

# 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.