



HEALTH

Health status refers to the capacity of people to achieve optimal well-being. It includes physical, social, and emotional health, as well as physical and social risks to well-being.

KEY INDICATORS:

- Self-rated health status
- Infant mortality rate
- Death rates

HEALTHY YOUTH?

The teenage years and those of young adulthood are often considered to be the healthiest in one's life. In many ways, that is true. Death rates for this group have declined over the years. Smoking rates have also dropped. And young women are less likely to have unintended pregnancies.

There are, however, some worrisome health trends – in particular, rates of physical activity, obesity, asthma, and sexually transmitted infections. This chapter of *Progress* highlights these important developments.

A good place to start is to recognize what young people themselves are saying about their health. In 2003, 67% of youth aged 12 to 24 said they were in very good or excellent health, but this proportion has come down considerably over the last four years. In 1998, 73% of youth had rated their health so positively.

Young girls aged 12 to 14 were more likely to say that they were in very good or excellent health (68% compared to 66% for boys). Among the older age groups, however, young men 15 to 24 gave higher ratings of their health than their female peers. Overall, very few children and youth reported that they were in fair or poor health.

What about stress? In 2003, almost one in four young people aged 18 to 24 said they felt stressed “quite a lot” – a proportion virtually unchanged from 2000. Women were more likely than men to say they felt quite stressed (26% compared to 21%).



FIRST NATIONS CHILDREN & YOUTH

The 2002/03 First Nations Regional Longitudinal Health Survey provides important insights into the health of children and youth living in First Nations communities. The survey included 228 First Nations communities in all provinces and territories except Nunavut. Here are some of the highlights:

Children under age 12

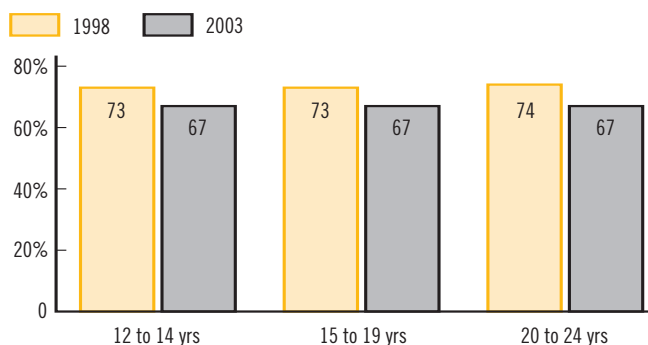
- First Nations children are no more or less likely than Canadian children generally to be born with low birthweights (5.5% vs. 5.6%), but they are more likely to have high birthweights (21% vs. 13%).
- About three of five children were breastfed (63%) – a higher proportion than in 1997 (50%), but lower than the Canadian average (80%).
- Half of children aged 3 to 5 participate in physical activities every day, compared to 37% of children aged 9 to 11.
- More than half of children were either overweight (22%) or obese (36%).
- The rate of disabilities among First Nations children was almost double that of all Canadian children.
- Nearly one in five (18%) First Nations children experienced at least one injury that was serious enough to warrant medical attention in the year before the survey. The rate was higher than among Aboriginal children living off-reserve (12%) and among Canadian children overall (10%).
- The vast majority of children (94%) got along very well with their families with no difficulties, or quite well with hardly any difficulties.
- Overall, 15% of children had an emotional or behavioural problem. The rate was higher for boys than girls (18% vs. 12%).
- The most common chronic conditions among children were: asthma (15%); allergies (12%); chronic ear infections or problems (9%); chronic bronchitis (4%); and learning disabilities (3%).

Youth aged 12 to 17

- Although the vast majority of First Nations youth (90%) participated in physical activities once a week or more, only about half (45%) were considered “sufficiently active” – that is, they engaged in 30 minutes of moderate-to-vigorous activity most days of the week.
- About four in 10 youth were overweight (28%) or obese (14%).
- Among youth aged 15 to 17, First Nations smoking rates were three to four times higher than the rates for all Canadian boys (47% vs. 13%) and girls (61% vs. 15%).
- About four of 10 (42%) said they consumed alcohol in the previous year. Among those who did, nearly two-thirds (65%) had five or more drinks at a time at least once a month.

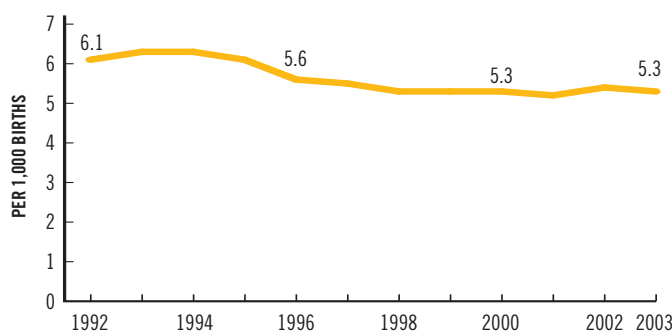
KEY INDICATORS

VERY GOOD OR EXCELLENT SELF-RATED HEALTH



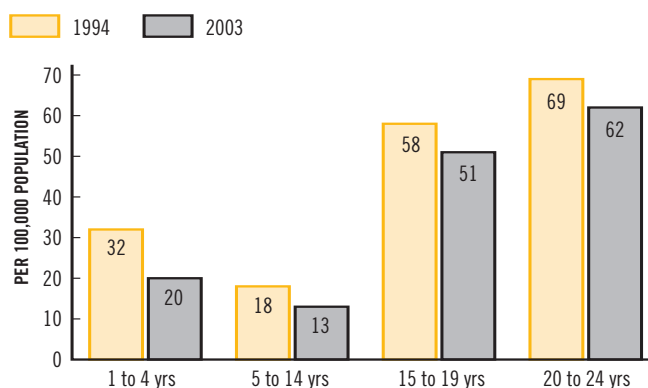
Source: Calculations by the Canadian Council on Social Development using data from the Canadian Community Health Survey, 2003 and the National Population Health Survey, 1998.

INFANT MORTALITY RATE



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Cansim Table 102-0030.

DEATH RATES, BY AGE GROUP



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Vital Statistics, Births & Deaths databases.

ABORIGINAL CHILDREN LIVING OFF RESERVES

The health of Aboriginal children living in non-reserve areas is slightly lower than that of all Canadian children, according to parental responses in the Aboriginal Peoples Survey. In 2001, 83% of parents of Aboriginal children under age six living off reserves rated their child's health as excellent or very good. Among the Canadian population as a whole, 90% of parents rated their children's health so highly.

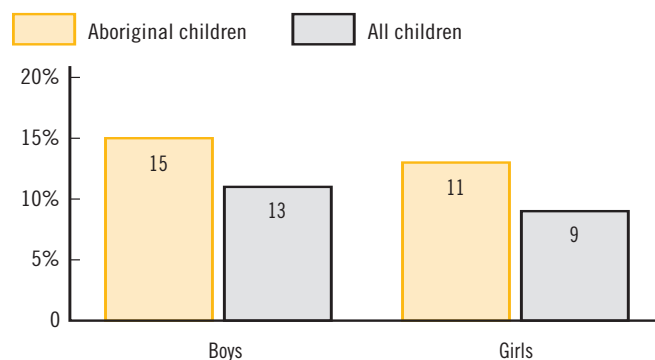
As children get older, this gap in health ratings becomes narrower. Among Aboriginal children aged 6 to 14 in non-reserve areas, 82% were reported to be in excellent or very good health, compared to 86% of all Canadian children in that age group. Among Aboriginal youth aged 15 to 24, 69% reported having excellent or very good health, compared to 71% for youth in the general population.

There were differences within Aboriginal populations. Among children under 15 years, 79% of Inuit and 84% of Métis children were said to be in excellent or very good health. For North American Indian children in non-reserve areas, 81% reported excellent or very good health.

Higher injury rates

Unintentional injury is one of the leading causes of death and disability among Canadian children. Parents reported that about 13% of Aboriginal children under age 15 living in non-reserve areas had been injured seriously enough to require the attention of a doctor, nurse, dentist or traditional healer in the year prior to the survey. That rate was slightly higher than for Canadian children as a whole (11%). Falls and sports-related injuries were the most common, accounting for more than 68% of all injuries. Aboriginal boys had higher injury rates than girls.

UNINTENTIONAL INJURIES, BY GENDER, 2001



Note: Aboriginal children under age 15 living in non-reserve areas, injured in previous 12 months

Source: Statistics Canada, Aboriginal Peoples Survey, A Portrait of Aboriginal Children Living in Non-reserve Areas, 2001.

Breastfeeding

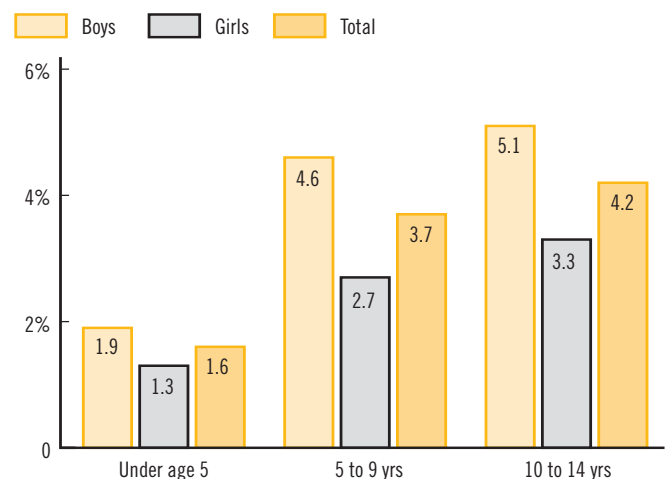
The Aboriginal Peoples Survey found that 67% of all children under age 15 in non-reserve areas had been breastfed by their mothers, compared to 82% among all Canadian children. The trend appears to be rising – about 72% of non-reserve Aboriginal children under age six were breastfed, compared with 63% of children aged 6 to 14.

There were no significant differences in breastfeeding rates among Inuit, North American Indian, and Métis children. There were, however, differences in *how long* children were breastfed. Inuit children have traditionally been (and continue to be) breastfed for longer periods than other Canadian children. For Inuit children, breastfeeding continued for 15 months, on average, compared with eight months for North American Indian children and seven months for Métis children.

CHILDREN WITH DISABILITIES

There were 180,930 children under the age of 15 (3.3%) living with a disability in Canada's provinces in 2001, according to the Participation and Activity Limitation Survey (PALS). Boys tend to have a higher disability rate than girls, and the rate tends to be higher among older children. This may be the result of injuries or illnesses acquired as children age, or it may result from underlying conditions that only become apparent later in life. Unfortunately, 2001 PALS data do not include information on children in the territories.

DISABILITY RATES, BY AGE GROUP AND GENDER, 2001



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Participation and Activity Limitation Survey, 2001.

Among children under age 15 with disabilities, 57% had mild to moderate disabilities, and 43% had severe or very severe disabilities.

PALS identified five types of disabilities among children under age 5: hearing, seeing, developmental delay, chronic illness, and unknown. The most common type was developmental delay (68% of those with disabilities), followed by chronic illness (63%). Children may have more than one type of disability.

Among school-aged children (5 to 14 years), chronic conditions and learning disabilities were the most commonly identified (65% of those with disabilities).

Unmet needs

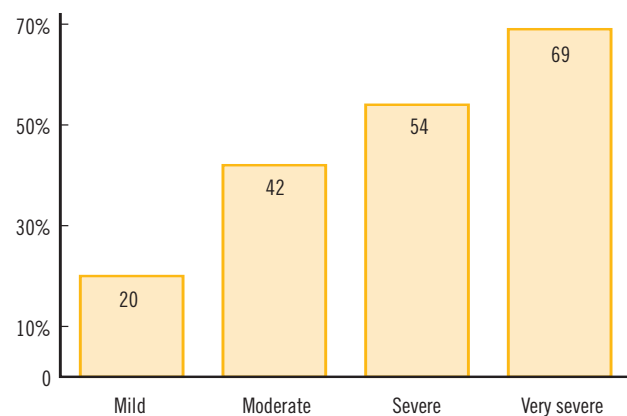
Over two-thirds of school-aged children with disabilities – 104,800 children – required some type of aid or device related to their disability. Among children with mild disabilities, 50% required an aid or device; for those with severe disabilities, it was 90%.

Just under half of school-aged children who required an aid/device had an unmet need in this area. More than one in 10 had *none* of the aids or devices they required.

Adults fare better than children in this regard. Over two-thirds of adults with disabilities had their needs fully met, but among children with very severe disabilities, the opposite was true – more than two-thirds *did not* have their needs fully met.

Many of the aids required were related to learning disabilities. Unfortunately, children with those requirements also had fairly high rates of unmet needs. For example, of the 40,280 children who required computers to assist their learning, 21% reported an unmet need. Of 8,700 children who required voice-activated or synthesis software, 48% had an unmet need. And 28% of the 39,000 children who required a tutor didn't have one.

UNMET NEEDS FOR AIDS/ DEVICES, BY SEVERITY LEVEL, 2001
CHILDREN AGED 5 TO 14 WITH DISABILITIES



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Participation and Activity Limitation Survey, 2001.

Impact of unmet needs

The vast majority of parents (84%) whose children had unmet need for aids/devices said this had a negative impact on the child's life. The rate of impact was about the same for boys and girls, and there was little variation by severity level or age. However, parents living below the poverty line were slightly more likely than higher-income parents to say that their child's unmet need had a negative impact (87% compared with 83%).

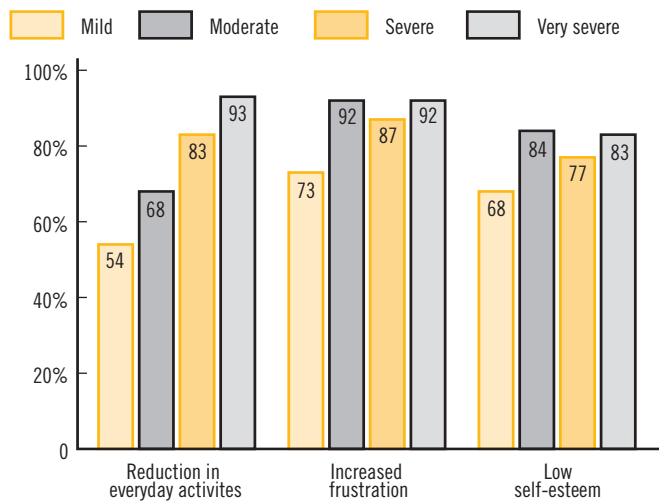
These parents identified three important impacts: a reduction in the child's regular, everyday activities; increased frustration; and feelings of low self-esteem. Boys were slightly more likely than girls to have to reduce their everyday activities. Among

children experiencing negative impacts due to unmet needs, 82% of boys suffered low self-esteem, compared with 77% of girls. Boys and girls were equally likely to experience frustration.

Older children with disabilities were more likely than younger ones to have to reduce their everyday activities because of unmet needs for aids/devices: 84% of those aged 10 to 14, compared to 75% of children aged 5 to 9. Older children were also more likely to experience frustrations (91% compared to 85%).

The severity of a child's disability was an important factor. Unmet needs might be expected to have a more negative impact on children with severe or very severe disabilities. However, children with moderate disabilities and unmet needs reported frustration and low self-esteem at rates as high as or slightly higher than children with more severe disabilities.

IMPACT OF UNMET NEEDS FOR AIDS/ DEVICES, BY SEVERITY LEVEL, 2001
CHILDREN AGED 5 TO 14 WITH DISABILITIES



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Participation and Activity Limitation Survey, 2001.

Affordability

Financial considerations underlie many unmet needs. Among children with some form of unmet need, 67% of their parents said the required aid/device was too expensive; 53% said the item was not covered by insurance. In addition, 21% said the aid was not available locally, and 25% didn't know where to obtain it.

Some children with disabilities require special features to enable them to get into and around their homes, such as ramps, lifts, automatic doors, grab bars, or widened doorways. In 2001, 6,600 children with disabilities (4%) needed aids/devices to enable them to enter their home, and 10,000 children (6%) required special features within the home.

While their number and proportion were relatively small, the rate of unmet need among these children was very high. For those requiring special features to enter their homes, 21% had partially unmet needs and another 42% had *none* of their needs met. For children requiring special features within the home, 13% had some unmet needs, while another 48% had none of the aids/devices they required. Once again, parents identified cost as a major reason for these unmet needs.

TOP 10 PHYSICAL ACTIVITIES,* BY AGE GROUP AND GENDER, 2000

	% OF CHILDREN 5 TO 12 YRS		% OF YOUTH 13 TO 17 YRS	
	GIRLS	BOYS	GIRLS	BOYS
Bicycling	92	90	Walking	83
Swimming	91	91	Bicycling	69
Playground equipment	90	83	Swimming	77
Walking	88	83	Basketball	44
Tobogganing/ winter play	78	77	Social dancing	61
Skating	72	65	In-line skating	51
Soccer	47	70	Skating	53
In-line skating	59	59	Running/ jogging	41
Running/ jogging	56	55	Soccer	32
Basketball	34	45	Volleyball	41

* Participated at least once in the previous 12 months
 Source: Canadian Fitness and Lifestyle Research Institute, 2000 Physical Activity Monitor.

PHYSICAL ACTIVITY & WELL-BEING

Physical activity is essential to children’s healthy growth and development. Regular physical activity improves cardiovascular fitness and helps develop strength, flexibility, and bone density. It helps young people maintain a healthy body weight and improves cognitive performance. It promotes their self-esteem and a greater sense of well-being.

Over the last eight years, physical activity levels among children and youth have fluctuated. (Physical activity is classified as being regular, occasional, or infrequent.) In 2002/03, 78% of youth aged 12 to 14 said they were physically active on a regular basis, 15% were active occasionally, and 7% were infrequent. The trend was similar for teens aged 15 to 19, but “infrequent” physical activity had the highest rate among young adults 20 to 24 years.

There have been some positive changes over time. The rate of regular physical activity increased slightly from 75% in 1994/95 to 78% in 2002/03 among youth aged 12 to 14. Among teens (15 to 19 years), the rate rose from 67% to 76%, and among young adults (aged 20 to 24), from 61% to 71% over that period.

Regardless of age, boys were more likely than girls to say they participated in regular physical activity in 2002/03. That trend has remained consistent for at least a decade.

Physical education

For many school-aged children, much of their physical activity is linked to school settings. And for some children, physical education classes are their only source of physical activity.

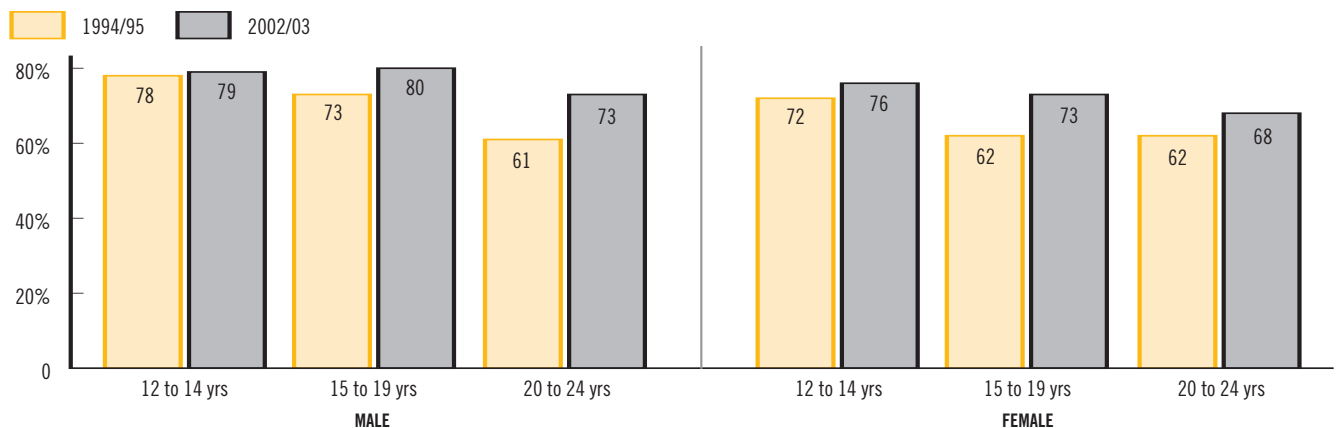
In 2001, 54% of Canadian schools said their policy was to offer daily physical education classes, but only 16% actually did so. Class time devoted to physical education averaged less than one hour per week for elementary students and from 40 to 75 minutes per week for senior secondary students.

According to the 2000 Physical Activity Monitor, parental reports indicated that 41% of children under age 17 had only one or two days per week of physical education classes and 10% had none; 27% had phys-ed classes three or four days a week, and 21% had daily classes.

Recreational activities

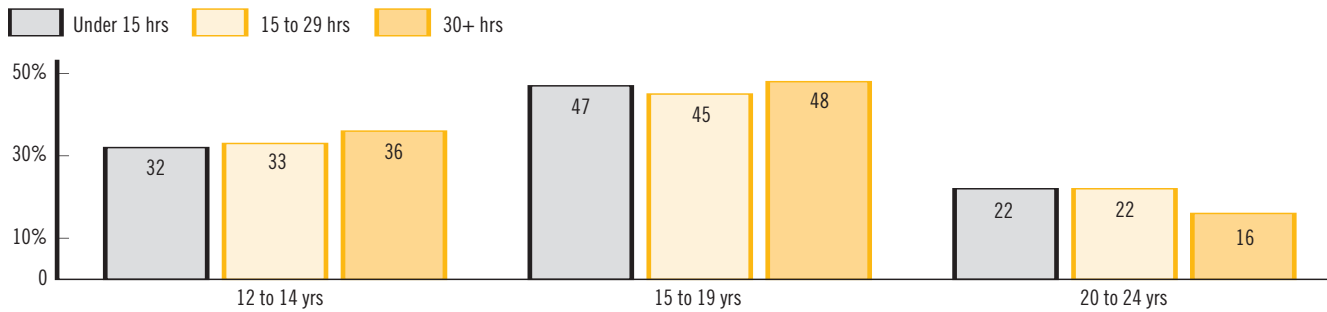
In 2000, the top five recreational activities for children aged 5 to 12 were bicycling, swimming, using playground equipment, walking, and tobogganing/winter play. Among youth aged 13 to 17, the top activities were walking, bicycling, swimming, running, and social dancing.

PARTICIPATION IN REGULAR PHYSICAL ACTIVITY, BY AGE GROUP AND GENDER



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada’s Canadian Community Health Survey, 2002/03 and the National Population Health Survey, 1994/95.

TIME SPENT PER WEEK ON SEDENTARY ACTIVITIES, 2002/03



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2002/03.

OBESITY

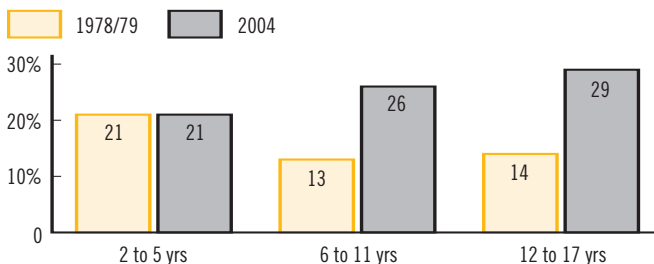
Canadian children are getting fatter. In the past 25 years, the proportion of young people who are overweight or obese has jumped from 15% to 26%. In 2004, 1.6 million children and youth aged 2 to 17 were overweight (1.1 million) or obese (507,000).

Obesity rates do not vary greatly between young boys and girls. In 2004, 18% of both genders were overweight, while 9% of boys and 7% of girls were obese. However, gender differences do appear among teens – 11% of males aged 12 to 17 were obese, compared to 7% of females.

Changes in overweight/obesity rates over time are most dramatic among older children.

Overweight/obesity rates were highest in Atlantic Canada in 2004, with Newfoundland having the highest combined rate (36%). The rate was lowest in Alberta (22%), while the Canadian average was 26%.

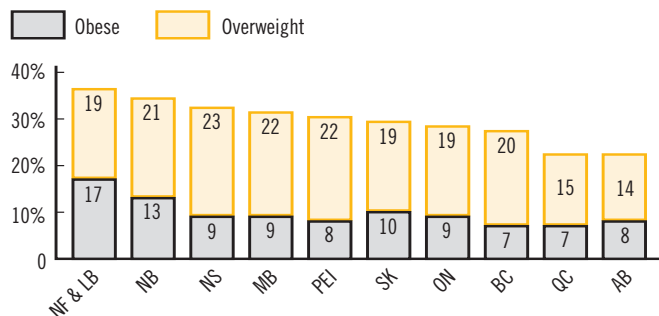
TRENDS IN OVERWEIGHT/OBESITY RATES



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2004 and the Canada Health Survey, 1978/79.

OVERWEIGHT & OBESITY RATES, BY PROVINCE, 2004

CHILDREN AGED 2 TO 17



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2004.

Eating habits

Canada's Food Guide recommends five to 10 servings of fruits and vegetables each day. In 2002/03, the majority of children – regardless of age group – ate less than the recommended amount. Among children aged 12 to 14, 52% ate less than five servings of fruits and vegetables per day. Similarly, the majority of youth aged 15 to 19 (56%) and young adults 20 to 24 (61%) ate less than the recommended number of servings.

There were clear variations in eating habits between boys and girls. Girls, regardless of age, were far more likely to eat fruits and vegetables. In 2002/03, 45% of girls aged 12 to 14 consumed the recommended servings per day, as did 39% of boys. Among teens 15 to 19 years, 41% of girls and 34% of boys ate the recommended amount. In the oldest age group (20 to 24 years), the rates were 39% among women and 29% among men.

Sedentary lifestyles

Many children today lead sedentary or physically inactive lifestyles. They often sit in front of a television or computer screen for hours, which contributes to problems of obesity. In 2002/03, almost half of all children and youth spent 15 to 29 hours per week in sedentary activities. Younger children were more likely than older youth to be physically inactive.

Between 2000/01 and 2002/03, there were no significant changes in the amount of time young people spent on sedentary activities. There was a slight decline – from 24% to 22% – in the proportion of children aged 12 to 14 who spent 30+ hours a week being inactive.

Although there were not large differences in rates between boys and girls, some patterns emerged. In 2002/03, children aged 12 to 14 were more likely than older youth to spend 30+ hours a week in sedentary activities, and boys were far more likely than girls (25% compared to 19%) to be so inactive.



HUNGER

In 2000, 1.2% of all children aged 2 to 11 experienced hunger due to poverty, according to the NLSCY. That was a slight improvement over 1994 (1.5%) and 1998 (1.6%).

Among children who went hungry, 32% went without food regularly or every few months. When their child was hungry, 30% of parents said they visited a food bank, 30% asked relatives for help, and 21% said they themselves ate less or skipped meals.

Rising use of food banks

Since 1989, there has been a steady increase in the number of Canadians using food banks, according to Hunger Count which tracks food bank usage over a one-month period each year. In 2004, over half of food bank users (55%) were families with children.

The proportion of children and youth under 18 using food banks rose from 38% in 1989 to 42% by 2004. During the tracking period in 2004, 317,242 children and youth used food banks – an increase of about 166,000 over 1989.

The proportion of working-poor people has doubled from 6% of food bank users in 1989 to 13% in 2004, according to Hunger Count. A 2005 Toronto survey also highlighted this phenomenon. According to the Daily Bread Food Bank, “work has become less able to support families in large urban areas such as Greater Toronto where the costs of living are the highest in Canada.” In their survey, 14% of the food bank clients identified employment as their principal source of income, and another 7% had income from both employment and social assistance.

ASTHMA & ALLERGIES

Asthma is a chronic lung condition characterized by breathing difficulties. Children with asthma have extra-sensitive airways which narrow or become obstructed when irritated. It is the most common chronic respiratory disease among children, accounting for about one-quarter of all school absenteeism. The condition affects twice as many boys as girls in childhood, but more girls than boys develop the condition as teenagers.

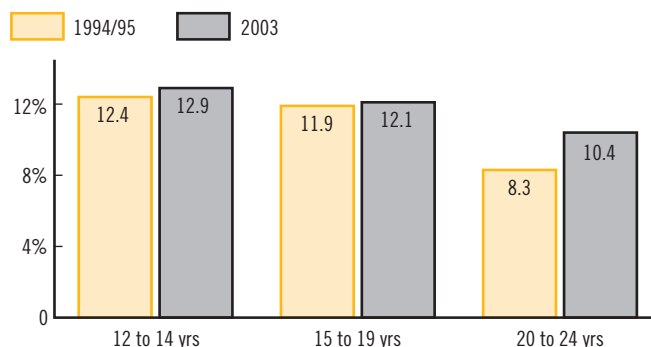
In 2003, over 637,800 children and youth suffered from asthma – 12.9% of all Canadians under age 25. The asthma rate among teens aged 15 to 19 was slightly less (12.1%), while 10.4% of young adults aged 20 to 24 had the condition.

Between 1978 and 1994, asthma rates for young people under age 20 increased significantly – from 2.3% to 12%. The proportion has remained relatively stable since then, but rates continue to climb among young adults 20 to 24.

As noted above, there are gender differences in asthma rates which change as children age. In young teens 12 to 14 years, 14% of boys and 11.7% of girls suffered from asthma in 2003. Among youth aged 15 to 19, 11.1% of boys and 13.1% of girls had asthma. And for young adults 20 to 24 years, 8.8% of men and 12.2% of women had asthma.

In 2003, asthma rates were lowest in British Columbia for all age groups. Rates were relatively high in the Atlantic Provinces.

ASTHMA TRENDS, BY AGE GROUP



Source: Statistics Canada. CANSIM 104-0001.

ASTHMA RATES, BY PROVINCE, 2003

	12-14 YRS	15-19 YRS	20-24 YRS
NF & LB	15.3% *	13.5% *	16.9% *
PEI	17.6% *	13.6% *	n/a
NS	17.2% *	18.6% *	10.7% *
NB	13.0% *	15.7%	13.0% *
QC	11.5%	11.6%	10.3%
ON	13.4%	12.6%	9.5%
MB	17.7% *	9.4% *	n/a
SK	13.1% *	12.0%	10.0% *
AB	13.9%	13.3%	14.7%
BC	10.1%	9.1%	8.7%
CANADA	12.9%	12.1%	10.4%

* Numbers should be used with caution

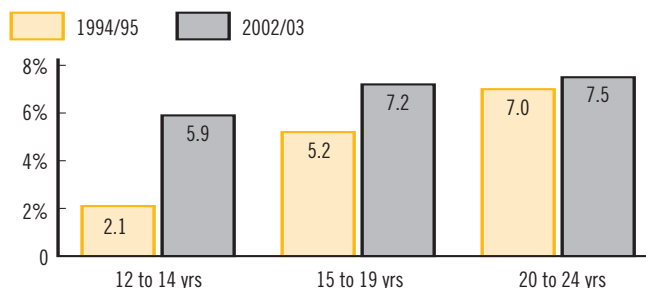
Source: Statistics Canada. CANSIM Table 105-0201.

Food allergies

Over the last eight years, food allergies have increased across all age groups in Canada.

Food allergies were more common among women. In 2002/03, 9% of women aged 20 to 24 reported food allergies compared to 6.1% of men. Among teens aged 15 to 19, 8.2% of women and 6.2% of men had food allergies. For young teens 12 to 14 years, boys were slightly more likely than girls to report having food allergies (6% and 5.7%).

TRENDS IN FOOD ALLERGIES AMONG YOUTH



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2002/03 and the National Population Health Survey, 1994/95.



RITALIN USE

Over the last decade in Canada, the use of prescription medications to treat children's behavioural problems has skyrocketed. Methylphenidate or Ritalin is commonly used to treat Attention Deficit Hyperactivity Disorder (ADHD).

An estimated 1.57 million visits were made to physicians' offices for ADHD in 2001, including repeat visits. This represents an increase of 20% since 1997. Eighty-two per cent of those visits were for children and youth under age 20. Among children under age 10, there was no difference in the number of doctor visits for girls or boys. Gender differences emerged with age: 76% of the doctor visits for ADHD were made by boys and 24% by girls.

The number of prescriptions for Ritalin grew by 142% between 1994 and 2001. Between 1994 and 1998, the growth in prescriptions was highest in Quebec and lowest in British Columbia.

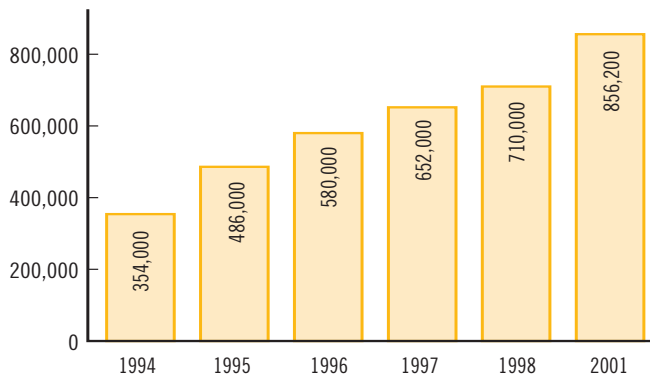
In 2001, Ritalin was prescribed by many different medical specialists. General practitioners/family doctors wrote 42% of the prescriptions and paediatricians wrote 39%. Psychiatrists (15%), neurologists (3%), and other specialists (1%) wrote the remainder. Of patient visits when Ritalin was discussed, office-based physicians recommended the drug for treatment of ADHD in 89% of those visits.

Misuse

Ritalin is primarily prescribed for the treatment of ADHD in children. But its nicknames – *Kiddie Cocaine*, *The R Ball* or *Vitamin R* – indicate that Ritalin has also become a recreational drug used by young people in both the U.S. and Canada. Teens use Ritalin to stay awake, increase attentiveness, suppress appetites, or to produce a feeling of euphoria. In a 2002 Canadian survey, a higher proportion of boys than girls in Grades 9 and 10 said they used Ritalin to “get high” – 8% of boys in both grades, compared to 4% of girls in Grade 9 and 5% in Grade 10.

The use of Ritalin as a recreational drug can be very dangerous, with effects similar to cocaine. Many teens believe that Ritalin is safe to experiment with because it is so widely prescribed and used by classmates or siblings. However, high doses of stimulants like Ritalin can lead to serious malnutrition, tremors/muscle twitching, fevers, convulsions, headaches, irregular heartbeat, anxiety, restlessness, paranoia, hallucinations, and formication (a sensation of ants or worms crawling over the skin).

RITALIN PRESCRIPTIONS



Source: IMS Health, 2001.

RITALIN PRESCRIPTIONS, BY REGION

	1994	1995	1996	1997	1998	% CHANGE, 1994 TO 1998
Atlantic	34,000	44,000	56,000	60,000	67,000	97.1%
Quebec	87,000	116,000	148,000	183,000	204,000	134.5%
Ontario	137,000	183,000	216,000	235,000	251,000	83.2%
Prairies	63,000	95,000	102,000	120,000	131,000	107.9%
British Columbia	33,000	48,000	57,000	54,000	57,000	72.7%
Canada	354,000	486,000	580,000	652,000	710,000	100.6%

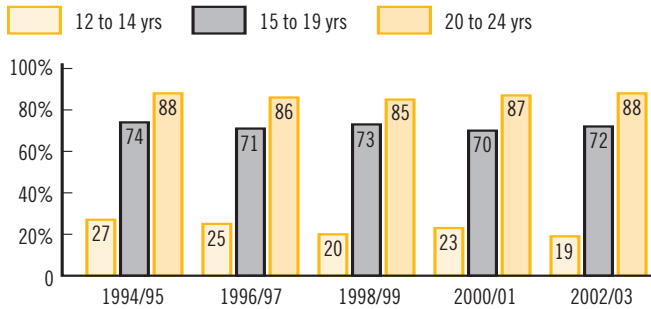
Source: IMS Health. ADHD Snapshot, 2001.

ALCOHOL USE

A majority of Canadian teens and young adults consume alcohol. In 2002/03, 19% of youth aged 12 to 14 consumed alcohol, as did 72% of those aged 15 to 19. Among young adults 20 to 24 years, 88% had consumed alcohol in the previous year. Drinking in the youngest group has declined since 1994/95. There were no dramatic changes in alcohol consumption in the other age groups.

The majority of both young men and women drink alcohol. While there have been fluctuations over the years in gender drinking rates among those aged 15 to 19, men 20 to 24 years were consistently more likely to drink than their female peers.

TRENDS IN ALCOHOL CONSUMPTION,* BY AGE GROUP



* In the previous 12 months

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2000/01 & 2002/03 and the National Population Health Survey, 1994/95, 1996/97 & 1998/99.

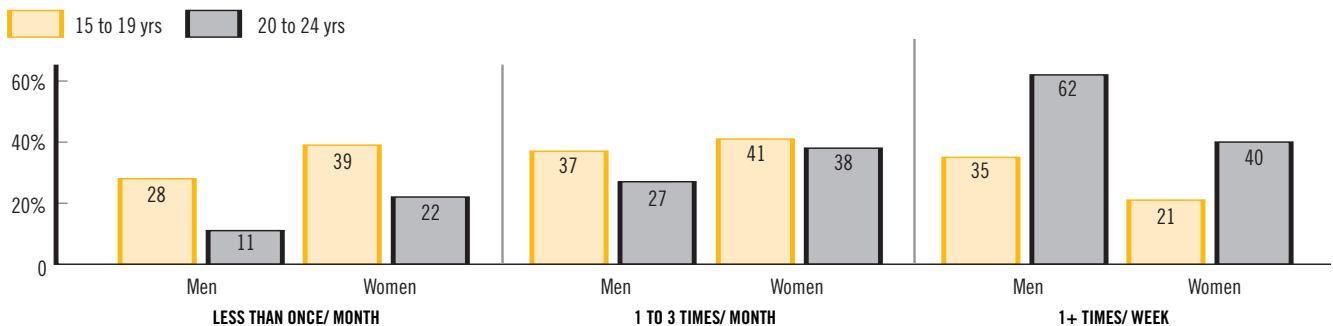
ALCOHOL CONSUMPTION,* BY GENDER

	1994/95	1996/97	1998/99	2000/01	2002/03
MEN					
15-19 yrs	70%	70%	69%	73%	74%
20-24 yrs	89%	89%	84%	85%	91%
WOMEN					
15-19 yrs	71%	73%	74%	73%	70%
20-24 yrs	82%	82%	84%	85%	85%

* In the previous 12 months

Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2001/02 & 2002/03 and the National Population Health Survey, 1994/95, 1996/97 & 1998/99.

FREQUENCY OF ALCOHOL CONSUMPTION, 2002/03



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Canadian Community Health Survey, 2002/03.

Frequency

The majority of teenagers drink alcohol one to three times per month. In their teens and early 20s, young men tend to drink more frequently than women.

When young people were asked if they had ever been in a vehicle with a driver who had had too much to drink, the responses were very different, depending on the person's age. In 2002/03, 6% of youth aged 12 to 14 said they had been in such a situation, up from 4% in 1996/97. Among older teens (15 to 19 years), the proportion grew from 15% to 18%. And among those aged 20 to 24, the proportion was higher and rising faster – from 18% to 24% between 1996/97 and 2002/03.

SMOKING

Fewer youth smoke today than was the case a decade ago, and it is much less prevalent among teens than it was in 1981.

In 2003, 22% of teens aged 15 to 19 smoked daily or occasionally, down from 29% in 1994. In 1981, teen smoking rates were far higher: 42% among young women and 45% for men.

The greatest decline over the decade was among daily smokers. Fewer than 14% of teens in 2003 said they smoked daily, down from 20% in 1994 and 22% in both 1996 and 1998. Young women and men were equally likely to be daily smokers in 2003 (13.5% and 13.9% respectively). These rates were down from 1998/99, when 25% of young women and 19% of men smoked daily.

Among teens who smoke, the majority still light up every day. More than six of 10 teen smokers did so every day in 2003, down from eight of 10 in 1998.

And while there were almost 447,000 teen smokers in 2003 – 280,655 of them daily smokers – they were not the norm. Over 1.5 million young people – 78% of this age group – did not smoke, and 1.2 million (58%) had never smoked. These patterns were similar for both young men and women.

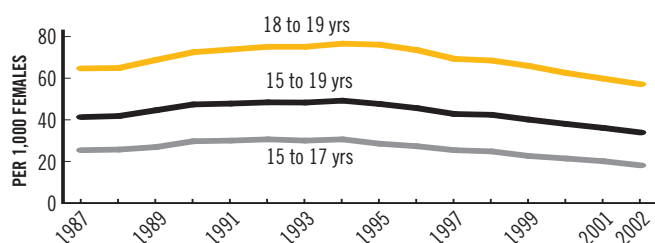
Smoking increases sharply with age. In 2003, 15% of teens aged 15 to 17 were smokers, compared to 24% of youth aged 18 to 19. Girls aged 15 to 17 were more likely than boys to smoke (17% and 13%).

Youth smoking is unevenly distributed across Canada, and it tends to follow adult smoking patterns. The lowest rate was in British Columbia (14%) and the highest was in Saskatchewan (28%), followed closely by youth in Quebec (26%).

SEXUAL HEALTH

In 2002, 35,547 Canadian teens became pregnant. Of these, 67% were aged 18 and 19, 31% were 15 to 17 years old, and 1.3% were younger than 15. The teen pregnancy rate has been declining since 1994. In 2002, 44% of the young pregnant women gave birth, 54% had therapeutic abortions, and 2% miscarried. Teen pregnancy rates vary widely among the provinces and territories, from 24 pregnancies per 1,000 teenaged girls in PEI to 120 per 1,000 in Nunavut.

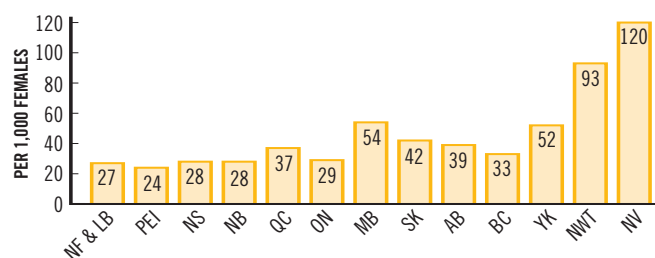
TEEN PREGNANCY RATE, BY AGE GROUP



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Pregnancy Outcomes, 1974 to 2002.

TEEN PREGNANCY RATE, BY PROVINCE & TERRITORY, 2002

TEENS AGED 15 TO 19



Source: Calculations by the Canadian Council on Social Development using data from Statistics Canada's Pregnancy Outcomes, 1974 to 2002.

Sexually transmitted infections

Chlamydia is the most commonly reported sexually transmitted bacterial infection (or STI) in Canada. Between 1997 and 2002, infection rates rose by 60% in the population overall, but increases were even higher among youth.

From 1991 to 1997, chlamydia rates declined among teens aged 15 to 19 and young adults 20 to 24 years. From 1997 to 2002, however, the rate rose by 76% among men aged 15 to 19 and by 42% among women. For those aged 20 to 24, the rate increased by 92% among men and by 102% among women.

Women account for more than two-thirds of reported cases of chlamydia, and two-thirds of the reported cases are among those aged 15 to 24. It can permanently affect long-term fertility and is suspected of contributing to Canada's rising infertility rates. Public health agencies believe this STI is likely under-detected.

The reported rate of gonorrhea also increased among young people between 1997 and 2002. For men aged 15 to 19, the rate rose by 34%, and among women, by 38%. For young adults aged 20 to 24, the rate of gonorrhea increased by 74% among men and by 43% among women. Unlike chlamydia, males account for more than 60% of the reported gonorrhea cases.

Sexual intercourse

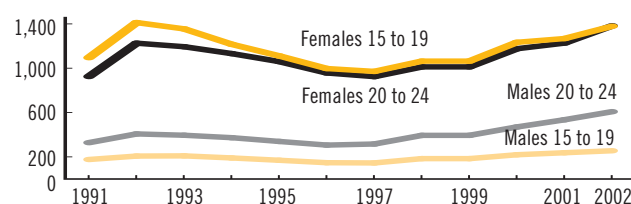
Between 1988 and 2002, the proportion of Grade 9 students who had sexual intercourse at least once declined among both boys and girls, but the decline was greater among boys. And for Grade 11 students, the proportion who had sexual intercourse at least once declined among males, but not among females.

It was more common for sexually active students in 2002 to report having intercourse "often" than was the case in 1988 – across both Grades and genders. Thus, while slightly fewer students are having sex, those who do tend to be more sexually active.

The most common reason students gave for not having sex was that they were "not ready." This response was more common among girls than boys, and more common among Grade 9 students than those in Grade 11. More boys than girls in both Grades cited "not having the opportunity to have sex" as their main reason. Only a small proportion of students – and more girls than boys – cited "fear of pregnancy" as the main reason. Less than 2% said they abstained from sex due to fear of HIV/AIDS or other STIs. The most common reasons given for having sex were "love for the person," "curiosity/ experimentation," and "influence of alcohol/ drugs."

Students were likely to engage in sexual activities other than intercourse. In 2002, about one-third of Grade 9 students (32% of males and 28% of females) and just over half of Grade 11 students (53% of males and 52% of females) engaged in sexual activities other than intercourse.

REPORTED CHLAMYDIA RATES, BY AGE GROUP AND GENDER



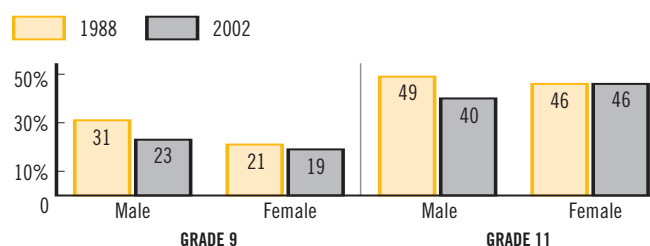
Source: Health Canada. 2002 Canadian Sexually Transmitted Infections Surveillance Report.

Fewer sexual partners

The percentage of youth who have more than one sexual partner seems to be declining. According to the Canadian Youth, Sexual Health and HIV/AIDS Study, 43% of male students in Grade 11 in 2002 reported having had only one sexual partner, up from 29% in 1988. Among female Grade 11 students, the proportion rose from 47% to 54%. Fewer Grade 11 students reported having six or more partners. Among men, those with six or more partners dropped from 24% in 1988 to 15% in 2002, and among women, the proportion declined from 11% to 9%.

SEXUALLY ACTIVE YOUTH, BY GRADE AND GENDER

% WHO REPORTED HAVING INTERCOURSE AT LEAST ONCE



Source: W. Boyce; M. Doherty; C. Fortin; and D. MacKinnon. Canadian Youth, Sexual Health and HIV/AIDS Study. Council of Ministers of Education, Canada, 2003.

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