

The Health of Canada's Children: A CICH Profile

YOUTH

The *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. 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.

The following information from the *CICH Profile* addresses the health and well-being of Youth.

Education, employment and extracurricular activity:

- Education has emerged in the 1990s as a central strategy among youth for negotiating the transition into adulthood. In 1980-81, 68% of youth were students compared to 84% in 1996-97.
- Increasingly, youth are choosing to participate in the voluntary sector. The youth volunteer rate nearly doubled between 1987 and 1997, from 18% to 33%.
- The majority of B.C. youth participated in a least one extra-curricular activity. A greater proportion of female youth reported participating; female youth were also more likely to report participating in two or more activities.

Youth and discrimination:

- Youth who belong to a visible minority group account for 13% of the youth population. In British Columbia and Ontario, approximately one in five youth belongs to a visible minority. These youth may encounter racism in their day-to-day lives or discrimination in school, the community or the workplace.
- Youth born outside of Canada are less likely to have ever had paid employment than Canadian-born youth. This is true for both younger and older youth. 62% of Canadian-born youth aged 15-16 years have never had paid employment whereas 77% of immigrant youth the same age had not. The difference is even more striking for youth aged 17-19 years with 25% of

Canadian-born youth and 51% of immigrant youth indicating that they have never had paid employment.

- In B.C., youth were asked about their experiences with discrimination. For both males (22%) and females (28%), physical appearance was the most commonly cited reason for the discrimination. Race and skin color were less frequently cited, reported by 11% of males and 8% of females.

Risk behaviours:

- The violent crime rate for youth doubled between 1987 and 1997 (the peak year was 1996). Between 1987 and 1997, the violent crime rate for female youth increased 179%. The violent crime rate for male youth increased by 85%. The actual rate of girls charged with a violent crime in 1997 (47/10,000) was still much lower than the rate for male youth (133/10,000).
- In Ontario, the rates for past year and daily use smoking dropped in the 1980s and then increased in the 1990s. In 1997, 28% of youth reported past years smoking and 20% reported daily use. Long-term smoking increases morbidity and mortality from a wide range of conditions including respiratory disease and heart disease.
- In 1995-96, "binge" drinking was common among underage males (52%) and to a lesser extent among underage females (35%). Drinking to the point of intoxication creates potentially dangerous situations, increasing the chance of injury (via motor vehicle incidents and fights) or infection with a sexually transmitted disease (due to unplanned and unprotected sexual activity).
- In a 1996-97 survey, youth drinkers aged 15-19 years reported a higher rate of drinking and driving than drinkers from any other age group with the exception of 20-24 year olds.
- In B.C., female youth who think that they look older than their peers were more likely to report engaging in potentially risky behaviours, such as drinking, using marijuana or having sexual intercourse.

Reproductive health:

- The teen pregnancy rate fell between 1974 and 1994. Yet in 1994 there were almost 47,000 women, aged 15-19, who became pregnant.
- The live birth rate for young women, aged 15-19 years, decreased steadily between 1974 (36/1,000) and 1986 (23/1,000) and then leveled off, with some fluctuations. It was 22/1,000 in 1996.
- The rate of abortion for young women aged 15-19 years increased steadily from 14/1,000 in 1974 to 23/1,000 in 1994. It was 22/1,000 in 1996.
- Chlamydia is the single most prevalent sexually transmitted disease in the youth population. In 1996, the rate for female youth was 999/100,000, reduced from previous years but still high. Chlamydia left untreated can have serious and permanent health repercussions for women, including infertility.

Suicide:

- Suicide death rates for male youth, aged 15-19 years climbed dramatically between 1961 and 1991. Between 1991 and 1996, the rate decreased somewhat, dropping from 23/100,000 to 19/100,000. The suicide death rate for female youth has remained stable at approximately 4/100,000 since 1971.
- It is important to realize that suicide death rates capture only completed suicides. In 1996-97, female youth were hospitalized for suicide attempts at a significantly higher rate than male youth (265/100,000 compared with 98/100,000). The male completion rate and the female hospitalization rate are both causes for deep concern.
- According to a 1993 survey, street youth were more likely to have had suicide experiences than youth in school, and were more likely to have incurred injuries. 44% of male youth on the street had considered suicide compared with 12% of males in school. 58% of female youth on the street had considered suicide compared with 21% of females in school. 46% of female street youth had attempted suicide and 26% had incurred injuries, and 10% of female students had attempted suicide with 3% incurring injuries.



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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