Government of **Western Australia**
Department of **Health**

Health and Wellbeing of Children in Western Australia 2014,

Overview and Trends

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EXECUTIVE SUMMARY

This report describes the findings from the 2014 Health and Wellbeing Surveillance System and provides the health sector as well as 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 2014, almost 700 parents/carers of children aged 0 to 15 years were interviewed via computer assisted telephone interviews between January and December, reflecting an average participation rate of just over 90%. The sample is randomly selected and then weighted to reflect the Western Australian child population.

Some key findings from the 2014 report include:

General health:

- Just over 88% of children aged 0 to 15 years were reported as having very good or excellent health by their parents/carers.

Chronic health conditions:

- Children aged 10 to 15 years were five times more likely to ever have been diagnosed with asthma compared with children aged 0 to 4 years.
- The proportion of children aged 0 to 15 years with an injury in the last 12 months in 2014 (22.0%) was the second highest recorded since 2007.

Child Development:

- Only 12.1% of children aged 0 to 4 years in 2014 were exclusively breastfed for their first six months of life. National guidelines recommend that mothers exclusively breastfeed their child for around 6 months.
- One in five children aged 0 to 4 years in 2014 were introduced to solids at four months of age.

Lifestyle and physiological risk factors:

- In 2014, the prevalence of children aged 5 to 15 years completing sufficient levels of physical activity for good health (40.0%) was the lowest recorded since it was first measured in 2006.
- Children aged 2 to less than 5 were significantly less likely to meet the daily leisure time screen usage guidelines compared with children aged 5 to 15 years (36.4% compared to 77.4%).
- The prevalence of children always being checked for adequate protection before going into the sun in 2014 (58.0%) was the lowest recorded since 2007.
- The prevalence of children living in a smoke free home has increased significantly from 2002 (90.5%) to 2014 (98.9%).
- The prevalence of neither parent smoking during pregnancy has increased significantly from 2005 (66.1%) to 2014 (90.3%).
- The prevalence of children who never eat meals from fast food restaurants has increased significantly from 2002 (16.2%) to 2014 (25.0%).

Emotional health and wellbeing:

- One-third (33.8%) of children were bullied in the past 12 months.
- Almost one in six (16.1%) parents/carers reported having been diagnosed with a mental health problem in the last 12 months and one in seven (14.5%) 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, on average, 600 people throughout Western Australia are interviewed. The HWSS began in March 2002 and as at December 2014 over 80,000 interviews have been conducted. Of these, 13,902 were conducted with parents/carers of children up to the age of 15 years. This report presents the information collected on children for 2014 with historical data where available.

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 Kids Institute (formerly known as The Telethon Institute of Child Health Research) 1996 Child Health Survey methodology and questionnaire[1] guided development of these questions.

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

All the information provided in this report is based on self-reported data collected from the child's parent/carer. 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/carers 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 and tables generated from the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey.[2]

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 2013 White Pages® by a stratified random process. An approach letter is sent to 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 years.

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)[3] for the year of the survey, currently the 2013 population. 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 2011 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/carer 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 70% have been attained. The response rate for each month of 2014 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, 2014

Month	Sample Frame	Out of Scope (a)	Eligible Sample	No answer after 10 attempts	Eligible Contacts (b)	Refusals	Interviews	Raw Response Rate	Adjusted Response Rate	Particip-ation Rate (c)
Jan	1030	223	807	116	691	59	589	73.0	85.2	90.9
Feb	1102	246	856	116	740	72	625	73.0	84.5	89.7
Mar	1103	258	845	120	725	72	614	72.7	84.7	89.5
Apr	1205	274	931	160	771	77	653	70.1	84.7	89.5
May	1103	260	843	140	703	53	605	71.8	86.1	91.9
Jun	1354	322	1032	202	830	62	701	67.9	84.5	91.9
Jul	1103	296	807	178	629	39	552	68.4	87.8	93.6
Aug	1053	268	785	102	683	74	553	70.4	81.0	88.2
Sep	1124	338	786	122	664	46	564	71.8	84.9	92.5
Oct	1066	309	757	129	628	54	548	72.4	87.3	91.0
Nov	1204	370	834	145	689	58	597	71.6	86.6	91.1
Dec	658	373	285	8	277	7	260	91.2	93.9	97.4
Total	**13105**	**3537**	**9568**	**1538**	**8030**	**673**	**6861**	**71.7**	**85.4**	**91.1**

a) Non-operational, business or dedicated fax numbers and people who are out of scope. 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 Department of Health Intranet and the Department of Health internet at the following web addresses:

http://intranet.health.wa.gov.au/epidemiology/resources/index.cfm

http://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports%20and%20publications/Population%20surveys/2003-Technical-paper-no1-Design-and-Methodology.ashx

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 have 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 Department of Health employees are asked to contact the Health Survey Unit, Epidemiology Branch (WA Department of Health) for a copy of the questionnaire.

3.4 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.

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. Further information on how to determine whether or not a difference is statistically significant can be found at: http://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports%20and%20publications/Population%20surveys/2003-Confidence_intervals_How_they_work.ashx

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.

The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result. Estimates with RSEs above 25% are considered unreliable for general use. Therefore, throughout this report, estimates between 25% and 50% have been annotated by an asterisk and should be used with caution. Estimates with RSEs above 50% have been withheld as they are considered too unreliable for general use.

In this report wide confidence intervals and high RSEs 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.

3.5 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, WA Department of Health.

4. PREVALENCE 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 are 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 2014 where available. Some conditions, such as respiratory problems other than asthma have only been reported in the HWSS since 2007 therefore historical data is only available back to then.

As estimates in the historical tables are weighted to the 2011 Estimated Resident Population, and 2014 data is weighted to the 2013 Estimated Resident Population, some estimates for 2014 may differ slightly between tables due to standardising 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 2014 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a per cent.

Table 2: Demographic characteristics of the child, HWSS 2014

Characteristic	Unweighted Sample (n)	Estimated Prevalence (%)	
Age			
0 to 4 years	141	32.8	
5 to 9 years	211	31.4	
10 to 15 years	305	35.8	
Gender			
Boys	328	51.1	
Girls	329	48.9	
Australian born			
Yes	587	87.9	
No	70	12.1	
Aboriginal or Torres Strait Islander			
Yes	25	1.9	
No	632	98.1	
Relationship of respondent to child			
Mother	516	80.2	
Father	124	18.3	
Other	17	1.5	*

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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

Table 3: Characteristics of the household where the child is resident, HWSS 2014

	Unweighted Sample (n)	Estimated Prevalence (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	548	86.8
Step or blended family	23	3.4 *
Sole parent family	69	7.5
Other family structure	17	2.3 *
Household income		
Under $20,000	13	2.2 *
$20,000 to $40,000	45	6.8
$40,000 to $60,000	47	7.4
$60,000 to $80,000	91	14.2
$80,000 to $100,000	94	17.3
$100,000 to $120,000	73	11.9
$120,000 to $140,000	64	9.9
More than $140,000	163	30.4
Household spending		
Spend more money than earn/get	12	0.9 *
Have just enough money to get by	105	17.3
Spend left over money	34	5.9
Save a bit every now and then	187	30.0
Save some regularly	250	37.5
Save a lot	58	8.4
Area of residence		
Metropolitan	274	76.2
Rural	255	15.5
Remote	128	8.3
SEIFA classification of social		
SEIFA Quintile 1 (Most disadvantaged)	109	14.5
SEIFA Quintile 2	174	15.1
SEIFA Quintile 3	145	21.0
SEIFA Quintile 4	135	24.9
SEIFA Quintile 5 (Most advantaged)	94	24.5
Have private health insurance		
Yes	476	75.7
No	176	24.3

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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

Table 4: Demographic characteristics of respondent for child, HWSS 2014

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
Australian born		
Yes	469	65.9
No	188	34.1
Aboriginal or Torres Strait Islander		
Yes	15	1.0
No	642	99.0
Highest level of education		
Less than Year 10	4	0.5
Year 10 or Year 11	57	6.0
Year 12	69	9.9
TAFE/ Trade Qualification	284	41.7
Tertiary degree or equivalent	242	41.9
Employment status		
Employed	470	64.7
Unemployed	8	1.0
Home duties	154	31.5
Retired	3	0.3
Unable to work	6	1.3
Student	11	0.9
Other	5	0.3
Possess a government health care card		
Yes	112	16.2
No	545	83.8
Share home with a partner		
Yes	575	90.0
No	82	10.0

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.[4] Parents/carers were asked to rate their child's general health, shown in Table 5.

Table 5: Prevalence of children by parent/carer reported child health status, 0-15 years, HWSS 2014

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	55.5	(44.5 - 66.5)	33.6	(22.9 - 44.3)	9.5 *	(3.7 - 15.3)	N/A	(N/A - N/A)
5 to 9 yrs	60.6	(51.8 - 69.5)	31.4	(22.8 - 40.1)	5.1 *	(1.7 - 8.4)	N/A	(N/A - N/A)
10 to 15 yrs	58.4	(50.8 - 66.0)	26.9	(20.2 - 33.6)	9.8	(5.1 - 14.5)	4.9 *	(0.9 - 9.0)
Gender								
Boys	57.3	(49.7 - 65.0)	29.9	(22.7 - 37.0)	10.4	(5.9 - 15.0)	2.3 *	(0.7 - 4.0)
Girls	59.0	(51.6 - 66.3)	31.2	(24.0 - 38.3)	5.9 *	(2.9 - 8.9)	4.0 *	(0.7 - 7.2)
Children	58.1	(52.8 - 63.4)	30.5	(25.4 - 35.6)	8.2	(5.4 - 11.0)	3.1 *	(1.3 - 4.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

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, over 85% of children reported having very good or excellent health.

Table 6: Prevalence of children by parent/carer reported child health status, 0-15 years, HWSS 2004-14

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2004	54.9	(49.6 - 60.3)	30.2	(25.3 - 35.1)	11.7	(8.1 - 15.2)	3.2 *	(1.1 - 5.3)
2005	55.7	(51.9 - 59.4)	32.5	(28.9 - 36.0)	8.9	(6.9 - 10.9)	3.0	(1.6 - 4.4)
2006	60.8	(57.4 - 64.2)	28.5	(25.3 - 31.6)	8.1	(6.1 - 10.1)	2.6	(1.4 - 3.9)
2007	58.3	(53.3 - 63.2)	30.1	(25.5 - 34.7)	10.1	(7.2 - 13.1)	1.5 *	(0.4 - 2.6)
2008	60.3	(55.8 - 64.9)	26.7	(22.6 - 30.8)	10.6	(7.8 - 13.3)	2.4 *	(1.0 - 3.8)
2009	57.6	(54.6 - 60.6)	29.4	(26.7 - 32.1)	11.2	(9.1 - 13.2)	1.8	(1.2 - 2.4)
2010	58.5	(54.3 - 62.7)	29.9	(26.0 - 33.8)	9.6	(7.1 - 12.1)	2.0 *	(1.0 - 3.0)
2011	60.4	(55.6 - 65.2)	25.3	(21.0 - 29.6)	10.5	(7.4 - 13.6)	3.8 *	(1.7 - 5.9)
2012	58.5	(54.2 - 62.8)	26.7	(22.9 - 30.5)	12.0	(9.1 - 14.9)	2.7	(1.4 - 4.1)
2013	57.5	(52.5 - 62.5)	29.7	(25.1 - 34.3)	10.8	(7.8 - 13.8)	2.0 *	(0.9 - 3.2)
2014	58.2	(52.9 - 63.4)	30.4	(25.4 - 35.4)	8.3	(5.5 - 11.1)	3.2 *	(1.3 - 5.0)
Average	58.0	(56.8 - 59.2)	29.4	(28.3 - 30.5)	10.1	(9.4 - 10.8)	2.5	(2.1 - 2.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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 puts a burden on the family, as shown in Table 8. In 2014, boys (11.1%) were more likely than girls (4.8%) to have a disability, long-term illness or pain that puts a burden on the family, although this difference was not statistically significant.

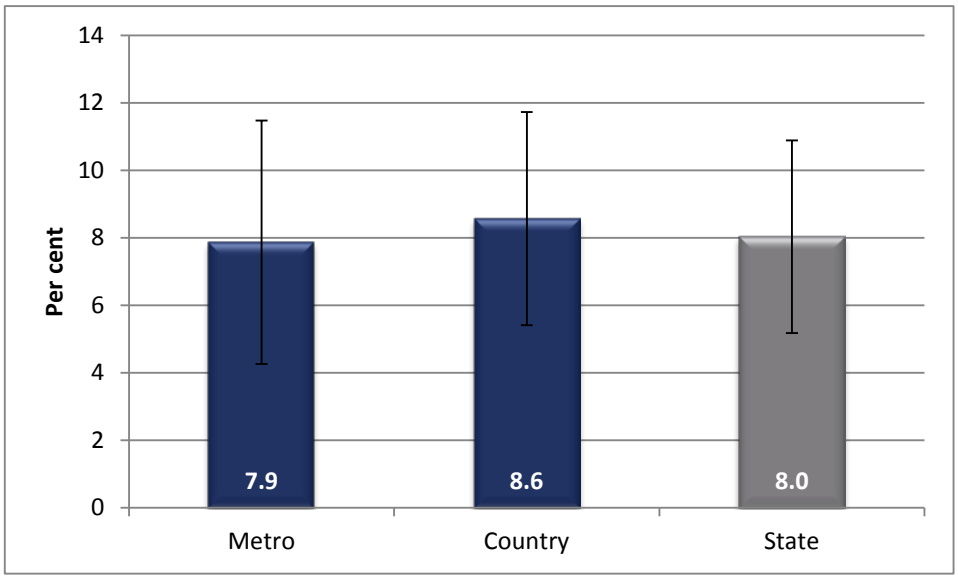
Table 7: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0-15 years, HWSS 2014

	%	95% CI
Age Group		
0 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	11.2 *	(4.9 - 17.5)
10 to 15 yrs	9.5	(4.9 - 14.0)
Gender		
Boys	11.1	(6.4 - 15.9)
Girls	4.8 *	(1.8 - 1.8)
Children	8.0	(5.2 - 10.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 1 shows the prevalence of disability among children by geographic area of residence.

Figure 1: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, by geographic area, 0-15 years, HWSS 2014



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

Table 8: Prevalence of children with a disability, long-term illness or pain that puts a burden on the family, 0-15 years, HWSS 2002-14

	%	95% CI
2002	9.4	(7.3 - 11.5)
2003	10.0	(8.0 - 12.1)
2004	13.0	(9.5 - 16.6)
2005	9.2	(7.0 - 11.4)
2006	8.8	(6.7 - 10.9)
2007	7.8	(5.3 - 10.4)
2008	7.0	(4.7 - 9.3)
2009	6.6	(5.4 - 7.8)
2010	8.1	(5.8 - 10.3)
2011	8.4	(5.5 - 11.4)
2012	8.9	(6.6 - 11.2)
2013	10.0	(7.0 - 13.0)
2014	8.0	(5.2 - 10.9)
Average	8.6	(8.0 - 9.2)

Parents/carers were asked who the principal carer of the child with the disability, long-term illness or pain was. In 2014, the majority of children were cared for by their mother (83.7%).

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

Table 9: Prevalence of children by the extent of burden their disability, long-term illness or pain puts on the family, 0-15 years, HWSS 2002-14

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	23.3	(14.0 - 32.6)	30.5	(19.9 - 41.1)	30.5	(18.4 - 42.5)	9.4 *	(1.7 - 17.1)	6.3 *	(1.5 - 11.1)
2003	17.9	(29.3 - 50.6)	39.9	(29.3 - 50.6)	33.1	(22.7 - 43.5)	6.1 *	(1.1 - 11.2)	N/A	(N/A - N/A)
2004	11.1 *	(3.6 - 18.6)	34.7	(20.4 - 49.0)	29.7	(16.4 - 42.9)	12.4 *	(1.6 - 23.1)	12.2 *	(1.6 - 22.8)
2005	22.7	(12.1 - 33.4)	34.6	(22.8 - 46.4)	20.9	(10.7 - 31.2)	18.7 *	(8.3 - 29.1)	3.0 *	(0.7 - 5.3)
2006	26.1	(13.7 - 38.4)	31.2	(18.6 - 43.8)	25.0 *	(12.4 - 37.5)	8.0 *	(2.4 - 13.5)	9.8 *	(1.2 - 18.4)
2007	7.8 *	(0.7 - 14.8)	34.5	(18.7 - 50.3)	26.5 *	(11.5 - 41.6)	28.4 *	(10.4 - 46.4)	2.8 *	(0.3 - 5.3)
2008	28.8 *	(11.2 - 46.3)	24.6 *	(10.3 - 38.9)	34.5	(17.9 - 51.1)	7.9 *	(0.6 - 15.1)	4.2 *	(0.4 - 7.9)
2009	18.5 *	(8.9 - 28.1)	50.9	(41.3 - 60.4)	19.6	(13.2 - 26.1)	3.6 *	(1.0 - 6.3)	7.4 *	(3.2 - 11.5)
2010	14.3 *	(5.6 - 23.0)	51.8	(37.0 - 66.6)	25.1 *	(12.3 - 37.9)	3.8 *	(0.2 - 7.3)	N/A	(N/A - N/A)
2011	16.5 *	(3.6 - 29.5)	24.4 *	(7.9 - 40.9)	21.7 *	(6.0 - 37.5)	21.4 *	(4.9 - 37.9)	15.9 *	(0.8 - 31.0)
2012	14.4 *	(5.3 - 23.6)	43.2	(30.0 - 56.4)	27.5	(14.3 - 40.6)	9.3 *	(2.2 - 16.3)	N/A	(N/A - N/A)
2013	9.3 *	(2.7 - 16.0)	44.7	(28.4 - 60.9)	25.3 *	(8.0 - 42.6)	11.2 *	(2.7 - 19.8)	9.5 *	(1.5 - 17.5)
2014	17.1 *	(3.2 - 30.9)	38.4	(19.8 - 57.0)	26.4 *	(9.8 - 43.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
Average	17.6	(14.8 - 20.4)	39.2	(35.6 - 42.8)	25.8	(22.5 - 29.1)	10.4	(8.1 - 12.7)	6.9	(5.1 - 8.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

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 HWSS collects information on chronic conditions that have health impacts both personally and on families and contribute significantly to the burden of disease in the wider community have the potential to reduce their burden.[6,7] 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.[8]

Respondents have been asked each year since 2003 whether their child has been diagnosed with ADHD. In 2014, 2.5% of children aged 2 years and over had been diagnosed with ADHD, with boys comprising over three quarters (77.3%) of those diagnosed.

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 10.

Table 10: Prevalence of children with developmental problems, 0-15 years, HWSS 2014

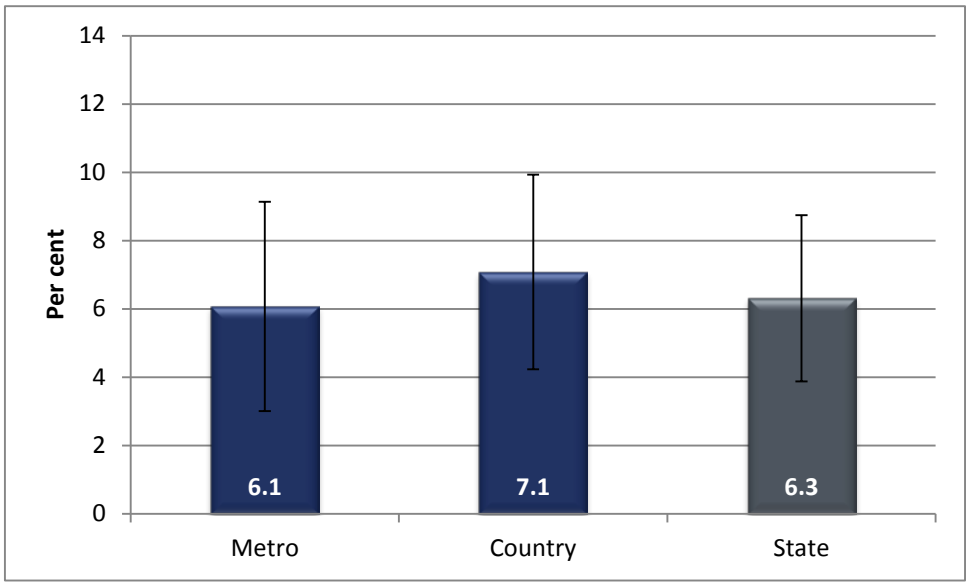
	%	95% CI
Age Group		
0 to 4 yrs	1.6	* (0.3 - 3.0)
5 to 9 yrs	10.9	* (4.8 - 17.0)
10 to 15 yrs	6.6	* (2.9 - 10.3)
Gender		
Boys	9.4	(5.1 - 13.7)
Girls	3.1	* (1.0 - 5.1)
Children	6.3	(3.9 - 8.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Those aged 5 to 9 years were significantly more likely to have been diagnosed with a developmental problem when compared with those aged 0 to 4 years (10.9% compared with 1.6%). Boys were significantly more likely to have been diagnosed with a developmental problem when compared with girls (9.4% compared with 3.1%).

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

Figure 2: Prevalence of children with developmental problems, by geographic area, 0-15 years, HWSS 2014



The annual prevalence estimates of developmental problems are shown in Table 11.

Table 11: Prevalence of children with developmental problems, 0-15 years, HWSS 2002-14

	%	95% CI
2002	7.4	(5.6 - 9.2)
2003	8.3	(6.5 - 10.1)
2004	8.6	(5.7 - 11.5)
2005	6.7	(4.7 - 8.7)
2006	6.2	(4.4 - 7.9)
2007	6.3	(3.9 - 8.7)
2008	7.0	(4.6 - 9.4)
2009	5.9	(4.7 - 7.1)
2010	5.8	(3.7 - 7.8)
2011	6.1	(3.7 - 8.4)
2012	7.5	(5.1 - 9.9)
2013	8.7	(5.7 - 11.7)
2014	6.3	(3.9 - 8.7)
Average	6.8	(6.2 - 7.3)

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.[9]

Respondents have been asked each year since 2002 whether their child has been diagnosed with type 1 diabetes. The highest prevalence rate of type 1 diabetes over this period is 0.2%. In 2014, only one respondent indicated that their child had been diagnosed with type 1 diabetes.

Low prevalence rates of type 1 diabetes have also been reported by the Australian Bureau of Statistics, with 0.1% of 0 to 14 year olds in Australia reported as having type 1 diabetes in the 2011-12 Australian Health Survey.[10] The latest publically available data for WA children (2008) estimates the prevalence of type 1 diabetes to be 143.7 per 100,000 per population.[11]

7.4 Asthma

Asthma is one of the most common chronic conditions among children, affecting 9% of the Australian child population (0 to 14 years) in 2011-12.[6] Asthma 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.[12] 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 12. The prevalence of lifetime (ever) and period (current) asthma was significantly higher among children aged 5 to 15 years compared with children aged 0 to 4 years.

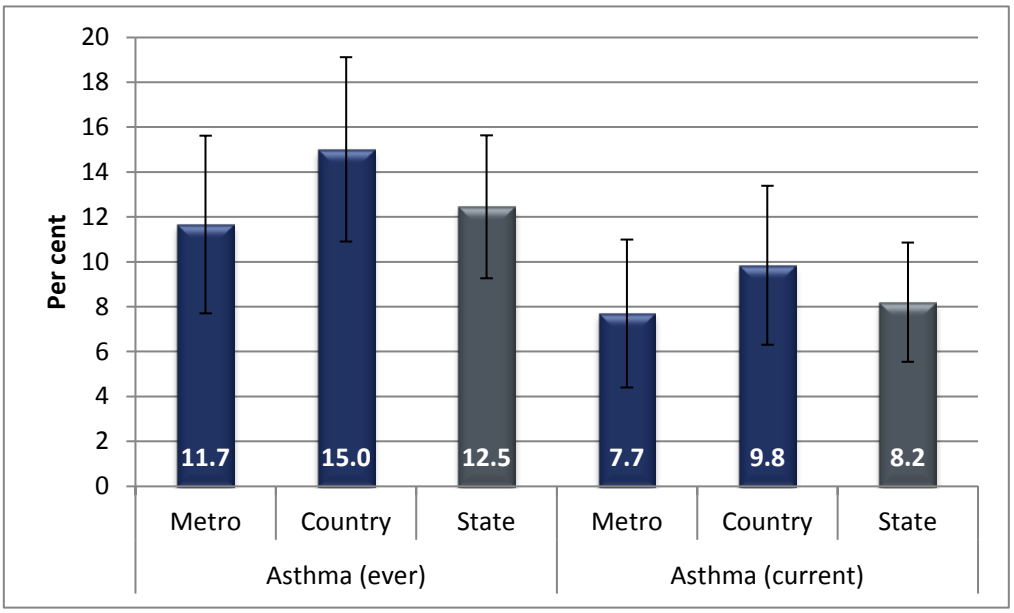
Table 12: Prevalence of children with asthma, 0-15 years, HWSS 2014

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
Age Group				
0 to 4 yrs	3.5 *	(0.7 - 6.4)	2.8 *	(0.4 - 5.2)
5 to 9 yrs	15.2	(9.1 - 21.3)	11.1 *	(5.6 - 16.5)
10 to 15 yrs	18.2	(12.1 - 24.4)	10.7	(5.7 - 15.6)
Gender				
Boys	15.4	(10.3 - 20.6)	9.6	(5.4 - 13.7)
Girls	9.3	(5.7 - 13.0)	6.8	(3.5 - 10.0)
Children	12.5	(9.3 - 15.6)	8.2	(5.6 - 10.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 3 shows the prevalence of asthma among children by geographic area of residence. The prevalence of lifetime 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 children with asthma, by geographic area, 0-15 years, HWSS 2014

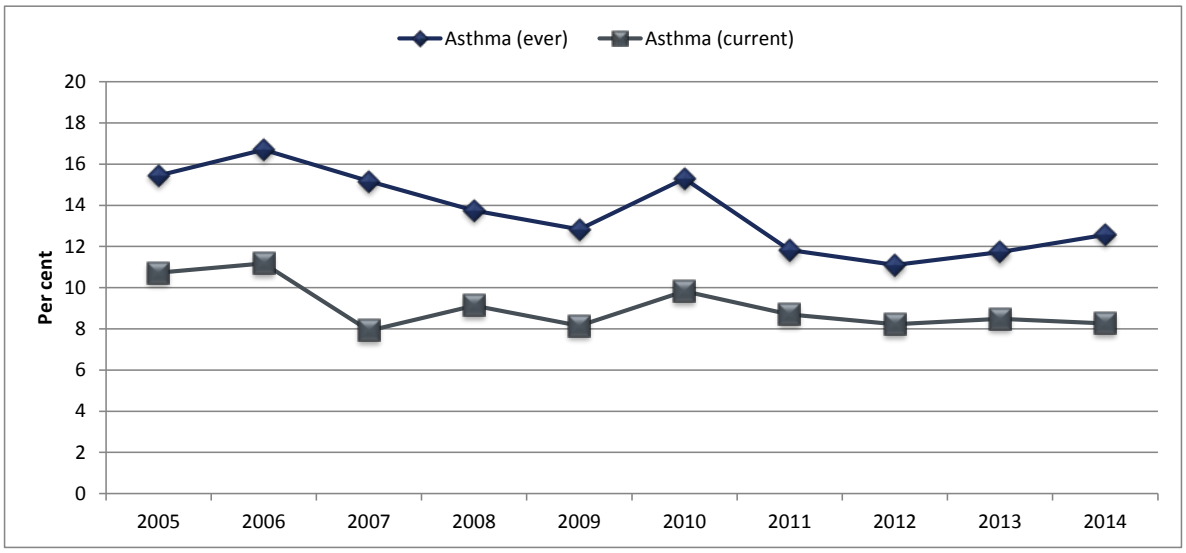


The annual prevalence estimates of asthma are shown in Table 13 and Figure 4.

Table 13: Prevalence of children with asthma, 0-15 years, HWSS 2005-14

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
2005	15.4	(12.7 - 18.2)	10.7	(8.4 - 13.1)
2006	16.7	(14.1 - 19.3)	11.2	(8.9 - 13.4)
2007	15.2	(11.7 - 18.7)	7.9	(5.5 - 10.4)
2008	13.7	(10.5 - 17.0)	9.1	(6.3 - 12.0)
2009	12.8	(11.1 - 14.6)	8.1	(6.6 - 9.6)
2010	15.3	(12.3 - 18.3)	9.8	(7.3 - 12.3)
2011	11.8	(8.7 - 14.9)	8.7	(5.9 - 11.5)
2012	11.1	(8.5 - 13.7)	8.2	(5.9 - 10.6)
2013	11.7	(8.9 - 14.5)	8.5	(6.1 - 10.9)
2014	12.6	(9.4 - 15.8)	8.3	(5.6 - 10.9)
Average	13.9	(13.0 - 14.7)	9.1	(8.4 - 9.8)

Figure 4: Prevalence of children with asthma, 0-15 years, HWSS 2005-14



7.5 Respiratory problem other than asthma

Respondents have been asked each year since 2007 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. In 2014, only ten respondents (1.0%) indicated that their child had been diagnosed with a respiratory problem other than asthma.

7.6 Injuries

Injury is the leading, and often preventable, cause of hospitalisation and death in Australia.[6] Parents/carers were asked whether their child had an injury in the past 12 months that required treatment from a health professional, as shown in Table 14.

Table 14: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0-15 years, HWSS 2014

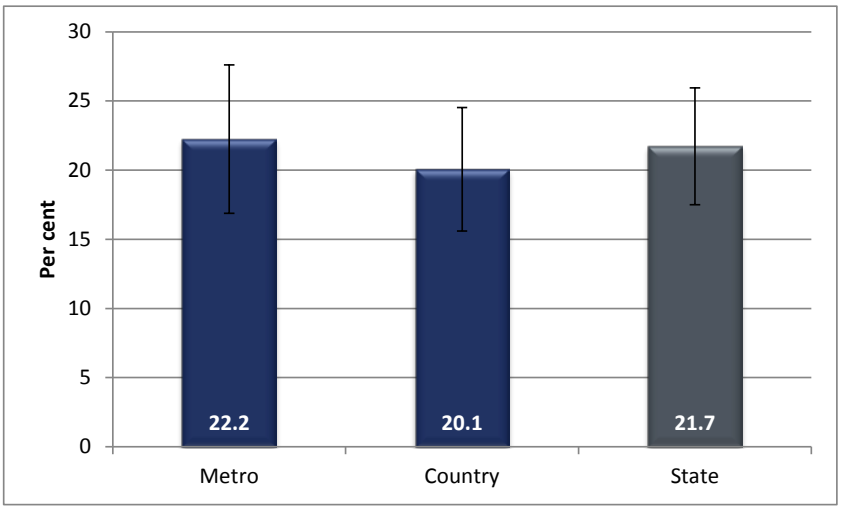
	%	95% CI
Age Group		
0 to 4 yrs	15.2 *	(7.7 - 22.8)
5 to 9 yrs	17.0	(10.4 - 23.6)
10 to 15 yrs	31.8	(24.7 - 39.0)
Gender		
Boys	22.9	(16.7 - 29.0)
Girls	20.5	(14.7 - 26.3)
Children	21.7	(17.5 - 26.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Children aged 10 to 15 years were approximately 2 times more likely to have had an injury requiring treatment from a health professional in the last year compared with children aged 0 to 4 years and 5 to 9 years (31.8% compared with 15.2% and 17.0% respectively). These differences are statistically significant.

Figure 5 shows the proportion of children who had an injury in the past 12 months that required treatment by a health professional, by geographic area of residence.

Figure 5: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, by geographic area, 0-15 years, HWSS 2014

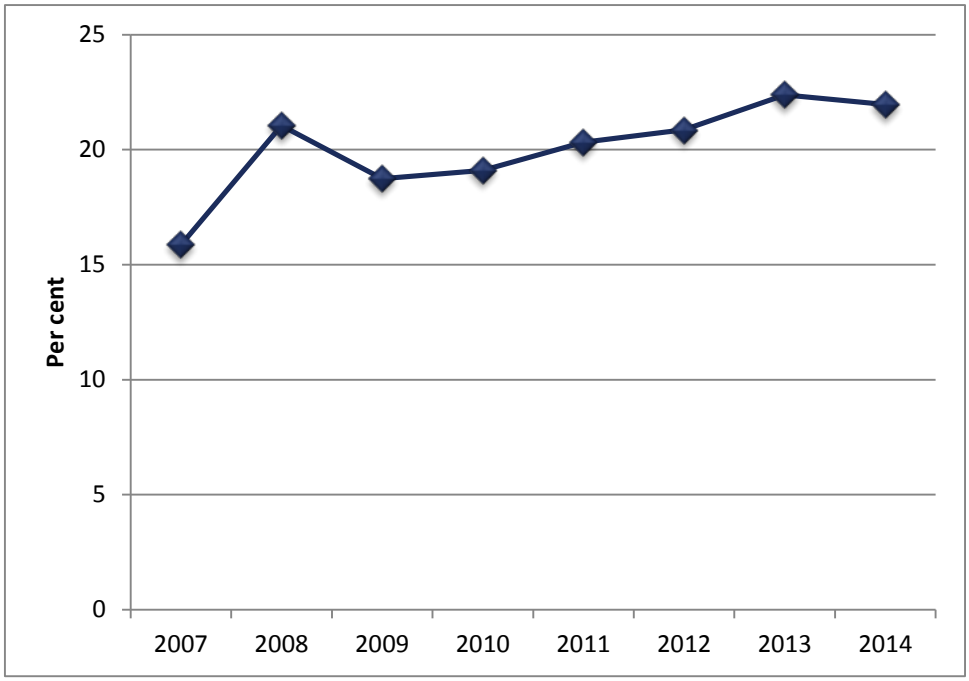


The annual proportions of injury are shown in Table 15 and Figure 6. The proportion of children aged 0 to 15 years with an injury in the last 12 months was not significantly higher in 2014 (22.0%) than any of the previous years.

Table 15: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0-15 years, HWSS 2007-14

	%	95% CI
2007	15.9	(11.3 - 20.4)
2008	21.1	(17.1 - 25.0)
2009	18.7	(16.5 - 20.9)
2010	19.1	(15.6 - 22.6)
2011	20.3	(16.5 - 24.1)
2012	20.9	(17.3 - 24.4)
2013	22.4	(18.2 - 26.5)
2014	22.0	(17.7 - 26.2)
Average	20.4	(19.3 - 21.6)

Figure 6: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0-15 years, HWSS 2007-14



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 16.

Table 16: Mean number of injuries, 0-15 years, HWSS 2014

	mean	95% CI
Age Group		
0 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	0.2 *	(0.1 - 0.3)
10 to 15 yrs	0.6 *	(0.3 - 0.9)
Gender		
Boys	0.4	(0.3 - 0.5)
Girls	0.3	(0.2 - 0.3)
Children	0.4	(0.2 - 0.6)

* Mean estimate has a RSE between 25%-50% and should be used with caution.
N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.

It is possible to have a mean number of injuries that is less than one as the majority of respondents do not experience any injury in the previous year. However, this still equates to

an estimated 111,353 injuries that required treatment by a health care professional in 2014 alone.

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 17.

Table 17: Mean number of injuries, 0-15 years, HWSS 2007-14

	mean	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)
2013	0.3	(0.3 - 0.4)
2014	0.4	(0.2 - 0.6)
Average	0.3	(0.3 - 0.3)

8. HEALTH SERVICE UTILISATION

Health services provide care to patients and the general population and are delivered in many different forms, including GP, dental, mental and alternative health services.[6] Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 18. The annual prevalence estimates of health service use are displayed in Table 19.

As seen in Table 18, children aged 0 to 4 years were significantly more likely than 10 to 15 year olds to use primary health care services such as medical specialists, general practitioners, community health centres and community or district nurses. Children aged 5 to 15 years were significantly more likely than 0 to 4 year olds to use dental and allied health services.

The mean number of visits to each health service is shown in Table 20 and the annual mean numbers of visits to each health service use are shown in Table 21.

Children aged 0 to 4 years visited primary health care services significantly more frequently over the past 12 months than those aged 5 to 9 years, but visited dental health services significantly less frequently than those aged 5 to 15 years (Table 20).

Table 18: Proportion of children utilising health services in the past 12 months, 0-15 years, HWSS 2014

	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	(85.8 - 99.1)	22.1	(13.4 - 30.9)	13.9 *	(6.7 - 21.0)	19.9	(10.7 - 29.0)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	78.7	(71.4 - 86.0)	15.2	(9.0 - 21.4)	33.8	(25.4 - 42.3)	72.9	(64.9 - 80.8)	6.5 *	(2.1 - 10.9)	3.5 *	(0.5 - 6.5)
10 to 15 yrs	77.3	(71.4 - 83.2)	22.6	(16.2 - 29.0)	41.1	(33.6 - 48.5)	84.2	(78.7 - 89.7)	11.6	(6.2 - 17.0)	6.3 *	(2.0 - 10.5)
Gender												
Boys	83.9	(78.8 - 89.0)	20.0	(14.1 - 26.0)	31.2	(24.2 - 38.3)	58.5	(50.6 - 66.3)	7.1 *	(3.3 - 10.9)	3.2 *	(0.7 - 5.7)
Girls	81.4	(75.7 - 87.2)	20.3	(14.5 - 26.0)	28.4	(22.3 - 34.6)	60.6	(53.3 - 68.0)	5.6 *	(2.5 - 8.7)	5.6 *	(2.2 - 9.0)
Children	82.7	(78.9 - 86.5)	20.1	(16.0 - 24.3)	29.9	(25.2 - 34.6)	59.5	(54.1 - 64.9)	6.4	(3.9 - 8.8)	4.4	(2.3 - 6.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.
(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 19: Proportion of children utilising health services in the past 12 months, 0-15 years, HWSS 2005-14

	Primary (a)		Hospital Based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	82.4	(79.5 - 85.3)	24.4	(21.2 - 27.5)	22.2	(19.1 - 25.4)	59.3	(55.6 - 63.1)	3.5	(2.1 - 4.8)	3.6	(2.3 - 4.9)
2006	79.7	(76.5 - 82.9)	23.8	(20.4 - 27.2)	24.8	(21.4 - 28.2)	57.9	(53.9 - 61.9)	2.6	(1.6 - 3.6)	3.0	(1.8 - 4.1)
2007	82.6	(79.0 - 86.2)	25.2	(20.9 - 29.6)	24.6	(20.4 - 28.8)	55.5	(50.4 - 61.9)	3.6	(2.0 - 5.2)	4.5	(2.7 - 6.3)
2008	80.4	(76.7 - 84.1)	23.2	(19.2 - 27.2)	23.4	(19.5 - 27.4)	57.4	(52.6 - 62.2)	3.4	(1.9 - 5.0)	3.4	(1.8 - 5.0)
2009	79.0	(76.7 - 81.3)	27.0	(24.2 - 29.9)	23.4	(21.0 - 25.8)	58.1	(54.8 - 61.4)	3.3	(2.6 - 4.1)	3.4	(2.6 - 4.2)
2010	84.5	(81.4 - 87.5)	27.3	(23.4 - 31.2)	25.2	(21.6 - 28.9)	58.0	(53.8 - 62.3)	2.8	(1.7 - 3.9)	3.7	(2.2 - 5.3)
2011	82.8	(79.4 - 86.2)	23.6	(19.5 - 27.6)	24.4	(20.4 - 28.5)	58.4	(53.5 - 63.3)	2.0*	(0.8 - 3.3)	3.7*	(1.8 - 5.5)
2012	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)
2013	78.5	(74.5 - 82.4)	25.1	(20.8 - 29.3)	26.9	(22.6 - 31.2)	60.3	(55.0 - 65.5)	4.3	(2.5 - 6.1)	2.6	(1.4 - 3.8)
2014	82.6	(78.8 - 86.4)	20.2	(16.1 - 24.3)	30.1	(25.4 - 34.8)	59.9	(54.5 - 65.2)	6.5	(4.0 - 9.0)	4.4	(2.3 - 6.5)
Average	80.9	(79.9 - 81.8)	24.8	(23.7 - 25.9)	25.0	(24.0 - 26.1)	59.5	(58.2 - 60.8)	3.6	(3.2 - 4.0)	3.7	(3.2 - 4.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
(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 20: Mean number of visits to health services in the past 12 months, 0-15 years, HWSS 2014

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
Age Group												
0 to 4 yrs	4.0	(3.1 - 4.8)	0.5 *	(0.2 - 0.8)	1.5 *	(0.1 - 2.8)	0.3	(0.2 - 0.4)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	2.4	(2.0 - 2.9)	0.3 *	(0.1 - 0.5)	2.6 *	(0.9 - 4.4)	1.4	(0.9 - 1.9)	0.2 *	(0.1 - 0.3)	N/A	(N/A - N/A)
10 to 15 yrs	2.7	(2.1 - 3.3)	0.4	(0.3 - 0.5)	1.1	(0.7 - 1.4)	1.9	(1.5 - 2.2)	0.7 *	(0.3 - 1.2)	N/A	(N/A - N/A)
Gender												
Boys	3.4	(2.7 - 4.0)	0.4	(0.2 - 0.6)	2.1 *	(0.8 - 3.4)	1.0	(0.8 - 1.2)	0.4 *	(0.1 - 0.7)	N/A	(N/A - N/A)
Girls	2.7	(2.3 - 3.0)	0.4	(0.2 - 0.6)	1.2	(0.7 - 1.7)	1.4	(1.0 - 1.8)	0.2 *	(0.0 - 0.4)	0.2 *	(0.0 - 0.4)
Children	3.0	(2.6 - 3.4)	0.4	(0.3 - 0.5)	1.7	(1.0 - 2.4)	1.2	(1.0 - 1.4)	0.3 *	(0.1 - 0.5)	N/A	(N/A - N/A)

* Mean estimate has a RSE between 25%-50% and should be used with caution.
N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.
(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 21: Mean number of visits to health services in the past 12 months, 0-15 years, HWSS 2005-14

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI	mean	95% CI
2005	3.3	(2.9 - 3.7)	0.4	(0.4 - 0.5)	1.1	(0.8 - 1.4)	1.2	(1.0 - 1.3)	0.2 *	(0.1 - 0.4)	0.1	(0.1 - 0.1)
2006	3.4	(3.0 - 3.8)	0.4	(0.3 - 0.5)	1.4	(1.0 - 1.7)	1.1	(1.0 - 1.3)	0.2 *	(0.0 - 0.3)	0.1 *	(0.0 - 0.1)
2007	3.0	(2.6 - 3.3)	0.4	(0.3 - 0.5)	1.6 *	(0.8 - 2.4)	1.1	(0.9 - 1.2)	0.2 *	(0.1 - 0.3)	0.3 *	(0.0 - 0.6)
2008	3.1	(2.7 - 3.4)	0.4	(0.3 - 0.5)	0.9	(0.7 - 1.2)	1.0	(0.9 - 1.1)	0.4 *	(0.0 - 0.8)	0.1 *	(0.0 - 0.2)
2009	2.9	(2.7 - 3.1)	0.5	(0.4 - 0.5)	0.9	(0.8 - 1.1)	1.1	(1.0 - 1.2)	0.2	(0.1 - 0.2)	0.1	(0.1 - 0.1)
2010	3.3	(3.0 - 3.6)	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	(2.8 - 3.5)	0.5	(0.3 - 0.7)	1.5	(0.9 - 2.2)	1.1	(0.9 - 1.2)	0.1 *	(0.0 - 0.1)	0.1 *	(0.1 - 0.2)
2012	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)
2013	3.2	(2.7 - 3.6)	0.4	(0.3 - 0.5)	1.5	(0.8 - 2.1)	1.2	(1.0 - 1.3)	0.3	(0.1 - 0.4)	0.1 *	(0.0 - 0.1)
2014	3.0	(2.6 - 3.4)	0.4	(0.3 - 0.5)	1.7	(1.0 - 2.4)	1.2	(1.0 - 1.4)	0.3 *	(0.2 - 0.5)	N/A	(N/A - N/A)
Average	3.1	(3.0 - 3.2)	0.4	(0.4 - 0.5)	1.2	(1.1 - 1.4)	1.1	(1.1 - 1.2)	0.2	(0.2 - 0.3)	0.1	(0.1 - 0.1)

* Mean estimate has a RSE between 25%-50% and should be used with caution.
N/A Mean estimate has a RSE greater than 50% and is considered too unreliable for general use.
(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.[9] Due to the increased risk of recall bias for respondents answering questions on early childhood events on behalf of older children, the data presented is presented differently in this section.

Tables reporting 2014 data are presented by birth cohorts with the 2010 to 2014 cohort capturing children aged 0 to 4 years at the time of interview, the 2005 to 2009 cohort capturing children aged 5 to 9 years at the time of interview and the 1999 to 2004 cohort capturing children aged 10 to 15 years at the time of interview. The one exception are the tables reporting 2014 data on breastfeeding initiation which only present data for the cohort that was aged 0 to 4 years at the time of the interview.

Trend tables showing estimates over time also only present data for the cohort that was aged 0 to 4 years at the time of the interview.

9.1 Birth weight

Birth weight is a key indicator of infant health, with low birth weight defined by the World Health Organisation (WHO) as less than 2,500 grams.[13] Babies born with a low birth weight have a greater risk of poor health and mortality and are more likely to develop significant disabilities.[13] The mean birth weight by birth cohort is shown in Table 22.

Table 22: Mean birth weight (grams) by birth cohort, HWSS 2014

	mean	95% CI
Birth Cohort		
2010-14	3427.5	(3284.7 - 3570.3)
2005-09	3357.9	(3255.8 - 3460.0)
1999-04	3332.4	(3250.3 - 3414.4)

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

Figure 7: Mean birth weight (grams), by geographic area, 0-4 years, HWSS 2014

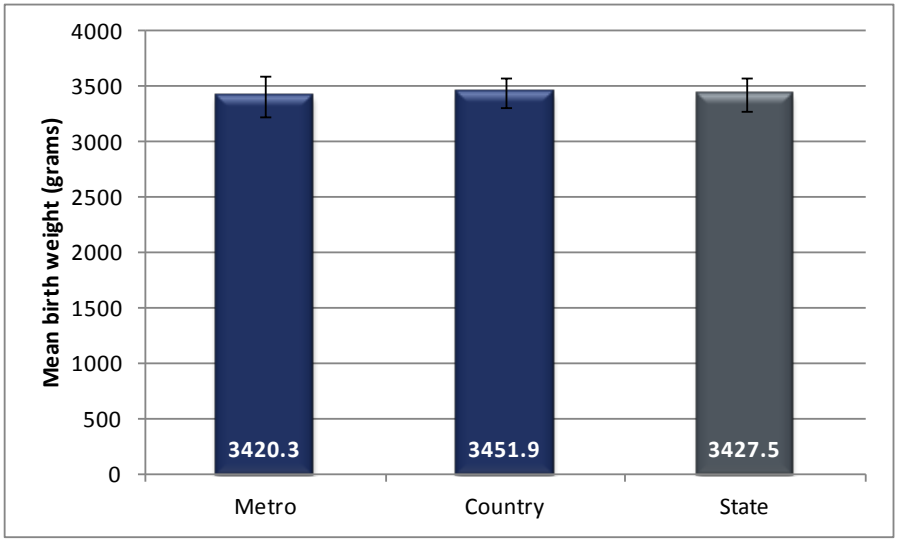


Table 23 shows the mean birth weight of children aged 0 to 4 years at the time of interview over time.

Table 23: Mean birth weight (grams), 0-4 years, HWSS 2002-14

	mean	95% CI	
2002	3327.8	(3245.3	- 3410.2)
2003	3362.1	(3280.5	- 3443.7)
2004	3317.6	(3177.8	- 3457.4)
2005	3351.9	(3273.2	- 3430.6)
2006	3336.6	(3264.5	- 3408.7)
2007	3456.1	(3331.8	- 3580.4)
2008	3240.8	(3140.8	- 3340.7)
2009	3403.1	(3320.3	- 3485.8)
2010	3339.0	(3235.2	- 3442.8)
2011	3313.9	(3201.1	- 3426.7)
2012	3198.4	(3083.3	- 3313.5)
2013	3417.1	(3321.5	- 3512.7)
2014	3427.9	(3284.2	- 3571.7)
Average	3340.9	(3313.6	- 3368.2)

The prevalence of children born with a low birth weight, by birth cohort, is shown in Table 24.

Table 24: Proportion of children born with a low birth weight, by birth cohort, HWSS 2014

	%	95% CI
Birth Cohort		
2010-14	7.8 *	(1.3 - 14.3)
2005-09	8.2 *	(3.1 - 13.4)
1999-04	4.4 *	(1.1 - 7.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual proportion of children born with a low birth weight is shown in Table 25.

Table 25: Proportion of children born with a low birth weight, 0-4 years, HWSS 2002-14

	Weight <2500 gms at birth or told baby was a low weight baby	
	%	95% CI
2002	6.9 *	(3.3 - 10.6)
2003	4.8 *	(1.6 - 8.1)
2004	5.4 *	(0.6 - 10.1)
2005	7.3 *	(3.6 - 11.1)
2006	6.1 *	(3.1 - 9.2)
2007	6.5 *	(1.5 - 11.5)
2008	9.0 *	(3.8 - 14.3)
2009	2.9 *	(0.5 - 5.3)
2010	10.4	(5.4 - 15.4)
2011	10.6 *	(3.8 - 17.4)
2012	14.0 *	(7.1 - 20.8)
2013	N/A	(N/A - N/A)
2014	7.8 *	(1.2 - 14.3)
Average	7.3	(6.1 - 8.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

9.2 Breastfeeding

Breastfeeding is an important contributor to infant health, as it promotes the survival, growth, development and health of infants and young children. It helps protect against many conditions, including diarrhoea, respiratory and ear infections, and obesity and chronic diseases later in life. Australia's national dietary guidelines recommend exclusive breastfeeding for infants until six months with the introduction of solid food at around six months and continued breastfeeding until twelve months.[14]

These tables are presented to reflect national breastfeeding indicators and provide users with the most relevant estimates possible for the WA community.[15] Respondents are asked if they breastfed, and if so, how long their child received breast milk for, and at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids. All respondents aged 0 to 4 years at the time of the interview in 2014 are included in the data for Table 26, however only those who reported initiating breastfeeding their child are included in Table 28, Table 29 and Table 30.

Table 26 and Figure 8 show the proportion of children receiving breast milk at each completed month of age. For example, children in the 'zero completed months' (or less than one month) category received some breast milk from birth; children in the one completed month category received breast milk for at least one whole month of life, and so on. The largest decreases are from one to two completed months, six to seven completed months and from 12 to 13 completed months, though these decreases are not significant.

Table 26: Proportion of children receiving breast milk at each completed month of age, 0-4 years, HWSS 2014

Age (completed months)	Proportion of children receiving breastmilk at each month of age	
	%	95% CI
0 (less than 1 month)	96.9	(93.6 - 100.0)
1	87.5	(80.5 - 94.4)
2	82.3	(74.4 - 90.2)
3	81.0	(73.0 - 89.0)
4	75.8	(66.9 - 84.7)
5	70.5	(60.7 - 80.2)
6	68.1	(58.1 - 78.1)
7	58.5	(47.6 - 69.4)
8	57.4	(46.5 - 68.4)
9	51.3	(40.0 - 62.5)
10	44.1	(32.8 - 55.5)
11	38.7	(27.4 - 50.0)
12	36.7	(25.5 - 47.9)
13	25.9	(15.6 - 36.1)

Figure 8: Proportion of children receiving breast milk at each completed month of age, 0-4 years, HWSS 2014

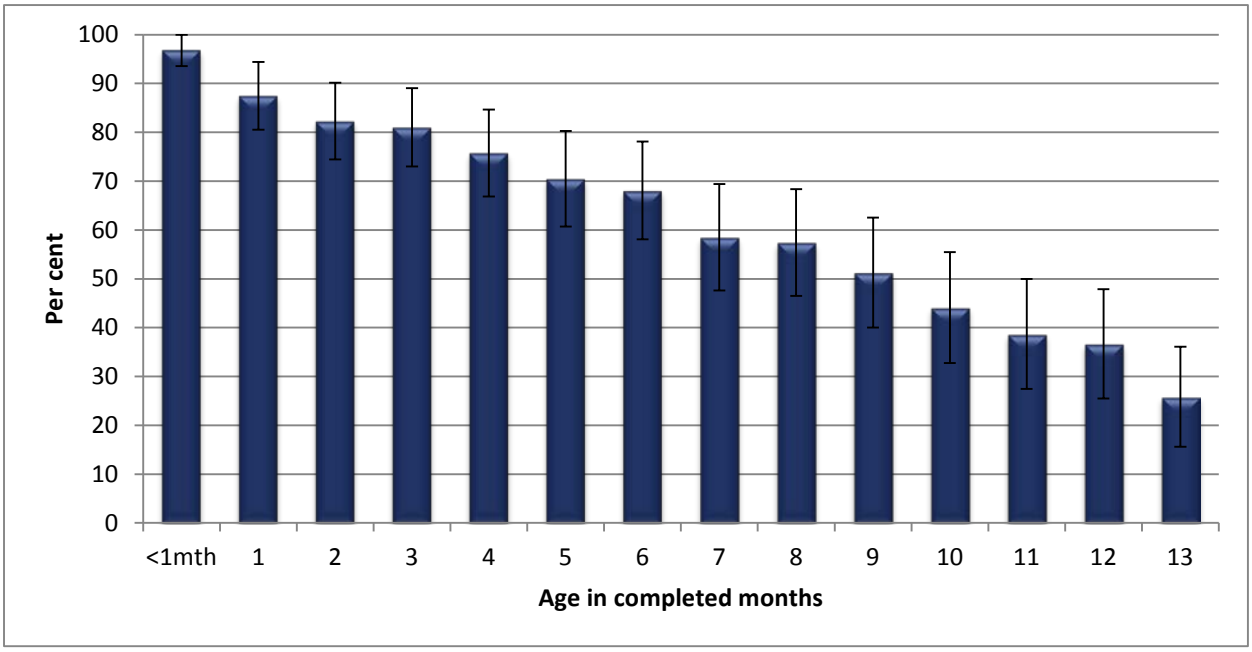


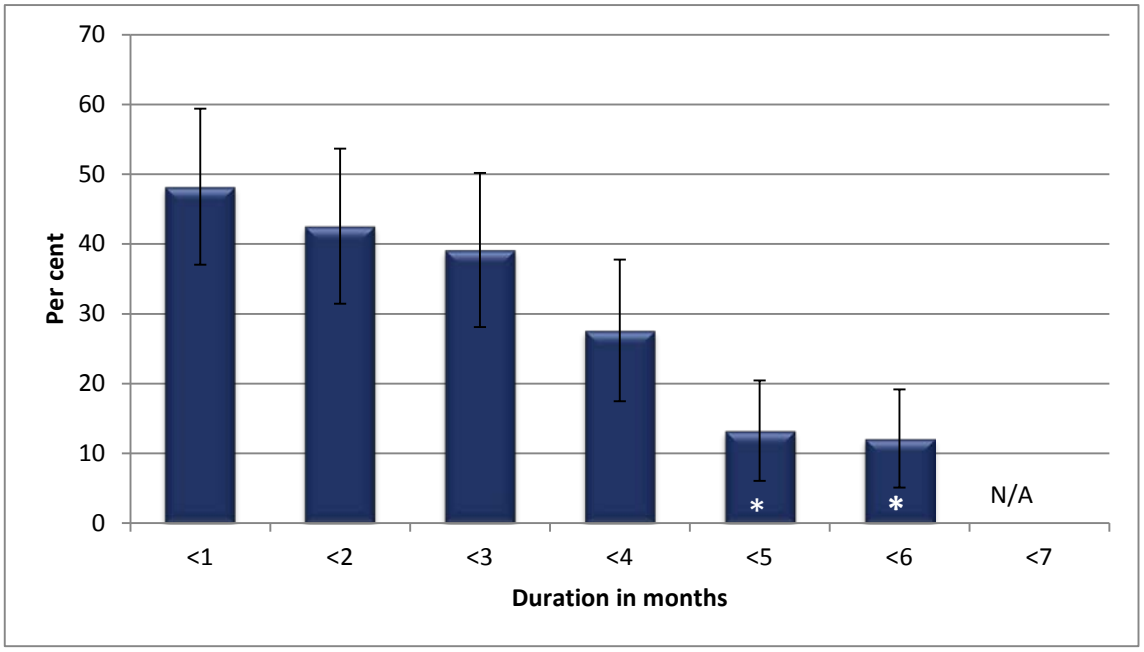
Table 27 and Figure 9 show the proportion of children who received breast milk exclusively. Exclusive breastfeeding refers to children who received breast milk in the designated period and did not receive water, infant formula, liquids other than water/formula, or foods other than liquids. There was one respondent that reported that the child received breast milk exclusively for 6 months but no one reported more than 6 months.

Table 27: Proportion of breastfed children exclusively breastfed by designated duration, 0-4 years, HWSS 2014

Duration exclusively breastfed for	Proportion of breastfed children	
	%	95% CI
Less than 1 month	48.2	(37.0 - 59.4)
Less than 2 months	42.6	(31.4 - 53.7)
Less than 3 months	39.1	(28.1 - 50.2)
Less than 4 months	27.6	(17.5 - 37.8)
Less than 5 months	13.3 *	(6.1 - 20.4)
Less than 6 months	12.1 *	(5.1 - 19.2)
Less than 7 months	N/A	(N/A - N/A)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 9: Proportion of breastfed children exclusively breastfed by designated duration, 0-4 years, HWSS 2014



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

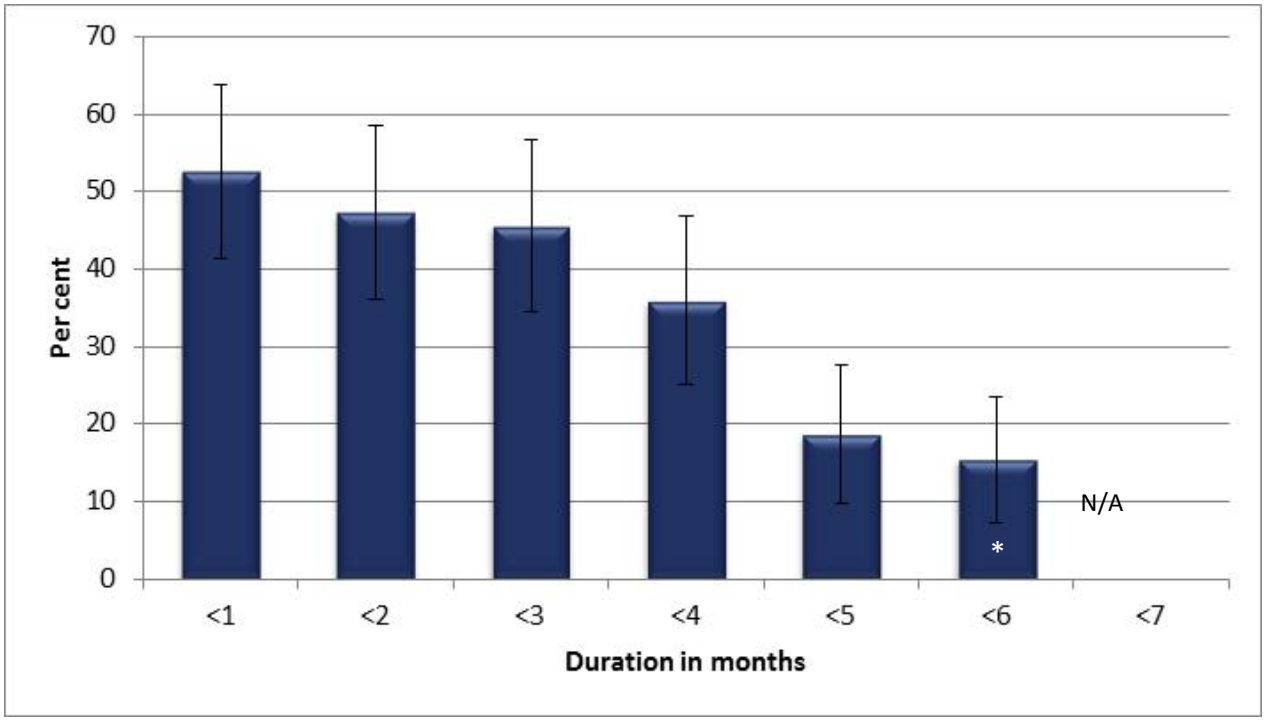
Table 28 and Figure 10 show the proportion of children who received breast milk predominantly. Predominant breastfeeding refers to children who received breast milk in the designated period and did not receive infant formula or foods other than liquids. There is the largest decrease in predominant breastfeeding when children reach 4 months of age.

Table 28: Proportion of breastfed children predominantly breastfed by designated duration, 0-4 years, HWSS 2014

Duration predominantly breastfed for	Proportion of breastfed children	
	%	95% CI
Less than 1 month	52.7	(41.4 - 63.9)
Less than 2 months	47.3	(36.1 - 58.5)
Less than 3 months	45.6	(34.4 - 56.8)
Less than 4 months	35.9	(25.1 - 46.8)
Less than 5 months	18.7	(9.9 - 27.6)
Less than 6 months	15.4 *	(7.3 - 23.6)
Less than 7 months	N/A	(N/A - N/A)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 10: Proportion of breastfed children predominantly breastfed by designated duration, 0-4 years, HWSS 2014



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

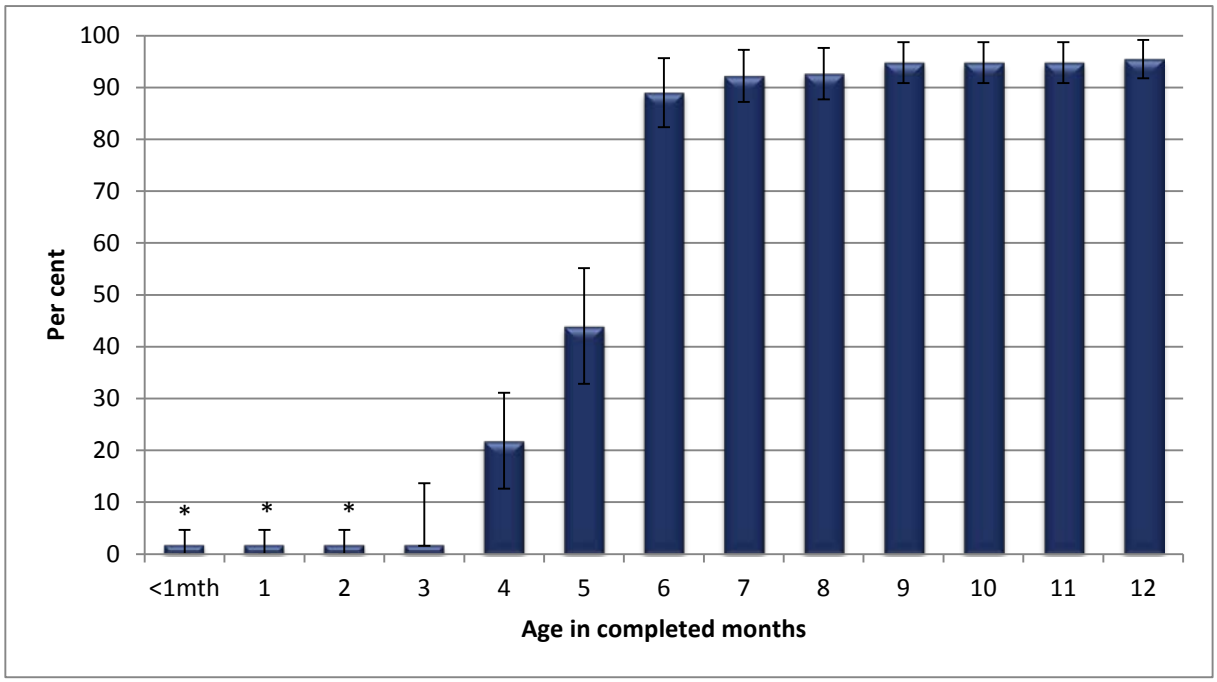
Table 29 and Figure 11 show the proportion of children who received food other than liquids at each completed month of age. This table gives an indication of when solids where introduced to the child's diet. National guidelines recommend that solids be introduced to a child's diet at around 6 months of age.[14] Estimates show a significant increase in the introduction of foods other than liquids from 5 to 6 completed months of age.

Table 29: Proportion of breastfed children having been introduced to food other than liquid at each completed month of age, 0-4 years, HWSS 2014

Age (completed months)	Proportion of breastfed children having introduced food other than liquid		
	%	95% CI	
0 (less than 1 month)	1.9 *	(0.0 -	4.7)
1	1.9 *	(0.0 -	4.7)
2	1.9 *	(0.0 -	4.7)
3	1.9	(1.6 -	13.6)
4	21.9	(12.6 -	31.1)
5	44.0	(32.8 -	55.1)
6	89.0	(82.4 -	95.6)
7	92.2	(87.2 -	97.2)
8	92.7	(87.7 -	97.6)
9	94.8	(90.9 -	98.8)
10	94.8	(90.9 -	98.8)
11	94.8	(90.9 -	98.8)
12	95.5	(91.8 -	99.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 11: Proportion of breastfed children having been introduced to food other than liquid at each completed month of age, 0-4 years, HWSS 2014



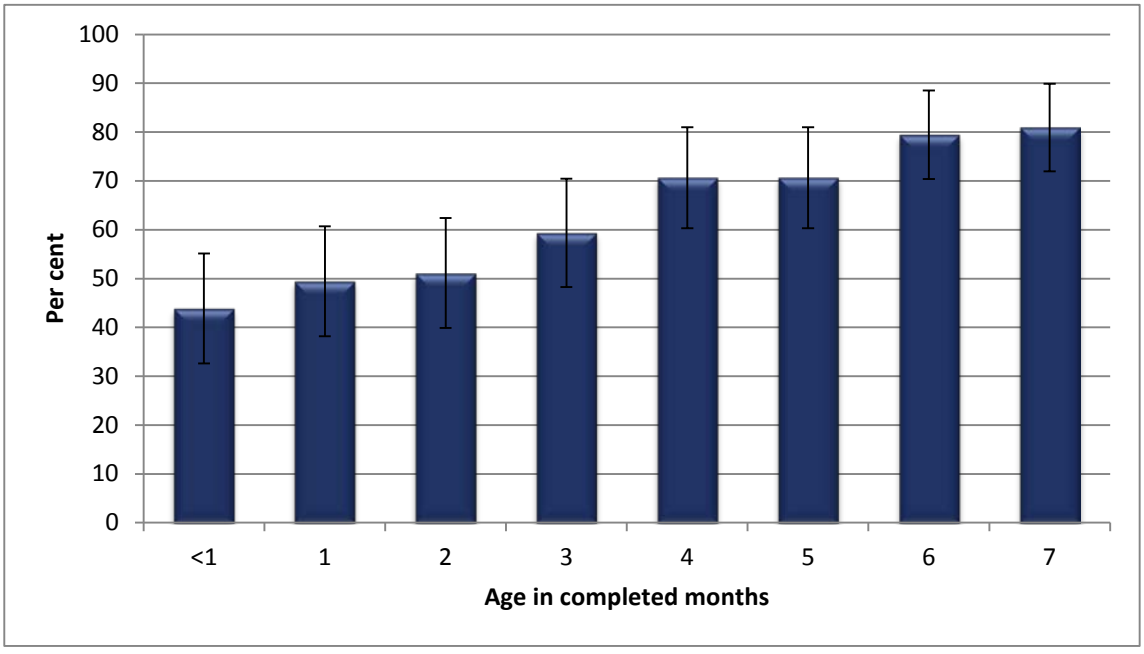
* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Table 30 and Figure 12 show the proportion of children who received infant formula at each completed month of age. This table gives an indication of when infant formula was introduced to the child. National guidelines recommend that breastfeeding should be promoted as the first and best option, but that infant formula is the only suitable and safe alternative.[14] By two months of life, half (51.1%) of children were introduced to infant formula.

Table 30: Proportion of breastfed children having been introduced to infant formula at each completed month of age, 0-4 years, HWSS 2014

Age (completed months)	Proportion of breastfed children having introduced infant formula	
	%	95% CI
0 (less than 1 month)	43.9	(32.6 - 55.1)
1	49.5	(38.2 - 60.7)
2	51.1	(39.9 - 62.4)
3	59.4	(48.3 - 70.4)
4	70.7	(60.3 - 81.0)
5	70.7	(60.3 - 81.0)
6	79.4	(70.4 - 88.5)
7	80.9	(71.9 - 89.9)

Figure 12: Proportion of breastfed children having been introduced to infant formula at each completed month of age, 0-4 years, HWSS 2014



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.[16] The proportion of children who were perceived to be late in starting to talk, the proportion of children perceived to need professional help and the proportion who did receive professional help (speech therapy) are shown in Table 31 by birth cohort.

Table 31: Proportion of children late talking and needing professional help with speech, by birth cohort, 2-15 years, HWSS 2014

	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						
2010-12	14.2 *	(5.5 - 22.8)	16.0 *	(6.6 - 25.5)	70.4	(39.1 - 100.0)
2005-09	19.4	(12.5 - 26.3)	23.1	(15.6 - 30.5)	96.8	(90.6 - 100.0)
1999-04	14.5	(9.0 - 20.1)	19.9	(13.3 - 26.5)	93.1	(85.1 - 100.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
(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.[6] These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

10.1 Physical activity and sedentary behaviour

Physical activity has important effects on children's health. It can influence children's healthy growth and development and have mental health benefits.[17,18] Physical inactivity can increase the risk of overweight and obesity and can increase the risk of developing chronic health conditions later in life.[17,18] Parents/carers were asked to rate their child's physical activity level, as shown in Table 32.

Table 32: Prevalence of children by parent/carer rated physical activity level, 5-15 years, HWSS 2014

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	50.7	(41.9 - 59.6)	25.2	(17.7 - 32.7)	20.6	(12.5 - 28.6)	3.5 *	(0.6 - 6.4)
10 to 15 yrs	45.5	(37.8 - 53.1)	31.7	(24.6 - 38.7)	14.9	(9.5 - 20.4)	7.9 *	(3.9 - 12.0)
Gender								
Boys	53.1	(44.6 - 61.5)	24.9	(17.8 - 32.1)	15.9	(8.9 - 22.8)	6.1 *	(2.7 - 9.6)
Girls	42.5	(34.8 - 50.2)	32.6	(25.2 - 40.0)	19.3	(12.7 - 25.9)	5.5 *	(1.7 - 9.4)
Children	47.9	(42.1 - 53.7)	28.7	(23.5 - 33.8)	17.6	(12.8 - 22.3)	5.9	(3.3 - 8.4)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual estimates of physical activity ratings are shown in Table 33.

Table 33: Prevalence of children by parent/carer rated physical activity level, 5-15 years, HWSS 2005-14

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	48.8	(44.2 - 53.3)	28.9	(24.8 - 32.9)	17.1	(13.5 - 20.6)	5.3	(3.3 - 7.3)
2006	50.3	(46.2 - 54.5)	28.8	(25.1 - 32.6)	18.4	(15.3 - 21.5)	2.4	(1.3 - 3.5)
2007	51.4	(45.6 - 57.3)	26.1	(21.1 - 31.1)	19.2	(14.6 - 23.7)	3.3 *	(1.3 - 5.4)
2008	53.3	(47.9 58.8)	26.9	(22.1 - 31.7)	14.6	(10.8 - 18.3)	5.2	(3.0 - 7.4)
2009	47.8	(45.3 - 50.3)	32.9	(30.6 - 35.3)	15.3	(13.5 - 17.1)	4.0	(3.1 - 4.9)
2010	51.7	(46.7 - 56.7)	29.3	(24.7 - 33.8)	13.9	(10.5 - 17.2)	5.1	(2.9 - 7.4)
2011	52.1	(46.5 - 57.8)	28.5	(23.3 - 33.7)	17.2	(12.9 - 21.5)	2.2 *	(0.7 - 3.6)
2012	49.6	(44.6 - 54.7)	30.2	(25.6 - 34.8)	14.7	(11.1 - 18.2)	5.5	(3.2 - 7.8)
2013	46.1	(40.9 - 51.4)	30.5	(25.5 - 35.5)	20.0	(15.8 - 24.3)	3.3 *	(1.5 - 5.2)
2014	47.8	(42.0 - 53.6)	28.8	(23.6 - 34.0)	17.5	(12.7 22.2)	5.9	(3.3 - 8.5)
Average	49.4	(48.0 - 50.8)	30.2	(28.9 - 31.5)	16.2	(15.2 - 17.2)	4.2	(3.6 - 4.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

In 2014, the Australian Department of Health reviewed the Australian Physical Activity and Sedentary Behaviour Guidelines for children aged between 5 and 17 years. Based on the 2014 Australian Physical Activity and Sedentary Behaviour Guidelines, children aged between 5 and 15 years are still required to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health.[17,18]

The HWSS reports against physical activity levels using a two-step question that asks parents/ carers to report on the amount of vigorous and moderate activity that a child completes separately in the last week. From these questions completing sufficient levels of physical activity in the HWSS is defined as being physical active for seven or more sessions a week where each session lasted 60 minutes or more.

The results of weekly physical activity for children 5 to 15 years are shown in Table 34.

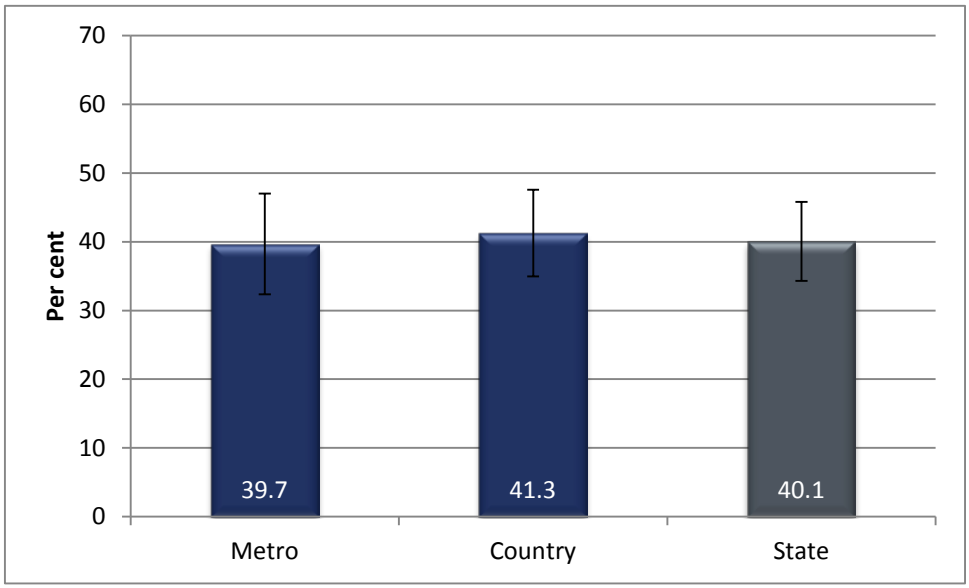
Table 34: Prevalence of children by physical activity completed weekly, 5–15 years, HWSS 2014

	No sessions of physical activity per week		Physically active 1 to 6 days sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a sessions	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	7.5 *	(2.2 - 12.8)	27.6	(19.3 - 35.9)	25.1	(17.2 - 33.0)	39.8	(31.2 - 48.4)
10 to 15 yrs	4.1 *	(1.2 - 7.0)	42.5	(35.0 - 50.0)	13.2	(8.3 - 18.1)	40.3	(32.5 - 48.0)
Gender								
Boys	3.8 *	(0.3 - 7.3)	36.9	(28.5 - 45.2)	19.5	(12.6 - 26.5)	39.8	(31.4 - 48.2)
Girls	7.5 *	(2.9 - 12.1)	34.4	(27.1 - 41.7)	17.8	(11.9 - 23.6)	40.3	(32.5 - 48.2)
Children	5.7 *	(2.7 - 8.6)	35.6	(30.1 - 41.2)	18.6	(14.1 - 23.2)	40.1	(34.3 - 45.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Overall, 40.1% of children aged 5 to 15 years completed sufficient amounts of physical activity. Figure 13 shows the proportion of 5 to 15 year olds, completing sufficient levels of physical activity for their age by geographic area of residence

Figure 13: Prevalence of children completing sufficient weekly physical activity, by geographic area, 5-15 years, HWSS 2014



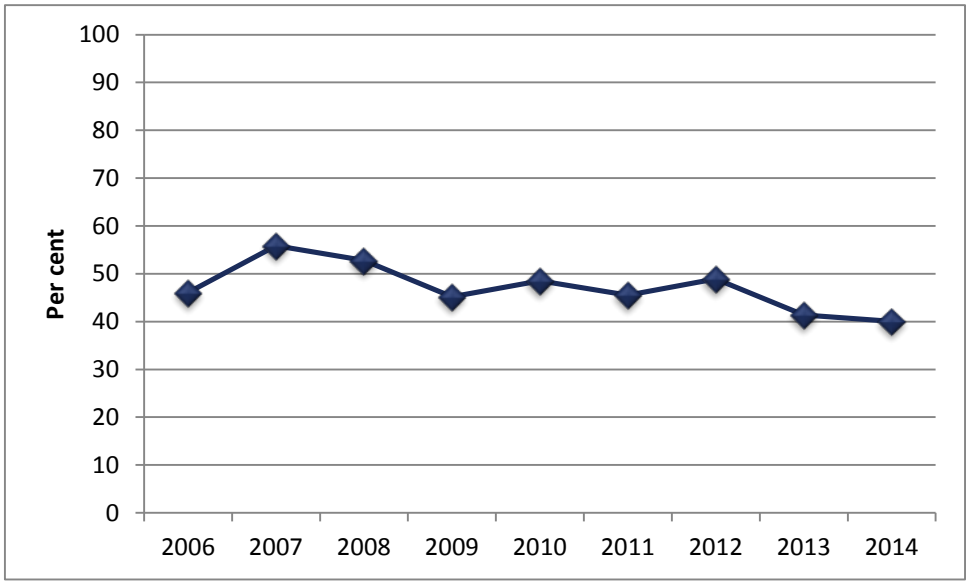
The annual prevalence estimates of weekly physical activity are shown in Table 35 and Figure 14. The proportion of children completing sufficient levels of physical activity in 2014 was the lowest on record (40.0%), and significantly lower compared with 2007 (55.9%) and 2008 (52.8%) estimates.

Table 35: Prevalence of children by physical activity completed weekly, 5-15 years, HWSS 2006-14

	No sessions of physical activity per week		Physically active 1 to 6 days sessions per week		Physically active 7 or more sessions per week but less than 60 mins a session		Physically active 7 or more sessions per week and at least 60 mins a sessions	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2006	2.2	(1.2 - 3.1)	31.3	(27.5 - 35.2)	20.5	(17.1 - 23.9)	46.0	(41.9 - 50.2)
2007	2.6	(1.0 - 4.3)	26.5	(21.4 - 31.7)	14.9	(10.9 - 18.9)	55.9	(50.0 - 61.8)
2008	3.3	(1.4 - 5.2)	28.6	(23.4 - 33.8)	15.3	(11.4 - 19.2)	52.8	(47.1 - 58.5)
2009	4.0	(3.0 - 4.9)	36.4	(34.0 - 38.8)	14.4	(12.7 - 16.2)	45.2	(42.7 - 47.7)
2010	3.3	(1.8 - 4.9)	32.5	(27.8 - 37.3)	15.6	(12.0 - 19.2)	48.5	(43.4 - 53.6)
2011	4.1	* (1.2 - 6.9)	32.0	(26.7 - 37.4)	18.4	(14.0 - 22.7)	45.5	(39.9 - 51.2)
2012	4.6	(2.4 - 6.9)	31.9	(27.3 - 36.5)	14.5	(10.9 - 18.2)	48.9	(43.8 - 54.0)
2013	6.2	(3.4 - 8.9)	34.8	(29.8 - 39.9)	17.6	(13.4 - 21.8)	41.4	(36.1 - 46.7)
2014	5.6	(2.7 - 8.5)	35.9	(30.3 - 41.4)	18.5	(14.0 - 23.0)	40.0	(34.3 - 45.8)
Average	3.9	(3.3 - 4.5)	33.2	(31.8 - 34.6)	16.3	(15.2 - 17.4)	46.5	(45.1 48.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 14: Prevalence of children completing sufficient weekly physical activity, 5-15 years, HWSS 2006-14



The mean minutes spent in physical activity per week, for children 5 to 15 years, are shown in Table 36.

Table 36: Mean time spent in physical activity per week, 5-15 years, HWSS 2006-14

	mean	95% CI			
2006	501.7	(	466.4	-	536.9)
2007	595.0	(	535.5	-	654.5)
2008	584.5	(	528.7	-	640.3)
2009	558.8	(	536.2	-	581.4)
2010	520.4	(	475.7	-	565.2)
2011	532.9	(	484.3	-	581.5)
2012	565.8	(	514.2	-	617.5)
2013	514.5	(	472.3	-	556.7)
2014	496.1	(	441.1	-	551.2)
Average	544.2	(	530.7	-	557.8)

Australia's Physical Activity and Sedentary Behaviour Guidelines make recommendations about the maximum amount of time children aged 0 to 17 years should spend using electronic media (for example television, seated electronic games and computer use) during leisure time.[19,17,18] The guidelines recommend no use of electronic media for children less than 2 years of age, less than one hour of use for children 2 years to less than 5 years of age and no more than 2 hours for children 5 to 17 years of age. The proportion of children who met the guidelines for their specific age group (0 to 15 years) is shown in Table 37. Children aged 2 to 5 years (36.4%) were significantly less likely to meet the guidelines compared with children aged 5 to 15 years (77.4%).

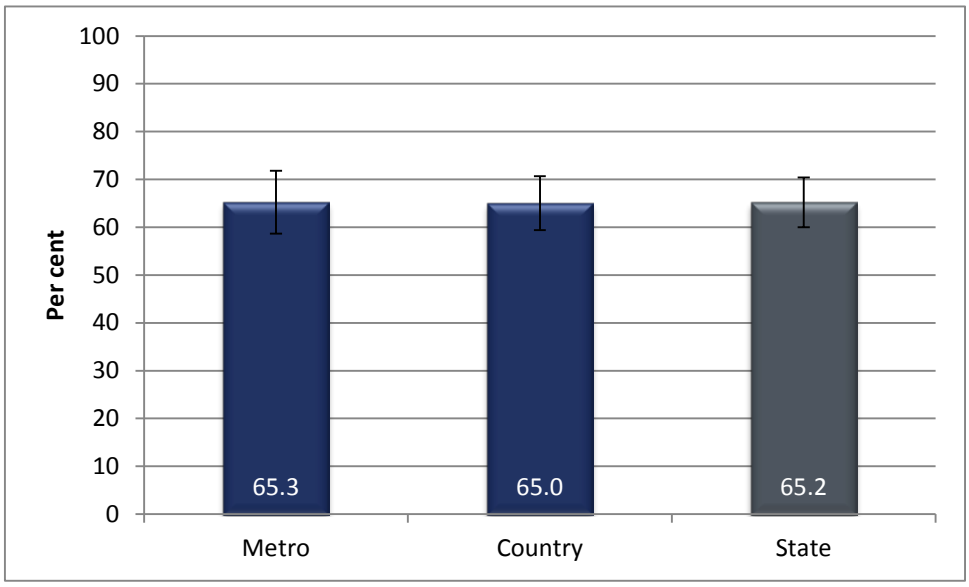
Table 37: Prevalence of children meeting the Australian sedentary behaviour guidelines, 0-15 years, HWSS 2014

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
Age Group				
0 to < 2 yrs	41.2 *	(18.2 - 64.2)	58.8	(35.8 - 81.8)
2 to <5 yrs	63.6	(51.2 - 76.0)	36.4	(24.0 - 48.8)
5 to 15 yrs	22.6	(17.6 - 27.6)	77.4	(72.4 - 82.4)
Gender				
Boys	37.9	(30.2 - 45.6)	62.1	(54.4 - 69.8)
Girls	31.6	(24.7 - 38.5)	68.4	(61.5 - 75.3)
Children	34.8	(29.6 - 40.0)	65.2	(60.0 - 70.4)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 15 shows the proportion of children meeting the Australian sedentary behaviour guidelines by area of geographic residence.

Figure 15: Prevalence of children meeting the Australian sedentary behaviour guidelines, by geographic area, 0-15 years, HWSS 2014

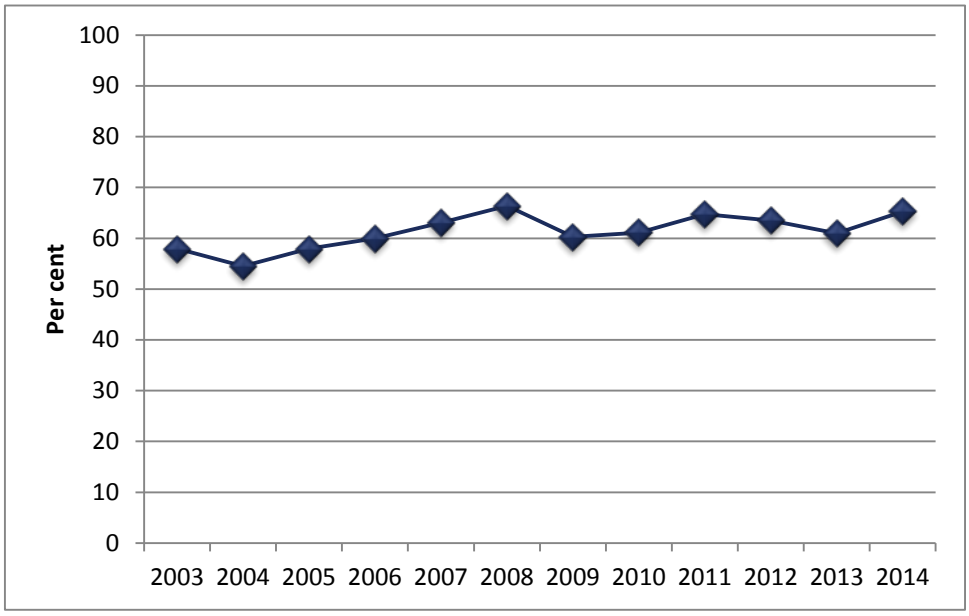


The annual proportion of children meeting the Australian guidelines for watching TV, DVDs or using the computer in leisure time is shown in Table 38 and Figure 16.

Table 38: Prevalence of children meeting the Australian sedentary behaviour guidelines, 0-15 years, HWSS 2003-14

	Meets guidelines for electronic media use		Does not meet guidelines for electronic media use	
	%	95% CI	%	95% CI
2003	57.9	(54.5 - 61.4)	42.1	(38.6 - 45.5)
2004	54.5	(49.1 - 59.9)	45.5	(40.1 - 50.9)
2005	57.9	(54.2 - 61.7)	42.1	(38.3 - 45.8)
2006	60.0	(56.5 - 63.4)	40.0	(36.6 - 43.5)
2007	63.1	(58.1 - 68.0)	36.9	(32.0 - 41.9)
2008	66.4	(61.8 - 70.9)	33.6	(29.1 - 38.2)
2009	60.3	(57.1 - 63.4)	39.7	(36.6 - 42.9)
2010	61.1	(56.9 - 65.3)	38.9	(34.7 - 43.1)
2011	64.8	(59.9 - 69.6)	35.2	(30.4 - 40.1)
2012	63.5	(59.2 - 67.8)	36.5	(32.2 - 40.8)
2013	61.0	(56.0 - 66.0)	39.0	(34.0 - 44.0)
2014	65.2	(60.1 - 70.4)	34.8	(29.6 - 39.9)
Average	61.0	(59.8 - 62.1)	39.0	(37.9 - 40.2)

Figure 16: Prevalence of children meeting the Australian sedentary behaviour guidelines, 0-15 years, HWSS 2003-14



There was no statistically significant change over time in the proportion of children meeting the Australian guidelines on leisure time screen time use.

10.2 Body mass index

Parents/carers were asked to provide their child's height without shoes and 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,[20] as shown in Table 39. Outliers and biologically implausible values were removed in the derivation of these categories.[21]

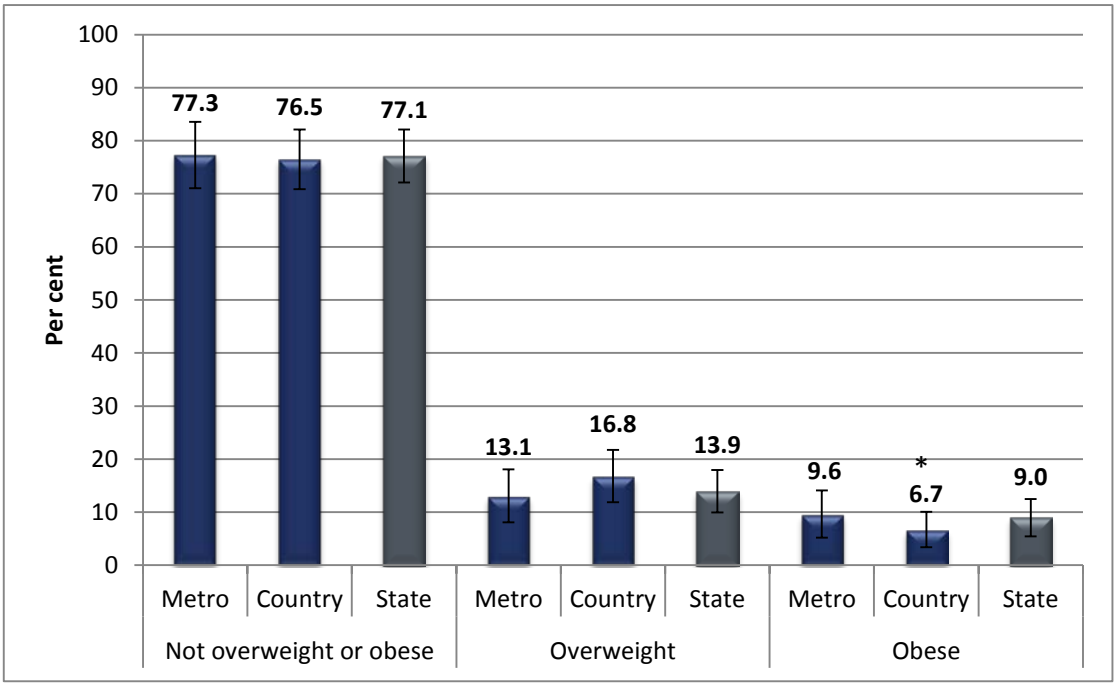
Table 39: Prevalence of children by body mass index categories, 5-15 years, HWSS 2014

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	68.9	(60.3 - 77.5)	15.6	(9.1 - 22.1)	15.5	(8.5 - 22.5)
10 to 15 yrs	83.7	(78.3 - 89.2)	12.6	(7.6 - 17.6)	3.7	* (1.2 - 6.1)
Gender						
Boys	78.6	(71.6 - 85.5)	13.4	(7.9 - 18.9)	8.0	* (3.1 - 12.9)
Girls	75.6	(68.4 - 82.7)	14.5	(8.7 - 20.3)	10.0	* (4.9 - 15.0)
Children	77.1	(72.1 - 82.1)	13.9	(9.9 - 17.9)	9.0	(5.4 - 12.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 17 shows the prevalence of body mass index categories by geographic area of residence.

Figure 17: Prevalence of children by body mass index categories, by geographic area, 5-15 years, HWSS 2014



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

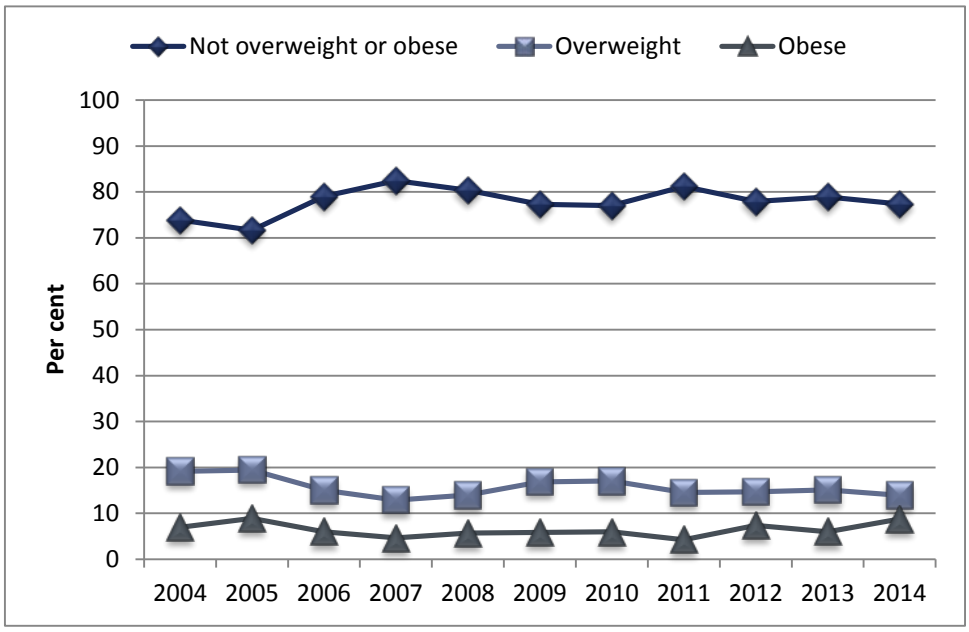
The annual prevalence of body mass index categories is shown in Table 40 and Figure 18. There were no statistically significant changes over time in any of the three categories.

Table 40: Prevalence of children by body mass index categories, 5-15 years, HWSS 2004-14

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.9	(66.9 - 80.9)	19.1	(12.9 - 25.4)	7.0 *	(2.9 - 11.0)
2005	71.7	(66.4 - 77.0)	19.5	(14.9 - 24.0)	8.9	(5.3 - 12.4)
2006	79.0	(74.9 - 83.2)	15.0	(11.3 - 18.7)	6.0	(3.7 - 8.3)
2007	82.5	(77.2 - 87.8)	12.9	(8.2 - 17.6)	4.6 *	(1.8 - 7.4)
2008	80.3	(75.5 - 85.2)	14.0	(9.7 - 18.2)	5.7	(3.0 - 8.4)
2009	77.3	(75.1 - 79.5)	16.9	(14.9 - 18.8)	5.8	(4.6 - 7.0)
2010	77.0	(72.5 - 81.5)	17.0	(13.0 - 21.1)	6.0	(3.6 - 8.3)
2011	81.2	(76.8 - 85.7)	14.5	(10.6 - 18.4)	4.2 *	(1.8 - 6.7)
2012	77.9	(73.6 - 82.2)	14.7	(11.2 - 18.2)	7.4	(4.5 - 10.3)
2013	78.9	(74.4 - 83.5)	15.1	(11.1 - 19.1)	6.0	(3.4 - 8.5)
2014	77.4	(72.4 - 82.3)	13.9	(9.9 - 17.9)	8.7	(5.3 - 12.2)
Average	77.6	(76.4 - 78.9)	16.1	(15.0 - 17.2)	6.3	(5.6 - 7.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Figure 18: Prevalence of children by body mass index categories, 5-15 years, HWSS 2004-14



Respondents were also asked for their perceptions of their child's weight (Table 41). The majority of respondents perceived their child to be of a normal weight. The proportion of children perceived to be overweight/very overweight (8.1%) was significantly lower than the number of children actually classified as overweight or obese, based on BMI (22.9%).

Table 41: Prevalence of children by respondent perceived body weight, 5-15 years, HWSS 2014

	Underweight		Normal weight		Overweight/ Very Overweight	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
5 to 9 yrs	5.0 *	(1.7 - 8.3)	87.6	(82.4 - 92.9)	7.4 *	(3.2 - 11.5)
10 to 15 yrs	8.4 *	(3.6 - 13.2)	82.8	(77.0 - 88.6)	8.8	(5.0 - 12.6)
Gender						
Boys	9.8 *	(4.7 - 14.9)	81.5	(75.1 - 87.8)	8.8	(4.5 - 13.0)
Girls	3.7 *	(0.7 - 6.7)	88.8	(84.2 - 93.4)	7.5	(3.8 - 11.2)
Children	6.8	(3.8 - 9.8)	85.1	(81.1 - 89.0)	8.1	(5.3 - 11.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Respondents were then asked what they were trying to do about their child's weight (Table 42). The majority of respondents were not trying to do anything about their child's weight (73.7%).

Table 42: Prevalence of children by parent/carer's intentions regarding the child's weight, 5-15 years, HWSS 2014

	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	4.2 *	(1.3 - 7.0)	5.7 *	(1.4 - 10.0)	14.8	(8.8 - 20.8)	75.3	(67.9 - 82.7)
10 to 15 yrs	9.1	(5.0 - 13.2)	4.7 *	(1.1 - 8.4)	13.9	(9.0 - 18.7)	72.3	(65.6 - 78.9)
Gender								
Boys	5.9 *	(2.5 - 9.4)	8.2 *	(3.3 - 13.1)	14.7	(9.0 - 20.5)	71.1	(63.6 - 78.6)
Girls	7.7 *	(3.9 - 11.5)	N/A	(N/A - N/A)	13.9	(8.9 - 18.8)	76.3	(70.0 - 82.6)
Children	6.8	(4.2 - 9.4)	5.2 *	(2.4 - 8.0)	14.3	(10.5 - 18.1)	73.7	(68.7 - 78.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

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.[22] Table 43 shows the mean times children were sunburnt in the past 12 months. The mean times sunburnt increased significantly with age.

Table 43: Mean times sunburnt in past 12 months, 0-15 years, HWSS 2014

	mean	95% CI
Age Group		
0 to 4 yrs	0.9	(0.5 - 1.2)
5 to 9 yrs	1.5	(1.2 - 1.7)
10 to 15 yrs	2.1	(1.8 - 2.4)
Gender		
Boys	1.6	(1.3 - 1.9)
Girls	1.4	(1.2 - 1.6)
Children	1.5	(1.3 - 1.7)

The annual mean times sunburnt in the past 12 months are shown in Table 44.

Table 44: Mean times sunburnt in the past 12 months, 0-15 years, HWSS 2002-14

	mean	95% CI
2002	1.6	(1.3 - 1.9)
2003	1.4	(1.3 - 1.6)
2004	1.6	(1.4 - 1.9)
2005	1.3	(1.1 - 1.4)
2006	1.6	(1.3 - 1.7)
2007	1.5	(1.3 - 1.7)
2008	1.3	(1.2 - 1.5)
2009	1.1	(1.0 - 1.2)
2010	1.4	(1.2 - 1.5)
2011	1.5	(1.3 - 1.7)
2012	1.2	(1.1 - 1.3)
2013	1.5	(1.3 - 1.6)
2014	1.5	(1.3 - 1.7)
Average	1.4	(1.3 - 1.4)

Table 45 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 to 15 year olds were adequately protected before going out into the sun compared with children aged 0 to 4 years and those aged 5 to 9 years (43.3% compared with 73.3% and 59.7% respectively).

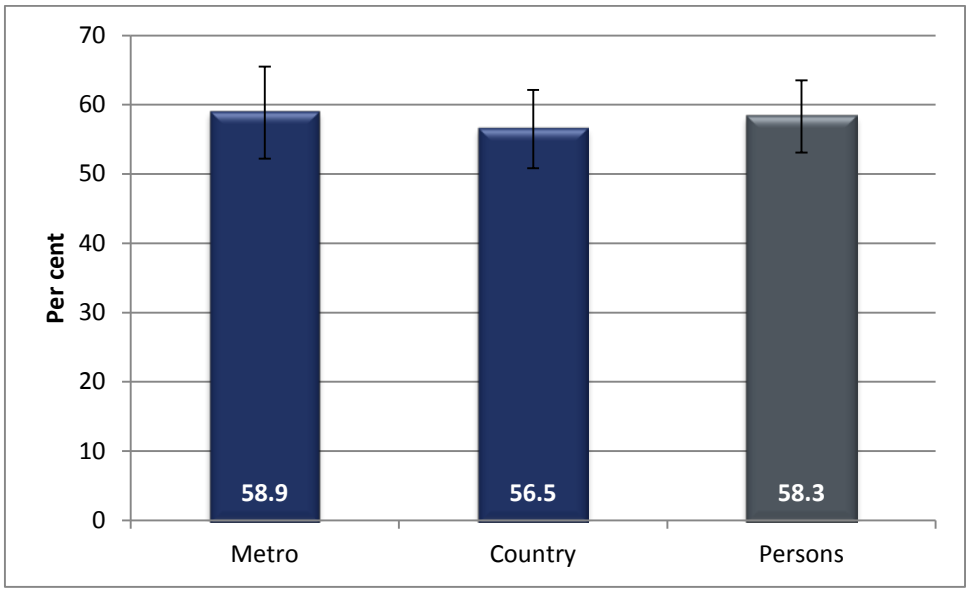
Table 45: Prevalence of children by how often parent/carer checks they are adequately protected before going into sunlight, 0-15 years, HWSS 2014

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
0 to 4 yrs	73.3	(63.4 - 83.3)	25.5	(15.6 - 35.5)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	59.7	(51.0 - 68.3)	37.1	(28.6 - 45.7)	3.2	* (0.5 - 5.9)	N/A	(N/A - N/A)
10 to 15 yrs	43.3	(35.8 - 50.8)	44.3	(36.7 - 52.0)	9.2	(4.9 - 13.5)	3.1	* (0.4 - 5.9)
Gender								
Boys	58.7	(51.1 - 66.3)	36.2	(28.7 - 43.6)	4.4	* (1.7 - 7.1)	N/A	(N/A - N/A)
Girls	57.9	(50.7 - 65.0)	35.6	(28.6 - 42.6)	4.9	* (2.3 - 7.5)	N/A	(N/A - N/A)
Children	58.3	(53.1 - 63.5)	35.9	(30.8 - 41.0)	4.7	(2.8 - 6.6)	1.1	* (0.1 - 2.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 19 shows the prevalence of children who are always checked by a parent/ carer to ensure they are adequately protected before going into the sun by geographic area of residence. There was no statistically significant difference between children residing in the metro or country areas.

Figure 19: Prevalence of children who are always checked to be adequately protected before going into sunlight, by geographic area, 0-15 years, HWSS 2014



The annual prevalence estimates of parents/carers checking to see if their child is adequately protected before going out into sunlight are shown in Table 46 and Figure 20. The prevalence of children always checked by a parent/carer for adequate sun protection

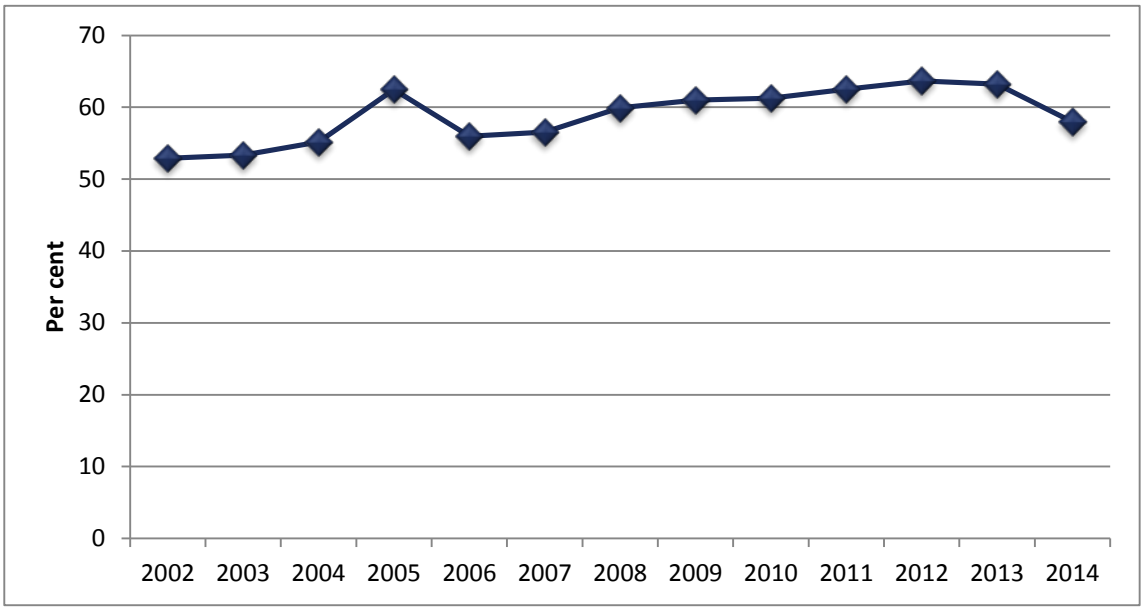
before going into sunlight in 2014 (58.0%) was the lowest recorded since 2008 however this difference is not statistically significant.

Table 46: Prevalence of children by how often parent/carer checks they are adequately protected before going into sunlight, 0-15 years, HWSS 2002-14

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.9	(49.1 - 56.7)	41.8	(38.1 - 45.6)	4.2	(2.8 - 5.5)	1.1 *	(0.4 - 1.8)
2003	53.3	(49.9 - 56.8)	40.8	(37.3 - 44.2)	4.4	(3.2 - 5.6)	1.5 *	(0.6 - 2.4)
2004	55.2	(49.8 - 60.5)	38.0	(32.7 - 43.2)	6.1	(3.4 - 8.7)	N/A	(N/A - N/A)
2005	62.5	(58.8 - 66.1)	30.9	(27.4 - 34.3)	5.6	(3.8 - 7.3)	1.1 *	(0.4 - 1.7)
2006	56.0	(52.5 - 59.5)	36.7	(33.3 - 40.1)	5.5	(3.8 - 7.2)	1.8 *	(0.8 - 2.9)
2007	56.5	(51.5 - 61.6)	35.0	(30.1 - 39.9)	7.0	(4.3 - 9.6)	1.5 *	(0.5 - 2.5)
2008	59.9	(55.3 - 64.6)	32.2	(27.8 - 36.7)	6.3	(4.2 - 8.5)	1.5 *	(0.4 - 2.6)
2009	61.0	(58.1 - 63.9)	31.8	(29.1 - 34.5)	5.0	(3.6 - 6.5)	2.1	(1.3 - 3.0)
2010	61.3	(57.1 - 65.4)	31.9	(27.9 - 35.8)	5.3	(3.4 - 7.2)	1.5 *	(0.6 - 2.5)
2011	62.5	(57.8 - 67.2)	32.0	(27.4 - 36.6)	4.5	(2.6 - 6.4)	1.0 *	(0.2 - 1.8)
2012	63.7	(59.5 - 67.9)	28.6	(24.7 - 32.5)	5.4	(3.6 - 7.2)	2.3 *	(0.9 - 3.7)
2013	63.2	(58.6 - 67.9)	31.9	(27.4 - 36.4)	3.6	(2.1 - 5.2)	1.2 *	(0.1 - 2.3)
2014	58.0	(52.8 - 63.2)	36.1	(31.0 - 41.2)	4.8	(2.8 - 6.7)	1.2 *	(0.1 - 2.2)
Average	59.0	(58.0 - 60.1)	34.4	(33.4 - 35.5)	5.0	(4.5 - 5.4)	1.6	(1.3 - 1.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 20: Prevalence of children who are always checked to be adequately protected before going into sunlight, 0-15 years, HWSS 2002-14



10.4 Alcohol

As alcohol abuse is known to be particularly disruptive to family functioning,[23] parents/carers have been asked since 2002 whether or not they thought that alcohol caused problems in the child's household. In 2014, only 13 (1.4%) respondents stated that alcohol was a problem in the child's household. This is similar to previous years.

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.[9]

The annual estimates of smoking within the home are shown in Table 47. The prevalence of children living in a smoke-free house has increased significantly from 2002 (90.5%) to 2014 (98.9%).

Table 47: Prevalence of children by exposure to smoke within the home, 0-15 years, HWSS 2002-14

	The home is smoke free		People occasionally or frequently smoke in the house		
	%	95% CI	%		95% CI
2002	90.5	(88.5 - 92.4)	9.5		(7.6 - 11.5)
2003	93.7	(92.2 - 95.1)	6.3		(4.9 - 7.8)
2004	91.2	(88.5 - 93.9)	8.8		(6.1 - 11.5)
2005	93.6	(91.8 - 95.4)	6.4		(4.6 - 8.2)
2006	96.5	(95.3 - 97.8)	3.5		(2.2 - 4.7)
2007	95.7	(93.9 - 97.5)	4.3		(2.5 - 6.1)
2008	96.5	(94.8 - 98.1)	3.5		(1.9 - 5.2)
2009	98.1	(97.5 - 98.6)	1.9		(1.4 - 2.5)
2010	98.2	(97.2 - 99.3)	1.8	*	(0.7 - 2.8)
2011	97.7	(96.2 - 99.1)	2.3	*	(0.9 - 3.8)
2012	97.8	(96.3 - 99.4)	2.2	*	(0.6 - 3.7)
2013	98.1	(96.7 - 99.4)	1.9	*	(0.6 - 3.3)
2014	98.9	(98.1 - 99.7)	1.1	*	(0.3 - 1.9)
Average	95.9	(95.5 - 96.3)	4.1		(3.7 - 4.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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.[24]

The annual estimates of smoking during pregnancy are shown in Table 48. Data are presented for children aged 0 to 4 years at the time of interview as previously described in Section 9 of this report. The prevalence of neither parents smoking during pregnancy has increased significantly from 2005 (66.1%) to 2014 (90.3%).

Table 48: Prevalence of children by parental smoking status during pregnancy, 0-4 years, HWSS 2005-14

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	66.1	(59.6 - 72.6)	5.9 *	(2.7 - 9.1)	20.1	(14.7 - 25.6)	7.9	(4.3 - 11.4)
2006	70.6	(64.7 - 76.5)	3.7 *	(1.3 - 6.1)	16.6	(11.9 - 21.3)	9.2	(5.4 - 12.9)
2007	76.1	(68.2 - 83.9)	2.6 *	(0.6 - 4.7)	13.6	(7.3 - 19.9)	7.7 *	(2.7 - 12.7)
2008	71.3	(62.8 - 79.9)	1.9 *	(0.1 - 3.7)	18.9	(11.4 - 26.4)	7.9 *	(2.7 - 13.1)
2009	78.1	(71.9 - 84.4)	4.6 *	(1.9 - 7.3)	12.9	(7.7 - 18.0)	4.4 *	(1.4 - 7.4)
2010	80.5	(73.4 - 87.6)	N/A	(N/A - N/A)	14.0	(7.7 - 20.2)	N/A	(N/A - N/A)
2011	76.5	(68.9 - 84.0)	1.9 *	(0.4 - 3.4)	16.8	(10.2 - 23.4)	4.8 *	(0.7 - 9.0)
2012	74.0	(66.7 - 81.3)	2.1 *	(0.2 - 3.9)	18.8	(12.2 - 25.4)	5.2 *	(1.7 - 8.6)
2013	86.1	(79.1 - 93.1)	N/A	(N/A - N/A)	10.1 *	(3.8 - 16.4)	N/A	(N/A - N/A)
2014	90.3	(86.1 - 94.5)	N/A	(N/A - N/A)	6.0 *	(2.8 - 9.3)	2.3 *	(0.1 - 4.5)
Average	75.4	(73.1 - 77.6)	3.2	(2.4 - 4.1)	15.5	(13.7 - 17.4)	5.8	(4.6 - 7.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

10.6 Nutrition

Fruit and Vegetables

Diet has an important effect on health and can influence children's growth, weight and development.[25] Unhealthy eating in childhood can also increase the risk of developing chronic diseases in later life, including coronary heart disease, type 2 diabetes, stroke, and some cancers.[6] Revised Australian dietary guidelines were released by the National Health and Medical Research Council (NHMRC) in 2013.[25] There are three major changes between the 2003 and 2013 guidelines: (a) inclusion of half serves in the recommended daily serves of fruit and vegetables (b) different guidelines for girls and boys and (c) changes in the recommended daily serves of fruit and vegetables for some age groups.

Parents/ carers responding to the HWSS were asked to report how many serves of fruit their child usually eats each day, where a serve of fruit is equal to one medium piece, two small pieces of fruit or a cup of diced fruit. They were also asked to report how many serves of vegetables their child usually eats each day, where a serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves will be rounded down to the nearest whole number.

Table 49 illustrates the daily serves outlined by the 2013 and 2003 guidelines as well as the number of serves that will be used in this document to report against the new guidelines.

Table 49: Daily fruit and vegetable consumption guidelines NHMRC 2013 compared with NHMRC 2003, children 2-15 years

	Minimum recommended serves of fruit per day		Minimum recommended serves of vegetables per day			Sufficient serves of fruit and vegetables for HWSS reporting	
	2013 guidelines	2003 guidelines	2013 guidelines		2003 guidelines		
	Children	Children	Girls	Boys	Children	Fruit	Vegetables
2 to 3 years	1	N/A	2.5	2.5	N/A	1	2
4 to 7 years	1.5	1	4.5	4.5	2	1	4
8 years	1.5	1	4.5	4.5	3	1	4
9 to 11 years	2	1	5	5	3	2	5
12 to 15 years	2	3	5	5.5	4	2	5

While reporting against the guidelines for fruit and vegetable consumption have changed, the calculation of the mean number of serves of fruit and vegetables that children are eating as remain the same. The mean number of serves eaten daily has not varied greatly over time (Table 50). There was no significant difference in the mean serves of fruit consumed in

2014 compared with previous years. The mean serves of vegetables (2.3) in 2014 was significantly higher than 2003 (2.0) but similar to every other year.

Table 50: Mean daily fruit serves and vegetable serves, 2-15 years, HWSS 2002-14

	Fruit		Vegetables	
	mean	95% CI	mean	95% CI
2002	2.0	(1.9 - 2.1)	2.1	(2.0 - 2.2)
2003	2.0	(1.9 - 2.1)	2.0	(1.9 - 2.1)
2004	1.9	(1.8 - 2.0)	2.1	(2.0 - 2.3)
2005	1.9	(1.8 - 2.0)	2.3	(2.2 - 2.4)
2006	1.9	(1.9 - 2.0)	2.2	(2.1 - 2.3)
2007	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2008	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.3)
2009	2.1	(2.0 - 2.2)	2.3	(2.3 - 2.4)
2010	2.1	(2.0 - 2.2)	2.3	(2.2 - 2.4)
2011	1.9	(1.8 - 2.0)	2.4	(2.3 - 2.5)
2012	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2013	2.0	(1.9 - 2.1)	2.2	(2.1 - 2.4)
2014	2.1	(1.9 - 2.2)	2.3	(2.2 - 2.4)
Average	2.0	(2.0 - 2.0)	2.2	(2.2 - 2.3)

Table 51 shows the prevalence of children 2 to 15 years, by the number of serves of fruit they usually eat daily. In 2014, just over two-thirds (68.2%) of children 2 to 15 years were eating two or more serves of fruit daily.

Table 51: Prevalence of children by number of serves of fruit consumed daily, 2-15 years, HWSS 2014

	Doesn't eat fruit/ eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
2 to 3 yrs	N/A	(N/A - N/A)	18.7 *	(6.6 - 30.8)	79.5	(67.3 - 91.8)
4 to 8 yrs	N/A	(N/A - N/A)	30.0	(21.2 - 38.9)	67.3	(58.3 - 76.3)
9 to 15 yrs	7.1	(3.9 - 10.3)	28.9	(22.5 - 35.2)	64.0	(57.4 - 70.7)
Gender						
Boys	5.4 *	(2.6 - 8.1)	30.1	(22.9 - 37.4)	64.5	(57.0 - 72.0)
Girls	3.5 *	(0.8 - 6.2)	24.4	(17.9 - 30.9)	72.1	(65.3 - 78.8)
Children	4.5	(2.6 - 6.4)	27.3	(22.5 - 32.2)	68.2	(63.1 - 73.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 52 shows the prevalence of children 2 to 15 years, by the number of serves of vegetables they usually eat daily. In 2014, just over one-third of children (35.9%) were eating two serves of vegetables daily. The next most common serve was one serve of vegetables daily, which accounted for 24.1% of children aged 2 to 15 years.

Table 52: Prevalence of children by number of serves of vegetables consumed daily, 2-15 years, HWSS 2014

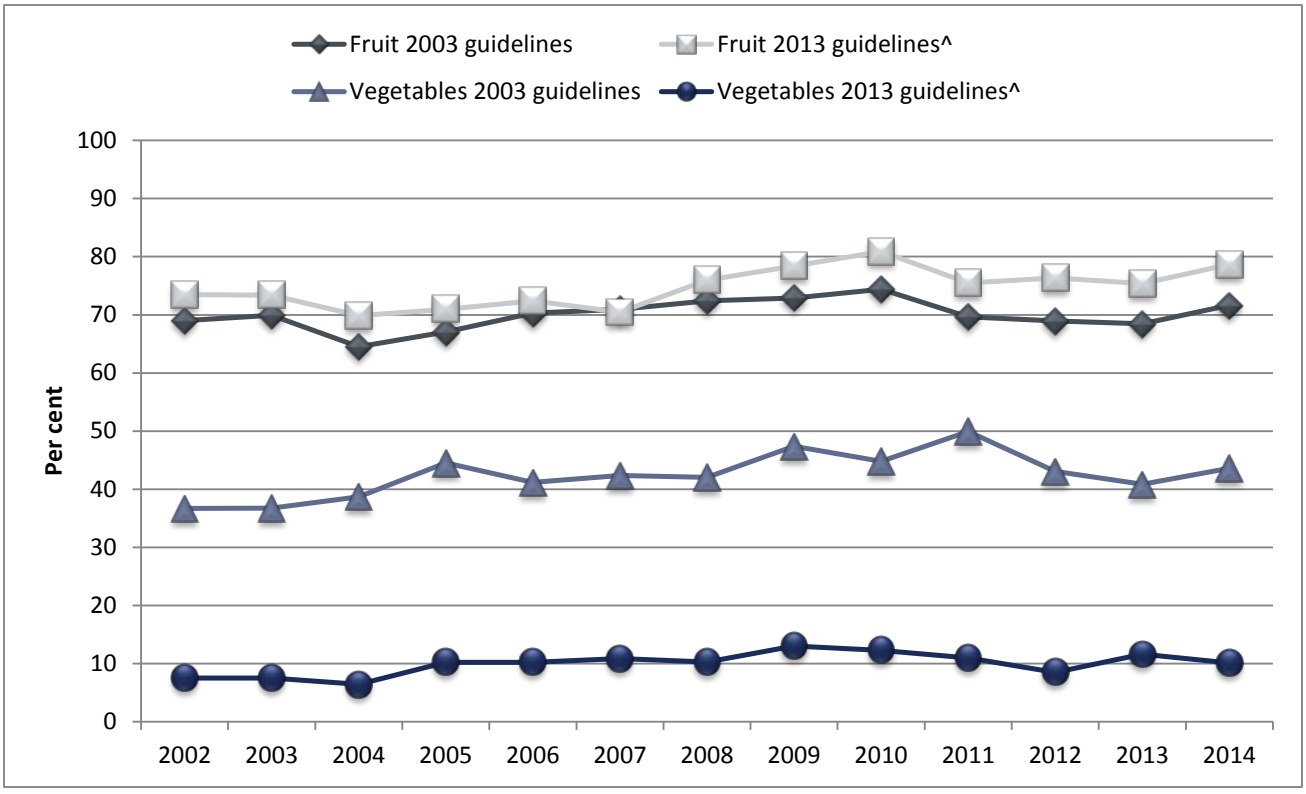
	Doesn't eat vegetables/ eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three serves of vegetables daily		Eats four or more serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group										
2 to 3 yrs	N/A	(N/A - N/A)	28.7	(15.6 - 41.7)	29.0	(15.6 - 42.4)	21.5 *	(8.6 - 34.3)	12.8 *	(2.3 - 23.2)
4 to 8 yrs	N/A	(N/A - N/A)	28.1	(19.6 - 36.7)	40.0	(30.9 - 49.1)	16.4	(9.7 - 23.1)	11.7	(6.0 - 17.3)
9 to 15 yrs	1.4 *	(0.1 - 2.7)	18.7	(12.9 - 24.4)	35.6	(28.8 - 42.5)	25.0	(19.0 - 30.9)	19.3	(13.8 - 24.8)
Gender										
Boys	4.1 *	(0.3 - 8.0)	23.5	(16.8 - 30.3)	37.1	(29.5 - 44.8)	19.1	(12.8 - 25.5)	16.0	(10.5 - 19.5)
Girls	N/A	(N/A - N/A)	24.6	(17.9 - 31.3)	34.7	(27.6 - 41.8)	23.3	(17.3 - 29.2)	14.5	(9.4 - 19.5)
Children	3.6 *	(0.9 - 6.3)	24.1	(19.3 - 28.8)	35.9	(30.7 - 41.2)	21.1	(16.8 - 25.5)	15.3	(11.5 - 19.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

As outlined earlier, some of the fruit and vegetable recommendations for children in the 2013 Australian Dietary Guidelines now include half serves which are unable to be measured by the HWSS. For the purposes of reporting sufficient fruit and vegetable consumption against the 2013 guidelines, the recommended number of serves will be rounded down to the nearest whole number.

Figure 21 illustrates the impact of the new guidelines on the estimates of sufficient fruit and vegetable consumption. Despite using a more lenient interpretation of the recommendation, (rounding down half serves), the prevalence of children meeting the 2013 guidelines for sufficient vegetable consumption is substantially lower than the prevalence meeting the 2003 guidelines. The prevalence of children meeting the 2013 guidelines for sufficient fruit consumption is slightly higher than the prevalence meeting the 2003 guidelines. These findings are consistent over time.

Figure 21: Prevalence of children eating sufficient serves of fruit and vegetables over time, 2003 and 2013 Australian guidelines, 4-15 years, HWSS 2002-14



^ For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.

In 2014, the prevalence of children aged 4 to 15 years meeting the 2013 recommendation for sufficient vegetable intake was 10.1% compared to 43.6% meeting the 2003 guideline (a

difference of 33.5%). The prevalence of children aged 4 to 15 years meeting the 2013 recommendation of sufficient fruit intake was 78.7% compared to 71.6% meeting the 2003 guideline (a difference of 7.1%).

Future HWSS publications will only report against the 2013 Australian Dietary Guidelines. Any recommendation that includes a half serve will be rounded down to the nearest whole number (as presented in Table 49).

The prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption is shown in Table 53. Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit than children aged 2 to 8 years (64.0% compared with 98.2% and 97.3% respectively). Children aged 2 to 3 years were significantly more likely to eat sufficient serves of vegetables compared with children aged 4 to 15 years (63.2% compared with 11.7% and 8.8% respectively).

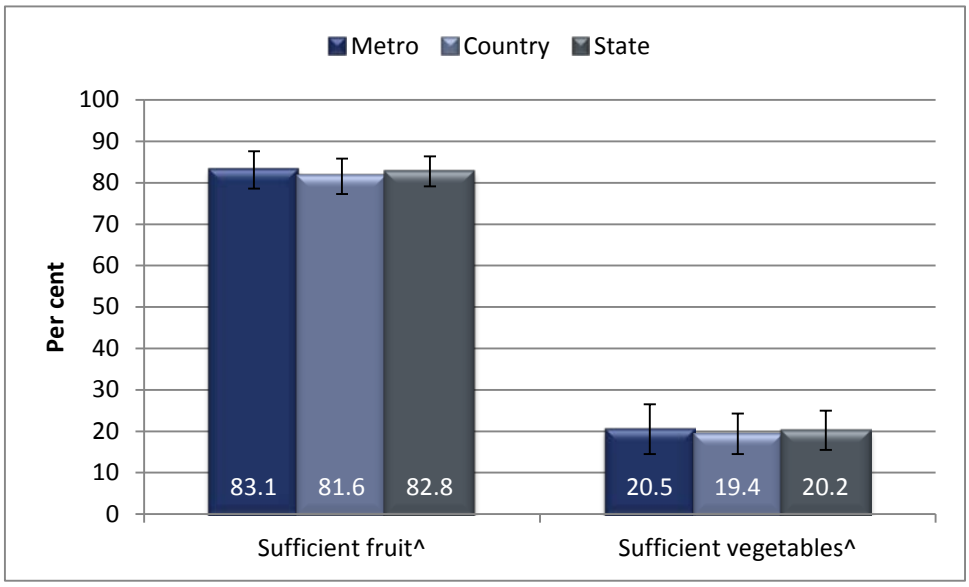
Table 53: Prevalence of children eating sufficient serves of fruit and/or vegetables, 2-15 years, HWSS 2014

	Eats sufficient daily serves of fruit for age and gender^		Eats sufficient daily serves of vegetables for age and gender^	
	%	95% CI	%	95% CI
Age Group				
2 to 3 yrs	98.2	(95.5 - 100.0)	63.2	(48.4 - 78.0)
4 to 8 yrs	97.3	(94.1 - 100.0)	11.7	(6.0 - 17.3)
9 to 15 yrs	64.0	(57.4 - 70.7)	8.8	(4.6 - 13.0)
Gender				
Boys	81.0	(75.8 - 86.3)	20.9	(13.7 - 28.1)
Girls	84.5	(79.6 - 89.5)	19.6	(13.4 - 25.8)
Children	82.8	(79.1 - 86.4)	20.2	(15.5 - 25.0)

^ For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.

Figure 22 shows the prevalence of children aged 2 to 15 years meeting the 2013 guidelines for fruit and vegetable consumption by geographic area.

Figure 22: Prevalence of children eating sufficient serves of fruit and vegetables, 2-15 years, by geographic area, HWSS 2014



^ For reporting purposes guidelines that include half serves have been rounded down to the nearest whole number.

Milk

Milk is one of the most complete 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.[14] Parents/carers were asked what type of milk their child usually consumes (Table 54).

Table 54: Prevalence of children by type of milk usually consumed, 2-15 years, HWSS 2014

	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 or don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
2 to 4 yrs	61.8	(49.8 - 73.8)	27.2	(16.2 - 38.2)	N/A	(N/A - N/A)	9.2	* (2.4 - 16.0)
5 to 9 yrs	60.6	(52.0 - 69.3)	31.0	(22.8 - 39.2)	4.6	* (0.8 - 8.4)	3.8	* (0.5 - 7.2)
10 to 15 yrs	39.7	(32.3 - 47.1)	44.3	(36.7 - 51.9)	8.0	(4.3 - 11.7)	8.0	* (3.6 - 12.3)
Gender								
Boys	53.2	(45.2 - 61.1)	36.8	(29.2 - 44.5)	3.3	* (1.3 - 5.3)	6.7	* (2.6 - 10.8)
Girls	53.0	(45.6 - 60.5)	32.9	(26.0 - 39.8)	6.9	* (3.1 - 10.7)	7.2	* (3.4 - 11.0)
Children	53.1	(47.6 - 58.5)	34.9	(29.7 - 40.1)	5.1	(2.9 - 7.2)	7.0	(4.1 - 9.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The type of milk usually consumed is shown annually in Table 55. The prevalence of children consuming full fat or whole milk of any kind has decreased significantly from 69.7% in 2002 to 52.8% in 2014.

Table 55: Prevalence of children by type of milk usually consumed, 2-15 years, HWSS 2002-14

	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 or Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	69.7	(66.1 - 73.2)	25.6	(22.2 - 28.9)	3.1	(1.9 - 4.3)	1.7 *	(0.7 - 2.6)
2003	69.6	(66.3 - 72.9)	27.0	(23.8 - 30.3)	2.8	(1.7 - 3.8)	0.6 *	(0.2 - 1.0)
2004	72.9	(68.1 - 77.7)	21.2	(16.8 - 25.5)	1.4 *	(0.3 - 2.4)	4.6 *	(2.3 - 6.9)
2005	62.9	(59.0 - 66.7)	32.7	(29.0 - 36.5)	1.0 *	(0.4 - 1.6)	3.4	(2.0 - 4.7)
2006	60.3	(56.1 - 64.6)	35.0	(30.9 - 39.1)	1.5	(0.8 - 2.3)	3.1	(1.6 - 4.6)
2007	64.1	(59.1 - 69.0)	30.3	(25.6 - 35.0)	2.8 *	(1.3 - 4.3)	2.9 *	(1.2 - 4.5)
2008	65.1	(60.5 - 69.8)	28.8	(24.5 - 33.2)	2.8	(1.5 - 4.2)	3.2 *	(1.2 - 5.2)
2009	60.1	(57.2 - 63.0)	32.1	(29.4 - 34.9)	3.6	(2.7 - 4.4)	4.2	(3.0 - 5.5)
2010	56.8	(52.3 - 61.3)	34.5	(30.2 - 38.7)	4.6	(2.8 - 6.4)	4.1	(2.3 - 6.0)
2011	56.9	(51.9 - 62.0)	33.8	(29.1 - 38.5)	3.7 *	(1.7 - 5.7)	5.5	(2.9 - 8.1)
2012	55.5	(51.0 - 60.1)	34.5	(30.3 - 38.7)	4.6	(2.7 - 6.5)	5.3	(3.3 - 7.4)
2013	57.7	(52.7 - 62.7)	33.1	(28.4 - 37.7)	4.2	(2.4 - 6.0)	5.0	(2.8 - 7.3)
2014	52.8	(47.4 - 58.2)	35.1	(29.9 - 40.3)	5.1	(3.0 - 7.3)	7.0	(4.2 - 9.8)
Average	62.3	(61.1 - 63.4)	31.0	(29.9 - 32.0)	3.2	(2.8 - 3.5)	3.6	(3.2 - 4.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Fast Food

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 56.

Table 56: Prevalence of children by consumption of meals from fast food outlets per week, 1-15 years, HWSS 2014

	Never		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	36.5	(25.7 - 47.3)	43.9	(32.3 - 55.6)	19.6	(10.5 - 28.6)	0.0	(0.0 - 0.0)
5 to 9 yrs	18.4	(11.9 - 24.9)	45.1	(36.3 - 53.9)	34.8	(26.4 - 43.3)	N/A	(N/A - N/A)
10 to 15 yrs	21.1	(15.1 - 27.2)	41.8	(34.2 - 49.5)	34.4	(27.2 - 41.5)	2.6	* (0.1 - 5.2)
Gender								
Boys	23.9	(17.3 - 30.5)	47.9	(40.0 - 55.7)	27.5	(20.7 - 34.4)	0.7	* (0.1 - 1.4)
Girls	26.3	(20.0 - 32.6)	39.0	(31.7 - 46.4)	32.3	(25.7 - 39.0)	2.3	* (0.0 - 4.6)
Children	25.1	(20.5 - 29.6)	43.5	(38.1 - 48.9)	29.9	(25.1 - 34.7)	1.5	* (0.3 - 2.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The number of times children eat fast food per week is shown annually in Table 57. The number of children who never eat meals from fast food restaurants has increased significantly from 16.2% in 2002 to 25.0% in 2014.

Table 57: Prevalence of children by consumption of meals from fast food outlets per week, 1-15 years, HWSS 2002-14

	Never		Less than once a week		Once or twice a week		Three or more times per week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	16.2	(12.8 - 19.6)	36.8	(32.4 - 41.1)	44.9	(40.5 - 49.3)	2.1	* (0.9 - 3.2)
2003	10.1	(8.0 - 12.2)	42.3	(38.9 - 45.8)	45.8	(42.2 - 49.3)	1.8	* (0.9 - 2.7)
2004	11.9	(8.4 - 15.3)	45.2	(39.8 - 50.6)	42.2	(36.8 - 47.6)	0.7	* (0.2 - 1.2)
2005	12.0	(9.4 - 14.6)	44.7	(40.9 - 48.6)	41.4	(37.6 - 45.2)	1.9	* (0.9 - 2.8)
2006	12.3	(9.5 - 15.2)	44.6	(40.4 - 48.7)	41.0	(36.9 - 45.0)	2.1	* (1.0 - 3.2)
2007	17.7	(13.9 - 21.5)	38.7	(33.6 - 43.8)	40.3	(35.3 - 45.3)	3.3	* (1.2 - 5.5)
2008	11.6	(8.6 - 14.5)	42.6	(37.7 - 47.5)	44.1	(39.2 - 48.9)	1.8	* (0.7 - 2.9)
2009	21.2	(18.3 - 24.0)	36.1	(33.1 - 39.1)	40.8	(37.9 - 43.7)	2.0	* (1.0 - 3.0)
2010	18.4	(15.1 - 21.6)	40.7	(36.3 - 45.0)	38.3	(34.0 - 42.5)	2.7	(1.4 - 4.0)
2011	23.5	(19.1 - 28.0)	35.9	(31.1 - 40.7)	38.6	(33.8 - 43.4)	2.0	* (0.5 - 3.5)
2012	23.1	(19.3 - 26.9)	36.7	(32.5 - 41.0)	37.9	(33.5 - 42.3)	2.3	* (0.9 - 3.6)
2013	23.6	(18.8 - 28.4)	32.8	(28.2 - 37.4)	40.8	(35.8 - 45.8)	2.8	* (0.9 - 4.8)
2014	25.0	(20.5 - 29.5)	43.5	(38.1 - 48.9)	30.0	(25.2 - 34.7)	1.5	* (0.3 - 2.7)
Average	16.8	(16.0 - 17.7)	39.6	(38.5 - 40.8)	41.5	(40.4 - 42.6)	2.0	(1.7 - 2.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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 amount of sleep for children varies from 8 to 17 hours depending on age and individual requirements.[26] In general children sleep less as they grow up. The mean number of hours of sleep for children is shown in Table 58.

Table 58: Mean time spent sleeping on a usual night, 0-15 years, HWSS 2014

	mean	95% CI
Age Group		
0 to 4 yrs	10.7	(10.4 - 11.0)
5 to 9 yrs	10.3	(10.2 - 10.5)
10 to 15 yrs	9.2	(9.0 - 9.4)
Gender		
Boys	10.2	(9.9 - 10.4)
Girls	9.9	(9.7 - 10.1)
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.[6,27] 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.[9] Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people, as shown in Table 59.

Table 59: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1-15 years, HWSS 2014

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
1 to 4 yrs	67.5	(56.5 - 78.5)	28.5	(17.7 - 39.2)	N/A	(N/A - N/A)	N/A	(N/A - N/A)
5 to 9 yrs	62.6	(54.0 - 71.2)	25.3	(17.8 - 32.9)	10.6 *	(4.7 - 16.6)	N/A	(N/A - N/A)
10 to 15 yrs	66.2	(58.9 - 73.5)	24.0	(17.6 - 30.3)	7.7 *	(2.8 - 12.5)	N/A	(N/A - N/A)
Gender								
Boys	60.5	(52.9 - 68.2)	30.5	(23.2 - 37.8)	7.6 *	(3.5 - 11.8)	1.3 *	(0.2 - 2.5)
Girls	70.6	(63.8 - 77.4)	20.9	(14.9 - 26.9)	7.2 *	(3.1 - 11.2)	N/A	(N/A - N/A)
Children	65.4	(60.3 - 70.6)	25.8	(21.0 - 30.6)	7.4	(4.5 - 10.3)	1.4 *	(0.3 - 2.4)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Girls were more likely not to experience trouble with emotions, concentration, behaviour or getting on with people compared with boys; however this difference was not statistically significant.

The annual prevalence estimates of children with trouble with emotions, concentration, behaviour or getting on with people are shown in Table 60.

Table 60: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1-15 years, HWSS 2002-14

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	71.3	(67.9 - 74.7)	23.0	(19.9 - 26.1)	5.0	(3.3 - 6.7)	0.8 *	(0.3 - 1.3)
2003	68.3	(65.0 - 71.5)	24.7	(21.6 - 27.7)	5.7	(4.2 - 7.3)	1.3 *	(0.6 - 2.0)
2004	62.1	(56.8 - 67.4)	28.1	(23.2 - 32.9)	7.9	(5.0 - 10.9)	1.9 *	(0.3 - 3.5)
2005	66.0	(62.4 - 69.7)	26.8	(23.4 - 30.3)	6.4	(4.5 - 8.3)	0.7 *	(0.1 - 1.3)
2006	69.2	(65.9 - 72.5)	23.6	(20.6 - 26.6)	5.9	(4.2 - 7.6)	1.3 *	(0.4 - 2.2)
2007	71.8	(67.3 - 76.2)	22.3	(18.1 - 26.4)	4.8	(2.9 - 6.6)	1.2 *	(0.3 - 2.0)
2008	68.1	(63.6 - 72.6)	24.4	(20.2 - 28.6)	6.1	(4.0 - 8.2)	1.5 *	(0.4 - 2.5)
2009	74.0	(71.6 - 76.5)	20.2	(17.9 - 22.4)	4.3	(3.4 - 5.2)	1.5	(0.9 - 2.2)
2010	71.6	(67.7 - 75.5)	22.5	(18.9 - 26.2)	5.1	(3.2 - 7.0)	0.8 *	(0.2 - 1.3)
2011	71.8	(67.3 - 76.4)	23.0	(18.9 - 27.2)	4.4 *	(2.0 - 6.7)	N/A	(N/A - N/A)
2012	68.9	(64.7 - 73.0)	25.0	(21.1 - 28.8)	5.3	(3.3 - 7.3)	0.9 *	(0.1 - 1.6)
2013	72.4	(68.0 - 76.9)	18.8	(15.1 - 22.6)	7.5	(4.6 - 10.4)	1.3 *	(0.3 - 2.2)
2014	65.5	(60.4 - 70.7)	25.7	(21.0 - 30.5)	7.4	(4.5 - 10.3)	1.4 *	(0.3 - 2.4)
Average	69.7	(68.7 - 70.7)	23.5	(22.6 - 24.4)	5.6	(5.1 - 6.1)	1.2	(1.0 - 1.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Parents/carers who reported that 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 61.

Table 61: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1-15 years, HWSS 2014

	%	95% CI
Age Group		
1 to 4 yrs	18.2 *	(3.0 - 33.3)
5 to 9 yrs	32.7	(17.9 - 47.5)
10 to 15 yrs	43.7	(29.6 - 57.9)
Gender		
Boys	35.2	(23.2 - 47.3)
Girls	29.1	(15.3 - 42.9)
Children	32.7	(23.6 - 41.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of children regarded as needing special help for emotional problems is shown in Table 62. The prevalence of children regarded by their parent/carer as needing special help in 2014 (32.8%) was not significantly different than any previous individual year.

Table 62: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration or behavioural problem, 1-15 years, HWSS 2002-14

	%	95% CI
2002	20.6	(14.5 - 26.7)
2003	20.3	(15.5 - 25.1)
2004	23.3	(15.9 - 30.8)
2005	21.0	(15.5 - 26.5)
2006	26.0	(20.2 - 31.8)
2007	26.4	(18.3 - 34.5)
2008	26.0	(19.0 - 33.0)
2009	25.7	(21.5 - 29.9)
2010	23.2	(16.3 - 30.1)
2011	21.4	(13.0 - 29.9)
2012	25.2	(18.1 - 32.2)
2013	34.2	(24.8 - 43.7)
2014	32.8	(23.7 - 41.9)
Average	24.6	(22.9 - 26.3)

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 63.

Table 63: Prevalence of children ever treated for an emotional or mental health problem, 1-15 years, HWSS 2014

	%	95% CI
Age Group		
1 to 4 yrs	N/A	(N/A - N/A)
5 to 9 yrs	3.8	* (1.0 - 6.7)
10 to 15 yrs	12.2	(6.8 - 17.5)
Gender		
Boys	7.7	(4.0 - 11.4)
Girls	4.0	* (1.4 - 6.5)
Children	5.9	(3.6 - 8.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual prevalence of children ever treated for an emotional or mental health problem is shown in Table 64. The prevalence of children ever treated for an emotional or mental health problem in 2014 was 6.0%. This was similar to previous years.

Table 64: Prevalence of children ever treated for an emotional or mental health problem, 1–15 years, HWSS 2002-14

	%	95% CI
2002	3.0	(1.9 - 4.1)
2003	4.5	(2.8 - 6.3)
2004	5.3	* (1.3 - 9.3)
2005	5.3	(3.7 - 6.9)
2006	6.5	(4.8 - 8.1)
2007	5.0	(2.8 - 7.3)
2008	5.8	(3.8 - 7.7)
2009	4.9	(4.0 - 5.8)
2010	4.5	(3.0 - 6.1)
2011	4.1	(2.3 - 5.9)
2012	6.0	(4.0 - 7.9)
2013	7.9	(5.4 - 10.5)
2014	6.0	(3.7 - 8.3)
Average	5.3	(4.8 - 5.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

11.2 Social support

Social support relates to the resources available within communities and is believed to have a positive influence on health status.[28] 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.[29,30] 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 prevalence of children who have a close mate and/or group of friends is shown in Table 65.

Table 65: Prevalence of children who have a close mate and/or group of friends, 5-15 years, HWSS 2014

	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	(71.2 - 86.6)	96.0	(92.6 - 99.5)
10 to 15 yrs	83.9	(78.1 - 89.6)	94.6	(90.9 - 98.2)
Gender				
Boys	76.5	(68.9 - 84.0)	96.4	(93.7 - 99.1)
Girls	86.8	(81.3 - 92.4)	94.0	(89.8 - 98.3)
Children	81.5	(76.8 - 86.3)	95.2	(92.7 - 97.8)

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 66.

Table 66: Prevalence of children who have a close mate and/or group of friends, 5-15 years, HWSS 2002-14

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
2002	82.9	(79.6 - 86.2)	93.6	(91.6 - 95.5)
2003	80.4	(77.1 - 83.6)	94.9	(93.3 - 96.5)
2004	81.5	(76.6 - 86.4)	92.5	(89.0 - 96.0)
2005	81.8	(78.3 - 85.2)	93.8	(91.8 - 95.9)
2006	78.1	(74.6 - 81.6)	93.5	(91.4 - 95.5)
2007	80.2	(75.6 - 84.7)	92.9	(90.0 - 95.7)
2008	77.7	(73.0 - 82.5)	93.1	(90.6 - 95.7)
2009	81.7	(79.8 - 83.6)	94.3	(93.1 - 95.5)
2010	86.2	(82.9 - 89.6)	94.1	(91.9 - 96.3)
2011	82.2	(77.8 - 86.6)	93.9	(91.2 - 96.6)
2012	79.4	(75.4 - 83.4)	95.4	(93.3 - 97.4)
2013	80.5	(76.2 - 84.9)	91.8	(88.9 - 94.7)
2014	81.6	(76.9 - 86.3)	95.2	(92.7 - 97.8)
Average	81.2	(80.3 - 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.[31] 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 children in the past 12 months, shown in Table 67. Just over one-third of children (33.8%) had been bullied in the past 12 months.

Table 67: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5-15 years, HWSS 2014

	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	32.0	(23.8 - 40.2)	6.1	* (2.3 - 9.8)	5.1	* (1.5 - 8.7)
10 to 15 yrs	35.3	(35.3 - 42.8)	5.7	* (2.2 - 9.2)	5.0	* (1.5 - 8.6)
Gender						
Boys	36.0	(27.8 - 44.1)	8.1	* (3.7 - 12.5)	6.8	* (2.5 - 11.1)
Girls	31.6	(24.1 - 39.1)	3.6	* (1.0 - 6.2)	3.4	* (0.8 - 5.9)
Children	33.8	(28.3 - 39.3)	5.9	(3.3 - 8.4)	5.1	* (2.6 - 7.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual prevalence of bullying is shown in Table 68. The prevalence of children who have bullied other children in the past 12 months in 2014 (5.9%) is the lowest recorded in the HWSS. Over time the prevalence of children who have bullied other children has decreased significantly from 13.1% in 2002 to 5.9% in 2014.

Table 68: Prevalence of children who have bullied and/or have been bullied in the past 12 months, 5–15 years, HWSS 2002-14

	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	39.9	(35.6 - 44.1)	13.1	(10.1 - 16.0)	8.8	(6.4 - 11.2)
2003	35.4	(31.5 - 39.2)	12.7	(10.0 - 15.5)	10.0	(7.4 - 12.5)
2004	38.3	(32.4 - 44.2)	17.4	(12.5 - 22.4)	13.4	(9.1 - 17.8)
2005	36.9	(32.6 - 41.2)	10.5	(7.8 - 13.2)	8.5	(6.0 - 11.0)
2006	36.0	(32.1 - 39.9)	12.3	(9.6 - 15.0)	9.0	(6.7 - 11.2)
2007	38.0	(32.4 - 43.7)	13.7	(9.8 - 17.6)	9.4	(6.3 - 12.6)
2008	37.3	(32.1 - 42.5)	13.8	(10.3 - 17.3)	10.6	(7.5 - 13.7)
2009	33.6	(31.2 - 36.0)	10.0	(8.4 - 11.6)	6.8	(5.4 - 8.1)
2010	34.7	(30.1 - 39.3)	10.7	(7.8 - 13.5)	8.6	(6.0 - 11.2)
2011	31.1	(25.8 - 36.3)	8.6	(5.2 - 12.0)	7.7	(4.4 - 11.0)
2012	35.6	(30.8 - 40.5)	8.8	(6.0 - 11.5)	6.8	(4.3 - 9.2)
2013	36.1	(30.9 - 41.2)	7.1	(4.7 - 9.5)	5.6	(3.5 - 7.8)
2014	33.8	(28.3 - 39.3)	5.9	(3.3 - 8.4)	5.1	*(2.6 - 7.6)
Average	35.7	(34.6 - 36.9)	11.1	(10.4 - 11.9)	8.3	(7.7 - 9.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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]

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 69. The weeks absent from school is shown annually in Table 70.

Table 69: Prevalence of children by weeks absent from school, 5-15 years, HWSS 2014

	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	8.7	* (4.3 - 13.0)	60.9	(52.4 - 69.4)	17.9	(11.6 - 24.3)	4.9	* (1.5 - 8.2)	7.7	* (2.8 - 12.5)
10 to 15 yrs	3.9	* (1.3 - 6.5)	60.0	(52.7 - 67.4)	20.1	(14.1 - 26.2)	9.7	(5.0 - 14.4)	6.2	(3.2 - 9.1)
Gender										
Boys	4.4	* (1.6 - 7.1)	57.8	(49.5 - 66.1)	22.1	(15.3 - 28.9)	8.3	* (3.8 - 12.8)	7.4	* (3.0 - 11.9)
Girls	7.9	* (3.9 - 12.0)	63.2	(55.8 - 70.5)	16.0	(10.7 - 21.4)	6.6	* (2.7 - 10.6)	6.2	* (3.1 - 9.4)
Children	6.1	(3.7 - 8.6)	60.4	(54.9 - 66.0)	19.1	(14.8 - 23.5)	7.5	(4.5 - 10.5)	6.8	(4.1 - 9.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Table 70: Prevalence of children by weeks absent from school, 5-15 years, HWSS 2002-14

	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	10.2	(7.5 - 12.9)	60.8	(56.6 - 65.0)	17.5	(14.5 - 20.6)	6.9	(4.6 - 9.1)	4.6	(3.2 - 6.1)
2003	9.5	(6.8 - 12.2)	57.2	(53.1 - 61.2)	21.5	(18.1 - 24.9)	6.5	(4.7 - 8.3)	5.4	(3.9 - 6.9)
2004	9.0	(5.3 - 12.7)	53.4	(47.3 - 59.6)	22.8	(17.5 - 28.1)	7.8	(4.9 - 28.1)	7.0	(3.9 - 10.1)
2005	9.6	(6.7 - 12.5)	55.5	(50.9 - 60.0)	22.0	(18.3 - 25.8)	5.7	(3.7 - 7.7)	7.2	(4.9 - 9.5)
2006	7.8	(5.4 - 10.2)	50.8	(46.6 - 55.0)	23.0	(19.7 - 26.4)	10.1	(7.4 - 12.7)	8.3	(6.1 - 10.5)
2007	8.3	(5.0 - 11.5)	54.6	(48.7 - 60.5)	21.5	(16.5 - 26.4)	7.7	(4.5 - 10.9)	7.9	(5.1 - 10.8)
2008	7.1	(3.9 - 10.3)	54.2	(48.6 - 59.8)	20.9	(16.3 - 25.5)	9.1	(6.1 - 12.1)	8.7	(5.6 - 11.8)
2009	7.8	(6.5 - 9.2)	48.3	(45.8 - 50.8)	22.9	(20.8 - 25.0)	10.1	(8.6 - 11.6)	10.9	(9.3 - 12.4)
2010	8.2	(5.3 - 11.2)	50.8	(45.8 - 55.9)	23.0	(18.7 - 27.2)	10.1	(7.3 - 13.0)	7.9	(5.2 - 10.5)
2011	8.7	(5.3 - 12.1)	49.0	(43.3 - 54.7)	20.5	(16.1 - 24.9)	11.1	(7.6 - 14.6)	10.7	(7.0 - 14.4)
2012	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)
2013	9.8	(6.4 - 13.1)	58.3	(53.1 - 63.5)	15.8	(12.0 - 19.5)	8.0	(5.2 - 10.7)	8.2	(5.8 - 10.6)
2014	6.0	(3.6 - 8.5)	60.4	(54.8 - 66.0)	19.1	(14.7 - 23.5)	7.6	(4.6 - 10.7)	6.8	(4.1 - 9.5)
Average	8.4	(7.7 - 9.1)	53.3	(52.0 - 54.5)	21.5	(20.5 - 22.5)	8.6	(7.9 - 9.3)	8.2	(7.6 - 8.9)

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 71. Over two-thirds of children were doing well or very well in school.

Table 71: Prevalence of children by parent/carer reported overall school performance, 5-15 years, HWSS 2014

	Very well		Well		Average		Poor or Very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	46.7	(37.9 - 55.6)	25.1	(17.6 - 32.7)	24.8	(17.1 - 32.4)	3.4 *	(0.4 - 6.4)
10 to 15 yrs	46.4	(38.8 - 54.1)	23.9	(17.5 - 30.3)	25.1	(18.5 - 31.6)	4.6 *	(1.8 - 7.5)
Gender								
Boys	39.1	(30.7 - 47.6)	29.7	(21.9 - 37.5)	24.7	(17.7 - 31.8)	6.4 *	(2.9 - 9.9)
Girls	54.3	(46.5 - 62.1)	19.0	(13.5 - 24.6)	25.1	(18.0 - 32.2)	N/A	(N/A - N/A)
Children	46.6	(40.8 - 52.4)	24.5	(19.6 - 29.4)	24.9	(19.9 - 29.9)	4.1 *	(2.0 - 6.1)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A - Prevalence estimate has a RSE above 50% and therefore has not been provided.

The annual estimates of how well children were doing in school as perceived by their parents/carers are shown in Table 72.

Table 72: Prevalence of children by parent/carer reported overall school performance, 5-15 years, HWSS 2002-14

	Very well		Well		Average		Poor or Very Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.7	(48.4 - 57.1)	22.4	(18.8 - 26.0)	22.1	(18.5 - 25.6)	2.8	(1.6 - 4.0)
2003	49.0	(44.9 - 53.0)	25.6	(21.9 - 29.3)	21.7	(18.5 - 25.0)	3.7	(2.2 - 5.3)
2004	45.7	(39.5 - 51.9)	27.5	(22.0 - 33.1)	21.3	(16.3 - 26.3)	5.4 *	(2.3 - 8.5)
2005	47.3	(42.8 - 51.9)	24.4	(20.6 - 28.2)	24.9	(21.0 - 28.8)	3.4	(1.8 - 5.1)
2006	46.0	(41.8 - 50.1)	26.0	(22.4 - 29.7)	22.7	(19.1 - 26.3)	5.3	(3.5 - 7.1)
2007	50.3	(44.4 - 56.1)	23.1	(18.0 - 28.2)	20.8	(16.1 - 25.6)	5.8	(3.2 - 8.3)
2008	42.2	(36.7 - 47.7)	28.6	(23.6 - 33.6)	25.9	(21.3 - 30.5)	3.4 *	(1.5 - 5.2)
2009	42.1	(39.6 - 44.6)	28.1	(25.9 - 30.4)	25.0	(22.9 - 27.2)	4.7	(3.7 - 5.8)
2010	45.9	(40.8 - 50.9)	29.0	(24.4 - 33.5)	20.9	(16.9 - 24.8)	4.3	(2.5 - 6.2)
2011	43.8	(38.2 - 49.5)	28.5	(23.4 - 33.7)	22.8	(18.2 - 27.3)	4.9 *	(2.3 - 7.5)
2012	42.9	(37.9 - 47.9)	25.8	(21.4 - 30.1)	24.9	(20.4 - 29.3)	6.5	(4.0 - 8.9)
2013	45.5	(40.2 - 50.8)	25.6	(21.0 - 30.3)	24.7	(20.1 - 29.3)	4.2 *	(2.1 - 6.2)
2014	46.6	(40.7 - 52.4)	24.5	(19.6 - 29.4)	24.9	(19.9 - 29.9)	4.0 *	(2.0 - 6.1)
Average	45.7	(44.4 - 46.9)	26.2	(25.1 - 27.3)	23.7	(22.6 - 24.7)	4.5	(4.0 - 5.0)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

Parents/carers were asked to rate how often their child looks forward to going to school each day, shown in Table 73. Girls were more likely than boys to almost always look forward to going to school every day, although the difference was not statistically significant.

Table 73: Prevalence of children by frequency of looking forward to going to school each day, 5-15 years, HWSS 2014

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age Group								
5 to 9 yrs	N/A	(N/A - N/A)	5.8 *	(1.8 - 9.8)	13.2	(7.2 - 19.1)	80.3	(73.5 - 87.2)
10 to 15 yrs	4.1 *	(1.3 - 6.8)	10.6	(6.2 - 14.9)	15.9	(10.8 - 21.0)	69.5	(62.8 - 76.1)
Gender								
Boys	2.6 *	(0.7 - 4.5)	12.6	(7.3 - 17.9)	16.1	(10.1 - 22.1)	68.6	(61.1 - 76.2)
Girls	N/A	(N/A - N/A)	3.9 *	(1.5 - 6.2)	13.1	(8.2 - 17.9)	80.7	(75.0 - 86.3)
Children	2.5 *	(1.0 - 4.0)	8.3	(5.4 - 11.3)	14.6	(10.7 - 18.5)	74.5	(69.7 - 79.3)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of children looking forward to school are shown in Table 74.

Table 74: Prevalence of children by frequency of looking forward to going to school each day, 5-15 years, HWSS 2002-14

	Almost never or Rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	3.6	(2.0 - 5.1)	9.9	(7.2 - 12.5)	13.8	(10.9 - 16.7)	72.7	(68.9 - 76.6)
2003	5.4	(3.6 - 7.2)	9.1	(6.9 - 11.3)	15.5	(12.5 - 18.5)	70.0	(66.3 - 73.7)
2004	2.4 *	(0.8 - 4.0)	11.5	(7.3 - 15.7)	13.5	(9.5 - 17.6)	72.5	(67.0 - 78.0)
2005	2.0 *	(0.9 - 3.1)	10.2	(7.1 - 13.4)	16.3	(13.1 - 19.5)	71.5	(67.3 - 75.6)
2006	5.8	(3.8 - 7.8)	7.9	(5.7 - 10.1)	16.2	(13.1 - 19.3)	70.1	(66.3 - 73.9)
2007	4.2 *	(2.0 - 6.4)	6.5	(3.6 - 9.4)	16.1	(12.0 - 20.3)	73.2	(68.1 - 78.2)
2008	5.5	(3.4 - 7.6)	11.0	(7.5 - 14.5)	13.6	(9.9 - 17.3)	69.9	(64.9 - 74.8)
2009	5.4	(4.3 - 6.6)	8.4	(7.1 - 9.8)	19.1	(17.2 - 21.1)	67.0	(64.6 - 69.3)
2010	3.6 *	(1.8 - 5.5)	10.5	(7.4 - 13.6)	16.3	(12.8 - 19.8)	69.6	(65.1 - 74.1)
2011	3.3 *	(1.6 - 5.1)	10.4	(7.3 - 13.6)	19.7	(15.1 - 24.4)	66.5	(61.2 - 71.8)
2012	6.1	(3.9 - 8.2)	7.8	(5.2 - 10.3)	16.6	(12.7 - 20.6)	69.5	(64.9 - 74.2)
2013	6.7	(4.2 - 9.1)	9.2	(6.0 - 12.3)	18.1	(14.0 - 22.2)	66.0	(61.0 - 71.1)
2014	2.5 *	(1.0 - 4.1)	8.5	(5.5 - 11.5)	14.6	(10.8 - 18.5)	74.3	(69.5 - 79.2)
Average	4.7	(4.2 - 5.2)	9.0	(8.3 - 9.7)	16.6	(15.7 - 17.5)	69.7	(68.6 - 70.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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.[32] The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.[33] 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 75).

Table 75: Prevalence of children by whether their family usually does not get on well together, 0-15 years, HWSS 2014

	Strongly agree or Agree			Disagree			Strongly disagree		
	%	95% CI		%	95% CI		%	95% CI	
Age Group									
0 to 4 yrs	N/A	(N/A -	N/A)	32.9	(22.2 -	43.5)	63.3	(52.4 -	74.2)
5 to 9 yrs	1.7 *	(0.0 -	3.4)	26.0	(18.2 -	33.8)	72.2	(64.3 -	80.2)
10 to 15 yrs	4.0 *	(0.5 -	7.5)	25.8	(18.9 -	32.6)	70.2	(63.0 -	77.5)
Gender									
Boys	2.7 *	(0.4 -	5.0)	25.6	(18.8 -	32.5)	71.7	(64.6 -	78.7)
Girls	3.8 *	(0.5 -	7.1)	30.8	(23.7 -	37.9)	65.4	(58.1 -	72.7)
Children	3.2 *	(1.2 -	5.2)	28.2	(23.2 -	33.1)	68.6	(63.5 -	73.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

[a] The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge

The annual estimates of family not usually getting along are shown in Table 76.

Table 76: Prevalence of children by whether their family usually does not get on well together, 0-15 years, HWSS 2002-14

	Strongly agree or Agree		Disagree	Strongly disagree
	%	95% CI	% 95% CI	% 95% CI
2002	3.2	(1.9 - 4.6)	30.2 (26.8 - 33.6)	66.6 (63.1 - 70.1)
2003	2.2	(1.4 - 3.1)	35.4 (32.1 - 38.7)	62.4 (59.0 - 65.7)
2004	4.2 *	(2.1 - 6.3)	35.5 (30.4 - 40.7)	60.3 (55.0 - 65.5)
2005	1.6 *	(0.6 - 2.6)	33.6 (30.1 - 37.2)	64.8 (61.1 - 68.4)
2006	2.1	(1.1 - 3.1)	36.1 (32.7 - 39.5)	61.8 (58.4 - 65.3)
2007	3.5	(1.9 - 5.1)	28.2 (23.6 - 32.8)	68.3 (63.6 - 73.0)
2008	3.1 *	(1.4 - 4.7)	34.6 (30.1 - 39.1)	62.3 (57.7 - 66.9)
2009	2.8	(1.9 - 3.8)	30.9 (28.3 - 33.5)	66.3 (63.6 - 69.0)
2010	3.1	(1.8 - 4.5)	26.7 (22.9 - 30.5)	70.2 (66.3 - 74.0)
2011	4.2 *	(2.0 - 6.4)	31.7 (27.1 - 36.3)	64.1 (59.3 - 68.9)
2012	3.4	(1.8 - 5.0)	33.1 (28.9 - 37.3)	63.5 (59.2 - 67.8)
2013	3.8	(2.0 - 5.5)	30.3 (25.7 - 34.8)	66.0 (61.3 - 70.7)
2014	3.3 *	(1.2 - 5.3)	28.1 (23.2 - 33.0)	68.6 (63.6 - 73.7)
Average	2.9	(2.6 - 3.3)	32.4 (31.4 - 33.5)	64.6 (63.6 - 65.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The second question asked parents/carers whether planning family activities is usually difficult (Table 77).

Table 77: Prevalence of children by whether planning family activities is usually difficult, 0-15 years, HWSS 2014

	Strongly agree or Agree		Disagree	Strongly disagree
	%	95% CI	% 95% CI	% 95% CI
Age Group				
0 to 4 yrs	9.1 *	(2.3 - 15.8)	43.8 (32.7 - 54.9)	47.1 (36.1 - 58.2)
5 to 9 yrs	8.8	(4.5 - 13.0)	36.7 (28.1 - 45.3)	54.5 (45.8 - 63.3)
10 to 15 yrs	17.3	(11.4 - 23.2)	38.1 (30.6 - 45.5)	44.6 (37.1 - 52.2)
Gender				
Boys	10.2	(6.2 - 14.3)	39.0 (31.3 - 46.7)	50.8 (43.0 - 58.5)
Girls	13.7	(8.3 - 19.1)	40.1 (32.8 - 47.3)	46.3 (39.0 - 53.5)
Children	11.9	(8.6 - 15.3)	39.5 (34.2 - 44.8)	48.6 (43.2 - 53.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

The annual estimates of whether planning family activities is usually difficult are shown in Table 78.

Table 78: Prevalence of children by whether planning family activities is usually difficult, 0-15 years, HWSS 2002-14

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	19.4	(16.4 - 22.5)	40.6	(37.0 - 44.3)	39.9	(36.2 - 43.6)
2003	19.5	(16.7 - 22.2)	45.3	(41.8 - 48.8)	35.3	(31.9 - 38.6)
2004	21.6	(17.1 - 26.0)	44.0	(38.7 - 49.3)	34.5	(29.4 - 39.6)
2005	16.3	(13.5 - 19.1)	46.4	(42.7 - 50.2)	37.3	(33.6 - 40.9)
2006	19.8	(17.0 - 22.5)	45.3	(41.8 - 48.9)	34.9	(31.5 - 38.3)
2007	16.9	(13.2 - 20.6)	41.4	(36.4 - 46.3)	41.7	(36.7 - 46.8)
2008	22.1	(18.1 - 26.0)	43.8	(39.0 - 48.5)	34.1	(29.6 - 38.7)
2009	14.9	(12.8 - 17.0)	43.1	(40.1 - 46.1)	42.0	(38.9 - 45.1)
2010	16.2	(13.1 - 19.4)	40.0	(35.8 - 44.2)	43.8	(39.5 - 48.0)
2011	16.1	(12.4 - 19.8)	40.5	(35.7 - 45.2)	43.4	(38.6 - 48.2)
2012	19.7	(16.0 - 23.3)	40.0	(35.7 - 44.3)	40.4	(36.1 - 44.7)
2013	17.8	(13.9 - 21.7)	35.4	(30.7 - 40.2)	46.7	(41.6 - 51.9)
2014	12.0	(8.7 - 15.4)	39.4	(34.2 - 44.7)	48.5	(43.2 - 53.8)
Average	17.7	(16.8 - 18.5)	42.8	(41.7 - 43.8)	39.6	(38.5 - 40.7)

The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (Table 79).

Table 79: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0-15 years, HWSS 2014

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	46.7	(35.5 - 58.0)	50.8	(39.6 - 62.0)
5 to 9 yrs	5.3	* (1.7 - 8.9)	36.4	(27.8 - 45.0)	58.3	(49.6 - 67.1)
10 to 15 yrs	7.4	* (2.9 - 11.9)	44.6	(36.9 - 52.2)	48.0	(40.4 - 55.6)
Gender						
Boys	4.1	* (1.3 - 7.0)	45.3	(37.5 - 53.1)	50.6	(42.8 - 58.3)
Girls	6.2	* (2.6 - 9.7)	40.0	(32.8 - 47.2)	53.9	(46.5 - 61.2)
Children	5.1	(2.9 - 7.4)	42.7	(37.4 - 48.1)	52.2	(46.8 - 57.5)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 80. The percentage of respondents that strongly agreed or agreed that their family usually avoid discussing fears and concerns openly with each other in 2014 was the lowest recorded in the HWSS (5.2%). This was significantly lower than 2002 (10.3%), 2004 (11.3%) and 2013 (11.0%).

Table 80: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0-15 years, HWSS 2002-14

	Strongly agree or Argee		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.3	(8.1 - 12.5)	43.5	(39.7 - 47.2)	46.3	(42.5 - 50.0)
2003	9.3	(7.2 - 11.5)	45.0	(41.5 - 48.4)	45.7	(42.2 - 49.2)
2004	11.3	(7.7 - 14.8)	50.9	(45.5 - 56.2)	37.9	(32.7 - 43.1)
2005	6.3	(4.6 - 8.0)	47.6	(43.8 - 51.4)	46.1	(42.3 - 49.9)
2006	5.8	(4.2 - 7.3)	51.1	(47.6 - 54.6)	43.1	(39.6 - 46.6)
2007	9.9	(6.7 - 13.1)	36.8	(32.0 - 41.6)	53.3	(48.3 - 58.3)
2008	9.4	(6.6 - 12.2)	45.3	(40.5 - 50.1)	45.3	(40.5 - 50.0)
2009	6.7	(5.3 - 8.2)	47.8	(44.7 - 50.9)	45.5	(42.4 - 48.5)
2010	6.7	(4.5 - 8.8)	43.0	(38.7 - 47.2)	50.4	(46.1 - 54.7)
2011	6.0	(3.8 - 8.2)	42.5	(37.8 - 47.3)	51.4	(46.6 - 56.3)
2012	7.6	(5.0 - 10.3)	42.2	(37.9 - 46.6)	50.1	(45.7 - 54.5)
2013	11.0	(7.9 - 14.0)	39.5	(34.6 - 44.3)	49.6	(44.7 - 54.5)
2014	5.2	(2.9 - 7.4)	42.8	(37.5 - 48.1)	52.1	(46.7 - 57.4)
Average	7.9	(7.3 - 8.5)	45.2	(44.1 - 46.3)	46.9	(45.8 - 48.0)

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 81).

Table 81: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0-15 years, HWSS 2014

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age Group						
0 to 4 yrs	N/A	(N/A - N/A)	47.9	(36.8 - 59.1)	49.0	(37.9 - 60.2)
5 to 9 yrs	5.9	* (2.0 - 9.8)	46.1	(37.3 - 54.9)	48.0	(39.2 - 56.8)
10 to 15 yrs	9.6	* (4.5 - 14.6)	41.0	(33.5 - 48.5)	49.5	(41.9 - 57.1)
Gender						
Boys	5.4	* (1.7 - 9.1)	43.7	(35.9 - 51.4)	50.9	(43.2 - 58.7)
Girls	7.2	* (3.3 - 11.1)	46.1	(38.8 - 53.4)	46.7	(39.4 - 54.0)
Children	6.3	(3.6 - 8.9)	44.9	(39.5 - 50.2)	48.9	(43.5 - 54.2)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

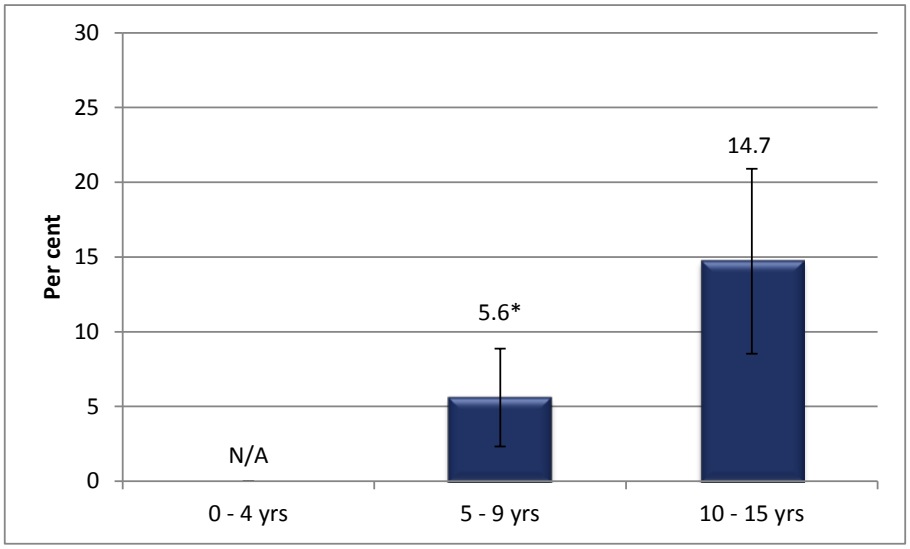
The annual estimates of whether making decisions is usually a problem is shown in Table 82.

Table 82: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0-15 years, HWSS 2002-14

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.0	(7.6 - 12.4)	45.5	(41.7 - 49.2)	44.5	(40.8 - 48.3)
2003	9.5	(7.5 - 11.5)	50.4	(46.9 - 53.9)	40.2	(36.7 - 43.6)
2004	12.0	(8.4 - 15.5)	54.6	(49.2 - 59.9)	33.5	(28.5 - 38.5)
2005	9.1	(7.1 - 11.2)	52.1	(48.4 - 55.9)	38.7	(35.1 - 42.4)
2006	10.2	(8.1 - 12.3)	51.9	(48.4 - 55.4)	37.9	(34.5 - 41.3)
2007	8.9	(6.3 - 11.5)	46.3	(41.2 - 51.3)	44.9	(39.8 - 50.0)
2008	10.1	(7.3 - 12.8)	51.4	(46.7 - 56.2)	38.5	(33.9 - 43.1)
2009	7.5	(6.1 - 8.9)	49.1	(46.0 - 52.1)	43.4	(40.3 - 46.5)
2010	7.1	(5.0 - 9.3)	47.0	(42.7 - 51.2)	45.9	(41.6 - 50.2)
2011	6.5	(4.1 - 8.9)	45.3	(40.4 - 50.1)	48.2	(43.3 - 53.1)
2012	8.4	(6.0 - 10.8)	45.5	(41.1 - 49.8)	46.1	(41.8 - 50.5)
2013	8.2	(5.5 - 11.0)	46.9	(42.0 - 51.9)	44.8	(40.0 - 49.7)
2014	6.3	(3.6 - 9.0)	44.8	(39.4 - 50.1)	48.9	(43.6 - 54.3)
Average	8.9	(8.2 - 9.5)	48.9	(47.8 - 50.0)	42.2	(41.1 - 43.3)

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 Telethon Kids Institute, 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 23.

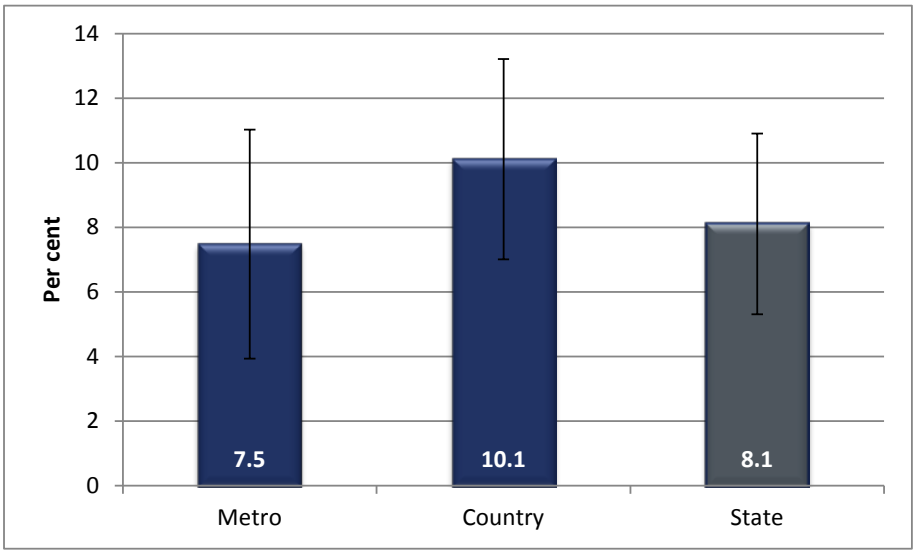
Figure 23: Prevalence of children with poor family functioning, 0-15 years, HWSS 2014



* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Figure 24 shows the prevalence of children with poor family functioning scores by area of residence.

Figure 24: Prevalence of children with poor family functioning, by geographic area, 0-15 years, HWSS 2014



The annual estimates of poor family functioning are shown in Table 83. The prevalence of children in households with poor family functioning was the lowest on record in 2014 (8.2%). This has been a significant decrease over time from 2002 (15.3%) to 2014 (8.2%).

Table 83: Prevalence of children with poor family functioning, 0-15 years, HWSS 2002-14

	%	95% CI
2002	15.3	(12.6 - 17.9)
2003	14.4	(11.9 - 16.8)
2004	19.6	(15.2 - 24.0)
2005	12.5	(10.2 - 14.8)
2006	15.6	(13.1 - 18.0)
2007	14.5	(10.9 - 18.1)
2008	15.7	(12.4 - 19.1)
2009	11.4	(9.7 - 13.1)
2010	11.2	(8.6 - 13.9)
2011	11.3	(8.2 - 14.5)
2012	13.9	(10.6 - 17.2)
2013	15.9	(12.4 - 19.5)
2014	8.2	(5.4 - 11.1)
Average	13.6	(12.9 - 14.3)

14. CHILD RESPONDENT

As well as information regarding the child, demographic, social and psychosocial information was collected from the parent/carer 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/carer respondent to the survey has not been weighted. The demographic characteristics of the respondent compared with the general population have been presented in Section 5.

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 84 shows the respondents' self-reported general health status.

Table 84: General health status of respondent, HWSS 2014

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group								
0 to 4 yrs	25.5	(18.3 - 32.7)	45.4	(37.2 - 53.6)	26.2	(19.0 - 33.5)	2.8 *	(0.1 - 5.6)
5 to 9 yrs	22.7	(17.1 - 28.4)	39.3	(32.7 - 45.9)	32.2	(25.9 - 38.5)	5.7 *	(2.6 - 8.8)
10 to 15 yrs	26.2	(21.3 - 31.2)	35.4	(30.0 - 40.8)	28.9	(23.8 - 34.0)	9.5	(6.2 - 12.8)
Child's sex								
Boys	24.7	(20.0 - 29.4)	39.0	(33.7 - 44.3)	28.7	(23.8 - 33.6)	7.6	(4.7 - 10.5)
Girls	25.2	(20.5 - 29.9)	38.6	(33.3 - 43.9)	30.1	(25.1 - 35.1)	6.1	(3.5 - 8.7)
Persons	25.0	(21.6 - 28.3)	38.8	(35.1 - 42.5)	29.4	(25.9 - 32.9)	6.8	(4.9 - 8.8)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.

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.[6]

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 85.

Table 85: Mental health of respondent, HWSS 2014

	Mental health condition in the last 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
Child's age group				
0 to 4 yrs	19.1	(12.6 - 25.7)	17.0	(10.8 - 23.2)
5 to 9 yrs	15.2	(10.3 - 20.0)	12.3	(7.9 - 16.8)
10 to 15 yrs	15.4	(11.3 - 19.5)	14.8	(10.8 - 18.7)
Child's sex				
Boys	16.5	(12.4 - 20.5)	13.4	(9.7 - 17.1)
Girls	15.8	(11.9 - 19.8)	15.5	(11.6 - 19.4)
Persons	16.1	(13.3 - 19.0)	14.5	(11.8 - 17.2)

(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 ever diagnosed.

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.[34] Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality. [35]

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

Table 86: Lack of control over life in general during past four weeks, respondent, HWSS 2014

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	51.1	(42.8 - 59.3)	24.8	(17.7 - 32.0)	16.3	(10.2 - 22.4)	7.1 *	(2.8 - 11.3)	N/A	(N/A - N/A)
5 to 9 yrs	52.6	(45.8 - 59.4)	25.8	(19.9 - 31.8)	18.2	(12.9 - 23.4)	1.9 *	(0.1 - 3.8)	N/A	(N/A - N/A)
10 to 15 yrs	46.2	(40.6 - 51.8)	30.2	(25.0 - 35.3)	20.3	(15.8 - 24.9)	2.3 *	(0.6 - 4.0)	N/A	(N/A - N/A)
Child's sex										
Boys	48.5	(43.1 - 53.9)	29.0	(24.0 - 33.9)	18.3	(14.1 - 22.5)	3.4 *	(1.4 - 5.3)	N/A	(N/A - N/A)
Girls	50.2	(44.7 - 55.6)	26.3	(21.5 - 31.1)	19.3	(15.0 - 23.6)	3.1 *	(1.2 - 4.9)	1.2 *	(0.0 - 2.4)
Persons	49.3	(45.5 - 53.2)	27.6	(24.2 - 31.1)	18.8	(15.8 - 21.8)	3.2	(1.9 - 4.6)	1.1 *	(0.3 - 1.9)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 87 shows lack of control over personal life.

Table 87: Lack of control over personal life during past four weeks, respondent, HWSS 2014

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	61.7	(53.7 - 69.7)	21.3	(14.5 - 28.0)	12.1	(6.7 - 17.4)	3.5 *	(0.5 - 6.6)	N/A	(N/A - N/A)
5 to 9 yrs	57.4	(50.7 - 64.1)	28.7	(22.6 - 34.9)	11.0	(6.8 - 15.3)	1.9 *	(0.1 - 3.8)	N/A	(N/A - N/A)
10 to 15 yrs	54.1	(48.5 - 59.7)	25.9	(21.0 - 30.8)	15.4	(11.3 - 19.5)	3.9 *	(1.7 - 6.1)	N/A	(N/A - N/A)
Child's sex										
Boys	55.2	(49.8 - 60.6)	27.4	(22.6 - 32.3)	12.5	(8.9 - 16.1)	4.3 *	(2.1 - 6.5)	N/A	(N/A - N/A)
Girls	58.4	(53.1 - 63.8)	24.2	(19.5 - 28.8)	14.1	(10.3 - 17.8)	2.1 *	(0.6 - 3.7)	1.2 *	(0.0 - 2.4)
Persons	56.8	(53.0 - 60.6)	25.8	(22.4 - 29.2)	13.3	(10.7 - 15.9)	3.2	(1.9 - 4.6)	0.9 *	(0.2 - 1.6)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

Table 88 shows self-reported lack of control over health.

Table 88: Lack of control over health during past four weeks, respondent, HWSS 2014

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Child's age group										
0 to 4 yrs	58.2	(50.0 - 66.3)	22.7	(15.8 - 29.6)	14.2	(8.4 - 20.0)	5.0 *	(1.4 - 8.6)	0.0	(0.0 - 0.0)
5 to 9 yrs	60.8	(54.1 - 67.4)	22.5	(16.8 - 28.2)	12.4	(8.0 - 16.9)	2.9 *	(0.6 - 5.1)	N/A	(N/A - N/A)
10 to 15 yrs	56.9	(51.3 - 62.5)	23.0	(18.3 - 27.8)	13.8	(9.9 - 17.7)	5.3 *	(2.7 - 7.8)	N/A	(N/A - N/A)
Child's sex										
Boys	54.7	(49.3 - 60.1)	26.0	(21.2 - 30.8)	13.1	(9.5 - 16.8)	5.2	(2.8 - 7.6)	N/A	(N/A - N/A)
Girls	62.1	(56.8 - 67.4)	19.6	(15.3 - 23.9)	13.8	(10.0 - 17.5)	3.7 *	(1.6 - 5.7)	N/A	(N/A - N/A)
Persons	58.4	(54.6 - 62.2)	22.8	(19.6 - 26.0)	13.5	(10.8 - 16.1)	4.4	(2.9 - 6.0)	0.9 *	(0.2 - 1.7)

* Prevalence estimate has a RSE between 25%-50% and should be used with caution.
N/A Prevalence estimate has a RSE greater than 50% and is considered too unreliable for general use.

15. CHILD RESPONDENT'S PARTNER

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 89.

Table 89: Demographics of respondent's partner, HWSS 2014

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
Australian born		
Yes	407	70.8
No	168	29.2
Aboriginal or Torres Strait Islander		
Yes	8	1.4
No	567	98.6
Highest level of education		
Less than Year 10	7	1.2
Year 10 or Year 11	61	10.7
Year 12	75	13.1
TAFE/ Trade Qualification	258	45.0
Tertiary degree or equivalent	172	30.0
Employment status		
Employed	521	90.8
Unemployed	12	2.1
Home duties	35	6.1
Retired	2	0.4
Unable to work	3	0.5
Student	0	0.0
Other	1	0.2

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