

About publications based on the *Quebec Longitudinal
Study of Child Development (QLSCD 1998-2002)*

The appearance of this series marks a shift in the way the *Direction Santé Québec* of the Institut de la statistique du Québec (ISQ) will be publishing the findings of the QLSCD. In the course of producing two voluminous reports, it became clear that adopting a new format for our publications, one that would better meet the needs both of decision-makers and practitioners and of the researchers associated with the QLSCD, was essential. This more concise presentation should also let us reach more people and elicit feedback for adapting and optimizing analyses of longitudinal data for Québec. Because longitudinal surveys generate vast reserves of information over time, this new approach should, therefore, interest proponents of such surveys, given that overviews will likely prove more and more difficult to develop.

Mireille Jetté, coordinator

Early childhood in the late 1990s in Québec



A short story that speaks volumes

The context in which children are born and grow up has changed considerably in Québec in the space of only a few decades. The decline in fertility, which has been greater than in most Western societies, has brought with it a radical decrease in family size. For today's children, sharing family life with only one sibling has become the norm. Moreover, in an era of conjugal instability, it has become common for a growing proportion of children to spend early childhood in single-parent families or stepfamilies because of the increase in relationship breakdowns.¹

At the same time that family life was changing for children, the labour force participation rate for women began to rise, particularly among mothers of preschool children from the mid-1970s on, going from 30% in 1976 to 64% in 1997 in Québec.² An essential economic strategy for an increasing proportion of families with small children has been for mothers to take jobs, a development that has had numerous repercussions both on day-to-day life and on relationships within the family. Moreover, a direct effect of the massive entry of mothers into the work force has been that quite a

few children have found themselves, early in their lives, forging closer ties to adults outside the immediate family. For children in day care, a new kind of sociability has begun to compensate for the reduced number of sibling relationships. From infancy on, relationships with peers have acquired increasing importance.

These important changes in family and professional life have brought about a radical transformation in the way parents carry out their roles and in the way society as a whole cares for children. Aside from the new challenges these changes entail, they impose new demands not only on parents attempting to balance work and family life and on decision-makers faced with social policy choices, but also on children who must adapt to new social and educational situations.

The main objective of the *Quebec Longitudinal Study of Child Development (QLSCD)* is to identify factors that come into play in early childhood and later affect social adaptation and success at school. Data gathered during children's early years make it possible to assess the influence of certain environments (the family, childcare centres and the broader social environment) on various aspects of their development.

Moreover, the QLSCD data could help compare and assess the roles of certain public programs. At the same time that children now of preschool age were born, for example, the reduced-contribution childcare program came into being (1997), and by the time all Québec children had access to it (2000), changes were being made to parental leave under the Employment Insurance system (expanding coverage and extending parental leave).

This publication attempts a broad-brush portrait of the conditions under which children who were born in Québec at the end of the 1990s lived the first months of their lives. Here are discussed certain salient facts from analyses already published in Volume 1 of the QLSCD 1998-2002 collection, with special attention being paid to the immediate environment of toddlers (their families and parents) and to certain lifestyle habits. Some of the topics examined are family composition, the sociodemographic characteristics of parents and household economic status. A brief overview of pregnancy, infant health status and certain lifestyle habits such as breastfeeding and sleep is presented next. Last, we complete the picture with data on the psychological well-being of parents and on support between partners during the postnatal period.³

When you and
Daddy were little, who
were my parents?"

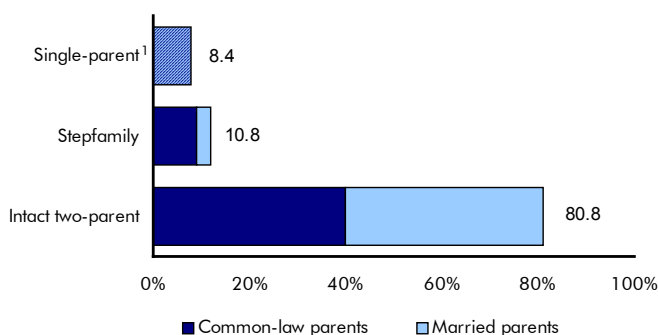


Family portraits⁴

In Québec, more than 90% of children were born into families where both a father and a mother were present. When we look a little closer, however, the family structure in which children live is more complex because in one out of 10 cases, the household includes children from a previous relationship of one of the parents. Among parents living together, about 52% were in common-law unions when the child was born, a situation more common among stepfamilies and younger mothers. It should also be emphasized that whatever the family configuration, 4% of infants had a grandparent as a household member, a proportion that rises to 24% among children born to single mothers.

The child's family environment can obviously not be reduced to the residential family unit. For example, around 2% of children living in a family considered intact in a residential sense had half-siblings living elsewhere, more often than not from an earlier relationship of the father's. Moreover, among children whose biological parents were not living together when they were about 5 months old (9%), involvement with fathers took various forms: 41% had regular contact with their dads whereas 6% lived with each parent alternately.

**Family Status of Infants at Birth,
Québec, 1998**

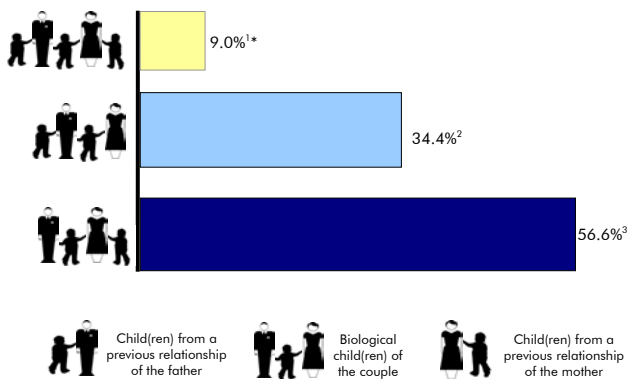


1. In almost all cases, this parent was the mother.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

About 4 children out of 10 were born to mothers for whom motherhood was a new experience. Compared with children living in intact families, those in stepfamilies had more siblings with larger age differences among them (at least one older sibling aged 12 years or older).

Distribution of Infants Living in Stepfamilies at the Time of Survey, Québec, 1998



1. Or 0.9% of all families.
2. Or 3.7% of all families.
3. Or 6.0% of all families.

* Coefficient of variation (CV) between 15% and 25%; to be interpreted with caution.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

The blend of biological and non-biological siblings in stepfamilies was influenced by childcare arrangements, which in the majority of cases were the mother's responsibility. Among stepfamilies, 57% of couples were living with children from a previous relationship of the mother whereas only about a third were living with children who were from a previous relationship of the father. Despite the marked increase in conjugal instability observed during recent decades, fewer than one stepfamily in 10 was of the complex type (i.e., one that included children from previous relationships of the father and mother in addition to children from the current relationship). This type of family configuration represented barely 1% of all families into which children were born at the end of the 1990s.

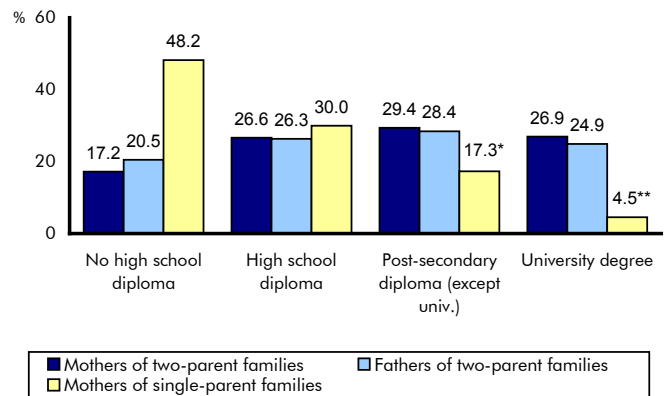
But what about the parents?

The sociodemographic characteristics of parents are of interest since they constitute, to a certain extent, indicators of family living conditions and may thus prove closely associated with the well-being of young children. For example, undertaking parenthood too early is thought to be associated with increased conjugal instability⁵ and to entail high social costs, such as interrupted education for mothers and more frequent reliance on welfare.⁶

Even though only 4% of children were born to mothers under 20 years old, 11% had mothers who had already had one child by this age. It should be emphasized that a third of mothers who were under 20 years of age when they gave birth were living without partners. In all, one child out of five (26%) was born to a young mother (i.e., one under 25 years of age).

Among children living with both parents, more than half had a mother (56%) or a father (53%) with a post-secondary-school diploma, whereas for 8% no parent had completed secondary school. Among children living in single-parent families, about one out of two (47%) had a mother who did not have such a diploma. Though less educated and also younger, single mothers appeared more likely to continue their studies.

Distribution of Infants According to the Parents' Level of Education and Family Type, Québec, 1998



- * Coefficient of variation (CV) between 15% and 25%; to be interpreted with caution.
 ** Coefficient of variation (CV) higher than 25%; rough estimate provided only as a guide.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

Last, the QLSCD tells us that among children born in Québec toward the end of the 1990s, around 8 out of 10 were living with parents who had been born in Canada; 13% lived with immigrant parents, whereas 7% had been born to mixed couples (one parent an immigrant, the other a native-born Canadian). Among children of immigrant parents (one or both parents), the vast majority had a parent of ethnic origin other than European,⁷ more than one out of three had a father or a mother who had immigrated to Canada less than five years before having the child, and for 40% of them, the main language spoken at home was other than French or English.

"Do we have enough money?"

The economic situation of families when a new child is born⁸



A majority of children were born into families where income was considered adequate, but . . .

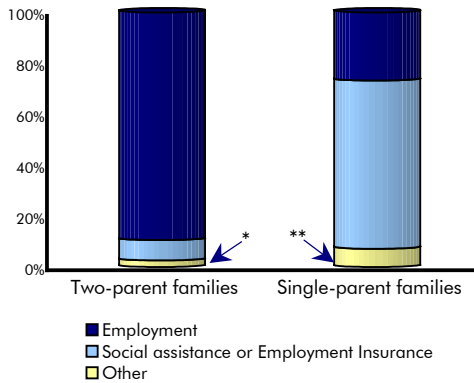
The vast majority of young Quebecers were born into families with a fairly good economic situation. This was not the case, by contrast, for a little more than one child out of four, where the family income was below the low-income cut-off (LICO).⁹ Among them, more than half (16% of all children) belonged to households with very inadequate income (below 60% of LICO before taxes).

Given its influence on income, the employment status of the parents constituted a significant indicator of the living conditions of families with young children. Among children about 5 months of age living with a father and mother, 29% had mothers who claimed not to have worked during the preceding 12 months, whereas for 4% of them neither parent had worked. Children living in single-parent families experienced situations that were decidedly more precarious, since about two-thirds had mothers who had not worked during this period.

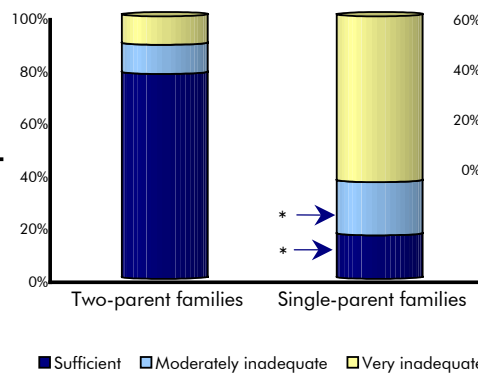
As a consequence of the difficult employment situation of their parents, about one child out of 10 (11%) was living in a family for which social assistance was the main source of income. This situation was the case, however, for about half the children with mothers under 20 years of age and reached 61% among children born to a single mother.

Apart from the characteristics generally recognized as being associated with situations of low income (low levels of educational attainment, exclusion from the job market, young parents, etc.), living in a stepfamily rather than in an intact family or coming from a large family (3 siblings or more) was also a related factor. It should be emphasized that the proportion of low-income households did rise to nearly 9% in those families where both parents had held a job at some point during the 12 months preceding the survey, and that these families accounted for about 2 low-income families out of 10.

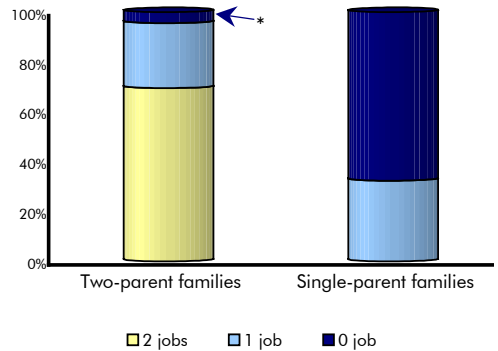
Main Source of Household Income, Québec, 1998



Household Income Level of Sufficiency¹, Québec, 1998



Parents' Employment Situation, Québec, 1998



1. According to the low-income cut-off (LICO) before tax defined by Statistic Canada for the reference year 1997. Very inadequate income is income below 60% of the LICO.

* Coefficient of variation (CV) between 15% and 25%; to be interpreted with caution.

** Coefficient of variation (CV) higher than 25%; rough estimate provided only as a guide.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

Mothers who join the paid labour force after giving birth may sometimes do so prematurely

Despite changes observed during recent decades concerning the sharing of family and domestic responsibilities, mothers remain, even today, the ones who are primarily responsible for the care and upbringing of young children and are more often than not exposed to the stress caused by “dual employment”. This may be especially true when they enter or return to work very soon after the birth of a child. Among mothers who gave birth at the end of the 1990s, 12% of them had to join or rejoin the labour force before the child had reached 4 months of age.

It should be noted that when children of about 5 months of age were living with both parents, 87% of the fathers were working at the time of the survey, whereas this was true for only 18% of the mothers. These proportions are no doubt lower for today’s new parents because, following the changes made to parental leave policy in December 2000, mothers who were eligible and able to take advantage of this program stayed home longer, and more fathers took advantage of the new parental leave program.¹⁰

“What was it like
with me in your
tummy?”



From conception to birth

Wanted pregnancies for the most part

With the widespread availability of contraception, most births today are planned. In fact, according to QLSCD data, the vast majority of children had been wanted when they were born or before. By contrast, in 14% of cases the mothers would have wanted to have the child later, while about 2% of them had not wanted to become pregnant at all. Furthermore, 3.4% of children were fathered by men whose names did not appear on the birth certificate.

What about the use of tobacco and alcohol by mothers during pregnancy?

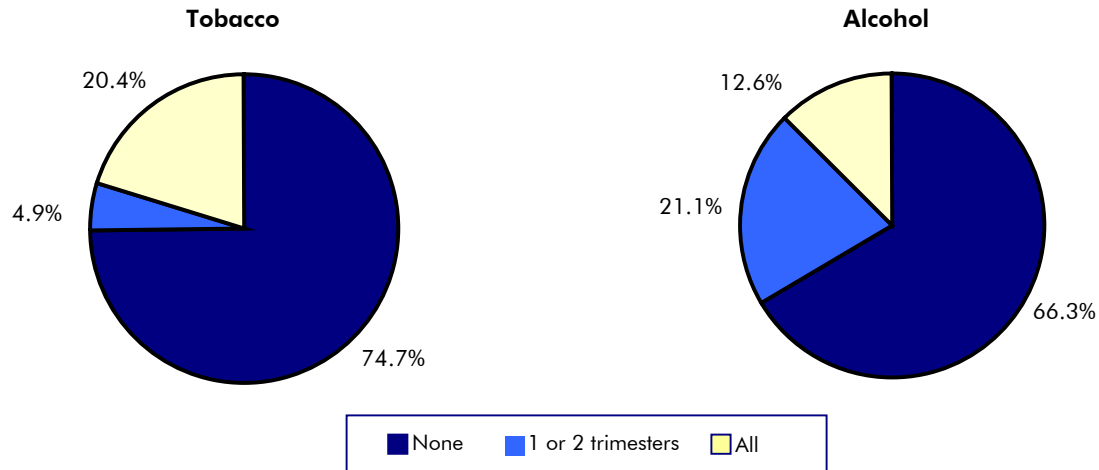
Much research has shown that certain behaviours and lifestyle habits during pregnancy can have an impact on the health and development of children. For example, mothers who smoked or consumed alcohol, prescription drugs or narcotics during pregnancy were more likely to give birth to low-birthweight children or children with various health problems.

A high proportion of children born in Québec at the end of the 1990s were exposed to cigarette smoke *in utero*: one mother in four smoked during pregnancy and, among these, 80% smoked throughout their pregnancies. In other words, 20% of all children were exposed to cigarette smoke during the entire gestation period.

As for alcohol consumption, there is no consensus on a critical threshold beyond which alcohol proves harmful for the foetus. It is known, however, that it poses a greater risk during the first trimester of pregnancy. Although 18% of mothers declared having consumed alcohol during at least the first trimester of their pregnancy, fewer did so during the entire pregnancy (13%). As for the frequency of consumption, more than 90% of mothers who had taken alcohol claimed to have done so less than once a week.

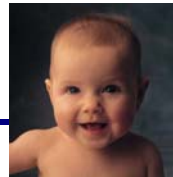
As has been the case with many other studies, the QLSCD data show that mothers from socioeconomically disadvantaged settings (low-income mothers or those with low educational attainment) were more inclined to have smoked when they were pregnant, although their alcohol consumption was relatively lower.

Distribution of Infants According to the Mother's Consumption of Tobacco and Alcohol During Pregnancy, Québec, 1998



Source : Institut de la statistique du Québec, QLSCD 1998-2002.

"What's most important is that my child is healthy!"



*Infant health status*¹¹

Good outcomes for the great majority

A great deal of information describing the course of labour, perinatal complications and the use of specialty care for newborns has been collected for the QLSCD. For instance, according to data from the medical files of mothers and children, 6% of the children were born prematurely (i.e., at the end of a gestation period of less than 37 weeks), and 4% had low birthweights (less than 2500 grams).¹² Furthermore, according to information given by mothers, about one child out of six received specialized medical care in the hours or days that followed birth.

Babies from underprivileged families were less healthy

If the overall health status of children at birth is taken into account, 11% were considered to have had health problems based on the Cumulative Score for Neonatal Risk (CSNR).¹³ These children were more inclined to present health problems during the first 5 months of life, according to the Cumulative Index of Health Problems (CIHP).¹⁴ In fact, approximately 5% of all children had two health problems or more, according to the CIHP. Infants living in low-income households, and those whose mothers had low educational levels or were living

without partners, were more likely to have several health problems at once regardless of birth conditions. These data suggest therefore that favourable birth conditions alone cannot ensure good infant health, and that it is also important to provide support for those who, on returning home, will face difficult living conditions.

But . . .

From 5 months old onward, two factors that can protect the health of disadvantaged toddlers have been identified: being breast-fed for at least 4 months, and living with both parents.

"Let's talk about me!"



Lifestyle habits among toddlers¹⁵

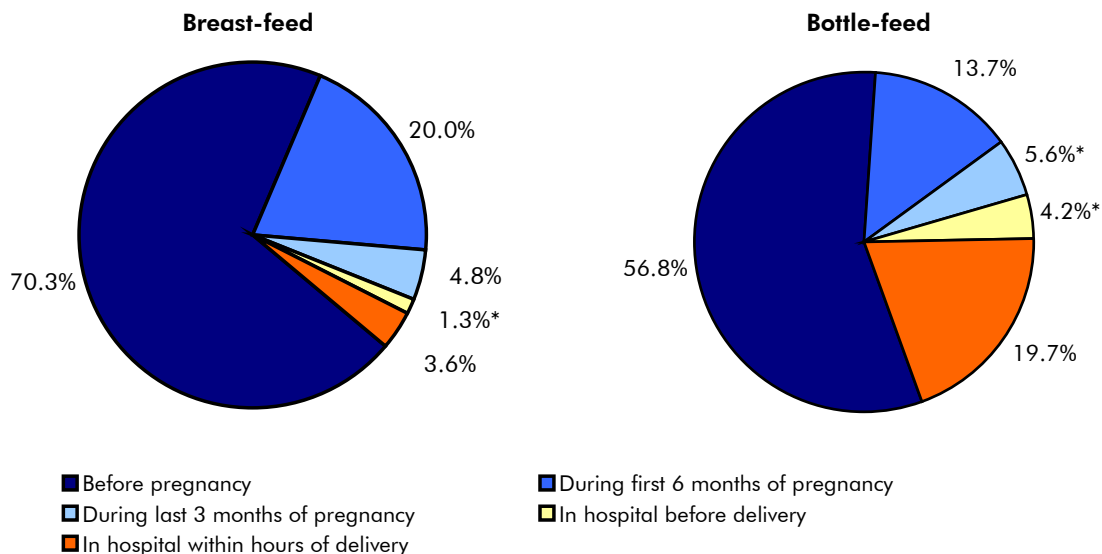
Slightly over 7 out of 10 infants were breast-fed at birth in Québec

Although the proportion of infants breast-fed at birth (72%) comes close to the objectives set in *Priorités nationales de santé publique 1997-2002 (Public Health Priorities in Québec 1997-2002)*¹⁶, only 6% were breast-fed exclusively for 4 months. The Québec Ministry of Health and Social Services (2001), however, recommends that mothers breast-feed children for the first 6 months of life. Several factors come into play when explaining differences in the propensity of mothers to breast-feed their children after birth. For example, this practice is more common among non-European immigrant mothers, among well-to-do mothers, among mothers living with a partner and among first-time mothers. Other characteristics have also been linked to this choice. Mothers who consider themselves to be in excellent or very good

health, those whose children had birth weights of 2500 grams or more, and those who did not smoke during pregnancy were more likely to breast-feed their children.

Apart from socioeconomic and cultural factors, the timing of the decision to breast-feed is thought to play a decisive role on the decision itself as well as on breast-feeding duration. Mothers who made the decision before becoming pregnant were more likely to follow through on it.¹⁷ For instance, a majority of mothers who breast-fed decided to do so before becoming pregnant (70%), although first-time mothers were somewhat less likely to have decided by then. And mothers under age 20 were more inclined to make their breast-feeding decisions in hospital.

Distribution of Infants According to the Timing of the Mother's Decision to Breast-feed or to Bottle-feed, Québec, 1998

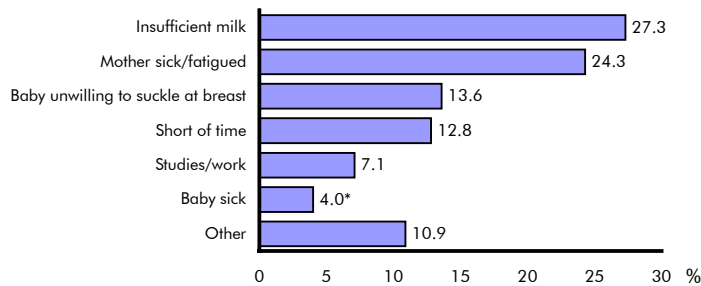


* Coefficient of variation (CV) between 15% and 25%; to be interpreted with caution.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

To justify the decision to stop breast-feeding, 13% of mothers cited a lack of time, whereas 7% gave as their reason returning to work or to school. For the others, the primary reason had to do with problems arising during breast-feeding. The attitudes of those around them, particularly of partners, also seemed to play a key role in deciding not only whether or not to breast-feed but also how long to continue breast-feeding. These findings underscore the importance of making good support available not only in hospital but also at home, and of also targeting fathers in campaigns promoting breast-feeding.

Distribution of Infants According to the Reasons Given by Mothers to Stop Breast-feeding, Québec, 1998



* Coefficient of variation (CV) between 15% and 25%; to be interpreted with caution.

Source : Institut de la statistique du Québec, QLSCD 1998-2002.

A baby bottle to fall asleep?

As with breast-feeding, nursing habits, which are linked to the oral health of young children, are influenced by cultural and socioeconomic characteristics as well as by the presence of both parents in the home. At approximately 5 months of age,

14% of Québec children were given bottles to help them get to sleep at night or at naptime. Although oral health professionals recommend not putting anything other than water in these bottles, the majority of them contained milk, which increased the risk of dental caries.

Time for bed, Mommy and Daddy are tired! Infant sleep habits

Sleep disturbances in children are a source of concern for many parents and constitute one of the most common complaints seen by pediatricians. Since the consequences of poor sleep are numerous and can affect all aspects of child development (physical, social and cognitive) as well as the parent-child relationship, it is obviously important to become familiar with the factors that negatively affect sound sleep in infants. Children born at the end of the 1990s in Québec were generally good sleepers. In fact, according to their mothers, one infant in two was already sleeping through the night at 2 months of age, three out of four at 4 months, and by the age of 5 months 77% of babies were letting their parents sleep! Contrary to the findings for breast-feeding and nursing, infant sleep patterns were not associated with socioeconomic status or family type. Still, certain modifiable behaviours that parents engaged in when putting children to bed or when children woke up during the night were likely to interfere with sleep. Examples are the practice of feeding the child or of letting it sleep in the parents' bed after awaking during the night, or of breast-feeding it back to sleep, which only serves to reinforce the association between drinking and falling asleep. As it happens, babies who were not sleeping through the night by about age 5 or 6 months often took more time to fall asleep than did others and did not compensate by taking a longer nap during the day.

*"Shaky moments,
magical moments..."*



*The parent-child relationship*¹⁸

Taking on the role of parent is not always easy: Psychological well-being and family life

Despite the joy that the birth of a child brings, taking on the role of parent, for some, is not without ups and downs. While most parents enjoyed fairly good mental and psychological health when their children were about 5 months old, others presented levels of depressive symptoms that ranged from moderate to grave. Such was the case for 11% of mothers

and 4% of fathers in two-parent families and for approximately 25% of mothers without partners.

Various socioeconomic characteristics, such as low levels of maternal educational attainment and low income levels, were associated with relatively higher levels of depressive symptoms, which was also related to less positive family and parent-child relationships.

More supportive fathers, more effective parents

Because mothers assume the greater share of parenting and domestic chores in the months following birth, the support they receive from their partners during the postnatal period takes on crucial importance. The emotional and practical support offered by a partner certainly helps ease a mother's adjustment to her role as parent. The QLSCD data reveal that mothers who acknowledged receiving stronger support from their partners felt less depressed and more competent as parents, and were less likely to engage in "hostile" behaviours toward their children. Life in functional families (i.e., one where family members had developed ways for resolving problems, communicating and showing signs of affection) was also associated with higher levels of perceived support.

Certain characteristics specific to fathers influenced their level of commitment. Fathers who were not depressed and who

were seen as being relatively more effective in their parental role were judged by their partners as being more empathetic and involved in the care given to the infant.

The way relationship support was evaluated by mothers also varied according to a variety of characteristics such as the health of the baby, the socioeconomic status of the family and the birth order of the child. For example, compared with "new mothers", those who had more than one child stated that they were slightly less satisfied with the support offered by their partners in the emotional arena, as well as concerning childcare and housework.

These findings lead to the conclusion that active involvement at all levels on the part of fathers is associated with better parent-child relationships and with a higher quality of family life.

Endnote

This first publication was intended to report on the circumstances in which Québécois children who were born at the end of the 1990s lived the very first months of life. When these findings were published, the children that the QLSCD had been following annually were already learning to adapt to a new situation: in September 2003 they entered kindergarten. Clearly the extensive information gathered so far has given rise to considerable analysis,¹⁹ but more remains to be done. This wealth of data will thus be further mined in order to understand better how and why some children thrive while others experience serious adjustment problems.



Notes

1. N. MARCIL-GRATTON (1998). *Growing Up with Mom and Dad? The Intricate Family Life Courses of Canadian Children*, Ottawa, Statistics Canada, Catalogue No. 89-556-XIE.
2. CONSEIL DE LA FAMILLE ET DE L'ENFANCE, MINISTÈRE DE LA FAMILLE ET DE L'ENFANCE and BUREAU DE LA STATISTIQUE DU QUÉBEC (1999). *Un portrait statistique des familles et des enfants au Québec*, Québec, Gouvernement du Québec, 206 p.
3. These topics and others (such as parents' social adaptation, children's temperament and cognitive development, etc.) are part of a series of papers published in Volume 1 of ÉLDEQ 1998-2002 collection. The data presented here concern only the infants who were eligible for the longitudinal follow up (2,120 instead of 2,223). This could explain certain differences between the numbers presented in Volume 1 and in this publication. See M. JETTÉ, H. DESROSIERS, R. E. TREMBLAY and J. THIBAUT (sous la direction de) (2000). *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Volume 1.
4. See H. DESROSIERS (2000). "Family, Child Care and Neighbourhood Characteristics", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 2; N. MARCIL-GRATTON and H. JUBY (2000). "Conjugal Life of the Parents, Part I – The Parents Conjugal History: A Determinant of the Child's Family Path?", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 11.
5. C. LE BOURDAIS, G. NEILL and P. TURCOTTE (2000). "The Changing Face of Relationships", *Canadian Social Trends*, Ottawa, Statistics Canada, Spring.
6. J. CHARBONNEAU (1999). "La maternité adolescente ", *Réseau*, April, p. 14-19.
7. The parents born in United States, Australia and New Zealand are also included in this category.
8. See H. DESROSIERS (2000) op. cit.
9. According to the Low Income Cut-off defined by Statistics Canada (LICO/before tax) which take into account the household size and area of residence. The estimates derived from the LICO before tax are in general higher (approximately five points of percentage) than those obtained from the LICO after tax and this can be explained by the progressive taxation system. However, it is worth mentioning that estimates derived from LICO after tax do not consider tapering tax components such as social charges and consumer taxes which affects low income families in particular.
10. D. PÉRUSSE (2003). "New Maternity and Parental Benefits", *Perspective*, Ottawa, Statistics Canada, Catalogue No. 75-001-XIE.
11. See L. SÉGUIN, M. KANTIEBO, Q. XU, M.-V. ZUNZUNEGUI, L. POTVIN, K. L. FROHLICH and C. DUMAS (2001). "Standard of Living, Health and Development, Part I – Poverty, Health Conditions and Infant Health", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 3; G. PAQUET, M. GIRARD and L. DUBOIS (2001). "Standard of Living, Health and Development, Part II – Social Inequality and Child Development", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 3.
12. These percentages are slightly lower than the rates obtained for all live births in Québec in 1998 because ÉLDEQ excluded certain births as well as children deceased before the age of 5 months old.
13. Proposed by Séguin and her colleagues, op. cit, this score was created from a list of problems that can influence the children's health and development in both the long and short term such as : birth weight, duration of gestation, intrauterine growth retardation, growth retardation of cranial perimeter and congenital malformation.
14. The CIHP-5 months is the sum of the following indicators: at least one hospitalisation, presence of growth retardation under the 10th percentile of babies and number of chronic health problems from birth to 5 months old.
15. See L. DUBOIS, B. BÉDARD, M. GIRARD and É. BEAUCHESNE (2000). "Diet", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 5; G. VEILLEUX, M. OLIVIER, J. DUROCHER, M. GÉNÉREUX and M. LÉVY (2000). "Habits Related to Oral and Denatal Health", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 6; D. PETIT, J. SIMARD, J. PAQUET and J. MONTPLAISIR (2000). "Sleep", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 4.
16. One of the objectives of the "Priorités nationales de santé publique" for the 1997-2002 period being that 80% of all children be breast-fed at birth.
17. S. M. DONATH, L. H. AMIR and ALSPAC STUDY TEAM (2003). "The Relationship Between Prenatal Infant Feeding Intention and Initiation and Duration of Breastfeeding : A Cohort Study", *Acta paediatrica*, Vol. 92, No. 3.
18. See C. JAPÉL, R. E. TREMBLAY and P. MCDUFF (2000). "Parents' Health and Social Adjustment, Part I – Lifestyle Habits and Health Status", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 9; M. BOIVIN, D. PÉRUSSE, V. SAYSSSET, N. TREMBLAY AND R. E. TREMBLAY (2000). "Parenting and Family Relations, Part I – Parenting Perceptions and Behaviours", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 10; H. DESROSIERS, M. BOIVIN and V. SAYSSSET (2000). "Conjugal Life of the Parents, Part II – Spousal/Partner Support – What Do the Mothers Think?", in *Longitudinal Study of Child Development in Québec (ÉLDEQ 1998-2002)*, Québec, Institut de la statistique du Québec, Vol. 1, No. 11.
19. See the papers published in Volumes 1 and 2 of QLSCD collection. In this collection of fascicles (Volume 3), other analyses will be presented such as: the economic environment in which children have grown up during preschool years and childcare arrangements and certain aspects of the mother/child relationship.



About QLSCD

The results presented in this fascicle are based on data collected on a representative sample of 2,120 children born to mothers residing in Québec in 1997-1998. Within the first phase of QLSCD 1998-2002 those children have been followed annually until they reached approximately 4 years old.

The target population of the survey is made of babies (singleton births only)¹ who were 59 or 60 weeks of gestational² age at the beginning of each period of data gathering. It should be noted that babies born to mothers for whom we did not have the duration of pregnancy or were living in the Health and Social Services Ministry's administrative regions 10 (Northern Québec), 17 and 18 (Cree and Inuit territories) or in Indian reserves were excluded from the initial sample. Due to variations in the duration of pregnancy and the allotted time for each collection wave (four to five weeks), babies were not exactly all the same chronological age at survey. Thus, for the first round (1998), children were about 5 months old.

QLSCD rely on many instruments of data collection to gather information on the most knowledgeable person about the child (PMK), her/his spouse/partner, the target child and the non residential biological parents if it applies. All data presented in this publication have been weighted and adjusted to reduce potential biases. Moreover, unless indicated otherwise, all differences mentioned are statistically significant to a threshold of 0.05 ($p < 0.05$).

To obtain more details about the survey methodology and the data presented in this fascicle, see numbers 1 and 12 of volume 1 of QLSCD 1998-2002 Collection (QLSCD 1998-2002).

1. Twins and other multiple births were not targeted by the survey. Moreover, among singleton births, a very small proportion of babies born before 24 weeks or after 42 weeks of gestation have been excluded from the initial sample (approximately 0.1% of all births).

2. Gestational age is defined as the sum of the duration of gestation (pregnancy) and the chronological age of the baby.

The Québec Longitudinal Study of Child Development (QLSCD 1998-2002) – From Birth to 4 Years Old is supervised by:

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This fascicle as well as the content of reports on the Québec Longitudinal Study of Child Development (QLSCD 1998-2002) are available on Internet (www.stat.gouv.qc.ca). To access the published analyses one may click on “Publications” and reach the heading “Society – Health”.

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