



Health and Wellbeing of Children in Western Australia 2012, Overview and Trends

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EXECUTIVE SUMMARY

This report describes the findings from the 2012 Health and Wellbeing Surveillance System and provided the health sector and the general public with important information about a number of aspects of health and wellbeing relevant to the Western Australian child population.

The Health and Wellbeing Surveillance System is a continuous data collection which was initiated in 2002 to monitor the health status of the general population. In 2012, almost 900 parents/ carers of children aged 0 to 15 years were interviewed via computer assisted telephone interviews between January and December, reflecting a participation rate of 92.1%. The sample is randomly selected and then weighted to reflect the Western Australian child population.

Some key findings from the report include:

General health:

- In 2012, just over 85% of children aged 0-15 years were reported as having very good or excellent health by their parents/carers.

Chronic health conditions:

- The prevalence of lifetime asthma in 2012 (11.4%) was the lowest recorded to date and was significantly lower compared with 2006 (17.1%).
- In 2012, children aged 10 to 15 years were almost 2.5 times more likely to have been injured compared with children aged 0 to 4 years (30.1% compared with 12.3%).

Lifestyle and physiological risk factors:

- In 2012, just under half (48.9%) of children aged 5 to 15 years were completing the recommended amount of physical activity per week for good health.

- Children aged 5 to 15 years were significantly more likely to meet the television viewing guidelines for their age group (78.9%) compared with children aged 0 to 1 years (49.4%) and 2 to 4 years (28.3%).
- There were no statistically significant changes in the proportion of children aged 5 to 15 years classified as very overweight (7.3% in 2012).
- In 2012, the average number of times a child was sunburnt in the past 12 months increased with age (0 to 4 years; 0.4 times compared with 10 to 15 years; 1.9 times).
- The majority of parents/carers (92.3%) check if the child is adequately protected before going out into the sun all or most of the time, and since 2002 the proportion of parents/carers always checking that their child was protected before going into the sun increased significantly (53.1% in 2002 to 63.0% in 2012).
- The proportion of children living in smoke free homes has increased significantly from 2002 (89.6%) to 2012 (97.9%).
- Children aged 12 to 15 years were significantly less likely to consume the recommended daily serves of fruit and vegetables compared to younger age groups.

Emotional health and wellbeing:

- Just over one-third (35.6%) of children were bullied in the past 12 months in 2012.
- The proportion of children aged 1 to 15 years ever treated for an emotional or mental health problem increased significantly from 2002 (3.0%) to 2012 (6.2%).
- Almost one in seven (13.9%) parents/guardians reported having been diagnosed with a mental health problem in the last 12 months and one in nine (11.2%) were currently receiving treatment for such a problem.

1. INTRODUCTION

The WA Health & Wellbeing Surveillance System (HWSS) is a continuous data collection system, which was developed to monitor the health and wellbeing of Western Australians. Each month, more than 550 people throughout Western Australia are interviewed. The HWSS began in March 2002 and as at December 2012 approximately 65,000 interviews have been conducted. Of these, 12,493 were conducted with parents/carers of children up to the age of 15 years. This report presents the information collected on children for 2012 with trends over time.

Parents/carers are asked questions on a range of indicators related to their child's health and wellbeing. Topics include chronic health conditions, lifestyle risk factors, school and friendships, protective factors and socio-demographics. Questions about health and wellbeing are also asked of the respondent for the child (usually the mother) and about the partner of the respondent.

The questions that are included on the HWSS for children were selected to provide information about State or National indicators of health and wellbeing. The Telethon Institute of Child Health Research (TICHR) 1996 Child Health Survey methodology and questionnaire¹ guided development of these questions.

Information from the survey is used to monitor the health status of Western Australian (WA) children, to inform health education programs, to evaluate interventions, to inform health policy development, to identify and monitor emerging trends and to evaluate the new National Public Health Initiatives.

All the information provided in this report is based on self-reported data collected from the child's parent/guardian. Testing has shown that the responses to the questions on the survey are reliable but in a very few cases, may not be completely accurate. For example, parents are unlikely to know the exact amount of physical exercise their child does, but test-retest information shows that the estimate they give is consistent over time. This means that although the estimates of things like physical activity and weight will probably not be the 'true' estimate, they can be used to show patterns of change over time. The identification of patterns over time is the basis of a monitoring and surveillance system.

While the information provided in this report is representative of WA children as a whole, it may not be representative of minority groups within the population such as Aboriginal children and children living in homes without telephones. For information on Aboriginal child health please see the reports generated from the 2001-2002 WA Aboriginal Child Health Survey² and also the 2004-05 National Aboriginal and Torres Strait Islander Health Survey³.

2. METHODOLOGY

2.1 Mode of administration and sampling

The HWSS is conducted as a Computer Assisted Telephone Interview (CATI). Households are selected from the 2008-2009 White Pages by a stratified random process. An approach letter is sent to all selected households informing them about the survey and that their household has been selected to participate. The approach letter explains the purpose of the survey, gives the time within which they can expect to be contacted by the data collection agency and explains that one person from the household will be selected to participate. A specially prepared brochure is included in the letter, which explains about the HWSS and provides contact numbers for people to call for more information.

2.2 Weighting the data

One of the most important features of a report describing the health and wellbeing of any population is the ability to make comparisons between and within areas or categories. In order to do this, data must be weighted to the population that is being described, which in this case is the population of WA children under the age of 16.

The HWSS data are weighted to compensate for the over-sampling in the rural and remote areas of WA and then adjusted to the most recent Estimated Resident Population (ERP) for the year of the survey. Rural and remote areas of WA are over-sampled proportional to their populations within WA. This is done to provide enough interviews to enable reliable and robust estimates to be made for these areas. To ensure that any changes over time in prevalence estimates were not a result of changes in the age and sex distribution of the population, all years were standardised by weighting them to the 2006 Estimated Resident Population. As the information collected on children has been weighted to the age by sex distribution of the children in the Western Australian population, the information about the parent/guardian respondent to the survey has not been weighted.

2.3 Response rates

A very important part of any survey is the response rate, as low response rates may produce estimates that are not representative of the population or that are unreliable or

biased. Each year since the HWSS began response rates of over 75% have been attained. The response rate for each month of 2012 is shown in Table 1 and the consistency is comparable to previous years. The numbers refer to the entire sample for the HWSS, that is, it includes calls to adults and children. It is not possible to extract the information for children only but the consistency of the response rates over the year provides an excellent basis for assuming a high overall response rate within age groups.

Table 1: Response rate for Health and Wellbeing survey by month, 2012

Month	Sample Frame	Out of Scope (a)	Eligible Sample	No answer after 10 attempt	Eligible Contacts (b)	Sample Frame	Interviews	Raw Response Rate	Adjusted Response Rate	Participation Rate (c)
Jan	1197	392	805	96	709	51	610	75.8	86.0	92.3
Feb	1168	416	752	60	692	63	590	78.5	85.3	90.4
Mar	1168	418	750	70	680	51	563	75.1	82.8	91.7
Apr	1168	413	755	76	679	67	562	74.4	82.8	89.3
May	1169	439	730	66	664	55	553	75.8	83.3	91.0
Jun	1336	473	863	86	777	73	625	72.4	80.4	89.5
Jul	1234	472	762	55	707	76	557	73.1	78.8	88.0
Aug	1234	458	776	53	723	80	567	73.1	78.4	87.6
Sep	1234	460	774	91	683	69	542	70.0	79.4	88.7
Oct	1262	468	794	92	702	74	583	73.4	83.0	88.7
Nov	1460	596	864	99	795	95	624	72.2	78.5	86.8
Dec	1004	398	606	92	514	37	432	71.3	84.0	92.1
Total	14634	5403	9231	936	8325	791	6808	73.8	81.8	89.6

a) Non-operational, business or dedicated fax numbers and people who are out of scope, e.g. real estate agent or house sitter. All other numbers were considered to be part of the eligible sample, which forms the denominator for the Raw Response Rate.

b) If the telephone is answered, the number is part of the eligible contacts. This forms the denominator of the Adjusted Response Rate.

c) The Participation Rate is the number of people interviewed divided by the number of people interviewed plus the number of refusals.

A full explanation of the methodology can be found in the paper titled WA Health and Wellbeing Surveillance System (WAHWSS), Design and Methodology, Technical Paper No 1. September 2011 - Version 2. This document is available both on the Epidemiology Website on the DoH intranet and the DoH Internet at the following web addresses:

<http://www.health.wa.gov.au/publications/documents/Technical%20paper%20no%201%20Design%20and%20Methodology.pdf>

3. HOW ESTIMATES ARE REPORTED

3.1 Percentage and prevalence

The information in this report is presented either as a percentage of the child population who has a particular risk factor/demographic characteristic or as the prevalence of a particular health condition within the child population. Prevalence is the description of the number or proportion of children in a community with a given condition and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition. Prevalence involves all affected individuals, regardless of the date of contraction, whereas incidence only involves individuals who have newly contracted the disease during a specified time interval. Surveys generally do not collect or report incidence of disease.

There are three main types of prevalence that are typically reported. Lifetime prevalence represents the proportion of the population that have ever had a condition, period prevalence represents the proportion of the population who have a condition within a specified period of time, e.g. twelve months, and point prevalence represents the proportion of the population who have a condition at the time of the survey. In this report, most of the prevalence estimates presented are period prevalence. With some conditions, such as asthma, both lifetime and point prevalence are reported. This is because a person may have had asthma at some point in their life but not have it currently. A copy of the questionnaire is available on the intranet at:

http://intranet.health.wa.gov.au/epidemiology/docs/HWSS_Questionnaire.pdf

Non DOH employees are asked to contact the Health Survey Unit, Epidemiology Branch, System Policy and Planning Division, (Health Department of Western Australia) for a copy of the questionnaire.

3.2 Confidence intervals

Each table presents the estimate of the prevalence of a condition or the estimate of the proportion of the population with a particular characteristic along with the 95% confidence interval around that estimate, presented as percentages.

The 95 per cent confidence interval is the range between which the true estimate would lie 95 out of 100 times. Overlapping confidence intervals indicate that there is probably no difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered to be significantly different.

Along with determining statistically significant differences confidence intervals can also be used to determine the level of stability around an estimate. The wider the confidence interval is around an estimate the less precise that estimate is and the more caution that should be applied with using it. In this report wide confidence intervals can be present for variables with multiple response categories, such as the burden that disability causes to a family and for variables with few respondents, such as the impact that alcohol has in a child's household. Information on how to determine whether or not a difference is statistically significant can be found at:

http://www.health.wa.gov.au/publications/pop_surveys.cfm

3.3 Using this report

This report has been generated to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance if no text has been provided. If more detailed information is required or interpretation needed, please contact the Health Survey Unit, Epidemiology Branch, Division of Public Health, Health Department of Western Australia.

4. TRENDS OVER TIME

One of the strengths of the HWSS is its ability to show changes over time. Therefore, trends for selected major health conditions and risk factors have been provided.

The prevalence or proportion of males and females who reported a selected condition/risk factor of interest was derived for each year from 2002 to 2012.

To guarantee any changes in prevalence estimates are not the result of changes in the age and sex distribution of the population, all years have been standardised by weighting them to the 2006 Estimated Resident Population. As a result, 2012 estimates presented in trend tables may differ slightly from 2012 estimates presented in prevalence tables due to the standardising of estimates to different populations.

Small changes in estimates from those presented in previous reports may occur due to the standardising of the estimates and updated population estimates.

5. DEMOGRAPHICS

The demographic characteristics of the child sample who participated in the HWSS in 2012 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a percent.

Table 2: Demographic characteristics of the child, HWSS 2012

Characteristic	Unweighted Sample (n)	Estimated Prevalence (%)
Age		
0 to 4 years	241	32.5
5 to 9 years	259	30.4
10 to 15 years	391	37.1
Gender		
Boys	462	51.0
Girls	429	49.0
Australian born		
Yes	838	93.6
No	53	6.4
Aboriginal or Torres Strait Islander		
Yes	33	3.8
No	856	96.2
Relationship of respondent to child		
Mother	706	78.2
Father	165	19.4
Other	20	2.4

The characteristics of the household and the weighted estimated percent of the population are shown in Table 3.

Table 3: Characteristics of the household where the child is resident, HWSS 2012

	Unweighted Sample (n)	Estimated Prevalence (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	752	84.6
Step or blended family	42	4.5
Sole parent family	75	8.6
Other family structure	22	2.4
Household income		
Under \$20,000	16	1.7
\$20,000 to \$40,000	67	6.3
\$40,000 to \$60,000	66	7.7
\$60,000 to \$80,000	119	15.1
\$80,000 to \$100,000	132	17.6
\$100,000 to \$120,000	132	16.8
\$120,000 to \$140,000	97	12.1
More than \$140,000	181	22.6
Household spending		
Spend more money than earn/get	22	3.5
Have just enough money to get by	131	16.6
Spend left over money	60	6.4
Save a bit every now and then	283	30.4
Save some regularly	310	34.8
Save a lot	80	8.4
Area of residence		
Metropolitan	385	76.1
Rural	347	16.7
Remote	159	7.2
SEIFA classification of social disadvantage		
SEIFA Quintile 1 (Most disadvantaged)	82	8.3
SEIFA Quintile 2	175	18.2
SEIFA Quintile 3	170	17.7
SEIFA Quintile 4	274	29.9
SEIFA Quintile 5 (Most advantaged)	190	25.8
Have private health insurance		
Yes	638	73.6
No	246	26.4

The demographic characteristics, with unweighted percentage, of the respondents for the children are shown in Table 4.

Table 4: Demographic characteristics of respondent for child, HWSS 2012

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
Australian born		
Yes	683	76.7
No	207	23.3
Aboriginal or Torres Strait		
Yes	19	2.1
No	872	97.9
Highest level of education		
Less than Year 10	13	1.5
Year 10 or Year 11	106	11.9
Year 12	116	13.1
TAFE/Trade qualification	376	42.3
Tertiary degree or equivalent	278	31.3
Employment status		
Employed	641	71.9
Unemployed	19	2.1
Home duties	206	23.1
Retired	8	0.9
Unable to work	5	0.6
Student	9	1.0
Other	3	0.3
Possess a government health care card		
Yes	132	14.8
No	759	85.2
Share home with a partner		
Yes	795	89.4
No	94	10.6

6. GENERAL HEALTH

6.1 Self-reported general health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning compared with excellent or very good ratings.⁴ Parents/carers were asked to rate their child's general health (Table 5).

Table 5: The health status of children 15 years and under, HWSS 2012

	Excellent		Very Good		Good		Fair		Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
0 to 4 yrs	66.4	(58.4 - 74.4)	20.2	(13.3 - 27.1)	10.5	(5.6 - 15.3)	2.9	(0.2 - 5.5)	0.0	(0.0 - 0.0)
5 to 9 yrs	54.5	(46.8 - 62.3)	30.3	(23.2 - 37.4)	11.5	(5.9 - 17.1)	2.8	(0.1 - 5.6)	0.9	(0.0 - 1.9)
10 to 15 yrs	54.9	(48.4 - 61.4)	29.4	(23.6 - 35.3)	13.8	(9.2 - 18.4)	1.4	(0.5 - 2.4)	0.4	(0.0 - 1.0)
Gender										
Boys	57.0	(51.0 - 63.0)	26.3	(21.1 - 31.6)	13.5	(9.1 - 18.0)	2.4	(0.8 - 4.1)	0.7	(0.0 - 1.5)
Girls	60.2	(54.0 - 66.3)	27.1	(21.5 - 32.6)	10.4	(6.8 - 14.1)	2.2	(1.0 - 4.1)	0.1	(0.0 - 0.3)
Children	58.5	(54.2 - 62.8)	26.7	(22.9 - 30.5)	12.0	(9.1 - 14.9)	2.3	(1.1 - 3.6)	0.4	(0.0 - 0.8)

The annual prevalence estimates of health status since 2004 are shown in Table 6. This question was not asked prior to 2004. In all years nearly 90% of children reported having very good or excellent health.

Table 6: Health status of children 15 years and under, HWSS 2004 – 2012

	Excellent		Very Good		Good		Fair		Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2004	55.3	(50.1 - 60.5)	30.2	(25.5 - 35.0)	11.2	(7.9 - 14.5)	2.2	(0.6 - 3.9)	1.0	(0.0 - 2.3)
2005	55.5	(51.8 - 59.2)	32.4	(28.9 - 35.9)	9.0	(7.0 - 11.1)	2.4	(1.1 - 3.6)	0.7	(0.0 - 1.3)
2006	60.3	(56.9 - 63.6)	28.9	(25.8 - 32.0)	8.2	(6.3 - 10.2)	2.3	(1.1 - 3.5)	0.3	(0.0 - 0.6)
2007	58.4	(53.6 - 63.2)	30.0	(25.6 - 34.5)	10.0	(7.2 - 12.8)	1.3	(0.2 - 2.4)	0.3	(0.0 - 0.7)
2008	59.9	(55.4 - 64.4)	27.0	(22.9 - 31.0)	10.7	(8.0 - 13.5)	2.0	(0.8 - 3.2)	0.4	(0.0 - 1.1)
2009	57.3	(54.5 - 60.1)	29.6	(27.1 - 32.1)	11.2	(9.3 - 13.1)	1.4	(0.9 - 2.0)	0.5	(0.1 - 0.8)
2010	58.7	(54.6 - 62.8)	29.8	(25.9 - 33.6)	9.6	(7.2 - 12.0)	1.8	(0.8 - 2.8)	0.2	(0.0 - 0.4)
2011	60.5	(55.8 - 65.2)	25.4	(21.2 - 29.6)	10.4	(7.4 - 13.5)	2.4	(0.9 - 3.8)	1.3	(0.0 - 2.8)
2012	58.3	(54.0 - 62.5)	26.9	(23.2 - 30.7)	12.0	(9.2 - 14.9)	2.3	(1.1 - 3.5)	0.5	(0.0 - 0.9)
Average	57.8	(56.5 - 59.0)	29.5	(28.4 - 30.6)	10.2	(9.5 - 11.0)	1.9	(1.6 - 2.3)	0.6	(0.3 - 0.8)

6.2 Disability

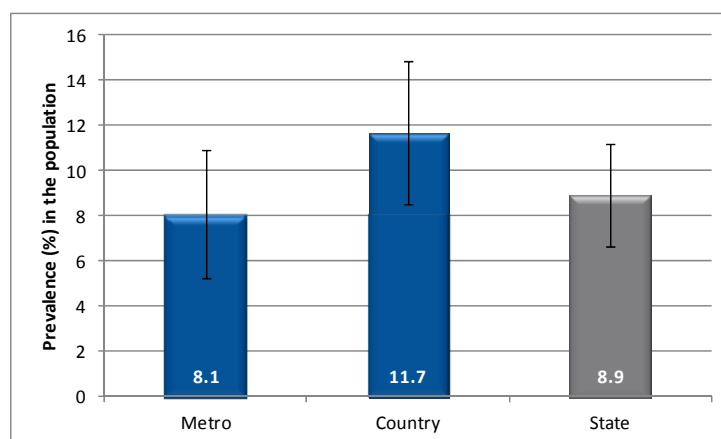
Disability may be experienced in terms of impairments of body functions and structures, activity limitations or participation restrictions.⁵ Parents/carers were asked whether their child has a disability, long-term illness or pain that put a burden on the family, as shown in Table 7. In 2012, children aged 10 to 15 years were almost three times as likely to have a disability, long-term illness or pain that put a burden on the family compared with those aged 0 to 4 years (12.5% compared with 4.5%).

Table 7: Child with disability, long-term illness or pain that puts a burden on the family, HWSS 2012

	%	95% CI
Age Group		
0 to 4 yrs	4.5	(1.3 - 7.7)
5 to 9 yrs	9.2	(5.0 - 13.4)
10 to 15 yrs	12.5	(8.3 - 16.7)
Gender		
Boys	8.2	(5.2 - 11.2)
Girls	9.7	(6.2 - 13.1)
Children	8.9	(6.6 - 11.2)

Figure 1 shows the prevalence of disability among children by geographic area of residence. The prevalence of disability, long-term illness or pain that put burden on the family was slightly higher among children who reside in the country compared with their metro counterparts, however this difference was not statistically significant.

Figure 1: Child with disability, long-term illness or pain that puts a burden on the family, by geographic area, HWSS 2012



The annual prevalence estimates of disability are shown in Table 8.

Table 8: Child with disability, long-term illness or pain that puts a burden on the family, HWSS 2004 – 2012

	%	95% CI
2002	9.6	(7.4 - 11.9)
2003	10.3	(8.3 - 12.4)
2004	13.8	(10.1 - 17.5)
2005	9.7	(7.4 - 11.9)
2006	9.2	(7.0 - 11.3)
2007	8.1	(5.5 - 10.7)
2008	7.3	(5.0 - 9.6)
2009	6.8	(5.6 - 8.0)
2010	8.2	(6.0 - 10.5)
2011	8.4	(5.5 - 11.3)
2012	9.2	(6.9 - 11.5)
Average	8.7	(8.1 - 9.4)

Parents/carers were asked who was the principal carer of the child with the disability, long-term illness or pain. In 2012, the majority of children were cared for by their mother (84.7%).

Parents/carers who reported their child had a disability, long-term illness or pain that put a burden on the family were asked to rate the extent of the burden, as shown in Table 9.

Please note that this table is based on small numbers.

Table 9: Burden due to a child with a disability, long-term illness or pain, HWSS 2012

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
0 to 4 yrs	17.1	(0.0 - 47.7)	51.7	(14.8 - 88.6)	31.2	(0.0 - 65.4)	0.0	(0.0 - 0.0)	0.0	(0.0 - 0.0)
5 to 9 yrs	12.7	(0.0 - 28.5)	32.5	(14.1 - 50.8)	38.3	(13.0 - 63.6)	7.0	(0.0 - 15.9)	9.6	(0.0 - 27.5)
10 to 15 yrs	14.6	(3.5 - 25.7)	46.9	(28.6 - 65.2)	19.8	(4.3 - 35.3)	13.5	(6.0 - 25.5)	5.1	(0.0 - 10.7)
Gender										
Boys	11.3	(0.0 - 23.7)	34.9	(18.1 - 51.7)	35.0	(15.2 - 54.7)	9.1	(0.0 - 19.0)	9.8	(0.0 - 22.5)
Girls	17.2	(3.9 - 30.6)	50.6	(31.5 - 69.7)	20.8	(3.9 - 37.7)	9.4	(0.0 - 19.3)	2.0	(0.0 - 5.9)
Children	14.4	(5.3 - 23.6)	43.2	(30.0 - 56.4)	27.5	(14.3 - 40.6)	9.3	(2.2 - 16.3)	5.6	(0.0 - 12.1)

The annual prevalence estimates of the burden are shown in Table 10. The estimates vary widely due to the small numbers reporting.

Table 10: Burden due to a child with a disability, long-term illness or pain, HWSS 2002 – 2012

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	23.8	(13.9 - 33.6)	31.6	(20.3 - 42.9)	29.8	(18.2 - 41.4)	9.2	(1.4 - 17.0)	5.6	(0.6 - 10.7)
2003	18.4	(30.4 - 51.5)	41.0	(30.4 - 51.5)	33.0	(22.9 - 43.1)	5.2	(1.1 - 9.2)	2.5	(0.0 - 5.0)
2004	11.9	(4.0 - 19.8)	33.4	(19.5 - 47.3)	28.4	(15.4 - 41.3)	13.0	(1.4 - 24.6)	13.3	(2.0 - 24.7)
2005	21.5	(11.6 - 31.5)	34.8	(23.2 - 46.4)	21.9	(11.3 - 32.5)	18.4	(7.8 - 28.9)	3.4	(0.9 - 5.9)
2006	25.5	(13.4 - 37.6)	31.4	(18.9 - 43.9)	25.9	(13.5 - 38.3)	7.8	(2.3 - 13.4)	9.4	(1.1 - 17.7)
2007	7.9	(1.0 - 14.8)	34.0	(18.6 - 49.4)	26.8	(11.9 - 41.8)	28.2	(10.4 - 46.1)	3.1	(0.3 - 5.8)
2008	27.9	(11.0 - 44.9)	24.8	(11.3 - 38.4)	34.7	(18.5 - 50.9)	7.9	(0.8 - 15.0)	4.6	(0.5 - 8.8)
2009	17.7	(8.9 - 26.4)	50.8	(41.6 - 59.9)	20.1	(13.6 - 26.6)	3.8	(1.0 - 6.5)	7.7	(3.4 - 11.9)
2010	14.7	(5.9 - 23.6)	50.3	(35.7 - 64.9)	25.8	(12.8 - 38.8)	3.9	(0.3 - 7.6)	5.2	(0.0 - 11.8)
2011	17.0	(4.0 - 30.1)	24.6	(8.3 - 41.0)	21.8	(6.6 - 37.0)	20.7	(4.9 - 36.6)	15.8	(1.1 - 30.5)
2012	14.2	(5.4 - 23.0)	43.7	(30.7 - 56.7)	26.9	(14.1 - 39.7)	9.5	(2.4 - 16.5)	5.7	(0.0 - 12.1)
Average	17.8	(14.9 - 20.6)	38.9	(35.2 - 42.6)	26.3	(22.9 - 29.6)	10.3	(8.0 - 12.7)	6.8	(4.9 - 8.7)

7. CHRONIC CONDITIONS

Chronic health conditions refer to long-term conditions (lasting more than six months) that can have a significant impact on a person's life. The chronic conditions collected by the HWSS are National Health Priority Areas due to their health impact and the potential to reduce their burden.⁶ In the HWSS, chronic conditions were determined by asking parents/carers whether or not a doctor had ever diagnosed their child with a number of common health conditions.

7.1 Attention deficit hyperactivity disorder

Attention Deficit Hyperactivity Disorder (ADHD) is a behavioural disorder that affects young children. Children with ADHD have three main problems: inattention, impulsivity and overactivity.⁷ The prevalence of ADHD is shown in Table 11.

Table 11: Prevalence of ADHD, 2 years and over, HWSS 2012

	%	95% CI
Age Group		
2 to 4 yrs	0.0	(0.0 - 0.0)
5 to 9 yrs	3.9	(0.6 - 7.3)
10 to 15 yrs	2.8	(0.8 - 4.8)
Gender		
Boys	2.6	(0.7 - 4.5)
Girls	2.4	(0.3 - 4.5)
Children	2.5	(1.1 - 3.9)

The annual prevalence estimates of ADHD are shown in Table 12.

Table 12: Prevalence of ADHD, 2 years and over, HWSS 2002 – 2012

	%	95% CI
2002	3.7	(2.1 - 5.3)
2003	3.0	(1.8 - 4.1)
2004	4.9	(2.4 - 7.5)
2005	3.8	(2.3 - 5.4)
2006	2.9	(1.8 - 3.9)
2007	3.3	(1.4 - 5.3)
2008	2.1	(1.0 - 3.2)
2009	2.1	(1.5 - 2.7)
2010	1.6	(0.7 - 2.6)
2011	2.6	(1.0 - 4.1)
2012	2.6	(1.1 - 4.0)
Average	2.8	(2.4 - 3.1)

7.2 Developmental problems

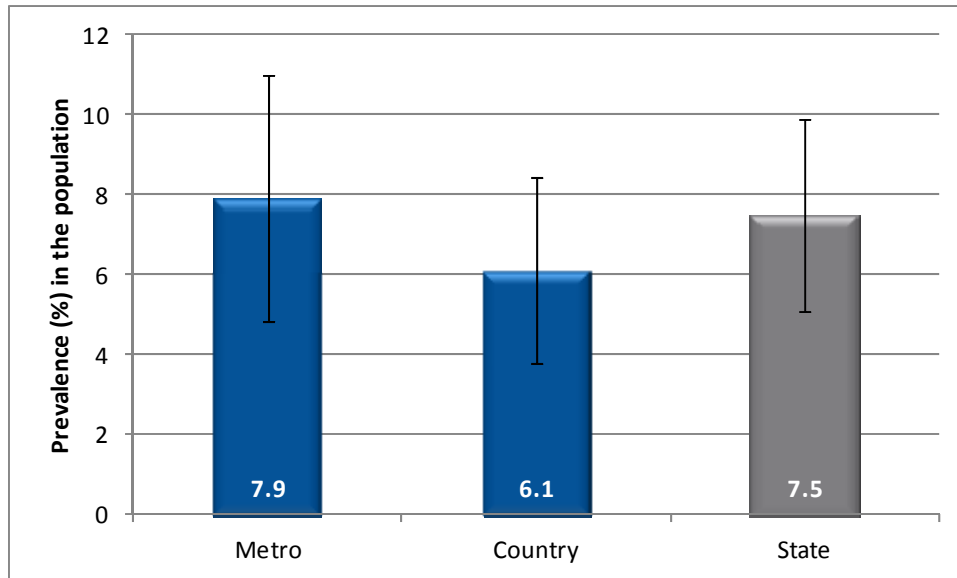
Parents/carers were asked whether or not a doctor had ever diagnosed their child with a problem with coordination, clumsiness, deformity, stiffness or developmental delay. The prevalence of developmental problems is shown in Table 13.

Table 13: Prevalence of development problems, HWSS 2012

	%	95% CI
Age Group		
0 to 4 yrs	5.6	(0.8 - 10.5)
5 to 9 yrs	9.3	(5.0 - 13.6)
10 to 15 yrs	7.6	(4.1 - 11.1)
Gender		
Boys	8.1	(4.4 - 11.8)
Girls	6.9	(3.8 - 9.9)
Children	7.5	(5.1 - 9.9)

Figure 2 shows the prevalence of developmental problems among children by geographic area of residence. The prevalence of developmental problems was slightly lower among children from the country compared with children from the metropolitan region; however this difference was not statistically significant.

Figure 2: Prevalence of development problems, by geographic area, HWSS 2012



The annual prevalence estimates of developmental problems are shown in Table 14.

Table 14: Prevalence of developmental problems, HWSS 2002 – 2012

	%	95% CI
2002	7.1	(5.3 - 9.0)
2003	8.7	(6.8 - 10.5)
2004	9.3	(6.3 - 12.3)
2005	6.9	(4.9 - 8.9)
2006	6.4	(4.7 - 8.2)
2007	6.5	(4.0 - 9.0)
2008	7.2	(4.8 - 9.6)
2009	6.0	(4.8 - 7.2)
2010	5.8	(3.8 - 7.8)
2011	6.0	(3.7 - 8.3)
2012	7.5	(5.2 - 9.9)
Average	6.9	(6.3 - 7.4)

7.3 Type 1 diabetes

Diabetes is a condition where the body is unable to maintain normal blood glucose levels. Diabetes contributes significantly to ill health, disability and premature death in Australia, however death is extremely rare among children.⁸ In 2012, only one respondent indicated that their child had been diagnosed with Type 1 diabetes. The annual prevalence estimates of diabetes are shown in Table 15.

Table 15: Prevalence of Type 1 diabetes, HWSS 2002 – 2012

	%	95% CI
2002	0.0	(0.0 - 0.0)
2003	0.0	(0.0 - 0.0)
2004	0.0	(0.0 - 0.0)
2005	0.1	(0.0 - 0.2)
2006	0.2	(0.0 - 0.3)
2007	0.2	(0.0 - 0.5)
2008	0.0	(0.0 - 0.0)
2009	0.2	(0.0 - 0.4)
2010	0.0	(0.0 - 0.0)
2011	0.2	(0.0 - 0.5)
2012	0.1	(0.0 - 0.3)
Average	0.1	(0.0 - 0.1)

7.4 Asthma

Asthma is a common chronic condition and a National Health Priority Area.⁶ It is a reversible narrowing of the airways in the lungs, with symptoms which include wheezing, coughing, tightness of the chest, breathing difficulty and shortness of breath.⁴

Parents/carers were asked whether a doctor had ever told them their child had asthma and whether their child had symptoms or had taken treatment for asthma during the past 12 months. The prevalence of asthma is shown in Table 16.

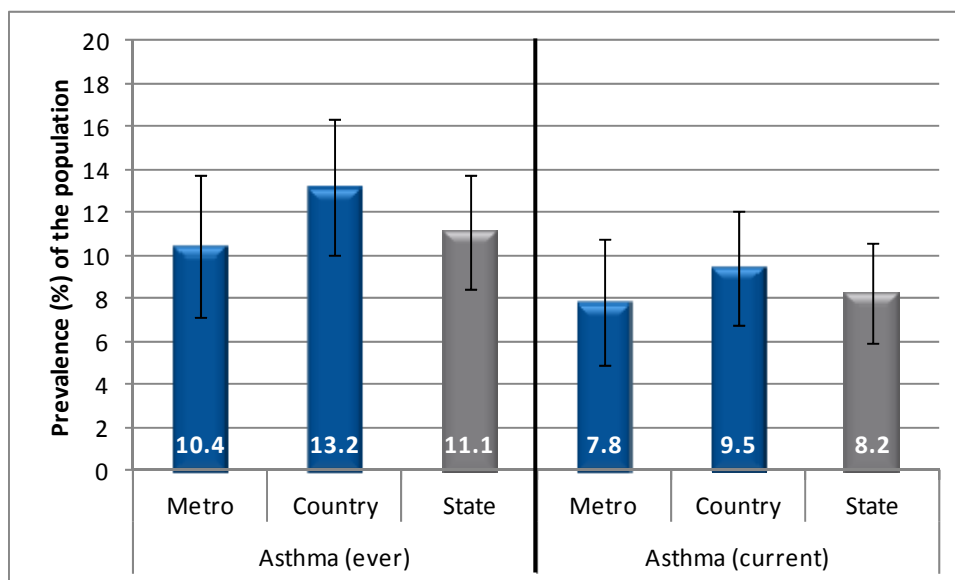
Table 16: Prevalence of asthma, HWSS 2012

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	5.8	(2.1 - 9.5)	5.4	(1.8 - 9.1)
5 to 9 yrs	13.9	(8.7 - 19.0)	11.9	(7.1 - 16.8)
10 to 15 yrs	13.5	(9.0 - 18.0)	7.7	(4.2 - 11.3)
Gender				
Boys	10.7	(7.2 - 14.3)	7.3	(4.4 - 10.2)
Girls	11.5	(7.6 - 15.4)	9.2	(5.6 - 12.8)
Children	11.1	(8.5 - 13.7)	8.2	(5.9 - 10.6)

Children aged 10 to 15 years of age were almost twice as likely to be reported as ever having had asthma compared with currently having asthma (13.5% compared with 7.7%). However, this difference was not statistically significant.

Figure 3 shows the prevalence of asthma among children by geographic area of residence. The prevalence of lifetime (ever) and current asthma was slightly higher among children from the country compared with children from the metropolitan region; however this difference was not statistically significant.

Figure 3: Prevalence of asthma, by geographic area, HWSS 2012

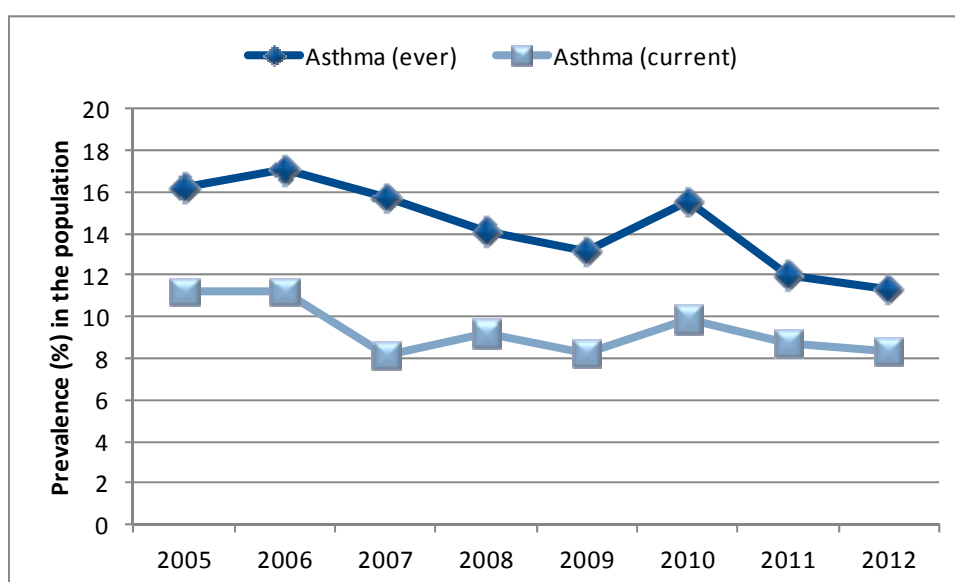


The annual prevalence estimates of asthma are shown in Table 17 and Figure 4. The lifetime prevalence of asthma in children was the lowest recorded to date in 2012 (11.4%) and this was significantly lower compared with the prevalence in 2006 (17.1%). The current asthma prevalence in 2012 (8.3%) was the second lowest that has been recorded, but was not significantly lower compared to previous years.

Table 17: Prevalence of asthma, HWSS 2005 – 2012

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
2005	16.2	(13.4 - 19.0)	11.2	(8.7 - 13.7)
2006	17.1	(14.5 - 19.7)	11.3	(9.0 - 13.5)
2007	15.7	(12.2 - 19.3)	8.2	(5.7 - 10.6)
2008	14.1	(10.9 - 17.3)	9.2	(6.4 - 12.1)
2009	13.2	(11.4 - 14.9)	8.3	(6.8 - 9.7)
2010	15.6	(12.6 - 18.6)	9.9	(7.4 - 12.4)
2011	12.0	(9.0 - 15.1)	8.7	(6.0 - 11.4)
2012	11.4	(8.8 - 14.0)	8.3	(6.0 - 10.6)
Average	14.4	(13.5 - 15.3)	9.4	(8.6 - 10.1)

Figure 4: Prevalence of asthma over time, children 15 years and under, HWSS 2005 – 2012



7.5 Respiratory problem other than asthma

Parents/carers were asked whether a doctor had told them their child had a respiratory problem other than asthma, such as chronic bronchitis, that lasted six months or more. The prevalence of respiratory problems is shown in Table 18.

Table 18: Prevalence of respiratory related conditions, HWSS 2012

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	3.3	(0.6 - 6.0)	1.7	(0.0 - 3.7)
5 to 9 yrs	1.2	(0.0 - 2.7)	0.6	(0.0 - 1.6)
10 to 15 yrs	0.9	(0.0 - 2.1)	0.4	(0.0 - 0.9)
Gender				
Boys	2.4	(0.6 - 4.3)	1.0	(0.0 - 2.2)
Girls	1.1	(0.1 - 2.2)	0.8	(0.0 - 1.7)
Children	1.8	(0.7 - 2.9)	0.9	(0.1 - 1.6)

Note: These figures are based on small numbers and may not be wholly representative of the child population.

The annual prevalence estimates of respiratory problems are shown in Table 19. Due to changes in the wording of the questions the data is only comparable from 2007 onwards.

Table 19: Prevalence of respiratory related conditions, HWSS 2007 – 2012

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
2007	1.4	(0.1 - 2.8)	1.2	(0.0 - 2.6)
2008	0.8	(0.2 - 1.4)	0.6	(0.0 - 1.2)
2009	1.5	(0.9 - 2.0)	0.7	(0.3 - 1.1)
2010	0.7	(0.1 - 1.3)	0.3	(0.0 - 0.5)
2011	0.5	(0.0 - 1.3)	0.2	(0.0 - 0.4)
2012	1.8	(0.7 - 2.8)	0.9	(0.2 - 1.6)
Average	1.4	(1.0 - 1.7)	0.7	(0.4 - 1.0)

Note: These figures are based on small numbers and may not be wholly representative of the child population.

7.6 Injuries

Injury is a leading cause of hospitalisation and death in Australia and is a National Health Priority Area.⁶ Parents/carers were asked whether their child had injuries in the past 12 months that required treatment from a health professional, as shown in Table 20.

Table 20: Prevalence of injuries in the past 12 months requiring treatment from a health professional, HWSS 2012

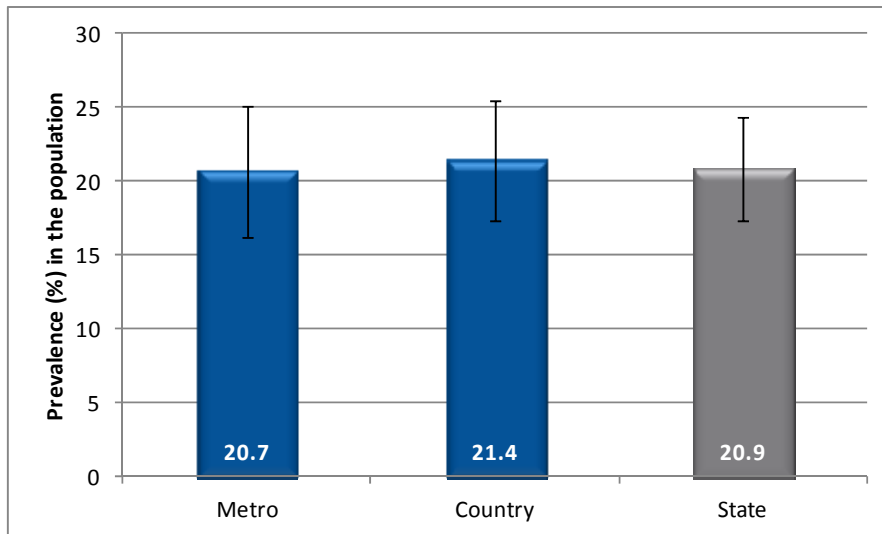
	%	95% CI
Age Group		
0 to 4 yrs	12.3	(7.0 - 17.6)
5 to 9 yrs	18.8	(12.3 - 25.4)
10 to 15 yrs	30.1	(24.0 - 36.2)
Gender		
Boys	24.0	(18.6 - 29.3)
Girls	17.6	(13.1 - 22.1)
Children	20.9	(17.3 - 24.4)

Boys were more likely to have had an injury requiring treatment from a health professional in the last year compared with girls (24.0% compared with 17.6%). This difference was not statistically significant.

Children aged 10-15 years were almost 2.5 times more likely to have had an injury requiring treatment from a health professional in the last year compared to children aged 0-4 years (30.1% compared to 12.3%).

Figure 5 shows the prevalence of injury in the past 12 months by geographic area of residence.

Figure 5: Prevalence of injuries in the past 12 months requiring treatment from a health professional, by geographic area, HWSS 2012

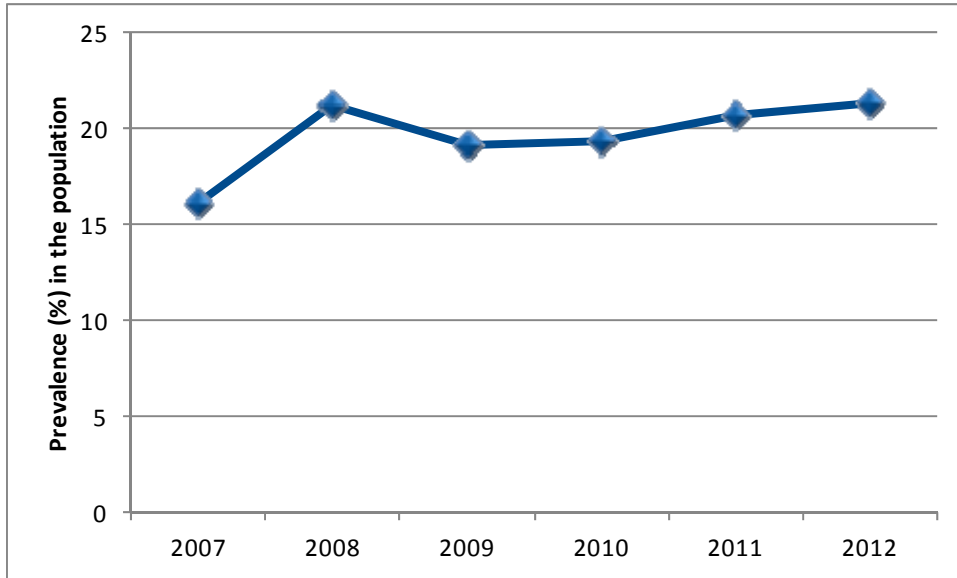


The annual prevalence estimates of injury are shown in Table 21 and Figure 6. The prevalence of injury in the last 12 months for children aged 15 years and under in 2012 (21.3%) was the highest recorded to date, however this was not significantly different from any of the previous years.

Table 21: Annual prevalence of injuries in the past 12 months requiring treatment from a health professional, HWSS 2007 – 2012

	%	95% CI
2007	16.1	(11.7 - 20.6)
2008	21.2	(17.4 - 25.0)
2009	19.1	(17.0 - 21.2)
2010	19.3	(15.9 - 22.8)
2011	20.7	(16.9 - 24.5)
2012	21.3	(17.8 - 24.9)
Average	20.4	(19.1 - 21.6)

Figure 6: Prevalence of injuries in the past 12 months requiring treatment from a health professional, by year, HWSS 2007 – 2012



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 22.

Table 22: Mean number of injuries, HWSS 2012

	\bar{x}	95% CI
Age Group		
0 to 4 yrs	0.1	(0.1 - 0.2)
5 to 9 yrs	0.3	(0.2 - 0.4)
10 to 15 yrs	0.5	(0.4 - 0.7)
Gender		
Boys	0.4	(0.3 - 0.5)
Girls	0.3	(0.2 - 0.4)
Children	0.3	(0.3 - 0.4)

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 23.

Table 23: Mean number of injuries, HWSS 2007 – 2012

	\bar{x}	95% CI
2007	0.2	(0.2 - 0.3)
2008	0.3	(0.2 - 0.4)
2009	0.3	(0.2 - 0.3)
2010	0.3	(0.2 - 0.3)
2011	0.3	(0.3 - 0.4)
2012	0.3	(0.3 - 0.4)
Average	0.3	(0.3 - 0.3)

8. HEALTH SERVICE UTILISATION

Health services are the way in which health care is provided to patients and the general population and consist of many different forms, including GP, dental, mental and alternative health services.⁵ Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 24. The annual prevalence estimates of health service use are displayed in Table 25.

The mean number of visits to each health service is shown in Table 26 and the annual mean numbers of visits to each health service use are shown in Table 27.

Table 24: Health service utilisation, HWSS 2012

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group												
0 to 4 yrs	92.4	(87.2 - 97.6)	33.4	(25.5 - 41.3)	20.5	(13.8 - 27.3)	8.8	(3.8 - 13.9)	0.2	(0.0 - 0.5)	3.6	(1.0 - 6.2)
5 to 9 yrs	82.0	(76.2 - 87.8)	21.8	(15.2 - 28.3)	30.7	(23.7 - 37.8)	76.7	(69.9 - 83.5)	5.2	(2.0 - 8.4)	3.7	(1.2 - 6.1)
10 to 15 yrs	71.9	(65.8 - 78.0)	20.3	(15.2 - 25.3)	38.8	(32.3 - 45.3)	86.9	(82.4 - 91.4)	6.2	(2.9 - 9.5)	3.3	(1.2 - 5.3)
Gender												
Boys	79.2	(74.0 - 84.3)	29.9	(24.2 - 35.7)	30.9	(25.3 - 36.6)	57.1	(50.9 - 63.3)	4.2	(1.8 - 6.6)	3.4	(1.5 - 5.2)
Girls	84.1	(79.8 - 88.4)	19.8	(15.2 - 24.5)	29.9	(24.3 - 35.5)	59.8	(53.4 - 66.2)	3.6	(1.6 - 5.7)	3.6	(1.6 - 5.6)
Children	81.6	(78.2 - 85.0)	25.0	(21.2 - 28.8)	30.4	(26.4 - 34.4)	58.4	(54.0 - 62.9)	3.9	(2.4 - 5.5)	3.5	(2.1 - 4.9)

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 25: Health service utilisation, HWSS 2004 – 2012

	Primary (a)			Hospital Based (b)		Allied (c)		Dental			Mental (d)		Alternative (e)			
	%	95% CI		%	95% CI	%	95% CI	%	95% CI		%	95% CI		%	95% CI	
2004	85.0	81.6	88.5	na		16.7	12.8 - 20.6	58.6	53.4	63.8	na		na			
2005	81.9	79.0	84.8	24.3	21.2 - 27.5	22.6	19.5 - 25.7	61.2	57.5	64.8	3.4	2.1 - 4.7	3.6	2.4	4.9	
2006	79.0	75.8	82.2	23.8	20.5 - 27.1	25.5	22.1 - 28.9	59.9	56.0	63.8	2.9	1.8 - 4.0	3.0	1.9	4.2	
2007	81.9	78.3	85.6	24.7	20.6 - 28.9	24.9	20.7 - 29.1	57.7	52.7	63.8	3.8	2.2 - 5.4	4.5	2.7	6.3	
2008	79.7	76.0	83.4	23.0	19.1 - 26.9	23.7	19.8 - 27.5	59.3	54.7	63.9	3.7	2.1 - 5.3	3.4	1.9	5.0	
2009	78.4	76.2	80.6	26.7	24.1 - 29.4	23.7	21.4 - 26.0	60.2	57.1	63.3	3.5	2.7 - 4.3	3.5	2.7	4.3	
2010	84.0	80.9	87.1	26.9	23.1 - 30.6	25.6	22.0 - 29.2	59.9	55.8	64.0	3.0	1.9 - 4.1	3.9	2.3	5.4	
2011	82.1	78.7	85.6	23.5	19.5 - 27.4	24.7	20.7 - 28.7	60.3	55.7	65.0	2.1	0.8 - 3.4	3.7	1.9	5.4	
2012	81.0	77.6	84.4	24.8	21.1 - 28.4	30.8	26.9 - 34.8	60.6	56.3	64.8	4.1	2.5 - 5.7	3.5	2.2	4.9	
Average	80.6	79.6	81.5	25.5	24.4 - 26.7	24.2	23.1 - 25.2	60.9	59.7	62.2	3.6	3.1 - 4.0	3.7	3.3	4.2	

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 26: Mean number of visits to health services in the past 12 months, HWSS 2012

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI
Age Group												
0 to 4 yrs	4.4 (	3.7 - 5.1)	0.5 (	0.4 - 0.7)	1.0 (	0.4 - 1.6)	0.1 (	0.0 - 0.2)	0.0 (	0.0 - 0.0)	0.1 (	0.0 - 0.2)
5 to 9 yrs	3.1 (	2.5 - 3.8)	0.3 (	0.2 - 0.4)	1.6 (	0.8 - 2.3)	1.2 (	1.0 - 1.3)	0.2 (	0.1 - 0.4)	0.1 (	0.0 - 0.2)
10 to 15 yrs	2.5 (	2.0 - 2.9)	0.3 (	0.3 - 0.4)	1.9 (	1.3 - 2.5)	1.9 (	1.7 - 2.2)	0.6 (	0.2 - 0.9)	0.1 (	0.0 - 0.1)
Gender												
Boys	3.3 (	2.8 - 3.8)	0.5 (	0.4 - 0.6)	1.4 (	1.0 - 1.9)	1.1 (	0.9 - 1.2)	0.3 (	0.1 - 0.5)	0.1 (	0.0 - 0.1)
Girls	3.3 (	2.8 - 3.8)	0.3 (	0.2 - 0.4)	1.6 (	1.0 - 2.2)	1.2 (	1.0 - 1.4)	0.2 (	0.0 - 0.4)	0.1 (	0.0 - 0.2)
Children	3.3 (	2.9 - 3.7)	0.4 (	0.3 - 0.5)	1.5 (	1.1 - 1.9)	1.1 (	1.0 - 1.2)	0.3 (	0.1 - 0.4)	0.1 (	0.1 - 0.1)

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

Table 27: Mean number of visits to health services in the past 12 months, HWSS 2004 - 2012

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI	\bar{x}	95% CI
2004	3.1	(2.8 - 3.5)	na		0.9	(0.6 - 1.2)	1.3	(1.1 - 1.6)	na		na	
2005	3.2	(2.9 - 3.6)	0.4	(0.3 - 0.5)	1.0	(0.7 - 1.3)	1.2	(1.0 - 1.3)	0.2	(0.1 - 0.3)	0.1	(0.1 - 0.1)
2006	3.3	(3.0 - 3.7)	0.4	(0.3 - 0.5)	1.4	(1.0 - 1.7)	1.2	(1.0 - 1.3)	0.2	(0.1 - 0.4)	0.1	(0.0 - 0.1)
2007	2.9	(2.6 - 3.2)	0.4	(0.3 - 0.5)	1.6	(0.8 - 2.5)	1.1	(1.0 - 1.3)	0.2	(0.1 - 0.3)	0.3	(0.0 - 0.6)
2008	3.0	(2.7 - 3.4)	0.4	(0.3 - 0.5)	1.0	(0.7 - 1.2)	1.0	(0.9 - 1.2)	0.5	(0.1 - 0.9)	0.1	(0.0 - 0.2)
2009	2.9	(2.7 - 3.0)	0.5	(0.4 - 0.5)	0.9	(0.8 - 1.1)	1.2	(1.1 - 1.2)	0.2	(0.1 - 0.2)	0.1	(0.1 - 0.1)
2010	3.2	(2.9 - 3.5)	0.4	(0.4 - 0.5)	1.3	(0.8 - 1.7)	1.1	(1.0 - 1.2)	0.2	(0.1 - 0.3)	0.1	(0.0 - 0.2)
2011	3.1	(2.7 - 3.4)	0.5	(0.3 - 0.6)	1.5	(0.9 - 2.1)	1.1	(1.0 - 1.3)	0.1	(0.0 - 0.1)	0.1	(0.1 - 0.2)
2012	3.2	(2.9 - 3.6)	0.4	(0.3 - 0.5)	1.5	(1.1 - 1.9)	1.2	(1.0 - 1.3)	0.3	(0.1 - 0.4)	0.1	(0.1 - 0.1)
Average	3.1	(3.0 - 3.2)	0.4	(0.4 - 0.5)	1.2	(1.1 - 1.3)	1.2	(1.1 - 1.2)	0.2	(0.2 - 0.3)	0.1	(0.1 - 0.1)

(a) e.g. medical specialist, general practitioner, community health centre, community or district nurses.

(b) e.g. overnight stay, accident and emergency department or outpatients.

(c) e.g. optician, physiotherapist, chiropractor, podiatrist, dietician, nutritionist, occupational therapist, diabetes/other health educator.

(d) e.g. psychiatrist, psychologist or counsellor.

(e) e.g. acupuncturist, naturopath, homeopath or any other alternative health service.

9. CHILD DEVELOPMENT

The early years are very important for laying the foundations for children's physical wellbeing and later competence. There are many important influences on children during this period of rapid change, including biological, social, community and family.⁸ Data presented in this section are split into two groups. Tables reporting only 2012 data are presented in birth cohorts with 2008-2012 capturing children aged 0-4 years at the time of interview, 2003-2007 for children aged 5-9 years at the time of interview and 1997-2002 for children aged 10-15 years at the time of interview. A gender breakdown for 2012 data is supplied only for children aged 0-4 years. Data reported by year from 2002-2012 is provided only for children aged 0-4 years at the time of interview. Some of the data is therefore reported for smaller numbers of respondents due to the age specifications and this may lead to larger variation in the estimates reported compared to what is reported in other sections.

9.1 Birth weight

Birth weight is a key indicator of infant health, with low birth weight defined by the World Health Organization (WHO) as less than 2,500 grams.⁹ Babies born with a low birth weight have a greater risk of poor health and mortality and are more likely to develop significant disabilities.⁹ The mean birth weight by birth cohort is shown in Table 28 and by gender for 0-4 year olds in Table 29.

Table 28: Mean birth weight (grams) by birth cohort, HWSS 2012

	\bar{x}	95% CI
Birth Cohort		
2008-2012	3198.4	(3083.9 - 3312.8)
2003-2007	3309.0	(3205.2 - 3412.8)
1997-2002	3317.9	(3249.5 - 3386.2)

Table 29: Mean birth weight (grams), 0 – 4 year olds, HWSS 2012

	\bar{x}	95% CI
Gender		
Boys	3209.8	(3046.4 - 3373.3)
Girls	3186.0	(3023.8 - 3348.3)
Children	3198.4	(3083.3 - 3313.5)

Figure 7 shows the mean birth weight of children aged 0-4 years at the time of interview by geographic area of residence.

Figure 7: Mean birth weight (grams), 0 – 4 year olds, by geographic area, HWSS 2012

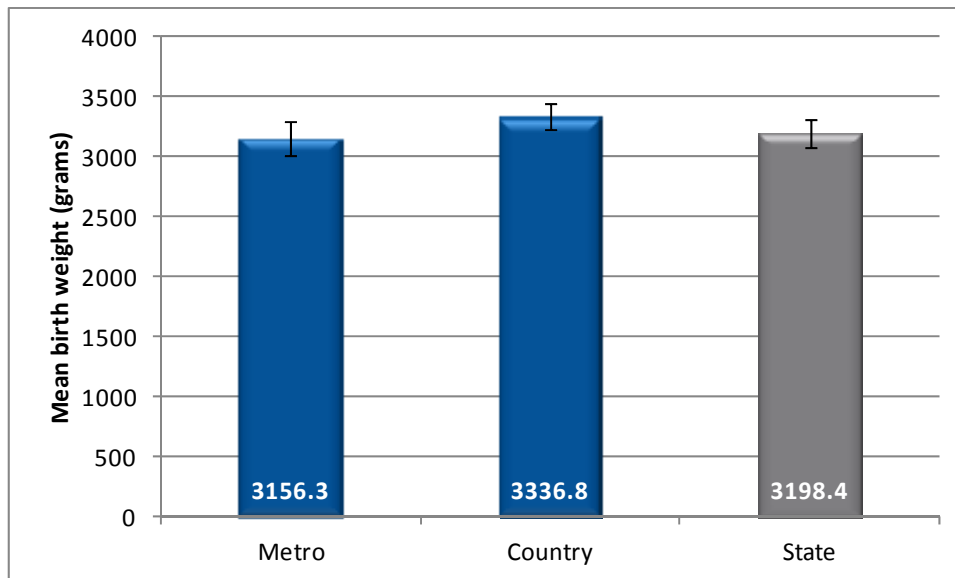


Table 30: Mean birth weight (grams), 0–4 year olds, HWSS 2002 – 2012

	\bar{x}	95% CI
2002	3360.7	(3278.0 - 3443.4)
2003	3376.0	(3298.4 - 3453.6)
2004	3331.6	(3187.0 - 3476.1)
2005	3355.2	(3276.7 - 3433.7)
2006	3339.8	(3268.4 - 3411.3)
2007	3456.0	(3334.8 - 3577.3)
2008	3245.6	(3147.4 - 3343.8)
2009	3406.0	(3324.5 - 3487.5)
2010	3339.8	(3238.0 - 3441.5)
2011	3318.4	(3208.1 - 3428.8)
2012	3202.2	(3089.3 - 3315.1)
Average	3333.7	(3305.7 - 3361.7)

The proportion of children born with a low birth weight, by birth cohort, is shown in Table 31 and the proportion by gender is shown in Table 32.

Table 31: Proportion of children born with a low birth weight, by birth cohort, HWSS 2012

	%	95% CI
Birth Cohort		
2008-2012	14.0	(7.1 - 20.8)
2003-2007	12.1	(6.4 - 17.8)
1997-2002	4.5	(1.7 - 7.2)

Table 32: Proportion of children born with a low birth weight, aged 0–4 year olds, HWSS 2012

	%	95% CI
Gender		
Boys	15.6	(5.1 - 26.1)
Girls	12.2	(3.6 - 20.8)
Children	14.0	(7.1 - 20.8)

The annual proportion of children born with a low birth weight is shown in Table 33. The proportion of 0-4 year olds with a low birth weight in 2012 was the highest recorded to date (13.8%). However this was not statistically significantly different from other years, except 2009.

Table 33: Proportion of children born with a low birth weight, 0–4 year olds, HWSS 2002 - 2012

	Weight <2500 gms at birth or told baby was a low weight baby	
	%	95% CI
2002	6.4	(3.1 - 9.7)
2003	4.7	(1.9 - 7.6)
2004	5.5	(1.1 - 9.9)
2005	7.3	(3.6 - 11.0)
2006	6.2	(3.1 - 9.2)
2007	6.5	(1.6 - 11.3)
2008	9.0	(3.8 - 14.1)
2009	2.9	(0.5 - 5.2)
2010	10.3	(5.4 - 15.2)
2011	10.4	(3.8 - 17.1)
2012	13.8	(7.1 - 20.5)
Average	7.5	(6.2 - 8.8)

9.2 Breastfeeding

Breastfeeding is an important contributor to infant health, as it promotes the survival, growth, development and health of infants and young children⁹. It helps protect against many conditions, including diarrhoea, respiratory infections, middle ear infections, diabetes, and allergic diseases. Hence, Australia's national dietary guidelines strongly recommend exclusive breastfeeding for infants up to about six months.¹⁰ The prevalence of breastfeeding is shown in Table 34 for each birth cohort and Table 35 by gender for 0-4 year olds. The annual prevalence estimates are shown in Table 36.

Table 34: Prevalence of breastfeeding, by birth cohort, HWSS 2012

	Breastfed less than 6 months		Breastfed 6 months or more with water only		Breastfed 6 months or more with other liquid or solid		Breastfed exclusively for 6 months or more		Unable to determine how long breastfed exclusively		Didn't breastfeed	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Birth Cohort												
2008-2012	28.5	(21.2 - 35.8)	8.0	(3.3 - 12.8)	31.7	(23.6 - 39.8)	12.6	(7.1 - 18.1)	5.8	(1.8 - 9.8)	13.4	(6.6 - 20.2)
2003-2007	25.7	(19.1 - 32.4)	8.5	(4.3 - 12.7)	31.4	(24.3 - 38.5)	21.6	(14.9 - 28.3)	4.1	(1.7 - 6.6)	8.6	(3.9 - 13.3)
1997-2002	30.6	(24.5 - 36.7)	9.0	(5.2 - 12.9)	30.4	(24.4 - 36.5)	12.8	(8.2 - 17.4)	7.2	(4.0 - 10.4)	9.9	(5.7 - 14.2)

Table 35: Prevalence of breastfeeding, 0–4 year olds, HWSS 2012

	Breastfed less than 6 months		Breastfed 6 months or more with water only		Breastfed 6 months or more with other liquid or solid		Breastfed exclusively for 6 months or more		Unable to determine how long breastfed exclusively		Didn't breastfeed	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Gender												
Boys	32.9	(22.7 - 43.1)	4.0	(0.0 - 8.7)	35.6	(24.0 - 47.1)	10.4	(3.3 - 17.4)	4.3	(0.5 - 8.0)	12.9	(3.9 - 22.0)
Girls	23.9	(13.2 - 34.5)	12.3	(3.8 - 20.7)	27.7	(16.3 - 39.0)	15.0	(6.4 - 23.5)	7.4	(0.3 - 14.5)	13.8	(3.5 - 24.1)
Children	28.5	(21.1 - 35.8)	8.0	(3.2 - 12.9)	31.7	(23.5 - 39.9)	12.6	(7.1 - 18.1)	5.8	(1.8 - 9.8)	13.4	(6.5 - 20.2)

Table 36: Prevalence of breastfeeding, 0–4 year olds, HWSS 2003 – 2012

	Breastfed less than 6 months		Breastfed 6 months or more with water only		Breastfed 6 months or more with other liquid or solid		Breastfed exclusively for 6 months		Unable to determine how long breastfed exclusively		Never breastfed	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2003	30.4	(24.3 - 36.4)	2.3	(0.9 - 3.6)	37.6	(31.1 - 44.1)	13.8	(9.1 - 18.5)	2.7	(0.5 - 5.0)	13.3	(8.9 - 17.7)
2004	32.4	(22.7 - 42.0)	6.6	(1.6 - 11.7)	32.9	(23.0 - 42.9)	14.6	(7.0 - 22.2)	5.4	(2.5 - 8.3)	8.0	(2.2 - 13.9)
2005	32.2	(25.9 - 38.5)	7.2	(3.6 - 10.8)	25.9	(19.9 - 31.8)	13.5	(8.7 - 18.3)	14.1	(8.9 - 19.3)	7.1	(3.7 - 10.6)
2006	30.0	(24.3 - 35.7)	9.8	(6.0 - 13.7)	24.7	(19.0 - 30.4)	17.3	(12.1 - 22.5)	11.4	(7.2 - 15.5)	6.7	(3.2 - 10.3)
2007	34.8	(25.4 - 44.2)	12.1	(6.3 - 18.0)	15.5	(8.6 - 22.5)	15.6	(8.8 - 22.4)	13.4	(7.0 - 19.8)	8.5	(3.2 - 13.8)
2008	23.2	(15.4 - 31.1)	6.0	(2.2 - 9.8)	25.1	(17.0 - 33.1)	25.3	(17.3 - 33.4)	9.6	(4.9 - 14.3)	10.8	(4.9 - 16.7)
2009	27.3	(20.6 - 33.9)	10.7	(5.7 - 15.7)	33.0	(25.4 - 40.5)	15.7	(10.2 - 21.3)	6.0	(2.9 - 9.1)	7.3	(2.8 - 11.9)
2010	31.5	(24.2 - 38.7)	11.3	(5.9 - 16.6)	24.4	(17.5 - 31.3)	19.1	(12.4 - 25.9)	6.7	(2.8 - 10.5)	7.0	(2.8 - 11.2)
2011	36.6	(27.8 - 45.5)	4.8	(1.7 - 7.9)	29.0	(20.5 - 37.5)	18.7	(10.6 - 26.7)	8.7	(4.2 - 13.3)	2.2	(0.1 - 4.3)
2012	28.5	(21.3 - 35.7)	8.0	(3.3 - 12.7)	31.8	(23.8 - 39.8)	12.6	(7.2 - 18.0)	5.9	(1.9 - 9.8)	13.2	(6.5 - 19.9)
Average	30.4	(28.1 - 32.6)	7.7	(6.5 - 9.0)	28.7	(26.4 - 30.9)	16.2	(14.3 - 18.1)	8.8	(7.4 - 10.2)	8.2	(6.8 - 9.6)

9.3 Speech

From a very young age children begin to develop language. There are two distinctions in difficulties developing speech: 1) speech delay, which is when speech follows the usual pattern of speech development, but is slower than normal and 2) speech disorder, which is when speech does not follow the usual pattern of development.¹¹ The proportion of children who were perceived to be late in starting to talk and the proportion of children perceived to need and received professional help (speech therapy) are shown in Table 37 by birth cohort.

Table 37: Proportion of children late talking and needing professional help with speech, 2 year olds and over, by birth cohort, HWSS 2012

	Child was late talking		Parents thought child needed professional help with speech		Child received professional help with speech (a)	
	%	95% CI	%	95% CI	%	95% CI
Birth Cohort						
2008-2010	19.1	(10.9 - 27.2)	8.6	(2.9 - 14.3)	88.7	(75.5 - 100.0)
2003-2007	16.7	(11.0 - 22.4)	25.0	(18.4 - 31.6)	92.1	(85.4 - 98.8)
1997-2002	12.9	(8.5 - 17.3)	21.7	(16.2 - 27.2)	96.6	(91.7 - 100.0)

(a) The proportion of children who received professional help with speech is based only on the children who were identified as late talking.

10. LIFESTYLE FACTORS

There are many factors that influence a person's health, including genetics, lifestyle and environmental (including social) factors. These factors may have a positive effect on health, such as a high consumption of fruit and vegetables, or a negative effect, such as physical inactivity.⁵ These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

10.1 Physical Activity

Physical inactivity is a behavioural risk factor associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. Being physically active reduces the risk of developing such conditions, while also improving general wellbeing.¹² Parents/carers were asked to rate their child's physical activity level, as shown in Table 38.

Table 38: Parent-rated physical activity for children 5–15 years, HWSS 2012

	Very active		Active		Moderately active		Not very active		Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
5 to 9 yrs	53.5	(45.8 - 61.2)	32.8	(25.6 - 40.0)	11.3	(6.2 - 16.4)	1.5	(0.0 - 3.4)	0.9	(0.0 - 2.6)
10 to 15 yrs	46.5	(39.9 - 53.1)	28.1	(22.1 - 34.1)	17.4	(12.5 - 22.3)	8.0	(4.4 - 11.5)	0.1	(0.0 - 0.2)
Gender										
Boys	55.2	(48.1 - 62.3)	25.4	(19.1 - 31.7)	11.9	(7.3 - 16.5)	6.7	(3.2 - 10.1)	0.8	(0.0 - 2.3)
Girls	43.9	(36.9 - 50.8)	35.2	(28.5 - 42.0)	17.5	(12.2 - 22.9)	3.4	(0.9 - 5.9)	0.0	(0.0 - 0.0)
Children	49.6	(44.6 - 54.7)	30.2	(25.6 - 34.8)	14.7	(11.1 - 18.2)	5.1	(2.9 - 7.2)	0.4	(0.0 - 1.2)

Children aged 10 to 15 years were significantly more likely to be rated as not very active compared with 5 to 9 year olds (8.0% compared to 1.5%).

The annual estimates of physical activity ratings are shown in Table 39.

Table 39: Parent-rated physical activity for children aged 5–15 years, HWSS 2005 – 2012

	Very active		Active		Moderately active		Not very active		Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	48.8	(44.3 - 53.3)	28.6	(24.6 - 32.6)	17.4	(13.8 - 20.9)	5.0	(3.0 - 6.9)	0.2	(0.0 - 0.6)
2006	50.3	(46.2 - 54.4)	28.7	(25.0 - 32.3)	18.5	(15.5 - 21.6)	2.5	(1.3 - 3.6)	0.0	(0.0 - 0.1)
2007	51.5	(45.7 - 57.2)	26.0	(21.0 - 30.9)	19.2	(14.7 - 23.7)	2.8	(1.0 - 4.7)	0.5	(0.0 - 1.5)
2008	53.2	(47.9 - 58.6)	26.9	(22.2 - 31.7)	14.6	(10.8 - 18.3)	4.8	(2.7 - 7.0)	0.4	(0.0 - 1.0)
2009	47.8	(45.3 - 50.3)	32.8	(30.5 - 35.2)	15.4	(13.6 - 17.1)	3.3	(2.5 - 4.2)	0.6	(0.3 - 1.0)
2010	51.6	(46.6 - 56.5)	29.3	(24.8 - 33.7)	14.0	(10.7 - 17.4)	4.6	(2.4 - 6.7)	0.6	(0.0 - 1.3)
2011	52.2	(46.7 - 57.8)	28.4	(23.3 - 33.5)	17.2	(12.9 - 21.4)	2.1	(0.7 - 3.5)	0.0	(0.0 - 0.1)
2012	49.7	(44.8 - 54.7)	30.1	(25.6 - 34.7)	14.6	(11.1 - 18.1)	5.1	(2.9 - 7.2)	0.4	(0.0 - 1.1)
Average	49.8	(48.3 - 51.2)	30.1	(28.8 - 31.5)	16.0	(14.9 - 17.1)	3.7	(3.2 - 4.2)	0.4	(0.2 - 0.6)

In 2006, questions were included in the survey to enable reporting against the 2004 recommendations outlined in the publication Australia's Physical Activity Recommendations for Children. The recommendations for children aged between 5 and 18 years are to participate in at least 60 minutes of moderate to vigorous physical activity each day and to spend no more than two hours a day watching TV, videos or using the computer.^{13, 14} The results for children aged 5 to 15 years are shown in Table 40.

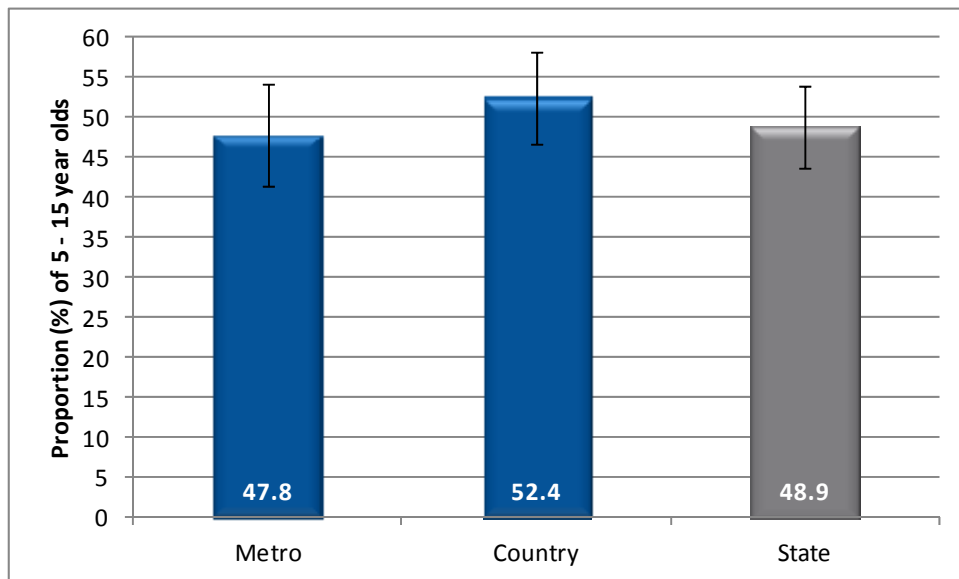
Table 40: Weekly physical activity for children aged 5–15 years, HWSS 2012

	No sessions of physical activity		Physically active 1 to 6 sessions		Physically active 7 or more sessions but less than 60 mins a session		Physically active 7 or more sessions and more than 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	2.8	(0.0 - 5.8)	27.0	(20.3 - 33.8)	19.6	(13.3 - 26.0)	50.6	(42.8 - 58.3)
10 to 15 yrs	6.2	(2.9 - 9.4)	35.9	(29.7 - 42.1)	10.4	(6.5 - 14.3)	47.5	(40.8 - 54.2)
Gender								
Boys	3.6	(0.9 - 6.3)	28.5	(22.2 - 34.7)	12.9	(8.1 - 17.7)	55.0	(47.8 - 62.1)
Girls	5.7	(2.1 - 9.3)	35.4	(28.8 - 42.1)	16.2	(10.8 - 21.6)	42.7	(35.7 - 49.7)
Children	4.6	(2.4 - 6.9)	31.9	(27.3 - 36.5)	14.5	(10.9 - 18.2)	48.9	(43.8 - 54.0)

Boys were more likely to complete the recommended amount of physical activity compared to girls (55.0% compared to 42.7%), however this difference was not statistically significant. Overall, less than half of children (48.9%) met the physical activity recommendations for 5 to 18 year olds of 60 minutes of moderate to vigorous activity every day.

Figure 8 shows the proportion of 5–15 year olds, meeting the recommended levels of physical activity for their age by geographic area of residence. Children aged 5–15 years in country areas were slightly more likely to complete sufficient levels of physical activity compared to their metro counterparts (52.4% compared to 47.8%), however this difference was not statistically significant.

Figure 8: Proportion of children aged 5–15 years, meeting recommended guidelines for physical activity, by geographic area, HWSS 2012

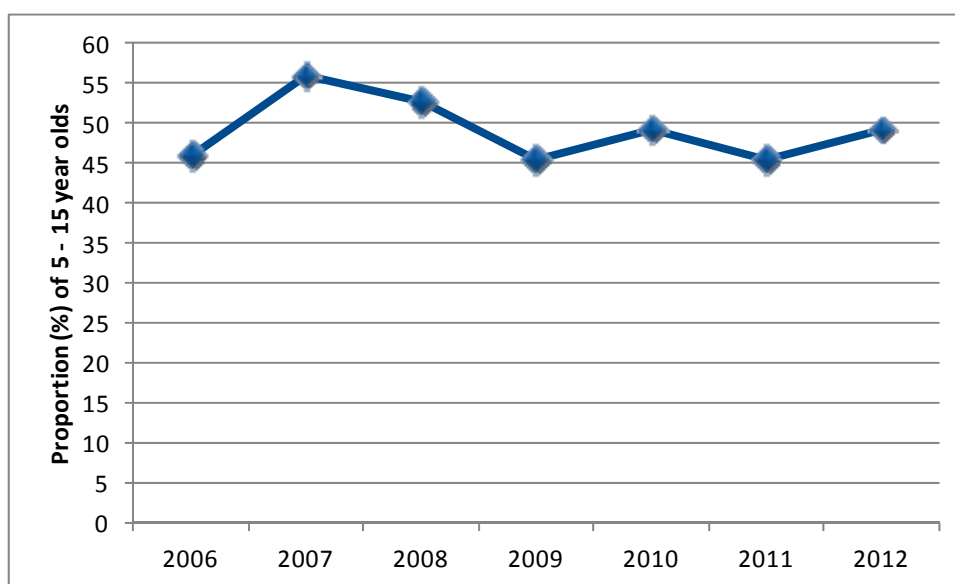


The annual prevalence estimates of weekly physical activity are shown in Table 41 and Figure 9. The proportion of children completing sufficient levels of physical activity was higher in 2012 (49.1%) compared with 2011 (45.5%), but was still lower compared with the peak in 2007 (56.0%). None of the described differences were statistically significant.

Table 41: Weekly physical activity for children aged 5–15 years, HWSS 2006–2012

	Did no sessions of physical activity last week		Was physically active 1 to 6 sessions		Was physically active for 7 or more sessions but did less than 60 minutes a session		Was physically active for 7 or more sessions and did 60 minutes or more a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2006	2.2	(1.2 - 3.2)	31.6	(27.7 - 35.4)	20.3	(17.0 - 23.7)	45.9	(41.8 - 50.0)
2007	2.7	(1.0 - 4.3)	26.5	(21.4 - 31.6)	14.8	(10.8 - 18.7)	56.0	(50.2 - 61.8)
2008	3.3	(1.5 - 5.2)	28.6	(23.4 - 33.7)	15.3	(11.5 - 19.2)	52.8	(47.2 - 58.4)
2009	4.0	(3.0 - 4.9)	36.3	(33.9 - 38.7)	14.3	(12.6 - 16.1)	45.4	(42.9 - 47.9)
2010	3.3	(1.5 - 5.0)	32.7	(27.1 - 38.3)	14.8	(10.7 - 19.0)	49.2	(43.2 - 55.1)
2011	4.0	(1.3 - 6.7)	32.1	(26.9 - 37.4)	18.3	(14.1 - 22.6)	45.5	(40.0 - 51.1)
2012	4.6	(2.4 - 6.8)	31.9	(27.4 - 36.4)	14.4	(10.9 - 17.9)	49.1	(44.1 - 54.1)
Average	3.6	(3.0 - 4.2)	33.0	(31.5 - 34.5)	15.9	(14.7 - 17.1)	47.5	(45.9 - 49.2)

Figure 9: Proportion of children aged 5–15 years completing sufficient levels of physical activity per week, HWSS 2006–2012



Guidelines are available on the maximum amount of time children aged 0 to 18 years should spend using computers and watching television each day during leisure time.^{15, 14,13} The proportion of children who met the guidelines for their specific age group is shown in Table 42. Children aged 5–15 years (78.9%) were significantly more likely to meet the daily viewing guidelines compared with children aged less than 5.

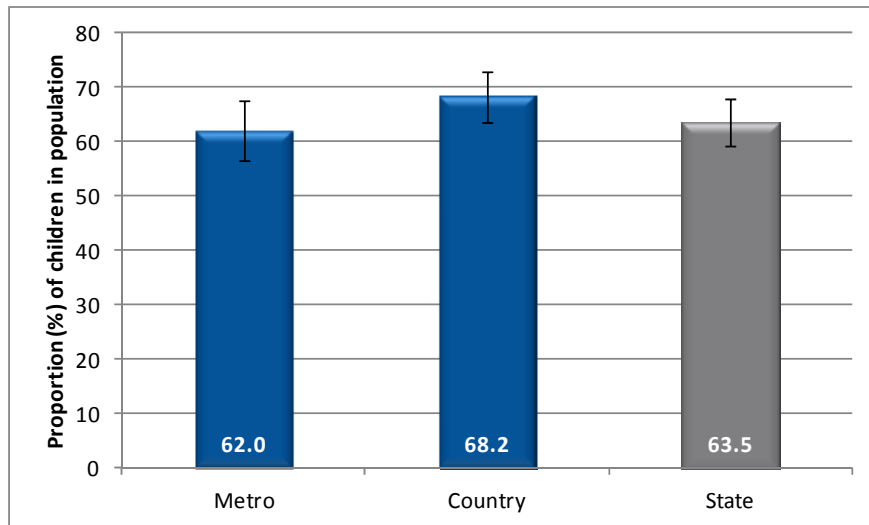
Table 42: Proportion watching TV, videos or using the computer based on Australian guidelines, on average, for children aged 0–15 years, HWSS 2012

	Does not meet recommended daily guidelines		Meets guidelines for daily TV viewing (a)	
	%	95% CI	%	95% CI
Age Group				
0 to < 2 yrs	50.6	(35.8 - 65.3)	49.4	(34.7 - 64.2)
2 to <5 yrs	71.7	(62.9 - 80.4)	28.3	(19.6 - 37.1)
5 to 15 yrs	21.1	(16.9 - 25.4)	78.9	(74.6 - 83.1)
Gender				
Boys	36.3	(30.0 - 42.7)	63.7	(57.3 - 70.0)
Girls	36.7	(30.7 - 42.6)	63.3	(57.4 - 69.3)
Children	36.5	(32.2 - 40.8)	63.5	(59.2 - 67.8)

(a) The guidelines for hours of TV viewing per day are:
Ages 0 to less than 2 years, no TV; ages 2 to less than 5 years, less than one hour per day; ages 5 to 15 years, two or less hours per day

Figure 10 shows the proportion of children meeting the TV viewing time guidelines by area of geographic residence. Children in the country areas were slightly more likely to meet the TV viewing guidelines compared to metro children, however this difference was not statistically significant.

Figure 10: Proportion of children meeting the TV viewing guidelines (a), for children aged 0–15 years, by geographic areas, HWSS 2012



(a) The guidelines for hours of TV viewing per day are:
 Ages 0 to less than 2 years, no TV; ages 2 to less than 5 years, less than one hour per day
 ages 5 to 15 years, two or less hours per day

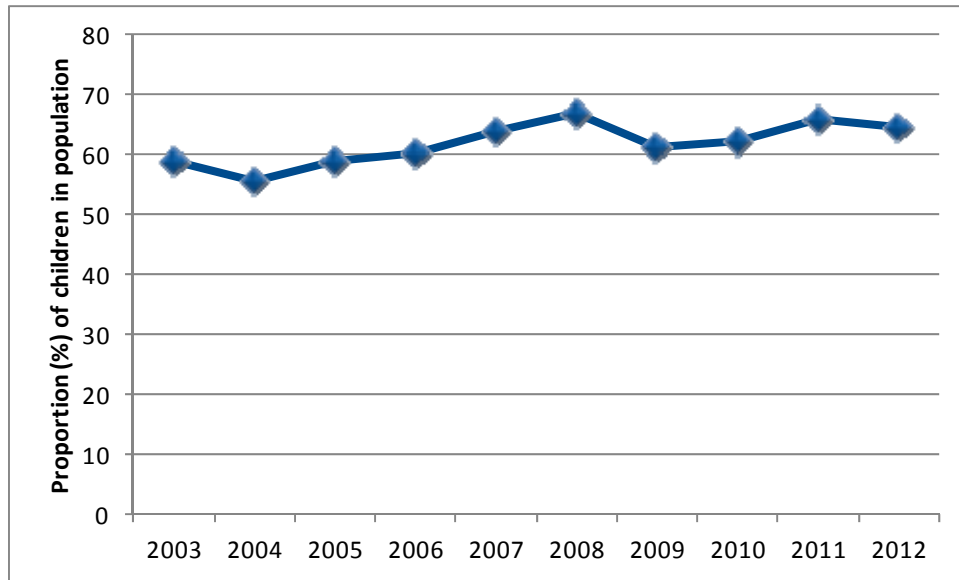
The annual proportion of children watching TV, videos or using the computer in leisure time is shown in Table 43 and Figure 11.

Table 43: Proportion watching TV, videos or using the computer based on Australian guidelines, on average, for children aged 0–15 years, HWSS 2003–2012

	Meets guidelines for daily TV viewing (a)		Does not meet recommended daily guidelines	
	%	95% CI	%	95% CI
2003	59.0	(55.6 - 62.4)	41.0	(37.6 - 44.4)
2004	55.7	(50.4 - 60.9)	44.3	(39.1 - 49.6)
2005	59.0	(55.4 - 62.7)	41.0	(37.3 - 44.6)
2006	60.4	(57.0 - 63.7)	39.6	(36.3 - 43.0)
2007	64.0	(59.2 - 68.7)	36.0	(31.3 - 40.8)
2008	67.0	(62.6 - 71.3)	33.0	(28.7 - 37.4)
2009	61.1	(58.2 - 64.0)	38.9	(36.0 - 41.8)
2010	62.2	(58.1 - 66.3)	37.8	(33.7 - 41.9)
2011	66.0	(61.4 - 70.7)	34.0	(29.3 - 38.6)
2012	64.6	(60.5 - 68.8)	35.4	(31.2 - 39.5)
Average	61.5	(60.4 - 62.7)	38.5	(37.3 - 39.6)

(a) The guidelines for hours of TV viewing per day are:
 Ages 0 to less than 2 years, no TV; ages 2 to less than 5 years, less than one hour per day
 ages 5 to 15 years, two or less hours per day

Figure 11: Proportion of children aged 0–15 years, meeting TV viewing Australian guidelines, on average, HWSS 2003–2012



There was no statistically significant change over time in the proportion of children meeting the Australian guidelines on TV viewing.

10.2 Body mass index

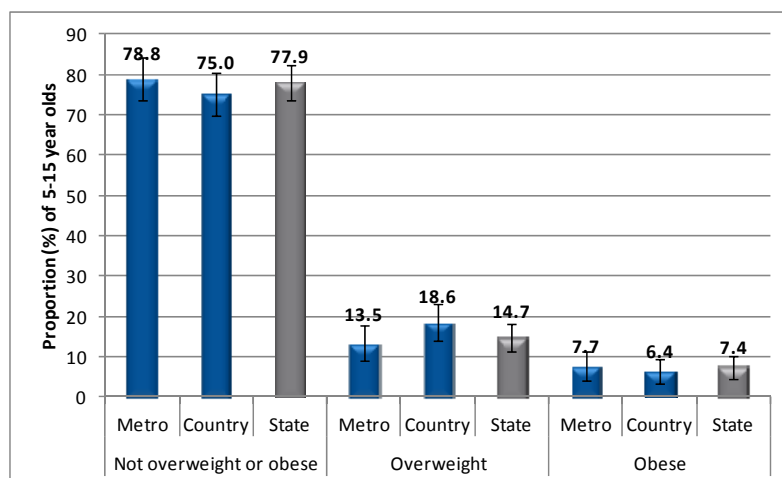
Parents/carers were asked to provide their child’s height without shoes and their weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared. Age and sex specific BMI categories were then used to classify the children into not overweight or obese, overweight, and obese,¹⁶ as shown in Table 44. Outliers and biologically implausible values were removed in the derivation of these categories.¹⁷

Table 44: Prevalence of body mass index categories for children aged 5–15 years, HWSS 2012

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	77.1	(70.2 - 84.0)	13.5	(8.0 - 19.1)	9.4	(4.6 - 14.2)
10 to 15 yrs	78.5	(73.1 - 83.9)	15.5	(11.0 - 20.1)	5.9	(2.4 - 9.5)
Gender						
Boys	76.9	(70.6 - 83.3)	14.4	(9.4 - 19.3)	8.7	(4.1 - 13.4)
Girls	78.9	(73.3 - 84.6)	15.0	(10.1 - 19.9)	6.0	(2.7 - 9.3)
Children	77.9	(73.6 - 82.2)	14.7	(11.2 - 18.2)	7.4	(4.5 - 10.3)

Figure 12 shows the prevalence of body mass index categories by geographic area of residence.

Figure 12: Prevalence of body mass index categories for children aged 5–15 years, by geographic area, HWSS 2012

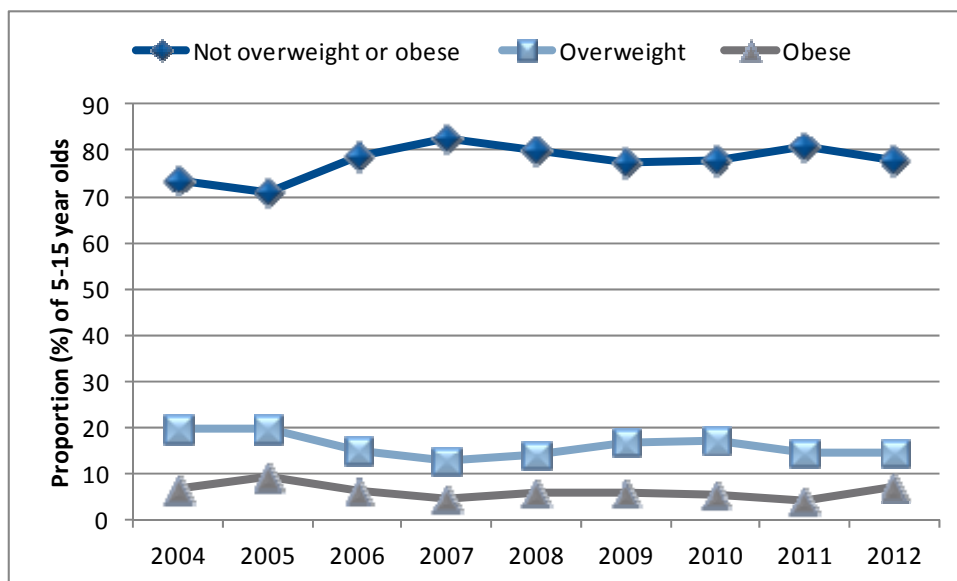


The annual prevalence of body mass index categories are shown in Table 45 and Figure 13. There were no statistically significant changes over time in any of the three categories. Descriptively, the proportion of children classified as obese increased from 2011 (4.3%) to 2012 (7.3%) and was the second highest proportion reported to date.

Table 45: Prevalence of body mass index categories for children 5–15 years, HWSS 2004–2012

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.6	(66.6 - 80.6)	19.7	(13.3 - 26.0)	6.7	(2.9 - 10.6)
2005	70.7	(65.4 - 76.1)	19.9	(15.3 - 24.6)	9.3	(5.8 - 12.9)
2006	78.8	(74.7 - 82.9)	15.1	(11.4 - 18.7)	6.1	(3.8 - 8.5)
2007	82.5	(77.2 - 87.7)	12.9	(8.2 - 17.6)	4.6	(1.9 - 7.3)
2008	80.2	(75.3 - 85.0)	14.1	(9.9 - 18.2)	5.8	(3.1 - 8.5)
2009	77.3	(75.2 - 79.5)	16.8	(14.9 - 18.8)	5.8	(4.7 - 7.0)
2010	77.7	(73.3 - 82.1)	17.0	(12.9 - 21.0)	5.3	(3.1 - 7.5)
2011	81.0	(76.6 - 85.4)	14.7	(10.8 - 18.5)	4.3	(1.9 - 6.8)
2012	77.9	(73.7 - 82.1)	14.7	(11.3 - 18.2)	7.3	(4.5 - 10.2)
Average	77.5	(76.2 - 78.8)	16.3	(15.2 - 17.5)	6.2	(5.4 - 6.9)

Figure 13: Prevalence of body mass index categories for children 5–15 years, HWSS 2004–2012



Respondents were also asked for their perceptions of the child's weight, Table 46. The majority of respondents perceived their child to be of a normal weight, while the proportion of children perceived to be very overweight was significantly lower compared to the proportion of children actually classified as obese, based on BMI (Table 44).

Table 46: Prevalence of body mass index categories by respondent perceptions, HWSS 2012

	Underweight		Normal weight		Overweight		Very overweight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	9.3	(5.5 - 13.2)	84.7	(79.6 - 89.8)	6.0	(2.3 - 9.6)	0.0	(0.0 - 0.0)
10 to 15 yrs	10.3	(6.4 - 14.2)	76.9	(71.6 - 82.2)	12.3	(8.3 - 16.2)	0.5	(0.0 - 1.2)
Gender								
Boys	12.8	(8.4 - 17.1)	77.6	(72.0 - 83.3)	9.5	(5.6 - 13.5)	0.1	(0.0 - 0.2)
Girls	6.8	(3.5 - 10.2)	83.3	(78.5 - 88.2)	9.3	(5.6 - 13.0)	0.5	(0.0 - 1.2)
Children	9.9	(7.1 - 12.6)	80.4	(76.7 - 84.2)	9.4	(6.7 - 12.2)	0.3	(0.0 - 0.6)

Respondents were then asked what they were trying to do about their child's weight (Table 47).

Table 47: Respondent's intentions regarding child's weight, HWSS 2012

	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child's weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	3.9	(1.2 - 6.6)	5.6	(2.3 - 9.0)	15.4	(9.5 - 21.3)	75.0	(68.3 - 81.8)
10 to 15 yrs	9.1	(5.8 - 12.4)	5.8	(2.9 - 8.8)	17.1	(12.0 - 22.2)	67.9	(61.8 - 74.0)
Gender								
Boys	5.6	(2.8 - 8.4)	6.6	(3.4 - 9.8)	14.1	(9.0 - 19.3)	73.7	(67.5 - 79.9)
Girls	8.0	(4.6 - 11.4)	4.9	(1.8 - 8.0)	18.7	(13.0 - 24.4)	68.4	(61.8 - 75.0)
Children	6.8	(4.6 - 9.0)	5.8	(3.5 - 8.0)	16.4	(12.5 - 20.2)	71.1	(66.6 - 75.6)

10.3 Sun protection

Almost all skin cancers are preventable if people protect themselves from the sun. Childhood sun exposure is particularly important in determining melanoma risk.¹⁸ Table 48 shows the mean times children were sunburnt in the past 12 months. The mean times sunburnt increased significantly with age.

Table 48: Mean times sunburnt in past 12 months, HWSS 2012

	\bar{x}	95% CI
Age Group		
0 to 4 yrs	0.4	(0.3 - 0.5)
5 to 9 yrs	1.2	(0.9 - 1.4)
10 to 15 yrs	1.9	(1.6 - 2.2)
Gender		
Boys	1.1	(0.9 - 1.3)
Girls	1.3	(1.1 - 1.5)
Children	1.2	(1.1 - 1.3)

The annual mean times sunburnt in the past 12 months are shown in Table 49. The mean times sunburnt in 2012 (1.2 times) was the joint lowest recorded value, and was significantly lower compared to the mean recorded in 2004.

Table 49: Mean times sunburnt in past 12 months, HWSS 2002–2012

	\bar{x}	95% CI
2002	1.7	(1.4 - 2.1)
2003	1.5	(1.3 - 1.6)
2004	1.7	(1.5 - 1.9)
2005	1.3	(1.2 - 1.5)
2006	1.6	(1.3 - 1.7)
2007	1.5	(1.3 - 1.7)
2008	1.4	(1.2 - 1.5)
2009	1.2	(1.1 - 1.3)
2010	1.4	(1.2 - 1.6)
2011	1.5	(1.3 - 1.7)
2012	1.2	(1.1 - 1.4)
Average	1.4	(1.4 - 1.5)

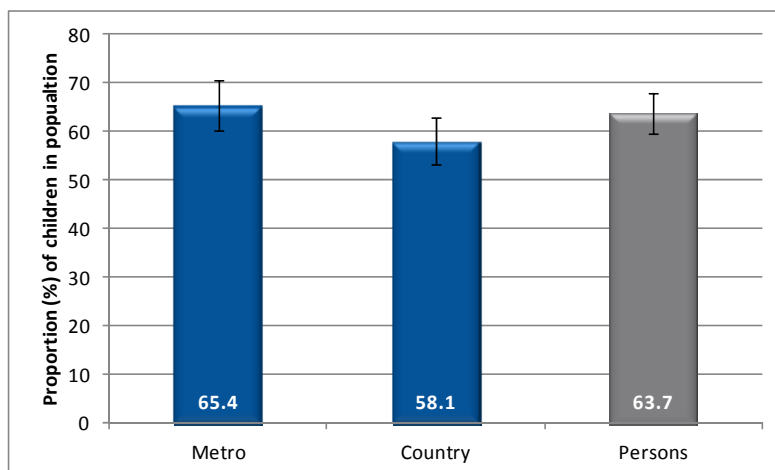
Table 50 shows how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wear a hat, use sunscreen and keep covered). Parents/ carers were significantly less likely to always check that 10-15 year olds were adequately protected before going out into the sun compared with children aged 0-4 years (53.3% compared with 75.9%).

Table 50: How often parent/ carer checks to see if child is adequately protected before going out into sunlight, HWSS 2012

	Always		Most of the time		Sometimes		Rarely		Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
0 to 4 yrs	75.9	(68.5 - 83.2)	19.6	(12.5 - 26.6)	2.6	(0.6 - 4.6)	0.0	(0.0 - 0.0)	1.4	(0.0 - 3.4)
5 to 9 yrs	63.2	(55.8 - 70.7)	31.7	(24.5 - 38.9)	3.2	(0.8 - 5.7)	0.3	(0.0 - 1.0)	1.5	(0.0 - 4.3)
10 to 15 yrs	53.3	(46.8 - 59.9)	33.9	(27.7 - 40.1)	9.7	(5.7 - 13.6)	1.4	(0.0 - 3.0)	1.7	(0.0 - 3.5)
Gender										
Boys	62.9	(57.1 - 68.8)	28.1	(22.8 - 33.5)	6.1	(3.3 - 8.8)	0.7	(0.0 - 1.8)	2.1	(0.0 - 4.3)
Girls	64.4	(58.4 - 70.5)	29.1	(23.3 - 34.9)	4.8	(2.4 - 7.1)	0.8	(0.1 - 1.6)	0.9	(0.0 - 2.2)
Children	63.7	(59.5 - 67.9)	28.6	(24.7 - 32.5)	5.4	(3.6 - 7.2)	0.8	(0.1 - 1.4)	1.5	(0.3 - 2.8)

Figure 14 shows the proportion of children who are always checked by a parent/ carer to ensure they are adequately protected before going into the sun. Children residing in the metro areas of the State were more likely to be always checked before going into the sun compared with children residing in the country (65.4% compared with 58.1%), however this difference was not statistically significant.

Figure 14: Proportion of parents/ carers that always check that child is adequately protected before going into the sun, by geographic areas, HWSS 2012

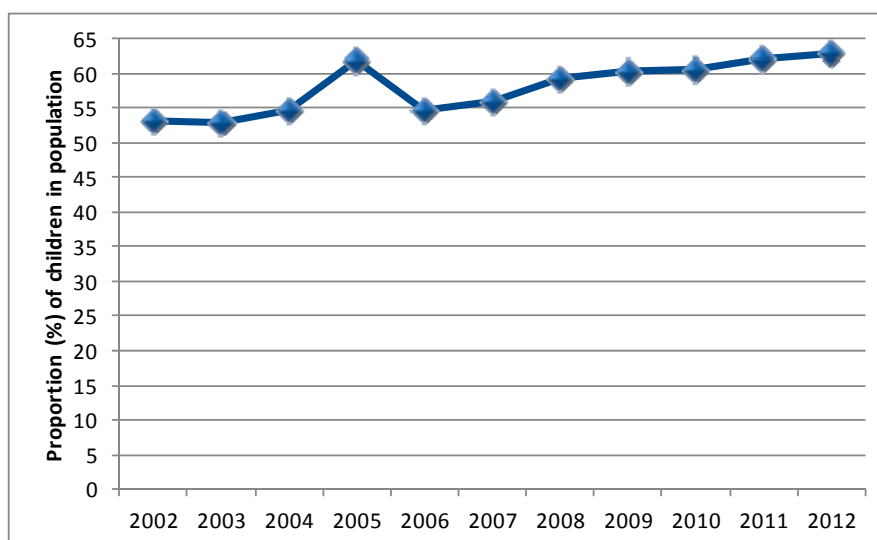


The annual prevalence estimates of checking to see if child is adequately protected before going out into sunlight are shown in Table 51 and Figure 15. The proportion of children always checked by a parent/carer for adequate sun protection before going into sunlight was significantly higher in 2012 (63.0%) compared with the 2006 (54.7%) and 2002 (53.1%).

Table 51: How often parent/carer checks to see if child is adequately protected before going out into sunlight, HWSS 2002–2012

	Always		Most of the time		Sometimes		Rarely		Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	53.1	(49.2 - 57.0)	41.5	(37.6 - 45.4)	4.1	(2.7 - 5.5)	0.6	(0.0 - 1.2)	0.7	(0.1 - 1.3)
2003	52.9	(49.4 - 56.3)	41.1	(37.7 - 44.5)	4.5	(3.3 - 5.7)	0.9	(0.2 - 1.7)	0.6	(0.1 - 1.1)
2004	54.6	(49.4 - 59.9)	38.3	(33.1 - 43.4)	6.1	(3.5 - 8.7)	0.5	(0.0 - 1.2)	0.5	(0.0 - 1.4)
2005	61.8	(58.2 - 65.5)	31.5	(28.1 - 35.0)	5.6	(3.8 - 7.4)	0.7	(0.2 - 1.2)	0.4	(0.0 - 0.7)
2006	54.7	(51.3 - 58.2)	37.8	(34.5 - 41.2)	5.6	(3.9 - 7.3)	0.9	(0.3 - 1.6)	0.9	(0.1 - 1.7)
2007	55.9	(51.0 - 60.8)	35.6	(30.8 - 40.4)	7.0	(4.4 - 9.5)	0.2	(0.0 - 0.6)	1.3	(0.3 - 2.3)
2008	59.2	(54.6 - 63.7)	32.7	(28.4 - 37.1)	6.5	(4.3 - 8.7)	0.7	(0.0 - 1.4)	0.9	(0.0 - 1.9)
2009	60.4	(57.7 - 63.2)	32.3	(29.7 - 34.9)	5.1	(3.7 - 6.5)	1.4	(0.8 - 2.0)	0.8	(0.3 - 1.3)
2010	60.5	(56.4 - 64.6)	32.4	(28.4 - 36.3)	5.5	(3.6 - 7.4)	0.8	(0.1 - 1.4)	0.9	(0.1 - 1.6)
2011	62.1	(57.4 - 66.7)	32.3	(27.8 - 36.8)	4.6	(2.7 - 6.6)	0.6	(0.0 - 1.2)	0.4	(0.0 - 0.8)
2012	63.0	(58.8 - 67.1)	29.1	(25.2 - 33.0)	5.6	(3.7 - 7.4)	0.8	(0.1 - 1.5)	1.5	(0.3 - 2.8)
Average	58.2	(57.1 - 59.3)	35.0	(33.9 - 36.1)	5.2	(4.7 - 5.7)	0.9	(0.7 - 1.1)	0.7	(0.6 - 0.9)

Figure 15: How often parent/carer always checked to see if child was adequately protected before going out into sunlight, HWSS 2002–2012



10.4 Alcohol

As alcohol abuse is known to be particularly disruptive to family functioning,¹⁹ parents/carers were asked whether or not they thought that alcohol caused problems in their household. The proportion of parents/carers reporting that alcohol causes problems in the household is shown in Table 52.

Table 52: Alcohol causing problems in the household, HWSS 2012

	Alcohol causes problems in child's home	
	%	95% CI
Age Group		
0 to 4 yrs	0.1	(0.0 - 0.3)
5 to 9 yrs	1.4	(0.0 - 3.0)
10 to 15 yrs	1.7	(0.1 - 3.3)
Gender		
Boys	1.0	(0.0 - 2.2)
Girls	1.1	(0.0 - 2.2)
Children	1.1	(0.3 - 1.9)

The annual proportion of parents/carers reporting that alcohol causes problems in the household is shown in Table 53.

Table 53: Alcohol causing problems in the household, HWSS 2002–2012

	Alcohol causes problems in child's home	
	%	95% CI
2002	2.5	(1.0 - 3.9)
2003	1.7	(0.9 - 2.6)
2004	2.5	(1.0 - 4.1)
2005	1.6	(0.6 - 2.5)
2006	1.9	(0.6 - 3.3)
2007	2.2	(0.5 - 3.8)
2008	2.3	(0.9 - 3.6)
2009	1.1	(0.7 - 1.5)
2010	1.6	(0.4 - 2.8)
2011	2.3	(0.4 - 4.1)
2012	1.1	(0.3 - 1.9)
Average	1.7	(1.4 - 2.0)

10.5 Smoking

10.5.1 Smoking in the home

The negative health effects of passive smoking on children are well documented. Passive smoking is associated with numerous health conditions, such as respiratory infections, middle ear infections, more frequent colds and onset and severity of asthma. In addition, children in households with a smoker are more likely to smoke themselves in the future.⁸ Parents/carers were asked about their home situation in regards to whether or not people smoke in the household, shown in Table 54.

Table 54: Smoking within the home, HWSS 2012

	The home is smoke free		People occasionally smoke in the house		People frequently smoke in the house	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	96.7	(92.6 - 100.0)	3.2	(0.0 - 7.3)	0.1	(0.0 - 0.3)
5 to 9 yrs	99.2	(98.4 - 100.0)	0.8	(0.0 - 1.6)	0.0	(0.0 - 0.0)
10 to 15 yrs	97.7	(95.8 - 99.6)	2.1	(0.2 - 3.9)	0.3	(0.0 - 0.7)
Gender						
Boys	99.1	(98.4 - 99.8)	0.7	(0.1 - 1.3)	0.2	(0.0 - 0.6)
Girls	96.5	(93.5 - 99.5)	3.5	(0.4 - 6.5)	0.0	(0.0 - 0.1)
Children	97.8	(96.3 - 99.4)	2.0	(0.5 - 3.6)	0.1	(0.0 - 0.3)

The vast majority of children were reported as living in a smoke-free house (97.8%).

The annual estimates of smoking within the home are shown in Table 55. The proportion of children living in a smoke-free house has increased significantly from 2002 (89.6%) to 2012 (97.9%).

Table 55: Smoking within the home, HWSS 2002–2012

	The home is smoke free		People occasionally smoke in the house		People frequently smoke in the house	
	%	95% CI	%	95% CI	%	95% CI
2002	89.6	(87.4 - 91.8)	6.7	(4.9 - 8.6)	3.7	(2.4 - 5.0)
2003	93.6	(92.1 - 95.1)	3.5	(2.4 - 4.7)	2.9	(1.9 - 3.8)
2004	90.8	(88.0 - 93.6)	5.5	(3.2 - 7.8)	3.7	(2.0 - 5.4)
2005	93.6	(91.8 - 95.4)	3.7	(2.2 - 5.1)	2.7	(1.6 - 3.8)
2006	96.4	(95.1 - 97.6)	1.8	(1.0 - 2.6)	1.9	(0.9 - 2.8)
2007	95.6	(93.9 - 97.4)	2.6	(1.2 - 4.0)	1.8	(0.7 - 2.9)
2008	96.3	(94.6 - 98.0)	1.5	(0.5 - 2.5)	2.2	(0.8 - 3.6)
2009	98.0	(97.4 - 98.6)	1.0	(0.6 - 1.4)	1.0	(0.6 - 1.4)
2010	98.2	(97.2 - 99.2)	1.6	(0.6 - 2.6)	0.2	(0.0 - 0.5)
2011	97.6	(96.2 - 99.0)	1.8	(0.5 - 3.1)	0.6	(0.0 - 1.2)
2012	97.9	(96.4 - 99.3)	2.0	(0.6 - 3.4)	0.1	(0.0 - 0.3)
Average	95.5	(95.1 - 95.9)	2.7	(2.3 - 3.0)	1.8	(1.5 - 2.1)

10.5.2 Smoking during pregnancy

Smoking during pregnancy reduces the amount of oxygen available to the baby through the umbilical cord. Smokers have a greater risk of having a premature baby and are more likely to have a low birth weight baby.²⁰ Data are presented based on birth cohort and then more specifically for children aged 0-4 years at the time of interview as previously described in Section 9 of this report. Parents/carers were asked about their smoking status during pregnancy, shown in Table 56.

Table 56: Prevalence of smoking during pregnancy, HWSS 2012

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Birth Cohort								
2008-2012	74.0	(66.8 - 81.3)	2.1	(0.2 - 3.9)	18.8	(12.2 - 25.3)	5.2	(1.8 - 8.6)
2003-2007	72.0	(65.0 - 79.0)	3.7	(0.8 - 6.6)	19.8	(13.4 - 26.2)	4.5	(1.7 - 7.3)
1997-2002	69.5	(63.4 - 75.6)	4.5	(2.2 - 6.9)	17.4	(12.5 - 22.2)	8.6	(4.3 - 12.9)
Gender (0-4 year olds)								
Boys	71.0	(61.1 - 81.0)	3.6	(0.1 - 7.1)	19.2	(10.6 - 27.7)	6.2	(1.2 - 11.2)
Girls	77.1	(66.4 - 87.9)	0.4	(0.0 - 1.1)	18.4	(8.2 - 28.5)	4.1	(0.0 - 8.7)

The annual estimates of smoking during pregnancy are shown in Table 57.

Table 57: Prevalence of smoking during pregnancy, 0–4 year olds, HWSS 2005 – 2012

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	66.9	(60.5 - 73.2)	5.9	(2.7 - 9.0)	19.7	(14.4 - 25.1)	7.5	(4.1 - 10.9)
2006	69.9	(64.1 - 75.8)	3.6	(1.3 - 5.9)	17.0	(12.3 - 21.7)	9.5	(5.7 - 13.3)
2007	75.9	(68.2 - 83.6)	2.7	(0.6 - 4.8)	13.8	(7.6 - 20.0)	7.6	(2.7 - 12.4)
2008	71.4	(63.1 - 79.8)	1.9	(0.1 - 3.7)	18.9	(11.5 - 26.2)	7.8	(2.8 - 12.9)
2009	77.9	(71.7 - 84.0)	4.6	(1.9 - 7.3)	13.0	(7.9 - 18.1)	4.6	(1.5 - 7.6)
2010	80.5	(73.5 - 87.5)	2.5	(0.0 - 5.2)	13.9	(7.8 - 20.0)	3.1	(0.0 - 6.2)
2011	76.3	(68.8 - 83.8)	2.0	(0.4 - 3.6)	16.9	(10.4 - 23.5)	4.8	(0.7 - 8.8)
2012	73.9	(66.8 - 81.1)	2.2	(0.3 - 4.0)	18.8	(12.3 - 25.3)	5.1	(1.8 - 8.5)
Average	73.6	(71.2 - 76.0)	3.5	(2.6 - 4.5)	16.6	(14.5 - 18.6)	6.4	(5.0 - 7.7)

10.6 Nutrition

Diet has an important effect on health and can influence the risk of various diseases, including coronary heart disease, Type 2 diabetes, stroke, and digestive system cancers.⁶ Eating fruit and vegetables is important to improve one's health and to protect against the risk of disease. A nutritious diet is especially important for normal growth and development in children.²¹ Children aged 4 to 11 years of age are recommended to eat at least one serve of fruit each day, while 12 to 18 year olds are recommended to eat three serves.²¹ Parents/carers were asked how many serves of fruit their child usually eats each day. The proportion of children eating the recommended daily serves of fruit is shown in Table 58.

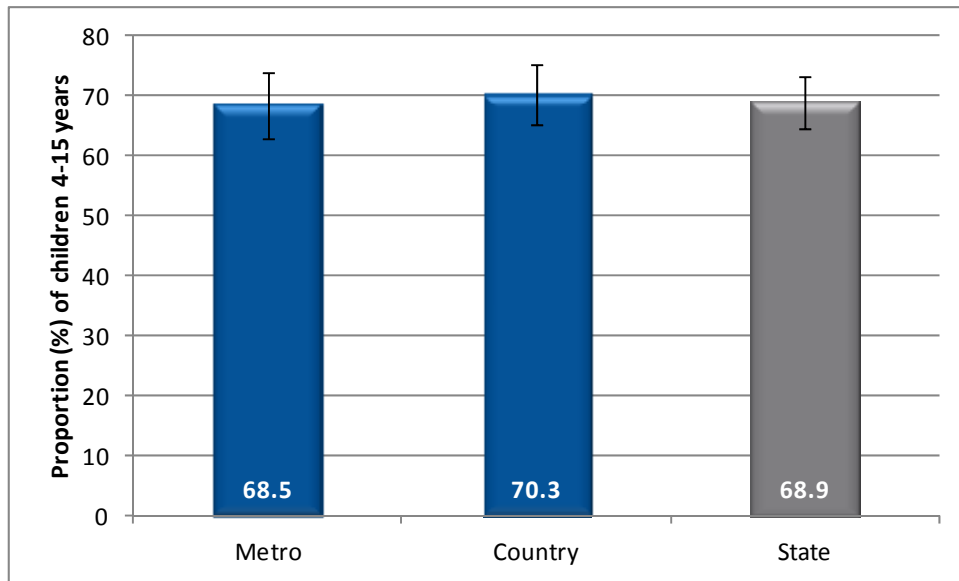
Table 58: Proportion eating recommended daily fruit serves, ages 4–15 years, HWSS 2012

	Less than recommended serves of fruit		1+ for 4-11 yrs; 3+ for 12-17 yrs	
	%	95% CI	%	95% CI
Age Group				
4 to 7 yrs	4.5	(1.0 - 8.0)	95.5	(92.0 - 99.0)
8 to 11 yrs	2.4	(0.0 - 5.2)	97.6	(94.8 - 100.0)
12 to 15 yrs	84.6	(79.2 - 90.0)	15.4	(10.0 - 20.8)
Gender				
Boys	30.0	(24.0 - 36.1)	70.0	(63.9 - 76.0)
Girls	32.1	(25.8 - 38.4)	67.9	(61.6 - 74.2)
Children	31.1	(26.7 - 35.4)	68.9	(64.6 - 73.3)

Children aged 12 to 15 years were significantly less likely to eat the recommended daily serves of fruit than children aged 4 to 7 years (15.4% compared to 95.5%) or children aged 8 to 11 years (15.4% compared to 97.6%).

Figure 16 shows the proportion of children 4-15 years eating the recommended daily serves of fruit by geographic area.

Figure 16: Proportion eating recommended daily fruit serves, ages 4–15 years, by geographic area, HWSS 2012



The annual proportion of children eating the recommended daily serves of fruit is shown in Table 59. The proportion of children eating the recommended daily serves of fruit for their age group peaked in 2010 (73.6%) and has decreased in 2011 (68.9%) and 2012 (68.2%). These changes have not been statistically significant.

Table 59: Proportion eating recommended daily fruit serves, ages 4–15 years, HWSS 2002–2012

	Less than recommended serves of fruit		1+ for 4-11 yrs; 3+ for 12-17 yrs	
	%	95% CI	%	95% CI
2002	30.4	(26.5 - 34.2)	69.6	(65.8 - 73.5)
2003	30.7	(27.2 - 34.1)	69.3	(65.9 - 72.8)
2004	36.2	(30.5 - 42.0)	63.8	(58.0 - 69.5)
2005	33.4	(29.3 - 37.5)	66.6	(62.5 - 70.7)
2006	30.7	(27.3 - 34.1)	69.3	(65.9 - 72.7)
2007	29.7	(24.7 - 34.6)	70.3	(65.4 - 75.3)
2008	28.5	(24.1 - 32.9)	71.5	(67.1 - 75.9)
2009	27.8	(25.6 - 30.1)	72.2	(69.9 - 74.4)
2010	26.4	(22.4 - 30.3)	73.6	(69.7 - 77.6)
2011	31.1	(26.3 - 35.9)	68.9	(64.1 - 73.7)
2012	31.8	(27.5 - 36.2)	68.2	(63.8 - 72.5)
Average	30.3	(29.2 - 31.4)	69.7	(68.6 - 70.8)

The mean serves of fruit eaten daily are shown in Table 60. The mean serves of fruit was significantly lower for children age 12-15 years compared to 4-7 year olds (1.8 serves compared to 2.3 serves).

Table 60: Mean daily fruit serves, ages 4-15 years, HWSS 2012

	\bar{x}	95% CI
Age Group		
4 to 7 yrs	2.3	(2.0 - 2.5)
8 to 11 yrs	2.0	(1.8 - 2.1)
12 to 15 yrs	1.8	(1.6 - 1.9)
Gender		
Boys	2.0	(1.9 - 2.2)
Girls	2.0	(1.8 - 2.1)
Children	2.0	(1.9 - 2.1)

The annual mean serves of fruit eaten daily are shown in Table 61.

Table 61: Mean daily fruit serves, ages 4-15 years, HWSS 2002–2012

	\bar{x}	95% CI
2002	1.9	(1.8 - 2.0)
2003	2.0	(1.9 - 2.1)
2004	1.9	(1.8 - 2.1)
2005	1.9	(1.8 - 2.0)
2006	1.9	(1.8 - 2.1)
2007	2.0	(1.8 - 2.1)
2008	2.0	(1.9 - 2.1)
2009	2.1	(2.0 - 2.2)
2010	2.1	(2.0 - 2.2)
2011	1.9	(1.8 - 2.0)
2012	2.0	(1.9 - 2.1)
Average	2.0	(2.0 - 2.0)

It is recommended that children aged 4 to 7 years of age eat at least two serves of vegetables each day, 8 to 11 year olds eat at least three serves a day and 12 to 15 year olds eat at least four serves a day.²¹ Parents/carers were asked how many serves of vegetables their child usually eats each day. The proportion of children eating the recommended daily serves of vegetables is shown in Table 62.

Table 62: Proportion eating recommended daily vegetable serves, ages 4-15 years, HWSS 2012

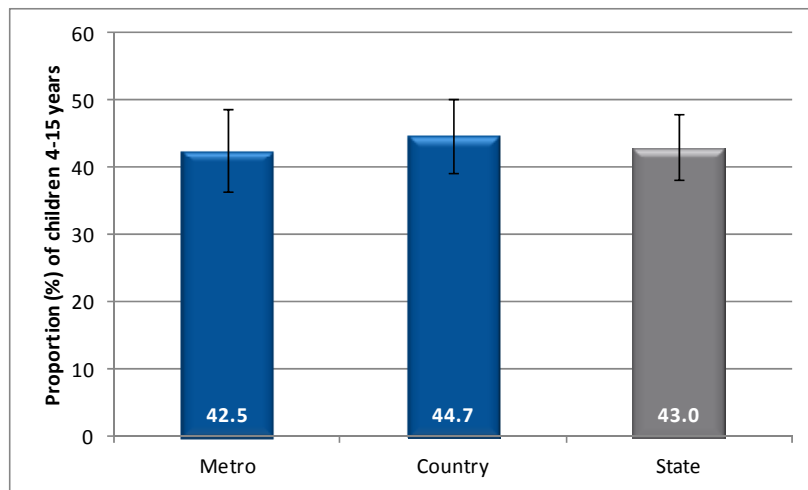
	Less than recommended serves of vegetables		2+ for 4-7 yrs; 3+ for 8-11 yrs; 4+ for 12-17 yrs	
	%	95% CI	%	95% CI
Age Group				
4 to 7 yrs	36.0	(27.6 - 44.5)	64.0	(55.5 - 72.4)
8 to 11 yrs	54.0	(45.4 - 62.7)	46.0	(37.3 - 54.6)
12 to 15 yrs	80.3	(74.3 - 86.2)	19.7	(13.8 - 25.7)
Gender				
Boys	60.2	(53.4 - 67.0)	39.8	(33.0 - 46.6)
Girls	53.7	(46.8 - 60.6)	46.3	(39.4 - 53.2)
Children	57.0	(52.1 - 61.8)	43.0	(38.2 - 47.9)

There was a significant age related decrease in the proportion of children who meet the recommended daily intake of vegetables for their age group.

Overall, just over 4 out of 10 of children met the recommended daily servings of vegetables in 2012.

Figure 17 shows the proportion of children 4–15 years eating the recommended daily serves of vegetables by geographic area.

Figure 17: Proportion eating recommended daily vegetable serves, ages 4–15 years, by geographic area, HWSS 2012



The annual proportion of children eating the recommended daily serves of vegetables is shown in Table 63.

Table 63: Proportion eating recommended daily vegetable serves, 4–15 years, HWSS 2002–2012

	Less than recommended serves of vegetables		2+ for 4-7 yrs; 3+ for 8-11 yrs; 4+ for 12-17 yrs	
	%	95% CI	%	95% CI
2002	63.0	(58.7 - 67.3)	37.0	(32.7 - 41.3)
2003	63.3	(59.6 - 67.0)	36.7	(33.0 - 40.4)
2004	60.6	(54.9 - 66.4)	39.4	(33.6 - 45.1)
2005	56.2	(52.0 - 60.5)	43.8	(39.5 - 48.0)
2006	58.8	(55.0 - 62.7)	41.2	(37.3 - 45.0)
2007	57.7	(52.2 - 63.2)	42.3	(36.8 - 47.8)
2008	58.5	(53.2 - 63.7)	41.5	(36.3 - 46.8)
2009	52.8	(50.1 - 55.6)	47.2	(44.4 - 49.9)
2010	55.8	(51.0 - 60.5)	44.2	(39.5 - 49.0)
2011	50.4	(45.0 - 55.8)	49.6	(44.2 - 55.0)
2012	57.5	(52.8 - 62.3)	42.5	(37.7 - 47.2)
Average	57.5	(56.2 - 58.7)	42.5	(41.3 - 43.8)

In 2012 the proportion of children meeting the guidelines for vegetable consumption was the lowest since 2008, however there were no statistically significant differences.

The mean serves of vegetables eaten daily is shown in Table 64.

Table 64: Mean daily vegetable serves, 4 – 15 years, HWSS 2012

	\bar{x}	95% CI
Age Group		
4 to 7 yrs	1.9	(1.8 - 2.1)
8 to 11 yrs	2.4	(2.2 - 2.6)
12 to 15 yrs	2.5	(2.3 - 2.7)
Gender		
Boys	2.2	(2.0 - 2.3)
Girls	2.4	(2.2 - 2.6)
Children	2.3	(2.2 - 2.4)

The annual mean serves of vegetables eaten daily are shown in Table 65.

Table 65: Mean daily vegetable serves, 4–15 years, HWSS 2002 – 2012

	\bar{x}	95% CI
2002	2.1	(2.0 - 2.2)
2003	2.1	(2.0 - 2.2)
2004	2.2	(2.0 - 2.4)
2005	2.4	(2.3 - 2.6)
2006	2.3	(2.2 - 2.4)
2007	2.4	(2.2 - 2.5)
2008	2.3	(2.2 - 2.4)
2009	2.5	(2.4 - 2.5)
2010	2.4	(2.3 - 2.5)
2011	2.5	(2.3 - 2.6)
2012	2.3	(2.2 - 2.4)
Average	2.3	(2.3 - 2.4)

Milk is one of the most complete of all foods as it contains nearly all the constituents of nutritional importance to humans. As milk provides around one-third of the saturated fat in the diet of children and adolescents reduced-fat varieties are recommended for children aged 2 years and over. Reduced-fat milk is not recommended for children under 2 years of age as milk usually forms a much higher proportion of their diet and is a major source of energy.²¹ Parents/carers were asked what type of milk their child usually consumes, shown in Table 66.

Table 66: Type of milk consumed, 2 – 15 years, HWSS 2012

	Full fat or whole milk of any kind, including soya		Low/reduced fat milk of any kind, including soya		Skim milk, that is milk with no fat content at all		Other		Dont use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
2 to 4 yrs	78.9	(70.9 - 86.8)	15.8	(8.6 - 23.0)	1.7	(0.0 - 4.5)	2.9	(0.5 - 5.4)	0.7	(0.0 - 2.1)
5 to 9 yrs	49.5	(41.8 - 57.1)	39.8	(32.3 - 47.2)	4.7	(1.5 - 8.0)	2.7	(0.0 - 5.4)	3.4	(0.1 - 6.6)
10 to 15 yrs	46.6	(40.0 - 53.2)	41.4	(34.9 - 47.8)	6.2	(2.9 - 9.5)	1.1	(0.0 - 2.3)	4.7	(1.7 - 7.6)
Gender										
Boys	57.1	(50.7 - 63.4)	32.7	(26.8 - 38.5)	4.8	(2.2 - 7.5)	1.7	(0.4 - 3.1)	3.7	(0.9 - 6.6)
Girls	54.0	(47.5 - 60.5)	36.4	(30.3 - 42.5)	4.4	(1.7 - 7.1)	2.5	(0.5 - 4.4)	2.8	(0.9 - 4.6)
Children	55.5	(51.0 - 60.1)	34.5	(30.3 - 38.7)	4.6	(2.7 - 6.5)	2.1	(0.9 - 3.3)	3.2	(1.5 - 4.9)

The type of milk usually consumed is shown annually in Table 67.

Table 67: Type of milk usually consumed, 2–15 years, HWSS 2002 – 2012

	Full fat or whole milk of any kind, including soya		Low/reduced fat milk of any kind, including soya		Skim milk, that is milk with no fat content at all		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	69.6	(65.9 - 73.3)	25.7	(22.2 - 29.2)	3.2	(1.9 - 4.6)	0.2	(0.0 - 0.5)	1.3	(0.5 - 2.1)
2003	68.8	(65.5 - 72.1)	27.8	(24.6 - 31.0)	2.8	(1.7 - 3.8)	0.4	(0.0 - 0.7)	0.3	(0.0 - 0.6)
2004	72.7	(67.9 - 77.4)	21.6	(17.3 - 25.9)	1.4	(0.4 - 2.5)	1.9	(0.5 - 3.2)	2.5	(0.9 - 4.0)
2005	62.3	(58.5 - 66.2)	33.4	(29.7 - 37.2)	1.1	(0.4 - 1.8)	1.0	(0.3 - 1.8)	2.1	(1.1 - 3.2)
2006	59.7	(55.5 - 63.9)	35.5	(31.4 - 39.6)	1.6	(0.8 - 2.3)	1.3	(0.5 - 2.2)	1.9	(0.6 - 3.2)
2007	63.4	(58.5 - 68.3)	31.0	(26.3 - 35.6)	2.9	(1.3 - 4.4)	1.3	(0.1 - 2.5)	1.5	(0.6 - 2.4)
2008	64.3	(59.8 - 68.9)	29.6	(25.3 - 33.9)	2.9	(1.5 - 4.3)	1.2	(0.1 - 2.3)	1.9	(0.3 - 3.5)
2009	59.7	(56.9 - 62.4)	32.5	(29.8 - 35.1)	3.7	(2.8 - 4.5)	2.2	(1.2 - 3.2)	2.0	(1.4 - 2.7)
2010	56.5	(52.1 - 60.9)	34.8	(30.6 - 39.0)	4.7	(2.8 - 6.5)	1.6	(0.4 - 2.7)	2.4	(1.1 - 3.8)
2011	56.6	(51.6 - 61.6)	34.3	(29.6 - 38.9)	3.8	(1.8 - 5.7)	3.5	(1.4 - 5.6)	1.9	(0.5 - 3.2)
2012	54.9	(50.4 - 59.3)	35.1	(30.9 - 39.3)	4.7	(2.8 - 6.6)	2.0	(0.9 - 3.2)	3.3	(1.6 - 5.0)
Average	62.5	(61.3 - 63.6)	31.2	(30.1 - 32.2)	3.0	(2.7 - 3.4)	1.4	(1.1 - 1.7)	1.9	(1.6 - 2.3)

Parents/carers were asked how many times a week on average their child eats fast food meals, such as burgers, pizza, chicken or chips from fast food outlets, as shown in Table 68.

Table 68: Meals from fast food outlets per week, 1–15 years, HWSS 2012

	Never		Less than once a week		Once or twice a week		Three or four times a week		Five or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
1 to 4 yrs	40.2	(31.0 - 49.4)	31.4	(22.9 - 39.8)	26.8	(18.4 - 35.1)	1.6	(0.0 - 4.0)	0.0	(0.0 - 0.0)
5 to 9 yrs	20.5	(14.7 - 26.3)	38.7	(31.2 - 46.3)	38.5	(31.0 - 46.0)	2.2	(0.0 - 4.5)	0.0	(0.0 - 0.0)
10 to 15 yrs	12.2	(8.4 - 16.1)	39.2	(32.8 - 45.6)	45.8	(39.2 - 52.5)	2.7	(0.5 - 4.9)	0.0	(0.0 - 0.0)
Gender										
Boys	20.5	(15.5 - 25.5)	35.8	(29.8 - 41.7)	42.0	(35.7 - 48.2)	1.8	(0.2 - 3.3)	0.0	(0.0 - 0.0)
Girls	25.8	(20.1 - 31.6)	37.8	(31.7 - 43.9)	33.6	(27.6 - 39.7)	2.8	(0.6 - 4.9)	0.0	(0.0 - 0.0)
Children	23.1	(19.3 - 26.9)	36.7	(32.5 - 41.0)	37.9	(33.5 - 42.3)	2.3	(0.9 - 3.6)	0.0	(0.0 - 0.0)

The number of times children eat fast food is shown annually in Table 69. For the first time, in 2012, since collection began no children were reported as eating fast food five or more times per week.

Table 69: Meals from fast food outlets per week, 1–15 years, HWSS 2002– 2012

	Never		Less than once a week		Once or twice a week		Three or four times per week		Five or more times per week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	18.0	(14.3 - 21.7)	37.1	(32.7 - 41.5)	42.8	(38.4 - 47.1)	2.1	(0.8 - 3.3)	0.1	(0.0 - 0.2)
2003	9.7	(7.6 - 11.7)	43.1	(39.6 - 46.6)	45.6	(42.1 - 49.1)	1.5	(0.7 - 2.3)	0.2	(0.0 - 0.5)
2004	11.1	(7.9 - 14.2)	45.9	(40.6 - 51.3)	42.3	(37.0 - 47.6)	0.5	(0.0 - 0.9)	0.2	(0.0 - 0.4)
2005	11.9	(9.4 - 14.4)	45.0	(41.1 - 48.8)	41.4	(37.6 - 45.2)	1.5	(0.6 - 2.4)	0.2	(0.0 - 0.4)
2006	11.8	(9.1 - 14.4)	45.4	(41.4 - 49.5)	40.7	(36.8 - 44.7)	1.9	(0.8 - 3.0)	0.2	(0.0 - 0.4)
2007	17.3	(13.7 - 20.9)	38.8	(33.8 - 43.8)	40.7	(35.8 - 45.6)	2.8	(0.9 - 4.7)	0.4	(0.0 - 1.1)
2008	11.5	(8.7 - 14.3)	42.3	(37.6 - 47.1)	44.3	(39.6 - 49.0)	1.6	(0.5 - 2.7)	0.2	(0.0 - 0.6)
2009	20.7	(18.1 - 23.4)	36.1	(33.3 - 38.9)	41.2	(38.4 - 44.0)	1.8	(0.9 - 2.7)	0.1	(0.0 - 0.3)
2010	18.1	(15.0 - 21.2)	40.6	(36.4 - 44.9)	38.6	(34.4 - 42.8)	2.4	(1.2 - 3.6)	0.3	(0.0 - 0.6)
2011	22.9	(18.6 - 27.1)	36.3	(31.7 - 41.0)	38.8	(34.0 - 43.5)	1.8	(0.4 - 3.3)	0.2	(0.0 - 0.5)
2012	22.6	(18.9 - 26.2)	36.9	(32.7 - 41.0)	38.3	(34.1 - 42.6)	2.2	(0.9 - 3.5)	0.0	(0.0 - 0.0)
Average	15.7	(14.8 - 16.5)	40.0	(38.9 - 41.2)	42.4	(41.2 - 43.5)	1.8	(1.4 - 2.1)	0.2	(0.1 - 0.3)

10.7 Sleep

Sleep is one of the most important requirements in early childhood development stimulating growth, proper brain development, memory, alertness and strengthening the immune system. The recommended amount of sleep for children varies from 8 to 14 hours depending on age and individual requirements.²² In general children sleep less as they grow up. The mean number of hours of sleep for children is shown in Table 70.

Table 70: Mean time spent sleeping on a usual night, HWSS 2012

	\bar{x}	95% CI
Age Group		
0 to 4 yrs	10.6	(10.3 - 10.9)
5 to 9 yrs	10.3	(10.2 - 10.5)
10 to 15 yrs	9.2	(9.1 - 9.4)
Gender		
Boys	10.0	(9.8 - 10.2)
Girls	10.1	(9.9 - 10.3)
Children	10.0	(9.9 - 10.2)

11. PSYCHOSOCIAL AND MENTAL HEALTH

Mental health involves the capacity to interact with people and the environment and refers to the ability to negotiate the social interactions and challenges of life without experiencing undue emotional or behavioural incapacity.²³ Mental health is also referred to as psychosocial health as it involves aspects of both social and psychological behaviour.

11.1 Emotional problems

Emotional and behavioural problems are terms commonly used to describe changes in thinking, mood or behaviour that are associated with distress or impaired functioning in children.⁸ Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people, as shown in Table 71.

Table 71: Overall trouble with emotions, concentration, behaviour or getting on with people, 1–15 years, HWSS 2012

	No		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	76.0	(68.1 - 84.0)	20.4	(12.8 - 28.0)	3.2	(0.1 - 6.2)	0.0	(0.0 - 0.0)
5 to 9 yrs	65.3	(58.1 - 72.6)	25.6	(19.0 - 32.2)	7.9	(3.7 - 12.1)	1.1	(0.0 - 3.1)
10 to 15 yrs	66.3	(60.0 - 72.6)	27.9	(21.9 - 33.9)	4.8	(1.8 - 7.8)	1.0	(0.0 - 2.0)
Gender								
Boys	65.6	(59.8 - 71.5)	27.9	(22.5 - 33.3)	5.7	(2.8 - 8.6)	0.7	(0.0 - 1.5)
Girls	72.2	(66.3 - 78.1)	21.9	(16.4 - 27.4)	4.9	(2.2 - 7.6)	1.0	(0.0 - 2.3)
Children	68.9	(64.7 - 73.0)	25.0	(21.1 - 28.8)	5.3	(3.3 - 7.3)	0.9	(0.1 - 1.6)

Just over 30% of children aged 1 to 15 years were reported as having some amount of trouble with emotions, concentration, behaviour or getting on with people.

The annual prevalence estimates of children with trouble with emotions, concentration, behaviour or getting on with people area shown in Table 72.

Table 72: Overall trouble with emotions, concentration, behaviour or getting on with people, 1–15 years, HWSS 2002–2012

	No		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	70.3	(66.7 - 73.8)	23.7	(20.4 - 27.0)	5.3	(3.4 - 7.1)	0.8	(0.3 - 1.3)
2003	68.1	(64.8 - 71.3)	24.4	(21.4 - 27.5)	6.0	(4.4 - 7.7)	1.5	(0.7 - 2.2)
2004	62.4	(57.2 - 67.5)	27.9	(23.2 - 32.6)	8.1	(5.2 - 11.0)	1.6	(0.3 - 3.0)
2005	65.4	(61.8 - 69.1)	27.3	(23.9 - 30.8)	6.4	(4.6 - 8.3)	0.8	(0.1 - 1.5)
2006	68.6	(65.3 - 71.9)	24.2	(21.1 - 27.2)	5.9	(4.2 - 7.6)	1.4	(0.5 - 2.2)
2007	71.2	(66.7 - 75.6)	22.6	(18.5 - 26.7)	5.0	(3.1 - 6.9)	1.2	(0.4 - 2.1)
2008	67.3	(62.9 - 71.7)	24.8	(20.7 - 28.9)	6.3	(4.2 - 8.5)	1.6	(0.4 - 2.7)
2009	73.4	(71.0 - 75.7)	20.6	(18.5 - 22.8)	4.5	(3.5 - 5.4)	1.5	(0.9 - 2.2)
2010	71.3	(67.5 - 75.2)	22.7	(19.1 - 26.3)	5.2	(3.3 - 7.1)	0.8	(0.2 - 1.4)
2011	71.6	(67.1 - 76.0)	23.3	(19.1 - 27.4)	4.4	(2.1 - 6.8)	0.8	(0.0 - 1.6)
2012	68.6	(64.5 - 72.6)	25.2	(21.4 - 29.0)	5.4	(3.4 - 7.3)	0.9	(0.1 - 1.7)
Average	69.3	(68.3 - 70.4)	23.9	(22.9 - 24.9)	5.5	(5.0 - 6.0)	1.3	(1.0 - 1.5)

Parents/carers who reported their child has any trouble with emotions, concentration, behaviour or getting on with people, were then asked whether they thought their child needs special help for these troubles, shown in Table 73.

Table 73: Proportion who think child needs special help for emotional problem, 1–15 years, HWSS 2012

	%	95% CI
Age Group		
1 to 4 yrs	8.0	(0.0 - 17.8)
5 to 9 yrs	31.5	(19.0 - 44.0)
10 to 15 yrs	29.5	(18.3 - 40.7)
Gender		
Boys	23.7	(14.8 - 32.7)
Girls	27.0	(15.8 - 38.2)
Children	25.2	(18.1 - 32.2)

The annual proportion of children regarded as needing special help for emotional problems is shown in Table 74.

Table 74: Proportion who think child needs special help for emotional problem, 1–15 years, HWSS 2002– 2012

	%	95% CI
2002	20.8	(14.7 - 26.8)
2003	21.6	(16.6 - 26.5)
2004	23.4	(16.2 - 30.7)
2005	21.0	(15.5 - 26.5)
2006	26.2	(20.5 - 31.9)
2007	27.2	(19.1 - 35.3)
2008	26.7	(19.8 - 33.7)
2009	25.9	(21.9 - 30.0)
2010	23.6	(16.8 - 30.5)
2011	21.9	(13.5 - 30.3)
2012	25.7	(18.7 - 32.7)
Average	24.1	(22.4 - 25.9)

All parents/carers of children aged 1 to 15 years were asked whether their child had ever been treated for an emotional or mental health problem, shown in Table 75.

Table 75: Proportion of children ever treated for an emotional or mental health problem, 1–15 years, HWSS 2012

	%	95% CI
Age Group		
1 to 4 yrs	0.0	(0.0 - 0.0)
5 to 9 yrs	5.3	(1.9 - 8.7)
10 to 15 yrs	11.1	(7.0 - 15.1)
Gender		
Boys	6.5	(3.6 - 9.3)
Girls	5.5	(2.8 - 8.1)
Children	6.0	(4.0 - 7.9)

The annual proportion of children ever treated for an emotional or mental health problem is shown in Table 76. The proportion of children ever treated for an emotional or mental health problem was significantly higher in 2012 (6.2%) compared with 2002 (3.0%).

Table 76: Proportion of children ever treated for an emotional or mental health problem, 1–15 years, HWSS 2002–2012

	%	95% CI
2002	3.0	(1.8 - 4.1)
2003	4.7	(2.9 - 6.6)
2004	5.7	(1.3 - 10.0)
2005	5.3	(3.7 - 7.0)
2006	6.7	(5.0 - 8.4)
2007	5.3	(3.0 - 7.6)
2008	6.0	(4.1 - 8.0)
2009	5.1	(4.2 - 6.1)
2010	4.8	(3.2 - 6.4)
2011	4.2	(2.4 - 6.1)
2012	6.2	(4.2 - 8.2)
Average	5.3	(4.8 - 5.8)

11.2 Social support

Social support relates to the resources available within communities and is believed to have a positive influence on health status.²⁴ Measures of social support for children include the level of social integration that the individual is involved with; it usually comes from a group of people or friends; the assurance of worth from others such as positive reinforcement that inspires and boosts the self-esteem; the reliable alliance support provided from others, which means that the individual knows they can depend on receiving support from family members whenever it was needed.²⁵ The HWSS measures social supports via participation within the community, including whether or not the child has a close mate and whether or not the child has a group of friends.

The proportion of children who have a close mate and/or group of friends is shown in Table 77.

Table 77: Prevalence of friends, 5–15 years, HWSS 2012

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
Age Group				
5 to 9 yrs	78.9	(72.6 - 85.3)	94.4	(91.1 - 97.8)
10 to 15 yrs	79.8	(74.7 - 84.9)	96.1	(93.6 - 98.6)
Gender				
Boys	77.4	(71.5 - 83.4)	95.4	(92.6 - 98.2)
Girls	81.5	(76.2 - 86.8)	95.3	(92.4 - 98.2)
Children	79.4	(75.4 - 83.4)	95.4	(93.3 - 97.4)

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 78.

Table 78: Prevalence of friends, 5–15 years, HWSS 2002–2012

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
2002	83.3	(79.9 - 86.7)	93.1	(90.9 - 95.4)
2003	80.7	(77.4 - 83.9)	94.8	(93.2 - 96.4)
2004	81.1	(76.2 - 85.9)	92.6	(89.1 - 96.0)
2005	81.5	(78.1 - 85.0)	93.8	(91.7 - 95.9)
2006	78.1	(74.7 - 81.5)	93.6	(91.6 - 95.6)
2007	80.1	(75.6 - 84.6)	92.9	(90.1 - 95.7)
2008	77.8	(73.1 - 82.4)	93.0	(90.5 - 95.6)
2009	81.6	(79.7 - 83.6)	94.2	(93.1 - 95.4)
2010	86.1	(82.8 - 89.5)	94.0	(91.8 - 96.2)
2011	82.2	(77.9 - 86.6)	93.9	(91.2 - 96.6)
2012	79.4	(75.5 - 83.3)	95.3	(93.3 - 97.3)
Average	81.2	(80.2 - 82.2)	94.0	(93.4 - 94.6)

11.3 Bullying

Bullying can have serious consequences for both children who are repeatedly bullied and for those bullying others. Children who have been the victim of bullying can experience problems with their physical and psychological health, education and social development and may suffer from loss of self-esteem; depression or absenteeism and it may even affect the family.²⁶ In the HWSS bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’. Parents/carers were asked whether their child has been bullied in the past 12 months and whether their child has bullied other kids in the past 12 months, shown in Table 79. Just over one-third of children had been bullied in the past 12 months.

Table 79: Prevalence of bullying in past 12 months, 5–15 years, HWSS 2012

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	34.1	(26.8 - 41.5)	9.6	(5.4 - 13.8)	6.8	(3.1 - 10.5)
10 to 15 yrs	36.9	(30.4 - 43.3)	8.1	(4.6 - 11.6)	6.8	(3.5 - 10.0)
Gender						
Boys	36.2	(29.2 - 43.1)	11.9	(7.5 - 16.4)	8.0	(4.2 - 11.9)
Girls	35.1	(28.3 - 41.8)	5.4	(2.5 - 8.3)	5.5	(2.5 - 8.5)
Children	35.6	(30.8 - 40.5)	8.8	(6.0 - 11.5)	6.8	(4.3 - 9.2)

The annual prevalence of bullying is shown in Table 80.

Table 80: Prevalence of bullying in past 12 months, 5–15 years, HWSS 2002–2012

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
2002	40.6	(36.1 - 45.1)	13.1	(10.0 - 16.2)	8.9	(6.4 - 11.5)
2003	35.7	(31.8 - 39.5)	13.0	(10.2 - 15.7)	9.9	(7.4 - 12.4)
2004	38.6	(32.8 - 44.5)	17.5	(12.6 - 22.4)	13.3	(9.1 - 17.6)
2005	36.7	(32.5 - 41.0)	10.4	(7.7 - 13.1)	8.4	(5.9 - 10.9)
2006	36.4	(32.5 - 40.3)	12.6	(9.9 - 15.2)	9.2	(6.9 - 11.4)
2007	38.2	(32.6 - 43.8)	13.9	(10.0 - 17.7)	9.6	(6.5 - 12.7)
2008	37.6	(32.4 - 42.7)	14.1	(10.6 - 17.5)	10.8	(7.8 - 13.9)
2009	33.7	(31.3 - 36.0)	10.0	(8.4 - 11.6)	6.8	(5.4 - 8.1)
2010	34.8	(30.2 - 39.3)	10.8	(7.9 - 13.6)	8.6	(6.1 - 11.2)
2011	30.9	(25.7 - 36.1)	8.5	(5.3 - 11.8)	7.6	(4.4 - 10.8)
2012	35.8	(31.0 - 40.6)	8.9	(6.2 - 11.6)	6.9	(4.5 - 9.4)
Average	35.9	(34.7 - 37.1)	11.7	(10.9 - 12.5)	8.7	(8.0 - 9.4)

12. SCHOOL CONNECTEDNESS

A positive school environment can act as a protective factor that reduces the likelihood of mental health problems and can mitigate the potentially negative effects of risk factors.²⁷

12.1 School

Parents/carers were asked how many days, not counting official school holidays, which their child was away from school for any reason. The days absent from school were classified into the number of weeks, as shown in Table 81.

Table 81: Weeks absent from school, 5–15 years, HWSS 2012

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
5 to 9 yrs	6.9	(3.0 - 10.7)	49.4	(41.7 - 57.2)	25.2	(18.3 - 32.1)	7.8	(4.0 - 11.6)	10.7	(6.1 - 15.4)
10 to 15 yrs	5.8	(3.2 - 8.5)	52.0	(45.3 - 58.6)	27.8	(21.8 - 33.9)	9.1	(5.5 - 12.7)	5.2	(2.8 - 7.7)
Gender										
Boys	6.4	(3.1 - 9.7)	49.4	(42.1 - 56.6)	28.5	(21.7 - 35.2)	9.4	(5.6 - 13.1)	6.4	(3.3 - 9.6)
Girls	6.2	(3.1 - 9.3)	52.3	(45.3 - 59.4)	24.7	(18.7 - 30.8)	7.6	(3.9 - 11.4)	9.1	(5.1 - 13.1)
Children	6.3	(4.0 - 8.6)	50.8	(45.8 - 55.9)	26.6	(22.1 - 31.2)	8.5	(5.9 - 11.1)	7.7	(5.2 - 10.3)

The weeks absent from school is shown annually in Table 82.

Table 82: Weeks absent from school, 5–15 years, HWSS 2002–2012

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	10.7	(7.7 - 13.7)	60.7	(56.3 - 65.1)	17.1	(13.9 - 20.2)	6.6	(4.4 - 8.7)	4.9	(3.3 - 6.5)
2003	9.5	(6.8 - 12.2)	57.3	(53.3 - 61.4)	21.2	(17.9 - 24.6)	6.3	(4.6 - 8.1)	5.6	(4.0 - 7.2)
2004	8.7	(5.1 - 12.3)	53.8	(47.6 - 59.9)	22.5	(17.4 - 27.7)	8.1	(5.1 - 12.7)	6.9	(3.9 - 9.8)
2005	9.8	(6.9 - 12.7)	55.5	(51.0 - 60.0)	21.9	(18.2 - 25.6)	5.5	(3.5 - 7.5)	7.4	(5.1 - 9.6)
2006	7.6	(5.2 - 9.9)	50.5	(46.4 - 54.6)	23.4	(20.0 - 26.8)	9.7	(7.3 - 12.2)	8.8	(6.5 - 11.1)
2007	8.3	(5.0 - 11.5)	54.4	(48.5 - 60.2)	21.7	(16.8 - 26.6)	7.7	(4.5 - 10.9)	8.0	(5.2 - 10.8)
2008	7.1	(4.0 - 10.2)	54.2	(48.7 - 59.7)	20.9	(16.4 - 25.4)	9.1	(6.2 - 12.1)	8.6	(5.6 - 11.6)
2009	7.8	(6.5 - 9.2)	48.2	(45.7 - 50.7)	23.0	(20.9 - 25.0)	10.1	(8.6 - 11.6)	10.9	(9.3 - 12.4)
2010	8.3	(5.3 - 11.2)	50.6	(45.6 - 55.6)	23.1	(18.9 - 27.3)	10.2	(7.4 - 12.9)	7.9	(5.3 - 10.5)
2011	8.7	(5.4 - 12.0)	49.0	(43.4 - 54.6)	20.6	(16.3 - 24.9)	11.1	(7.6 - 14.5)	10.6	(7.0 - 14.2)
2012	6.3	(4.1 - 8.6)	50.8	(45.8 - 55.8)	26.5	(22.0 - 31.0)	8.6	(6.0 - 11.2)	7.7	(5.3 - 10.2)
Average	8.4	(7.7 - 9.1)	52.6	(51.3 - 53.8)	22.1	(21.0 - 23.1)	8.7	(8.0 - 9.4)	8.3	(7.6 - 9.0)

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports, as shown in Table 83. Over two-thirds of children were doing well or very well in school.

Table 83: How child is doing in school overall, 5–15 years, HWSS 2012

	Very well		Well		Average		Poorly		Very poorly	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
5 to 9 yrs	42.4	(34.8 - 50.0)	24.6	(17.8 - 31.3)	26.0	(19.2 - 32.8)	4.6	(1.4 - 7.8)	2.4	(1.4 - 5.1)
10 to 15 yrs	43.3	(36.7 - 49.9)	26.8	(21.1 - 32.4)	23.9	(21.1 - 32.4)	5.5	(2.6 - 8.3)	0.5	(0.0 - 1.1)
Gender										
Boys	38.8	(31.8 - 45.8)	24.8	(18.7 - 30.9)	30.1	(23.4 - 36.8)	5.2	(2.2 - 8.1)	1.1	(0.0 - 2.6)
Girls	47.1	(40.1 - 54.2)	26.8	(20.6 - 33.0)	19.4	(13.8 - 25.0)	5.0	(1.9 - 8.0)	1.7	(0.0 - 3.7)
Children	42.9	(37.9 - 47.9)	25.8	(21.4 - 30.1)	24.9	(20.4 - 29.3)	5.1	(3.0 - 7.2)	1.4	(0.1 - 2.6)

The annual estimates of how well children were doing in school are shown in Table 84.

Table 84: How child is doing in school overall, 5–15 years, HWSS 2002–2012

	Very well		Well		Average		Poorly		Very poorly	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.6	(48.0 - 57.1)	22.5	(18.8 - 26.3)	21.7	(18.0 - 25.3)	2.8	(1.5 - 4.1)	0.4	(0.0 - 0.7)
2003	48.6	(44.6 - 52.7)	25.7	(22.0 - 29.4)	21.9	(18.6 - 25.1)	2.5	(1.3 - 3.6)	1.4	(0.3 - 2.4)
2004	44.6	(38.5 - 50.8)	28.8	(23.1 - 34.5)	21.4	(16.6 - 26.2)	4.1	(1.7 - 6.5)	1.1	(0.0 - 2.6)
2005	47.3	(42.8 - 51.8)	24.4	(20.6 - 28.2)	24.8	(20.9 - 28.6)	3.0	(1.4 - 4.5)	0.5	(0.0 - 1.2)
2006	45.9	(41.8 - 50.0)	25.8	(22.3 - 29.4)	22.7	(19.2 - 26.3)	4.5	(2.9 - 6.2)	1.0	(0.2 - 1.8)
2007	49.8	(44.0 - 55.6)	23.1	(18.1 - 28.2)	21.2	(16.5 - 25.9)	4.5	(2.2 - 6.8)	1.4	(0.2 - 2.5)
2008	42.1	(36.7 - 47.5)	28.4	(23.5 - 33.3)	26.1	(21.6 - 30.7)	2.3	(0.8 - 3.8)	1.1	(0.0 - 2.2)
2009	42.0	(39.6 - 44.5)	28.1	(25.9 - 30.3)	25.1	(22.9 - 27.3)	4.0	(3.0 - 5.0)	0.7	(0.3 - 1.1)
2010	45.8	(40.8 - 50.8)	28.8	(24.3 - 33.3)	21.0	(17.1 - 24.9)	3.8	(2.0 - 5.6)	0.5	(0.1 - 1.0)
2011	43.7	(38.2 - 49.3)	28.5	(23.4 - 33.6)	22.9	(18.4 - 27.4)	2.6	(1.1 - 4.2)	2.2	(0.2 - 4.3)
2012	42.9	(37.9 - 47.8)	25.8	(21.5 - 30.1)	24.9	(20.6 - 29.3)	5.1	(3.0 - 7.2)	1.4	(0.1 - 2.6)
Average	45.5	(44.3 - 46.8)	26.3	(25.1 - 27.4)	23.7	(22.6 - 24.8)	3.6	(3.1 - 4.1)	0.9	(0.7 - 1.2)

Parents/carers were asked to rate how much their child looks forward to going to school each day, shown in Table 85.

Table 85: Child looks forward to going to school every day, 5–15 years, HWSS 2012

	Almost never		Rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
5 to 9 yrs	3.7	(1.1 - 6.3)	1.5	(0.0 - 3.4)	5.4	(2.3 - 8.5)	16.3	(10.2 - 22.5)	73.1	(66.1 - 80.0)
10 to 15 yrs	3.2	(1.4 - 5.1)	3.5	(1.3 - 5.8)	9.7	(5.9 - 13.5)	16.9	(11.8 - 21.9)	66.6	(60.5 - 72.8)
Gender										
Boys	5.0	(2.4 - 7.6)	4.1	(1.4 - 6.9)	10.0	(6.0 - 14.0)	15.8	(10.1 - 21.4)	65.1	(58.3 - 72.0)
Girls	1.8	(0.2 - 3.5)	1.1	(0.0 - 2.1)	5.4	(2.5 - 8.3)	17.6	(12.1 - 23.0)	74.1	(68.1 - 80.2)
Children	3.4	(1.9 - 5.0)	2.6	(1.1 - 4.1)	7.8	(5.2 - 10.3)	16.6	(12.7 - 20.6)	69.5	(64.9 - 74.2)

The annual estimates of children looking forward to school are shown in Table 86.

Table 86: Child looks forward to going to school everyday, 5–15 years, HWSS 2002–2012

	Almost never		Rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	1.1	(0.5 - 1.7)	1.9	(0.8 - 3.1)	9.9	(7.2 - 12.5)	14.3	(11.1 - 17.4)	72.8	(68.8 - 76.8)
2003	3.2	(1.7 - 4.6)	2.2	(1.2 - 3.3)	9.1	(6.9 - 11.3)	15.7	(12.7 - 18.7)	69.8	(66.1 - 73.5)
2004	1.1	(0.2 - 2.1)	1.5	(0.1 - 2.9)	11.5	(7.4 - 15.7)	13.9	(9.8 - 18.0)	72.0	(66.5 - 77.5)
2005	0.4	(0.1 - 0.7)	1.6	(0.5 - 2.7)	10.2	(7.1 - 13.2)	16.5	(13.3 - 19.7)	71.3	(67.2 - 75.4)
2006	3.3	(1.9 - 4.7)	2.7	(1.3 - 4.2)	8.0	(5.8 - 10.2)	16.0	(13.0 - 19.0)	70.0	(66.2 - 73.8)
2007	3.1	(1.1 - 5.2)	1.1	(0.2 - 2.0)	6.6	(3.7 - 9.4)	16.1	(12.1 - 20.2)	73.1	(68.1 - 78.1)
2008	2.7	(1.3 - 4.0)	3.0	(1.4 - 4.6)	11.0	(7.6 - 14.5)	13.7	(10.1 - 17.4)	69.6	(64.7 - 74.5)
2009	2.4	(1.6 - 3.2)	3.1	(2.2 - 3.9)	8.5	(7.2 - 9.8)	19.3	(17.3 - 21.2)	66.7	(64.4 - 69.1)
2010	1.7	(0.5 - 2.9)	2.0	(0.6 - 3.4)	10.6	(7.6 - 13.7)	16.5	(13.0 - 20.0)	69.2	(64.8 - 73.7)
2011	0.9	(0.1 - 1.7)	2.5	(0.9 - 4.1)	10.4	(7.3 - 13.6)	19.8	(15.2 - 24.4)	66.3	(61.1 - 71.6)
2012	3.5	(1.9 - 5.0)	2.7	(1.2 - 4.2)	7.9	(5.4 - 10.4)	16.6	(12.7 - 20.4)	69.4	(64.8 - 74.0)
Average	2.3	(1.9 - 2.6)	2.4	(2.1 - 2.8)	9.0	(8.3 - 9.8)	16.7	(15.8 - 17.7)	69.6	(68.4 - 70.7)

13. FAMILY FUNCTIONING

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.²⁸ The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.²⁹ Four questions were identified as sufficient to assess family functioning within a population^a. The questions are stated in the negative and reverse scored to assess overall family functioning. Each question is shown with the original wording and scoring. The first question is about the family not usually getting along, Table 87.

Table 87: Family usually don't get on well together, HWSS 2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	0.5	(0.0 - 1.3)	2.4	(0.0 - 4.9)	31.8	(23.4 - 40.2)	65.3	(56.8 - 73.8)
5 to 9 yrs	0.4	(0.0 - 1.3)	2.9	(0.0 - 5.8)	29.1	(22.2 - 36.1)	67.5	(60.3 - 74.7)
10 to 15 yrs	1.0	(0.0 - 2.5)	2.9	(0.7 - 5.0)	37.5	(31.0 - 44.0)	58.6	(52.0 - 65.2)
Gender								
Boys	0.9	(0.0 - 2.0)	2.9	(0.8 - 5.1)	36.6	(30.6 - 42.7)	59.6	(53.5 - 65.7)
Girls	0.5	(0.0 - 1.1)	2.5	(0.6 - 4.4)	29.4	(23.6 - 35.2)	67.6	(61.6 - 73.5)
Children	0.7	(0.0 - 1.3)	2.7	(1.3 - 4.2)	33.1	(28.9 - 37.3)	63.5	(59.2 - 67.8)

^a The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Institute for Child Health Research, whom the authors gratefully acknowledge

The annual estimates of family not usually getting along are shown in Table 88.

Table 88: Family usually don't get on well together, HWSS 2002–2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	0.7	(0.1 - 1.2)	2.7	(1.4 - 4.1)	30.4	(26.9 - 33.9)	66.2	(62.6 - 69.8)
2003	0.5	(0.1 - 0.9)	1.8	(1.0 - 2.6)	35.8	(32.5 - 39.1)	61.9	(58.6 - 65.3)
2004	0.2	(0.0 - 0.4)	4.1	(2.1 - 6.2)	35.5	(30.5 - 40.6)	60.2	(55.0 - 65.3)
2005	0.3	(0.0 - 0.7)	1.4	(0.5 - 2.3)	34.0	(30.4 - 37.5)	64.4	(60.8 - 68.0)
2006	0.2	(0.0 - 0.6)	1.9	(1.0 - 2.8)	36.0	(32.7 - 39.4)	61.8	(58.4 - 65.2)
2007	1.0	(0.0 - 1.9)	2.5	(1.2 - 3.9)	28.4	(23.8 - 32.9)	68.1	(63.5 - 72.8)
2008	0.8	(0.0 - 1.8)	2.2	(0.9 - 3.5)	35.1	(30.7 - 39.5)	61.8	(57.3 - 66.3)
2009	0.5	(0.2 - 0.8)	2.3	(1.5 - 3.2)	31.4	(28.9 - 33.9)	65.7	(63.1 - 68.3)
2010	0.6	(0.0 - 1.3)	2.5	(1.3 - 3.7)	26.8	(23.1 - 30.5)	70.1	(66.3 - 73.9)
2011	1.2	(0.0 - 2.4)	2.9	(1.2 - 4.7)	31.6	(27.1 - 36.1)	64.3	(59.6 - 68.9)
2012	0.7	(0.0 - 1.4)	2.7	(1.3 - 4.1)	33.3	(29.2 - 37.4)	63.3	(59.1 - 67.5)
Average	0.6	(0.4 - 0.8)	2.3	(2.0 - 2.6)	33.0	(32.0 - 34.1)	64.1	(63.0 - 65.2)

The second question asked parents/carers whether planning family activities is usually difficult, Table 89.

Table 89: Planning family activities is usually difficult, HWSS 2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	5.3	(0.3 - 10.4)	13.9	(7.8 - 20.0)	35.4	(27.2 - 43.7)	45.3	(36.8 - 53.8)
5 to 9 yrs	0.4	(0.0 - 0.8)	15.3	(9.7 - 21.0)	40.3	(32.7 - 47.9)	43.9	(36.4 - 51.5)
10 to 15 yrs	3.3	(0.9 - 5.8)	19.9	(14.6 - 25.2)	43.6	(37.1 - 50.2)	33.2	(26.9 - 39.4)
Gender								
Boys	3.4	(0.6 - 6.2)	18.2	(13.5 - 22.9)	38.8	(32.8 - 44.8)	39.6	(33.6 - 45.5)
Girls	2.8	(0.3 - 5.3)	14.8	(10.2 - 19.4)	41.2	(35.0 - 47.4)	41.2	(35.0 - 47.4)
Children	3.1	(1.2 - 5.0)	16.6	(13.3 - 19.8)	40.0	(35.7 - 44.3)	40.4	(36.1 - 44.7)

The annual estimates of whether planning family activities is usually difficult are shown in Table 90.

Table 90: Planning family activities is usually difficult, HWSS 2002–2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	2.1	(1.2 - 3.1)	18.5	(15.2 - 21.8)	39.8	(36.0 - 43.5)	39.6	(35.8 - 43.4)
2003	3.3	(1.9 - 4.8)	16.7	(14.1 - 19.3)	44.8	(41.4 - 48.2)	35.1	(31.8 - 38.5)
2004	2.0	(0.5 - 3.6)	19.5	(15.4 - 23.7)	43.7	(38.5 - 49.0)	34.7	(29.6 - 39.7)
2005	2.7	(1.5 - 4.0)	13.5	(11.0 - 16.0)	46.7	(42.9 - 50.4)	37.1	(33.5 - 40.7)
2006	2.3	(1.2 - 3.4)	17.6	(15.1 - 20.2)	45.3	(41.9 - 48.8)	34.7	(31.4 - 38.0)
2007	2.2	(0.5 - 3.8)	14.8	(11.4 - 18.2)	41.6	(36.8 - 46.5)	41.4	(36.5 - 46.3)
2008	1.6	(0.6 - 2.6)	20.8	(17.0 - 24.6)	43.8	(39.2 - 48.4)	33.8	(29.4 - 38.2)
2009	1.1	(0.7 - 1.5)	14.0	(12.0 - 16.0)	43.4	(40.5 - 46.2)	41.5	(38.6 - 44.4)
2010	3.0	(1.5 - 4.5)	13.3	(10.5 - 16.2)	40.2	(36.1 - 44.4)	43.5	(39.3 - 47.6)
2011	1.8	(0.4 - 3.2)	14.5	(11.0 - 18.0)	40.1	(35.5 - 44.8)	43.6	(38.9 - 48.3)
2012	3.0	(1.3 - 4.8)	16.7	(13.4 - 19.9)	40.3	(36.1 - 44.5)	40.0	(35.9 - 44.2)
Average	2.2	(1.9 - 2.6)	15.9	(15.1 - 16.7)	43.5	(42.4 - 44.6)	38.4	(37.3 - 39.5)

The third question asked parents/carers whether they usually avoid discussing their fears and concerns openly with each other, Table 91.

Table 91: Usually avoid discussing fears and concerns openly with each other, HWSS 2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	3.2	(0.0 - 7.1)	5.5	(1.1 - 9.8)	40.5	(32.0 - 49.0)	50.8	(42.2 - 59.4)
5 to 9 yrs	2.5	(0.0 - 5.1)	3.7	(0.4 - 7.0)	40.5	(32.9 - 48.1)	53.4	(45.7 - 61.1)
10 to 15 yrs	0.5	(0.0 - 1.5)	7.4	(3.8 - 11.1)	45.1	(38.6 - 51.7)	46.9	(40.3 - 53.5)
Gender								
Boys	0.2	(0.0 - 0.5)	5.3	(2.4 - 8.3)	47.5	(41.4 - 53.6)	46.9	(40.9 - 53.0)
Girls	3.8	(0.7 - 6.9)	6.0	(2.7 - 9.3)	36.8	(30.8 - 42.7)	53.5	(47.1 - 59.8)
Children	2.0	(0.4 - 3.5)	5.7	(3.4 - 7.9)	42.2	(37.9 - 46.6)	50.1	(45.7 - 54.5)

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 92.

Table 92: Usually avoid discussing fears and concerns openly with each other, HWSS 2002–2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	1.8	(0.8 - 2.8)	8.5	(6.4 - 10.5)	42.9	(39.1 - 46.7)	46.8	(42.9 - 50.7)
2003	0.4	(0.1 - 0.7)	9.3	(7.1 - 11.5)	44.6	(41.1 - 48.0)	45.7	(42.3 - 49.2)
2004	1.4	(0.1 - 2.6)	9.5	(6.4 - 12.6)	51.1	(45.9 - 56.4)	38.0	(32.9 - 43.2)
2005	0.4	(0.1 - 0.7)	6.1	(4.4 - 7.8)	47.7	(44.0 - 51.5)	45.8	(42.1 - 49.5)
2006	0.6	(0.1 - 1.0)	5.2	(3.8 - 6.7)	51.4	(48.0 - 54.9)	42.8	(39.4 - 46.2)
2007	1.1	(0.0 - 2.2)	8.9	(5.9 - 12.0)	37.0	(32.3 - 41.7)	52.9	(48.0 - 57.8)
2008	1.8	(0.5 - 3.1)	7.9	(5.3 - 10.4)	45.1	(40.4 - 49.7)	45.3	(40.7 - 49.9)
2009	0.8	(0.3 - 1.3)	6.0	(4.8 - 7.3)	47.9	(45.0 - 50.7)	45.3	(42.4 - 48.1)
2010	1.1	(0.2 - 1.9)	5.6	(3.7 - 7.6)	43.1	(39.0 - 47.3)	50.2	(45.9 - 54.4)
2011	0.5	(0.0 - 1.0)	5.4	(3.4 - 7.5)	42.6	(37.9 - 47.2)	51.5	(46.7 - 56.2)
2012	1.9	(0.4 - 3.3)	5.7	(3.5 - 7.8)	42.5	(38.3 - 46.8)	49.9	(45.6 - 54.2)
Average	1.0	(0.8 - 1.3)	6.9	(6.3 - 7.4)	45.8	(44.7 - 47.0)	46.3	(45.1 - 47.4)

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other, Table 93.

Table 93: Making decisions is usually a problem because they misunderstand each other, HWSS 2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	0.5	(0.0 - 1.3)	5.9	(2.5 - 9.3)	49.7	(41.1 - 58.3)	43.9	(35.5 - 52.4)
5 to 9 yrs	0.4	(0.0 - 0.9)	7.5	(3.0 - 12.1)	45.1	(37.5 - 52.8)	47.0	(39.3 - 54.6)
10 to 15 yrs	0.5	(0.0 - 1.1)	10.2	(5.9 - 14.4)	42.0	(35.6 - 48.5)	47.3	(40.7 - 53.9)
Gender								
Boys	0.5	(0.0 - 1.2)	7.4	(4.1 - 10.8)	45.3	(39.2 - 51.4)	46.7	(40.7 - 52.8)
Girls	0.3	(0.0 - 0.8)	8.5	(5.1 - 12.0)	45.7	(39.4 - 52.0)	45.5	(39.2 - 51.8)
Children	0.4	(0.1 - 0.8)	8.0	(5.6 - 10.4)	45.5	(41.1 - 49.8)	46.1	(41.8 - 50.5)

The annual estimates of whether making decisions is usually a problem is shown in Table 94.

Table 94: Making decisions is usually a problem because they misunderstand each other, HWSS 2002–2012

	Strongly agree		Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	0.7	(0.1 - 1.3)	9.5	(7.1 - 11.8)	45.4	(41.5 - 49.3)	44.4	(40.5 - 48.3)
2003	0.1	(0.0 - 0.3)	9.8	(7.7 - 11.9)	50.2	(46.8 - 53.7)	39.9	(36.5 - 43.3)
2004	0.5	(0.0 - 1.6)	11.4	(8.0 - 14.7)	54.2	(49.0 - 59.4)	33.9	(29.0 - 38.8)
2005	0.5	(0.0 - 1.1)	8.8	(6.7 - 10.9)	52.6	(48.9 - 56.4)	38.0	(34.4 - 41.7)
2006	0.4	(0.0 - 0.9)	9.9	(7.9 - 11.9)	52.1	(48.7 - 55.6)	37.6	(34.3 - 40.9)
2007	0.5	(0.0 - 2.1)	7.8	(5.5 - 10.1)	46.7	(41.8 - 51.7)	44.5	(39.5 - 49.4)
2008	0.3	(0.0 - 0.7)	10.0	(7.3 - 12.7)	51.2	(46.5 - 55.8)	2.3	(34.0 - 43.0)
2009	0.4	(0.1 - 0.7)	7.3	(6.0 - 8.6)	49.3	(46.4 - 52.2)	43.0	(40.1 - 45.8)
2010	0.8	(0.1 - 1.6)	6.2	(4.3 - 8.2)	47.2	(43.0 - 51.4)	45.7	(41.5 - 50.0)
2011	0.8	(0.1 - 1.5)	5.8	(3.5 - 8.1)	45.1	(40.3 - 49.8)	48.3	(43.6 - 53.1)
2012	0.5	(0.1 - 0.8)	8.0	(5.6 - 10.4)	45.4	(41.1 - 49.7)	46.1	(41.8 - 50.4)
Average	0.5	(0.4 - 0.7)	8.6	(8.0 - 9.2)	49.4	(48.3 - 50.6)	41.5	(40.3 - 42.6)

The four questions were reverse scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Curtin University Centre for Developmental Health at the Telethon Institute for Child Health Research, as part of his work on reducing the McMaster Family Functioning Scale for use in a population based child health survey. The results are shown in Figure 18.

Figure 18: Poor family functioning, HWSS 2012

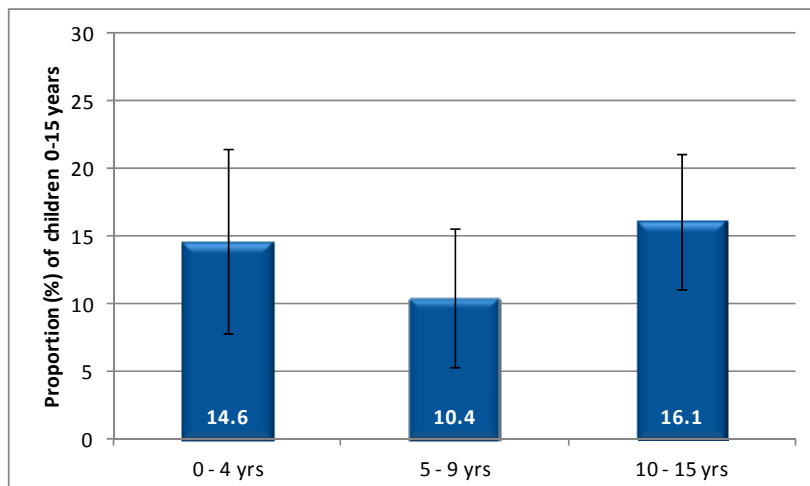
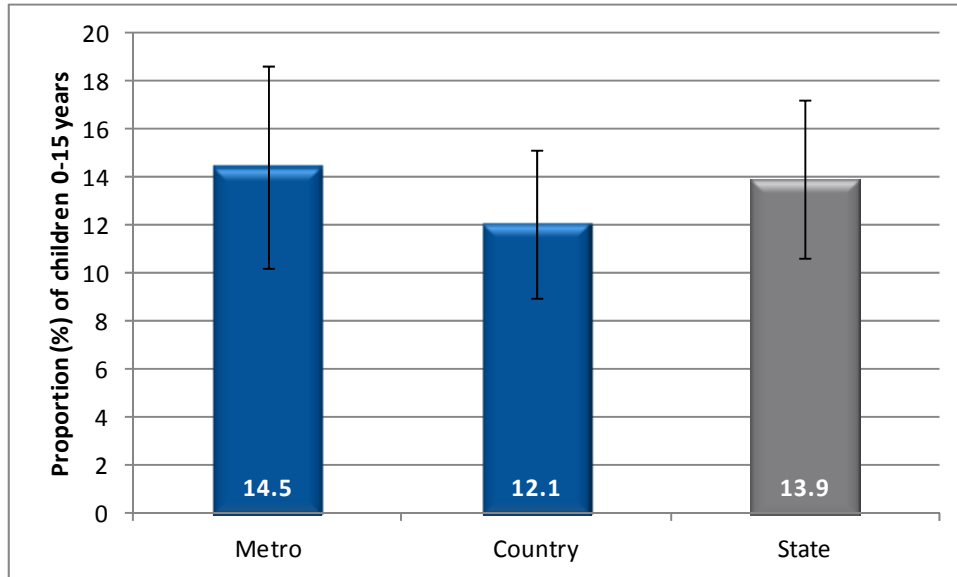


Figure 19 shows the proportion of children with poor family functioning scores by area of residence.

Figure 19: Poor family functioning, by geographic areas, HWSS 2012



The annual estimates of poor family functioning are shown in Table 95.

Table 95: Poor family functioning, HWSS 2002–2012

	%	95% CI
2002	15.7	(12.9 - 18.5)
2003	14.8	(12.3 - 17.3)
2004	19.7	(15.4 - 23.9)
2005	12.8	(10.5 - 15.2)
2006	15.7	(13.3 - 18.2)
2007	14.6	(11.0 - 18.1)
2008	16.2	(12.9 - 19.5)
2009	11.7	(10.0 - 13.3)
2010	11.4	(8.7 - 14.0)
2011	11.4	(8.3 - 14.5)
2012	13.9	(10.7 - 17.1)
Average	13.9	(13.2 - 14.7)

14. CHILD RESPONDENT

As well as information regarding the child, demographic, social and psychosocial information was collected from the parent/guardian responding about the child. The information relating to the children has been weighted to the age and sex distribution of Australia's child population and so the information regarding the parent/guardian respondent to the survey has not been weighted. The demographic characteristics of the respondent compared to the general population have been presented in Section 4.

14.1 General health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning compared with excellent or very good ratings.⁴

Table 96 shows the child respondents' self-reported general health status.

Table 96: General health status of child respondent, HWSS 2012

	Excellent		Very good		Good		Fair		Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	32.4	(26.4 - 38.3)	40.7	(34.5 - 46.9)	24.5	(19.0 - 29.9)	2.1	(0.3 - 3.9)	0.4	(0.0 - 1.2)
5 to 9 yrs	22.0	(17.0 - 27.1)	35.9	(30.1 - 41.8)	33.6	(27.8 - 39.4)	7.3	(4.2 - 10.5)	1.2	(0.0 - 2.5)
10 to 15 yrs	20.5	(16.5 - 24.5)	34.5	(29.8 - 39.2)	34.0	(29.3 - 38.7)	9.7	(6.8 - 12.7)	1.3	(0.2 - 2.4)
Child's sex										
Boy	22.7	(18.9 - 26.6)	35.7	(31.3 - 40.1)	33.3	(29.0 - 37.6)	7.4	(5.0 - 9.7)	0.9	(0.0 - 1.7)
Girl	25.6	(21.5 - 29.8)	37.5	(32.9 - 42.1)	29.1	(24.8 - 33.4)	6.5	(4.2 - 8.9)	1.2	(0.1 - 2.2)
Persons	24.1	(21.3 - 26.9)	36.6	(33.4 - 39.8)	31.3	(28.3 - 34.4)	7.0	(5.3 - 8.6)	1.0	(0.4 - 1.7)

14.2 Mental health

Mental health problems include both short-term problems, such as depression and anxiety and long-term conditions, such as chronic depression and schizophrenia. As mental health problems are associated with higher rates of death, poorer physical health and increased exposure to health risk factors, they are a National Health Priority Area.

Respondents were asked whether or not a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of mental health problems is shown in Table 97.

Table 97: Mental health of child respondent, HWSS 2012

	Mental health problem in last 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
Child's age group				
0 to 4 yrs	13.7	(9.3 - 18.0)	12.4	(8.3 - 16.6)
5 to 9 yrs	13.5	(9.3 - 17.7)	8.9	(5.4 - 12.4)
10 to 15 yrs	14.3	(10.8 - 17.8)	12.0	(8.8 - 15.3)
Child's sex				
Boy	17.3	(13.9 - 20.8)	14.1	(10.9 - 17.2)
Girl	10.3	(7.4 - 13.1)	8.2	(5.6 - 10.8)
Persons	13.9	(11.6 - 16.2)	11.2	(9.1 - 13.3)

(a) In the last 12 months told by a doctor they had depression, anxiety, stress or any other mental health problem.

(b) Currently receiving treatment for a mental health problem diagnosed in the last 12 months.

14.3 Lack of control

Perceptions of control relate to an individual's belief as to whether outcomes are determined by external events outside their control or by their own actions.³⁰ Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.^{31, 32}

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their life in general, their personal life and their health. People who often or always report feeling a lack of control over aspects of life are also those who report poorer mental and physical health.

Table 98 shows self-reported lack of control over life in general.

Table 98: Lack of control over life in general during past four weeks, child respondent, HWSS 2012

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	48.1	(41.8 - 54.5)	25.3	(19.8 - 30.8)	21.6	(16.4 - 26.8)	4.1	(1.6 - 6.7)	0.8	(0.0 - 2.0)
5 to 9 yrs	46.5	(40.4 - 52.6)	28.7	(23.2 - 34.2)	19.8	(14.9 - 24.6)	3.5	(1.2 - 5.7)	1.6	(0.0 - 3.1)
10 to 15 yrs	55.8	(50.8 - 60.7)	21.7	(17.6 - 25.8)	19.2	(15.3 - 23.1)	2.6	(1.0 - 4.1)	0.8	(0.0 - 1.6)
Child's sex										
Boy	47.4	(42.8 - 52.0)	26.0	(22.0 - 30.0)	22.3	(18.5 - 26.1)	2.8	(1.3 - 4.3)	1.5	(0.4 - 2.6)
Girl	54.9	(50.2 - 59.6)	23.4	(19.3 - 27.4)	17.5	(13.9 - 21.1)	3.7	(1.9 - 5.5)	0.5	(0.0 - 1.1)
Persons	51.0	(47.7 - 54.3)	24.7	(21.9 - 27.6)	20.0	(17.4 - 22.6)	3.3	(2.1 - 4.4)	1.0	(0.4 - 1.7)

Lack of control over personal life is shown in Table 99.

Table 99: Lack of control over personal life during past four weeks, child respondent, HWSS 2012

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	56.0	(49.7 - 62.3)	25.3	(19.8 - 30.8)	15.8	(11.2 - 20.4)	2.1	(0.3 - 3.9)	0.8	(0.0 - 2.0)
5 to 9 yrs	52.7	(46.6 - 58.8)	23.6	(18.4 - 28.8)	18.2	(13.5 - 22.9)	4.3	(1.8 - 6.7)	1.2	(0.0 - 2.5)
10 to 15 yrs	59.0	(54.1 - 63.9)	22.7	(18.5 - 26.9)	15.7	(12.1 - 19.4)	1.8	(0.5 - 3.1)	0.8	(0.0 - 1.6)
Child's sex										
Boy	52.3	(47.7 - 56.8)	26.5	(22.4 - 30.5)	17.4	(13.9 - 20.8)	3.0	(1.5 - 4.6)	0.9	(0.0 - 1.7)
Girl	60.8	(56.2 - 65.4)	20.7	(16.8 - 24.5)	15.5	(12.1 - 18.9)	2.1	(0.7 - 3.5)	0.9	(0.0 - 1.9)
Persons	56.4	(53.1 - 59.6)	23.7	(20.9 - 26.5)	16.5	(14.0 - 18.9)	2.6	(1.5 - 3.6)	0.9	(0.3 - 1.5)

Table 100 shows self-reported lack of control over health.

Table 100: Lack of control over health during past four weeks, child respondent, HWSS 2012

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	57.7	(51.4 - 63.9)	20.3	(15.2 - 25.4)	16.6	(11.9 - 21.3)	3.3	(1.1 - 5.6)	2.1	(0.3 - 3.9)
5 to 9 yrs	53.5	(47.4 - 59.6)	18.6	(13.8 - 23.4)	22.1	(17.0 - 27.2)	4.7	(2.1 - 7.2)	1.2	(0.0 - 2.5)
10 to 15 yrs	58.8	(53.9 - 63.7)	18.2	(14.3 - 22.0)	17.1	(13.4 - 20.9)	4.6	(2.5 - 6.7)	1.3	(0.2 - 2.4)
Child's sex										
Boy	54.1	(49.6 - 58.7)	19.0	(15.5 - 22.6)	20.3	(16.7 - 24.0)	4.5	(2.6 - 6.4)	1.9	(0.7 - 3.2)
Girl	60.0	(55.4 - 64.7)	18.7	(15.0 - 22.4)	16.4	(12.8 - 19.9)	4.0	(2.1 - 5.8)	0.9	(0.0 - 1.8)
Persons	57.0	(53.7 - 60.2)	18.9	(16.3 - 21.5)	18.4	(15.9 - 21.0)	4.3	(2.9 - 5.6)	1.5	(0.7 - 2.3)

15. CHILD RESPONDENT'S PARTNER

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 101.

Table 101: Demographics of child respondent's partner, HWSS 2012

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
Australian born		
Yes	607	76.4
No	188	23.6
Aboriginal or Torres Strait Islander		
Yes	18	2.3
No	777	97.7
Highest level of education		
Less than Year 10	15	1.9
Year 10 or Year 11	92	11.6
Year 12	104	13.1
TAFE/Trade qualification	394	49.7
Tertiary degree or equivalent	187	23.6
Employment status		
Employed	731	92.1
Unemployed	6	0.8
Home duties	46	5.8
Retired	3	0.4
Unable to work	5	0.6
Student	1	0.1
Other	2	0.3

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