and Practices

Canada and the United States

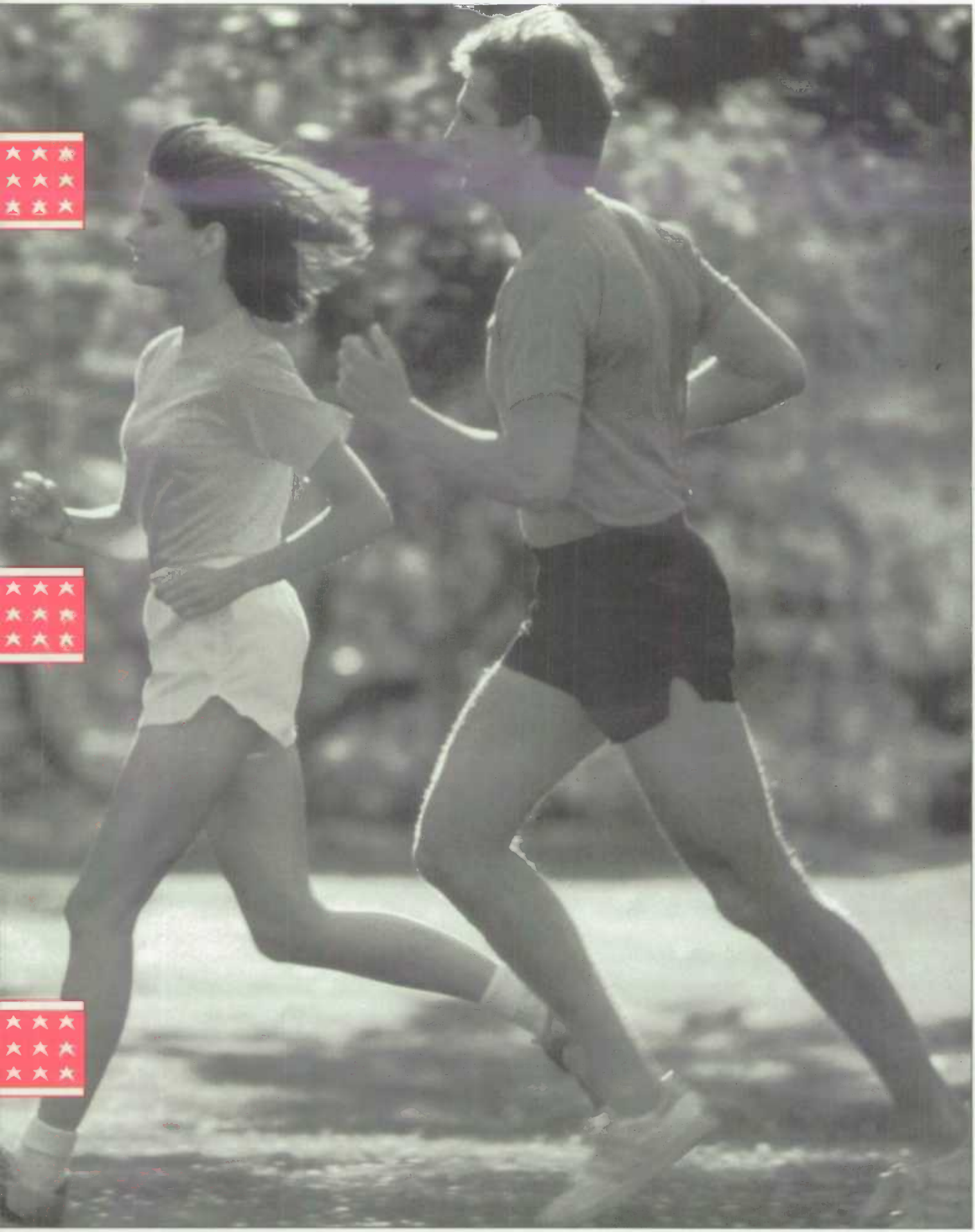
by Charlotte A. Schoenborn

Trends in health status and practices in Canada and the United States can be compared using data from Canadian and American surveys. Intercountry comparisons of data from a single year should be made with caution, however, because both the definitions of terms and the context and wording of questions differ between the Canadian and American surveys. – Ed.

In Canada and the United States, helping people develop healthier lifestyles is an important public health issue. Both countries are participating in the World Health Organization's campaign to achieve "Health for All by the Year 2000." Behaviours that have been aggressively targeted with public education campaigns, legislation and taxation – such as smoking, impaired driving and seatbelt use – are changing the most. Other preventive health practices – such as exercising, regular breakfast eating and maintenance of normal weight – have not received the same level of attention, and people's behaviour in these areas has not changed as much in recent years.[1]

Continued on page 19

1 Measures of health status and behaviours are from Canada's Health Promotion Surveys (HPS) and the U.S. National Health Interview Surveys of Health Promotion and Disease Prevention. In this article, the Canadian population refers to those aged 17 and over and the American population, to those aged 18 and over.



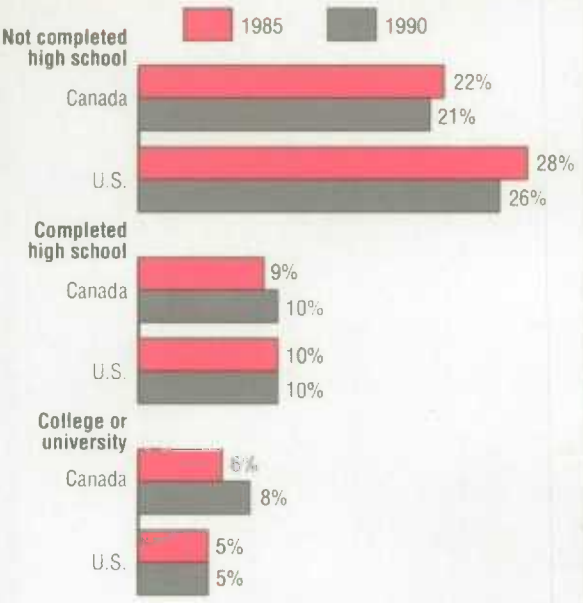
Health status

Health: There is a significant time lag between engaging in most personal health behaviours and observing the subsequent health effects. It is not surprising, therefore, that despite recent improvements in health promotion practices in Canada and the United States, percentages of people reporting fair or poor health were similar in 1985 and 1990 in both countries. In 1990, 13% of men and 12% of women in Canada reported fair or poor health. Proportions in the United States were 12% for men and 10% for women.

In both Canada and the United States, people with low educational attainment were much more likely than others to report fair or poor health. This may be due, in part, to the fact that seniors, many of whom have lower levels of education, tend not to be as healthy overall as younger people. In addition, it may be partly because low educational attainment is associated with low income and barriers to accessing information, both of which may result in less healthy lifestyles. People with low incomes, in particular, may not be able to obtain adequate nutrition, shelter and, in the United States, health care. In 1990, among people with less than 12 years of schooling, 21% of people in Canada and 26% of those in the United States said their health was fair or poor. These proportions dropped to 10% or less in both countries for those with at least 12 years of formal education.

Percentage of adults[1] reporting fair or poor health, by education level, Canada and the U.S., 1985 and 1990

CST



[1] Includes people aged 17 and over in Canada and aged 18 and over in the U.S.

Source: Health and Welfare Canada, **Canada's Health Promotion Survey, 1990: Technical Report.**

Stress: Stress levels rose among men and women in both countries during the late 1980s, although gender differences existed. Men in Canada were slightly more likely than women to regard their lives as stressful. In 1990, 13% of men and 12% of women in Canada reported their lives as very stressful, up from 10% of men and 8% of women in 1985. In contrast, stressful lives were much more common among women in the United States than men. In that country, 20% of men and 27% of women said that they were under a lot of stress in 1990, while in 1985, 18% of men and 23% of women were in that situation.

Perceptions of personal stress give some indication of mental well-being – a key factor in the pursuit of a healthy lifestyle and the attainment of good health. Although not evident now, increasing levels of stress may result in greater use of harmful substances such as tobacco and alcohol, and reduced attention to the protection of health through exercising or balanced eating.

Overweight: The proportion of men and women considered overweight (as measured using the Body Mass Index[2]) increased in Canada and the United States between 1985 and 1990. By 1990, 27% of men and 18% of women in Canada were overweight, up from 19% of men and 14% of women in 1985. In the United States, 26% of both men and women were overweight in 1990. This is up from 22% each in 1985.

Being overweight is often the consequence of poor health behaviours, such as overeating and lack of exercise, but can also result from medical problems. It is possible that as the number of people with stressful lives increases, poor health behaviours which contribute to being overweight may become more common. This could lead to an increase in obesity, which in turn could result in additional health problems.

Personal health practices

Smoking: Smoking declined in both countries during the last half of the 1980s. In 1990, 32% of men and 29% of women in Canada were current smokers, down from 36% of men and 33% of women in 1985.

In the United States, 28% of men and 23% of women in 1990 were current smokers, compared with 33% of men and 28% of women in 1985.

Seniors aged 65 and over are still the least likely to smoke. In 1990, 18% of senior men and 14% of senior women in Canada were current smokers. Proportions in the United States were 15% for senior men and 11% for senior women. In contrast, among people aged 25-44 (those most likely to smoke), 36% of men and 34% of women in Canada, and 33% of men and 27% of women in the United States, were current smokers.

Adults in both countries who have not gone beyond high school are much more likely to smoke than their more educated counterparts. Nonetheless, proportions dropped among all education groups from 1985 to 1990.

Declines in smoking point to the success of national anti-smoking campaigns in both Canada and the United States. Some of the steps taken in these campaigns have been education about the hazards of smoking, increased taxes on tobacco products, higher insurance premiums for smokers than for non-smokers and restrictions on smoking in public areas and workplaces.

Alcohol consumption: Whereas current alcohol consumption (having had a drink in the 12 months preceding the survey) remained relatively constant during the latter part of the 1980s in Canada, it declined somewhat in the United States. Just over eight-in-ten Canadians reported having had a drink in 1990, the same as in 1985. In contrast, over the same period, the proportion of current drinkers in the United States dropped to 61% from 65%.

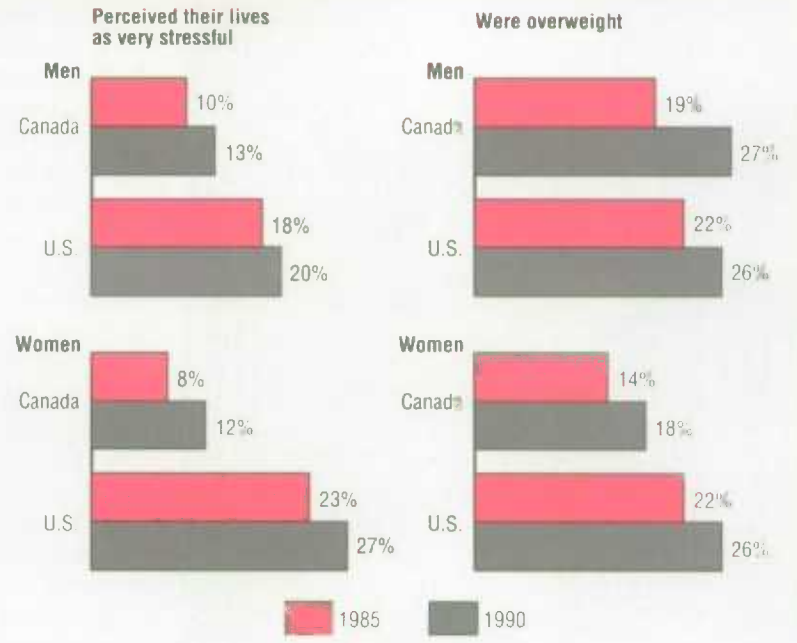
Reductions in daily drinking occurred among men in Canada and in the United States.[3] In Canada, 16% of male current drinkers in 1990 drank two or more drinks per day, on average, whereas the proportion in 1985 was 23%. In the United States, 14% of male current drinkers reported having two or more drinks daily in 1990, down from 17% in 1985.

Declines in daily drinking occurred among all education groups, although the largest drop was among those with at least some college or university. The proportion of Canadian current drinkers with at least some postsecondary education who drank two or more drinks daily was 8% in 1990, down from 14% in 1985. Among those who had not completed high school, the percentage dropped to 11% from 13%. Declines were not as great south of the border among those with at least some college or university education. The proportion of American current drinkers with this level of education who drank two or more drinks daily dropped three percentage points to 8% in 1990 from 11% in 1985.

[2] In the Canadian surveys, a person was considered overweight if he or she had a BMI [weight (in kg)/height^2 (in m)] greater than 27. In the American surveys, overweight was defined as a BMI greater than 27.8 for men and 27.3 for women.

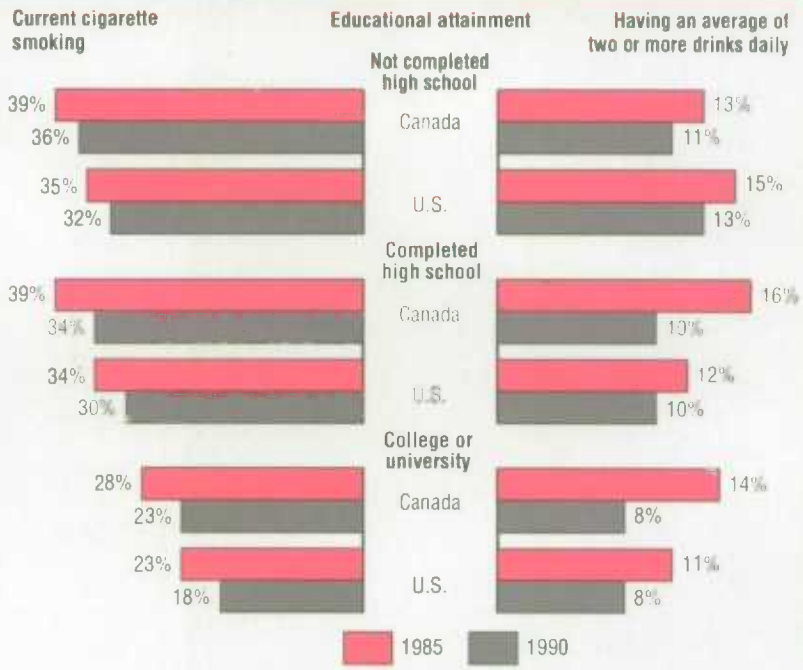
[3] Daily drinking of two or more drinks is rare among women in both countries. As a result, the sample size is too small to make any inferences about heavy drinking trends among women.

Health status of adults,[1] by gender, Canada and the U.S., 1985 and 1990 CST



[1] Includes people aged 17 and over in Canada and aged 18 and over in the U.S.
Source: Health and Welfare Canada, **Canada's Health Promotion Survey, 1990: Technical Report.**

Smoking and drinking in Canada and the U.S.,[1] 1985 and 1990 CST



[1] Includes people aged 17 and over in Canada and aged 18 and over in the U.S.
Source: Health and Welfare Canada, **Canada's Health Promotion Survey, 1990: Technical Report.**

Driving after drinking: Drinking and driving became less common in both countries during the late 1980s. The proportion of current drinkers in Canada who reported driving within two hours of drinking any amount of alcohol dropped to 23% in 1990 from 25% in 1985. In the United States, the decline was sharper, but the survey question was much different. In 1990, 12% of Americans reported driving when they perhaps had too much to drink, down from 17% in 1985.

The reduction in the proportion of Canadians reporting that they drove after drinking was almost totally attributable to young adults under age 25. The decline among young people more than offset the effect of men aged 45 and over, whose incidence of drinking and driving increased.

Although favourable health practices tend to be more common among adults with higher educational attainment, this was not the case for drinking and driving in Canada in either 1985 or 1990. In 1990, for example, 30% of current drinkers with at least some college or university education drove within two hours of having had a drink, compared with 20% of those who had completed high school and 17% of those without a high school diploma. In the United States, however, sharp declines in the rate of drinking and driving among more highly educated Americans have almost completely eliminated differences in rates by education. In 1990, 12% of current drinkers in the United States with at least some postsecondary education, 13% of those with a high school education, and 11% of those who

Adults[1] who reported drinking and driving, Canada and the U.S., 1985 and 1990 CST

Age group and gender	Canada 1985	Canada 1990	U.S. 1985	U.S. 1990
	% reporting driving...			
	... after drinking any amount of alcohol		... when they perhaps had too much to drink	
18-24				
Men	37	31	38	26
Women	17	11	19	13
25-44				
Men	42	42	27	19
Women	14	14	12	9
45-64				
Men	27	31	11	10
Women	9	7	3	3
65 and over				
Men	12	18	3	4
Women	7	6*	0	2
Total				
Men	35	35	22	16
Women	13	11	10	8

[1] Includes people aged 17 and over in Canada and aged 18 and over in the U.S.
* Moderate sampling variability.
Source: Health and Welfare Canada, **Canada's Health Promotion Survey, 1990: Technical Report.**

had not completed high school, reported driving when they perhaps had had too much to drink.

Physical activity: According to the Health Promotion Survey, the proportion of Canadians who were physically active declined during the last half of the 1980s.[4] In 1990, 47% of people in Canada reported vigorous physical activity of at least 15 minutes duration three or more times weekly, down from 53% in 1985. This decline in physical activity is consistent with increased prevalence of being overweight. In the United States, overall rates of exercising or playing sports regularly remained stable at about 40% in 1985 and 1990.

Education has little effect on Canadians' participation in physical activities, while making a significant difference in the United States. In 1990, 44% of Canadians who had not completed high school reported regular physical activity, compared with 49% of those who had completed high school or had at least some college or university education. In the United States, the proportion of people who reported exercising or playing sports regularly ranged from 26% of those who had not completed high school to 37% of those who had completed high school and 52% of those with at least some college or university.

Regular breakfast eating: Breakfast eating habits remained about the same between 1985 and 1990 in both countries. In 1990, 74% of Canadians ate breakfast five to seven times a week. That year, 56% of those in the United States reported eating breakfast almost every day.

In both countries, seniors were the most likely to eat breakfast regularly. In 1990, 92% of both Canadian men and women aged 65 and over were regular breakfast eaters, while this was the case for 86% of American men and 85% of American women that age.

Some of the benefits of eating breakfast, such as improved concentration and greater comprehension, particularly among children in school, have been well-documented. Also, people who eat breakfast have been more successful at losing weight than others who did not eat breakfast, but who had the same caloric intake.

Preventive health care

Blood pressure check: In Canada and the United States, the proportion of people who had had their blood pressure checked recently remained about the same in 1985 and 1990. About three-quarters of adults in each country had had their blood pressure checked in the 12 months preceding the survey.

Seniors were the most likely to have had a recent blood pressure check. In Canada, about 90% of people aged 65 and over reported having had their blood pressure checked in the 12 months before the survey. The proportion was about 85% in the United States.

Breast self-examination: Breast cancer rates have been rising in both Canada and the United States for the past several decades. One of the key factors in the early detection of breast cancer is breast self-examination, a practice which increased in

the United States during the last half of the 1980s. In 1990, 38% of American women reported that they examined their breasts for lumps once a month, up from 32% in 1985. Increases in this preventive health practice occurred regardless of age or educational attainment.

In Canada, 27% of women reported that they performed monthly breast self-examinations in 1990. Trend information for Canada is not available from the HPS, however, because the wording of the question in 1985 was "know how to examine your own breasts."

Pap smears: The percentage of women having had a Pap smear within three years of the survey declined in Canada, while rising in the United States. In 1990, the Canadian proportion was 72%, down from 76% in 1985. In contrast, the American proportion was 81% in 1990, up from 78% in 1985. These trends held true among all age groups and education levels, although differences existed in the magnitude of the changes.

Commitment to health promotion Based on these trends, it would appear that national policies and priorities do influence health-related behaviour. Both Canada and the United States have set health promotion objectives for this decade. Continuing these national commitments to improvements in health promotion may lead to further reductions in preventable illness and disability associated with many risk-taking behaviours.

4 This trend is not consistent with the findings of Statistics Canada's General Social Survey (GSS). According to the GSS, the proportion of physically active Canadians rose slightly to 74% in 1991 from 71% in 1985. The GSS determined people's physical activity based on answers to a series of questions, whereas the HPS determined it by a "yes" or "no" answer to one question.

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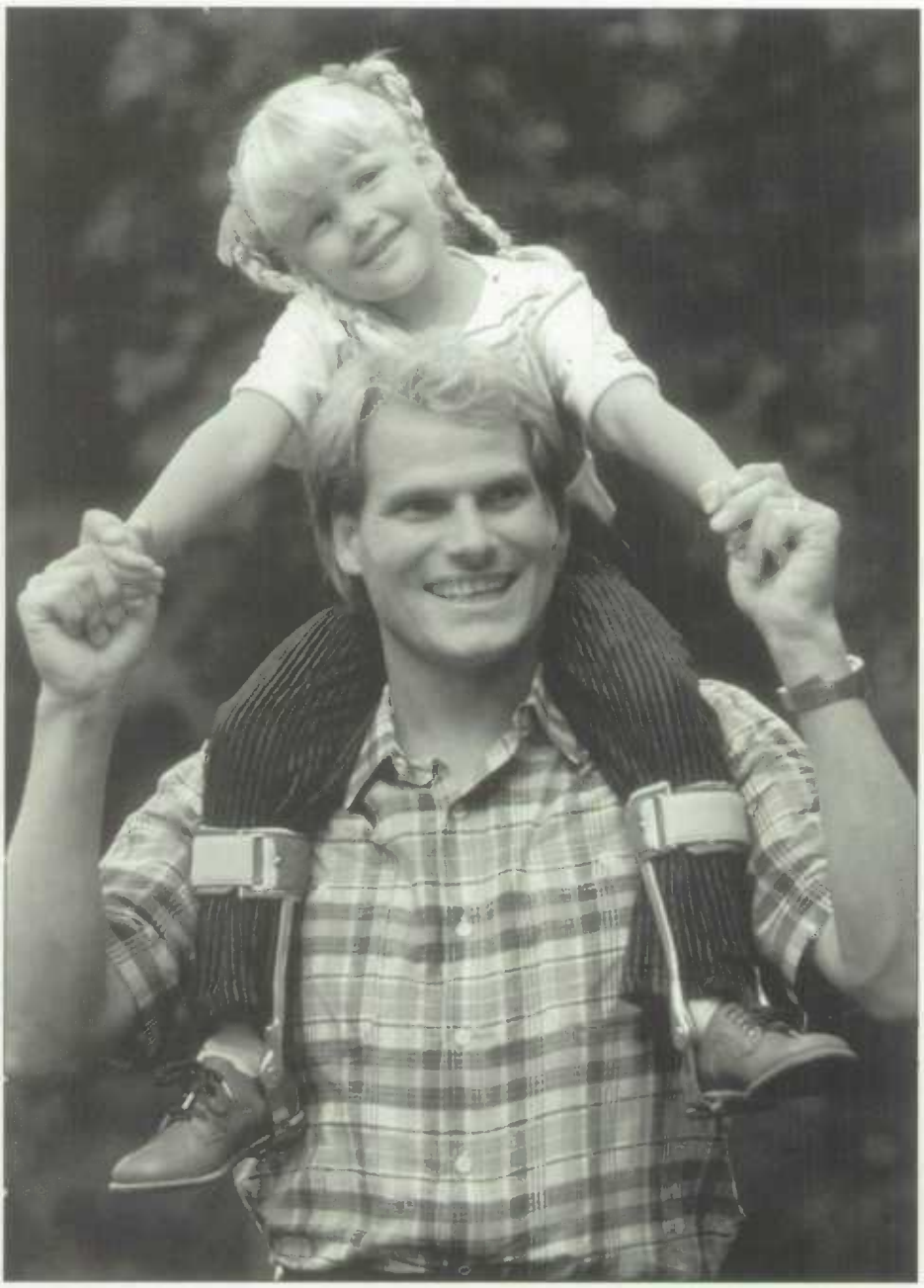
• For more information on the Health Promotion Survey, see Health and Welfare Canada, Stephens, T., and Graham D. Fowler, editors. **Canada's Health Promotion Survey, 1990: Technical Report**. Ottawa: Minister of Supply and Services Canada, 1993.

Disabilities Among Children

by Jillian Oderkirk



The United Nations Convention on the Rights of the Child was adopted by the General Assembly of the United Nations on November 20, 1989. On September 2, 1990, the Convention entered into force as international law.

In May 1990, the Canadian government, as a signatory of this Convention, made a commitment to promote the dignity, self-esteem and participation of children with disabilities. The Convention states that "parties recognize that a mentally or physically disabled child should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance, and facilitate the child's active participation in the community" (Article 23(1)). Also, "parties should undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures" (Article 3(2)). – Ed.

Childhood mortality rates in Canada have fallen dramatically during this century due to improvements in neo-natal care and public hygiene, and the introduction of immunization programs which have protected children from traditional childhood infectious diseases.

As a result, disabilities have replaced infectious diseases as the most challenging health problems incurred by children.

According to the 1991 Health and Activity Limitation Survey (HALS), the proportion of Canadian children under age 15 with disabilities grew to 7% in 1991 (389,400 children) from 5% in 1986. Not all of this growth is attributable to a rising incidence of disability among children, however, because parents may have been more aware of or willing to acknowledge the existence of mild disabilities in their children in 1991 than in 1986.

Most children with disabilities (90%) had only one or two disabling conditions and were considered mildly disabled, while 8% were moderately disabled and 3% severely disabled. Younger children were slightly more likely than older children, however, to be moderately or severely disabled. About 11% of children under age 5 were moderately or severely disabled, compared with 9% of children aged 10-14. Very few children were so severely disabled that they were unable to live at home.[1]

Boys are more likely than girls to have disabilities. In 1991, 8% of boys were disabled, compared with 6% of girls. The incidence of disability was higher, however, among older children of both genders. This may be because the probability of detecting the presence of a disability increases as children age. In 1991, 11% of boys aged 10-14 and 7% of girls that age had disabilities. A smaller proportion of boys (5%) and girls (4%) aged 0-4 had disabilities.

Differences in disability rates were small among the provinces and territories. Children in Alberta and Saskatchewan (each 9%) were the most likely to have disabilities in 1991, while those in Newfoundland, Quebec and the Yukon (each 6%) were the least likely. Elsewhere in Canada, the disability rate ranged from 7% to 8%.

Learning disabilities common Learning disabilities were reported among 25% of disabled children, followed by behavioural or emotional difficulties (12%), mental handicap (10%) and heart disease (8%). Other chronic conditions included epilepsy, kidney disease and cerebral palsy (3% each) and arthritis, diabetes, paralysis and lung conditions other than asthma, allergies or bronchitis (2% each). Less than 1% of children with disabilities were reported as having cancer or muscular dystrophy.

Although the presence of allergies, asthma and bronchitis alone was not considered disabling, a large proportion of children who had disabilities also had these chronic conditions. Of all children with disabilities in 1991, 34% had allergies, 24% had asthma and 12% had bronchitis.

Many children with disabilities had conditions that limited participation in activities such as school or play (42%), difficulty speaking or being understood (20%), difficulty hearing (13%), long-term emotional, psychological, nervous or mental health conditions (11%), and vision difficulties not correctable with glasses or contact lenses (8%). Among children with disabilities, 18% used technical aids, such as a hearing aid or medically prescribed footwear.

One-in-four participate in special education programs

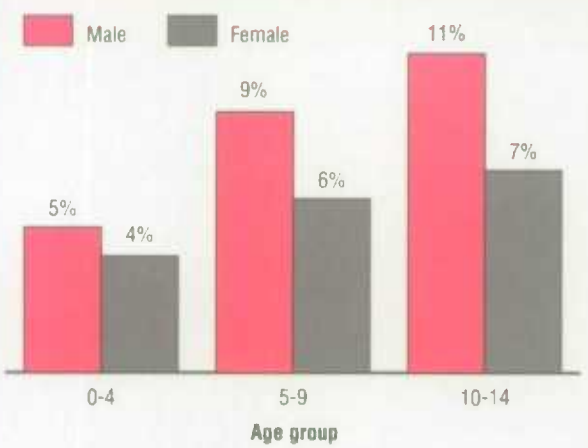
Among Canadian children with disabilities in 1991, 26% attended a special school or special class in a regular school, or had an individualized educational program because of a long-term condition or health problem. Participation in special education programs was not, however, evenly distributed across the country.

Variations in provincial participation rates may be due, in part, to differences in the availability of special classes.

[1] In 1986, less than 1% of all children with disabilities aged 0-14 (2,400 children) were living in institutions such as orphanages or children's homes, special care homes, general hospitals, psychiatric institutions or treatment centres. Because so few children were living in institutions in 1986, this population was not surveyed in 1991.

CANADIAN SOCIAL TRENDS BACKGROUNDER CST

Proportion of all children with disabilities, by age, 1991 CST



Source: Statistics Canada, Health and Activity Limitation Survey, 1991.

Associated features of childhood disability, Ontario, 1983 CST

Co-existing conditions	Children with disabilities	Children without disabilities
	%	
Physical health problems	52.7	10.6
Mental health problems	38.6	16.5
Social relationship problems	23.0	11.0
School failure	32.9	11.0
Use of ambulatory medical care	68.2	56.8
Special education	45.5	12.6
Use of mental health or social services	18.7	4.9

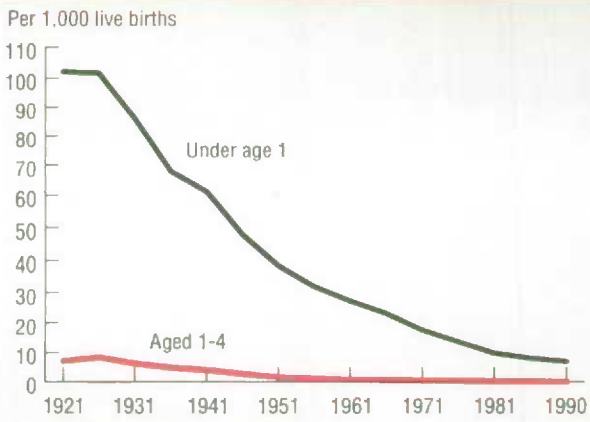
Source: Boyle, M.H., "Child Health in Ontario". **The State of the Child in Ontario**. Toronto: Oxford University Press (1991), p.104.

Drop in deaths from infectious diseases Infant and young child mortality rates have declined rapidly since the 1920s due to expansive immunization programs and improvements in neo-natal care. Most of the survival gains have been among infants and very young children.

Infant death rates for every 1,000 live births fell to 6.8 in 1990 from 27.2 in 1961, 61.1 in 1941 and 102.1 in 1921. Death rates among older children also declined from 1921 to 1990, falling to 0.4 from 7.4 for every 1,000 children aged 1-4, to 0.2 from 2.9 for every 1,000 children aged 5-9, and to 0.2 from 2.0 for every 1,000 children aged 10-14.

The percentage of all post neo-natal infant deaths (those among infants aged 4 weeks to one year) due to infectious diseases fell to 10% in 1981-1985 from 56% in 1956-1960 and 72% in 1926-1930. Among children aged 1-4, just 10% of deaths in 1981-1985 were due to infectious diseases, down substantially from 33% in 1956-1960 and 73% in 1926-1930.

Infant and young child death rates, 1921-1990 CST



Source: Statistics Canada, Catalogue 82-003S15.

The Health and Activity Limitation Survey

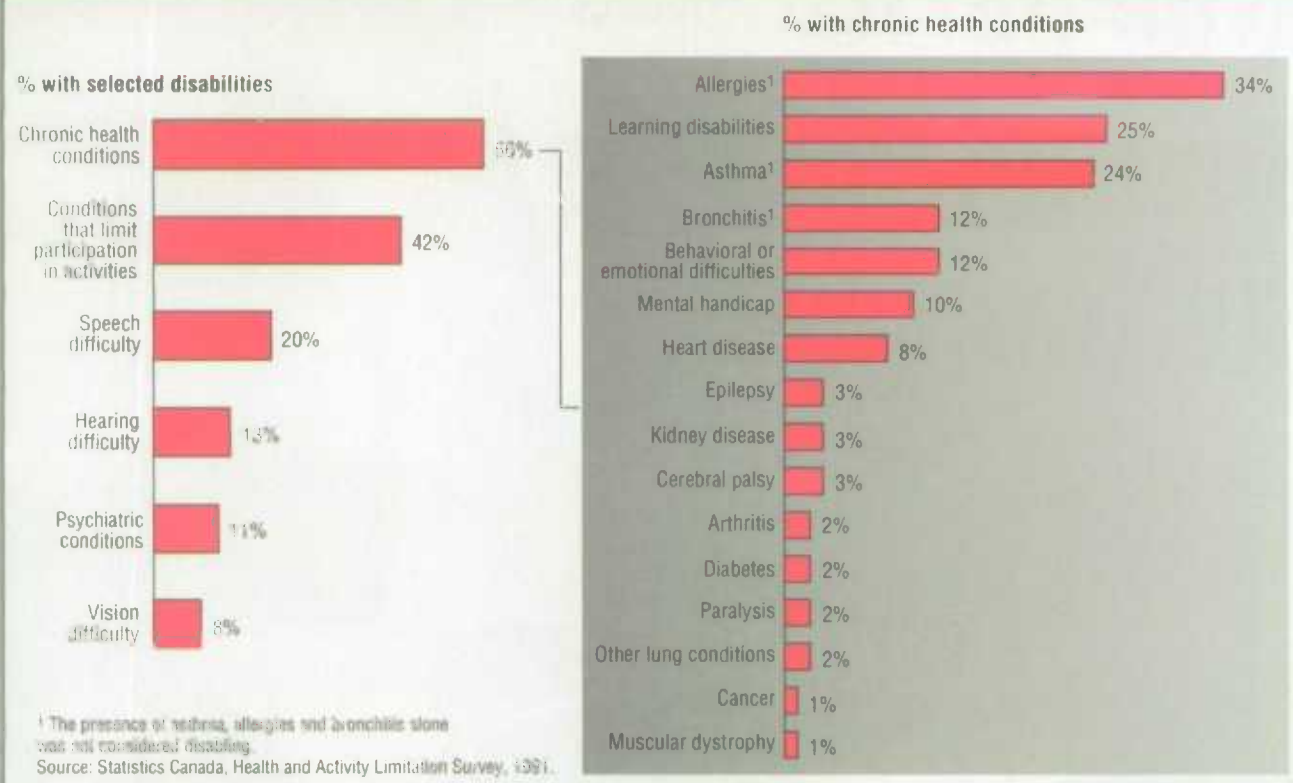
The Health and Activity Limitation Survey, conducted in 1986 and 1991, was designed to contribute to a national database on disability. The survey collected data on the nature and severity of disabilities; the barriers that persons with disabilities face in household tasks, employment, education, accommodation, transportation, finances, and recreation and lifestyles; the use of and need for assistive devices; and the out-of-pocket expenses related to disability. For more information on the survey or on the non-catalogued publication **Children and Youth with Disabilities in Canada: The 1986 Health and Activity Limitation Survey** contact any Statistics Canada Regional Office or Colleen Cardillo, Post-Censal Surveys Program, (613) 951-2050.

Disability defined A disability, as defined by the World Health Organization, is any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal for a human being. Children with any one of the following conditions are considered to have disabilities:

- a chronic condition including lung conditions or diseases other than allergies, asthma or bronchitis, heart or kidney conditions or diseases, cancer, diabetes, epilepsy, cerebral palsy, spina bifida, cystic fibroses, muscular dystrophy, paralysis, arthritis or rheumatism, behavioural or emotional conditions, mental handicaps, learning disabilities, missing or malformed limbs, high blood pressure and others;
- use of a technical aid, such as crutches, hearing aids or braces (excluding braces for teeth);
- long-term health problems that prevent or limit participation in school, at play or in any other activity considered normal for a child that age;
- enrolment in a special education school, in special classes or an individualized program;
- difficulty seeing, hearing or speaking;
- long-term emotional, psychological, nervous or mental health problems;
- or any other long-term health problem lasting six months or more.

Severity of disability A severity scale for children's disabilities was constructed based on the number of positive responses received to questions regarding different disabilities. When a positive response to one or two questions was received, the child was considered mildly disabled. A positive response to three or four questions resulted in a classification of moderately disabled, while a positive response to five or more questions resulted in a classification of severely disabled.

Children with disabilities, 1991



[1] The presence of asthma, allergies and bronchitis alone was not considered disabling.
Source: Statistics Canada, Health and Activity Limitation Survey, 1991.

In Ontario, 33% of children with disabilities participated in a special education program, the highest rate in the country. In contrast, just 8% of children in the Northwest Territories, 12% in Prince Edward Island, and 14% in Quebec participated in such programs. More than 25% of children with disabilities living in each of the Western provinces and Newfoundland attended special education programs, while in each of the Maritime provinces less than 19% attended.

Educational attainment difficulties and other problems Results from the 1986 HALS indicate that many children with disabilities experience disruptions in their schooling. In addition, according to the 1983 Ontario Child Health Survey, children with disabilities are more likely than others to experience emotional or behavioural problems and school failure, thus limiting educational attainment.

In 1986, one-third of Canadian children with disabilities took longer than other children to achieve their current level of schooling. Also, a high proportion (18%) of children with disabilities had their education interrupted for long periods of time. Some children with disabilities (6%) began their first year of school late.

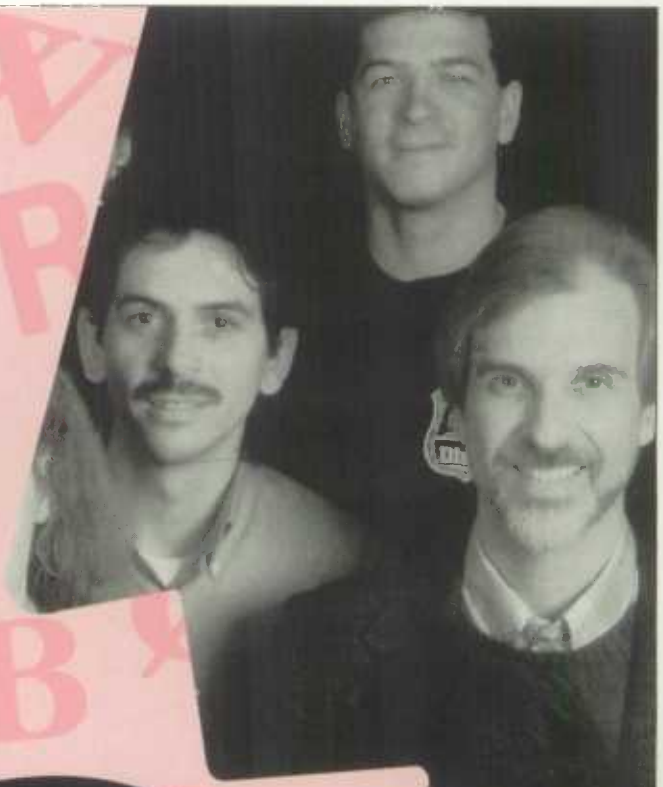
Children in lower income families more likely to be disabled[2] In general, incidence of disability is higher among children and youth under age 20 living in families with the lowest incomes than those in families with higher incomes. The reported disability rate for young people from families with the lowest incomes (8%) in 1986 was over twice as high as that for those from high-income families (4%) when the population of children and youth with disabilities was divided into quintiles by family income.

The differential was even greater among the most severely disabled young people. The rate of severe disability for every 1,000 children and youth was five times higher for those from families with the lowest incomes (3.0 per 1,000) than for those from families with the highest incomes (0.6 per 1,000).

[2] Excerpt from Avard, Denise, **Children and Youth with Disabilities in Canada: The 1986 Health and Activity Limitation Survey**, Statistics Canada, non-catalogued publication.

Jillian Oderkirk is an Editor of **Canadian Social Trends.**

Non parlo né inglese, né francese



"I Can't Speak English or French"

by Brian Harrison

According to the most recent Canadian census, more people unable to speak English or French were living in Canada in 1991 than at any other time this century. In total, 308,500 people over age 5, 62% of whom were women, had this language barrier. Accessing services or finding employment may be very difficult for these people. In addition, their educational opportunities may be limited by the inability to speak one of Canada's official languages.

Heavy immigration during the 1980s, particularly during the last half of the decade, contributed to a large increase in the number of people unable to speak either official language. This has put a strain on services, such as language training and translation, required to help those unable to speak an official language cope within Canadian society.

51% of immigrants unable to speak English or French have been in Canada for more than ten years Most people who could not speak English or French in 1991 (86%) were immigrants to Canada while the remainder were non-permanent residents[1] and Canadian-born individuals. Notwithstanding the impact of recent high immigration levels, more than half (51%) of immigrants who could not speak one of the official languages had been living in Canada for more than ten years.

Although these individuals settled in Canada before 1981, they may not yet have learned English or French because their daily responsibilities isolate them from other Canadians. Immigrant women working in the home, for example, often live in communities where daily activities are conducted in their mother tongues. Others who arrived in Canada more recently have not yet had an opportunity to learn an official language. Of immigrants who could not speak English or French in 1991, 36% arrived after 1985 and 13% arrived between 1981 and 1985.

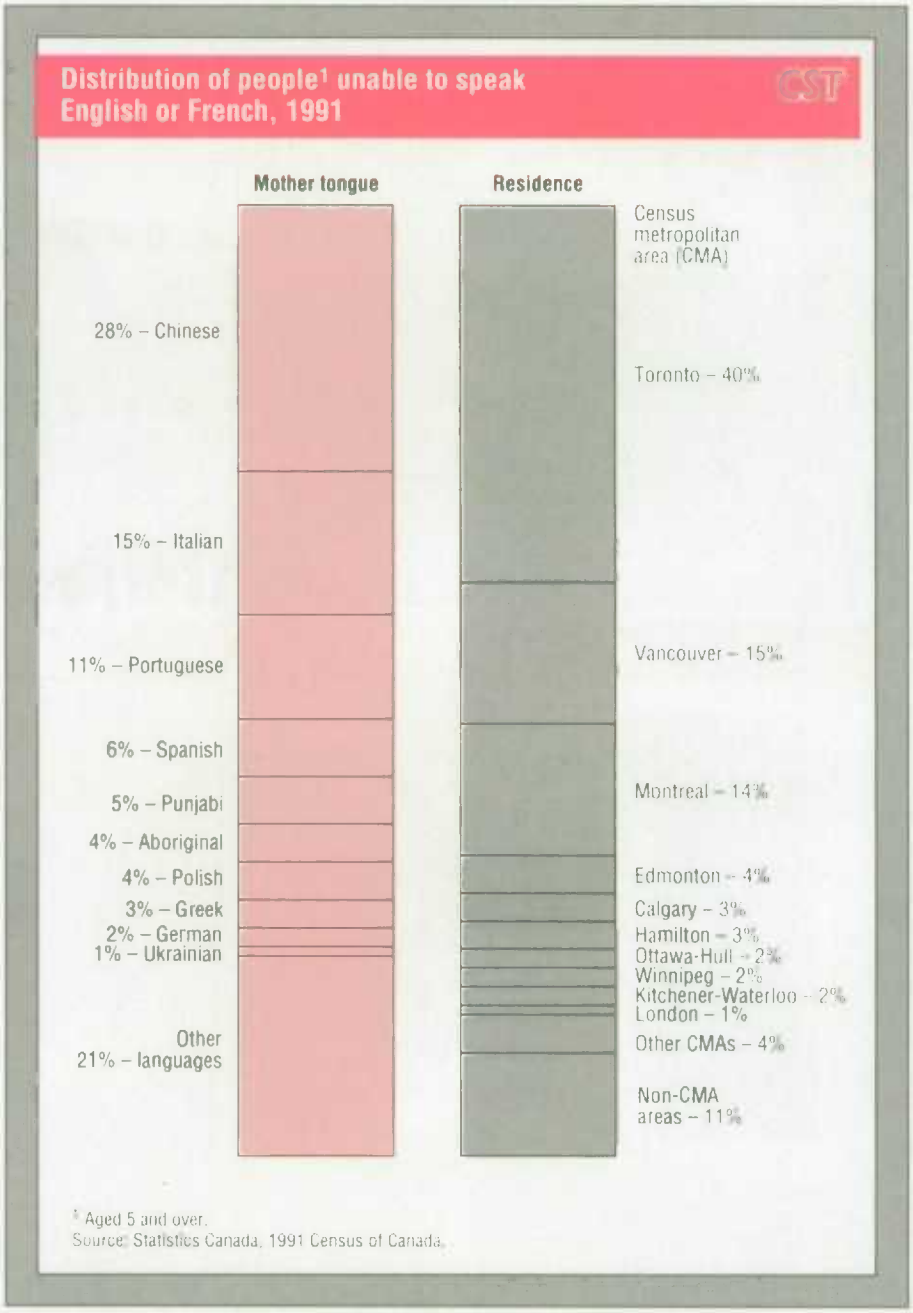
Knowledge of official languages varies Of all immigrants with a mother tongue other than English or French, 10% were unable to speak either official language well enough to conduct a conversation. Knowledge of English or French, however, varied widely by language group. Similar proportions of those with a Chinese (21%) or Portuguese (20%) mother tongue were unable to speak English or French. In contrast, just 1% of those with a German mother tongue and less than 1% of the Dutch mother tongue group were unable to speak an official language.

Broad differences in language knowledge exist, at least in part, because the proportion of people who could speak English or French prior to coming to Canada varies by language group. Recent immigration from countries where neither English nor French is widely spoken has led to an increase in the proportion unable to speak an official language.

More women than men Among adults 20 years or older who could not speak English or French, women outnumbered men in all age groups. The proportion of women rose with age, from 53% of those aged 20-24 to 67% of those aged 65 and over. Women's domestic responsibilities and more limited labour force participation likely restrict both their interaction with other Canadians outside of the home and their access to language training programs.

Most live in large households... People who could not speak English or French lived in larger households in 1991 than Canadians overall. Most people who were unable to speak an official language, 62%, lived with four or more people. In contrast, just 47% of all Canadians lived in a household that size. About 27% of those with this language barrier lived with six or more people.

Some people unable to speak English or French (6%), however, lived alone. Of



[1] People who hold student or employment authorizations, Minister's permits or who are refugee claimants.

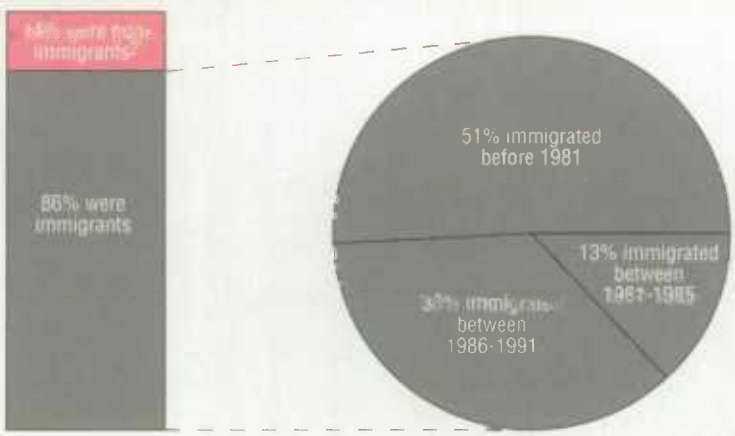
those living alone, mostly women, 43% had a Chinese or Italian mother tongue.

...and urban areas Concentrations of people unable to speak English or French are especially high in large urban areas where sizeable ethnic communities exist. More than 300 of every 10,000 people living in Toronto and Vancouver census metropolitan areas (CMAs) had this language barrier in 1991, while in the CMAs of Montreal, Calgary, Edmonton and Kitchener-Waterloo the ratio was about 150 for every 10,000 people. In contrast, rates in Hamilton (140), Windsor (133), Winnipeg (114) and London (103) were much closer to the national average of 124 for every 10,000 people. Those who could not speak either official language represented less than 100 of every 10,000 people living in Canada's other large urban areas.

More than two-thirds of those unable to speak English or French in 1991 lived in Toronto (40%), Vancouver (15%) and Montreal (14%). Many people with this language barrier also lived in Edmonton (4%), Calgary (3%) and Hamilton (3%). As a result, four provinces were home to almost all people who could not speak one of Canada's official languages: Ontario (53%), British Columbia (17%), Quebec (16%) and Alberta (8%). Other provinces and territories had far fewer people with this language difficulty, ranging from 3% (9,785 people) in Manitoba to an almost negligible percentage in Prince Edward Island (75 people) and the Yukon (30 people).

People[1] unable to speak English or French, 1991

CST



[1] Aged 5 and over.
[2] Includes non-permanent residents.
Source: Statistics Canada, 1991 Census of Canada.

Rapid growth since 1981 The number of people unable to speak English or French grew by 32% from 1981 to 1991. The four largest provinces, as well as urban areas that already had large populations with this language barrier, experienced high growth rates. The number of those who could not speak English or French increased by 67% in British Columbia, 45% in Alberta, 31% in Ontario and 27% in Quebec. Among the largest urban areas, the number increased by 88% in Vancouver, while rising 38% in both Toronto and Montreal. Large increases have an impact on social services, such as language training and translation, required to integrate this population into Canadian society.

Many Chinese, Italian and Portuguese People whose mother tongue was Chinese, Italian or Portuguese accounted for more than half of those unable to speak English or French in 1991. Chinese, the fastest growing language group in Canada since 1986, was the mother tongue of 28% of those who could not speak English or French, while Italian was the mother tongue of 15% and Portuguese of 11%.

Most of those with a Chinese mother tongue who could not speak English or French lived in Toronto (37%) or Vancouver (32%), while most Italians with this language barrier lived in Toronto (56%) or Montreal (24%). The majority of those who spoke Portuguese and could not speak either official language lived in Toronto (63%).

Brian Harrison is a senior analyst with the Demolinguistics Division, Statistics Canada.

- Adapted from the **1991 Census Short Article** of the same title.

CUMULATIVE INDEX: Spring 1989 – Winter 1993

CST

POPULATION

FAMILY

HOUSING

LABOUR FORCE

CUMULATIVE INDEX: Spring 1989 – Winter 1993 – CONCLUDED

SOCIAL INDICATORS

	1985	1986	1987	1988	1989	1990	1991	1992
POPULATION								
Canada, July 1 (000s)	25,941.6 IR	26,203.8 IR	26,549.7 IR	26,894.8 IR	27,379.3 IR	27,790.6 IR	28,117.6 PR	28,435.6 PR
Annual growth (%)	0.9 IR	1.0 IR	1.3 IR	1.3 IR	1.8 IR	1.5 IR	1.2 PR	1.1 PR
Immigration[1]	83,691 F	88,639 F	130,813 F	152,413 F	178,152 F	202,979 F	219,250 F	239,435 R
Emigration[1]	55,202 F	50,595 F	47,707 F	40,978 F	40,395 F	39,760 F	43,692 PR	48,519 PR
FAMILY								
Birth rate (per 1,000)	14.8	14.7	14.4	14.5	15.0	15.3	14.9	•
Marriage rate (per 1,000)	7.3	6.9	7.1	7.2	7.3	7.1	6.4	•
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
– service 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	5,207.4 F	5,295.1 P
Full-time postsecondary enrolment (000s)	789.8	796.9	805.4	816.9	832.3	856.5	890.4 R	917.4 R
Doctoral degrees awarded	2,000	2,218	2,384	2,415	2,600	2,673 R	2,947	3,136 R
Government expenditure 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	37.1	•
– women	45.3	44.9	44.0	43.4	42.6	41.2	41.0	•
% of deaths due to cancer – men	25.4	25.9	26.4	27.0	27.2	27.8	28.1	•
– women	25.7	25.5	26.1	26.4	26.4	26.8	27.0	•
Government expenditure 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	1,100 R	1,122
– property	5,560	5,714	5,731	5,630	5,503	5,841 R	6,394 R	6,110
– homicide	2.8	2.2	2.5	2.2	2.5	2.5	2.8 R	2.7
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	3,658.0
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	+0.9
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 E Estimate m Figures as of March
IR Revised intercensal estimates PR Updated postcensal estimates R Revised data F Final data

[1]For year ending June 30

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

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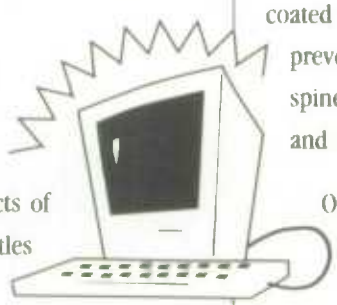

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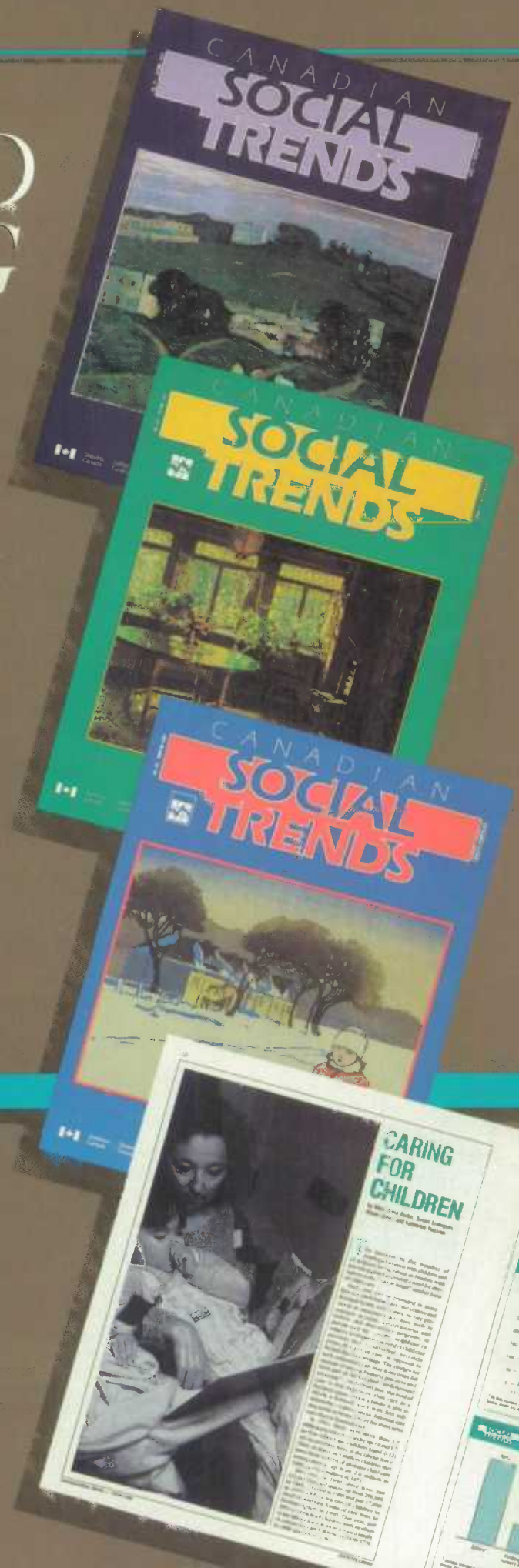

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