

Aboriginal children's health: Leaving no child behind ^[1]

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Description

The Issue – at a glance Aboriginal children are among the most marginalized children in Canadian society. Despite some advances, in almost any measure of health and well-being, Aboriginal children – including First Nations, Inuit and Métis -- are at least two or three times worse off than other Canadian children. As children, they are less likely to see a doctor. As teens, they are more likely to become pregnant. And in many communities, they are more likely to commit suicide. This disparity is the greatest children's rights challenge facing our nation. Health depends on a web of economic, social, political and environmental factors. These are some of the factors affecting the health of Canada's Aboriginal children: Poverty Lack of education Substandard housing Poor nutrition Lack of access to health care and other social services A legacy of family, community and cultural breakdown left by residential school policies The Consequences – a glimpse 1 in 4 First Nations children lives in poverty compared to 1 in 9 Canadian children on average. In cities of more than 100,000 people, approximately 50 per cent of Aboriginal children under the age of 15 live in low-income housing, compared to 21 per cent of non-Aboriginal children. In contrast to the national infant mortality rate of 5 infant deaths per 1,000 live births, the rate is 8 per 1,000 among First Nations and 16 per 1,000 in Nunavut (where 85 per cent of the population is Inuit). Only 63 per cent of First Nations children on selected reserves accessed a doctor in 2001; 46 per cent of Inuit children and 77 per cent Métis children did so, compared to 85 per cent of Canadian children on average. Between 33 and 45 per cent of Inuit, Métis and First Nations children (on and off reserve) report chronic illness. On-reserve First Nations child immunization rates are 20 per cent lower than in the general population, leading to higher rates of vaccine-preventable diseases. 38: The percentage of deaths attributable to suicide for First Nations youth aged 10 to 19. In 1999, the suicide rate among First Nations was 2.1 times higher than the overall Canadian rate. The rate of suicide for Inuit is 11 times higher than the overall rate of the Canadian population. First Nations teenage fertility is seven times higher than the national average. For First Nations teenage girls under age 15, the fertility rate is 18 times higher than that of other Canadians. Nunavut has the highest teen pregnancy rate in Canada, at 161.3 children per 1,000 women. Birth weight for First Nations babies is increasing. Twenty-one per cent of First Nations babies are born with high birth weight compared with 13.1 per cent of high birth weight in the general population, leading to health risks. The Solution-a snapshot The solution lies in ensuring our policies, funding and service delivery models promote equal access to the rights inherent to all children in this country. We need: More culturally appropriate community-based health services to ensure that Aboriginal families do not have to move far from home to find the services they need – services that other children routinely access. Improved coordination between federal, provincial and Aboriginal governance systems for health care funding and delivery. No Aboriginal child should be denied services others enjoy because of a dispute about which order of government is responsible to provide or pay for it. To commit to funding the same level of services for Aboriginal children as we do for other Canadian children.

Region: Canada ^[3]

Tags: poverty ^[4]

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