

## THE CHILD IN FLANDERS

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## FOREWORD

The first years of life are hugely important. Everyone is in agreement on that! What children experience has a big influence on their futures, in all areas of their lives. A lot can change in a short time too. When adults look back on their early years, they find that a great deal has changed.

This is why it is important to monitor the circumstances in which young children are living closely and to gather information about their living conditions and their development. Child and Family has been reporting on the welfare of young children in Flanders and the circumstances they are living in for several years now. This report was issued as a separate publication, "The Child in Flanders", for the first time in 1997, and the 2003\* edition is the seventh in the series.

"The Child in Flanders" contains a broad spectrum of data: demographic data such as the birth rate, number of young children, number of ethnic minority children, adopted children and minors who come to Flanders as asylum seekers; data on family circumstances such as family composition, ethnicity, age of parents, roles within the family, prosperity and deprivation in families and parental participation in the labour market; data on child care, out-of-school care and on children receiving specific supervision and support; data on the health and physical development of young children; and finally, data on issues relating to the question of whether children are living healthy lifestyles.

We take great pains to search for the most recent figures on the various aspects, so that we can offer a report with up-to-date information, and we only use official statistics or statistics that have a sound scientific basis, as a glance at the source references to the tables and figures will show.

We deliberately take the children themselves as the starting point of our reports. Advocates of children's rights have been urging for decades with ever greater insistence for children to be seen as a distinct group in the population with its own characteristics and its own position in society. For the purposes of compiling statistics, this means in concrete terms that the child is the unit of calculation rather than the family or the mother.

"The Child in Flanders" looks at all children, not just children who are known to the caring agencies for one reason or another. This is because we are trying to present a picture that reflects real life as much as possible, without of course losing sight of those children who are a cause of special concern.

We hope that this report on the welfare of young children and the circumstances they are living in will encourage public interest in the lives of children in Flanders.

Happy reading!

Bea Buysse  
Scientific adviser  
Child and Family

\* This report is available in digital format on the Child and Family website:  
[http://www.kindengezin.be/Algemeen/Over\\_Kind\\_En\\_Gezin/Jaarverslagen/default.jsp](http://www.kindengezin.be/Algemeen/Over_Kind_En_Gezin/Jaarverslagen/default.jsp)

## CH 1.

### BIRTHS STABILISE AT A LOW LEVEL

The number of births increased slightly in 2003 compared with 2002, but the birth rate remains low. The number of births was just below 60 000 in 2003. Despite a further shrinking in the number of potential mothers, the birth rate has stabilised. If the birth rate is stabilising while the number of potential mothers is falling, this means that the women who are having children are having slightly more children than before.

The population of the Region of Flanders is still *ageing*, as the low birth rate of recent years has been translated into a further decrease in the population of young children.

This chapter first presents a number of basic figures, and then goes on to explain these figures, indicate trends, and place the figures in a European context.

In addition to children born in Flanders, there are also children who have come from other countries: immigrants, including adopted children and asylum seekers. These figures will also be interpreted.

#### 1. Number of births

*There were slightly more births in 2003 than in 2002, but the number of births remains below 60 000*

In 2003, there were 59 964 live births in the *Region of Flanders*. Compared with 2002 there were 239 more babies born, an increase of 0.4% (see Table 1.1 and Figure 1.2). The birth rate in the Region of Flanders remains at a very low level.

51.3% of the live births were boys; 48.7% were girls (see Table 1.3).

#### Births

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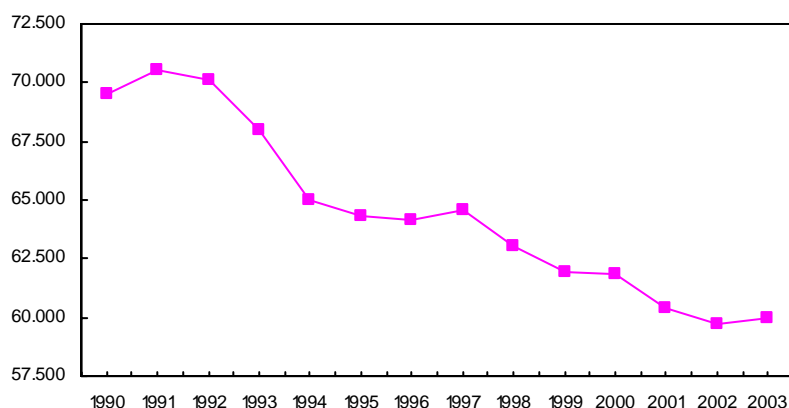
2002	59 725
<b>2003</b>	<b>59 964</b>

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#### 1.1 Number of live births in the Region of Flanders

Source: NIS - Population statistics

#### Births trend



#### 1.2 Trend in the number of births in the Region of Flanders since 1990

Source: NIS - Population statistics

**Number of births by gender**

	Number	%
Boys	<b>30 740</b>	51.3
Girls	<b>29 224</b>	48.7

**1.3 Number of live births in the Region of Flanders by gender – 2003**

Source: NIS - Population statistics

Table 1.4 shows the number of births *by province*. The different provinces show different trends. The birth rate increased in three provinces: Antwerp (+2.6%), East Flanders (+0.8%) and Flemish Brabant (+0.2%). The number of births fell in the provinces of West Flanders (-1.6%) and Limbourg (-2.1%) (see also Figure 1.5).

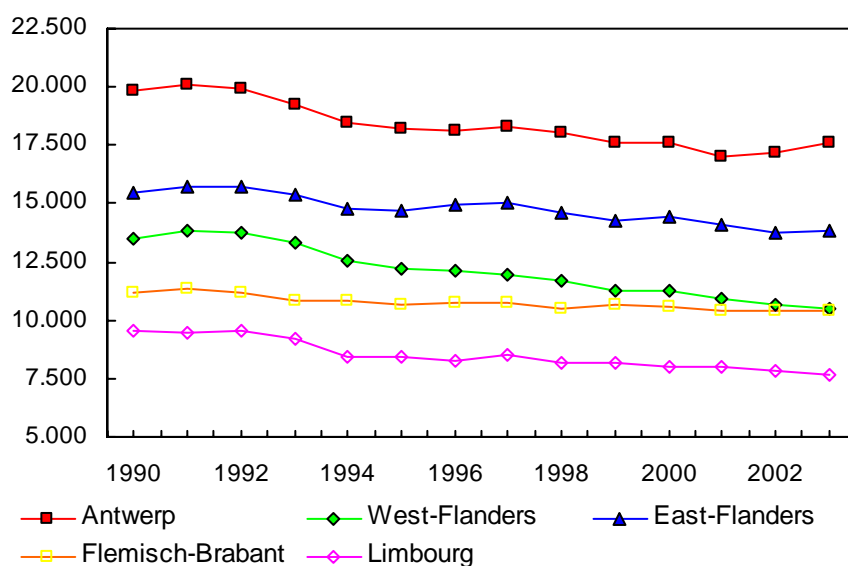
**Births by province**

	2002	2003
Antwerp	17 144	<b>17 583</b>
Flemish Brabant	10 403	<b>10 425</b>
West Flanders	10 636	<b>10 470</b>
East Flanders	13 738	<b>13 848</b>
Limbourg	7 804	<b>7 638</b>

**1.4 Number of live births per province**

Source: NIS - Population statistics

**Births trend by province**



**1.5 Trend in the number of live births by province**

Source: NIS - Population statistics

### Number of multiple births

	2001	2002
Number of twins	1 039	1 167
Number of triplets	13	24
Number of quadruplets	0	0
Percentage of children born from a multiple birth	3.5	4.0

1.6 Number of multiple births and percentage of children born from a multiple birth - Region of Flanders and Flemish maternity hospitals in Brussels

Source: Study Centre for Perinatal Epidemiology

## 2. Newcomers: immigrants, children for adoption, asylum seekers

In addition to children born in Flanders, there are children who come to Flanders as immigrants either from the Walloon or Brussels Regions, or from outside Belgium.

In this context, we also present figures for adoptions - the majority of adoptions in Flanders are intercountry adoptions - and figures for asylum seekers who are minors.

### 2.1. Immigrants

In 2002, 5 628 children aged under 12 migrated to the Region of Flanders *from other countries*. This figure is 3% higher than in 2001. In addition, 3 974 children migrated from the *Region of Brussels* and the *Walloon Region*. The number of migrations from other regions is also higher than in 2001 (+6.8%) (see Table 1.7).

### Immigration

	From another Region		From outside Belgium	
	2001	2002	2001	2002
Children aged under 3	1 146	1 232	1 362	1 394
Children aged 3-6	1 051	1 118	1 565	1 578
Children aged 6-12	1 525	1 624	2 536	2 656
Total	3 722	3 974	5 463	5 628

1.7 Number of children aged under 12 migrating to the Region of Flanders from another region or from outside Belgium

Source: NIS – Population statistics

### 2.2. Adoptions

**Very small number of adoptions through the authorised adoption services. Most children for adoption come from abroad**

In the course of 2003, the *adoption services authorised\** by Child and Family placed a total of 186 children for adoption. This was 33 fewer than in 2002. The majority of placements were of children who came from outside Belgium (88.7%) (see Table 1.8 and Figure 1.9).

The children from outside Belgium came mainly from China, Ethiopia, Cambodia, Russia and India (see Table 1.8).



At the time of placement in a family, 42.5% of the children were under 1 year old and 31.7% were between 1 and 2 years old. Almost 26% of the children were 2 years old or more (see Table 1.10).

The average age of the children was 1.1 years; this was younger than in 2002, when the average age was 1.3 years.

In 47.9% of the adoptions, the child was placed in a childless family, in a small number of cases together with another child for adoption. In the cases of placement in a family with children, the child being placed for adoption was, with the exception of five children, always younger than the children of the family (see Table 1.11).

Most of the adoptive parents were aged between 30 and 49. The average age of the adoptive father was 38.3 and of the adoptive mother 37.2. The average age of the adoptive mother was higher than in 2002 (by about 1 year). The average age of the adoptive father was near enough the same. A total of 7 children had no adoptive father; 1 child had no adoptive mother.

*\* No information is available on the number of "free" adoptions, i.e. adoptions not arranged through an authorised adoption service.*

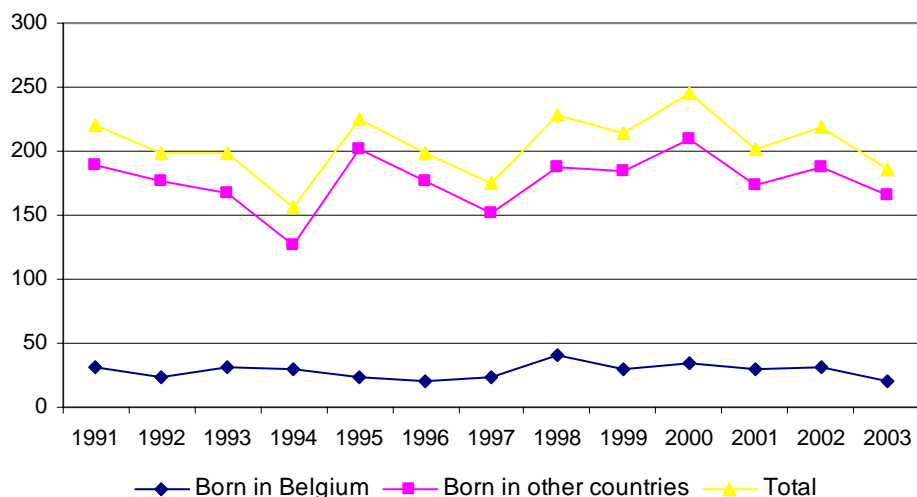
#### **Adopted children**

	2002		2003	
	Number	%	Number	%
<b>Born in Belgium</b>	32	14.6	21	11.3
China	42	19.2	49	26.3
Ethiopia	22	10.0	29	15.6
Cambodia	1	0.5	20	10.8
Russia	12	5.5	13	7.0
India	18	8.2	12	6.5
The Philippines	11	5.0	9	4.8
Sri Lanka	7	3.2	7	3.8
South Africa	5	2.3	7	3.8
Haiti	29	13.2	5	2.7
Thailand	1	0.5	5	2.7
Vietnam	28	12.8	4	2.2
Colombia	5	2.3	3	1.6
Ecuador	3	1.4	2	1.1
Bulgaria	2	0.9	0	0.0
Romania	1	0.5	0	0.0
<b>Total figure for children from other countries</b>	187	85.4	165	88.7
<b>Total</b>	<b>219</b>	<b>100.0</b>	<b>186</b>	<b>100.0</b>

1.8 Children placed for adoption: numbers by countries of origin

Source: Child and Family - Adoption statistics

### Adoption trends



### 1.9 Trend in the number of children placed for adoption since 1991

Source: Child and Family - Adoption statistics

### Age on adoption

	2002		2003	
	Number	%	Number	%
Under 1 year	101	46.1	79	42.5
1 – 2 years	61	27.9	59	31.7
2 – 3 years	26	11.9	24	12.9
3 – 4 years	11	5.0	8	4.3
4 – 5 years	9	4.1	5	2.7
5 - 10 years	7	3.2	9	4.8
10 - 14 years	4	1.8	2	1.1
<b>Total</b>	<b>219</b>	<b>100.0</b>	<b>186</b>	<b>100.0</b>

### 1.10 Age of children on placement for adoption

Source: Child and Family - Adoption statistics

### Position in the family

	Number	%
Childless family, placement of 1 child	74	39.8
Childless family, placement of more than 1 child	15	8.1
Family with children, placement of 1 child as the oldest child	3	1.6
Family with children, placement of 1 child as the youngest child	90	48.4
Family with children, placement of 1 child as neither the oldest nor the youngest child	2	1.1

Family with children, placement of more than 1 child, all younger than the existing children	<b>2</b>	<b>1.1</b>
<b>Total</b>	<b>186</b>	<b>100.0</b>

1.11 Children placed for adoption by number of children placed and position in the adoptive family – 2003  
*Source: Child and Family - Adoption statistics*

### **2.3. Minors as asylum seekers**

Young asylum seekers come into *Belgium* with or without their parents. In 2003, 812 minors submitted asylum applications in their own right, of whom 588 were classified as minors following a bone scan. These are minors with their own individual case dossier, or in other words, minors who have arrived before or after their parents, and not minors who are included in the annex to their parents' asylum application. The number of minors who applied for asylum was virtually the same as in 2002, when 599 minors applied for asylum (see Table 1.12). Almost 47% of the applications were made in Dutch. Most of the young asylum seekers were 16- and 17-year-olds.

#### **Minors as asylum seekers (1)**

	<b>2003</b>
- 6 years	<b>10</b>
6 – 11 years	<b>36</b>
11 – 15 years	<b>140</b>
16 years	<b>153</b>
17 years	<b>249</b>
<b>Total 2003</b>	<b>588</b>
2002	599
2001	747

1.12 Number of minors seeking asylum in Belgium by age

*Source: National Commissioner for Refugees and Stateless Persons, Office for Unaccompanied Minors (1) These figures relate to the number of minors with an individual case dossier. These are minors who have arrived before or after their parents and not minors who are included in the annex to their parents' asylum application. They were classified as minors following a bone scan.*

### **3. Number of young children**

#### ***Slight fall in the population of young children***

As a result of the falling birth rate of recent years, the population of young children in Flanders has continued to fall.

On 1 January 2003 in the *Region of Flanders*, there were 183 103 children aged under 3, 192 832 children aged 3-6 and 414 883 children aged 6-12. In comparison with 2002, the number of children aged under 3 in the Region of Flanders fell by 1 652 (-0.9%); the number of children aged 3-6 fell by 2 193 (-1.1%) and the number of children aged 6-12 by 4 538 (-1.1%) (see Table 1.13 and Figure 1.14).

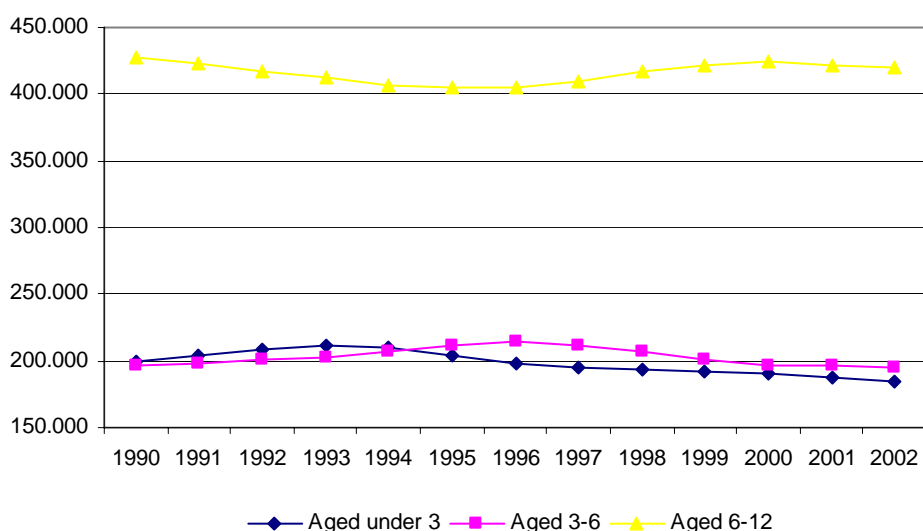
The percentage of children aged under 3 in the population is 3.05%, and the percentage of children aged under 12 is 13.19%. This represents a slight fall compared with 2002 (see Table 1.13).

#### **Young children**

	Number		Percentage of population	
	2002	<b>2003</b>	2002	<b>2003</b>
Children aged under 3	184 755	<b>183 103</b>	3.10	<b>3.05</b>
Children aged 3-6	195 025	<b>192 832</b>	3.28	<b>3.22</b>
Children aged 6-12	419 421	<b>414 883</b>	7.05	<b>6.92</b>
<b>Total number of children &lt;12</b>	<b>799 201</b>	<b>790 818</b>	<b>13.43</b>	<b>13.19</b>

1.13 Number of young children in the Region of Flanders and percentage of the population (on 1 January)  
*Source: NIS - Population statistics*

**Trend in the number of children**



1.14 Trend in the number of children aged under 12 in the Region of Flanders (on 1 January)  
*Source: NIS - Population statistics*

Only a very small number of children aged under 12 in the Region of Flanders *do not have Belgian nationality*: 4.1%. The percentage of such children fell by 0.2% compared with 2002. In this respect, it must be noted that the nationality criterion is not very suitable for identifying people of foreign origin, as a result of increased opportunities to acquire Belgian nationality. A better criterion is the origin of the child's mother. 17.5% of the children born in 2003 were born to mothers who are not of Belgian origin. That is to say the mother did not have Belgian nationality when she was born. This percentage is slightly higher than in 2002 (+0.8%) (see Table 1.15).

**Ethnic minority children (1)**

	2002	<b>2003</b>
Antwerp	22.8	<b>23.8</b>
Flemish Brabant	14.1	<b>14.8</b>
West Flanders	7.2	<b>7.9</b>
East Flanders	13.4	<b>14.0</b>
Limbourg	25.2	<b>25.6</b>

Region of Flanders	16.7	<b>17.5</b>
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1.15 Percentage of live births where the mother is not of Belgian origin (i.e. she did not have Belgian nationality when she was born) by province and by year of birth - Region of Flanders

Source: *Child and Family - Ikaros*

(1) Children whose mother did not have Belgian nationality when she was born.

There are major differences from province to province. Limbourg and Antwerp have the highest percentages of children of non-Belgian origin, at 25.6% and 23.8% respectively. In Flemish Brabant there are 14.8%, and there are 14% in East Flanders. West Flanders has the lowest percentage of children of non-Belgian origin, i.e. 7.9% (see Table 1.15). The number of children of non-Belgian origin increased in all provinces.

The most important *countries of origin* are Morocco, Turkey and the Netherlands. 3.8% of the children born in 2003 are of Moroccan origin, 3% of Turkish origin, and 1.5% of Dutch origin. The top ten also include: Yugoslavian origin (0.6%), Italian (0.5%), Russian (0.5%), Polish (0.4%), Congolese (0.4%), French (0.4%) and Filipino (0.3%).

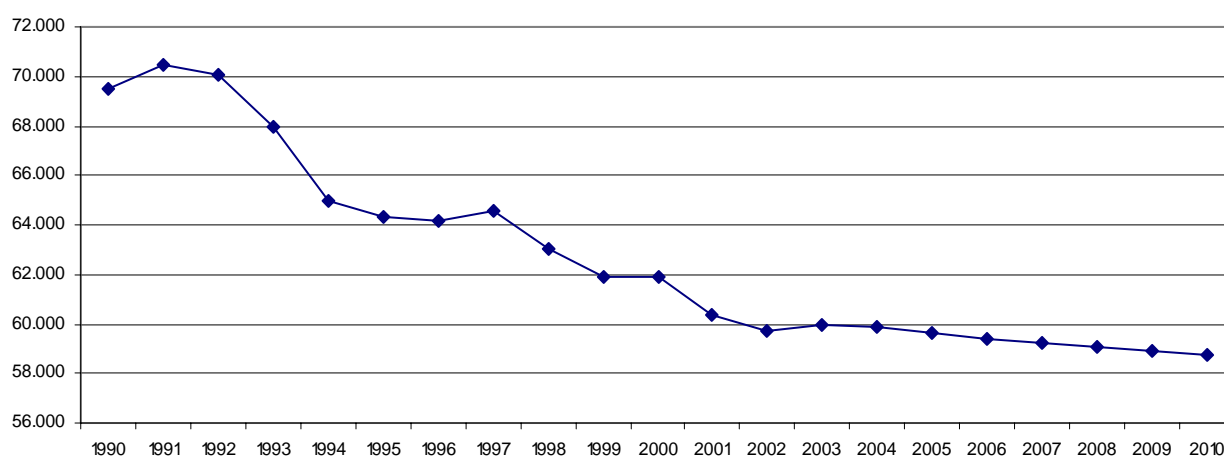
#### 4. What will the future bring?

##### 4.1. Forecasts of the number of births

###### *Further slight decline of the birth rate in the near future?*

The NIS published new population forecasts at the end of 2001 for the *period 2000-2050*. The number of births is expected to continue to fall slightly in the period 2004-2010. By 2010 it is expected that there will only be about 58 779 births. This is a further decrease of about 1.7% compared with the birth rate for 2003 (see Figure 1.16). Table 1.17 shows the forecast number of births for the Region of Flanders and the provinces as well as the birth figures for 2003.

#### Births and forecasts



1.16 Trend in the number of births since 1990 and forecasts until 2010 - Region of Flanders

Sources: *NIS – Population statistics*

*NIS - Population forecasts 2000-2050*

#### Births and forecasts by province and for the Region of Flanders

	Births in 2003	Forecasts for	
		2005	2010
Antwerp	17 583	16 712	16 757
Flemish Brabant	10 425	10 251	10 108
West Flanders	10 470	11 113	10 906
East Flanders	13 848	13 497	12 962
Limbourg	7 638	8 059	8 046
<b>Region of Flanders</b>	<b>59 964</b>	<b>59 632</b>	<b>58 779</b>

1.17 Number of births in 2003 and forecasts for 2005 and 2010 by province and for the Region of Flanders

Sources: NIS – Population statistics

NIS - Population forecasts 2000-2050

#### 4.2. Forecasts of the number of children

In 2010 there will probably be considerably fewer children than there are today. The Population forecasts for 2000-2050 estimate that there will be only 178 454 children under the age of 3 in 2010 compared with 183 103 on 1 January 2003 (-2.5%). For children aged 3 to 5, a decrease from 192 832 to 182 864 (-5.2%) is expected, and for children aged 6 to 11, a decrease from 414 883 to 379 879 (-8.4%) (see Table 1.18 and Figure 1.19).

#### Forecasts of number of children

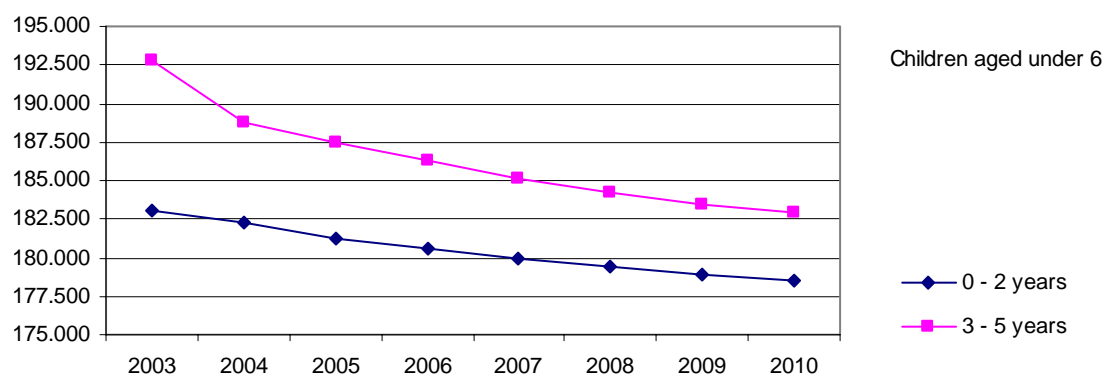
	Number of children on 1 January 2003	Forecasts for 31 December 2010
0 – 2 years	183 103	178 454
3 – 5 years	192 832	182 864
6 – 11 years	414 883	379 879

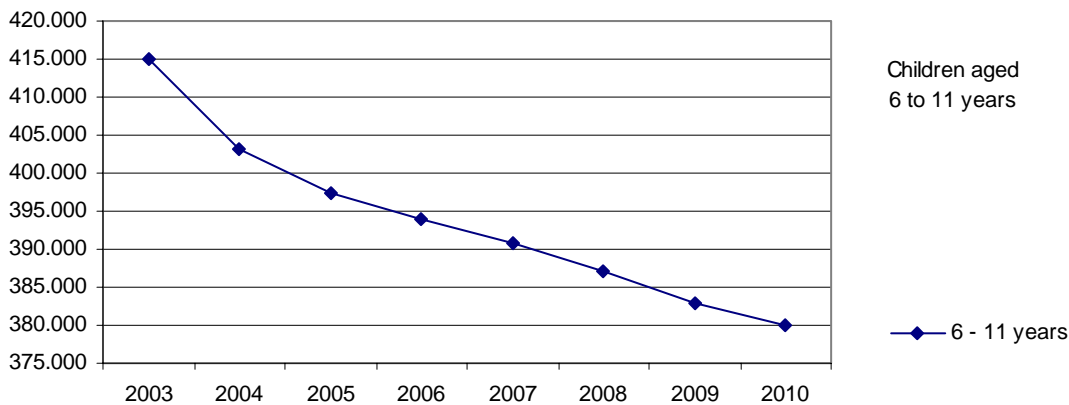
1.18 Forecasts of the number of children in the Region of Flanders in 2010 by age and number of children on 1 January 2003

Sources: NIS – Population statistics

NIS - Population forecasts 2000-2050

#### Forecasts of the number of children up to 2010





1.19 Forecasts of the number of children in the Region of Flanders up to 2010 (on 31 December) by age - Comparison with the number of children on 1 January 2003

Sources: NIS – Population statistics

NIS - Population forecasts 2000-2050

### 5. Explanatory notes

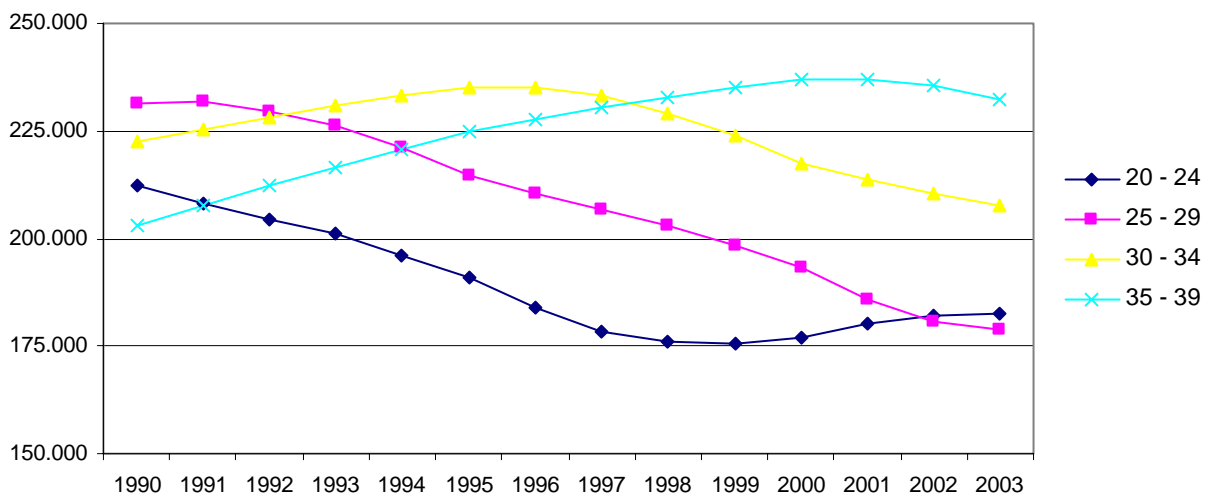
The birth rate is influenced by a number of social factors. We shall look at the number of potential mothers, the fertility rate, the age at which women become pregnant, abortion, teenage mothers and abortions among teenage girls, births outside and within marriage, and people's wishes as regards having children.

#### 5.1. Women of childbearing age

##### *The number of potential mothers continues to fall*

An important critical factor in the trend in the number of births is *the trend in the number of women aged 20-40*, the age group to which over 96% of the women giving birth belong. The number of women aged 20 to 40 is continuing to fall. At the beginning of 2003 there were 0.9% less women aged 20-40 than at the beginning of 2002. If one looks at this group of women in detail, a varied trend is apparent. The number of women aged 25-29 has fallen continually since 1990. After a rise between 1991 and 1996, the number of women aged 30-34 has fallen continually since 1996. Following a sustained decrease since 1990, the number of women aged 20-24 showed a slight increase after 2000 (see Figure 1.20).

#### Women of childbearing age



1.20 Trend in the number of women aged 20-40 in the Region of Flanders since 1990 (on 1 January)

Source: NIS – Population statistic

### 5.2. Fertility rates

In 1997 (most recent figures available), the *average number of children per woman* in the Region of Flanders was 1.5418 (see Table 1.21). The fertility rate is therefore well below the replacement factor. It is assumed that a fertility rate of 2.1 is required to replace the generation.

#### Fertility rates

1990	1.5503
1995	1.5020
1996	1.5183
1997	1.5418

1.21 Total fertility rate - Region of Flanders

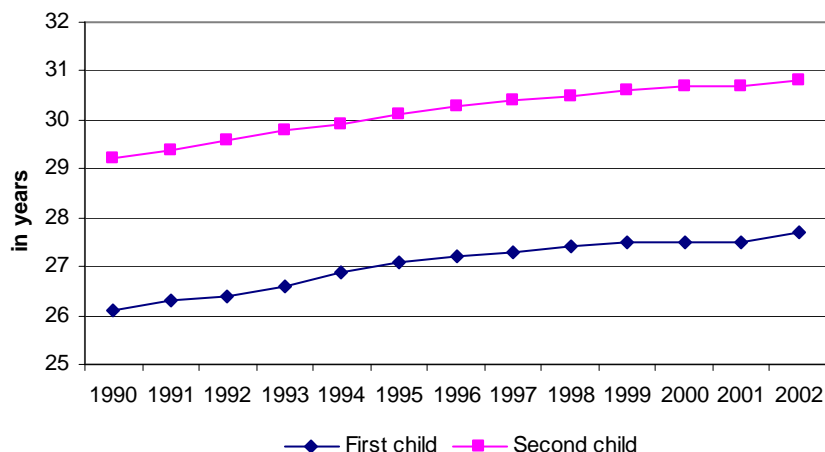
Source: NIS – Population statistics

### 5.3. Age on giving birth

#### ***Trend to further postpone having children continues***

In 2002 the average age of women on the birth of their first child was 27.7 years and 30.8 on the birth of a second child. Since 1990 there has been a gradual but consistent rise in the *average age of women giving birth*, both to their first and second child, with the exception of the year 2000 to 2001. However, the levelling out in 2001 evidently did not represent a break in the general trend (see Figure 1.22).

#### Age on giving birth



1.22 Average age at which women give birth (in years)

Source: Study Centre for Perinatal Epidemiology - Perinatal activities in Flanders

### 5.4. Abortion

#### ***A small but rising number of pregnancies are terminated at the request of the woman***

A number of pregnancies are not continued to full term but terminated at the request of the woman.

Pregnant women in Flanders can go to abortion clinics or hospitals to have an abortion. The number of legal abortions in these clinics and hospitals was 6 565 in 2001 (most recent figure available).



This number is 24.2% higher than in 1996, the first year for which the National Evaluation Commission has figures. Compared with 2000 there was an increase of 7.6% (Table 1.23 and Figure 1.24; see also section 5.5).

There were 109 abortions per 1 000 births in 2001. In 1996 there were 82 (see Table 1.23).

Figure 1.25 shows the number of abortions by age group.

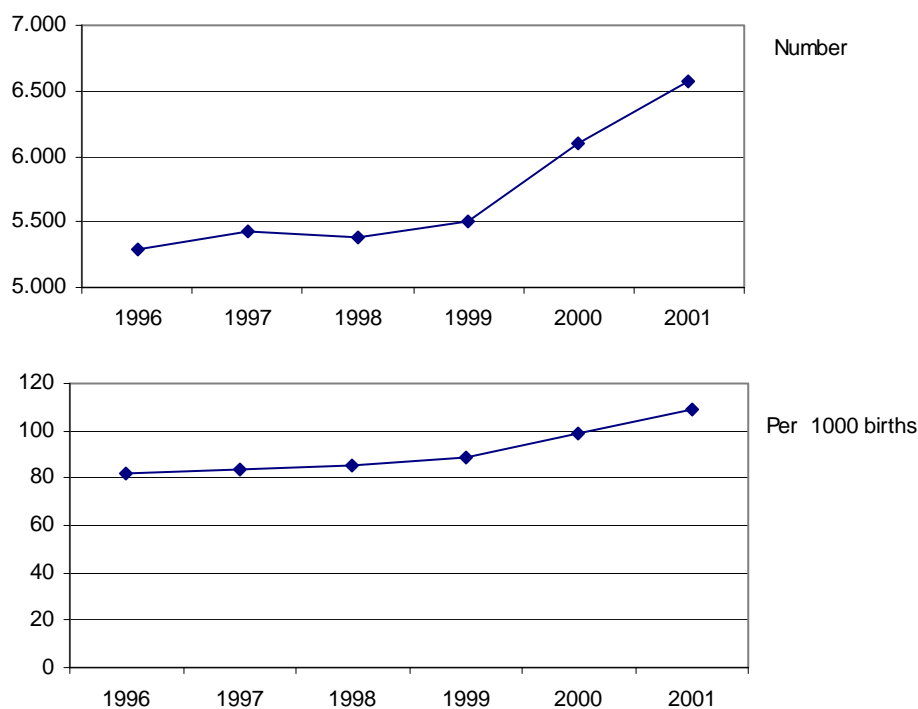
**Abortions**

	Number of abortions	Number of abortions per 1 000 births
1996	5 285	82
2000	6 103	99
2001	6 565	109

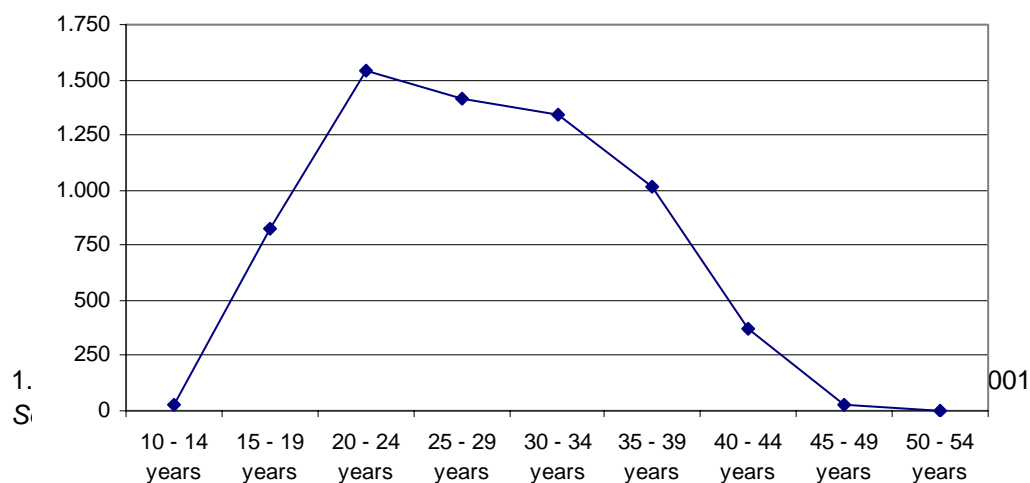
1.23 Abortions among women living in the Region of Flanders: number and number per 1 000 births

Source: National Commission for the evaluation of the Abortion Act of 3 April 1990

**Abortions**



### Abortions by age



### 5.5. Teenage pregnancy

***Teenage motherhood tends to be the exception. A significant number of teenage pregnancies are terminated***

There is a link between teenage pregnancy and situations involving risks for mother and child.

*Teenage mothers* leave school early, are at greater risk of poverty, and are more likely to be single mothers. Children of teenage mothers are at greater risk of having a low birth weight, of dying within their first year of life, and of becoming teenage mothers themselves.

Teenage motherhood tends to be the exception in Flanders. In 2002 only 1 313 or 2.2% of women giving birth were aged under 20. This figure was slightly lower than the figure for 2001, when 1 441 women under the age of 20 gave birth. Half of the teenage mothers were 19 and almost 28% were 18 (see Table 1.26 and Figure 1.27).

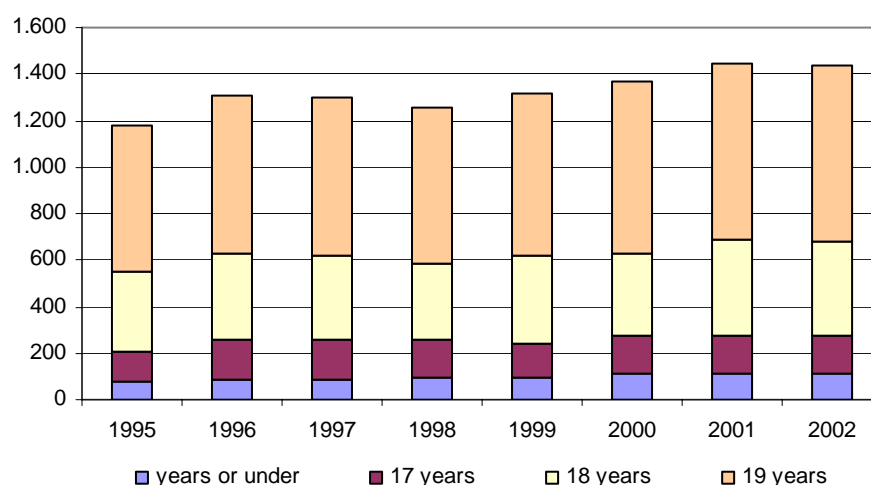
### Teenage mothers

	2001	2002
14 years or under	11	10
15 years	26	29
16 years	78	71
17 years	162	181
18 years	411	362
19 years	753	660
<b>Total under 20 years</b>	<b>1 441</b>	<b>1 313</b>

1.26 Number of teenage mothers in Flanders (Region of Flanders and Flemish maternity hospitals in Brussels)

Source: Study Centre for Perinatal Epidemiology

### Trend in teenage mothers



1.27 Trend in the number of teenage mothers in Flanders (Region of Flanders and Flemish maternity hospitals in Brussels)

Source: Study Centre for Perinatal Epidemiology

The number of teenage pregnancies is, however, considerably higher than the number of births to women under the age of 20. In 2001 (most recent figures available), the number of teenage pregnancies - births and abortions together - was 2 289, made up of 1 441 births and 848 abortions.

Out of every 100 pregnant teenagers, 63 became mothers and 37 had an abortion.

These were, however, mainly women in the 15 to 19 age group. Below the age of 15 there were only 24 abortions and 11 births. Pregnant girls under the age of 15 are more likely to have an abortion than those aged 15 to 19 (see Tables 1.26 and 1.28 – see also section 5.4).

### Abortions among teenagers

	1996	1997	1998	1999	2000	2001
<b>Number</b>						
10 – 14 years	16	24	24	15	13	24
15 – 19 years	755	719	776	752	797	824
Total 10 – 19 years	771	743	800	767	810	848
<b>Per 100 births</b>						
10 – 19 years	59.0	57.2	63.7	58.4	59.1	58.9

1.28 Trend in the number of abortions and in the number of abortions per 100 births among women under the age of 20

Sources: National Commission for the evaluation of the Abortion Act of 3 April 1990

Study Centre for Perinatal Epidemiology

### 5.6. Births and marriage

In the Region of Flanders, by far the majority of children are *born within marriage*.

In 1997 (most recent figure available), 84.9% of children were born within marriage. The number of children born outside marriage shows a small but steady increase: from 7% in 1990 to 15.1% in 1997.

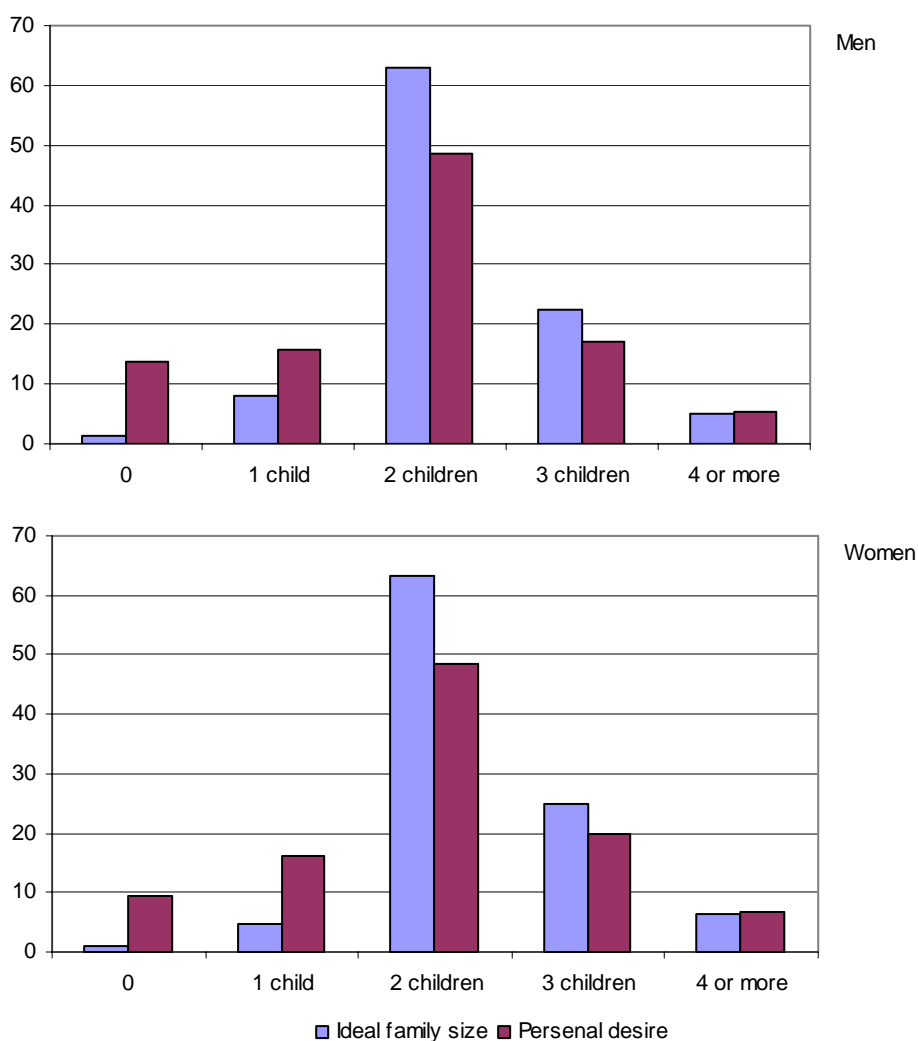


1.30 The ideal number of children in a family according to men and women by age – Region of Flanders - 2003  
 Source: CBGS (Centre for Population and Family Research), "Population and Policy in Flanders" survey

In addition to ideal family size, the survey also asked about the *number of children that people wanted for themselves*. Figure 1.31 shows that the number of children that men and women wanted for themselves at the time of the survey was less than their ideal number.

On average they wanted 1.94 children: men wanted 1.87 children on average and women exactly 2 children. Fewer men and women wanted 2 or 3 children for themselves at the time of questioning than the number who gave 2 or 3 children as the ideal family size. Only about 48% of the men and women wanted 2 children at the time of the survey, while about 63% of them gave 2 children as their ideal number. 17% of the men and almost 20% of the women said that they would like 3 children now, while 22.5% of men and 24.8% of women put 3 children first when asked about their ideal family size. A significant number of both men and women said that they did not want any children at the time of questioning (13.6% and 9.4% respectively), while hardly any men or women gave this as their ideal. This is likely to be explained in part as people postponing having children.

#### Ideal family size and personal desire for children



1.31 The ideal number of children in a family according to men and women aged 20 to 55 years and the number

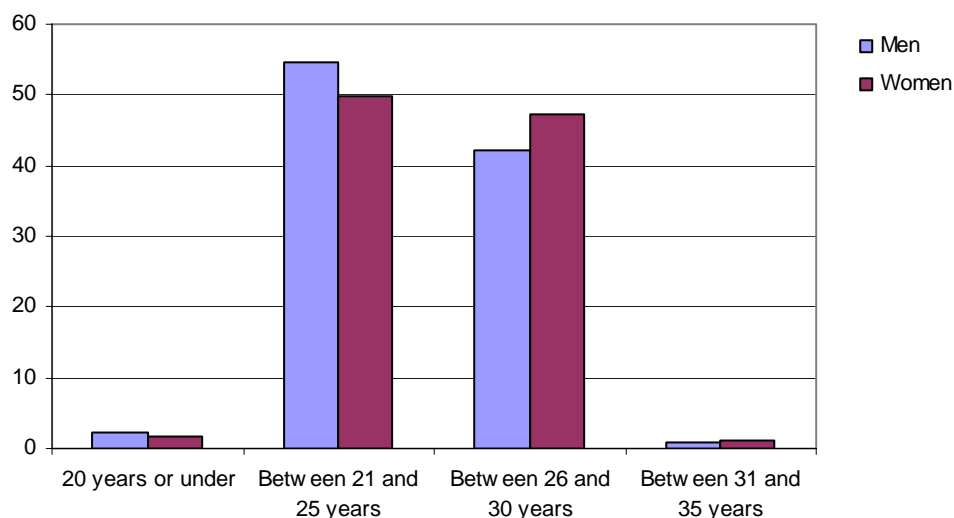
of children they desire to have now – Region of Flanders - 2003

Source: CBGS (Centre for Population and Family Research), “Population and Policy in Flanders” survey

The survey also asked about the best age for a woman to have her first baby.

Slightly more than half of those questioned (52%) answered that 21 to 25 is the best age to have a first baby. 45% said 26 to 30. It is noteworthy that women are slightly more inclined to give 26 to 30 as the best age than men (47.4% against 42.2%) (see Figure 1.32).

### Best age for first baby



1.32 Best age for a woman to have her first baby, according to men and women aged 20 to 50 years – Region of Flanders - 2003

Source: CBGS (Centre for Population and Family Research), “Population and Policy in Flanders” survey

## 6. The European context

How do the figures and trends for births in Flanders fit into the European context? The figures for Flanders were compared with national figures for Belgium and some other European countries, i.e. the Netherlands, Germany and France as neighbouring countries, and also Italy (as a southern country), Sweden (as a northern country) and the United Kingdom.

### 6.1. Births

A number of figures for births from 1990 are reproduced in Tables 1.33, 1.34 and 1.35: the number of births, the percentage trend in the birth rate, and the number of births per 1 000 inhabitants.

The provisional figures provide evidence of different trends. In some countries the number of births is lower than in 2002: in Germany, France, Italy and the Netherlands. In other countries it is reported to have risen: in Belgium, United Kingdom and Sweden (see Table 1.33). However, the figures for 2003 are still provisional figures or estimates, apart from the figures for the Region of Flanders and for Belgium. Looked at over a number of years, there does seem to be a considerable fall in the birth rate. In all the countries studied, except for the Netherlands, there were considerably fewer births in 2003 than in 1990. The decrease is the largest in Sweden, with almost 20% fewer births. In Germany and the United Kingdom the fall was of the order of 15%. In Belgium the fall was rather smaller: 9.2%. In Italy there was a decrease of only 4.8% (see Table 1.34). With a decrease of 0.4% in France, the status quo is maintained.

In *the whole of the EU* there were expected to be 4.03 million births in 2003 (estimate), a slight rise (+1.1%)

compared with 2002, the year with the lowest figure since the Second World War. There were about 3.99 million births in 2002.

The *overall fertility rate* is below the replacement level everywhere, a figure of 2.1 children per woman being assumed for the latter (see Table 1.36). The sharp fall in Sweden between 1990 and 2000 is remarkable. In the majority of the countries investigated, the fertility rate in 2002 was virtually the same as in 2001. Table 1.37 shows the trend in the *final number of offspring* at the end of the years of fertility at age 49. With 1.7 offspring to women born in 1965, Belgium finds itself in the middle group. The generation of women of 1965 are having fewer children than the generation of women of 1955 and 1960.

The age at which women have children has in recent years remained virtually constant or risen slightly. According to the most recent figures available, the *average age at which women give birth* is over 28 in all the countries investigated. In the Netherlands, Italy and Sweden the average age has even risen above 30 (see Table 1.38).

The *teenage fertility rate* (births per 1 000 women aged under 20) is low in Belgium, just as it is in France. In Sweden, Italy and the Netherlands, however, it is even lower. The United Kingdom has a high number of births to women under the age of 20, even among 15- to 17-year-olds (see Tables 1.39 and 1.40).

There are no recent figures available on procreation among Belgians who are cohabiting but not married. In the 1990s Belgium was certainly not leading the field: the United Kingdom, France and especially Sweden have a much higher percentage of births outside marriage. In Sweden 56% of all children are born outside marriage.

Italy has a low percentage of births outside marriage. Germany and the Netherlands occupy the middle position (see Table 1.41).

Table 1.42 shows an overview of the number of *abortions* per 1 000 births. The Region of Flanders, Belgium and the Netherlands have low numbers; France, Italy, the United Kingdom and especially Sweden have much higher numbers of abortions per 1 000 births.

### Births

	1990	1995	2000	2001	2002	2003	Difference 2002-2003 (in %)
Region of Flanders	69 492	64 300	61 877	60 364	59 725	59 964	+0.4%
Belgium	123 554	114 226	114 883	113 484	111 225	112 149	+0.8%
Germany	NA	765 221	766 969	730 046	719 250	709 800**	-1.3%**
France	762 407	729 609	774 782	770 945	761 630	759 300**	-0.3%**
United Kingdom	798 612	732 049	679 029	669 123	668 777	690 000**	+3.2%**
Italy	569 255	525 609	543 039	531 800	535 538	542 200**	-1.2%**
The Netherlands	197 965	190 513	206 619	202 603	202 083	200 689*	-0.7%*
Sweden	123 938	103 422	90 441	91 466	95 815	98 200**	+2.5%**

1.33 Number of live births in certain European countries from 1990 onwards

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

Eurostat, *Population and social conditions, Statistics in focus, 1/2004*

CBS, *Statline (The Netherlands)*

\* Provisional figures

\*\* Estimates

NA: not available (reunified Germany from 3 October 1990)

**Births trend**

	1990	1995	2000	2001	2002	2003
Region of Flanders	100.0	92.5	89.0	86.9	85.9	86.3
Belgium	100.0	92.5	93.0	91.8	90.0	90.8
Germany	100.0 (1)	92.2	92.4	88.0	86.7	85.5**
France	100.0	95.7	101.6	101.1	99.9	99.6**
United Kingdom	100.0	91.7	85.0	83.8	83.7	86.4**
Italy	100.0	92.3	95.4	93.4	94.1	95.2**
The Netherlands	100.0	96.2	104.4	102.6	102.1	101.4*
Sweden	100.0	83.4	73.0	73.8	77.3	79.2**

1.34 Trend in the numbers of live births from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003 (own calculations)*

Eurostat, *Population and social conditions, Statistics in focus, 1/2004*

CBS, *Statline (The Netherlands)*

(1) Figures for 1991

\* Provisional figure

\*\* Estimates

**Births per 1 000**

	1990	1995	2000	2001	2002	2003
Region of Flanders	12.0	11.0	10.4	10.1	10.0	10.0
Belgium	12.4	11.3	11.2	11.0	10.8	10.8
Germany	NA	9.4	9.3	8.9	8.7	8.6**
France	13.5	12.6	13.2	13.1	12.8	12.7**
United Kingdom	13.9	12.5	11.4	11.1	11.3	11.6**
Italy	10.0	9.2	9.4	9.2	9.5	
The Netherlands	13.3	12.4	13.0	12.7	12.5	12.4*
Sweden	14.5	11.7	10.2	10.3	10.6**	11.0**

1.35 Birth rate: number of births per 1 000 inhabitants from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

Eurostat, *Population and social conditions, Statistics in focus, 25/2002*

CBS, *Statline (The Netherlands)*

\* Provisional figure

\*\* Estimates

NA: not available

**Fertility rates**

	1990	1995	2000	2001	2002
Region of Flanders	1.55	1.50			
Belgium	1.62	1.55	1.66	1.64	1.62
Germany	1.45	1.25	1.38	1.35	1.31



France	1.78	1.71	1.88	1.89	1.89
United Kingdom	1.83	1.71	1.64	1.63	1.64
Italy	1.33	1.20	1.24	1.23	1.20
The Netherlands	1.62	1.53	1.72	1.71	1.73
Sweden	2.13	1.73	1.54	1.57	1.65

1.36 Overall fertility rates per woman from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

NIS, *Population statistics*

### Final number of offspring

	Women born in (1)		
	1955	1960	1965
Belgium	1.8	1.9	1.7
Germany	1.7	1.7	1.5
France	2.1	2.1	2.0
United Kingdom	2.0	2.0	1.9
Italy	1.8	1.7	1.5
The Netherlands	1.9	1.9	1.7
Sweden	2.0	2.1	1.9

1.37 Average number of children per woman at the end of her fertile years (age 49) for the generations born 1955, 1960 and 1965

Source: Eurostat, *Newcronos*, website

(1) When the cohort has not reached the age of 49, the fertility rate has been estimated using the rates observed for previous generations

### Age on giving birth

	1990	1995	2000	2001	2002
Region of Flanders	27.8	28.7	29.2	29.2	29.3
Belgium	27.9	28.4			
Germany	27.6	28.3	28.7	28.8	
France	28.3	29.0	29.4	29.4	29.5
United Kingdom	27.7	28.2	28.5	28.6	28.7
Italy	28.9	29.7	30.3	30.3	
The Netherlands	29.3	30.0	30.3	30.3	30.4
Sweden	28.5	29.2	29.9	30.0	30.1

1.38 Average age of women giving birth from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

Study Centre for Perinatal Epidemiology (SPE)

### Teenage fertility rates

	1990	1995	1999	2000	2001	2002
--	------	------	------	------	------	------

Belgium	50	46				
Germany	89	64	64	66	66	
France	61	48	50	54	57	
United Kingdom	157	144	151	143		
Italy	42	32	34	35		
The Netherlands	38	29	33	36	39	38
Sweden	69	42	33	35	33	35

1.39 Number of births per 1 000 women under the age of 20

Source: Council of Europe, *Recent demographic developments in Europe 2003*

### Teenage births

	15- to 17-year-olds	18- to 19-year-olds
Belgium	3.4	19.6
Germany	5.3	25.2
France	3.4	18.6
United Kingdom	16.6	51.8
Italy	2.9	11.6
The Netherlands	2.2	12.0
Sweden	2.2	13.0

1.40 Number of births per 1 000 women aged 15 to 17 and aged 18 to 19 in 1998

Source: UNICEF, *A League Table of Teenage Births in Rich Nations, 2001*

### Births outside marriage

	1990	1995	2000	2001	2002	2003
Region of Flanders	7.1	11.7				
Belgium	11.6	17.3				
Germany	15.3	16.1	23.4	25.0		
France	30.1	37.6	42.6	43.7		
United Kingdom	27.9	33.6	39.5	40.1	40.6	
Italy	6.5	8.1	9.7			
The Netherlands	11.4	15.5	24.9	27.2	29.1	31.0
Sweden	47.0	53.0	55.3	55.5	56.0	

1.41 Percentage of births outside marriage in certain European countries from 1990 onwards

Sources: NIS, *Population statistics*

Council of Europe, *Recent demographic developments in Europe, 2003*

CBS, *Statline (The Netherlands)*

### Abortions

	1990	1995	1999	2000	2001
Region of Flanders	NA	NA	8.9	9.8	10.9
Belgium	NA	9.8	11.2	12.0	13.0
Germany	15.0*	12.8	NA	17.6	

France	22.4	21.4	22.6		
United Kingdom	24.7	23.9	27.9	29.1	29.6
Italy	28.4	26.0	25.8		
The Netherlands	9.3	11.0			
Sweden	30.2	30.4	34.8	34.3	

1.42 Number of abortions per 1 000 births

Source: Council of Europe, *Recent demographic developments in Europe, 2002*

\* 1991 figure

NA: not available

## 6.2. Number of young children

The Region of Flanders is a *small region* within Europe. With 310 073 children under the age of 5, Flemish children represent only a very small fraction of the number of young children in the European Union. On 1 January 2003, there were a total of approximately 20.2 million children under 5 in the European Union.

Over the years the *number* of young children has decreased in most of the countries studied. There were 10.6% fewer children under 5 in the Region of Flanders in 2003 than in 1995. The Region of Flanders is one of the areas where the numbers are falling most steeply. Only in Sweden (-23.6%) was the fall even greater. In France and the Netherlands the number of young children was higher in 2003 than in 1995.

Table 1.43 shows the number of children under 5 from 1995. Table 1.44 shows the percentage change using 1995 as the base year (1995 = 100).

A striking aspect of the demographic trend in European countries is *the drop in the number of children*, which is the complement to the more frequently mentioned ageing of the population. From 1995 onwards, there has been a drop in the *percentage of young children in the overall population* in most of the countries studied. Sweden has even experienced a sharp drop. In the Netherlands and France there were over 3% more young children in 2003 than in 1995 (see Table 1.45).

In the long term (2010 - 2020), a further decrease in the number of young children can be expected, except in Sweden and the United Kingdom.

In Sweden, an increase of over 5% in the number of children under 5 is expected compared with 2000.

In Belgium, the Netherlands and Germany the population of children under 5 will not be much smaller than in 2000 (no more than 1% lower). In other words, these countries are coming to the end of the period of decreasing numbers of children. At -17%, the unexpected decrease in Italy is nothing less than spectacular (see Table 1.46).

## Children aged under 5

	1995	2000	2001	2002	2003
Region of Flanders	346.9	320.7	317.7	314.1	310.0
Belgium	615.1	577.2	577.2	575.8	572.7
Germany	4 190.5	3 943.8	3 893.0	3 804.5	
France	3 623.5	3 598.7	3 657.4	3 709.1	3 751.0
United Kingdom	3 858.8	3 632.8	3 632.8	3 583.5	
Italy	2 769.5	2 668.0	2 683.1		
The Netherlands	988.7	983.5	1 101.1	1 014.6	1 022.6
Sweden	605.7	468.7	457.9	455.8	462.5

1.43 Number of children aged under 5 (in thousands) from 1995 onwards in certain European countries

*Sources: Council of Europe, Recent demographic developments in Europe, 2003  
 NIS, Population statistics*

**Trend in the number of children**

	1995	2000	2001	2002	2003
Region of Flanders	100.0	92.4	91.6	90.5	89.4
Belgium	100.0	93.8	93.8	93.6	93.1
Germany	100.0	94.2	94.1	92.9	90.8
France	100.0	99.3	100.9	102.4	103.5
United Kingdom	100.0	94.1	92.9		
Italy	100.0	96.3	96.9		
The Netherlands	100.0	99.5	101.3	102.6	103.4
Sweden	100.0	77.4	75.6	75.2	76.4

1.44 Trend in the number of children aged under 5 from 1995 onwards in certain European countries (1995 = 100)

*Sources: Council of Europe, Recent demographic developments in Europe, 2003 (own calculations)  
 NIS, Population statistics*

**Percentages of young children**

	1995	2000	2001	2002	2003
Region of Flanders	5.9	5.4	5.3	5.3	5.2
Belgium	6.0	5.7	5.6	5.6	5.6
Germany	5.1	4.8	4.8	4.7	4.6
France	6.2	6.1	6.2	6.3	6.3
United Kingdom	6.6	6.1	5.9		
Italy	4.8	4.6	4.6		
The Netherlands	6.4	6.2	6.3	6.3	6.3
Sweden	6.9	5.3	5.2	5.1	5.2

1.45 Age structure: percentages of children aged under 5 in the overall population from 1995 onwards in certain European countries

*Sources: Council of Europe, Recent demographic developments in Europe, 2003  
 NIS, Population statistics*

**Forecasts**

	2005	2010	2020
Belgium	-1.2%	-3.0%	-0.2%
Germany	5.4%	5.1%	-0.3%
France	-0.6%	-3.5%	-3.4%
United Kingdom	-2.3%	1.2%	0.0%
Italy	4.9%	-3.2%	-17.0%
The Netherlands	4.5%	-5.8%	-1.0%
Sweden	1.6%	4.8%	5.6%

1.46 Prospective trends in the numbers of children aged under 5 in the period 2005-2010 in certain European countries, in comparison with 2000 (percentages)

Source: Eurostat, *European Social Statistics, Demography, 2001 edition*

### 6.3. Intercountry adoption

Of all the countries studied, the lowest figure for the relative number of *intercountry* adoptions is the UK, with 0.59 per 100 000 inhabitants. Germany, Flanders and Italy also have very small numbers of intercountry adoptions: 1.04 per 100 000 inhabitants in Germany, 2.75 per 100 000 inhabitants in Flanders and 3.68 in Italy. France, the Walloon Region, the Netherlands and especially Sweden have a higher rate of intercountry adoptions than Flanders (see Tables 1.47 and 1.48).

#### Adoptions

Receiving country	1995	1999	2000	2001	2002	2003
Flemish Community (1)	202	184	210	173	187	165
Walloon Region (1)	228	266	290	246	257	265
Germany	NA	NA	NA	726	856	
France	3 028	3 597	2 971	3 094	3 551	3 995
United Kingdom	154	277	351	326	285	300
Italy	NA	2 177	NA	2 127		
The Netherlands	704	993	1 193	1 122	1 130	
Sweden	895	1 019	981	1 044	1 107	920

1.47 Trend in the numbers of intercountry adoptions in certain European countries from 1995 onwards

Sources: Information provided by the central authorities

CBS, Statline

(1) adoptions arranged through an authorised adoption service only

NA: not available

#### Adoptions per 100 000

Receiving country	1995	1998	1999	2000	2001	2002	2003
Flemish Community (1) (2)	3.44	3.18	3.10	3.54	2.91	3.13	2.75
Walloon Region (2) (3)	6.88	8.84	7.98	8.68	8.34	8.69	
Germany	NA	NA	NA	NA	0.88	1.04	
France	5.22	6.43	6.00	5.06	5.24	5.98	6.70
United Kingdom	0.26	0.44	0.47	0.59			
Italy	NA	3.88	3.78	NA	3.68		
The Netherlands	4.56	5.27	6.30	7.52	7.02	7.02	
Sweden	10.15	10.49	11.51	11.07	11.75	12.43	10.29

1.48 Trend in the number of intercountry adoptions per 100,000 inhabitants in certain European countries from 1995 onwards

Source: Information provided by the central authorities

(1) per 100 000 inhabitants in the Region of Flanders

(2) adoptions arranged through an authorised adoption service only

(3) per 100 000 inhabitants in the Walloon Region

NA: not available

## CH 2.

### FAMILIES WITH YOUNG CHILDREN: INCREASING DIVERSITY

In this section, we shall be discussing the family context of young children in Flanders. We shall look at the types of families in which children are growing up (two-parent or one-parent families, married couple or cohabiting couple), growing up with brothers or sisters, diversity among the families, older parents and grandparents. Also the sex roles within families in which children are growing up will be described.

By way of background information in the context of the family, we shall look at marriage and divorce in Flanders.

Finally, some of the figures for Flanders will be set in a European context.

#### 1. Two-parent or one-parent family?

##### *Young children in one-parent families are still the exception*

Most young children are living in a *two-parent family*. The number of children aged under 3 living in a one-parent family amounts to 5.8%; the figure is 7.7% for children aged 3 to 7, and 5.9% for children of primary school age (see Table 2.1). The number of children under 12 living in a one-parent family has slightly increased. In 2001 it was still 5.4%.

The majority of children living in one-parent families live with their mother, since in a divorce situation custody is mostly still awarded to the mother.

A very small number of children live in *multi-generation families* (under 1%) (see Table 2.2).

#### Type of family

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
One-parent family	5.8	7.7	5.9	6.4
Two-parent family	94.2	92.3	94.1	93.6
Total	100.0	100.0	100.0	100.0

2.1 Children aged under 12 by type of family (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

#### 2. Type of family

##### *The classic nuclear family is in decline: 1 in 4 very young children live with a cohabiting couple*

The decline of the traditional nuclear family is attracting more and more attention. But data on the families in which young children live show that for them the traditional nuclear family is usually still the norm. Almost 80% of children aged under 12 live with their *natural father and mother*, who are also a *married couple* (see Table 2.2). A large difference is to be found, however, between the very young and the somewhat older children.

27.5% of children under 3 live with their natural father and mother who are cohabiting. Far more children under 3 are now living with their cohabiting parents than used to be the case. Over a 7-year period, the number of children under 3 years of age who are living with cohabiting parents has increased fivefold. In 1996 it was still only 5.2%. Cohabitation is not merely a statistical category, but it also has an impact on the

**Ch. 2. Families with young children: increasing diversity**

nature of relationships. The question, therefore, is whether this cohabitation constitutes a temporary or permanent situation. An earlier longitudinal analysis of the data for 1992-95 shows that the most common change experienced by children in the composition of their family is the marriage of their cohabiting parents. Table 2.2 also shows that very few children (1.6%) do not live with their natural mother. The number of children who do not live with their natural father is also small, but still amounts to 9.7%. 5.8% of children under 3 do not live with their natural father; the figures for children aged 3 to 6 and children aged 6 to 12 are 15.3% and 7.9% respectively.

**Family composition**

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Child of a married couple consisting of its natural father and its natural mother	66.7	70.6	88.2	79.5
Child of a married couple consisting of its natural mother and its non-natural father	0.0	0.0	1.0	0.5
Child of a married couple consisting of its non-natural mother and its non-natural father	0.0	0.0	1.0	0.5
Child of a cohabiting couple consisting of its natural father and its natural mother	27.6	11.8	2.3	9.1
Child of a cohabiting couple consisting of its natural mother and its non-natural father	0.0	8.2	1.3	3.2
Child of a cohabiting couple consisting of its natural father and its non-natural mother	0.0	0.6	0.0	0.2
Child in a one-parent family with its natural mother	5.8	7.1	4.6	5.5
Child in a one-parent family with its natural father	0.0	0.6	1.3	0.9
Child in a multi-generation family with its father/mother and grandparents	0.0	1.2	0.3	0.5
Total	100.0	100.0	100.0	100.0

2.2 Children aged under 12: composition of the family in which they live (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**3. Only child?*****The majority of young children do not grow up as the only child in the family***

About 3 out of 4 young children have 1 or 2 brothers or sisters. Almost 35% of children aged under 3 are only children, and around 38% have 1 brother or sister in the family. In the case of children aged between 3 and 7, 17% are only children and 54% only have 1 brother or sister in the family. In the case of children aged between 7 and 12, almost 38% have 2 or more brothers or sisters in the family and only 9% are only children (see Table 2.3).

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## Brothers and sisters

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Only child	34.8	17.2	9.2	15.6
One brother or sister in family	38.2	53.9	53.1	51.0
Two brothers and/or sisters in family	22.5	22.5	26.6	24.7
Three brothers and/or sisters in family	2.3	3.6	7.9	5.7
Four or more brothers and/or sisters in family	2.3	3.0	3.3	3.0
Total	100.0	100.0	100.0	100.0

2.3 Number of brothers and/or sisters with whom children aged under 12 live (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

## 4. Diversity of families

Diversity or multiculturalism can be mapped in a number of different ways. One can look at the *nationality* of the parents, but given the opportunities to acquire Belgian nationality, this is not a very good indicator of diversity. Another possibility is to look at the *parents' origins*. The Ikaros record system used by Child and Family records the origin of the mother (= nationality of the mother at the time of her birth). Another option available to Child and Family is to look at the *language* in which the mother talks to her child. This has been recorded in Ikaros since April 2003.

We discuss all three markers in order to give an outline of diversity in family life.

A small number of young children are growing up in a family in which one or both parents do not have *Belgian nationality* (see Table 2.4).

In 2002, over 2% of young children had one or both parents who did not have Belgian nationality. This information is taken from a sample study of the Panel Study of Belgian Households and so must be used with due caution.

## Diversity measured by parents' nationality

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Both parents are Belgian	95.4	97.7	98.5	97.8
Neither parent is Belgian	0.0	0.0	0.4	0.2
One parent is Belgian	4.6	2.3	1.1	2.0
Total	100.0	100.0	100.0	100.0

2.4 Children aged under 12: percentage of children whose parents are or are not Belgian at the present time

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

If we use the *mother's origin* instead of her current nationality, then only about 80% of children born in 2003\*



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turn out to be members of a “Belgian family”. Almost 9% can be considered to be foreigners based on the mother’s origin and the current nationality of the father (see Table 2.5).

\* These data on origin of the mother and nationality of the father in Ikaros are only sufficiently reliable from 2003 onwards.

**Diversity measured by mothers’ origin (1)**

Mother of Belgian origin and father Belgian	<b>79.6</b>
Mother of Belgian origin and father not Belgian	<b>3.4</b>
Mother not of Belgian origin and father Belgian	<b>8.3</b>
Mother not of Belgian origin and father not Belgian	<b>8.8</b>

2.5 Live births by origin of the mother and current nationality of the father - 2003 – Region of Flanders (percentages)

Source: *Child and Family - Ikaros*

(1) Nationality of the mother at the time of her birth

This diversity is also apparent when we look at the language in which the mother talks to her child. This was not Dutch in the case of over 17% of the children born in 2003. French is the next most common language (4.2%), followed by Turkish and Arabic in second and third place (see Table 2.6).

**Diversity measured by language of communication between mother and child**

Dutch	<b>82.7</b>
French	<b>4.2</b>
Turkish	<b>2.7</b>
Arabic	<b>2.3</b>
Berber	<b>1.4</b>
English	<b>1.0</b>
Russian	<b>0.7</b>
Spanish	<b>0.4</b>
Polish	<b>0.3</b>
Albanian	<b>0.3</b>
Other languages	<b>4.0</b>

2.6 Children born between 1/4/2003 and 31/12/2003 by the language in which the mother communicates with her child – Region of Flanders – percentages

Source: *Child and Family - Ikaros*

**5. Older parents?*****Increasing number of older fathers: 3 in 10 infants are born to fathers aged 35-plus***

Extensive information is available on the age of mothers at the time of the birth of their children thanks to the obstetric records of the SPE (see also Chapter 1, section 5.3). The Panel Study of Belgian Households also gives information on the age of fathers at the birth of their children, which shows that a significant number of children have an *older father*. 19.7% of the children start their lives with a father aged 35 or over (see Table 2.7). Table 2.7 also shows that the percentage of children with an older father is higher the more recently the children were born, i.e. the phenomenon of the older father is on the rise. 30% of children under the age of 3 have a father who was 35 or older at the time of their birth.

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## Older parents

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
<hr/>				
Age of the mother at the birth				
- 20 years	1.1	1.8	2.0	1.8
20 – 24 years	4.6	16.1	11.5	11.8
25 – 29 years	42.1	33.9	45.6	41.5
30 – 34 years	37.5	31.6	35.5	34.6
35 – 39 years	14.8	13.7	5.4	9.4
40 years and over	0.0	3.0	0.0	0.9
Total	100.0	100.0	100.0	100.0
<hr/>				
Age of the father at the birth				
- 20 years	0.0	0.7	0.0	0.2
20 – 24 years	2.4	0.7	5.0	3.4
25 – 29 years	20.5	29.8	34.6	31.0
30 – 34 years	47.0	46.8	45.0	45.8
35 – 39 years	25.3	16.3	13.2	16.1
40 years and over	4.8	5.7	2.1	3.6
Total	100.0	100.0	100.0	100.0

2.7 Children aged under 12: age of the mother and the father when the child was born (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

## 6. Contact with mother and father

The data on the *frequency* of the child's contacts with its parents confirm what was already suggested by the composition of the family (see section 1): only some 13% of young children do not see their mother and/or father every day.

This percentage is higher for children aged 3 to 7 years: about 19% of these children do not see their parents every day. Where a child does not see one of its parents every day, it is usually the father (see Table 2.8).

## Parental contact

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
<hr/>				
Sees mother and father every day	92.1	81.4	88.7	87.1
Sees mother every day and father several times a week	3.4	0.6	3.0	2.3
Sees mother every day and father around once a week	0.0	3.6	1.0	1.6
Sees mother every day and father once or twice a month or less often	2.3	8.4	3.7	4.9

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Sees mother every day and father never or father is dead	2.3	4.8	0.7	2.2
Sees father every day and mother several times a week	0.0	0.6	0.3	0.4
Sees father every day and mother once or twice a month	0.0	0.0	0.3	0.2
Does not see father and mother every day	0.0	0.6	2.3	1.4
Total	100.0	100.0	100.0	100.0

2.8 Children aged under 12: frequency of contact with parents (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**7. Young children and grandparents**

About half of the children still have four grandparents. The percentage is slightly lower for children of primary school age (see Table 2.9). The percentages of children with fewer than four grandparents may have been underestimated, because this information is not known for quite a number of children (10.3%).

**Grandparents**

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
4 grandparents	55.9	56.1	39.5	47.3
3 grandparents	27.5	25.0	36.2	31.3
2 grandparents	3.9	3.1	10.8	7.3
1 grandparent	0.0	0.6	4.7	2.7
No grandparents	0.0	1.2	1.4	1.1
Not known	12.8	14.0	7.4	10.3
Total	100.0	100.0	100.0	100.0

2.9 Children aged under 12: number of grandparents still alive (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**8. Family lifestyles in families with young children**

To give an idea of the family lifestyles of families with young children, we are using the division of household tasks, the division of decision-making and the openness of families. In connection with this, we also look at the help that families with young children receive with household tasks.

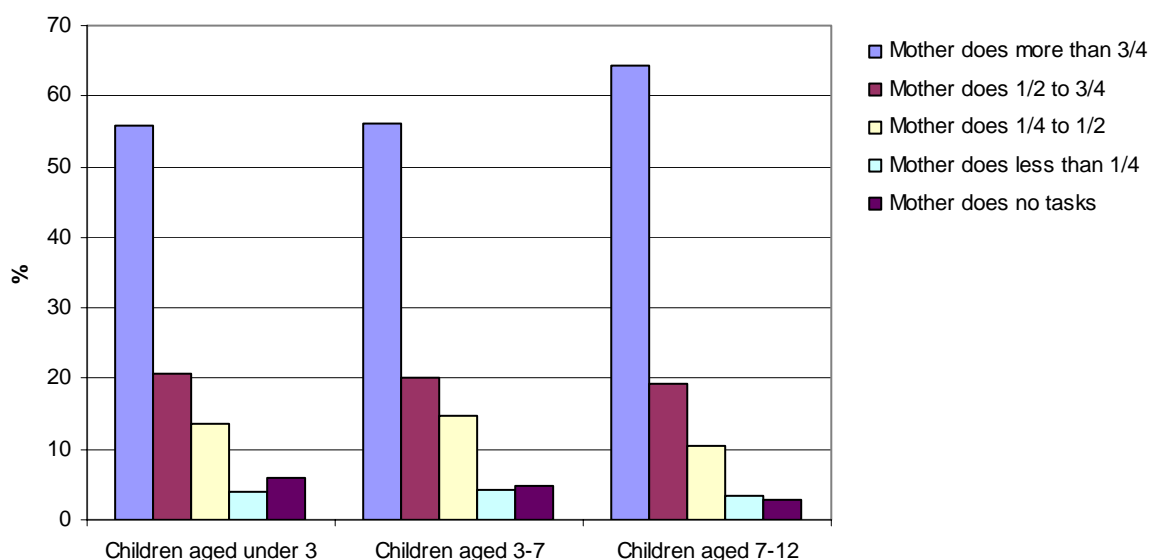
The majority of children under the age of 12 live in a family in which the mother says that she is responsible for more than half of *household tasks*. 60% of children aged under 12 live in a family in which the mother is responsible for more than three-quarters of household tasks. 20% of children aged under 12 live in a family in which the mother is responsible for between half and three-quarters of these tasks. In families with children under 3, the division of household tasks appears to be a bit more balanced: "only" 55.9% have a mother who says that she does more than three-quarters of household tasks. However, the division of tasks is less balanced than in 2001: the number of children under 3 whose mother does more than three-quarters

## Ch. 2. Families with young children: increasing diversity

of household tasks has increased from 51.5% to 55.9% (see Figure 2.10).

A significant number of children live in a family that *delegates household tasks to others*. This is most common for cleaning (20%), which is usually paid for. Much smaller numbers get help with ironing; this is not usually paid help (see Table 2.11).

## Household tasks



2.10 Children aged under 12 by the proportion of household tasks that the mother says she carries out (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

## Domestic help

	Under 3 years	3 to 7 years	7 to 12 years	Total
<b>Cleaning</b>				
Paid help	24.4	20.0	18.8	20.0
Unpaid help	4.7	1.8	1.0	1.8
No help	70.9	78.2	80.3	78.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Ironing</b>				
Paid help	8.1	1.2	3.3	3.4
Unpaid help	3.5	5.9	4.3	4.7
No help	88.4	92.9	92.4	92.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

2.11 Children aged under 12: frequency of help with cleaning and ironing in their families (percentage)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

Another element that is crucial to family lifestyle is the division of *decision-making* between mother and

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father. Almost 6 out of 10 young children live in a family in which more than half the decisions are taken jointly by both parents. 16% of the children live in a family in which more than half the decisions are taken by the father only.

Most young children are socialised in a family in which the voices of the mother and father carry equal weight, with a culture of consultation prevailing (see Table 2.12).

**Decision-making**

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
More than half the decisions are taken jointly	59.8	54.9	59.5	58.2
More than half the decisions are taken by the father only	17.7	21.3	12.8	16.2
The partners disagree about who takes about half of the decisions	15.7	12.2	14.5	14.1
Other situation	6.8	11.6	13.2	11.5
Total	100.0	100.0	100.0	100.0

2.12 Children aged under 12 by who takes decisions in the family (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

The majority of children live in a family that is very open to *contacts with friends and relatives* (see Table 2.13). Open families agree that they are often in the company of friends (reciprocal visits) and say that they have a lot of contact with relatives.

**Openness of families**

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Closed, not very open	11.8	7.9	12.2	10.9
Fairly open family	24.5	25.6	21.6	23.3
Very open family	63.7	66.5	66.2	65.8
Total	100.0	100.0	100.0	100.0

2.13 Children aged under 12 by the extent to which their family is open/closed (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**9. Explanatory notes****9.1. Marriages**

There were 23 313 *marriages* in the Region of Flanders in 2003; this is an increase of 1 048 (+4.7%) compared with 2002. The gross marriage rate is 3.89 per 1 000 inhabitants (provisional figures) (see Table

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2.14 and Figure 2.15).

The *average age* upon marriage (2002; 2003 is not yet available) in the Region of Flanders is 33 years and 3 months for men and 30 years and 5 months for women. The median age is about 3 years younger: 30 years for men and 27 years and 6 months for women (2002). Compared with 2001, both the average age and the median age went up by about six months. There is a striking difference between the average age on marrying for the first time and the second time. The average ages of men and women who have not been married before is 29 years and 5 months and 27 years and 1 month respectively. The average age on marrying for the first time was a little older than in 2001 for both men and women (5 and 6 months respectively). Where divorced men marry divorced women, the average age of the men was 43 years and 10 months, and the average age of the women was 40 years and 5 months (2002). The average age for marriages of divorced men and women rose compared with 2001 (by 9 months and 6 months respectively). *Marriages at a young age* are fairly unusual: 2.4% of women and 0.4% of men under the age of 20 got married in the Region of Flanders in 2002. In 51 marriages or 0.2%, both the man and the woman were under the age of 20. These figures are virtually unchanged in comparison with 2001.

### Marriages

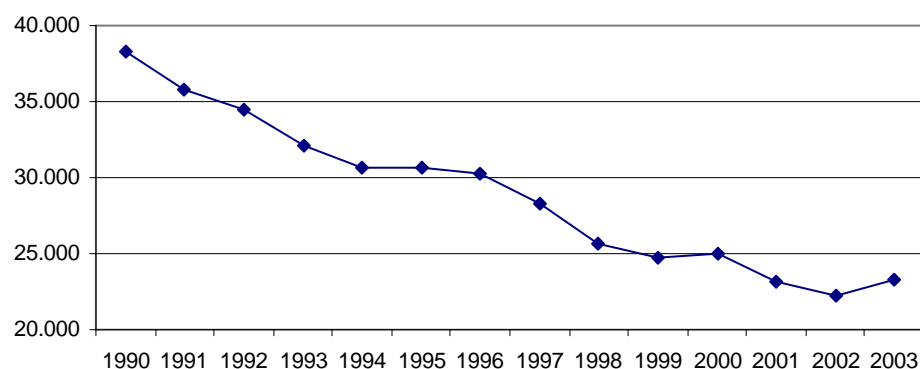
	Number	Per 1 000 inhabitants
2001	23 191	3.89
2002	22 269	3.72
<b>2003</b>	<b>23 313*</b>	<b>3.89*</b>

2.14 Number of marriages in the Region of Flanders

Source: NIS - Population statistics

\* Provisional figures

### Marriage trend



2.15 Trend in the number of marriages in the Region of Flanders

Source: NIS - Population statistics

### 9.2. Relationship breakdowns

In 2003, there were 16 386 *divorces* in the *Region of Flanders*; the number of divorces rose by 4.2% in comparison with 2002. In 2002, there were almost 2.73 divorces per 1 000 inhabitants (provisional figures) (see Table 2.16 and Figure 2.17).

However, divorce figures do not give a complete picture of the number of breakdowns in cohabitation. In

## Ch. 2. Families with young children: increasing diversity

addition to divorces there are separations and the dissolution of other forms of relationships.

## Divorces

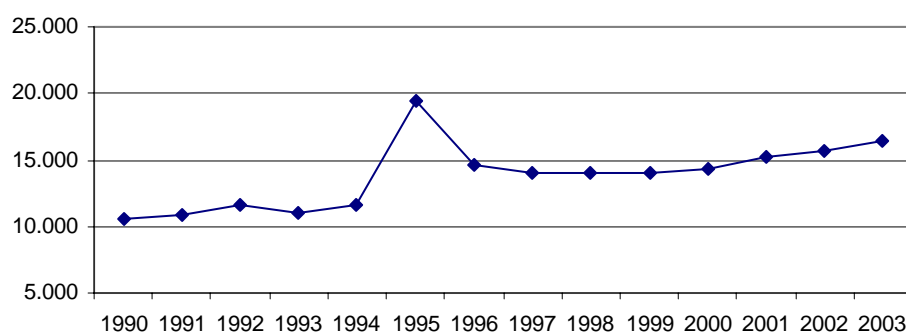
	Number	Per 1 000 inhabitants
2001	15 165	2.55
2002	15 728	2.63
<b>2003</b>	<b>16 386*</b>	<b>2.73*</b>

## 2.16 Number of divorces in the Region of Flanders

Source: NIS - Population statistics

\* Provisional figures

## Divorce trend



## 2.17 Trend in the number of divorces in the Region of Flanders

Source: NIS – Population statistics

## 10. The European context

Although many children live in *one-parent families*, they are still a minority. The increase in the number of children living in one-parent families has been one of the most noteworthy socio-demographic trends in Europe in recent years. Running parallel to this evolution, the rise in the two main phenomena leading to one-parent families can be noted, namely the breakdown of relationships and births outside marriage.

In Belgium, 8.2% of children are in one-parent families, a figure that is comparable with the figures for France, the Netherlands and Germany. The United Kingdom and Sweden have much higher percentages: over 20% of children live in a one-parent family (see Table 2.18).

## Children in one-parent families\*

Belgium (1992)	8.2
Germany (1994)	9.8
France (1994)	7.7
United Kingdom (1995)	20.0
Italy	NA
The Netherlands (1994)	7.4
Sweden (1995)	21.3

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2.18 Children in one-parent families in certain European countries: percentage of children under the age of 18 who lived in a one-parent family around 1995

Source: UNICEF, *A league table of Child Poverty in Rich Nations, 2000*

NA: not available

\* children aged under 18

The *marriage rate* (= number of marriages per 1 000 inhabitants) in the Region of Flanders is on the low side (see Table 2.19).

The figure for the Region of Flanders is lower than that of all other countries studied. The marriage rate is highest in France and the Netherlands.

The number of marriages per 1 000 inhabitants has fallen in all the countries studied over the past decade. This falling trend is coupled with marriage at an ever-later age and an increase in other forms of cohabitation.

**Marriages per 1 000**

	1990	1995	2000	2001	2002	2003
Region of Flanders	6.7	5.2	4.2	3.9	3.7	3.9*
Belgium	6.5	5.1	4.4	4.1	3.9	4.0*
Germany	6.5	5.3	5.1	4.7	4.8	
France	5.1	4.4	5.1	4.9	4.7	
United Kingdom	6.5	5.5	5.1	4.8		
Italy	5.6	5.1	4.9	4.5		
The Netherlands	6.4	5.3	5.5	5.1	5.2	
Sweden	4.7	3.8	4.5	4.0	4.3	

2.19 Number of marriages per 1 000 inhabitants (overall marriage rate) from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent Demographic Developments in Europe, 2003*

NIS, *Population statistics*

\* Provisional figures

In all the countries studied, with the exception of Italy, there are around 2 to 3 *divorces* per 1 000 inhabitants. Italy has only 0.7 divorces per 1 000 inhabitants (see Table 2.20).

**Divorces per 1 000**

	1990	1995	2000	2001	2002	2003
Region of Flanders	1.8	3.3	2.6	2.6	2.6	2.7*
Belgium	2.0	3.5	2.6	2.8	3.0	3.0*
Germany	3.9	2.1	2.4	2.4		
France	1.9	2.1	1.9	1.9		
United Kingdom	2.9	2.9	2.6	2.6		
Italy	0.5	0.6	0.7	0.7*	0.7*	
The Netherlands	1.9	2.2	2.2	2.3	2.1	
Sweden	2.3	2.6	2.4	2.4	2.4	

2.20 Number of divorces per 1 000 inhabitants from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent Demographic Developments in Europe, 2003*



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*Eurostat, Newcronos, website*

*NIS, Population statistics*

*\* Provisional figures*

## CH 3.

### PROSPERITY AND DEPRIVATION

In this chapter, we look at the income situation of families with young children, both objectively and from the families' own perspective. The participation of parents in employment is an important determining factor here. Having work still offers the most important protection against poverty. We also discuss certain aspects of employment, such as full-time/part-time work, working outside normal working hours and working set or variable hours. These aspects affect the availability of parents for their caring work.

We then examine deprivation in Flanders.

We will also look at the home circumstances of young children, which is an indicator of the level of comfort in the family but also of the stability or instability of the living environment, and at the possession of certain consumer goods in families with young children.

Lastly, the situation in Flanders will be compared with the situation in a few European countries.

#### 1. One-income or two-income families

***Most children live in a family in which both parents earn an income from work; children in one-parent families often live in a family with no income from work***

The number of wage or salary earners in the family is a good starting point from which to outline the income situation of the families young children live in.

For almost all children who live in a *two-parent family*, this is a *two-income family* (98.8%). Most two-income families have two incomes from employment. The fairly large number of children living in a two-income family with replacement incomes only is worthy of note: this is over 16% and the older the children, the higher it is. For children aged 7 to 12 the figure is 19% (see Table 3.1).

A large number of children who live in a *one-parent family* are living in a family with no income from work. Only 43% of these children live in a family with an income from work. Over 29% of them are in families living off unemployment benefit.

#### One-income or two-income families

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Two-income families of which	100.0	99.2	98.6	98.8
<i>2 incomes from employment</i>	76.6	72.2	71.4	72.3
<i>1 income from employment and 1     replacement income</i>	14.1	12.7	8.2	10.2
<i>2 replacement incomes</i>	9.4	14.3	19.0	16.3
One-income families of which	0.0	0.8	1.5	1.1
<i>income from employment</i>	0.0	0.0	0.4	0.2
<i>replacement income</i>	0.0	0.8	1.1	0.9
Total	100.0	100.0	100.0	100.0

3.1 Children aged under 12 living in one-income or two-income families (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

## 2. Family income level

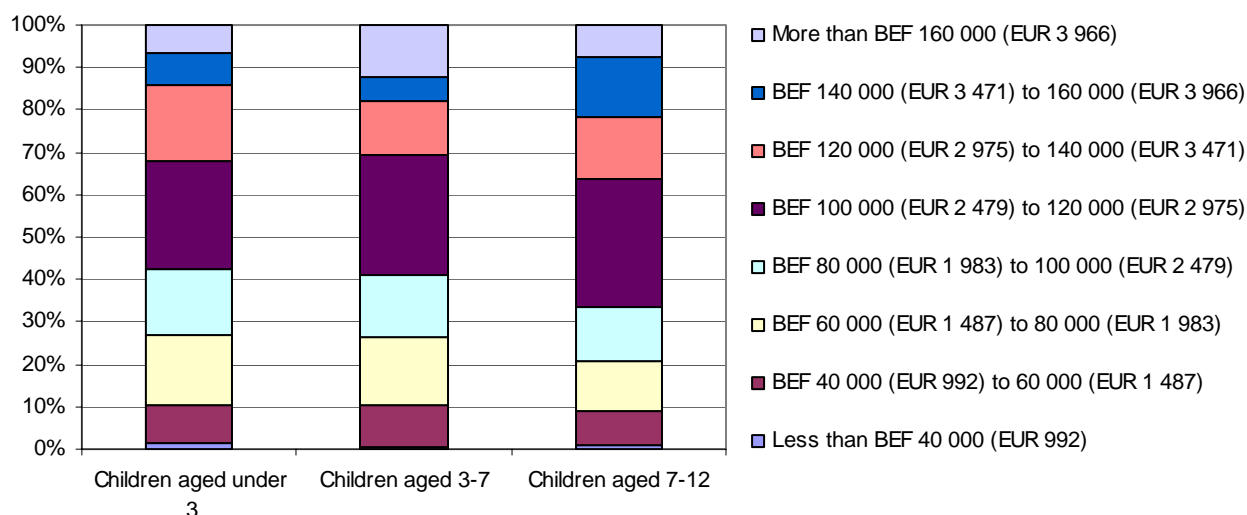
### **Few financial worries: most children live in a family with a decent income**

Figure 3.2 gives an overview of the *net monthly disposable income* of families with young children. About 1% have to manage on a net disposable income of less than 992 euro (40 000 Belgian francs) and almost 9% on an income between 992 euro (40 000 Belgian francs) and 1 487 euro (60 000 Belgian francs). Over 36% have an income above 2 975 euro (120 000 Belgian francs) per month.

75% of young children live in a family that says it finds it quite easy or very easy to *manage*. Over 7% of children aged under 12 live in a family that finds it difficult or very difficult to manage. Over 18% live in a family that finds it quite difficult to manage on its income. Figure 3.3 shows this by age group.

This subjective viewpoint is paralleled by the situation with respect to the family's *ability to save*. About 68% of the children's families manage to save (see Figure 3.4).

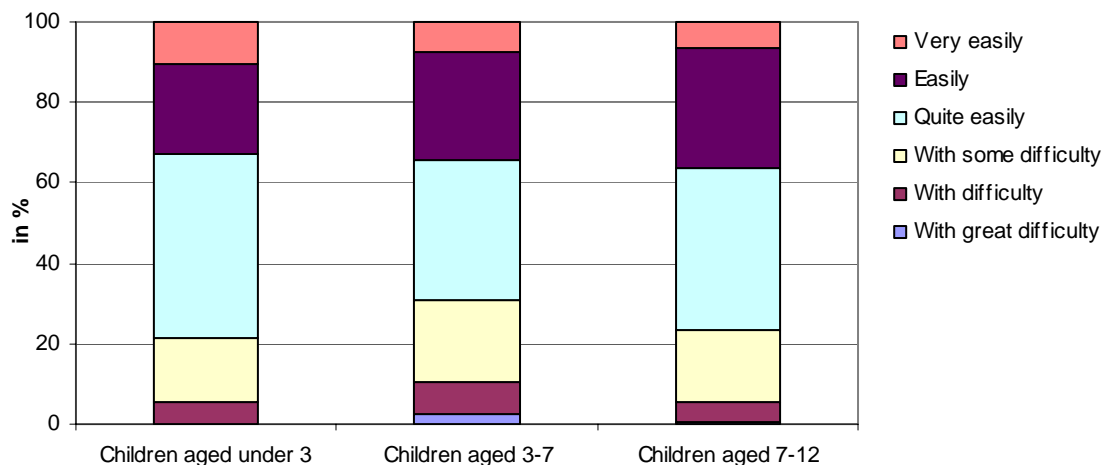
### Monthly income



3.2 Children aged under 12: net monthly disposable income of the family (income after deduction of tax and social insurance contributions) (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

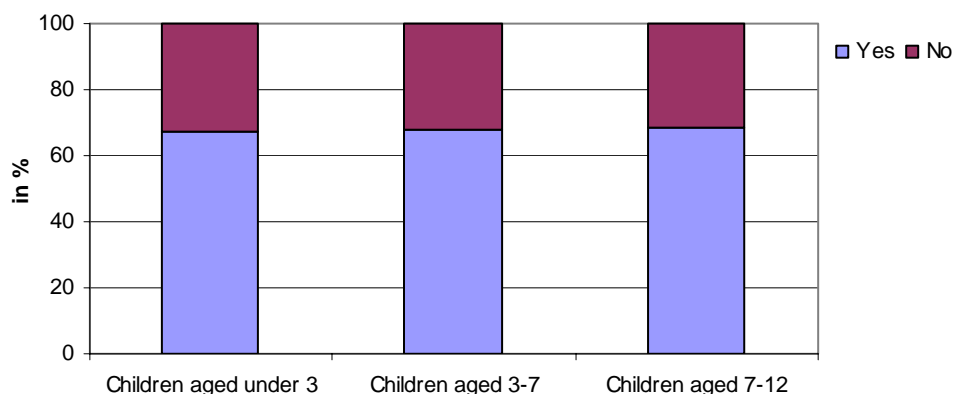
### Family's assessment of its income



3.3 Children aged under 12: how does the family manage on its current monthly income? (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**Saving**



3.4 Children aged under 12: does the family manage to save? (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**3. Children in families living at subsistence level**

***A small number of children live in families that only get a subsistence level of income***

Around 14 000 children under 18 live in a family that has to manage on a subsistence level of income (1 January 2000 - no more recent figures available). This means they are dependent children (see Table 3.5).

**Children in families living at subsistence level**

Families with 1 child	3 218
Families with 2 children	4 088
Families with 3 children	2 937
Families with 4 children	1 904
Families with 5 or more children*	1 984
<b>Total number of children*</b>	<b>14 131</b>
<b>Per 1 000 children aged under 18</b>	<b>11.6</b>

3.5 Number of children in families on a subsistence level of income by family size and number per 1 000 children under the age of 18 in the Region of Flanders - 2000

Source: Ministry of Social Affairs, Public Health and the Environment, Subsistence Income Department

\* Estimated figures

**4. Guaranteed child benefit**

***Guaranteed child benefit is paid for a small number of minors***

Guaranteed child benefit is awarded when the persons responsible for the care of a child do not have enough to live on and are not entitled to support from any other child benefit scheme for employees, public

servants or the self-employed. Those who are in receipt of the minimum income get this automatically without a means test.

At the end of 2002, guaranteed child benefit was being paid for 3 704 minors. This was an increase of 8.8% over 2001 (see Table 3.6).

#### Guaranteed child benefit

	-6 years	6 – 12 years	12 – 18 years	Total
2001	1 388	1 103	913	3 404
2002	1 482	1 216	1 006	3 704

3.6 Number of minors for whom guaranteed child benefit was being paid on 31/12 – Region of Flanders  
Source: Child Benefit Department for Employees, Geographical distribution of families

#### 5. Participation of parents of young children in employment

In line with the purpose of “The Child in Flanders”, this section presents a number of figures on the employment of the parents of young children, in which the child is the unit of calculation. These figures come from the Panel Study of Belgian Households, a survey of a small sample of households. There were only 561 children under the age of 12 in the households surveyed.

The Labour Force Survey (Eurostat) also allows us to zoom in on the participation in the work force of mothers with young children, but only with “women” as the unit of calculation and not “children”. However, the Labour Force Survey was a much bigger survey, so in view of the impact of employment participation on the family situation, we will also present these data.

##### 5.1. Participation in employment from the child’s perspective

**Most children have a mother in paid employment, quite often with a part-time job. A significant number of children have parents who work outside normal working hours, fathers rather more than mothers. Set working hours is the most common situation.**

Slightly more than 74% of children aged under 12 have a *mother in paid employment*. Mothers of pre-school and nursery school children are a bit less likely to work (see Table 3.7).

Mothers quite often work *part-time*: in the case of over 36% of the children who have a working mother, she works part-time. Mothers of school children work part-time more often than do mothers of pre-school children. Almost 68% of pre-school children have a mother who works full-time and over 62% of school children have a mother who works full-time (see Table 3.8).

Most children have a *father in paid employment*, virtually always working full time (see Tables 3.7 and 3.8).

Of the children whose mothers are currently *not in paid employment*, the mother has usually been in paid employment at one time. Only in the case of 0.9% of these children has the mother never been in paid employment. There is a conspicuous difference between pre-school children and school children as far as the reasons for the mother not working are concerned. In the case of pre-school children, most of the mothers are unemployed and on benefits; in the case of the school children more mothers report that they are housewives (see Table 3.9).

Usually the mothers who have taken a temporary break from work are also not looking for work (75%).

#### Employment situation

	Pre-school children	Children attending nursery school	Children attending primary school	Total
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<b>Mother</b>				
Paid employment	71.4	72.1	75.9	74.4
No paid employment	18.6	20.7	22.1	21.1
Temporary break from work	10.0	7.1	2.0	4.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Father</b>				
Paid employment	94.7	97.6	94.4	95.3
No paid employment	1.8	1.6	5.3	3.8
Temporary break from work	3.5	0.8	0.4	0.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

3.7 Employment situation of parents of children aged under 12 (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

**Employment situation: full-time/part-time work**

	Pre-school children	Children attending nursery school	Children attending primary school	Total
<b>Mother works</b>				
full-time	67.9	62.6	62.8	63.4
part-time*	32.1	37.4	37.2	36.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Father works</b>				
full-time	96.4	97.6	99.2	98.4
part-time*	3.6	2.4	0.8	1.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

3.8 Children aged under 12: employment situation of parents: full-time or part-time work (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

\* Part-time: a minimum of 15 hours and a maximum of 30 hours per week

**No employment or temporary break from employment**

	Pre-school children	Children attending nursery school	Children attending primary school	Total
Mother runs the home and was <i>once</i> in paid employment	23.1	55.9	71.2	60.8
Mother is unemployed and entitled to benefit, and was <i>once</i> in paid employment	69.2	29.4	17.0	27.1

Mother is unemployed and not entitled to benefit, and was <i>once</i> in paid employment	7.8	8.8	6.8	7.5
Mother runs the home and has <i>never</i> been in paid employment	0.0	2.9	0.0	0.9
Other	0.0	2.9	5.1	3.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

<i>Percentage of children with a mother without paid employment or taking a temporary break from employment</i>	28.6	27.8	24.1	25.6
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3.9 Children aged under 12: situation of mothers without paid employment or taking a temporary break from employment (children in two-parent families only - percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

For about 45% of the children whose mothers work, this means that she works normal hours, that is to say the mother *never works at the weekend and never works before 7 a.m. or after 8 p.m.* Where mothers do work outside normal working hours, this usually involves weekend work combined with early or late hours. It is much more common for the fathers to work outside normal working hours. Almost 70% of the children have a father who works outside normal working hours.

Both the mothers and fathers of children who go to nursery school work outside normal working hours slightly less than the other groups of parents (see Table 3.10).

### Working outside normal working hours

	Pre-school children	Children attending nursery school	Children attending primary school	Total
<b>Mother works</b>				
Not in the week before 7 a.m. or after 8 p.m. and not at the weekend	44.4	38.3	49.0	45.1
In the week before 7 a.m. or after 8 p.m.	6.7	16.0	9.7	11.0
At the weekend	9.0	11.7	7.1	8.6
In the week before 7 a.m. or after 8 p.m. and at the weekend	40.0	34.0	34.2	35.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

### Father works

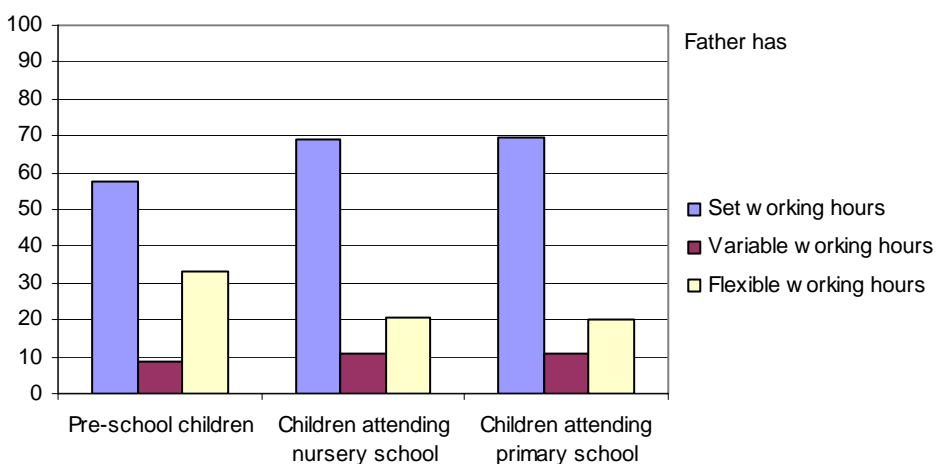
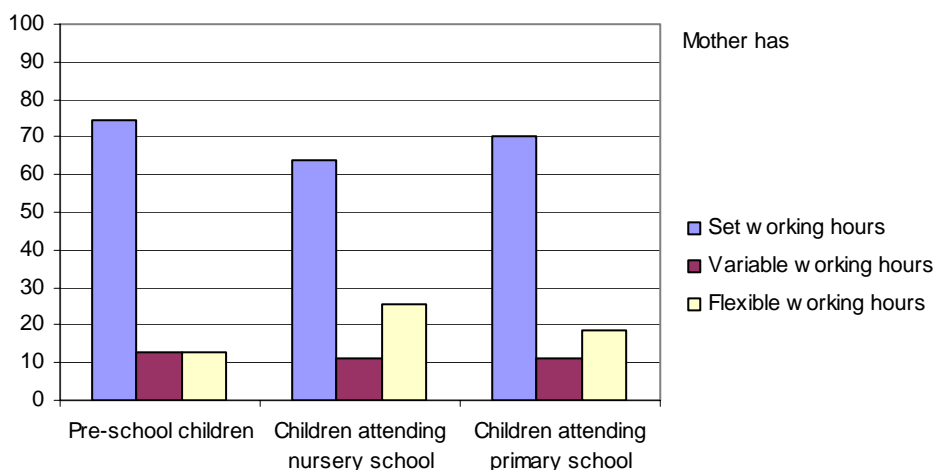
Not in the week before 7 a.m. or after 8 p.m. and not at the weekend	36.2	27.4	32.0	31.2
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In the week before 7 a.m. or after 8 p.m.	10.6	27.4	25.2	23.8
At the weekend	8.5	7.4	6.3	6.9
In the week before 7 a.m. or after 8 p.m. and at the weekend	44.7	37.9	36.4	38.1
Total	100.0	100.0	100.0	100.0

3.10 Children aged under 12: incidence of parents working outside normal working hours (percentages)  
*Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family*

About 70% of the children have a mother and a father who work regular set hours. Significantly more fathers of pre-school children work flexible hours than fathers of school children (33% compared with 20%). This situation is reversed in the case of the mothers: flexible hours are more common among the mothers of school children (over 25% for nursery school children and almost 19% for primary school children compared with almost 13% for pre-school children) (see Figure 3.11).

### Patterns of working hours



3.11 Children aged under 12: incidence of parents working set, variable or flexible working hours (percentages)  
*Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family*



*Family*

**5.2. Participation in employment from the woman's perspective**

***High level of employment of women with children under 12, but there are differences***

75% of mothers aged 20 to 50 years with a child under the age of 12 in the Region of Flanders participated in the labour market in 2002. Participation in employment is slightly lower among mothers with a child under the age of 3 (72%). Participation in employment is much lower among single mothers than among those who share a household with a partner when there is a child under the age of 3 (63% against 74%). The participation in the labour market of single mothers whose youngest child is aged between 3 and 6 is still lower (68% against 76%).

Levels of employment remained virtually unchanged from 2001 to 2002 (see Table 3.12).

**Level of employment\* among women**

	2001	2002
<b>Single mothers**</b>		
With a child under the age of 3	63	63
Whose youngest child is aged 3 to 5 years	70	68
Whose youngest child is aged 6 to 11 years	74	75
Total number of single parents	70	70
<b>Mothers who live with a partner</b>		
With a child under the age of 3	74	74
Whose youngest child is aged 3 to 5 years	75	77
Whose youngest child is aged 6 to 11 years	75	76
Total number of mothers with a partner	75	76
<b>All mothers</b>		
With a child under the age of 3	73	72
Whose youngest child is aged 3 to 5 years	75	76
Whose youngest child is aged 6 to 11 years	75	76
All mothers	74	75

3.12 Level of employment among mothers aged 20 to 50 by the age of their youngest child – Region of Flanders

Source: Eurostat Labour Force Survey (Processed by Employment and Training Centre (Steunpunt WAV))

\* Level of employment: percentage of workers in the population

\*\* Single mothers: mothers who live in a household with only one adult ("adult" = a person over the age of 15)

**6. Deprivation in children**

***A small number of children live in underprivileged families***

Child and Family records data on deprivation every year. In these records, deprivation is defined as a lasting situation in which people are deprived of opportunities to participate adequately in things to which society attaches great value, such as education, employment and housing.

Six *selection criteria* have been derived from this definition, on the basis of which is determined whether or not a family is considered to be underprivileged. These are the family's *monthly income*, the parents' *educational level*, the children's *development*, the parents' *employment situation*, *housing* and *health*. If a family scores poorly for three or more criteria, it is considered to be underprivileged.

All families with a child born between 01.01.03 and 31.12.03 were assessed in accordance with the 6 criteria, and each underprivileged family was asked for information about the assessment criteria.

About 5.2% of children born in 2003 (in the Region of Flanders) were born into an underprivileged family (provisional figure). This percentage represented 3 141 children in the Region of Flanders. Compared with 2002, the percentage of children born into an underprivileged family has fallen. In 2002 it was 6.3%. The figures for 2003 are still only provisional and the final figures are expected to be higher (see Table 3.13).

Figure 3.14 shows the trend since 1992. The percentage has more than doubled over this period. Given that Child and Family focuses its attention on the problem of deprivation, this rise may reflect increased access to this group and better recording of the phenomenon rather than an actual increase in the problem in Flanders.

### Underprivileged families

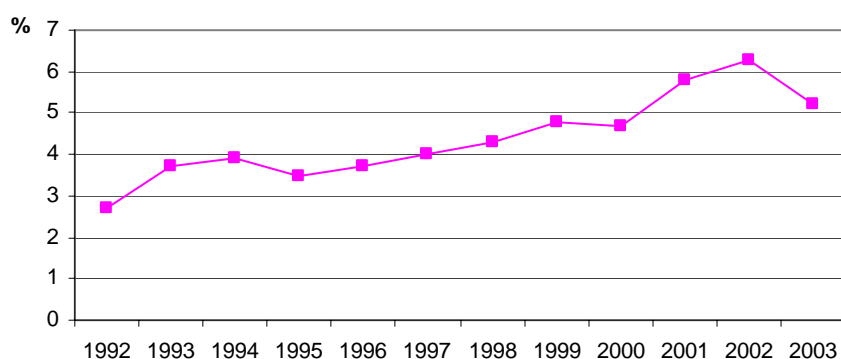
	2002	2003*
Antwerp	9.8	<b>8.0</b>
Flemish Brabant	2.4	<b>2.2</b>
West Flanders	5.5	<b>4.4</b>
East Flanders	5.6	<b>4.7</b>
Limbourg	6.5	<b>5.5</b>
Total	6.3	<b>5.2</b>

3.13 Underprivileged families among families with a child born in the course of the year, by province (percentages)

Source: *Child and Family – Deprivation records*

\* Provisional figures

### Trend in underprivileged families



3.14 Trend in the percentage of underprivileged families in families with a child born in the course of the year - Region of Flanders

Source: *Child and Family - Deprivation records*

The percentage of underprivileged families varies by *province*. The highest percentage of underprivileged families with young children, namely 8%, is found in the province of Antwerp, and the lowest in Flemish Brabant, with 2.2%. In the provinces of Limbourg, East Flanders and West Flanders, percentages of 5.5%, 4.7% and 4.4% respectively were recorded (provisional figures)(see Table 3.13). The figures are lower than 2002 in all provinces but the figures for 2003 are still only provisional. The final figures for 2003 are expected to be higher.

Deprivation is largely a *problem of the big cities* in Flanders. Almost 40% of all children born into an underprivileged family live in the cities of Antwerp (31.4%) and Ghent (7.7%), where there are 988 and 242 births respectively.

*Deprivation is coloured.* The mothers of over 5 out of 10 children born into an underprivileged family did not have Belgian nationality at the time of their birth. Table 3.15 gives, for the Region of Flanders, the percentage of children born into an underprivileged family and the percentage not born into an underprivileged family by the mother's origin at the time of their birth. Not having Belgian nationality undeniably increases the chance of being born into an underprivileged family.

#### Deprivation and origin\*

	Percentage of children in underprivileged families	Percentage of children in non-underprivileged families
Belgian origin	<b>47.3</b>	<b>83.1</b>
EU origin, Belgian excl.	<b>2.0</b>	<b>3.5</b>
Moroccan origin	<b>10.2</b>	<b>3.5</b>
Turkish origin	<b>8.2</b>	<b>2.7</b>
Other origin	<b>31.5</b>	<b>5.9</b>
Not known	<b>0.9</b>	<b>1.2</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

3.15 Children born in 2003: percentage of children in underprivileged families and in non-underprivileged families with a mother of Belgian nationality upon her birth and with a mother of another nationality upon her birth - Region of Flanders

Source: *Child and Family – Deprivation records 2003*

\* *Provisional figures*

Most underprivileged families face a *complex set of problems*. A low monthly income and a poor work situation for the parents are the criteria indicated most often (respectively for 80.2% and 79.2% of children). A low level of education on the part of one or both parents is indicated in a good 7 out of 10 underprivileged families. Poor housing is reported for slightly over half of underprivileged families. About 36% of the children have developmental problems. The criterion of poor health scores lowest (see Table 3.16).

It also appears from the records that in the case of almost 46% of children born into an underprivileged family, the family is living in very poor socio-economic circumstances. This means that these families are poorly situated in terms of both income, education and employment.

#### Problems of deprivation

	2002	2003*
Low monthly income	79.1	<b>80.2</b>
Poor employment situation of parents	78.7	<b>79.2</b>
Low level of education of one or both parents	68.0	<b>70.5</b>
Poor housing	55.5	<b>53.1</b>
Problems in children's development	41.7	<b>36.3</b>
Poor health	26.6	<b>25.3</b>

3.16 Scores for the various criteria for deprivation in underprivileged families (percentages)

Source: *Child and Family – Deprivation records 2002 and 2003*

\* Provisional figures

### 7. Home circumstances

#### **Most young children live in a single-family home and the family usually also owns the home. Faults in the home or in the living environment are not unusual**

Most children live in a *single-family home* (91.7%). 4% live in an apartment or flat. The family usually also owns the home (81.3%). This percentage increases as the child grows older (see Table 3.17).

Many young children have experienced *moving house*. 45% of the children in the 7-12 age group have not always lived in the same dwelling (see Table 3.18).

Table 3.19 shows how many children move house in the course of one year. In the course of 2002, over 10% of children under the age of 12 *moved house*. In about half of these cases they moved house within the same municipality (see Table 3.19).

Almost 34% of the children live in a *home that has a number of faults*. The most common faults are: insufficient space (14.3%), mould and damp (8.8%), poor soundproofing within the home (8.6%), too dark (7.9%) or a leaking roof (7%). The home circumstances of primary school children are noticeably better than those of younger children (see Table 3.20).

Almost 26% of the children live in *an environment that has one or more faults*. Street noise scores highest (14.4%). Vandalism and noise from neighbours are also quite common problems (8.8% and 7.5% respectively). The living environment of primary school children is also noticeably better than that of younger children (see Table 3.20).

### Home

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
<b>Type of home</b>				
Single-family home - detached house	37.9	44.9	58.3	51.1
Single-family home - semi-detached or terraced house	37.9	45.5	38.7	40.6
Apartment or flat in building with fewer than 10 homes	10.3	1.2	1.3	2.7
Apartment or flat in building with 10 or more homes	6.9	0.0	0.3	1.3
Other	6.9	8.5	1.3	4.3
Total	100.0	100.0	100.0	100.0
<b>Residential status</b>				
Owner	70.5	78.1	86.2	81.3
Tenant	28.4	21.3	11.8	17.3
Living rent-free	1.1	0.6	2.0	1.4
Total	100.0	100.0	100.0	100.0

3.17 Children aged under 12: type of home in which the child's family lives and residential status

(percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

#### Mobility since birth

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Child has always lived in the same home	83.0	61.2	54.9	61.2
Child has moved house at least once	17.1	38.8	45.1	38.8
Total	100.0	100.0	100.0	100.0

3.18 Children aged under 12 according to whether or not the child has moved house at least once (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

#### Moved house within past year

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Moved house within the municipality	6.5	6.2	4.0	5.2
Moved to a different municipality within the same district	2.8	2.7	1.7	2.2
Moved to a different district within the Region of Flanders	2.0	1.9	1.2	1.6
Moved to another region	0.7	0.6	0.4	0.5
Moved abroad or unknown	0.8	0.9	0.6	0.7
Total who moved house	12.7	12.3	7.9	10.2
Did not move house	87.3	87.8	92.1	89.8
Total	100.0	100.0	100.0	100.0

3.19 Children aged under 12: percentage who moved house during 2002, by type of move

Source: NIS, Population statistics

#### Living conditions

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
<b>Faults in the home</b>				
Insufficient space	20.5	21.9	8.2	14.3
Too dark	13.6	8.3	5.9	7.9

Difficult to heat	8.0	3.6	2.6	3.7
Leaking roof	6.8	11.2	4.6	7.0
Mould and damp	5.7	12.4	7.6	8.8
Rotting woodwork	5.7	4.1	4.6	4.6
Subsidence, cracks	3.4	3.0	3.6	3.4
Poor soundproofing within the home	6.8	11.2	7.6	8.6
Too little privacy with respect to other people in the home	6.8	10.8	2.6	5.7
Too little privacy with respect to neighbours	6.8	7.7	4.6	5.9
<i>Percentage with one or more faults in the home</i>	<i>38.6</i>	<i>39.4</i>	<i>28.9</i>	<i>33.6</i>
<b>Faults in living environment</b>				
Noise from neighbours	9.1	8.9	6.3	7.5
Street noise	20.5	14.8	12.5	14.4
Pollution	8.0	4.8	5.9	5.9
Vandalism	9.1	9.5	8.3	8.8
Polluted air	7.1	2.5	1.0	2.4
<i>Percentage with one or more faults in the living environment</i>	<i>31.5</i>	<i>28.8</i>	<i>22.7</i>	<i>25.9</i>

3.20 Children aged under 12: faults in the home and in the living environment (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

### 8. Consumer goods in the family

#### **High-tech consumer goods such as mobile phones, PC, Internet gradually coming up to the level of traditional consumer goods**

Almost all children live in a family that has a car (97%). 44.6% of these families actually have more than 1 car. Possession of a colour TV (97.1%) is also almost universal.

Mobile phone possession is 93% and has greatly increased (in 2001: 83.8%). Possession of a fixed landline telephone remains more or less universal at 92%, but we noted lower levels of ownership of a fixed landline in families of pre-school children. The number of Internet connections is going up, 62% compared with 46.8% in 2001. It is noticeable that many more children live in a family that has a personal computer than in one that has an Internet connection. Almost 82% of children live in a family that has a personal computer (see Table 3.21).

#### **Possession of consumer goods**

	Children aged under 3	Children aged 3-7	Children aged 7-12	Total
Car	94.3	97.0	97.7	97.0
Colour TV	97.7	97.6	96.7	97.1
Video recorder	92.0	88.2	91.1	90.0
Microwave oven	96.5	93.5	90.1	92.1
Telephone	81.2	89.9	96.4	92.1
Answering machine	38.4	28.4	32.0	31.9
Mobile phone	95.4	90.5	93.7	93.0
Dishwasher	54.7	58.6	70.3	64.3
Airing cupboard	79.1	79.4	87.4	83.7

Personal computer	77.0	75.2	86.8	81.7
Internet connection	60.9	56.2	65.5	62.0

3.21 Children aged under 12: possession by the family of a number of consumer goods (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

## 9. The European context

### 9.1. Participation in employment of families with young children

There are no European figures available on participation in employment of families that include the child as a unit in the calculations.

However, the *level of employment of women with young children* is known. We used the Labour Force Survey (Eurostat) to compare the Region of Flanders and Belgium with a number of other European countries and the EU-15.

Table 3.22 breaks down the level of employment among women by the number of children they have – 1, 2, or 3 or more children – and takes account of the age of the youngest child.

The level of employment of women with children is high in the Region of Flanders, considerably higher than for the EU-15 (see Table 3.22).

The level of employment in Italy is much lower than in the Region of Flanders, as it also is in the United Kingdom, except when the youngest child is aged 6 to 15 years. In Germany the level of female employment is lower than the EU-15 among women with a child under 3.

#### Level of employment of mothers

	With 1 child	With 2 children	With 3 children or more
<hr/>			
With a child or the youngest child under 3			
Region of Flanders	79	75	50
Belgium	71	65	41
Germany	58	49	33
France	70	49	28
United Kingdom	62	52	33
Italy	55	47	34
The Netherlands	75	68	52
EU-15	62	51	34
<hr/>			
With a child or the youngest child aged 3 to 6			
Region of Flanders	84	78	57
Belgium	71	70	53
Germany	66	57	41
France	78	71	49
United Kingdom	65	65	45
Italy	55	46	30
The Netherlands	69	67	60
EU-15	65	59	45
<hr/>			
With a child or the youngest child aged 6 to 15			
Region of Flanders	72	77	68
Belgium	65	71	61

Germany	74	67	53
France	76	75	57
United Kingdom	75	75	61
Italy	53	47	39
The Netherlands	74	74	71
EU-15	68	66	56

Total			
Region of Flanders	75	77	58
Belgium	67	69	50
Germany	70	59	41
France	75	66	41
United Kingdom	70	66	45
Italy	54	47	34
The Netherlands	73	70	60
EU-15	66	60	43

3.22 Level of employment of mothers aged 20 to 49 years by the age of their youngest child - 2002

Source: Eurostat, Labour Force Survey, 2002 (Processed by Employment and Training Centre (Steunpunt WAV))

We also know how many children under the age of 18 years live in a family with no adult in employment. Belgium has a relatively high number of young people living in families with no adult in employment. Only the United Kingdom scores higher (see Table 3.23).

#### Families with no adult in employment

	1995	1999	2000	2001	2002	2003
Belgium	12.3	11.3	18.8	12.9	13.8	13.8*
Germany	8.3	9.5	9.0	8.9	9.3	9.3*
France	0.2	9.9	9.4	9.2	9.6	9.3*
United Kingdom	20.4	18.4	17.0	17.0	17.4	17.0
Italy	8.4	8.3	7.6	7.0	7.2	7.0
The Netherlands	9.7	6.9	8.0	6.0	6.0	7.2
Sweden	NA	NA	NA	NA	NA	NA
EU-15	11.0*	10.4*	9.8*	9.6*	9.9*	9.9*

3.23 Children under the age of 18 living in a household in which there is no adult with paid work (percentages)

Source: Eurostat, website

\* Provisional figures

NA: not available

#### 9.2. Poverty

Eurostat defines being at risk of poverty as when a child or family has an annual income below 60% of the median income.

The risk of poverty among children under the age of 16 varies greatly between the European countries we studied. Sweden has the lowest percentage at 11%. The highest percentages were noted in Italy, Germany and the United Kingdom. Belgium and the Netherlands are in the middle (see Table 3.24).



One-parent families with dependent children are at much greater risk of poverty than two-parent families with 1 or 2 dependent children. Two-parent families with 3 or more dependent children are also at high risk of deprivation (see Table 3.24).

**Risk of poverty\***

Children under the age of 16				
	One-parent families		Two-parent families	
	with dependent children	with 1 dependent child	with 2 dependent children	with 3 or more dependent children
Belgium	18	7	12	34
Germany	26	8	12	56
France	22	11	8	40
United Kingdom	26	15	14	34
Italy	28	12	15	54
The Netherlands	17	9	9	23
Sweden	11	5	6	14
EU-15	24**	11**	13**	41**

3.24 Percentage of children under the age of 16 at risk of poverty, and percentage of families with dependent children at risk of poverty broken down by one-parent and two-parent families and by the number of dependent children in the family – 1998

Source: Eurostat, Newcronos, website

\* Risk of poverty: an annual income below 60% of the median income

\*\* Estimates

## CH 4.

### SOCIAL DEVELOPMENT

Socialisation of young children does not take place exclusively within the family. From a very young age, children come into contact with a wide variety of worlds. TV and video are an important channel for contact with the world outside the family. The annual holiday also plays an important part here. For most young children there is also their child care: child care in the pre-school years is a fact of daily life for many children in Flanders. School attendance from the age of 2 ½ is fairly universal in Flanders. Many children also have experience of out-of-school care.

We also look at a number of traditional free-time activities among school children: sport, dance, art and crafts, music and theatre, youth organisations.

A small number of children receive special support through the special youth welfare service or social services, subsidised by Child and Family.

Finally, this chapter compares the situation in Flanders with the situation in a number of European countries.

#### 1. Use of child care

##### 1.1. Children aged under 3

**Regular use of child care has increased considerably in Flanders. Almost 56% of children aged 3 months to 3 years make "regular" use of child care**

55.7% of children aged between 3 months and 3 years are regularly, i.e. *for at least one continuous period of 5 hours per week*, looked after by relatives, a child minder or a child care centre (February 2004). Then there is another group of 10.1% who make limited use of child care. 34.2% of children aged 3 months to 3 years are not looked after by relatives, a child minder or a child care centre at all (see Table 4.1).

Figure 4.2 shows the trend in the regular use of child care since 1990. The fall between 1997 and 2001 is probably partly due to *changes in the research method*, in particular the survey methods and the *definition of "regular" use of child care*. Up to and including 1997, surveys were carried out in person by Child and Family's district nurses. Since 2001 the survey has mainly been carried out by telephone (among "average families"), and it has only still been done verbally among underprivileged and ethnic minority families. In addition, since 2001 people have been asked to state the exact number of hours' child care they use, and regular use has been defined as at least one continuous period of care of at least 5 hours per week. This precise definition replaced the categories "regular", "occasional" or "none" that the interviewees used to use to rank themselves.

In February 2004, regular use of child care was considerably higher than in 2001 and 2002, years in which the same method of questioning was used to survey use of child care. From 2001 to 2002 there was an increase of 3.2%, and from 2002 to 2004 an increase of 3.5%.

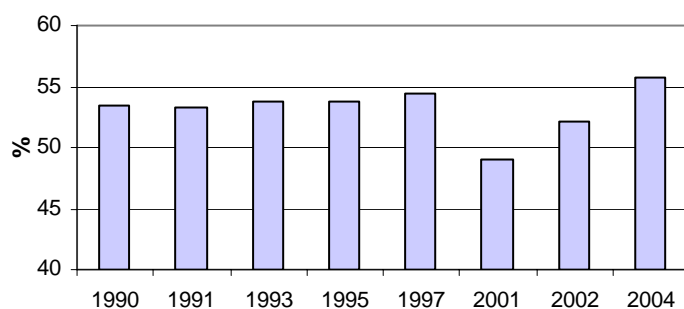
#### Use of child care

Percentage of all children aged between 3 months and 3 years		
	2002	2004
Regular use	52.2	55.7
Limited use	11.1	10.1
No use	36.7	34.2
Total	100.0	100.0

4.1 Use of child care for children aged between 3 months and 3 years in the Region of Flanders (percentages)

Sources: *Child and Family - Survey on the use of child care for children aged under 3, autumn 2002 and February 2004*

**Trend in the use of child care**



4.2 Trend in the use of child care for children aged between 3 months and 3 years - percentages of regular users

Sources: *Child and Family - Survey on the use of child care for children aged under 3*

***Ethnic minority children and children in underprivileged families make far less use of child care, but use by these groups has also increased significantly***

Use of child care by ethnic minority children and children from underprivileged families is much lower than in the population as a whole.

Only 23.8% of ethnic minority children and 21.9% of children in underprivileged families use child care on a regular basis. The lowest rate of use is noted for ethnic minority children who also belong to underprivileged families (12.7%). Compared with autumn 2002, regular use of child care by ethnic minority children and children in underprivileged families has also increased significantly (see Table 4.3).

**Use of child care by subgroups**

	2002		2004	
	Regular use	Regular use	Limited use	No use
Ethnic minority children	19.6	23.8	<b>6.7</b>	<b>69.5</b>
Children in underprivileged families	18.8	21.9	<b>5.9</b>	<b>72.3</b>
<i>of which</i>				
<i>Children in underprivileged</i>				
<i>Belgian families</i>	26.8	29.7	<b>3.4</b>	<b>66.9</b>
<i>Children in underprivileged ethnic</i>				
<i>minority families</i>	8.1	12.7	<b>7.9</b>	<b>79.4</b>
All children	52.2	55.7	<b>10.1</b>	<b>34.2</b>

4.3 Ethnic minority children and children in underprivileged families: use of child care for children aged between 3 months and 3 years in the Region of Flanders – autumn 2002 and February 2004 (percentages)

Sources: *Child and Family - Survey on the use of child care for children aged under 3, autumn 2002 and February 2004*

**Use of child care is much lower for babies up to the age of 6 months and for children over the age of 2½ years; over 60% of children between the age of 1 year and 2½ years use child care regularly**

Use of child care varies by age. Regular use of child care is much lower under the age of 6 months (see Table 4.4 and Figure 4.5). Table 4.4 and Figure 4.5 also include the age group 1 month to 3 months. Below 3 months regular use of child care is very exceptional. Between 1 and 2½ years, regular use is above 60%, with a peak at 1½ to 2 years. Regular use of child care for babies aged 3 to 6 months has fallen compared with the autumn of 2002. It has risen for the other age groups; with a particularly marked increase in the 6 months to 1 year age group from 52.5% to 59.8%.

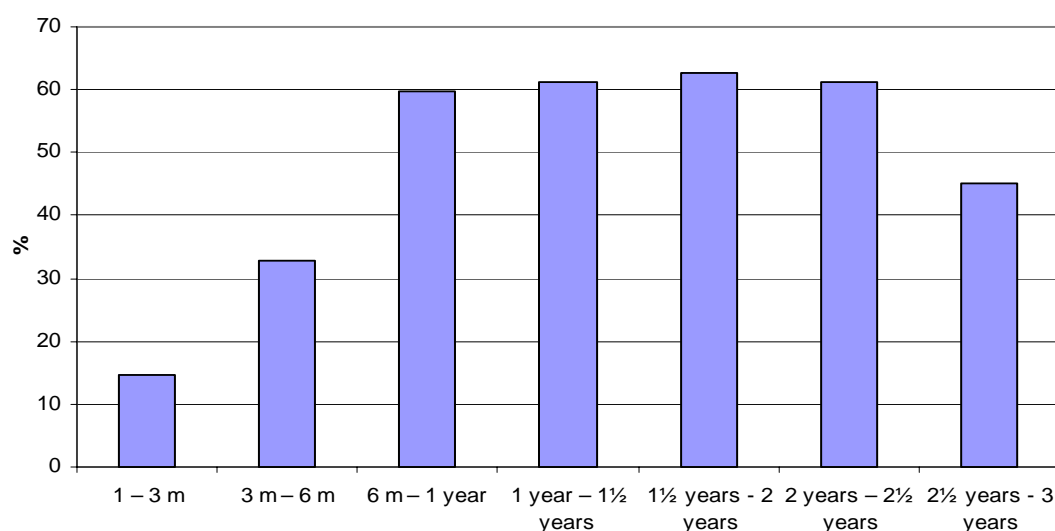
**Use of child care by age**

	2002		2004	
	Regular use of child care	Regular use of child care	Limited use of child care	No child care
<b>1 – 3 m</b>	8.8	14.5	16.0	69.5
3 m – 6 m	34.8	32.7	12.0	55.2
6 m – 1 year	52.5	59.8	9.3	30.9
1 year – 1½ year	56.9	61.3	8.5	30.2
1½ year - 2 years	61.4	62.7	10.0	27.3
2 years – 2½ years	56.1	61.3	8.3	30.4
<b>Total 3 m - 2 ½ years</b>	54.2	58.2	9.4	32.4
2½ years - 3 years	41.8	45.1	13.5	41.4
<b>Total 3 m - 3 years</b>	52.2	55.7	10.1	34.2

4.4 Use of child care for children aged between 1 month and 3 years in the Region of Flanders by age – autumn 2002 and February 2004

Sources: *Child and Family - Survey on the use of child care for children aged under 3, autumn 2002 and February 2004*

**Use of child care by age**



4.5 Regular use of child care for children aged between 1 month and 3 years in the Region of Flanders by age – February 2004

Source: *Child and Family - Survey on the use of child care for children aged under 3 - February 2004*

***Type of child care used: mainly subsidised child care and grandparents, but the proportion of private child care is increasing fast***

To a great extent, child care for children aged between 3 months and 3 years is provided by *child care facilities* that are *subsidised by Child and Family*: 24.9% use a child minder affiliated to a child minding service, and 11.5% use a crèche. 36.4% in total. There has been a relative decrease of 5.5% in child care subsidised by Child and Family compared with 2002: child care provided by subsidised crèches fell by 4.1% and that provided by child minding services fell by 1.4%.

*Grandparents* provide 31% of child care, and other family members, friends and neighbours provide 2.8%. Informal child care accounts for a total of 33.8%, representing a fall of 2.9% in comparison with 2002.

*Private child care* - private child minders and private crèches - accounts for 26.2% of children. The relative share provided by this sector has risen markedly, by 7.3%. This can be mainly accounted for by an increase in private crèches (+5.3%), but there has also been an increase in the number of private child minders (+2%) (see Table 4.6 and Figures 4.7 and 4.8).

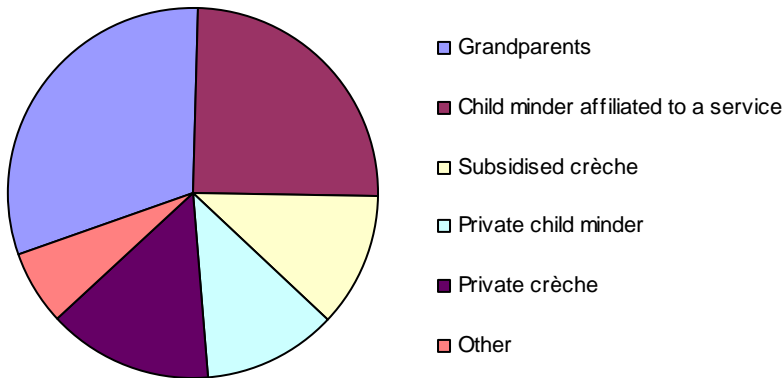
**Types of child care**

	Percentage of regular users of child care	
	2002	2004
Grandparents	34.3	31.0
Other relatives, friends, neighbours, etc.	2.4	2.8
Child minder affiliated to a service (subsidised by Child and Family)	26.3	24.9
Crèches (subsidised by Child and Family)	15.6	11.5
Private child minder registered with or supervised by Child and Family	9.8	11.8
Private crèche registered with or supervised by Child and Family	9.1	14.4
Crèche, child minder, type not known	0.4	0.8
Out-of-school care initiatives	1.2	1.6
Other (live-in staff, child-care and family support centre, local employment agency (PWA), au pair, etc.)	0.9	1.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

4.6 Children aged between 3 months and 3 years: regular use of child care by type of child care - Region of Flanders (percentages)

Sources: *Child and Family - Surveys on the use of child care for children aged under 3, autumn 2002 and February 2004*

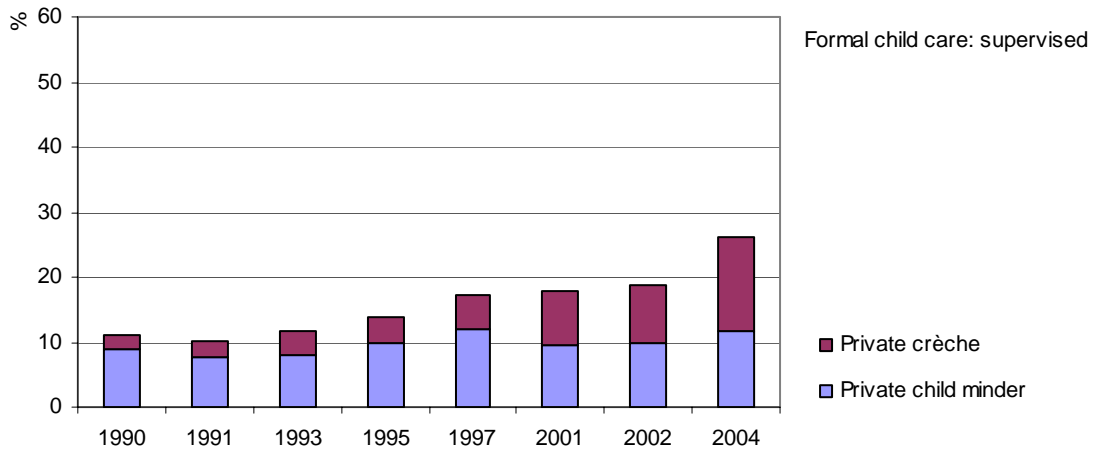
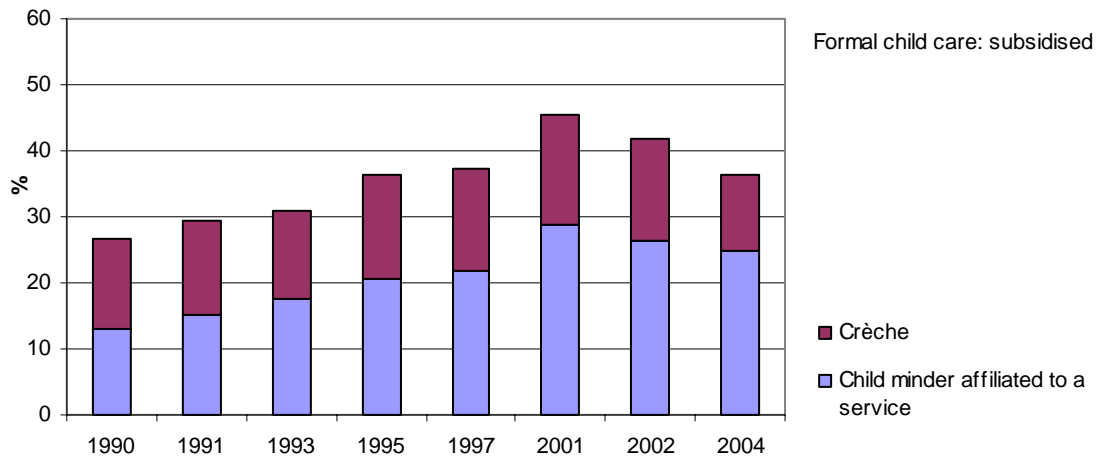
Types of child care

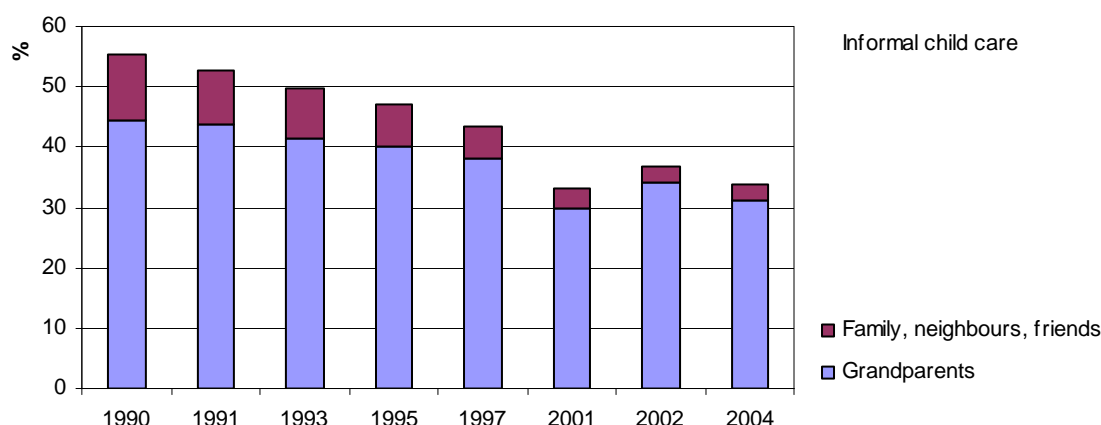


4.7 Children aged between 3 months and 3 years: regular use of child care by type of child care – most important types of child care – Region of Flanders – February 2004

Source: Child and Family - Survey on the use of child care for children aged under 3 - February 2004

Trends in child care type





4.8 Trend in the use of formal and informal child care for children aged between 3 months and 3 years in the region of Flanders - percentages of regular users of child care

Sources: *Child and Family - Survey on the use of child-care for children aged under 3*

71% of the children who are cared for on a regular basis are cared for part-time (see Table 4.9). Part-time child care has increased slightly in comparison with 2002 (+0.8%). 35.4% of regular users sometimes make use of *atypical child care*, that is to say care before 7 a.m., after 6 p.m., night and weekend child care or for more than 11 hours per day. Use of atypical child care has also increased since 2002 (+4%).

#### Length of child care in days

	2002	2004
Full-time	29.8	<b>29.0</b>
Part-time	70.2	<b>71.0</b>
Total	100.0	<b>100.0</b>

4.9 Intensity of child care per week among children aged 3 months to 3 years who regularly go to child care (= at least one continuous period of 5 hours per week) in the Region of Flanders (percentages)

Sources: *Child and Family - Surveys on the use of child care for children aged under 3, autumn 2002 and February 2004*

#### 1.2. Children aged 3-12

##### **Greater use of out-of-school child care for children aged 3 to 6, especially care at the end of the school day**

55% of children aged 3-6 and almost 40% of children aged 6-12 are cared for *during the week* by persons or facilities other than their parents (see Table 4.10). That means that in the course of a week they are cared for at least once before school, after school or on a Wednesday afternoon. Compared with autumn 2002, use of out-of-school child care has increased by 1.4% for 3- to 6-year-olds and by 0.7% for 6- to 12-year-olds.

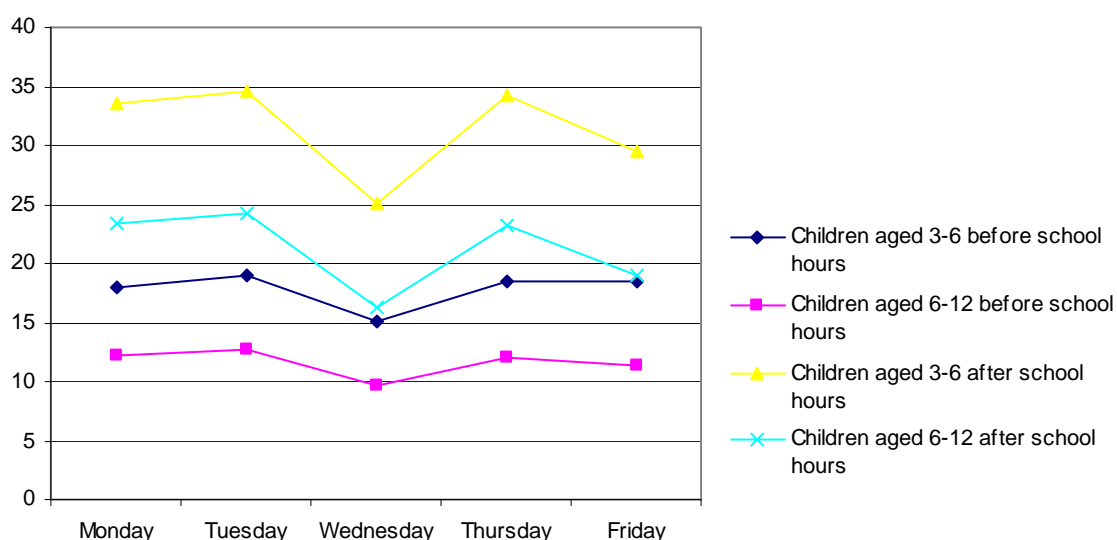
#### Use of out-of-school care

	Children aged 3-6		Children aged 6-12		Children aged 3-12	
	2002	2004	2002	2004	2002	2004
Use of out-of-school care	<b>53.6</b>	<b>55.0</b>	<b>40.5</b>	<b>39.8</b>	<b>44.7</b>	<b>44.6</b>
No use of out-of-school care	46.4	<b>45.0</b>	59.5	<b>60.2</b>	55.3	<b>55.4</b>
Total	100.0	<b>100.0</b>	100.0	<b>100.0</b>	100.0	<b>100.0</b>

4.10 Use of out-of-school care for children aged 3 to 12 years in the Region of Flanders (percentages)  
Sources: *Child and Family - Survey on the use of out-of-school child care for children aged 3 to 12 years, autumn 2002 and February 2004*

Child care is mainly used after school. Figure 4.11 shows the use of child care per day and by the time of the day.

#### Out-of-school care by time of day



4.11 Use of out-of-school care for children aged 3-6 and 6-12 per day and by time of day in the Region of Flanders (percentages of all children aged 3-6 and 6-12) – February 2004

Source: *Child and Family - Survey on the use of out-of-school care for children aged 3-12, February 2004*

#### Type of child care used: grandparents and school-based child care

At 35.1%, *grandparents* are still the most important providers of child care for the entire group of children aged 3 to 12 years (February 2004). Child care provided by and at school comes in second place: almost 34.5%. IBOs (out-of-school care initiatives) account for 11.5%. There are only small differences between the group aged 3-6 and the group aged 6-12. Child care provided in and by schools is being used more frequently by 6- to 12-year-olds and is the most important type of child care for this group; IBOs are used rather more frequently by 3- to 6-year-olds.



The percentage of children being looked after by grandparents has fallen sharply since 2002, from 43.1% to 35.1% in the whole group of children from 3 to 12 years old. The percentage of children being looked after at and by schools has increased from 28.4% to 34.5%. Care provided by IBOs fell by almost 1% to 11.5% in 2004 (see Table 4.12).

**Type of child care (1)**

Percentage of all users of out-of-school child care		
	2002	2004
<b>Children aged 3-6</b>		
Grandparents	42.5	<b>34.4</b>
Other family member	1.8	<b>5.4</b>
Neighbours, acquaintances	2.3	<b>2.4</b>
IBO	13.4	<b>12.1</b>
Child care provided by and at school	25.8	<b>31.1</b>
Private child minder	2.9	<b>3.3</b>
Child minder affiliated to a service	2.2	<b>2.9</b>
Child minder, type not known	0.0	<b>0.2</b>
Subsidised crèche	1.3	<b>1.1</b>
Private crèche	1.3	<b>0.8</b>
Other	3.2	<b>3.1</b>
Two types of child care, both equally important (2)	3.3	<b>3.3</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Children aged 6-12</b>		
Grandparents	43.5	<b>35.6</b>
Other family member	2.8	<b>4.6</b>
Neighbours, acquaintances	2.8	<b>2.2</b>
IBO	11.7	<b>11.1</b>
Child care provided by and at school	30.0	<b>36.8</b>
Private child minder	1.6	<b>1.0</b>
Child minder affiliated to a service	1.2	<b>1.7</b>
Child minder, type not known	0.0	<b>0.1</b>
Subsidised crèche	0.9	<b>0.4</b>
Private crèche	0.1	<b>0.6</b>
Other	2.8	<b>3.4</b>
Two types of child care, both equally important (2)	2.6	<b>2.6</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Children aged 3-12</b>		
Grandparents	43.1	<b>35.1</b>
Other family member	2.4	<b>4.9</b>
Neighbours, acquaintances	2.6	<b>2.3</b>
IBO	12.4	<b>11.5</b>

Child care provided by and at school	28.4	<b>34.5</b>
Private child minder	2.0	<b>1.9</b>
Child minder affiliated to a service	1.5	<b>2.2</b>
Child minder, type not known	0.0	<b>0.1</b>
Subsidised crèche	1.1	<b>0.6</b>
Private crèche	0.6	<b>0.6</b>
Other	3.0	<b>3.3</b>
Two types of child care, both equally important (2)	2.9	<b>2.9</b>
<hr/>		
Total	100.0	<b>100.0</b>

4.12 Use of child care by children aged 3-6 and 6-12 by type of child care, Region of Flanders, (percentages of users of out-of-school child care)

*Sources: Child and Family - Survey on the use of out-of-school child care for children aged 3 to 12 years, autumn 2002 and February 2004*

*(1) The main type of child care*

*(2) A limited number of children make equal use of 2 types of child care and so the main type of child care cannot be determined.*

### **1.3. Sick children**

#### **Illness in children: not an unusual event, involves changes in the type of child care used**

A sick child creates a difficult situation for families who use child care facilities. In the autumn of 2002 (figures from the February 2004 survey not yet available), 17.5% of the *children aged 1 month to 3 years* were ill during the week of the survey. For around 4 out of 10 children, being ill meant that their child care arrangements changed (39.4%). Many parents make arrangements within the immediate or extended family, by taking leave, days off in lieu or social leave, by working at home or by calling on the grandparents (see Table 4.13).

Children who normally go to crèche experience considerably more changes when they are ill (61.4%).

Children who are normally looked after by grandparents experience the least change in child care (22.1%).

#### **Child care used in the event of illness: children aged under 3**

<b>Impact on the child care</b>	
Child care arrangements not changed	60.6
Child care arrangements changed	39.4
<hr/>	
Total	100.0
<hr/>	
<b>Nature of the change*</b>	
Non-working partner looked after the child	8.7
Parent worked at home	7.0
Parent took social leave	22.0
Parent took leave or days off in lieu	20.7
Grandparents looked after the child	43.0
Relatives, neighbours, acquaintances looked after the child	4.6
Used service that provides care for sick children	1.1
Baby-sitter	1.0
Child care instead of school	0.8
Other	5.3

4.13 Care in the event of illness of children aged between 1 month and 3 years who normally make use of

child care facilities or attend nursery school in the Region of Flanders 2002 (percentages)

Source: *Child and Family - Survey on the use of child care for children aged under 3, autumn 2002*

\* More than one answer possible

Almost half of *school-age children* cannot go to their usual child care facility in the event of short-term illness. In this situation the parents often take a day's leave, a day off in lieu or leave for social or family reasons or the grandparents step in (see Table 4.14).

**Child care used in the event of illness:  
school-age children**

	Children aged 2½ - 6	Children aged 6 – 12	aged
Usual child care facility	49.1	41.5	
<i>grandparents</i>			33.8
<i>other</i>			7.7
Parent(s) take(s) leave or a day off in lieu	39.3	32.3	
Grandparents look after the child (1)	37.6	50.8	
Parent(s) take(s) leave for social or family reasons	36.8	36.9	
Partner does not work	20.1	9.2	
Others (friends, neighbours, relatives) look after the child (1)	10.5	3.1	
Parent(s) work(s) at home	10.5	7.7	
Specific organisation that provides child care for sick children	8.8	4.6	
Child stays at home alone	0.5	3.1	
Other solution	4.5	4.6	

4.14 Care used in the event of short-term illness of school-age children who normally use child care in the Region of Flanders, 1999 (more than one type possible)

Source: Vanpée K., Sannen L., Hedeboew G., *Child care in Flanders. Use, choice of child care type and evaluation by the parents*, HIVA, Leuven, 2000

(1) Grandparents/others who care for the child on a regular day-to-day basis are not included here; they are included in the "Usual child care facility" category.

**2. Going to school**

**Including under-3s; near home but still taken to school by car**

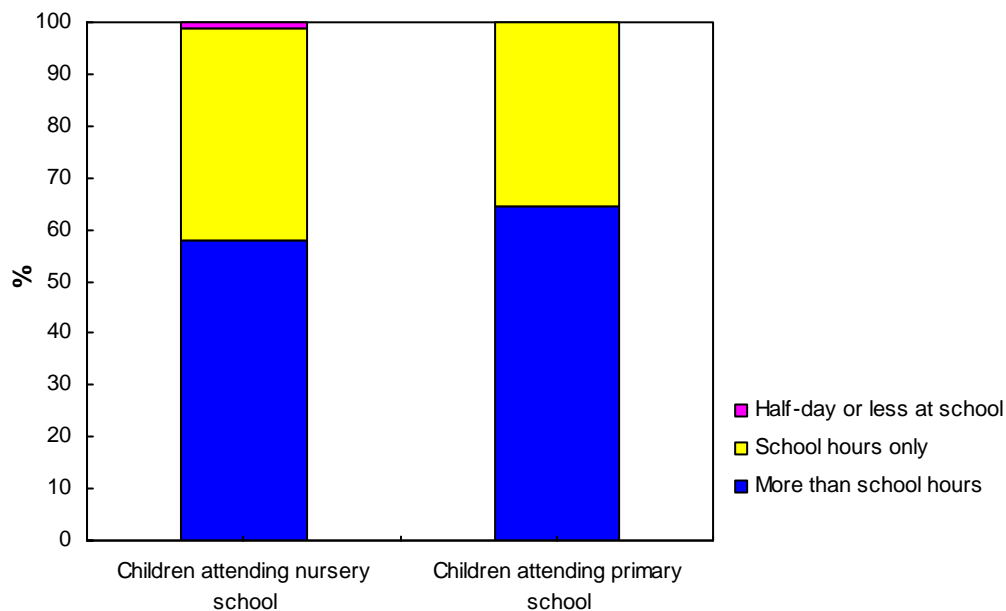
Most children in the Region of Flanders attend nursery school. Even before the age of 3, school attendance is *fairly universal*. In the autumn of 2002 (figures from the February 2004 survey not yet available), 40.5% of children aged between 2½ and 3 attended school full-time, and 29% part-time, not every day or not always for full days. 30.5% of these children were not yet attending school. In 2002 there were more children in this age group who did not yet go to school than there were in 2001. In 2001 this figure was only 18.5%.

For many children attending nursery school or primary school, a *day at school* lasts longer than the actual school hours: almost 58% of children at nursery school and almost 64% of primary school pupils stay at school for longer than school hours (see Figure 4.15). On average they stay at school after official school hours for almost 55 minutes and over 45 minutes respectively.

The school, and in particular the nursery school, is a *very short distance* away from the home. 58% of children attending nursery school live a maximum of 1 km from the school, and 32.5% live between 1 and 5

km away. The respective percentages for children attending primary school are 49.7% and 40.3% (see Figure 4.16). However, this short distance does not prevent 69.4% of nursery-school children and 53.9% of primary-school children from being taken to school by car (see Figure 4.17).

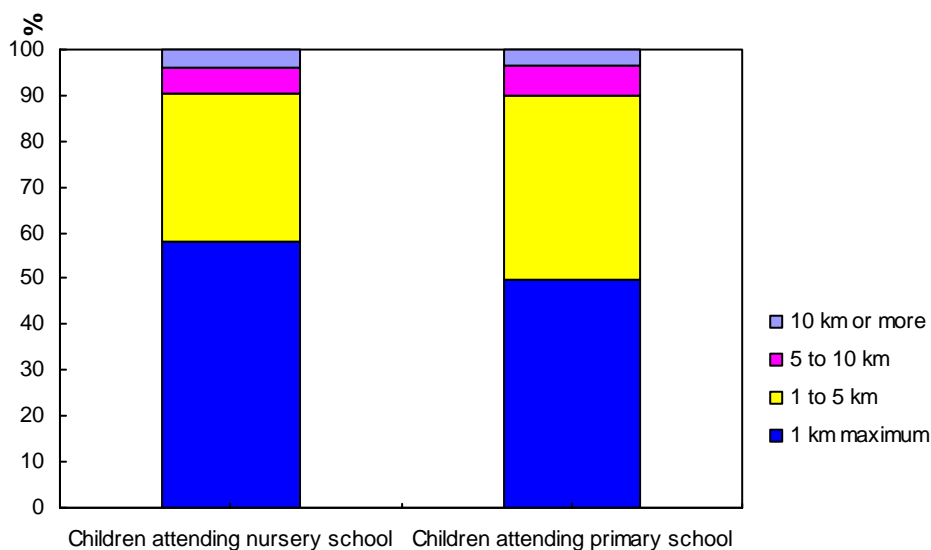
**Length of time spent at school**



4.15 Children aged under 12: length of time spent at school (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

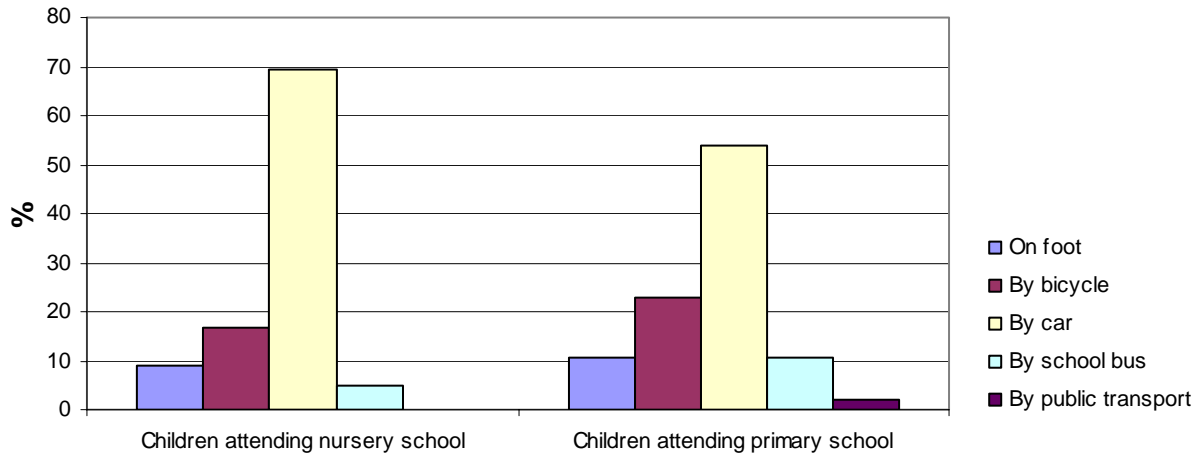
**Distance to school**



4.16 Children aged under 12: distance to school (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

Travel



4.17 Children aged under 12: means of travelling to school (percentages)

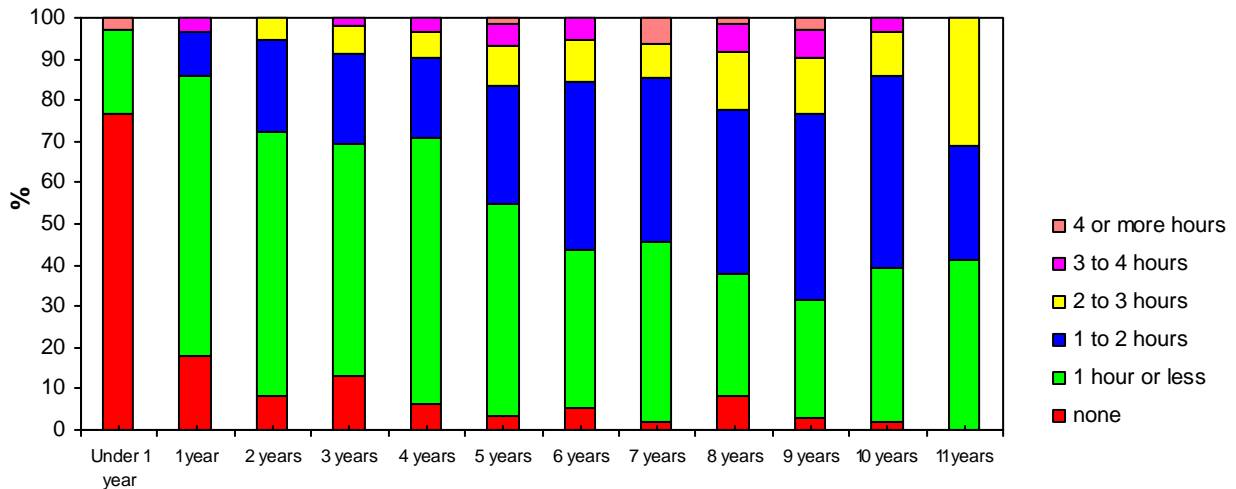
Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

3. TV/video watching

Figure 4.18 shows how many hours per day children watch TV by age. The number of hours that children spend watching TV increases with age.

In 1999 the “American Academy of Pediatrics” issued guidelines on television watching. The Academy advises against “screen time” for children under the age of 2. For older children, a maximum of 1 to 2 hours’ watching high-quality TV or video programmes is recommended. Data from the Panel Study of Belgian Households study shows that watching TV at a very young age is especially problematic. Only 18% of children aged 1 to 2 years do not watch TV at all. Watching TV for more than 2 hours is infrequent. In the 2 to 5 age group, about 6% of 2-year-olds to about 10% of 4-year-olds watch TV or video for more than 2 hours a day.

TV watching



4.18 Children aged under 12: hours per day spent watching TV/videos by age (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

#### 4. Annual holidays

##### Not having an annual holiday is rather unusual

A good 91% of the children went on holiday in 2002 for *at least a week*. By age of the child, the slightly higher percentage for children aged under 3 is remarkable (94.2%) (see Table 4.19).

##### Annual holidays

	Children under 3	aged 7	Children aged 3- 7	Children aged 7- 12	Total
The family goes on holiday	94.2	88.7	92.4	91.6	
The family does not go on holiday		5.8	11.3	7.6	8.4
Total	100.0	100.0	100.0	100.0	100.0

4.19 Children aged under 12 who go on holiday for at least one week a year (percentages)

Source: Panel Study of Belgian Households - year of observation 2002. Processed on behalf of Child and Family

#### 5. Free-time activities of school children

##### Sports and youth organisations score highest

Children aged 3-7 do not engage in many traditional free-time activities, meaning sports, dance, arts and crafts, music and theatre, and youth organisations. Of the children who do have a free-time activity, most of them do sport; 25.5% of children under 7 do some kind of sport.

Among children aged 7 to 12, almost 65% practise sports and 27.2% take part in activities run by a youth organisation. Music and theatre attract a good 18%; dance and arts and crafts account for 13% and 12.4% respectively (see Table 4.20).

##### Free-time activities

	No	Yes	Number of hours per week			
			maximum 1 hour	1 to 2 hours	2 to 3 hours	3 hours or more
<b>Children aged 3 to 7 years</b>						
Sport	74.5	25.5	14.3	7.5	2.5	1.2
Dance	93.1	6.9	5.7	1.3	0.0	0.0
Arts and crafts						
	94.3	5.7	1.3	2.5	0.0	1.9
Music, theatre	99.3	0.3	0.6	0.0	0.0	0.0
Youth organisations	96.2	3.8	0.6	3.1	0.0	0.0
<b>Children aged 7 to 12 years</b>						
Sport	35.2	64.8	15.8	16.4	11.7	20.8
Dance	87.0	13.0	7.2	4.8	1.0	0.0
Arts and crafts	87.6	12.4	1.7	6.9	3.1	0.7

Music. theatre	81.7	18.3	5.5	0.3	6.6	5.9
Youth organisations	72.8	27.2	0.3	3.7	18.0	5.1

4.20 School-age children: free-time activities among children under the age of 7 and among children aged 7 to 12 (percentages)

Source: Panel Study of Belgian Households - year of observation 2002, processed on behalf of Child and Family

## 6. Children receiving supervision and support via special youth welfare

Supervision and support measures are in place for a number of young children via the special youth welfare committees and the juvenile courts. Child and Family subsidises the supervision and support via the special youth welfare service for a number of these children.

### 6.1. Supervision and support via the special youth welfare service, subsidised by Child and Family

Some children and their families are given support or care in child care and family support centres or via services for placement in foster families. This is short-term care at the parents' request on account of special living, working, home, health or financial circumstances.

On 2 February 2004, 1 296 children under the age of 12 were receiving supervision and support in child care and family support centres. On the same date, 80 children under the age of 12 were being looked after in foster families where they had been placed by placement services. A total of 1 376 children were receiving supervision and support via the special youth welfare service, subsidised by Child and Family (see Table 4.19).

Comparison with earlier years is not possible because the system for counting the children changed: from a record of children registered, that is the number of children who received at least one day's support during a year, to a count of the number of children receiving support on a set date. However, the figures can now be added to the figures for the special youth welfare service (see point 6.2) to give a full picture of all the children receiving support from special youth welfare services.

#### Supervision and support via Child and Family

	-3 yrs	3-6 yrs	6-12 yrs	Total
Child care and family support centres	554	366	376	1 296
Foster placement services	12	18	50	80
Total	566	384	426	1 376

4.21 Number of children receiving supervision and support from a special youth welfare service, subsidised by Child and Family

Source: Child and Family

### 6.2. Supervision and support via the special youth welfare service

On 31 December 2003, a total of 2 348 children under 12 were being supervised by a *special youth welfare committee*: 267 children under 3, 523 children aged 3-6 and 1 558 children aged 6-12. The total number of children under the age of 12 receiving supervision and support increased by 5.6% compared with 2002.

This can be attributed to a relatively sharp increase in the number of children under the age of 3 receiving supervision and support (+115%). The number of children in the 3 to 6 age group who were receiving support fell (-4.6%) and the number in the 6 to 12 age group remained virtually unchanged (+0.5%).

Data are also available on supervision measures imposed by *juvenile courts* in 2003. On 31 December

2003, 2 393 children under 12 were subject to supervision measures imposed by the juvenile courts, of whom 272 were under 3, 574 were aged 3 to 6 and 1 547 were aged 6 to 12 (see Table 4.22). There was a rise here too, of 7.1%, which can mainly be attributed to a relatively sharp increase in the number of children under the age of 3 who were subject to supervision measures (+83.8%). The number of children over the age of 3 subject to supervision measures imposed by juvenile courts increased only slightly: by 1.4% for children aged 3 to 6, and by 1.8% for children aged 6 to 12.

These supervision measures include placement in a foster family by a foster family service, supervised hostel, day centre, family hostel, guidance and observation centre, boarding school, hospital or supervision by a home supervision service, community centre or preventive social measures (see Tables 4.23 and 4.24).

**Supervision and support via the special youth welfare service**

	Special youth welfare committee		Juvenile court	
	2002	2003	2002	2003
Children aged under 3	124	<b>267</b>	148	<b>272</b>
Children aged 3-6	548	<b>523</b>	566	<b>574</b>
Children aged 6-12	1 551	<b>1 558</b>	1 520	<b>1 547</b>
<b>Total</b>	<b>2 223</b>	<b>2 348</b>	<b>2 234</b>	<b>2 393</b>

4.22 Number of children subject to supervision by a special youth welfare committee or a supervision measure imposed by a juvenile court (on 31.12)

Source: Ministry of the Flemish Community, Special Youth Welfare Department

**Types of supervision and support via special youth welfare committees**

	Children aged under 3	Children aged 3-6	Children aged 6-12
Supervised hostels	<b>30</b>	<b>93</b>	<b>308</b>
Day centres	<b>0</b>	<b>21</b>	<b>292</b>
Foster care services/foster families	<b>110</b>	<b>229</b>	<b>418</b>
Boarding schools*	<b>1</b>	<b>8</b>	<b>44</b>
Family hostels	<b>1</b>	<b>2</b>	<b>13</b>
Shelters, guidance & observation centres	<b>2</b>	<b>7</b>	<b>38</b>
Preventive social measures	<b>37</b>	<b>65</b>	<b>240</b>
Home supervision services	<b>86</b>	<b>94</b>	<b>196</b>
Facilities outside Dutch-speaking areas	<b>0</b>	<b>0</b>	<b>1</b>
General hospitals, psychiatric hospitals	<b>0</b>	<b>3</b>	<b>5</b>
Free of charge	<b>0</b>	<b>1</b>	<b>3</b>
<b>Total</b>	<b>267</b>	<b>523</b>	<b>1 558</b>

4.23 Children subject to supervision by a special youth welfare committee: type of supervision, on 31/12/2003



Source: Ministry of the Flemish Community, Special Youth Welfare Department

\* Community boarding schools and state boarding schools

#### Types of supervision and support imposed by juvenile courts

	Children under 3 years	Children aged 3 to 6 years	Children aged 6 to 12 years
Supervised hostels	56	124	398
Day centres	0	4	70
Foster care services/foster families	72	249	529
Boarding schools*	1	11	57
Family hostels	0	2	16
Shelters, guidance & observation centres	1	8	25
Home supervision services	55	52	90
Facilities outside Dutch-speaking areas	2	4	15
General hospitals, psychiatric hospitals	0	0	6
Community centres	0	0	1
Preventive social measures	3	1	3
Free of charge	81	118	334
Not known	1	1	3
<b>Total</b>	<b>272</b>	<b>574</b>	<b>1 547</b>

4.24 Children subject to a supervision measure imposed by a juvenile court: types of supervision and support, 2003

Source: Ministry of the Flemish Community, Special Youth Welfare Department

\* Community boarding schools, state boarding schools and privately run boarding schools

## 7. The European context

### 7.1. Child care

The level and use of child care vary widely from one country to another. Belgium leads the field, together with France and Sweden, in terms of the percentage of subsidised *child care places*.

In some other countries, there is virtually no state child care provision for children aged under 3 (see Table 4.25).

Available data on the use of child care - percentages for use and type of child care - are incomplete (see Table 4.26).

#### Subsidised child care

Belgium	30
Germany (former FRG)	2
France	23
United Kingdom	2
Italy	6
The Netherlands	8
Sweden	21

4.25 Number of subsidised places per 1 000 children aged under 3 in certain European countries

Source: European Commission Network on Childcare, *A Review of Services for Young Children in the*

European Union 1990-1995

### Use of child care

Flemish Community	<p>0 - 3 months: almost all children are looked after by their parents.</p> <p>3 m – 2½ years: 61.6% use child care, of whom 29% use crèches, 38.5% child minders and 32.1% grandparents or other relatives.</p> <p>2½ - 6 years: 51.1% use out-of-school care.</p>
French Community	<p>0 - 1 year: care by parents predominates.</p> <p>1 – 2½ years: 21.5% are cared for in crèches and 12% by child minders.</p>
Germany	NA
United Kingdom	<p>0 - 1 year: almost all children are looked after by their parents or informally by relatives or child minders.</p> <p>1 - 3 years: most child care facilities are private. There are no data available on use of these facilities.</p> <p>20% of 2-year-olds attend playgroups</p>
Italy	<p>0 - 1 year: care by parents, supplemented by informal care in families.</p> <p>1 - 3 years: 27% cared for at home; 48% by relatives or informal care within the family; 15% by live-in carers; 6% in child care centres; 2% by fathers and care within the family.</p>
The Netherlands	<p>Crèches are used by 17% of 0-4-year-olds.</p> <p>Over 50% of 2-4-year-olds go to playgroups</p> <p>Out-of-school care is used by 5% of 4-12-year-olds.</p>
Sweden	<p>0 - 1 year: almost all children are looked after by their parents at home.</p> <p>1 - 5 years: 61% of children attend pre-school child care centres full-time; 12% are cared for in families.</p>

#### 4.26 Use of child care by age, around 1999

Source: OECD, *Thematic review of early childhood education and care*

NA: not available

### 7.2. Going to school

The Region of Flanders leads Europe in school attendance before the age of 4 years. The figure is also high in France. It is low in the Netherlands. Table 4.27 also includes children under the age of 3 who go to school in the calculations, so that the percentage is above 100 for Flanders and France.

#### Going to school

	2002	2003
Belgium* / **	118.7	119.4
Germany	67.9	70.4
France**	117.7	119.3
United Kingdom	81.1	81.0

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Italy	97.5	98.9
The Netherlands	49.9	48.9
Sweden	70.5	73.1

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4.27 Children under the age of 4 who attend school in certain European countries: percentage of all children aged 3 to 4

Source: OECD, *Education at a Glance*, 2003

\* Relates to Flanders; figures for Belgium not available.

\*\* In Belgium and France the percentage is higher than 100. This is because children under the age of 3 who go to school were also counted.

## CH 5.

### ASPECTS OF THE HEALTH AND DEVELOPMENT OF YOUNG CHILDREN

Perinatal mortality and infant mortality are generally regarded as good indicators of the quality of a country's health system. Life expectancy is another frequently used indicator. We zoom in on mortality in children up to the age of 15 years – number of deaths and causes of death – and on life expectancy at birth and at the age of 1 year.

Apart from these basic indicators, we also look at antenatal care and present some data on childbirth in this chapter.

In the context of morbidity in young children, we begin by describing congenital abnormalities and hearing loss identified in the neonatal period. We then go on to look at a number of diseases and disorders of relevance to young children.

Data on accidents and child abuse are another area of particular interest.

We conclude with a number of benchmarks from other European countries.

#### 1. Data on pregnancy and childbirth

##### 1.1. Antenatal care

###### ***Gynaecologists provide antenatal care to almost all pregnant women***

*Antenatal care* in Flanders is mainly provided by gynaecologists: 95% of pregnant women were under the care of a private gynaecologist during pregnancy, and another 3% were under the care of both a gynaecologist and their own GP. Provision of antenatal care by private gynaecologists increased slightly from 2002 to 2003.

The number of pregnancies not involving medical care is very low (0.1%) and fell even further from 2002 (see Table 5.1).

##### Antenatal care

	2002	2003
Private gynaecologist	94.5	95.1
Mixed*	3.3	3.0
GP	1.2	0.9
Child and Family antenatal clinic	0.2	0.2
Midwife	0.6	0.6
No antenatal care	0.2	0.1
Total	100.0	100.0

5.1 Antenatal care: type of antenatal care - Region of Flanders (percentages)

Source: *Child and Family - Ikaros*

\* *Mixed: antenatal care provided by private gynaecologist and GP*

##### 1.2. Place of delivery

###### ***Traditional delivery in maternity hospital predominates***

Since 2003, the Ikaros record system has provided Child and Family with recent data on where women give birth (see Table 5.2). In 2003 almost all women gave birth in a *maternity hospital*. Only 0.4% of deliveries were home births. Domino deliveries (where the woman comes into hospital only to give birth) and short stays in hospital are also rare. Only 1.4% of mothers stayed in the maternity hospital for 3 days or less, not

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counting the date of the delivery (see Table 5.2).

Figures on the *average length of stay* in the maternity hospital were provided by the Federal Public Health Department. In 2001 (the most recent figures available), the average length of stay in a maternity hospital was 5.66 days in the Region of Flanders. In the Brussels Region, the figure was 5.52 days. The average length of stay has fallen slightly since 2000. In 2000 it was 5.77 in the Region of Flanders and 5.61 in the Brussels region.

### Place of delivery

Home birth	0.4
Domino delivery and short stay in hospital (1)	1.4
Traditional delivery in maternity hospital (2)	98.2
<b>Total</b>	<b>100.0</b>

5.2 Deliveries broken down into home births, domino deliveries and traditional hospital deliveries in 2003 (percentages)

Source: *Child and Family - Ikaros*

(1) Length of stay in maternity hospital 3 days or less, not including date of delivery

(2) Length of stay in maternity hospital more than 3 days, not including date of delivery

### 1.3. Data on deliveries\*

In Flanders in 2002, of 100 deliveries, 47.3 were first-born children, 34.4 were second children, 12.0 were third children, and 6.3 were fourth or later children. The relative proportion of third or later children decreased from 19.5 in 2001 to 18.3 in 2002.

The percentage of young mothers, i.e. mothers aged under 20, was 2.2% (2002). 44.2% of the women who gave birth were over the age of 30 and 1.6% were over the age of 40. The *average age of mothers* on giving birth to their first child was 27.7 years, and it was 30.8 years for the multiparae. The average age increased slightly compared with 2001 (see also chapter 1, section 5.3)\*.

A considerable number of pregnancies, i.e. 3.9%, were achieved following *fertility treatment*: 1.4% of women had had hormone therapy, 1.3% had undergone in vitro fertilisation (IVF), in 0.5% the pregnancy followed artificial insemination, and in 0.7% it followed intracytoplasmic sperm injection (ICSI) (2002). The number of births following fertility treatment decreased slightly compared with 2001, by -0.3%. Over a 10-year period, there has been an increase from 2.7% (in 1993) to 3.9%.

Over 37% of multiple pregnancies came about following medically assisted fertilisation. This was the case for only 3%\* of single births.

4% of babies came into the category of *multiple births*. The number of babies born a twin was 3.9% of all babies born, and the number born a triplet was 0.1%. 1 167 twin births and 24 triplet births were registered. No quadruplets were born in 2002. The number of triplets increased again: 24 triplets were registered in 2002, compared with only 17\* in 2001.

In 2002, 7.3% of pregnant women gave birth prematurely, following a pregnancy of less than 37 weeks. This was a slight increase over the figure for 2001, which was 7.1%. The relative proportion of *babies with a low birth weight* (less than 2 500 grams) was 7.4%. The birth weight of 1.2% of babies was extremely low (less than 1 500 grams). The number of babies with a low birth weight increased slightly, by 0.3%\*.

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In three in ten women (30.1%), the birth was *induced*, usually for reasons of convenience to either the obstetrician or the pregnant woman. Around 69.9% of babies were born *without obstetric intervention*. 18.3% of babies were born by Caesarean section. Compared with 2001, there was a slight increase in the incidence of Caesareans. This is a sustained increase: over a 5-year period the incidence increased from 15.1% (1998) to 18.3% of all births. In 10.3% of deliveries, vacuum extraction\*\* or forceps were used. Epidural anaesthesia was used in over six in ten deliveries. There has also been a slight increase in the incidence of epidural anaesthesia: over a 5-year period the incidence increased from 58.1% (1998) to 63.2%\*.

After the birth, 13.5% of babies were transferred to a neonatal unit and 4.4% to a neonatal intensive care unit. There was a rise of 0.5% in the number of transfers to a neonatal unit; the number of transfers to a neonatal intensive care unit rose by 0.3% compared with 2001.

\* Source: Study Centre for Perinatal Epidemiology (SPE) - 2002

\*\* Vacuum extraction: delivery of a baby with the aid of an instrument that is attached to the baby's head

**2. Life expectancy*****Increasing life expectancy; male disadvantage reduced***

Life expectancy *at birth* and *at the age of 1 year* is 76.3 years and 75.6 years for males and 81.8 and 81.1 years for females (2002). Since 1995 life expectancy has increased by 1.7 years for males and by 1 year for females. At the age of 1 year, it has increased by 1.5 years and 0.9 years respectively. In other words, males have caught up to some extent (see Table 5.3).

**Life expectancy**

		At birth	At 1 year
Males	1995	74.6	74.1
	2000	75.7	75.0
	2001	76.1	75.4
	2002	76.3	75.6
Females	1995	80.8	80.2
	2000	81.5	80.8
	2001	81.8	81.1
	2002	81.8	81.1

**5.3 Life expectancy in the Region of Flanders, at birth and at 1 year**

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

**3. Mortality****3.1. Number of deaths of children aged 0-15 in the Region of Flanders****In the whole group of children aged 0-15**

Most deaths in childhood occur before the age of 1 year. After the first year the number of deaths falls to 0.3 per 1 000 children or less. More boys die than girls. This gender difference in death rates occurs in the first year, when considerably more boys die than girls. The number of deaths in 2002 was 6.3% lower than in 2001 (see Table 5.4).

**Deaths by age group and gender**

	2001	2002
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## CH. 5. Aspects of the health and development of young children

		Males	Females	Total
<b>Number</b>				
0 – 1 year	272	161	98	259
1 – 4 years	73	37	35	72
5 – 9 years	47	22	23	45
10 – 14 years	53	22	18	40
<b>Total</b>	<b>445</b>	<b>242</b>	<b>174</b>	<b>416</b>
<b>Per thousand</b>				
0 – 1 year	4.50	5.20	3.35	4.30
1 – 4 years	0.29	0.29	0.28	0.28
5 – 9 years	0.14	0.13	0.14	0.13
10 – 14 years	0.15	0.12	0.11	0.11

5.4 Number of deaths and number of deaths per thousand in children aged 0-15 by age group and gender - Region of Flanders

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

#### In children aged under 12 months

We shall now consider in more detail the death of children under 12 months of age.

Data on mortality in the youngest age group are generally presented in accordance with a number of criteria known as mortality criteria (see Table 5.5).

The first mortality criterion is *stillbirth*. This is the number of babies who are registered as "stillborn" after a pregnancy of at least 180 days. There were 253 stillbirths in 2002. The *figure for stillbirths* was 4.2 per thousand births. This figure was 0.2 per thousand higher than in 2001.

*Early neonatal mortality* is death occurring between birth and the age of seven days (7 x 24 hours). In 2002, 111 infants died in this period; the figure for early neonatal mortality was 1.8 per thousand live births, or a decrease of 0.5% compared with 2001.

The *perinatal mortality figure* was 6.0 per thousand births. Perinatal mortality is the death of infants during the first seven days of their life, together with the figure for stillbirths. In 2002, there was a fall in perinatal mortality of 0.3 per thousand. As early neonatal mortality fell more than the figure for stillbirths rose, the final perinatal mortality figure was lower.

Another mortality criterion frequently employed is *neonatal mortality*. This covers death between birth and the 28th day after birth. In 2002, 153 infants died during the first four weeks (28 days) of their life. The neonatal mortality rate was 2.5 per thousand live births, a fall of 0.3 per thousand compared with 2001.

*Late neonatal mortality* was 0.7 per 1 000 live births, an increase of 0.1 per thousand compared with 2001.

*Late neonatal mortality* is defined as death after the first seven days (7 x 24 hours) up to the age of 28 days.

Finally, there is also *infant mortality*. This covers deaths between birth and the age of one year. In 2002, 259 infants died during their first year of life. The infant mortality figure was 4.3 per thousand live births, a drop of 0.2 per thousand. There are two different trends behind this decrease: a decrease in deaths in the first 7 days and an increase in deaths after this period (see Table 5.5).

Only 48.2% of babies with a *birth weight* of 1 000 g or less survive to the age of 1 year. 24.9% are dead at birth and 26.9% die before reaching the age of 1 year (2002) (see Table 5.6). As Table 5.7 shows, mortality is appreciably higher in *multiple births* than in single births. Twins have a 3.7 times greater risk of dying before the age of 1 year than singletons.

### Mortality figures

	2001	2002
Stillbirths per 1 000 births	4.0	4.2
Early neonatal mortality per 1 000 live births	2.3	1.8
Perinatal mortality per 1 000 births	6.3	6.0
Late neonatal mortality per 1 000 live births	0.6	0.7
Neonatal mortality per 1 000 live births	2.8	2.5
Post-neonatal mortality per 1 000 live births	1.7	1.8
Infant mortality per 1 000 live births	4.5	4.3

#### 5.5 Foeto-infant mortality figures in the Region of Flanders

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

### Mortality by birth weight

	Stillbirths	Early neonatal mortality	Late neonatal mortality	Post-neonatal mortality	Alive	Total
< 500 g	0	7	1	0	3	11
500 - 999 g	62	41	14	4	117	238
1 000 -1 499 g	43	12	1	8	337	401
1 500 -1 999 g	35	9	6	3	783	836
2 000 – 2 499 g	32	8	3	7	2 785	2 835
2 500 g or over	77	34	17	84	55 728	55 940
Not known	4	0	0	0	194	198
Total	253	111	42	106	59 947	60 459

#### 5.6 Outcome of pregnancy: number of deaths and live births by birth weight in the Region of Flanders - 2002

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

### Multiple pregnancies

	Stillbirths	Early neonatal mortality	Late neonatal mortality	Post-neonatal mortality	Alive	Total
Single births	223	84	37	102	57 628	58 074
Twins	29	27	5	4	2 260	2 325
Triplets	1	0	0	0	59	60
Quadruplets	0	0	0	0	0	0
Total	253	111	42	106	59 947	60 459



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5.7 Outcome of pregnancy: number of deaths and live births in single and multiple pregnancies in the Region of Flanders - 2002

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

## 3.2. Causes of death in children aged under 15 years in the Region of Flanders

## In children aged under 12 months

**Complications during pregnancy and the perinatal period and congenital abnormalities: the most important causes of death in cases of stillbirth and infant mortality**

The most important causes of death in stillbirths and infant mortality are complications during pregnancy and in the perinatal period, and congenital abnormalities. In 2002, 190 children died as a result of complications during pregnancy and in the perinatal period, and 111 as a result of congenital abnormalities. 26 children suffered cot death, the same number as in 2001. The lower numbers of cot deaths achieved since Child and Family started its campaign in the autumn of 1994 has been sustained (see Table 5.8 and Figure 5.9).

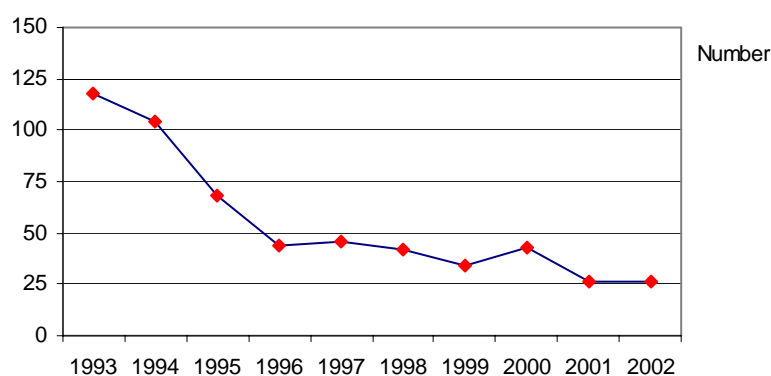
## Causes of death under the age of 12 months

	2001			2002		
	Stillbirths	Infant mortality	Total	Stillbirths	Infant mortality	Total
Congenital abnormalities	30	82	112	30	81	111
Complications during pregnancy and the perinatal period	118	80	198	135	55	190
Prematurity and dysmaturity	10	9	19	7	13	20
RDS (Respiratory Distress Syndrome)	11	25	36	5	26	31
SIDS (cot death)	0	26	26	0	26	26
Other	2	44	46	3	55	58
Poorly defined	75	6	81	73	3	76
<b>Total</b>	<b>246</b>	<b>272</b>	<b>518</b>	<b>253</b>	<b>259</b>	<b>512</b>

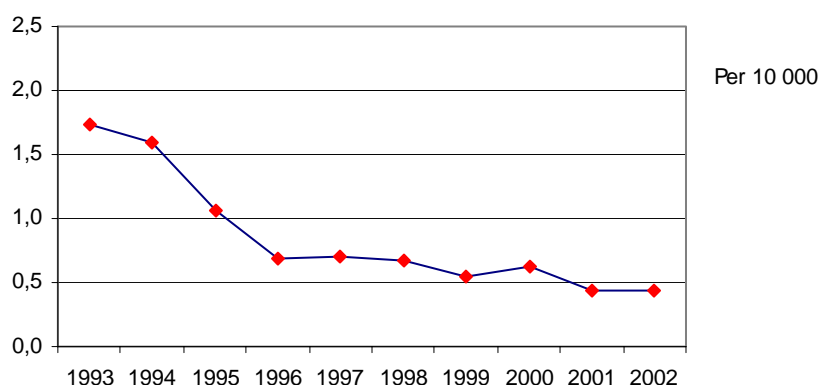
5.8 Causes of death in children aged under 12 months in the Region of Flanders (stillbirths and infant mortality)

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

## Cot deaths



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5.9 Cot deaths in the Region of Flanders: number of deaths and number of deaths per 10 000 live births

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

### In children aged 1 to 15 years

#### **Two most important causes of death in children aged 1 to 15: accidents; cancer and blood disorders**

The most important cause of death in children aged 1-15 is accidents. Over 3 out of 10 deaths in 2002 were the result of an accident. In second place are cancer and blood disorders (21.0%) For the 1 to 5 age group, congenital abnormalities are the second most important cause of death (13.9%). Infections (9.7%), muscle and nervous system disorders (8.3%) and heart, blood and respiratory disorders (6.9%) are also fairly important. For the 5 to 10 age group, heart, blood and respiratory disorders are the third most important cause of death (13.3%). Muscle and nervous system disorders are also important (11.1%). In children aged 10 to 15, accidents are even more prominent, accounting for 42.4% of deaths in 2002. Cancer and blood disorders are the second most important cause of death (25%), and metabolic disorders and muscle and nervous system disorders are fairly important (10% and 7.5% respectively) (see Table 5.10).

### Causes of deaths 1-15 years

	2000	2001	2002	
	Number	Number	Number	%
<b>Children aged 1-5</b>				
Infections	8	7	7	9.7
Cancer and blood disorders	7	10	14	19.4
Metabolism	6	4	2	2.8
Muscle and nervous system disorders	8	8	6	8.3
Heart, blood and respiratory	3	0	5	6.9
Gastrointestinal tract	1	0	2	2.8
Congenital abnormalities	10	9	10	13.9
SIS	3	2	0	0.0
Accident	19	28	17	23.6
Intentional self harm	0	0	0	0.0
Violence	3	5	4	5.6
Other or not specified	0	0	5	6.9
<b>Total deaths in children aged 1-5 years</b>	<b>68</b>	<b>73</b>	<b>72</b>	<b>100.0</b>

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**Children aged 5-10**

Infections	5	4	2	4.4
Cancer and blood disorders	5	9	9	20.0
Metabolism	2	2	3	6.7
Muscle and nervous system disorders	3	5	5	11.1
Heart, blood and respiratory	1	3	6	13.3
Gastrointestinal tract	0	0	0	0.0
Congenital abnormalities	1	1	4	8.9
Accident	14	21	14	31.1
Intentional self harm	0	0	0	0.0
Violence	2	1	2	4.4
Other or not specified	1	1	0	0.0
<b>Total deaths in children aged 5-10 years</b>	<b>34</b>	<b>47</b>	<b>45</b>	<b>100.0</b>

**Children aged 10-15**

Infections	2	1	1	2.5
Cancer and blood disorders	15	13	10	25.0
Metabolism	2	2	4	10.0
Muscle and nervous system disorders	3	2	3	7.5
Heart, blood and respiratory	0	1	1	2.5
Gastrointestinal tract	0	1	0	0.0
Congenital abnormalities	3	2	1	2.5
Accident	22	23	17	42.5
Intentional self harm	0	7	1	2.5
Violence	0	2	1	2.5
Other or not specified	0	0	1	2.5
<b>Total deaths in children aged 10-15 years</b>	<b>47</b>	<b>54</b>	<b>40</b>	<b>100.0</b>

**Number of children aged 1-15**

Infections	15	12	10	6.4
Cancer and blood disorders	27	32	33	21.0
Metabolism	10	8	9	5.7
Muscle and nervous system disorders	14	15	14	8.9
Heart, blood and respiratory	4	4	12	7.6
Gastrointestinal tract	1	1	2	1.3
Congenital abnormalities	14	12	15	9.6
SIS	3	2	0	0.0
Accident	55	72	48	30.6
Intentional self harm	0	7	1	0.5
Violence	5	8	7	4.5
Other or not specified	1	1	6	3.8
<b>Total deaths in children aged 1-15 years</b>	<b>149</b>	<b>174</b>	<b>157</b>	<b>100.0</b>

5.10 Causes of death in children aged 1 to 15 in the Region of Flanders

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

**Deaths as a result of an accident in children aged under 15**

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In Table 5.11 we look at deaths resulting from accidents in more detail. This table includes the deaths in children aged under 12 months.

In children *aged 0 to 5* accidents due to hanging, strangulation, choking and drowning stand out; 15 of the 25 deaths in 2002 could be attributed to these causes. Traffic accidents came in third place. In older children, traffic accidents are the most important cause of accidental death: 6 out of 14 of those *aged 5-10* and 10 out of 17 of those *aged 10-15*.

**Fatal accidents**

	2000	2001	2002
	Number	Number	Number
<b><u>Children aged 0-5</u></b>			
Pedestrian	0	3	0
Cyclist or motorcyclist	2	0	0
Passenger in a vehicle	3	4	1
Other or not specified	3	5	5
<i>Total traffic accidents</i>	8	12	6
Fall	1	2	1
Trapping, jamming	1	0	1
Injury by animal	0	0	0
Drowning or submersion	3	2	7
Unintentional poisoning	0	0	0
Hanging, strangulation, choking	9	17	8
Fire	2	6	0
Contact with hot liquids	0	0	0
Other	1	2	2
<i>Total other accidents</i>	17	29	19
<b>Total accidents, children aged 0-5</b>	<b>25</b>	<b>41</b>	<b>25</b>
<hr/>			
<b><u>Children aged 5-10</u></b>			
Pedestrian	5	3	0
Cyclist or motorcyclist	0	3	2
Passenger in a vehicle	3	3	1
Other or not specified	1	5	3
<i>Total traffic accidents</i>	9	14	6
Fall	1	1	1
Trapping, jamming	0	0	0
Injury by animal	1	0	0
Drowning or submersion	3	2	0
Unintentional poisoning	0	0	1
Hanging, strangulation, choking	0	0	1
Fire	0	2	3
Contact with hot liquids	0	0	0
Other	0	2	2
<i>Total other accidents</i>	5	7	8
<b>Total accidents, children aged 5-10</b>	<b>14</b>	<b>21</b>	<b>14</b>
<hr/>			
<b><u>Children aged 10-15</u></b>			

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Pedestrian	4	3	4
Cyclist or motorcyclist	6	6	0
Passenger in a vehicle	1	5	0
Other or not specified	8	5	6
<i>Total traffic accidents</i>	<i>19</i>	<i>19</i>	<i>10</i>
Fall	1	0	0
Trapping, jamming	0	0	0
Injury by animal	0	0	0
Drowning or submersion	0	0	1
Unintentional poisoning	0	0	2
Hanging, strangulation, choking	0	0	1
Fire	1	3	1
Contact with hot liquids	0	0	0
Other	0	1	2
<i>Total other accidents</i>	<i>2</i>	<i>4</i>	<i>7</i>
<b>Total accidents, children aged 10-15</b>	<b>21</b>	<b>23</b>	<b>17</b>

## 5.11 Causes of fatal accidents in children aged under 15 in the Region of Flanders

Source: Health indicators, Ministry of the Flemish Community, Health Care Administration

## 4. Morbidity

In addition to mortality figures, figures for the incidence of diseases are an important indicator of the state of health of the population. In this section we present figures on a number of illnesses and abnormalities that are relevant to children.

## 4.1. Congenital abnormalities

Data on congenital abnormalities affecting all children in Flanders are available only from obstetric records (SPE). In 2002, congenital abnormalities were identified in the perinatal period in 1.8% of births. This percentage is 0.3% higher than in 2001. Table 5.12 gives a detailed picture of the incidence of congenital abnormalities.

## Congenital abnormalities\*

	Number	Per 100 births
Specific abnormalities		
Spina bifida	15	0.03
Anencephaly	5	<0.01
Hydrocephalus	22	0.04
Cleft lip/palate	80	0.13
Imperforate anus	15	0.03
Missing limbs	20	0.03
Diaphragmatic hernia	16	0.03
Umbilical hernia/gastroschisis	23	0.04
Other abnormalities		
Nervous and sensory system	26	0.04
Gastro-intestinal tract	63	0.10
Urogenital tract	171	0.28
Heart and lungs	227	0.38

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Muscles and skeleton	151	0.25
Craniofacial complex	31	0.04
Multiple congenital abnormalities	46	0.08
Chromosomal abnormalities	84	0.14
Other	291	0.48

## 5.12 Congenital abnormalities recorded (perinatal period) in Flanders - 2002

Source: Study Centre for Perinatal Epidemiology (SPE)

\* Congenital abnormalities identified in births in maternity hospitals (= 500 g)

In a number of children, the abnormality is only identified later. The Eurocat register records congenital abnormalities up to the age of 1 year. For Flanders the whole province of Antwerp participates in the Eurocat register. The provisional figures for 2002 must be treated with caution. In the past it has been found that the final figures do differ somewhat from the provisional figures for a number of disorders. That is why we have also included the comparison between 2001 and 2000.

From 2000 to 2001 there was a decrease in the incidence of congenital abnormalities to the cardiovascular system, the nervous system (especially hydrocephalus), pyloric stenosis and the external urogenital system, and there was an increase in congenital abnormalities to the limbs, the internal urogenital system and cleft lip (see Table 5.13).

## Congenital abnormalities up to the age of 1 year\*

System affected	Per 10 000 births		
	2000	2001	2002**
Cardiovascular system	50.8	45.6	37.9
Limbs	48.0	57.2	35.6
Nervous system	28.2	18.5	19.0
<i>of which</i>			
<i>neural tube</i>	11.3	9.2	7.5
<i>hydrocephalus</i>	10.2	4.0	4.0
Digestive system, excluding			
pyloric stenosis	19.8	15.6	13.8
Pyloric stenosis	39.5	28.3	24.7
Internal urogenital system	24.3	34.1	27.0
External urogenital system	13.0	7.5	2.3
Cleft lip	9.0	14.4	8.0
Cleft palate	4.5	6.4	4.0
Umbilical hernia	2.8	2.9	2.3
Gastroschisis	1.1	0.0	1.7
Metabolic diseases	8.5	8.1	9.8
Chromosomal abnormalities	26.0	27.7	23.0
<i>of which Down's syndrome</i>	14.7	14.4	9.8

## 5.13 Congenital abnormalities recorded up to the age of 1 year in the province of Antwerp per 10 000 births.

Source: Eurocat, Provincial Institute of Hygiene, Antwerp

\* Eurocat records all congenital abnormalities in neonates, whether born alive or stillborn, in children aged up to 1 year, in foetuses born after 20 weeks of pregnancy, and in abortions induced owing to an abnormality

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*\*\* Provisional figures (concluded in October 2003). In the course of 2003 and 2004 reports are still being received, in part because sometimes it takes a while before a diagnosis is confirmed.*

**4.2. Hearing loss**

Hearing loss can be detected at a very young age. Almost all babies in Flanders are tested by Child and Family in the first months of their life. Only babies admitted to an NICU are not tested by Child and Family. A hearing impairment was found in 109 babies tested who were born in 2003, of whom 41 had a unilateral impairment and 68 had a bilateral impairment. Per 1 000 children tested, there were 1.97 with a hearing impairment in 2003. The incidence for children born in 2002 was 1.80 per 1 000 children tested. Table 5.14 also includes the degree of hearing loss. The provisional figures for 2003 must be treated with caution, as in the past the final figures have turned out to be somewhat different from the provisional ones.

**Hearing loss\***

	2002		2003**	
	Unilateral	Bilateral	Unilateral	Bilateral
21-40 dB	9	8	11	8
41-70 dB	16	26	12	27
71-90 dB	8	9	7	15
91 dB or more	6	20	11	18
<b>Total</b>	<b>39</b>	<b>63</b>	<b>41</b>	<b>68</b>
Incidence of hearing loss (per 1 000 children)	1.80		1.97	

5.14 Young children in whom hearing loss was identified, expressed in decibels (dB); hearing loss in accordance with the scale of the International Office for Audiophonology – Children born in 2003 and tested by Child and Family

Source: *Child and Family*

\* *Excluding children who were admitted to an NICU*

\*\* *Provisional figures*

**4.3. Diseases and disorders**

Thanks to the Health Surveys in Belgium, data are available on diseases and disorders in children in the Region of Flanders. The second Health Survey, which was conducted in 2001, included 685 children under the age of 12 living in the Region of Flanders.

*At the time of the survey, of the children surveyed aged under 12, 7.1% were suffering from one or more long-term diseases, disorders or disabilities. This figure was lowest for children under 1 (1.1%). Numbers fell between 1997 and 2001, except for the 1 to 3 age group (see Table 5.15).*

**Long-term diseases, disorders, disabilities**

	1997	2001
0 – 1 years	4.4	1.1
1 – 3 years	7.3	8.5

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3 – 6 years	10.4	7.5
6 – 12 years	9.8	7.6
Total 0 – 12 years	8.9	7.1

5.15 Percentages of children aged under 12 in the Region of Flanders suffering from one or more long-term diseases, disorders or disabilities at the time of the survey

Source: Health Survey 1997 and 2001, Department of Epidemiology, Scientific Institute of Public Health

The Health Survey also enquired into diseases and disorders *in a 12-month period*. A number of diseases and disorders of relevance to children will be discussed in more detail below, namely asthma, chronic bronchitis or chronic non-specific respiratory disease (CNSRD) and allergies.

**Asthma, chronic bronchitis and CNSRD**

“Asthma” and “chronic bronchitis” are words that the general public uses. From a medical point of view, we point out here that it is not possible to make a diagnosis of asthma under the age of 4; and from a medical point of view, the term “wheezing bronchitis” should be used now instead of chronic bronchitis or CNSRD.

The 2001 Health Survey shows that in the Region of Flanders, in a 12-month period, over 4% of children under 12 had had *asthma* and over 2% had had *chronic bronchitis or CNSRD*. Children aged 3-6 most often suffer from asthma; chronic bronchitis occurs most often in children aged 1-3 (see Table 5.16).

A comparison with 1997 is not possible, because no distinction was then made between asthma on the one hand and chronic bronchitis on the other.

**Asthma and chronic bronchitis or CNSRD\***

	Asthma	Chronic bronchitis or CNSRD
0 – 1 years	0.0	2.1
1 – 3 years	4.6	4.1
3 – 6 years	8.1	1.3
6 – 12 years	3.1	2.1
Total 0 – 12 years	4.3	2.3

5.16 Percentages of children aged under 12 with asthma, chronic bronchitis or CNSRD in a 12-month period in the Region of Flanders - 2001

Source: 2001 Health Survey Belgium, Department of Epidemiology, Scientific Institute of Public Health

\* In a 12-month period

**Allergies**

About 14% of children under 12 years of age suffered from an allergy in a 12-month period. There are fewer cases of allergies in children under the age of 1 year (see Table 5.17).

**Allergies\***

	1997	2001



0 – 1 years	0.0	8.2
1 – 3 years	13.2	15.1
3 – 6 years	14.3	16.5
6 – 12 years	13.6	13.7
<hr/>		
Total 0 – 12 years	12.6	14.1

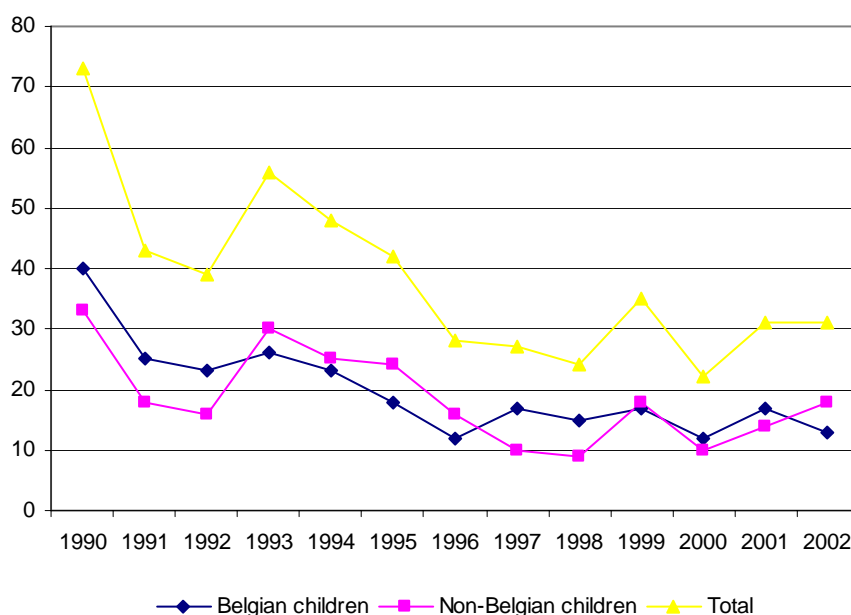
5.17 Percentages of children aged under 12 with allergies in the Region of Flanders in a 12-month period  
*Source: Health Survey 1997 and 2001, Department of Epidemiology, Scientific Institute of Public Health*  
*\* In a 12-month period*

#### **Active tuberculosis most frequent in non-Belgian children**

Active tuberculosis is not found only in developing countries. Children also suffer from tuberculosis in the industrialised countries of the West. In 2002, 31 new cases of tuberculosis were recorded in children under 15 in Flanders, 13 of them in Belgian children and 18 in non-Belgian children.

The number of new cases of active tuberculosis was just as high as in 2001. However, fewer new cases were noted in Belgian children and more in non-Belgian children. Figure 5.18 shows the trend since 1995.

#### **Active tuberculosis**



5.18 Number of new cases of tuberculosis in children aged under 15 in the Region of Flanders  
*Source: Flemish Association for Respiratory Health Care and Combating Tuberculosis (VRGT)*

#### **4.4. Hospital admissions**

In a 12-month period, almost 13% of children aged under 12 were admitted to hospital, in most cases only once. In the case of children aged 1-3, in a 12-month period, almost 1 child in 4 was admitted to hospital (see Table 5.19).

**Hospital admissions\***

	1997	2001
0 – 1 years	16.6	18.1
1 – 3 years	18.9	24.4
3 – 6 years	10.8	10.4
6 – 12 years	10.9	8.1
Total 0 – 12 years	13.0	12.6

5.19 Percentages of children admitted to hospital once or more in the course of one year in the Region of Flanders

Source: Health Survey 1997 and 2001, Department of Epidemiology, Scientific Institute of Public Health

\* In a 12-month period

**5. Accidents to children**

Accident prevention is an important task for anybody involved in caring for young children. Statistics on the actual situation are indispensable for preventive measures to be taken.

This section looks at accidents for which a doctor was consulted and traffic accidents. For deaths as a result of an accident we refer to section 3.2 in this chapter on causes of death.

**5.1. Accidents necessitating medical treatment**

**1 child in 4 has an accident every year, especially in and near their own home. Falling on the same level is common**

Data on fatal accidents are systematically compiled in statistics on the causes of death, but this represents only the tip of the iceberg. The *population surveys* present a much more complete picture of accidents. The second population survey conducted by Child and Family 1999-2000 – the first was in 1984-1985 – asked a large group of parents of children under 3 each month whether their child had had an accident in the past month. An accident was regarded as being any unintended, unforeseen event in which the sudden impact of an outside force inflicts a physical injury, for which a doctor is consulted, from this point on referred to as an accident necessitating medical treatment.

The survey shows how frequent accidents are among young children, what exactly is happening, in what circumstances, and with which consequences.

In the course of a year almost 1 in 4 children aged between 3 months and 3 years were the victims of an accident for which a doctor was consulted. The *accident rate* was a little higher in boys than in girls, and varied with age. It is noticeable that the accident rate was virtually unchanged in comparison with 15 years earlier (see Table 5.20).

**Accident rate**

	1984-1985	1999-2000
Boys (1)	0.27	0.26
Girls (1)	0.21	0.20
Total	0.24	0.23
3 months to 1 year	0.09	0.13

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1 year – 2 years	0.26	0.22
2 years – 3 years	0.27	0.25
Total	0.24	0.23

5.20 Incidence of accidents necessitating medical treatment in children aged between 3 months and 3 years

Source: *Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003*

(1) In 1984-1985, children aged 3-4 were also included

Most accidents happen *in or near the child's own home* or *in or near another dwelling*. In comparison with 1984-1985, there has been an increase in the percentage of accidents at child care facilities, which matches the increased use of formal child care (see Table 5.21 and Figure 5.22).

Places where accidents occur

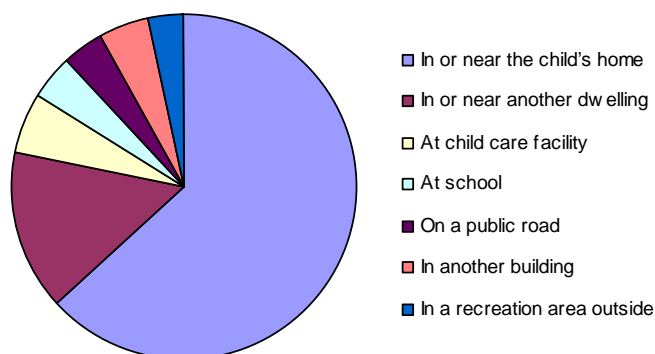
	1984-1985	1999-2000
In or near the child's home	64.7	62.7
In or near another dwelling	16.0	14.8
At child care facility	1.8	5.7
At school	5.7	4.1
On a public road	6.6	4.7
Elsewhere	5.1	7.9
<i>Of which</i>		
<i>in another building</i>	NA	4.6
<i>in recreation area outside</i>	NA	3.3
Not known	0.1	0.1
Total	100.0	100.0

5.21 Accidents necessitating medical treatment to children aged between 3 months and 3 years, by the place where the accident occurred

Source: *Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003*

NA: not available

Places where accidents occur



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5.22 Accidents necessitating medical treatment to children aged between 3 months and 3 years, by the place where the accident occurred - 1999-2000

Source: *Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003*

Young children are often victims of *falls* (64.2%). More of the children aged under 12 months fall from a height; slightly more of the children aged 1-3 fall on the level. In second and third place come cuts and knocks (8.8%) and trapping or jamming of a limb (7.9%). These two types of accidents increase in relative terms as children get older. Burns and poisoning account for 5.7% and 3.7% of accidents respectively. The incidence of these types of accidents, especially burns, decreases as children get older. Among children under the age of 12 months, burns account for almost 14% of accidents (see Table 5.23 and Figure 5.24).

**Type of injury**

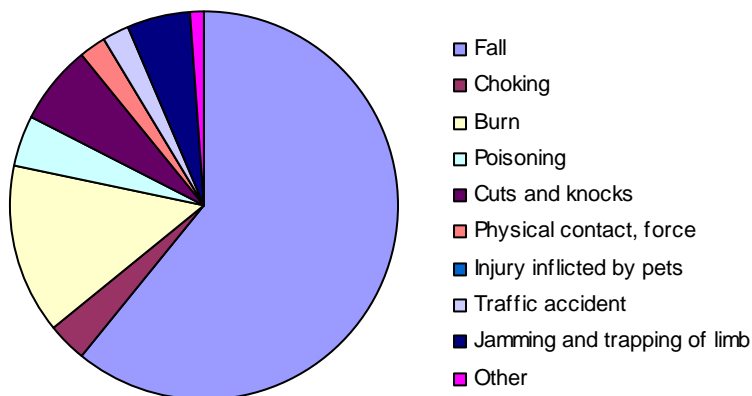
	3m-1yr	1-2yr	2-3yr	Total
<b>Fall</b>	<b>60.9</b>	<b>66.7</b>	<b>62.9</b>	<b>64.2</b>
On the level, tripping	12.0	32.1	31.2	29.8
On the stairs	5.4	8.4	7.5	7.8
From a higher to a lower floor	0.0	0.0	0.2	0.1
Other fall from a height	43.5	26.2	24.0	26.5
<b>Choking</b>	<b>3.3</b>	<b>0.6</b>	<b>0.6</b>	<b>0.9</b>
<b>Burn</b>	<b>14.1</b>	<b>6.8</b>	<b>2.9</b>	<b>5.7</b>
<b>Poisoning</b>	<b>4.3</b>	<b>4.2</b>	<b>2.9</b>	<b>3.7</b>
<b>Cut, knock</b>	<b>6.5</b>	<b>7.3</b>	<b>10.0</b>	<b>8.8</b>
Contact with static object	2.2	2.2	3.6	2.8
Contact with falling/thrown object	3.3	2.0	2.7	2.5
Contact with sharp object	1.0	2.2	1.0	1.6
Contact with moving object	0.0	2.2	1.0	1.6
<b>Trapping, jamming of a limb</b>	<b>5.4</b>	<b>7.3</b>	<b>9.4</b>	<b>7.9</b>
<b>Physical contact, force</b>	<b>2.2</b>	<b>2.4</b>	<b>4.8</b>	<b>3.5</b>
<b>Injury inflicted by an animal</b>	<b>0.0</b>	<b>1.6</b>	<b>2.5</b>	<b>1.9</b>
<b>Traffic accident</b>	<b>2.2</b>	<b>0.6</b>	<b>2.1</b>	<b>1.4</b>
<b>Something in eye, ear, nose</b>	<b>1.1</b>	<b>1.3</b>	<b>1.9</b>	<b>1.6</b>
<b>Drowning, falling into water</b>	<b>0.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.4</b>

5.23 Accidents necessitating medical treatment, to children aged between 3 months and 3 years, in 1999-2000, by type of injury and age

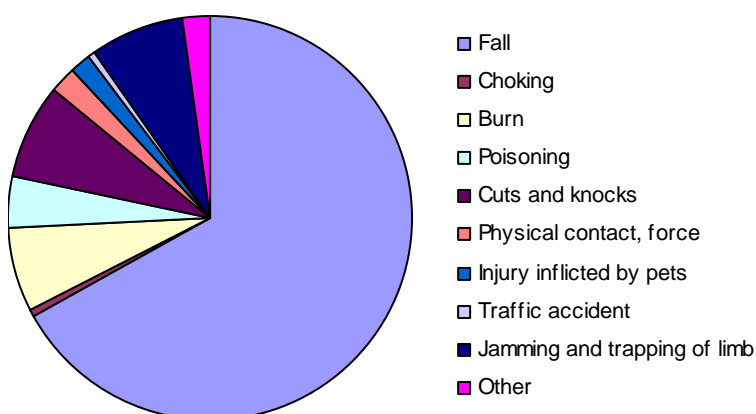
Source: *Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003*

Type of injury

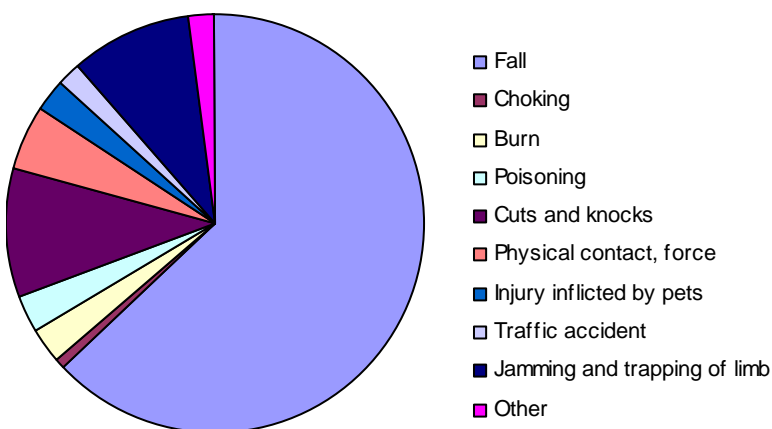
Children aged between 3 months and 1 year



Children aged between 1 and 2 years



Children aged between 2 and 3 years



5.24 Accidents necessitating medical treatment to children aged between 3 months and 3 years, by type of injury and age - 1999-2000

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Source: Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003

The most common injuries sustained by young children in accidents are *cuts* and *bruises* (see Table 5.25). In over half of the accidents the *GP* was consulted. The high percentage of children who were taken to an *accident and emergency department* is worthy of note: over four in ten children. 4.5% of accidents necessitated admission to hospital (see Table 5.26).

**Injuries**

Cut (flesh wound)	34.0
Contusions (bruises, etc.)	18.4
Burns	6.0
Broken bone	5.2
Open wound + contusions	4.5
Sprain	3.2
Dislocation	3.2
Brain injury	2.5
Grazes + contusions	2.3
Internal injury	2.3
Grazes	2.1
Other injury	1.6
Remaining categories*	5.9
No injury	8.7
<b>Total</b>	<b>100.0</b>

5.25 Accidents necessitating medical treatment among young children by injuries sustained 1999-2000 - percentages (more than one answer possible)

Source: Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003

\*Remaining categories includes all categories that in themselves make up less than 1% of the accidents recorded

**Medical intervention\***

GP	54.3
Accident and emergency department	42.6
Other specialists	11.7
Paediatrician	10.4
Admission to hospital	4.5
Dentist	3.9
Poisons unit	2.1
First aid post	1.5

5.26 Accidents to young children necessitating medical treatment by type of medical intervention – 1999-2000 – percentages

Source: Child and Family, Accidents necessitating medical treatment in babies and toddlers, 2003

\* More than one answer possible, so the percentages may add up to more than 100

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## 5.2. Traffic accidents

**Mainly when riding as a passenger in a private car**

In 2001, 68 children under 5 were *killed* or *seriously injured* in traffic accidents in the Region of Flanders. In over 6 out of 10 of these accidents the child was a passenger in a private car. Almost 3 in 10 of these children became victims of accidents while on foot.

132 children aged 5 to 9 years were killed or seriously injured. Once again, the most common situation was as a passenger: almost 42% of the children aged 5 to 9 who were killed or seriously injured were travelling as passengers in private cars. Almost 36% were on foot and almost 20% were riding bicycles.

206 children aged 10 to 14 years were killed or seriously injured. In the 10-14 age group, the most frequent serious accidents were those where the child was a cyclist, moped rider, motorcyclist or car driver: in 55.3% of the serious accidents the victim was in charge of a vehicle. Accidents sustained as a passenger came second (21.8%) and in third place accidents to pedestrians (17%) (see Table 5.27).

Table 5.27 also shows the 2001 figures and the figures for Belgium.

**Traffic accident victims**

Age	Pedestrian	Cyclists, moped riders, motorcyclists, car drivers	Car passengers	Other	Total
<b>0 – 4 years</b>					
<u>Region of Flanders</u>	20	2	42	4	68
<i>of whom died within 30 days</i>	4	0	3	2	9
<u>Belgium</u>	32	2	86	6	126
<i>of whom died within 30 days</i>	5	0	11	2	18
<b>5 – 9 years</b>					
<u>Region of Flanders</u>	47	25	55	5	132
<i>of whom died within 30 days</i>	4	2	5	1	12
<u>Belgium</u>	79	29	98	12	218
<i>of whom died within 30 days</i>	6	3	12	2	23
<b>10 – 14 years</b>					
<u>Region of Flanders</u>	35	114	45	12	206
<i>of whom died within 30 days</i>	4	6	5	1	16
<u>Belgium</u>	72	131	79	21	303
<i>of whom died within 30 days</i>	5	8	8	1	22

5.27 Victims of traffic accidents - Number of deaths within 30 days and serious injuries (= necessitating admission to hospital for more than 24 hours) to children under 15 and types of road user

Source: Belgian Road Safety Institute - NIS data

## 6. Child abuse

### **Marked decrease in the number of notifications to the confidential child abuse centres; notifications mainly from child's immediate circle**

In 2003, the six confidential child abuse centres recorded a total of 5 615 *notifications* of specific cases of abuse or neglect of minors. A total of 7 779 minors were involved (see Table 5.28).

The number of notifications fell by 7.0% compared with 2002. Figure 5.29 shows the trend in notifications since 1995. This shows that the number of notifications in 2003 was quite a bit down on the number in 2002.

In 2003, the *number of children notified per 10 000 children* was 61.0 (for the Region of Flanders). Figure 5.30 sets out the trend per 10 000 children since 1995. This figure shows a decrease following the sharp increase in 2002.

The relative number of children notified per 10 000 children in 2003 varies from province to province. It is highest in the province of Antwerp (71.5 per 10 000) and lowest in the province of West Flanders (51.1 per 10 000) (see Table 5.31).

There was a slight decrease in the provinces of Antwerp, Flemish Brabant and Limbourg. In East Flanders and especially West Flanders the drop was more marked.

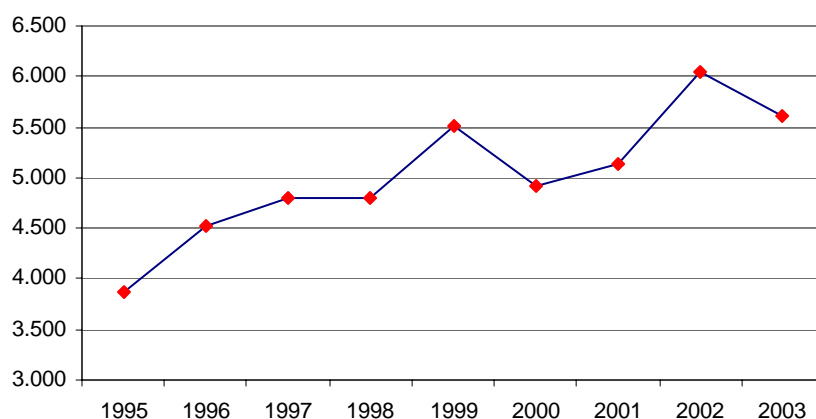
### Notifications

	2002	2003
Number of notifications	6 037	<b>5 615</b>
Number of children affected	8 252	<b>7 779</b>

### 5.28 Number of notifications of child abuse or neglect

Source: *Child and Family - Records of the confidential child abuse centres*

### Trend in the number of notifications

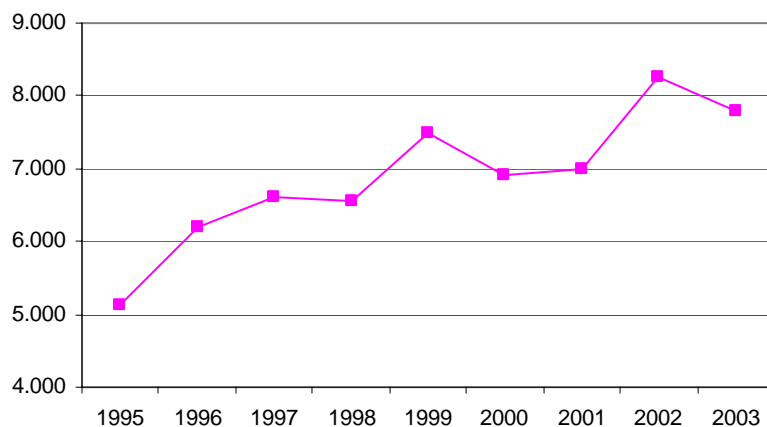


### 5.29 Trend in the number of notifications of child abuse or neglect from 1995 onwards

Source: *Child and Family - Records of the confidential child abuse centres*



**Trend in the number of children notified**



5.30 Child abuse: trend in the number of children notified per 10 000 children under the age of 18  
 Source: *Child and Family - Records of the confidential child abuse centres*

**Number of cases notified per 10 000 children**

	2002	2003
Antwerp	73.9	<b>71.5</b>
Flemish Brabant	65.7	<b>65.1</b>
West Flanders	62.3	<b>51.1</b>
East Flanders	59.5	<b>54.9</b>
Limbourg	58.4	<b>58.1</b>
Region of Flanders	65.0	<b>61.0</b>

5.31 Child abuse: number of children notified per 10 000 children under the age of 18 in the Region of Flanders and by province  
 Source: *Child and Family - Records of the confidential child abuse centres*

In the case of 2 321 children, or 29.8% of cases notified, those notifying the abuse reported *physical abuse or neglect*.

The number of children that were notified because of *sexual abuse* was 1 746 or 22.4% of the children reported. For 64% of these (alleged) sexually abused children, the person reporting the case stated right away that the abuser was a member of the family (incest); the remainder involved abuse of the children by someone outside the family or the relationship between the abuser and the victim was not known.

1 399 children or 18.0% were reported on account of *emotional abuse or neglect*.

The number of children notified for Munchausen syndrome by proxy dropped sharply from the 2002 figure (-58.6%), and there were smaller but important decreases in notifications for problems to do with working through earlier abuse (-20.1%), emotional neglect (-9.9%) and incest (-9.6%). The number of cases of physical abuse increased (+1.6%) (see Table 5.32).

46.7% of notifications came from the child's immediate family or close social circle. They included, in

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particular, notifications by: the mother figure (16.5% of the total number of notifications), other members of the immediate family or relatives (10.1%), neighbours or acquaintances (9.4%), the father figure (7.1%), or the victims themselves (1.3%).

51.4% of notifications came from professionals (17% from health-care workers, 8.3% from welfare organisations, and 19.7% from schools or pre-school facilities). 0.5% of notifications came from someone from the perpetrator's social circle. In 1.3% of the cases notified, it is not known who reported them.

**Problems notified**

	2002		2003		Difference 2003-2002 (as percentage)
	Number	%	Number	%	
Physical abuse	1 334	16.2	<b>1 355</b>	<b>17.4</b>	+1.6
Physical neglect	1 032	12.5	<b>966</b>	<b>12.4</b>	-6.4
<i>Total physical abuse and neglect</i>	<i>2 366</i>	<i>28.7</i>	<i><b>2 321</b></i>	<i><b>29.8</b></i>	<i>-1.9</i>
Emotional abuse	871	10.6	<b>870</b>	<b>11.2</b>	-0.1
Emotional neglect	587	7.1	<b>529</b>	<b>6.8</b>	-9.9
<i>Total emotional abuse and neglect</i>	<i>1 458</i>	<i>17.7</i>	<i><b>1 399</b></i>	<i><b>18.0</b></i>	<i>-4.0</i>
Sexual abuse: incest	1 236	15.0	<b>1 117</b>	<b>14.4</b>	-9.6
Sexual abuse: not incest, or not known whether incest is involved	663	8.0	<b>629</b>	<b>8.1</b>	-5.1
<i>Total sexual abuse</i>	<i>1 899</i>	<i>23.0</i>	<i><b>1 746</b></i>	<i><b>22.4</b></i>	<i>-8.1</i>
Munchausen's syndrome by proxy	58	0.7	<b>24</b>	<b>0.3</b>	-58.6
Child at risk of abuse/neglect	1 283	15.5	<b>1 217</b>	<b>15.6</b>	-5.1
Problem unclear, person reporting not sure	629	7.6	<b>619</b>	<b>8.0</b>	-1.6
Problems to do with working through earlier abuse/neglect	134	1.6	<b>107</b>	<b>1.4</b>	-20.1
No abuse, other problem	425	5.2	<b>346</b>	<b>4.4</b>	-18.6
<b>Total</b>	<b>8 252</b>	<b>100.0</b>	<b>7 779</b>	<b>100.0</b>	<b>-5.7</b>

5.32 Child abuse: children notified by the most important problem notified

Source: *Child and Family - Records of the confidential child abuse centres*

**7. The European context****7.1. Life expectancy at birth**

With a life expectancy at birth of 76.3 years for men and 81.8 years for women, the Region of Flanders scores quite well. Only Sweden and Italy have higher life expectancies, both for men and women (see Table 5.33).

**Life expectancy at birth**

	1990	1995	2000	2001	2002
<b>Males</b>					
Region of Flanders	NA	74.6	75.7	76.1	76.3
Belgium	72.7	73.4	74.6	74.9	75.1

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Germany	72.0	73.3	75.0	75.5	
France	72.7	73.9	75.3	75.5	75.6
United Kingdom	72.9	74.0	75.5	78.3*	
Italy	73.6	74.8	76.6	76.7*	76.8*
The Netherlands	73.8	74.6	75.5	75.8	76.0
Sweden	74.8	76.2	77.4	77.6	77.7
<b>Females</b>					
Region of Flanders	NA	80.8	81.5	81.8	81.8
Belgium	79.4	80.2	80.8	81.1	81.1
Germany	78.4	79.7	81.0	81.3	
France	80.9	81.8	82.7	82.9	82.9
United Kingdom	78.6	79.2	80.2	80.4*	
Italy	80.1	81.3	82.5	82.8*	82.9*
The Netherlands	80.0	80.4	80.5	80.7	80.7
Sweden	80.4	81.5	82.0	82.1	82.1

5.33 Male and female life expectancy at birth from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

Eurostat, Newcronos, website

Health indicators, Ministry of the Flemish Community, Health Care Administration

NA: not available

\* Provisional figures

### 7.2. Caesareans

With around 183 Caesareans per 1 000 live births, Flanders is in the middle of the range. In the Netherlands, Sweden, and France the proportion of Caesareans is lower. In Italy, the proportion of Caesareans is much higher at 348 per 1 000 live births. It is also higher in Germany (see Table 5.34).

#### Caesareans

	1990	1995	1999	2000	2001	2002
Flanders*	97.8	142.9	162.5	169.6	175.3	183.2
Belgium	104.5	134.5	159.2			
Germany	157.0	172.4	198.0	208.9		
France	139.4	NA	166.9	171.2		
United Kingdom	124.0	158.0				
Italy	207.9	260.7	323.9	332.7	347.6	
The Netherlands	74.1	96.5	113.4	129.0		
Sweden	107.9	120.0	144.0			

5.34 Number of Caesareans per 1 000 live births in certain European countries

Sources: Study Centre for Perinatal Epidemiology

OECD, *Health Data 2003*

\* Figures for the Region of Flanders and a Dutch-speaking maternity hospital in Brussels

NA: not available

### 7.3. Birth weight

Prematurity, defined as a birth weight below 2 500g, is usually around 6 to 7% in the European countries studied. At 7.4% in 2002, the Region of Flanders still scores on the high side.

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Of the countries studied only the United Kingdom scores higher. The Netherlands and especially Sweden have considerably lower figures (see Table 5.35).

**Low birth weight**

	1990	1995	1999	2000	2001	2002
Region of Flanders	6.2	6.9	7.1	6.8	7.1	7.4
Belgium	6.1	6.5				
Germany	5.7	6.1	6.5			
France	5.3	5.8	6.4	6.4	6.5	
United Kingdom	6.8	7.3	7.6	7.6	7.6	
Italy	5.6	6.0				
The Netherlands	4.8	NA	4.8*	4.8*	5.7**	5.7**
Sweden	4.5	4.4	4.3	4.2		

5.35 Number of children with a birth weight lower than 2 500 g per 1 000 live births

Sources: OECD, *Health Data 2003*

Study Centre for Perinatal Epidemiology

CBS, *Statline (The Netherlands)*

\* Figures for 1998/2000

\*\* Figures for 2000/2002

**7.4. Mortality**

*Infant mortality* in the Region of Flanders has fallen considerably since 1990. In 2002, infant mortality in the Region of Flanders was on a par with other European countries that have a good score for infant mortality. Only Sweden does noticeably better (see Table 5.36).

The Region of Flanders is also on a par with countries with good results in respect of *perinatal mortality figures*, or infant deaths within the first seven days of life in combination with the stillbirth figures (see Table 5.37).

**Infant mortality**

	1990	1999	1995	2000	2001	2002	2003
Region of Flanders	8.6	4.8	5.9	4.7	4.5	4.3	
Belgium	6.6	5.3	5.8	4.8	4.5	4.4	
Germany	7.1	4.5	5.3	4.4	4.2	4.2	
France	7.4	4.3	4.9	4.4	4.5	4.2	4.2
United Kingdom	8.0	5.8	6.2	5.6	5.5	5.2	
Italy	8.2	5.1	6.2	4.5			
The Netherlands	7.1	5.2	5.4	5.1	5.4	5.0	4.8
Sweden	6.0	3.4	4.1	3.4	3.7	3.3	

5.36 Infant mortality: number of deaths of children aged under 12 months per 1 000 live births from 1990 onwards in certain European countries

Sources: Council of Europe, *Recent demographic developments in Europe 2003*

*Health indicators, Ministry of the Flemish Community, Health Care Administration*

*Ministry of the Flemish Community, Births, perinatal mortality and infant mortality, 1990-1992*

*INSEE, Website (France)*

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## Perinatal mortality

	1990	1995	1999	2000	2001	2002
Region of Flanders	8.4	7.7	6.7	6.1	6.3	6.0
Belgium	8.9	7.2				
Germany	6.3	6.8	6.2			
France	8.3	7.4	6.5	6.7	6.9*	
United Kingdom	8.1	8.9	6.9	6.9	6.7	
Italy	10.5	7.1	6.3	5.8		
The Netherlands	9.6	8.0	7.9	7.8	7.9	
Sweden	6.5	5.5	5.6	5.6	5.7	

5.37 Perinatal mortality figures per 1 000 live births from 1990 onwards in certain European countries

Sources: OECD, *Health Data 2003*

NIS, *Population statistics*

INSEE, *Bulletin mensuel de Statistique, January 2003, 1 (France)*

Health indicators, Ministry of the Flemish Community, *Health Care Administration*

CBS, *Statline (The Netherlands)*

\* Provisional figure

Deaths in children aged under five are falling everywhere. With 6 deaths per 1 000 live births Belgium comes in the middle, together with France and Italy. In Germany, the Netherlands and especially in Sweden the mortality figure for the under-5s is lower. In the United Kingdom it is higher (see Table 5.38).

## Deaths in children aged under 5

	1995	2000	2001	2002
Belgium	9	6	6	6
Germany	7	5	5	5
France	7	6	6	6
United Kingdom	7	7	7	7
Italy	7	6	6	6
The Netherlands	6	6	6	5
Sweden	4	4	3	3

5.38 Number of deaths in children aged under 5 per 1 000 live births

Sources: UNICEF, *End Decade Databases, Child Mortality*

UNICEF, *At a glance, Country Statistics*

## 7.5. Cot deaths

For most countries studied the most recently available figure on cot deaths is that for 1999.

Table 5.39 shows very low figures for Italy and the Netherlands, with 0.07 (1999) and 0.11 (2002) cases of cot death per 1 000 live births respectively.

It also appears that the number of cases of cot death is falling in all the countries studied.

## Cot deaths

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	1995	1999	2000	2001	2002
Region of Flanders	1.06	0.55	0.69	0.43	0.44
Belgium	NA	NA			
Germany	NA	0.66			
France	0.74	0.45			
United Kingdom	NA	0.43			
Italy	0.11	0.07			
The Netherlands	0.26	0.13	0.12	0.17	0.11
Sweden	NA	0.33			

5.39 Number of cases of cot death per 1 000 live births in certain European countries

Sources: Central Bureau of Statistics, the Netherlands

WHO Statistics, Mortality Database (own calculations)

Ministry of the Flemish Community, Health indicators

NA: not available

### 7.6. Congenital abnormalities

A number of countries keep Eurocat records of congenital abnormalities up to 1 year.

Table 5.40 compares the data from the Antwerp register for 2001\* with the data from all Eurocat registers that operate fully in accordance with Eurocat guidelines. There are 16 registers involved.

Compared with the Eurocat average for 2001, incidence of abnormalities to the limbs and the internal urogenital system were noticeably higher in Antwerp in 2001. There were also more cases of cleft lip. On the other hand, there were noticeably fewer cases of abnormalities of the cardiovascular system and the external urogenital system.

#### Congenital abnormalities up to the age of 1 year

	Antwerp 2001	Eurocat average 2001
	per 10 000 births	per 10 000 births
Cardiovascular system	45.6	60.3
Limbs	57.2	33.5
Nervous system	18.5	18.7
<i>of which</i>		
<i>neural tube</i>	9.2	8.5
<i>hydrocephalus</i>	4.0	4.7
Digestive system, excluding pyloric stenosis	15.6	12.8
Pyloric stenosis	28.3	*
Internal urogenital system	34.1	23.7
External urogenital system	7.5	12.5
Cleft lip	14.4	9.0
Cleft palate	6.4	6.1
Umbilical hernia	2.9	2.8
Gastroschisis	0.0	2.0
Metabolic disorders	8.1	**

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Chromosomal abnormalities	27.7	30.4
<i>of which Down's syndrome</i>	14.4	18.7

5.40 Congenital abnormalities recorded up to the age of 1 year in the Eurocat registers per 10 000 births.

Source: Eurocat, Provincial Institute of Hygiene, Antwerp

\* *Pyloric stenosis is not recorded in all Eurocat registers*

\*\* *Antwerp is the only Eurocat register that records metabolic disorders*

\* The provisional figures for 2002 are also available (see 4.1). However, because past experience has taught us that these provisional figures often differ somewhat from the final figures, we have opted to use the 2001 figures here.

**7.7. Deaths caused by accidents**

The number of deaths caused by accidents is on the high side in Belgium. Only Germany and France have even higher figures for deaths among 1- to 4-year-olds caused by accidents (see Table 5.41).

The number of deaths caused by traffic accidents is also high in Belgium compared with the other European countries studied (see Table 5.42).

**Deaths caused by accidents**

	1- to 4-year-olds	5- to 9-year-olds	10- to 14-year-olds
Belgium	9.8	8.1	9.6
Germany	11.1	7.1	7.3
France	12.0	7.3	8.4
United Kingdom	7.3	4.6	6.4
Italy	5.9	4.7	7.6
The Netherlands	8.4	5.0	6.6
Sweden	5.6	4.5	5.5

5.41 Number of deaths caused by accidents per 100 000 children in certain European countries in the period 1991-1995, by age

Source: UNICEF, *Child deaths by injury in rich nations, INNOCENTI Report Card, 2001*

**Deaths caused by traffic accidents**

Belgium	4.3
Germany	3.6
France	3.8
United Kingdom	2.9
Italy	3.3
The Netherlands	3.4
Sweden	2.5

5.42 Number of deaths caused by traffic accidents per 100 000 children aged 1 to 14 in certain European countries in the period 1991-1995

Source: UNICEF, *Child deaths by injury in rich nations, INNOCENTI Report Card, 2001*

**7.8. Deaths as a result of child abuse**

In 2003 UNICEF published league tables on deaths resulting from child abuse in the affluent nations. The

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annual average number of deaths of children under the age of 15 was calculated for each country over the last 5 years for which mortality figures were available.

In the countries that The Child in Flanders is monitoring, the figure is about 0.5 per 100 000 deaths. Only Italy has a lower score at 0.2 (see Table 5.43).

Apart from the figure for deaths classed as deaths caused by murder and fatal maltreatment by other persons, UNICEF also gives "revised figures" which, in addition to deaths caused by murder and fatal maltreatment, include deaths classed as of "undetermined intent". UNICEF makes the assumption that when no other cause of death and no other motive can be given, a child's death can most probably be blamed on abuse or neglect that cannot be legally proved.

**Deaths due to child abuse**

	Per 100 000 (1)	Revised figures (2) Per 100 000
Belgium	0.6	1.1
Germany	0.6	0.8
France	0.5	1.4
United Kingdom	0.4	0.9
Italy 0.2	0.2	
The Netherlands	0.5	0.6
Sweden	0.5	0.6

5.43 Average number of deaths per year per 100 000 children under the age of 15, based on the mortality figures for the 5 most recent years available

Source: UNICEF, *A League Table of Child Maltreatment Deaths in Rich Nations*, INNOCENTI Report Card, no 5, September 2003

(1) Only deaths with "murder and fatal maltreatment by another person" recorded as the cause of death

(2) Deaths with "murder and fatal maltreatment by another person" recorded as the cause of death as well as deaths classed under "undetermined intent"

**7.9. Smacking**

Child abuse is a general problem and its roots lie in cultural, economic and social customs. UNICEF translates the challenge to put a stop to child maltreatment into the challenge to break the link between adults' problems and children's pain. Preventing child abuse is really about creating a culture of non-violence toward children. In this context, UNICEF assessed the status of legislation on the physical chastisement of children, and was able to distinguish gradations. The most radical is the explicit banning of physical punishment of children. A rather less far-reaching rejection of physical punishment means that parents cannot appeal on the grounds of their rights in cases of "disciplinary" aggression.

Sometimes physical punishment is prohibited in some contexts and not in others. UNICEF looks at whether it is banned in the home, at school, in the prison system, in other institutions and in care environments outside the family.

Table 5.44 compares the situation in Belgium with a number of other European countries.

Physical punishment in schools and in prison is banned everywhere. In other institutions and in care outside the home, the picture is mixed, going from a ban, through a partial ban to no ban at all. Sweden has had a ban on physical punishments for a very long time; Germany introduced it recently. The other countries have not taken that step yet.



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Physical punishment of children						
	Explicit ban	Right to "disciplinary" aggression retracted	Banned in the home	Banned at school	Banned in prison	Banned in other institutions and care outside the home
Belgium	No	Right does not exist	No	Yes	Yes	Yes
Germany	Yes (2000)	Yes	Yes	Yes	Yes	Yes
France	No	No	No	Yes	Yes	No
United Kingdom	No	No	No	Yes	Yes	Sometimes
Italy	No	Yes (1)	Yes	Yes	Yes	Yes
The Netherlands	No	No	No	Yes	Yes	Sometimes
Sweden	Yes (1979)	Yes	Yes	Yes	Yes	Yes

5.44 Physical punishment of children: the legal situation

Source: UNICEF, *A League Table of Child Maltreatment Deaths in Rich Nations*, INNOCENTI Report Card, no 5, September 2003

(1) 1996 judgment of the Supreme Court, but not yet established in law

## CH 6.

### A SAFE AND HEALTHY LIFE?

The way in which people live plays a large part in determining how healthy they are, and this applies from a very early age. Examples of this for the young child are breast-feeding and, if bottle-fed, the composition of the feed, safe sleeping habits, vaccination, use of therapeutic drugs and passive smoking.

As regards nutrition, we can fall back on the results of a large-scale survey into the nutrition situation of young children in Flanders that Child and Family had carried out in 2002. The parents of almost 3 000 children were asked at four key ages - 3, 6, 12 and 24 months - about the feeding of their young child\*.

\* Lenaers St., Goffin I., Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002

#### 1. The feeding of the young child in the first year of life

##### 1.1. First food

***Breast-feeding immediately after birth is the most common option; ethnic minority babies are breast-fed much more***

*Breast-feeding* is, without a doubt, the healthiest and most natural way of feeding a baby. The benefits for the health of mother and child are abundantly clear. In addition to the fact that breast-feeding has greater biological value and breast milk is more easily digested, breast-feeding also protects against infections, offers the child protection against illnesses such as airway infections, diarrhoea and ear infection for longer, and helps to prevent cow's milk protein allergy.

In our society mothers do not breast-feed as a matter of course, certainly not for a long period. However, we do observe that a large number of babies are breast-fed initially.

In 2003, the definitions of feeding in the first year used by Child and Family were changed to bring them more into line with WHO definitions. Under the definition used since April 2003, breast-feeding means feeding the baby exclusively on breast milk. Small quantities of water, oral rehydration substances, medicines and vitamins and/or mineral supplements are still considered to be exclusive breast-feeding, as is some formula milk that has to be given due to particular circumstances. When, however, formula milk or other food is given regularly in addition to breast milk, this is no longer considered as breast-feeding. The WHO definition also differs from ours in that breast milk given to the baby in a bottle is not considered to be exclusive breast-feeding. Child and Family does not take the WHO line on this, because there is a great deal of debate in the medical world whether the best way to give expressed breast milk is in a bottle or in a cup.

A second change to the way the records are kept concerned the determination of the precise date of initial feeding. This is now defined very precisely as being on day six.

Because of these changes, the figures since April 2003 cannot be compared with those from previous years.

In Flanders, 62.9% of newborn babies are fed exclusively on breast milk on day 6.

The percentage of babies who are exclusively breast-fed varies by *province*. The percentage is highest in Limbourg, where over 67% of babies are initially exclusively breast-fed. In the province of West Flanders, the percentage is the lowest, at only 55.2%. In the provinces of Flemish Brabant, Antwerp and East Flanders, 66.6%, 63.8% and 62.4% respectively of newborn babies are exclusively breast-fed (see Table 6.1).

The percentage of babies who are initially exclusively breast-fed is higher for *first-borns* than for subsequent babies. The number of first-borns that are breast-fed is 65.3%; for subsequent babies the figure is 61.1%. Children in *underprivileged families* are breast-fed to a slightly lesser degree (55.1%) (see Table 6.2). The percentage is also higher among babies of *non-Belgian origin* than among babies of Belgian origin: 77.4% compared with 60.1%.

#### Breast-feeding on day 6\*

Antwerp	63.8
Flemish Brabant	66.6
West Flanders	55.2
East Flanders	62.4
Limbourg	67.4
Region of Flanders	62.9

6.1 Percentage of babies who are initially exclusively breast-fed by province – Region of Flanders – babies born in May 2003 to December 2003

Source: *Child and Family - Ikaros*

\* Being exclusively breast-fed on day 6

#### Breast-feeding by subgroups\*

First-borns	65.3
Second or later babies	61.1
Babies of Belgian origin	60.1
Babies of non-Belgian origin**	77.4
Babies in underprivileged families	55.1
Babies not in underprivileged families	63.4
All babies	62.9

6.2 Percentage of babies initially breast-fed, by position in the family, origin, and whether or not the family is underprivileged – Region of Flanders – babies born in May 2003 to December 2003

Source: *Child and Family - Ikaros*

\* Being exclusively breast-fed on day 6

\*\* Babies whose mother did not have Belgian nationality when she was born.

### 1.2. Course of breast-feeding

#### **Not many babies breast-fed for a long period**

In the "Survey into the nutrition situation of young children" breast-feeding was mentioned extensively, not only the practice of breast-feeding but also the parents' intentions before the birth.

66.5% of the parents\* surveyed said that the mother intended to breast-feed the baby. On the sixth day after birth almost 60% of babies were being exclusively breast-fed and a further 4.5% breast-fed and bottle-fed.

By the age of 3 months the number of breast-fed babies had fallen considerably: only 25% were still only being breast-fed and almost 14% were receiving breast-feeding and other feeding. By the age of 6 months the number of breast-fed babies, whether or not in combination with other feeding, was 10.1% and by 12 months only around 4% were still being breast-fed together with other feeding (see Table 6.3).

### Course of breast-feeding (1)

	Breast-feeding	Breast-feeding and other feeding
Intention of the parents before the birth	66.5	-
Feeding on the sixth day	58.9	4.5
Feeding at 3 months	25.2	13.7
Feeding at 6 months	0.8	9.3
Feeding at 12 months	-	3.9

6.3 Intentions of parents with regard to feeding the baby and course of breast-feeding up to the age of 12 months - 2002

Source: Lenaers St., Goffin I., *Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002*

(1) Not included: babies in underprivileged families and from ethnic minorities

\* Ethnic minority babies and babies in underprivileged families were not surveyed

### 1.3. Bottle-feeding: the first bottle feed and bottle-feeding at 6 and 12 months

**Most babies start with whey-protein-based infant formula. At six months most bottle-fed babies are being fed on suitable follow-up formula and at 12 months most of them are still being fed on growth or follow-up formula**

What type of milk do parents choose when they bottle-feed their baby? The survey into the nutrition situation of young children in Flanders describes the composition of the first bottle-feed, bottle-feeding at 6 months and at 12 months.

#### The first bottle-feed

We make a distinction between babies that are bottle-fed from birth and babies that are breast-fed initially but later change over completely or partly to bottle-feeding.

Almost seven out of ten babies that are bottle-fed immediately after birth start with whey-protein-based infant formula, which is the best choice for bottle-feeding. 11.7% start with a hypoallergenic milk (HA milk) and 8.5% with a casein-based infant formula (see Table 6.4). Especially parents who have a history of allergies in their families choose HA milk instead of a whey-protein-based infant formula (27% compared with 21%).

Only 44% of babies who are switched from breast- to bottle-feeding at a later stage start with a whey-protein-based infant formula. HA formulas (27% in case of allergies in the family, 13% if not), anti-regurgitation formulas (AR milks) and other formulas are more common here.

#### First bottle-feed (1)

	Babies initially bottle-fed	Babies initially breast-fed	Total
Whey-protein-based	69.1	44.4	55.0
Casein-based	8.5	7.5	7.9
HA formula (2)	11.7	20.0	16.4
AR formula (3)	6.3	10.5	8.7

Soy-based formula	1.8	4.1	3.1
Follow-up formula	0.4 (4)	0.3	0.4
Other milks (4)	1.8	13.2	8.3
Combination (4)	0.4	0.0	0.2
Total	100.0	100.0	100.0

6.4 Composition of the first bottle-feed in babies who are bottle-fed from birth and in babies who are breast-fed initially - 2002 (percentages)

Source: Lenaers St., Goffin I., *Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002*

(1) Not included: babies in underprivileged families and from ethnic minorities

(2) Only indicated to prevent allergies

(3) Only indicated in case of regurgitation

(4) Not recommended at this age

By the age of 3 months, 67% of babies who started bottle-feeding have had their type of bottle-feed changed at least once. Usually there are several factors behind the decision to change the feed. In seven out of ten cases the reason for the change is at least one gastro-intestinal problem, and in four out of ten cases the reason for the change is the regurgitation of milk. Colic, hunger and crying are also quite often the reason for the change.

#### Bottle-feeding at 6 months

Table 6.5 describes the type of *bottle-feeding at 6 months*. 86% of babies receive follow-up formulas at six months. 11% of babies are still given an infant formula at that stage, although this is only indicated from 0 to 4-6 months. Over 1% of respondents use several types of formula in one bottle. These may be both follow-up formulas and infant formulas. Around 1% give milks that are not suitable for babies of 6 months or are already giving toddler formula.

The most common follow-up formulas are based on cow's milk. Almost 46% of bottle-fed babies drink a follow-up formula based on cow's milk. AR follow-up formulas (15.8%), soy-based follow-up formulas (11.4%) and HA follow-up formulas (7.5%) are also regularly used.

The unsuitable milks mentioned are full milk, semi-skimmed milk, milk from the farm and buttermilk.

#### Bottle-feeding at 6 months (1)

Cows' milk-based follow-up formulas	45.7
AR follow-up formula (2)	15.8
Soy-based follow-up formulas	11.4
HA follow-up formula (3)	7.5
Other follow-up formulas	5.9
Infant formula intended as first food (4)	11.4
Combination feed (4)	1.3
Unsuitable milks (full/semi-skimmed cow's milk or other animal milks)	0.9
Soy-based "growth formulas" or toddler formula	0.1
Total	100.0

6.5 Composition of the bottle feed at 6 months - 2002 (percentages)

Source: Lenaers St., Goffin I., *Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002*

- (1) Not included: babies in underprivileged families and from ethnic minorities  
 (2) Only indicated in case of regurgitation  
 (3) Only indicated to prevent allergies  
 (4) Not indicated at this age

### Bottle-feeding at 12 months

Cow's milk-based formula is recommended up to the age of 12 to 18 months. Table 6.6 shows the milks babies are drinking on a daily basis at the age of one year. Around 85% are being given growth or follow-up formulas at this age; 15% are not or are no longer being given formula milk.

### Bottle-feeding at 12 months (1) (2)

	%
Follow-up formula or growth formula	85.2
Full cow's milk	10.9
Soy-based formula	10.9
Semi-skimmed milk	9.0
Sweetened milk drinks	6.5
Other vegetable milk	1.5
Skimmed milk	0.7
Other animal milks	0.7

6.6 Composition of the milk formula in babies that are bottle-fed at the age of 6 months - 2002 (percentages)

Source: Lenaers St., Goffin I., Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002

- (1) Not included: babies in underprivileged families and from ethnic minorities  
 (2) Several answers possible

### 1.4. Spoon feeding

#### **Babies start to eat from a spoon at 4½ months on average, usually with pureed vegetables or fruit**

Solid food must be offered at the optimum time to stimulate the development of normal chewing and swallowing. The critical period for starting spoon feeding is between 4 and 6 months. Technically speaking, spoon feeding can only be introduced from 4 months, because the baby is only able to take food from a spoon from this age. There are of course variations that depend on the development of the baby.

The average starting age for spoon feeding is 16.6 weeks (4.5 months). Nevertheless the fact is that 28% of babies start spoon feeding before the age of 4 months (16 weeks); over 24% do this in the third month (12 to 15 weeks), and almost 4% before the age of 3 months (12 weeks).

About the same number of babies start with vegetable puree as with fruit puree (see Table 6.7).

### Spoon feeding (1)

#### Starting age

Below 4 months	27.9
of which	
0 – 3 weeks	0.1
4 – 7 weeks	0.7
8 – 11 weeks	2.9
12 – 15 weeks	24.3

From 4 to 6 months	70.7
After 6 months	1.4

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Total	100.0
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**Type of first spoon feed**

Vegetable puree	39.0
Fruit puree	36.7
Fruit juice	23.6
Milk formula	0.3
Other food	0.4

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Total	100.0
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6.7 Age spoon-feeding introduced and type of first spoon-feeding - 2002 (percentages)

Source: Lenaers St., Goffin I., Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002

(1) Not included: babies in underprivileged families and from ethnic minorities

**1.5. The consumption of fat**

***A fairly large number of babies on a diet: fat excluded from vegetable puree***

When preparing vegetable puree it is advisable to add fat. 45% of parents always add a fat and 10% often do so, but 29% never do this and 16% do so only occasionally.

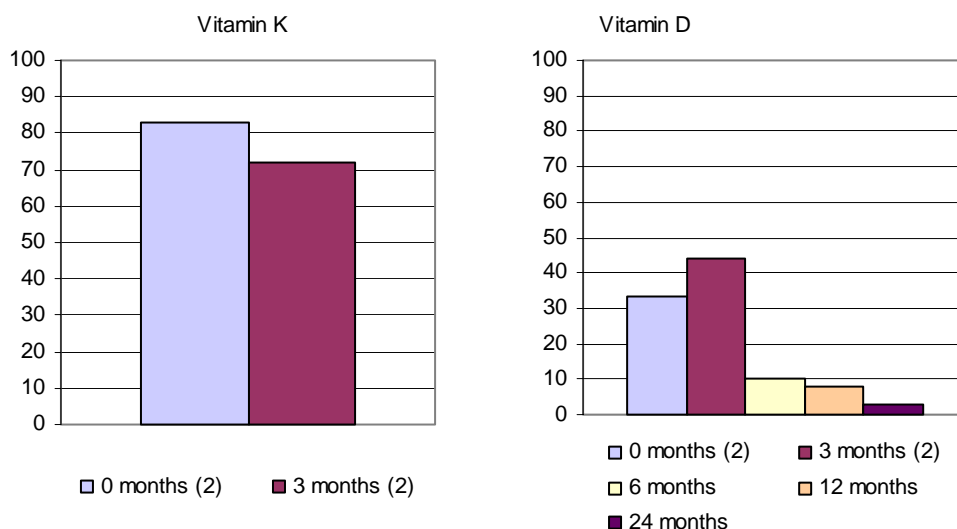
**1.6. Addition of vitamins to the food**

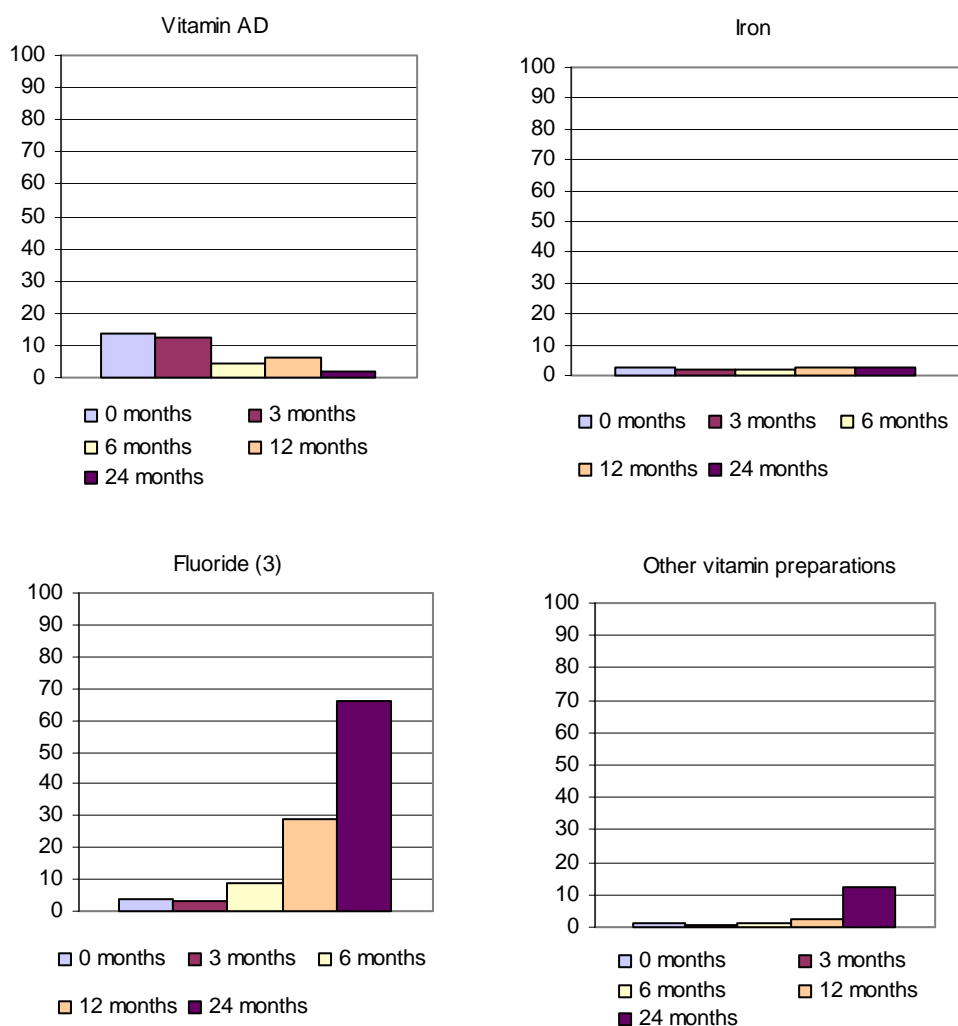
Vitamin K is recommended to supplement breast-feeding from birth to 3 months and vitamin D from 2 months to 2 years. 83% of breast-fed babies receive vitamin K from the start and only one out of three breast-fed babies is given vitamin D. At 3 months almost 44% of breast-fed babies receive vitamin D. Figure 6.8 includes giving vitamin K and D to breast-fed children.

About 13% of babies are given vitamin AD from the start, but this figure falls after the age of three months. These vitamins are increasingly replaced by other vitamin preparations, multivitamins. At the age of 12 months, almost 13% of babies are given other vitamin preparations.

Iron supplementation remains constant over all ages. Fluoride, on the other hand, shows an enormous increase after three, and particularly after six, months, when the teeth are developing (see Figure 6.8).

**Vitamin supplements (1)**





6.8 Vitamin K, vitamin D, vitamin AD, iron, fluoride and other vitamin preparations added to the food of young babies (percentages)

Source: Lenaers St., Goffin I., Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002

(1) Not included: babies in underprivileged families and from ethnic minorities

(2) Only breast-fed babies

(3) Administration in the form of tablets or drops not recommended

(figures for Figure 6.8 Vitamin K, vitamin D, vitamin AD, other vitamin preparations, iron and fluoride added to the food of young babies

### 1.7. Additional foods and snacks

#### **Frequent consumption of additional foods and snacks, even though unnecessary**

Parents sometimes give very young babies other foods in addition to milk. This is however unnecessary. In most cases they are giving tea or water (see Table 6.9) Table 6.9 also includes snacks eaten between meals at the age of 24 months. Giving unhealthy snacks is fairly limited, except for sweets. Usually a piece of fruit or a biscuit is given.



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**Additional foods and snacks (1)**

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**Additional foods in the age group up to 3 months**

Tea for infants	12.5
Water	9.9
Fruit juice	2.3
Sugar water	2.0
Other drinks	1.6

**Snacks at 24 months**

	<b>Non-weekly</b>	<b>Weekly</b>	<b>Daily</b>
Cake	87.7	12.3	0.0
Ice cream	80.2	19.3	0.5
Crisps	76.8	22.9	0.3
Fruit puree	74.3	15.5	10.1
Fromage frais	40.3	42.8	16.9
Sandwich	39.9	35.6	24.5
Sweets	38.4	45.5	16.1
Yoghurt	22.1	56.7	21.3
Piece of fruit	5.5	37.8	56.7
Biscuit	3.9	50.2	45.9

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6.9 Additional foods in the age group 0 to 3 months and snacks at 24 months - 2002 (percentages)

Source: Lenaers St., Goffin I., Survey into the nutrition situation of young children, SEIN, Limburg University Centre, November 2002

(1) Not included: babies in underprivileged families and from ethnic minorities

**2. Nutrition after the first year**

***Not always very healthy***

What is the situation with children's eating habits from 1 to 12 years? Healthy eating habits are measured by the incidence of breakfasting and the consumption of food products such as meat, fish, vegetables, fruit, milk, brown bread and the type of fat and the non-consumption of snacks, sugary sandwich fillings and sugary drinks.

In 5% of children aged 3-6, *breakfast every day* is not the norm. In the age group from 6-12 years, this is over 11% (see Table 6.10).

**Breakfast (1)**

---

	1 - 3 years	3 - 6 years	6 - 12 years
Once a week or less	0.6	2.0	1.6
2 to 4 times per week	0.6	2.0	6.5
5 to 6 times per week	0.0	1.1	3.2
Every day	97.4	94.9	88.5
Not known	1.5	0.0	0.2
Total	100.0	100.0	100.0

---

6.10 Children aged 1-12 years in the Region of Flanders by the number of times per week that they have breakfast - 2001 (percentages)

Source: 2001 Health Survey Belgium, Department of Epidemiology, Scientific Institute of Public Health  
(1) Information provided by the parents

Table 6.11 shows the consumption of a number of food products. The consumption of *vegetables and fruit* could certainly be improved. Depending on the age, around 18 to 27% of children do not eat prepared or raw vegetables every day. A lot of children over the age of 3 do not eat fruit every day. For children aged over 6 this is even over 40%. There are different guidelines on *milk* consumption for very young and rather older children: full-cream milk is recommended for children under 4, and semi-skimmed milk for children over 4. Daily consumption by 56.7% of children aged 1-3 of milk with a reduced fat content is not so healthy; nor does the consumption by 25.6% of children aged 6-12 of full-cream milk accord with the guidelines on healthy nutrition. We also note that 42.9% of children under 3 eat low-fat spread or semi-skimmed butter, which is not recommended. The consumption of *brown bread* should certainly be increased. Less than half of children eat brown bread daily. Many children consume *sweet sandwich fillings*: 46.1% of children aged 1-3 consume these every day, and for children aged 3-6 the figure is as high as about 65%. *Fried potatoes* are frequently consumed: 60.6% of children aged 1-3 years eat these once a week or more. For children aged over 3 this amounts to over 80%.

**Food (1) (2)**

	1 - 3 years	3 - 6 years	6 - 12 years
<u>Consumption of meat, poultry or game</u>			
Less than once a week	9.3	1.8	4.1
At least once a week, but not daily	50.5	51.9	49.6
Every day	38.7	46.3	46.3
<u>Consumption of fish, shell-fish or crustaceans</u>			
Less than once a week	33,8	40,6	44,3
Once a week	49,2	50,0	40,8
More than once a week	15,5	9,4	15,0
<u>Consumption of fruit (fresh fruit or fresh fruit juice, canned or frozen, dried, ...)</u>			
Less than once a week	7.6	5.6	3.3
At least once a week, but not daily	13.7	38.0	38.6
Every day	77.2	56.4	57.5
<u>Consumption of prepared or raw vegetables</u>			
Less than once a week	3.1	2.2	0.4
At least once a week, but not daily	14.8	24.8	22.2
Every day	80.8	73.0	77.4
<u>Consumption of lean or semi-skimmed milk products without added sugars</u>			
Less than once a week	10.0	35.1	19.0
At least once a week, but not daily	30.7	15.4	28.1
Every day	56.7	49.0	52.3
<u>Consumption of full or sugared milk products</u>			
Less than once a week	29.6	36.4	46.1
At least once a week, but not daily	14.0	22.1	27.8
Every day	54.9	40.9	25.6
<u>Consumption of brown bread</u>			
Less than once a week	29.0	25.7	30.8
At least once a week, but not daily	21.2	25.9	23.0

Every day	48.4	47.3	46.2
<u>Consumption of low-fat spread or semi-skimmed butter</u>			
Less than once a week	47.5	50.0	48.8
At least once a week, but not daily	6.0	11.0	11.2
Every day	42.9	37.4	38.8
<u>Consumption of sweet sandwich fillings</u>			
Less than once a week	14.1	5.5	6.0
At least once a week, but not daily	38.3	29.5	43.6
Every day	46.1	64.9	50.4
<u>Consumption of fried potato products</u>			
Less than once a week	38.0	18.5	13.1
Once a week	50.6	64.4	70.8
More than once a week	10.0	17.1	16.1
<u>Consumption of sweet or savoury snacks</u>			
Less than once a week	30.8	8.0	4.8
At least once a week, but not daily	48.7	50.6	53.2
Every day	19.0	40.3	41.6

6.11 Children aged between 1 and 12 by the consumption of a number of food products, Region of Flanders - 2001 (percentages)

Source: 2001 Health Survey Belgium, Department of Epidemiology, Scientific Institute of Public Health

(1) Not included: not known

(2) Information provided by the parents

### 3. Safe sleeping habits

#### ***The advice aimed at preventing cot deaths is being pretty widely followed***

The risk of cot death (see also Chapter 5, section 3.2) can be greatly reduced by taking a few very simple precautions. The first point is the baby's sleeping position. It is recommended that babies should always be put down to sleep on their backs. Temperature is another important point to consider, with recommendations on the ideal temperature for the room in which the baby sleeps and on clothing and bedding (parents are advised against using duvets and pillows). Parents are also advised to have the baby sleep where they can keep an eye on him. Smoking is another important consideration (see also section 7).

The recommendations are followed very well in Flanders. By the autumn of 2000, 61% of babies under the age of 10 months always slept on their backs. However, sleeping on the side is still quite common for babies under 3 months. Almost 78% of mothers with a baby under the age of 10 months follow the advice not to use duvets. The temperature of the room in which the baby sleeps during the day is not good, with over half of the babies sleeping in a room that is too warm. The advice to put babies down to sleep in the living room in the daytime is followed by over 55%. At night parents still prefer to put babies in their own bedroom, whereas the recommendation is that they should sleep in the parents' bedroom (see Table 6.12).

#### **Sleeping situation**

##### Sleeping position

Always on back	61.2
Always on side	10.0
Always on tummy	4.3
Other	24.5

##### Use of duvet at night

Never use a duvet	77.9
<u>Use of pillow</u>	
Never use a pillow	91.6
<u>Temperature of room in which baby sleeps during the day</u>	
Below ideal temperature	3.2
Ideal temperature	45.4
Above ideal temperature	51.4
<u>Place where baby sleeps during the day</u>	
Living room	55.9
Own bedroom	33.5
<u>Place where baby sleeps at night</u>	
Own bedroom	64.6
Parents' bedroom	29.8
Other	5.7
<u>Supervision</u>	
Parent always checks when baby cries hard	73.3
<u>Smoking</u>	
Someone in the house smokes	14.6
Someone in the house smokes in the child's presence	7.5

6.12 Sleeping situation of babies under 10 months (first-borns only; percentages) - 2000  
Source: *Child and Family - Survey into the sleeping situation of young children, 2000*

#### 4. Sleep

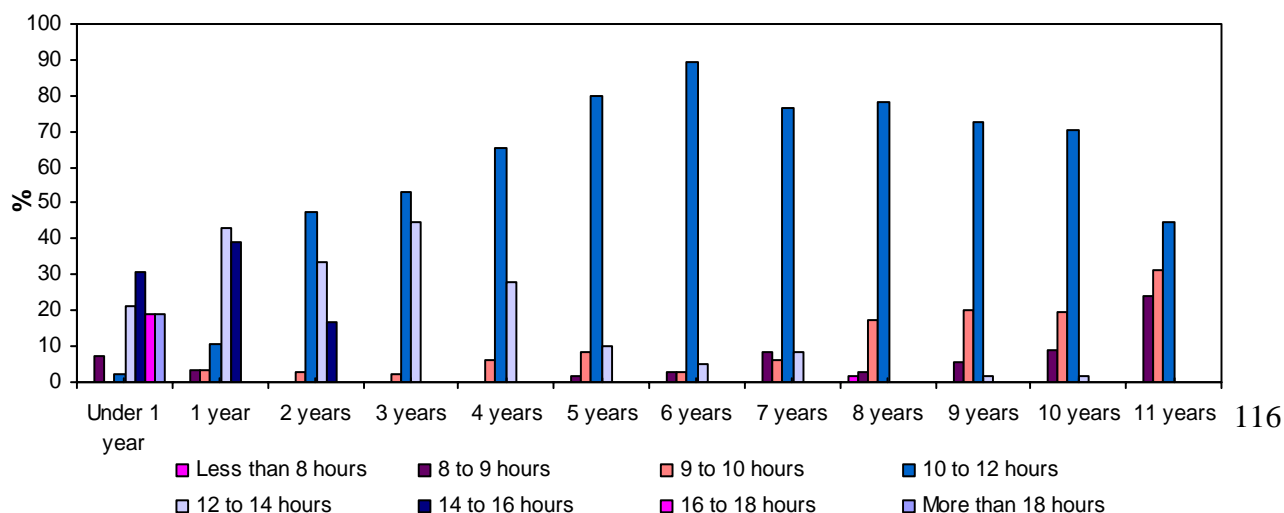
##### **Do children get enough sleep? The figures point to some young children not getting enough sleep**

As children grow up, they sleep for fewer hours. In the first year of life most babies sleep for 14 to 16 hours. In the second year of life most children sleep for 12 to 14 hours. From the age of 3, the majority of children sleep for between 10 and 12 hours (see Figure 6.13).

Babies under the age of 12 months need over 14 hours' sleep\*. Almost 31% of children under the age of 1 are sleeping for less than 14 hours. Children need 13 hours' sleep or more in their second year of life. Almost 18% of children of this age group are sleeping for less than 12 hours. Children aged between 3 and 9 years need between 12 (at 3 years) and 10 (at 9 years) hours' sleep. The number of children in this age group getting less than 10 hours' sleep is about 2% of the three-year-olds, increasing to 22% of the eight-year-olds and almost 26% of the nine-year-olds. At the age of 10 to 12, children need about 9½ to 9¾ hours.

\* Sleep requirements in childhood. *Nelson Textbook of Pediatrics, 15th edition*

#### Sleep



6.13 Children aged under 12: number of hours' sleep per child per day, by age (percentages)

Source: Panel Study of Belgian Households - year of observation 2001. Processed on behalf of Child and Family

### 5. Vaccination rates

Vaccination is one of the most important and most successful instruments of protection against childhood diseases.

The generally available programme of vaccination for young children in Flanders includes vaccination against poliomyelitis, diphtheria/tetanus/pertussis (DTP). Haemophilus influenzae type b, hepatitis B, and measles/mumps/rubella.

In Flanders, the vaccination policy is implemented by various bodies, but as yet there are no full central records of the vaccines administered.

If we are to contribute effectively to eradicating infectious diseases, the following vaccination rates must be achieved in the population: 80-86% for polio, 80-85% for diphtheria, 92-95% for whooping cough, 95% for Haemophilus influenzae type B, 92-95% for measles, 90-92% for mumps and 85-87% for rubella (WHO).

In 1999 the vaccination rate was determined by questioning a random sample, on the basis of which the vaccination rate among children aged 18 to 24 months in Flanders is known.

The rate of vaccination against polio is good, as is that against DTP, except for the repeat vaccination (DTP4). The rates are too low in the case of vaccination against HiB, hepatitis B and measles/mumps/rubella (see Table 6.14).

#### Vaccination rates\*

<u>Poliomyelitis</u>	
Polio 1	99.2
Polio 2	98.9
Polio 3	96.2
<u>Diphtheria/tetanus/whooping cough</u>	
DTP 1	95.7
DTP 2	95.4
DTP 3	94.5
DTP 4	89.2
<u>Haemophilus influenzae type B</u>	
HiB 1	85.5
HiB 2	84.4
HiB 3	82.6
HiB 4	73.9
<u>Hepatitis B</u>	
Hep 1	74.2
Hep 2	73.4
Hep 3	68.4
Hep 4	15.1
<u>Measles/mumps/rubella</u>	
MMR	83.4

6.14 Vaccination rates in children aged 18 to 24 months in Flanders - 1999

Source: Vaccination rates in Flanders, VUB - UIA  
\* per 100 children

## 6. Use of therapeutic drugs *Considerable and increasing*

Generally speaking, the use of therapeutic drugs has increased steadily in Belgium. Considerable use is also made of therapeutic drugs for young children. 24% of children under the age of 12 (Region of Flanders) took *prescribed medication* in the 2-week period surveyed. This percentage falls as the child grows up; from 36.8% of children under 12 months to 19.2% of children aged 6-12 (see Table 6.15). Compared with 1997 the use of prescribed medication increased slightly.

### Use of therapeutic drugs\*

	1997	2001
Under 1 year	32.3	36.8
1 – 3 years	27.3	30.9
3 – 6 years	23.1	23.3
6 – 12 years	18.4	19.2
Total	22.6	24.0

6.15 Percentages of children taking prescribed medication in a 2-week period - Region of Flanders

Source: 1997 and 2001 Health Survey Belgium, Department of Epidemiology, Scientific Institute of Public Health

\* In a 2-week period

## 7. A smoke-free environment for the young child?

The detrimental consequences of active smoking for public health are well known. Various surveys have also shown the risks of passive exposure to tobacco smoke. These are an increased risk of lung cancer, irritation of the mucous membranes of the eyes and the bronchial tubes, with coughing and asthma as symptoms, and, although less clearly, an influence on cardiovascular disorders. For young children, there is also an increased risk of cot death and obvious effects on respiration.

### 7.1. Smoking in the presence of babies under the age of 10 months

**20% of very young children smoke passively, usually because of people smoking in their presence outside their home but sometimes because their parents smoke**

A random sample of 2 000 families with a first-born child under the age of 10 months was surveyed in December 2000. The survey found that 7.5% of the children were exposed to smoke in their own homes. In 5.6% of the cases the parents smoked; in 1.9% only visitors smoked. 12.3% of the babies aged under 10 months were exposed to smoke outside the home (see Table 6.16).

Fathers smoke in the presence of their child rather more often than mothers (see Table 6.17).

Children with a "young" mother - younger than 25 - are more likely to be exposed to smoke. There is also a trend towards more frequent passive smoking among very young children if the mother followed a course of technical or vocational education.

It certainly cannot be assumed from this that only a very limited number of fathers and mothers of very young children are active smokers.

The same questionnaire also asked whether anyone in the home smokes and who. Around 7.7% of mothers and 10.3% of fathers smoke in the home (see Tables 6.18 and 6.19).

### Passive smoking

Yes, through parents who smoke, whether or not combined with visitors who smoke and other smokers outside the home	5.6
Yes, only through visitors who smoke, whether or not combined with other smokers outside the home	1.9
Yes, only exposed to others smoking outside the home	12.3
No	80.3
<b>Total</b>	<b>100.0</b>

6.16 Percentage of children under the age of 10 months exposed to passive smoking (only first-borns) in the Region of Flanders - 2000

Source: *Child and Family, The sleeping situation of babies in Flanders, 2000*

### Passive smoking: who smokes?

Only mother	0.4
Only father	1.3
Mother and father	1.3
Mother and someone else	0.5
Father and someone else	0.8
Mother, father and someone else	1.1
-----	
<i>Total smoking mothers</i>	<i>3.3</i>
<i>Total smoking fathers</i>	<i>4.5</i>
-----	
Only other residents in the home	0.4
Only visitors and other residents in the home	1.9
Only visitors or other persons in the home	1.9
Only others outside the home	12.3

6.17 Who smokes in the presence of the very young child? - percentage of the total group of children (first-born babies under the age of 10 months) - 2000

Source: *Child and Family, The sleeping situation of young children in Flanders, 2000*

### Smoking in the home (1)

Yes	14.6
No	85.4
<b>Total</b>	<b>100.0</b>

6.18 Percentage of babies under the age of 10 months who live in a home where someone smokes (only first-borns) - 2000

Source: *Child and Family, The sleeping situation of young children in Flanders, 2000*

(1) Somewhere in the home

### Smoking in the home: who smokes?

Only mother	1.6
Only father	4.4
Mother and father	4.3
Mother and someone else	0.6
Father and someone else	0.4
Mother, father and someone else	1.2
<hr/>	
<i>Total smoking mothers</i>	<i>7.7</i>
<i>Total smoking fathers</i>	<i>10.3</i>
<hr/>	
Only other residents in the home	0.4
Visitors or other persons in the home	1.8

6.19 Percentage of babies under the age of 10 months who live in a home where someone smokes (only first-borns) - 2000

Source: *Child and Family, The sleeping situation of young children in Flanders, 2000*

## 7.2. Smoking patterns of parents of children aged up to 12 years

### ***Children up to the age of 12 years probably more subjected to passive smoking than babies in the first months of life: quite a lot of mothers and fathers smoke every day***

Data from the Panel Study of Belgian Households show that the situation is worse for children aged up to 12 years than it is for babies under the age of 10 months. 24% of children under the age of 12 have a mother who smokes every day and 30% have a father who smokes every day. Table 6.20 also shows that about 16% of mothers and about 19% of fathers have stopped smoking.

### **Smoking patterns of parents**

	Children aged under 3	Children aged 3-6	Children aged 7-12	Total
<b>Mother</b>				
Smokes every day	24.7	22.8	24.7	24.1
Smokes occasionally	7.8	3.7	7.9	6.6
Does not smoke but used to smoke	15.6	17.3	15.8	16.2
Does not smoke and has never smoked	52.0	56.2	51.7	53.1
Total	100.0	100.0	100.0	100.0
<b>Father</b>				
Smokes every day	21.7	28.5	32.8	30.0
Smokes occasionally	7.3	4.6	4.1	4.7
Does not smoke but used to smoke	18.8	17.7	19.2	18.7
Does not smoke and has never smoked	52.2	49.2	43.9	46.6
Total	100.0	100.0	100.0	100.0

6.20 Children under the age of 12: smoking patterns of mother and father

Source: *Panel Study of Belgian Households - year of observation 2001, processed on behalf of Child and*



*Family*

**8. The European context**

**8.1. Breast-feeding**

Flanders certainly does not lead the field as far as breast-feeding is concerned. The percentage of babies who are initially exclusively breast-fed is significantly to very much lower than in Italy and Sweden (see Table 6.21). The percentage of babies who are still being breast-fed at six months is remarkably high in Sweden.

**Breast-feeding**

	At birth	On discharge	At 3 months	At 6 months
Region of Flanders (2003)	NA	63***	NA	NA
Belgium (1998/00)	63-72*	NA	30-37*	10*
Germany (1997/98)	96*	86*/73**	60*/33** (4 m)	48*/10*
France (2000)	NA	53*	15*	NA
United Kingdom (2000)	69*	NA	28* (4 m)	21*
Italy (2000)	89*	78**	NA	62*/45**
The Netherlands	80***	72***	47*/35***	34*/17***
Sweden	NA	98*/93**	83*/68** (4 m)	72*/33**

6.21 Percentage of babies being breast-fed at birth, on discharge from the maternity hospital, at 3 months and at 6 months around 2000

Source: IRCCS Burlo Garofolo (WHO Collaborating Centre), *Protection, promotion and support of breastfeeding in Europe: current situation, Dec. 2003, Trieste, Italy*

\* Any form of breast-feeding

\*\* Mainly or exclusively breast-feeding

\*\*\* Exclusively breast-feeding

NA: not available

**8.2. Vaccination rates**

Rates of vaccination against polio and DTP are good in most European countries. The vaccination rate for Hib is lower than that for DTP in most countries. There are quite wide variations with respect to measles. The Region of Flanders, France, the United Kingdom and especially Italy score low. In the Netherlands, Germany and Sweden vaccination rates for measles are at the same level or only slightly lower than those for polio and DTP. For hepatitis B, the situation is also very variable: it has to be noted that some countries cannot provide any figures on this or can only provide estimates (see Table 6.22).

**Vaccination rates**

	Polio 3	DTP 3	Hib 3	Hep B 3	Measles
Region of Flanders	96.3*	94.5*	82.6*	NA	83.4*
Belgium	95**	90**	80**	50**	75**
Germany	96	96	91	29**	92
France	98	98	86	27	85

United Kingdom	91	91	91	NA	83
Italy	99	97	84	97	77
The Netherlands	98	98	96	NA	96
Sweden	99	99	98	NA	91

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6.22 Percentage of children who have received polio 3, DTP 3, Hib 3, Hep B 3 and measles vaccination – official estimates by the countries - 2002

*Sources: Vaccination rates in Flanders, VUB - UIA*

*WHO vaccine-preventable diseases: monitoring system, 2003, global summary*

*NA: not available*

*\* 1999 figure*

*\*\* Estimate by UNICEF*