

# **Australia's children: their health and wellbeing 2002**

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Canberra**

**AIHW Cat. No. PHE 36**

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ISBN 1 74024 182 7

**Suggested citation**

Al-Yaman F, Bryant M & Sargeant H 2002. Australia's children: their health and wellbeing 2002. AIHW Cat. No. PHE 36. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Printed by Lamb Print

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# Preface

Children are a most important part of Australia's future. In June 2000, there were 3.9 million children in Australia, approximately 21% of the population. This proportion has decreased by 7% since 1990, reflecting the decline in fertility and the ageing of the population. The health of Australians in 25 years will be influenced, in many ways, by the health of the children of today. Many childhood diseases that were once common have been overcome by improved vaccinations, and other conditions have been ameliorated by advanced medical techniques. However, asthma, diabetes, obesity, motor vehicle accidents and drug abuse have become risks to childhood health. Furthermore, the health status of Indigenous children remains poor. There are also regional disparities in health status. It is critical that we continue to monitor and report on trends in child health in order to improve and maintain the health of Australia's children.

It is becoming increasingly accepted that health is determined by more than just the existence of disease or the lack of it. Social and environmental conditions are also important determinants of health, especially in children. This report attempts to integrate the social and environmental determinants of health, with the outcomes in terms of health status.

*Australia's Children: Their Health and Wellbeing 2002* is the second national report on the health and wellbeing of Australian children. This report brings together information from a wide range of State/Territory and Commonwealth sources to reveal a national picture of the health status of Australian children. Some of the information in the report has never been previously published in this form. The cooperation of information providers is gratefully acknowledged.

The structure of *Australia's Children: Their Health and Wellbeing 2002* closely follows the National Child Health Information Framework which was established in March 1998 and subsequently endorsed by the Australian Health Ministers' Advisory Council. At the centre of the framework is a set of indicators designed to facilitate concise, comprehensive and balanced judgments about health conditions, determinants of health and progress towards a healthier society.

Production of this report was assisted by funding from the Commonwealth Department of Health and Ageing.

Richard Madden  
Director



# Acknowledgments

Many people contributed to this report. Their time and commitment are greatly appreciated.

The following people from the AIHW and AIHW collaborating units refereed various sections of the report: Tim Armstrong, Mark Cooper-Stanbury, Bonnie Field, Ros Madden, Paul Magnus, Louise York and Xinyang Wen (AIHW), Natasha Nassar and Tara Hurst (AIHW National Perinatal Statistics Unit), James Harrison and Malinda Steenkamp (AIHW National Injury Surveillance Unit), Helena Britt (AIHW General Practice Statistics and Classification Unit), Lorna Lucas (AIHW Dental Statistics and Research Unit), Guy Marks (Australian Centre for Asthma Monitoring) and Margaret Burgess, Peter McIntyre, Heather Gidding, Brynley Hull and Peter Horby (National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases). Referees from other organisations were Marelle Rawson, Ken Black, Tony Lloyd, staff in the Demography section and in the National Centre for Culture and Recreational Statistics at the Australian Bureau of Statistics (ABS), Vicki White (Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria), and Michael Sawyer (University of Adelaide).

Staff from the following units at AIHW provided special data for the report: Cardiovascular Disease and Diabetes Monitoring Unit, Disability Services Unit, Health Monitoring and Development Unit, Health Registers and Cancer Monitoring Unit, Population Health Unit and Population Health Data and Information Services Unit. Staff at AIHW collaborating units – Knute Carter (AIHW Dental Statistics and Research Unit) and Ying Pan (AIHW General Practice Statistics and Classification Unit) – also provided data for the report. Data were also provided by the following organisations: the Victorian Department of Human Services (Maureen Tessier), Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria (Vicki White), Department of Health and Ageing (Alison Milton), Health Insurance Commission (Korina Measham) and University of Adelaide (Brian Graetz).

Staff from various branches of the then Commonwealth Department of Health and Aged Care also provided valuable comments on different sections of the report. The branches were the Primary Prevention and Early Detection Branch, Drug Strategy and Population Health Social Marketing Branch, Communicable Diseases and Environmental Health Branch (all from the Population Health Division), Mental Health and Special Programs Branch (Health Services Division), Health Capacity Development Branch, Private Health Industry Branch, Priorities and Quality Branch (all from the Health Industry and Investment Division), Health and Community Strategies Branch and Workforce Information and Policy Branch (Office of Aboriginal and Torres Strait Islander Health).

Thanks are also due to Helen Moyle and Helen Johnstone (AIHW Children, Youth and Families Unit) for contributing to the section on family environment, Susie Kelly (AIHW Children, Youth and Families Unit) for doing the graphics for the report, and staff of the AIHW Hospitals and Mental Health Services Unit for advice on hospital data.

We also wish to thank Ching Choi, Helen Moyle, Jenny Hargreaves, Carol Bower and Richard Madden, who read and provided valuable comments on the entire report.



# Summary

This report presents data on national indicators of child health and wellbeing and is based on the structure of the National Child Health Information Framework. Although the report focuses on aspects of poor health in Australian children, most Australian children enjoy good health.

- In 2000, while children accounted for approximately 21% of the total Australian population, child deaths represented only 1.5% of all deaths. The main causes in infants were conditions originating in the perinatal period, congenital malformations and sudden infant death syndrome (SIDS). The main causes in children aged 1–14 years were injury and poisoning, neoplasms (including cancer) and diseases of the nervous system (Chapter 3).
- Infant death rates fell during the decade 1991–00, with rates for boys decreasing by 26%, and rates for girls by 23% (Chapter 3). Foetal, neonatal and perinatal death rates all decreased over the same period (Chapter 7). Death rates for children aged 1–14 years also fell, by 22% (Chapter 3).
- In 1999–00, there were over 500,000 hospitalisations of children aged 0–14 years. Of these, 26% were infants. The main reasons for hospitalisation of infants were conditions originating in the perinatal period and diseases of the respiratory system. The main reasons in children aged 1–14 years were diseases of the respiratory system (including asthma) and injury (Chapter 4).
- In 1998, an estimated 296,000 Australian children were reported to have a disability. Of these, 144,000 had a profound/severe core activity restriction where they needed help with self-care, mobility, communication and schooling. The most common disabling conditions were intellectual and other mental disorders and respiratory diseases. The majority of children with a disability attended school (97%), with most of these being enrolled in a mainstream school (Chapter 5).
- The highest burden of disease (a measure of life years lost due to premature mortality and years of healthy life lost due to disability) for Australian children is caused by acute and chronic respiratory diseases and mental disorders (Chapter 6).
- Respiratory problems were also the most common problems managed by general practitioners in 2000–01 (Chapter 4). In the 1995 ABS National Health Survey, the most commonly reported recent condition was the common cold, while the most commonly reported long-term condition was asthma.
- Sudden infant death syndrome (SIDS) is a leading cause of death of Australian infants. However, between 1991 and 2000, SIDS death rates for boys decreased by 65%, and for girls by 63% (Chapter 8).
- Notification rates for congenital malformations have also been declining, especially for neural tube defects. The rate for neural tube defects including spina bifida almost halved between 1987 and 1997 (Chapter 9).
- Notification rates for many vaccine-preventable diseases decreased over the decade (Chapter 10). This was associated with an increase in the proportion of children immunised against these diseases. In 2001, 90.4% of children aged 1 year and 88.0% of children aged 2 years were fully immunised (Chapter 20). However, children continue to contract these diseases. The most commonly notified vaccine-preventable disease in children is pertussis (whooping cough) (Chapter 10).

- Asthma and Type 1 diabetes are now serious childhood illnesses. The prevalence of asthma in children is estimated to be around 16%, while the incidence of Type 1 diabetes is 18.6 per 100,000 children. Both diseases increased over the decade 1991–00 (Chapters 12 and 13).
- Among children aged 4–12 years, 15.0% of boys and 14.4% of girls have a number of emotional and/or behavioural problems. Some children also experience more serious mental disorders; for example, among children aged 6–12 years, 19.3% of boys and 8.8% of girls are reported to have attention-deficit hyperactivity disorder (Chapter 16).
- Injuries continue to be the leading causes of death among children, and one of the main causes of illness. The most common reason for injury hospitalisations is falls, followed by pedal cyclist injuries and accidental poisoning. Deaths from injuries, including motor vehicle accidents and accidental drowning, declined over the decade (Chapter 18).
- Most Australian children have good dental health. In recent years, the mean number of decayed teeth in children has been decreasing, while the proportion of children free from tooth decay has been increasing. Most Australian children have visited a dentist in the previous 12 months, many of them using school dental services (Chapter 17).
- A small proportion of Australian babies (6.7%) weigh less than 2,500 grams at birth. Low birthweight is more common in babies born to families with low socioeconomic status and to Aboriginal and Torres Strait Islander mothers (Chapter 20).
- At discharge from hospital, 81.8% of babies are exclusively breastfed, but this declines to 57.1% at 3 months of age and to 18.6% at 6 months of age (Chapter 20).
- The majority of Australian children are of an acceptable weight, although 18.0% of boys and 22.0% of girls are overweight or obese. These proportions increased over the last decade (Chapter 20).
- Most Australian children do not consume alcohol, smoke tobacco or take illicit drugs. However, in the 1999 Australian Secondary Students Alcohol and Drug Survey, 13% of children aged 12–14 years reported smoking tobacco and 24% reported consuming alcohol in the week prior to the survey. Of children aged 12–15 years, 29% of boys and 23% of girls reported having taken an illicit drug at least once (Chapter 20).
- The majority of Australian children use sun protection when in the sun. However, the proportion always doing so decreases with age, with only 46% of children aged 10–14 years always using sun protection, compared with 81% of those aged less than 2 years (Chapter 20).
- In 2000, death rates for Aboriginal and Torres Strait Islander infants were 3 times higher than those for other Australian infants. Deaths among Indigenous children aged 1–14 years were 2.5 times those for other Australian children. Death rates were also higher among children living in remote and rural areas than for those in metropolitan areas (Chapter 3).
- On most measures of health covered in this report, Aboriginal and Torres Strait Islander children were worse off than other Australian children, and children living in rural and remote areas were worse off than those living in metropolitan areas.