### The Health of Canada's Children: A CICH Profile

## ABORIGINAL CHILDREN AND YOUTH

he Health of Canada's Children: A CICH Profile, 3rd Edition, is based on a comprehensive review of national and provincial data sources and extensive consultations with experts from many fields, including many representatives of Aboriginal peoples. The CICH Profile contains ten chapters and 398 charts pertaining to the health and well-being of children and youth. It provides a relevant and clear picture of where our children are today, and gives some direction for where we might assist them as they explore their futures.

As Aboriginal communities build toward self-government, promoting health policies and programs that reflect the needs of their communities will become critical for future generations. Reversing a history of dependency and poverty for a future based upon independence and empowerment requires, among other resources, research that accurately portrays the health needs of Aboriginal communities.

Schuyler Webster

### **Population:**

- According to the 1996 Census, 44% of the Aboriginal population is under the age of 20 years compared to 28% of the national population.
- The Registered Indian birth rate has been consistently higher than the national birth rate in Canada. In 1993, the Registered Indian birth rate was 28/1,000 population compared to the national rate of 13/1,000 population.
- The proportion of the Registered Indian population living on- and off-reserve has changed since 1982, with an increase in the proportion living off-reserve. In 1982, 29% of Registered Indians lived off-reserve. By 1997, 42% did. Part of this increase in off-reserve residency is attributable to Bill C-31, through which many names were added to the Indian Registry.

## Striving toward improved health and well-being:

- Aboriginal mothers were less likely to initiate breastfeeding than mothers in Canada overall (54% compared to 75%), but more likely to breastfeed six months or more (39% compared to 24%).
- Aboriginal Head Start programs empower parents and their communities to meet the development needs of young children. 98 Aboriginal Head Start sites across Canada enrolled 3,252 children in off-reserve preschool programs in the 1998-99 term. First Nations children represent 44% of the program participants, Inuit children 34% and Métis children 22%.
- The Community Action Program for Children (CAPC) funds community-based projects that support the healthy development of children, directly or through services for parents and care givers. In 1999, 39 CAPC projects serving Aboriginal families were sponsored by Aboriginal organizations and 6 CAPC projects serving Aboriginal families were significantly governed by Aboriginal organizations. These figures are indicative of the substantial efforts made by Aboriginal communities to support Aboriginal families and promote the well-being of children and youth.
- Although the majority of Aboriginal parents reported that their child or children had no emotional or behavioural problems, a substantial minority reported problems. 9% of children from birth to 5 years had problems, 18% of children 6-11 years of age and 23% of children 12 years and older.

#### **Supporting Aboriginal youth:**

 In 1996, the unemployment rate for Aboriginal youth was 32%, almost double the rate for non-Aboriginal youth. This pattern of increased risk of unemployment persists throughout the life cycle. Action on behalf of Aboriginal health and youth is essential if they are to establish themselves in the labour force.

- The percentage of Registered Indian children and youth remaining in school for 12 consecutive years of schooling rose sharply between 1987-88 and 1993-94, from 37% to 78%. The figure fell somewhat to 71% in 1996-97.
- The number of Registered Indian and Inuit young people enrolled in post-secondary institutions almost doubled between 1987-88 and 1996-97.

# Chronic disease and disability among Aboriginal children and youth:

- In 1997, 15% of children under six, 11% of children aged 6-11 years and 9% of children aged 12 years and older had asthma. Bronchitis affected almost one in ten children under 6. Respiratory illness is the single greatest cause of hospitalization for young Aboriginal children, as it is for non-Aboriginal children.
- 2.3% of male Aboriginal youth (15-24 years of age) are diagnosed with diabetes compared to 0.4% of males of the same age in the national population. The difference is even greater between female Aboriginal youth (3.6%) and females of the same age in the national population (0.4%).
- HIV/AIDS is a serious health issue among Aboriginal peoples, with Aboriginal people being one of the fastest growing segments of the HIV-positive population.

#### Trends in mortality:

- The rate of death for children aged 19 years and under declined between 1979- 1983 and 1989-93. Although this is undeniably a positive trend, longer life does not necessarily indicate a trend towards greater health throughout the life-cycle.
- SIDS cases from Aboriginal families represent an increasing proportion of all SIDS deaths in Alberta. There has been no change in the absolute number of SIDS deaths in the Aboriginal population in Alberta, but in the non-Aboriginal population the number of cases has fallen. Research is needed to better understand the persistent high SIDS rates among Aboriginal people.
- First Nations males (15-24 years) die from suicide at a rate of 126/100,000. This is very high compared to the national rate for males of the same age, 24/100,000. First Nations females (15-24 years of age) also die from suicide at a higher rate than females of the same age in the national population, 35/100,000 compared with 5/100,000. New research has established a link between cultural factors, such as self-governance, land claims negotiation, local control over education and health services, and lower rates of youth suicide in Aboriginal populations.



For information about the sources of the data, please refer to *The Health of Canada's Children: A CICH Profile, 3rd Edition*. To order your copy of the *CICH Profile*, please contact:



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