

## **THE CHILD IN FLANDERS**

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## FOREWORD

*Child and Family, together with its partners, aims to create as many opportunities as possible for every child, no matter where it was born and how it grows up.*

This is the mission of Child and Family and also the fundamental assumption of the editorial staff of “The Child in Flanders”.

This means firstly that our reports consistently start from the position of the child: the child is the unit of calculation for the collection of statistics, rather than, for instance, the family, the mother or the father.

It also means that we attempt to provide as broad a range of data as possible, in order to explore different aspects of the circumstances in which young children are living. This is used as a basis for evaluating current policies and for the further development of services for young children. The significance of this report for policy stems mainly from the fact that it complements qualitative studies. The statistical information also allows us to place client records in the social services for young children into a societal context.

“The Child in Flanders” incorporates a broad spectrum of data: demographic data such as the birth rate, the number of young children, the number of ethnic minority children, adopted children, minors entering the country as asylum seekers; data on family situations such as the composition of the family, ethnicity, age of the parents, grandparents, prosperity and deprivation in the family, parents’ employment; data on child care and out-of-school care – not only figures on the use of child care, but also information about how children feel at child care –, about going to school and about children receiving supervision and support; data on the health and physical development of young children; data relating to the question of whether children have a healthy lifestyle.

The trend in the birth rate and interpretation of any increase or decrease in the birth rate is an important area of focus in “The Child in Flanders”. The IKAROS database maintained by Child and Family allows current trends in fertility to be studied. In this report we publish the most significant findings of the analysis by Professor J. Van Bavel (Brussels Free University) of fertility trends in the Region of Flanders based on the IKAROS data from 2001 to 2006.

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

Happy reading!

Bea Buysse  
Scientific adviser  
Child and Family

## CHAPTER 1 THE CHILD POPULATION

For anyone involved in the care of very young children, it is important to know how large the next cohort of young children will be. The number of births and the number of children by age are important parameters for planning services for young children.

This chapter deals at length with the number of births in 2006. In addition to the official birth rate, we also give the number of births to women registered as asylum seekers, and we present the birth rate from Child and Family's records, which is an even more complete figure. We look at how many children migrated into and out of the Region of Flanders. We zoom in on children placed in families for adoption and on minors entering the country as asylum seekers.

After that we outline the child population by age.

As well as presenting basis population figures, we interpret the figures and trends. Trends in female fertility are an important issue.

Finally, we place the figures in a European context, comparing the figures for the region of Flanders with the EU-15 countries.

### 1. Number of births

#### **2006: number of births increases again**

The falling birth rate that we experienced for some years turned around in 2003. The upward trend continued in 2006 and the increase again exceeded 2%.

Different birth rates are available for Flanders.

First there is the *official birth rate* produced by the Statistics and Economic Information Department of FPS Economy (formerly NIS) based on the national register. The official birth rate relates to births in the *de jure* population who live here by right, both Belgians and foreign nationals.

In addition to these births, there are the *births to asylum seekers*. These births are registered on the asylum seekers' register, and therefore need to be added to the official figure for the number of births. However, Child and Family has its own database of births and so can produce its own birth rate figure. Child and Family records the births through its contacts in the maternity hospitals and from home visits. The *Child and Family birth rate* includes all births, regardless of the residence status of the parents.

#### 1.1. The official birth rate\*

***In 2006 there were approximately 1 500 more births than in 2005. Compared with 2002, the lowest point, there were almost 7% more births in 2006***

The official birth rate increased again. There were 65 414 births in the Region of Flanders in 2006, over 1 500 more than in 2005 (estimated figure) (see Table 1.1 and Figure 1.2). (See point 4.2.3 for the trend in the birth rate over a longer period.)

51.5% of the live births were boys; 48.5% were girls (2005; 2006 figures not yet available) (see Table 1.3).

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Official birth rate	
2005	63 906

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2006

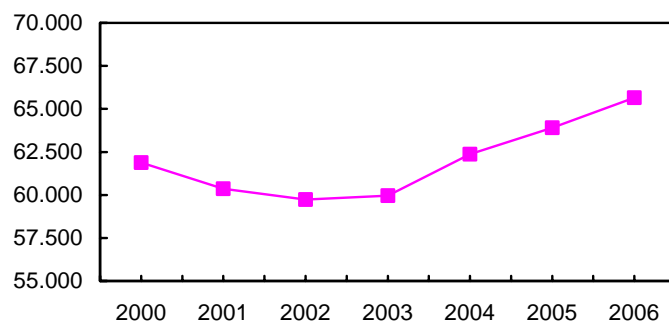
65 414\*

1.1 Number of live births in the Region of Flanders (*de jure* population)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Estimated figures

#### Trend in the official birth rate



1.2 Trend in the number of live births in the Region of Flanders since 2000 (*de jure* population)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Estimated figures

Number of births by gender		
	Number	%
Boys	32 900	51.5
Girls	31 006	48.5

1.3 Number of live births in the Region of Flanders by gender - 2005 (*de jure* population)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

Table 1.4 shows the number of births *per province*. There were more births in 2006 than in 2005 in all provinces. East Flanders (+3.2%) and Antwerp (+2.8%) had the greatest increase. In the provinces of Limburg (+1.9%), West Flanders (+1.7%) and Flemish Brabant (+1.6%) the increase was rather less marked (estimated figures) (see also Figure 1.5).

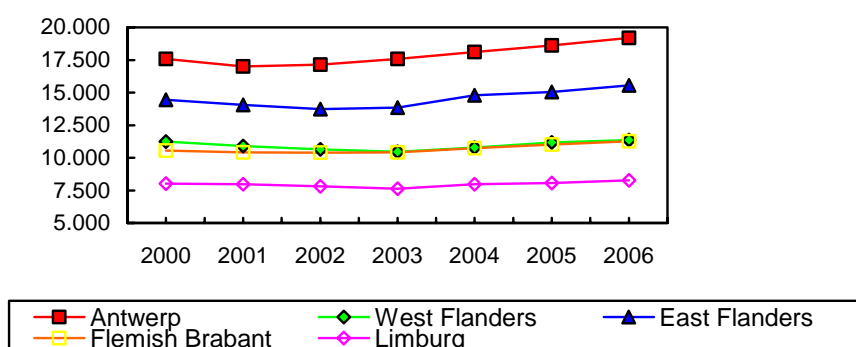
Births by province		
	2005	2006*
Antwerp	18 616	19 130
Flemish Brabant	11 009	11 182
West Flanders	11 170	11 360
East Flanders	15 044	15 520
Limburg	8 067	8 220

1.4 Number of live births per province (*de jure* population)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Estimated figures

#### Births trend by province



### 1.5 Trend in the number of live births by province since 2000 (*de jure* population)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Estimated figures

\* Relates to births to Belgian women and foreign women registered in the Aliens Register (*'de jure'* population). Since 1 February 1995, people who have applied for refugee status are no longer included in the *'de jure'* population

### 1.2. Number of births to women registered as asylum seekers\*

A number of babies are born every year in the Region of Flanders who are not included in the official figure for the number of births. These are babies born to asylum seekers, both women who have applied for asylum and those whose application for asylum has been granted. In 2006, 526 births to women on the asylum seekers' register were recorded. This was almost the same number as in 2005. Table 1.6 shows the number of births to these women by province.

Births to women on the asylum seekers' register		
	2005	2006
Antwerp	223	225
Flemish Brabant	55	54
West Flanders	94	93
East Flanders	83	93
Limburg	63	61
Region of Flanders	518	526

### 1.6 Number of births to women registered as asylum seekers per province

Source: National Register

\*This register lists asylum seekers from the date of their initial application, so it includes both asylum seekers in the application phase and those whose application has been allowed. The duty to register people who have applied for refugee status in a separate asylum seekers' register came into effect on 1 February 1995

### 1.3. Number of births recorded by Child and Family

In 2006 Child and Family recorded 66 747 births to mothers living in the Region of Flanders. This was an increase of 2.4% over 2005 (see Table 1.7). The number of births recorded by Child and Family was slightly higher than the figure reached by adding together the official number of births and the

number from the asylum seekers' register (+1.2%). This should not come as a surprise, given the fact that there are people living illegally in Flanders.

Births recorded by Child and Family	
2005	65 208
<b>2006</b>	<b>66 747*</b>

1.7 Number of live births recorded by Child and Family by place of residence at birth – Region of Flanders

Source: *Child and Family - IKAROS*

\* Provisional figure

## 2. Newcomers and leavers: immigrants, emigrants, 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. Some children leave to live in another region or move abroad.

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

### 2.1. Immigrants and emigrants

In 2004, 5 698 children aged under 12 migrated to the Region of Flanders *from other countries*. This figure was 0.6% higher than in 2003. In addition, 4 558 children migrated from the *Region of Brussels* and the *Walloon Region*. The number of migrations from other regions was considerably higher than in 2003 (+8.7%) (see Table 1.8).

3 910 children (-0.6%) migrated abroad and a further 2 581 children (+3.5%) migrated to another region (see Table 1.9). The migration balance was positive for the Region of Flanders, with 3 765 more immigrants than emigrants in the total population of children up to the age of 12 years.

	Immigration			
	From another region		From another country	
	2003	2004	2003	2004
Children aged under 3	1 239	1 442	1 382	1 452
Children aged 3-6	1 235	1 284	1 720	1 610
Children aged 6-12	1 718	1 832	2 629	2 636
Total	4 192	4 558	5 731	5 698

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

Source: *FPS Economy, Statistics and Economic Information Department, Population Statistics*

	Emigration			
	To another region		To another country	
	2003	2004	2003	2004
Children aged under 3	775	776	951	951
Children aged 3-6	719	703	1 118	1 163
Children aged 6-12	999	1 102	1 866	1 796
Total	2 493	2 581	3 935	3 910

1.9 Number of children aged under 12 emigrating to another region or another country.

Source: *FPS Economy, Statistics and Economic Information Department, Population Statistics*



## 2.2. Adoptions

### *Very small number of adoptions through the authorised adoption services. Mainly from China and Ethiopia*

In the course of 2006, the adoption services authorised\* by Child and Family placed a total of 184 children for adoption. This was 9 fewer than in 2005. The majority of placements were of children who came from outside Belgium (88.0%) (see Table 1.10 and Figure 1.11).

The decrease can be almost entirely ascribed to the fall in the number of adoptions of children from abroad. Most of the children adopted from abroad came from Ethiopia and China. The adoptions of children from Belgium included 5 children (22.7%) of non-Belgian nationality (see Table 1.10).

At the time of placement in a family, 34.8% of the children were under 1 year old and 31.5% were between 1 and 2 years old. Over 33.7% of the children were 2 years old or more (see Table 1.12). The average age was 1.4 years; a decrease of 0.1 years compared with 2005.

In almost 50% of adoptions, the child was adopted by a childless family. In the cases of placement in a family with children, the child being placed for adoption was, with the exception of one child, always younger than the children of the family. In over 95% of the cases of children placed for adoption, only one child was placed in the family (see Table 1.13).

Most of the adoptive parents were aged between 30 and 49. The average age of the adoptive father was 38.0 and of the adoptive mother 36.4. The average age of the adoptive mother was younger than in 2005, when it was 37.0 years. The average age of the adoptive father had also fallen by 0.2 years. 3 children only had an adoptive father (1 adoptive father was married and 2 adoptive fathers lived with a male partner). 11 children only had an adoptive mother; these were all single women. The number of adoptions by an adoptive mother alone had fallen; there were 15 in 2005. The number of adoptions by an adoptive father alone increased from 2 to 3.

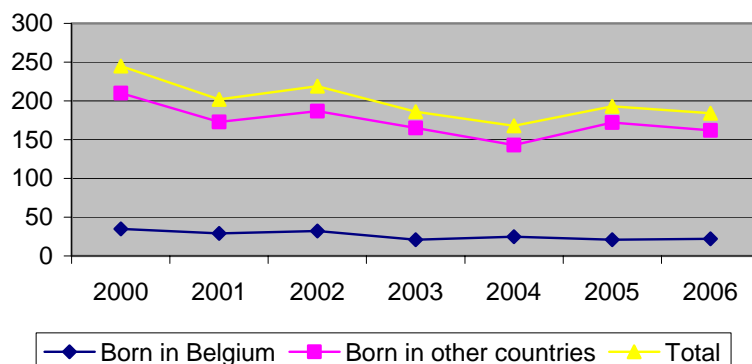
*\* No information is available on the number of "private" adoptions, i.e. adoptions not arranged through an authorised adoption service.*

	Adopted children			
	2005		2006	
	Number	%	Number	%
<b>Born in Belgium</b>	21	10.9	<b>22</b>	<b>12.0</b>
Ethiopia	59	30.6	<b>58</b>	<b>31.5</b>
China	63	32.6	<b>47</b>	<b>25.5</b>
Russia	14	7.3	<b>17</b>	<b>9.2</b>
India	10	5.2	<b>15</b>	<b>8.2</b>
The Philippines	7	3.6	<b>10</b>	<b>5.4</b>
South Africa	9	4.7	<b>8</b>	<b>4.3</b>
Sri Lanka	5	2.6	<b>3</b>	<b>1.6</b>
Colombia	4	2.1	<b>3</b>	<b>1.6</b>
Thailand	1	0.5	<b>1</b>	<b>0.5</b>
<b>Total figure for children from other countries</b>	172	89.1	<b>162</b>	<b>88.0</b>
<b>Total</b>	193	100.0	<b>184</b>	<b>100.0</b>

1.10 Children placed for adoption: numbers by countries of origin

Source: *Child and Family - Adoption statistics*

Adoption trends



1.11 Trend in the number of children placed for adoption since 2000

Source: *Child and Family - Adoption statistics*

	Age on adoption			
	2005		2006	
	Number	%	Number	%
Under 1 year	71	36.8	64	34.8
1 to 2 years	55	28.5	58	31.5
2 to 3 years	24	12.4	23	12.5
3 to 4 years	16	8.3	15	8.2
4 to 5 years	12	6.2	15	8.2
5 to 10 years	14	7.3	8	4.3
10 to 15 years	1	0.5	1	0.5
<b>Total</b>	<b>193</b>	<b>100.0</b>	<b>184</b>	<b>100.0</b>

1.12 Age of children on placement for adoption

Source: *Child and Family - Adoption statistics*

	Position in the family	
	Number	%
Childless family. Placement of 1 child	91	49.5
Childless family. Placement of more than 1 child	9	4.9
Family with children. Placement of 1 child as the youngest child	83	45.1
Family with children. Placement of 1 child as the oldest child	1	0.5
<b>Total</b>	<b>184</b>	<b>100.0</b>

1.13 Children placed for adoption by number of children placed and position in the adoptive family - 2006

Source: *Child and Family - Adoption statistics*

2.3. Minors as asylum seekers

Some young asylum seekers come into *Belgium* with their parents but some enter the country unaccompanied. In 2006, 449 minors\* submitted asylum applications in their own right. 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. Almost 43% of these young asylum seekers were 17 years old.

Almost 17% fewer minors applied for asylum than in 2005, when 584 minors applied for asylum (see Table 1.14).

\* Classified as minors following a bone scan

Minors as asylum seekers (1)		
	Number	
2005	584	
<b>2006</b>	<b>449</b>	
	2006	
By age	Number	%
Children aged under 6	3	0.7
Children aged 6-15	19	4.2
Children aged 15	112	24.9
Children aged 16	124	27.6
Children aged 17	191	42.5
Total	449	100.0

1.14 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 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

#### **The number of children under the age of 12 remained almost stable**

The proportion of children aged under 3 in the population is 3.11% and the proportion of children aged under 12 is 12.77% (see Table 1.15). The proportion of children aged under 12 in the population decreased slightly from 2005 to 2006.

On 1 January 2006, there were 188 981 children aged under 3, 187 937 children aged 3-6 and 399 202 children aged 6-12 in the *Region of Flanders*. The trend in the number of children was different for the different age groups. Compared with 2005, the number of children under 3 in the Region of Flanders rose by 4 832 (+2.6%), the number of children aged 3 to 6 fell by 885 (-0.5%) and the number of children aged 6 to 12 fell by 4 325 (-1.1%) (see Table 1.15 and Figure 1.16).

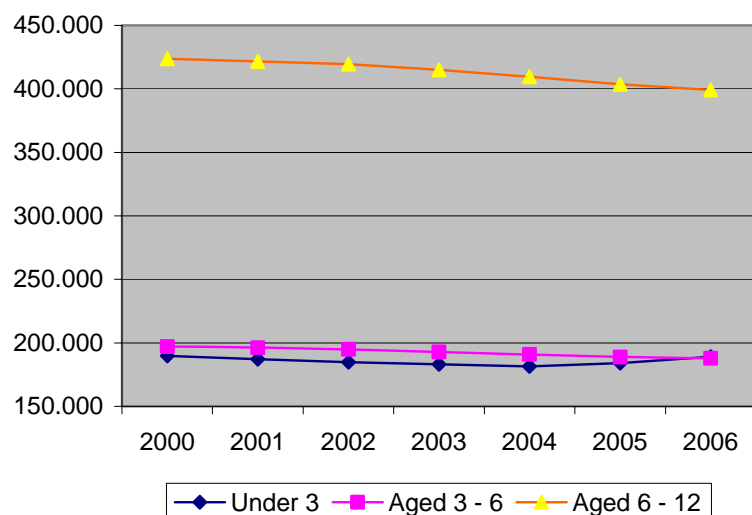
For the whole population of children under the age of 12, this amounted to a decrease of 378 children, or a mere 0.1% fewer children than in 2005.

Young children				
	Number		Percentage of population	
	2005	2006	2005	2006
Under 3	184 149	188 981	3.05	3.11
Aged 3-6	188 822	187 937	3.12	3.09
Aged 6-12	403 527	399 202	6.68	6.57
Total aged under 12	776 498	776 120	12.85	12.77

1.15 Number of young children in the Region of Flanders and percentage of the population (on 1 January)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

Trend in the number of children



1.16 Trend in the number of children aged under 12 in the Region of Flanders since 2000 (on 1 January)

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

Only a very small number of children aged under 12 in the Region of Flanders do not have *Belgian nationality*: 4.9%. The percentage of such children rose by 0.4% compared with 2005. In this respect, it should be noted that, because of increased opportunities to acquire Belgian nationality, the nationality criterion is not very suitable for identifying people of foreign origin.

A better criterion is the origin of the child's mother. 19.1% of the children born in 2006 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 proportion represents a slight increase compared with 2005 (see Table 1.17).

Ethnic minority children		
	2005	2006*
Antwerp	25.5	26.6
Flemish Brabant	16.8	17.2
West Flanders	7.8	8.2
East Flanders	14.9	15.6
Limburg	25.1	25.5
Region of Flanders	18.4	19.1

1.17 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

\* Provisional figures

There are major differences from province to province. Antwerp and Limburg have the highest percentages of children of non-Belgian origin, at 26.6% and 25.5% respectively. In Flemish Brabant there are 17.2% and there are 15.6% in East Flanders. West Flanders has the lowest percentage of

children of non-Belgian origin, i.e. 8.2% (see Table 1.17). The number of children of non-Belgian origin increased slightly in all provinces.

The most important *countries of origin* are Morocco, Turkey and the Netherlands. 4.5% of the children born in 2006 are of Moroccan origin, 2.9% of Turkish origin, and 1.6% of Dutch origin. After that children of Russian origin (0.6%) and Congolese origin (0.6%) make it into the top five.

#### 4. Background information to the birth rate

The birth rate is influenced by a number of social factors. We shall look at the number of potential mothers, people's wishes as regards having children, the fertility rate, abortions and teenage pregnancies.

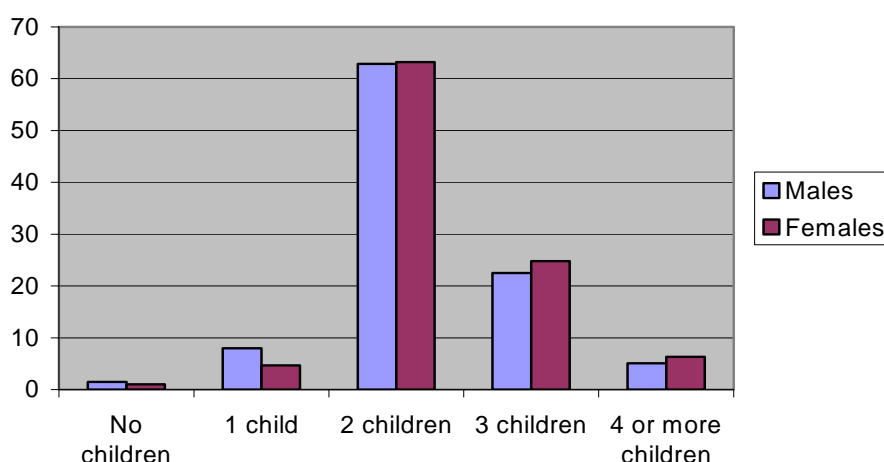
##### 4.1. Wishes as regards having children

***“Two children” are given most often as the ideal number, but a significant number of men and women prefer to have fewer children at the moment than the number they consider to be ideal***

A postal survey “Population and Policy in Flanders” conducted in the autumn of 2003 by the CBGS (Centre for Population and Family Research) asked a number of questions about having children. This survey was conducted among a representative sample of men and women aged 20 to 55 in the Region of Flanders.

In response to the question about the *ideal number of children* in a family, two children emerged as the clear winner: 63% of the respondents gave 2 children as the ideal family size. For 23.8%, 3 children is the ideal number. Remaining childless was rarely seen as ideal (1.2%). Women gave 2, 3 or 4 children as the ideal slightly more frequently than men. Rather more men gave 0 or especially 1 child (see Figure 1.18). Figure 1.19 shows the ideal family size by age of those questioned. The average figure for the ideal number of children was 2.27. Among male respondents, the average was 2.23 and among female respondents the average was 2.31. The fact that this figure is over two is not insignificant.

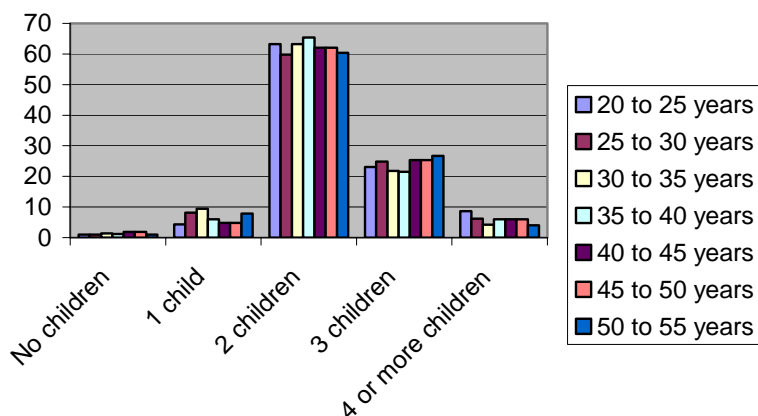
#### Ideal family size



1.18 The ideal number of children in a family according to men and women aged 20 to 55 years – Region of Flanders – 2003 (percentages)

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

**Ideal family size by age**



1.19 The ideal number of children in a family according to men and women by age – Region of Flanders – 2003 (percentages)

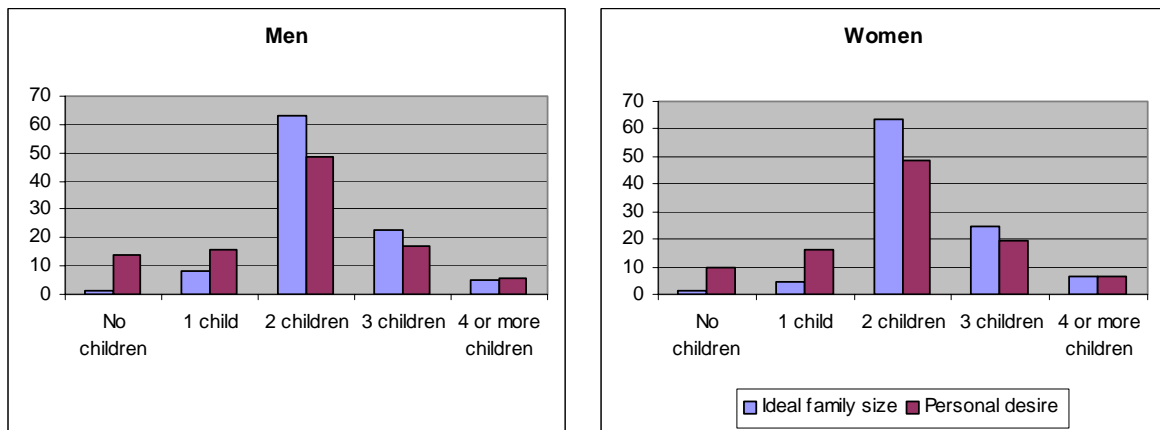
Source: CBGS (Centre for Population and Family Research), "Population and Policy in Flanders" survey

In addition to ideal family size, the survey also asked about the *number of children that people wanted for themselves right now*. Figure 1.20 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.

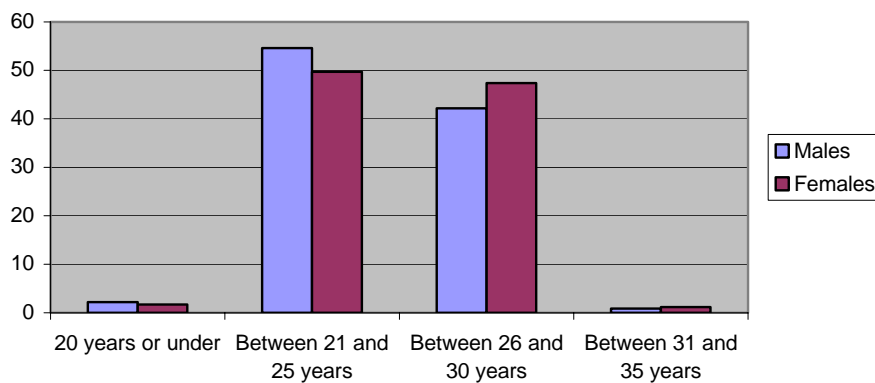
**Ideal family size and personal desire for children**



1.20 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 (percentages)  
 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 1.21).

**Best age for first baby**



1.21 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

**4.2. Fertility in the Region of Flanders**

**4.2.1. Total fertility**

**Fertility in 2006 at the level of 1979**

Total fertility is the sum of the age-specific fertility rates, expressed as the number of children per woman. This is actually a theoretical number of children that is said to be born to each woman, because it is the sum of the age-specific fertility rates in a given calendar year, whereas women have their children over a period of years.

Total fertility is a good indicator of how many children women have in a given calendar year.

In 2006, the *total fertility rate per woman* in the Region of Flanders was 1.74. Table 1.22 shows a continuous increase in the total fertility rate since 2001. Table 1.23 shows that the total fertility rate per woman increased for both women of Belgian origin and women of non-Belgian origin. You have to go back as far as 1979 to find a time when the Region of Flanders reached this level of fertility, but the total fertility rate is still far below replacement level. It is assumed that a fertility rate of 2.1 is required to replace the generation, at least if migration is left out of the picture.

Total fertility rates			
	Belgian women	Non-Belgian women	Total
2001	1.42	2.89	1.51
2002	1.44	2.95	1.53
2003	1.47	3.01	1.57
2004	1.55	3.12	1.65
2005	1.60	3.02	1.69
<b>2006</b>	<b>1.64</b>	<b>3.04</b>	<b>1.74</b>

1.22 Total fertility rates in the Region of Flanders – 2001-2006

Source: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Free University Brussels, *Interface Demography, Working Paper 2007 -1*.

Based on data provided by Child and Family, IKAROS

The fertility rates in the province of Limburg are significantly lower than in the other provinces, both for Belgian and non-Belgian women (see Table 1.23).

Total fertility rates by province						
	Belgians		Non-Belgians		Total	
	2005	2006	2005	2006	2005	2006
Antwerp	1.61	<b>1.66</b>	3.52	<b>3.46</b>	1.78	<b>1.83</b>
Flemish Brabant	1.63	<b>1.67</b>	2.25	<b>2.30</b>	1.68	<b>1.72</b>
West Flanders	1.63	<b>1.67</b>	3.18	<b>3.23</b>	1.67	<b>1.72</b>
East Flanders	1.59	<b>1.65</b>	3.62	<b>3.57</b>	1.68	<b>1.74</b>
Limburg	1.47	<b>1.49</b>	2.42	<b>2.54</b>	1.55	<b>1.59</b>
Region of Flanders	1.60	<b>1.64</b>	3.02	<b>3.04</b>	1.69	<b>1.74</b>

1.23 Total fertility rates by province and by Belgian/non-Belgian nationality of the mothers

Source: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Free University Brussels, *Interface Demography, Working Paper 2007 -1*.

Based on data provided by Child and Family, IKAROS

#### 4.2.2. Age-specific fertility

##### **Rise mainly among women aged 30 to 35**

Age-specific fertility is a ratio of the number of births to women of a specific age to the number of women of that age in the population. These figures reflect how many women of a specific age have children in a given year, and it is therefore a good indicator of the fertility of each age group.

Table 1.24 shows the fertility of women in the Region of Flanders by age group.

Between 2005 and 2006, the greatest increase was in women in the 30 to 35 age group.

#### Age-specific fertility rates



	2005	2006
15 to 20 years	0.0078	<b>0.0071</b>
20 to 25 years	0.0495	<b>0.0510</b>
25 to 30 years	0.1352	<b>0.1358</b>
30 to 35 years	0.1070	<b>0.1123</b>
35 to 40 years	0.0337	<b>0.0360</b>
40 to 45 years	0.0046	<b>0.0051</b>
45 to 50 years	0.0002	<b>0.0002</b>

1.24 Age-specific fertility rates in the Region of Flanders – 2001-2006

Source: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Free University Brussels, *Interface Demography, Working Paper 2007 -1*.

Based on data provided by Child and Family, IKAROS

**4.2.3. Analysis of fertility in the Region of Flanders and a glimpse into the future\***

***Motherhood a little earlier, but still no sign of a resurgence of average family size***

The number of births in the Region of Flanders had been falling since 1991, but this turned around in 2003 and since then there has been a steady rise (see Figure 1.25). This raises several questions. Is the increase in the birth rate to do with an increase in the number of potential fathers and mothers? Does the resurgence in the number of births mean that men and women are having rather more children than they were some years ago? Is the increase in the number of births to be explained by foreigners having more children?

**Number of births 1945 - 2005**



1.25 Number of births in the Region of Flanders, 1945-2005

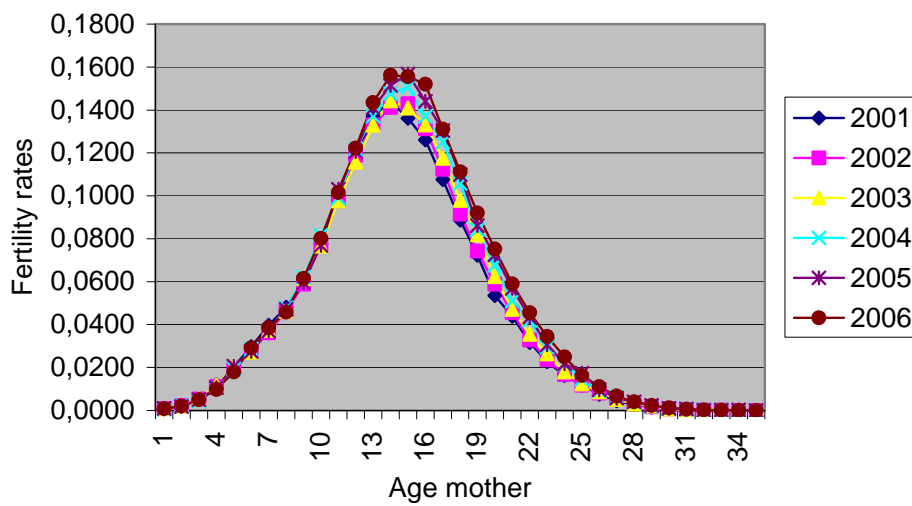
Source: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Brussels, Free University Brussels, 2007, *Interface Demography, Working Paper 2007 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>. Based on data from the FPS Economy, Statistics and Economic Information Department

Fertility in Flanders has been through two developments since the mid-1960s, as it has in other regions of Europe. There was an early period in which the number of children per man or woman fell, and therefore so did family size, and after that there was the postponement of the first child later and

later. The decline in average family size occurred mainly in the 1960s and '70s, and since then the story has been mainly one of continual postponement.

Since 2004, however, there have been signs that *postponement* may not only have reached its limits, but that there may be a partial *reversal* of this trend taking place. In 2004, the fertility of women in the 25 to 30 age group was conspicuously higher than in previous years, especially among women aged 27 to 29. The figures for 2005 were higher still and there was a further increase again in 2006, though this was less marked than in 2005 (see Figure 1.26).

**Age-specific fertility rates**



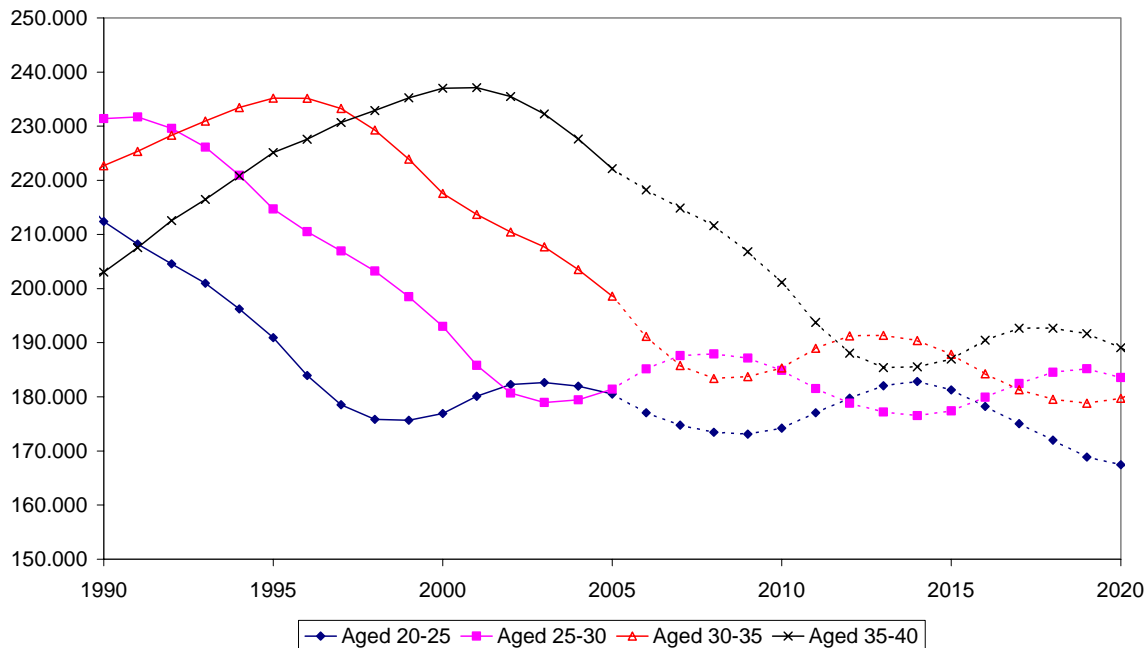
1.26 Age-specific fertility rates for the Region of Flanders – 2001-2006

Source: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Brussels, Free University Brussels, 2006, *Interface Demography, Working Paper 2007 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>. Based on data from the FPS Economy, Statistics and Economic Information Department and from Child and Family, IKAROS

For the 25 to 30 age group, therefore, we note there has been a rise in fertility three years running, while the trend had been downward for this age group since 1990. Meanwhile the rising fertility rate for the over-30s continues, due to the postponement of giving birth by the generations immediately before. Taken together these two trends explain the increase in the total fertility rate for Flanders from 1.51 in 2001 to 1.74 in 2006.

It remains to be seen whether this is a real break with the earlier trend and whether the phenomenon of slightly earlier motherhood will continue in the younger generations. If that were to happen, then we can expect to witness an increase in the total fertility rate in years to come. That does not mean, however, that there will also be more births, because it looks as if the number of potential mothers is going to fall (see Figure 1.27). Only if there were a marked rise in fertility (i.e. in the number of children per potential mother) could we expect to see a further increase in the number of births in years to come.

**Number of women in the most important child-bearing age groups**

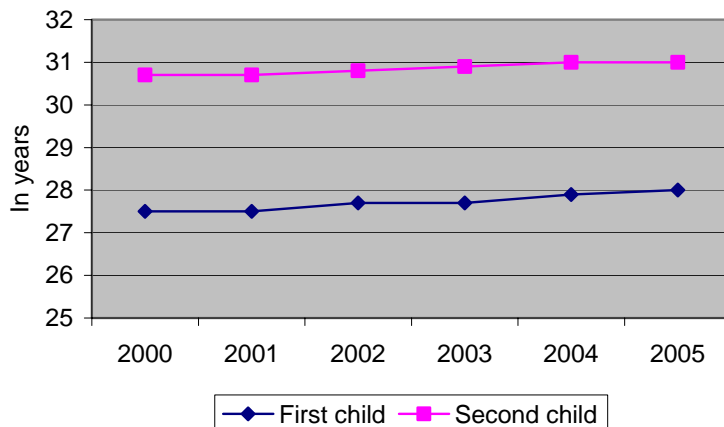


1.27 Trend and forecasts with regard to the number of women in the most important child-bearing age groups, Region of Flanders, 1990-2020

Source: Van Bavel J., Bastiaenssens V., *De evolutie van de vruchtbaarheid in het Vlaamse Gewest tussen 2001 en 2005*, Brussels, VUB, 2006, *Interface Demography, Working Paper 2006 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>. Based on the FPS Economy, Statistics and Economic Information Department, and P. Willems, *Update MIRA-S-2005 projection* (<http://mis.vlaanderen.be/>)

Earlier motherhood in the younger generations has not been translated into a lowering of the average age of mothers on giving birth as yet, mainly because fertility among the over-30s continues to rise. Because of that the average age at which women became mothers even rose slightly in Flanders, from 28 years and some months in 2001 to around 29 years in 2006 (see also Figure 1.28). The average age is higher for Belgian women than for women of other nationalities and has been so for some years.

### Age on giving birth



1.28 Average age at which women give birth (in years) since 2000

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

### **Higher fertility rates due to ethnic minorities?**

European women generally have their children later in life than women from other parts of the world. One possible *explanation for the increase in fertility among the under-30s* could therefore be that the *proportion of women of other nationalities* in this age group has gone up. If that explains it, then we would not see the same increase in fertility rates among women of Belgian nationality. However, we do see such an increase: the fertility of 25-30 year-olds in the Region of Flanders also increased among women of Belgian nationality.

This means that the part played by foreigners can, at most, only explain some of the increase in fertility. As a matter of fact, the impact of the population of foreign nationals on total fertility is rather limited: the total fertility rate for Belgian women in the Region of Flanders is only 0.09 to 0.10 units lower than the total fertility rate for the whole population. The total fertility rate for Belgian women has increased more markedly than that for non-Belgian women (see Table 1.22).

Another comment that is sometimes made is that, as a *result of naturalisation*, the percentage of women of foreign origin in the population who have Belgian nationality has increased. If women whose family origins stem from elsewhere in the world have acquired Belgian nationality but exhibit a pattern of fertility that resembles the foreign population, that could explain the trend in the fertility of the Belgian women.

As there are no figures available on the composition of the population by gender, age and origin, it is not possible to compute separate fertility rates by origin of the mother. Thanks to the IKAROS records, however, the origin of the mothers is known. Births to Belgian mothers of foreign origin as a percentage of the total number of births to Belgian mothers grew from 4.4% in 2001 to 6.8% in 2006. The increase was greatest in the 35 to 40 age group. There was also quite a sharp increase among the over-40s and in the 25 to 30 age group.

It is possible to ask, therefore, whether the increased fertility of women with Belgian nationality can be entirely ascribed to migrant women who have acquired Belgian nationality through naturalisation. However, that turns out not to be the case: the fertility of the native Belgian population in general also turns out to have risen from 2005 to 2006, albeit less markedly than the year before. This rules out the theory that the increase in fertility can be ascribed solely to women who acquired Belgian nationality through naturalisation.

### **Higher fertility, larger families?**

The increase in the total fertility rate does not mean per se that later generations will on average have rather more children than women in the generations just before them. It is quite conceivable that women who have their first child at a slightly younger age will also stop having children at a younger age, without ending up with more children. It is quite conceivable, therefore, that the birth rate among older women will level off or even start to fall in the future.

Up to now there are *no indications* that the rise in the total fertility rate implies that the *average family* will get *bigger*. On the contrary, first-borns as a percentage of total births increased from 45.6% in 2001 to 47.7% in 2006, while the percentage of third or later births decreased from 19.2% to 18.0%.

### **Increase in total fertility rate occurred in almost all districts**

The rise in fertility rates in 2006 was not confined to just one or a few districts: the total fertility rate rose in all districts of the Region of Flanders, except Diksmuide (clear decrease), Hasselt (slight decrease) and Tielt (status quo). Figure 1.29 shows the total fertility rates for 2006 by district.

Total fertility rates by district



1.29 Total fertility rates by district in 2006

Source: Van Bavel J., Bastiaenssens V., *De evolutie van de vruchtbaarheid in het Vlaamse Gewest tussen 2001 en 2005*, Brussels, VUB, 2006, *Interface Demography, Working Paper 2006 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>. Based on data from Child and Family, IKAROS and the FPS Economy, Statistics and Economic Information Department

\* Based on: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Brussels, Free University Brussels, 2006, *Interface Demography, Working Paper 2007 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>.

4.3. Abortion

**A small number of pregnancies are terminated at the request of the woman. Small decrease in abortions relative to live births**

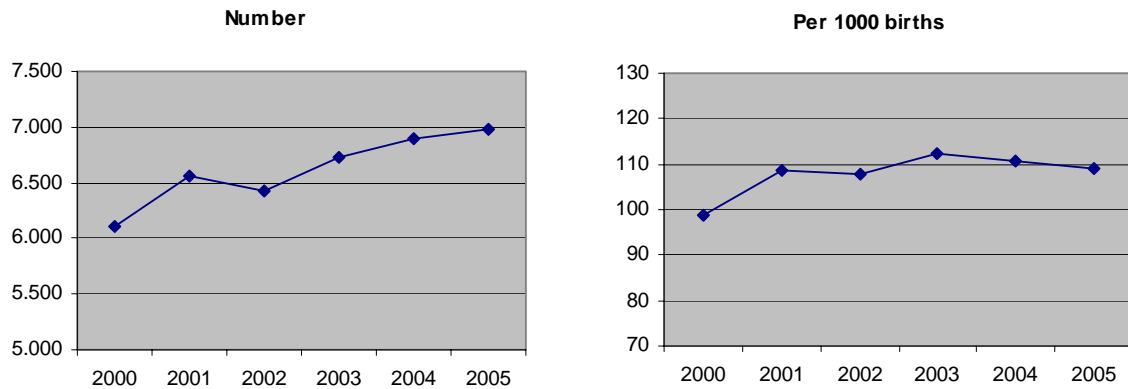
A number of pregnancies are not continued to full term but terminated at the request of the woman. Pregnant women in Flanders can go to abortion clinics or hospitals to have an abortion. In 2005, 6 980 legal abortions were carried out in these clinics and hospitals. This was an increase of 1.2% compared with 2004 (see Table 1.30 and Figure 1.31; see also point 4.4). However, given the higher number of births, the relative number of abortions in 2005 was slightly lower than in 2004. In 2005 there were 109 abortions per 1 000 births, compared with 111 in 2004 (see Table 1.30). Figure 1.32 shows the number of abortions by age of the woman.

	Abortions	
	2004	2005
Number of abortions	6 897	6 980
Number of abortions per 1 000 births	111	109

1.30 Abortions in women living in the Region of Flanders, number and number per 1 000 births

Source: National Evaluation Commission for Terminations of Pregnancy

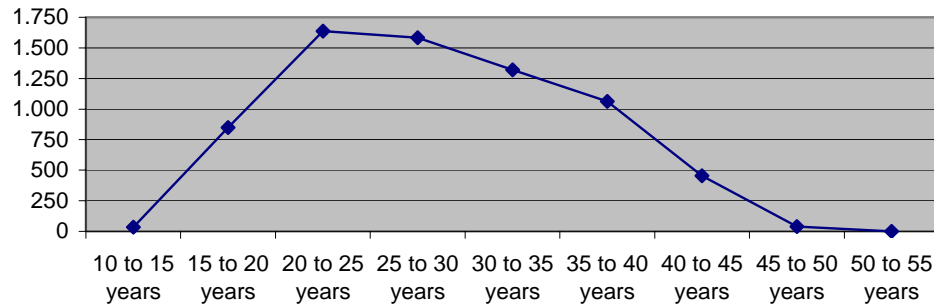
Abortions



1.31 Trend in the number of abortions and the number of abortions per 1 000 births in women living in the Region of Flanders since 2000

Source: National Evaluation Commission for Terminations of Pregnancy

**Abortions by age**



1.32 Number of abortions among women living in the Region of Flanders by age – 2005

Source: National Evaluation Commission for Terminations of Pregnancy

**4.4. Teenage pregnancy**

**Teenage motherhood tends to be the exception; a significant number of teenage pregnancies are terminated**

There is a link between teenage motherhood and situations involving risks for mother and child. *Teenage mothers* leave school early, are more at risk of poverty, and are more likely to be single mothers. Children of teenage mothers are more at 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 2005 only 1 315 or 2.1% of women giving birth were aged under 20. This figure was slightly higher than the figure for 2004, when 1 281 women under the age of 20 gave birth. Over half of the teenage mothers were 19 and almost 26.2% were 18 (see Table 1.33 and Figure 1.34).

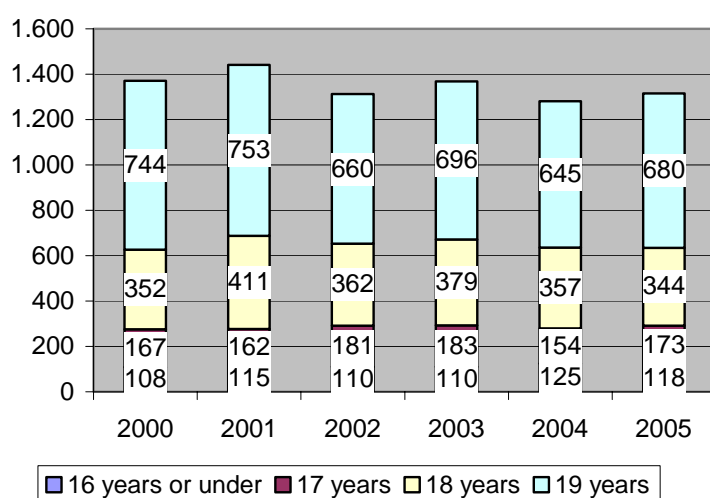
Teenage mothers		
	2004	2005
14 years or under	14	8

15 years	24	38
16 years	87	72
17 years	154	173
18 years	357	344
19 years	645	680
Total under 20 years	1 281	1 315

1.33 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



1.34 Trend in the number of teenage mothers in Flanders (Region of Flanders and Flemish maternity hospitals in Brussels) since 2000

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 2005 (most recent figures available), the number of teenage pregnancies – births and abortions together – was 2 199, made up of 1 315 births and 884 abortions. Out of every 100 pregnant teenagers, 59.8 became mothers and 40.2 had an abortion. These were however mainly women in the 15 to 19 age group. Below the age of 15 there were only 34 abortions and 7 births in 2005. Pregnant girls under the age of 15 are more likely to have an abortion than those aged 15 to 19 (see Table 1.35 and Figure 1.36 – see also section 4.3).

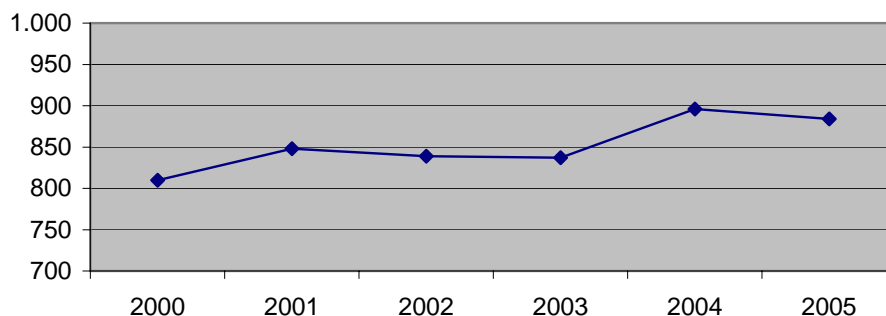
Abortions among teenagers		
	2004	2005
<b>Number</b>		
in girls aged 10 to 15 years	35	34
in girls and young women aged 15 to 20 years	861	850
Total girls and young women aged 10 to 20 years	896	884
<b>Per 100 pregnancies</b>		

in girls and young women aged 10 to 20 years	39.6	40.2
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1.35 Number of abortions and number of abortions per 100 pregnancies among women and girls under the age of 20

Sources: National Evaluation Commission for Terminations of Pregnancy  
Study Centre for Perinatal Epidemiology

### Abortions among teenagers



1.36 Number of abortions among women and girls under the age of 20 since 2000

Sources: National Evaluation Commission for Terminations of Pregnancy  
Study Centre for Perinatal Epidemiology

## 5. The European context

How do the figures for and trends in births in Flanders fit into the European context? What is the trend in the number of young children? The figures for Flanders were compared with the figures for the EU-15 countries and, where possible, the total figure for the EU-15.

### 5.1. Births

A number of figures for births are reproduced in Tables 1.37, 1.38 and 1.39: the number of births, the percentage trend in the birth rate, and the number of births per 1 000 inhabitants. The 2006 figures for the EU-15 countries are still estimates.

According to these estimated figures, the birth rate in the EU-15 countries was about 1% higher in 2006 than in 2005, and about 4.5% higher than in 2000. A small increase in the birth rate can be seen in most EU-15 countries from 2005 to 2006. Ireland was an exception with a much greater increase (+5.6%). Germany (-1.9%), the Netherlands (-1.7%) and Austria (-2.2%) were also exceptions in that the number of births in these countries fell.

In Belgium and in the Region of Flanders, the number of births in 2006 was well over the 2005 figure (see Table 1.38).

The *total fertility rate* is below the replacement level everywhere, a figure of 2.10 children per woman being assumed for the latter (see Table 1.40). The most recent figures available point to a small increase in the total fertility rate in most EU-15 countries. As such the Region of Flanders is following a European trend.

Table 1.41 shows the trend in the *final number of offspring* at the end of the years of fertility, at age 49. With 1.86 offspring to women born in 1960, Belgium finds itself in the middle group. The generation of women born in 1968 and 1969 had fewer children than the generation of women born in 1955, 1960



and 1967 in almost all of the EU-15 countries. Denmark is an exception to this, with a small but constant increase in the final number of offspring.

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, Denmark, Sweden, Italy, Spain and Ireland, the average age even comes out over 30 years. The average age for having a first child is over 28 in most of the EU-15 countries, apart from Finland, Austria, Portugal and the United Kingdom. It is exactly 28 years in the Region of Flanders (see Tables 1.42 and 1.43).

The *number of births per 1 000 women under 20* is low in the Region of Flanders compared with many of the EU-15 countries. The United Kingdom especially, but also Portugal and Ireland, have a high birth rate among women under the age of 20 (see Table 1.44).

*The number of children born outside marriage in the EU-15 continues to increase. In 2003 (most recent figures available) Belgium was certainly not leading the field. France, the Nordic countries and the United Kingdom have a high percentage of births outside marriage. In Sweden 55.4% of all children are born outside marriage. In Italy and Greece, only a small percentage of births occur outside marriage (see Table 1.45).*

*Table 1.46 shows an overview of the number of abortions per 100 births. The Region of Flanders, Belgium and the Netherlands have a low number of abortions. France, the United Kingdom and especially Sweden have a much higher number of abortions per 100 births.*

	<b>Births</b>			
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>61 877</b>	<b>62 374</b>	<b>63 906</b>	<b>65 414**</b>
Belgium	114 883	115 618	118 002	120 800**
<i>Neighbouring countries</i>				
Germany	766 969	705 622	685 800*	672 500**
France	774 782	767 816	807 800*	820 000**
Luxembourg	5 723	5 452	5 400*	5 600**
The Netherlands	206 619	194 007	187 900*	184 700**
<i>Nordic countries</i>				
Finland	56 742	57 758	57 700*	58 600**
Denmark	67 084	64 609	64 300*	65 000**
Sweden	90 441	100 928	101 300*	105 600**
<i>Mediterranean countries</i>				
Greece	103 267	101 500	107 500*	108 200**
Italy	538 999	562 600	554 000*	570 500**
Portugal	120 008	109 298	109 400*	110 400**
Spain	397 632	453 278	465 600*	471 100**
Austria	78 268	78 968	78 200*	76 500**
The United Kingdom	679 029	715 996	723 500*	740 500**
Ireland	54 789	61 684	61 000*	64 400**

EU-15	4 055 532	4 095 134	4 127 400*	4 174 400**
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1.37 Number of live births in the EU-15 countries since 2000

Sources: FPS Economy, Statistics and Economic Information Department, Population Statistics Council of Europe, Recent demographic developments in Europe 2005

Eurostat, website

\* Provisional figures

\*\* Estimates

	Births trend			
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>100.0</b>	<b>100.8</b>	<b>105.9</b>	<b>109.5**</b>
Belgium	100.0	100.6	103.4	108.6**
<i>Neighbouring countries</i>				
Germany	100.0	92.0	93.9*	93.5**
France	100.0	99.1	104.8*	107.7**
Luxembourg	100.0	95.3	98.9*	104.8**
The Netherlands	100.0	93.9	92.7*	91.4**
<i>Nordic countries</i>				
Finland	100.0	101.8	102.7*	105.5**
Denmark	100.0	96.3	98.2*	101.3**
Sweden	100.0	111.6	110.8*	110.2**
<i>Mediterranean countries</i>				
Greece	100.0	99.2	103.8*	103.6**
Italy	100.0	104.4	103.5*	106.5**
Portugal	100.0	91.1	97.0*	96.5**
Spain	100.0	114.0	114.6*	112.5**
Austria	100.0	100.9	103.6*	97.6**
The United Kingdom	100.0	105.4	108.1*	110.7**
Ireland	100.0	106.6	100.8*	104.7**
EU-15	100.0	101.0	103.3*	104.5**

1.38 Trends in the number of live births since 2000 in the EU-15 countries

Sources: FPS Economy, Statistics and Economic Information Department, Population Statistics Council of Europe, Recent demographic developments in Europe 2005

Eurostat, website

Internal calculations

\* Provisional figures

\*\* Estimates

	Births per 1 000			
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>10.4</b>	<b>10.4</b>	<b>10.6</b>	<b>10.8**</b>
Belgium	11.2	11.1	11.4	11.5**
<i>Neighbouring countries</i>				
Germany	9.3	8.5	8.3*	8.2**
France	13.2	12.8	13.3*	13.0**
Luxembourg	13.1	12.1	11.9*	12.2**

The Netherlands	13.0	11.9	11.5*	11.3**
<i>Nordic countries</i>				
Finland	11.0	11.1	11.0*	11.2**
Denmark	12.6	12.0	11.9*	12.0**
Sweden	10.2	11.2	11.2*	11.7**
<i>Mediterranean countries</i>				
Greece	9.8	9.2	9.7*	9.7**
Italy	9.3	9.7	9.5*	9.7**
Portugal	11.7	10.4	10.4*	10.4**
Spain	10.1	10.7	10.8*	10.8**
Austria	9.7	9.7	9.5*	9.3**
The United Kingdom	11.4	12.0	12.1*	12.3**
Ireland	14.5	15.3	14.8*	15.3**
EU-15	10.8	10.7	10.7*	10.7**

1.39 Birth rate: number of births per 1 000 inhabitants since 2000 in the EU-15 countries

Sources: FPS Economy, Statistics and Economic Information Department, Population Statistics

Council of Europe, Recent demographic developments in Europe 2005

Eurostat, website

Internal calculations

\* Provisional figures

\*\* Estimates

	<b>Fertility rate</b>			
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>NA</b>	<b>1.65</b>	<b>1.69</b>	<b>1.74</b>
Belgium	1.66	1.64		
<i>Neighbouring countries</i>				
Germany	1.38	1.37	1.36	
France	1.88	1.92	1.94	
Luxembourg	1.76	1.70	1.70	
The Netherlands	1.72	1.73	1.73	
<i>Nordic countries</i>				
Finland	1.73	1.80	1.80	
Denmark	1.77	1.78	1.80	
Sweden	1.54	1.75	1.77	
<i>Mediterranean countries</i>				
Greece	1.27	1.29	1.28	
Italy	1.26	1.33	1.32	
Portugal	1.55	1.40	1.40	
Spain	1.24	1.32	1.33	
Austria	1.36	1.42	1.41	
The United Kingdom	1.64	1.77	1.80	
Ireland	2.08	1.99		

1.40 Total fertility rate (TFR) per woman since 2000 in the EU-15 countries

Sources: Van Bavel J., Bastiaenssens V., *De recente evolutie van de vruchtbaarheid in het Vlaamse Gewest: update 2006*, Brussels, Free University Brussels, 2006, *Interface Demography, Working Paper 2007 -1*, <http://www.vub.ac.be/SOCO/demo.intro.htm>.

Council of Europe, *Recent demographic developments in Europe 2005*

Eurostat, website (for 2004 and 2005)

NA: not available

	Final number of offspring (1)					
	1955	1960	1965	1967	1968	1969
Belgium	1.83	1.86				
<i>Neighbouring countries</i>						
Germany	1.67	1.65	1.51	1.43	1.40	1.39
France	2.13	2.11	2.03	2.00	1.99	1.97
Luxembourg	1.69	1.76	1.83	1.84	1.80	
The Netherlands	1.87	1.85	1.78	1.76	1.75	1.74
<i>Nordic countries</i>						
Finland	1.90	1.96	1.91	1.89	1.89	1.88
Denmark	1.84	1.90	1.93	1.93	1.94	1.94
Sweden	2.03	2.04	1.99	1.96	1.94	
<i>Mediterranean countries</i>						
Greece	2.01	1.93	1.75	1.73	1.68	1.59
Italy	1.80	1.67	1.51	1.47		
Portugal	2.04	1.89	1.82	1.79	1.75	1.69
Spain	1.90	1.76	1.62	1.55		
Austria	1.77	1.70	1.65	1.61	1.59	1.59
The United Kingdom	2.01	1.97	1.90	1.88	1.86	1.86
Ireland	2.67	2.41	2.19	2.13		

1.41 Average number of children per woman at the end of her fertile years (age 49) for the generations born between 1955 and 1969

Sources: Council of Europe, *Recent demographic developments in Europe 2005*

Eurostat, website

(1) Where a cohort has not yet reached the age of 49, the final number of offspring is estimated based on the observed fertility rates of the earlier generations

Region of	Age on giving birth			
	2000	2003	2004	2005
<b>Flanders</b>	<b>29.2</b>	<b>29.4</b>	<b>29.5</b>	29.6
Belgium	NA			
<i>Neighbouring countries</i>				
Germany	28.7	29.1	29.3	
France	29.4	29.6	29.6	
Luxembourg	29.3	29.9	29.9	
The Netherlands	30.3	30.4	30.5	
<i>Nordic countries</i>				
Finland	29.6	29.8	29.9	
Denmark	29.7	30.1	30.2	

Sweden	29.9	30.3	30.4
<i>Mediterranean countries</i>			
Greece	29.1	29.5	
Italy	30.3	30.7	
Portugal	28.6	29.0	29.2
Spain	30.7	30.8	
Austria	28.2	28.8	28.8
The United Kingdom	28.5	28.9	
Ireland	30.4	30.8	31.0

1.42 Average age of women giving birth since 2000 in the EU-15 countries

Sources: Study Centre for Perinatal Epidemiology (SPE)

Council of Europe, *Recent demographic developments in Europe 2005*

NA: not available

<b>Age on giving birth to the first child</b>				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>27.5</b>	<b>27.7</b>	<b>27.9</b>	<b>28.0</b>
Belgium	NA			
<i>Neighbouring countries</i>				
Germany	28.2	28.8	29.0	
France	27.9	28.4	28.4	
Luxembourg	28.4	28.7	28.6	
The Netherlands	28.6	28.8	28.9	
<i>Nordic countries</i>				
Finland	27.4	27.9	27.8	
Denmark	27.7	28.2	28.4	
Sweden	27.9	28.5	28.6	
<i>Mediterranean countries</i>				
Greece	27.5	28.0		
Italy	NA			
Portugal	26.5	27.1	27.1	
Spain	29.1	29.2		
Austria	26.4	26.9	27.0	
The United Kingdom	26.5	23.4	23.5	
Ireland	27.6	28.3	28.5	

1.43 Average age of women giving birth to the first child since 2000 in the EU-15 countries

Sources: Council of Europe, *Recent demographic developments in Europe 2005*

Study Centre for Perinatal Epidemiology (SPE)

NA: not available

<b>Births per 1 000 to teenage mothers</b>				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>NA</b>	<b>40.6</b>	<b>37.4</b>	<b>39.0</b>
Belgium	NA			
<i>Neighbouring countries</i>				

Germany	66	59	57
France	54	53	54
Luxembourg	62	37	39
The Netherlands	36	36	32
<i>Nordic countries</i>			
Finland	51	51	53
Denmark	39	31	29
Sweden	35	32	31
<i>Mediterranean countries</i>			
Greece	53	55	
Italy	35		
Portugal	107	97	95
Spain	43	52	
Austria	68	65	
The United Kingdom	147	134	
Ireland	96	93	86

1.44 Number of births per 1 000 women and girls under the age of 20 from 2000 onwards

Source: Council of Europe, *Recent demographic developments in Europe 2005*

NA: not available

<b>Births outside marriage per 100 births</b>				
	2000	2003	2004	2005
Belgium	NA	31.0		
<i>Neighbouring countries</i>				
Germany	23.4	27.0	29.2	27.9
France	42.6	45.2	46.4	
Luxembourg	21.9	25.0	25.8	
The Netherlands	24.9	30.7	34.8	32.5
<i>Nordic countries</i>				
Finland	39.2	40.0	40.4	40.8
Denmark	44.6	44.9	45.7	45.4
Sweden	55.3	56.0	55.5	55.4
<i>Mediterranean countries</i>				
Greece	4.0	4.8	5.1	5.1
Italy	9.7	13.1	17.3	14.9
Portugal	22.2	26.9	30.7	29.1
Spain	17.7	23.4	26.8	
Austria	31.3	35.3	36.5	35.9
The United Kingdom	39.5	41.5	42.9	42.3
Ireland	31.5	31.4	32.0	33.3

1.45 Number of births outside marriage in the EU-15 countries from 2000 onwards

Sources: FPS Economy, Statistics and Economic Information Department, *Population Statistics*

Council of Europe, *Recent demographic developments in Europe 2005*

Eurostat, website

NA: not available

Number of abortions per 100 births				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>9.9</b>	<b>11.2</b>	<b>11.1</b>	<b>10.9</b>
Belgium	11.8	13.9	13.9	14.1
<i>Neighbouring countries</i>				
Germany	17.6	18.1	18.4	
France	25.4	27.9		
Luxembourg	NA			
The Netherlands	13.2	14.4		
<i>Nordic countries</i>				
Finland	19.3	19.0	19.2	18.9
Denmark	23.4	24.1	23.6	23.5
Sweden	34.3	34.8	34.1	34.5
<i>Mediterranean countries</i>				
Greece	17.4			
Italy	25.9	23.0		
Portugal	NA			
Spain	16.0	18.1		
Austria	NA			
The United Kingdom	23.9	29.4		
Ireland	NA			

1.46 Number of abortions per 100 births since 2000 in the EU-15 countries

Sources: National Evaluation Commission for Terminations of Pregnancy  
Eurostat, website (internal calculations)

NA: not available

## 5.2. Number of young children

The Region of Flanders is a *small region* within Europe. With 312 800 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 2005, there were over 20.2 million children under 5 in the European Union (estimated figure).

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.

The EU-15 countries showed different trends in the *number of young children* between 2000 and 2005. Some countries experienced an increase in the number of young children: France, the Netherlands, Sweden, the Mediterranean countries apart from Portugal, and Ireland. Like the Region of Flanders, Germany, Luxembourg, Finland, Austria and the United Kingdom experienced a decrease. In Belgium, Denmark and Portugal the status quo was maintained more or less (difference less than 1%). Table 1.47 shows the trends in the number of children under 5. Table 1.48 shows the percentage trend, with 2000 as the basis.

Table 1.49 presents the trend in the *percentage of young children* in the total population. The large number of young children in Ireland stands out. Germany has the lowest percentage of young children (see Table 1.49).

The status quo in the number of young children in the EU-15 countries is expected to be more or less maintained in the years up to 2010 (base scenario). However, different countries are expected to

experience different trends and there will also be variations between age groups. Increases are expected in the Mediterranean countries and Ireland, considerable increases in Spain and Ireland in fact (+10%). The Nordic countries are expected to show a decrease. For the countries bordering on Belgium, Eurostat also expects a decrease, apart from France, where only in the under-3 age group are there expected to be fewer children than in 2004. Austria and the United Kingdom are expected to have fewer children (see Table 1.50).

<b>Number of children aged under 5</b>				
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>320 682</b>	<b>307 914</b>	<b>309 328</b>	<b>312 800</b>
Belgium	577 217	571 374	574 859	580 368
<i>Neighbouring countries</i>				
Germany	3 947 634	3 724 320	3 653 322	
France	3 598 700	3 805 692	3 823 216	
Luxembourg	28 598	27 880	27 681	
The Netherlands	983 500	1 021 216	1 010 626	
<i>Nordic countries</i>				
Finland	297 522	283 137	283 693	
Denmark	340 593	330 377	344 062	
Sweden	468 716	472 886	485 558	
<i>Mediterranean countries</i>				
Greece	502 636	510 923		
Italy	2 658 974	2 701 151		
Portugal	556 690	557 395	553 702	
Spain	1 926 936	2 100 359	2 171 491	
Austria	422 562	395 329	398 026	
The United Kingdom	3 607 588	3 386 897		
Ireland	263 643	289 520	295 803	
EU-15	20 181 57	20 178 48	20 224 000*	
	2	6		

1.47 Number of children under 5 years old in the EU-15 countries since 2000

Sources: Council of Europe, *Recent demographic developments in Europe, 2005*

FPS Economy, Statistics and Economic Information Department, *Population Statistics*

\* Estimated figures

<b>Trend in the number of children aged under 5</b>				
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>100.0</b>	<b>96.0</b>	<b>96.5</b>	<b>97.5</b>
Belgium	100.0	99.0	99.6	100.5
<i>Neighbouring countries</i>				
Germany	100.0	94.3	92.6	
France	100.0	105.8	106.2	
Luxembourg	100.0	97.5	96.8	
The Netherlands	100.0	103.8	102.8	
<i>Nordic countries</i>				
Finland	100.0	95.2	95.4	



Denmark	100.0	97.0	101.0
Sweden	100.0	100.9	103.9
<i>Mediterranean countries</i>			
Greece	100.0	101.6	
Italy	100.0	101.6	
Portugal	100.0	100.1	99.5
Spain	100.0	109.0	112.7
Austria	100.0	93.6	94.2
The United Kingdom	100.0	93.9	
Ireland	100.0	109.8	112.2

1.48 Trend in the number of children aged under 5 in the EU-15 countries since 2000

Sources: Council of Europe, *Recent demographic developments in Europe, 2005* (internal calculations)

FPS Economy, Statistics and Economic Information Department, *Population Statistics*

<b>Percentages of young children</b>				
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>5.4</b>	<b>5.1</b>	<b>5.1</b>	<b>5.1</b>
Belgium	5.6	5.5	5.5	5.5
<i>Neighbouring countries</i>				
Germany	4.8	4.5	4.4	
France	6.1	6.3	6.3	
Luxembourg	6.6	6.2	6.1	
The Netherlands	6.2	6.3	6.2	
<i>Nordic countries</i>				
Finland	5.8	5.4	5.4	
Denmark	6.4	6.1	6.4	
Sweden	5.3	5.3	5.4	
<i>Mediterranean countries</i>				
Greece	4.8	4.6		
Italy	4.6	4.7		
Portugal	5.4	5.3	5.3	
Spain	4.9	5.0	5.0	
Austria	5.2	4.9	4.9	
The United Kingdom	6.1	5.7		
Ireland	7.0	7.2	7.2	

1.49 Percentages of children aged under 5 in the overall population in the EU-15 countries since 2000

Sources: Council of Europe, *Recent demographic developments in Europe, 2005* (internal calculations)

FPS Economy, Statistics and Economic Information Department, *Population Statistics*

<b>Projections for 2010</b>				
	Children aged under 3	Children aged 3-6	Children aged 6-12	Children aged under 12
Belgium	-3.2	-4.0	-2.7	-3.1
<i>Neighbouring countries</i>				

Germany	-3.3	-9.0	-4.7	-5.5
France	-4.3	0.1	5.8	1.8
Luxembourg	0.3	-3.5	-0.6	-1.1
The Netherlands	-8.9	-4.7	4.5	-1.2
<i>Nordic countries</i>				
Finland	1.1	-0.8	-9.7	-5.1
Denmark	-8.2	-5.8	-4.5	-5.7
Sweden	8.3	13.7	-11.1	-0.9
<i>Mediterranean countries</i>				
Greece	5.3	7.2	-3.5	1.2
Italy	-2.0	3.0	1.4	0.9
Portugal	1.4	4.7	4.3	3.6
Spain	7.3	14.8	9.6	10.3
Austria	-2.3	-2.9	-11.4	-7.4
The United Kingdom	0.5	-1.1	-7.8	-4.2
Ireland	8.1	12.7	10.4	10.4
EU-15	-1.0	0.2	-0.7	-0.5

1.50 Projected trends in the numbers of children aged under 12 in the EU-15 countries for 2010: percentage change from the number of children in 2004 – base scenario

Source: Eurostat, *Population Projections 2004-based (website)*

### 5.3. Intercountry adoption

In the EU-15 countries, the relative number of *intercountry* adoptions is lowest in Portugal, Germany and the United Kingdom, where there are fewer than 1 per 100 000 inhabitants. Flanders and the French Community also have very small numbers of intercountry adoptions. Sweden, Spain, Denmark and Luxembourg have more than 10 intercountry adoptions per 100 000 inhabitants (see Tables 1.51 and 1.52).

Receiving country	Adoptions				
	2000	2003	2004	2005	2006
<b>Flemish Community (1)</b>	<b>210</b>	<b>165</b>	<b>143</b>	<b>172</b>	<b>162</b>
French Community (1)	290	265	327		
<i>Neighbouring countries</i>					
Germany	854	674	506		
France	2 971	3 995	4 079	4 136	3 977
Luxembourg (2)	57	51	56		
The Netherlands	1 193	1 154	1 307	1 185	
<i>Nordic countries</i>					
Finland	198	238	289	308	
Denmark	716	522	527	586	
Sweden	981	1 046	1 109	1 083	
<i>Mediterranean countries</i>					
Greece	NA				
Italy	NA	3 403	3 398	2 840	
Portugal	NA	1			
Spain	3 062	3 951	5 541	5 423	

Austria	NA	NA	93	
The United Kingdom	351	300	332	367
Ireland	225	358	398	366

1.51 Trend in the numbers of intercountry adoptions in the EU-15 countries since 2000

Source: Information on intercountry adoption provided by national authorities

(1) adoptions arranged through an authorised adoption service only

NA: not available

Adoptions per 100 000 inhabitants					
Receiving country	2000	2003	2004	2005	2006
<b>Flemish Community (1) (2)</b>	<b>3.54</b>	<b>2.75</b>	<b>2.38</b>	<b>2.85</b>	<b>2.67</b>
French Community (2)(3)	2.83	2.56	3.15		
<i>Neighbouring countries</i>					
Germany	1.04	0.82	0.61		
France	5.06	6.70	6.78	6.83	6.32
Luxembourg (2)	13.08	11.38	12.40		
The Netherlands	7.52	7.13	8.04	7.27	
<i>Nordic countries</i>					
Finland	3.83	4.57	5.54	5.88	
Denmark	13.43	9.70	9.76	10.83	
Sweden	11.07	10.70	12.36	13.13	
<i>Mediterranean countries</i>					
Greece	NA				
Italy	NA	5.94	5.87	4.86	
Portugal	NA	0.01			
Spain	7.76	9.71	13.09	12.60	
Austria	NA	NA	1.14		
The United Kingdom	0.59	0.51	0.56	0.61	
Ireland	5.96	9.03	9.88	8.91	

1.52 Trend in the numbers of intercountry adoptions per 100 000 inhabitants in the EU-15 countries from 2000 onwards

Source: Information on intercountry adoption provided by national 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

## CHAPTER 2. FAMILIES WITH YOUNG CHILDREN: DIVERSITY INTERPRETED

In this section, we discuss 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, the language spoken at home, the age and health of parents, the presence of grandparents and the help being offered by grandparents.

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

Finally, some of the figures for Flanders are set in a European context, by comparing them with the EU-15 countries.

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

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

Since the last edition of "The Child in Flanders" (2005 edition), the figures for both 2005 and 2006 have become available, which is why the tables below cover 3 years.

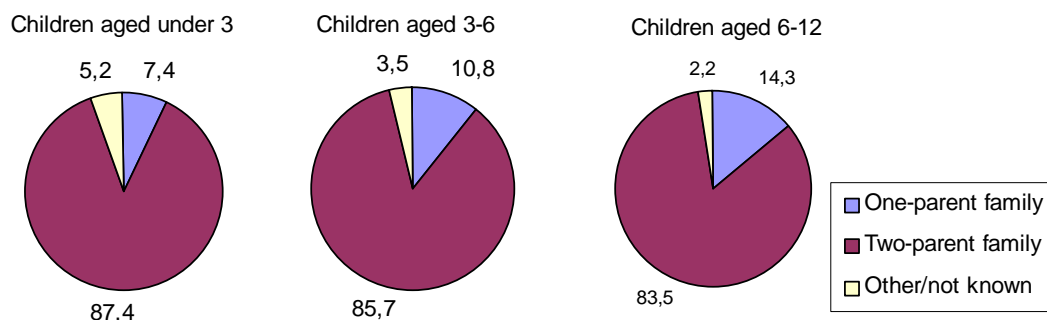
Most young children live in a *two-parent family*. 7.4% of children aged under 3 live in a *one-parent family*; the figure is 10.8% for children aged 3 to 6, and 14.3% for children of primary school age (see Table 2.1 and Figure 2.2). The percentage of children under 12 living in a one-parent family increased very slightly, by 0.2%, from 2005 to 2006. The trend varied for the different age groups. In the youngest age group there was an increase of 0.1% and in the 6 to 12 age group there was an increase of 0.4%. The percentage of children aged 3 to 6 living in one-parent families was unchanged (see Table 2.1).

<b>Two-parent or one-parent family</b>			
	2004	2005	<b>2006</b>
<b>Children aged under 3</b>			
One-parent family	7.3	7.3	<b>7.4</b>
Two-parent family	87.6	87.5	<b>87.4</b>
Other/not known	5.1	5.2	<b>5.2</b>
Total	100.0	100.0	<b>100.0</b>
<b>Children aged 3-6</b>			
One-parent family	10.5	10.8	<b>10.8</b>
Two-parent family	86.3	85.9	<b>85.7</b>
Other/not known	3.2	3.3	<b>3.5</b>
Total	100.0	100.0	<b>100.0</b>
<b>Children aged 6-12</b>			
One-parent family	13.6	13.9	<b>14.3</b>
Two-parent family	84.3	84.0	<b>83.5</b>
Other/not known	2.1	2.1	<b>2.2</b>
Total	100.0	100.0	<b>100.0</b>
<b>Total for children under 12</b>			
One-parent family	11.4	11.6	<b>11.8</b>
Two-parent family	85.5	85.3	<b>85.0</b>
Other/not known	3.0	3.1	<b>3.2</b>
Total	100.0	100.0	<b>100.0</b>

2.1 Children under 12 years according to whether they live in a two-parent or one-parent family – Region of Flanders (percentages) – situation on 1/1

Source: data from the National Register – edited by E. Lodewijckx, Flemish Government Research Service

### Two-parent or one-parent family



2.2 Children under 12 years according to whether they live in a two-parent or one-parent family – Region of Flanders – 2006

Source: data from the National Register – edited by E. Lodewijckx, Flemish Government Research Service

### 2. Type of family

**The classic nuclear family is in decline. Almost 22% of children under the age of 3 live with an unmarried couple and over 11% of all children under the age of 12 live with a single parent**

The decline of the classic nuclear family is regularly in the news, but data on the families in which young children live show that for them the traditional nuclear family is still usually the norm. Over 67% of children aged under 12 live with their *natural father and mother*, who are also a *married couple* (see Table 2.3). There is a difference to be found, however, between the very young and the somewhat older children.

24.2% of children under the age of 3 live with an *unmarried couple*. For children aged 3 to 6, this is 15.1% and for children aged 6 to 12, 9.1%. Since 2005 there has been an increase in the number of children under the age of 12 who are being brought up by an unmarried couple, from 12.6% to 14.2%. In 2004 it was 11.1%.

*Most children who live with one parent live with their mother: 10.4% of children under 12 live with a single mother and only 1.4% live with a single father. The number of children living with a single mother increased very slightly from 2005 to 2006 (+0.1%); the number of children living with a single father also increased very slightly (+0.1%) (see Table 2.3).*

The child in Flanders – 2006  
Chapter 2. Families with young children: diversity interpreted

	Type of family								
	2004			2005			2006		
	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
Child with married couple	74.5	65.8	72.6	75.9	72.7	63.3	70.6	74.4	70.8
With both natural parents	71.3	65.0	69.7	71.1	69.3	62.4	67.3	69.3	67.2
With one parent and a step-parent	1.0	0.1	0.4	1.6	1.0	0.1	0.5	1.6	1.0
With one parent and a ?step-parent (1)	2.0	0.5	2.2	2.8	2.1	0.5	2.5	3.1	2.3
With a married couple, not related	0.3	0.2	0.3	0.3	0.3	0.2	0.3	0.3	0.3
Child with unmarried couple (2)	11.1	21.8	13.3	8.1	12.6	24.2	15.1	9.1	14.2
With one parent and a step-parent (2)	2.4	0.8	2.0	3.6	2.6	0.9	1.9	3.8	2.6
With one parent and a ?step-parent (1)	8.6	20.9	11.3	4.5	10.1	23.3	13.2	5.3	11.6
Child with single mother	10.2	6.5	9.7	12.3	10.3	6.5	9.6	12.6	10.4
Child with single father	1.3	0.8	1.1	1.7	1.3	0.9	1.2	1.7	1.4
Child living with another nuclear family (3)	3.0	5.1	3.3	2.1	3.1	5.1	3.5	2.2	3.2
Child in collective household	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

2.3 Type of family in which children under 12 are living – Region of Flanders (percentages) – situation on 1 January

Source: data from the National Register – edited by E. Lodewijckx, Flemish Government Research Service

(1) ?step parent: indicates that this may be the stepmother/stepfather of the child, but it could also be the natural mother/father

(2) When children are living with an unmarried couple, it is difficult to determine whether the adults are their natural father or mother. This is why these children are usually put into the 'with one parent and a ?step-parent' category

(3) For example, with grandparents

### 3. Only child?

#### *The majority of young children do not grow up as the only child in the family*

Over 69% of children under 12 have 1 or 2 brothers or sisters. 21.5% of the children are only children and 9.6% have 3 or more brothers or sisters. Table 2.4 shows this by age group. These figures are virtually unchanged in comparison with 2005.

	Brothers and sisters				
	2005	2006			
Children in the household	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
Only child	21.3	38.8	18.4	14.9	21.5
One other child	47.4	40.4	51.6	48.4	47.2
Two other children	21.7	14.4	21.2	25.3	21.7
Three other children	6.6	4.3	6.0	7.9	6.6
Four or more other children	3.0	2.1	2.8	3.5	3.0
Total	100.0	100.0	100.0	100.0	100.0

2.4 Number of other children under the age of 18 with whom children under 12 are living – Region of Flanders (only children under the age of 12 who are living with a married or unmarried couple or with a single parent) (percentages) – situation on 1 January

Source: data from the National Register – edited by E. Lodewijckx, Flemish Government Research Service

### 4. Children, living at home all the time or not

#### *Joint custody arrangements on a very small scale*

A number of children do not live with their family day in and day out. Research into the care of young children in Flanders conducted by the Herman Deleeck Centre for Social Policy inquired about this. 3.0% of children under 12 do not live at home the whole time. Almost half of these children live with the ex-spouse or ex-partner of one of their parents part of the time (see Table 2.5).

Children living at home all the time or not	
<b>Living at home</b>	
All the time	97.0
Not all the time	3.0
Total	100.0 (N=2 416)
<b>Situations of children who do not live at home all the time</b>	
Live with a parent's ex-spouse or ex-partner	49.3
At boarding school	6.8
Other situation (1)	43.8
Total	100.0 (N=73)

2.5 Children under 12 by whether they do or do not live at home all the time – 2005

Source: Antwerp University, Herman Deleeck Centre for Social Policy

(1) For example: living in an institution, placed with a foster family, or 'other'

### 5. The language spoken at home

***For quite a number of children Dutch is not their mother tongue***

Young children who speak a language other than Dutch at home are faced with greater challenges if they are to do well later at school and on the labour market.

We look at *the language* in which the *mother* talks to her *child*. This was not Dutch in the case of almost 19% of the children born in 2006. French is the next most common language (4.3%), followed by Arabic and Turkish in second and third place (see Table 2.6).

<b>Language spoken by mother to child</b>		
	2005	2006*
Dutch	81.9	<b>81.2</b>
French	4.2	<b>4.3</b>
Arabic	2.6	<b>3.1</b>
Turkish	2.9	<b>2.8</b>
Berber	1.6	<b>1.5</b>
English	1.0	<b>1.0</b>
Russian	0.7	<b>0.6</b>
Spanish	0.4	<b>0.4</b>
Polish	0.4	<b>0.4</b>
Yiddish	0.3	<b>0.4</b>
Portuguese	0.2	<b>0.3</b>
Other languages	3.9	<b>4.0</b>

2.6 Live births by the language in which the mother communicates with her child – Region of Flanders (percentages)

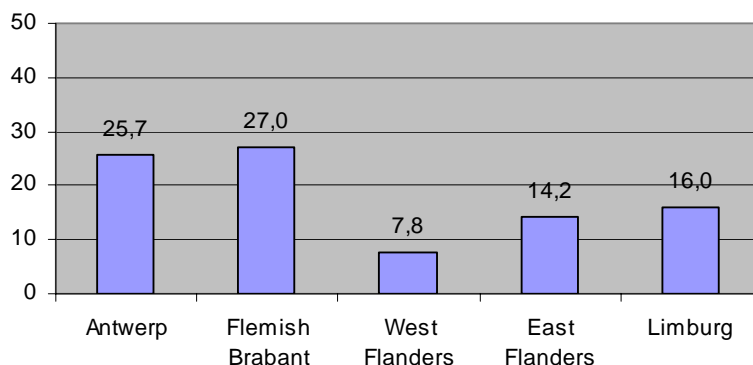
Source: *Child and Family – IKAROS*

\* *Provisional figures*

There are major differences between the provinces, with over 1 in 4 children in Flemish Brabant and Antwerp whose mother speaks to them in a language other than Dutch. In East Flanders and Limburg this is considerably lower and in West Flanders it is less than 8% (see Figure 2.7). In Antwerp, Arabic (5.8%) and Berber (4.2%) are the most common other languages; French is the second language in Flemish Brabant (16.3%); in East Flanders Turkish (4.2%), Arabic (2.6%) and French (2.3%) are spoken; and in Limburg the most common languages other than Dutch are Turkish (8.2%) and Arabic (2.6%).

**Language spoken at home is not Dutch**





2.7 Live births: percentage of children whose mother speaks to them in a language other than Dutch, by province – 2006\*

Source: *Child and Family – IKAROS*

\* Provisional figures

## 6. Older parents?

### **Increasing number of older fathers. Slight decrease in the age of mothers of young children**

From the data in the National Register we know the age of the mothers and fathers of young children.

Almost 39% of children aged 0 to 3 years have a mother aged between 30 and 35 and over 31% have a mother aged between 25 and 30. Fathers are older. The age groups 35 to 40 and 40-plus together account for almost 40% of fathers.

With the children aged 3 to 6, the largest group of mothers (40.5%) are in the 30 to 35 age group. Almost 61% of the fathers of these children are 35 or older.

A comparison of the age distribution of the parents of all the children under 12 with 2005, reveals an increase in the 40-plus age group for both mothers (+0.7%) and fathers (+1.1%) (see Table 2.8).

There has also been a decrease in the number of children whose mothers are in the 30 to 35 age group and an increase in the number of children whose mothers are aged 25 to 30.

	<b>Older parents (1)</b>				
	2005	2006			
	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
<b>Present age of mother/step-mother</b>					
Under 20	0.1	0.4	0.0	0.0	0.1
20 to 25 years	2.7	8.3	2.5	0.2	2.7
25 to 30 years	13.2	31.3	16.3	4.1	13.6
30 to 35 years	31.0	38.7	40.5	20.9	29.9
35 to 40 years	33.4	17.3	30.2	42.2	33.3
40 years or over	19.6	4.0	10.5	32.5	20.3
Total	100.0	100.0	100.0	100.0	100.0
<b>Present age of father/step-father</b>					

Under 20	0.0	0.1	0.0	0.0	0.0
20 to 25 years	0.9	2.7	0.7	0.1	0.9
25 to 30 years	7.0	19.0	7.0	1.4	7.2
30 to 35 years	23.7	38.7	31.5	11.1	22.9
35 to 40 years	34.6	25.9	37.4	36.7	34.2
40 years or over	33.7	13.6	23.4	50.7	34.8
Total	100.0	100.0	100.0	100.0	100.0

2.8 Children aged under 12: present age of the mother/step-mother and the father/step-father – Region of Flanders (percentages) – situation on 1 January

Source: data from the National Register – edited by E. Lodewijckx, Flemish Government Research Service

(1) These are the adults with whom the child lives, the parent(s) or step-parent(s)

## 7. Health of the mothers and fathers of the children

### **The parents of most young children are in good or excellent general health**

When parents are in poor health, this can have a significant impact on the social circumstances of young children, on the day-to-day care of the children, for instance, or on the parents' participation in employment and earning capacity, etc. The SILC survey (Statistics on Income and Living Conditions) 2005 provided us with information about the state of health of Flemish parents. They were asked about their general health, so the results are a subjective assessment by those surveyed. The mothers and fathers of the majority of children report that their own general health is good or excellent (see Table 2.9).

Health of parents		
	Mother	Father
Excellent	39.6	37.8
Good	49.6	55.4
Fair	7.1	6.1
Poor	3.2	0.5
Very poor	0.4	0.1
Total	100.0	100.0
	(N=865)	(N=73)

2.9 General health of the mothers and fathers of children aged under 12 – Region of Flanders

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005

## 8. Young children and grandparents

40% of children under 12 still have four grandparents; a small number (4.1%) even have more than 4 grandparents. The percentage of children with 4 grandparents is higher for children under the age of 3 years (see Table 2.10).

Figure 2.11 shows the distance from the child's home to the grandparents' home. About 40% live less than 5 km from their maternal grandparents. The figure for paternal grandparents is almost the same.

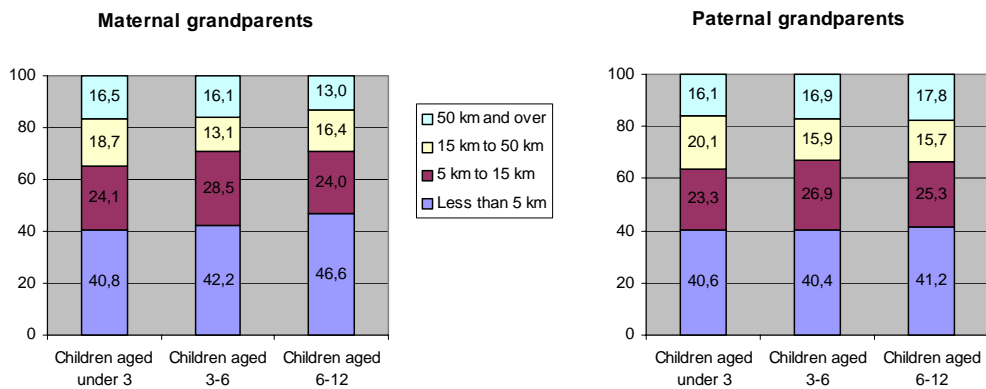
	Grandparents			Total
	Children aged under 3	Children aged 3-6	Children aged 6-12	
More than 4 grandparents	4.7	5.7	3.1	4.1

4 grandparents	50.7	42.5	35.0	40.3
3 grandparents	25.9	30.2	30.6	29.4
2 grandparents	11.5	17.5	21.3	18.2
1 grandparent	5.8	3.3	7.2	5.9
No grandparents	1.5	0.8	2.8	2.0
Total	100.0	100.0	100.0	100.0
	(N=537)	(N=610)	(N=1 270)	(N=2 417)

2.10 Children aged under 12: number of grandparents living – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

Distance to grandparents (1)



2.11 Children aged under 12: distance to the maternal and paternal grandparents – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

(1) If the grandparents are separated, the distance to the grandparent who lives closest was taken

Grandparents are a great support, especially in *looking after the children*. Only 17.3% of children aged under 12 live in a family where the parents report that they get no help from grandparents in taking care of the children. Grandparents are regularly involved in *transporting their grandchildren*: 42.5% of the families of children aged under 12 are able to call on grandparents for this on a regular basis and another 13.7% can call on them occasionally. Help in the form of *cooking for the whole family* and *help with household tasks* is also not insignificant: 25.1% and 20.1% respectively of the families of children under 12 are able to rely on these forms of help on a regular basis, and 14% and 12.1% respectively do so occasionally. A significant number of families receive *financial support* from grandparents: 17.6% regularly and 9.3% occasionally (see Table 2.12).

Help from grandparents				
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
<b>Taking care of the children</b>				
Yes (1)	74.1	78.2	62.2	68.9
Rarely	11.7	9.6	16.7	13.8
Never	14.2	12.2	21.2	17.3

<b>Transporting the children</b>				
Yes (1)	38.3	50.7	40.3	42.5
Rarely	12.1	12.4	15.1	13.7
Never	49.6	36.9	44.6	43.8
<b>Help with cooking for the whole family</b>				
Yes (1)	26.6	29.3	22.4	25.1
Rarely	15.3	15.5	12.7	14.0
Never	58.1	55.2	65.0	60.9
<b>Help with household tasks</b>				
Yes (1)	25.1	21.1	17.4	20.1
Rarely	14.4	14.5	10.0	12.1
Never	60.5	64.4	72.6	67.8
<b>Financial support</b>				
Yes (1)	19.5	19.3	15.9	17.6
Rarely	11.2	12.1	7.2	9.3
Never	69.3	68.7	76.9	73.1
<b>Other help</b>				
Yes (1)	19.8	18.0	13.3	16.0
Rarely	5.5	5.6	4.9	5.2
Never	74.7	76.4	81.8	78.8

2.12 Children aged under 12: amount of help the family gets from one or more grandparents – 2005

Source: Antwerp University, Herman Deleeck Centre for Social Policy

(1) Covers response categories "sometimes", "often" and "always"

## 9. Background information

### 9.1. Marriages

There were 25 308 *marriages* in the *Region of Flanders* in 2006; this is an increase of 5.2% compared with 2005. The gross marriage rate is 3.98 per 1 000 inhabitants (provisional figures) (see Table 2.13 and Figure 2.14).

The *average age* upon marriage (2003; more recent figures are not yet available) in the *Region of Flanders* is 33 years and 10 months for men and 31 years and 0 months for women. The median age is about 3 years younger: 30 years and 8 months for men and 28 years and 2 months for women (2003). Compared with 2002, both the average age and the median age went up by about six months. There is a conspicuous difference between the average age on marrying for the first time and the second time. The average age of men and women who have not been married before is 29 years and 11 months and 27 years and 8 months respectively. The average age on marrying for the first time was a little older than in 2002 for both men and women (6 and 7 months respectively). Where divorced men marry divorced women, the average age is 44 years and 1 month and 40 years and 5 months respectively (2003). The average age of marriages between divorced men and women only rose for the men (by 3 months) compared with 2002. *Marriages at a young age* are fairly unusual: 2.3% of women and 0.3% of men who got married in the *Region of Flanders* in 2003 were under the age of 20. These figures are virtually unchanged in comparison with 2002.

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### Marriages

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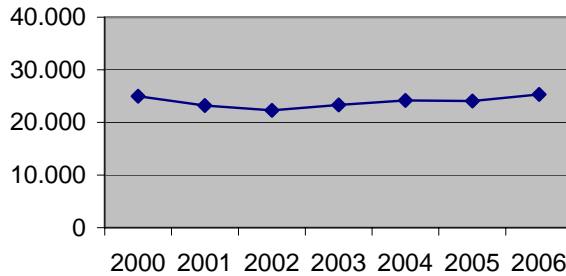
	Number	Per 1 000 inhabitants
2005	24 056	3.98
<b>2006</b>	<b>25 308*</b>	<b>4.16*</b>

2.13 Number of marriages in the Region of Flanders

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Provisional figures

**Marriage trend**



2.14 Trend in the number of marriages in the Region of Flanders from 2000 onwards

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

**9.2. Relationship breakdowns**

In 2006 there were 14 212 *divorces* in the *Region of Flanders*, a 7.7% decrease. There were 2.55 divorces per 1 000 inhabitants in 2004 (provisional figures) (Table 2.15 and Figure 2.16).

However, divorce figures do not give a complete picture of the number of breakdowns in cohabitation. In addition to legal divorces there are separations and the dissolution of other forms of relationship.

**Divorces**

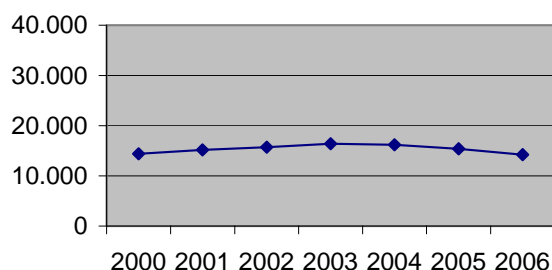
	Number	Per 1 000 inhabitants
2005	15 392	2.55
<b>2006</b>	<b>14 212*</b>	<b>2.34*</b>

2.15 Number of divorces in the Region of Flanders

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

\* Provisional figures

**Divorce trend**



2.16 Trend in the number of divorces in the Region of Flanders from 2000 onwards

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

10. The European context

Quite a lot of children live in *one-parent families* or *step-families* but they are still in a minority.

In Belgium, 9.2% of teenagers (11-, 13- and 16-year-olds) live in one-parent families and 8.1% live in step-families, figures which are comparable with our neighbouring countries. The United Kingdom and the Nordic countries have much higher percentages of teenagers living in one-parent families. In the Mediterranean countries the number of teenagers living in step-families particularly is much lower (see Table 2.17).

Teenagers (1) living in one-parent families and step-families			
	One-parent family	Step-family	
Belgium	9.2	8.1	
<i>Neighbouring countries</i>			
Germany	12.8	9.2	
France	11.0	9.7	
Luxembourg	NA	NA	
The Netherlands	10.7	6.1	
<i>Nordic countries</i>			
Finland	14.6	11.0	
Denmark	16.5	13.5	
Sweden	16.8	12.7	
<i>Mediterranean countries</i>			
Greece	7.5	1.2	
Italy	7.0	2.2	
Portugal	9.8	5.8	
Spain	9.1	3.0	
Austria	12.5	7.5	
The United Kingdom	16.9	14.5	
Ireland	10.3	3.5	

2.17 Percentage of children aged 11, 13 and 16 who live in a one-parent family or step-family – 2001

Source: Unicef, *Child Poverty in perspective: an overview of child well-being in rich countries, report card 7 (2007)*

(1) Children aged 11, 13 and 16 years

NA: not available

The *marriage rate* (= number of marriages per year per 1 000 inhabitants) in the Region of Flanders is very low (see Table 2.18). The figure for the Region of Flanders is lower than that of all other EU-15 countries. The marriage rate is highest in Denmark.

The number of marriages per 1 000 inhabitants has fallen in most of the countries studied since 2000. This falling trend is coupled with marriage at an ever later age and an increase in other forms of cohabitation.

<b>Marriages per 1 000 inhabitants</b>				
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>4.2</b>	<b>4.0</b>	<b>4.0</b>	<b>4.16*</b>
Belgium	4.4	4.2	4.1	
<i>Neighbouring countries</i>				
Germany	5.1	4.8	4.7	
France	5.1*	4.5	4.5	
Luxembourg	4.9	4.4	4.4	
The Netherlands	5.5	4.5	4.5	
<i>Nordic countries</i>				
Finland	5.1	5.6	5.6	
Denmark	7.2	7.0	6.7	
Sweden	4.5	4.8	4.9	
<i>Mediterranean countries</i>				
Greece	4.5	4.6	5.5	
Italy	5.0	4.3	4.3	
Portugal	6.2	4.7	4.6	
Spain	5.4	5.1	4.8	
Austria	4.9	4.7	4.8	
The United Kingdom	5.1	5.2	5.2*	
Ireland	5.0	5.0	5.0	

2.18 Number of marriages per 1 000 inhabitants (gross marriage rate) in the EU-15 countries from 2000 onwards.

Sources: FPS Economy, Statistics and Economic Information Department, Population Statistics Eurostat, website

\* Provisional figure

In most of the EU-15 countries there are about 2 to 3 *divorces* per 1 000 inhabitants. The Mediterranean countries in the EU, with the exception of Portugal, have lower divorce rates (see Table 2.19).

<b>Divorces per 1 000 inhabitants</b>				
	2000	2004	2005	2006
<b>Region of Flanders</b>	<b>2.6</b>	<b>2.7</b>	<b>2.55</b>	<b>2.34*</b>
Belgium	2.6	3.0	2.95	
<i>Neighbouring countries</i>				
Germany	2.4	2.6	2.7*	

France	NA	2.2	2.2*
Luxembourg	2.4	2.3	2.3
The Netherlands	2.2	1.9	2.0
<i>Nordic countries</i>			
Finland	2.7	2.5	2.6
Denmark	2.7	2.9	2.8
Sweden	2.4	2.2	2.2
<i>Mediterranean countries</i>			
Greece	1.0	1.1	1.1
Italy	0.7	0.8	0.8*
Portugal	1.9	2.2	2.2
Spain	0.9	1.2	1.1*
Austria	2.4	2.4	2.4
The United Kingdom	2.6	2.8	2.6
Ireland	0.7	0.8*	0.8*

2.19 Number of divorces per 1 000 inhabitants in the EU-15 countries from 2000 onwards.

Sources: FPS Economy, Statistics and Economic Information Department, Population Statistics Eurostat, website

\* Provisional figures



## CHAPTER 3. EMPLOYMENT IN FAMILIES WITH YOUNG CHILDREN

The day-to-day activities of young children are determined to a significant extent by whether their parents have a paid job or not. Child care is still mainly used by parents who go out to work.

Parents' employment is also an important factor for the standard of living of the family. Having work still offers the best protection against financial poverty.

This chapter deals with the extent to which the parents of young children have paid employment.

As well as looking at the simple fact of employment or the lack of it, we also examine the extent of employment, patterns of working hours, and job flexibility.

We present population data from the Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security, research data from the Herman Deleeck Centre for Social Policy on the care of young children in Flanders and data from the Labour Force Survey (Eurostat).

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

***Most children live with parents who are in employment; only a small number of children live in a family with no adult in work***

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, with the child as the unit of calculation.

Almost nine out of ten children under the age of 12 have *at least one parent\* who has a job*. To put it the other way round, over one in ten children live in a household where neither parent has a job. 59.4% live in a family where both parents\* work. Compared with 2002, there has been quite a substantial increase in the number of children living with two parents who both work (+3.4), but the number of children living in a one or two-parent household with no adult in work also increased slightly (+0.3). Table 3.1 shows the situation by the age of the child.

	Parents' employment				
	2002		2003		
	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
Two working	56.0	59.7	60.4	58.7	59.4
One working and one seeking work and receiving benefit	4.2	5.7	4.9	3.9	4.5
One working and one not in paid employment and receiving benefit (1)	3.7	6.4	4.4	2.4	3.8
One working and one not in paid employment	19.2	13.1	13.6	16.0	14.8
Two parents seeking work and receiving benefit and/or not in paid employment (1)	4.9	6.0	5.0	4.4	4.9
One working	7.0	4.0	6.5	9.1	7.3
One seeking work and receiving benefit	2.3	2.1	2.5	2.5	2.4
One not in paid employment and receiving benefit (1)	0.3	1.7	1.7	1.8	1.8
One not in paid employment	2.4	0.8	0.9	1.1	1.0

Not known	0.1	0.4	0.1	0.1	0.2
<i>Total with at least one working parent in the family</i>	<i>90.0</i>	<i>88.9</i>	<i>89.8</i>	<i>90.1</i>	<i>89.7</i>
<i>Total with no working parent in the family</i>	<i>10.0</i>	<i>11.1</i>	<i>10.2</i>	<i>9.9</i>	<i>10.3</i>
Total	100.0	100.0	100.0	100.0	100.0

3.1 Children under 12 according to parents' employment, or employment of the reference person and his/her partner if the child does not live with his/her parents – Region of Flanders (percentages) – situation on 31 December

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

(1) Not in paid employment and receiving benefit: covers full-time early retirement, full-time career break and those exempt from registering as job-seekers

Parental participation in employment varies depending on the *type of family* the child is living in. Children living with a single mother are more likely to live in a family where no-one has paid employment. For children under the age of 3 living with a single mother, only 46.1% of the mothers work. For children aged 3 to 6, this is 57.1% and for children aged 6 to 12, 63.8%. Their mothers are more likely to be job-seekers receiving unemployment benefit. Of the children living with a single father, there are quite a lot whose father does not work. In the case of 22.3% of the children under the age of 12 living with a single father, the father does not work (see Table 3.2 and Figure 3.3).

\* Parents: the term 'parents' means the child's parents if he/she is living with them, or the reference person and his/her partner if the child is living in a different type of family.

<b>Parents' employment and type of family</b>					
	2002		2003		Total
	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	
<b>Child with a married or unmarried couple</b>					
Both parents working	64.7	67.3	69.6	69.5	69.0
One parent working, one parent seeking work and receiving benefit	4.8	6.4	5.6	4.6	5.2
One parent working, one parent not in paid employment and receiving benefit (1)	4.2	7.0	4.9	2.7	4.3
One parent working, the other parent not in paid employment	21.7	14.0	15.3	18.8	16.8
<i>Total with one or both parents working</i>	<i>95.4</i>	<i>94.7</i>	<i>95.4</i>	<i>95.5</i>	<i>95.3</i>
Other	4.6	5.3	4.6	4.5	4.7
Total	100.0	100.0	100.0	100.0	100.0
<b>Child with a single mother</b>					
Mother working	59.6	46.1	57.1	63.8	59.7
Mother seeking work and receiving benefit	22.1	30.2	25.0	19.7	22.5
Mother not in paid employment and receiving benefit (1)	2.2	13.4	10.0	8.5	9.6
Mother not in paid employment	16.1	10.2	7.8	7.9	8.2
Total	100.0	100.0	100.0	100.0	100.0

**Child with a single father**

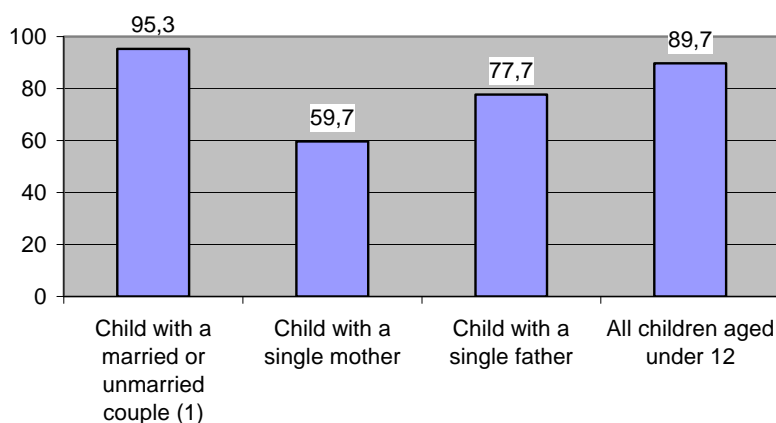
Father working	78.2	71.0	75.8	79.6	77.7
Father seeking work and receiving benefit	9.9	15.5	12.7	9.9	11.2
Father not in paid employment and receiving benefit (1)	1.7	6.4	3.9	4.0	4.3
Father not in paid employment	10.2	7.2	7.6	6.5	6.8
Total	100.0	100.0	100.0	100.0	100.0

3.2 Children under 12 according to parents' employment, or employment of the reference person and his/her partner if the child does not live with his/her parents by type of family – Region of Flanders (percentages) – situation on 31 December

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

(1) Not in paid employment and receiving benefit: covers full-time early retirement, full-time career break and those exempt from registering as job-seekers

**Working parents in the family**



3.3 Percentage of children under 12 by whether there is one or more working parents in the family and by type of family – Region of Flanders – situation on 31 December 2003

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

(1) One or both parents working

**2. Extent of employment of parents of young children**

**Children in two-parent families: the family with one-and-a-half jobs is the most common, but families with one job and families with two parents in full-time jobs are also found in significant numbers**

18.5% of the children in a two-parent family have parents who both work full-time as employees. Another group, almost 13%, either have both parents self-employed (6.0%) or one parent who is self-employed and the other who is a full-time employee (6.9%). These groups together make up 31.4%. The parents of these children can be said to be highly active in their work and careers, belonging to full-time “two-job families”.

Other children in two-parent families are in families where one parent works full-time and the other parent works part-time, or one parent is self-employed and the other works part-time. 34.0% of children under 12 find themselves in this situation.

A third important group are the children who live in a family where only one parent works, full-time as an employee or in self-employment, or in a family where both parents work part-time. 26.4% of the children under 12 in a two-parent family are in this situation: in a "one-job family".\*

Between 2002 and 2003 there was a slight increase in the number of children in full-time "two-job families" and in "one-and-a-half job families" and a slight decrease in the number of children in "one-job families".

Moving on to the children in one-parent families, many of their parents are not in paid employment. 38.4% of these children live with a parent – usually the mother – who does not work. Almost 28% of these children live with one parent who works full-time as an employee. Almost 25% work part-time and almost 7% are self-employed (see Table 3.4 and Figure 3.5).

\* One-job family also includes combinations of one parent working full-time or in self-employment with a parent who falls into the "other" category (working with undefined employment contract or in special jobs and unemployed people whose unemployment benefit has been suspended)

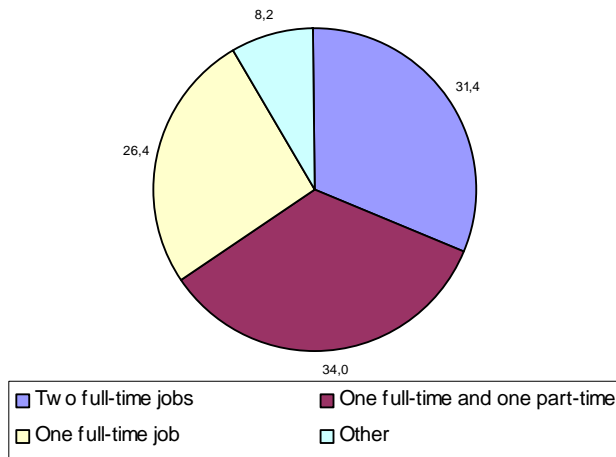
	Extent of employment (1)				
	2002		2003		
	Total	Children aged 0-3	Children aged 3-6	Children aged 6-12	Total
<b>Children in a two-parent family</b>					
Both parents are full-time employees	18.8	23.3	18.1	16.5	18.5
One parent is a full-time and one parent is a part-time employee	26.2	24.7	29.5	29.5	28.4
Both parents are part-time employees	1.3	1.9	2.0	1.9	1.9
One parent is a full-time employee, one is self-employed	6.7	7.1	7.0	6.9	6.9
One parent is a full-time employee, one is not in paid employment	19.6	19.3	17.5	17.5	17.9
One parent is a full-time employee and one parent falls into the "other" category (1)	2.1	1.1	1.1	1.3	1.2
Both parents are self-employed	3.7	4.2	5.7	7.0	6.0
One parent is self-employed and one parent is a part-time employee	5.2	4.6	5.9	5.9	5.6
One parent is self-employed, one is not in paid employment	7.8	4.6	5.1	5.4	5.1
One parent is self-employed and one falls into the "other" category (1)	0.3	0.1	0.2	0.2	0.2
Other combinations	8.3	9.2	8.1	7.9	8.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Children in a one-parent family</b>					
Parent is a full-time employee	27.8	23.1	26.7	29.0	27.6
Parent is a part-time employee	23.7	17.7	23.3	26.6	24.6
Parent is self-employed	6.4	5.7	6.3	7.0	6.7
Parent is not in paid employment	38.4	51.5	41.1	34.3	38.4
Other (1)	3.6	2.0	2.6	3.0	2.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

3.4 Children aged under 12 living with a married couple, a cohabiting couple or a single parent (mother or father) by the extent of parental employment – Region of Flanders (percentages) – situation on 31 December

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

(1) Other: working with undefined employment contract or in special jobs and unemployed people whose unemployment benefit has been suspended

**Extent of employment**



3.5 Extent of employment of the parents of children under 12 living in a two-parent family – Region of Flanders (percentages) – situation on 31 December 2003

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

**3. Why are there parents of young children with no paid work?**

**The main reason for mothers not working is their caring responsibilities; the main reason for fathers not working is their failure to find paid work**

In the case of mothers who do not have paid employment, the main reason\* for this is that they are taking care of children or other people. Only in a small number of cases is this due to their failure to find paid work. In the case of fathers who do not have paid employment, this is usually because they have been unable to find paid work (see Table 3.6).

	Reason for not having paid work			Total
	Children aged under 3	Children aged 3-6	Children aged 6-12	
<b>Mother</b>				
Because I am looking after children or other people	66.7	79.6	77.0	75.7
I do not work because I am occupied with other things	1.3	1.0	0.0	0.5
I do not think there is any work suitable for me	2.6	2.9	0.4	1.5
I have found work and will be starting soon	0.0	1.0	1.3	1.0
I am waiting to hear if my job application has been successful	3.8	1.0	3.5	2.9
I have not found any work	15.4	9.7	5.2	8.3

Because this is more advantageous financially	0.0	0.0	0.4	0.2
For health reasons	1.3	0.0	0.4	0.5
Other reason	9.0	4.9	11.7	9.5
Total	100.0	100.0	100.0	100.0
	(N=78)	(N=103)	(N=230)	(N=411)
<i>Percentage of children whose mother has no paid work</i>	<i>16.3</i>	<i>18.8</i>	<i>23.2</i>	<i>20.6</i>
<b>Father</b>				
Because I am looking after children or other people	13.3	5.3	3.7	6.6
I do not work because I am occupied with other things	0.0	5.3	3.7	3.3
I do not think there is any work suitable for me	0.0	0.0	18.5	8.2
I have found work and will be starting soon	0.0	21.1	0.0	6.6
I am waiting to hear if my job application has been successful	13.3	0.0	3.7	4.9
I have not found any work	40.0	31.6	51.9	42.9
For health reasons	6.7	5.3	0.0	3.3
Other reason	26.7	31.6	18.5	24.6
Total	100.0	100.0	100.0	100.0
	(N=15)	(N=19)	(N=27)	(N=67)
<i>Percentage of children whose father has no paid work</i>	<i>4.7</i>	<i>4.6</i>	<i>5.2</i>	<i>5.1</i>

3.6 Children aged under 12 whose mother or father has no paid work: most important reason for not having paid work – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

\* This information comes from a study of a sample of children (research carried out by the Herman Deleeck Centre for Social Policy)

#### 4. Why do the parents of young children work part time?

##### **Mainly because of caring responsibilities**

Research into the care of young children carried out by the Herman Deleeck Centre for Social policy found that the main reason that mothers work part-time is because of their responsibilities for caring for children or other people. In the case of children under the age of 3, working part-time in order to have more free time is not insignificant (see Table 3.7). The few fathers (less than 1%) who work part-time also do so because they are taking care of children or other people.

	Reason for working part-time			
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
<b>Mother</b>				
Because I am looking after children or other people	88.9	86.5	93.2	91.0
Because I want more free time	5.1	0.7	3.1	3.0
Because I am occupied with other things	0.9	0.0	0.5	0.5
Because this is more advantageous financially	0.9	5.0	1.0	1.9
Because I do not think there is a full-time job for me	2.6	3.5	0.0	1.2
Other	1.7	4.3	2.1	2.5
Total	100.0	100.0	100.0	100.0
	(N=263)	(N=208)	(N=289)	(N=760)
<i>Percentage of children whose mother works part-time</i>	<i>36.0</i>	<i>38.9</i>	<i>41.7</i>	<i>39.7</i>

3.7 Children under the age of 12 whose mother works part-time: most important reason for working part-time – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

### 5. Arranging family-friendly working hours

**The fathers of most young children work long hours. Their fathers are also more likely to have “atypical” working hours than their mothers but they have more flexibility**

The number of hours worked, the pattern of working hours and the flexibility offered at work are all important factors for parents combining family life with employment.

The SILC survey asked mothers and fathers of young children about the normal number of hours they worked in their main occupation. Mothers of children under 12 worked on average almost 32 hours a week and fathers 40 hours a week. A remarkably large number of children had a father who worked 45 hours or more per week (35.1%) (see Table 3.8).

Normal number of hours worked (1)		
	Mother	Father
Less than 20 hours	12.5	0.7
20 to 25 hours	11.4	1.3
25 to 30 hours	8.1	0.9
30 to 35 hours	21.3	3.5
35 to 40 hours	23.2	34.0
40 to 45 hours	12.3	24.5
45 or more hours	11.3	35.1
Total	100.0	100.0
	(N=632)	(N=712)
Average	32.0	40.0
P25	25.0	38.0
P75	38.0	48.0

3.8 Children aged under 12: normal number of hours worked by their mother and father – 2005 (percentages)

Source: Federal Department for the Economy, Office of Statistics and Economic Information, SILC, 2005

Table 3.9 shows the patterns of working hours of the mothers and fathers of children under the age of 12. We look at working outside the normal working day, shift work, night work, weekend work and irregular working hours. 19.5% of the children have a mother who works hours which fall into at least one of these atypical categories. Many more children have a father who works atypical hours: 41%. In the case of the mothers this usually involves working outside the normal working day and at weekends; for fathers the largest group is working outside the normal working day.

Patterns of working hours (1)		
	Mother	Father
Works outside the normal working day	16.1	29.2
Shift work	8.5	12.6
Night work	3.6	7.1
Weekend work	12.4	13.6

Irregular working hours (2)	7.8	16.1
Working hours include at least one of these atypical patterns	19.5	41.0

3.9 Children aged under 12: pattern of working hours of their mother and father – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

(1) Children whose mother and/or father has paid work or is taking a temporary break from work.

(2) Includes evening work

*Flexibility at work* varies noticeably between the mothers and fathers of young children. More children under 12 have a mother who has the opportunity to work part-time or to take parental leave from her employment. Their fathers, on the other hand, have more flexibility in the time they start and leave work and more opportunities to work from home (see Table 3.10).

<b>Flexibility at work (1)</b>		
	Mother	Father
<b>Flexibility in time of starting and finishing work</b>		
It is very difficult to change my working hours	46.5	35.9
I can change the time that I start and finish work, if I notify them in advance, as long as I am at work for an agreed number of hours	15.2	12.4
I can change the time that I start and finish work, if I notify them in advance	19.0	18.2
I can change the time that I start and finish work, without notifying them in advance, as long as I am at work for an agreed number of hours	9.8	12.5
I can change the time that I start and finish work, without notifying them in advance	9.5	20.9
Total	100.0	100.0
	(N=1 773)	(N=1 745)
<b>My present job offers me the opportunity to work part-time</b>	69.6	24.7
	(N=1 757)	(N=1 757)
<b>My present job allows me to work from home</b>	18.9	30.3
	(N=1 728)	(N=1 756)
<b>My present job allows me to take parental leave</b>	71.7	49.1
	(N=1 769)	(N=1 751)

3.10 Children aged under 12: flexible working opportunities enjoyed by their mothers and fathers – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

(1) Children whose mother and/or father has paid work or is taking a temporary break from work.

## 6. Participation in employment in families with young children from the perspective of the women

### **High levels of employment among women. Far fewer single mothers in work**

The Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security allows you to zoom in on the employment of mothers with young children with “women” and not “children” as the *unit of calculation*. In view of the impact of employment participation on the family situation, we also present these data.

69.7% of mothers with a child under the age of 12 in the Region of Flanders were in some form of paid employment in 2003. This was slightly fewer than in 2002 (-0.3%). Participation in employment is lower among mothers with a child under the age of 3 (65.2%). Considerably fewer single mothers with



a child under 12 are in employment than mothers who live with a partner (56.7% compared with 71.8%). Single mothers with a child under 3 participate even less: only 41.2% have paid employment. Noteworthy changes are the decrease in the percentage of single mothers in paid employment from 62.1% in 2002 to 56.7% in 2003 and the increase in the percentage of single mothers who are not in paid employment and receiving benefit (including those taking a full-time career break) from 2.1% to 10.7% (see Table 3.11).

<b>Mothers' employment</b>					
	2002		2003		
	Total	One child or youngest child			Total
		Under 3 years	3 to 6 years	6 to 12 years	
<b>Mothers living with a partner</b>					
Working in paid employment	61.0	57.9	60.7	61.5	60.0
Self-employed	7.3	6.2	7.4	8.0	7.2
Working as assistant to self-employed person	0.8	1.7	2.6	3.5	2.6
Working in paid employment and self-employed	1.9	1.8	2.0	2.0	1.9
<i>Total with paid work</i>	<i>71.0</i>	<i>67.6</i>	<i>72.7</i>	<i>75.0</i>	<i>71.8</i>
Job-seeker receiving benefit	4.6	7.9	6.2	4.1	6.0
Not in paid employment and receiving benefit(1)	3.6	6.6	3.2	1.4	3.7
Without paid work	20.8	17.9	17.9	19.5	18.5
Total mothers living with a partner	100.0	100.0	100.0	100.0	100.0
<b>Single mothers</b>					
Working in paid employment	54.7	35.6	48.9	56.0	49.7
Self-employed	5.4	3.9	4.5	5.6	4.9
Working as assistant to self-employed person	0.2	0.4	0.5	0.4	0.4
Working in paid employment and self-employed	1.8	1.2	1.6	2.0	1.7
<i>Total with paid work</i>	<i>62.1</i>	<i>41.2</i>	<i>55.4</i>	<i>63.9</i>	<i>56.7</i>
Job-seeker receiving benefit	20.6	32.7	26.5	19.9	24.4
Not in paid employment and receiving benefit(1)	2.1	16.1	10.9	8.4	10.7
Without paid work	15.1	10.1	7.2	7.8	8.1
Total single mothers	100.0	100.0	100.0	100.0	100.0
<b>All mothers</b>					
Working in paid employment	60.3	55.9	58.9	60.5	58.6
Self-employed	7.1	6.0	7.0	7.6	6.9
Working as assistant to self-employed person	0.7	1.6	2.3	3.0	2.3
Working in paid employment and self-employed	1.8	1.8	1.9	2.0	1.9
<i>Total with paid work</i>	<i>70.0</i>	<i>65.2</i>	<i>70.2</i>	<i>73.1</i>	<i>69.7</i>
Job-seeker receiving benefit	6.4	10.1	9.2	6.9	8.5
Not in paid employment and receiving benefit(1)	3.4	7.5	4.3	2.6	4.7
Without paid work	20.2	17.2	16.3	17.4	17.1
Total	100.0	100.0	100.0	100.0	100.0

3.11 Employment of all mothers (mothers with partners and single mothers) with one child or the youngest child under 12 years by age of the child/youngest child – Region of Flanders (percentages) – situation on 31 December

Source: Labour Market and Social Security Data Warehouse of the Crossroads Bank for Social Security

(1) Not in paid employment and receiving benefit: covers full-time early retirement, full-time career break and those exempt from registering as job-seekers

## 7. Employment situation of grandparents

### Some are still working

A significant number of grandparents of children under the age of 3 are still working, especially maternal grandparents. 39% of maternal grandmothers and/or grandfathers are still working. The equivalent figure for paternal grandparents is only 24.1%. Table 3.12 shows how the percentage decreases as the children get older.

Grandparents' employment				
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
Maternal grandparents	39.0	25.3	15.6	23.4 (N=2 217)
Paternal grandparents	24.1	18.2	12.3	16.6 (N=2 035)

3.12 Children aged under 12: participation in employment of the maternal and/or paternal grandparents – 2005 (percentages)

Source: Antwerp University, Herman Deleeck Centre for Social Policy

## 8. The European context

### 8.1. Level of employment of women 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. Using the Labour Force Survey (Eurostat) we compared the Region of Flanders with the EU-15 countries, excluding the Nordic countries and Ireland, which did not take part in this survey.

Table 3.13 breaks down the level of employment among mothers by the number of children they have – 1, 2, or 3 or more children – and by the age of the youngest child. The level of employment of mothers in the Region of Flanders is one of the highest. The level of employment of mothers is much lower in the Mediterranean countries of the EU, apart from Portugal. Germany and the United Kingdom have low rates of employment among mothers with one child or the youngest child under the age of 3. There is a noticeable difference in rates of employment between mothers with 1 or 2 children and those with 3 children or more. Generally, fewer mothers with 3 or more children work.

Level of employment of mothers (1)			
	With 1 child	With 2 children	With 3 or more children
<b>With a child or the youngest child under 3</b>			
<b>Region of Flanders</b>	<b>82</b>	<b>78</b>	<b>54</b>
Belgium	72	69	42
<i>Neighbouring countries</i>			
Germany	42	35	25

France	70	56	33
Luxembourg	76	60	(2)
The Netherlands	77	70	57
<i>Mediterranean countries</i>			
Greece	54	51	41
Italy	57	47	33
Portugal	80	76	68
Spain	62	50	41
Austria	72	53	43
The United Kingdom	67	53	35
<b>With a child or the youngest child aged 3 to 6</b>			
<b>Region of Flanders</b>	<b>78</b>	<b>86</b>	<b>61</b>
Belgium	70	78	54
<i>Neighbouring countries</i>			
Germany	64	57	39
France	71	72	56
Luxembourg	77	62	(2)
The Netherlands	73	72	57
<i>Mediterranean countries</i>			
Greece	59	55	53
Italy	59	51	39
Portugal	82	75	(2)
Spain	61	54	47
Austria	73	65	51
The United Kingdom	66	64	45
<b>With a child or the youngest child aged 6 to 12</b>			
<b>Region of Flanders</b>	<b>78</b>	<b>81</b>	<b>70</b>
Belgium	69	75	62
<i>Neighbouring countries</i>			
Germany	73	66	57
France	73	76	62
Luxembourg	64	64	(2)
The Netherlands	75	75	67
<i>Mediterranean countries</i>			
Greece	59	58	56
Italy	56	53	42
Portugal	74	75	(2)
Spain	58	57	54
Austria	80	76	62
The United Kingdom	76	76	56
<b>Total with a child or the youngest child under 12</b>			

<b>Region of Flanders</b>	78	81	62
Belgium	70	74	53
<i>Neighbouring countries</i>			
Germany	64	56	39
France	72	68	48
Luxembourg	69	62	45
The Netherlands	75	73	60
<i>Mediterranean countries</i>			
Greece	58	55	50
Italy	57	50	35
Portugal	77	75	60
Spain	60	54	45
Austria	77	67	51
The United Kingdom	72	67	44

3.13 Level of employment of women with one child or the youngest child under the age of 12 in some EU-15 countries – 2005

Source: Eurostat, Labour Force Survey, 2005 (Processed by the Work and Social Economy Centre (Steunpunt WSE))

(1) The other EU-15 countries (Finland, Denmark, Sweden and Ireland) did not take part in the Labour Force Survey.

(2) Figure not reliable

## 8.2. Children living in a family with no adult in work

Around 9.4% of children in the EU-15 countries live in a family with no adult in work. With 13.5%, 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 3.14).

	No adult working			
	2000	2004	2005	2006
<b>Region of Flanders (1)</b>	<b>9.3*</b>	<b>10.3**</b>		
Belgium	10.8	13.2	12.9	13.5
<i>Neighbouring countries</i>				
Germany	9.0	10.9	11.1	10.5
France	9.4	9.6	9.5	9.5
Luxembourg	4.1	3.4	2.7	2.7***
The Netherlands	8.0	7.0	7.0	6.2
<i>Nordic countries</i>				
Finland	NA	5.7	6.6	6.6***
Denmark	NA	6.0	5.7	5.7***
Sweden	NA	NA	NA	NA
<i>Mediterranean countries</i>				
Greece	5.3	4.5	4.1	3.6
Italy	7.6	5.7	5.6	5.4
Portugal	3.9	4.3	4.3	4.7
Spain	6.5	6.3	5.4	5.1

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Austria	4.3	5.6	6.3	7.2
The United Kingdom	17.0	16.8	16.5	16.2
Ireland	10.2	11.8	12.0	11.3

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*3.14 Children under the age of 18 living in a household in which there is no adult with paid work (percentages) in the EU-15 countries*

*Source: Eurostat*

*(1) Children under the age of 12:*

*\* 2001 figures*

*\*\* 2003 figures*

*\*\*\* Provisional figures*

*NA: not available*

## CHAPTER 4. PROSPERITY, POVERTY AND DEPRIVATION

Poverty is harmful to children, both immediately and in the long term. This is why we examine the incomes of families with young children in some detail.

We look at the disposable income of families with young children, followed by the objective “at-risk-of-poverty threshold” (an EU-indicator of the degree of financial poverty), the families’ subjective assessment of their own incomes and a number of non-monetary indicators of deprivation in the family. Next we examine how many children live in a family whose source of income indicates that they are in an insecure financial situation (guaranteed child benefit, maintenance allowance, guaranteed minimum income), before going on to examine deprivation in these families.

After that we describe various aspects of the family home: type of home, which is an indicator of the comfort of the home, and residential status, which has a significant impact on families’ spending patterns.

Lastly, poverty in Flanders is compared with the situation in the EU-15 countries.

### 1. Disposable income per person in families with young children

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

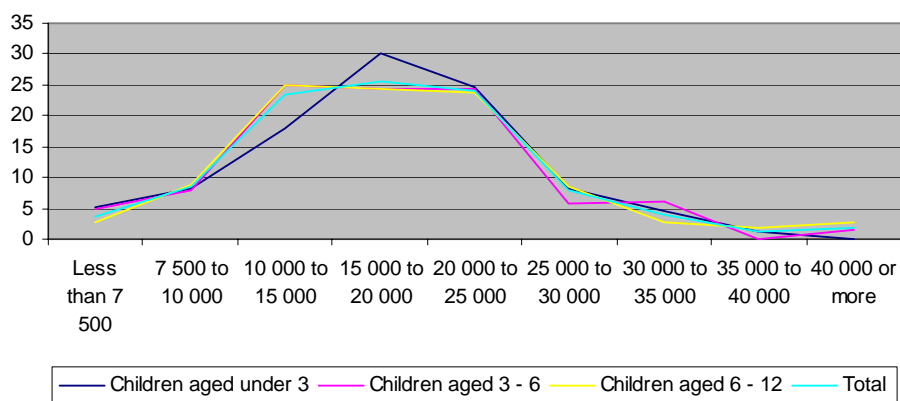
We look at the *disposable income per person* in families with young children. This is the equivalised disposable income, derived from the disposable family income with a correction for family size\*.

We also look at the median (middle score in a set of ranked scores) rather than the mean, because the median is less influenced by incomes at the high and low extremes of the scale.

In families with children under 12, the median in 2004 was 18 722.5 euros per year. The “poorest” 10% of children were living in a family that had to manage on about half that amount (9 747 euros per person per year) or less. The “richest” 10% of children were living in a family with a disposable income of at least 26 956 euros per person per year.

Figure 4.1 shows the distribution of children by disposable annual income in 2004, corrected for family size.

#### Disposable annual income per person



4.1 Children under the age of 12 by disposable annual income per person in the family – Region of Flanders – 2004

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005

*\*To calculate the disposable income per person, a weighting system was used in which the head of the household (reference person) counts as 1, other persons over the age of 14 count as 0.5 and children under the age of 14 count as 0.3. A family consisting of a mother, a father and two children under the age of 14 years therefore count as the equivalent of 2.1 persons.*

## **2. Increased risk of poverty**

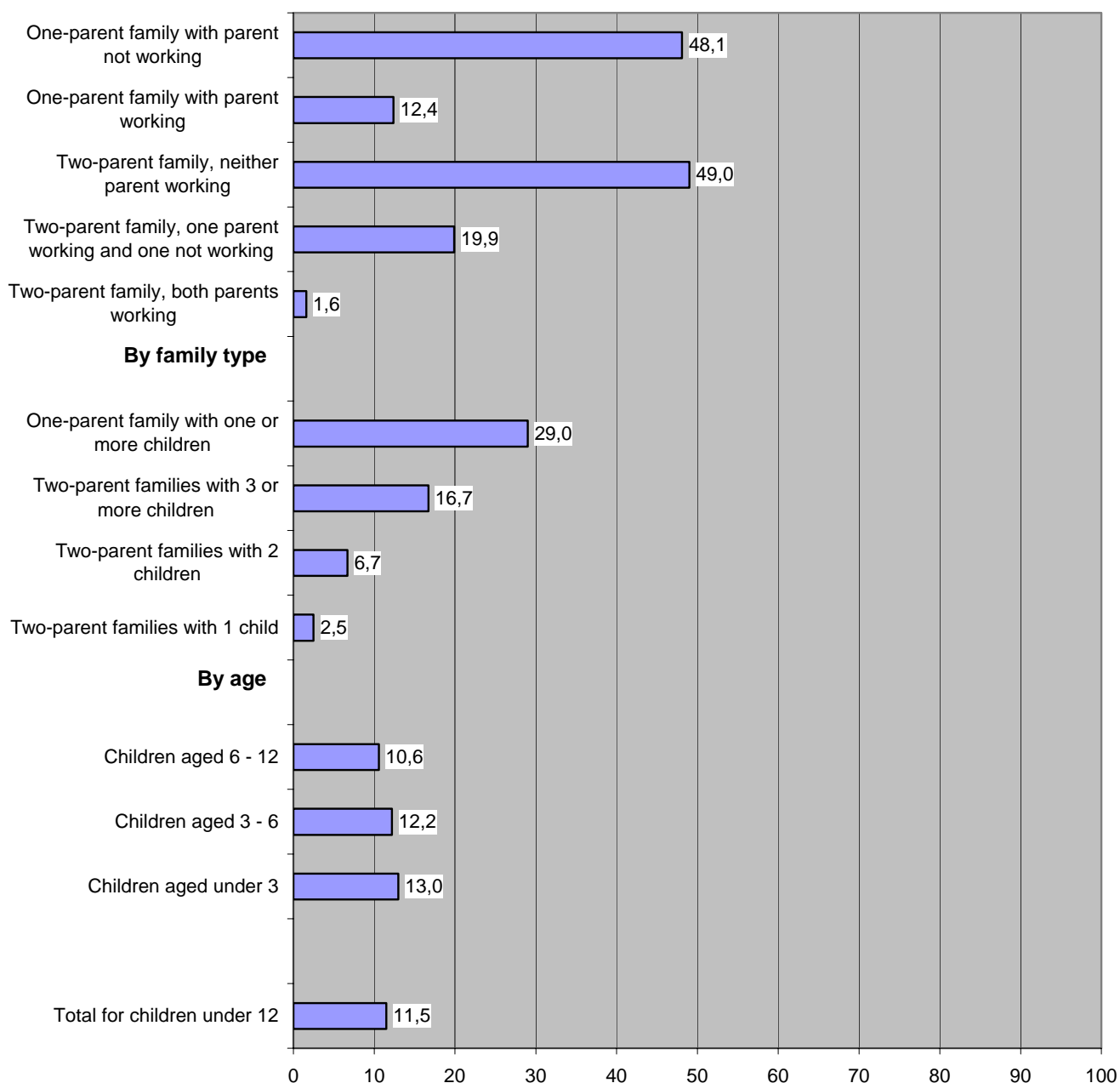
### ***Over 1 in 10 young children live in a family which is at increased risk of poverty***

The “at-risk-of-poverty threshold” is an indicator developed in the EU to measure the proportion of the population living in a family below the poverty line. The family is said to be at risk of poverty, or at increased risk of poverty, if the disposable income per person in the family is less than 60% of the median disposable income of the country. For the year 2004, the income threshold for Belgium was 20 711.75 euro per year for a family of 2 adults and 2 children. The equivalent figure for 2003 was 19 580.40 euro. This means that the threshold in 2004 was 5.8% higher than the year before. We have used the Belgian norm because tax and social security – the most important income redistribution mechanisms – are federal powers.

We look at the percentage of children living in a family whose income is below the poverty line. The daily circumstances in which these children live threaten to be difficult and their future economic situation is at risk.

The general picture is that 11.5% of children under the age of 12 are at increased risk of poverty and there are no differences between age groups. There are, however, major differences between family types, with two-parent families with 1 child at lowest risk (2.5%) and children in one-parent families at highest risk (29.0%). The differences become even more stark if we look at families without working parents: 49% of children in families with two non-working parents are at increased risk of poverty. The risk is also very high for children in one-parent families where the parent does not work: 48.1%. There is also a noticeable difference between children in two-parent families with 1 or 2 children and those in two-parent families with 3 or more children: children in two-parent families with 3 or more children are at much greater risk of poverty (16.7%) than their peers in the smaller two-parent families (see Figure 4.2).

### **Increased risk of poverty (1)**



4.2 Percentage of children under the age of 12 years living in a family with an income below the poverty line by age group, family type and employment situation of the family – Region of Flanders – 2004

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005  
 (1) Poverty line: 60% of the median disposable annual income per person in Belgium

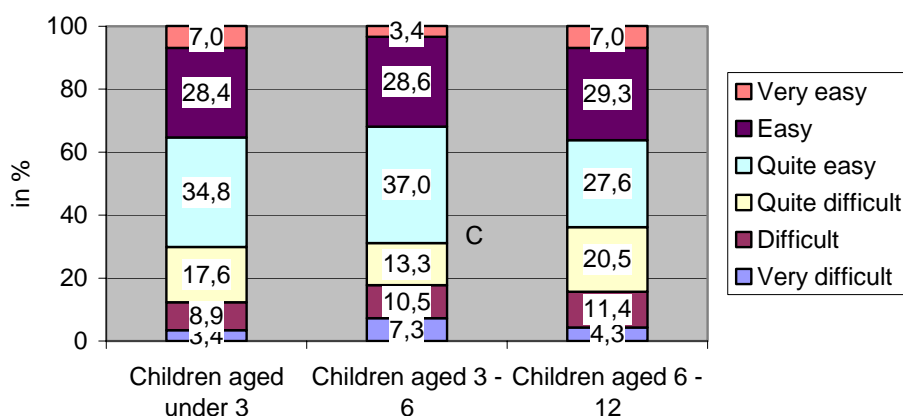
### 3. Making ends meet

***This is difficult or very difficult for almost 16%; easy or very easy for 36%***



A significant number of children live in a family where the reference person reports that it is difficult (10.5%) or very difficult (4.9%) to make ends meet. 34.8% live in families that manage easily or very easily. Figure 4.3 shows this by age group.

#### Making ends meet



4.3 Children aged under 12: the family's experience of making ends meet on its monthly income – Region of Flanders –2005 (percentages)

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005

#### 4. Non-monetary deprivation

##### **A week's annual holiday: not taken for granted**

In addition to the monetary indicators, the SILC survey included a number of *non-monetary indicators*. Table 4.4 presents three such indicators: being able to afford one week's holiday a year; being able to afford to eat meat, chicken or fish; and being able to afford to entertain family or friends.

It is striking that almost 18% of the children live in a family where the reference person reports that the family cannot afford to *take a week's holiday every year*.

Only a very small number of children live in a family that cannot afford to *eat meat, chicken or fish every other day* (or a vegetarian equivalent).

Almost 6% live in a family that cannot afford to *entertain friends or family at least once a month*. There is little difference between the age groups, except for the holiday indicator: slightly more children in the 3 to 6 age group live in families which cannot afford to take a week's annual holiday.

Non-monetary deprivation				
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
The family cannot afford to take one week's annual holiday	18.0	15.9	18.4	17.6 (N=840)
The family cannot afford to eat meat, chicken or fish (or a vegetarian equivalent) every other day	1.6	1.3	1.8	1.6 (N=840)
The family cannot afford to have friends or family round for a drink or a meal at least once a month	4.3	5.5	6.7	5.7 (N=840)

4.4 Children aged under 12: extent to which families cannot afford certain non-essentials – Region of Flanders – 2005 (percentages)

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005

## 5. Children in families with an insecure source of income or a source of income that indicates an insecure financial situation

### 5.1. Children for whom guaranteed child benefit is paid

#### *A small number of minors*

Guaranteed child benefit is awarded when the adults 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 2005, guaranteed child benefit was being paid for 4 157 minors, i.e. 0.3% of children under the age of 18. This was an increase of 7.8% over 2004 (see Table 4.5).

	Guaranteed child benefit			Total
	Children aged under 6	Children aged 6-12	Children aged 12-18	
2004	1 499	1 273	1 086	3 858
2005	1 687	1 351	1 119	4 157

4.5 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

### 5.2. Children in families with income from maintenance

Almost 10% of children under 12 live in a family where one or both parents receives a maintenance allowance for their children from an ex-partner. Table 4.6 also shows the percentages by age group.

Maintenance	
Children aged under 3	3.0
Children aged 3-6	11.1
Children aged 6-12	11.8
Children aged under 12	9.9

4.6 Children aged under 12: percentage of children living in a family that receives maintenance – Region of Flanders – 2005

Source: Antwerp University, Herman Deleeck Centre for Social Policy

### 5.3. Children in families receiving the guaranteed minimum income

A very small number of children under the age of 12 live in a family that receives the guaranteed minimum income; it is usually the mother that gets the guaranteed minimum income. The average amount received per month is 600 euros (see Table 4.7).

Guaranteed minimum income	
Children in families receiving the guaranteed minimum income	0.5%
Average amount per month	599.80 euros

4.7 Children aged under 12: percentage of children living in a family that receives the guaranteed minimum income and the average amount received – Region of Flanders – 2005

Source: Antwerp University, Herman Deleeck Centre for Social Policy

## 6. Children in underprivileged families

### **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, namely the family's *monthly income*, the parents' *educational level*, the children's *development*, the parents' *employment situation*, *housing* and *health*. If a family fulfils three or more criteria, it is considered to be underprivileged.

All families with a child born between 1 January and 31 December 2006 were assessed in accordance with the 6 criteria, and each underprivileged family was asked for information in connection with the assessment criteria.

About 6.3% of children born in 2006 (in the Region of Flanders) were born into an underprivileged family (provisional figure). This percentage represents 4 169 children in the Region of Flanders. The percentage of children born into underprivileged families has slightly increased since 2005 (see Table 4.8).

Figure 4.9 shows the trend since 2000. It appears to have stabilised around 5 to 6%.

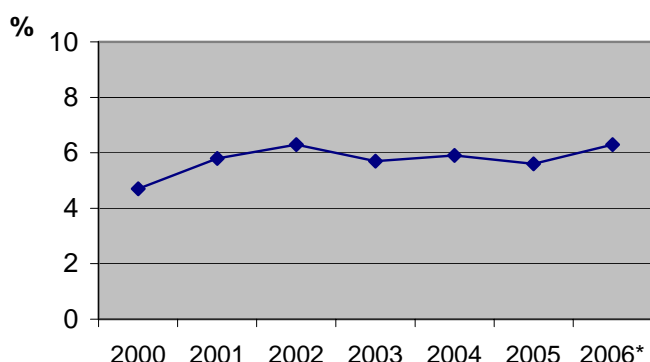
<b>Underprivileged families</b>		
	2005	2006*
Antwerp	10.2	9.4
Flemish Brabant	2.3	3.4
West Flanders	4.0	4.7
East Flanders	5.1	5.5
Limburg	4.6	6.6
Total	5.8	6.3

4.8 Percentage of children born into an underprivileged family during the year, by province

Source: *Child and Family – IKAROS*

\* *Provisional figures*

### **Trend in underprivileged families**



4.9 Trend in the percentage of children born into an underprivileged family each year from 2000 onwards – Region of Flanders

Source: *Child and Family – IKAROS*

\* Provisional figure

The percentage of underprivileged families varies by province. The highest percentage of underprivileged families with young children, namely 9.4%, is found in the province of Antwerp, and the lowest in Flemish Brabant, with 3.4%. In the provinces of Limburg, East Flanders and West Flanders, percentages of 6.6%, 5.5% and 4.7% respectively were recorded (provisional figures) (see Table 4.8). Since 2005 the figure has risen in all provinces apart from Antwerp.

More than half of the children born into an underprivileged family live in one of nine towns and cities. There were 2 419 babies born into underprivileged families in these urban areas, representing over 56% of all babies born to underprivileged families. The nine towns and cities where they live are Antwerp, Ghent, Mechelen, Leuven, Genk, Heusden-Zolder, Menen, Ronse and Ostend. The metropolitan areas of Antwerp and Ghent account for over 41% and almost 9% respectively of all children born into families living in deprivation. Mechelen comes in third place with 3.5%.

*Deprivation is coloured.* The mothers of almost 6 out of 10 children born into an underprivileged family did not have Belgian nationality at the time of their birth. Table 4.10 gives for the Region of Flanders the percentage of babies born into an underprivileged family and the percentage not born into an underprivileged family by the national origin of the mother at the time of her birth.

Not having Belgian nationality undeniably increases the chance of being born into an underprivileged family.

<b>Deprivation and origin (1)</b>		
	Babies in underprivileged families	Babies not in underprivileged families
Belgian origin	<b>42.9</b>	<b>82.4</b>
Moroccan origin	<b>14.6</b>	<b>3.8</b>
Turkish origin	<b>7.9</b>	<b>2.6</b>
Other origin	<b>34.2</b>	<b>10.4</b>
Not known	<b>0.2</b>	<b>0.1</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

4.10 Babies born in 2006 into underprivileged families and families which are not underprivileged by nationality of the mother at the time of her birth – Region of Flanders (percentages)

Source: *Child and Family – IKAROS*

(1) Provisional figures

Most underprivileged families face a *complex combination of problems*. A low monthly income is the criterion indicated the most (for 80.1% of children in underprivileged families). A low level of education for one or both parents and a poor employment situation are indicated for 77.1% and 76.7% respectively of the children in underprivileged families. Poor housing is reported for almost 49% of underprivileged families. About 33% of the children have developmental problems. The criterion of poor health scores lowest (see Table 4.11).

The records also show that in the case of 49.9% 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 income, education and employment.

<b>Problems of deprivation</b>		
	2005	2006*
Low monthly income	82.7	<b>80.1</b>
Poor employment situation of parents	81.4	<b>76.7</b>
Low level of education of one or both parents	72.6	<b>77.1</b>
Poor housing	54.3	<b>48.6</b>
Problems in children's development	29.9	<b>33.1</b>
Poor health	21.5	<b>22.6</b>

4.11 Babies born into underprivileged families: extent of presence of certain criteria for deprivation (percentages)

Source: *Child and Family – IKAROS*

\* Provisional figures

## 7. Children living in families without permanent residence status

### ***Affects almost 1% of children***

Child and Family has kept records of the residence status of children since April 2005. The IKAROS database records whether or not the family has permanent residency. Families without permanent residence status are mainly those who have applied for asylum and those who are living in the country illegally.

530 babies were born into families without permanent residence status in 2006, or 0.8% of births in that year. This percentage is virtually unchanged from 2005. Almost half of these children live in the province of Antwerp (see Table 4.12).

<b>Births into families without permanent residence status</b>			
	2005*	2006	
	% of births	Number	% of births
Antwerp	1.4	<b>252</b>	<b>1.3</b>
Flemish Brabant	0.6	<b>61</b>	<b>0.5</b>
West Flanders	0.7	<b>59</b>	<b>0.5</b>
East Flanders	0.8	<b>107</b>	<b>0.7</b>
Limburg	0.8	<b>51</b>	<b>0.6</b>
Total	0.9	<b>530</b>	<b>0.8</b>

4.12 Babies born into a family without permanent residence status, by province of residence on date of birth (numbers and percentages)

Source: *Child and Family – IKAROS*

\* Relates to births 1 April - 31 December 2005

## 8. Type of home and residential status

### **Most young children live in a single-family home and the family usually also owns the home.**

The type of home can be seen as one indicator of the comfort of the home (for other indicators of home comfort, see chapter 7, section 6). Residential status has a significant impact on families' spending patterns and there is a link between renting and greater risk of poverty.

Most children live in a *single-family home* (89.3%). Over 10% live in an apartment or flat. The family usually also owns the home (73.3%). This percentage increases as the child grows older (see Table 4.13).

Children in families that rent their home are at noticeably greater risk of poverty: 25.0% against only 5.1% of children whose family owns their own home (SILC – 2005).

	Home			Total
	Children aged under 3	Children aged 3-7	Children aged 7-12	
<b>Type of home</b>				
Single-family home – detached house	39.0	39.0	44.9	41.7
Single-family home – semi-detached or terraced house	45.2	51.0	46.9	47.6
Apartment or studio in building with fewer than 10 homes	11.6	9.0	7.9	9.2
Apartment or studio in building with 10 or more homes	2.4	0.5	0.3	0.9
Other	1.7	0.5	0.0	0.6
Total	100.0 (N=205)	100.0 (N=220)	100.0 (N=415)	100.0 (N=840)
<b>Residential status</b>				
Owner or living rent free	67.8	74.2	75.7	73.1
Tenant (market price or reduced rent)	32.2	25.8	24.3	26.9
Total	100.0 (N=205)	100.0 (N=220)	100.0 (N=415)	100.0 (N=840)

4.13 Children aged under 12: type of home in which the child's family lives and residential status – Region of Flanders – 2005 (percentages)

Source: *FPS Economy, Statistics and Economic Information Department, SILC – 2005*

## 9. The European context

### 9.1. Increased risk of poverty

The "at-risk-of-poverty threshold" developed by Eurostat is only available at the level of the family, not with the child as the unit of calculation.

Being at risk of poverty or at increased risk of poverty means that the family's disposable income is less than 60% of the median family income of the country they live in.

In most of the EU-15 countries there are considerably more one-parent families at risk of poverty than two-parent families. The Nordic countries score better than the other EU-15 countries. Families with 3 or more children score relatively worse (see Table 4.14).

<b>Families with increased risk of poverty</b>				
	One-parent families	Two-parent families		
	with dependent children	with 1 dependent child	with 2 dependent children	with 3 or more dependent children
Belgium	36	9	10	21
<i>Neighbouring countries</i>				
Germany	30	10	7	13
France	26	8	9	20
Luxembourg	32	13	17	20
The Netherlands	26	9	10	20
<i>Nordic countries</i>				
Finland	20	7	5	12
Denmark	21	4	5	14
Sweden	18	4	4	9
<i>Mediterranean countries</i>				
Greece	43	14	18	33
Italy	35	15	22	35
Portugal	34	17	25	39
Spain	37	14	23	36
Austria	27	9	11	20
The United Kingdom	40*	13*	12*	27*
Ireland	45	12	13	26
EU-15	32**	11**	13**	25**

4.14 Percentage of families at increased risk of poverty, by family type – 2005

Source: Eurostat, website

\* 2003 figures

\*\* Estimated figures

NA: not available

## CHAPTER 5. CHILDREN AND CHILD-REARING ENVIRONMENTS OUTSIDE THE HOME

The responsibility for bringing up children is shared between the family and society and the important role played by child care in this is being increasingly recognised. Child care is the third child-rearing environment, alongside the family and school.

This chapter looks in detail at the use of child care for pre-school children and for school children, covering the extent of child care use and whose care the children are entrusted into. We present data on the whole population of children using formal child care from the records kept by Child and Family of children attending all child care facilities.

We look at child care from the children's perspective and examine their wellbeing and level of engagement at their child care facilities.

A small number of children receive special support through special education, the special youth welfare service or social services, subsidised by Child and Family. First, we outline the situation in Flanders

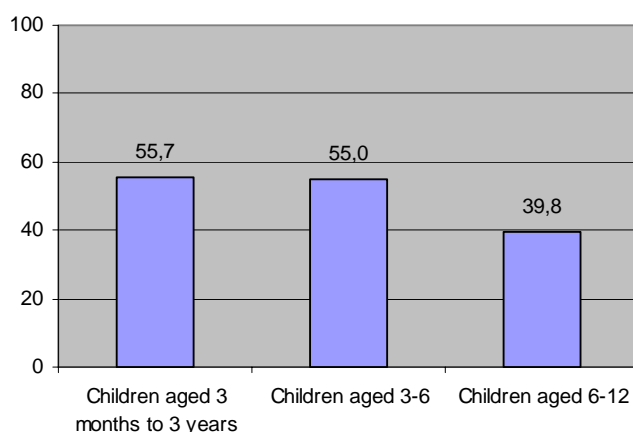
and then compare this with the situation in the countries of the EU-15.

### 1. Children and child care

#### 1.1. How many children are entrusted into the care of another person or facility at certain times?

Young children spend a significant amount of time at child care facilities. Figure 5.1 shows the percentage of users of child care, and this is followed by an examination of the use of child care for the under-3s and for children aged 3 to 12.

#### Regular use of child care for children under the age of 12



5.1 Regular use of child care for children under the age of 12 in the Region of Flanders by age – spring 2004 (percentages of all children)

Sources: *Child and Family, Surveys on the use of child care for children aged under 3 and on the use of out-of-school child care, spring 2004*

#### 1.1.1. Children aged under 3

##### General



**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 family day care provider or a child care centre (spring 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 family day care provider or a child care centre. Regular use of child care in 2004 had increased by 3.5% since 2002 (see Table 5.2).

Use of child care		
	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

**5.2 Use of child care for children aged between 3 months and 3 years 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 spring 2004*

**By age**

**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**

The use of child care varies with age. Regular use of child care is much lower under the age of 6 months (see Table 5.3 and Figure 5.4). Table 5.3 and Figure 5.4 also include the age group 1 month to 3 months. Below 3 months regular use of child care is rather 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 had fallen compared with the autumn of 2002. It had 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 to 3 months</b>	8.8	14.5	16.0	69.5
3 to 6 months	34.8	32.7	12.0	55.2
6 months to 1 year	52.5	59.8	9.3	30.9
1 year to 1½ years	56.9	61.3	8.5	30.2
1½ years to 2 years	61.4	62.7	10.0	27.3
2 years to 2½ years	56.1	61.3	8.3	30.4
<b>Total 3 months to 2½ years</b>	54.2	58.2	9.4	32.4
2½ years to 3 years	41.8	45.1	13.5	41.4
<b>Total 3 months to 3 years</b>	52.2	55.7	10.1	34.2

**5.3 Use of child care for children aged between 1 month and 3 years in the Region of Flanders, by age – autumn 2002 and spring 2004 (percentages of all children)**

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

**Use of child care by age**

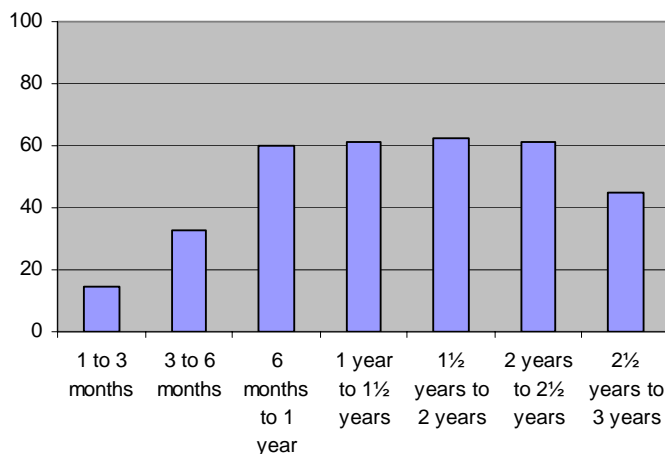


Figure 5.4 Regular use of child care for children aged between 1 month and 3 years in the Region of Flanders, by age – spring 2004 (percentages of all children).

Source: *Child and Family, Survey on the use of child care for children aged under 3 – spring 2004*

**By disadvantaged groups**

***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 23.7% of ethnic minority children and 21.7% 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 had also increased significantly in 2004.

*Children in one-parent families* also make less use of child care than the general population: 48% of these children were making regular use of child care in spring 2004 (see Table 5.5 and Figure 5.6).

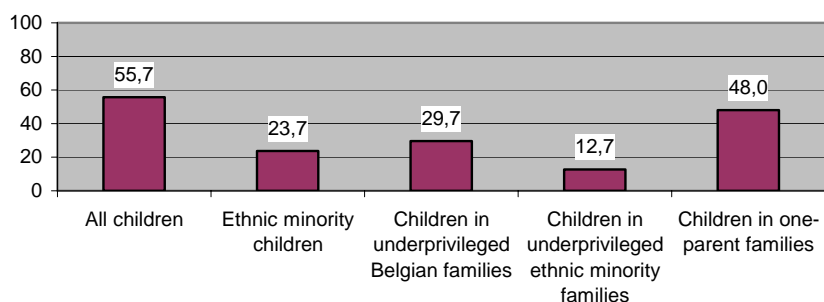
	<b>Use of child care by disadvantaged groups</b>			
	2002	2004		
	Regular use	Regular use	Limited use	No use
Ethnic minority children	19.6	23.7	6.7	69.5
Children in underprivileged families	18.8	21.7	5.9	72.4
<i>of which</i>				
<i>Children in underprivileged Belgian families</i>	26.8	29.7	3.4	66.9
<i>Children in underprivileged ethnic minority families</i>	8.1	12.7	7.9	79.4
Children in one-parent families	NA	48.0	11.4	40.6
All children	52.2	55.7	10.1	34.2

5.5 Ethnic minority children, children in underprivileged families and children in one-parent families: use of child care for children aged between 3 months and 3 years in the Region of Flanders – autumn 2002 and spring 2004 (percentages)

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

spring 2004  
 NA: not available

**Use of child care by disadvantaged groups**



5.6 Regular use of child care for children aged between 3 months and 3 years in the Region of Flanders by disadvantaged groups – spring 2004 (percentages of all children).

Source: *Child and Family, Survey on the use of child care for children aged under 3 – spring 2004*

**Intensity**

Almost 71% of the children who are cared for on a regular basis are cared for part-time (see Table 5.7). Part-time child care had increased slightly in comparison with 2002 (+0.7%). 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 had also increased since 2002 (31.4% in 2002).

	Length of child care	
	2002	2004
Full-time	29.8	29.1
Part-time	70.2	70.9
Total	100.0	100.0

5.7 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 spring 2004*

**1.1.2. Children aged 3-12**

**General**

**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 Figure 5.1 and Table 5.8). 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. Use of out-of-school care for children aged 3 to 6 years had increased by 1.4% since autumn 2002. Use for children aged 6 to 12 years had decreased by 0.7% (see Table 5.8).

Children who live in a one-parent family make use of out-of-school care to the same degree as children who live with both their parents (46.3% and 44.5% respectively use it regularly).

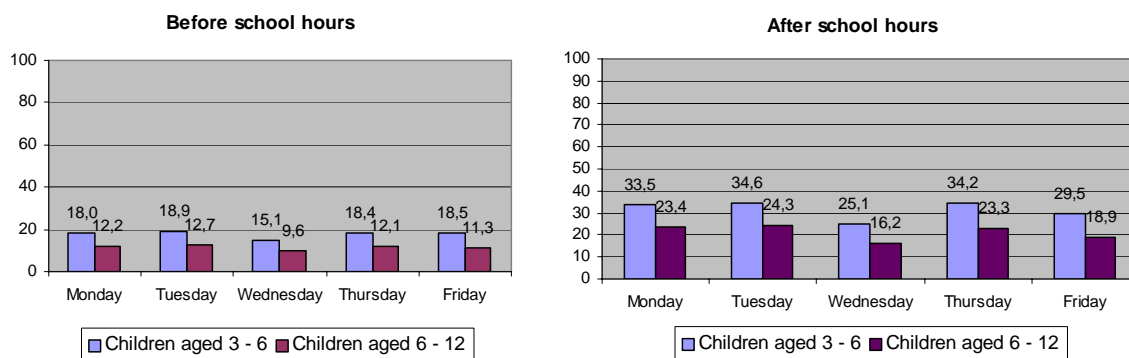
Use of out-of-school care		
	2002	2004
Children aged 3-6	53.6	55.0
Children aged 6-12	40.5	39.8
Children aged 3-12	44.7	44.6

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

### By time of day

Child care is mainly used after school. Figure 5.9 shows the use of child care per day and by the time of day.

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



5.9 Use of out-of-school child 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) – spring 2004

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

### Intensity of use of out-of-school child care

#### **A small number of children make very frequent use of child care both before school and after school**

We look at intensity of use over a week. 14.3% of the children being cared for make intense use of out-of-school care, that is 4 or 5 times before school and 4 or 5 times after school. 17% only make occasional use of care, at most once before school and once after school (see Table 5.10).

Intensity of use of out-of-school child care					
		After school			
		None or little use	Moderate use	High use	Total
Before school	None or little use (1)	17.0	25.4	21.5	63.9
	Moderate use (2)	3.7	6.0	1.3	11.0
	High use (3)	6.8	4.0	14.3	25.0
	Total	27.4	35.4	37.1	100.0

5.10 Use of out-of-school care for children aged 3 to 12 years in the Region of Flanders by intensity of use - spring 2004 (percentages)

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

- (1) *None or little use: no use or only once a week*  
 (2) *Moderate use: 2 or 3 times a week*  
 (3) *High use: 4 or 5 times a week*

## 1.2. Who looks after young children when parents are not doing this themselves?

### 1.2.1. Informal or formal child care?

#### **Children aged under three mainly in formal child care; children aged 3 to 12 mainly in informal child care**

Most children aged 3 months to 3 years who are cared for outside the home on a regular basis are cared for by family day care providers or in child care facilities recorded in the Child and Family records. In 2004, over 64% of the children aged 3 months to 3 years who regularly used child care were being cared for by a family day care provider affiliated to a family day care service, a subsidised day care centre, private family day care provider, mini-crèche or private day care centre. 34.5% were being cared for under informal arrangements, mostly by grandparents (31.0%). The proportion of informal child care fell slightly between 2002 and 2004 (see Table 5.11 and Figure 5.12).

Informal child care is the most important category for *children aged 3 to 12 years*: 45.5% of children in this age group are cared for by grandparents or in other informal arrangements. Grandparents are clearly the most important providers of informal child care accounting for 35.1%.

Child care provided by and at the school comes in second place, with 34.5%. Formal child care in facilities recorded in the Child and Family records accounts for 17.1%. Out-of-school child care initiatives (IBOs) account for 11.5%.

Between 2002 and 2004, there was a relative decrease in informal child care and a relative increase in child care provided by and at schools. Table 5.11 shows use of child care for children in the age groups 3 to 6 years and 6 to 12 years by type of child care.

<b>Use of child care by type of child care</b>		
	2002	2004
<b>Children aged 3 months to 3 years</b>		
Informal child care	37.4	34.5
Formal child care in Child and Family records	61.7	64.1
Child care provided by and at school	0.9	1.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Children aged 3 to 6 years</b>		
<i>Informal child care</i>	49.8	45.3
<i>Formal child care in Child and Family records</i>	21.0	20.3
<i>Child care provided by and at school</i>	25.9	31.0
<i>Two types, equally important</i>	3.3	3.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Children aged 6 to 12 years</b>		
<i>Informal child care</i>	51.9	45.6
<i>Formal child care in Child and Family records</i>	15.5	15.0
<i>Child care provided by and at school</i>	30.0	36.7
<i>Two types, equally important</i>	2.6	2.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Total number of children aged 3-12</b>		
Informal child care	51.1	45.5

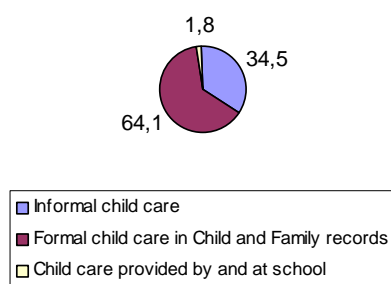
Formal child care in Child and Family records	17.6	17.1
Child care provided by and at school	28.4	34.5
Two types, equally important	2.9	2.9
Total	100.0	100.0

5.11 Children aged 3 months to 12 years who regularly use child care, by type of child care – Region of Flanders (percentages)

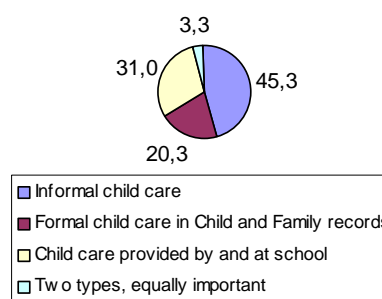
Sources: *Child and Family, Surveys on the use of child care for children aged under 3 and on the use of out-of-school child care for children aged 3 to 12, autumn 2002 and spring 2004*

Use of child care by type of child care

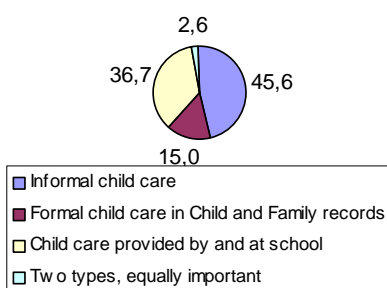
Children aged 3 months to 3 years



Children aged 3 to 6 years



Children aged 6-12



5.12 Children aged 3 months to 12 years who regularly use child care, by type of child care – Region of Flanders – spring 2004

Sources: *Child and Family, Surveys on the use of child care for children aged under 3 and on the use of out-of-school child care, spring 2004*

1.2.2. Children in formal child care

General

The figures on the use of formal child care are no longer based on surveys of parents, but on a register of children attending and present at all formal child care facilities in the week beginning 1 February as recorded by Child and Family\*. This means that we now have reliable figures, including figures for each age year. Unlike the figures presented in section 1.2.1, these are figures for children attending all child care facilities recorded by Child and Family, including facilities in Brussels.

The total number of children attending these facilities is compared with the total number of children in the Region of Flanders plus a proportion of the children in Brussels (30%, in accordance with a politically

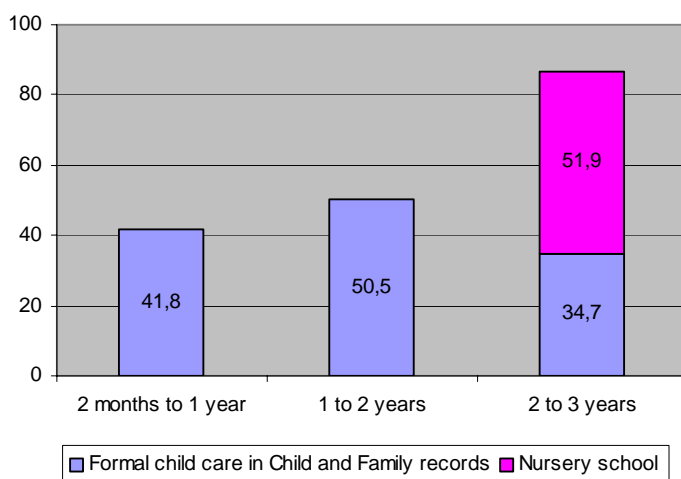
prescribed convention). The official population statistics only include the number of children in the *de jure* population (see chapter 1, points 1.1 - 1.3). From the IKAROS records we are able to estimate how many children there are who are outside the *de jure* population. This estimated figure was then added to the official population statistics.

*Use of formal child care* is highest in the 1 to 2 years age group: 50.5% of children in this age group use formal child care facilities. Almost 42% of children aged between 2 and 12 months use formal child care. This drops down to 34.7% between 2 and 3 years, partly due to the fact that some children are now attending out-of-school child care initiatives (see Figure 5.13).

From the age of 3 years only just over 13% of the children are still using formal child care facilities as recorded in the Child and Family records (see Figure 5.14).

Children in the 2 ½ to 3 years age group may be using both day care and the school system. In the week beginning 1 February 2006, 51.9% of children aged 2 to 3 years were registered at a nursery school. When they are added to the figure for children using formal child care facilities recorded in the Child and Family records, it turns out that almost 87% of children aged 2 to 3 are using one of the two systems\*\*.

**Children aged under 3 years in formal child care and nursery school (1)**



5.13 Children aged 2 months to 3 years attending formal child care facilities recorded in the Child and Family records and nursery school in Flanders by age – 2006 (percentages)

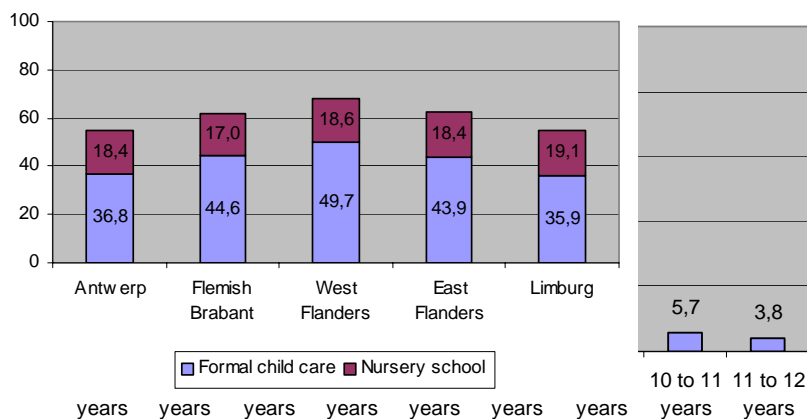
Sources: *Child and Family, children’s attendance records (week beginning 1 February)*

*Education Department, school attendance figures on 1/2/2006*

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. The number of children from the official population statistics was increased with the addition of an estimated figure from the IKAROS database, so that children outside the ‘*de jure*’ population were also counted

(2) For children under the age of 1 year, the percentage was calculated on 10/12 of the total group

**Children aged 3 to 12 years in formal child care (1)**



5.14 Children aged 3 to 12 years attending formal child care facilities recorded in the Child and Family records in Flanders by age – 2006 (percentages)

Source: Child and Family, children's attendance records (week beginning 1 February)

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. An estimated figure from the IKAROS database was added to the number of children from the official population statistics, so that children outside the 'de jure' population were also counted

\* Formal child care in Child and Family records: registered and/or subsidised day care centres, family day care services, out-of-school care provided in separate rooms at day care centres, private family day care providers, mini-crèches, private day care centres and out-of-school child care initiatives (IBOs)

\*\* Children in the phase of transferring from child care to nursery school were only counted once

**By province**

Figure 5.15 shows the use of formal child care facilities recorded in the Child and Family records and nursery school for children *under the age of 3 years* by province.

Use of *formal child care* by children *under the age of 3* is highest in West Flanders (49.7%). It is significantly lower in the provinces of Limburg (35.9%) and Antwerp (36.8%), with Flemish Brabant (44.6%) and East Flanders (43.9%) coming in-between.

In the *3 to 6 years* age group, use of formal child care in facilities recorded in the Child and Family records is also highest in West Flanders (18.8%). Limburg has the second highest use in this age group (17.2%), followed by East Flanders (13.7%). The provinces of Flemish Brabant and Antwerp have the lowest use of formal child care in facilities recorded in the Child and Family records (11.1% and 10.8% respectively) (see Figure 5.16).

In the *6 to 12* age group, use is highest in Limburg (12.3%). The other provinces fluctuate between just under 7% and just under 10% (see Figure 5.16).

Use of *nursery schools* for the age group 2 months to 3 years is highest in Limburg (19.1%) and lowest in Flemish Brabant (17.0%).

**Children aged under 3 years in formal child care and nursery school by province (1)**



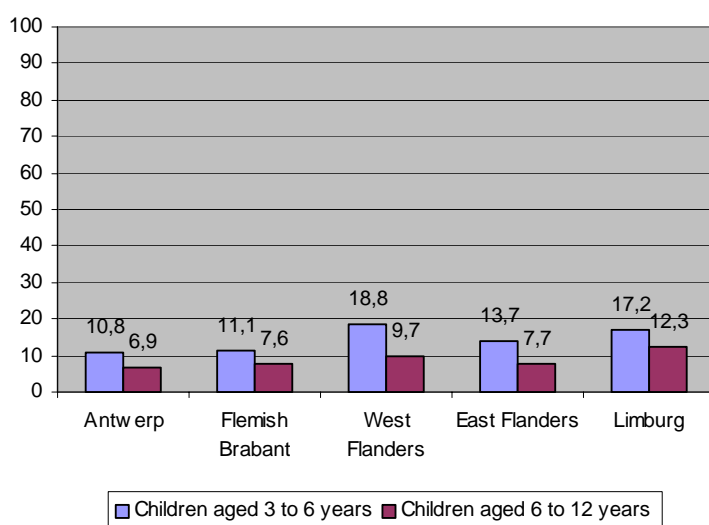
5.15 Children aged 2 months to 3 years attending formal child care facilities recorded in the Child and Family records and nursery school by province – 2006 (percentages)

Sources: *Child and Family, children's attendance records (week beginning 1 February)*

*Education Department, school attendance figures on 1/2/2006*

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. An estimated figure from the IKAROS database was added to the number of children from the official population statistics

**Children aged 3 to 12 years in formal child care by province (1)**



5.16 Children aged 3 to 12 years attending formal child care facilities recorded in the Child and Family records by province and age group – 2006 (percentages)

Source: *Child and Family, children's attendance records (week beginning 1 February)*

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. The number of children from the official population statistics was increased with the addition of an estimated figure from the IKAROS database

**By type of child care facility**

For children under the age of three, the type of child care used the most is a family day care provider affiliated to a family day care service: over 17% of all children aged 2 months to 3 years are cared for by these family day care providers. Day care centres take 10.5% of these children. Private day care centres and mini-crèches also take about 10% (see Table 5.17).

The main type of child care for children over the age of 3 is the out-of-school child care initiative (IBO) or specific out-of-school facilities at day care centres (see Table 5.18).

<b>Children aged under 3 by type of child care facility or nursery school (1) (2)</b>	
Family day care provider affiliated to a service	<b>17.3</b>
Day care centre	<b>9.8</b>
Mini-crèche or private day care centre	<b>10.5</b>
Private family day care provider	<b>3.6</b>
IBO or out-of-school care at a day care centre	<b>1.1</b>
Education	<b>18.1</b>

Total in formal child care or nursery school	<b>60.4</b>
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5.17 Children aged 2 months to 3 years by type of formal child care facility recorded in the Child and Family records or nursery school – Flanders – 2006 (percentages)

Sources: *Child and Family, children's attendance records (week beginning 1 February)*

*Education Department, school attendance figures on 1/2/2006*

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. An estimated figure from the IKAROS database was added to the number of children from the official population statistics, so that children outside the 'de jure' population were also counted

(2) For children under the age of 1 year, the percentage was calculated on 10/12 of the total group

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**Children aged 3 to 12 years in formal child care by type of child care facility (1)**

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<b>Children aged 3-6</b>	
IBO or out-of-school care at a day care centre	<b>9.5</b>
Day care centre or family day care provider affiliated to a service	<b>2.2</b>
Private sector	<b>1.6</b>
Total	<b>13.3</b>

<b>Children aged 6-12</b>	
IBO or out-of-school care at a day care centre	<b>7.2</b>
Family day care provider affiliated to a service	<b>0.5</b>
Private sector	<b>0.5</b>
Total	<b>8.2</b>

5.18 Children in formal child care facilities recorded in the Child and Family records, by age group and type of child care facility in Flanders – 2006 (percentages)

Sources: *Child and Family, children's attendance records (week beginning 1 February)*

*Education Department, school attendance figures on 1/2/2006*

(1) Percentage calculated on the number of children living in the Region of Flanders and 30% of children living in the Brussels Region on 1/1/2006. An estimated figure from the IKAROS database was added to the number of children from the official population statistics

### 1.3. Taking care of sick children

***Illness in children is not unusual and it involves changes in the type of child care used***

A sick child creates a difficult situation for families who use child care facilities. In February 2004, 16.8% of children aged 1 month to 3 years were ill during the week of the survey. The use of child care changed for almost 53% of the children who were ill. 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 5.19).

Children who normally go to a day care centre experience considerably more changes when they are ill (registered day care centre 71.7%; private day care centre 63.6%). Children who are normally looked after by grandparents or other relatives experience the least change in child care (32.8%).

There is no recent information available on the child care arrangements for school children when they are ill.

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

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<b>Impact on the child care</b>	
Child care arrangements not changed	47.3
Child care arrangements changed	52.7

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Total	100.0
<b>Nature of the change (1)</b>	
Non-working partner looked after the child	13.5
Parent worked at home	6.8
Parent took social leave	24.3
Parent took leave or days off in lieu	15.0
Grandparents looked after the child	47.2
Relatives, neighbours, acquaintances looked after the child	4.2
Used service that provides care for sick children	3.0
Child care instead of school	1.4
Other	11.3

5.19 Care in the event of illness of children aged between 1 month and 3 years who normally use child care facilities or attend nursery school in the Region of Flanders – spring 2004 (percentages)

Source: Child and Family, Survey on the use of child care for children aged under 3 – spring 2004

(1) Several answers possible

#### 1.4. Wellbeing and engagement

##### 1.4.1. Going to the child care facility and coming back

###### ***Keen to go to the child care facility, and even more keen to come home***

The research study “Care of Young Children” conducted by the Herman Deleeck Centre for Social Policy included a number of questions on children’s feelings about going to and coming home from their child care facility.

For pre-school child care, questions were asked about children from the age of 12 months.

Table 5.20 shows the scores on the items the parents were asked about.

Most parents reported that their child is relaxed and lively or has a lot of energy when going to their child care. Aggressive or quiet and withdrawn behaviour was rarely reported.

Saying goodbye seems to be a bit more difficult but is still very positive. When the child is picked up from the child care, the questions on the children’s behaviour were answered in even more positive terms.

<b>Wellbeing and child care</b>					
	Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
<b>On going to their child care</b>					
Child is relaxed (N=767)	0.8	2.1	5.5	47.2	44.2
Saying goodbye is difficult (N=742)	41.9	35.4	7.8	8.5	6.3
Child is interested in what is going to happen (N=751)	2.3	5.5	13.2	49.7	29.3
Child is aggressive, cries or struggles or is very quiet and withdrawn (N=757)	55.2	30.0	7.5	6.7	0.4
Child is lively, has a lot of energy (N=768)	0.1	1.7	7.4	48.6	42.2
<b>On coming back from their child care</b>					
Child is listless (N=778)	55.4	38.3	3.0	3.0	0.4
Child is interested in what is happening in his/her environment (N=777)	0.1	1.8	4.5	51.9	41.7
Child does not look at parent, has little to	52.1	39.6	4.4	2.8	1.1

say (N=756)					
Child is relaxed (N=786)	0.5	2.7	5.1	52.7	39.1
Child is aggressive, cries or struggles or is very quiet and withdrawn (N=783)	58.7	31.5	5.6	4.0	0.1

5.20 Wellbeing and formal child care: mood and reactions of children aged 1 to 3 years when going to and coming back from their child care, as reported by their parents – 2005

Source: Antwerp University, Herman Deleeck Centre for Social Policy

#### 1.4.2. While at the child care facility

**Almost 40% of the children are moderately to intensively engaged in activities while at their child care; over 50% of the children are observed to have a high level of wellbeing**

A project conducted by the Experience-based Education Expertise Centre, KU Leuven (ECEGO) in partnership with Child and Family in 2004-2006 assessed the degree of engagement and levels of wellbeing of a large group of children\* (over 9 000). A scanning procedure was used for the assessment, which involved observing each child in the group in turn for 2 minutes. The assessment was performed by ECEGO staff.

*Engagement* is recognised by a high level of concentration, in which children are so absorbed in what they are doing that they do not notice time passing. They are highly motivated. They have an open attitude and are keen to make use of what the environment has to offer. These children engage in intense mental activity and soak up experiences. The source of engagement is the child's own drive to explore and discover. Engagement is only possible when the child makes use of all his/her abilities to the full and gives of his/her best.

Children with a high level of *wellbeing* feel on top of the world. Their lives are dominated by enjoyable feelings: they get pleasure and enjoyment from each other and from things. They radiate vitality, but also relaxation and inner calm. They are open and receptive to whatever comes their way. They are spontaneous and have the confidence to be themselves. Wellbeing is associated with self-confidence, self-esteem and assertiveness. The essence of this is in being in touch with their own feelings and experiences, fresh and undistorted.

20.4% of the children in *day care centres* or with *family day care providers* who were assessed, were found to be in the "low engagement" zone, in other words they were not really active. 41.3% were moderately engaged; they were active without being really involved. 38.3% of the children were actively engaged or very actively engaged during the observation.

Of the children attending *out-of-school child care facilities*: 23.5% were found to have a low level of engagement, 33.4% a moderate level and 43.1% were actively engaged or very actively engaged (see Table 5.21). The average scores for engagement were clearly lower for the younger children than the older ones, going from 2.82 for the crawlers to 3.44 for the 6- to 12-year-olds.

Level of engagement at the child care facility			
	Children at day care centres and with family day care providers (N= 6 753)	Children at out-of-school child care facilities (N=2 231)	Total (N=8 984)
Low (1)	20.4	23.5	21.2
Moderate (2)	41.3	33.4	39.3
High (3)	38.3	43.1	39.5

5.21 Scores for level of engagement of children while they are at their child care facilities, for children at day care centres and with family day care providers and for children at out-of-school child care facilities – 2004-2006 (percentages)

Source: *Experience-based Education Expertise Centre, KU Leuven, Final report 31/3/2007*

(1) Low: covers scores 1, no activity and 2, frequently interrupted activity

(2) Moderate: score 3, activity without intense engagement

(3) High: covers scores 4, activity with moments of intense engagement and 5, uninterrupted intense activity

A situation of relatively high or very high wellbeing was noted for 49.1% of the children being cared for in a day care centre or with a family day care provider. They were obviously doing well at their child care facility. 6.5% of the children assessed fell into the “low wellbeing” zone. “Moderate wellbeing” was noted for 44.4% of the children.

Of the children attending out-of-school child care facilities, the assessment concluded that 5.1% had a low level of wellbeing, 42.0% moderate wellbeing and 52.9% a high level of wellbeing (see Table 5.22). Once again, the average level of wellbeing was lower for the youngest children than for the older ones.

Wellbeing in child care			
	Children at day care centres and with family day care providers (N=6 761)	Children at out-of-school child care facilities (N=2 233)	Total (N=8 994)
Low (1)	6.5	5.1	6.1
Moderate (2)	44.4	42.0	43.8
High (3)	49.1	52.9	50.1

5.22 Scores for level of wellbeing of children while they are at their child care facilities, for children at day care centres and with family day care providers and for children at out-of-school child care facilities – 2004-2006 (percentages)

Source: *Experience-based Education Expertise Centre, KU Leuven, Final report 31/3/2007*

(1) Low: covers scores 1, very low wellbeing and 2, low wellbeing

(2) Moderate: score 3, neutral- moderate wellbeing

(3) High: covers scores 4, high wellbeing and 5, very high wellbeing

\* Measurements taken in 620 child care settings which volunteered to participate in a project to monitor the implementation of a self-evaluation instrument for wellbeing and engagement of children in child care facilities.

## 2. Special education

**Even at nursery school age some children do not attend a mainstream school; at primary level this goes up to over 6%. More and more children are in integrated mainstream schools**

0.78% of children of nursery school age receive special nursery school provision, mainly of type 2: special education for children with a moderate or serious mental handicap.

At primary school level, 6.44% of children are in special education, mainly type 1: special education for children with minor mental handicaps; and type 8: special education for children with speech, language and/or serious learning disorders (see Table 5.23).

Special education (1)	
	Nursery school
	Primary school

Minor mental handicaps (type 1)	-	10 382
Moderate or serious mental handicaps (type 2)	1 040	3 428
Behavioural problems (type 3)	188	1 716
Physical handicap (type 4)	254	921
Visual impairment (type 6)	51	132
Hearing impairment (type 7)	288	676
Speech, language and/or serious learning disorders (type 8)	-	9 498
<b>Total number of children</b>	<b>1 821</b>	<b>26 753</b>
<b>Percentage</b>	<b>0.78</b>	<b>6.44</b>

5.23 Children in special education: number and percentage of children attending school – 2005-2006 school year

Source: Statistical Yearbook of Flemish Education, 2005-2006 school year

(1) To prevent pupils being counted twice, hospital schools (type 5) were not included

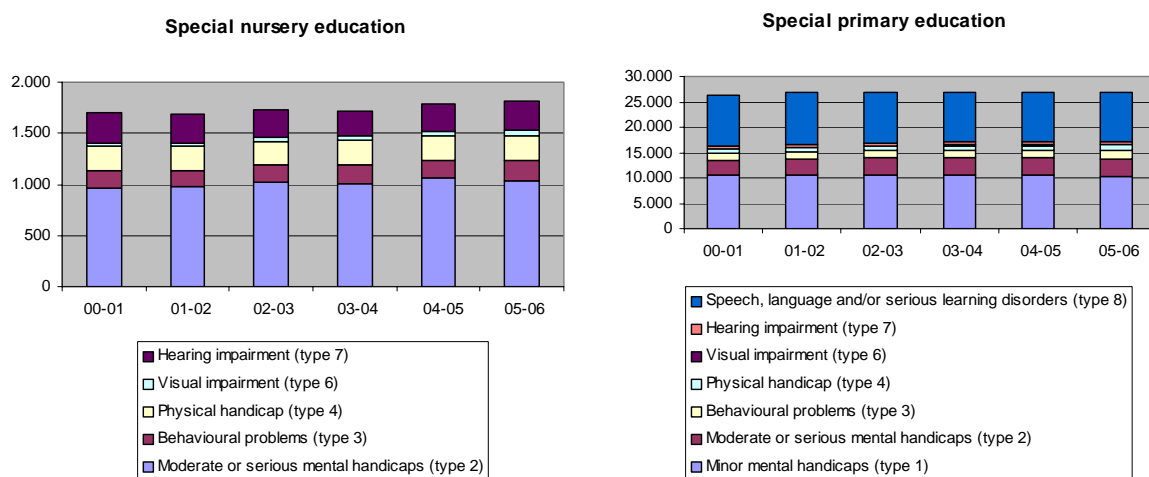
In 2005-2006, there were 1 045 children with disabilities in mainstream nursery schools who were receiving special help to enable them to attend those schools (integrated schooling).

The equivalent figure in primary schools was 2 857.

Compared with the 2004-2005 school year, the number of children in integrated mainstream schools had increased by 12.9% in the nursery sector and 25.8% in the primary sector.

The number of children in special nursery schools and special primary schools has remained virtually unchanged over the past few school years, despite the allocation of increased resources for special needs to mainstream schools (see Figure 5.24).

Special education: trend by type



5.24 Trend in the number of pupils in special primary education in each school year and by type of special education

Source: Statistical Yearbook of Flemish Education

3. Children receiving supervision and support via special youth welfare

When problems arise or in a crisis involving young children, or when living, employment, home, health or financial circumstances create a need for day and night care, parents can call upon services registered and

subsidised by Child and Family. A small number of children receive supervision and support through these special welfare services.

In addition, supervision and support measures are in place for a number of young children via the special youth welfare committees and the juvenile courts.

### 3.1. 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 providing foster care as a means of supporting the family. This is short-term care at the parents' request on account of special living, working, home, health or financial circumstances.

*On 1 February 2007, 1 424 children, almost exclusively under the age of 12, were receiving supervision and support in child care and family support centres and there were 113 children in foster families who had been placed there by the foster care services. A total of 1 537 children were receiving supervision and support via the special youth welfare service, subsidised by Child and Family. Altogether the number of children receiving supervision and support had increased by 4.1% since 2006 (see Table 5.25).*

Supervision and support via Child and Family						
	2006		2007			Total
	Total	Children aged under 3	Children aged 3-6	Children aged 6-12	Children aged 12 and above	
Child care and family support centres	1 370	549	420	446	9	1 424
Foster care services offering temporary family support	107	24	35	49	5	113
<b>Total</b>	<b>1 477</b>	<b>573</b>	<b>455</b>	<b>495</b>	<b>14</b>	<b>1 537</b>

5.25 Number of children receiving supervision and support from a special youth welfare service on 1 February 2006 and 1 February 2007, subsidised by Child and Family

Source: Child and Family

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

In 2005, a total of 5 058 children under 12 were subject to supervision by a *special youth welfare committee or a supervision measure imposed by a juvenile court*: 453 under 3 years, 1 170 aged 3 to 6 and 3 435 aged 6 to 12. The total number of children under the age of 12 receiving supervision and support had increased slightly compared with 2004 (+1.8%). The trend varied for the different age groups. There was a slight decrease among children aged under 3 but an increase among children aged 3 to 12 (see Table 5.26).

For most of the under-3s this involved placement in a foster family provided by foster care services or supervision and guidance at home.

For most of the children aged 3 to 6 years this involved placement in a foster family, supervision and guidance at home or admission to a children's home.

For children aged 6 to 12, day centres and reception and orientation centres were also important (see Table 5.27).

Supervision and support via the special youth welfare service (1)		
	2004	2005
Children aged under 3	461	453

Children aged 3-6	1 137	1 170
Children aged 6-12	3 372	3 435
Total	4 970	5 058

5.26 Number of children receiving supervision and support via the special youth welfare service by age

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

(1) At least 1 day's supervision at some time during the year

	Type of supervision and support (1)					
	Children aged under 3		Children aged 3-6		Children aged 6-12	
	2004	2005	2004	2005	2004	2005
General hospitals	3	13	9	4	31	22
Residential children's homes	50	30	222	219	831	781
Boarding schools	1	1	17	30	122	165
Day centres	1	0	7	4	460	455
Foster care services	277	283	520	570	1 062	1 121
Community centres	1	0	0	0	1	1
Family hostels	1	0	5	3	22	19
Reception and orientation centres	10	11	69	61	312	294
Foster family not supported by service	2	1	3	1	4	0
Special youth welfare projects	1	0	1	3	7	6
Psychiatric hospitals	2	7	4	6	23	26
Home supervision services	112	107	279	269	493	543
Unknown	0	0	1	0	4	2
Total	461	453	1 137	1 170	3 372	3 435

5.27 Children receiving supervision and support via the special youth welfare services, by age and type of support

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

(1) At least 1 day's supervision at some time during the year

#### 4. The European context

Child care and educational provision for children under compulsory school age (pre-primary) varies greatly from one country to another. These services are referred to by the OECD and other international organisations as Early Childhood Education and Care (ECEC).

We outline first the ECEC provision in the EU-15 countries before presenting some figures on the use of these child-rearing environments outside the home.

##### 4.1. Summary of child care and education for children under compulsory school age

There are variations between the EU-15 countries in the age at which attending school becomes compulsory. In most of the EU-15 countries, compulsory school attendance starts at the age of 6. Compulsory schooling starts earlier in the Netherlands and the United Kingdom (5 years) and later in the Nordic countries (7 years).

Broadly speaking, child care and educational provision for children under compulsory school age can be divided into 3 categories: group-based child care (crèches), child care in a family environment (family day care providers) and pre-primary education. Another way to distinguish between the facilities is based on their funding, whether they are publicly or privately funded. Facilities in the "public" category get most of



their funding from the government and are run by public authorities. Facilities in the “private” category are usually run by governing bodies operating either on a non-profit or a for-profit basis, and are financed by a mix of public funds and private resources (parents).

One major point of difference between the EU-15 countries concerns whether or not there is an integrated structure to their ECEC provision. In most EU-15 countries there is a divide around the age of 3, with child care in group facilities or provided by family day care providers for children under 3 and pre-primary education for children from about the age of 3 onwards. Finland, Sweden and to some extent Denmark are exceptions to this pattern, as they have integrated child care and pre-primary education services for young children up to the age of compulsory schooling.

In the Netherlands, Portugal, Austria, the United Kingdom and Ireland, services for the youngest children are mainly funded and organised privately. In the other EU-15 countries, governments provide considerable levels of funding for the services for very young children.

		ECEC services (1)							
		0 years	1 year	2 years	3 years	4 years	5 years	6 years	7 years
<b>Flemish Community</b>	Kinderdagverblijven (group child care) Onthaalouders (family day care providers)								Compulsory education
				Kleuterschool (pre-primary), with out-of-school care					
French Community	Crèches (group child care) Gardiennes (family day care providers)								Compulsory education
				Ecole maternelle (pre-primary), with out-of-school care					
<i>Neighbouring countries</i>									
Germany	Krippen (group day care)				Kindergarten (pre-primary)				Compulsory education
France	Crèches (group child care) Assistantes maternelles (family day care providers)								Compulsory education
				Ecole maternelle (pre-primary)					
Luxembourg	Crèches (group child care) Tagesmutter (family day care providers)				Enseignement préscolaire (pre-primary)				Compulsory education
The Netherlands	Gastouderopvang (family day care providers) Crèches (group child care) Play groups (group child care)					First year of primary school			Compulsory education
<i>Nordic countries</i>									

Finland	Perhepaivahoito (family day care providers) Paivakoti (group child care)		Esiopetus (pre-primary)	Compulsory education
Denmark	Dagpleje (family day care providers) Vuggestuer (group child care)	Bornehaver (pre-primary)		Compulsory education
	Adlersintegrer (group child care)		Bornehaver (pre-primary)	
Sweden	Forskola (pre-primary) / Familiedaghem (family day care providers) (limited)		Forskoleklas (pre-primary)	Compulsory education
<i>Mediterranean countries</i>				
Greece	Vrefonipiaki stahmi (group child care)			Compulsory education
		Nursery school (pre-primary)		
		Nipiagogeia (pre-primary)		
Italy	Asili nidi (group child care)	Scuola dell'infanzia (pre-primary)		Compulsory education
Portugal	Crèches familiare (family day care providers) Crèches (group child care)	Jardims de infancia (pre-primary)		Compulsory education
Spain	Educación pre-escolar (group child care)	Educación infantil (pre-primary)		Compulsory education
Austria	Tagesmutter (family day care providers) Krippen (group day care)	Kindergarten (pre-primary), with out-of-school care		Compulsory education
The United Kingdom	Nurseries (group child care) Child minders (family day care providers) Playgroups (group child care)	Playgroups (group child care) Nurseries (group child care)	Reception class in primary school	Compulsory education
Ireland	Child minders (family day care providers) Nurseries (group child care)		Early Start and Infant School	Compulsory education
		Play groups (group child care)		

5.28 Summary of child care and education provision for children under compulsory school age and the age at which compulsory education starts in the EU-15 countries

Source: OECD Family database (website)

(1) ECEC: Early Childhood Education and Care

Key for Table:

orange: private. Private: mainly run by governing bodies operating on either a non-profit or a for-profit basis, and financed by a mix of public funds and private resources (parents).

green: public. Public: mainly funded and run by public authorities

grey: primary school (compulsory education)

#### 4.2. Use of child care and education facilities by children under the age of 6

The number of years that children normally spend in the school system from the age of about 3 to 6 years varies from 1.4 years in Greece and Finland to over 3 years in Belgium, France, Italy and Spain (see Table 5.29).

In many of the EU-15 countries, over 95% of 5-year-olds attend some form of child care or educational facility. Finland stands out for its low level of participation in ECEC. Germany scores the next lowest. At the age of 4 years, the differences are greater, with some countries having high (90 to 95%) to very high (+95%) participation and other significantly lower (80 to 90%) or much lower (-80%) participation. Once you come to the under-3s, only the Flemish Community and Denmark have participation above 60%.

Participation in ECEC (1)					
	Under 3	3 years	4 years	5 years	Number of years that children can attend pre-primary education facilities between the ages of 3 and 6
<b>Flemish Community (2006)</b>	<b>60.4*</b>	<b>&gt;95</b>	<b>&gt;99</b>	<b>&gt;99</b>	<b>3.1</b>
Belgium (2004)	38.5	99.3	99.9	99.7	3.1
<i>Neighbouring countries</i>					
Germany (2001)	9.0	69.5	84.3	86.7	2.4
France (2002)	26.0	100.0	100.0	100.0	3.2
Luxembourg (2003)	14.0	37.9	83.5	96.9	2.2
The Netherlands (2004)	39.0	32.3	74.0	98.4	1.7
<i>Nordic countries</i>					
Finland (2003)	35.0	37.7	46.1	54.6	1.4
Denmark (2005)	61.7	81.8	93.4	93.9	2.7
Sweden (2004)	39.5	82.5	87.7	89.7	2.6
<i>Mediterranean countries</i>					
Greece (2003)	7.0	NA	57.2	84.1	1.4
Italy (2000)	6.3	98.7	100.0	100.0	3.0
Portugal (2004)	23.5	63.9	79.9	90.2	2.3
Spain (2004)	20.7	95.9	100.0	100.0	3.1
Austria (2004)	4.1	45.9	82.1	93.1	2.2
United Kingdom (2004)	25.8	50.2	92.0	98.2	2.4
Ireland (2000)	15.0	48.0	46.6	100.0	1.5

5.29 Participation of children aged under 6 in child care and education in the EU-15 countries

(percentages), and the number of years that children between the age of 3 and 6 can receive education before compulsory school age – around 2004

Sources: *Child and Family, children's attendance records (week beginning 1 February)*

*OECD Family database (website)*

(1) *ECEC: Early Childhood Education and Care*  
\* *Children aged 2 months to 3 years*

## CHAPTER 6. 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 where women have their babies. We also present some data on childbirth.

In the context of morbidity in young children, we begin by describing congenital abnormalities and hearing loss, already identified in the neonatal period. We then go on to look at a number of diseases and disorders of relevance to young children, at hospitalisation and at specific problems that the children have as reported by their parents.

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

We conclude with a number of figures from the EU-15 countries.

### 1. Data on pregnancy and childbirth

#### 1.1. Antenatal care

***Almost all births follow a pregnancy in which the mother-to-be was monitored and cared for by a gynaecologist***

*Antenatal care* in Flanders is mainly provided by gynaecologists: in 2006, 96% of births followed a pregnancy in which the antenatal care was provided by a private gynaecologist and 2.5% in which the antenatal care was shared by a gynaecologist and a general practitioner. This state of affairs had hardly changed since 2005.

The number of babies born following pregnancies not involving medical care is very low indeed (0.1%) (see Table 6.1).

<b>Antenatal care (1)</b>		
	2005	<b>2006</b>
Private gynaecologist	95.8	<b>96.0</b>
Shared (2)	2.5	<b>2.5</b>
GP	0.6	<b>0.4</b>
Child and Family antenatal clinic	0.2	<b>0.2</b>
Midwife	0.8	<b>0.8</b>
No antenatal care	0.1	<b>0.1</b>
Total	100.0	<b>100.0</b>

6.1 Antenatal care: babies born by type of antenatal care – Region of Flanders (percentages)

Source: *Child and Family – IKAROS*

(1) *Both live births and stillbirths*

(2) *Shared: antenatal care provided by private gynaecologist and GP*

#### 1.2. Place where women give birth and length of stay in the maternity hospital

***Home births and very short stays in hospital are very rare. Reduced stay in hospital in almost a quarter of births***

The IKAROS record system provides Child and Family with data on *where babies are being born*. In 2006 almost all babies were born in a *maternity hospital*. Only 1.2% of births were home births.

In over 57% of births, the mother spent 5 or 6 *nights in the maternity hospital*. Very short hospital stays (2 nights or less) are rare (5.5% of births); reduced hospital stays occurred in over 24% of births and long stays in almost 12% (see Table 6.2).

<b>Place where women give birth and length of stay in the maternity hospital (1)</b>	
Maternity hospital	<b>98.8</b>
<i>of which</i>	
<i>very short stay in hospital (max. 2 nights)</i>	<b>5.5</b>
<i>reduced stay in hospital (3 or 4 nights)</i>	<b>24.4</b>
<i>normal stay in hospital (5 or 6 nights)</i>	<b>57.4</b>
<i>long stay in hospital (7 nights or more)</i>	<b>11.5</b>
Home birth, or other place (2) apart from maternity hospitals	<b>1.2</b>
<b>Total</b>	<b>100.0</b>

6.2 Births by place of the birth and length of the mother's stay in the maternity hospital – Region of Flanders – 2006 (percentages)

Source: *Child and Family – IKAROS*

(1) *Both live births and stillbirths*

(2) *For example: birthing centre*

### 1.3. Data on deliveries\*

In Flanders in 2005, of 100 deliveries, 47.5 were first-born children, 33.9 were second children, 12.5 were third children, and 6.1 were fourth or later children. The relative proportion of third or later children decreased from 18.8 in 2004 to 18.6 in 2005.

The percentage of young mothers, i.e. mothers aged under 20, was 2.1% (2005). 70.5% of women who gave birth were aged 25 to 35, 13.2% were over 35, and 1.8% were in fact over 40. The *average age of mothers* on giving birth to their first child was 28.0 years, and it was 31.0 years for multiparae. Only the average age for first births had increased slightly from 2004 (+0.1%).

A number of pregnancies not to be underestimated, i.e. 4.6%, were achieved following *fertility treatment*. 1.9% of women had had *hormone therapy*, 1.9% had undergone *in vitro fertilisation* (IVF), in 0.9% the pregnancy was achieved following intracytoplasmic sperm injection (ICSI) (2005). The number of births following infertility treatment increased slightly from 2004, by 0.4%. Since 2000 there has been an increase of 3.9% (in 2000) to 4.7% (2005).

32.1% of multiple pregnancies came about following medically assisted fertilisation. This was the case for only 4.1% of single births.

3.6% of children came into the category of *multiple births*. The number of babies born a twin was 3.5% of all babies born, and the number born a triplet was less than 0.1%. 1 106 twin births and 18 triplet births were registered. The incidence of twins was quite a bit higher than in 2004: the number of twins rose by 111. The number of triplets rose by 1. There were no quadruplet births in 2005.

Since 1 July 2003 a federal law has linked funding of IVF/ICSI to the number of embryos that may be put back into the womb (for the first two cycles: 1 if the woman is under the age of 36 and 2 if she is older than 36). The marked decrease in twins from 1 131 in 2003 to 995 in 2004 has been largely reversed, but we are still a long way from the 'year of the twins', 2002, when there were 1 167 twin births.

In 2005, 7.3% of pregnant women gave birth prematurely, following a pregnancy of less than 37 weeks. This figure represents a slight decrease over 2004 (-0.2%). The relative proportion of *babies with a low*

*birth weight* (less than 2 500 grams) was 6.8% (-0.1%). The birth weight of 1.2% of children was extremely low (less than 1 500 grams). 55.1% of the babies who were in the *multiple birth* category weighed less than 2 500 grams at birth. This was the case for only 5.0% of single births.

In 27.1% of women, the birth was *induced*, usually for reasons of convenience, applying to either the obstetrician or the pregnant woman. The downward trend in inductions first noted in 2004 continued, with a decrease of 0.5%. Before 2004 30% or more of all births had been induced.

Epidural anaesthesia was used for 64.7% of births. The small dip in 2004 did not continue: in 2005 the incidence of epidural anaesthesia increased again (+3.1).

Around 70% of children were born *without obstetric intervention*. 19.3% of babies were born by Caesarean section. The incidence of Caesarean sections increased again after stabilising in 2004 by 0.4% compared with 2004. In 9.4% of deliveries, vacuum extraction\*\* or forceps were used. The use of vacuum extraction and forceps fell slightly (0.3%).

After the birth, 13.7% of babies were transferred to a neonatal unit and 4.2% to a neonatal intensive care unit. The number of transfers to a neonatal unit remained unchanged from 2004 and the number of transfers to a neonatal intensive care unit rose by 0.1%.

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

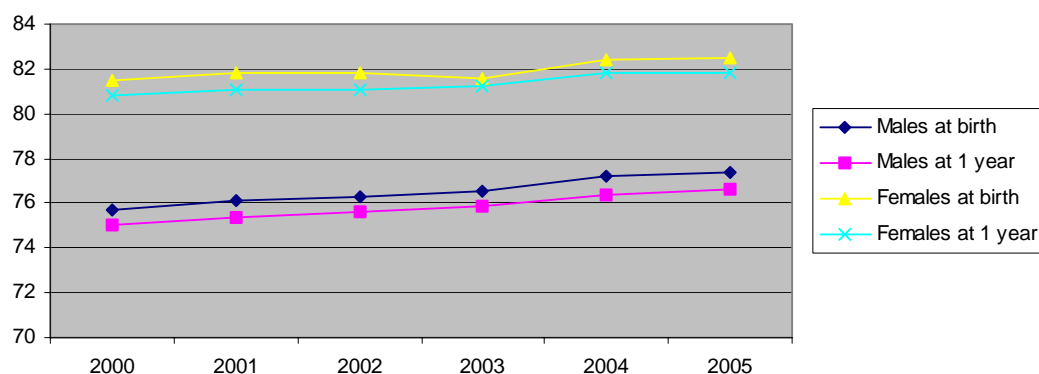
\*\* Vacuum extraction: delivery of a baby with the aid of an instrument that attaches to the baby's head by means of a vacuum

## 2. Life expectancy

### *Increasing life expectancy*

Life expectancy *at birth* and *at the age of 1 year* is 77.4 years and 76.6 years for males and 82.5 and 81.8 years for females (2005). Since 2000 life expectancy has increased by 1.7 years for males and by 1.0 year for females. At the age of 1 year, it has increased by 1.6 years and 1 year respectively. In other words, males have caught up to some extent (see Table 6.3).

### Life expectancy



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

Source: Health indicators, Flemish Care and Health Agency

## 3. Mortality

### 3.1. Number of deaths of children aged 0-15 in the Region of Flanders

### 3.1.1. In the whole group of children aged 0-15

#### **Mainly before the age of 1 year**

Most deaths in childhood occur before the age of 1 year. After the first year the number of deaths falls to 0.2 per 1 000 children or less. In 2005, 252 babies died before the age of 1 year; there were 137 deaths in the following eleven years of life (see Table 6.4).

	Deaths by age and gender			
	2004	2005		Total
		Males	Females	
<b>Number</b>				
Under 1 year	245	128	124	252
1 to 5 years	47	37	18	55
5 to 10 years	25	18	15	33
10 to 15 years	35	33	16	49
Total	352	216	173	389
<b>Per thousand (1)</b>				
Under 1 year	3.90	3.99	4.08	4.03
1 to 5 years	0.19	0.29	0.15	0.22
5 to 10 years	0.08	0.11	0.09	0.10
10 to 15 years	0.10	0.18	0.09	0.14

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

Source: Health indicators, Flemish Care and Health Agency

(1) Per thousand children on 1 January of the year in question

### 3.1.2. In children aged under 12 months

#### **The figure for stillbirths and therefore also the total foetal-infant mortality is falling markedly**

This section looks in more detail at the deaths of children aged under 12 months.

Data on infant mortality are generally presented in accordance with a number of criteria known as mortality criteria (see Table 6.5).

The first mortality criterion is *stillbirth*. This is the number of babies designated as “stillborn” with a birth weight of at least 500 g or following a pregnancy that lasted at least 22 weeks. There were 213 stillbirths in 2005. The figure for *stillbirths* was 3.3 per thousand births. This figure was 0.7 per thousand lower than in 2004.

*Early neonatal mortality* is death occurring between birth and the age of seven days (7 x 24 hours). In 2005, 135 infants died in this period; the figure for early neonatal mortality was 2.1 per thousand live births, the same as 2004.

The *perinatal mortality figure* was 5.4 per thousand births. Perinatal mortality is the death of infants during the first seven days of their life, together with the figure for stillbirths. 2005 saw a decrease of 0.7 in perinatal mortality, which can be entirely ascribed to the decrease in stillbirths.

Another mortality criterion frequently employed is *neonatal mortality*. This covers death between birth and the 28th day after birth. In 2005, 173 infants died during the first four weeks (28 days) of their life. The neonatal mortality rate was 2.7 per thousand live births, a rise of 0.1 compared with 2004.

*Late neonatal mortality* was 0.6 per 1 000 live births, also an increase of 0.1 per thousand compared with 2004. Late neonatal mortality is defined as death after the first seven days (7 x 24 hours) up to the age of 28 days.



*Infant mortality* is deaths occurring between birth and the age of one year. In 2005, 252 infants died during their first year of life. Infant mortality was 3.9 per thousand live births, the same as in 2004.

Finally, there is *foetal-infant mortality*: the total of stillbirths and infant mortality. Foetal-infant mortality in 2005 was 7.2 per thousand live births and stillbirths, a decrease of 0.7 from 2004 (see Table 6.5).

Only 45.6% of babies with a *birth weight* of 1 000 g or less survived to the age of 1 year. 23.9% were dead at birth and 27.6% died before reaching the age of 1 year (2005) (see Table 6.6). As Table 6.7 shows, mortality is appreciably higher in *multiple births* than in single births. A twin is at 2.82 times greater risk of being born dead or dying before the age of 1 year than a singleton.

<b>Mortality figures</b>		
	2004	2005
Stillbirths per 1 000 births	4.0	3.3
Early neonatal mortality per 1 000 live births	2.1	2.1
Perinatal mortality per 1 000 live births and stillbirths	6.1	5.4
Late neonatal mortality per 1 000 live births	0.5	0.6
Neonatal mortality per 1 000 live births	2.6	2.7
Post-neonatal mortality per 1 000 live births	1.3	1.2
Infant mortality per 1 000 live births	3.9	3.9
Total foetal-infant mortality per 1 000 live births and stillbirths	7.9	7.2

6.5 Foetal-infant mortality figures in the Region of Flanders

Source: Health indicators, Flemish Care and Health Agency

<b>Mortality by birth weight</b>						
	Stillbirths	Early neonatal mortality	Late neonatal mortality	Post-neonatal mortality	Alive at 1 year	Total
Under 500 g	10	6	1	0	2	19
500 to 1 000 g	55	57	11	8	122	253
1 000 to 1 500 g	31	18	9	4	350	412
1 500 to 2 000 g	20	7	1	2	787	817
2 000 to 2 500 g	29	16	5	6	2 700	2 756
2 500 g and over	64	31	11	59	59 878	60 043
Not known	4	0	0	0	146	150
Total	213	135	38	79	63 985	64 450

6.6 Outcome of pregnancy: number of deaths and live births by birth weight in the Region of Flanders – 2005

Source: Health indicators, Flemish Care and Health Agency

<b>Mortality by number of babies</b>						
	Stillbirths	Early neonatal mortality	Late neonatal mortality	Post-neonatal mortality	Alive at 1 year	Total
Single births	195	106	35	75	61 833	62 244
Twins	15	18	3	4	2 109	2 149
Triplets	3	11	0	0	43	57

Quadruplets	0	0	0	0	0	0
Total	213	135	38	79	63 985	64 450

6.7 Outcome of pregnancy: number of deaths and live births in single and multiple pregnancies in the Region of Flanders – 2005

Source: Health indicators, Flemish Care and Health Agency

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

#### 3.2.1. In children aged under 12 months

**Most important causes of death in cases of stillbirth and infant mortality: factors affecting the mother, complications during pregnancy and the birth, and congenital abnormalities. Further decrease in cot deaths**

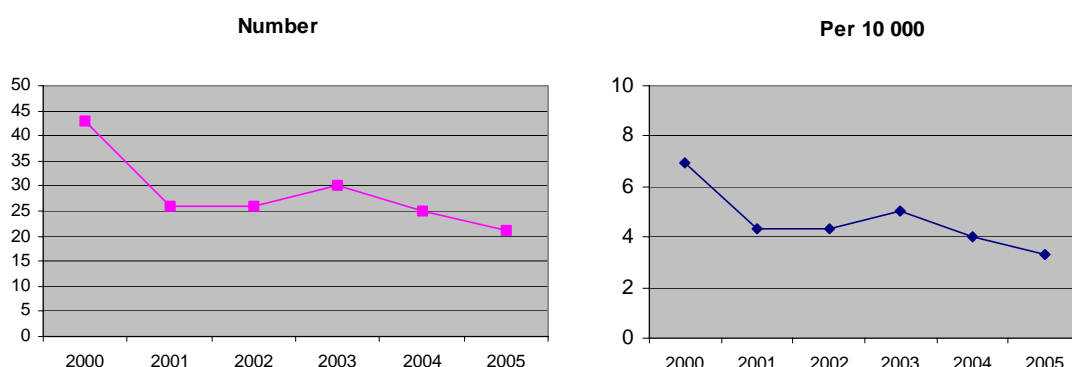
The most important causes of death in stillbirths and infant mortality are complications during pregnancy and in the perinatal period and congenital abnormalities. In 2005, 134 babies died as a result of factors affecting the mother and complications during pregnancy and the birth and 89 died as a result of congenital abnormalities. 21 babies died of cot death, a decrease of 4 cases compared with 2004. The incidence of cot death fell to 3.3 per 10 000 live births (see Table 6.8 and Figure 6.9).

	Causes of death under the age of 12 months					
	2004			2005		
	Still-births	Infant mortality	Total	Still-births	Infant mortality	Total
Congenital abnormalities	40	81	121	28	61	89
Factors affecting the mother and complications during pregnancy and birth	109	44	153	91	43	134
Prematurity and dysmaturity	8	13	21	12	9	21
Perinatal infections	5	16	21	7	19	26
Bleeding and perinatal blood disorders	1	9	10	3	24	27
Endocrine, digestive, skin disorders (perinatal)	6	6	12	2	3	5
Perinatal heart and respiratory disorders, including RDS (Respiratory Distress Syndrome)	9	22	31	5	30	35
SIDS (cot death)	0	25	25	0	21	21
Birth trauma	0	0	0	0	1	1
Other disorders	4	18	22	1	24	25
Poorly defined conditions	73	2	75	64	3	67
Trauma/external cause of death	0	10	10	0	14	14
<b>Total</b>	<b>255</b>	<b>246</b>	<b>501</b>	<b>213</b>	<b>252</b>	<b>465</b>

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

Source: Health indicators, Flemish Care and Health Agency

#### Cot deaths



6.9 Cot deaths in the Region of Flanders: number of deaths and number of deaths per 10 000 live births  
Source: Health indicators, Flemish Care and Health Agency

### 3.2.2. In children aged 1 to 15 years

#### **Two most important causes of death in children aged 1 to 15: accidents, cancer and blood disorders. Decrease in deaths resulting from accidents**

The most important cause of death in children aged 1-15 is accidents. Over 25% of deaths in 2004 resulted from an accident (more recent figures not available) The absolute number fell from 34 to 27. Cancer and blood disorders came in second place (19.1%) and in third place was heart, blood and respiratory disorders (10.3%). Table 6.10 shows the most important causes of death by age group.

<b>Causes of death 1-15 years</b>				
	2003		2004	
	Number	%	Number	%
<b>Children aged 1-5</b>				
Infections	10	16.1	6	12.8
Cancer and blood disorders	5	8.1	8	17.0
Metabolism	6	9.7	2	4.3
Muscle and nervous system disorders	10	16.1	2	4.3
Heart and respiratory system disorders	5	8.1	4	8.5
Gastrointestinal tract	2	3.2	2	4.3
Congenital abnormalities	4	6.5	5	10.6
SIS	3	4.8	1	2.1
Accident	12	19.4	13	27.7
Intentional self harm	0	0.0	0	0.0
Violence	4	6.5	3	6.4
Other or not specified	1	1.6	1	2.1
<b>Total deaths in children aged 1-5</b>	<b>62</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>
<b>Children aged 5-10</b>				
Infections	2	5.9	3	12.0
Cancer and blood disorders	7	20.6	6	24.0
Metabolism	2	5.9	1	4.0
Muscle and nervous system disorders	3	8.8	3	12.0
Heart and respiratory system disorders	3	8.8	0	0.0
Gastrointestinal tract	0	0.0	1	4.0
Congenital abnormalities	5	14.7	2	8.0

Accident	10	29.4	7	28.0
Intentional self harm	0	0.0	0	0.0
Violence	2	5.9	2	8.0
Other or not specified	0	0.0	0	0.0
Total deaths in children aged 5-10	34	100.0	25	100.0
<b>Children aged 10-15</b>				
Infections	2	4.3	0	0.0
Cancer and blood disorders	8	17.4	7	20.0
Metabolism	5	10.9	3	8.6
Muscle and nervous system disorders	5	10.9	1	2.9
Heart and respiratory system disorders	2	4.3	7	20.0
Gastrointestinal tract	0	0.0	0	0.0
Congenital abnormalities	1	2.2	3	8.6
Accident	12	26.0	7	20.0
Intentional self harm	7	15.2	5	14.3
Violence	1	2.2	0	0.0
Other or not specified	3	6.5	2	5.7
Total deaths in children aged 10-15	46	100.0	35	100.0
<b>Children aged 1-15</b>				
Infections	14	9.9	9	8.4
Cancer and blood disorders	20	14.1	21	19.6
Metabolism	13	9.2	6	5.6
Muscle and nervous system disorders	18	12.7	6	5.6
Heart and respiratory system disorders	10	7.0	11	10.3
Gastrointestinal tract	2	1.4	3	2.8
Congenital abnormalities	10	7.0	10	9.3
SIS	3	2.1	1	0.9
Accident	34	23.9	27	25.2
Intentional self harm	7	4.9	5	4.7
Violence	7	4.9	5	4.7
Other or not specified	4	2.8	3	2.8
Total deaths in children aged 1-15	142	100.0	107	100.0

#### 6.10 Causes of death in children aged 1-15 years in the Region of Flanders

Source: Health indicators, Flemish Care and Health Agency

### 3.3. Deaths as a result of an accident in children aged 1 to 15 years

In Table 6.11 we look at deaths resulting from accidents in 2003 in more detail (more recent figures not yet available). 12 children aged 1 to 5 years died as a result of an accident, of whom 3 were drowned and 3 died as a result of fire.

10 children aged 5 to 10 years died as a result of an accident, of whom 7 were killed in traffic accidents. Traffic accidents are also the commonest cause of accidental death in children aged 10 to 15 years, accounting for 8 of the 12 deaths.

Fatal accidents						
Children aged 1 to 5 years		Children aged 5 to 10 years		Children aged 10 to 15 years		
2003	2004	2003	2004	2003	2004	

Pedestrian	1	2	1	0	2	0
Cyclist or motorcyclist	0	0	1	1	1	2
Passenger in a vehicle	0	1	1	1	2	1
Other or not specified	0	0	4	1	3	1
Total traffic accidents	1	3	7	3	8	4
Fall	2	0	0	0	1	1
Trapping, jamming	1	0	0	0	1	0
Drowning or submersion	3	4	0	1	1	0
Unintentional poisoning	0	0	0	0	1	1
Hanging, strangulation, choking	1	2	1	0	0	1
Fire	3	1	1	1	0	0
Other	1	2	1	2	0	0
Total other accidents	11	9	3	4	4	3
Total	12	12	10	7	12	7

6.11 Causes of fatal accidents in children aged under 15 in the Region of Flanders in 2003

Source: Health indicators, Flemish Care and Health Agency

#### 4. Morbidity

In addition to mortality figures, figures for the incidence of diseases and disabilities 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 of relevance to children and we also look at specific problems reported by parents that children have with their feelings, concentration and behaviour, and problems they have getting on with other people. We also look at admissions to hospital.

#### 4.1. Disabilities

##### 4.1.1. Congenital abnormalities

Data on *congenital abnormalities* affecting all children in Flanders are available only from obstetric records (SPE). In 2005, congenital abnormalities were identified in the perinatal period in almost 2.0% of births. This percentage was slightly higher than in 2004. Table 6.12 gives a detailed picture of the incidence of congenital abnormalities.

Congenital abnormalities (1)		
	Number	Per 10 000 births
Central nervous system	114	17.7
Eye	18	2.8
Ear, face and neck (excl. nose)	152	23.7
Cardiovascular	399	62.1
Respiratory system	85	13.2
Gastro-intestinal	127	19.8
Genito-urinary	255	39.7
Musculo-skeletal	230	35.8
Integument	47	7.3
Cystic hygroma	3	0.5
Chromosomal abnormalities	70	10.9
Congenital infection	10	1.6
Hydrops foetalis	4	0.6
Other	116	18.1

Total babies with one or more congenital abnormalities	1 261	196.3
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6.12 Congenital abnormalities recorded (perinatal period) in Flanders per 10 000 births – 2005

Source: Study Centre for Perinatal Epidemiology (SPE)

(1) Congenital abnormalities identified in births in maternity hospitals ( $\geq 500$  g) More than one abnormality may be recorded for some babies

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 2005 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. Reports for 2006 and 2007 are still being received, partly because sometimes it takes a while to reach a diagnosis.

We show the systems that are affected most frequently. Heart disorders occur in over 67 cases per 10 000 births. The most common abnormality is ventricle septum defect, in popular speech known as 'a hole in the heart'. In over 54 out of 10 000 births the limbs were affected. Abnormalities of the digestive system occur in over 40 cases per 10 000 births; abnormalities of the internal urogenital system in over 40 cases per 10 000 births (see Table 6.13).

Congenital abnormalities up to the age of 1 year (1) (2)			
	Per 10 000 births		
	2004 calculation December 2006	2005 calculation December 2006	
<b>Nervous system</b>	18.81	20.34	
<i>of which neural-tube defects</i>	6.45	8.87	
<i>hydrocephalus</i>	4.30	3.13	
<b>Eye</b>	6.99	2.09	
<b>Ear, face, neck</b>	2.69	4.17	
<b>Heart</b>	67.19	46.93	
<i>of which ventricle septum defect</i>	23.65	18.25	
<i>atrium septum defect</i>	10.75	5.74	
<b>Respiratory system</b>	8.60	5.74	
<b>Oro-facial clefts</b>	22.04	17.73	
<i>of which cleft lip with or without cleft palate</i>	18.81	11.99	
<i>cleft palate</i>	3.23	5.74	
<b>Digestive system</b>	40.31	20.34	
<b>Abdominal wall defects</b>	4.30	1.56	
<b>Urinary system</b>	39.78	27.64	
<i>of which hydronephrosis</i>	16.13	11.47	
<b>Genital system</b>	16.66	18.77	
<i>of which hypospadias</i>	13.44	15.12	
<b>Limbs</b>	54.83	34.94	
<i>of which club foot</i>	15.05	9.39	
<i>dislocated hip and/or dysplasia</i>	9.14	7.82	
<i>polydactylism</i>	13.98	7.82	
<i>syndactylism</i>	6.45	4.17	
<b>Musculo-skeletal system</b>	20.96	11.47	

<b>Other abnormalities</b>	8.60	5.21
<b>Teratogenic syndromes with abnormalities</b>	2.69	1.56
<b>Genetic syndromes and microdeletions</b>	8.60	5.21
<b>Chromosomal abnormalities</b>	22.04	17.21
<i>of which Down's syndrome (trisomy 21)</i>	11.83	5.74
<b>Metabolic</b>	16.13	8.34
<b>Total children with one or more congenital abnormalities</b>	214.9	295.0

6.13 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

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

(2) More than one abnormality may be recorded for some babies

#### 4.1.2. Officially recognised disabilities

The health survey enquired about officially recognised disabilities. Young children reported as having an officially recognised disability are the exception: 0.5% of children under 3 years, 1.9% of children aged 3 to 6, and 1.2% of children aged 6 to 12 (see Table 6.14).

	Recognised disability	
	2001	2004
Children aged under 3	0.4	0.5
Children aged 3-6	2.4	1.9
Children aged 6-12	1.3	1.2
Children aged under 12	1.4	1.4
	(N=503)	(N=432)

6.14 Percentage of children under 12 with an officially recognised disability in the Region of Flanders

Source: Health Survey 2001 and 2004, Department of Epidemiology, Scientific Institute of Public Health

#### 4.2. Hearing loss

Hearing loss can be detected at a very young age. Almost all babies who are born at full term in Flanders are tested by Child and Family in the first months of their life. Over 2.8 children per 1 000 born in 2006 and tested by Child and Family were found to have some degree of hearing impairment (provisional figures).

The incidence for children born in 2005 was 2.6 per 1 000 children tested.

The final figures are expected to be a little lower; in the past it has been found that when some missing or inconclusive reports are followed up the children turned out not to have any hearing impairment after all (see Table 6.15). Table 6.16 shows the incidence of hearing loss.

Incidence of hearing loss (1)	
Incidence of hearing loss per 1 000 children tested	
2004*	2.25
2005*	2.63
<b>2006*</b>	<b>2.67</b>

6.15 Incidence of hearing loss among children tested by Child and Family

Source: Child and Family – IKAROS

(1) Not included: children who were admitted to an NICU

\* Provisional figures. Missing or inconclusive reports 2004: 2; 2005: 15; 2006: 34

Degree of hearing loss		
	Unilateral	Bilateral
<b>2004*</b>		
21 to 40 dB	10	16
41 to 70 dB	24	28
71 to 90 dB	7	12
> 90 dB	11	20
Total with classified hearing loss	52	76
<b>2005*</b>		
21 to 40 dB	8	16
41 to 70 dB	25	32
71 to 90 dB	8	9
> 90 dB	14	19
Total with classified hearing loss	55	76
<b>2006*</b>		
21 to 40 dB	<b>13</b>	<b>22</b>
41 to 70 dB	<b>23</b>	<b>26</b>
71 to 90 dB	<b>9</b>	<b>11</b>
> 90 dB	<b>7</b>	<b>21</b>
Total with classified hearing loss	<b>52</b>	<b>80</b>

6.16 Degree of hearing loss expressed in decibels (dB) among children with hearing impairment established after a positive hearing test carried out by Child and Family

Source: Child and Family

\* Provisional figures. Missing or inconclusive reports 2004: 2; 2005: 15; 2006: 34

#### 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.

Of the children surveyed aged under 12 *at the time of the survey*, 9.4% were suffering from one or more chronic diseases, disorders or disabilities. For children under 3 and children aged 3 to 6, the figure was over 4%; for children aged 6 to 12, almost 12% were affected (see Table 6.17). Table 6.17 also shows the figures for 2001. The incidence has increased in the 6 to 12 age group.

Chronic diseases, disorders, disabilities		
	2001	2004
Children aged under 3	5.1	4.4
Children aged 3-6	6.2	4.6
Children aged 6-12	6.6	11.8
Children aged under 12	6.4	9.4
	(N=516)	(N=447)

6.17 Percentages of children aged under 12 in the Region of Flanders suffering from one or more chronic diseases, disorders or disabilities at the time of the survey

Source: Health Survey 2001 and 2004, 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 other chronic respiratory disease) and allergies.

#### Asthma and chronic bronchitis

Asthma and chronic bronchitis are words that the general public uses. From a medical point of view we point out here that below the age of 4 no diagnosis of asthma can be made, and from a medical point of view one must now talk of wheezing bronchitis instead of chronic bronchitis.

The 2004 Health Survey shows that in the Region of Flanders, in a 12-month period almost 5% of children under 12 had had *asthma* and almost 2% had had *chronic bronchitis or other chronic respiratory disease* (see Table 6.18). The incidence in the total population of children under 12 was virtually unchanged since 2001.

<b>Asthma and chronic bronchitis</b>				
	Asthma		Chronic bronchitis or other chronic respiratory disease	
	2001	2004	2001	2004
Children aged under 3	3.9	3.0	3.3	3.1
Children aged 3-6	6.6	1.8	1.4	2.0
Children aged 6-12	3.1	6.4	2.6	1.0
Children aged under 12	4.3 (N=516)	4.9 (N=446)	2.5 (N=516)	1.9 (N=447)

6.18 Percentages of children aged under 12 with asthma, chronic bronchitis or chronic non-specific respiratory disease in the Region of Flanders in a 12-month period

Source: Health Survey 2001 and 2004, Department of Epidemiology, Scientific Institute of Public Health

#### Allergies

Over 13% of children under 12 years of age suffered from an allergy in a 12-month period. Children aged 6 to 12 suffer from more allergies than younger children (children under 3 and those in the 3 to 6 age group) (see Table 6.19). The incidence of allergies among children under the age of 6 fell between 2001 and 2004; the incidence among 6 to 12-year-olds increased.

<b>Allergies</b>		
	2001	2004
Children aged 1-3	10.9	8.5
Children aged 3-6	13.6	6.9
Children aged 6-12	12.7	16.3
Children aged under 12	13.5 (N=516)	13.2 (N=447)

6.19 Percentages of children aged under 12 with reported allergies in the Region of Flanders in a 12-month period

Source: Health Survey 2001 and 2004, Department of Epidemiology, Scientific Institute of Public Health

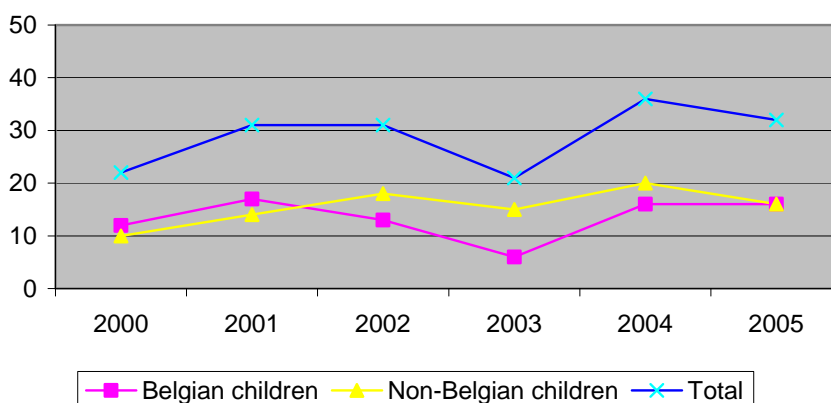
#### Active tuberculosis

##### Mainly 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 2005, 32 new cases of tuberculosis were recorded in children under 15 in Flanders, 16 of them in Belgian children and 16 in non-Belgian children. The incidence per 100 000 was 1.7 among Belgian children and 37.3 among non-Belgian children.

The number of new cases of active tuberculosis was lower than in 2004. Fewer new cases were noted among non-Belgian children. Figure 6.20 shows the trend from 2000 onwards.

**Active tuberculosis**



6.20 Number of new cases of active tuberculosis in children aged under 15 in the Region of Flanders from 2000 onwards

Source: Flemish Association for Respiratory Health Care and Combating Tuberculosis (VRGT)

**4.4. Tooth decay**

**Tooth decay in young children: 3 to 4 out of every ten children have visible plaque on their teeth; 7% of 3-year-olds and over 30% of 5-year-olds have cavities**

As part of the “Tandje de Voorste” (Smile for Life) project\* data were collected on the state of oral health of Flemish pre-school children.

In 2003, 1 250 3-year-olds and 1 283 5-year-olds in 4 regions were examined by a team of trained dentists following a set method. The data obtained from the clinical examinations of the children’s mouths was supplemented with information from questionnaires completed by their parents.

Table 6.21 shows that over 30% of the 3-year-olds and over 37% of the 5-year-olds had *visible plaque* on their teeth.

At the age of 3, 7% of the children already had *clear signs of tooth decay* (i.e. cavities), at the age of 5, 31% of the children had tooth decay (see also chapter 7 point 4).

Of the children who were found to have tooth decay, in the majority of cases the affected teeth had not been treated (filled). At 5 years, less than half of the children had any sign of having been treated by a dentist and at 3 years, the overwhelming majority had not had any dental treatment (90%).

\* This project is a collaboration between the Universities of Leuven and Ghent and Child and Family, made possible by the support of Gaba International and Gaba Benelux

Plaque and tooth decay		
	3-year-olds (N=1 250)	5-year-olds (N=1 283)
<b>State of teeth</b>		

Completely sound milk teeth	93.1	69.2
1 to 4 teeth affected by tooth decay	6.1	23.6
5 or more teeth affected by tooth decay	0.8	7.2
Total	100.0	100.0
<b>Plaque</b>		
% children with visible plaque on teeth	30.7	37.3
<b>Untreated tooth decay</b>		
% children with tooth decay	89.2	54.8

6.21 Visible plaque, state of the teeth of 3- and 5-year-olds and untreated tooth decay in some regions of Flanders – 2003 (percentages)

Source: Declerck D., Leroy R., Martens L., Lesaffre E., Garcia-Zattera M.J., Vanden Broucke S., Debyser M., Hoppenbrouwers K., *Factors associated with prevalence and severity of caries experience in preschool children. Community Dent Oral Epidemiol 2007; 35 (in press)*

#### 4.5. Overweight in children aged 2 to 12 years

For a number of years the Body Mass Index\* has been used as an indicator of overweight and obesity in children and adolescents as well as adults. The BMI has been the standard by which to judge the body weight of adults for decades. It is not so simple with children. The BMI varies with age, so it is not realistic to have a simple threshold limit value that is valid for all ages. An obvious option is to use the BMI percentile curves, that take explicit account of age differences. Then all that remains is to choose where to set the threshold percentiles for overweight and obesity. An arbitrary choice of a particular percentile (e.g. the 85th percentile) as the threshold limit value for being overweight presents an important conceptual problem. The increasing incidence of overweight people in the population means that as the years go by this percentile will go higher and higher. The International Obesity Task Force (IOTF) has proposed using the percentiles that correspond to a BMI of 25 or 30 kg/m<sup>2</sup> at age 18 as objective criteria for overweight and obesity respectively. That is why this criterion was used in the “Flemish growth curves” project to calculate the prevalence of overweight and obesity in Flanders.

The fieldwork for this project was carried out between January 2002 and December 2003 and it found that 11.2% of boys aged 2 to 12 were overweight and 2.5% were obese. The equivalent figures for girls were 15.2% and 3.4% (see Table 6.22).

<b>Overweight and obesity</b>		
	Boys	Girls
Overweight	11.2	15.2
Obese	2.5	3.4

6.22 Incidence of overweight and obesity in 2- to 12-year-olds in Flanders based on the threshold limit values of the International Obesity Task Force – 2002-2003 (percentages)

Source: “Flemish growth curves” project (Roelants M., VUB; Hauspie R., VUB; Hoppenbrouwers K., KU Leuven)

\* BMI = weight (kg) / height (m) x height (m)

#### 4.6. Children with psychosocial and/or emotional problems

The research study entitled “Caring for young children” carried out by the Herman Deleeck Centre for Social Policy assessed children from the age of 4 years for psychosocial and emotional problems that they might have, and asked the parents to grade these problems as minor, obvious or serious.

The parents of 18% of the children reported that their child had problems with his/her feelings, concentration or behaviour, or problems getting on with other people (see Table 6.23). Most of the problems reported were graded as minor or obvious; 15% of the children were reported as having serious problems. Most of these problems had been going on for more than a year (see Table 6.24).

<b>Psychosocial and emotional problems</b>			
	Children aged 4-6	Children aged 6-12	Total
Children with problems	10.2	20.7	18.0
Children without problems	89.8	79.3	82.0
Total	100.0 (N=432)	100.0 (N=1 264)	100.0 (N=1 696)

*6.23 Children with problems with their feelings, concentration or behaviour or problems getting on with other people, by age of the child – 2005 (percentages)*

Source: Herman Deleeck Centre for Social Policy, Antwerp

<b>Seriousness and duration of the problems</b>			
	Children aged 4-6	Children aged 6-12	Total
<b>Seriousness of the problems</b>			
Minor problems	58.1	40.8	43.3
Obvious problems	25.6	44.3	41.6
Serious problems	16.3	14.9	15.1
Total	100.0 (N=43)	100.0 (N=262)	100.0 (N=305)
<b>Duration of the problems</b>			
Less than one month	0.0	0.4	0.3
1 to 5 months	14.0	8.0	8.9
6 to 12 months	11.6	9.6	9.9
More than a year	74.4	82.0	80.9
Total	100.0 (N=43)	100.0 (N=261)	100.0 (N=304)

*6.24 Children with problems with their feelings, concentration or behaviour or problems getting on with other people, by seriousness and duration of the problems, as reported by their parents – 2005 (percentages)*

Source: Herman Deleeck Centre for Social Policy, Antwerp

#### 4.7. Hospital admissions

##### **One in ten children under the age of three**

Admission to hospital and staying in overnight is quite a common occurrence among very young children. In a 3-month period, over 11% of children aged under 12 were admitted to hospital. Far fewer children in the age groups 3 to 6 years and 6 to 12 years were admitted to hospital: 1.3% and 2.6% respectively (see Table 6.25).

Because the questionnaire used for the Health Surveys has changed, the figures for 2004 cannot be compared with 2001.

<b>Hospital admissions</b>	
Children aged under 3	11.4

Children aged 3-6	1.3
Children aged 6-12	2.6
Total aged under 12	4.8
	(N=444)

6.25 Percentages of children admitted to hospital and staying in overnight once or more in the course of one year in the Region of Flanders – 2004

Source: 2004 Belgian Health Survey, Department of Epidemiology, Scientific Institute of Public Health

## 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 population survey conducted by Child and Family in 1999-2000 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 is 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 what 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* is a little higher in boys than in girls, and varies depending on age (see Table 6.26).

Accident rate	
Boys	0.26
Girls	0.20
Total	0.23
Children aged 3 months to 1 year	0.13
Children aged 1 to 2 years	0.22
Children aged 2 to 3 years	0.25
Total	0.23

6.26 Incidence of accidents necessitating medical treatment among children aged between 3 months and 3 years in the Region of Flanders – 1999-2000

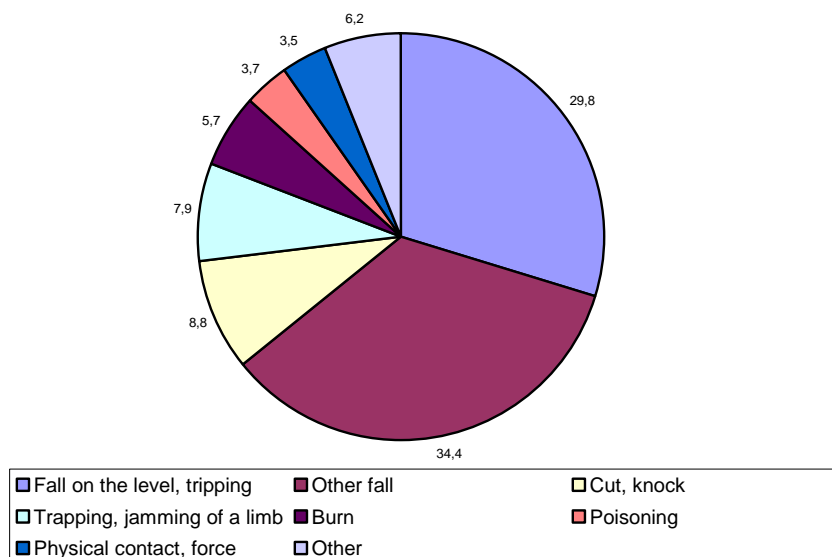
Source: Child and Family, *Accidents necessitating medical treatment in babies and toddlers, 2003*

Most accidents happen *in or near the child's own home* or *in or near another dwelling* (62.7%).

*Falls* are a common cause of accidents to young children; 29.8% of cases involved falls on the level or tripping and 34.4% involved falling down the stairs, from one floor to a lower floor or other kinds of fall from a height (see Figure 6.27).

The most common injuries sustained by young children in accidents are *open wounds* and *bruises* (see Table 6.28).

**Type of injury**



6.27 Accidents necessitating medical treatment, to children aged between 3 months and 3 years, in 1999-2000, by type of injury (percentages)

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

Injuries	
Open wound (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 (1)	5.9
No injury	8.7
<b>Total</b>	<b>100.0</b>

6.28 Accidents necessitating medical treatment among young children by injuries sustained, 1999-2000 – percentages

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

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

**5.2. Traffic accidents**

**Marked decrease**

In 2005, 4 children under 3 were *killed and 29 were seriously injured* in traffic accidents in the Region of Flanders. In the 3 to 6 age group, there were 2 fatalities and 30 seriously injured children and in the 6 to 12 age group there were 5 fatalities and 105 seriously injured children. Compared with 2004, there was an increase in the number of fatalities and a slight decrease in the number of seriously injured (see Table 6.29).

Looking at the type of road user, what stands out is that in 2005 most of the deaths were passengers in cars. Most of the seriously injured were pedestrians, followed in second place by car passengers and in third place by cyclists (see Table 6.29).

	Traffic accident victims					
	2004			2005		
	Died within 30 days	Seriously injured(1)	Total	Died within 30 days	Seriously injured(1)	Total
By age						
Children aged under 3	1	13	14	4	29	33
Children aged 3-6	4	40	44	2	30	32
Children aged 6-12	2	120	122	5	105	110
Total	7	173	180	11	164	175
By type of road user						
Pedestrian	1	66	67	2	64	66
Bicycle	1	38	39	2	41	43
Moped	0	0	0	0	3	3
Motor cycle	0	1	1	0	0	0
Private car	3	50	53	6	50	55
Other	2	18	20	1	6	7
Total	7	173	180	11	164	175

6.29 Victims of traffic accidents in the Region of Flanders – Number of children under the age of 12 who died within 30 days, the number seriously injured and type of road user

Source: *Belgian Institute for Road Safety*

(1) *Seriously injured: necessitating admission to hospital for more than 24 hours*

**6. Child abuse**

***The confidential child abuse centres receive reports of child abuse or neglect for over 47 children per 10 000 during the course of a year***

Our figures on the incidence of child abuse are based on the number of reports\* made to the confidential child abuse centres. People contact the confidential child abuse centres for a whole variety of reasons. In order to extract a correct figure for notifications of concrete cases of child abuse made to the confidential child abuse centres, we have only counted the contacts where a concrete case of abuse or neglect of a minor was involved\*.

A total of 4 669 such *notifications* to the six confidential child abuse centres were noted in 2006 (see Table 6.30).

The number of notifications dropped by 3.5% compared with 2005. Figure 6.31 shows the trend in notifications from 2000 onwards.

These notifications affected 6 316 minors. The number of children notified dropped by 3.4%.

In 2006, 47.1 cases were notified per 10 000 children in the Region of Flanders.

The relative number of children notified does vary from province to province. It is highest in the province of Antwerp, with over 60 notifications per 10 000 children, and lowest in East Flanders with over 36 notifications per 10 000 children.

The province of Antwerp experienced a slight increase from 2005 to 2006; in Flemish Brabant the status quo was more or less maintained; there was a slight increase in West Flanders and East Flanders and quite a marked decrease in Limburg (see Table 6.32).

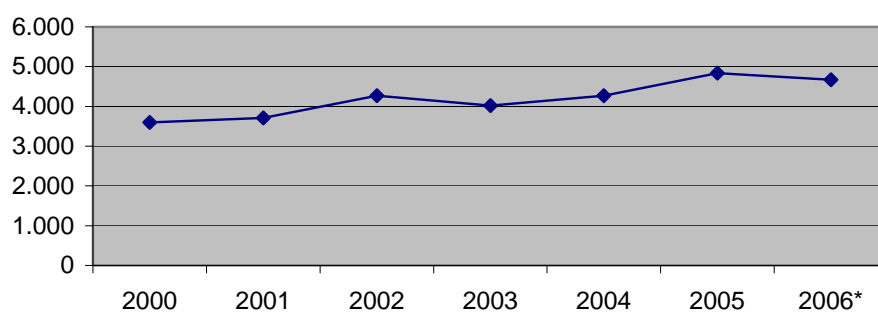
<b>Notifications</b>		
	2005	<b>2006*</b>
Number of notifications	4 836	<b>4 669</b>
Number of children affected	6 538	<b>6 316</b>

#### 6.30 Numbers of notifications of child abuse or neglect

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

\* Provisional figures

#### Trend in the number of notifications



#### 6.31 Trend in the number of notifications of child abuse or neglect from 2000 onwards

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

\* Provisional figure

<b>Number of cases notified per 10 000 children</b>		
	2005	<b>2006</b>
Antwerp	59.6	<b>60.4</b>
Flemish Brabant	45.8	<b>45.7</b>
West Flanders	48.4	<b>44.2</b>
East Flanders	38.6	<b>35.6</b>
Limburg	54.2	<b>44.3</b>
Region of Flanders	49.6	<b>47.1</b>

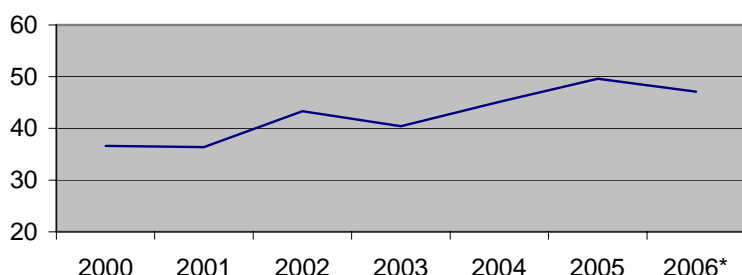
#### 6.32 Child abuse: number of children notified per 10 000 children under the age of 18 in the Region of Flanders and by province

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

\* Provisional figure

#### Trend in the relative number of children notified





6.33 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*

\* Provisional figure

Figure 6.33 shows the trend per 10 000 children since 2000. The number of children notified grew over this period from under 37 per 10 000 to over 47 per 10 000.

In the case of 2 525 children, or 40.0% of cases notified, those notifying the abuse reported physical abuse or neglect.

The number of children that were notified because of *sexual abuse* was 2 071 or 32.8% of the children reported. Incest was notified for 1 233 children or 59.5% of all cases of sexual abuse. Extrafamilial sexual abuse was notified in the case of 733 children or 35.4% of all cases of sexual abuse. In the case of 105 children (5.1% of all cases notified for sexual abuse) it was still not clear whether sexual abuse was involved or not.

1 694 children or 26.8% were reported on account of *emotional abuse or neglect*.

Compared with 2005, there was a substantial decrease in the number of children in respect of whom physical abuse or neglect was reported (-9.8%). Emotional abuse or neglect also reduced (-4.6%). The number of children notified on account of sexual abuse rose substantially: +7.8 % (see Table 6.34 and Figure 6.35).

44.8% of notifications came from the child's immediate social circle: notifications by the mother figure (15.2 % of all notifications), the father figure (6.9%), the father and mother figures together (0.2%), other members of the immediate family or relatives (9.4%), neighbours or acquaintances (9.7%), other people (1.8%) and the victims themselves (1.3%).

28.7% of notifications came from professionals (13.4% from health care workers, 10.1% from welfare organisations and 5.2% from the special youth welfare service).

Notifications by all other professionals together accounted for 24.9%. These were judicial institutions (1.4%), pre-school facilities (1.2%) and school facilities (22.3%).

0.7% of notifications came from someone from the perpetrator's social circle. In 0.9% of the cases notified, it is not known who reported them (see Table 6.36).

\* As well as reporting child abuse or neglect, people also contact the confidential child abuse centres about situations where children are thought to be at risk, about problems dealing with the emotional consequences of earlier abuse or neglect and about other problems. Sometimes it is not clear what the problem is. The confidential child abuse centres recorded 1 826 such contacts in 2005.

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**Problems notified**

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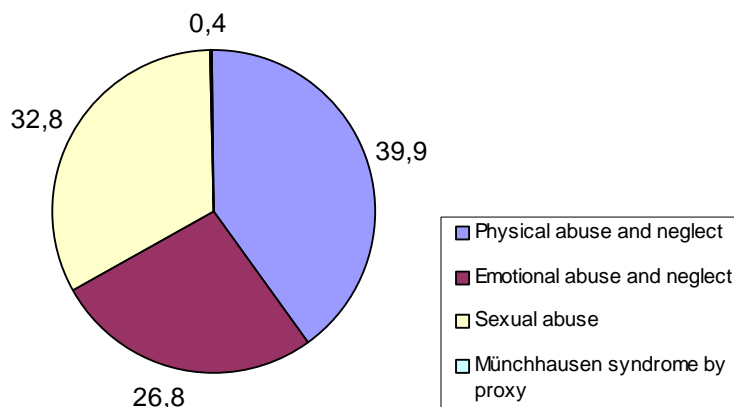
	2005		2006*		Change 2005- 2006
	Number	%	Number	%	
Physical abuse	1 698	26.0	<b>1 533</b>	<b>24.3</b>	-9.7
Physical neglect	1 102	16.9	<b>992</b>	<b>15.7</b>	-10.0
<i>Total physical abuse and neglect</i>	<i>2 800</i>	<i>42.9</i>	<i><b>2 525</b></i>	<i><b>40.0</b></i>	<i>-9.8</i>
Emotional abuse	1 062	16.2	<b>1 005</b>	<b>15.9</b>	-5.4
Emotional neglect	714	10.9	<b>689</b>	<b>10.9</b>	-3.5
<i>Total emotional abuse and neglect</i>	<i>1 776</i>	<i>27.2</i>	<i><b>1 694</b></i>	<i><b>26.8</b></i>	<i>-4.6</i>
Sexual abuse	1 921	28.4	<b>2 071</b>	<b>32.8</b>	+7.8
Münchhausen syndrome by proxy	41	0.6	<b>26</b>	<b>0.4</b>	-36.6
<b>Total</b>	<b>6 538</b>	<b>100.0</b>	<b>6 316</b>	<b>100.0</b>	<b>-3.4</b>

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

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

\* Provisional figures

**Problems notified**



6.35 Child abuse: children notified by the most important problem notified in 2006

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

	Reported by		
	2005	2006*	Difference 2005 – 2006
People in child's immediate social circle	45.0	<b>44.8</b>	-0.2
Health professionals	16.2	<b>13.4</b>	-2.8
<i>of which Child and Family</i>	3.9	<b>2.1</b>	-1.8
Judicial institutions	1.5	<b>1.4</b>	-0.1
Special youth welfare service	4.8	<b>5.2</b>	+0.4
Welfare organisations	8.1	<b>10.1</b>	+2.0
Pre-school facilities	0.9	<b>1.2</b>	+0.3
School facilities	21.4	<b>22.3</b>	+0.9
Someone from the perpetrator's social circle	0.7	<b>0.7</b>	0.0
Unknown	1.4	<b>0.9</b>	-0.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	

6.36 Child abuse: by who reported the abuse

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

\* Provisional figures

**7. The European context**

**7.1. Life expectancy at birth**

With a life expectancy at birth of 77.4 years for men and 82.5 years for women, the Region of Flanders scores quite well. Only Sweden and Spain have higher life expectancies, and France has a higher life expectancy for women only (see Table 6.37).

Life expectancy at birth				
<b>Males</b>				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>75.7</b>	<b>76.5</b>	<b>77.2</b>	<b>77.4</b>
Belgium	74.6	75.9	75.0	
<i>Neighbouring countries</i>				
Germany	75.0	75.5*	76.5	
France	75.3	75.8	76.7	
Luxembourg	74.8	75.8	76.0	
The Netherlands	75.5	76.1*	76.9	
<i>Nordic countries</i>				
Finland	74.2	75.1*	75.3	
Denmark	74.5	74.9	75.4	
Sweden	77.4	77.9	78.3	
<i>Mediterranean countries</i>				
Greece	NA	75.4*	76.6	
Italy	76.6	76.9*	78.0	
Portugal	73.2	74.0*	74.9	
Spain	75.7	77.2*	77.2	
Austria	75.1	76.0*	76.4	
The United Kingdom	75.5	76.2*	76.0	
Ireland	74.3	NA	76.4	
<b>Females</b>				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>81.5</b>	<b>81.6</b>	<b>82.4</b>	<b>82.5</b>
Belgium	80.8	81.7	81.0	
<i>Neighbouring countries</i>				
Germany	81.0	81.3*	82.1	
France	82.7	82.9	83.8	
Luxembourg	81.1	81.2	82.2	
The Netherlands	80.5	80.8	81.4	
<i>Nordic countries</i>				
Finland	81.0	81.8*	82.2	
Denmark	79.3	79.5*	80.1	
Sweden	82.0	82.4	82.6	
<i>Mediterranean countries</i>				

Greece	NA	80.7*	81.4
Italy	82.5	82.5	84.0
Portugal	80.0	80.5*	81.4
Spain	82.5	83.7*	83.8
Austria	81.1	81.8*	82.1
The United Kingdom	80.2	80.7*	81.0
Ireland	79.2	NA	81.2

6.37 Male and female life expectancy at birth from 2000 onwards in the EU-15 countries

Sources: Council of Europe, *Recent demographic developments in Europe 2004*

WHO, *Core Health Indicators (website)*

*Health indicators, Flemish Care and Health Agency*

\* Estimated figures

NA: not available

## 7.2. Caesareans

With 193 Caesareans per 1 000 live births, Flanders is in the middle of the range. The rate of Caesareans is considerably lower in the Netherlands, Finland and Sweden. Italy has the highest percentage of Caesareans at almost 364 per 1 000 live births (see Table 6.38).

	Caesareans				
	2000	2002	2003	2004	2005
<b>Flanders(1)</b>	<b>169.7</b>	<b>183.2</b>	<b>189.2</b>	<b>189.0</b>	<b>193.0</b>
Belgium	NA				
<i>Neighbouring countries</i>					
Germany	208.9	236.7	248.1	259.5	
France	171.1	186.8	188.0		
Luxembourg	198.0	232.9	234.6		
The Netherlands	118.7	135.2	135.3		
<i>Nordic countries</i>					
Finland	157.8	163.5	161.7	163.8	159.2
Denmark	150.5	182.6	191.8	202.5	
Sweden	144.9	155.7	157.5	164.7	
<i>Mediterranean countries</i>					
Greece	NA				
Italy	333.0	361.9	364.4		
Portugal	277.3	302.2	318.8	324.3	
Spain	215.1	233.8	237.0		
Austria	172.0	206.1	221.2	235.6	244.2
The United Kingdom	199.7	216.6	218.8	220.1	
Ireland	214.3	225.0	243.0	254.2	

6.38 Number of Caesareans per 1 000 inhabitants in the EU-15 countries from 2000 onwards.

Sources: Study Centre for Perinatal Epidemiology

WHO Regional Office for Europe, *European Health for all database (website)*

(1) Figures for the Region of Flanders and a Dutch-speaking maternity hospital in Brussels; number per 1 000 births

NA: not available

### 7.3. Birth weight

Rates of prematurity, defined as a birth weight below 2 500 g, vary greatly in the EU-15 countries. Finland and Sweden have very low rates at respectively 4.1 and 4.2 babies with a low birth rate per 100 live births. At 6.8 per 100 in 2005, the Region of Flanders still scores on the high side. The Mediterranean countries score even higher (see Table 6.39).

Low birth weight				
	2000	2003	2004	2005
<b>Flanders(1)</b>	<b>6.8</b>	<b>7.4</b>	<b>6.9</b>	<b>6.8</b>
Belgium	NA			
<i>Neighbouring countries</i>				
Germany	6.4	6.8	6.9	
France	NA	7.1	6.8	
Luxembourg	7.5	4.9		
The Netherlands	NA			
<i>Nordic countries</i>				
Finland	4.3	4.1	4.2	4.1
Denmark	4.7	5.0	5.0	4.9
Sweden	4.4	4.3	4.2	
<i>Mediterranean countries</i>				
Greece	8.1	8.6		
Italy	6.7	6.7		
Portugal	7.1	7.4	7.6	
Spain	6.5	7.2	7.1	
Austria	6.3	7.1	6.8	6.8
The United Kingdom	7.5	7.6		
Ireland	4.8	5.0		

6.39 Number of children with a birth weight below 2 500 g per 100 live births in the EU-15 countries from 2000 onwards

Sources: Study Centre for Perinatal Epidemiology

OECD, Health Data 2006

WHO Regional Office for Europe, European Health for all database (website)

(1) Figures for the Region of Flanders and a Dutch-speaking maternity hospital in Brussels

NA: not available

### 7.4. Congenital abnormalities

A number of countries keep Eurocat records of congenital abnormalities up to 1 year. The data for 2004 are still very much estimates, which is why we decided to take 2003 as the benchmark.

Table 6.40 compares the data from the Antwerp register for 2003 with the data from the Eurocat registers that are “full members” of Eurocat. There are 36 registers from 16 countries.

Rather more congenital abnormalities in total were recorded on the Antwerp register than the average on the Eurocat registers. In comparison with the Eurocat average, significantly more abnormalities of the digestive system and the limbs occurred in Antwerp in 2003. There were also more abnormalities of the

nervous system and the external genital system. On the other hand, there were noticeably fewer abnormalities of the cardiovascular system.

<b>Congenital abnormalities up to the age of 1 year</b>		
	Antwerp 2003 Per 10 000 births	Eurocat average 2003 (1) Per 10 000 births
<b>Nervous system</b>	29.2	22.8
<i>of which neural-tube defects</i>	6.1	9.7
<i>hydrocephalus</i>	7.7	5.4
<b>Eye</b>	6.1	3.4
<b>Ear</b>	1.7	3.3
<b>Heart</b>	45.8	59.3
<i>of which heart chambers and connections between them</i>	5.0	5.8
<i>heart septum</i>	29.2	41.3
<i>heart valves</i>	8.3	11.0
<i>major arteries and veins</i>	11.6	10.0
<b>Cleft lip with or without cleft palate</b>	12.7	8.3
<b>Cleft palate</b>	6.1	4.9
<b>Digestive system</b>	30.9	13.4
<i>of which tracheo-oesophageal fistula and oesophageal atresia/stenosis agenesis. atresia and/or stenosis of the small intestine</i>	2.2	2.6
<i>ano-rectal atresia/stenosis</i>	1.7	1.9
<i>ano-rectal atresia/stenosis</i>	2.2	2.7
<b>Internal urogenital system, ovaries, womb and renal system</b>	32.0	27.6
<b>External genital system</b>	20.4	12.3
<i>of which hypospadias</i>	13.2	*
<b>Limbs</b>	39.7	29.7
<i>of which missing limbs</i>	5.5	5.3
<i>missing upper limbs</i>	2.8	3.8
<i>missing lower limbs</i>	3.3	1.8
<i>polydactylism</i>	11.6	7.7
<i>syndactylism</i>	2.8	5.2
<b>Muscular, skeletal and connective tissue</b>	27.6	20.0
<b>Chromosomal</b>	34.2	34.3
<i>of which, Down's syndrome</i>	16.0	19.0
<b>Metabolic</b>	8.8	**
<b>Total</b>	259.1	203.4

6.40 Congenital abnormalities recorded up to the age of 1 year in the Eurocat registers per 10 000 births in 2003

Source: Eurocat, Provincial Institute of Hygiene, Antwerp

(1) Only the registers which participated fully in the registration

\* Eurocat only records hypospadias from grade 2

\*\* Antwerp is the only Eurocat register that records metabolic disorders

## 7.5. Mortality

The Region of Flanders is on a par with countries with very good scores on *perinatal mortality*, or infant deaths within the first seven days of life in combination with stillbirth figures (see Table 6.41).

*Infant mortality* has continued to fall in the Region of Flanders since 2000 as it has in most of the EU-15 countries. Infant mortality is below 4 per 1 000 live births in most of the EU-15 countries. Finland and Sweden have the lowest infant mortality rates, Ireland and the United Kingdom have the highest (see Table 6.42).

Perinatal mortality						
	2000	2001	2002	2003	2004	2005
<b>Region of Flanders</b>	<b>6.1</b>	<b>6.3</b>	<b>6.0</b>	<b>6.6</b>	<b>6.2</b>	<b>5.4</b>
Belgium	NA					
<i>Neighbouring countries</i>						
Germany	6.1	5.9	NA	5.8		
France	6.7	6.9				
Luxembourg	7.3	6.7	6.0	5.3		
The Netherlands	7.8	7.9	7.6	7.4	6.6	
<i>Nordic countries</i>						
Finland	4.4	4.3	4.9			
Denmark	NA	6.8				
Sweden	5.6	5.7	5.3	5.2	5.0	
<i>Mediterranean countries</i>						
Greece	8.1	8.0	7.2	6.6	4.9	
Italy	5.8	5.5	4.8	4.7		
Portugal	6.2	5.6	6.0	5.1	4.4	
Spain	5.5	5.6	5.3			
Austria	6.7	6.2	6.4	6.4	6.1	
The United Kingdom	6.9	6.7	6.8	7.0	6.7	
Ireland	9.0	9.2	9.0	8.5		

6.41 Perinatal mortality per 1 000 births in the EU-15 countries from 2000 onwards

Sources: Health indicators, Flemish Care and Health Agency

OECD, Health Data 2006

NA: not available

Infant mortality				
	2000	2003	2004	2005
<b>Region of Flanders</b>	<b>4.7</b>	<b>4.3</b>	<b>3.9</b>	<b>3.9</b>
Belgium	4.8	4.3	4.0	
<i>Neighbouring countries</i>				
Germany	4.4	4.2	3.5	
France	4.6	4.0	4.0	
Luxembourg	5.1	4.9	3.9	
The Netherlands	5.1	4.8	4.4	
<i>Nordic countries</i>				
Finland	3.8	3.1	3.3	

Denmark	5.3	4.4	4.4
Sweden	3.4	3.1	3.1
<i>Mediterranean countries</i>			
Greece	6.1	4.0	4.0
Italy	4.5	4.3	4.0
Portugal	5.5	4.1	3.8
Spain	3.9	3.9	4.0
Austria	4.8	4.4	4.5
The United Kingdom	5.6	5.3	5.1
Ireland	6.2	5.2	4.9

6.42 Infant mortality: number of deaths of children aged under 12 months per 1 000 live births from 2000 onwards in the EU-15 countries

Sources: Health indicators, Flemish Care and Health Agency

Council of Europe, Recent demographic developments in Europe 2005

WHO, Core Health Indicators (website)

Mortality in children aged 1 to 5 is quite up and down, with significant differences from one year to the next. The general overall trend is downward and we can also see this downward trend in the Region of Flanders (see Table 6.43).

Deaths in children aged 1-5					
	2000	2002	2003	2004	2005
<b>Region of Flanders</b>	<b>NA</b>	<b>28.0</b>	<b>19.0</b>	<b>19.0</b>	<b>22.0</b>
Belgium	NA				
<i>Neighbouring countries</i>					
Germany	24.1	23.0	22.3	20.7	
France	25.1	23.6	24.0		
Luxembourg	21.7	30.8	8.9	8.9	13.6
The Netherlands	28.1	26.9	24.1	23.5	
<i>Nordic countries</i>					
Finland	17.7	16.1	20.7	24.7	24.3
Denmark	19.1				
Sweden	12.3	18.9			
<i>Mediterranean countries</i>					
Greece	18.4	21.3	18.3	23.0	
Italy	19.3				
Portugal	45.1	39.5	28.7	32.1	
Spain	26.1	25.4	27.2	22.4	
Austria	22.7	19.5	28.2	15.7	21.3
The United Kingdom	NA	24.0	24.6	23.2	
Ireland	21.2	26.4	21.9	20.9	20.3

6.43 Number of deaths of children aged 1 to 5 years per 100 000 live births from 2000 onwards in the EU-15 countries (crude death rate)



Sources: Health indicators, Flemish Care and Health Agency  
 WHO/Europe, European mortality database (MDB), website  
 NA: not available

### 7.6. Cot deaths

The Mediterranean countries in the EU and the Netherlands have very few cases of cot death: fewer than 2 cases under the age of 1 year per 10 000 live births. The other countries, including the Region of Flanders, have between 2 and 4 cases, with the exception of Germany.

It also appears that the number of cases of cot death is falling in all the EU-15 countries.

<b>Cot deaths</b>					
	2000	2002	2003	2004	2005
<b>Region of Flanders</b>	<b>6.9</b>	<b>4.4</b>	<b>5.0</b>	<b>4.0</b>	<b>3.3</b>
<b>(1)</b>					
Belgium	NA				
<i>Neighbouring countries</i>					
Germany	6.5	5.1	5.3	4.6	
France	4.6	3.8	3.4		
Luxembourg	3.5	5.6			
The Netherlands	1.2	1.1	1.4	0.9	1.0
<i>Nordic countries</i>					
Finland	3.2	2.5	3.2	1.9	3.3
Denmark	2.4				
Sweden	2.8	2.1			
<i>Mediterranean countries</i>					
Greece	1.1	1.0	0.8	0.9	
Italy	0.6				
Portugal	0.6	0.5	0.7		
Spain	1.9	1.9	1.8	1.9	
Austria	5.0	4.2	3.4	2.1	3.8
The United Kingdom	NA	3.3	3.0	2.9	
Ireland	9.3	5.9	6.9	6.0	3.1

6.44 Number of cases of cot death per 10 000 infants under the age of 1 year in the EU-15 countries from 2000 onwards (crude death rate)

Sources: Health indicators, Flemish Care and Health Agency  
 WHO/Europe, European mortality database (MDB), website

(1) Figures for total number of cases of cot death per 10 000 live births

NA: not available

### 7.7. Deaths caused by accidents

Table 6.45 compares the number of deaths resulting from accidents of children aged 1 to 15 in the Region of Flanders with the other EU-15 countries and Table 6.46 shows the number of deaths from traffic accidents. Because of the remarkable reduction achieved, the Region of Flanders ceased to be one of the poorest performing countries on deaths caused by accidents in general and traffic accidents in particular. Quite the reverse.

<b>Deaths caused by accidents</b>				
	2000	2002	2003	2004
<b>Region of Flanders</b>	<b>5.8</b>	<b>5.1</b>	<b>3.6</b>	<b>2.9</b>
Belgium	NA			
<i>Neighbouring countries</i>				
Germany	4.2	4.0	3.9	3.2
France	6.3	5.2	5.1	
Luxembourg	7.1	8.7	2.4	2.4
The Netherlands	4.3	3.1	4.3	3.3
<i>Nordic countries</i>				
Finland	4.5	5.0	4.7	8.4
Denmark	4.7			
Sweden	2.4	2.1		
<i>Mediterranean countries</i>				
Greece	5.9	6.5	5.3	4.5
Italy	3.7			
Portugal	6.1	10.0	8.0	7.6
Spain	6.4	5.0	5.4	4.7
Austria	6.5	3.9	5.7	3.0
The United Kingdom	NA	3.5	3.2	2.8
Ireland	4.2	5.4	4.6	3.0

6.45 Number of deaths caused by accidents in children aged 1 to 15 years per 100 000 children in the EU-15 countries from 2000 onwards (standard death rate (SDR))

Sources: Health indicators, Flemish Care and Health Agency

WHO/Europe, European mortality database (MDB), website

NA: not available

<b>Deaths caused by traffic accidents</b>				
	2000	2002	2003	2004
<b>Region of Flanders</b>	<b>3.7</b>	<b>2.3</b>	<b>1.7</b>	<b>1.1</b>
Belgium	NA			
<i>Neighbouring countries</i>				
Germany	2.0	1.9	1.7	1.4
France	2.9	2.3	2.1	
Luxembourg	3.4	3.7	1.3	
The Netherlands	2.0	1.3	2.3	1.3
<i>Nordic countries</i>				
Finland	2.2	2.2	3.3	1.7
Denmark	2.5			
Sweden	1.2	1.1		
<i>Mediterranean countries</i>				
Greece	3.0	4.1	3.1	3.0
Italy	2.0			
Portugal	3.0	5.9	4.4	4.2
Spain	3.5	2.8	2.8	2.3

Austria	1.7	1.5	2.7	1.3
The United Kingdom	NA	1.5	1.3	1.3
Ireland	2.6	3.0	1.7	1.2

6.46 Number of deaths caused by traffic accidents per 100 000 children aged 1 to 15 in the EU-15 countries from 2000 onwards (standard death rate (SDR))

Sources: Health indicators, Flemish Care and Health Agency

WHO/Europe, European mortality database (MDB), website

NA: not available

### 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 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.

This is about 0.5 per 100 000 deaths in the EU-15 countries. Only Spain, Greece, Italy and Ireland score below this with 0.3 or fewer. Austria scores higher, with 0.9 (see Table 6.47).

Apart from the figure for deaths classed as deaths caused by manslaughter and fatal maltreatment by other persons, UNICEF also gives "revised figures" which, in addition to deaths caused by manslaughter 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. What is striking here is that in some countries the revised figure is almost the same as the standard figure per 100 000, while in other countries there is quite a big difference.

Deaths due to child abuse		
	Per 100 000 (1)	Revised figures (2) Per 100.000
Belgium	0.6	1.1
<i>Neighbouring countries</i>		
Germany	0.6	0.8
France	0.5	1.4
Luxembourg	NA	NA
The Netherlands	0.5	0.6
<i>Nordic countries</i>		
Finland	0.7	0.8
Denmark	0.7	0.8
Sweden	0.5	0.6
<i>Mediterranean countries</i>		
Greece	0.2	0.2
Italy	0.2	0.2
Portugal	0.4	3.7
Spain	0.1	0.1
Austria	0.9	1.0
The United Kingdom	0.4	0.9
Ireland	0.2	0.3

6.47 Average number of deaths per year per 100 000 children under the age of 15 in the EU-15 countries, 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”

NA: not available

### 7.9. Overweight in children aged 6 to 12 years

The “Flemish growth curves” study looked at children between the ages of 2 and 12 years. For the purposes of comparison with the EU-15 countries, we have taken from this study the total figure for boys and girls in the 6 to 12 age group, because this is the figure that is available for other countries. In Flanders 14.8% of 6- to 12-year-olds are overweight and 3.4% are obese. Flanders is in the middle of the range. The incidence varies from 12% (the Netherlands) to 36% (Italy) (see Table 6.48).

	<b>Overweight</b>
<b>Flanders</b>	<b>14.8</b>
Belgium	18.0
<i>Neighbouring countries</i>	
Germany	16.0
France	19.0
The Netherlands	12.0
<i>Nordic countries</i>	
Denmark	15.0
Sweden	18.0
<i>Mediterranean countries</i>	
Greece	31.0
Italy	36.0
Spain	34.0
The United Kingdom	20.0

6.48 Incidence of overweight in 6-12 year-olds in a number of EU countries

Sources: Lobstein T., Frelut M-L., *Prevalence of overweight among children in Europe*, Obesity news 2003  
 “Flemish growth curves” project (Roelants M., VUB; Hauspie R., VUB; Hoppenbrouwers K., KU Leuven)

## CHAPTER 7. A SAFE AND HEALTHY LIFE?

People's personal behaviour can affect their state of health, even from a very young age. Examples of this for the young child are whether they are breast-fed or not, the composition of the feed for those who are bottle-fed, use of therapeutic drugs and oral hygiene.

The living environment is also important for the young child, even more so than for adults. In this chapter we look at a number of aspects of how young children live and the environment in which they live, including information on how often they move house.

### 1. Feeding babies in the first year of life

#### 1.1. First food

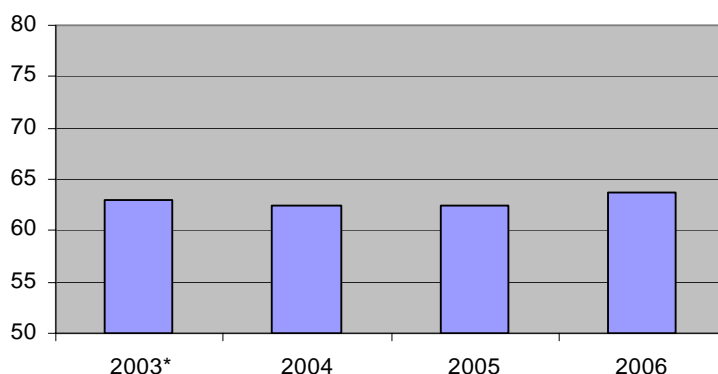
***Breast-feeding from birth continues to increase; ethnic minority babies are breast-fed much more***  
*Breast-feeding* is, without a doubt, the healthiest and most natural way of feeding a baby. The benefits for the health of mother and child are abundantly clear. In addition to the fact that breast-feeding 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 allergy to cow's milk.

Child and Family uses a definition of breast-feeding that is in line with that of the WHO: breast-feeding means feeding the baby exclusively on breast milk. Small quantities of water, oral rehydration substances, medicines, and vitamin and/or mineral supplements are still considered to be exclusive breast-feeding, as is some formula milk that has to be given due to special circumstances. When, however, formula milk or other food is given regularly in addition to breast milk, this is no longer considered as breast-feeding. First food is defined as the food the baby is being given on day six.

In Flanders, 63.7% of newborn babies are fed exclusively on breast milk as their *first food* on day 6. This represents an increase of 1.2% compared with 2005 (see Figure 7.1).

The percentage of babies who are exclusively breast-fed varies by *province*. The percentage is highest in Flemish Brabant, where 67.8% of babies are initially exclusively breast-fed. In the province of West Flanders, the percentage is the lowest, at only 56.0%. In the provinces of Limburg, Antwerp and East Flanders, 65.7%, 65.0% and 63.8% of newborn babies respectively are exclusively breast-fed (see Table 7.2). The percentage of babies being fed exclusively on breast milk as their first food increased in all provinces.

#### Trend in breast-feeding as first food



7.1 Trend in the percentage of babies fed exclusively on breast milk as their first food on day 6 since 2003

Source: *Child and Family – IKAROS*

\* April - December 2003

The percentage of babies who are initially exclusively breast-fed is higher for *first-borns* than for subsequent babies. 65.9% of first-borns are breast-fed; for subsequent babies the figure is 62.4% (see Table 7.3).

The percentage who are breast-fed is much lower for premature babies: only 53.4% are initially breast-fed (see Table 7.4). Babies in Belgian *underprivileged families* are much less likely to be breast-fed than babies in other types of families (35.1%). Table 7.5 presenting the percentage of breast-fed babies by different privileged/underprivileged social groups also shows that babies from non-Belgian families which are not underprivileged are the most likely to be breast-fed from birth (77.5%). The figure for babies born into Belgian families which are not underprivileged is 61.4%.

Table 7.6 shows the differences by age of the mother. Mothers aged between 30 and 35 breast-feed from birth the most. There has also been quite a large increase in this age group (+2.2).

The percentage of breast-fed babies is highest among mothers with a university degree and among mothers with a very low level of education. This last fact is hardly surprising, as these are mainly ethnic minority babies (see Table 7.7).

<b>Breast-feeding by province</b>		
	2005	<b>2006</b>
Antwerp	64.0	<b>65.0</b>
Flemish Brabant	65.1	<b>67.8</b>
West Flanders	55.1	<b>56.0</b>
East Flanders	62.6	<b>63.5</b>
Limburg	65.4	<b>65.7</b>
Region of Flanders	62.5	<b>63.7</b>

7.2 Percentage of babies who are being exclusively breast-fed on day 6 by province

Source: *Child and Family – IKAROS*

<b>Breast-feeding by birth order</b>		
	2005	<b>2006</b>
First-borns	64.0	<b>65.9</b>
Second or later babies	61.1	<b>62.4</b>
All babies	62.5	<b>63.7</b>

7.3 Percentage of babies being breast-fed on day 6, by birth order – Region of Flanders

Source: Child and Family – IKAROS

<b>Breast-feeding and prematurity</b>		
	2005	2006
Premature	47.9	53.4
Full term	63.6	64.5
All babies	62.5	63.7

7.4 Percentage of babies being breast-fed on day 6 by whether or not they were born prematurely – Region of Flanders

Source: Child and Family – IKAROS

<b>Breast-feeding and belonging/not belonging to a disadvantaged group</b>		
	2005	2006
Babies in Belgian families which are not underprivileged	60.4	61.4
Babies in underprivileged Belgian families	32.3	35.1
Babies in non-Belgian families which are not underprivileged	76.5	77.5
Babies in non-Belgian underprivileged families	72.6	75.0
All babies	62.5	63.7

7.5 Percentage of babies being breast-fed on day 6, by whether or not their family belongs to a disadvantaged group – Region of Flanders

Source: Child and Family – IKAROS

<b>Breast-feeding and age of the mother</b>		
	2005	2006
Under 20	51.2	54.1
20 – 25	58.6	59.6
25 – 30	64.2	64.9
30 – 35	62.9	65.1
35 – 40	62.5	62.2
40 years or over	62.0	63.4
All babies	62.5	63.7

7.6 Percentage of babies being breast-fed on day 6, by age of the mother – Region of Flanders

Source: Child and Family – IKAROS

<b>Breast-feeding and level of education of the mother</b>		
	2005	2006
No education or only primary school	74.2	76.1
1st and 2nd stage or lower secondary school	50.5	53.6
3rd stage or higher secondary school	51.5	52.5
Non-university higher education (short course)	69.3	69.7
University education	77.8	78.9
All babies	62.5	63.7

7.7 Percentage of babies being breast-fed on day 6, by level of education of the mother – Region of Flanders

Source: *Child and Family – IKAROS*

### 1.2. Course of breast-feeding

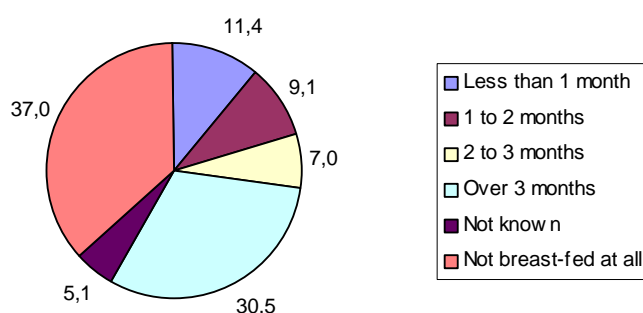
#### **3 in 10 babies are still being exclusively breast-fed at 3 months. Mothers are breast-feeding for longer**

The most recent figures available relate to the third quarter of 2006, so we looked at babies born in the fourth quarter of 2005 through to and including the third quarter of 2006. Over 30% of these babies were still being exclusively breast-fed at the age of 3 months (see Figure 7.8 and Table 7.9). Of the group who started on breast-feeding (breast-feeding on day 6), over 48% are still being exclusively breast-fed at the age of 3 months. Table 7.9 shows this by province.

Not only has there been an increase in the number of babies that start on breast-feeding (see 1.1), mothers are also breast-feeding for longer.

The decrease in breast-feeding between day 6 and 3 months is slow but sure. Figure 7.10 shows the number of babies still being exclusively breast-fed by age in full weeks.

#### Course of breast-feeding



7.8 Course of breast-feeding in babies born in the 4<sup>th</sup> quarter of 2005 up to and including the 3<sup>rd</sup> quarter of 2006 (percentages)

Source: *Child and Family – IKAROS*

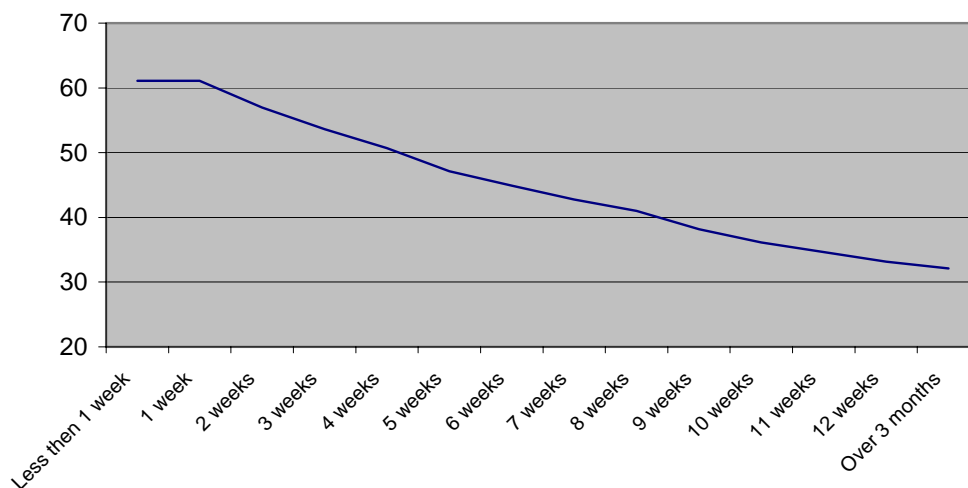
	<b>Breast-feeding at 3 months by province</b>			
	% of all babies		% of babies who were initially breast-fed	
	4/2004-3/2005	4/2005-3/2006	4/2004-3/2005	4/2005-3/2006
Antwerp	30.4	<b>31.9</b>	48.0	<b>49.2</b>
Flemish Brabant	30.0	<b>31.6</b>	47.0	<b>47.7</b>
West Flanders	25.4	<b>26.8</b>	46.8	<b>48.2</b>
East Flanders	28.9	<b>30.0</b>	46.5	<b>47.3</b>
Limburg	31.2	<b>32.0</b>	47.7	<b>49.2</b>
Region of Flanders	29.2	<b>30.5</b>	47.2	<b>48.4</b>

7.9 Percentage of babies born in the 4<sup>th</sup> quarter up to and including the 3<sup>rd</sup> quarter of the year in question who were still being exclusively breast-fed at the age of 3 months, by province of birth

Source: *Child and Family – IKAROS*



**Exclusive breast-feeding by age in weeks (1)**



7.10 Babies in the Region of Flanders: percentage of babies being exclusively breast-fed by age in full weeks – babies born 4<sup>th</sup> quarter 2004 - 3<sup>rd</sup> quarter 2006

Source: *Child and Family – IKAROS*

(1) Excluding babies for whom the duration of breast-feeding is not known

**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 2002 survey into the nutrition 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 7.11). Parents who have allergies in their families, in particular, choose HA milk instead of a whey-protein-based infant formula.

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 in this case.

<b>First bottle-feed (1)</b>			
	Babies bottle-fed from birth	Babies breast-fed from birth	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

7.11 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 of young children, SEIN, Limburg University Centre, November 2002*

(1) Excluding babies in underprivileged families and from ethnic minorities

(2) Only indicated to prevent allergies

(3) Only indicated for babies where regurgitation is a problem

(4) Not recommended at this age

At the age of 3 months, 67% of babies who started bottle-feeding have changed the type of bottle-feed 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 7.12 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 this stage, even though 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 follow-up formulas are mostly formulas based on cow's milk. Almost 46% are drinking 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.

<b>Bottle-feeding at 6 months (1)</b>	
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
From birth – infant formula (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

7.12 Composition of the bottle-feed at 6 months – 2002 (percentages)

Source: \* Lenaers St., Goffin I., *Survey into the nutrition of young children, SEIN, Limburg University Centre, November 2002*

(1) Excluding babies in underprivileged families and from ethnic minorities

(2) Only indicated for babies where regurgitation is a problem

(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 7.13 shows the milks babies are drinking on a daily basis at the age of one year. Around 85% are given growth or follow-up formulas at this age; 15% are not or no longer drinking formula milk.

<b>Bottle-feeding at 12 months (1) (2)</b>	
	%
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

7.13 Composition of the milk feed being given to babies that are bottle-fed at the age of 12 months – 2002 (percentages)

Source: \* Lenaers St., Goffin I., *Survey into the nutrition of young children, SEIN, Limburg University Centre, November 2002*

(1) Excluding 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, it is a fact that 28% of babies start spoon feeding before the age of 4 months (16 weeks); over 24% do this in the fourth month (12 to 15 weeks); and almost 4% before the age of 3 months (12 weeks).

Around as many babies start with vegetable puree as with fruit puree (see Table 7.14).

<b>Spoon feeding (1)</b>	
<b>Starting age</b>	
Under 4 months	27.9
<i>of which</i>	
0 to 3 weeks	0.1
4 to 7 weeks	0.7
8 to 11 weeks	2.9
12 to 15 weeks	24.3
From 4 to 6 months	70.7
Older than 6 months	1.4
Total	100.0

**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
<b>Total</b>	<b>100.0</b>

7.14 Introduction age of spoon feeding and type of first spoon feeding – 2002 (percentages)

Source: \* Lenaers St., Goffin I., Survey into the nutrition of young children, SEIN, Limburg University Centre, November 2002

(1) Excluding babies in underprivileged families and from ethnic minorities

**2. Use of therapeutic drugs**

**A considerable amount of therapeutic drugs used**

The health survey gives information about the use of therapeutic drugs, which is high in the Region of Flanders, even for young children. 31.0% of children under the age of 12 (Region of Flanders) took some form of medicine in a 2-week period\*. This percentage falls as the child grows up, from 43.0% of children under the age of 3 to 27% of children aged 6-12. There was a slight decrease in the use of therapeutic drugs between 2001 and 2004, except for the children under the age of 3.

Table 7.15 includes the use of both prescribed medicines and medicines which can be bought without a prescription. The use of prescribed medicines for children under 3 was over 20% and had fallen since 2001. The use of medicines bought without prescription had also fallen to 13.8%.

<b>Use of therapeutic drugs</b>		
	2001	2004
<b>Use of therapeutic drugs</b>		
Children aged under 3	39.1	43.0
Children aged 3-6	35.0	29.7
Children aged 6-12	34.7	26.6
<b>Total aged under 12</b>	<b>36.5</b>	<b>31.0</b>
	(N=509)	(N=441)
<b>Use of prescribed therapeutic drugs</b>		
Children aged under 3	31.0	24.8
Children aged 3-6	20.5	18.6
Children aged 6-12	17.0	18.5
<b>Total aged under 12</b>	<b>22.0</b>	<b>20.1</b>
	(N=518)	(N=447)
<b>Use of therapeutic drugs obtained without a prescription</b>		
Children aged under 3	13.0	23.9
Children aged 3-6	18.0	13.8
Children aged 6-12	19.9	10.3
<b>Total aged under 12</b>	<b>18.1</b>	<b>13.8</b>
	(N=506)	(N=442)

7.15 Percentages of children taking prescribed medication and medication obtained without a prescription in a 2-week period, by age group – Region of Flanders

Source: 2001 and 2004 Belgian Health Surveys, Department of Epidemiology, Scientific Institute of Public

*Health*

\* *The surveys were spread over the year*

**3. Use of alternative medicine**

The health survey gives us a picture of the extent to which parents are using alternative medicine for young children: 11% of children under 12 had had some contact with non-conventional or alternative medicine in a 12-month period. This was even higher for children under 3, at 14.7% (see Table 7.16). This usually involved the child being taken to a doctor who practises alternative medicine. In most cases this was a homeopathic practitioner. Quite a few children under 3 were taken to see an osteopath (5.1%). The increase in the use of homeopathic medicine and osteopathy for children under the age of 3 is striking: 6.4% and 0.4% respectively in 2001.

	Alternative medicine			Total for children under 12
	Children aged under 3	Children aged 3-6	Children aged 6-12	
Contact with non-conventional therapy	14.7	10.5	9.5	11.0 (N=444)
Contact with non-conventional therapy through a doctor	9.8	7.9	8.3	8.2 (N=427)
Contact with non-conventional therapy through a paramedic	3.4	2.3	1.8	2.6 (N=407)
Contact with a homeopathic practitioner	11.3	7.2	9.8	8.7 (N=444)
Contact with an osteopath	5.1	1.4	1.8	2.8 (N=445)

7.16 Children under the age of 12 for whom alternative forms of medical treatment were sought in a 12-month period: extent of use, type of practitioner and type of medicine (percentages)

*Source: 2004 Belgian Health Survey, Department of Epidemiology, Scientific Institute of Public Health*

**4. Oral hygiene in young children and eating habits that affect oral health**

***Daily tooth-brushing and consumption of sugary products are the most important areas for improvement***

Behavioural factors are very important for oral health. Just think how important eating habits and oral hygiene are. Learning good habits at a young age goes a very long way to determining the state of a person's oral health in later life.

Data were collected as part of the "Tandje de Voorste" (Smile for Life) project\* (see also chapter 6, point 4.4).

Parents in Flanders often only start brushing their toddler's teeth after their second birthday. Tooth-brushing is still not a daily habit in 1 in 5 5-year-olds. Many children – even 3-year-olds – are not given help with brushing their teeth.

What is surprising is that even some 5-year-olds still frequently drink from a bottle (12%). What's more, that bottle often contains a sugary drink. It is an established habit of around 2/3 of children in Flanders to drink

sweet drinks between meals. Further questioning revealed that over 10% of the children are offered sugary drinks before going to bed or during the night.

Twelve percent of the parents questioned also admitted that they regularly put sweet substances on their child's soother.

The findings of this project clearly show that there is a great deal of room for improvement in the oral health of children in Flanders. Starting daily tooth-brushing with the help of a parent at an early enough age needs to be encouraged. Parents also need to be warned about the risks associated with frequently giving their children sugary products on soothers, in bottles, as drinks between meals and at night.

<b>Oral hygiene and eating habits (%)</b>		
	<b>3-year-olds (N=1 250)</b>	<b>5-year-olds (N=1 283)</b>
<b>Oral hygiene</b>		
Age tooth-brushing starts		
- 1 year or under	35.7	61.5
- between 1 and 2 years	45.1	30.5
- 2 years old or more	19.2	8.0
Frequency of tooth-brushing		
- > 1x/day	17.6	23.0
- 1x/day	53.2	55.7
- not every day	29.2	20.3
Parents help with tooth-brushing (regularly)	50.1	33.3
<b>Eating habits</b>		
Drink from a bottle (at time of survey)	40.5	12.0
Put sweet substances on soother (ever done this?)	12.7	12.6
Sweet drinks between meals (regularly)	69.0	64.5
Sweet drinks at night (regularly)	11.1	10.6

7.17 Oral hygiene and eating habits which affect oral health among 3- and 5-year-olds in some regions of Flanders

Source: Declerck D., Leroy R., Martens L., Lesaffre E., Garcia-Zattera M.J., Vanden Broucke S., Debyser M., Hoppenbrouwers K., *Factors associated with prevalence and severity of caries experience in preschool children. Community Dent Oral Epidemiol 2007; 35 (in press)*

\* This project is a collaboration between the Universities of Leuven and Ghent and Child and Family, made possible by the support of Gaba International and Gaba Benelux

## 5. Vaccination rates

### **Very high vaccination rates**

A survey of vaccination rates among young children in Flanders was conducted in 2005. This involved checking the vaccination record that parents keep at home of 1 354 children aged between 18 months and 2 years and consulting the medical records of Child and Family, and the children's paediatricians or GPs. This survey was carried out by Antwerp University, K.U. Leuven and Brussels Free University (VUB).

The study found that a very high percentage of young children in Flanders are vaccinated properly against the most important infectious diseases for which vaccines are available. The vaccination rate for young children in Flanders is well over 90% for all the basic vaccines. To eliminate these infectious diseases for good, it is essential that sufficient people are vaccinated (vaccination rate of 95% or above).

In addition to the vaccination rate for the basic vaccines, Table 7.18 includes comparative data from the last survey in 1999.

Most young children are vaccinated by Child and Family or at their day nursery (83%). Some are vaccinated by a paediatrician (11%) or GP (5%).

Children at greatest risk of not having all their vaccinations are youngest children in the family, children with non-working mothers and children who once had side effects to a vaccination. Illness of the child is reported by parents as the main reason for having an incomplete set of vaccinations.

	Vaccination rates				
	1999	2005			
		Dose 1	Dose 2	Dose 3 (1)	Dose 4
Polio	96	99.0	98.6	98.2	93.1
DTP	89	98.7	98.2	97.9	92.9
HIB	74	98.1	97.6	97.2	92.6
Hep B (1)	68	96.9	96.1	92.2	10.1
Measles/mumps/rubella	83	94.0			
Meningitis C (2)		94.1			

#### 7.18 Vaccination rate among young children in Flanders

**Source:** Van Damme P., Hoppenbrouwers K., Depoorter A-M., Studie van de vaccinatiegraad bij jonge kinderen en adolescenten in Vlaanderen in 2005, [Survey of vaccination rates of young children and adolescents in Flanders in 2005] March 2005

(1) For hepatitis B, both the 3-dose schedule and the 4-dose schedule were used in the period of the study

(2) No account was taken of the age it was started

## 6. Living conditions

The immediate environment in which they live is extremely important for young children, as they spend more time in the home on a day-to-day basis than do adults. Children need a clean, safe place to grow up in.

Over three-quarters of children under the age of 12 have their own bedroom. Almost 65% have room to play indoors and 94% live in a home with a garden or backyard attached to the house (see Table 7.19).

	Space for children?			
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
Separate bedroom for each child	76.7	72.5	76.8	75.7 (N=2 418)
Room to play indoors	56.6	67.5	65.4	64.0 (N=2 415)
Garden or backyard	91.4	94.9	94.7	94.0 (N=2 417)

#### 7.19 Children aged under 12: percentage who live in a home with a separate bedroom for each child, room to play indoors and a garden or backyard – 2005

**Source:** Antwerp University, Herman Deleeck Centre for Social Policy

34.3% of young children live in a *home* with one or more problems: dampness, too dark, difficult to heat, lack of basic conveniences (bath or shower, toilet or hot water) or in an overcrowded home (less than 1 room per person). Overcrowding and dampness are the most common problems (see Table 7.20).

Over 44% of the children live in *an environment that has one or more faults*. These include noise from the neighbours or the street, pollution or other nuisance caused by traffic or industry, vandalism or crime, remote location without good public transport links and a scruffy neighbourhood. Noise from neighbours or the street scores the worst (see Table 7.20).

<b>Living conditions</b>				
	Children aged under 3	Children aged 3-6	Children aged 6-12	Total
<b>Faults in the home</b>				
Too dark	8.5	8.8	6.2	7.4
Difficult to heat	6.2	6.5	7.6	7.0
Leaking roof, damp walls or floor, rotting window frames or rotting woodwork	17.2	14.5	13.7	14.8
Lack of basic conveniences (bath or shower, toilet, hot running water)	1.8	0.0	0.3	0.6
Overcrowded (less than 1 room per person)	17.3	15.1	17.2	16.7
<i>Percentage with one or more faults in the home</i>	<i>34.1</i>	<i>33.6</i>	<i>34.8</i>	<i>34.3</i>
	<i>(N=206)</i>	<i>(N=214)</i>	<i>(N=482)</i>	<i>(N=902)</i>
<b>Faults in living environment</b>				
Noise from neighbours or the street	18.7	20.0	18.5	18.9
Pollution or other nuisance caused by traffic or industry	11.0	13.5	14.3	13.3
Vandalism or crime in the neighbourhood	7.2	9.5	15.6	12.0
Remote location without good public transport links	15.2	15.8	9.9	12.6
Scruffy neighbourhood	9.9	9.2	6.4	8.0
<i>Percentage with one or more faults in the living environment</i>	<i>42.2</i>	<i>47.1</i>	<i>43.6</i>	<i>44.2</i>
	<i>(N=206)</i>	<i>(N=214)</i>	<i>(N=482)</i>	<i>(N=902)</i>

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

Source: FPS Economy, Statistics and Economic Information Department, SILC – 2005

## 7. Moving house

### Many young children have experienced moving house.

Table 7.21 shows how many children move house in the course of one year. In the course of 2004, 9.3% of children under the age of 12 moved house. In about half of these cases they moved house within the same municipality. Fewer children moved house than in 2003.

<b>Moved house within past year</b>				
2003		2004		Total
Children aged under 12	Children aged under 3	Children aged 3-7	Children aged 7-12	



Moved house within the municipality	5.1	5.8	5.2	3.8	4.6
Moved to a different municipality within the same district	2.1	2.5	2.3	1.7	2.0
Moved to a different district within the Region of Flanders	1.6	1.8	0.9	0.6	1.0
Moved to another region within Belgium	0.5	0.7	0.6	0.4	0.5
Moved abroad or unknown	0.7	0.7	0.4	0.3	0.4
<b>Total who moved house</b>	<b>10.0</b>	<b>11.4</b>	<b>10.6</b>	<b>7.7</b>	<b>9.3</b>
Did not move house	90.0	88.6	89.4	92.4	90.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

7.21 Children aged under 12: percentage who moved house during the year, by type of move

Source: FPS Economy, Statistics and Economic Information Department, Population Statistics

## 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 Sweden and the Mediterranean countries (see Table 7.22).

<b>Breast-feeding</b>		
	% at birth	% at 4 to 6 months
<b>Region of Flanders</b>	<b>63</b>	<b>NA</b>
Belgium	NA	NA
<i>Neighbouring countries</i>		
Germany	86	NA
France	50	NA
Luxembourg	88	54
The Netherlands	75	37
<i>Nordic countries</i>		
Finland	NA	NA
Denmark	98	NA
Sweden	97	NA
<i>Mediterranean countries</i>		
Greece	NA	NA
Italy	85	19
Portugal	93	NA
Spain	91	NA
Austria	NA	NA
<i>The United Kingdom</i>	69	21
<i>Ireland</i>	NA	NA

6.1 Percentage of babies that are breast-fed at birth and at 4-6 months.

Sources: Child and Family – IKAROS

La Leche League International (website)

NA: not available

### 8.2. Vaccination rates

Rates of vaccination against *polio* and *DTP* are good in most EU-15 countries. Only in Greece and Austria is the rate for polio 3 and DTP 3 below 90%. The United Kingdom and Ireland score quite low. The situation is less good with respect to *hepatitis B*, with a very low rate for France and quite a low rate for Belgium. Flanders, however, does score well on this. Some countries do not even include Hep B 3 in their vaccination schemes or it is only made available to at-risk groups: the Nordic countries, the Netherlands, the United Kingdom and Ireland. Vaccination rates for *measles* are usually lower than those for polio and DTP (see Table 7.23).

	Vaccination rates (1)			
	Polio 3	DTP 3	Hep B 3	Measles
<b>Flanders</b>	<b>98</b>	<b>98</b>	<b>92</b>	<b>94</b>
Belgium	97	97	78	88
<i>Neighbouring countries</i>				
Germany	94	90	84	93
France	98	98	29	87
Luxembourg	99	99	95	95
The Netherlands	98	98	NS/R	96
<i>Nordic countries</i>				
Finland	97	97	NS/R	97
Denmark	93	93	NS	95
Sweden	99	99	NS/R	94
<i>Mediterranean countries</i>				
Greece	87	88	88	88
Italy	97	96	96	87
Portugal	93	93	94	93
Spain	96	96	96	97
Austria	86	86	86	75
The United Kingdom	91	91	NS/R	82
Ireland	90	90	NS/R	84

7.23 Percentages of children who have had polio 3, DTP 3, Hep B 3 and measles vaccinations – 2005  
Sources: Van Damme P., Hoppenbrouwers K., Depoorter A-M., *Studie van de vaccinatiegraad bij jonge kinderen en adolescenten in Vlaanderen in 2005, [Survey of vaccination rates of young children and adolescents in Flanders in 2005] March 2005*

WHO Vaccine - preventable diseases, monitoring system 2006 - country profile (website)

(1) WHO-Unicef estimates

NS: not in scheme

NS/R: not in scheme, only for at-risk groups

### 8.3. Oral hygiene of young children

Our figures for the other EU countries are based on data from the *National Institute for DentoCraniofacial Research* (NIDCR) of the *National Institute of Health* (NIH) of the USA (see point 4).

Table 7.24 shows the results for oral hygiene for Flanders and for the EU countries which took part in the study. The Flemish children got very poor scores on reported frequency of tooth-brushing.

Oral hygiene				
	Brush teeth twice a day	Started brushing before 2nd birthday	Parents help children with tooth brushing	Sweet drinks at night
<b>Flanders (Leuven)</b>	32	65	74	19
Germany	66	94	80	21
Denmark	81	96	97	12
Italy	43	63	79	17
Scotland	85	99	84	20
Wales	83	94	79	26
Northern Ireland	77	90	69	15
<b>Ireland</b>	52	76	74	22

7.24 Oral health-related behaviour of children aged 3 to 5 in some EU countries – 2004 (percentages)

Source: Pine C. M. et al., *International comparisons of health inequalities in childhood dental caries. Community Dental Health 2004, 21 (Supplement): 121-130*

#### 8.4. Housing problems

The European Panel Study of Households published data on housing problems experienced by families with children. The problems found were: lack of space; noisy neighbours or street noise; insufficient light; inadequate heating; damp or leaking roof; traffic pollution or industrial pollution; and vandalism or crime. Table 7.25 shows the percentage of families who reported three or more problems, by type of family. One-parent families with dependant children reported relatively more housing problems than two-parent families with 1 or 2 dependant children. In most of the EU-15 countries, the percentage is a little higher in two-parent families with 3 or more children than in two-parent families with 1 or 2 children. Belgium comes in the middle of the range for two-parent families with 1 or 2 children. Austria, Ireland and France score better; the Mediterranean countries score noticeably worse. For one-parent families, Belgium is among the best scoring countries: with France it has one of the lowest percentages reporting three or more problems.

Housing problems experienced by families				
	One-parent families	Two-parent families		
		with 1 child	with 2 children	with 3 or more children
Belgium	16.9	11.5	14.7	11.7
<i>Neighbouring countries</i>				
Germany	NA	NA	NA	NA
France	14.3	9.0	11.0	15.8
Luxembourg	NA	NA	NA	NA
The Netherlands	24.3	11.5	7.6	8.1
<i>Nordic countries</i>				
Finland	26.8	14.3	10.0*	13.0*
Denmark	26.2	13.6	13.4	11.1
Sweden	NA	NA	NA	NA
<i>Mediterranean countries</i>				
Greece	39.1	19.6	23.0	22.8

Italy	33.4	22.6	24.2	30.0
Portugal	43.1	16.9	18.9	31.5
Spain	22.5	16.2	16.0	18.0
Austria	14.5	6.4	7.4	9.3
The United Kingdom	NA	NA	NA	NA
Ireland	42.0*	9.7*	7.7*	NA
EU-15	20.0	12.1	12.8	15.9

7.25 Percentages of one- and two-parent families with three or more housing problems in the EU-15 countries – 2001

Source: Eurostat, website

\* Unreliable

NA: not available