

Executive Summary

The *Child Health Report 2004* provides an overview of the health of children aged 0 to 6 years old in the Region of Peel. It includes information from a variety of sources on the health status of children, the child population and the family and community environment in which children live. This report also contains data on many interventions that promote and protect health. Since multiple data sources are drawn upon in this report, the years for which data are reported may vary from source to source depending on data availability.



The *Child Health Report 2004* is intended to be a resource for individuals and organizations concerned with the health and welfare of Peel's children aged 0 to 6 years. Further information on the health of children in Peel may be obtained by contacting the Region of Peel Health Department.

The key findings of each section of the report are summarized below.

Peel's Children

In the Region of Peel and Ontario, crude birth rates have been slowly declining since the early 1990's. In 2000, there were 12,759 live births to mothers residing in Peel. Crude birth rates for the Region of Peel were consistently higher than for Ontario, which was likely due to Peel's higher proportion of women in the 25 to 39 year age group and to higher fertility rates among women.

As of 2001, there were 98,480 children aged 0 to 6 years living in Peel Region. Although the proportion of the population composed of young children will decline over the next 20 years, the overall number of children in Peel will increase.

Family and Community Context

In 2001, the majority of families in Peel (59.1%) were comprised of married or common-law couples with children living at home. Lone-parent families, headed mostly by females, accounted for 14.5% of census families living in Peel. Between 1996 and 2001, the proportion of lone-parent families increased from 13% to 14.5%.

Most families in Peel enjoy a good standard of living. However, there is still a high proportion of low-income* families with children less than six years old living in Peel (12.5% in 2000). The proportion of these families decreased between the 1996 and 2001 censuses for both Peel and Ontario.

The Region of Peel continues to be a diverse community. Census data for 2001 show that although English is the language spoken most often at home (87%), many residents spoke other languages in the home, such as: Punjabi, Chinese, Polish, Portuguese and Urdu. The majority of the population was able to converse in one of Canada's two official languages (97%). Three per cent were unable to communicate using English or French, however, this proportion was over 9% in some areas of the Region of Peel.

Prenatal Health

In Peel, 58% of mothers who had a live birth in 2003 reportedly took a vitamin supplement containing folic acid before becoming pregnant the most recent time. Approximately 73% of mothers reportedly had their first prenatal medical visit within the first two months of their pregnancy, while 13% had their first visit during their third month and 8% during their fourth month of pregnancy or later.

An estimated 32% of Peel mothers who gave birth in 2003 attended prenatal classes during their pregnancy. Study findings suggest that first-time mothers are more likely to attend prenatal classes than experienced mothers. In addition, females aged 25 to 34 years were more likely than other age groups to attend classes, and those who completed higher levels of schooling were also more likely to attend classes than those with less education.

In 2002, the majority of Peel mothers with children 0 to 2 years old (91%), knew that alcohol use during pregnancy can lead to life-long disability in a child and 79% knew that most effects of alcohol use on a child do not usually disappear as the child grows.

Infant Health—The First Year of Life

Low Birth Weight

Low birth weight is an important determinant of infant and child health. The proportion of singleton† babies with low birth weight increased in Peel and Ontario throughout the late 1980's and early 1990's, and began to decline after 1995 to 4.5 per 100 live births in Peel and 4.4 for Ontario by 2000. Low birth weight babies were more common among teen mothers and mothers aged 40 years and older.

* Low income was defined as the percentage of economic families or unattached individuals who spend 20% more of their income than average on food, shelter and clothing (i.e. with an income below the low-income cut-off).

† A singleton is a baby that is not a twin or other multiple birth.

Stillbirths

Stillbirth rates in Peel increased gradually between 1986 and 1997 after which it declined to a rate of 6.9 stillbirths per 1,000 total births (live births and stillbirths) in 2000. In Ontario, stillbirth rates remained relatively stable over the 15-year period with 6.3 stillbirths per 1,000 total births per year in 2000.

Congenital Anomalies

Rates of congenital anomalies in Peel tended to be slightly higher than rates for the province between 1997 and 2000. Congenital anomaly rates in Peel increased from 1995 through 1997 after which rates remained relatively stable. Ontario rates increased from 1995 through 1999. In contrast, rates of neural tube defects in both Peel and Ontario decreased between 1986 and 1996.

Perinatal and Infant Mortality

After reaching a high of 11.9 deaths per 1,000 total births in 1997, the perinatal mortality rate in Peel began to stabilize at 10.4 deaths per 1,000 total births in 2000. Perinatal mortality rates in Peel over the last few years (1994 to 2000) have generally been higher than in Ontario. In contrast, infant mortality has declined in Ontario, although a slight increase occurred between 1998 and 2000. This trend has been similar, but less dramatic, in Peel.

Breastfeeding Practices

In Peel in 1999, 84% of new mothers reported breastfeeding their babies at birth. This declined to 43% by six-months. Breastfeeding initiation and maintenance rates were higher in mothers who were older and had more education.

There are a number of factors that influence duration of breastfeeding; among these are supportive environments for breastfeeding in the community. In 2003, 56% of Peel residents thought that it was acceptable for a mother to breastfeed her baby while in a restaurant or shopping mall. Attitudes towards breastfeeding in these public settings varied by sex and age group.

Early Childhood Health

Leading Causes of Child Mortality and Hospitalization

In 1989 to 1999 combined, the top three causes of death for children aged 1 to 6 years in Peel and Ontario were injuries and poisoning; cancer; and congenital anomalies.

In Peel in 2001, the top three causes of hospitalization for males aged 1 to 6 years were respiratory system diseases; infectious and parasitic diseases, and digestive system diseases. Similarly, the top three causes for females in the same age group were respiratory system diseases; infectious and parasitic diseases; and endocrine, nutritional and metabolic diseases and immunity disorders. Overall hospitalization rates for males and females aged 1 to 6 years in Peel were higher than for Ontario.

Injuries

In 2001, rates of unintentional injury-related hospital separations in children aged 0 to 6 years in Peel were lower (482.4 per 100,000) than in Ontario (557.6 per 100,000). Child rates of unintentional injury were higher in males (525.8 per 100,000) compared to females (436.6 per 100,000) in Peel and higher in the less than one year age group. Accidental falls were the leading cause of hospitalization due to unintentional injuries among children aged 0 to 6 years.

Between 1991 and 2000 there were nine deaths among children aged 0 to 9 years from intentional injuries in Peel. Mortality rates were highest for children aged less than one year.

In 2002, 9% of mothers reported that their child 0 to 2 years old had sustained at least one injury in the past 12 months serious enough to require a medical visit. Cuts, scrapes and bruises were the most commonly reported type of injury (43%) followed by broken or fractured bones (11%). The head and neck were reported as the most common body parts affected by injuries (31%). Injuries most often occurred either inside the child's own home or apartment (66%), or just outside the home or apartment (13%).

Car Seat Safety

In Peel, in 2002, an estimated 78% of children aged 0 to 2 years were restrained in car seats appropriate to their age and weight. Observations of whether the child's car seat was installed correctly and used properly could not be obtained.

Bicycle Helmet Use among Children 1 to 2 Years Old

Almost half (45%) of mothers surveyed reported that their children aged one and two years rode bicycles, tricycles or rode in wagons; however, only 60% of these children always wore a helmet.

Food Insecurity

In 2002, 5% of mothers with children aged 0 to 2 years reported that in the 12 months prior to being surveyed, someone in the household worried that there would not be enough food to feed the family due to lack of money. An additional 9% reported that someone in the household did not eat the quality or variety of food they wanted due to a lack of money and 4% reported that the family actually did not have enough food to eat due to a lack of money.

Dental Health

The Canadian Dental Association (CDA) recommends that babies and young children not be given bottles in bed. If bottles must be given, the CDA suggests using plain water.

Thirty-two per cent of Peel mothers surveyed reported that their children had taken a drink in a bottle to bed at some point in their lives. The proportion of mothers reporting that their children had ever taken a bottle to bed decreased with increasing age of the mother, increasing levels of education and increasing levels of household income. Single mothers and mothers who were new immigrants were more likely to report that their children had taken a bottle to bed.

Exposure to Second-Hand Smoke

In 2002, an estimated 10% of children aged 0 to 2 years were exposed to second-hand smoke in either their home or vehicles.

Childhood Immunization

Immunization coverage across the Region of Peel varies by vaccine and there is room for improvement. For Peel, the proportion of the 4 to 6 year-old school-aged population known to be fully immunized for diphtheria, pertussis, tetanus and polio (DPT-Polio) and measles, mumps and rubella (MMR) ranged from 71 to 85% in 2003. Haemophilus influenzae type b vaccine is recommended for children under the age of five years, but is not required in the Region of Peel unless the child is registered in a licensed day care centre. Coverage rates for Haemophilus influenzae type b vaccine among children attending licensed day care centres in Peel ranged from 57 to 96% in 2003. In general, immunization coverage increased with increasing age.

Sun Safety

Five per cent of mothers reported that their children aged 0 to 2 years had been sunburned at some point in their lives. The most commonly used strategy to protect children from the sun was the use of protective clothing. Eighty-eight per cent of mothers reported that their children wore protective clothing 'always' or 'often'.

