NOTE TO USERS

Université d'Ottawa • University of Ottawa

Université d'Ottawa · University of Ottawa

FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES

FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

Dalila BOUCETTA

AUTEUR DE LA THÈSE - AUTHOR OF THESIS

M.A. (Sociology)

GRADE - DEGREE

Department of Sociology

FACULTÉ, ÉCOLE, DÉPARTEMENT - FACULTY, SCHOOL, DEPARTMENT

TITRE DE LA THÈSE - TITLE OF THE THESIS

Is There Consensus among Canadians about the State's Responsibility for Health Care and Education?
An Analysis of the 1996 ISSP Survey

L. Laczko

DIRECTEUR DE LA THÈSE - THESIS SUPERVISOR

CO-DIRECTEUR DE LA THÈSE - THESIS CO-SUPERVISOR

EXAMINATEURS DE LA THÈSE - THESIS EXAMINERS

Y. Thériault

A. Tremblay

J.-M. De Koninck, Ph.D.

LE DOYEN DE LA FACULTÉ DES ÉTUDES SUPÉRIEURES ET POSTDOCTORALES

SIGNATURE

DEAN OF THE FACULTY OF GRADUATE AND POSTDOCTORAL STUDIES

IS THERE CONSENSUS AMONG CANADIANS ABOUT THE STATE'S RESPONSIBILITY FOR HEALTH CARE AND EDUCATION ? AN ANALYSIS OF THE 1996 ISSP SURVEY

Dalila Boucetta

Thesis submitted to the
Faculty of Graduate and Postdoctoral Studies
in partial fulfillment of the requirements for the degree of

Master of Arts

in

Sociology

Department of Sociology
Faculty of Social Sciences
University of Ottawa

Your file Votre référence
ISBN: 0-494-01422-9
Our file Notre référence
ISBN: 0-494-01422-9

ABSTRACT

This study intended to discover whether there was consensus among Canadians about the state's responsibility for health care and education from an analysis of the 1996 International Social Survey Programme, Role of Government. The weighted sample size was 1239. Ornstein's and Stevenson's 1977-81 study was also partially replicated. Results showed that welfare state retrenchment in health care and education during the '90s and state ruling by coercion led to dissent among Canadians about government intervention in health care and education. Drawn upon the competing region-class struggle theories, findings indicated that high public support for government intervention in health care was an interaction of regional –Prairie and Alberta– and class struggle –lower, working and middle classes, differences. Québec showed the lowest increase in support for government role in health care over time. Women favoured much greater government role in health care than men. Younger and low-income people were more favourable to government intervention in education.

To my late father who taught me social justice and human dignity; compassion and empathy; caring for and sharing with the less fortunate in society

ACKNOWLEDGEMENTS

The members of our families are the first ones we turn to in time of need. I have been fortunate to feel my family's unconditional love and constant support coming from the other shore of the Atlantic.

This research project taught me that none of us can make it in a vacuum, that we are all interconnected in the community in which we live, to which we give and from which we receive. And much have I received.

Prs. Ann Denis, Donna Winslow and André Tremblay endowed me with financial support through the Ann Denis and Winslow-Tremblay bursaries respectively. The University of Ottawa Financial Services with the special help of Ms. Suzanne Leduc, along with the Canadian Union of Public Employees-Section 2626 with the dedication of Ms. Chantale Grenon-Nyenhuis, contributed generously with bursaries towards some of my tuition fees.

Prs. Yvon Thériault, Marie-Blanche Tahon, Raymond Murphy and Ann Denis offered their support. The administrative staff of the Department of Sociology gave me efficient, professional and friendly service; Ms. Francine D'Amour and Ms. Annabelle Minault have been especially helpful. The Special Services Centre offered me continuous support throughout the years, and Ms. Ruth Phillion ensured optimal conditions for the pursuit of my studies. Ms. Elizabeth Reicker, Director, University of Ottawa Library, went beyond the call of duty to help me with any areas of research related to my thesis. Ms. Isabelle Gonthier contributed outstanding tutoring in statistics and generous use of her personal software Statistica.

Pr. Daniel Tremblay from the University of Québec in the Outaouais gave generously of his time to provide me with insight into Québec society. Pr. Mary Campbell of Carleton University who taught a graduate seminar on social policies in the criminal justice system left a lasting impression on me. She has been a role model in the way she tackled social issues and in the battle for social justice, and her radical, real-life teaching impacted greatly on my thesis. Prs. Yvon Thériault and André Tremblay, members of my Thesis Committee, provided sound advice and constructive criticism.

While this research is my contribution to the social science community, it would not have been possible for me to complete it without the help of these dedicated people. May they all find here the expression of my heartfelt thanks.

I am also immensely indebted to Pr. Leslie Laczko, my Thesis Director, for his enthusiasm for and interest in my subject, his superior teaching, his stimulating critiques, his patience in reviewing my drafts and his able guidance. My success is also his.

Drs. Michelle Larivière and Carole Ménard-Buteau, MDs, have been at my side with their wisdom and sincere concern throughout my arduous journey. They displayed genuine interest in my well-being and progress. They believed in me and encouraged me to go forward. To both of them goes my undying gratitude.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF GRAPHS

INTRODUCTION

> *A democratic capitalist society will keep searching for better ways of drawing the boundary lines between the domain of rights and the domain of dollars. In addition, it can make progress. To be sure, it will never solve the problem, for the conflict between equality and economic efficiency is inescapable. In that sense, capitalism and democracy are really a most improbable mixture. Maybe this is why they need each other - to put some rationality into equality and some humanity into efficiency.*
>
> Arthur M. Okun, 1975 (as quoted by Barr, 1998:401)

The goal of this research project is to focus on the Canadian welfare state's retrenchment since the 1980s, with a special attention to the cutbacks to social programs such as education and health care, and to the shift of income support programs from universality to means-tested characteristics. In fact, our deepest interest goes beyond the mere retrenchment of the welfare state. We want to learn about Canadians values regarding the social role of the state; about people who value rationality at the expense of equality and/or about people who believe that it is worth sacrifying a few dollars for humanity. Between these extreme worldviews of rationality and equality (Okun, 1975), there exists a moderate standpoint; otherwise, no consensus could be reached in a democratic society. This is the reason we wanted to know if there was consensus among Canadians about the state's responsibility for health care and education in 1996. As we shall see latter in this chapter, other authors have already written on the subject, but only for a period covering the late 1970s to the early 1980s.

A historical overview of the Canadian welfare state would be necessary as an introduction to the subject. In her article "Canadian Welfare State at Century's End" (1997:173-94), Antonia Maioni reviewed the basic tenets of the Canadian welfare state,

developed on its expansion and ended by elaborating about its retrenchment. The following paragraphs summarize some important periods of the Canadian welfare state, such as its expansion and its retrenchment.

The Canadian welfare state was committed to guarantee social rights to its citizens; to secure the welfare of the less privileged through communal involvement; and to implement universal social programs that foster equality among Canadians regardless of social and economic status or region of residence from the early 1920s to the mid-1970s (Maioni, 1997:174).

The expansion of the welfare state from 1920 to 1960 was characterized by the following achievements:

- The adoption of an adequate system of insurance against dependence in old age in 1927;
- The introduction of the *Employment and Social Insurance Act* in 1935;
- The public financing of post-secondary institutions through the *Education Act* in 1944;
- The implementation of family allowances in 1945;
- The enactment of the legislation for insurance against unemployment and sickness in 1946;
- The enactment of the legislation for a public hospital insurance in 1947; and
- The implementation of Medicare across all Canadian provinces in 1964 (Maioni, 1997:177-80).

However, the welfare state "golden age era" from the post-war years to the early '70s did not last, and by the mid '70s the Canadian welfare state began to retrench; the following events explain this retrenchment. First, in most industrial countries the economic crisis of the 1970s and ensuing inflation forced governments to shift their focus from social to fiscal

responsibility. Canada attempted to contain inflation by enforcing a stringent monetary policy in 1975. Second, the New Right, rising since the 1980s and still leading, imposed a new political discourse according to which governments spend too much on social programs. For the New Right, social spending induces fiscal irresponsibility and creates reliance instead of encouraging autonomy. Thus, universal social programs such as Family Allowances and Old Age Security became more means-tested during the '90s (Maioni, 1997:180-3). How do proponents of the left view the retrenchment of the Canadian welfare state? Some advance that the cutbacks in social spending endanger the social rights of Canadians, and that the new subsidy provisions for shared-cost programs will not decrease rivalry between universal middle-class programs, such as health and education, and the ones directly aimed at the needy. Consequently, the cutbacks will cause a disintegration of the social and political consent to the welfare state (Phillips, as quoted in Maioni, 1997:183). We will be elaborating on the subject of universality versus selectivity in the literature review section.

This historical background on the Canadian welfare state sets the stage for the research problem in which we are interested. The purpose of this study is to find out if there was a consensus or a division among Canadians on the social role of the state in the area of education and health care; if Canadians were more concerned with their social rights or with the state's economic efficiency. The rationale behind this choice is that there was a gap between politicians' decisions about their social responsibilities and the public attitudes toward the social role of the state in the areas stated above. While the literature on the retrenchment of the Canadian welfare state was abundant, there were few empirical studies about the public opinion on the social role of the state. In *Politics and Ideology in Canada: Elite and Public Opinion in the Transformation of the Welfare State*, Ornstein and

Stevenson examined a decisive historical change in Canada. The change started in the mid-1970s, when the crisis of the Keynesian welfare state hastened a move to a new political order based on the gradual downscaling of state participation in the economy and the society. Their surveys spanning the period of 1975 to 1980 covered a broad range of political issues such as "social programs, civil and economics rights, economic policy, foreign policy, labour relations, and language issues and sovereignty" (Ornstein and Stevenson, 1999:1). The goal of this project is to partially replicate their study by focusing on Canadians' change in expectations toward the role of the state in delivering social programs such as health care and education. A survey on the government role conducted in 1996 by the International Social Survey Programme (ISSP) will be used for this study. Table 1 summarizes the changes in Canadians' rating of the effort the government should put in or the role it should play in selected activities for the periods 1975-1981 and 1996.

Table 1 illustrates well the contrast in the public opinion about the government effort and the government role between the two time-periods for the activities listed. The top priority activities have shifted between the two time-periods. While 85 per cent of Canadians thought that their government should make much more and more effort to create jobs in 1977, 95 per cent of the next generation believed that their government should definitely provide health care for the sick, and 63 per cent of them thought that the government should spend more and much more in education. While 84 per cent of Canadians asked their government to make much more and more effort to cut down inflation in 1977, 91 per cent of Canadians wanted their government to definitely provide for the elderly in 1996, and 54 per cent of them thought that the government should spend more and much more on health.

TABLE 1

COMPARISON OF THE GOVERNMENT EFFORT OR ROLE FOR SOME STATE ACTIVITIES BETWEEN TWO TIME PERIODS CANADA, 1977-81 AND 1996

Public opinion on government effort for a number of state activities 1977-1981		Public opinion on government role for a number of state activities 1996			
		Government spending		Government responsibility	
Activities	A	Activities	B	Activities	C
1. Creating more jobs 1977	85%	1. Education	63%	1. Provide health care for sick	95%
2. Cutting inflation 1977	84%	2. Health	54%	2. Provide for elderly	91%
3. Helping retired people 1977	70%	3. Environment	50%	3. Financial aid to students	87%
4. Helping the poor 1977-81	56%*	4. Law Enforcement	32%	4. Provide industry with help	74%
5. Education 1977-81	54%*	5. Retirement	28%	5. Provide descend housing	72%
6. Health and medical care 1977-81	49%*	6. Culture and Arts	26%	6. Creating new jobs	72%
7. Decrease region inequalities 1977	49%	7. Unemploy. benef.	16%	7. Provide stand. living to unempl.	68%

*The percentage for activities 4, 5 and 6, is an average of much more and more effort for the three years 1977-81.

Legend
A: Much more and more effort
B: Much more and more spending
C: Definitely and probably responsible
Sources: 1977-1981, Ornstein and Stevenson 1999: Table 4-1 pp. 140-2
1996 ISSP Survey, Appendix F, p 4, items a to h and p 6, items a to j.

Focusing on creating jobs and cutting down inflation, we can explain the importance Canadians gave to these first two activities in 1977 as a reflection of the economic and fiscal crisis experienced in Canada as well as in the industrialized countries. On the other hand, job creation and cutting inflation were not welfare state programs; this make us think that social programs such as health care and education were in good status, otherwise Canadians would have requested the government to invest in them. It became the case in 1996, when among many requests for state intervention, Canadians asked their government to be involved in health care by providing health care for the sick and in education by financially helping university students from low-income families. This analysis leads us to

conclude that within one generation things had evolved in Canada and that it would be necessary to learn more about the changes that led to the issues of health care and education being ranked as top priorities in Canadian lives. The distributions of frequencies for activities A and B can be found in Appendix A, Table 1 A to Table 1 N.

The research problem consists of finding out if there was consensus or division among Canadians about the state's responsibility for health care and for education. It is centred on four concepts: consensus, state responsibility, health care and education and comprises two lines of cleavage: social class and region. These are our research questions:

1. Are some regions more or less likely to display a high level of support for the state's responsibility for health care and education or is the state's responsibility for health care and education equally advocated by all Canadian regions?
2. Are the lower and the working classes more favourable than the middle class to government intervention in health care and in education or is it the reverse?

This research is divided in five chapters: Chapter 1 will discuss the relevance of this study and review some pertinent literature to help us formulate questions and hypotheses. Any scientific investigation requires a theoretical and methodological framework within which researchers conduct their study; Chapter 2 will describe that framework. Chapter 3 will contain an overview of the data we selected for this study. Public support for government intervention in health care will be the subject of Chapter 4. Chapter 5 will cover the government's intervention in education. A conclusion will summarize the findings and limitations of the research and offer some prospects for further research.

APPENDIX A

SPSS OUTPUTS FOR THE INTRODUCTION

TABLE 1 A Governement spendind education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	250	20.2	21.0	21.0
	Spend more	503	40.6	42.2	63.2
	Spend the same	378	30.5	31.8	95.0
	Spend less	54	4.4	4.5	99.5
	Spend much less	6	.5	.5	100.0
	Total	1191	96.1	100.0	
Missing	Cant choose	14	1.1		
	No answer	34	2.7		
	Total	48	3.9		
Total		1239	100.0		

TABLE 1 B Government spending health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	158	12.8	13.1	13.1
	Spend more	496	40.0	41.1	54.2
	Spend the same	477	38.5	39.5	93.7
	Spend less	67	5.4	5.5	99.3
	Spend much less	9	.7	.7	100.0
	Total	1207	97.4	100.0	
Missing	Cant choose	8	.6		
	No answer	24	1.9		
	Total	32	2.6		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 1 C Government spending environment

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Spend much more	179	14.5	15.1	15.1
	Spend more	412	33.2	34.5	49.6
	Spend the same	499	40.3	41.8	91.4
	Spend less	90	7.3	7.6	99.0
	Spend much less	12	1.0	1.0	100.0
	Total	1192	96.2	100.0	
Missing	Cant choose	14	1.2		
	No answer	33	2.6		
	Total	47	3.8		
Total		1239	100		

TABLE 1 D Government spending law enforcement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	74	6.0	6.2	6.2
	Spend more	310	25.0	26.0	32.2
	Spend the same	665	53.7	55.8	87.9
	Spend less	124	10.0	10.4	98.4
	Spend much less	20	1.6	1.6	100.0
	Total	1193	96.3	100.0	
Missing	Cant choose	12	1.0		
	No answer	34	2.7		
	Total	46	3.7		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 1 E Government spending retirement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	81	6.6	6.9	6.9
	Spend more	248	20.0	20.9	27.8
	Spend the same	739	59.6	62.4	90.2
	Spend less	99	8.0	8.4	98.5
	Spend much less	17	1.4	1.5	100.0
	Total	1184	95.5	100.0	
Missing	Cant choose	22	1.8		
	No answer	34	2.7		
	Total	55	4.5		
Total		1239	100.0		

TABLE 1 F Governement spendind culture and arts

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	70	5.6	5.9	5.9
	Spend more	235	19.0	19.8	25.7
	Spend the same	441	35.6	37.0	62.7
	Spend less	280	22.6	23.5	86.2
	Spend much less	164	13.3	13.8	100.0
	Total	1190	96.1	100.0	
Missing	Cant choose	21	1.7		
	No answer	28	2.3		
	Total	49	3.9		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 1 G Government spending unemployment benefits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much more	45	3.7	3.8	3.8
	Spend more	142	11.5	11.9	15.8
	Spend the same	643	51.9	54.1	69.8
	Spend less	285	23.0	24.0	93.8
	Spend much less	74	6.0	6.2	100.0
	Total	1190	96.0	100.0	
Missing	Cant choose	14	1.1		
	No answer	36	2.9		
	Total	49	4.0		
Total		1239	100		

TABLE 1 H Responsible to provide health care for sick

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	775	62.6	63.4	63.4
	Probably should	390	31.5	31.9	95.2
	Probably not	42	3.4	3.4	98.7
	Definitely not	16	1.3	1.3	100.0
	Total	1224	98.8	100.0	
Missing	Cant choose	7	.6		
	No answer	8	.7		
	Total	15	1.2		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 1 I Responsible to provide for elderly

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	603	48.7	49.4	49.4
	Probably should	510	41.2	41.8	91.3
	Probably not	86	7.0	7.1	98.3
	Definitely not	21	1.7	1.7	100.0
	Total	1220	98.5	100.0	
Missing	Cant choose	9	.8		
	No answer	10	.8		
	Total	19	1.5		
Total		1239	100.0		

TABLE 1 J Responsible to financially help university students from low-income families

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	421	34.0	34.8	34.8
	Probably should	630	50.8	52.1	86.8
	Probably not	116	9.3	9.6	96.4
	Definitely not	44	3.5	3.6	100.0
	Total	1210	97.6	100.0	
Missing	Cant choose	17	1.4		
	No answer	12	1.0		
	Total	29	2.4		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 1 K Responsible to provide industry with help to growth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	236	19.1	20.1	20.1
	Probably should	634	51.2	54.0	74.1
	Probably not	252	20.3	21.4	95.5
	Definitely not	53	4.3	4.5	100.0
	Total	1175	94.9	100.0	
Missing	Cant choose	38	3.1		
	No answer	25	2.1		
	Total	64	5.1		
Total		1239	100		

TABLE 1 L Responsible to provide decent housing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	249	20.1	20.9	20.9
	Probably should	612	49.4	51.4	72.3
	Probably not	248	20.0	20.8	93.1
	Definitely not	82	6.6	6.9	100.0
	Total	1191	96.1	100.0	
Missing	Cant choose	36	2.9		
	No answer	12	1.0		
	Total	48	3.9		
Total		1239	100		

Source: *1996 ISSP Survey*

TABLE 1 M Responsible to provide jobs for all

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	133	10.7	11.2	11.2
	Probably should	288	23.3	24.3	35.4
	Probably not	397	32.0	33.4	68.8
	Definitely not	371	30.0	31.2	100.0
	Total	1189	96.0	100.0	
Missing	Cant choose	24	1.9		
	No answer	26	2.1		
	Total	50	4.0		
Total		1239	100		

TABLE 1 N Responsible to provide descent standard of living for unemployed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should	195	15.7	16.6	16.6
	Probably should	601	48.5	51.2	67.8
	Probably not	277	22.4	23.6	91.4
	Definitely not	101	8.2	8.6	100.0
	Total	1174	94.8	100.0	
Missing	Cant choose	48	3.9		
	No answer	17	1.3		
	Total	65	5.2		
Total		1239	100		

Sources: *1996 ISSP Survey*

1 RELEVANCE OF THE STUDY AND LITERATURE REVIEW

The aim of this chapter is twofold: to present the relevance of the study in the first section; and to examine how other authors have already thought about and researched the topic in the second section; this will enable us to elaborate our hypotheses in the next chapter.

RELEVANCE OF THE STUDY

The first empirical study conducted by Ornstein and Stevenson used data from 1975 to 1981. Their study, through a comprehensive analysis of public and elite positions, showed:

- a "hegemonic order" (explained in Chapter 2) through the early 1980s, formed by public support for the Canadian welfare state's foundations;
- a public attitude strongly connected to class; and
- regional disparities within English Canada in political creed, with the main distinction residing between Québec and English Canada (Ornstein and Stevenson, 1999:1).

Since that survey, Canada experienced many political, ideological and social changes that resulted in different public values with regard to the social role of the state. It is thus necessary to have access to up-to-date information that enhances the value of this kind of study. In addition, it is important to mention that our choice of state support for health care and education is not arbitrary but deliberate, as these two welfare state programs experienced both major cutbacks and privatization without the consensus of the Canadian public. Therefore, we will expect this study to be of benefit to politicians, academics,

policy- and decision-makers, welfare state experts, researchers, students, as well as to the authors of *Politics and Ideology in Canada.* It will deepen our own knowledge of Canadians' values regarding government support for welfare state programs, knowledge necessary to a future career in social policy research and analysis.

LITERATURE REVIEW

> While undertaking the review of literary material, by way of *abstracting* or *excerpting*, the researcher's thoughts should begin to turn towards the refinement of the original research idea or question. What are some specific research questions that need to be considered in the eventual research? How have others theorized about the topic? What have others found in previous research? Is there an interesting angle or approach that would set your research apart from that of others or refine findings offered by past research? (Berg, 2001:24).

This section is divided into four sub-sections, each one covering a special concept or dimension of our research question. The first sub-section focuses on the concept of *consensus*. We used two important welfare state concepts –*citizenship* and *universality*– to explain that not all Canadians agree with the ideas these concepts embrace. The second sub-section, important to our analysis of regionalism, covers the region of Québec, which we consider distinct from the rest of Canada by its culture, language and politics. In the third sub-section, we will focus on the *prairie farmers class* that organized itself into an agrarian protest movement which, in turn, developed into a political party, the CCF (Co-operative Commonwealth Federation), the first socialist provincial government to implement Medicare in Saskatchewan. Finally, the fourth sub-section will expand on education: Is it accessible to all Canadians, as some politicians would like us to believe?

Consensus and welfare state

In *Old Age in the Welfare State*, John Myles illustrates the antagonism between market interests and social rights using the example of public pensions. Inspired by the work of T. H. Marshall on citizenship, the author contends that the liberal state grants individual

rights based on an economic advantage, whereas the democratic state awards these same rights by way of citizenship, that is, participation in a social community (Myles, 1984:30). It is thus within the contradiction between liberalism and democracy that social security in general and public pensions in particular evolved in Canada.

Before World War II, retirement was accessible to wealthy elderly only, the rest of older people being deemed to work until their death or infirmity. The capitalist spirit perceives older people as useless, the age limit for a productive male being set at 35 years (Myles, 1984:9). For that reason, employers brought forward the idea of a mandatory retirement justified in 1922 by Adam Shortt, Canada's first civil service commissioner in these terms:

> It is believed that a superannuation scheme will prove one of the best means of promoting efficiency in the service...The advantages of superannuation in the public interest are apparent inasmuch as it relieves the government of the embarrassment and extravagance of retaining the services of officers who have outlived their usefulness; creates a proper flow of promotions; renders the service more mobile, deters efficient workers from leaving the public service for private employment... [and] in general tends to promote efficiency in every way. (quoted in Myles, 1984:13).

Because the market ethos emphasizes the importance of self-reliance and savings for old age, it resisted the idea that retirement wage should be the responsibility of the state; as the majority of workers were unable to save money for their old age, retirement was the privilege of the wealthy and, consequently, an obstacle to the principle of universalism (Myles, 1984:23). But events such as wars, depression, inflation and changes within the family organization proved that neither the market nor the family could meet the requirements of the elderly. Consequently, the support of the elderly became the welfare state's responsibility (Myles, 1984:25-6).

In this context, public pensions in the welfare state are mutual concessions in the ongoing tension between liberalism and democracy. Thus, both the right and the left criticized the public pensions system for either deviating from the equity principle that is to

"each according to his her contributions" or jeopardizing the equality principle that is "to each according to his or her needs" (Myles, 1984:32). To solve this dilemma, flat benefits programs –same minimum to all citizens– adjusted to household composition were implemented in Canada in 1927 and in most western countries as a result of pressure on the business community and on conservative parties from both the Canadian Labour Congress and left political parties. But it was soon recognized that means-tested benefits reflected the contradictions of capitalism that maintained the equality of elderly in poverty; for that reason, the necessity arose to reform the welfare state on the basis of the citizenship principle (Myles, 1984:38-9). The reform was made possible with such precipitants as the Keynesian economic theories of state intervention for the redistribution of income and labour and radical political parties activities. In Canada, the reform of 1951 eliminated the means-tested benefits for people over 70 and transformed the 1927 Old Age Pensions system into a universal program based on age and citizenship. Along with this reform, a new act, the *Canada Pension Plan,* was implemented as a second tier system to achieve another democratic goal. These reforms secured to Canadians citizens a guaranteed income based on need, capability and equality (Myles, 1984:46-9). We used Myles' work to illustrate two important points:

- The implementation of social programs at the beginning of the century encountered forceful resistance from business groups and conservative parties;
- We found the example of Old Age Pension relevant to our research project. This social program has experienced changes from 1927 to 1990, from being means-tested in 1927 to becoming universal in 1951 and to eventually reverting to a means-tested program in 1990.

In Canada, it has been a continual struggle about which social programs deserve to be universal and which others need to be means-tested. Depending on who holds the power, the Conservatives, the Liberals or the New Democrats, these social programs keep oscillating from universal to means tested. Was the government more concerned with 'economic efficiency' or with 'equality' when it changed the universal Old Age Pension program to a means-tested one? We may answer this question as we elaborate on the political struggle over universality versus selectivity in the next paragraph.

Earlier in the background section, we mentioned the retrenchment of the welfare state with an emphasis on the fall of "two of the pillars of the universalist welfare state in Canada: Family Allowance and Old Age benefits" (Maioni, 1997:8). The purpose of this section is to discuss the issue of universality versus selectivity, since even essential social programs such as health care and education have been affected by the welfare state retrenchment to the point where some Canadian provinces, such as Alberta and Ontario, have implemented a two-tier health care system.

Based on the notion of citizenship, the concept of universality was an essential policy tool in the expansion of the welfare state; but as communities became diversified, the significance of universality was challenged (Rice and Prince, 2000:169). At the beginning, believers in universality proposed a political theory suggesting that:

> ... universality promotes social integration, fosters wide public support for maintaining universal programs; ensures political protection against cutbacks; and creates public sympathy among the better off for adequate and quality programs for the poor. Universality is seen therefore as a powerful policy instrument for building relations between groups and across classes, enhancing social cohesion and tackling inequalities on the basis of a solid public consensus. Universal programs are seen to be built upon the notion of citizenship, with eligibility based simply upon membership in the community (Rice and Prince, 2000:170).

The above theory consists of the five following propositions:

1. *"Without a universalist policy framework, selective programs for the needy will tend to be punitive and of poor quality"*. Examples of such programs are social welfare and public housing for single women, recent immigrants or poor people. As these programs target a particular clientele, mostly poor and disabled, they are in essence punitive and of a second-rate quality (Rice and Prince, 2000:170-1).
2. *"Universal programs in cash or in kind services fulfill various functions: social recognition, investment, economic stabilization, prevention, social integration, and stigma avoidance"*. By helping a vast category of people, such as families with children, seniors and veterans, universal programs have a twofold objective: to redistribute income and services on an equitable basis and to encourage societal recognition of the roles the recipients play in society. In addition, because people are provided benefits and services on an equitable basis, universality favours social cohesion and discourages social stigmatization (Rice and Prince, 2000:171).
3. *"By including the middle class as client, universal programs enjoy mass public support, and provide a political context for other progressive social reforms"*. Middle class people who benefit from universal programs such as health care and education represent a supportive and important political electorate. As an influential group, they will insist on keeping the benefits and services at a high standard and will extend progressive reforms to other social programs such as welfare or child care (Rice and Prince, 2000:171-2).
4. *"Universal programs, because of their broad base of public support, are less susceptible to cutbacks than selective programs, especially those for the poor"*. In a period of welfare state retrenchment, universal programs such as Old Age Pension will

be better protected against cutbacks than selective programs (Rice and Prince, 2000:173).

5. *"Universalism is a prerequisite for promoting social integration but requires complementary selective programs for tackling inequalities and implementing affirmative action policies"* (Rice and Prince, 2000:173).

Some Canadians challenge this set of principles of universality as a social value and policy tool. According to the authors, there are indeed three points of view on universality held by the anti-universalists, the administrative universalists and the active universalists.

- ***Anti-universalists.*** Considering universality of income support programs as a waste of money and as unjust toward poor people, these proponents favour a system of needs-tested benefits as the key instrument of income security. However, they do favour universal programs such as health care and education but insist on "private funding and user fees as a necessity to safeguard public education and heath care systems" (Rice and Prince, 2000:174).
- ***Administrative Universalists.*** These proponents claim that universality should be the choice only if it is affordable, and that middle- and upper-income families should pay a surtax (Rice and Prince, 2000:174).
- ***Active Universalists.*** They promote universality in the Canadian welfare state, as for them universality is a set of values that recognizes the contributions of families and seniors to society. They also advocate changing the Canadian regressive tax system to render it more equitable (Rice and Prince, 2000:170-4).

While the debate on universality versus selectivity regarding income support programs is over, it remains open for universal programs such as health care and public education

(Rice and Prince, 2000:181). We decided to include this section on the struggle over universality versus selectivity because social programs such as health care and education, once considered as universal programs, have experienced cutbacks and privatization during the 1990s. This situation jeopardized the survival of two essential services, health care and education, that Canadians ought to access regardless of their means.

When we speak of *universality*, we refer to rights granted to *all citizens* and equality among *all citizens* based on "participation in a social community of a democratic state". However, when we speak of *selectivity*, we imply rights granted to *some citizens* (disabled, immigrants, poor, single mothers) and equality for *some citizens* based on "economic advantage in a liberal state". The question we want to pose is: Would Canadians like to access social services such as health care and education on a universal basis (democratic state) or on a means-tested basis (capitalist state)? We expect to find disagreement among Canadians along the regions and across classes on the two opposing options.

We agree with the government that wants to instil some *rationality* into *equality* and decides that the banker's wife does not need any Family Allowance, nor does the wealthy older man an Old Age Pension. But what happens to members of the middle class who are neither too poor nor too rich? The drastic changes to Family Allowance and Old Age Pension, which started in the '90s and shifted them from universal to means-tested programs, penalized the middle class. Hence, the middle class who plays a crucial role on the political arena in maintaining social programs was no longer eligible to these social programs. In addition, the middle class symbolizes consensus, or compromise, in that the capitalist class would be the most resistant to progressive social programs. On the other hand, members of the lower class would be the most accepting of the progressive social programs, but they cannot have the same crucial role on the political arena the middle class

has. Would the exclusion of the Canadian middle class from social programs such as health care and education affect the consensus on public support for the government's intervention in health care and in education? We expect to find an absence of consensus and a lack in the social cohesion that universal social programs such as health care and education provide.

Québec

In *Politics and Ideology in Canada: Elite and Public Opinion in the Transformation of the Welfare State,* Ornstein and Stevenson investigated regionalism in Canada during the late '70s-early '80s. Using the regression technique, the authors explained the existence of a regional variation in the measure of public support for *more government effort for health care* as follows:

- Given the fact that the percentage of variance explained within English Canada was small at .6 per cent, that is, English Canada as a 'rest of Canada' region explained only .6 per cent of the measure of political ideology in *more government effort for health and medical care,* they concluded that it did not justify the presence of distinct political cultures.
- However, once Québec was included, the percentage of variance explained increased to 1.1 per cent, .5 per cent for Québec alone. Consequently, Québec as "one region" explained .5 per cent of the measure of political ideology in *more government effort for health and medical care.*

This led the authors to suggest that there were "two political cultures, or more appropriately, two *nations* in Canada –Quebec and English Canada". This result was not particular to health and medical care; when the authors measured *government effort for the*

unemployed and included Québec, the percentage of variance explained was 4.6 per cent; when they excluded Québec, the percentage of variance explained dropped to 2.2 per cent. Thus, Québec region by itself explained 2.4 per cent of the measure of political ideology in *government effort for the unemployed* and English Canada explained 2.2 per cent of the measure of political ideology in *government effort for the unemployed* (Ornstein and Stevenson, 1999:195).

Ornstein and Stevenson were not the first to address the particular ideology and culture of Québec region and its strong support for the welfare state in their writings. For his part, Banting demonstrated in his article how much Quebeckers were attached to their culture and wanted their jurisdiction to manage income support programs.

At this point, it is essential to add that the strong support for welfare state programs in Québec stems also from the Canadian federalism. Exploiting the results of the survey on "Regional preferences: Citizens' views of public policy-1951-75", Banting reported that Québec region showed the highest support for welfare state, not only because of its legitimate economic needs, but also because of a cultural factor. In addition, contrary to the rest of Canadians, Quebeckers favour their jurisdiction to be responsible for income security, which is why the Québec Pension Plan emerged in parallel to the Canada Pension Plan (Banting, 1987:135). Québec's politicians insisted on the impact that culture has on social policy. In 1965, Premier Lesage justified his requests for greater provincial control to federal and provincial leaders by stating, "This should not be taken to mean that we shall inevitably introduce a series of new social measures completely unrelated with those which may exist in Canada... We are inclined to believe that these measures will be comparable without being identical" (as quoted in Banting, 1987).

The specificity of Québec social policy and the priorities it gave some programs are a reflection of its history. Thus, while other provinces were concerned with the aged, Québec was considering as its priority to secure additional income for larger families. Consequently, Québec politicians expanded their own Family Allowance Program in 1967. In addition, with the success of the Quiet Revolution the need for "greater jurisdiction over income security" was no longer based on a particular cultural outlook, but rather on Québec's self-government aspiration (Banting, 1987:143-4).

Another author addressed the specificity of Québec region and its strong support for the welfare state by introducing the concept of *minority and majority regions*. In his analysis of the 1992 ISSP survey on social inequalities, Leslie Laczko found that Québec's respondents are significantly more likely than respondents in the rest of Canada to concur that:

- Income disparity in Canada is too great;
- It is the government's responsibility to reduce income inequalities; and
- The government should provide employment and a basic income (Laczko, 1996:116).

Laczko advanced also the argument that the tendency displayed by Québec's respondents to give higher evaluation of group and class inequality is consistent with the contention that minorities will often exhibit stronger perception of all characteristics of power relations (Laczko, 1996:123) where the minority partner displays:

- A more pronounced cultural identity as well as a deeper concern for the majority/minority relationship;
- A preference for collective solutions over individual solutions; and

- A stronger support for state intervention (Laczko, 1998:338).

Drawing on Esping-Andersen's welfare regimes typology, and using the same survey, the author suggested that the high level of support for state intervention in Québec may be driven by the unions and the Parti Québécois' activities. It therefore characterizes Québec's welfare state as a mixture of the social-democrat and Catholic traditions, both having a joint and complex influence difficult to sort out without further research (Laczko, 1998:336).

In this project, we posit that the social-democrat tradition is taking over the Catholic tradition, as the Québec state is committed to a collective project of building Québec as a modern, democratic and francophone society. The new Québec family policy is a good illustration of a social-democrat trend on the part of the state. Katherine Scott acknowledged this trend in *Investing in Canada's Children: Our Current Record*, where she contends: "Canada, in comparison to European countries, has a very weak tradition in supporting children and families. With the exception of Quebec, governments in Canada have left the task of raising children to individual parents and families" (as quoted in Garneau and DeVink, 1999:13).

The Québec family policy implemented in 1997, and emulated by British Columbia in 2000, has four key objectives:

1. To guarantee fairness by providing universal support to families;
2. To grant additional assistance to low-income families;
3. To make possible the balancing of family and work responsibilities; and,
4. To promote children's development and equal opportunities.

The following measures illustrate how progressive the Québec Family Policy is.

- Parental Insurance Plan details
  - A paid 18 week maternity leave for mothers at 75% of their earnings. The only condition to access this program is that the mother must have earned more than $2,000 in the last year, ensuring that part-time and self-employed workers are eligible.
  - An additional 7 weeks parental leave (taken either by the mother or the father) at 75% of their earnings.
  - An additional 5 weeks leave for the father at 75% of his earnings.

- Child Care Plan
  - Among the most significant aspects of this new family policy are the changes occurring in Québec's child care system - the funding, the organization, and the development of new spaces - over the next 5 years. This is consistent with what the child care community and other social groups have proposed. Québec will model its new child care policy on principles and policy developed in the more progressive European countries.

  - As of September 1997, the parent fee for a 4-year-old child enrolled in a regulated child care service is $5 a day; the balance, -i.e., the difference between the rate paid by the parent and the actual cost for a space- will be assumed by the government and paid directly to the child care program. This system will gradually be applied to all age groups so that by the year 2002, parents will be paying $5 a day for child care for each child aged one to 4 years who are enrolled in a regulated program. As parents access these $5 a day spaces, the current subsidy system as well as the tax credit for child care will disappear. However, in the case of a family using a child care option that is not regulated, such as unregulated family day care, a significant tax credit will still be available (Ministère de la Famille et de l'Enfance du Québec).

This analysis of the Québec region leads to state that whether Quebeckers feel that they belong to a minority region, or that their jurisdiction should be responsible for their own income security programs or that child care is an important universal social program, nowhere else in Canada these sentiments are as strong as in the Québec region. Consequently, Quebeckers are keener to build a social-democrat model of society where the support for welfare state is high. Would the Québec region keep this tradition of high support for welfare state in 1996? We expect the Québec region to show the highest support for government role in health care and education.

The farmers' protest and the birth of Medicare in Saskatchewan

Keeping with the same theme of progressive provinces and our interest in health care, we shall now relate the events surrounding the birth of Medicare in Saskatchewan. In *Agrarian Socialism,* sociologist Seymour Martin Lipset describes the Saskatchewan

farmers' efforts to modify social institutions at the beginning of the twentieth century. It is an example of how political action can bring about social change.

While farm owners have generally been integrated to the middle class by sociologists, farmers in Saskatchewan stand as a class of their own because of the unique combination of socio-economic and physical factors prevailing in that province.

- First, Saskatchewan has long winters and dry summers. Drought is a real calamity as described by one farmer: "The first calamity we suffered was drought. It was a long torturous summer. Our grain, grass, fruit trees, and garden were all burned to the ground, leaving no feed for the horses, cows, and hogs, plus the fact that it left no fruit or vegetables to provide us for the long winter" (as quoted in Lipset, 1968).
- Second, the province is completely dependent on one single commodity, wheat, which is the most unstable commodity. "On the average, 85 per cent of the value of all net production in Saskatchewan is supplied by the agricultural industry, and about 80 per cent of the cash income of the agricultural industry is derived from wheat" (as quoted in Lipset, 1968:44).
- Third, farmers in Saskatchewan live a life of "gamblers" tied to the "boom and bust" of wheat production. Thus, even if some farmers are more economically privileged than others in periods of prosperity, the pressures on the grain market make them stand together as an alien class against the urban class.

The awareness of being a distinct class came to the Saskatchewan farmers not from their position as a group exploited by private interests, but from their gradually organized action against those interests. This kind of development has been well described by Max Weber:

> The degree in which "communal action" and possibly "societal action," emerges from the "mass action" of the members of a class is linked to ...the extent of the [economic] contrasts that have already evolved, and is especially linked to the *transparency* of the conditions between the causes and the consequences of the "class situation". For however different [economic] life chances may be, this fact in itself...by no means gives birth to "class action".... The fact of being conditioned must be distinctly recognizable. ...as a resultant from either (1) the given distribution of property, or (2) the structure of the concrete economic order. It is only then that people may react against the class structure not only through acts of an intermittent protest, but in a form of rational association (quoted in Lipset, 1968:57).

The economic crisis of 1921 gave farmers the opportunity to organize and take action. W. R. Motherwell, a future leader of Saskatchewan farmers, describes the mood of that time:

> There was incipient rebellion when we organized. It's too late for organization; it's bullets we want, men were saying. But we didn't really know what we wanted; we were in despair. It was not a question of growing crops but of marketing them...Well, we grew the wheat which was valueless unless marketed. Wheat was regarded as gold by Easterners, but it has no value for us unless shipped out of the country...Such conditions engendered bitterness and the country was ready for anything (Quoted in Lipset, 1968:59)

After a wheat blockade caused the loss of three-quarters of the crop, a group of farmers founded the first association on December 1901 to defend their interests. The idea spread very quickly, and soon a convention could be held. The adhesion, and sometimes agitation, of former socialists from Europe and the United States helped in giving cohesion to the farmers' protest, and in raising their awareness of being part of a common economic class. In turn, the economic conflict between farmers and capitalist interests allowed an "agrarian class unity" to emerge (Lipset, 1968:69).

The financial crash of 1929 and the draught that started in 1930 have been decisive elements in favour of the class-conscious radicals [most of whom were former socialists in England]. After 30 years of individual and collective hard work and the destruction of all those efforts, they felt it was high time that farmers opt for socialism. In 1932, a well-attended convention in Calgary, Alberta, saw the official birth of a new national political party, the Co-operative Commonwealth Federation (CCF); its next convention held in 1933

in Regina was a pivotal point in the history of the farmers' protest. Allied to the labour movement, they were now attacking every aspect of the economic structure with all their organized class consciousness.

After the great depression, Canadians started to call for benefits such as social security and labour legislation among others, and the CCF had the answers. To a program that would appeal to the working class, it added Socialized Health Services: "The CCF will provide a complete system of socialized health services so that all will receive adequate medical, surgical, dental, nursing and hospital care without charge" (Lipset, 1968:179). From 1936 to 1944, when it won the provincial election in Saskatchewan, the CCF increasingly emphasized social security. "The most important single social reform of the government is socialized medicine." (Lipset, 1968:287, 298). Just after taking office in 1944, the CCF first targeted the aged, the handicapped and mothers for free health services; "diseases that were costly or presented a danger to the community" were also included for all population categories. In 1947, it extended theses services to free hospitalisation, imposing only a small tax for this plan. The only limitation to the welfare program was of financial nature: without federal support, the provincial government would have to increase direct and visible taxes, which would not be popular in rural constituencies.

Facing resistance from teachers, and most importantly, from the medical profession as we shall see in *Doctors' Strike*, the CCF had to limit his ambitious social reform programs. In the final analysis, however, the ideology of its leaders was the driving force behind the implementation of a socialized medicine system that covered all residents of the province for the first time in the history of Canada.

In *Doctors' Strike*, Robin Badgley and Samuel Wolfe provided insight into the conflict between the medical profession and the government of Saskatchewan in the 1960s. They

set the conflict "into context as a key social issue in which there have been inevitable, and in [their] view necessary shifting trends from private to public responsibility for both financing and organizing health services" (Badgley and Wolfe, 1967:xii).

Doctors led an active political campaign against the Medicare legislation on which the CCF based its 1960 election platform. The profession presented Medicare as "evil", and aimed at instilling fear in the population and playing with its emotions.

As it became more prosperous, the already antagonist profession reverted to a laissez-faire approach to social problems. At their annual general meeting in October 1961, while the Medicare was being enacted, doctors voted almost unanimously against cooperating in implementing a legislation they saw as a "state monopoly of medical services". The strong commitment each side displayed to its own ideology and the incongruity of their goals made a social conflict inevitable (Badgley and Wolfe, 1967:50).

Both during and after the election, public opinion on Medicare was divided along social and economic classes as well as political parties. One of the most powerful pressure groups allied to the medical profession was the Keep Our Doctors' Committee (KOD). While mass anxiety about the Medicare legislation drew enormous support for the KOD, it was not its membership that made it dangerous, but the way in which it promoted "prejudices about basic values such as freedom, nationality, and class and converted these into subtle political issues" (Badgley and Wolfe, 1967:53).

After the withdrawal of the profession's demand that the Act be repealed or suspended, negotiations resumed and a settlement was reached on July 23. Medicare had at last come to Saskatchewan. In August 1964, an international medical journal wrote in its editorial:

> "... on 19 June [1964] the Federal Royal Commission on Health Services handed down a 914-page health charter for Canada. ... the Royal Commission rejects the voluntary medical care insurance

approaches ... and by implication recommends the Saskatchewan plan to the Canadian people" (Quoted in Bradgley and Wolfe, 1967:109).

The report of the Royal Commission being considered as one of Canada's most important social document of the 20th century, we may conclude that, in its health and welfare legislation, the CCF had undertaken the role of pioneer for the rest of Canada.

From the summarization of these two books, we may conclude that, for Medicare to be definitively implemented in Saskatchewan, there had to be a struggle between two opposed classes under two different circumstances.

- The Prairie farmers' class struggled against the capitalist class formed by the bankers, the grain elevators, the Grain Exchange and the Canadian Pacific Railway. Once the Prairie farmers organized themselves into an association, they were able to form the C.C.F, which later became the first socialist party in Saskatchewan. When we speak about *socialism*, we infer that services such as education and health care once paid for privately become publicly financed. Prairie farmers won their first struggle against the capitalist class in 1957 when free health services and hospitalisation were implemented throughout the province of Saskatchewan.
- An imminent strike by the medical profession was however about to imperil this victory; a second conflict started in 1960, opposing the capitalist class represented by the medical profession, the Board of Trade and the Chamber of Commerce to the government and its supporters, the representatives of labour and farmers.

Why was Saskatchewan a fertile province for a health care revolution? To answer this question, we can look back in history at another revolution. How do we explain that while Marxism sprang in Western Europe, the revolution inspired by its principles and expected in Germany took place instead in Russia, Eastern Europe in 1917? We believe that Russian

farmers were much more oppressed in a feudal system than the labourers in the England Marx described in *The Capital.* For a revolution to happen, there should be a number of leading conditions. For instance, where else in Canada did farmers experience the harsh climate their fellow farmers in Saskatchewan did? Moreover, where else in Canada did the population depend on one single commodity –wheat– as in Saskatchewan? Did the European settlers' dreams of a better life help them overcome the obstacles they faced? Did the socialist ideologies they lived by contribute to the success of a solid organization such as the C.C.F?

The answer is evident. We believe that the above combined conditions were unique to the region and the people of Saskatchewan, which made it a fertile province for a victorious health care revolution. In Ornstein's and Stevenson's study, the Prairie region demonstrated a high level of support for government effort in health care, and we expect its support for government role in health care to be still high in 1996.

Education

In their article entitled "Class and University Education: Inter-generational patterns in Canada", Livingstone and Stove demonstrated that while there "was class mobility in Canada, there were as well constant barriers to mobility for example for the working class, and that although there was growth in advanced education attainments, there were declines in fairer access also. People from the lower classes engage in informal learning practices, which are disregarded in both the education systems and the labour market" (Livingstone and Stove, 2001:2). We will expand on these issues in the next paragraphs.

In capitalist societies, the extent of mobility is dependent on widespread conceptions of equality: *equality of initial opportunity, equality of continuing participation and equality of*

outcome. When we relate these conceptions to the educational institutions, the capitalist society has so far achieved the following results in terms of equality:

- Equality of initial opportunity gave all children a similar chance to go to school. With universal access to schooling, the principle of initial opportunity was translated into reality by "ensuring that socially disadvantaged children have sufficient material provisions and basic cognitive skills to utilize their full learning capacities, most notably in various 'head start' programs" (Livingstone and Stove, 2001:2).
- Equality of continuing participation gave students from all social conditions the possibility to be proportionately represented at all education levels. This was possible with both the expansion of higher education and the development of "affirmative action measures". It was then that qualified students, who were under-represented in the past, took part in higher education (Livingstone and Stove, 2001:2).
- Equality of outcome is achieved when students from all social backgrounds complete their education in comparable proportions. Some social critics emphasized the importance of the third principle of *Equality of outcome*. To them, the two first principles are not sufficient to eliminate the "systematic educational inequality and that more proactive steps should be taken towards equal outcomes, favouring those from disadvantaged backgrounds to try to ensure that they graduate in proportionate numbers and obtain equal social positions" (Livingstone and Stove, 2001:2).

After having introduced the theoretical framework, we shall move to certain practical aspects of educational equality. To explain the difficulties people from the lower class encounter in completing their education, the authors produced an inter-generational class mobility table to demonstrate that members of the working class whose parents belonged to

the same social class did not experience any upward mobility compared to other classes' members (Table 1.1).

The most important information obtained from Table 1.1 is located in the internal cells, which summarize the inter-generational class mobility in Canada. For example, 58 per cent of adults born in families with working class fathers assumed working class jobs themselves. In the working class category, adults preserved the same class position as their fathers (46% versus 47%) and in the semi-professional supervisory class category, adults had a modest positions change (8% versus 11%) (Livingstone and Stove, 2001:5).

TABLE 1.1

RESPONDENT'S OCCUPATIONAL CLASS BY FATHER'S CLASS, EMPLOYED LABOUR FORCE OVER 25 – CANADA, 1998

	Respondent's Class (%)					
Father's class	**Proprietor***	**Pro/mgr**	**Semi-prof/ Supervisor**	**Worker**	**Row %**	**Column total**
Proprietor*	29	18	11	42	100	31
Pro/Mgr	19	35	15	31	100	15
Semi-prof/Supervisor	21	36	7	36	100	8
Worker	13	20	9	58	100	46
Row total	19	23	11	47	100	100

Source: Nall (1999). N=743 (as quoted by Livingstone and Stone, 2001:5)

*"Proprietors include those who have legal ownership and legal overarching direct control of private enterprises; the professional/managerial includes those who exercise managerial control over both other employees and the technical of work; semi-professionals and supervisors generally work under professional/managerial employees and within conditions controlled by them, exercise technical and social authority over subordinate employees; workers include all other employees without either formally designated authority over workers or discretionary control over the technical design of the work process." *Source:* (Livingstone and Stove, 2001:4).

Why is it so difficult for people from the working class to move upward in the area of education for example? Some theories advance that there is a direct link between the parents level of education and their children educational attainment. "An international

survey conducted in the mid-90s found that the correlation between parent and child education in Canada was about .40 for both father's and mother's education". However, others studies were more concerned by the educational inequality due to past oppression of certain groups such as Aboriginal peoples, ethnic minorities and women. The authors concluded "class origins are generally the most significant determinant of high attainment for most Canadians" (Livingstone and Stove, 2001:8). The following table illustrates university degree completion by age group and by father's class position.

TABLE 1.2

UNIVERSITY DEGREE COMPLETION BY AGE GROUP AND FATHER'S CLASS POSITION – CANADA, 1998

University Degree Completion in %

Age Group	Total	Prof/Mgr Class Father	Working Class Father	PMC/WC Ratio
25-34	22.2	45.1	14.7	3.1
35-44	19.6	38.3	10.2	3.8
45-54	18.9	42.9	11.6	3.7
55-64	11.0	27.3	5.4	5.1
65+	6.7	23.8	4.0	6.0

Source: Nall (1999). N= 1562 (as quoted by Livingstone and Stone, 2001:8)

The first row in Table 1.2 shows that adults between 25 and 34 years whose parents belong to the professional/managerial class category are at least 3 times as likely to obtain a degree as adults whose parents belong to the working class category (Livingstone and Stove, 2001:8).

The fact that people from the working class are less likely to complete their education than people from the professional/managerial class is not due to a lack of motivation, but rather to a lack of financial resources. For example, "workers from working class origins or professional/managerial class origins have virtually identical participation rates in adult

education courses". However, the education of the working class is informal and, until there will be provisions to "validate workers' informal learning through Prior Learning Assessment and Recognition (PLAR)", there will always exist class-based educational inequalities (Livingstone and Stove, 2001:10).

Table 1.2 presents the evidence that, in Canada, younger people from poor families have difficulties to either engage in or complete an education. What are the reasons that influence people's choice to attend or not to attend university? Four reasons can be presented: "the family socio-economic status (SES), the labour market conditions, the availability of financing, but most importantly the relative affordability" (Livingstone and Stove, 2001:10). Since the 1980s, while the average family income remained unchanged, tuition fees rose drastically; between 1990 and 2000, the income of the bottom 40 percent households decreased while the average tuition fees rose by 125 per cent at the undergraduate level. The latter increase had a greater impact on students from lower SES university education affordability (Livingstone and Stove, 2001:10).

The parents' aspirations for their offspring to pursue and education were, according to the authors, constant in all economic groups regardless of the differences in affordability. Thus, 80 per cent of parents whose income was less than $30,000 wanted their children to pursue an education, but less than 20 per cent were able to save money to assist them, in contrast to over 60 percent of parents earning over $80,000. More and more students were relying on loans to finance their education. Two years after graduation the debt load of the 1995 graduates was 60 per cent higher than that of their 1990 counterparts. A Guelph University study found that between 1987 and 1996 the percentage of students coming from families whose income was inferior to $40,000 decreased from 40 to 16 per cent. This was an indication that if the educational costs keep increasing there will be "even

wider gaps by class origins for youths from poorer families" (Livingstone and Stove, 2001:10-1).

Livingstone's and Stove's article started with a theoretical framework on *equality of opportunity*, *of participation* and *of outcome* to emphasize *equality of outcome* as the most important element. Thus, what would be the purpose to attend school or university and not graduate, or to graduate from university but not find employment? When the federal government announced in its 1995 budget that "it was reducing federal contributions to post-secondary education ... by $7 billion" (Yalnizyan, 1998:56), it was implicitly admitting that education was no longer a wealth to be shared by all, but a luxury reserved to some citizens. The issue is how does a society achieve the *equality of outcome* principle when faced with such drastic measures. We believe that as governments withdraw their financial assistance to post-secondary education, people from low-income families would be less able to access higher education, or if they can, they would have difficulties graduating. These drastic measures would affect mostly people from low-income families; consequently, we expect them to favour the government's intervention in education in 1996. Hence, this article is relevant to the analysis of public support for government intervention in education where we postulated that people from the lower and working classes would demonstrate a higher support for government role in education based on the Marxist theory of education.

2 THEORETICAL FRAMEWORK AND METHODOLOGY

In the previous chapter, we reviewed some literature that was relevant to our research project. This literature review summary, along with the theoretical approaches elaborated in this chapter, will help us to formulate our hypotheses. In addition, this chapter will describe the methodology used for the research project. There will be four sections in this chapter. The first section will focus on the theoretical framework; the second section will present the hypotheses elaborated for this project; the third section will centre on the conceptualization and operationalization of the research question; and the fourth section, a summary of the data collected and research design for this project, will end the chapter.

THEORETICAL FRAMEWORK

In this section, we will introduce some theories relevant to our research question: regionalism, region/class debate, consensus or hegemony, post-materialist theory and Marxist theory of education.

Regionalism

Of the many theories that explain Canadian regionalism; we summarized the four most important in the next paragraphs.

- ***Institutional theory of regionalism.*** According to the liberal political sociology theory, regionalism is the result of the historical tension between the federal government and the provinces. Some surveys –much empirical research exists on the subject– have shown that from a political standpoint Canadians are more attached to

their province than to their national government. Thus, directors of regional institutions representing the elite won public confidence with such slogans as "deprivation vis-à-vis other regions" "allegiance to sub-national government". Regionalism arises when there is a "conflict between regional and national institutions" (Ornstein and Stevenson, 1999:185-6).

- ***Staples and dependency theory of regionalism.*** Proponents of this theory explain Canadian regionalism by the fact that capitalism develops in regions rich in resources. The consequence is an uneven development created across the regions (Ornstein and Stevenson, 1999:186).

- ***Evolutionary theory of regionalism.*** Developed by John Wilson and Richard Simeon, this theory brought two new elements to the explanation of Canadian regionalism, namely, class and party structure. It posits that there is a relation between a province's economic development and its party organization, and that Canadian provinces can be divided into three stages of development.

  1. pre-industrial: Atlantic Canada with two-party systems;
  2. transitional: Québec, Ontario, Manitoba and British-Columbia. After their industrialization, the liberal party changed its policies to help the development of the working class;
  3. developed: Alberta and Saskatchewan where a social democratic party replaced one of the two traditional parties (Ornstein and Stevenson, 1999:188).

- ***Region/class theories of regionalism.*** Ornstein and Stevenson were not quite satisfied with the theories advanced so far to explain regionalism in Canada. For them, "the balance of class forces within regions is the economic determinant of ideology".

In *Canadian Society*, Hiller presents two opposing views. For some theorists, it is the "geography" that determines the existence of regionalism. For example, prairie farmers would clash with "central Canadian industry" on a basis of location. For others, the class struggle causes regionalism. In this case, small farmers of the Prairie would be in conflict with the multinational corporate capitalists of Central Canada based on their class position. Thus, the issue at stake is not the conflict between the Prairie and central Canada, but the divergence of interests between the small entrepreneurs and the capitalist class (Hiller, 2000:138).

It was necessary to introduce four different theories of regionalism, as we found that most books discuss regionalism in this fashion, and that regionalism in Canada can be explained in many ways. While the first three theories have each a valid point, the region/class competing theories are the most appropriate for the hypotheses we advanced and for the purpose of a comparative analysis between Ornstein's and Stevenson's studies and our research project. In Chapter 1 we discussed the specificity of the Prairie region as the bastion of Medicare and the particularity of Québec region for its high support for a welfare state. Would public support for government intervention in health care and in education be explained by differences among the Canadian regions, by differences across the classes or by differences in both regions and classes? We expect to find an interaction of both regional and class differences in public support for government intervention in health care an in education.

Hegemony

In our research question, we use the word *consensus*, defined by the *Oxford Dictionary of Sociology* as "commonly agreed position, conclusion, or a set of values and is normally

used with reference to either group dynamics or to broad agreement in public opinion" (Marshall, 1996:84). Ornstein and Stevenson introduced a theory on hegemony where the word *hegemony* in advanced capitalists states should be comprehended as meaning *consent.* "It is a *political process* in which a unified historic bloc is formed inside the ruling class and between that class and the general population" (Ornstein and Stevenson, 1999:25).

- ***Ornstein's and Stevenson's theory of hegemony.*** Inspired by the work of Gramsci, a Western Marxist, that is, a critical theorist as opposed to Marxists-Leninists from Russia, these authors define *hegemony* as

  > the spontaneous consent given by the masses to the broad direction dictated on social life by the dominant fundamental group. The dominant fundamental group is created by the political and ideological expression of the dominant class concerns in a way that brings together opposing interests within that class and validates them as interests of the entire society. Gramsci distinguishes "integral" or full hegemony from "decadent" and "minimal" hegemony. Integral hegemony is rarely encountered, happening only when the ruling class makes the entire society move ahead (Ornstein and Stevenson, 1999:24)

We found the concept of *hegemony* very interesting and challenging at the same time, as the word has always implied domination. According to Gramsci, "in the advanced capitalist governments, state power and class domination are built upon consent instead of coercion" (Ornstein and Stevenson, 1999: 24). Gramsci explains *hegemony* as the spontaneous consent the population gives to the ruling class when their opposing interests become validated as *universal* interests of society as a whole. During the 1990s, the interests of the population were opposed to the state's. Did the masses give their consent to the dominant group to the downsizing of very important public services such as health care and education? Did they give their consent to the dismantling of the universal social programs such as Family Allowances and Old Age Pensions? The sudden shift in social programs from a universal basis to a means-tested basis is a demonstration of societal

regression and of a state power built upon coercion instead of consent. Consequently, we do not expect to find a hegemonic order in 1996.

Post-materialist theory

In addition to political and ideological changes over the past twenty years, Canadians experienced also a change of values, which is well described by Nevitte in *The Decline of Deference: Canadian Value Change in Cross-National Perspective*. From a political viewpoint, Nevitte contends that in a post-materialist society, these changes are an integral part of a transition from "'old politics', concerned primarily with economic growth, public order, national security and traditional lifestyles, to "new politics", where "individual freedom, social equality, and quality of life" prevail. Nevitte' s argument is that the shift in values stems from the intrinsic weaknesses of old welfare states, their diminishing ability to face increasing expectations from the public, as well as from institutional inaction (Nevitte, 1996:11-2).

These value changes paved the way to the rise of social activism, "from environmental protection, peace and human rights and women's issues to animal rights inspired by the belief in a humanistic critique of the prevailing system and the dominant culture, and a resolve to fight for a better world here and now." (Dalton and Keuchler quoted in Nevitte, 1996:85).

This theory will enable us to explain gender differences in public support for government intervention in health care and education if any are found. In addition, it may explain the impact of the Québec 1995 Referendum failure on Quebeckers' level of support for government intervention in health care and education should their level of support not be so high as we expect it to be.

Marxist theory of education

Livingstone and Stove provided important data and information –summarized in Chapter 1 of this study– on the link between class origins and education attainment. They concluded that while members of the working class were motivated to pursue higher education, their limited financial resources prevented them from graduating; in addition, while members of the working class spent about nine hours per week in informal learning practices, the latter were disregarded by the education system (Livingstone and Stove, 2001:10-1). What hinders the working class ability to attain education equality? The critical analysis of schooling by Marxists and neo-Marxists emphasizes the inequalities of the educational system and challenges the liberal ideology of a meritocratic and egalitarian vision that suited the needs of the powerful group. These theorists oppose the arguments advanced by the liberals that inequalities in education are the product of inherent differences in intelligence and aptitude. They believe instead that social inequalities in education are the by-product of the capitalist class organization (Wotherspoon, 1998:31). The definition of the social class from the political economy standpoint found in the conceptualization and operationalization section suits best the capitalist class organization.

HYPOTHESES

The following hypotheses derive from both the above theoretical framework and the literature review in Chapter 1.

1a. Public support for state intervention in health care and in education is expected to be higher in Québec than in the rest of Canada. Based on Ornstein's and Stevenson's studies and drawing upon Banting's explanation of Québec's higher support for a welfare state, as well as upon our own work experience, we can posit the following:

From the Quiet Revolution era up to today, Quebeckers built a modern society inspired by the European Social Democracy model. It was therefore crucial for the province of Québec to administer its own social programs and to take into account a past, a culture and a project of society different from the ones prevailing in the rest of Canadian provinces as we explained in Chapter 1.

1b. Public support for state intervention in health care and in education is expected to be high in the Prairie region. Based on Ornstein's and Stevenson's study, where the Prairie region ranked first in the support for the government's effort for health care, and drawing upon the review of *Agrarian Socialism* and *Doctors' Strike,* we can posit that the Prairie, and more specifically the province of Saskatchewan, has been known for its progressive parties. The C.C.F for example reformed the education system in the 1950s and implemented Medicare in the 1960s. Years later, Saskatchewan's people elected an NDP government with Premier Roy. J. Romanow. Therefore, we posit that because the Prairie region has a tradition of progressive governments, we expect to find there a high public support for the government's intervention in health care and in education.

2a. The lower and working classes are more favourable to government responsibility for health care and education than the middle class because of the generous transfer payments they receive from the state. According to the Marxist theory of class, the working class has an absence of command over the means of production, labour power of others or its own means of realizing its labour, and is subject to the exploitation of the capitalist class. Members of the working class favour collectivist measures, such as the involvement of unions in resolving their problems of unequal

power. Consequently, we would expect the lower and working classes to favour the state's intervention in health care and education.

2b. The middle class is as favourable to government intervention in health care and in education as the lower and working classes. According to the theory of universality of social programs, the inclusion of the middle class as a client of the universal social programs, such as health care and education, helps build relations between social groups and across classes. But it was the middle class who suffered the most from the cutbacks to the health care and education systems. Changes to social programs such as Family Allowances and Old Age Pensions from a universal to a means tested basis since the 90s affected mostly middle class people. This class does not benefit from the transfer payments as the lower and working classes do, nor has the means of wealthy upper class people; in addition, middle class people are penalized by the Canadian regressive tax system. Active universalists "favour eliminating regressive tax breaks and introducing a wealth tax, inheritance tax, and other reforms to establish a more equitable system of taxes and transfers" (Rice and Prince, 2000:175). Another author discussing the shrinking of the middle class advanced that, as the middle class size gets smaller, the distribution of wealth would spread out between two extremes: very little to poor people and more to rich people. This situation would lead to social disintegration (Yalnizyan, 1998:40-50).

CONCEPTUALIZATION AND OPERATIONALIZATION

For the research problem and the specific questions posed, we need to define a number of concepts.

Dependent Variables

The dependent variables in this research project are drawn from two main questions of the *1996 ISSP Survey.*

- *Thinking about some areas of government spending, could you tell me whether you would like the government to spend much more, spend more, spend the same as now, spend less or spend much less in each of the following areas. Remember that if you say "much more", it might require a tax increase to pay for it*
  - *a. Health*
  - *b. Education*

- *On the whole, do you thing it definitely should be, probably should be, definitely should not be or probably should not be the government's responsibility to*
  - *a. Provide health care for the sick*
  - *b. Give financial help to university students from low-income families.*

Source: *1996 ISSP Codebook*

Independent variables

- ***Region.*** According to Hiller, "sociologists look for objective indicators of region in the characteristics of the population and for subjective indicators in the attitude, identities, and feelings held by residents of a region" (Hiller, 1996:10). Operationalized as six main regions: Atlantic, Québec, Ontario, Alberta, the Prairie and British Columbia.

- ***Social Class.*** From the political economy standpoint, class analysis starts with the *economic* that is, learning the way by which members of a society make their living, followed by the *political*, that is, understanding the development of conflicting social relations. Three classes emerge from this process: The capitalist class which holds the

definitive power by exploiting workers in its process of capital accumulation; the labourers who sell their labour for wages, are exploited and struggle to change the make-up of the power. Between these two conflicting classes, a self-employed class called petite bourgeoisie has some autonomy and is therefore not exposed to the capitalist class exploitation (Hiller, 2000:91).

Ornstein's and Stevenson's definition of class

These authors applied three recent Marxist models of class in their class and ideology analysis: Poulantzas's model of class, Wright's model of class and Carchedi's model of class. We would like to replicate Ornstein's and Stevenson's measures of class, but we cannot since we are using the data from the ISSP Survey, which does not provide sufficient information on ownership, means of production and is limited to specific classes of which respondents self-assess themselves to be members as in the following question:

Some people consider themselves to be member of a specific social class. Of the following groups, would you consider yourself a member of the:

1. *Lower Class*
2. *Working class*
3. *Upper/lower class*
4. *Middle class*
5. *Upper/middle class*
6. *Upper class*

Intervening or control variables: multivariate analysis

"Multivariate analysis enables the researcher to test the cumulative impact multiple independent variables level on a dependent variable" (Sweet, 1999:108). At this level of analysis, the influence of each variable is taken into account. The control variables sex, regrouped years of schooling, regrouped earnings, regrouped age and regrouped

employment status will be used to enhance the amount of information we have on the basic bivariate relationships and to increase our understanding of these relationships.

- **Sex.** The 1996 ISSP Survey asked:

  Are you?
  1. *Male*
  2. *Female*

- ***Regrouped age.*** Age category is defined by *The Blackwell Dictionary of Sociology: A user's guide to sociological language,* as "a culturally defined span of years –such as childhood and middle age, that is regrouped as a social position affecting how people are perceived and treated and what is expected of them" (Johnson, 2000:40). In our data, the youngest respondent was 18 years old and the oldest was 94 years old. The frequency procedure gave us a mean at 43 years and a median at 41 years. We decided to regroup the variable age into four categories, each category representing a span of years: younger people, adults, middle-age people, and seniors (Appendix F).

  1. From 18 to 29 years
  2. From 30 to 42 years
  3. From 43 to 60 years
  4. From 61 years and older

- ***Regrouped earnings or income.*** As defined by Statistics Canada, it is "the combination of income from self-employment, income from employment, income from investment, income from retirement and income from government transfer payments".

  The 1996 ISSP Survey asked: *In what range would your own personal income fall?*

  The ISSP had eight ranges, with the lowest under $15,000 and the highest $75,000 and over (Appendix F). In our data, the highest income being $80,000, we recoded income in four categories.

1. 19,999 and less
2. 20,000 to 39,999
3. 40,000 to 59,999
4. 60,000 to 80,000

- **Regrouped years of schooling.** The 1996 ISSP Survey asked:

  In total how many years of schooling have you completed?

  In our data, the range for the variable years of schooling completed was 29. The minimum represented by a respondent with one year of completed schooling and the maximum represented by a respondent with 30 years of completed schooling. Between these two extreme cases, we were able to see how the rest of the cases were spread with the use of a graph by way of the frequency technique. Because the mean of the variable years of schooling completed was equal to 15.7, we decided to recode the variable into four categories (Appendix F).

1. 12 years and less
2. 13 to 15 years
3. 16 to 18 years
4. 19 years and more

- ***Regrouped employment status.*** The ISSP Survey had ten categories for the variable employment status with two extremes categories, 1-employed full time and 10- not in labour force (Appendix F).

  We recoded the variable into four categories. The retired, the unemployed, the housewives, the permanently disabled and people not in labour force formed category one as they worked zero hour. The second category of students, helpers of family member and temporarily of out work, was employed about 15 hours per week. The third category of semi part-timers was employed on average 25 (15+35)/2 hours weekly. Finally, the fourth category was employed full time of 35 hours weekly.

1. 0 hour, not in labour force
2. 15 hours, part time employed
3. 25 hours, semi part-time employed
4. 35 hours, full time employed

DATA AND RESEARCH DESIGN

The *1996 International Social Survey Programme* (ISSP) about the role of government was conducted in twenty-four countries by way of a questionnaire covering a wide range of subjects. The weighted sample size of the Canadian study was 1239, and the sample type, a stratified multi-stage Random Sampling and a weighting factor was used (see Appendix E).

Various quantitative techniques are appropriate for this project as statistical analyses are necessary. In *Politics and Ideology in Canada*, the authors used crosstabulations, correlation, and regression, and these techniques will be replicated in this project. The following statistical techniques will be applied: crosstabulation, correlations, regression technique and analysis of variance ANOVA. The latter was not used by Ornstein and Stevenson.

3 AN OVERVIEW OF THE DATA

In Chapter 2, we advanced hypotheses that need to be either confirmed or disconfirmed. In this chapter, we will therefore analyse the data we gleaned taking the following steps.

Beginning with the univariate analysis, we will gather information on the selected variables we chose for our data analysis using frequency distributions and descriptive statistics.

In Chapter 4, we will move to the bivariate and the multivariate analyses using *government role in health care* as the dependent variable. The bivariate analysis using the crosstabulation technique will inform us if the relationships between first, the above dependent variable and the independent variable *regions* and second, between the same dependent variable and the independent variable *social class,* are statistically significant.

To further our analysis and to obtain more detailed information, we will use the correlation technique between the dependent variable *government role in health care* and all of the independent variables. A Pearson coefficient informs us about the strength and the direction of the relationship between the dependent variable *government role in health care* and each independent variable. At the multivariate level with the regression technique, we will find out the best predictors of the dependent variable *government role in health care.* In addition to the two variables region and social class, we will take into account other independent variables such as *sex, years of schooling, regrouped earnings, and regrouped age.*

The chapter will end with the ANOVA analysis, which informs us about the differences among the variables sub-groups and about the interaction between the dependent variable and the independent variables. These types of analysis can be understandable only if we link their results to the hypotheses and theoretical framework we outlined in Chapter 2.

In chapter 5, we will reproduce the same statistical analyses used in Chapter 4, focusing this time on the second dependent variable *government role in education.*

Beginning with the univariate analysis, we will use eleven variables at this stage of our analysis. The first four are the dependent variables that measure the government's level of spending in health, the state's level of spending in education, the extent of the state's responsibility to provide health care for the sick and the scope of the government's financial responsibility for university students from low-income families. These four variables are measured at the ordinal level, which allows the categories to be ranked according to how much of the characteristic being measured they possess. The categories form a numerical scale that can be ordered from "low" to "high" or from "less" to "more" for example. The remainder are seven independent variables: sex, region, regrouped classes, regrouped years of schooling, regrouped age, regrouped earnings and regrouped employment status. The variables sex and region are measured at a nominal level; the variables regrouped classes and regrouped years of schooling are measured at the ordinal level, while the variables regrouped age, regrouped earnings and regrouped employment status are measured at the interval level. More details on these independent variables will be available in a later section. In the following paragraphs, we will proceed with the data description in five steps:

1. Description of the four dependent variables;
2. Design of two indexes, one that combines the two variables related to health care and another that combines the two variables related to education;
3. Rationale behind the design of the two indexes;
4. Description of the seven independent variables;
5. Descriptive summary of the nine variables.

DEPENDENT VARIABLES

Of the four dependent variables taken from the 1996 ISSP Survey, two are related to health care and the two others to education.

Variables related to health care

The two variables related to health care are:

1. *Thinking about some areas of government spending, could you tell me whether you would like the government to ... in health?*
   Spend much more
   Spend more
   Spend the same as now
   Spend less
   Spend much less

2. *Overall, do you think it ... the government's responsibility to provide health care for the sick?*
   Definitely should
   Probably should
   Probably should not be
   Definitely should not be

Variables related to education

The next two variables are related to education.

1. *Thinking about some areas of government spending, could you tell me whether you would like the government to ... in education?*
   Spend much more
   Spend more
   Spend the same as now
   Spend less
   Spend much less

2. *Overall, do you think it ... the government's responsibility to give financial help to university students from low-income families?*
   Definitely should be
   Probably should be
   Probably should not be
   Definitely should not be

The information contained in Table 3.1 shows that out of 1239 respondents, 13 per cent believe that the government should *spend much more* in health care, whereas one per cent thought that the government should *spend much less*. As regards education, the pattern of the category *spend much less* is almost the same as that of health care. Half of one per cent respondent thought that the government should *spend much less* in education. However, 21 per cent of respondents agreed with the statement that the government should *spend more in education*. The difference of 8 per cent between respondents who favoured *much more spending in health care* and the ones who favoured *much more spending in education* is relatively significant, taking into consideration that in some categories –for example *spend much less* and *spend less*– the percentage is very small or nil.

TABLE 3.1

DISTRIBUTIONS OF FOUR MEASURES: SPENDING IN HEALTH, SPENDING IN EDUCATION, RESPONSIBLE TO PROVIDE HEALTH CARE FOR SICK PEOPLE AND FINANCIAL HELP TO STUDENTS- CANADA, 1996

Spending in health	%	Responsible for the sick	%	Spending in education	%	Responsible for students	%
Much more	13	Definitely should	63	Much more	21	Definitely should	35
More	41	Probably should	32	More	42	Probably should	52
Same	39	Probably should not	4	Same	32	Probably should not	9
Less	6	Definitely should not	1	Less	4.5	Definitely should not	4
Much less	1			Much less	.5		
TOTAL	100 N= 1239		100 N= 1239		100 N= 1239		100 N= 1239

Source: *1996 ISSP Survey*

Going back to Table 3.1, we will try to determine if the pattern of responses is similar or different for the variables measuring the magnitude of state's responsibility to provide health care for the sick and to provide financial help to university students from low-income families. Of all respondents, 63 per cent believe that the government should definitely be responsible for providing health care for the sick, compared to only one per cent who favours the opposite. Only 35 per cent of the respondents believed that the government should provide financial help for university students from low-income families, compared to four per cent who disagreed. Contrary to the pattern we found in spending in health and in education, we notice here a stronger public support for the government's responsibility to provide health care for the sick. The difference of 28 per cent (63-35) between respondents who think that it is definitely the government's responsibility to provide health care for the sick and respondents who believe that it is definitely the government's responsibility to financially help university students from low-income families is very significant. From these results we deduce that people in our sample are much more concerned with health issues than with education issues. This may be the consequence of the massive cuts to the health care system, with devastating consequences in the delivery of health services to the public; for instance, there were cases of deaths due in part to a lack of immediate medical attention. In addition, many health professionals have left Canada for better career opportunities in the United States.

In the next paragraph, we will introduce two indexes that are the combination of the two dependent variables related to health care and the two dependent variables related to education.

DESIGN OF TWO INDEXES

At the oral defence, a member of the Thesis Committee resisted the idea of using an index for comparative purposes if we were to follow the strict rules of methodology. His rationale was twofold: first, because Ornstein and Stevenson did not use an index for their variable *government effort for health and medical care,* there was no need to use an index variable in our thesis. Second, he focused only on the near similarities of the syntaxes (much more, more, about the same, less, and much less) between one of my index components and Ornstein and Stevenson's variable concluding that the variables were also virtually similar and that a comparison with only one variable –*government spending in health*– was sufficient. Consequently, as valid as the Thesis Committee member's point could be, we cannot agree with him. In our opinion, Ornstein's and Stevenson's variable *government effort for health and medical care* transcends the variable *government spending in health* and should not be reduced to the mere comparison of the labels similarities between the two variables. As we stated, the variable *government effort for health and medical care* encompasses more than spending in health. The issue here is that the member focused on operationalization (labels), whereas we gave precedence to conceptualization, focusing on the variables.

Ornstein's and Stevenson's three 1977-81 surveys covered a broad range of political issues, including social programs, civil and economic rights, economic policy, foreign ownership, labour relations, and language issues and sovereignty. However, our 1996 ISSP survey covered only one theme –Role of government. The questionnaire was so elaborated and detailed that in some cases, some questions asked about public opinion on the government role in spending for health, while others asked about public opinion on the

government responsibility to provide health care for sick people. As a researcher, we felt the need to combine the two variables and to design an index variable that covers both the government responsibilities in spending in health and to providing health care for sick people. We called the index variable *role of government in health care* and found it comparable to Ornstein's and Stevenson's variable *government effort for health and medical care*. While the authors did not use an index to design the variable "government effort for health and medical care", this did not prevent them from designing the variable index social programs.

Ornstein and Stevenson's index social programs comprised the variables education, health and medical care, protecting native rights, assisting the unemployed, helping the poor, eliminating discrimination against women, protecting the environment, and workers' compensation. Consequently, we informed our readers, at the beginning of Chapter 5, that there would be no comparative analysis with Ornstein's and Stevenson's results on education, because the authors included the variable education with other variables, to design an index variable "social programs". We were concerned with the methodology issue of using their index. Had we used their index variable for comparison with the variable education, we would have been perceived as "comparing apples with oranges".

At this point, we need to revisit our research question which reads: Is there consensus among Canadians in the state's responsibility for health care and for education? Our greatest concern is the level of agreement or division that exists among Canadians concerning two areas of welfare state activities, namely health care and education. For that reason, we have designed two indexes: *government role in health care* and *government role in education.*

Design of index government role in health care

For this index, we combined additively questions 10-A and 12-C below to create the index variable *government role in health care* as the first dependent variable.

Q-10A: Thinking about some areas of government spending, could you tell me whether you would like the government to spend much more, spend more, spend the same as now, spend less or spend much less in health?

Q-12C: Overall, do you think it definitely should be, probably should be, probably should not be, and definitely should not be the government's responsibility to provide health care for the sick?

The dependent variable *government role in health care* has a range of 7 with a minimum value of 2 and a maximum value of 9.

1. Values from 2 to 5 represent low.
2. Value 6 represents moderate.
3. Values 7 to 9 represent high.

1. From 2 to 5:	Low	6%
2. Value 6:	Moderate	20%
3. From 7 to 9:	High	74%
		100%
		N= (1194)

The information on the design of index variable government role for health care can be found in Appendix B, Table 3 A to Table 3 C.

Design of index government role in education

Similarly, we combined additively questions 10-D and 12-H below to create the index variable *government role in education* as the second dependent variable.

Q-10D: Thinking about some areas of government spending, could you tell me whether you would like the government to spend much more, spend more, spend the same as now, spend less or spend much less in education?

Q-12H: Overall, do you think it definitely should be, probably should be, probably should not be, and definitely should not be the government's responsibility to give financial help to university students from low-income families?

The dependent variable *government role in education* has also a range of 7 with a minimum value of 2 and a maximum value of 9.

4. Values from 2 to 5 represent low,
5. Value 6 represents moderate
6. Values 7 to 9 represent high.

1. From 2 to 5:	Low	11%
2. Value 6:	Moderate	22%
3. From 7 to 9:	High	67%
		100%
		N= (1170)

The information on the design of index variable government role for education can be found in Appendix B, Tables 3 D to 3 F.

These indexes have been modeled on the ones used by Laczko who wrote, "The advantage of using such indexes is that they provide more uniform and reliable measures....than would be provided by responses to any single question taken by itself."(Laczko, 1978:208-9).

VALIDITY OF THE TWO INDEXES

In conventional usage, the term *validity* refers to the extent to which an empirical measure adequately reflects the real meanings of the concept under consideration. There are three criteria to test the validity of an index: face validity, internal validity and external validity.

1. ***Face validity*** is the conceptual, logical validity of a measure. An indicator must appear valid as if "it appears that justice has been rendered". For example, the fact to be shopping in the morning would not constitute a valid indicator of unemployment, as one could object that different people have different working hours (Gauthier, 1997:178).
2. ***Internal validity*** also called item analysis. "In item analysis, we examine the extent to which the composite index is related to, or predicts responses to the individual items it comprises" (Babbie, 1998:157).
3. ***External validity*** is "the fact that an attribute displayed in an index is also displayed in others items of the questionnaire. For example: people who score conservative on an index should appear conservative in their responses to other items in the questionnaire" (Babbie, 1998:157).

We shall now test the validity of the index *government role in health care*.

Validity of the index government role in health care.

1. Face validity

Are the measures of the variable *government role in health care* directly related to our research question "Is there consensus among Canadians about the government's responsibility for health care?" They are indeed, as the index is measuring the public opinion ranking (low, moderate and high) of the government role in health care. Are the two questions components comprising the index *government role in health care* relevant? Indeed they are, as Q-10A refers to the public support for much more and more government spending in health and Q-12C refers to the public support for definite and probable government responsibility to provide health care for sick people. They both measure the Canadians level of support (low, moderate, high) for government role in health care.

2. *Internal validity*

Before designing the index *government role in health care*, we correlated the variables *government spending in health* and *government responsible to provide health care for the sick* and found that they were highly associated with a gamma equal to 0.47 (measure of association for variables at the ordinal level). For detailed explanations, please refer to Appendix B (Tables 3 G, 3 G1, 3 G2 and 3 H). Such a measure demonstrates that there is an internal consistency in the index; moreover, both items contribute to the index. Thus, of the respondents who think that the government should spend much more in health, 99 per cent scored high on the index; in addition, of the respondents who think that the government should spend much less in health, 56 per cent scored high on the index. The difference of 43 (99-56) denotes a strong association between the variable government spending in health and the index variable government role in health care (see Table 3 G1). Similarly, of the participants who think that it should definitely be the responsibility of the government to provide health care for the sick, 97 per cent scored high on the index. In addition, of respondents who think that it is definitely not the responsibility of the government to provide health care to sick people, 53 per cent scored high on the index. The difference of 44 (97-53) denotes that there is a strong association between the variable government responsible to providing health care for the sick and the index variable government role in health care (see Table 3 G2).

3. *External validity*

Respondents who scored high on the index *government role in health care* should also score high on other items in the questionnaire that are related to the level of support for the role of the government in other areas of welfare state activities. For instance, would people who scored high on the index *government role in health care* also score high on the

government's spending in *old age pensions,* in *unemployment benefits*? Table 3.2 provides the answers.

- Of the respondents who believe the government should spend *much more* in *old age pensions*, 90 per cent scored high on the index *government role in health care*. Of the respondents who answered *spend much less,* 56 per cent scored high on the same index, which indicates a difference of 34 per cent (90-56) between both extremes of item Q-10F. See Appendix B, Table 3 I.
- Similarly, of the respondents who think that the government should spend *much more* in *unemployment benefits*, 96 per cent scored high on the index *government role in health care*, and of the ones who responded should *spend much less*, 54 per cent scored high on the same index. The difference of 42 per cent (96-54) between both extremes of item Q-10G demonstrates that there is a strong relation between the index and item Q-10G. See Appendix B, Table 3 J.

Would this index predict the same results for the government's responsibility to provide for *the elderly* and to provide for the *unemployed?* The information contained in Table 3.2 answers the question.

- We see that of the participants who think it *should definitely be* the government's responsibility to provide for the elderly, 91 per cent scored high on the index *government role in health care.* Of the respondents who think that it *definitely should not be* the government's responsibility to provide for the elderly, 41 per cent scored high on the index. Again, the difference of 50 percent (91-41) between both extremes of item Q-12D confirms that there is a strong relation between the index and item Q-12D. See Appendix B, Table 3 K.

- Likewise, of the respondents who answered that it *should definitely be* the government's responsibility to provide for the unemployed, 92 per cent scored high on the index, and of the ones who think that it *is definitely not* the government's responsibility to provide for the unemployed, 47 per cent scored high on the index. The difference of 45 per cent (92-47) between both extremes of item Q-12F shows that there is an important relation between the index and item Q-12F. See Appendix B, Table 3 L.

All the criteria for testing the face validity, the internal validity and the external validity of the index *government role in health care* are met. We can therefore contend that the design of such an index is justified.

TABLE 3.2

GOVERNMENT ROLE IN HEALTH CARE BY SELECTED ITEMS CANADA, 1996

Questions	Government role in health care Much more and more	Number of respondents
Q-10F: Thinking about some areas of government spending, could you tell me whether you would like the government to spend …*in old age pensions*?		
Spend much less	56	18
Spend less	57	97
Spend the same	68	727
Spend more	91	246
Spend much more	90	80
TOTAL N		**1168**
Q-10G: Thinking about some areas of government spending, could you tell me whether you would like the government to spend ….*in unemployment benefits*?		
Spend much less	54	74
Spend less	61	284
Spend the same	75	632
Spend more	91	140
Spend much more	96	46
TOTAL N		**1176**
Q-12D: On the whole, do you think it …the government responsibility to provide for *the elderly*?		
Definitely should not be	41	17
Probably should not be	47	83
Probably should be	58	495
Definitely should be	91	586
TOTAL N		**1181**
Q-12F: On the whole, do you think it …the government responsibility to provide for *the unemployed*?		
Definitely should not be	47	97
Probably should not be	62	263
Probably should be	77	587
Definitely should be	92	192
TOTAL N		**1139**

Source: *1996 ISSP Survey*

Examining Table 3.2, we notice also that the relationships between the variable *index government role in health care* and other selected variables are *monotonic.* It means that there is a steady increase between the variable *government role in health care* and the variable *government spending in old age pensions,* between *government role in health care* and *government spending in unemployment benefits,* and so forth. This element of monotonicity reinforces and legitimizes the design of the index *government role in health care* (Therese Baker, 1988:326). We will now apply the same procedure to the second index, *government role in education* to justify its design.

Validity of the index government role in education

1. Face validity

Are the measures of the index variable *government role in education* directly related to our research question "*Is there consensus among Canadians about the state's responsibility for education?*" They are indeed, as the index is measuring the ranking (low, moderate and high) of Canadians' public support for the government role in education. Are the two questions components comprising the index relevant? Indeed, they are, as Q-10D refers to public opinion on much more and more government spending in education, and Q-12H refers to Canadians' public support for definite and probable government responsibility to provide financial help to university students from low-income families. They both measure the Canadian level of support (low, moderate, high) for the government role in education.

2. Internal validity

Before designing the index *government role in education,* we correlated the variables *government spending in education* and *government responsible to financially help university students from low-income families,* and found that they were associated with a

gamma (measure of association for ordinal level) equal to 0.35. For detailed information, see Appendix B, Tables 3 M, 3 M1, 3 M2 and 3 N. Such measure demonstrates that there is an internal consistency in the index; moreover, both items contribute to the index. Thus, of the respondents who think that the government should *spend much more* in education, 97 per cent scored high on the index and of the respondents who think that the government should *spend much less* in education, 60 per cent scored high on the index. The difference of 37 (97-60) denotes a moderate association between the variable government spending in education and the index variable government role in education (see Table 3 M1). In the same way, of the participants who think that it *should definitely be* the responsibility of the government to provide financial help for students from low-income families, 99 per cent scored high on the index. Of the ones who think that it is *definitely not* the responsibility of the government to financially provide for students, 67 per cent scored high on the index. The difference of 32 (99-67) denotes that there is a moderate association between the variable government responsible to provide financial help for students from low-income families and the index variable government role in health care (see Table 3 M2).

3. External validity

People who scored high on the index *government role in education* should also score high on other items in the questionnaire that are related to the level of support for the government's role in other areas of welfare state activities. For instance, would people who scored high on the index *government role in education* score also high on the government's spending in *old age pensions* and *in unemployment benefits?* Table 3.3 yields the following results.

TABLE 3.3

GOVERNMENT ROLE IN EDUCATION BY SELECTED ITEMS CANADA, 1996

Questions	Government role in education Much more and more	Number of respondents
Q-10F: Thinking about some areas of government spending, could you tell me whether you would like the government to spend ...*in old age pensions*?		
Spend much less	71	17
Spend less	48	98
Spend the same	61	727
Spend more	83	243
Spend much more	85	79
TOTAL N		**1164**
Q-10G: Thinking about some areas of government spending, could you tell me whether you would like the government to spend ...*in unemployment benefits*?		
Spend much less	52	74
Spend less	57	277
Spend the same	66	633
Spend more	86	142
Spend much more	98	45
TOTAL N		**1171**
Q-12D: On the whole, do you think it ...the government responsibility to provide for *elderly*?		
Definitely should not be	56	18
Probably should not be	43	83
Probably should be	59	495
Definitely should be	77	581
TOTAL N		**1177**
Q-12F: On the whole, do you think it ...the government responsibility to provide for *the unemployed*?		
Definitely should not be	45	97
Probably should not be	54	263
Probably should be	69	584
Definitely should be	89	191
TOTAL N		**1135**

Source: *1996 ISSP Survey*

- Of the respondents who believe that the government should spend *much more* in old age pensions, 85 per cent scored high on the index *government role in education.* Of the ones who answered *spend much less,* 71 per cent scored high on the index. This shows a difference of 14 per cent (85-71) between both extremes of item Q-10F. See Appendix B, Table 3 O.

- Similarly, of the respondents who think that the government should spend *much more* in unemployment benefits, 98 per cent scored high on the index *government role in education* and of the ones who responded should *spend much less*, 52 per cent scored high on the index. The difference of 46 per cent (98-52) between both extremes demonstrates that there is a strong relation between the index and item Q-10G. See Appendix B, Table 3 P.

Would this index predict the same results for the government's responsibility to provide for the *elderly* and for the *unemployed*? Table 3.3 provides the answer.

- Of the participants who think that it *should definitely be* the government's responsibility to provide for the elderly, 77 per cent scored high on the index *government role in education*, and of the ones who think that it *definitely should not be* the government's responsibility to provide for the elderly, 56 per cent scored high on the same index. Here again, a difference of 21 per cent (77-56) between both extremes confirms that there is a relation between the index and item Q-12D. See Appendix B, Table 3 Q.

- Likewise, of the respondents who answered that it *should definitely be* the government's responsibility to provide for the unemployed, 89 per cent scored high on the index and of the ones who think that *it is definitely not* the government's responsibility to provide for the unemployed, 45 per cent scored high on the index. The

difference of 44 per cent (89-45) between both extremes of item Q-12F indicates that there exists an important relation between the index and item Q-12F. See Appendix B, Table 3 R. These results call for the following observations.

- We note from Table 3.3 the monotonicity between the two relationships shown in panels 2 (Q-10G) and 4 (Q-12F) and a slight departure from monotonicity in panels 1 (Q-10F) and 3 (Q-12D), possibly due to low Ns (N=12) in the first line of Q-10F and (N=10) in the first line of Q-12D. As we have already stated, this element of monotonicity between two relationships reinforces and legitimizes our original idea to design an index.

The first two associations with high percentages (46) and (44) indicate that the level of support is highly correlated with the level of support for spending in unemployment benefits and with government responsibility to provide for the unemployed.

After having introduced the dependent variables and justified the design of the indexes *government role in health care* and *government role in education,* we will present the independent variables in the next section.

INDEPENDENT VARIABLES

a. The seven independent variables we selected for our analysis are: region, sex, regrouped classes, regrouped years of schooling, regrouped earnings, regrouped age and regrouped employment status.

b. The variable *region* has been recoded as follows:

   1. Nova Scotia, New Brunswick and Newfoundland: recoded as the Atlantic region.
   2. Québec: left as is
   3. Ontario: left as is
   4. Saskatchewan and Manitoba recoded as the Prairie region

5. Alberta: left as is
6. British Columbia: left as is

c. The variable *regrouped classes* measured at the ordinal level was trichotomized.

d. The variable *regrouped years of schooling* was divided into four groups and is measured at the ordinal level.

e. The variables *regrouped earnings*, *regrouped age*, and *regrouped employment status* (measured by amount of hours worked) were regrouped into four categories and are measured at the interval-ratio level.

The socio-demographic data contained in Table 3.4 shows a slight difference in percentage (2%) between the numbers of female respondents and male respondents. It also indicates that of all the respondents (N=1239), 62 per cent live in the provinces of Ontario and Québec. About 60 per cent of the participants have at least a college or a university education, and 40 per cent of the respondents have less than sixteen years of schooling. While their education level was quite high, a slightly higher proportion of the respondents (46 per cent) came from the lower and the working classes. In addition, we notice the same trend in the earnings levels, with 60 per cent of the participants earning less than $40.000. This trend could be explained in part by the fact that 53 per cent of participants are younger than 43 years. They would probably earn more in the next decade, as the baby-boomers will leave the workforce and since income often increases with age. We also notice that the majority of the respondents (56 per cent) do not have a full time employment and that more than half of this majority (N=384) do not participate in the labour force. In the next section, we will use another SPSS technique that gives more information on the central tendency measures.

TABLE 3.4

DISTRIBUTION OF SEVEN INDEPENDENT VARIABLES: SEX, REGION, SOCIAL CLASS, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE AND REGROUPED EMPLOYMENT STATUS CANADA 1996

Variables	Valid percent %	N
Sex		
1. Male	49	607
2. Female	51	619
TOTAL N	**100**	**1226**
Region		
1. Atlantic	9	112
2. Québec	26	323
3. Ontario	36	454
4. Prairie	7	90
5. Alberta	9	105
6. British Columbia	13	155
TOTAL N	**100**	**1239**
Social class		
1. Lower and working classes	46	548
2. Middle class	43	509
3. Upper class	11	126
TOTAL N	**100**	**1183**
Regrouped years of schooling		
1. 12 years of schools and less	19	238
2. 13 to 15 years of school	23	288
3. 16 to 18 years of school	35	434
4. 19 years of school and more	23	279
TOTAL N	**100**	**1239**
Regrouped earnings		
1. Less than 19,999	29	350
2. 20000 to 39,999	33	403
3. 40000 to 59,999	22	268
4. 60000 to 80000	16	200
TOTAL N	**100**	**1221**
Regrouped age		
1. 18 to 29 years	23	288
2. 30 to 42 years	30	364
3. 43 to 60 years	26	323
4. 61 years and over	21	264
TOTAL N	**100**	**1239**
Regrouped employment status		
1. 0 hr not in labour force	31	384
2. 15 hrs semi part time employment	7	88
3. 25 hrs part time employment	18	218
4. 35 hrs full time employment	44	534
TOTAL N	**100**	**1224**

Source: *1996 ISSP Survey*

DESCRIPTIVE STATISTICS

There are three measures of central tendency: the mode, the median and the mean.

1. The mode of any distribution is the value that occurs most frequently.
2. The median, unlike the mode, represents the exact centre of a distribution: half the cases have scores higher and half the cases have scores lower than the case with the median score.
3. The mean, or arithmetic average, reports the average score of a distribution and is by far the most commonly used measure of central tendency.

The descriptive statistics give more information on the typical value of a variable. For instance, if we want to know the typical age, social class, earnings range, and so on of participants in the survey, we would use the information contained in Table 3.5. For more information on the frequency distributions of the following variables, see Appendix B, Tables 3 S to 3 Y.

- The mean for the variable *government role in health care* is equal to 7, which indicates that the average respondent showed support for much greater government role in health care.
- The mean for the variable *government role in education* is also equal to 7. We can thus assert that the average respondent favoured a much greater government role in education. Please refer to Table 3.4 for the coding of the variables.
- The mode for the variable *sex* is 2, which means that the people who responded in greater number to the survey were female.

- The mean for the variable *Quebec/rest of Canada* is 1.74 which means that 74 per cent of the respondents came from the rest of Canada, and the mode is 2 which indicates that respondents from the rest of Canada participated in greater number in the survey

TABLE 3.5

DESCRIPTIVE STATISTICS

GOVERNMENT ROLE IN HEALTH CARE, GOVERNMENT ROLE IN EDUCATION, SEX, QUÉBEC/ROC, REGROUPED CLASSES, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE AND REGROUPED EMPLOYMENT STATUS – CANADA, 1996

	Governm ent role health care	Govern ment role educati on	R: sex	1= Queb ec 2=rest of Cana da	Regr oupe d class es	Regrou ped years of school	Regro uped earnin gs	Regr oupe d age	Regroup ed employ ment status
N Valid	1194	1170	1226	1239	1183	1239	1221	1239	1224
Missing	45	68	13	0	56	0	17	0	14
Mean	7.18	6.97	1.51	1.7395	1.64	2.61	2.26	2.45	2.74
Std. Error of Mean	.033	.036	.014	.01248	.019	.029	.030	.030	.037
Median	7.00	7.00	2.00	2.0000	2.00	3.00	2.00	2.00	3.00
Mode	7	7	2	2.00	1	3	2	2	4
Std. Deviation	1.150	1.243	.500	.43909	.665	1.036	1.046	1.068	1.302
Variance	1.323	1.545	.250	.19280	.442	1.073	1.094	1.141	1.696
Skewness	-.490	-.387	-.021	-1.093	.552	-.203	.325	.072	-.358
Std. Error of Skewness	.071	.072	.070	.070	.071	.070	.070	.070	.070
Kurtosis	.362	.030	-2.0	-.807	-.712	-1.113	-1.083	-1.234	-1.613
Std. Error of Kurtosis	.141	.143	.140	.139	.142	.139	.140	.139	.140
Range	6	6	1	1.00	2	3	3	3	3

Source: *1996 ISSP Survey*

- The *regrouped classes* have a mean of 1.64, which means that the average participant belonged to the lower class (N=548) or to the middle class (N=509). The median of this same variable is 2; this means that fifty per cent of the respondents have a social status lower than that of the middle class, and that the other fifty per cent have a social status higher than that of the middle class.

- The variable *regrouped years of schooling* has a mean equal to 2.61, which indicates that the average participant had 16 years of schooling. In addition, the same variable has a median of 3; this indicates that fifty per cent of the respondents have less than 18 years of schooling, and that the other fifty percent have more than 18 years of schooling.
- The mean of *regrouped earnings* is equal to 2.26, which denotes annual earnings of approximately $37,500 for the average participant by interpolation. The median also equals 2, which implies that half of the respondents earned less than $30,000 and half of the respondents earned more than $30,000.
- The variable *regrouped age* has a mean of 2.45, which signifies that by interpolation the average respondent was approximately 43 years old. The median is equal to 2 which denotes that half of the respondents were younger than 42 years and that half of the respondents were older than 42 years.
- Finally, the mean for *regrouped employment status* is 2.74, which signifies that the average respondent worked approximately 22 hours. The median is equal to 3, which signifies that half of the respondents worked less than 25 hours a week and half of the respondents worked more than 25 hours a week.

The purpose of this chapter was to present the variables we will be using for the rest of the study. Thus, we first introduced the variables by category: nominal, ordinal and interval-ratio. We than listed the four dependent variables which were used to design two indexes; and because such designs needed to be justified, we tested both indexes against the criteria of face validity, internal validity and external validity. After that, we introduced the seven independent variables and explained their recoding into smaller categories.

In the next chapter, we will focus our analysis on the government role in health care. We will examine the relationships firstly between the dependent variable *government role in health care* and the independent variable *region*, and secondly between the dependent variable *government role in health care* and the independent variable *regrouped classes* using the crosstabulation technique. Secondly, we will explain the correlations between the dependent variable *government role in health care* and some significant independent variables. In the third section, we will go one step farther and use the regression technique to discover the predictors of the dependent variable. Any complex research project requires the use of sophisticated statistical procedures, such as ANOVA. The ANOVA is the analysis of variance, which takes into account the variables' sub-groups differences in the government role in health care and their level of significance. In addition, it considers interaction effects between independent variables on the dependent variable.

APPENDIX B

SPSS OUTPUTS FOR CHAPTER 3

Below are the commands given to the computer to reverse the coding for the variables *government spending in health* (V26) and *government responsible to provide health care for sick people* (V38) and to compute both variables (V26) and (V38) to create the new index variable *government role in health care.*

Recode V26 (1=5) (2=4) (3=3) (4=2) (5=1) (ELSE=SYSMIS) EXECUTE

TABLE 3 A Government spending in health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Spend much less	9	.7	.7	.7
	Spend less	67	5.4	5.5	6.3
	Spend the same	477	38.5	39.5	45.8
	Spend more	496	40.0	41.1	86.9
	Spend much more	158	12.8	13.1	100.0
	Total	1207	97.4	100.0	
Missing	System	32	2.6		
Total		1239	100		

Recode V38 (1=4) (2=3) (3=2) (4=1) (ELSE=SYSMIS) EXECUTE

TABLE 3 B Responsible to provide health care for sick

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely not	16	1.3	1.3	1.3
	Probably not	42	3.4	3.4	4.8
	probably yes	390	31.5	31.9	36.6
	definitely yes	775	62.6	63.4	100.0
	Total	1224	98.8	100.0	
Missing	System	15	1.2		
Total		1239	100		

Source: *1996 ISSP Survey*

COMPUTE GOVEROHC= V26+V38 VARIABLE LABEL GOVEROHC 'Government role in health care'. This is the frequency table of the index variable government role in health care.

TABLE 3 C Government role health care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	7	.6	.6	.6
	4	14	1.1	1.2	1.8
	5	54	4.3	4.5	6.3
	6	246	19.9	20.6	26.8
	7	377	30.4	31.6	58.4
	8	357	28.8	29.9	88.3
	9	140	11.3	11.7	100.0
	Total	1194	96.4	100.0	
Missing	System	45	3.6		
Total		1239	100.0		

Source: *1996 ISSP Survey*

These are the commands given to the computer to reverse the coding for the variables *government spending in education* (V28) and *government responsible to financially help university students from low-income families* (V43) and to compute both variables (V28) and (V43) to create the new index variable *government role in education.*

Recode V28 (1=5) (2=4) (3=3) (4=2) (5=1) (ELSE=SYSMIS) EXECUTE

TABLE 3 D Government spending in education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	spend much less	6	.5	.5	.5
	spend less	54	4.4	4.5	5.0
	Spend the same	378	30.5	31.8	36.8
	Spend more	503	40.6	42.2	79.0
	Spend much more	250	20.2	21.0	100.0
	Total	1191	96.1	100.0	
Missing	System	48	3.9		
Total		1239	100.0		

Recode V43 (1=4) (2=3) (3=2) (4=1) (ELSE=SYSMIS) EXECUTE

TABLE 3 E Responsible to provide financial help for university students from low-income families

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Definitely should not	44	3.5	3.6	3.6
	Probably should not	116	9.4	9.6	13.2
	probably should	630	50.9	52.0	65.2
	Definitely should	421	34.0	34.8	100.0
	Total	1211	97.8	100.0	
Missing	System	27	2.2		
Total		1239	100		

Source *1996 ISSP Survey*

COMPUTE GOVEROED= V28+V43 VARIABLE LABEL GOVEROED 'Government role in education'. This is the frequency table of the index variable government role in education.

TABLE 3 F Government role in education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	3	.2	.2	.2
	3	6	.5	.5	.7
	4	28	2.3	2.4	3.2
	5	90	7.2	7.7	10.8
	6	266	21.5	22.7	33.5
	7	370	29.9	31.6	65.1
	8	281	22.7	24.0	89.1
	9	127	10.3	10.9	100.0
	Total	1170	94.5	100.0	
Missing	System	68	5.5		
Total		1239	100.0		

Source: *1996 ISSP Survey*

BLE 3 G Government spending health * Responsibility to provide health care for sick Crosstabulation

			Responsible to provide health care for sick people sick				
			Definitely not	Probably not	probably yes	definitely yes	Total
Govmnt spend:health	Spend much less	Count % within Resp:health care for sick	1 6.3%	4 9.8%	2 .5%	2 .3%	9 .8%
	Spend less	Count % within Resp:health care for sick	3 18.8%	8 19.5%	31 8.1%	24 3.2%	66 5.5%
	Spend the same	Count % within Resp:health care for sick	5 31.3%	14 34.1%	208 54.3%	246 32.6%	473 39.6%
	Spend more	Count % within Resp:health care for sick	6 37.5%	13 31.7%	128 33.4%	343 45.4%	490 41.0%
	Spend much more	Count % within Resp:health care for sick	1 6.3%	2 4.9%	14 3.7%	140 18.5%	157 13.1%
Total		Count % within Resp:health care for sick	16 100%	41 100%	383 100%	755 100%	1195 100%

Source: *1996 ISSP Survey*

TABLE 3 G1 Government role health care * Government spending in health Crosstabulation

			Government spending in health					
			Spend much less	Spend less	Spend the same	Spend more	Spend much more	Total
Government role health care	3	Count % within Govmnt spend health	5 55.6%	3 4.5%				8 .7%
	4	Count % within Govmnt spend health	2 22.2%	8 12.1%	5 1.1%			15 1.3%
	5	Count % within Govmnt spend health	2 22.2%	31 47.0%	14 3.0%	6 1.2%		53 4.4%
	6	Count % within Govmnt spend health		24 36.4%	208 44.0%	13 2.7%	1 .6%	246 20.6%
	7	Count % within Govmnt spend health			246 52.0%	128 26.1%	2 1.3%	376 31.5%
	8	Count % within Govmnt spend health				343 70.0%	14 8.9%	357 29.9%
	9	Count % within Govmnt spend health					140 89.2%	140 11.7%
Total		Count % within Govmnt spend health	9 100.0%	66 100.0%	473 100.0%	490 100.0%	157 100%	1195 100%

TABLE 3 G2 Government role health care * Responsible to provide health care for sick people Crosstabulation

			Responsible to provide health care for sick people				
			Definitely not	Probably not	probably yes	definitely yes	Total
Government role health care	3	Count % within Resp:health care for sick	3 20.0%	4 9.8%			7 .6%
	4	Count % within Resp:health care for sick	5 33.3%	8 19.5%	2 .5%		15 1.3%
	5	Count % within Resp:health care for sick	6 40.0%	14 34.1%	31 8.1%	2 .3%	53 4.4%
	6	Count % within Resp:health care for sick	1 6.7%	13 31.7%	208 54.3%	24 3.2%	246 20.6%
	7	Count % within Resp:health care for sick		2 4.9%	128 33.4%	246 32.6%	376 31.5%
	8	Count % within Resp:health care for sick			14 3.7%	343 45.4%	357 29.9%
	9	Count % within Resp:health care for sick				140 18.5%	140 11.7%
Total		Count % within Resp:health care for sick	15 100%	41 100%	383 100.0%	755 100.0%	1194 100%

Source: *1996 ISSP Survey*

TABLE 3 H Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.379			.000
	Cramer's V	.219			.000
	Contingency Coefficient	.354			.000
Ordinal by Ordinal	**Gamma**	**.471**	.039	10.802	.000
	Spearman Correlation	.297	.027	10.735	.000[c]
Interval by Interval	Pearson's R	.291	.030	10.509	.000[c]
N of Valid Cases		1195			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Source: *1996 ISSP Survey*

TABLE 3 I Government role in health care by government spending in retirement Crosstab

			Govmnt spend:retirement					
			Spend much less	Spend less	Spend the same	Spend more	Spend much more	Total
Government role in health care	2	Count % within Government spend:retirement			1 .1%			1 .1%
	3	Count % within Government spend:retirement	2 11.1%	2 2.1%	2 .3%	1 .4%		7 .6%
	4	Count % within Government spend:retirement		2 2.1%	11 1.5%		1 1.3%	14 1.2%
	5	Count % within Government spend:retirement	1 5.6%	7 7.2%	40 5.5%	2 .8%	1 1.3%	51 4.4%
	6	Count % within Government spend:retirement	5 27.8%	31 32.0%	184 25.3%	19 7.7%	6 7.5%	245 21.0%
	7	Count % within Government spend:retirement	3 16.7%	36 37.1%	253 34.8%	73 29.7%	5 6.3%	370 31.7%
	8	Count % within Government spend:retirement	4 22.2%	17 17.5%	196 27.0%	105 42.7%	27 33.8%	349 29.9%
	9	Count % within Government spend:retirement	3 16.7%	2 2.1%	40 5.5%	46 18.7%	40 50.0%	131 11.2%
Total		Count % within Government spend:retirement	18 100.0%	97 100.0%	727 100.0%	246 100.0%	80 100.0%	1168 100%

Source: *1996 ISSP Survey*

TABLE 3 J Government role in health care by government spending in unemployment benefits Crosstab

			Government spending in unemployment benefits					
			Spend much less	Spend less	Spend the same	Spend more	Spend much more	Total
Government role in health care	2	Count	1					1
		% Govmnt spend:unempl benefit	1.4%					.1%
	3	Count	3	2		2		7
		% Govmnt spend:unempl benefit	4.1%	.7%		1.4%		.6%
	4	Count	3	4	6			13
		% Govmnt spend:unempl benefit	4.1%	1.4%	.9%			1.1%
	5	Count	5	25	22	1	1	54
		% Govmnt spend:unempl benefit	6.8%	8.8%	3.5%	.7%	2.2%	4.6%
	6	Count	22	81	130	10	1	244
		% Govmnt spend:unempl benefit	29.7%	28.5%	20.6%	7.1%	2.2%	20.7%
	7	Count	20	86	228	35	2	371
		% Govmnt spend:unempl benefit	27.0%	30.3%	36.1%	25.0%	4.3%	31.5%
	8	Count	14	71	192	54	21	352
		% Govmnt spend:unempl benefit	18.9%	25.0%	30.4%	38.6%	45.7%	29.9%
	9	Count	6	15	54	38	21	134
		% Govmnt spend:unempl benefit	8.1%	5.3%	8.5%	27.1%	45.7%	11.4%
Total		Count	74	284	632	140	46	1176
		% Govmnt spend:unempl benefit	100.0%	100.0%	100.0%	100.0%	100.0%	100%

Source: *1996 ISSP Survey*

TABLE 3 K Government role in health care by government responsible to provide for the elderly Crosstab

			Responsible to provide for elderly				
			Definitely should not	Probably should not	Probably should	Definitely should	Total
Government role in health care	2	Count	1				1
		% within Resp:provide for elderly	5.9%				.1%
	3	Count	2	1	2	1	6
		% within Resp:provide for elderly	11.8%	1.2%	.4%	.2%	.5%
	4	Count	2	4	2	6	14
		% within Resp:provide for elderly	11.8%	4.8%	.4%	1.0%	1.2%
	5	Count	3	10	32	6	51
		% within Resp:provide for elderly	17.6%	12.0%	6.5%	1.0%	4.3%
	6	Count	2	29	170	39	240
		% within Resp:provide for elderly	11.8%	34.9%	34.3%	6.7%	20.3%
	7	Count	5	26	166	177	374
		% within Resp:provide for elderly	29.4%	31.3%	33.5%	30.2%	31.7%
	8	Count		12	97	247	356
		% within Resp:provide for elderly		14.5%	19.6%	42.2%	30.1%
	9	Count	2	1	26	110	139
		% within Resp:provide for elderly	11.8%	1.2%	5.3%	18.8%	11.8%
Total		Count	17	83	495	586	1181
		% within Resp:provide for elderly	100%	100%	100%	100%	100%

Source: *1996 ISSP Survey*

TABLE 3 L Government role in health care by government responsible to provide for unemployed Crosstab

			Responsible to provide for unemployed				
			Definitely should not	Probably should not	Probably should	Definitely should	Total
Government role in health care	2	Count % within Resp:provide for unemployed	1 1.0%				1 .1%
	3	Count % within Resp:provide for unemployed	6 6.2%	1 .4%			7 .6%
	4	Count % within Resp:provide for unemployed	6 6.2%	6 2.3%		2 1.0%	14 1.2%
	5	Count % within Resp:provide for unemployed	14 14.4%	16 6.1%	18 3.1%	2 1.0%	50 4.4%
	6	Count % within Resp:provide for unemployed	24 24.7%	78 29.7%	119 20.3%	11 5.7%	232 20.4%
	7	Count % within Resp:provide for unemployed	27 27.8%	75 28.5%	186 31.7%	66 34.4%	354 31.1%
	8	Count % within Resp:provide for unemployed	13 13.4%	68 25.9%	194 33.0%	72 37.5%	347 30.5%
	9	Count % within Resp:provide for unemployed	6 6.2%	19 7.2%	70 11.9%	39 20.3%	134 11.8%
Total		Count % within Resp:provide for unemployed	97 100.0%	263 100%	587 100%	192 100%	1139 100%

Source: *1996 ISSP Survey*

TABLE 3 M Government spending in education from low-income families * Responsible to financially helpuniversity students Crosstabulation

			Responsible to financially help students from low-income families				
			Definitely should not	Probably should not	probably should	Definitely should	Total
Govmnt spend:education	spend much less	Count	3	1	1	1	6
		% within Resp:financial help for students	8.1%	.9%	.2%	.2%	.5%
	spend less	Count	5	10	34	5	54
		% within Resp:financial help for students	13.5%	8.5%	5.5%	1.2%	4.6%
	Spend the same	Count	17	49	210	92	368
		% within Resp:financial help for students	45.9%	41.9%	34.3%	22.8%	31.5%
	Spend more	Count	5	45	266	178	494
		% within Resp:financial help for students	13.5%	38.5%	43.4%	44.2%	42.2%
	Spend much more	Count	7	12	102	127	248
		% within Resp:financial help for students	18.9%	10.3%	16.6%	31.5%	21.2%
Total		Count	37	117	613	403	1170
		% within Resp:financial help for students	100.0%	100.0%	100.0%	100.0%	100%

Source: *1996 ISSP Survey*

TABLE 3 M1 Government role education * Government spending in education Crosstabulation

			Government spending in education					
			spend much less	spend less	Spend the same	Spend more	Spend much more	Total
Government role education	3	Count % within Govmnt spend:education	3 60.0%	5 9.3%				8 .7%
	4	Count % within Govmnt spend:education	1 20.0%	10 18.5%	17 4.6%			28 2.4%
	5	Count % within Govmnt spend:education	1 20.0%	34 63.0%	49 13.3%	5 1.0%		89 7.6%
	6	Count % within Govmnt spend:education		5 9.3%	210 57.1%	45 9.1%	7 2.8%	267 22.8%
	7	Count % within Govmnt spend:education			92 25.0%	266 53.8%	12 4.8%	370 31.7%
	8	Count % within Govmnt spend:education				178 36.0%	102 41.1%	280 24.0%
	9	Count % within Govmnt spend:education					127 51.2%	127 10.9%
Total		Count % within Govmnt spend:education	5 100.0%	54 100.0%	368 100%	494 100.0%	248 100.0%	1169 100.0%

Source: *1996 ISSP Survey*

\BLE 3 M2 Government role education * Responsible to provide financial help for students from low-incom families Crosstabulation

			Responsible to provide financial help for students				
			Definitely should not	Probably should not	probably should	Definitely should	Total
Government role education	3	Count % within Resp:financial help for students	8 21.6%	1 .9%			9 .8%
	4	Count % within Resp:financial help for students	17 45.9%	10 8.5%	1 .2%		28 2.4%
	5	Count % within Resp:financial help for students	5 13.5%	49 41.9%	34 5.5%	1 .2%	89 7.6%
	6	Count % within Resp:financial help for students	7 18.9%	45 38.5%	210 34.3%	5 1.2%	267 22.8%
	7	Count % within Resp:financial help for students		12 10.3%	266 43.4%	92 22.8%	370 31.6%
	8	Count % within Resp:financial help for students			102 16.6%	178 44.2%	280 23.9%
	9	Count % within Resp:financial help for students				127 31.5%	127 10.9%
Total		Count % within Resp:financial help for students	37 100.0%	117 100.0%	613 100.0%	403 100.0%	1170 100%

TABLE 3 N Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.325			.000
	Cramer's V	.188			.000
	Contingency Coefficient	.310			.000
Ordinal by Ordinal	Gamma	.345	.038	8.639	.000
	Spearman Correlation	.247	.028	8.722	.000[c]
Interval by Interval	Pearson's R	.255	.030	9.001	.000[c]
N of Valid Cases		1170			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Source: *1996 ISSP Survey*

TABLE 3 O Government role in education by government spending in retirement Crosstab

			Govmnt spending in retirement					
			Spend much less	Spend less	Spend the same	Spend more	Spend much more	Total
Government role in education	2	Count % within Govmnt spend:retirement	1 5.9%		1 .1%	1 .4%		3 .3%
	3	Count % within Govmnt spend:retirement		1 1.1%	4 .6%			5 .4%
	4	Count % within Govmnt spend:retirement	1 5.9%	3 3.2%	20 2.8%	1 .4%	4 5.0%	29 2.5%
	5	Count % within Govmnt spend:retirement	1 5.9%	24 25.8%	53 7.4%	4 1.7%	5 6.3%	87 7.6%
	6	Count % within Govmnt spend:retirement	2 11.8%	20 21.5%	204 28.5%	35 14.8%	3 3.8%	264 23.1%
	7	Count % within Govmnt spend:retirement	5 29.4%	23 24.7%	248 34.6%	75 31.6%	14 17.5%	365 31.9%
	8	Count % within Govmnt spend:retirement	7 41.2%	13 14.0%	147 20.5%	85 35.9%	22 27.5%	274 24.0%
	9	Count % within Govmnt spend:retirement		9 9.7%	40 5.6%	36 15.2%	32 40.0%	117 10.2%
Total		Count % within Govmnt spend:retirement	17 100.0%	93 100.0%	717 100.0%	237 100.0%	80 100.0%	1144 100%

Source: *1996 ISSP Survey*

TABLE 3 P Government role in education by government spending in unemployment benefits Crosstab

			Govmnt spending in unemployment benefits					
			Spend much less	Spend less	Spend the same	Spend more	Spend much more	Total
Government role in education	2	Count % within Govmnt spend:unempl benefit	3 4.1%					3 .3%
	3	Count % within Govmnt spend:unempl benefit		6 2.2%				6 .5%
	4	Count % within Govmnt spend:unempl benefit	3 4.1%	9 3.3%	15 2.4%	1 .7%		28 2.4%
	5	Count % within Govmnt spend:unempl benefit	10 13.7%	37 13.7%	38 6.1%	3 2.2%		88 7.7%
	6	Count % within Govmnt spend:unempl benefit	19 26.0%	64 23.7%	162 26.0%	16 11.5%	1 2.3%	262 22.8%
	7	Count % within Govmnt spend:unempl benefit	22 30.1%	76 28.1%	219 35.2%	43 30.9%	3 6.8%	363 31.6%
	8	Count % within Govmnt spend:unempl benefit	13 17.8%	61 22.6%	138 22.2%	56 40.3%	10 22.7%	278 24.2%
	9	Count % within Govmnt spend:unempl benefit	3 4.1%	17 6.3%	51 8.2%	20 14.4%	30 68.2%	121 10.5%
Total		Count % within Govmnt spend:unempl benefit	73 100.0%	270 100.0%	623 100.0%	139 100.0%	44 100.0%	1149 100.0%

Source: *1996 ISSP Survey*

TABLE 3 Q Government role in education by government responsible to provide for the elderly Crosstab

			Resp:provide for elderly				
			Definitely should not	Probably should not	Probably should	Definitely should	Total
Government role in education	2	Count	1			2	3
		% within Resp:provide for elderly	5.6%			.3%	.3%
	3	Count		2	2	1	5
		% within Resp:provide for elderly		2.5%	.4%	.2%	.4%
	4	Count	1	5	13	7	26
		% within Resp:provide for elderly	5.6%	6.2%	2.7%	1.2%	2.2%
	5	Count		15	50	23	88
		% within Resp:provide for elderly		18.5%	10.4%	4.0%	7.6%
	6	Count	6	24	133	98	261
		% within Resp:provide for elderly	33.3%	29.6%	27.5%	17.1%	22.6%
	7	Count	5	25	143	193	366
		% within Resp:provide for elderly	27.8%	30.9%	29.6%	33.6%	31.7%
	8	Count	3	8	119	150	280
		% within Resp:provide for elderly	16.7%	9.9%	24.6%	26.1%	24.2%
	9	Count	2	2	23	100	127
		% within Resp:provide for elderly	11.1%	2.5%	4.8%	17.4%	11.0%
Total		Count	18	81	483	574	1156
		% within Resp:provide for elderly	100.0%	100.0%	100.0%	100.0%	100.0%

Source: *1996 ISSP Survey*

TABLE 3 R Government role in education by government responsible to provide for the unemployed Crosstab

			Responsible to provide for unemployed				
			Definitely should not	Probably should not	Probably should	Definitely should	Total
Government role in education	2	Count % within Resp:provide for unemployed	2 2.0%	1 .4%			3 .3%
	3	Count % within Resp:provide for unemployed	5 5.1%		1 .2%		6 .5%
	4	Count % within Resp:provide for unemployed	11 11.2%	9 3.5%	8 1.4%	1 .5%	29 2.6%
	5	Count % within Resp:provide for unemployed	19 19.4%	33 12.9%	30 5.2%	6 3.1%	88 7.8%
	6	Count % within Resp:provide for unemployed	17 17.3%	75 29.3%	142 24.6%	15 7.9%	249 22.2%
	7	Count % within Resp:provide for unemployed	23 23.5%	72 28.1%	198 34.3%	59 30.9%	352 31.3%
	8	Count % within Resp:provide for unemployed	17 17.3%	54 21.1%	148 25.6%	54 28.3%	273 24.3%
	9	Count % within Resp:provide for unemployed	4 4.1%	12 4.7%	51 8.8%	56 29.3%	123 11.0%
Total		Count % within Resp:provide for unemployed	98 100.0%	256 100.0%	578 100.0%	191 100.0%	1123 100.0%

Source: *1996 ISSP Survey*

DESCRIPTIVE STATISTICS

TABLE 3 S R: sex

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	Male	606	49.0	49.5	49.5
	Female	619	50.0	50.5	100.0
	Total	1226	99.0	100.0	
Missing	NA, refused	13	1.0		
Total		1239	100		

TABLE 3 T Canada Regions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Atlantic	112	9.1	9.1	9.1
	Quebec	323	26.1	26.1	35.1
	Ontario	454	36.6	36.6	71.8
	Prairies	89	7.2	7.2	79.0
	Alberta	105	8.5	8.5	87.5
	Britich Columbia	155	12.5	12.5	100.0
	Total	1239	100	100.0	

TABLE 3 U Regrouped classes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lower and working class	548	44.3	46.3	46.3
	middle class	509	41.1	43.1	89.4
	upper class	126	10.1	10.6	100.0
	Total	1183	95.5	100.0	
Missing	System	56	4.5		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 3 V Regrouped years of schooling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	12 years of school and less	238	19.2	19.2	19.2
	from 13 to 15 years of school	288	23.2	23.2	42.4
	from 16 to 18 years of school	435	35.1	35.1	77.5
	19 years of school and more	279	22.5	22.5	100.0
	Total	1239	100	100.0	

TABLE 3 W Regrouped age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	from 18 years to 29	288	23.3	23.3	23.3
	From 30 years to 42	364	29.4	29.4	52.6
	from 43 years to 60	322	26.0	26.0	78.7
	61 years old and up	264	21.3	21.3	100.0
	Total	1239	100.0	100.0	

TABLE 3 X Regrouped earnings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	$19,999 and less	351	28.3	28.7	28.7
	From $20,000 to $ 39,999	403	32.5	33.0	61.7
	From $40,000 to $59,999	268	21.7	22.0	83.7
	From $60,000 to $80,000	200	16.1	16.3	100.0
	Total	1221	98.6	100.0	
Missing	System	17	1.4		
Total		1239	100.0		

Source: *1996 ISSP Survey*

TABLE 3 Y Regrouped employment status

		Frequency	Per cent	Valid Percent	Cumulative Percent
Valid	0 hr not in labour force	384	31.0	31.4	31.4
	15 hrs semi part-time employment	88	7.1	7.2	38.6
	25 hrs part-time employment	218	17.6	17.8	56.4
	35 hrs full-time employment	534	43.1	43.6	100.0
	Total	1224	98.8	100.0	
Missing	System	14	1.2		
Total		1239	100		

Source: *1996 ISSP Survey*

4 PUBLIC SUPPORT FOR STATE INTERVENTION IN HEALTH CARE

In this chapter, we will answer the two questions we posed in the introduction: (1) Are some regions more or less likely to display a high level of support for the state's responsibility for health care or is state responsibility for health care equally advocated by all Canada's regions? Taking into account hypotheses 1a and 1b and, (2) Are the working and lower classes more favourable than the middle class to government intervention in health care or is it the reverse? Taking into account hypotheses 2a and 2b.

Because our project is a comparative analysis with certain aspects of Ornstein's and Stevenson's study, we will begin with a report on their conclusions about the effects of *regions* on the measures of *government effort for health and medical care.* We will then introduce the results of the *1996 ISSP Survey* on the impact of *regions* on the *government role in health care*. In the second section, we will present the results related to *regrouped classes* as the independent variable. In the third section, we will move on to the multivariate analysis using the regression technique. We will end the chapter with the ANOVA analysis in the fourth section.

Before expanding on the government role in health care by region and by social class in 1996, we will first report the Canadian public opinion overall rating of government effort/role in health care for the years 1977-1981 and 1996. In their Table 4.1, Ornstein and Stevenson provided percentages on public support for welfare state activities for the years 1977, 1979 and 1981, as well as on some others for the year 1977. We would like to give

an average of the three years for the welfare state activities with three-year statistical information, such as health and medical care found in column A of Table 4.1 below.

TABLE 4.1

PUBLIC OPINION ON GOVERNMENT EFFORT FOR HEALTH AND MEDICAL CARE AND ON GOVERNMENT ROLE IN HEALTH CARE CANADA, 1977-81 AND 1996

1977-1981 Public opinion on government effort for health and medical care		1996 Public opinion on government role in health care			Increase (Decrease) Since 1977-81		
	A	B Government spending health	C Govt. resp. for providing health care sick	D Government role in health care	E = (B-A)	F = (C-A)	G = (D-A)
1977	46%						
1979	53%						
1981	49%						
Average	49%	54%	95%	74%	5%	46%	25%

Sources: 1977-1981, Ornstein and Stevenson 1999, pp. 140-2
1996 ISSP Survey, Appendix F, p 4 items a to h and p 6 items a to j.

Legend
A: Much more and more effort
B: Much more and more spending
C: Definitively and probably responsible
D: Index values 7, 8, and 9
E: Increase in public support from A to B
F: Increase in public support from A to C
G: Increase in public support from A to D

Ornstein's and Stevenson's question on the government's effort for social programs was worded as follows:

> *We would like to know how much effort you think government should put into a number of activities. Please choose the answer on this card which comes closest to your opinion about the effort that should be made in each area. Remember that putting more effort in one of these areas would require a shift of money away from other areas or an increase in taxes.*
>
> *Much more effort*
> *More effort*
> *About the same effort*

Less effort
Much less effort
Depends
Do not know

For the averaged years 1977-1981, 49 per cent of Canadians supported *much more* and *more government effort in health and medical care*. For 1996, we combined additively two variables to design our index variable government role in health care:

- Government spending in health found in column B; 54 per cent of Canadians supported much more and more government spending in health.
- Government responsibility to provide health care for sick people, found in column C; 95 per cent of Canadians believed that the government should definitely and probably provide health care for sick people.
- Government role in health care found in column D is the weighted index variable. The variable index values 7, 8 and 9 made up the 74 per cent of Canadians who approve a greater government role in health care.
- Increase in public support from activities in column A to activities in column B, found in column E. This information is additional and supplemented at the request of a Thesis Committee member at the oral defence. There was a 5 per cent increase in public support from much more and, more government effort for health and medical care (1977-81) to much more and more government spending in health (1996).
- Increase in public support from activities in column A to activities in column C, found in column F. This information is additional and supplemented at the request of the same Thesis Committee member at the oral defence. There was a 46 per cent increase in public support from much more and more government effort for health and medical care (1977-

81) to definitely and probably government responsibility to provide health care for the sick (1996).

- Increase in public support from activities in column A to activities in column D, found in column G. There was indeed a 25 per cent increase in public support for government role in health care.

- While the wording of the questions in both surveys is somewhat different, it is very important to keep in mind that we are comparing the public opinion on government effort/role for a number of welfare state activities. In addition, the fact that the sentence *remember that putting more effort in one of these areas would require an increase in taxes* is part of the question in both surveys confirms that we are indeed comparing the same element over two different time-periods. Chapter 3 gives a detailed explanation on the index design for government role in health care.

We note in Table 4.1 an increase in public support for health care in Canada since 1977-81 depending on which indicator we are using. The increase varies from 5 per cent to 46 per cent to 25 per cent. For the remainder of the chapter, we will focus our analysis on the 25 per cent increase that occurred over the past nineteen years in government role in health care.

GOVERNMENT ROLE IN HEALTH CARE BY REGION

In this section, we will firstly report the results of Ornstein and Stevenson on the measures of government effort for health care by region; secondly, we will describe our results from the *1996 ISSP Survey* taking into consideration hypotheses 1a and 2a we have

elaborated in Chapter 2. Finally, we will end the section with a discussion highlighting the changes that occurred in the Canadian public support for health care by region.

Conclusions of the Ornstein's and Stevenson's survey

In *Politics and Ideology in Canada: Elite and Public Opinion in the Transformation of the Welfare State*, Ornstein and Stevenson used *province* to describe their regional analysis. In addition, they used the names of the ten Canadian provinces in one of their tables. In Chapter 3, we explained how we decided to transform the variable *province* into a new variable called *region*. To make the comparison between the 1977-81 and 1996 surveys possible, we opted for the same terminology *region* for Ornstein's and Stevenson's study, and we therefore regrouped the variable *province* into a variable called *region*, comprising the Atlantic (Newfoundland, Prince Edward Island, Nova Scotia, and New Brunswick), the Prairie (Manitoba and Saskatchewan), Québec, Ontario, Alberta and British Columbia.

TABLE 4.2

MEASURES OF GOVERNMENT EFFORT FOR HEALTH AND MEDICAL CARE BY REGION - CANADA, 1977-1981

			Percentage of variance explained	
Region	**Much more and more effort**	**N**	**With Québec**	**Without Québec**
Prairie	55	251		
Québec	53	778		
British Columbia	50	308		
Alberta	49	227		
Ontario	47	1086		
Atlantic	42	279		
Variance explained with Québec			1.1	
Variance explained without Québec				.6
TOTAL N		2929		

Source: 1977-1981 Survey - Ornstein and Stevenson, 1999: 200-2; information reproduced from their Table 5-2, pp. 200-2

Table 4.2 summarizes the differences among regions regarding the measure of "political ideology for government much more and more effort for health and medical care". It shows a difference of support for *government effort for health and medical care* among the regions, but the variation is small. In this analysis, the Prairie and Québec showed a higher level of support for *much more and more government effort for health and medical care*. In the discussion section, we will provide Ornstein's and Stevenson's explanations of the above summary.

Analysis of the *1996 ISSP Survey*: Role of government

What was the difference in support for government role in health care among the regions in 1996? Table 4.3 A summarizes the information contained in the crosstabs output of Appendix C Tables 4 A to 4 C. This output is the product of an SPSS technique called crosstabulation between two variables: the dependent variable *government role in health care*, placed horizontally in the rows section and the independent variable *regions*, placed vertically in the columns section.

After analyzing the cross tabulation outputs, we found an association between the variable *region* and the variable *government role in health care* because:

- The cases are disproportionately located in the cells between groups (Sweet, 1999:66), that is, the support for government role in health care is different among the five regions.
- The Chi-Square tests output indicates that the relationship is statistically significant [X^2 (35, N 1193)=63.43, P<.01].
- Finally, the relationship between *government role in health care* and *region* is moderate, as the value of Phi is .23.

In this survey, we notice that the variations among the regions for the government role in health care are very small. There seems to be a pattern for the Prairie and the Atlantic regions, as these kept the same ranking, first and last respectively, almost two decades after the first survey. The Atlantic region has shown a lower support for government role in health care as it is still considered a conservative region despite its economic hardships. While support for a much greater government role in health care increased in all Canada's regions, the increase in Québec region was not so high as we expected it to be. The information on the percentage of variance explained with Québec and without it, was possible to obtain once we used the ANOVA technique. The reason we calculated these variances at this stage is to remain consistent with the work of Ornstein and Stevenson who used them as a tool to compare Québec's government role in health care with that of the rest of Canada. Thus, in 1996 the variable *region* explained 1.40 per cent of the variance of the dependent variable *government role in health care*, compared to 1.1 per cent in 1981, when the region of Québec was included. When this latter was excluded, the independent variable *region* explained one per cent of the variance of the dependent variable *government role in health care* in 1996, compared to .6 in 1981. It is important to note that in 1981 Québec region by itself had more weight than the others regions together regarding its effect on the level of support for government effort for health and medical care (1.1-.60=.50)/1.1=45%.

Using the two variances explained from Table 4.3 A, we found that in 1996 Québec region had less weight than the rest of the Canadian regions regarding its effect on the support for the *government role in health care* (1.4-1.0=.40)/1.4=28%. In the following paragraphs, we will focus our discussion on two regions: Québec and the Prairie.

TABLE 4.3 A

GOVERNMENT ROLE IN HEALTH CARE BY REGION CANADA, 1996

				Percentage of variance explained	
Region	**Index values 7, 8 and 9**	**N**	**Measure of association**	**With Québec**	**Without Québec**
Prairie	79	86			
British Columbia	78	151			
Alberta	75	98			
Ontario	73	440			
Québec	69	308			
Atlantic	64	110			
TOTAL N		1193			
PHI			.23		
Variance explained with Québec				1.40	
Variance explained without Québec					1.00

Source: *1996 ISSP Survey*

At the oral defence, a member of the Thesis Committee requested that we look at only one component of the index variable, that is, *government spending health.* The exercise yielded the following results:

TABLE 4.3 B

GOVERNMENT SPENDING HEALTH BY REGION CANADA, 1996

Regions	**Much more and more**	**N**	**Measure of association**
Atlantic	60	110	
Prairie	60	87	
Alberta	60	99	
British Columbia	56	155	
Ontario	54	444	
Quebec	49	313	
TOTAL N		1208	
PHI			.20

Source: *1996 ISSP Survey*

After analyzing the cross tabulation outputs in Appendix C, Tables 4 D to 4 F (Government spending health *regions Cross tabulation, Chi-Square tests, and Symmetric Measures), we found an association between the variable *region* and the variable *government spend in health* because:

- The cases are disproportionately located in the cells between groups (Sweet, 1999:66), that is, the support for government spending in health is different among the five regions.
- The Chi-Square tests output indicates that the relationship is statistically significant [X^2 (20, N 1208) = 47.82, P<.001]
- Finally, the relationship between the variables *government spend in health* and *region* is moderate, as the value of Phi is .20.
- We were not able to produce the percentage of variance explained since the variable *region* was not a predictor of the dependent variable *government spending in health.*
- In comparing Table 4.3A to Table 4.3B, we notice that there is little difference between the two tables. The Prairie, Alberta, British Columbia and Ontario regions kept the same ranking. Québec region fell to the last rank. However, the Atlantic region, which was last in support for *government role in health care*, became first in support for *government spending in health.* There seems to be a lack of consensus and consistency among people from the Atlantic region. While they were first in supporting much more and more government spending in health, they were last in support for the government responsibility to definitely and probably provide health care to sick people. This lack of consistency from the Atlantic region people and the fact that the variable *region* was not a predictor of the dependent variable *government spending in health* support the idea of constructing the index variable government role

in health care. Hence, the government role in health care goes beyond *spending in health.* We will not be referring to Table 4.3B in our discussion section.

Discussion

On the issue of the Québec region, Ornstein and Stevenson explained the existence of a regional variation in the measure of *much more and more government effort for health and medical care* by the fact that the percentage of variance explained within English Canada being only .6 per cent, it did not justify "the presence of distinct political cultures". However, once Québec was included, the percentage of variance explained increased to 1.1 per cent, .5 per cent for Québec alone. This led the authors to suggest that there were "two political cultures, or more appropriately two *nations*, in Canada –Quebec and English Canada" (Ornstein and Stevenson, 1999:195). At this point of their analysis, Ornstein and Stevenson did not link their findings to any of the theories on regionalism we exposed in Chapter 2 because they emphasized the relevance of "class forces within regions" to give instead a broader explanation of Canadian regionalism, discussed in more detail in our class analysis section.

Staying on the same path and comparing Tables 4.2 and 4.3 A, we notice that all regions showed an increase in support for government role in health care. However, Québec region's support for government role in health care was not so high as we expected it to be in 1996. While Québec's level of support for government effort for health care ranked second in the 1977-81 study, its support for government role in health care ranked fifth in 1996. It is important to mention that on other measures of support for welfare state activities, such as providing for the elderly and for the unemployed (see Appendix C, Tables 4 G to 4 J), Québec region displayed the same low level of support pattern

compared to others regions of Canada in 1996. In addition, Table 4.4 indicates that Québec region had, over time, the lowest increase (16 per cent) in support for the government role in health care, although it has been considered one of the most progressive provinces in Canada since the Quiet Revolution. During the '80s, Québec region highest support for the welfare state activities led Ornstein and Stevenson to conclude to the existence of two Nations: Quebec and English Canada (Ornstein and Stevenson, 1999:195).

What explanations can we offer when we advanced, in Chapter 2, the hypothesis that Québec region would demonstrate the highest support for government role in health care? Our readings and the theories we presented in Chapters 1 and 2 lend some plausible explanations to the pattern we found in 1996. We still think that the Québec region has a strong support for welfare state activities, but its attitudes may have changed one year after the 1995 referendum. We believe that the failure of that referendum had a profound effect on the sovereignty/independence movement of the late Réné Lévesque and his subsequent followers in particular, and on the population in general. Nevitte's Canadian post-materialist theory of social and values change is quite applicable to the Québec situation.

TABLE 4.4

INCREASE OVER TIME FROM GOVERNMENT EFFORT FOR HEALTH AND MEDICAL CARE TO GOVERNMENT ROLE IN HEALTH CARE BY REGION CANADA, 1977-81 AND 1996

Regions	1977-81 Survey Much more and more effort	1996 Survey Index values 7, 8 & 9	Increase (%)
Atlantic	42	64	22
Québec	53	69	16*
Ontario	47	73	26
Prairie	55	79	24
Alberta	49	75	26
British Columbia	50	79	29
Canada	49	74	25

Sources: 1977-81 survey, Ornstein and Stevenson, 1999, pp 140-2
1996 ISSP Survey

Nevitte argues that social and values changes lead to, among other events, the rise of new movements. These movements are characterized by a "humanistic critique of the prevailing system and the dominant culture". Their members belong to an educated middle class that, at the political level, forms new parties to increase electoral challenges to old-line parties (Nevitte, 1996:84-5). Without going into detail on the Québec nationalist movement, we would like to apply Nevitte' s theory to the 1995 Québec referendum. For Quebeckers, the movement for a greater self-determination was crucial. The fast social change they experienced after the Quiet Revolution led to a period of anomie, when Quebeckers aspired to a new self-concept and a renewed and more contemporary collective identity. The North American materialistic values triggered an internal crisis of distinctiveness in Québec. It is the reason that the movement for independence wanted to alter the *status quo* and have a distinct society for Québec. The rise of a new middle class of well-educated people did contribute also to this new "Quebec spirit" (Hiller, 1996:223-4).

In his review of *The Struggle for Quebec: From Referendum to Referendum* by Young, Resnick (1999) provided information that may explain the reason Quebeckers' support for government role in health care was not so high as we expected it to be in 1996. During the 1995 Referendum campaign, the YES side, resorting to demagogy as proved later by the Bouchard government, promised to preserve the welfare state and blamed Ottawa as well as the provinces of Ontario and Alberta for dismantling it. Before October 1995, the promises of maintaining the welfare state were a determinant factor in pushing people to vote YES. Hence, those promises brought about solidarity among trade unions and social movements for the YES side (Resnick, 1999:578). It is then not surprising that when the YES side lost, the hopes of maintaining a welfare state were lost too. Consequently, when Quebeckers

were asked a year later about support for government intervention in health care, their lack of confidence in the Québec government was translated by a level of support lower than what we expected it to be.

A discussion with Pr Daniel Tremblay of the University of Québec in the Outaouais (2002) confirmed that Québec's people, who were politically concerned with the sovereignty/independence movement, were disappointed after the 1995 Referendum. Their frustrations were indeed proportional to their expectations, and the failure of the 1995 Referendum was just another element to be added to the list of disappointments Québec experienced in renegotiating the Canadian Federalism. The 1995 Referendum failure generated a decline in public confidence, especially in the Québec government.

While our data analysis showed an increase in support for government role in health care in most of Canada's regions in 1996, Québec 's support for government role in health care was not so high as we expected it to be.

Our second hypothesis predicted that the Prairie region would demonstrate a high support for government role in health care. It transpired that the Prairie region, not only favoured greater government role in health care, but also ranked first again in this survey. There are valid explanations we can draw upon the review we did in Chapter 2 of *Doctors' Strike* accounting for Saskatchewan's Medicare plan provided by the (CCF).

We believe that Saskatchewan's first ranking in support for government role for health care, demonstrated in both surveys, is attributable to two factors: first, the health care revolution that started in Saskatchewan in 1947 and second, the success of the CCF party in implementing a state medicine in 1962 after a long struggle against the medical profession. Hence, the population of this region, in majority rural, is proud to be the first to have shifted an essential service such as health care from private funding to public ownership.

To Saskatchewan's citizens, issues concerning the health care system would always be a concern. It might very well be the reason that Mr. Roy J. Romanow, Saskatchewan former Premier, has been appointed Commissioner of the Commission of the Future of Health Care in Canada in 2000.

In the next section, we will proceed as we did in the first section to test this time the relationship between the dependant variable *government role in health care* and the independent variable *social class*. Of the three social classes, which one will demonstrate the highest support for government role in health care?

GOVERNMENT ROLE IN HEALTH CARE BY SOCIAL CLASS

In this section, as in the previous one, we will first introduce Ornstein's and Stevenson's findings on the effect of *social class* on the *measures of government for much more and more effort for health and medical care* in 1977-1981. Then, we will present our own results of the effect of the independent variable *social class* on the dependent variable *government role in health care* in 1996, taking into consideration hypotheses 2a and 2b we elaborated in Chapter 2. We will end the section with a discussion on the changes that occurred in the Canadian society during the past nineteen years, with special attention to the social classes dynamics regarding public support for government role in health care.

It is important to note that here also Ornstein's and Stevenson's option for a Marxist social class analysis, using the Wright's typology, will impose some limitations on our comparison. In the ISSP questionnaire, the question was worded in such a way that respondents would self-identify themselves with a particular class, such as the lower class, the upper class, and the middle class. Thus, the only available variable *social class* in the

data we are using is a subjective variable. Consequently, we cannot carry out a similar social class analysis.

Conclusions of Ornstein's and Stevenson's survey

Wright defines social class "in terms of the interactions of three variables: ownership of the means of production, 'possession' of the means of production, and the control of labour power" (Ornstein and Stevenson, 1999:119). He makes the distinction among seven categories in the following manner:

- The *capitalist class* who owns the means of production, decides on the goods to be produced and controls its own work process.
- The *small employers class* who comprises companies employing 5 to 29 workers.
- The *petty bourgeoisie class* whose members work alongside its fewer than 5 employees.
- The *managers/technocrats class* who does not own businesses; those managers can be general managers, financial managers, government administrators, producers and directors.
- The *supervisors class* who comprises manual and professional workers who supervise the work process of other workers or complex business operations and may be subject to tight discipline.
- The *semi-autonomous employees class* who controls their own work process, but does not own the means of production nor control the goods produced.
- The *working class* who does not own the means of production, does not control the kinds and amount of goods produced, and does not control its work process.

Source: Ornstein and Stevenson, 1999:442-3

In Table 4.5, we note among the social classes and by descending order that the working class and the supervisor's class demonstrated the strongest support for *government much more* and *more effort for health and medical care*. The authors pointed out that the greater impact of class rather than regional differences in favour of more *government effort in*

health and medical care is a reflection of people from the working class having greater needs for health care (Ornstein and Stevenson, 1999:210).

TABLE 4.5

MEASURES OF GOVERNMENT EFFORT FOR HEALTH AND MEDICAL CARE BY SOCIAL CLASS – CANADA, 1977-1981

Social class	Much more and more effort	N	Percentage of variance explained
Working class	55	1025	
Supervisors	45	200	
Semi-autonomous employees	40	148	
Small employers	39	64	
Managers/technocrats	37	128	
Petty bourgeoisie	36	217	
Capitalists	23	51	
TOTAL N		1833	
Variance explained			3.4%

Source: 1977-1981 survey, Ornstein and Stevenson, 1999:211, Table 5-4

One critique we can make to Ornstein's and Stevenson's Wright model of class is their over-representation of the working class in the modern capitalist era. For example, in Table 4.5 the working and the supervisors classes, ideologically on the left, represented 67 per cent of the sample, while the semi-autonomous employees and the managers-technocrats, ideologically in the centre, represented only 15 per cent of the sample; the remaining 18 per cent of the sample reflected the position of the capitalist class. We do have some concern about the small percentage, 15 percent, corresponding to the middle class.

However, another survey on public and elite ratings of the amount of effort the government should invest into a number of government activities indicated that 49 per cent of the public wanted the government to put *more* or *much more* effort into health and

medical care, compared to 32 per cent of the elite who favoured the same. The authors commented that on the government activities that were public priorities, the elite rating corresponded to that of the public (Ornstein and Stevenson, 1999:321-2).

Now that we have analysed Ornstein's and Stevenson's results of the effect of social class on government effort for health care, we will proceed to the same analysis for the 1996 ISSP survey.

Analysis of the *1996 ISSP Survey*: Role of government

What is the difference in support for government role in health care among the three social classes? Table 4.6A summarizes the information contained in the crosstabs output of Appendix C.

TABLE 4.6 A

GOVERNMENT ROLE IN HEALTH CARE BY REGROUPED CLASSES CANADA, 1996

Regrouped classes	Index values 7, 8, and 9	N	Measure of association	Percentage of variance explained
Lower and working classes	79	529		
Middle class	71	498		
Upper class	56	117		
Total		1144		
Gamma			-.24	
Variance explained				3.2%

Source: *1996 ISSP Survey*

The examination of the crosstabulation outputs in Appendix C, Tables 4 K to 4 N, yields the following findings on the relationship between the dependent variable *government role in health care* and the independent variable *regrouped classes*:

- There "is an association between the two variables because the cases are disproportionately located in the cells between groups" (Sweet, 1999: 66), that is, the support for government role in health care is different among the three social classes.
- In addition the Chi-Square tests output indicates a statistically significant relationship [X^2 (14, N 1144) = 59.21, P<.001].
- The measure of association Gamma of -.25 indicates that the relationship between the two variables is negative and moderate, which signifies that the lower the class, the higher the support for government role in health care.
- The percentage of variance explained of 3.2 per cent means that the independent variable *regrouped classes* explains 3.2 per cent of the variance of the dependent variable *government role in health care*.

We can therefore conclude at this point of our analysis that the variable *regrouped classes* has a greater impact than the variable *region* on the dependent variable *government role in health care.* Table 4.6A shows that the lower and working classes displayed the highest support for government role in health care, but that the middle class also demonstrates a high support for government role in health care.

Here, we will again be addressing a request at the oral defence from the same Thesis Committee member by looking at only one component of the index variable government role in health care, that is, *government spending in health.* The results are contained in Table 4.6 B.

The examination of the crosstabulation outputs in Appendix C, Tables 4 O to 4 R, yields the following findings on the relationship between the dependent variable *government spending in health* and the independent variable *regrouped classes*.

- There "is an association between the two variables because the cases are disproportionately located in the cells between groups" (Sweet, 1999:66), that is, the support for government spending in health is different among the three social classes.

TABLE 4.6 B

GOVERNMENT SPENDING IN HEALTH BY REGROUPED CLASSES CANADA, 1996

Regrouped classes	Much more and more	N	Measure of association	Percentage of variance explained
Lower and working classes	64	533		
Middle class	49	500		
Upper class	34	120		
Total		1153		
Gamma			-28	
Percentage of variance explained				3.3%

Source*: 1996 ISSP Survey*

- In addition the Chi-Square tests output indicates a statistically significant relationship [X^2 (8, N 1153) =49.10, P<.001].
- The measure of association Gamma of -.28 indicates that the relationship between the two variables is negative and moderate, which signifies that the lower the class, the higher the support for government spending in health.
- The percentage of variance explained of 3.3 means that the independent variable *regrouped classes* explains 3.3 per cent of the variance of the dependent variable *government spending in health.*

Had we been statisticians, we would be satisfied to report the Tables 4.6A and 4.6B gammas and their respective percentages of variance explained and deduce that there was

no difference between the two tables. However, as social scientists, we ought to make sense of the data in its specific context. Hence, in Table 4.6 A for example, the middle class was very close to the lower and working classes in support for government role in health care. Conversely, in Table 4.6B, the middle class came second in support for government spending in health, half way between the lower and working classes and the upper class. Yet, when we produced the crosstabs output in Appendix C, Table 4 T, between the dependent variable government responsible to provide health care for the sick and the independent variable regrouped classes, the middle class ranked first in support for government responsible to provide health care for the sick. This higher support from the middle class for government responsibility to provide for the sick reinforces the arguments we advanced in Chapter 2 on the exclusion of the middle class from social programs. Consequently, the design of the index variable government role for health care was justified, since the government role in health care transcends mere spending in health. We will not refer to Table 4.6B in our discussion section.

Discussion

Through Tables 4.5 and 4.6A, we notice that in both surveys the percentage of variance explained by the variable *social class* of the dependent variables *government effort for health and medical care* or *government role in health care* is approximately the same at 3.4 per cent for Ornstein's and Stevenson's study and at 3.2 per cent for ours. However, our study shows that both the lower and working classes and the middle class demonstrated a higher support for government role in health care. If we expect and understand the lower and the working classes showing a very high level of support for government intervention in health care, it seems surprising that the middle class demonstrated as much support for

government intervention in health care as the lower and the working classes. Some figures will illustrate how small the difference in support between the two classes is.

- The lower and working classes support for government role in health care was 79 per cent when the overall support for government role in health care was 74 per cent (Table 4.1); this represents 1.07 (79/74) of the overall Canadian support for government role in health care.
- The middle class support for government role in health care was 71 percent, representing .96 (71/74) of the overall Canadian support for government role in health care.

Hence, the difference in support for government role in health care between the two classes across Canada is only .11 (1.07-.96) or 5 per cent (79-74). What lies behind these results? Some social scientists are advancing the arguments of the growing inequality between rich people and poor people and the shrinking of the middle class in Canada. In the next paragraph, we will see how the market affected family incomes.

In Table 4.7, Yalnizyan demonstrated how the labour market changes have affected the family incomes of the middle class. Thus, families in the middle class experienced two patterns during those decades.

- People who belonged to the "lower middle" (deciles 3 to 5) worked more hours and were rewarded during the years 1973-1986. In the following decade, from 1986 to 1996, both their remuneration and their working time decreased; and
- People who belonged to the "upper middle" (deciles 6 to 8) increased their hours of participation in the labour market and were rewarded between the years 1973 and 1986.

By 1996, these families' incomes were diminishing while their weeks of paid work were still increasing (Yalnizyan, 1998:40-2).

TABLE 4.7

HOW MUCH MONEY FOR HOW MUCH TIME?

Families with Children Under 18 Years of Age, Canada, Selected Years
Average Market Income ($1996) of Families with One or More Weeks of Employment

	1973 Average Market Income	Standard Deviation	1986 Average Market Income	Standard Deviation	1996 Average Market Income	Standard Deviation
Decile 1	$7,220	1178	$4,755	2318	$1823	1311
Decile 2	$19,572	763	$17,232	2818	$11,554	4013
Decile 3	$28,181	559	$28,305	1929	$23,464	3174
Decile4	$34,588	450	$37,095	1903	$33,703	2714
Decile 5	$40,310	441	$45,047	1622	$42,720	2571
Decile 6	$46,055	432	$52,500	1578	$51,409	2397
Decile 7	$52,314	537	$60,392	1805	$60,345	2820
Decile 8	$60,333	697	$69,842	2244	$71,204	3620
Decile 9	$71,551	1124	$83,183	3759	$86,287	5547
Decile 10	$107,153	8463	$127,842	44368	$136,378	78755
Average Income	$48,208	7563	$55,055	28297	$56,346	44676

Source: Yalnizyan, 1998:41

To find out whether the ranks of the middle class had grown or shrunk, Yalnizyan looked at the income distributions among families of both 1973 and 1996 generations. Once the upper limits of the 1973 deciles were converted to the 1996-dollar value, she discovered that, by 1973 standards, family incomes were polarized in two large fractions of poor and rich families with children under 18 in the population leaving fewer families in the middle class. In addition, the earnings bracket that accounted for 60 per cent of the

population in 1996 comprised only 44 per cent of the Canadian families with dependent children (Yalnizyan, 1998:48-9).

The rationale behind the importance of the middle class size is that the more society is gathered along the wealth and/or income continuum, the greater its material experience. In such a society, a sense of solidarity fulfills the citizens who are motivated to build together. On the contrary, any growth at the extremes of the distribution has opposed results, that is, a lack of a shared experience and an emphasis on individualism (Yalnizyan, 1998:49-50). Yalnizyan's report illustrates well how slowly the labour market changes affected the middle class families income and, by 1996, transformed the Canadian society into extreme poles of rich and poor people with an ever shrinking middle class in between.

In Chapter 1, we discussed the concept of universality and the importance of including the middle class as a client of universal programs. The dismantling of universal income programs such as the Family Allowance and Old Age Pensions affected mostly middle-income people. In addition, the creation of the Canada Health and Social Transfer in 1995 involved an important cut of $7 billion in federal transfer payments to provincial governments for health care and post-secondary education (Yalnizyan, 1998:56). These cutbacks affected the middle class that neither benefited from the government transfer payments as the lower and working classes did, nor had the means of the upper class.

Thus, we agree with the proponents of universality when they contend that the exclusion of the middle class as a client of social programs would lead to a social disintegration, to a lack of common interests and of a shared experience. This may be the reason that the middle class showed a support for government role in health care as nearly high as that of the lower and working classes; moreover, given the way it was shrinking in

Canada, the middle class may have felt it shared a common experience with the lower and working classes.

At this point of the analysis, it is still too soon to confirm or disconfirm the hypotheses we elaborated in Chapter 2, as we have not yet tested for the control variables at the multivariate analysis stage. In the next section, we will proceed with the correlation analysis. Correlations are designed to measure the strength and the direction of a linear relationship between two continuous variables.

GOVERNMENT ROLE IN HEALTH CARE BY SEX, REGION, REGROUPED CLASSES, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, AND REGROUPED AGE: CORRELATION ANALYSIS

With the crosstabulation procedure, we learned that public support for government intervention in health care was not equally advocated by all Canadian regions and that the lower, working and middle classes showed a higher support for government role in health care than the upper class. In this section, we will test the association between the dependent variable index government role in health care and some significant independent variables.

What type of associations can we expect to find? Is the support for government role in health care influenced by gender? Are women more supportive of government intervention in health care than men? Would the support for government role in health care increase with the years of schooling or would it decrease? Is there a negative or a positive correlation between the variables government role in health care and regrouped age?

Correlations between the dependent variable and some independent variables

This section will begin with some correlations between the dependent variable *government role in health care* and certain independent variables. It should be remembered here that the variables have already been coded as follows in Chapter 3, Table 3.4:

Variables	Codes
Sex	1 for male, 2 for female
Region 2	1 for Québec and 2 for rest of Canada
Regrouped social class	1 to 3, with 1 for the lower and working classes and 3 for the upper class
Regrouped years of schooling	1 to 4, with 1 for 12 years of schooling and less, and 4 for 19 years of schooling and more
Regrouped earnings	1 to 4, with 1 for less than $19,999, and 4 for $60,000 to 80,000
Regrouped age	1 to 4, with 1 for 18 to 29 years, and 4 for 61 years and over

Using Table 4.8, we will first interpret the correlations that are significant at a .01 level and then the ones that are not significant. Thus, we find that:

- Females' support for government role in health care is higher than that of males (r=.19); this is a moderate correlation.
- Respondents from rest of Canada demonstrated a higher support for government role in health care than respondents from Québec region (r=.09); this is a weak correlation.
- People from the lower and working classes exhibited a high support for government role in health care (r=-.18); this is a moderate correlation.
- The lower the level of education, the higher the support for government role in health care

  (r=-.11); this is a moderate correlation.
- People with lower income displayed a higher support for government role in health care (r=-.16); this is a moderate correlation.

We notice from Table 4.8 that the correlation between government role in health care and regrouped age was not significant. Thus, age has no impact on support for government role in health care.

TABLE 4.8

PEARSON'S CORRELATION COEFFICIENTS AMONG ALL THE VARIABLES IN THE MODEL – CANADA, 1996

		Government role health care	R: sex	1= Quebec 2=ROC	Regrouped classes	Regrouped years of school	Regrouped earnings	Regrouped age
Government role health care	Pearson	1	.189**	.089**	-.182**	-.114**	-.160**	.023
	Sig.	.	.000	.002	.000	.000	.000	.423
	N	1194	1183	1194	1142	1194	1177	1194
R: sex	Pearson	.189**	1	.000	-.182**	-.133**	-.304**	.033
	Sig.	.000	.	.994	.000	.000	.000	.254
	N	1183	1226	1226	1172	1226	1210	1226
1= Quebec 2=ROC	Pearson	.089**	.000	1	.001	-.084**	.025	.033
	Sig.	.002	.994	.	.975	.003	.374	.246
	N	1194	1226	1239	1183	1239	1221	1239
Regrouped classes	Pearson	-.182**	-.182**	.001	1	.266**	.702**	.213**
	Sig.	.000	.000	.975	.	.000	.000	.000
	N	1142	1172	1183	1183	1183	1177	1183
Regrouped years of school	Pearson	-.114**	-.133**	-.084**	.266**	1	.296**	-.049
	Sig.	.000	.000	.003	.000	.	.000	.083
	N	1194	1226	1239	1183	1239	1221	1239
Regrouped earnings	Pearson	-.160**	-.304**	.025	.702**	.296**	1	.214**
	Sig.	.000	.000	.374	.000	.000	.	.000
	N	1177	1210	1221	1177	1221	1221	1221
Regrouped age	Pearson	.023	.033	.033	.213**	-.049	.214**	1
	Sig.	.423	.254	.246	.000	.083	.000	.
	N	1194	1226	1239	1183	1239	1221	1239

**. Correlation is significant at the 0.01 level (2-tailed).

Source: *1996 ISSP Survey*

Correlations between independent variables

Still from Table 4.8 we observe that:

- More female respondents than males respondents come from the lower class (r=-.18), have a lower level of education than that of male respondents (r=-.13) and earn less than male respondents do (r=-.30); these correlations are moderate.
- Québec's respondents have a lower level of education than that of respondents from rest of Canada (r=-.084); this is a weak correlation.
- Respondents from a higher social class possess a high level of education (r=.27), earn a higher income (r=.70), and are older (r=.21). The correlation between regrouped classes and regrouped earnings is very strong.
- Respondents with a higher level of education have a higher income (r=.30); this is a moderate correlation.
- Finally, as people grow older they earn more money (r=.21); this is a moderate correlation.

The other correlations in the table, between sex and region, sex and regrouped age, region and social class, region and regrouped earnings, region and regrouped age, level of education and regrouped age were not significant.

In summary, the results of the correlation analysis show that out of six possible correlations between the dependent variable *government role in health care* and the independent variables, five correlations were significant at a level of .01. Females' support for government role in health care is higher than males'. The lower and working classes have the highest support for government role in health care. Respondents from rest of Canada have a support for government role in health care higher than respondents from Québec region. People with a low level of education demonstrated the highest support for government role in health care, and so did people with low incomes.

In the next section, we will use regression, a more advanced technique, to predict the best model, that is, the independent variables that are the strongest predictors of the dependent variable government role in health care. In this technique, associations between variables will be measured by a coefficient called Pearson r.

GOVERNMENT ROLE IN HEALTH CARE BY SEX, REGION, REGROUPED CLASSES, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, AND REGROUPED AGE: REGRESSION ANALYSIS

To have a broader perspective of our study, we need to test for the influence of other factors on the dependent variable *government role in health care*, such as region, regrouped classes, sex, regrouped years of schooling, regrouped earnings and regrouped age. This is the task of the regression analysis, which will be the subject of this section. We will first present the conclusions of Ornstein's and Stevenson's results, followed by the analysis of the *1996 ISSP survey*.

Conclusions of Ornstein's and Stevenson's study

In their study, these authors used the regression technique combining regional, social class and socio-demographic variables in the impact on the dependent variable "government effort for health and medical care". With regard to region and social class, the authors acknowledged that there were concentrations of farms owners in the Prairie or of industrial workers in Ontario; however, they did not find a combined effect of classes and regions on the dependent variable "government effort for health and medical care". Using the regression technique, they justified the above result in this way:

> "In order to demonstrate that the effects of regions and class are independent it suffices to compare the sum of the variances explained by regions and class alone with the variances explained when the measures of the political ideology are regressed on regions and class concurrently. If their effects are entirely independent, the sum of the variances explained by regions and class individually will equal the variance explained by regions added to class; on the contrary, if the consequence of regions is totally

brought to class differences between regions, or vice-versa, the joint variance will equal the larger of the variances explained by regions and class individually." (Ornstein and Stevenson, 1999:230)

We think that while it was not wrong to explain the independent effects of both region and social class on the dependent variable by using their individual explained variances, the authors might have used the ANOVA technique to do a more sophisticated and precise analysis, as we will show in the next section.

As for the effects of the socio-demographic variables, the authors found that as people aged, their support for social programs decreased; there was no gender impact on support for social programs, although there was a preconceived idea that women were encouraging welfare state programs more than men. Finally, respondents with a higher education and a higher income showed a low level of support for social programs (Ornstein and Stevenson, 1999:229-39).

Analysis of the *1996 ISSP Survey*: Role of government

Each technique has its own purpose; for example, "the calculations underlying a regression equation are designed to find a formula which best approximates the linear relationship between two or more variables". In addition, it "opens up another advantage by creating a statistic that indicates the degree of change in the dependent variable that is associated with a one-unit change in the independent variable" (Sweet, 1999:108).

We will resort to the regression technique using both the stepwise and the enter methods. However, before doing so, we need to recode the variable *region* into two categories otherwise the regression analysis would not be justifiable for a nominal variable with more than two categories. We isolated Québec from the rest of the five regions and consequently ended up with two categories. The region of Québec would become category

1 and the regions of the Prairie, the Atlantic, Alberta, Ontario and British Columbia would form category 2, named rest of Canada (ROC).

Table 4.9 A ANOVA demonstrates that the best model of the multiple regressions is model number 3. The variables sex, social class and Québec/ROC were the strongest predictors of government role in health care, and the regression is statistically significant F (3, 1122)=24,750, MSE=1.249, P<.001.

TABLE 4.9 A

REGRESSION OF GOVERNMENT ROLE IN HEALTH CARE ON QUEBEC/ROC, REGROUPED CLASSES, SEX, REGROUPED YEARS OF SCHOOLING, REGROUPED AGE AND REGROUPED EARNINGS – CANADA, 1996

TABLE 4.9 A ANOVA[d]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9.413	1	9.413	7.123	.008[a]
	Residual	1485.441	1124	1.321		
	Total	1494.853	1125			
2	Regression	60.061	2	30.031	23.507	.000[b]
	Residual	1434.792	1123	1.278		
	Total	1494.853	1125			
3	Regression	92.777	3	30.926	24.750	.000[c]
	Residual	1402.077	1122	1.249		
	Total	1494.853	1125			

a. Predictors: (Constant), 1= Quebec 2=Rest of Canada

b. Predictors: (Constant), 1= Quebec 2=Rest of Canada, Regrouped classes

c. Predictors: (Constant), 1= Quebec 2=Rest of Canada, Regrouped classes, R: sex

d. Dependent Variable: Government role in health care

Source: *1996 ISSP Survey*

The regression analysis confirmed that the independent variables *regrouped classes* and *Québec/rest of Canada* were the predictors of the dependent index variable *government*

role in health care. Consequently, we cannot at this stage confirm hypothesis 1b, that the Prairie region will show a high support for government role in health care based on Ornstein's and Stevenson's 1977-81 study and on the review of *Agrarian Socialism* and *Doctors' Strike* conducted in Chapter 1. In addition, the regression results disconfirmed hypothesis 1a, that Québec region will demonstrate a higher support for government role in health care than the rest of Canada.

However, we were able to confirm hypothesis 2a, that the lower and working classes will be more approving of public support for government intervention in health care than the middle class, based on the Marxist theory of social class elaborated in Chapter 2.

Similarly, we confirmed hypothesis 2b, that the middle class will be as much approving of public support for government intervention in health care as the lower and working classes based on the exclusion of the middle class from universal social programs principle elaborated in Chapter 1. In addition to the two predictors regrouped classes and region, there is a third variable, *sex*, which is the strongest predictor of *government role in health care*. We will elaborate on this variable in the fourth section with the ANOVA procedure.

The coefficients Table 4.9 B provides us with two types of information. The first type, found in the *B* column of Unstandardized Coefficients, enables us to: a) formulate the regression equation; for example, using model number 3 the regression equation would be:

Y=6.74+ .35 SEX -.27 REGROUPED CLASSES +.20 QUEBEC/ROC

and b) provide indications on the direction and the strength of the associations. Thus,

- The impact of sex on government role in health care is positive and has a slope of .35. Because *sex* has two categories, we can predict that, for example, for every one unit

increase in the respondent's gender, (i.e., as we shift from males to females) we can expect a .35 increase in support for *the government role in health care*.

- Conversely, the impact of regrouped classes on government role in health care is negative. Thus, the lower and working classes showed a high support for government role in health care. The magnitude of the regression coefficients is moderate. In this case, we can make the following prediction: for one unit increase of a respondent from the *lower* to *middle* to *upper classes*, there will be a .27 decrease in the support for *government role in health care*.
- Lastly, the variable region 2a was positively related to the *government role in health care*. We can predict that, for the categories comprising Québec region (code 1) and rest of Canada (code 2), as one shifts from Québec to ROC, there will be an increase of .20 in the support for government role in health care. This shows that rest of Canada has a higher support for government role in health care than Québec region.

The second type of information, found in the Standardized Coefficients column, indicates the relative weight each independent variable has on the dependent variable. Thus, if we refer to Table 4.9 B, we see that the variable *sex* with a *Beta* coefficient equal to .15 has the strongest weight on the dependent variable, closely followed by *regrouped classes* with -.16 and finally by *region* (Québec/rest of Canada) with .08.

Finally, the percentage of variance explained provides additional information on the variability. We see that:

- The independent variable *sex* explained 3.5 per cent of the variability of the dependent variable *government role in health care*;

TABLE 4.9 B

REGRESSION OF GOVERNMENT ROLE IN HEALTH CARE ON QUEBEC/ROC, REGROUPED CLASSES, SEX, REGROUPED YEARS OF SCHOOLING, REGROUPED AGE AND REGROUPED EARNINGS – CANADA, 1996

TABLE 4.9 B COEFFICIENTS[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.807	.141		48.149	.000
	1= Quebec 2=Rest of Canada	.210	.079	.079	2.669	.008
2	(Constant)	7.339	.163		45.110	.000
	1= Quebec 2=Rest of Canada	.206	.077	.078	2.666	.008
	Regrouped classes	-.321	.051	-.184	-6.297	.000
3	(Constant)	6.743	.199		33.932	.000
	1= Quebec 2=Rest of Canada	.203	.076	.077	2.660	.008
	Regrouped classes	-.274	.051	-.157	-5.345	.000
	R: Sex	.347	.068	.150	5.117	.000

a. Dependent Variable: Government role in health care

Source: *1996 ISSP Survey*

- The independent variable *regrouped classes* explained 3.2 per cent of the variability; and
- The independent variable *region* explained 1.4 per cent of the variability as seen earlier.

The independent variables sex, *social class* and *region* explained only 8 per cent of the variability of the dependent variable *government role in health care*. Much research is needed on the unexplained 92 per cent variability in government role in health care.

However, it is well known in the social sciences that a phenomenon cannot always be explained in its entirety.

So far, the regression informed us that sex, regrouped classes and region (Quebec/ROC) were the strongest predictors of government role in health care. In addition, it informed us that there were gender, social class, and region differences regarding public support for government intervention in health care. If we want to find where these differences reside and what their magnitude is, we need to use the analysis of variance technique ANOVA, which yields different results from those of the ANOVA of the regression. The analysis of variance uses post-hoc tests, which informs us about the differences in support for the government role in health care across the regions and among the classes, as well as about their statistical significances.

The preceding analysis used the index variable *government role in health care.* However, at the oral defence the same member of the Thesis Committee requested that we look at one variable instead of using the index variable. When we used the variable *government spending health* as the dependent variable for the regression analysis, we obtained the results below. See Appendix C, Tables 4.1 U and 4.2 U.

The independent variable regrouped classes is the **only** predictor of the dependent variable government spending in health. Neither the independent variables region nor gender is a predictor of the dependent variable government spending in health. We therefore produced a regression analysis for the second component of our index variable government role in health care, *government responsibility to provide health care for the sick* (results in Appendix C, Tables, 4.1 V and 4.2 V). We were not surprised to find out that, in addition to regrouped classes, both the independent variables gender and region are

indeed predictors of the dependent variable *government responsibility to provide health care for the sick.* The intellectual debate arising from the member's request yields a valuable lesson. Here, for example we learned that there was dissent among Canadians in their support for *government spending in health* and for *government responsibility to provide health care for the sick.* Thus, people from the Prairie, in majority living in rural communities, were more concerned with health care services for their sick people. Albertans had their fair share of trials with the Klein's government and its policies of health care system privatization. Can they obtain health care services should they become sick? Women demonstrated the highest support for *government responsibility to provide health care for the sick.* Either at home with their children and aging parents, or at work in the health care system, women know the importance of providing health care for the sick. Society has imposed on them this burdensome task, while men have always distanced themselves from it.

We decided to use some of the 1977-81 results of Ornstein's and Stevenson's survey and compare them with the 1996 ISSP survey to find out what has changed in Canada, particularly in the health and medical care and in the education systems. In Ornstein's and Stevenson's survey, the variables region and gender were not predictors of the dependent variable government effort for health and medical care. Twenty years later, these variables were predictors of the dependent variable government role in health care. Had we used only one component of the index variable, government role in health care, that is, *government spending health,* we would have missed very important information. This information is the discovery of how two decades of welfare state retrenchment in the health care system changed the Canadian public value system since the first survey. Thus, to few

Canadians, it was important that the government spend in health, but to the majority of Canadians, it was crucial that the government be responsible to provide health care for the sick.

GOVERNMENT ROLE IN HEALTH CARE BY REGROUPED CLASSES, REGION AND SEX: MULTIVARIATE ANALYSIS ANOVA

The ANOVA procedure enables us to determine the differences among the variables sub-groups. More specifically, it permits us by means of post-hoc tests to identify the differences within one or more variables with more than two categories. Taking the example of the variable *regrouped classes* with three categories, we may find a difference in support for the government role in health care between the lower class and the upper class, but not necessarily between the middle class and the upper class. We can apply this principle to the variable region and to the interaction between both variables. This kind of information and nuance, the ANOVA of regression cannot provide.

Table 4.10 ANOVA is a product of an output from the Statistica software (see Appendix C Statistica). The table summarizes the results of the effects of the independent variables *sex*, *regrouped classes* and *region* and the interactions of *regrouped classes* and *regions* on the dependent variable *government role in health care*.

- We notice a difference in support for government role in health care between females and males and ANOVA is statistically significant $F(1, 1041)=10.74$, MSE=1.30 $P<.001$.
- The difference in support for government role in health care among the classes is also significant $P<.01$

TABLE 4.10 ANOVA**

EFFECT OF SEX, CLASS, INTERACTIONS OF REGROUPED CLASSES AND REGIONS ON GOVERNMENT ROLE IN HEALTH CARE – CANADA, 1996

Tests of Between-Subjects Effects

Variables	DF Effect	MS Effect	DF Error	MS Error	F	P
Sex	1*	14.00367	1041	1.304349	10.73614	.001085*
Regions	5	2,58079	1041	1.304349	1,97861	.079286
Class	2*	16,01844	1041	1.304349	12,28079	.000005*
Sex-Regions	5	1,56359	1041	1.304349	1,19875	.307664
Sex-Class	2	.72512	1041	1.304349	.55592	.573713
Regions/Classes	10*	2.72477	1041	1.304349	2.08899	.022813*
Sex/Regions/Classes	10	1,94163	1041	1.304349	1,48858	.138116

Source: *1996 ISSP Survey*

*Effects and interactions are significant

**It should be noted here that all Statistica outputs were produced by Ms. Isabelle Ghontier who owns the Statistica software.

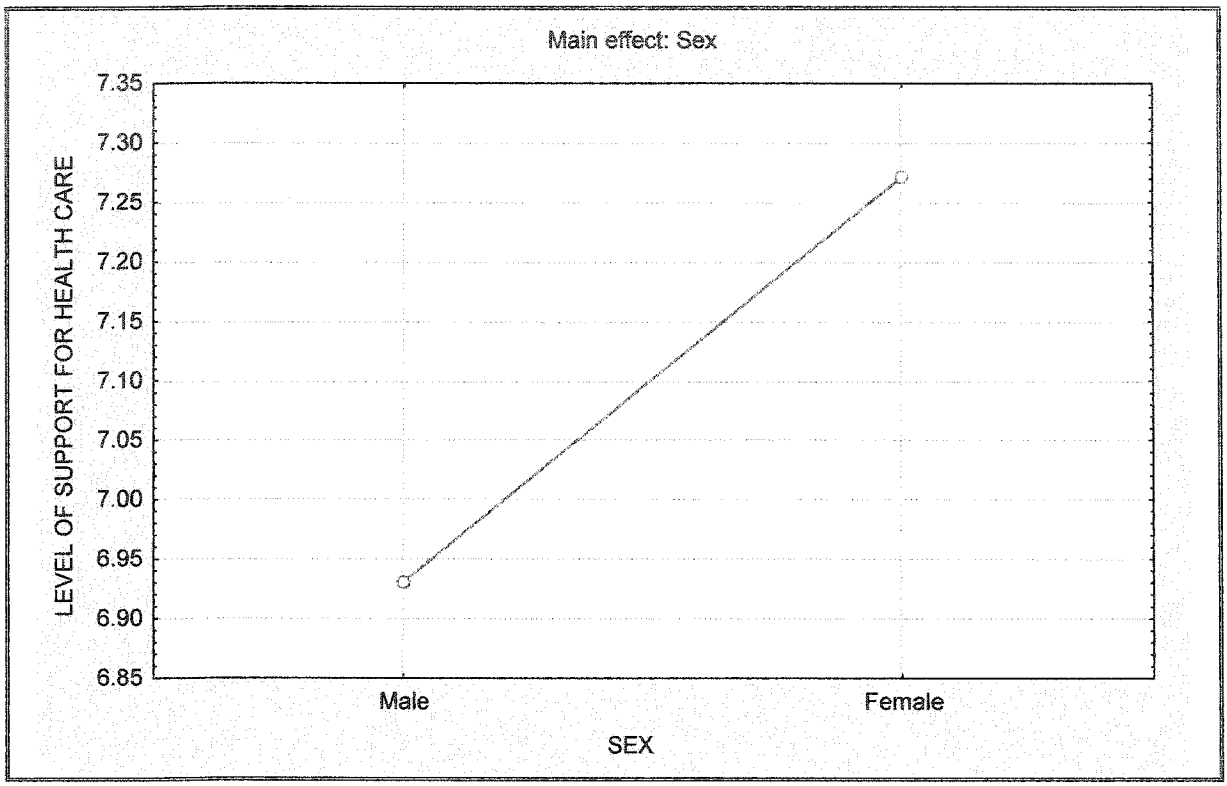
- The difference in support for government role in health care across the regions is not significant P=.08. This means that the differences in support for government role in health care between the Prairie and Alberta, Alberta and British Columbia, Ontario and Quebec are too small to be significant.
- However, the interaction between *regrouped classes* and *region* is significant P<.05.

In the next paragraph, we will elaborate on the effect of *sex* on *government role in health care*.

Graph 4.1 illustrates very well the difference in support for the government role in health care between males and females. Thus, female level of support is 7.30 compared to male level of support of only 6.90. The difference of .40 between the two sexes is significant and deserves some explanations.

GRAPH 4.1

EFFECT OF SEX ON GOVERNMENT ROLE IN HEALTH CARE CANADA, 1996



Source: *1996 ISSP Survey*

In Chapter 2, we postulated that the post-materialist theory might explain gender differences in public support for government intervention in health care. Thus, Nevitte discovered that the Canadian women movement started its battle against the society patriarchal structures at the beginning of the 80s. Through research, women groups demonstrated that divorce laws were discriminatory; there were gender biases in the health care system, and more women were living in poverty. Strong advocacy and campaigning from the women's movement brought about changes to their lives. Hence, in 1982 the women's rights were recognized in the Canadian Charter of Rights and Freedoms (Nevitte, 1996:5). A survey on World Values conducted in 1990 asked people if they can tell

whether they "approve strongly, approve, disapprove, disapprove strongly, or don't know" about "a number of groups and movements looking for public support". Results indicated that 36.7 per cent of Canadian respondents approved strongly the Women' s Rights Movement and that 6.6 per cent of Canadian respondents belonged to the Movement (Nevitte, 1996: 85-86). This information reinforces the fact that if the Women' s Rights Movement was very popular, there were still inequities women had to overcome. For example, in the health care system, most of females' employment is low paid compared to that of males; this is one of the reasons that women have a higher level of support than men for government intervention in health care, as illustrated by Graph 4.1.

In her article "A Feminist Perspective on the Vertical Mosaic", Pat Armstrong argued that women's effort to alter their conditions of work was possible once they joined unions and women's groups. The state became involved in the bettering of women's work conditions through the Royal Commission on the Status of Women, 1979 and the Royal Commission on Equality in Employment, 1984. Although this state's involvement in women's groups opened new horizons to women, it nevertheless did not realize sameness among women or between genders (Armstrong, 1998:127-8).

The following quotation by Norene Pupo (quoted by Armstrong, 1998:128) portrays the state as critical to women's progress.

> *Perhaps within women's cultural and historical tradition, the welfare state may be representative of empowerment, struggle, resistance, and change much like the trade union within the working-class male cultural and historical tradition. While it would be inaccurate to over-emphasize the possibility of empowerment and change through welfare state politics, especially in light of the nature of the state under capitalism, it is important to highlight women resistance and participation in the struggle for equity and justice.*

Women's struggle for justice and equity brought a betterment of their situation, made possible with the state's intervention. However, when the state retrenches from its social

responsibilities, women and their dependents are the first victims. In her article "Social justice, social citizenship, and the welfare state", Julia O'Connor explained how the cutbacks in social programs, such as family allowances and subsidized childcare, have an unequal bearing on women (O'Connor, 1998:210). Hence, women who depend on daycare in order to secure employment, and women who work in public sectors experiencing privatization (health care and education) see their citizenship rights jeopardized.

Through the literature on women we reviewed, we gathered that the Canadian government played an important role in bettering the lives of women, and their high support for government role in health care is a demonstration of their continuous struggle for a better life. This high support for government role in health care is also an indication that the cutbacks and the privatization of the 1990s had a negative impact on the health care system in general and on women in particular as its main consumers and service providers.

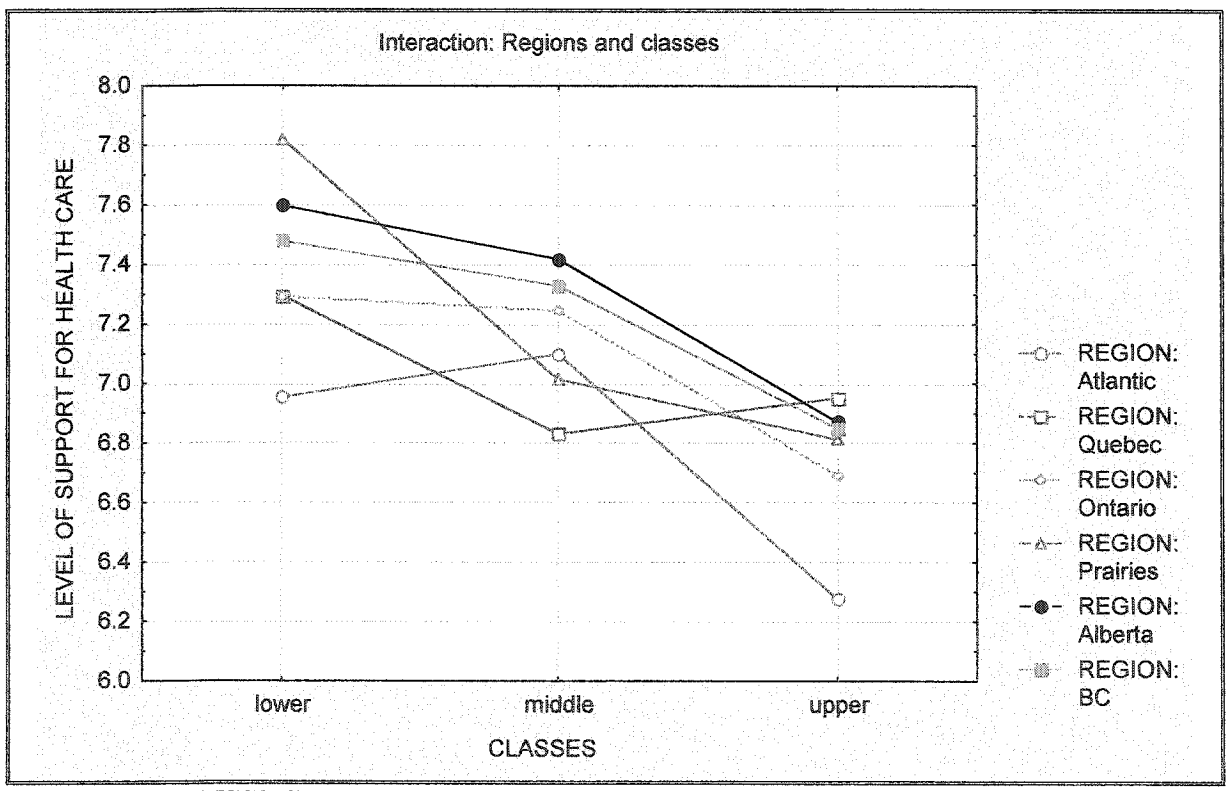
Going back to Table 4.10, we see an interaction effect of the independent variables *regrouped classes* and *region* on the dependent variable *government role in health care*. The interaction effect means that the main effect of *regrouped classes* was modified by the effect of *region*. The ANOVA indicates that the difference in support for the government role in health care among the three social classes and across the six regions is statistically significant and that $F(10, 1041)=2.09$, $\underline{MSE}=1.30$, $P<.01$.

Graph 4.2 illustrates the combined effects of the independent variables *regrouped classes* and *region* on the dependent variable *government role in health care*. In examining the graph, the first think that captures the eye is the spread of the government role in health care from the lower and working classes on one side and the cluster around the upper class, with the exception of Atlantic Canada on the other side. More precisely,

- The lower and working classes support for government role in health care varies from 6.9 for the Atlantic to 7.8 for the Prairie. The difference of .90 (7.8-6.90) demonstrates that there is some degree of heterogeneity within the lower and working classes and among the regions in support for the government role in health care.

GRAPH 4.2

INTERACTIONS OF REGROUPED CLASSES AND REGIONS ON GOVERNMENT ROLE IN HEALTH CARE – CANADA, 1996



Source: *1996 ISSP Survey*

- The middle class highest support for government role in health care is found in Alberta at 7.4 and its lowest support for government role in health care is found in Québec at 6.8. The difference in the level of support (7.4-6.8) .60 is smaller than that of the lower and working classes. Thus, the degree of variability in the middle class is smaller.

- The upper class displays a quite different pattern: all the regions were clustered around the points 6.9-6.2, Québec showing the highest support for government role in health care, and Atlantic Canada the lowest level of support. The difference of .70 (6.9-6.2) permits us to state that there is more regional variability in support for the government role in health care within the upper class.

From the findings of this analysis, we can deduce that the differences in support for government role in health care are more important among the different levels of class than among the different regions. However, in Alberta both the lower and the working classes and the middle class showed a high support for government role in health care, a support triggered by Ralph Klein's policies of privatization and marketization of the public health care system.

In Chapter 2, we presented some theoretical frameworks on regionalism such as Hiller's region/class debate. Some theorists explain regionalism by the simple physical differences among regions. Thus, the Prairie region would differ from the Ontario region by its geographical location. We tested this theory with government role in health care by region and found that the variable region explained only 1.4 per cent of the variability of government role in health care. Other theorists propose another explanation of regionalism whereby the struggle between the classes is the determinant of regional differences. We also tested this theory with government role in health care by social class and found out that the variable social class explained 3.2 per cent of the variability of government role in health care. At that stage of our analysis, we concluded that the variable social class had a greater impact on government role in health care than the variable region.

With the ANOVA analysis, we discovered an interaction of regrouped classes and regions with government role in health care. There is an interaction when the main effect of regrouped classes is modified by the effect of regions. If we return to the authors' theory on the debate over region/class to explain regionalism, we conclude that while the variable social class had a greater impact on government role in health care, the class struggle about government intervention in health care was regionally located. Thus, the lower and working classes demonstrated a high support for government role in health care in the Prairie and Alberta; conversely, the upper class showed a low support for government role in health care in Ontario and the Atlantic.

Discussion

We used three statistical techniques to answer the two questions: (1) Are some regions more or less likely to display a high level of support for state responsibility for health care or is state responsibility for health care equally advocated by all Canada's regions? taking into account hypotheses 1a and 1b and, (2) Are the working and lower classes more favourable than the middle class to government intervention in health care or is it the reverse? taking into account hypotheses 2a and 2b.

- At the first stage, the crosstabulation procedure provided two statistics, the Chi square and measures of association. It would have been premature to confirm or disconfirm our hypotheses at the crosstabulation stage, as we needed to test for control variables at the multivariate level. However, we presented explanations for Quebec region's lower support for government role in health care in 1996 compared to what we expected it to be and for the Prairie' higher support for government role in health care, based on the

theories elaborated in Chapter 2. We proceeded in the same way with the analysis of government role in health care by social class.

- In the second stage of our analysis we used the correlation technique, which proved more powerful than the first one. It takes into account the direction and the strength of the association between two variables at the ordinal and interval/ratio levels. Nominal variables should be dichotomized. Five correlations were significant at a level of .01. Females' support for government role in health care was higher than males'. The lower and working classes had the highest support for government role in health care. Respondents from rest of Canada showed a higher support for government role in health care than respondents from Québec region. People with a low level of education demonstrated the highest support for government role in health care, and so did people with low incomes.

- With the regression method in the third step, we moved to a more informative tool on different items related to the impact the independent variables would have on the dependent variable government role in health care. Thus, we built the best model with the independent variables sex, regrouped classes and Quebec/rest of Canada as the strongest predictors of government role in health care. Once we formulated the equation, we made some predictions for the variables sex, regrouped classes and Quebec/rest of Canada. In addition, we reported each independent variable weight on *government role in health care.* Finally, the percentage of variance explained supplemented the information that the independent variables sex, regrouped classes and Quebec/rest of Canada explained 8 per cent of the variability of government role in health care. At the regression analysis, we noticed that the independent variable sex

was the strongest predictor of government role in health care; this was an important discovery because we are proceeding to a comparative analysis with Ornstein's and Stevenson's 1977-81 study where gender had no impact on 'government effort for health and medical care'. We will elaborate on the changes that happened in Canada since the first survey of Ornstein and Stevenson later in this section.

- In addition to the variable sex, the variables regrouped classes and Quebec/rest of Canada, were the two other predictors of government role in health care. Therefore, we confirmed hypothesis 2a, that the lower and working classes would show a higher support for government role in health care than the middle class and hypothesis 2b, that the middle class would be as favourable to government intervention in health care as the lower and working classes. At this stage and because the variable region was dichotomized Quebec/rest of Canada, we disconfirmed hypothesis 1a, that Québec region will demonstrate a higher support for government role in health care than the rest of Canada. However, we could not confirm hypothesis 1b, that public support for government intervention in health care will be high in the Prairie region.
- At the final stage of our analysis, we looked for the most significant predictors of government role in health care. Could we base our predictions on the Regression results and conclude that sex, regrouped classes and region were the most significant predictors of the government role in health care? It was not possible to do so, for the Regression technique did not take into account the differences among the variables sub-groups and their level of significance, nor did it account for the interactions between variables sub-groups as the ANOVA procedure did. It should be noted that regression considers interactions if researchers include them as predictors. However, regression

accepts nominal variables with only two categories, which makes the ANOVA procedure a superior statistical technique in complex research projects. For example, while differences between males and females in support for government role in health care were significant, differences across regions were not significant, whereas differences in support for government role in health care were significant for the interaction of regrouped classes and regions. Moreover, with the Regression analysis the variable region (Atlantic, Québec, Ontario, Prairie, Alberta, and British Columbia) needed to be dichotomized, which imposes some limits on our results at the Regression stage. Thus, it was only when we completed our last multivariate analysis with ANOVA that we have been able to confirm hypothesis 1b, that public support for state intervention in health care is expected to be high in the Prairie. In addition, we confirmed that the independent variable sex (female), and the interactions of the independent variables social class, (lower and working classes) and regions (Prairie and Alberta) were the only predictors of *government role in health care*.

After analysing the information of both surveys, we shall now summarize the developments that occurred in the Canadian society regarding public support for the government intervention in health care. Starting with the regional analysis, we note that since Ornstein's and Stevenson's study in 1977-1981, the only surprising change was Québec region's not so high support for government role in health care in 1996 compared to what we expected it to be. We explained this finding by the plausible impact the failure of the 1995 Referendum had on Quebeckers' support for government intervention in health care. Alberta demonstrated a high support for government role in health care in 1996 because of the two-tier health care system implemented by Premier Ralph Klein. Focusing on the social class analysis, we discovered interesting changes since the first survey by

Ornstein and Stevenson. First, we learned from Yalnizyan that the middle class started to shrink from 1986 because of the changes that occurred in the labour market. Second, when the Conservatives were in office in the 90s, they dismantled two universal social programs, Family Allowances and Old Age Pensions. Third, some provinces such as Alberta and Ontario took the initiative of implementing a two-tier health care system. These events had an adverse impact on the middle class, which in turn demonstrated a high support for government role in health care in Alberta. By the end of 1996, the hegemonic order Ornstein and Stevenson found in the 80s did no longer exist. Thus, the state was governing by coercion instead of consent in a two-class society, the rich and the poor with a weak middle class in between.

Contrary to Ornstein and Stevenson who did not find a combined effect of social classes and regions on the "government effort for health and medical care", we did find in our study interactions between social classes and regions on government role in health care in 1996. These results were not surprising since the health care system was strong during the '80s, and the size of the middle class relatively normal. However, during the '90s the rapid dismantlement of social programs and the changes in the labour market resulted in a smaller middle class, weakened by the downsizing of the health care system. Consequently, public support for government intervention in health care was more pronounced in some regions such as the Prairie and Alberta, and more agreed upon by the lower, working and middle classes.

While the independent variables age, education and earnings had a negative impact on the dependent variable 'government effort for health and medical care' in Ornstein's and Stevenson's study, in ours the regression analysis results confirmed that these same independent variables had no effect on the dependent variable *government role in health*

care. The independent variables sex, regrouped classes and Québec/ROC were the most relevant to the variable *government role in health care.*

Respondents of the 1980s were more conservative and better off. Thus, older people, persons with a higher education and a higher income demonstrated a lower level of support for government effort for health and medical care, which was at only 49 per cent in the 1980s. Since then, Canada took economical and financial measures that led to the privatization and the downsizing of health care services. It was therefore not surprising to find out that the level of public support for health care in Canada reached 74 per cent in 1996, an increase of 25 per cent within nineteen years. If factors such as age, education level and earnings were irrelevant to justify this high support for government role in health care, elements such as sex and combined effects of social classes and region were much pertinent to its validation. We have already discussed the combined effects of social classes and regions in an earlier section.

Thus, in Ornstein's and Stevenson's study, *gender* had no effect on the "government effort for health and medical care". At the time the first survey was underway, the state was not yet involved in the betterment of women's lives as it became later in 1986 with the *Employment Equity Act.* As soon as the state showed its commitment to women's issues, they felt empowered and started the struggle in their private and public lives. But the struggle was going to be long and difficult; the employment equity legislation for example guaranteed employment to a great number of women, but not better employment. Most of female jobs provided part-time employment, with limited fringe benefits and no opportunity of career advancement. Women who occupied senior and managerial positions still represented a minority, and in 1997 their salaries reached only 72.5 per cent of their male colleagues' (Hiller, 2002:99). In the service industries of health and education, there

was a concentration of women and consequently a higher number of low-paying jobs. The high support for government role in health care on the part of Canadian women is a demonstration that women have suffered more than men from the cutbacks and the downsizing in the health care system.

The data analysis results enabled us to confirm hypothesis 1b, that the Prairie region would show a high support for government role in health care, based on Ornstein's and Stevenson's study and on the review of *Agrarian Socialism* and *Doctors' Strike*. However, we disconfirmed hypothesis 1a, that Québec region would demonstrate a higher support for government role in health care than the rest of Canada.

Similarly, we confirmed hypothesis 2a that the middle class is as favourable to the government intervention in health care as the lower class, based on the theory of universality. As well, we have confirmed hypothesis 2b, that the lower and the working classes are more favourable than the middle class to government intervention in health care, based on the Marxist theory of social class.

In addition to confirming or disconfirming our hypotheses, we have discovered new elements by comparing our results to Ornstein's and Stevenson's.

- First, the way regionalism has been explained so far in the Canadian literature needs to be revised. The fact that the Prairie region came first in both surveys for government effort for health and medical care or government role in health care cannot be a mere consequence of a class struggle between the capitalist class and the farmers/labourers class; it is also the result of its physical location, its unique climate and its population in majority rural. In Alberta region, people from the lower, working and middle classes resisted the right wing government of Ralph Klein and its cutbacks to the public health

care system. In Ontario region, the same classes did not oppose as much resistance to the right wing government of Mike Harris, that region having a history of conservative governments. Finally, the failure of the 1995 referendum in Québec may have affected Quebeckers' level of support for government intervention in health care in 1996, which did not prove to be the highest as expected. In summary, regions have their own history, physical setting, culture and ideology that distinguish them from each other. Hence, considering the debate over regionalism (Hiller, 2000:138), that is, whether regionalism should be explained by the class struggle theory or by the region physical location theory, we think the debate should go beyond theses simplistic dichotomist theories. In the complex Canadian society, the explanation of regionalism should be a combination of factors such as the class struggle, the region physical location and the region political, historical and cultural characteristics.

- Second, the middle class plays an important part in maintaining social programs, and as the class shrinks, so do social programs. Hence, the capitalist class has no interest in maintaining social programs, as they would jeopardize its profit making. On the other hand, the lower and working classes have an interest in maintaining social programs; however, they lack the political influence the middle class has at election time.

The changes that happened to the Canadian society since 1981 are well summarized by a radical author:

> Such measures imperil the social rights of Canadians, because the welfare state provides important benefits and assure some form of redistribution of income to pay for these benefits. The transformation of federal social benefits and new funding arrangements for shared programs increases competition between universal "middle-class" programs such as health and education, and those programs directly targeted at the poor, leading to a break-down in the social an political consensus surrounding the welfare state (Maioni, 1997:183)

In the next chapter, we will analyze public support for state intervention in education.

APPENDIX C

SPSS AND STATISTICA OUTPUTS FOR CHAPTER 4

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 A Government role in health care * Canada Regions Crosstabulation

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	Britich Columbia	Total
Government role in health care	2	Count	1						1
		% within Canada Regions	.9%						.1%
	3	Count	3	2			1	1	7
		% within Canada Regions	2.7%	.6%			1.0%	.7%	.6%
	4	Count	2	6	4			1	13
		% within Canada Regions	1.8%	1.9%	.9%			.7%	1.1%
	5	Count	8	17	15	3	5	6	54
		% within Canada Regions	7.3%	5.5%	3.4%	3.5%	5.1%	4.0%	4.5%
	6	Count	25	69	96	15	18	23	246
		% within Canada Regions	22.7%	22.4%	21.8%	17.4%	18.4%	15.2%	20.6%
	7	Count	29	111	136	25	23	52	376
		% within Canada Regions	26.4%	36.0%	30.9%	29.1%	23.5%	34.4%	31.5%
	8	Count	30	78	147	29	31	41	356
		% within Canada Regions	27.3%	25.3%	33.4%	33.7%	31.6%	27.2%	29.8%
	9	Count	12	25	42	14	20	27	140
		% within Canada Regions	10.9%	8.1%	9.5%	16.3%	20.4%	17.9%	11.7%
Total		Count	110	308	440	86	98	151	1193
		% within Canada Regions	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TABLE 4 B Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	63.427[a]	35	.002
Likelihood Ratio	57.639	35	.009
Linear-by-Linear Association	19.449	1	.000
N of Valid Cases	1193		

a. 21 cells (43.8%) have expected count less than 5. The minimum expected count is .07.

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 C Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.231			.002
	Cramer's V	.103			.002
	Contingency Coefficient	.225			.002
Ordinal by Ordinal	Gamma	.140	.032	4.359	.000
	Spearman Correlation	.128	.029	4.461	.000[c]
Interval by Interval	Pearson's R	.128	.030	4.445	.000[c]
N of Valid Cases		1193			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

TABLE 4 D Government spending in health * Canada Regions Crosstabulation

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairie	Alberta	B.C.	Total
Govmnt spend:health	Spend much more	Count % within Canada Regions	14	41	42	15	21	27	160
			12.7%	13.1%	9.5%	17.2%	21.2%	17.4%	13.2%
	Spend more	Count % within Canada Regions	52	113	197	37	38	59	496
			47.3%	36.1%	44.4%	42.5%	38.4%	38.1%	41.1%
	Spend the same	Count % within Canada Regions	36	133	185	31	30	61	476
			32.7%	42.5%	41.7%	35.6%	30.3%	39.4%	39.4%
	Spend less	Count % within Canada Regions	4	26	17	4	9	7	67
			3.6%	8.3%	3.8%	4.6%	9.1%	4.5%	5.5%
	Spend much less	Count % within Canada Regions	4		3		1	1	9
			3.6%		.7%		1.0%	.6%	.7%
Total		Count % within Canada Regions	110	313	444	87	99	155	1208
			100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%

Source: *1996 ISSP Survey*

TABLE 4 E Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**47.818**[a]	20	.000
Likelihood Ratio	44.021	20	.001
Linear-by-Linear Association	3.437	1	.064
N of Valid Cases	1208		

a. 7 cells (23.3%) have expected count less than 5. The minimum expected count is .65.

TABLE 4 F Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	**Phi**	**.199**			.000
	Cramer's V	.099			.000
	Contingency Coefficient	.195			.000
Ordinal by Ordinal	Gamma	-.058	.036	-1.642	.101
	Spearman Correlation	-.048	.030	-1.677	.094[c]
Interval by Interval	Pearson's R	-.053	.030	-1.856	.064[c]
N of Valid Cases		1208			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

COMPARISON OF QUEBEC'S LEVEL OF SUPPORT FOR SOME WELFARE STATE ACTIVITIES WITH OTHER CANADIAN REGIONS' LEVEL OF SUPPORT FOR THE SAME ACTIVITIES

TABLE 4 G
GOVERNMENT SPENDING RETIREMENT BY REGIONS

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.	Total
Govmnt spend:retirement	Spend much less	Count % within Canada Regions	3 2.8%	5 1.6%	4 .9%	1 1.2%	2 2.0%	2 1.4%	17 1.4%
	Spend less	Count % within Canada Regions	10 9.2%	25 8.1%	33 7.5%	8 9.4%	12 12.2%	12 8.2%	100 8.4%
	Spend the same	Count % within Canada Regions	68 62.4%	198 64.3%	306 69.4%	50 58.8%	40 40.8%	78 53.4%	740 62.3%
	Spend more	Count % within Canada Regions	24 22.0%	58 18.8%	71 16.1%	17 20.0%	35 35.7%	43 29.5%	248 20.9%
	Spend much more	Count % within Canada Regions	4 3.7%	22 7.1%	27 6.1%	9 10.6%	9 9.2%	11 7.5%	82 6.9%
Total		Count % within Canada Regions	109 100%	308 100.0%	441 100%	85 100%	98 100%	146 100%	1187 100%

TABLE 4 H Government spending unemployment benefits by regions Crosstab

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.	Total
Govmnt spend:unempl benefit	Spend much less	Count %within Canada Regions	9 8.2%	17 5.5%	20 4.5%	5 5.7%	9 9.1%	14 9.5%	74 6.2%
	Spend less	Count %within Canada Regions	23 20.9%	48 15.6%	120 27.2%	21 23.9%	32 32.3%	42 28.6%	286 24.0%
	Spend the same	Count %within Canada Regions	60 54.5%	191 62.0%	242 54.9%	46 52.3%	35 35.4%	70 47.6%	644 54.0%
	Spend more	Count %within Canada Regions	13 11.8%	42 13.6%	40 9.1%	10 11.4%	18 18.2%	20 13.6%	143 12.0%
	Spend much more	Count %within Canada Regions	5 4.5%	10 3.2%	19 4.3%	6 6.8%	5 5.1%	1 .7%	46 3.9%
Total		Count %within Canada Regions	110 100%	308 100.0%	441 100.0%	88 100%	99 100%	147 100%	1193 100%

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 I Government reponsible to provide for elderly by Canadian regions Crosstab

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.	Total
Resp:provide for elderly	Definitely should not	Count % within Canada Regions	4 3.6%	9 2.8%	3 .7%		2 1.9%	3 1.9%	21 1.7%
	Probably should not	Count % within Canada Regions	14 12.7%	26 8.2%	29 6.5%	3 3.4%	7 6.7%	7 4.5%	86 7.0%
	Probably should	Count % within Canada Regions	51 46.4%	113 35.8%	192 42.9%	41 46.6%	40 38.5%	73 47.4%	510 41.8%
	Definitely should	Count % within Canada Regions	41 37.3%	168 53.2%	224 50.0%	44 50.0%	55 52.9%	71 46.1%	603 49.4%
Total		Count % within Canada Regions	110 100%	316 100.0%	448 100.0%	88 100%	104 100.0%	154 100%	1220 100%

TABLE 4 J Government responsible to financially help university students from low-income-families by regions Crosstab

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.	Total
Resp:financial help for students	Definitely should not	Count % within Canada Regions	3 2.7%	18 5.7%	13 2.9%	1 1.2%		9 5.9%	44 3.6%
	Probably should not	Count % within Canada Regions	17 15.5%	32 10.1%	39 8.8%	8 9.6%	4 3.8%	16 10.5%	116 9.6%
	probably should	Count % within Canada Regions	61 55.5%	136 42.8%	245 55.3%	46 55.4%	56 53.8%	86 56.2%	630 52.0%
	Definitely should	Count % within Canada Regions	29 26.4%	132 41.5%	146 33.0%	28 33.7%	44 42.3%	42 27.5%	421 34.8%
Total		Count % within Canada Regions	110 100%	318 100%	443 100%	83 100%	104 100%	153 100.0%	1211 100.0%

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 K Government role in health care * regrouped classes Crosstabulation

			Regrouped classes			
			Lower and working class	Middle class	Upper class	Total
Government role in health care	2	Count % within Regrouped classes	1 .2%			1 .1%
	3	Count % within Regrouped classes	2 .4%	2 .4%	3 2.6%	7 .6%
	4	Count % within Regrouped classes	6 1.1%	7 1.4%	1 .9%	14 1.2%
	5	Count % within Regrouped classes	18 3.4%	29 5.8%	5 4.3%	52 4.5%
	6	Count % within Regrouped classes	83 15.7%	105 21.1%	42 35.9%	230 20.1%
	7	Count % within Regrouped classes	153 28.9%	169 33.9%	41 35.0%	363 31.7%
	8	Count % within Regrouped classes	186 35.2%	136 27.3%	19 16.2%	341 29.8%
	9	Count % within Regrouped classes	80 15.1%	50 10.0%	6 5.1%	136 11.9%
Total		Count % within Regrouped classes	529 100.0%	498 100.0%	117 100.0%	1144 100%

TABLE 4 L Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**59.211**[a]	14	.000
Likelihood Ratio	56.258	14	.000
Linear-by-Linear Association	37.252	1	.000
N of Valid Cases	1144		

a. 7 cells (29.2%) have expected count less than 5. The minimum expected count is .10.

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 M Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.228			.000
	Cramer's V	.161			.000
	Contingency Coefficient	.222			.000
Ordinal by Ordinal	Gamma	-.248	.037	-6.576	.000
	Spearman Correlation	-.189	.029	-6.499	.000[c]
Interval by Interval	Pearson's R	-.181	.029	-6.203	.000[c]
N of Valid Cases		1144			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

TABLE 4 N Regression of government role in health care on regrouped classes

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.182[a]	.033	.032	1.134

a. Predictors: (Constant), regrouped classes

TABLE 4 O Government spending in health by regrouped classes Crosstab

			Regrouped classes			
			Lower and working class	Middle class	Upper class	Total
Govmnt spend:health	Spend much less	Count % within regrouped classes	3 .6%	2 .4%	2 1.7%	7 .6%
	Spend less	Count % within regrouped classes	25 4.7%	29 5.8%	9 7.5%	63 5.5%
	Spend the same	Count % within regrouped classes	166 31.1%	225 45.0%	68 56.7%	459 39.8%
	Spend more	Count % within regrouped classes	248 46.5%	187 37.4%	35 29.2%	470 40.8%
	Spend much more	Count % within regrouped classes	91 17.1%	57 11.4%	6 5.0%	154 13.4%
Total		Count % within regrouped classes	533 100.0%	500 100.0%	120 100.0%	1153 100.0%

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

TABLE 4 P Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**49.102**[a]	8	.000
Likelihood Ratio	49.944	8	.000
Linear-by-Linear Association	39.415	1	.000
N of Valid Cases	1153		

a. 3 cells (20.0%) have expected count less than 5. The minimum expected count is .73.

TABLE 4 Q Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.206			.000
	Cramer's V	.146			.000
	Contingency Coefficient	.202			.000
Ordinal by Ordinal	**Gamma**	**-.278**	.040	-6.712	.000
	Spearman Correlation	-.192	.028	-6.633	.000[c]
Interval by Interval	Pearson's R	-.185	.028	-6.386	.000[c]
N of Valid Cases		1153			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

TABLE 4 R Regression of government spending in health on regrouped classes

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.183[a]	.034	.033	.797

a. Predictors: (Constant), regrouped classes

Source: *1996 ISSP Survey*

ABLE 4 T Responsible to provide health care for sick * regrouped classes Crosstabulatior

			Regrouped classes			
			Lower and working class	Middle class	Upper class	Total
Resp:health care for sick	Definitely not	Count % within Regrouped classes	6 1.1%	8 1.6%	2 1.6%	16 1.4%
	Probably not	Count % within Regrouped classes	24 4.4%	14 2.8%	4 3.2%	42 3.6%
	probably yes	Count % within Regrouped classes	140 25.9%	170 33.7%	54 43.5%	364 31.1%
	definitely yes	Count % within Regrouped classes	371 68.6%	312 61.9%	64 51.6%	747 63.9%
Total		Count % within Regrouped classes	541 100.0%	504 100.0%	124 100.0%	1169 100.0%

REGRESSION OUTPUTS

TABLE 4.1 U ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	19.384	6	3.231	4.794	.000[a]
	Residual	282.647	419	.674		
	Total	302.031	425			

a. Predictors: (Constant), regrouped age , 1= Quebec 2=rest of Canada, R: sex , regrouped earnings, regrouped classes, regrouped years of school

b. Dependent Variable: Government spending in health

Source: *1996 ISSP Survey*

TABLE 4.2 U COEFFICIENTS

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.952	.277		7.055	.000
	R: sex	-.162	.084	-.096	-1.929	.054
	1= Quebec 2=ROC	.108	.097	.055	1.117	.264
	Regrouped classes	.243	.060	.198	4.031	**.000**
	Regrouped years of school	-7.E-03	.040	-.008	-.170	.865
	regrouped earnings	6.9E-02	.063	.053	1.089	.277
	regrouped age	-2.E-03	.039	-.002	-.041	.968

a. Dependent Variable: Government spending in health

TABLE 4.1 V ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15.902	6	2.650	6.836	.000[a]
	Residual	443.413	1144	.388		
	Total	459.315	1150			

a. Predictors: (Constant), Regrouped earnings, 1= Quebec 2=rest of Canada, regrouped age , R: sex , regrouped years of school, regrouped classes

b. Dependent Variable: Responsible to provide health care for sick people

Source: *1996 ISSP Survey*

TABLE 4.2 V COEFFICIENTS[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.071	.123		24.881	.000
	1= Quebec 2=ROC	.159	.042	.110	3.778	**.000**
	Regrouped classes	-.102	.039	-.107	-2.611	**.009**
	R: sex	.146	.039	.115	3.755	**.000**
	Regrouped years of school	1.238E-02	.019	.020	.651	.515
	Regrouped age	3.069E-02	.018	.051	1.685	.092
	Regrouped earnings	2.902E-02	.026	.048	1.118	.264

a. Dependent Variable: Responsible to provide health care for sick people

Source: *1996 ISSP Survey*

Serveur des Fichiers STATISTICA 04-29-03 11:02

PRODUCED BY ISABELLE GONTHIER

TABLE 4 X

EFFECT OF SEX AND CLASS INTERACTIONS OF REGROUPED CLASSES AND REGIONS ON ROLE OF GOVERNMENT IN HEALTH CARE

STAT. MANOVA GENERALE	Synthèse de tous les Effets ; plan : (daliladatajan03.sta) 1-V200, 2-REGION, 3-CLASS2					
Effet	dl Effet	MC Effet	dl Erreur	MC Erreur	F	niveau p
1	1*	14.00367*	1041*	1.304349*	10.73614*	.001085*
2	5	2.58079	1041	1.304349	1.97861	.079286
3	2*	16.01844*	1041*	1.304349*	12.28079*	.000005*
12	5	1.56359	1041	1.304349	1.19875	.307664
13	2	.72512	1041	1.304349	.55592	.573713
23	10*	2.72477*	1041*	1.304349*	2.08899*	.022813*
123	10	1.94163	1041	1.304349	1.48858	.138116

*Interaction significant

TABLE 4 W

EFFECT OF SEX ON GOVERNMENT ROLE IN HEALTH CARE

STAT. MANOVA GENERALE	Test LSD; Variable SUPPORHC (daliladatajan03.sta) Probas des Tests Post Hoc EFFET PRINC. :V200				
V200	REGION2	CLASS2		{1} 6.930807	{2} 7.271571
Male	....	....	{1}		.000001*
Female	....	....	{2}	.000001*	

*Interaction significant

Source: *1996 ISSP Survey*

APPENDIX C - SPSS and STATISTICA Outputs for Chapter 4

Serveur des Fichiers STATISTICA 04-29-03 11:02

PRODUCED BY ISABELLE GONTHIER

TABLE 4.1 Y

INTERACTIONS OF REGIONS AND REGROUPED CLASSES ON ROLE OF GOVERNMENT IN HEALTH CARE

STAT. MANOVA GENERALE		Test LSD; Variable SUPPORHC (daliladatajan03.sta) Probas des Tests Post Hoc Interaction: 2 x 3										
V200	REGION2	CLASS2		{1} 6.953610	{2} 7.098923	{3} 6.277778	{4} 7.294048	{5} 6.830996	{6} 6.952020	{7} 7.290698	{8} 7.247696	{9} 6.689474
....	Atlantic	lower an	{1}		.380415	.013250*	.028347*	.405821	.994550	.053656	.066682	.305670
....	Atlantic	middle c	{2}	.380415		.003244*	.237994	.090512	.539979	.296538	.381966	.121211
....	Atlantic	upper cl	{3}	.013250*	.003244*		.000199*	.039173*	.036963*	.000373*	.000441*	.227940
....	Quebec	lower an	{4}	.028347*	.237994	.000199*		.001687*	.141519	.984659	.771905	.019075*
....	Quebec	middle c	{5}	.405821	.090512	.039173*	.001687*		.594791	.006144*	.006384*	.576027
....	Quebec	upper cl	{6}	.994550	.539979	.036963*	.141519	.594791		.168646	.210400	.398025
....	Ontario	lower an	{7}	.053656	.296538	.000373*	.984659	.006144*	.168646		.809957	.025992*
....	Ontario	middle c	{8}	.066682	.381966	.000441*	.771905	.006384*	.210400	.809957		.032448*
....	Ontario	upper cl	{9}	.305670	.121211	.227940	.019075*	.576027	.398025	.025992*	.032448*	
....	Prairie	lower an	{10}	.000000*	.000026*	.000000*	.001075*	.000000*	.000253*	.003237*	.000559*	.000016*
....	Prairie	middle c	{11}	.742261	.659691	.011140*	.127603	.301701	.805923	.167750	.214206	.239515
....	Prairie	upper cl	{12}	.684794	.416260	.196014	.165956	.957134	.719431	.180050	.213587	.760670
....	Alberta	lower an	{13}	.001858*	.020184*	.000016*	.142165	.000138*	.016853*	.166629	.096672	.001885*
....	Alberta	middle c	{14}	.037352*	.166268	.000317*	.580642	.006972*	.099334	.593425	.453854	.016457*
....	Alberta	upper cl	{15}	.813109	.518465	.151187	.224016	.906466	.835618	.239789	.282174	.652356
....	British	lower an	{16}	.002942*	.040638*	.000027*	.294670	.000136*	.033319*	.331528	.201137	.003640*
....	British	middle c	{17}	.045059*	.240011	.000327*	.852423	.005894*	.139642	.851294	.671212	.021619*
....	British	upper cl	{18}	.757363	.464410	.155982	.185440	.954317	.786950	.201146	.238954	.683243

*Interaction significant

Source: *1996 ISSP Survey*

Serveur des Fichiers STATISTICA 04-29-03 11:02

PRODUCED BY ISABELLE GONTHIER

TABLE 4.2 Y

INTERACTIONS OF REGIONS AND REGROUPED CLASSES ON ROLE OF GOVERNMENT IN HEALTH CARE

STAT. MANOVA GENERALE		Test LSD; Variable SUPPORHC (daliladatajan03.sta) Probas des Tests Post Hoc Interaction: 2 x 3										
V200	REGION2	CLASS2		{10} 7.818267	{11} 7.014101	{12} 6.812500	{13} 7.596154	{14} 7.416667	{15} 6.871428	{16} 7.478261	{17} 7.328784	{18} 6.850000
....	Atlantic	lower an	{1}	.000000*	.742261	.684794	.001858*	.037352*	.813109	.002942*	.045059*	.757363
....	Atlantic	middle c	{2}	.000026*	.659691	.416260	.020184*	.166268	.518465	.040638*	.240011	.464410
....	Atlantic	upper cl	{3}	.000000*	.011140*	.196014	.000016*	.000317*	.151187	.000027*	.000327*	.155982
....	Quebec	lower an	{4}	.001075*	.127603	.165956	.142165	.580642	.224016	.294670	.852423	.185440
....	Quebec	middle c	{5}	.000000*	.301701	.957134	.000138*	.006972*	.906466	.000136*	.005894*	.954317
....	Quebec	upper cl	{6}	.000253*	.805923	.719431	.016853*	.099334	.835618	.033319*	.139642	.786950
....	Ontario	lower an	{7}	.003237*	.167550	.180050	.166629	.593425	.239789	.331528	.851294	.201146
....	Ontario	middle c	{8}	.000559*	.214206	.213587	.096672	.453854	.282174	.201137	.671212	.238954
....	Ontario	upper cl	{9}	.000016*	.239515	.760670	.001885*	.016457*	.652356	.003640*	.021619*	.683243
....	Prairie	lower an	{10}		.000021*	.004107*	.289464	.075226	.006887*	.059534	.010513*	.004204*
....	Prairie	middle c	{11}	.000021*		.576823	.010893*	.097771	.692893	.021511*	.136608	.638683
....	Prairie	upper cl	{12}	.004107*	.576823		.035819*	.114095	.899449	.062634	.154950	.934646
....	Alberta	lower an	{13}	.289464	.010893*	.035819*		.490140	.052206	.595323	.246718	.039250*
....	Alberta	middle c	{14}	.075226	.097771	.114095	.490140		.153841	.795002	.720169	.126910
....	Alberta	upper cl	{15}	.006887*	.692893	.899449	.052206	.153841		.089654	.207648	.962626
....	British	lower an	{16}	.059534	.021511*	.062634	.595323	.795002	.089654		.464804	.069135
....	British	middle c	{17}	.010513*	.136608	.154950	.246718	.720169	.207648	.464804		.172874
....	British	upper cl	{18}	.004204*	.638683	.934646	.039250*	.126910	.962626	.069135	.172874	

*Interaction significant

Source: *1996 ISSP Survey*

5 PUBLIC SUPPORT FOR STATE INTERVENTION IN EDUCATION

In this chapter, we will proceed in the same way as in the precedent chapter on health care. However, there will be no detailed comparative analysis with Ornstein's and Stevenson's study, as they did not dedicate a particular section to education in their statistical analysis.

In their analysis the variable education was added to other variables such as health and medical care, protecting native rights, assisting the unemployed, helping the poor, eliminating discrimination against women, protecting the environment, education and workers' compensation to form an index "Support for social programs" (Ornstein and Stevenson, 1999:200-1, Table 5-2). Here, we will answer the two questions we posed in the introduction about public support for the state's intervention in education: (1) Are some regions more or less likely to display a high level of support for the state's responsibility for education, or is state responsibility for education equally advocated by all Canada's regions? taking into account hypotheses 1a and 1b, and (2) Are the lower and working classes more favourable than the middle class to the government's intervention in education or is it the reverse? taking into account hypotheses 2a and 2b.

This chapter comprises four sections. The first section will focus on the crosstabulation between the dependent variable *government role in education* and the independent variables *region* and *social class*. The second section will explain the correlations between the dependent variable *government role in education* and some significant independent

variables. The third section will centre on the regression technique, and the chapter will end with the analysis of variance ANOVA in the fourth section.

We shall begin with some statistics on the increase in support for government role in education since Ornstein and Stevenson conducted the first survey.

TABLE 5.1

PUBLIC OPINION ON GOVERNMENT EFFORT FOR EDUCATION AND ON GOVERNMENT ROLE IN EDUCATION CANADA, 1977-81 AND 1996

1977-1981 Public opinion on government effort for education		1996 Public opinion on government role in education			Increase (Decrease) Since 1977-81		
A		B Government spending in education	C Gvt. resp. for providing financial help to students	D Government role in education	E = (B-A)	F = (C-A)	G = (D-A)
1977	54%						
1979	54%						
1981	54%						
Average	54%	63%	87%	67%	9%	33%	13%

Sources: 1977-1981 survey, Ornstein and Stevenson 1999:140-2
1996 ISSP Survey, Appendix F, p. 4, items a to h and p 6, items a to j.

Legend
A: Much more and more effort
B: Much more, and more spending
C: Definitively and probably responsible
D: Index values 7, 8 and 9
E: Increase in public support from A to B
F: Increase in public support from A to C
G: Increase in public support from A to D

Ornstein's and Stevenson's question on the government's effort for social programs was worded as follows:

> *We would like to know how much effort you think government should put into a number of activities. Please choose the answer on this card which comes closest to your opinion about the effort that should be made in each area. Remember that putting more effort in*

one of these areas would require a shift of money away from other areas or an increase in taxes.

Much more effort
More effort
About the same effort
Less effort
Much less effort
Depends
Do not know

In their Table 4-1 (pp. 140-2), Ornstein and Stevenson (1999) provided data on certain welfare state activities for the years 1977, 1979 and 1981, and on others for the year 1977. We undertook to determine an average for the welfare state activities with three-year statistical information, as is the case for education found in column A of Table 4.1. Column A indicates that 54 per cent of Canadians supported much more and more government effort in education. For 1996, we combined additively two variables to design our index variable government role in education:

- Government spending in education found in column B; 63 per cent of Canadians supported much more and more government spending in education.
- Government responsible to provide financial help for university students from low-income families found in column C; 87 per cent of Canadians believed that the government, should definitely and probably provide financial help for university students from low-income families.
- Government role in education found in column D is the weighted index variable. The variable index values 7, 8 and 9 made up the 67 per cent of Canadians who approve a greater government role in education.
- Increase in public support from activities in column A to activities in column B, found in column E. This information is additional and supplemented at the request of a Thesis

Committee member at the oral defence. There was a 9 per cent increase in public support from much more and more government effort in education (1977-81) to much more and more government spending in education (1996).

- Increase in public support from activities in column A to activities in column C, found in column F. This information is additional and supplemented at the request of the same Thesis Committee member at the oral defence. There was a 33 per cent increase in public support from much more and more government effort in education (1977-81) to support for definite and probable government responsibility to provide financial help to university students from low-income families. (1996).
- Increase in public support from activities in column A to activities in column D, found in column G. There was an increase in public support for government role in education depending on which indicator we use. The increase varies from 9 per cent to 33 per cent to 13 per cent. For the remainder of the chapter, we will focus our analysis on the 13 per cent increase in public support for government role in education; increase that occurred the past nineteen years.

While the wording of the questions is somewhat different in the two surveys, it is important to keep in mind that people were asked to rate the government *effort (*in the first survey) or *role (*in the second survey) in a number of *welfare activities* even if it required an *increase of taxes*. Therefore, we consider that we are comparing the same element between two time-periods. We note an increase of 13 per cent in public support for government role in education over the past nineteen years. While education, as a welfare activity, ranked fifth in 1977-81 (refer to Table 1 in the introduction), it ranked third (financial aid to students) in 1996. We believe the harsh years of fiscal conservatism,

translated into cutbacks and downsizing in education, led to the dissatisfaction of the public, which in turn explains the increase in support for the government role in education.

GOVERNMENT ROLE IN EDUCATION BY REGION

Table 5.2 summarizes the information contained in the crosstabs output of Appendix D, Tables 5 A to 5 C. The examination of this output leads to the following findings on the relationship between the variables *government role in education* and *region*:

- The cases are disproportionately located in the cells between groups, that is, support for government role in education is different among the five regions; this indicates an association between the variables *government role in education* and *region*.
- In addition, the relationship is statistically significant as demonstrated by the Chi-Square tests output [X^2 (35, N 1170)=52.98, P<.05].
- Finally, the relationship between *government role in education* and *region* is moderate as the value of Phi is .21.

TABLE 5.2

GOVERNMENT ROLE IN EDUCATION BY REGION – CANADA, 1996

Regions	Index Values 7, 8, and 9	N	Measure of association
Alberta	81	97	
Prairie	71	82	
Atlantic	68	109	
Quebec	67	305	
Ontario	63	428	
British Columbia	62	149	
TOTAL N		**1170**	
PHI			**.21**

Source: *1996 ISSP Survey*

Contrary to the results of Chapter 4 where the Prairie region showed the highest support for government role in health care, it is the Alberta region that demonstrated the highest support for government role in education. This is not surprising, as the Alberta government made drastic cutbacks to the public education system and involved the private sector in it. As predicted, the Prairie region's support for government role in education was high. However, Québec region' s support for government role in education was not the highest as we expected it to be. The explanations we provided in Chapter 4 about Québec region lower ranking of government role in health care apply equally to its ranking of government role in education. According to Pr. Tremblay, Quebeckers who were politically concerned with the sovereignty/independence movement became disappointed after the 1995 Referendum. Their frustrations were indeed proportional to their expectations; the failure of the 1995 Referendum was just another dissatisfaction to be added to the list of disappointments Québec experienced in renegotiating the Canadian Federalism. The 1995 Referendum fiasco caused a decline in the public's confidence, especially in the Québec government; the 1996 data showed the evidence that public support for government role in education was lower in Québec region than in Alberta, the Atlantic and the Prairie regions.

In the next section, we will proceed with the crosstabulation of *government role in education* by *social class*. We expect to find an association between the two variables.

GOVERNMENT ROLE IN EDUCATION BY SOCIAL CLASS

Table 5.3 summarizes the information contained in the crosstabs output of Appendix D, Tables 5 D to 5 F. The examination of the cross tabulation outputs yields the following findings on the relationship between *government role in education* and *social class*:

- The cases are disproportionately located in the cells between groups, that is, support for the government role in education is different among the three social classes; this indicates an association between the variables *government role in education* and *social class*.
- In addition, the relationship is statistically significant as demonstrated by the Chi-Square tests output [X^2 (14, N 1121)=50.57, P<.01].
- Finally, the association between the two variables is negative and moderate with a Gamma value of -.18, which signifies that the lower and working classes have a higher support for government role in education.

TABLE 5.3

GOVERNMENT ROLE IN EDUCATION BY SOCIAL CLASS
CANADA, 1996

Regrouped classes	Index Values 7, 8 and 9	N	Measure of association
Lower and working	73	517	
Middle	63	485	
Upper	55	119	
TOTAL N		**1121**	
Gamma			-.18

Source: *1996 ISSP Survey*

As expected, Table 5.3 shows that the lower and working classes demonstrated the highest support for government role in education. In addition, the middle class favoured a greater support for government role in education, a support closer to the overall Canadian support for government role in education of 67 per cent. Taking into consideration the overall Canadian support for government role in health care of 74 per cent (Table 4.1), we notice here that the differences in support for government role in education among the

classes are very slim contrary to the results we found in the support for government role in health care. For example, the difference in support for the government role in education between the middle class and the upper class is 8 per cent (63-55), compared to 15 per cent (71-56) for health care. In addition, the difference in support for the government role in education between the lower and working classes and the middle class is 10 per cent (73-63) compared to 8 per cent (79-71) for health care.

In the next section, we will proceed with the correlation analysis. Correlations are designed to measure the strength and the direction of a linear relationship between two continuous variables. Shall we find the relationships between the dependent variable *government role in education* and the independent variables *region* and *social class* statistically significant?

GOVERNMENT ROLE IN EDUCATION, BY SEX, QUÉBEC/ROC, REGROUPED CLASSES, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE AND REGROUPED EMPLOYMENT STATUS: CORRELATION ANALYSIS

What type of associations can we expect to find? Is the support for government role in education influenced by gender? Are women more supportive of government intervention in education than men? Would the support for government role in education increase with the years of schooling or would it decrease? Is there a negative correlation between the variable government role in education and the regrouped employment status? Respondents with limited participation in the labour force may have a higher support for government role in education. In our crosstabulation analysis, we noted that the lower and working classes had a higher support for government role in education. We expect respondents with lower earnings to have a higher support for government role in education, as earnings are an indicator of social class. Older people are closer to retirement and do not have any stake

in education. We however expect younger respondents to demonstrate a high support for government role in education.

Correlations between dependent variable and independent variables

This section will begin with some correlations between the dependent variable *government role in education* and certain independent variables. It should be remembered here that the variables have already been coded as follows in Chapter 3, Table 3.4:

Variables	Codes
Sex	1 for male, 2 for female
Region 2	1 for Québec and 2 for rest of Canada
Regrouped social class	1 to 3, with 1 for the lower and working classes and 3 for the upper class
Regrouped years of schooling	1 to 4, with 1 for 12 years of schooling and less, and 4 for 19 years of schooling and more
Regrouped earnings	1 to 4, with 1 for less than 19,999, and 4 for $60,000 to 80,000.
Regrouped age	1 to 4, with 1 for 18 to 29 years, and 4 for 61 years and over
Employment status	1 to 4, with 1 for 0 hour not in the labour force and 4 for 35 hours full time employment

Using Table 5.4, we will first interpret the correlations that are significant at a .01 level and then the ones that are not significant. Thus, we find that:

- Females' support for government role in education is higher than that of males (r=.10); this is a moderate correlation.
- Respondents from the lower and working classes have a high support for government role in education (r=.-13); this is also a moderate correlation.
- Similarly, respondents with a lower income have a higher support for government role in education (r=-15); this is a moderate correlation.

- Finally, younger people showed the highest support for government role in education (r=-21); this is a moderate correlation.

TABLE 5.4

PEARSON'S CORRELATION COEFFICIENTS AMONG ALL THE VARIABLES IN THE MODEL – CANADA, 1996

		Government role in education	R: sex	1= Quebec 2=rest of Canada	Regrouped classes	Regrouped years of school	Regrouped earnings	Regrouped age	Regrouped employment status
Government role in education	Pearson	1	.100**	-.025	-.126**	-.011	-.149**	-.205**	.022
	Sig.	.	.001	.392	.000	.712	.000	.000	.457
	N	1170	1159	1170	1122	1170	1153	1170	1156
R: sex	Pearson	.100**	1	.000	-.182**	-.133**	-.304**	.033	-.208**
	Sig.	.001	.	.994	.000	.000	.000	.254	.000
	N	1159	1226	1226	1172	1226	1210	1226	1213
1= Quebec 2=ROC	Pearson	-.025	.000	1	.001	-.084**	.025	.033	.047
	Sig.	.392	.994	.	.975	.003	.374	.246	.102
	N	1170	1226	1239	1183	1239	1221	1239	1224
Regrouped classes	Pearson	-.126**	-.182**	.001	1	.266**	.702**	.213**	.268**
	Sig.	.000	.000	.975	.	.000	.000	.000	.000
	N	1122	1172	1183	1183	1183	1177	1183	1176
Regrouped years of school	Pearson	-.011	-.133**	-.084**	.266**	1	.296**	-.049	.234**
	Sig.	.712	.000	.003	.000	.	.000	.083	.000
	N	1170	1226	1239	1183	1239	1221	1239	1224
Regrouped earnings	Pearson	-.149**	-.304**	.025	.702**	.296**	1	.214**	.431**
	Sig.	.000	.000	.374	.000	.000	.	.000	.000
	N	1153	1210	1221	1177	1221	1221	1221	1211
Regrouped age	Pearson	-.205**	.033	.033	.213**	-.049	.214**	1	-.343**
	Sig.	.000	.254	.246	.000	.083	.000	.	.000
	N	1170	1226	1239	1183	1239	1221	1239	1224
Regrouped employment status	Pearson	.022	-.208**	.047	.268**	.234**	.431**	-.343**	1
	Sig.	.457	.000	.102	.000	.000	.000	.000	.
	N	1156	1213	1224	1176	1224	1211	1224	1224

**. Correlation is significant at the 0.01 level (2-tailed).

Source: *1996 ISSP Survey*

We notice in Table 5.4 that the correlations between government role in education and Québec/rest of Canada, government role in education and regrouped years of schooling and

government role in education and employment status were not significant. Thus, the region of residence, the level of education and the employment status had no impact on the support for government role in education.

Correlations between independent variables

Still from Table 5.4 we observe that:

- More female respondents than males come from the lower class (r=-.18), have a lower level of education than that of male respondents (r=-13), earn less than male respondents do (r=-.30) and are less employed than male respondents (r=-.21).
- Québec's respondents have a lower level of education than respondents from rest of Canada (r=-.084).
- Respondents from a higher social class possess a high level of education (r=.27), earn a higher income (r=.70), are older (r=.21) and are more likely to be employed full time (r=27).
- Respondents with a higher education have a higher income (r=.30) and are employed full time (=.23).
- Younger respondents are less likely to be employed (r=-34), and as people grow older they earn more money (r=.21).
- Finally, respondents who are employed on a full time basis have high earnings (r=43).

The other correlations between sex and regrouped age, region-Québec/rest of Canada and regrouped classes, region-Québec/rest of Canada and regrouped earnings, region-Québec/rest of Canada and regrouped age, region-Québec/rest of Canada and employment status and regrouped years of schooling and regrouped age were not significant.

In summary, the results of the correlations analysis show that, out of seven possible correlations between the dependent variable *government role in education* and the above independent variables, only four correlations were significant at a level of .01. Females' support for government role in education is higher than males'. The lower and working classes have the highest support for government role in education. People with lower earnings demonstrated the highest support for government role in education, and so did the younger people.

The correlation analysis provided information that will enable us to formulate questions for the regression analysis, the next technique at our disposal. We may ask, for example: By how much the variable government role in education would increase, should the number of female respondents double? In addition, regression will enables us to formulate the regression equation.

We shall now proceed with the regression analysis using all the variables in the model. Would the variable *sex* have more impact on the dependent variable *government role in education* than the variables *regrouped earnings* and *regrouped age?* We will be able to discover which independent variable has more weight on the dependent variable, and we expect the variable *regrouped age* to have more impact on the dependent variable *government role in education* since its r (-.21) is the strongest coefficient.

GOVERNMENT ROLE IN EDUCATION BY SEX, QUÉBEC/ROC, REGROUPED CLASSES, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE AND REGROUPED EMPLOYMENT STATUS: REGRESSION ANALYSIS

In this section, we will use the stepwise method to build the regression model for the dependent variable *government role in education.* With the enter method, we were not able to use both the regrouped earnings and social class variables at the same time because of

their strong colinearity (r=.70). Another drawback of the enter method is that once a variable is entered in the model, it stays in the model even if it is not a significant predictor of the dependent variable, which gives inaccurate results on the degree of freedom, on the sum of square, on the F. That is the reason we selected the stepwise method to solve the problem.

TABLE 5.5 A

REGRESSION OF GOVERNMENT ROLE IN EDUCATION ON QUÉBEC/ REST OF CANADA, REGROUPED CLASSES, SEX, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE AND REGROUPED EMPLOYMENT STATUS – CANADA, 1996

TABLE 5.5 A ANOVA[d]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	73.184	1	73.184	49.377	.000[a]
	Residual	1626.066	1097	1.482		
	Total	1699.249	1098			
2	Regression	93.345	2	46.672	31.856	.000[b]
	Residual	1605.905	1096	1.465		
	Total	1699.249	1098			
3	Regression	101.501	3	33.834	23.190	.000[c]
	Residual	1597.748	1095	1.459		
	Total	1699.249	1098			

a. Predictors: (Constant), Regrouped age

b. Predictors: (Constant), Regrouped age , R: sex

c. Predictors: (Constant), Regrouped age , R: sex Regrouped earnings

d. Dependent Variable: Government role in education

Source: *1996 ISSP Survey*

The coefficients Table 5.5 B provides two kinds of information. The first type found in the *B* column of the Unstandardized Coefficients enables us to a) formulate the regression equation; for example, using model number 3, the regression equation would be:

Y=7.40-.23 REGROUPED AGE +.21 SEX- 09 REGROUPED EARNINGS

and b) provide indications on the direction and the strength of the associations. Thus, with the above regression equation, we are able to make the following predictions:

- For every one-unit increase in the regrouped age of respondents, there will be a .23 decrease in support for the government role in education.
- For one-unit change in male/female respondents (i.e. a shift from males to females), there will be .21 increase in support for the government role in education.

TABLE 5.5 B

REGRESSION OF GOVERNMENT ROLE IN EDUCATION ON QUÉBEC/ REST OF CANADA, REGROUPED CLASSES, SEX, REGROUPED YEARS OF SCHOOLING, REGROUPED EARNINGS, REGROUPED AGE, AND REGROUPED EMPLOYMENT STATUS - CANADA, 1996

TABLE 5.5 B COEFFICIENTS[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	7.560	.091		83.123	.000
	Regrouped age	-.244	.035	-.208	-7.027	.000
2	(Constant)	7.165	.140		51.251	.000
	Regrouped age	-.250	.035	-.212	-7.223	.000
	R: sex	.271	.073	.109	3.710	.000
3	(Constant)	7.407	.173		42.819	.000
	Regrouped age	-.229	.036	-.194	-6.419	.000
	R: sex	.212	.077	.085	2.746	.006
	Regrouped earnings	-8.93E-02	.038	-.075	-2.364	.018

a. Dependent Variable: Government role in education

Source: *1996 ISSP Survey*

- Finally, for every one-unit increase in respondents' regrouped earnings, there will be a decrease of .09 in support for the government role in education.

The second type of information found in the Standardized Coefficients column specifies the relative weight each independent variable has on the dependent variable. Looking at the Standardized Coefficients column, we notice that each model has a corresponding Beta whose value decreases each time we introduce an additional variable. Focusing on model number 3, we see that the variable *regrouped age* with a *beta* equal to –.19 has the strongest weight on the dependent variable *government role in education*, followed by the variables *sex* with a *beta* equal to .09 and *regrouped earnings* with a *beta* equal to -.08.

The regression analysis provides additional information called the percentage of variance explained found in Appendix D, Tables 5 G to 5 I. Thus,

- The independent variable *regrouped age* explained 4.1 per cent of the variance of the dependent variable *government role in education*;
- The independent variable *earnings* explained 2.1 per cent of the variance; and
- The independent variable *sex* explained .9 per cent of the variance.

Hence, the independent variables age, earnings and sex explained only 7.1 per cent of the variability of the dependent variable *government role in education*, which leaves room for research on the unexplained 93 per cent variability. However, it is well known that in the social sciences no phenomenon can be entirely explained.

To this point, the regression technique revealed that among all the variables of the model, the independent variables *regrouped age*, *sex* and *regrouped earnings* were the strongest predictors of the dependent variable *government role in education*. In addition, it enabled us to formulate the regression equation.

It is now an appropriate time to pose and reflect. In Chapter 2 we anticipated that the independent variables *region* and *social class* would be the predictors of *government role in education*. While region is completely excluded from the model, the variable social class is still represented under *regrouped earnings* since earnings are an indicator of social class. In the correlations analysis, there was a strong association between social class and earnings (r=.70). Thus, for government intervention in education, the issues no longer evolve around region/class struggle between the capitalist class disapproving government intervention in health care and the farmers/labourers class supporting it. Rather, the issues are that younger people, women and low-income earners are the most favourable to government intervention in education. What makes these three segments of the population the most favourable? Either they cannot afford to have an education (poor and women) or once they have an education, they lack the experience and skills (young people, women) most employers seek since education and the labour market are directly linked.

In *The Erosion of Democracy in Education*, Alison Taylor from Alberta documents the business community involvement in the education system in her province. In the "knowledge economy", education should accommodate the business world and students should develop employable skills to fit the labour market (Taylor 2001:170 as quoted by Portelli and Solomon). Consequently, in partnership with the government, the business community and educators, the education system has gone trough privatization and marketization in the name of an "education for economic prosperity" (Taylor 2001:174 as quoted by Portelli and Solomon).

We may open the first question that comes to mind: Who would benefit from this kind of education? The students who still use the public education system would not benefit

from a business-oriented education system. However, those who use the private education system and espouse the business community's ideology, would benefit from such an education system.

Degraded and non-funded, the public education system, especially in Ontario and Alberta, became the refuge of the have-nots and the new immigrants' children. The students of rich families enrolled in private schools, where they learned the necessary skills for a better start in universities and ensured success in their future careers. In addition, employers saw the solution to their labour problem in the restructuring of the education system; they felt no responsibilities toward their workforce in term of training, of matching jobs to skills or of creating good jobs. In fact, Canada does not have a good record for employer-sponsored training. In 1990, out of twenty-three industrialized countries, Canada ranked sixteen; the measure used was the percentage of its GDP spent on work-related training. Another survey conducted in 1997 by the Department of Human Resources Development Canada indicated that only 25 per cent of full-time workers participated in employer-sponsored training. They were professionals in good positions, which further accentuates the labour market disparities (Krahn and Lowe, 1998:45).

After ascertaining that the independent variables *regrouped age*, *sex* and *regrouped earnings* were the strongest predictors of the dependent variable *government role in education*, we will introduce in the next section the analysis of variance ANOVA, which goes beyond testing for relationships between variables. It signals where the differences between the variables sub-groups reside and what their magnitude is. In addition, it tests for the interactions among variables. With the ANOVA, we will be able to confirm or disconfirm our hypotheses for it is the most sophisticated statistical technique for a three-way analysis of variance.

GOVERNMENT ROLE IN EDUCATION BY REGROUPED AGE, SEX AND REGROUPED EARNINGS: MULTIVARIATE ANALYSIS – ANOVA

The regression analysis informed us of statistically significant differences in support for government role in education using the independent variables regrouped age, sex and regrouped earnings. The ANOVA technique will indicate in what variables sub-groups these differences lie. The ANOVA procedure includes interaction effects, such as age4*earnings.

Table 5.6 summarizes both the separate and combined effects of the independent variables *regrouped age* and *regrouped earnings* on the dependent variable *government role in education.* There is a difference in support for government role in education among the four sub-groups of the variable regrouped age, and the ANOVA is statistically significant F (3, 1092)=7,87, MSE=1.433, P<.001.

TABLE 5.6

EFFECTS OF AGE AND EARNINGS, AND INTERACTIONS OF AGE AND EARNINGS ON GOVERNMENT ROLE IN EDUCATION CANADA, 1996

Tests of Between-Subjects Effects

Dependent Variable: Government role in education

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	165.146[a]	30	5.505	3.842	.000
Intercept	28898.416	1	28898.4	20167.794	.000
EARNG4	13.391	3	4.464	3.115	.025
AGE4	33.835	3	11.278	7.871	.000
V200	3.943	1	3.943	2.752	.097
EARNG4 * AGE4	40.377	9	4.486	3.131	.001
EARNG4 * V200	3.108	3	1.036	.723	.538
AGE4 * V200	2.639	3	.880	.614	.606
EARNG4 * AGE4 * V200	17.966	8	2.246	1.567	.130
Error	1564.726	1092	1.433		
Total	56589.000	1123			
Corrected Total	1729.872	1122			

a. R Squared = .095 (Adjusted R Squared = .071)

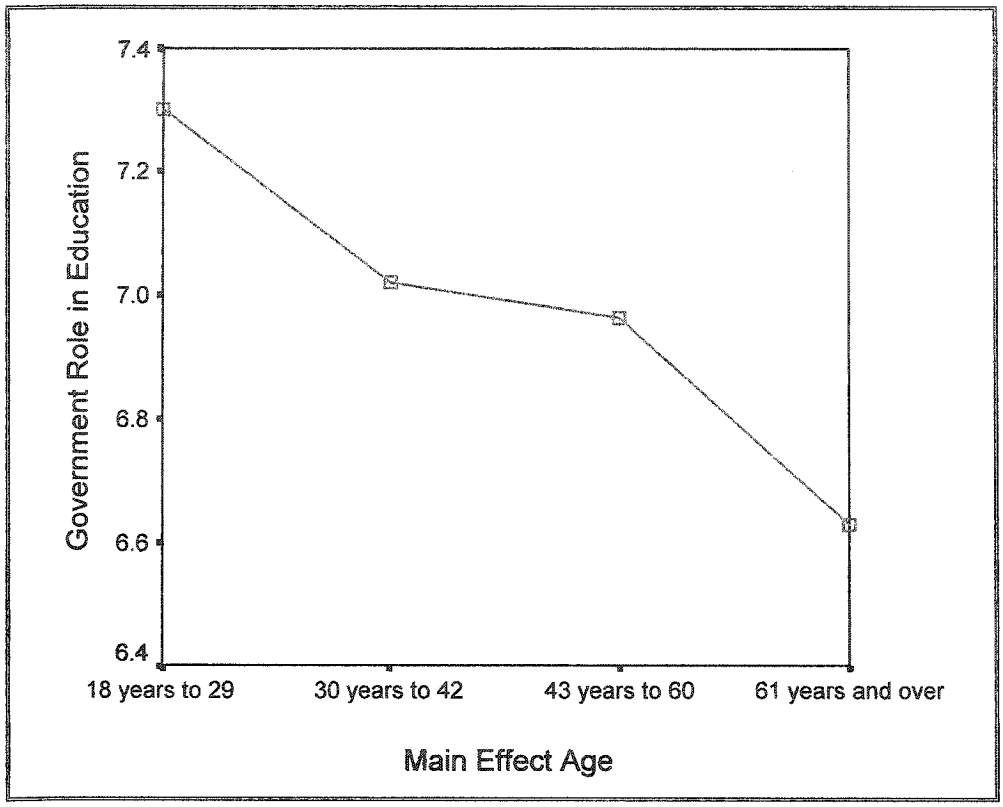
Source: *1996 ISSP Survey*

We shall now explain the differences in support for government role in education among the four sub-groups illustrated by Graph 5.1, focusing specifically on the sub-group of ages 18 to 29 who demonstrated the highest support for government role in education. The information on the differences in support for government role in education is found in Appendix D, Table 5 J (Univariate Analysis of Variance Regrouped Age).

- The first age group 18 to 29 has the highest support for government role in education at 7.30.
- The second age group 30 to 42 still has a high support for government role in education at 7.02. The difference of (7.30-7.02)=**.28** in support for government role in education between the first and second groups is statistically significant.
- The third age group 43 to 60 has a nearly high level of support at 6.96. The difference of (7.30-6.96)=**.34** in support for government role in education between the first and third groups is statistically significant.
- The level of support for government role in education for the age group 61 and older is the lowest at 6.63. The difference of (7.30-6.63)=**.67** in support for government role in education between this group and the first one is statistically significant.
- The difference of (7.02-6.63)=**.39** in support for government role in education between the second group, age 30 to 42 with a high support for government role in education, and the fourth group is statistically significant. We can conclude that as people age (61 and older), their support for government role in education declines.

GRAPH 5.1

EFFECT OF REGROUPED AGE ON GOVERNMENT ROLE IN EDUCATION CANADA, 1996



Source: *1996 ISSP Survey*

The highest support for government role in education from the young adult respondents has its root in the economic situation that prevailed during the recession of the '90s, when Canadian youth experienced a serious problem with unemployment. As jobs were scarce, people enrolled in post-secondary institutions to acquire an education they saw as a guarantee for securing employment. However, with the globalization of the economy, the Canadian labour market became very competitive and greedy employers were very demanding. An undergraduate degree with an experience as a waiter/waitress was no longer sufficient. A government document stated that the technological changes would alter the multitude of jobs available and the skills necessary to accomplish them and that by

2000, more than 40 percent of the new jobs will require **at least** 17 years of education and training. In 1995 only 26 percent of jobs required as many years of education (Wotherspoon, 1998:131).

Faced with a big obstacle, young adults made decisions about their future according to their financial situation and their support system. Some of them took low-paying jobs, quit them, lived on employment benefits for some time and may have ended their lives on social assistance if they had no other choices. Other may have decided to go back to university to upgrade their skills and become more employable. Information from Statistics Canada indicates that 60 per cent of the 1990 undergraduates had achieved some further post-secondary education by 1995, five years after graduation. Over 75 percent of them did it within two years of graduation. Almost a third of graduates who took post-secondary education enrolled in a master's or doctorate's program (Butin, 2001:1).

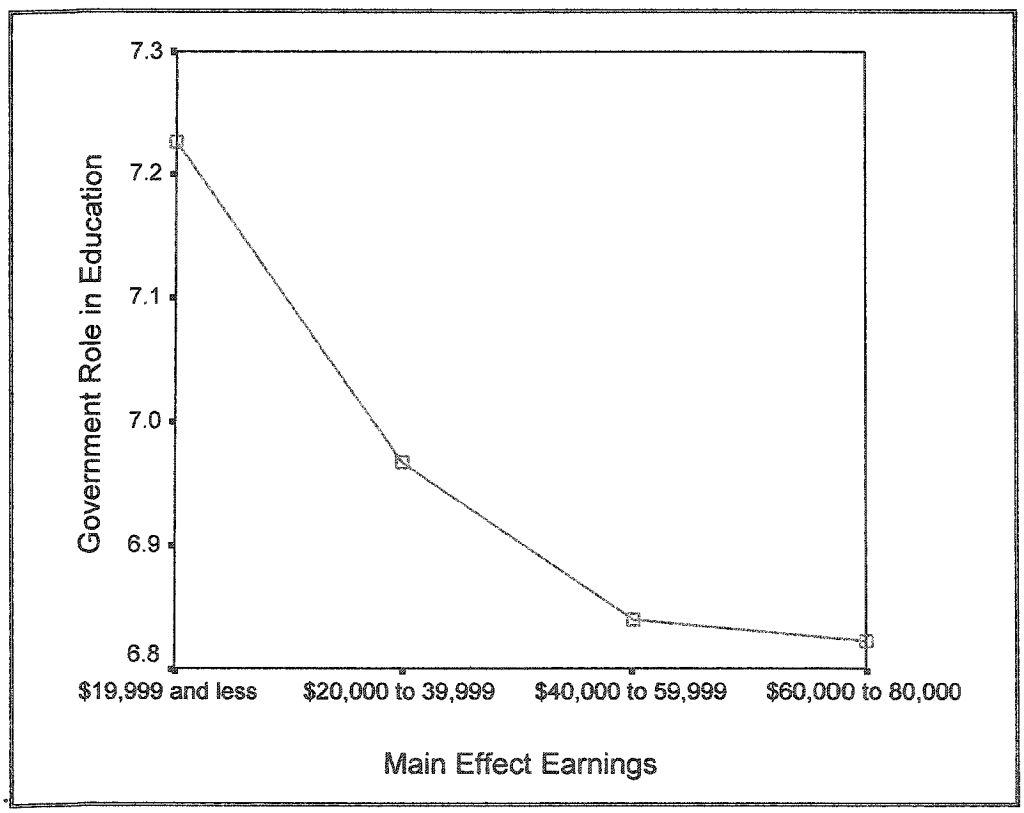
This continual inflation of credentials resulted from a new knowledge-based economy and a situation of demand and supply very favourable to employers, especially in the National Capital Region. Hence, the labour market penalized younger people for not having enough knowledge and skills to compete in the new knowledge-based economy; the solution to the problem seemed simple: to keep accumulating knowledge and credentials. The challenge, however, was that very few Canadians had the means to pursue an education at the master's and doctorate's levels. In fact, people from low-income families were still facing barriers to higher education, as we shall see in the next section.

Going back to Table 5.6, we notice that in the fifth row the independent variable *regrouped earnings* has an effect on the dependent variable *government role in education* and that the ANOVA is statistically significant $F(3,1092)=3.11$, MSE=1.433 $P<.05$.

We shall now explain the differences in support for government role in education among the four sub-groups illustrated by Graph 5.2, focusing on the sub-group of respondents whose earnings were $19,999 and less. See Appendix D, Table 5 K (Univariate Analysis of Variance, Regrouped Earnings)

GRAPH 5.2

EFFECT OF REGROUPED EARNINGS ON GOVERNMENT ROLE IN EDUCATION – CANADA, 1996



Source: 1996 ISSP Survey

- The first group of respondents who earned $19,999 and less demonstrated the highest support for government role in education at 7.23.
- The second group whose earnings ranged between $20,000 and 39,999 showed a nearly high support for government role in education at 6.97. The difference of **.28** (7.23-

6.97) in support for government role in education between these two groups is statistically significant.

- The support for government role in education decreased to 6.84 for the respondents who earned between $40,000 and 59,999. The difference of .39 (7.23-6.84) in support for government role in education between them and the first group is statistically significant.
- Finally, as income reached between $60,000 and $80,000, support for government role in education declined to (6.82). The difference of .41 (7.23-6.82) in support for government role in education between the first and the fourth groups is statistically significant.

It is also interesting to observe in this graph that there were no statistically significant differences in support for government role in education between the second group of respondents (earnings between $20,000 and 39,999, government role in education at 6.97) and the fourth group(earnings $60,000 to $80,000, government role in education at 6.82). This analysis supports the deductions that:

- The support for government role in education is lower for respondents whose earnings are higher than $60,000; and
- While the highest support for government role in education came from respondents who earned $19,999 and less, respondents who earned between $20,000 and 39,999 demonstrated a slightly high support for government role in education. Hence, those who are financially comfortable are not concerned with the extent of financial assistance the government should allocate to education to help students from low-income families, as the graph shows very well.

What made respondents with low income demonstrate the highest support for government role in education? As they constitute the most vulnerable group, they need to obtain a degree and secure employment more than any other group in our society. Poor students do not catch the attention of their teachers, nor do they have the means to enrol in extra-curriculum activities that enhance their employability. If they come from one-parent homes or from low-income families, they would have to work before or after school. In her study, *Children, Schools and Poverty*, Melanie Hess reported letters from teachers about poor children in school. We found the following letter the most revealing about their situation.

> Two years ago I had a student who would fall asleep at about 1.30 every afternoon...
> I talked to his mother about this problem and she said he delivered fliers at 5.00 a.m. each morning and came home and went back to bed until it was time to go to school. She said he often cried because his hands were so cold. This student was in Grade 2!! (Wotherspoon, 1998:183).

There is an association between poverty and a low educational achievement. In 1993, poverty rates were 57.8 per cent for people with a grade 8 or less, 44.7 per cent for people with some high school education, 27.1 per cent for people with post-secondary diploma, and only 20.1 per cent for people with a university degree, (Wotherspoon, 1998:184). Students from low-income families will face more financial difficulties once they reach higher education. Thus, with the retrenchment of the welfare state in education, post-secondary education sustained drastic cuts in funding. As scholarships and bursaries became scarce and tuition fees kept increasing, students from less-privileged families relied on loans and on part-time work to face the increasing educational expenses. They were, however, not able to attend the post-secondary programs of their choice, or in the worse case, to access higher education because of lack of funding (Wotherspoon, 1998:184-5).

Going back to Table 5.6, we notice that the independent variables *regrouped age* and *regrouped earnings* have a combined effect on the dependent variable *government role in education* and that the interaction is statistically significant F (9,1092)=3.13, MSE=1.433, P<.01.

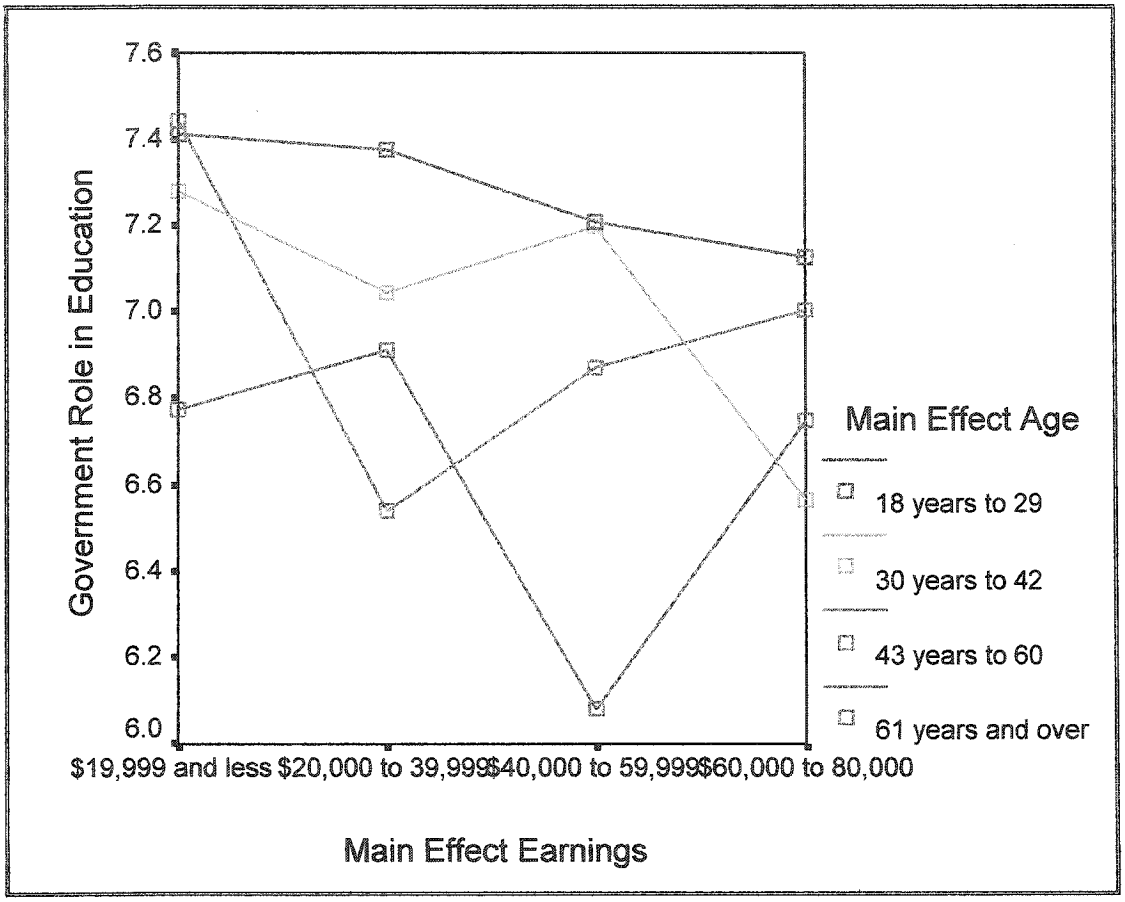
Had we ended our analysis at the regression technique, we would have overlooked important information on the interaction effects of *regrouped age* and *regrouped earnings* on *government role in education.* An interaction effect occurs when a main effect is modified by another effect. In our case, the main effect of regrouped age was modified by the effect of regrouped earnings on government role in education.

Examining Graph 5.3, we can distinguish three patterns:

- The red line represents the first pattern displayed by younger people. These people showed a high support for government role in education regardless of their earnings.
- The pink line represents the second pattern for older people whose support for government role in education was moderate when their earnings were less than $40,000 and from $60,000 to $80,000. However, their support for government role in education declined when they earned between $40,000 and $59,999.
- Between these two extreme poles, lies the green line representing the third pattern corresponding to the age group 30-42. These respondents demonstrated a steady high support for government role in education when their earnings ranged from $19,999 to less than $60,000. However, as soon as their earnings increased to $ 60,000 and more, their support for government role in education decreased drastically.

GRAPH 5.3

INTERACTIONS OF REGROUPED AGE AND REGROUPED EARNINGS ON GOVERNMENT ROLE IN EDUCATION CANADA, 1996



Source: *1996 ISSP Survey*

From a sociological point of view, the pattern displayed by the older people category, with the exception of the low level of support portion, is surprising since we found out in Chapter 4, with the results of Ornstein's and Stevenson's study (p. 126) that as people aged, their support for social programs declined. Moreover, because older people are closer to retirement, they have no stake in education and are more favourable to government intervention in retirement benefits. By contrast, younger people are more progressive and more favourable to government intervention in education. Therefore, we can assume that the high support for government role in education by younger respondents is due in part to

their own political ideologies, and in part to the harsh realities they face during their studies and before finding employment. At one time, people were able to find employment by the age of 25 after graduation, but this is no longer the case. What lies behind the generation X pattern? In this category, the average respondent's age was 36. The decline of their support for government role in education once their earnings reached more than $60,000 may prove that at their age they were no longer vulnerable to youth and poverty.

Livingstone and Stove (1999) showed, in Chapter 1, Table 1.2, that young people between 25 and 34 years and whose parents belonged to the working class had only 15 per cent of chances to graduate from university, compared to 45 per cent of chances for people within the same age range but whose parents belonged to the professional/managerial class. There seems to be a link between Livingstone and Stove findings and our results, in that younger people and people with low income demonstrated the highest support for government role in education because these segments of the population face barriers to higher education and in the labour market. The inequalities they encounter both in the education system and in the labour market are well explained by the Marxist theorists that blame the capitalist class organization whose goal is the accumulation of capital by exploiting the working class. To capitalist employers who are more interested in the return from their investment, a young educated person without experience or required skills represents a risky investment. The obvious solution for employers is to hire people with a great deal of credentials, experience and extra curriculum activities, thereby ensuring a good return on their investment; by the same token, they unfortunately outscreen a talented youth, symbol of the future, who may drift away and become a burden to society if policy-makers do not tackle the issue. The situation is more complex for people with low income, since in some cases they cannot even access higher education. The deregulation of tuition

fees, left to the demand and supply of the market, and the scarcity of scholarships and bursaries made it difficult, if not impossible, for people with low income to depend on their limited financial resources to access higher education or to graduate from universities. Here again, if Canada would like to live up to its "classless society" motto, the Canadian government should consider investing in the education system to give the less-privileged opportunities to move upward in the class hierarchy through education.

Discussion

To answer the two questions: (1) Are some regions more or less likely to display a high level of support for the state's responsibility for education or is state responsibility for education equally advocated by all Canada's regions, and (2) Are the lower and working classes more favourable than the middle class to the government's intervention in education or is it the reverse? we used four different statistical techniques.

- As a first step, the crosstabulation procedure provided two statistics, the Chi square and measures of association. At this stage, it was premature to confirm or disconfirm our hypotheses because we had not tested yet for the control variables at the multivariate analysis stage. However, we have been able to compare the region and class analysis results with those of Chapter 4. We found interesting differences between the two chapters worthy of a few comments. Prairie people scored high in support for *government role in health care* because Saskatchewan was the bastion of Medicare, but Albertans scored very high in support for *government role in education*, because they resisted Premier Ralph Klein's privatization and marketization of the public education system. Within social classes, the lower and working classes displayed the highest support for *government role in education* since members of this regrouped class do not

have the financial resources to either access or graduate from university. In addition to the lower and working classes support for government intervention in health care, members of the middle class had a still high support for *government role in health care*, being the most disadvantaged should Medicare become means-tested across Canada.

- In the second step of our analysis, we used the correlation technique, a more powerful one than the first. It takes into account the direction and the strength of the association between two variables at the ordinal and interval/ratio levels. Nominal variables should be dichotomized. Only four independent variables were associated with support for *government role in education*: sex, regrouped class, regrouped earnings and regrouped age; region, as a dichotomized variable, was not associated to the variable *government role in education.*

- With the regression method, our third step, we moved to a more informative tool on different items related to the impact of the independent variables on the dependent variable. Using the stepwise method to build the regression model, we selected the strongest predictors regrouped age, sex, and regrouped earnings for the dependent variable *government role in education.* Once we formulated the equation, we made predictions for the variables *regrouped age*, *sex*, and *regrouped earnings*. In addition, we reported each independent variable relative weight on *government role in education.* Finally, the percentage of variance explained supplemented the information that the variables age, earnings and sex explained 7.1 per cent of the variability of the dependent variable *government role in education.*

At this stage of our analysis, social class was excluded from the model. While *earnings* is an indicator of social class (in Table 5.4, we found a strong correlation between

social class and earnings r=.70), we believe that social class, as defined by Marx in Chapter 2, is the power one class has over another. If people with low income were still facing inequalities both in the education system and in the labour market, it was because of the capitalist class accumulating its capital at the expenses of the working class, the situation worsening with globalization. Livingstone and Stove demonstrated in their article (Table 1.1) that the working class faced stability, that is, it was not experiencing upward mobility. Consequently, we confirmed our hypothesis 2a: social class meaning struggle between the classes measured by *earnings* was indeed a predictor of the dependent variable *government role in education.*

- In the fourth step, we sought the most significant predictors of the variable *government role in education.* Could we base our predictions on the regression results and contend that regrouped age, sex, and regrouped earnings were the predictors of the variable government role in education? It was not possible to do so, for the regression technique did not take into account the differences among the variables sub-groups and their level of significance as the ANOVA procedure did, which makes this latter an appropriate technique at this stage. Hence, it was only when we finished our last multivariate analysis with ANOVA that we have been able to confirm that *regrouped* age (younger people) and *regrouped earnings* (low-income people) were the only predictors for the variable *government role in education.* Support for government role in education can only be explained by the interactions of the independent variables age (younger people) and earnings (low-income people).

In the conclusion of this research project, we shall summarize the differences of empirical results we found between Chapter 4 and Chapter 5.

APPENDIX D

SPSS OUTPUTS FOR CHAPTER 5

TABLE 5 1 Government role in education * Canada Regions Crosstabulation

			Canada Regions						
			Atlantic	Quebec	Ontario	Prairies	Alberta	B.C	Total
Government role in education	2	Count % within Canada Regions	1 .9%	1 .3%	1 .2%				3 .3%
	3	Count % within Canada Regions		1 .3%	4 .9%		1 1.0%		6 .5%
	4	Count % within Canada Regions	4 3.7%	12 3.9%	8 1.9%	1 1.2%		3 2.0%	28 2.4%
	5	Count % within Canada Regions	5 4.6%	17 5.6%	49 11.4%	4 4.9%	1 1.0%	14 9.4%	90 7.7%
	6	Count % within Canada Regions	25 22.9%	69 22.6%	97 22.7%	19 23.2%	16 16.5%	40 26.8%	266 22.7%
	7	Count % within Canada Regions	38 34.9%	89 29.2%	133 31.1%	31 37.8%	33 34.0%	46 30.9%	370 31.6%
	8	Count % within Canada Regions	29 26.6%	79 25.9%	99 23.1%	13 15.9%	30 30.9%	30 20.1%	280 23.9%
	9	Count % within Canada Regions	7 6.4%	37 12.1%	37 8.6%	14 17.1%	16 16.5%	16 10.7%	127 10.9%
Total		Count % within Canada Regions	109 100.0%	305 100.0%	428 100.0%	82 100.0%	97 100.0%	149 100.0%	1170 100%

TABLE 5 B Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	52.976[a]	35	.026
Likelihood Ratio	58.943	35	.007
Linear-by-Linear Association	1.068	1	.301
N of Valid Cases	1170		

a. 16 cells (33.3%) have expected count less than 5. The minimum expected count is .21.

Source: *1996 ISSP Survey*

TABLE 5 C Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.213			.026
	Cramer's V	.095			.026
	Contingency Coefficient	.208			.026
Ordinal by Ordinal	Gamma	.011	.030	.368	.713
	Spearman Correlation	.010	.029	.355	.723[c]
Interval by Interval	Pearson's R	.030	.028	1.033	.302[c]
N of Valid Cases		1170			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

TABLE 5 D Government role in education * regrouped classes Crosstabulation

			Regrouped classes			
			Lower and working class	Middle class	Upper class	Total
Government role in education	2	Count	2	1		3
		% within regrouped classes	.4%	.2%		.3%
	3	Count		4	1	5
		% within regrouped classes		.8%	.8%	.4%
	4	Count	12	14		26
		% within regrouped classes	2.3%	2.9%		2.3%
	5	Count	36	41	8	85
		% within regrouped classes	7.0%	8.5%	6.7%	7.6%
	6	Count	89	119	44	252
		% within regrouped classes	17.2%	24.5%	37.0%	22.5%
	7	Count	164	156	39	359
		% within regrouped classes	31.7%	32.2%	32.8%	32.0%
	8	Count	137	116	14	267
		% within regrouped classes	26.5%	23.9%	11.8%	23.8%
	9	Count	77	34	13	124
		% within regrouped classes	14.9%	7.0%	10.9%	11.1%
Total		Count	517	485	119	1121
		% within regrouped classes	100.0%	100.0%	100.0%	100.0%

Source: *1996 ISSP Survey*

TABLE 5 E Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	50.568[a]	14	.000
Likelihood Ratio	56.209	14	.000
Linear-by-Linear Association	17.202	1	.000
N of Valid Cases	1121		

a. 7 cells (29.2%) have expected count less than 5. The minimum expected count is .32.

TABLE 5 F Symmetric Measures

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Nominal by Nominal	Phi	.212			.000
	Cramer's V	.150			.000
	Contingency Coefficient	.208			.000
Ordinal by Ordinal	Gamma	-.187	.037	-4.975	.000
	Spearman Correlation	-.146	.029	-4.925	.000[c]
Interval by Interval	Pearson's R	-.124	.029	-4.178	.000[c]
N of Valid Cases		1121			

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

REGRESSIONS

TABLE 5 G Regression of government role in education on sex

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.100[a]	.010	.009	1.243

a. Predictors: (Constant), R: sex

TABLE 5 H Regression of government role in education on regrouped age

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.205[a]	.042	.041	1.226

a. Predictors: (Constant), regrouped age

Source: *1996 ISSP Survey*

TABLE 5 I Regression of government role in education on regrouped earnings

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.149[a]	.022	.021	1.235

a. Predictors: (Constant), Regrouped earnings

UNIVARIATE ANALYSIS OF VARIANCE

TABLE 5 J Regrouped age Pairwise Comparisons

Dependent Variable: Government role in education

(I) regrouped age categories	(J) regrouped age categories	Mean Difference (I-J)	Std. Error	Sig.[a]	95% Confidence Interval for Difference[a]	
					Lower Bound	Upper Bound
from 18 years to 29	From 30 years to 42	.281*,b,c	.120	.019	4.539E-02	.517
	from 43 years to 60	.338*,b,c	.138	.014	6.785E-02	.609
	61 years old and up	.673*,b,c	.138	.000	.402	.944
From 30 years to 42	from 18 years to 29	-.281*,b,c	.120	.019	-.517	-5.E-02
	from 43 years to 60	5.695E-02b,c	.121	.638	-.180	.294
	61 years old and up	.392*,b,c	.121	.001	.154	.630
from 43 years to 60	from 18 years to 29	-.338*,b,c	.138	.014	-.609	-7.E-02
	From 30 years to 42	-5.695E-02b,c	.121	.638	-.294	.180
	61 years old and up	.335*,b,c	.139	.016	6.252E-02	.607
61 years old and up	from 18 years to 29	-.673*,b,c	.138	.000	-.944	-.402
	From 30 years to 42	-.392*,b,c	.121	.001	-.630	-.154
	from 43 years to 60	-.335*,b,c	.139	.016	-.607	-6.E-02

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

b. An estimate of the modified population marginal mean (I).

c. An estimate of the modified population marginal mean (J).

Source: *1996 ISSP Survey*

TABLE 5 K Regrouped earnings Pairwise Comparisons

Dependent Variable: Government role in education

(I) Regrouped earnings	(J) Regrouped earnings	Mean Difference (I-J)	Std. Error	Sig.[a]	95% Confidence Interval for Difference[a]	
					Lower Bound	Upper Bound
$19,999 and less	From $20,000 to $ 39,999	.260*	.119	.029	2.627E-02	.493
	From $40,000 to $59,999	.388*	.131	.003	.131	.645
	From $60,000 to $80,000	.404*,[b]	.150	.007	.109	.699
From $20,000 to $ 39,999	$19,999 and less	-.260*	.119	.029	-.493	-2.6E-02
	From $40,000 to $59,999	.128	.109	.240	-8.58E-02	.342
	From $60,000 to $80,000	.145[b]	.132	.273	-.114	.403
From $40,000 to $59,999	$19,999 and less	-.388*	.131	.003	-.645	-.131
	From $20,000 to $ 39,999	-.128	.109	.240	-.342	8.583E-02
	From $60,000 to $80,000	1.644E-02[b]	.143	.908	-.264	.297
From $60,000 to $80,000	$19,999 and less	-.404*,[c]	.150	.007	-.699	-.109
	From $20,000 to $ 39,999	-.145[c]	.132	.273	-.403	.114
	From $40,000 to $59,999	-1.644E-02[c]	.143	.908	-.297	.264

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

b. An estimate of the modified population marginal mean (J).

c. An estimate of the modified population marginal mean (I).

Source: *1996 ISSP Survey*

CONCLUSION

The question of our research project was: *Is there consensus among Canadians about the state's responsibility for health care and education?* We answered this question in Chapters 4 and 5. In this chapter, we will first synthesize our findings taking into consideration the hypotheses and the theories developed in this research project. Second, we will take the opportunity to state the limits of our research project and will propose some research prospects to scholars who would like to expand on the subject. Finally, we will end the chapter by sharing with the social scientists community the new knowledge we acquired during this fascinating experience.

We posited that there would be no consensus among Canadians about state responsibility for health care and for education across social classes and among regions. As evidence, we used the survey conducted by the International Social Survey Programme (ISSP) in 1996 and compared it with Ornstein's and Stevenson's study who used surveys from the years 1977-1981.

For the regional analysis, we postulated that Québec region would demonstrate the highest support for government role in health care and for education in 1996, based on Ornstein's and Stevenson' results in 1977-81 and on Banting's theory of welfare state and federalism. In addition, we postulated that the Prairie region would show a high support for government role in health care and education in 1996, based on Ornstein's and Stevenson' results in 1977-81 and on the fact that Saskatchewan was the bastion of Medicare. The

latter was confirmed. However, the results of the data analysis disconfirmed the prediction of Québec region's highest support for government role in health care and in education. We presented some valid elements, such as Nevitte's post-materialist theory and the plausible impact the 1995 Referendum failure had on Quebeckers, to explain Québec's lower support for government role in health care and education in 1996 compared to that of some other parts of Canada. On the issue of social class, we posited that the lower and working classes would show a higher support for government role in health care and for education, based on the Marxist theory of social class. On the other hand, we contended that the middle class would be as favourable as the lower and the working classes to government intervention in health care and in education, based on the theory of universality of social programs. From the data we analyzed in Chapter 4, we can assert that our thesis was supported; there was indeed only 8 per cent difference in support for government role in health care between the two classes. In addition, the lower and working classes showed the highest support for government role in education.

We challenged the findings that "revealed a hegemonic order through the early '80s, built around public support for the institutions of the Canadian welfare state", argued that such hegemonic order would no longer exist in the late '90s, and we thus justified our statement: During the 1990s, Canadians were living in an era of neo-conservatism and welfare state retrenchment; the interests of the masses and the interests of the dominant fundamental group about societal life were therefore conflicting. At that time, the state main concerns were debt reduction and fiscal responsibility, which were translated into cutbacks to social programs.

It is important at this point to comment on the theories Ornstein and Stevenson used in their analysis of ideology, regionalism and social classes. We found that, because Marxists

authors inspired most of their theories, their analyses were one-dimensional. However, we considered Gramci's theory of hegemony the most pertinent to our research project for it revealed the conditions under which consent about societal life between opposing classes was possible.

We think that an analysis of the differences in findings between Chapter 4 and Chapter 5 deserves a mention in our conclusion. In our analysis of public support for state intervention in health care, we found that the independent variables sex, social class and region were the strongest predictors of the dependent variable government role in health care. In our analysis of government role in education, the independent variables regrouped age and regrouped earnings were instead the strongest predictors of the dependent variable government role in education. Hence, women were more favourable than men to state intervention in health care. As we known, women are the first consumers and providers of health care services in the health care system. In the class-region analysis, we found out that the interactions of social class and region had an impact on the level of support for state intervention in health care. While 'the class struggle ideology' had more impact on the level of support for state intervention in health care, that class struggle was regionally located, mostly in the Prairie and Alberta regions. By comparing both chapters, we learned that the middle class has a higher stake in government intervention in health care than it has for education since a two-tier system in Medicare across Canada would be a tragic event for the middle class. Focusing on public support for state intervention in education, we found out that region was not a predictor of government role in education and that social class (struggle between the classes) was not the strongest predictor for government role in education. Rather, age and income were the two strongest predictors of government role in education. Hence, younger people demonstrated the highest support of government role in

education because they lacked the level of education and skills most employers were demanding in the competitive knowledge economy. Post-secondary education requires financial resources people with low income do not posses, and as financial resources were less accessible to people from low-income families, these respondents showed the highest support for government role in education.

Almost two decades elapsed between the beginning of the first survey and the second one, years during which many social, economic and political changes occurred in Canada. This passage of time constitutes an important contributing factor to the changes in public support for government intervention in social programs, such as health care and education. Time, thus, was an indicator as important as region, social class, sex, age and income. Now that we have synthesized our findings, we may state the limits of our research project, limits that might offer opportunities to other researchers.

It is our deep love for the Canadian society and particularly our concern for its social policies in health care and education that moved us to research this topic. Little did we know that we were embarking on a complex project, as complex as our Canadian society: a federal society with five recognized parties, two official languages, a multiculturalism policy, faced with rising social movements asking for self-governance, economically globalized and whose health care system and public education system are jeopardized by cutbacks and privatization.

We believe that our research project lacked an in-depth literature review of Québec society, as this region stands out from the rest of Canada by its culture, politics, social programs such as health care and education and its movement for independence/sovereignty. It is not so easy to predict the attitudes of Quebeckers toward the welfare state after the failure of the 1995 Referendum. For example, while nationalism

and sovereignty were prominent in 1995, these issues became less important in 2003 when Quebeckers elected a federalist government. We may then ask: Is nationalism a cyclical social movement? Consequently, we suggest the following research project to scholars interested in the welfare state and in Québec society: *The impact of the 1995 Referendum on public attitudes towards the welfare state: an analysis of the 1996 ISSP Survey.*

When we elaborated our hypotheses, we decided to use the same ones for public support for government intervention in health care and in education to give some coherence to our research project. However, we found out that the predictors of public support for government intervention in education were not sex and class-region, but age and income. While there was abundant literature on the link between poverty and education attainment and on the difficulties members of the working class have in accessing higher education, there was not enough literature on the link between age (younger people) and the strong public support for government intervention in education. Consequently, we would like to suggest the following research project to people interested in deepening their knowledge of education and education policy: *What lies behind the numbers? Younger people were the most favourable to government intervention in education according to the 1996 ISSP Survey.* This research prospect may take into account the investment in the education field the Canadian government made in 2003. Thus, after many years of fiscal restraint and welfare retrenchment in post-secondary education, the government decided in his 2003 budget to invest $285 million in 2002-03 supporting skills and learning.

> For Advancements in skills learning to take place, it will be critical that Canadians continue to have access to the quality post-secondary education that they need. An important element of maintaining this access is the financial assistance provided by the Canada Student Loans Program (Budget 2003: 131).

Since the Prairie region, as the bastion of Medicare, ranked first in both surveys, we were blessed to learn about that region and more particularly about Saskatchewan whose former Premier, Mr. Roy J. Romanow, Q.C., was appointed in September 2000 as the Commissioner for the Commission on the Future of Health Care in Canada. In November 2002, Commissioner Romanow submitted the Final Report of the Commission on the Future of Health Care in Canada. We wish to include an excerpt of his message to Canadians we think directly relates to our project.

> In their discussion with me, Canadians have been clear that they still strongly support the core values on which our health care system is premised-equity, fairness and solidarity. These values are tied to their understanding of citizenship. Canadians consider equal and timely access to medically necessary health care services on the basis of need as a right of citizenship, not a privilege of status or wealth. Building from these values, Canadians have come to view their health care system as a national program, delivered locally but structured on intergovernmental collaboration and a mutual understanding of values. They want and expect their governments to work together to ensure that the policies and programs that define Medicare remain true to these values (p. XVI).

Inspired by the Romanow Report and by other reports on the state of the health care system, the liberal government decided in 2003, after many years of fiscal restraints, to invest $34.8 billion in health care over the next five years. "The government is committed to ensuring that future generations of Canadians continue to have access to universal, quality health-care that is based on need, not on the ability to pay" (federal budget 2003:12). To scholars interested in furthering their knowledge of public health and health policy, we should like to suggest the following research prospect: *Maintaining the tradition of a universal health care system: From the father Tommy C. Douglas to the heir Roy J Romanow*.

As far as methodology is concerned, we learned a valuable lesson: in a research project, disconfirming a hypothesis is as important as confirming it. As we disconfirm a hypothesis, we discover other predictors and may postulate a new hypothesis. This

research project required a complex data analysis. While the statistical techniques we used in this research project have their merits and their purposes, the ANOVA (analysis of variance) proved to be the best statistical tool for complex projects with relationships between one dependent variable and more than one independent variable, and between one dependent variable and an interaction between two or more independent variables. Thus, with statistical software such as Statistica, we can produce post-hoc tests that provide information on the effect of each sub-groups independent variable on the dependent variable and on their level of significance. In addition, the same information is provided for the interactions of two or three independent variables on the dependent variable and on their level of significance. For example, while the variable sex in Chapter 5 was significant at the regression analysis, it was no longer significant at the ANOVA analysis, for the difference in support for government role in education between males and females was not significant. In addition, because Regression accepts only nominal variables with two categories, ANOVA has an edge over it as it accepts the three types of variables without any limits.

BIBLIOGRAPHY

Armstrong, Pat (1998). A Feminist Perspective on The Vertical Mosaic. *The Vertical Mosaic revisited* edited by Rick Helmes-Hayes and Curtis, James. Toronto, Ontario: University of Toronto Press.

Babbie, Earl (1998). *The Basics of Social Research*, 8th ed. Belmont, California: Wadsworth Publishing Company.

Badgley, Robin and Samuel Wolfe (1967). *Doctors' Strike: medical care and conflict in Saskatchewan*. Toronto: Macmillan Company of Canada Limited.

Baker, Therese L. (1988). *Doing Social Research*, New-York: McGraw-Hill Book Company.

Banting, Keith G. (1987). *The Welfare State and Canadian Federalism*, 2nd ed. Kingston and Montreal: McGill-Queen's University Press

Barr, Nicholas (1998). *The Economics of the Welfare State*, 3rd ed. Stanford, California: Stanford University Press.

Berg, Bruce L. (2001). *Qualitative Research Methods for the Social Sciences,* 4th ed. Boston, USA: A Pearson Education Company.

Bloc Québécois. *Orientations of the Bloc Québécois, 2001.* http://www.bloquequebecois.org

Butin, George (2001). Bachelor's graduates who pursue further post-secondary education. *Education Quarterly Review,* Volume 7, Number 2, Winter 2001, p. 1.

Canada. Commission on the Future of Health Care in Canada (2002). *Building on Value: The Future of Health Care in Canada.* Final Report / *Guidés par nos valeurs : L'avenir des soins de santé au Canada.* Rapport final. Roy. J. Romanow, Commissioner. Ottawa, November 2002.

Canada. Department of Finance (2003). *The budget Plan 2003: Building the Canada we Want* www.fin.gc.ca

Dalton, Russell J. and Manfred Keuchler, eds. (1990). *Challenging the Political Order: New Social and Political Movements in Western Democracies*. Quoted in Ornstein, Michael and H. Michael Stevenson (1999). *Politics and Ideology in Canada: Elite and Public Opinion in the Transformation of the Welfare State* (Montreal and Kingston, Canada: McGill-Queen's University Press.)

Forcese Dennis (1997). *The Canadian Class Structure*, 4th ed. Toronto: McGraw-Hill Ryerson Limited.

Fournier, Marcel, Michael Rosenberg and Deena White (1997). *Quebec Society: Critical issues*. Scarborough, Ontario: Prentice Hall Canada Inc.

Gauthier, Benoît (1997). *Recherche Sociale: De la Problématique à la Collecte des Données,* 3e éd. Ste-Foy, Québec: Les Presses de l'Université du Québec.

Garneau, Grant and Sandra DeVink, (1999). Situation of risk to children. Issues paper. Fredericton, New Brunswick. http://www.canada.justice.gc.ca/en/ps/yj/rp/doc/paper113.pdf

Hale, Sylvia M. (1995). *Controversies in Sociology: A Canadian Introduction*, 2nd ed. Toronto: Copp Clark Ltd.

Healy, F. Joseph (1999). *Statistics: A Tool for Social Research*, 5th.ed. Belmont, California: Wadsworth Publishing Company.

Hiller, Harry H. (2000). *Canadian Society: A Micro Analysis*, 4th ed. Scarborough, Ontario: Prentice Hall Canada Inc.

International Social Survey Programme Codebook, ZA Study 2900, ISSP 1996: Role of Government III. http://www.social-science-gesis.de

Johnson, Allan G. (2000). *The Blackwell Dictionary of Sociology: A user's guide to sociological language*, 2nd ed. Malden, Massachusetts, USA: Blackwell Publishers Inc.

Johnson, William et al (1998). *The Sociology Student Writer's Manuel*, New Jersey, USA: Prentice Hall Inc.

Krahn, Harvey J. and Graham S. Lowe (1998). *Work, Industry, and Canadian Society,* 3rd ed. Scarborough, Ontario: International Thomson Publishing

Laczko, Leslie S. (1978). English Canadians and Quebecois Nationalism. *Canadian Review of Sociology and Anthropology*, 1978,Volume 15, Number 2, pp. 206-217.

——— (1996). Language, Region, Race, Gender, and Income: perceptions of Inequalities in Quebec and English Canada. *Social Inequality in Canada*, edited by A. Frizzelt and J. Pammett. Ottawa, Ontario: Carleton University Press.

——— (1998). Inégalités et État providence: le Québec, le Canada et le monde. *Recherches sociographiques*, 1998, volume XXXIX, Numéro 2-3, p. 317-40.

Lipset, Seymour M. (1968). *Agrarian Socialism: The Cooperative Commonwealth Federation in Saskatchewan.* Garden City, New-York: Doubleday & Company, Inc.

Livingstone, D. W. and Susan Stove (2001). Class and University Education: Inter-generational Patterns in Canada: www.oise.utoronto.ca

Maioni, Antonia (1997). Canadian Welfare State at Century's End. *International Journal of Canadian Studies*, Fall 1997, Volume Number 16, pp. 173-94.

Marshall, Gordon, ed. (1994). *Oxford Concise Dictionary of Sociology*. Oxford, New York: Oxford University Press.

Myles, John (1984). *Old Age in the Welfare State.* Toronto: Little, Brown and Company.

Nevitte, Neil (1996). *The Decline of Deference: Canadian Value Change in Cross-National Perspective*. Peterborough, Ontario: Broadview Press.

Norusis, Marija J. (1999). SPSS 9.0: *Guide to Data Analysis.* Upper Saddle River, New Jersey: Prentice Hall

O'Connor, Julia S. (1998). Social justice, social citizenship, and the welfare state. *The Vertical Mosaic revisited*, edited by Helmes-Hayes, Rick and James Curtis. Toronto, Ontario: University of Toronto Press.

Ornstein, Michael and H. Michael Stevenson (1999). *Politics and Ideology in Canada: Elite and Public Opinion in the Transformation of the Welfare State*. Montreal and Kingston, Canada: McGill-Queen's University Press.

Portelli, John P and Patrick R. Solomon (2001). *The Erosion of Democracy in Education: Critiques to Possibilities*. Calgary, Alberta: Detselig Enterprises Ltd.

Québec. Ministère de la Famille et de l' Enfance: www.mfe.gouv.qc.ca

Resnick, Philip (1999). Review of *The Struggle for Quebec: From Referendum to Referendum* by Robert A. Young. Montreal and Kingston: McGill-Queen's University Press. 1999. *Canadian Public Administration*, Winter 1999 V 42 i4 p. 578

Rice, James J. and Michael J. Prince (2000). *Changing Politics of Canadian Social Policy.* Toronto, Ontario: University of Toronto Press Inc.

Sweet, Stephen A.(1999). *Data Analysis with S.P.S.S.* Toronto, Ontario: Prentice Hall Canada.

Tremblay, Daniel. University of Québec in the Outaouais. Personal interview. October 21, 2002.

Wotherspoon, Terry (1998). *The Sociology of Education in Canada: Critical Perspectives.* Toronto, Ontario: Oxford University Press.

Yalnizyan, Armine (1998). *The Growing Gap: A report on growing inequality between the rich and the poor in Canada.* Toronto, Ontario: Centre for Social Justice.

APPENDIX E

DESCRIPTION OF THE 1996 ISSP SURVEY

DESCRIPTION OF THE 1996 ISSP SURVEY AS PROVIDED BY

www.social-science-gesis.de

"Study Description: Canada

Study title: 1996 Role of Government

Fieldwork dates: November 1, 1996 - December 30, 1996

Principal investigators: Carleton University Survey Centre

Sample type: Stratified multi-stage Random Sampling

Fieldwork methods: Self-completion with drop-off and collection

Context of ISSP questionnaire: Stand-alone

Sampling method: A stratified multi-stage sampling method was employed using as the primary strata the five main regions; Atlantic Canada, Québec, Ontario, Western Canada and British Columbia. Within these regions major sub-areas were randomly selected from Federal Electoral Districts.

- Eastern Canada: St. John's, Newfoundland; St. John, New Brunswick; Halifax, Nova Scotia; Charlottetown, Prince Edward Island.
- Québec: Québec East, Hull/Aylmer, Outremont/Westmount.
- Ontario: Ottawa East, Toronto Centre, Kingston and the Islands.
- Western Canada: St. Boniface, Manitoba; Regina East, Saskatchewan; Calgary West, Alberta.
- British Columbia: Fraser Valley East, North Vancouver/Burnaby, Vancouver Centre.

Within each of these districts two Enumeration Areas were randomly selected. Using Census maps the first two streets that began with the letters *d* and *b* and contained more than 50 residential units were then chosen resulting in a total of 64 sampling frames. Interviewers were instructed to divide the number of residences on any given street by the number of sample points required. In-home sampling used the "first birthday" technique.

Sample size: 1182

Response rates: 2570 A - Total issued (total sample)

- B - Ineligible (address vacant, wrong ages,...)
1764 C - (= A - B) Total eligible (in scope sample)
1182 D - TOTAL ISSP QUESTIONNAIRES RECEIVED

582 E - (= C - D; = F + G + H) Total non-response
806 F - Refusals (refusing to take part)
- G - Non-contact (never contacted)
- H - Other non-response
Language: French / English

Weighted: Yes

Weighting procedure: Because of stratification by province, the data are weighted for age, sex and province using 1991 Statistics Canada census parameters.

DEVIATIONS FROM ISSP QUESTIONNAIRE: NONE

National Population Characteristics: Canada

Source: Statistics Canada

Gender: Male 49.3 %, Female 50.7 %

Age Groups: 18 - 24 13.3 %, 25 - 34 23.8 %, 35 - 44 21.6 %, 45 - 54 14.7 %,

55 - 64 11.8 %, 65 + 14.8 %.

Years of Schooling (population 18+):1 - 9 years 20.5 %, 10 - 11 years 19.0 %,

12 - 13 years 30.1 %, 14 + years 30.1 %.

Employment: Employed 61.0 %, Unemployed 6.9 %, Not in labour force 32.1 %"

Source: Reproduced from the *1996 ISSP Codebook*, pp. 17-19

APPENDIX F

ISSP 1996- ROLE OF GOVERNMENT III QUESTIONNAIRE

Canada

ISSP 1996 - Role of Government III

- english -

Carleton
UNIVERSITY

Mass Communication Program
School of Journalism and Communication
310 St. Patrick's Building
1125 Colonel By Drive
Ottawa, ON K1S 5B6 Canada
Tel: (613) 520-7408
Fax: (613) 520-6690

We hope very much that you will agree to participate in this important study - the twelfth in an annual series of surveys. The questions are also being asked in twenty-four other countries, as part of an international survey of social attitudes.

Completing the questionnaire

It is imperative for sampling reasons that within each home only the person selected by the interviewer answer the questionnaire. Otherwise, the sample will be skewed.

The questions inside cover a wide range of subjects, but each one can be answered simply by placing a tick or check (√) in one or more of the boxes provided. No special knowledge is required: we are confident that everyone will be able to offer an opinion on all questions. And we want all people to take part, not just those with strong views or particular viewpoints. The questionnaire should not take very long to complete (approximately 20 minutes), and we hope you will find it interesting and enjoyable. It should be completed by the person selected by the interviewer at your address. Your participation will be treated as confidential and anonymous.

Returning the questionnaire

Your interviewer will arrange with you the most convenient way of returning the questionnaire. If the interviewer has arranged to call back for it, please complete it and keep it safely until then.

Thank you for your help.

1. First of all, thinking about the law, would you say that people should obey the law without exception, or are there exceptional occasions on which people should follow their consciences even if it means breaking the law?

Obey the law without exception	
Follow conscience on occasion	
Can't choose	

2. There are many ways for people to protest against a government action which they strongly oppose. Do you think people or organisations should definitely, probably, probably not, or definitely not be allowed the following...

	Definitely	**Probably**	**Probably not**	**Definitely not**	***Can't choose***
a. Organise public meetings to protest against the government					
b. Organise protest marches and demonstrations					
c. Organise a nationwide strike of all workers against the government					

3. Would you do any of the following to protest against a government action you strongly opposed? Would you, definitely, probably....

	Definitely would	**Probably would**	**Probably would not**	**Definitely would not**	***Can't choose***
a. Attend a public meeting organised to protest against the government					
b. Go to a protest march or demonstration					

4. And in the past five years have you never, once, or more than once done each of the following to protest against a government action you strongly oppose? [LIST CATEGORIES]

	Never	Once	More than once
a. Attended a public meeting organised to protest against the government			
b. Gone on a protest march or demonstration			

5. There are some people whose views are considered extreme by the majority. Consider people who want to overthrow the government by revolution. Do you think such people should definitely, probably, probably not, or definitely not be allowed to ...

	Definitely	Probably	Probably not	Definitely not	*Can't choose*
a. ...hold meetings to express their views?					
and what about b. ... publish books expressing their views?					

Now...

6. All systems of justice make mistakes, but which do you think is worse...

... to convict an innocent person, ☐

OR ... to let a guilty person go free? ☐

Can't choose ☐

7. The government has a lot of different pieces of information about people which computers can bring together very quickly. In terms of threat to individual privacy, is this...

... a very serious threat ☐

A fairly serious threat, ☐

Not a serious threat, ☐

OR Not a threat at all ☐

Can't choose ☐

8. How much do you agree or disagree with the following statement:

"It is the responsibility of the government to reduce the differences in income between people with high incomes and those with low incomes."

Do you...

	Agree strongly	☐
	Agree	☐
	Neither agree nor disagree	☐
	Disagree	☐
OR	Disagree with the statement	☐
	Can't choose	☐

9. Here are some things the government might do for the economy. Tell me which actions you are strongly in favour of, in favour of, neither in favour of nor against, against, or strongly against...

	Strongly in favour of	In favour of	Neither in favour of nor against	Against	Strongly Against
a. Control of wages by law					
b. Control of prices by law					
c. Cuts in government spending					
d. Government financing of projects to create new jobs					
e. Less government regulation of business					
f. Support for industry to develop new products and technology					
g. Support for declining industries to protect jobs					
h. Reducing the working week to create more jobs					

10. Thinking about some areas of government spending, could you tell me whether you would like the government to spend much more, spend more, spend the same as now, spend less, or spend much less in each of the following areas.

    Remember that if you say "much more", it might require a tax increase to pay for it.

	Spend much more	Spend more	Spend the same as now	Spend less	Spend much less	*Can't choose*
a. The environment						
b. Health						
c. The police and law enforcement						
d. Education						
e. The military and defence						
f. Old age pensions						
g. Unemployment benefits						
h. Culture and the arts						

Now a couple of questions about the amount of power some groups have in society.

11. Do you think that trade unions in this country have...

- Far too much power ☐
- Too much power ☐
- About the right amount of power ☐
- Too little power ☐
- OR Far too little power ☐
- *Can't choose* ☐

11b. How about business and industry? Do they have...

Far too much power	☐
Too much power	☐
About the right amount of power	☐
Too little power	☐
OR Far too little power	☐
Can't choose	☐

11c. And what about the government? Does it have...

Far too much power	☐
Too much power	☐
About the right amount of power	☐
Too little power	☐
OR Far too little power	☐
Can't choose	☐

People also have different opinions on the responsibilities of governments.

12. On the whole, do you think it definitely should be, probably should be, probably should not be, or definitely should not be the government's responsibility to...

	Definitely should be	Probably should be	Probably should not be	Definitely should not be	*Can't choose*
a. ...provide a job for everyone who wants one					
b. ...keep prices under control					
c. ...provide health care for the sick					
d. ...provide a decent standard of living for the old					
e. ...provide industry with the help it needs to grow					
f. ...provide a decent standard of living for the unemployed					
g. ...reduce income differences between the rich and the poor					
h. ...give financial help to university students from low-income families					
i. ...provide decent housing for those who can't afford it					
j. ...impose strict laws to make industry do less damage to the environment					

13. How interested would you say you personally are in politics?

Are you...

Very interested ☐
Fairly interested ☐
Somewhat interested ☐
Not very interested ☐
OR Not at all interested ☐
Can't choose ☐

14. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	*Can't choose*
a. People like me don't have any say about what the government does						
b. The average citizen has considerable influence on politics						
c. Even the best politician cannot have much impact because of the way government works						
d. I feel that I have a pretty good understanding of the important political issues facing our country						
e. Elections are a good way of making governments pay attention to what the people think						
f. I think most people are better informed about politics and government than I am						
g. People we elect as Mps try to keep the promises they have made during the election						
h. Most civil servants can be trusted to do what is best for the country						

15. All in all, how well or badly do you think the system of democracy in Canada works these days?

Does it work well and need no changes ☐

Does it work well but need some changes ☐

Does it not work well and need a lot of changes ☐

OR Does it not work well and need to be completely changed ☐

Can't choose ☐

Now, moving on to some questions about taxes -- and by taxes we mean all taxes together, including wage deductions, income tax, tax on goods and services, and all the rest.

16. If the government had a choice between reducing taxes or spending more on social services, which do you think it should do?

Reduce taxes, even if this means spending less on social services ☐

OR

Spend more on social services, even if this means higher taxes? ☐

Can't choose ☐

17. Generally, how would you describe taxes in Canada today? (Again, we mean all taxes together, including wage deductions, income tax, tax on goods and services, and all the rest.)

a. First, for those with high incomes, are taxes...

... much too high ☐

Too high ☐

About right ☐

Too low ☐

OR Are they much too low? ☐

Can't choose ☐

b. Next, for those with middle incomes, are taxes...

... much too high ☐

Too high ☐

About right ☐

Too low ☐

OR Are they much too low? ☐

Can't choose ☐

c. Lastly, for those with low incomes, are taxes...

... much too high ☐
Too high ☐
About right ☐
Too low ☐
OR Are they much too low? ☐
Can't choose ☐

18. Finally, do you think each of the following should mainly be run by private organisations or companies, or by government?

What about...

	Mainly run by private organisations or companies	Mainly run by government	*Can't choose*
Electricity			
Hospitals			
Banks			

19. If the government had to choose between keeping down inflation or keeping down unemployment, to which do you think it should give highest priority?

Keeping down inflation ☐
Keeping down unemployment ☐
Can't choose ☐

20. Suppose the level of taxation in Canada stays the same as it is now. Should the government...

... spend the same amount as now on social services, even if this means the national deficit or debt stays as it is ☐

OR

... spend less than now on social services, so that the national deficit or debt can be reduced? ☐

Can't choose ☐

21. How close do you feel to ...

PLEASE TICK ONE BOX ON EACH LINE

	Very close	Close	Not very close	Not close at all	Can't choose
a. your neigh-bourhood (or village)					
b. your town or city					
c. your province					
d. Canada					
e. North America					

22. Which of these statements comes closer to your own view?

PLEASE TICK ONE BOX ONLY

It is essential that Canada remain one country ☐

OR

Parts of Canada should be allowed to become fully separate countries if they choose to ☐

Can't choose ☐

23. Canada has federal, provincial, municipal/local levels of government. Which level of government gives the best value for the tax money it receives?

PLEASE TICK ONE BOX ONLY

Federal	
Provincial	
Municipal/Local	
Can't choose	

24. We would like to know your opinion about several constitutional options for Quebec. For each, please indicate how favourable you are to it.

PLEASE TICK ONE BOX ON EACH LINE

	Very favourable	Somewhat favourable	Neither favourable nor unfavourable	Somewhat unfavourable	Very unfavourable
a. No change					
b. Increased provincial powers					
c. Special status in Confederation					
d. Sovereignty with an economic association with Canada					
e. Independence					

25. On a scale of 1 to 10 where 10 is very powerful and 1 is not very powerful how would you rate the following groups?

PLEASE CIRCLE ONE NUMBER ON EACH LINE

Federal politicials	1	2	3	4	5	6	7	8	9	10
Federal bureaucrats	1	2	3	4	5	6	7	8	9	10
Provincial politicians	1	2	3	4	5	6	7	8	9	10
Provincial bureaucrats	1	2	3	4	5	6	7	8	9	10

26.. On a scale of 1 to 10 where 10 is very trustworthy and 1 is not very trustworthy how would you rate the following groups?

PLEASE CIRCLE ONE NUMBER ON EACH LINE

Federal politicials	1	2	3	4	5	6	7	8	9	10
Federal bureaucrats	1	2	3	4	5	6	7	8	9	10
Provincial politicians	1	2	3	4	5	6	7	8	9	10
Provincial bureaucrats	1	2	3	4	5	6	7	8	9	10

NOW, JUST A FEW QUESTIONS ABOUT YOURSELF TO HELP US ANALYSE THE INFORMATION YOU HAVE GIVEN US:

27. Are you: Male ☐ Female ☐

28. What language do you normally speak at home?

English	
French	
English & French	
Other	

29. Please write down your exact age: _____

30. Are you:

Married	
Widowed	
Divorced	
Separated	
Single	

31. If not married (widowed, divorced, separated, single), do you have/live together with a partner?

Yes ☐ No ☐

32. In total, how many years of schooling have you completed? # of years _____

33. How far did you go in school?

Grade school	
Some high school	
Finished high school	
Some college/university	
Finished college	
Some university	
Finished university	
Graduate school	

34. Are you:

Employed full time (3 5 hours+ weekly)	
Employed part time (15-35 hours weekly)	
Employed less than part time/temporarily out of work	
Help family member	
Unemployed	
Student/In vocational training	
Retired	
Housewife/Home duties	
Permanently disabled	
Other/Not in labour force	

35. If you work, how many hours do you normally work in a week? _____

36. If you work, what is your occupation? _____

37. Do you supervise, or are you responsible for, the work of other people?

Yes ☐ No ☐

38. If you work, is your job in the public or private sector?

Work for government	
Work for publicly owned firm	
Work for private company	
Self-employed	

39. In your main job are you an employee or are you self-employed?

Self-employed ☐ Work for someone else ☐

40. If self-employed, how many employees work for you? _____

41. Are you a member of a trade union?

Yes ☐ No ☐

42. If you have a spouse or partner, what is her/his occupation?

Employed full time (3 5 hours+ weekly)	
Employed part time (15-35 hours weekly)	
Employed less than part time/temporarily out of work	
Help family member	
Unemployed	
Student/in vocational training	
Retired	
Housewife/Home duties	
Permanently disabled	
Other/Not in labour force	

43. If your spouse or partner works what is their occupation? _____

44. What is the total income of your household?

Under $15,000.00	
$15,000-$24,999.00	
$25,000-$34,999.00	
$35,000-$44,999.00	
$45,000-$54,999.00	
$55,000-$64,999.00	
$65,000-$74,999.00	
$75,000.00+	

45. And in what range would your own personal income fall?

Under $15,000.00	
$15,000-$24,999.00	
$25,000-$34,999.00	
$35,000-$44,999.00	
$45,000-$54,999.00	
$55,000-$64,999.00	
$65,000-$74,999.00	
$75,000.00+	

46. How many people live in your household? _____

47. How would you describe the composition of your household?

Single	
One adult and one child	
One adult and two children	
One adult and three+ children	
Two adults	
Two adults and one child	
Two adults and two children	
Two adults and three+children	
Three adults	
Four adults	
Four adults with children	
Other	

48. Just as reference points, if you managed to vote in the last federal election, for which party did you vote?

PC	
Liberal	
NDP	
Bloc Quebecois	
Reform	
Libertarian	
Confederation of regions	
Communist	
Other party	
Did not vote	

If respondent DID NOT vote, please go to question 49.

If respondent DID vote, please go to question 50.

49. Which of the following reasons comes closest to explaining why you did not vote in the last federal election in October 1993. Please choose only one reason.

I was not eligible or was not enumerated	
I wanted to vote but was not able to get to the poll	
I didn't understand enough about politics	
I was not interested enough in the election	
I wanted to vote but forgot to	
I never vote for reasons of conscience	
I couldn't decide who to vote for	
There was no one I wanted to vote for	
Other reason _____	
Can't choose	

ANSWER ONLY IF YOU DID NOT VOTE

50. In federal politics, do you normally think of yourself as...

PC	
Liberal	
NDP	
Bloc Quebecois	
Reform	
Libertarian	
Confederation of regions	
Communist	
Green Party	
Other party	
No regular affiliation	

ANSWER ONLY IF YOU DID VOTE

51. And what about the provincial level: If you voted in the last provincial election which party did you vote for?

PC	
Liberal	
NDP	
Parti Quebecois	
Reform	
Libertarian	
Confederation of regions	
Communist	
Green Party	
Other party	
Did not vote	

52. To which ethnic or cultural groups did your ancestors belong? (NAME 2 IF APPLICABLE)

French		India	
English		Pakistan	
German		Bangladesh	
Scottish		North American Indian	
Italian		Metis	
Irish		Inuit/Eskimo	
Greek		Japan	
Ukrainian		Korean	
Chinese		Phillippines	
Dutch/Netherlands		Malaysia	
Polish		Laos	
Jewish		Cambodia	
African		Vietnam	
Caribbean		Other South East Asian	
Arabic		Latin America	
Egyptian		Other (please specify)	
Persian			

53. Could you tell us what, if any, church or religious group you belong to?

_____

54. If you are a member of a church or religious group, how often do you attend religious services?

Once a week	
2 or 3 times a month	
Once a month	
Several times a year	
Less frequently	
Never	

55. Some people consider themselves to be members of a specific social class. Of the following groups, would you consider yourself a member of:

The lower class	
The working class	
Upper working class/lower middle class	
Middle class	
Upper middle class	
Upper class	
No class affiliation	

56. Would you say you live in a:

Completely rural area	
A village	
A town	
A city	

57. In what province do you reside?

Newfoundland		Ontario	
Nova Scotia		Manitoba	
P.E.I.		Saskatchewan	
New Brunswick		Alberta	
Quebec		B.C.	

THANK YOU VERY MUCH FOR YOUR COOPERATION