



# Health and Wellbeing of Children in Western Australia 2013, Overview and Trends

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## **Suggested citation**

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## **EXECUTIVE SUMMARY**

This report describes the findings from the 2013 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 2013, almost 900 parents/ carers of children aged 0 to 15 years were interviewed via computer assisted telephone interviews between January and December, reflecting a participation rate of 90%. The sample is randomly selected and then weighted to reflect the Western Australian child population.

Some key findings from the report include:

### **General health:**

- In 2013, just over 85% of children aged 0-15 years were reported as having very good or excellent health by their parents/carers.

### **Chronic health conditions:**

- The lifetime prevalence of asthma in the last three years, 2011 to 2013, was the lowest reported since 2005.
- The prevalence of injury in the last 12 months for children aged 15 years and under in 2013 (22.6%) was the highest recorded to date.

### **Child Development:**

- Only 1 in 5 mothers who initiated breastfeeding, were still exclusively breastfeeding their child in their sixth month of life. National guidelines recommend that mothers exclusively breastfeed their child for around 6 months.

### **Lifestyle and physiological risk factors:**

- In 2013, there was a significant difference between gender of children aged 5 to 15 years completing the recommended amount of physical activity with 49.1% of boys meeting the guidelines compared with 33.6% of girls, for an overall proportion of 41.5%.
- Children aged 2 to 4 years (25.5%) were significantly less likely to meet the daily screen usage guidelines compared with children aged less than 2 (76.3%), and children aged 5-15 years (74.5%).
- Parent's intention for their child aged 5 to 15 years to gain weight was significantly more likely for boys (11.0%) when compared with girls (0.7%).
- In 2013, the average number of times a child was sunburnt in the past 12 months increased significantly with age (0 to 4 years; 0.6 times compared with 10 to 15 years; 2.2 times).
- The prevalence of neither parent smoking during pregnancy has increased significantly from 2005 (66.9%) to 2013 (86.1%).
- The prevalence of children who never eat meals from fast food restaurants in 2013 was the highest recorded (23.1%).

### **Emotional health and wellbeing:**

- Just over one-third (36.1%) of children were bullied in the past 12 months in 2013.
- The proportion of children ever treated for an emotional or mental health problem was the highest recorded in 2013 (8.3%). This was significantly higher than in 2002 (3.0%).
- Almost one in seven (14.9%) parents/guardians reported having been diagnosed with a mental health problem in the last 12 months and one in seven (14.1%) 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 2013 over 70,000 interviews have been conducted. Of these, 13,243 were conducted with parents/carers of children up to the age of 15 years. This report presents the information collected on children for 2013 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 Institute of Child Health Research (TICHR) 1996 Child Health Survey methodology and questionnaire<sup>1</sup> guided development of these questions.

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

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

While the information provided in this report is representative of WA children as a whole, it may not be representative of minority groups within the population such as Aboriginal children and children living in homes without telephones. For information on Aboriginal child health please see the reports generated from the 2001-2002 WA Aboriginal Child Health Survey<sup>2</sup> and also the 2012-13 Australian Aboriginal and Torres Strait Islander Health Survey.<sup>3</sup>

## **2. METHODOLOGY**

### **2.1 Mode of administration and sampling**

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

### **2.2 Weighting the data**

One of the most important features of a report describing the health and wellbeing of any population is the ability to make comparisons between and within areas or categories. In order to do this, data must be weighted to the population that is being described, which in this case is the population of WA children under the age of 16 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)<sup>4</sup> for the year of the survey. Rural and remote areas of WA are over-sampled proportional to their populations within WA. This is done to provide enough interviews to enable reliable and robust estimates to be made for these areas. To ensure that any changes over time in prevalence estimates were not a result of changes in the age and sex distribution of the

population, all years were standardised by weighting them to the 2006 Estimated Resident Population. As the information collected on children has been weighted to the age by sex distribution of the children in the Western Australian population, the information about the parent/guardian respondent to the survey has not been weighted.

### 2.3 Response rates

A very important part of any survey is the response rate, as low response rates may produce estimates that are not representative of the population or that are unreliable or biased. Each year since the HWSS began response rates of over 70% have been attained. The response rate for each month of 2013 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, 2013**

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	Participation Rate (c)
Jan	1760	676	1084	102	982	103	806	74.4	82.1	88.7
Feb	1761	665	1096	98	998	115	825	75.3	82.7	87.8
Mar	1761	684	1077	109	968	85	779	72.3	80.5	90.2
Apr	1341	502	839	97	742	46	650	77.5	87.6	93.4
May	1340	533	807	88	719	69	624	77.3	86.8	90.0
Jun	843	313	530	66	464	41	387	73.0	83.4	90.4
Jul	1340	562	778	88	690	74	562	72.2	81.4	91.2
Aug	1341	544	797	117	680	74	567	71.1	83.4	88.5
Sep	1273	520	753	111	642	42	540	71.7	84.1	92.8
Oct	1401	589	812	104	708	65	611	75.2	86.3	90.4
Nov	1402	602	800	90	710	59	602	75.3	84.8	91.1
Dec	657	273	384	56	328	29	285	74.2	86.9	90.8
<b>Total</b>	<b>16220</b>	<b>6463</b>	<b>9757</b>	<b>1126</b>	<b>8631</b>	<b>802</b>	<b>7238</b>	<b>74.2</b>	<b>83.9</b>	<b>90.0</b>

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 (DoH) Intranet and the DoH internet at the following web addresses:

[intranet.health.wa.gov.au/epidemiology/resources/index.cfm](http://intranet.health.wa.gov.au/epidemiology/resources/index.cfm)  
[health.wa.gov.au/publications/pop\\_surveys.cfm](http://health.wa.gov.au/publications/pop_surveys.cfm)

### **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](http://intranet.health.wa.gov.au/epidemiology/docs/HWSS_Questionnaire.pdf)

Non DOH 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. 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.

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.

Further information on how to determine whether or not a difference is statistically significant can be found at: [http://www.health.wa.gov.au/publications/pop\\_surveys.cfm](http://www.health.wa.gov.au/publications/pop_surveys.cfm)

### **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 have been provided.

The prevalence or proportion of males and females who reported a selected condition/risk factor of interest was derived for each year from 2002 to 2013 where available. Some conditions, such as respiratory problems other than asthma have only been reported since 2007 therefore historical data is only available back to then.

As estimates in the historical tables are weighted to the 2006 Estimated Resident Population, and 2013 data is weighted to the 2012 Estimated Resident Population, some estimates for 2013 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 2013 are shown in Table 2. The table shows the unweighted number in the sample for each group and the weighted prevalence expressed as a percent.

**Table 2: Demographic characteristics of the child, HWSS 2013**

Characteristic	Unweighted Sample (n)	Estimated Prevalence (%)
<b>Age</b>		
0 to 4 years	157	32.6
5 to 9 years	242	30.7
10 to 15 years	353	36.7
<b>Gender</b>		
Boys	391	51.9
Girls	361	48.1
<b>Australian born</b>		
Yes	696	90.4
No	55	9.6
<b>Aboriginal or Torres Strait Islander</b>		
Yes	24	1.8
No	727	98.2
<b>Relationship of respondent to child</b>		
Mother	584	80.3
Father	149	17.8
Other	19	1.9

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

**Table 3: Characteristics of the household where the child is resident, HWSS 2013**

	Unweighted Sample (n)	Estimated Prevalence (%)
<b>Current living arrangement</b>		
Family with a child or children living with biological or adoptive parents	639	85.0
Step or blended family	41	5.5
Sole parent family	52	6.6
Other family structure	20	3.0
<b>Household income</b>		
Under \$20,000	20	2.6
\$20,000 to \$40,000	42	7.0
\$40,000 to \$60,000	64	9.4
\$60,000 to \$80,000	95	15.3
\$80,000 to \$100,000	100	14.1
\$100,000 to \$120,000	128	19.8
\$120,000 to \$140,000	73	10.0
More than \$140,000	170	21.8
<b>Household spending</b>		
Spend more money than earn/get	17	2.3
Have just enough money to get by	113	18.1
Spend left over money	40	6.4
Save a bit every now and then	195	25.1
Save some regularly	292	39.4
Save a lot	84	8.6
<b>Area of residence</b>		
Metropolitan	318	76.3
Rural	301	16.7
Remote	133	6.9
<b>SEIFA classification of social disadvantage</b>		
SEIFA Quintile 1 (Most disadvantaged)	77	9.2
SEIFA Quintile 2	128	13.7
SEIFA Quintile 3	149	18.4
SEIFA Quintile 4	250	34.1
SEIFA Quintile 5 (Most advantaged)	148	24.6
<b>Have private health insurance</b>		
Yes	541	73.9
No	204	26.1

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

**Table 4: Demographic characteristics of respondent for child, HWSS 2013**

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
<b>Australian born</b>		
Yes	551	73.4
No	200	26.6
<b>Aboriginal or Torres Strait</b>		
Yes	13	1.7
No	739	98.3
<b>Highest level of education</b>		
Less than Year 10	9	1.2
Year 10 or Year 11	87	11.6
Year 12	85	11.4
TAFE/Trade qualification	327	43.7
Tertiary degree or equivalent	241	32.2
<b>Employment status</b>		
Employed	539	71.8
Unemployed	18	2.4
Home duties	163	21.7
Retired	3	0.4
Unable to work	8	1.1
Student	8	1.1
Other	12	1.6
<b>Possess a government health care card</b>		
Yes	128	17.1
No	620	82.9
<b>Share home with a partner</b>		
Yes	671	89.4
No	80	10.7

## 6. GENERAL HEALTH

### 6.1 Self-reported general health

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

**Table 5: Health status of children 15 years and under, HWSS 2013**

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
0 to 4 yrs	57.8	( 47.0 - 68.6 )	32.0	( 22.0 - 42.0 )	8.2*	( 2.6 - 13.7 )	N/A	( N/A - N/A )
5 to 9 yrs	61.7	( 53.7 - 69.6 )	27.3	( 20.1 - 34.6 )	10.0*	( 4.9 - 15.2 )	N/A	( N/A - N/A )
10 to 15 yrs	53.7	( 46.7 - 60.7 )	29.7	( 23.1 - 36.2 )	13.8	( 8.8 - 18.8 )	2.9*	( 0.8 - 5.0 )
<b>Gender</b>								
Boys	57.9	( 50.9 - 64.8 )	26.7	( 20.6 - 32.8 )	12.4	( 7.5 - 17.3 )	3.0*	( 0.9 - 5.1 )
Girls	57.1	( 49.9 - 64.3 )	33.0	( 26.0 - 39.9 )	9.0	( 5.6 - 12.5 )	0.9*	( 0.1 - 1.8 )
<b>Children</b>	<b>57.5</b>	<b>( 52.5 - 62.5 )</b>	<b>29.7</b>	<b>( 25.1 - 34.3 )</b>	<b>10.8</b>	<b>( 7.8 - 13.8 )</b>	<b>2.0*</b>	<b>( 0.9 - 3.2 )</b>

\* 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 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: Health status of children 15 years and under, HWSS 2004 – 2013**

	Excellent		Very Good		Good		Fair/Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2004	55.3	( 50.1 - 60.5 )	30.2	( 25.5 - 35.0 )	11.2	( 7.9 - 14.5 )	3.2*	( 1.2 - 5.3 )
2005	55.5	( 51.8 - 59.2 )	32.4	( 28.9 - 35.9 )	9.0	( 7.0 - 11.1 )	3.0	( 1.6 - 4.4 )
2006	60.3	( 56.9 - 63.6 )	28.9	( 25.8 - 32.0 )	8.2	( 6.3 - 10.2 )	2.6	( 1.4 - 3.8 )
2007	58.4	( 53.6 - 63.2 )	30.0	( 25.6 - 34.5 )	10.0	( 7.2 - 12.8 )	1.6*	( 0.4 - 2.7 )
2008	59.9	( 55.4 - 64.4 )	27.0	( 22.9 - 31.0 )	10.7	( 8.0 - 13.5 )	2.4*	( 1.0 - 3.8 )
2009	57.3	( 54.5 - 60.2 )	29.6	( 27.1 - 32.1 )	11.1	( 9.3 - 13.0 )	1.9	( 1.3 - 2.5 )
2010	58.7	( 54.6 - 62.8 )	29.8	( 25.9 - 33.6 )	9.6	( 7.2 - 12.0 )	2.0*	( 1.0 - 3.0 )
2011	60.5	( 55.8 - 65.2 )	25.4	( 21.2 - 29.6 )	10.4	( 7.4 - 13.5 )	3.7*	( 1.7 - 5.7 )
2012	58.3	( 54.0 - 62.5 )	26.9	( 23.2 - 30.7 )	12.0	( 9.2 - 14.9 )	2.8	( 1.5 - 4.1 )
2013	57.4	( 52.6 - 62.2 )	29.7	( 25.3 - 34.1 )	10.9	( 7.9 - 13.9 )	2.0*	( 0.9 - 3.2 )
<b>Average</b>	57.7	( 56.5 - 58.9 )	29.5	( 28.4 - 30.6 )	10.3	( 9.5 - 11.0 )	2.5	( 2.1 - 2.9 )

\* 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.

## 6.2 Disability

Disability may be experienced in terms of impairments of body functions and structures, activity limitations or participation restrictions.<sup>6</sup> Parents/carers were asked whether their child has a disability, long-term illness or pain that put a burden on the family, as shown in Table 7. In 2013, boys (14.8%) were significantly more likely than girls (5.0%) to have a disability, long-term illness or pain that puts a burden on the family.

**Table 7: Child with disability, long-term illness or pain that puts a burden on the family, HWSS 2013**

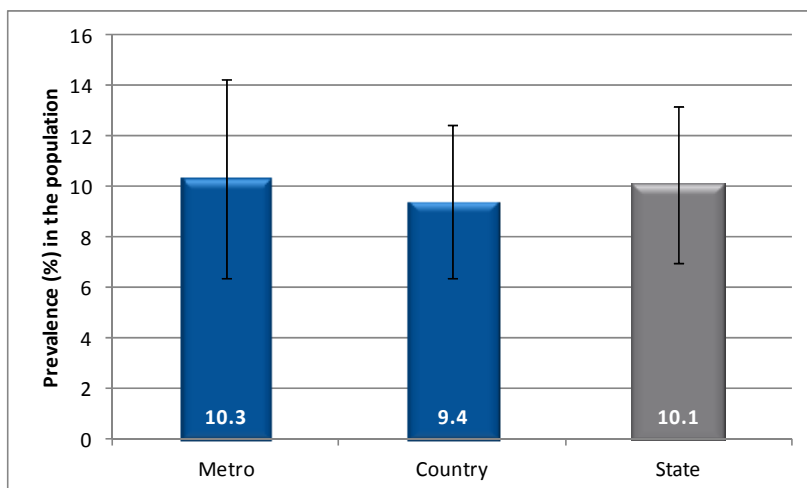
	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	7.5*	( 1.1 - 13.9 )
5 to 9 yrs	9.5*	( 4.3 - 14.6 )
10 to 15 yrs	12.9	( 8.4 - 17.4 )
<b>Gender</b>		
Boys	14.8	( 9.4 - 20.1 )
Girls	5.0*	( 2.5 - 7.6 )
<b>Children</b>	10.1	( 7.0 - 13.2 )

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



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

**Figure 1: Child with disability, long-term illness or pain that puts a burden on the family, by geographic area, HWSS 2013**



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

**Table 8: Child with disability, long-term illness or pain that puts a burden on the family, HWSS 2002 – 2013**

	%	95% CI
2002	9.6	( 7.4 - 11.9)
2003	10.3	( 8.3 - 12.4)
2004	13.8	( 10.1 - 17.5)
2005	9.7	( 7.4 - 11.9)
2006	9.2	( 7.0 - 11.3)
2007	8.1	( 5.5 - 10.7)
2008	7.3	( 5.0 - 9.6)
2009	6.8	( 5.6 - 8.0)
2010	8.2	( 6.0 - 10.5)
2011	8.4	( 5.5 - 11.3)
2012	9.2	( 6.9 - 11.5)
2013	10.2	( 7.2 - 13.1)
<b>Average</b>	<b>8.8</b>	<b>( 8.2 - 9.4)</b>

Parents/carers were asked who was the principal carer of the child with the disability, long-term illness or pain. In 2013, the majority of children were cared for by their mother (83.2%).

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

**Table 9: Burden due to a child with a disability, long-term illness or pain, HWSS 2002-2013**

	Not much		A little		Fairly big		Big		Very big	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	23.8	( 13.9 - 33.6 )	31.6	( 20.3 - 42.9 )	29.8	( 18.2 - 41.4 )	9.2*	( 1.4 - 17.0 )	5.6*	( 0.6 - 10.7 )
2003	18.4	( 30.4 - 51.5 )	41.0	( 30.4 - 51.5 )	33.0	( 22.9 - 43.1 )	5.2*	( 1.1 - 9.2 )	N/A	( N/A - N/A )
2004	11.9*	( 4.0 - 19.8 )	33.4	( 19.5 - 47.3 )	28.4	( 15.4 - 41.3 )	13.0*	( 1.4 - 24.6 )	13.3*	( 2.0 - 24.7 )
2005	21.5	( 11.6 - 31.5 )	34.8	( 23.2 - 46.4 )	21.9	( 11.3 - 32.5 )	18.4*	( 7.8 - 28.9 )	3.4*	( 0.9 - 5.9 )
2006	25.5	( 13.4 - 37.6 )	31.4	( 18.9 - 43.9 )	25.9	( 13.5 - 38.3 )	7.8*	( 2.3 - 13.4 )	9.4*	( 1.1 - 17.7 )
2007	7.9*	( 1.0 - 14.8 )	34.0	( 18.6 - 49.4 )	26.8*	( 11.9 - 41.8 )	28.2*	( 10.4 - 46.1 )	3.1*	( 0.3 - 5.8 )
2008	27.9*	( 11.0 - 44.9 )	24.8*	( 11.3 - 38.4 )	34.7	( 18.5 - 50.9 )	7.9*	( 0.8 - 15.0 )	4.6*	( 0.5 - 8.8 )
2009	17.7*	( 8.9 - 26.4 )	50.8	( 41.6 - 59.9 )	20.1	( 13.6 - 26.6 )	3.8*	( 1.0 - 6.5 )	7.7*	( 3.4 - 11.9 )
2010	14.7*	( 5.9 - 23.6 )	50.3	( 35.7 - 64.9 )	25.8*	( 12.8 - 38.8 )	3.9*	( 0.3 - 7.6 )	N/A	( N/A - N/A )
2011	17.0*	( 4.0 - 30.1 )	24.6*	( 8.3 - 41.0 )	21.8*	( 6.6 - 37.0 )	20.7*	( 4.9 - 36.6 )	15.8*	( 1.1 - 30.5 )
2012	14.2*	( 5.4 - 23.0 )	43.7	( 30.7 - 56.7 )	26.9	( 14.1 - 39.7 )	9.5*	( 2.4 - 16.5 )	N/A	( N/A - N/A )
2013	9.9*	( 3.0 - 16.8 )	45.4	( 29.7 - 61.1 )	23.6*	( 7.8 - 39.5 )	11.4*	( 2.8 - 20.0 )	9.6*	( 1.7 - 17.6 )
<b>Average</b>	<b>17.3</b>	<b>( 14.6 - 20.1 )</b>	<b>39.3</b>	<b>( 35.7 - 42.9 )</b>	<b>25.9</b>	<b>( 22.6 - 29.2 )</b>	<b>10.4</b>	<b>( 8.1 - 12.7 )</b>	<b>7.0</b>	<b>( 5.2 - 8.8 )</b>

\* 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.

## 7. CHRONIC CONDITIONS

Chronic health conditions refer to long-term conditions (lasting more than six months) that can have a significant impact on a person's life. The chronic conditions collected by the HWSS are National Health Priority Areas due to their health impact and the potential to reduce their burden.<sup>7</sup> 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.<sup>8</sup>

The prevalence of ADHD is shown in Table 10. Due to the low prevalence numbers, survey data has been combined for the years 2002-2005, 2006-2009 and 2010-2013, and then weighted to the 2006 Estimated Resident Population.<sup>9</sup> In 2002-2005 and 2006-2009, boys were significantly more likely to be diagnosed with ADHD than girls, and 10 to 15 year olds were significantly more likely to be diagnosed with ADHD than 5 to 9 year olds. In 2010-2013 there was no significant difference between age groups or genders.

**Table 10: Prevalence of ADHD, 2 years and over, HWSS 2002-2005, 2006-2009, 2010-2013**

	2002-2005		2006-2009		2010-2013	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
2 to 4 yrs	N/A	( N/A - N/A )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	2.5	( 1.4 - 3.6 )	1.6	( 1.0 - 2.3 )	2.1*	( 1.0 - 3.3 )
10 to 15 yrs	6.0	( 4.6 - 7.4 )	4.4	( 3.5 - 5.4 )	3.5	( 2.3 - 4.7 )
<b>Gender</b>						
Boys	5.1	( 3.9 - 6.3 )	3.8	( 3.0 - 4.5 )	3.2	( 2.1 - 4.2 )
Girls	1.8	( 1.0 - 2.6 )	1.1	( 0.6 - 1.5 )	1.5*	( 0.7 - 2.3 )
<b>Children</b>	<b>3.5</b>	<b>( 2.8 - 4.3 )</b>	<b>2.5</b>	<b>( 2.0 - 2.9 )</b>	<b>2.4</b>	<b>( 1.7 - 3.0 )</b>

\* 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 prevalence estimates of ADHD are shown in Table 11.

**Table 11: Prevalence of ADHD, 2 years and over, HWSS 2002 – 2013**

	%	95% CI
2002	3.7	( 2.1 - 5.3 )
2003	3.0	( 1.8 - 4.1 )
2004	4.9*	( 2.4 - 7.5 )
2005	3.8	( 2.3 - 5.4 )
2006	2.9	( 1.8 - 3.9 )
2007	3.3*	( 1.4 - 5.3 )
2008	2.1*	( 1.0 - 3.2 )
2009	2.1	( 1.5 - 2.7 )
2010	1.6*	( 0.7 - 2.6 )
2011	2.6*	( 1.0 - 4.1 )
2012	2.6*	( 1.1 - 4.0 )
2013	2.6*	( 1.2 - 4.0 )
<b>Average</b>	<b>2.8</b>	<b>( 2.4 - 3.1 )</b>

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

## 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 12.

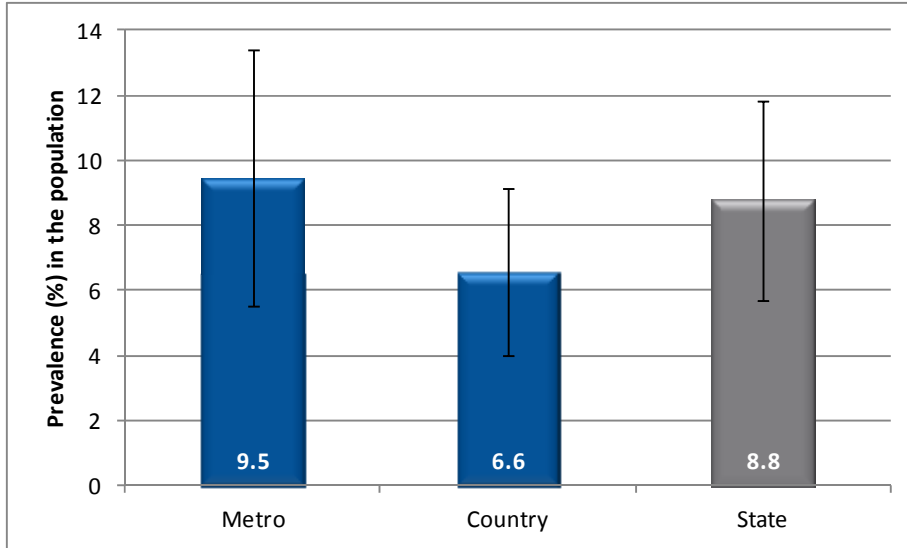
**Table 12: Prevalence of development problems, HWSS 2013**

	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	8.2*	( 1.2 - 15.3 )
5 to 9 yrs	9.0	( 3.9 - 14.1 )
10 to 15 yrs	9.1	( 5.5 - 12.6 )
<b>Gender</b>		
Boys	11.7	( 6.8 - 16.7 )
Girls	5.6*	( 2.2 - 9.0 )
<b>Children</b>	<b>8.8</b>	<b>( 5.7 - 11.9 )</b>

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

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

**Figure 2: Prevalence of development problems, by geographic area, HWSS 2013**



The annual prevalence estimates of developmental problems are shown in Table 13.

**Table 13: Prevalence of developmental problems, HWSS 2002 – 2013**

	%	95% CI
2002	7.1	( 5.3 - 9.0)
2003	8.7	( 6.8 - 10.5)
2004	9.3	( 6.3 - 12.3)
2005	6.9	( 4.9 - 8.9)
2006	6.4	( 4.7 - 8.2)
2007	6.5	( 4.0 - 9.0)
2008	7.2	( 4.8 - 9.6)
2009	6.0	( 4.8 - 7.2)
2010	5.8	( 3.8 - 7.8)
2011	6.0	( 3.7 - 8.3)
2012	7.5	( 5.2 - 9.9)
2013	8.7	( 5.8 - 11.6)
<b>Average</b>	<b>6.9</b>	<b>( 6.4 - 7.5)</b>

### 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.<sup>10</sup>

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 in this period is 0.2%, with no children surveyed in 2013 who have been diagnosed with Type 1 diabetes.

Low prevalence rates of Type 1 diabetes has also been reported by the Australian Bureau of Statistics, with 0.1% of 0-14 year olds in Australia reported as having Type 1 diabetes in the 2011-12 Australian Health survey.<sup>11</sup> The WA prevalence rate was not available.

### 7.4 Asthma

Asthma is a common chronic condition and a National Health Priority Area.<sup>7</sup> It is a reversible narrowing of the airways in the lungs, with symptoms which include wheezing, coughing, tightness of the chest, breathing difficulty and shortness of breath.<sup>5</sup>

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 14.

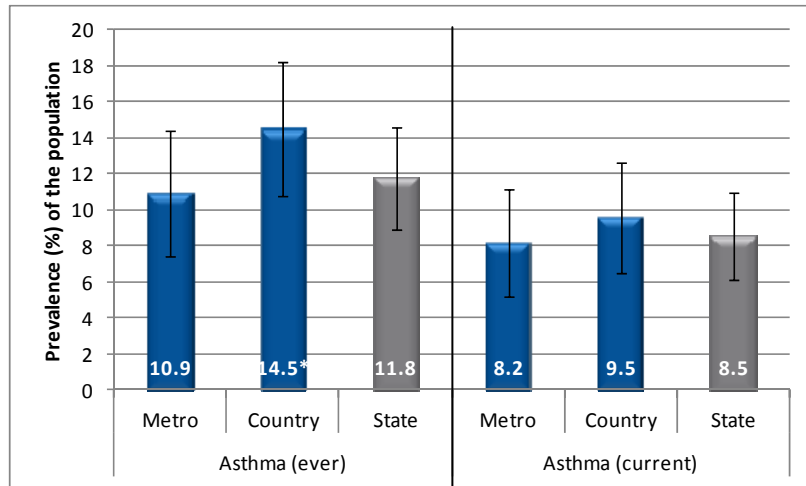
**Table 14: Prevalence of asthma, HWSS 2013**

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
<b>Age Group</b>				
0 to 4 yrs	5.9*	( 1.6 - 10.3 )	5.5*	( 1.2 - 9.8 )
5 to 9 yrs	13.5	( 8.0 - 19.0 )	9.4	( 5.0 - 13.8 )
10 to 15 yrs	15.4	( 10.9 - 19.9 )	10.3	( 6.6 - 14.1 )
<b>Gender</b>				
Boys	14.7	( 10.2 - 19.1 )	9.9	( 6.3 - 13.6 )
Girls	8.6	( 5.3 - 12.0 )	6.9	( 3.8 - 10.1 )
<b>Children</b>	<b>11.8</b>	<b>( 8.9 - 14.6 )</b>	<b>8.5</b>	<b>( 6.1 - 10.9 )</b>

\* 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 (ever) and current asthma was slightly higher among children from the country compared with children from the metropolitan region; however this difference was not statistically significant.

**Figure 3: Prevalence of asthma, by geographic area, HWSS 2013**



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

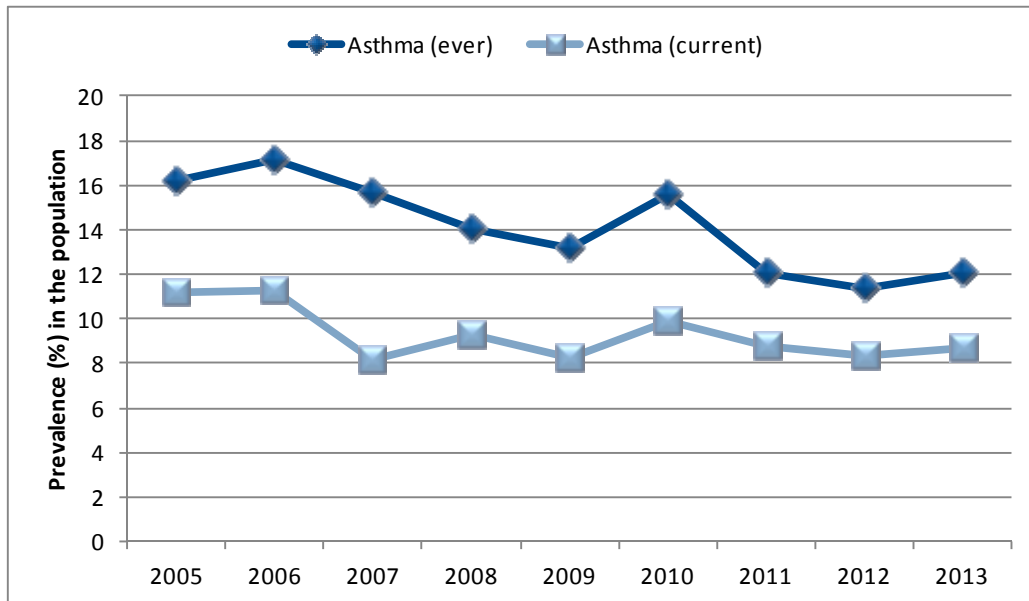
The annual prevalence estimates of asthma are shown in Table 15 and Figure 4.

The last three years, 2011 to 2013, have reported the lowest lifetime prevalence of asthma since 2005.

**Table 15: Prevalence of asthma, HWSS 2005 – 2013**

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
2005	16.2	( 13.4 - 19.0 )	11.2	( 8.7 - 13.7 )
2006	17.1	( 14.5 - 19.7 )	11.3	( 9.0 - 13.5 )
2007	15.7	( 12.2 - 19.3 )	8.2	( 5.7 - 10.6 )
2008	14.1	( 10.9 - 17.3 )	9.2	( 6.4 - 12.1 )
2009	13.2	( 11.4 - 14.9 )	8.3	( 6.8 - 9.7 )
2010	15.6	( 12.6 - 18.6 )	9.9	( 7.4 - 12.4 )
2011	12.0	( 9.0 - 15.1 )	8.7	( 6.0 - 11.4 )
2012	11.4	( 8.8 - 14.0 )	8.3	( 6.0 - 10.6 )
2013	12.1	( 9.3 - 14.9 )	8.7	( 6.3 - 11.0 )
<b>Average</b>	<b>14.3</b>	<b>( 13.4 - 15.1 )</b>	<b>9.4</b>	<b>( 8.6 - 10.1 )</b>

Figure 4: Prevalence of asthma over time, children 15 years and under, HWSS 2005 – 2013



### 7.5 Respiratory problem other than asthma

Parents/carers were asked whether a doctor had told them their child had a respiratory problem other than asthma, such as chronic bronchitis, that lasted six months or more.

Due to low prevalence numbers, survey data has been combined for the years 2010 to 2013 inclusive and weighted to the 2006 Estimated Resident Population to improve standard errors for age cohort and gender outputs. This data is shown in Table 16.

Table 16: Prevalence of respiratory related conditions, 2010-2013 combined

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
<b>Age Group</b>				
0 to 4 yrs	1.3*	( 0.5 - 2.1 )	0.7*	( 0.1 - 1.3 )
5 to 9 yrs	1.4*	( 0.5 - 2.3 )	0.6*	( 0.1 - 1.1 )
10 to 15 yrs	1.3*	( 0.5 - 2.0 )	0.5*	( 0.1 - 0.9 )
<b>Gender</b>				
Boys	1.4*	( 0.7 - 2.1 )	0.6*	( 0.2 - 1.0 )
Girls	1.2*	( 0.6 - 1.9 )	0.6*	( 0.2 - 0.9 )
<b>Children</b>	<b>1.3</b>	<b>( 0.8 - 1.8 )</b>	<b>0.6</b>	<b>( 0.3 - 0.9 )</b>

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



The annual prevalence estimates of respiratory problems are shown in Table 17. Due to changes in the wording of the questions the data is only comparable from 2007 onwards. The lifetime prevalence of respiratory related conditions was the highest recorded in 2013 (2.2%). However, the increase was not significantly higher than any previous years.

**Table 17: Prevalence of respiratory related conditions, HWSS 2007 – 2013**

	Lifetime (ever)		Period (current)	
	%	95% CI	%	95% CI
2007	1.4*	( 0.1 - 2.8 )	N/A	( N/A - N/A )
2008	0.8*	( 0.2 - 1.4 )	N/A	( N/A - N/A )
2009	1.5	( 0.9 - 2.0 )	0.7*	( 0.3 - 1.1 )
2010	0.7*	( 0.1 - 1.3 )	N/A	( N/A - N/A )
2011	N/A	( N/A - N/A )	N/A	( N/A - N/A )
2012	1.8*	( 0.7 - 2.8 )	0.9*	( 0.2 - 1.6 )
2013	2.2*	( 0.9 - 3.5 )	1.1*	( 0.3 - 1.8 )
<b>Average</b>	<b>1.4</b>	<b>( 1.1 - 1.8 )</b>	<b>0.8</b>	<b>( 0.5 - 1.0 )</b>

\* 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.

## 7.6 Injuries

Injury is a leading cause of hospitalisation and death in Australia and is a National Health Priority Area.<sup>7</sup> Parents/carers were asked whether their child had injuries in the past 12 months that required treatment from a health professional, as shown in Table 18.

**Table 18: Prevalence of injuries in the past 12 months requiring treatment from a health professional, HWSS 2013**

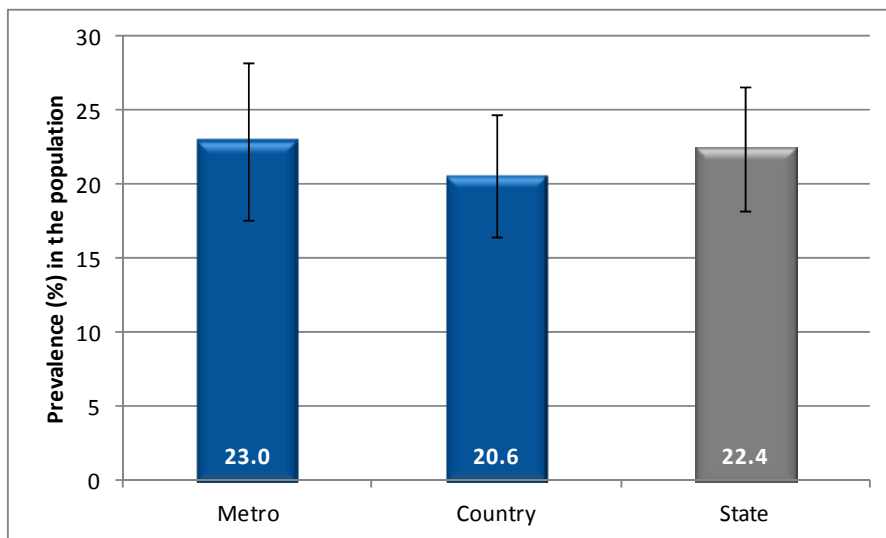
	%	95% CI
<b>Age Group</b>		
0 to 4 yrs	21.9	( 12.7 - 31.2 )
5 to 9 yrs	13.3	( 7.9 - 18.6 )
10 to 15 yrs	30.5	( 24.2 - 36.8 )
<b>Gender</b>		
Boys	26.3	( 20.0 - 32.6 )
Girls	18.3	( 13.0 - 23.6 )
<b>Children</b>	<b>22.4</b>	<b>( 18.2 - 26.6 )</b>

Boys were more likely to have had an injury requiring treatment from a health professional in the last year compared with girls (26.3% compared with 18.3%). This difference was not statistically significant.

Children aged 10-15 years were almost 2.5 times more likely to have had an injury requiring treatment from a health professional in the last year compared with children aged 5-9 years (30.5% compared with 13.3%). This difference is statistically significant.

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

**Figure 5: Prevalence of injuries in the past 12 months requiring treatment from a health professional, by geographic area, HWSS 2013**

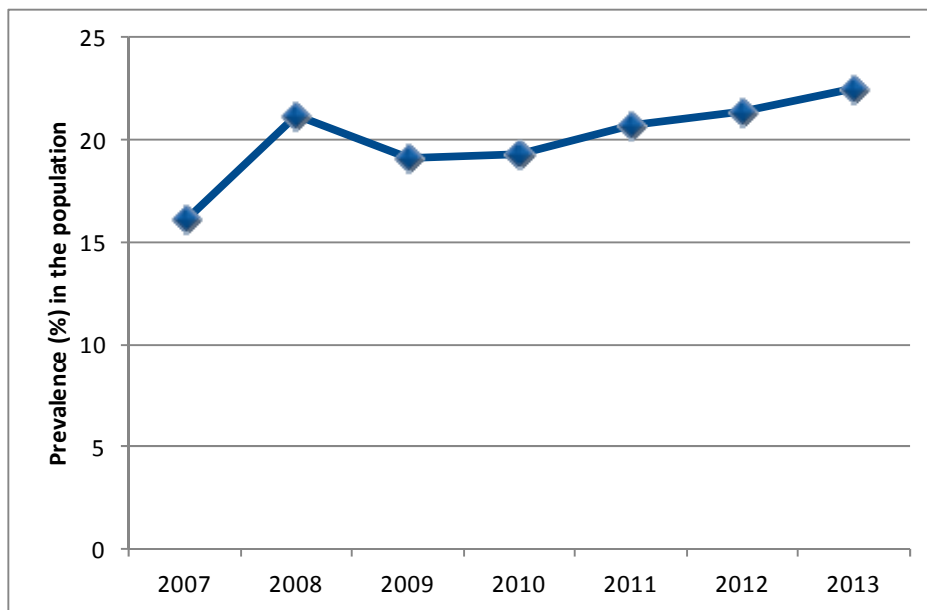


The annual prevalence estimates of injury are shown in Table 19 and Figure 6. The prevalence of injury in the last 12 months for children aged 15 years and under in 2013 (22.6%) was the highest recorded to date in the HWSS, however this was not significantly higher than any of the previous years.

**Table 19: Annual prevalence of injuries in the past 12 months requiring treatment from a health professional, HWSS 2007 – 2013**

	%	95% CI
2007	16.1	( 11.7 - 20.6 )
2008	21.2	( 17.4 - 25.0 )
2009	19.1	( 17.0 - 21.2 )
2010	19.3	( 15.9 - 22.8 )
2011	20.7	( 16.9 - 24.5 )
2012	21.3	( 17.8 - 24.9 )
2013	22.6	( 18.6 - 26.6 )
<b>Average</b>	<b>20.6</b>	<b>( 19.4 - 21.8 )</b>

**Figure 6: Prevalence of injuries in the past 12 months requiring treatment from a health professional, by year, HWSS 2007 – 2013**



The mean number of injuries that required treatment from a health professional in the past 12 months is shown in Table 20.

**Table 20: Mean number of injuries, HWSS 2013**

	$\bar{x}$	95% CI
<b>Age Group</b>		
0 to 4 yrs	0.3*	( 0.1 - 0.5 )
5 to 9 yrs	0.2	( 0.1 - 0.2 )
10 to 15 yrs	0.5	( 0.4 - 0.6 )
<b>Gender</b>		
Boys	0.4	( 0.3 - 0.5 )
Girls	0.3	( 0.2 - 0.3 )
<b>Children</b>	<b>0.3</b>	<b>( 0.3 - 0.4 )</b>

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

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 172,880 injuries that requires treatment by a health care professional in 2013 alone.

The mean number of injuries that required treatment from a health professional in the past 12 months since 2007 is shown in Table 21.

**Table 21: Mean number of injuries, HWSS 2007 – 2013**

	$\bar{x}$	95% CI
2007	0.2	( 0.2 - 0.3 )
2008	0.3	( 0.2 - 0.4 )
2009	0.3	( 0.2 - 0.3 )
2010	0.3	( 0.2 - 0.3 )
2011	0.3	( 0.3 - 0.4 )
2012	0.3	( 0.3 - 0.4 )
2013	0.3	( 0.3 - 0.4 )
<b>Average</b>	<b>0.3</b>	<b>( 0.3 - 0.3 )</b>

## 8. HEALTH SERVICE UTILISATION

Health services are the way in which health care is provided to patients and the general population and consist of many different forms, including GP, dental, mental and alternative health services.<sup>6</sup> Parents/carers were asked whether their child had used a number of common health services within the past 12 months, shown in Table 22. The annual prevalence estimates of health service use are displayed in Table 23.

The mean number of visits to each health service is shown in Table 24 and the annual mean numbers of visits to each health service use are shown in Table 25.

In Table 22, the proportion of children aged 0 to 4 years are 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. Whereas 10 to 15 year olds are significantly more likely than 0 to 4 year olds to use mental health services such as a psychiatrist, psychologist or counsellor.

**Table 22: Health service utilisation, HWSS 2013**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>												
0 to 4 yrs	93.2	( 88.2 - 98.2 )	35.3	( 25.1 - 45.5 )	20.5	( 11.9 - 29.2 )	12.6*	( 5.2 - 20.1 )	0.0	( 0.0 - 0.0 )	N/A	( N/A - N/A )
5 to 9 yrs	73.4	( 65.8 - 80.9 )	21.7	( 15.3 - 28.1 )	26.4	( 19.2 - 33.6 )	78.9	( 72.1 - 85.8 )	2.5*	( 0.1 - 4.8 )	3.9*	( 1.4 - 6.5 )
10 to 15 yrs	69.7	( 63.1 - 76.2 )	18.8	( 13.7 - 23.9 )	33.1	( 26.8 - 39.4 )	86.7	( 81.8 - 91.6 )	9.6	( 5.3 - 13.9 )	2.7*	( 0.6 - 4.7 )
<b>Gender</b>												
Boys	76.4	( 70.6 - 82.2 )	24.7	( 18.6 - 30.8 )	28.7	( 22.6 - 34.9 )	57.5	( 50.2 - 64.9 )	4.4*	( 1.9 - 6.9 )	2.9*	( 1.1 - 4.7 )
Girls	80.7	( 75.4 - 86.0 )	25.4	( 19.4 - 31.5 )	25.0	( 19.0 - 31.0 )	62.9	( 55.3 - 70.5 )	4.1*	( 1.5 - 6.7 )	2.4*	( 0.7 - 4.0 )
<b>Children</b>	78.4	( 74.5 - 82.4 )	25.0	( 20.7 - 29.3 )	26.9	( 22.6 - 31.2 )	60.1	( 54.8 - 65.4 )	4.3	( 2.5 - 6.1 )	2.6	( 1.4 - 3.9 )

\* 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.

(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 23: Health service utilisation, HWSS 2005 – 2013**

	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	81.9	( 79.0 - 84.8 )	24.3	( 21.2 - 27.5 )	22.6	( 19.5 - 25.7 )	61.2	( 57.5 - 64.8 )	3.4	( 2.1 - 4.7 )	3.6	( 2.4 - 4.9 )
2006	79.0	( 75.8 - 82.2 )	23.8	( 20.5 - 27.1 )	25.5	( 22.1 - 28.9 )	59.9	( 56.0 - 63.8 )	2.9	( 1.8 - 4.0 )	3.0	( 1.9 - 4.2 )
2007	81.9	( 78.3 - 85.6 )	24.7	( 20.6 - 28.9 )	24.9	( 20.7 - 29.1 )	57.7	( 52.7 - 63.8 )	3.8	( 2.2 - 5.4 )	4.5	( 2.7 - 6.3 )
2008	79.7	( 76.0 - 83.4 )	23.0	( 19.1 - 26.9 )	23.7	( 19.8 - 27.5 )	59.3	( 54.7 - 63.9 )	3.7	( 2.1 - 5.3 )	3.4	( 1.9 - 5.0 )
2009	78.4	( 76.2 - 80.6 )	26.7	( 24.0 - 29.4 )	23.7	( 21.5 - 26.0 )	60.2	( 57.1 - 63.3 )	3.5	( 2.8 - 4.3 )	3.5	( 2.7 - 4.3 )
2010	84.0	( 80.9 - 87.1 )	26.9	( 23.1 - 30.6 )	25.6	( 22.0 - 29.2 )	59.9	( 55.8 - 64.0 )	3.0	( 1.9 - 4.1 )	3.9	( 2.3 - 5.4 )
2011	82.1	( 78.7 - 85.6 )	23.5	( 19.5 - 27.4 )	24.7	( 20.7 - 28.7 )	60.3	( 55.7 - 65.0 )	2.1*	( 0.8 - 3.4 )	3.7	( 1.9 - 5.4 )
2012	81.0	( 77.6 - 84.4 )	24.8	( 21.1 - 28.4 )	30.8	( 26.9 - 34.8 )	60.6	( 56.3 - 64.8 )	4.1	( 2.5 - 5.7 )	3.5	( 2.2 - 4.9 )
2013	77.8	( 73.9 - 81.7 )	24.7	( 20.6 - 28.8 )	27.3	( 23.1 - 31.4 )	62.2	( 57.1 - 67.2 )	4.5	( 2.6 - 6.4 )	2.8	( 1.5 - 4.0 )
<b>Average</b>	<b>80.4</b>	<b>( 79.4 - 81.3 )</b>	<b>25.5</b>	<b>( 24.4 - 26.6 )</b>	<b>24.4</b>	<b>( 23.3 - 25.4 )</b>	<b>61.0</b>	<b>( 59.8 - 62.2 )</b>	<b>3.6</b>	<b>( 3.2 - 4.1 )</b>	<b>3.7</b>	<b>( 3.2 - 4.1 )</b>

\* 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 24: Mean number of visits to health services in the past 12 months, HWSS 2013**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI
<b>Age Group</b>												
0 to 4 yrs	4.7	( 3.7 - 5.7 )	0.5	( 0.3 - 0.6 )	N/A	( N/A - N/A )	0.2*	( 0.0 - 0.3 )	0.0	( 0.0 - 0.0 )	N/A	( N/A - N/A )
5 to 9 yrs	2.6	( 2.0 - 3.2 )	0.4	( 0.2 - 0.6 )	1.1*	( 0.5 - 1.7 )	1.5	( 1.2 - 1.8 )	N/A	( N/A - N/A )	0.1*	( 0.0 - 0.2 )
10 to 15 yrs	2.3	( 1.9 - 2.8 )	0.3	( 0.2 - 0.4 )	1.6*	( 0.7 - 2.5 )	1.8	( 1.4 - 2.1 )	0.6	( 0.3 - 0.9 )	0.1*	( 0.0 - 0.1 )
<b>Gender</b>												
Boys	3.2	( 2.5 - 3.9 )	0.4	( 0.3 - 0.5 )	1.8*	( 0.7 - 3.0 )	1.1	( 0.8 - 1.3 )	0.3*	( 0.1 - 0.5 )	0.1*	( 0.0 - 0.2 )
Girls	3.1	( 2.6 - 3.6 )	0.4	( 0.3 - 0.6 )	1.1	( 0.6 - 1.6 )	1.3	( 1.0 - 1.5 )	0.2*	( 0.1 - 0.3 )	0.1*	( 0.0 - 0.1 )
<b>Children</b>	<b>3.2</b>	<b>( 2.7 - 3.6 )</b>	<b>0.4</b>	<b>( 0.3 - 0.5 )</b>	<b>1.5</b>	<b>( 0.8 - 2.1 )</b>	<b>1.2</b>	<b>( 1.0 - 1.3 )</b>	<b>0.3</b>	<b>( 0.1 - 0.4 )</b>	<b>0.1*</b>	<b>( 0.0 - 0.1 )</b>

\* 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.

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

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

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

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

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



**Table 25: Mean number of visits to health services in the past 12 months, HWSS 2005 - 2013**

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI	$\bar{x}$	95% CI
2005	3.2	( 2.9 - 3.6 )	0.4	( 0.3 - 0.5 )	1.0	( 0.7 - 1.3 )	1.2	( 1.0 - 1.3 )	0.2*	( 0.1 - 0.3 )	0.1	( 0.1 - 0.1 )
2006	3.3	( 3.0 - 3.7 )	0.4	( 0.3 - 0.5 )	1.4	( 1.0 - 1.7 )	1.2	( 1.0 - 1.3 )	0.2*	( 0.1 - 0.4 )	0.1*	( 0.0 - 0.1 )
2007	2.9	( 2.6 - 3.2 )	0.4	( 0.3 - 0.5 )	1.6*	( 0.8 - 2.5 )	1.1	( 1.0 - 1.3 )	0.2*	( 0.1 - 0.3 )	0.3*	( 0.0 - 0.6 )
2008	3.0	( 2.7 - 3.4 )	0.4	( 0.3 - 0.5 )	1.0	( 0.7 - 1.2 )	1.0	( 0.9 - 1.2 )	0.5*	( 0.1 - 0.9 )	0.1*	( 0.0 - 0.2 )
2009	2.8	( 2.7 - 3.0 )	0.5	( 0.4 - 0.5 )	0.9	( 0.8 - 1.1 )	1.2	( 1.1 - 1.2 )	0.2	( 0.1 - 0.2 )	0.1	( 0.1 - 0.1 )
2010	3.2	( 2.9 - 3.5 )	0.4	( 0.4 - 0.5 )	1.3	( 0.8 - 1.7 )	1.1	( 1.0 - 1.2 )	0.2*	( 0.1 - 0.3 )	0.1*	( 0.0 - 0.2 )
2011	3.1	( 2.7 - 3.4 )	0.5	( 0.3 - 0.6 )	1.5	( 0.9 - 2.1 )	1.1	( 1.0 - 1.3 )	0.1*	( 0.0 - 0.1 )	0.1*	( 0.1 - 0.2 )
2012	3.2	( 2.9 - 3.6 )	0.4	( 0.3 - 0.5 )	1.5	( 1.1 - 1.9 )	1.2	( 1.0 - 1.3 )	0.3*	( 0.1 - 0.4 )	0.1	( 0.1 - 0.1 )
2013	3.1	( 2.7 - 3.5 )	0.4	( 0.3 - 0.5 )	1.5	( 0.8 - 2.1 )	1.2	( 1.0 - 1.4 )	0.3	( 0.1 - 0.4 )	0.1*	( 0.0 - 0.1 )
<b>Average</b>	<b>3.1</b>	<b>( 3.0 - 3.2 )</b>	<b>0.4</b>	<b>( 0.4 - 0.5 )</b>	<b>1.2</b>	<b>( 1.1 - 1.3 )</b>	<b>1.2</b>	<b>( 1.1 - 1.2 )</b>	<b>0.2</b>	<b>( 0.2 - 0.3 )</b>	<b>0.1</b>	<b>( 0.1 - 0.1 )</b>

\* 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.

## 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.<sup>10</sup> Data presented in this section are split into two groups. Tables reporting only 2013 data are presented in birth cohorts with 2009-2013 capturing children aged 0-4 years at the time of interview, 2004-2008 for children aged 5-9 years at the time of interview and 1998-2003 for children aged 10-15 years at the time of interview. A gender breakdown for 2013 data is supplied only for children aged 0-4 years. Data reported by year from 2002-2013 is provided only for children aged 0-4 years at the time of interview. Some of the data is therefore reported for smaller numbers of respondents due to the age specifications and this may lead to larger variation in the estimates reported compared with what is reported in other sections.

### 9.1 Birth weight

Birth weight is a key indicator of infant health, with low birth weight defined by the World Health Organisation (WHO) as less than 2,500 grams.<sup>12</sup> Babies born with a low birth weight have a greater risk of poor health and mortality and are more likely to develop significant disabilities.<sup>12</sup> The mean birth weight by birth cohort is shown in Table 26 and by gender for 0-4 year olds in Table 27.

**Table 26: Mean birth weight (grams) by birth cohort, HWSS 2013**

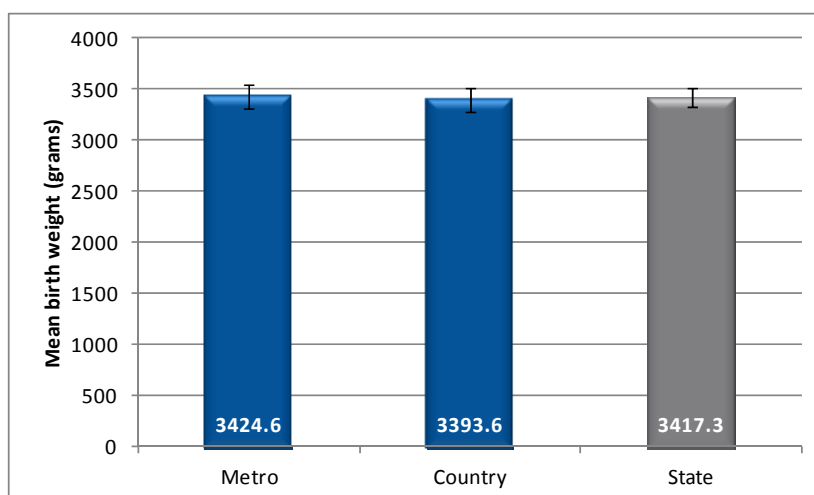
	$\bar{x}$	95% CI
<b>Birth Cohort</b>		
2009-2013	3417.3	( 3322.8 - 3511.8 )
2004-2008	3348.4	( 3251.0 - 3445.7 )
1998-2003	3282.2	( 3203.8 - 3360.6 )

**Table 27: Mean birth weight (grams), 0 – 4 year olds, HWSS 2013**

	$\bar{x}$	95% CI
<b>Gender</b>		
Boys	3441.2	( 3312.0 - 3570.4 )
Girls	3391.1	( 3248.4 - 3533.9 )
<b>Children</b>	<b>3417.3</b>	<b>( 3321.5 - 3513.1 )</b>

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

**Figure 7: Mean birth weight (grams), 0 – 4 year olds, by geographic area, HWSS 2013**



**Table 28: Mean birth weight (grams), 0-4 year olds, HWSS 2002-2013**

	$\bar{x}$	95% CI
2002	3360.7	( 3278.0 - 3443.4 )
2003	3376.0	( 3298.4 - 3453.6 )
2004	3331.6	( 3187.0 - 3476.1 )
2005	3355.2	( 3276.7 - 3433.7 )
2006	3339.8	( 3268.4 - 3411.3 )
2007	3456.0	( 3334.8 - 3577.3 )
2008	3245.6	( 3147.4 - 3343.8 )
2009	3406.0	( 3324.5 - 3487.5 )
2010	3339.8	( 3238.0 - 3441.5 )
2011	3318.4	( 3208.1 - 3428.8 )
2012	3202.2	( 3089.3 - 3315.1 )
2013	3416.8	( 3323.0 - 3510.7 )
<b>Average</b>	<b>3340.1</b>	<b>( 3312.8 - 3367.4 )</b>

The proportion of children born with a low birth weight, by birth cohort, is shown in Table 29.

**Table 29: Proportion of children born with a low birth weight, by birth cohort, HWSS 2013**

	%	95% CI
<b>Birth Cohort</b>		
2009-2013	N/A	( N/A - N/A )
2004-2008	6.0*	( 2.1 - 9.9 )
1998-2003	8.7	( 4.9 - 12.4 )

\* 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 proportion of children born with a low birth weight is shown in Table 30. The proportion of 0-4 year olds with a low birth weight in 2013 had a relative standard error above 50% and has been suppressed.

**Table 30: Proportion of children born with a low birth weight, 0–4 year olds, HWSS 2002 - 2013**

	Weight <2500 gms at birth or told baby was a low weight baby	
	%	95% CI
2002	6.4*	( 3.1 - 9.7 )
2003	4.7*	( 1.9 - 7.6 )
2004	5.5*	( 1.1 - 9.9 )
2005	7.3*	( 3.6 - 11.0 )
2006	6.2*	( 3.1 - 9.2 )
2007	6.5*	( 1.6 - 11.3 )
2008	9.0*	( 3.8 - 14.1 )
2009	2.9*	( 0.5 - 5.2 )
2010	10.3	( 5.4 - 15.2 )
2011	10.4*	( 3.8 - 17.1 )
2012	13.8	( 7.1 - 20.5 )
2013	N/A	( N/A - N/A )
<b>Average</b>	<b>7.3</b>	<b>( 6.0 - 8.5 )</b>

\* 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.

## 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.<sup>13</sup>

These tables are presented to reflect national breastfeeding indicators and provide users with the most relevant estimates possible for the WA community.<sup>14</sup> Respondents are asked if they breastfed, and if so, how long their child received breastmilk for, and at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids. All respondents are included in the data for Table 31, however only those who reported initiating breastfeeding their child are included in the subsequent tables.

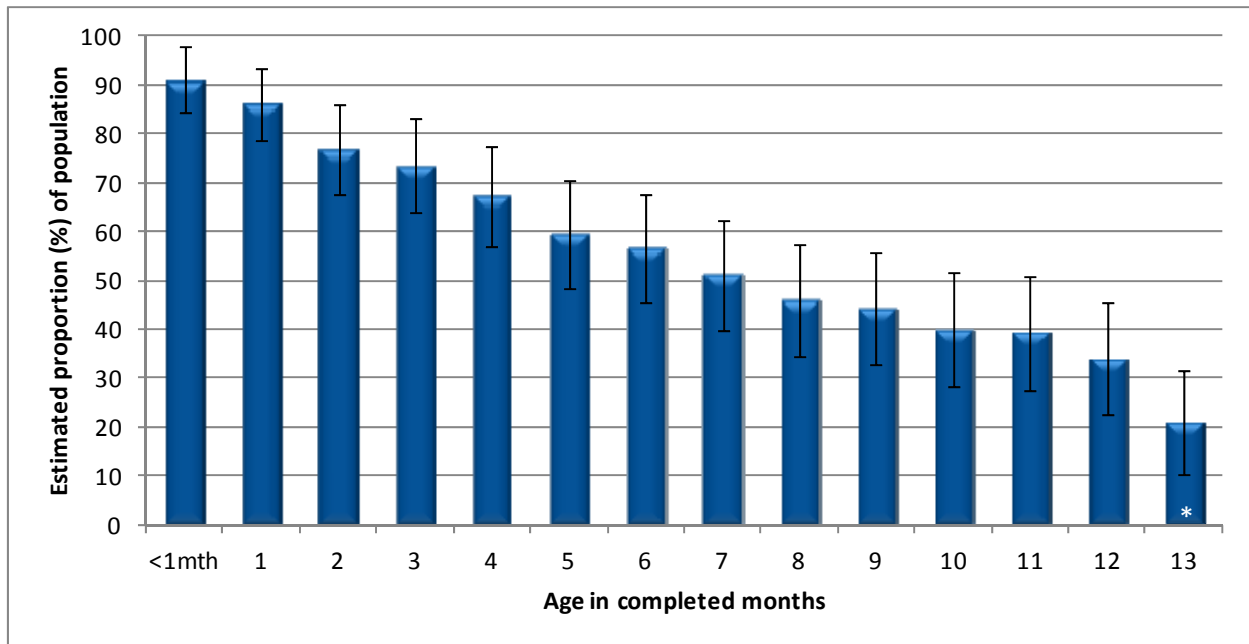
Table 31 and Figure 8 shows the proportion of children receiving breastmilk at each completed month of age. For example, children in the zero completed month (less than one month) category received some breastmilk from birth; children in the one completed month category received breastmilk for at least one whole month of life, and so on. The largest decreases are from one to two completed months and from 12 to 13 completed months, though these decreases are not significant.

**Table 31: Proportion of children receiving breastmilk at each completed month of age, 0-4 years, HWSS, 2013**

Age (completed months)	Proportion of children receiving breastmilk at each month of age	
	%	95% CI
0 (less than 1 month)	91.2	( 84.4 - 98.0 )
1	86.1	( 78.7 - 93.5 )
2	76.9	( 67.5 - 86.2 )
3	73.4	( 63.7 - 83.1 )
4	67.2	( 57.0 - 77.4 )
5	59.4	( 48.6 - 70.3 )
6	56.6	( 45.5 - 67.6 )
7	51.2	( 39.9 - 62.4 )
8	45.8	( 34.4 - 57.3 )
9	44.2	( 32.7 - 55.7 )
10	39.9	( 28.3 - 51.5 )
11	39.3	( 27.7 - 50.9 )
12	34.0	( 22.5 - 45.5 )
13	21.0 *	( 10.4 - 31.5 )

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

**Figure 8: Proportion of children receiving breastmilk at each completed month of age, 0-4 years, HWSS, 2013**



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

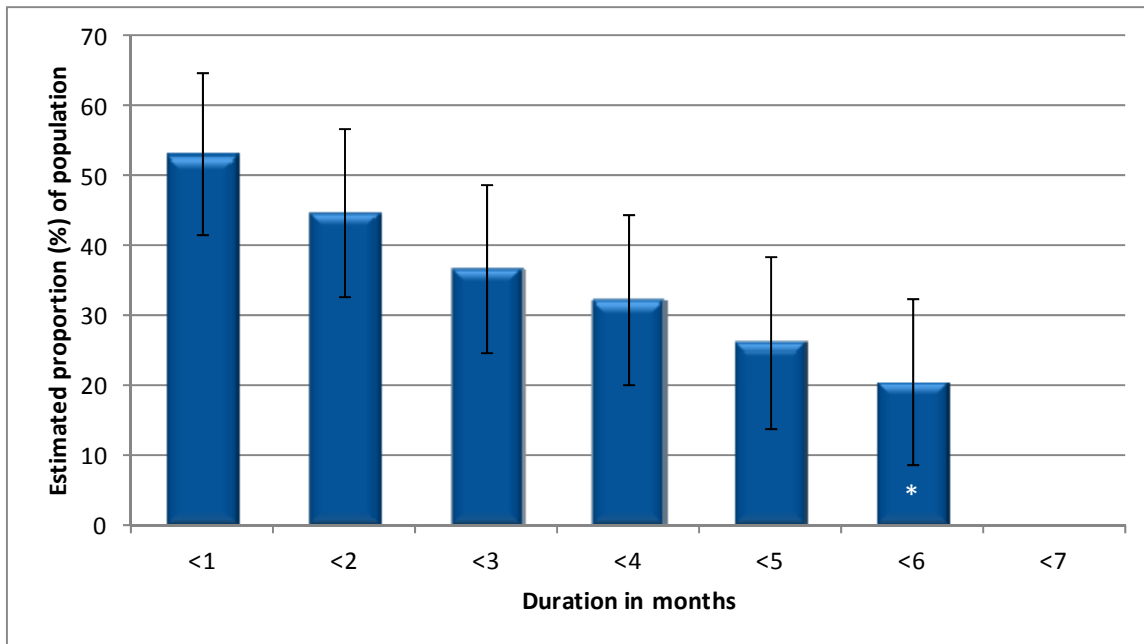
Table 32 and Figure 9 show the proportion of children who received breastmilk exclusively. Exclusive breastfeeding refers to children who received breastmilk in the designated period and did not receive water, infant formula, liquids other than water/formula, or foods other than liquids. There were no children surveyed who received breastmilk exclusively for 6 or more months.

**Table 32: Proportion of breastfed children exclusively breastfed by designated duration, 0-4years HWSS, 2013**

Duration exclusively breastfed for	Proportion of breastfed children	
	%	95% CI
Less than 1 month	53.1	( 41.5 - 64.7 )
Less than 2 months	44.9	( 32.8 - 56.9 )
Less than 3 months	36.7	( 24.6 - 48.9 )
Less than 4 months	32.2	( 20.0 - 44.4 )
Less than 5 months	26.2	( 13.9 - 38.4 )
Less than 6 months	20.6*	( 8.6 - 32.6 )
Less than 7 months	0.0	( 0.0 - 0.0 )

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

**Figure 9: Proportion of breastfed children exclusively breastfed by designated duration, 0-4years HWSS, 2013**



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

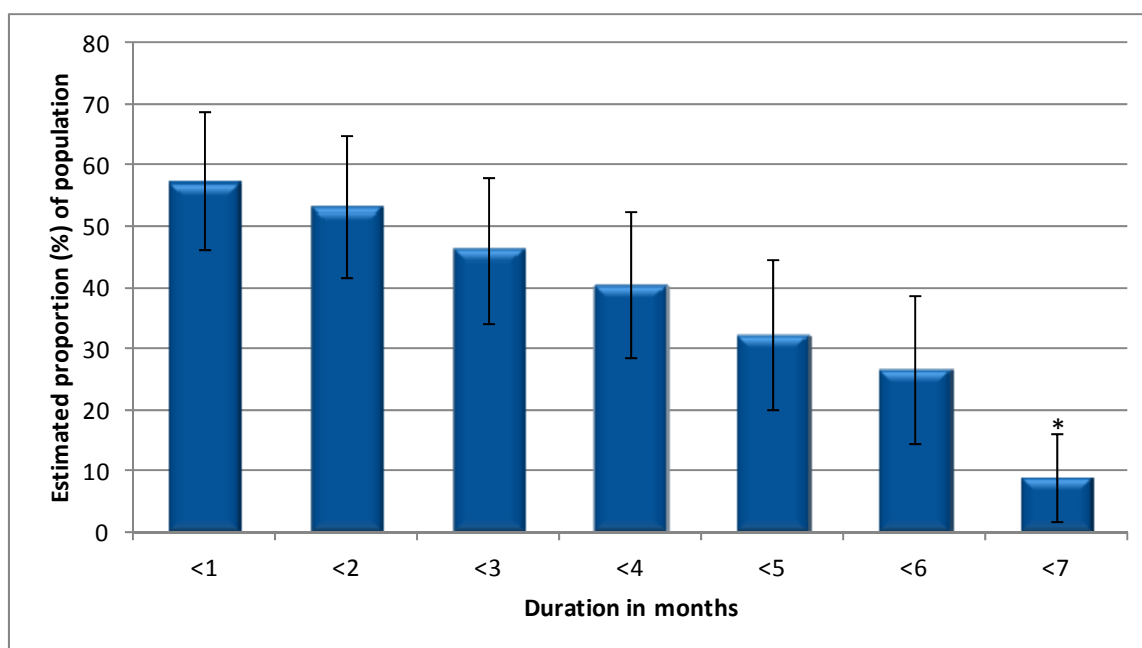
Table 33 and Figure 10 show the proportion of children who received breastmilk predominantly. Predominant breastfeeding refers to children who received breastmilk in the designated period and did not receive infant formula or foods other than liquids. There is the largest decrease in predominant breastfeeding when children reach 6 months of age.

**Table 33: Proportion of breastfed children predominantly breastfed by designated duration, 0-4years, HWSS, 2013**

Duration predominantly breastfed for	Proportion of breastfed children	
	%	95% CI
Less than 1 month	57.4	( 46.1 - 68.7 )
Less than 2 months	53.3	( 41.7 - 64.8 )
Less than 3 months	46.2	( 34.3 - 58.1 )
Less than 4 months	40.5	( 28.5 - 52.6 )
Less than 5 months	32.3	( 20.0 - 44.5 )
Less than 6 months	26.6	( 14.4 - 38.7 )
Less than 7 months	9.0*	( 1.9 - 16.1 )

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

**Figure 10: Proportion of breastfed children predominantly breastfed by designated duration, 0-4years HWSS, 2013**



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

Table 34 and Figure 11 show the proportion of children who received food other than liquid at each completed month of age. This table gives an indication of when parents introduce solids to their child’s diet. National guidelines recommend that parents introduce solids at around 6 months.<sup>13</sup> Estimates show a significant increase in the introduction of foods other than liquids from 5 to 6 completed months.

**Table 34: Proportion of breastfed children having been introduced to food other than liquid at each completed month of age, 0-4years, HWSS, 2013**

Age (completed months)	Proportion of breastfed children having introduced food other than liquid	
	%	95% CI
0 (less than 1 month)	7.0	( 1.6 - 12.4 )
1	7.0	( 1.6 - 12.4 )
2	7.8	( 2.2 - 13.5 )
3	7.8	( 4.0 - 15.9 )
4	23.0	( 13.9 - 32.0 )
5	43.6	( 32.1 - 55.0 )
6	78.2	( 66.5 - 89.9 )
7	80.7	( 69.2 - 92.2 )
8	93.7	( 88.0 - 99.5 )
9	96.6	( 93.3 - 99.8 )
10	98.3	( 96.5 - 100.0 )
11	98.5	( 96.6 - 100.0 )
12	99.4	( 98.6 - 100.0 )



**Figure 11: Proportion of breastfed children having been introduced to food other than liquid at each completed month of age, 0-4 years, HWSS, 2013**

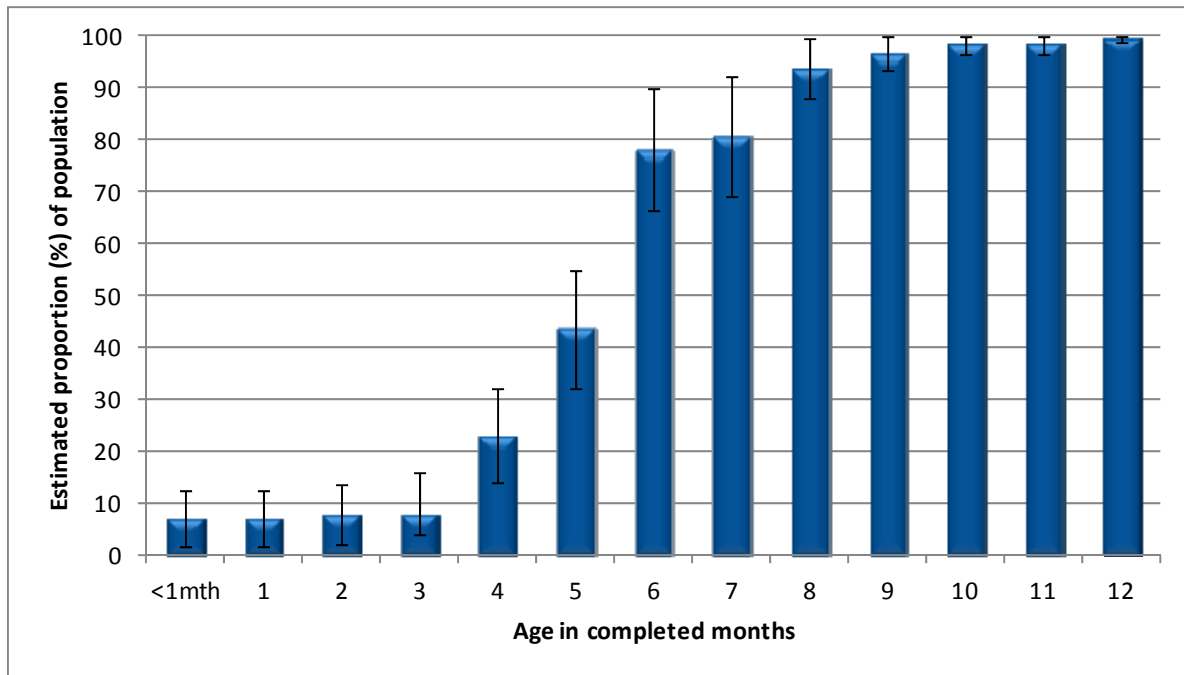
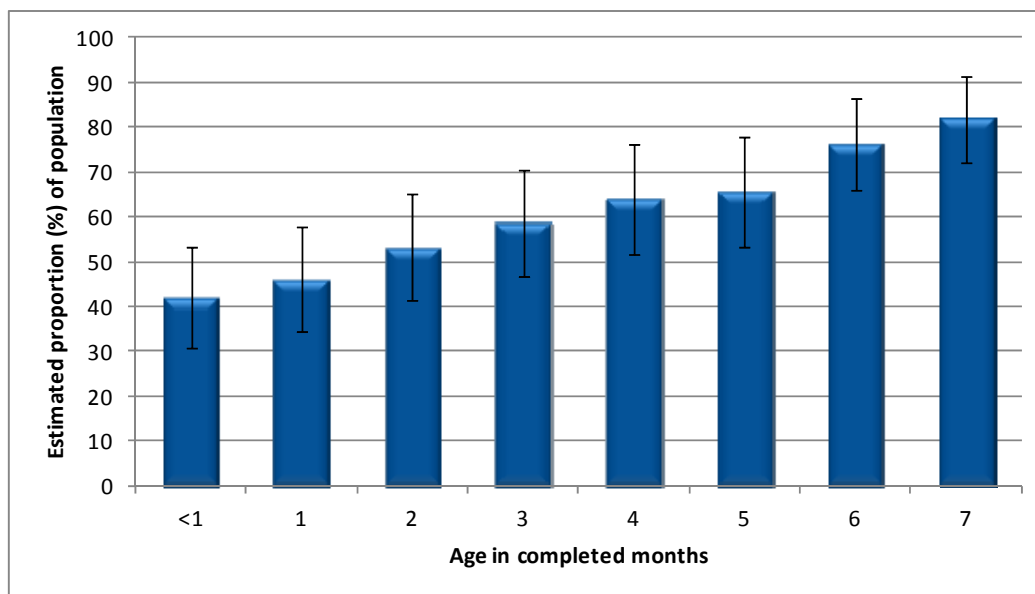


Table 35 and Figure 12 show the proportion of children who received infant formula at each completed month of age. This table gives an indication of when parents introduce infant formula. National guidelines recommend that breastfeeding should be promoted as the first and best option, but that infant formula is the only suitable and safe alternative.<sup>13</sup> Over 1 in 3 children were introduced to infant formula in their first month of life.

**Table 35: Proportion of breastfed children having introduced infant formula at each completed month of age, HWSS, 2013**

Age (completed months)	Proportion of breastfed children having introduced infant formula	
	%	95% CI
0 (less than 1 month)	41.9	( 30.7 - 53.2 )
1	46.1	( 34.5 - 57.6 )
2	53.2	( 41.3 - 65.1 )
3	58.6	( 46.6 - 70.6 )
4	64.0	( 51.8 - 76.1 )
5	65.6	( 53.4 - 77.8 )
6	76.2	( 66.1 - 86.3 )
7	81.8	( 72.3 - 91.3 )

**Figure 12: Proportion of breastfed children having introduced infant formula at each completed month of age, 0-4years, HWSS, 2013**



### 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.<sup>15</sup> The proportion of children who were perceived to be late in starting to talk and the proportion of children perceived to need and received professional help (speech therapy) are shown in Table 36 by birth cohort.

**Table 36: Proportion of children late talking and needing professional help with speech, 2 year olds and over, by birth cohort, HWSS 2013**

	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
<b>Birth Cohort</b>						
2009-2011	21.6*	( 10.9 - 32.3 )	19.2*	( 8.5 - 29.8 )	87.6	( 70.0 - 100.0 )
2004-2008	17.0	( 10.5 - 23.4 )	25.1	( 17.7 - 32.5 )	92.9	( 84.6 - 100.0 )
1998-2003	18.2	( 13.0 - 23.4 )	22.7	( 16.8 - 28.5 )	92.2	( 84.8 - 99.5 )

\* 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.<sup>6</sup> These modifiable lifestyle behaviours are also associated with the onset of some physiological risk factors, such as obesity.

### 10.1 Physical Activity

Physical inactivity is a behavioural risk factor associated with several chronic health conditions, including coronary heart disease, stroke and diabetes. Being physically active reduces the risk of developing such conditions, while also improving general wellbeing.<sup>16</sup> Parents/carers were asked to rate their child's physical activity level, as shown in Table 37.

**Table 37: Parent-rated physical activity for children 5–15 years, HWSS 2013**

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	49.5	( 41.3 - 57.7 )	34.4	( 26.4 - 42.4 )	15.7	( 9.8 - 21.6 )	N/A	( N/A - N/A )
10 to 15 yrs	43.6	( 36.7 - 50.5 )	27.2	( 20.9 - 33.4 )	23.5	( 17.5 - 29.5 )	5.7*	( 2.5 - 8.9 )
<b>Gender</b>								
Boys	54.9	( 47.5 - 62.3 )	26.6	( 19.8 - 33.4 )	15.5	( 10.2 - 20.8 )	3.0*	( 0.6 - 5.3 )
Girls	37.0	( 29.8 - 44.3 )	34.6	( 27.2 - 42.0 )	24.7	( 18.1 - 31.3 )	3.7*	( 0.9 - 6.4 )
<b>Children</b>	46.3	( 41.0 - 51.6 )	30.5	( 25.4 - 35.5 )	19.9	( 15.7 - 24.2 )	3.3*	( 1.5 - 5.1 )

\* 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.

Children aged 10 to 15 years were less likely to be rated as very active and active compared with 5 to 9 year olds, however this was not statistically significant.

The annual estimates of physical activity ratings are shown in Table 38.

**Table 38: Parent-rated physical activity for children aged 5–15 years, HWSS 2005 – 2013**

	Very active		Active		Moderately active		Not very active/ Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	48.8	( 44.3 - 53.3 )	28.6	( 24.6 - 32.6 )	17.4	( 13.8 - 20.9 )	5.2	( 3.2 - 7.2 )
2006	50.3	( 46.2 - 54.4 )	28.7	( 25.0 - 32.3 )	18.5	( 15.5 - 21.6 )	2.5	( 1.4 - 3.6 )
2007	51.5	( 45.7 - 57.2 )	26.0	( 21.0 - 30.9 )	19.2	( 14.7 - 23.7 )	3.4*	( 1.3 - 5.4 )
2008	53.2	( 47.9 - 58.6 )	26.9	( 22.2 - 31.7 )	14.6	( 10.8 - 18.3 )	5.3	( 3.1 - 7.5 )
2009	47.8	( 45.3 - 50.3 )	32.8	( 30.5 - 35.1 )	15.4	( 13.6 - 17.2 )	4.0	( 3.1 - 4.9 )
2010	51.6	( 46.6 - 56.5 )	29.3	( 24.8 - 33.7 )	14.0	( 10.7 - 17.4 )	5.2	( 2.9 - 7.4 )
2011	52.2	( 46.7 - 57.8 )	28.4	( 23.3 - 33.5 )	17.2	( 12.9 - 21.4 )	2.2*	( 0.8 - 3.6 )
2012	49.7	( 44.8 - 54.7 )	30.1	( 25.6 - 34.7 )	14.6	( 11.1 - 18.1 )	5.5	( 3.2 - 7.8 )
2013	46.4	( 41.2 - 51.6 )	30.3	( 25.4 - 35.2 )	20.0	( 15.8 - 24.2 )	3.4*	( 1.5 - 5.2 )
<b>Average</b>	<b>49.5</b>	<b>( 48.1 - 51.0 )</b>	<b>30.1</b>	<b>( 28.8 - 31.4 )</b>	<b>16.3</b>	<b>( 15.2 - 17.3 )</b>	<b>4.1</b>	<b>( 3.5 - 4.6 )</b>

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

In 2006, questions were included in the survey to enable reporting against the 2004 recommendations outlined in the publication Australia's Physical Activity Recommendations for Children.<sup>17, 18</sup> The recommendations for children aged between 5 and 18 years are to participate in at least 60 minutes of moderate to vigorous physical activity each day and to spend no more than two hours a day watching TV, videos or using the computer.<sup>18, 17</sup> The results of weekly physical activity for children aged 5 to 15 years are shown in Table 39.

**Table 39: Weekly physical activity for children aged 5–15 years, HWSS 2013**

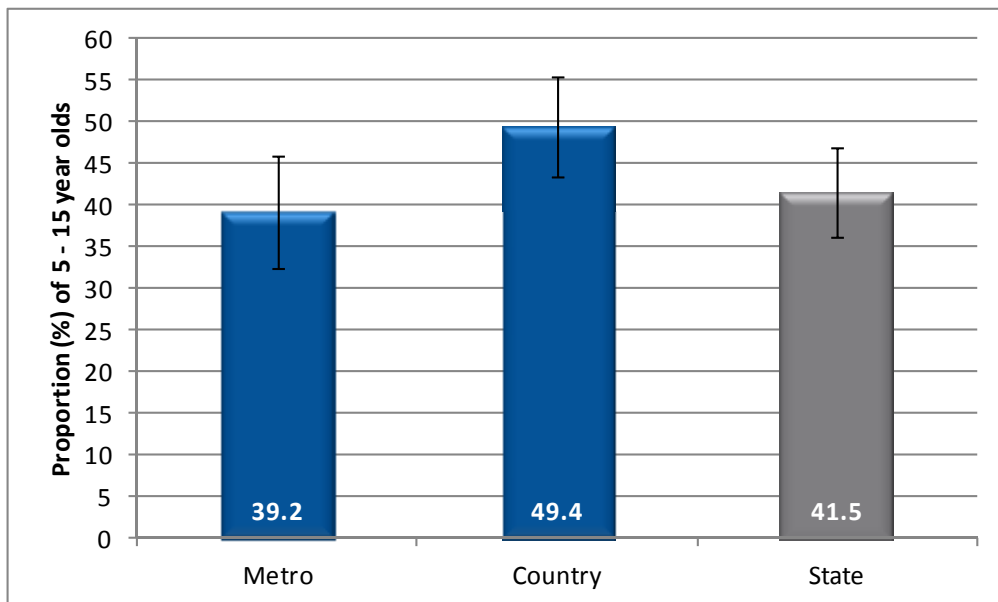
	No sessions of physical activity		Physically active 1 to 6 sessions		Physically active 7 or more sessions but less than 60 mins a session		Physically active 7 or more sessions and more than 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	5.4*	( 1.4 - 9.3 )	28.9	( 21.5 - 36.3 )	21.8	( 14.6 - 29.0 )	43.9	( 35.7 - 52.1 )
10 to 15 yrs	6.8*	( 3.0 - 10.6 )	39.4	( 32.6 - 46.3 )	14.3	( 9.5 - 19.0 )	39.5	( 32.6 - 46.5 )
<b>Gender</b>								
Boys	5.3*	( 1.9 - 8.8 )	26.3	( 19.7 - 32.8 )	19.3	( 13.2 - 25.4 )	49.1	( 41.6 - 56.7 )
Girls	7.0*	( 2.7 - 11.3 )	43.4	( 35.9 - 51.0 )	16.0	( 10.3 - 21.7 )	33.6	( 26.3 - 40.8 )
<b>Children</b>	<b>6.1</b>	<b>( 3.4 - 8.9 )</b>	<b>34.6</b>	<b>( 29.6 - 39.7 )</b>	<b>17.7</b>	<b>( 13.5 - 21.9 )</b>	<b>41.5</b>	<b>( 36.2 - 46.8 )</b>

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

There was a significant difference between genders completing the recommended amount of physical activity with 49.1% of boys meeting the guidelines compared with 33.6% of girls. Overall, less than half of children (41.5%) met the physical activity recommendations for 5 to 18 year olds of 60 minutes of moderate to vigorous activity every day.

Figure 13 shows the proportion of 5–15 year olds, meeting the recommended levels of physical activity for their age by geographic area of residence. Children aged 5–15 years in country areas were more likely to complete sufficient levels of physical activity compared with their metro counterparts (49.4% compared with 39.2%), however this difference was not statistically significant.

**Figure 13: Proportion of children aged 5–15 years, meeting recommended guidelines for physical activity, by geographic area, HWSS 2013**



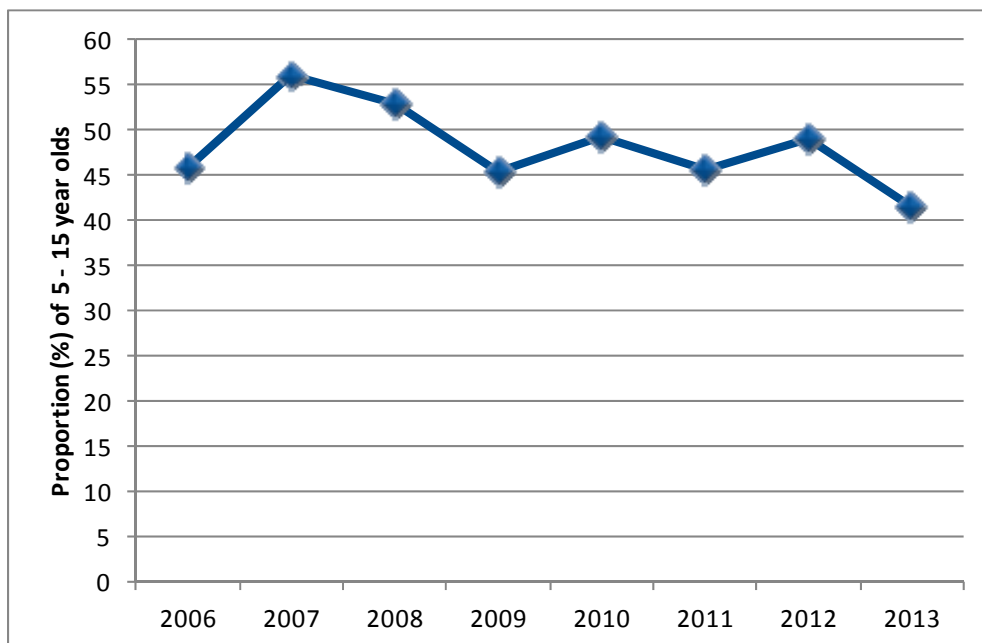
The annual prevalence estimates of weekly physical activity are shown in Table 40 and Figure 14. The proportion of children completing sufficient levels of physical activity was the lowest on record in 2013 (41.6%). This was significantly lower than the 2007 (56.0%) and 2008 (52.8%) prevalence estimates.

**Table 40: Weekly physical activity for children aged 5–15 years, HWSS 2006–2013**

	Did no sessions of physical activity last week		Was physically active 1 to 6 sessions		Was physically active for 7 or more sessions but did less than 60 minutes a session		Was physically active for 7 or more sessions and did 60 minutes or more a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2006	2.2	( 1.2 - 3.2 )	31.6	( 27.7 - 35.4 )	20.3	( 17.0 - 23.7 )	45.9	( 41.8 - 50.0 )
2007	2.7*	( 1.0 - 4.3 )	26.5	( 21.4 - 31.6 )	14.8	( 10.8 - 18.7 )	56.0	( 50.2 - 61.8 )
2008	3.3*	( 1.5 - 5.2 )	28.6	( 23.4 - 33.7 )	15.3	( 11.5 - 19.2 )	52.8	( 47.2 - 58.4 )
2009	4.0	( 3.0 - 4.9 )	36.3	( 33.9 - 38.7 )	14.4	( 12.6 - 16.1 )	45.4	( 42.9 - 47.9 )
2010	3.3*	( 1.5 - 5.0 )	32.7	( 27.1 - 38.3 )	14.8	( 10.7 - 19.0 )	49.2	( 43.2 - 55.1 )
2011	4.0*	( 1.3 - 6.7 )	32.1	( 26.9 - 37.4 )	18.3	( 14.1 - 22.6 )	45.5	( 40.0 - 51.1 )
2012	4.6	( 2.4 - 6.8 )	31.9	( 27.4 - 36.4 )	14.4	( 10.9 - 17.9 )	49.1	( 44.1 - 54.1 )
2013	6.1	( 3.4 - 8.8 )	34.7	( 29.7 - 39.6 )	17.6	( 13.5 - 21.7 )	41.6	( 36.4 - 46.8 )
<b>Average</b>	<b>3.8</b>	<b>( 3.2 - 4.4 )</b>	<b>33.1</b>	<b>( 31.6 - 34.5 )</b>	<b>16.0</b>	<b>( 14.9 - 17.2 )</b>	<b>47.1</b>	<b>( 45.5 - 48.6 )</b>

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

**Figure 14: Proportion of children aged 5–15 years completing sufficient levels of physical activity per week, HWSS 2006–2013**



Guidelines are available on the maximum amount of time children aged 0 to 18 years should spend using computers and watching television each day during leisure time.<sup>19, 17,18</sup>

The proportion of children who met the guidelines for their specific age group is shown in Table 41. Children aged 2 to 5 years (25.5%) were significantly less likely to meet the daily viewing guidelines compared with children aged less than 2 (76.3%), and children aged 5-15 years (74.5%).

**Table 41: Proportion watching TV, videos or using the computer based on Australian guidelines, on average, for children aged 0–15 years, HWSS 2013**

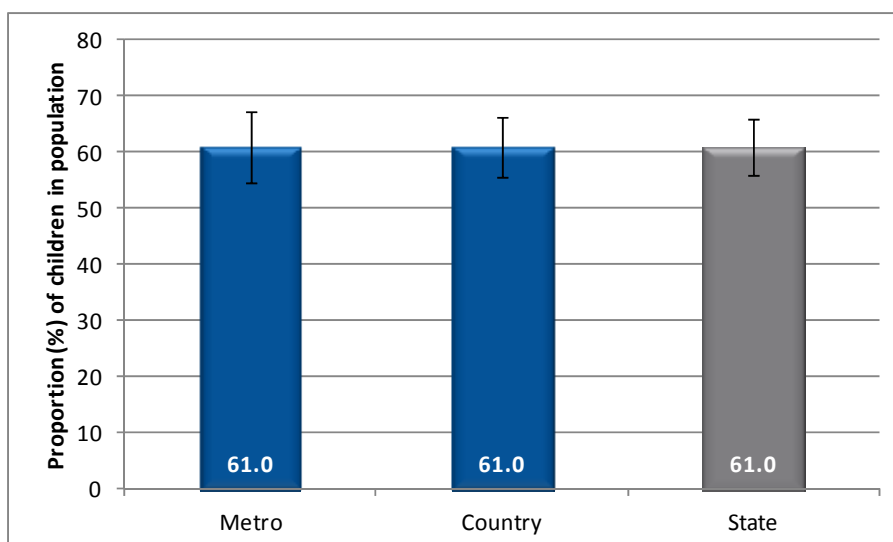
	Does not meet recommended daily guidelines		Meets guidelines for daily TV viewing (a)	
	%	95% CI	%	95% CI
<b>Age Group</b>				
0 to < 2 yrs	23.7*	( 9.1 - 38.2 )	76.3	( 61.8 - 90.9 )
2 to <5 yrs	74.5	( 63.3 - 85.8 )	25.5	( 14.2 - 36.7 )
5 to 15 yrs	25.5	( 20.7 - 30.3 )	74.5	( 69.7 - 79.3 )
<b>Gender</b>				
Boys	35.8	( 29.0 - 42.7 )	64.2	( 57.3 - 71.1 )
Girls	41.9	( 34.8 - 49.0 )	58.1	( 51.0 - 65.2 )
<b>Children</b>	39.0	( 34.0 - 44.0 )	61.0	( 56.0 - 66.0 )

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

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

Figure 15 shows the proportion of children meeting the TV viewing time guidelines by area of geographic residence.

**Figure 15: Proportion of children meeting the TV viewing guidelines (a), for children aged 0–15 years, by geographic areas, HWSS 2013**



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

The annual proportion of children watching TV, videos or using the computer in leisure time is shown in Table 42 and Figure 16.

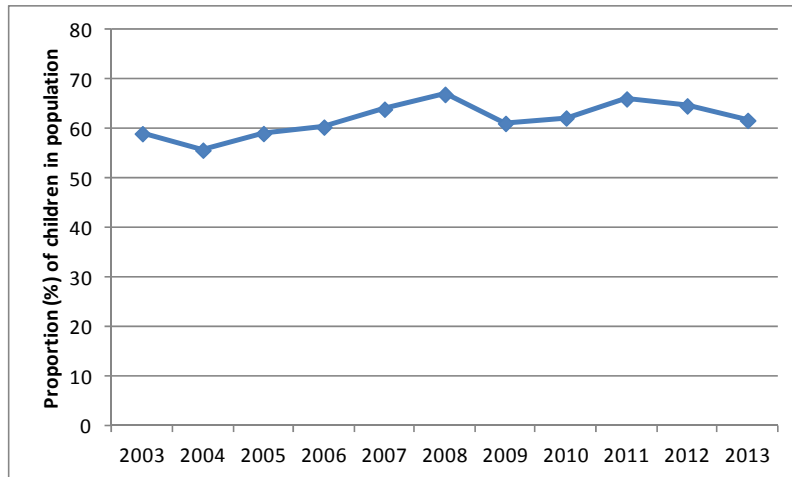
**Table 42: Proportion watching TV, videos or using the computer based on Australian guidelines, on average, for children aged 0–15 years, HWSS 2003–2013**

	Meets guidelines for daily TV viewing (a)		Does not meet recommended daily guidelines	
	%	95% CI	%	95% CI
2003	59.0	( 55.6 - 62.4 )	41.0	( 37.6 - 44.4 )
2004	55.7	( 50.4 - 60.9 )	44.3	( 39.1 - 49.6 )
2005	59.0	( 55.4 - 62.7 )	41.0	( 37.3 - 44.6 )
2006	60.4	( 57.0 - 63.7 )	39.6	( 36.3 - 43.0 )
2007	64.0	( 59.2 - 68.7 )	36.0	( 31.3 - 40.8 )
2008	67.0	( 62.6 - 71.3 )	33.0	( 28.7 - 37.4 )
2009	61.1	( 58.2 - 64.1 )	38.9	( 35.9 - 41.8 )
2010	62.2	( 58.1 - 66.3 )	37.8	( 33.7 - 41.9 )
2011	66.0	( 61.4 - 70.7 )	34.0	( 29.3 - 38.6 )
2012	64.6	( 60.5 - 68.8 )	35.4	( 31.2 - 39.5 )
2013	61.7	( 56.9 - 66.5 )	38.3	( 33.5 - 43.1 )
<b>Average</b>	<b>61.5</b>	<b>( 60.4 - 62.7 )</b>	<b>38.5</b>	<b>( 37.3 - 39.6 )</b>

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



**Figure 16: Proportion of children aged 0–15 years, meeting TV viewing Australian guidelines, on average, HWSS 2003–2013**



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

## 10.2 Body mass index

Parents/carers were asked to provide their child’s height without shoes and their weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared. Age and sex specific BMI categories were then used to classify the children into not overweight or obese, overweight, and obese,<sup>20</sup> as shown in Table 43. Outliers and biologically implausible values were removed in the derivation of these categories.<sup>21</sup>

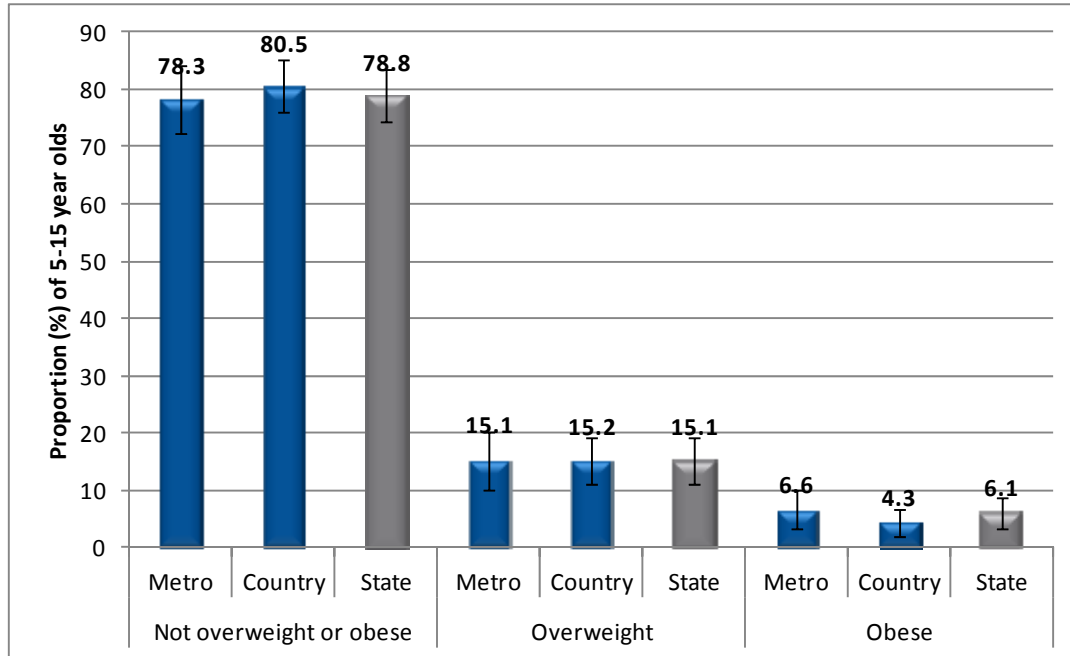
**Table 43: Prevalence of body mass index categories for children aged 5–15 years, HWSS 2013**

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
5 to 9 yrs	75.3	( 67.6 - 82.9 )	16.1	( 9.5 - 22.7 )	8.6*	( 3.8 - 13.5 )
10 to 15 yrs	81.5	( 76.0 - 87.0 )	14.4	( 9.4 - 19.4 )	4.1*	( 1.4 - 6.8 )
<b>Gender</b>						
Boys	74.8	( 67.9 - 81.6 )	16.6	( 10.8 - 22.4 )	8.7*	( 4.1 - 13.3 )
Girls	83.0	( 77.1 - 88.9 )	13.7	( 8.0 - 19.3 )	3.3*	( 1.1 - 5.5 )
<b>Children</b>	<b>78.8</b>	<b>( 74.2 - 83.4 )</b>	<b>15.1</b>	<b>( 11.1 - 19.2 )</b>	<b>6.1</b>	<b>( 3.4 - 8.7 )</b>

\* 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 body mass index categories for children aged 5–15 years, by geographic area, HWSS 2013**



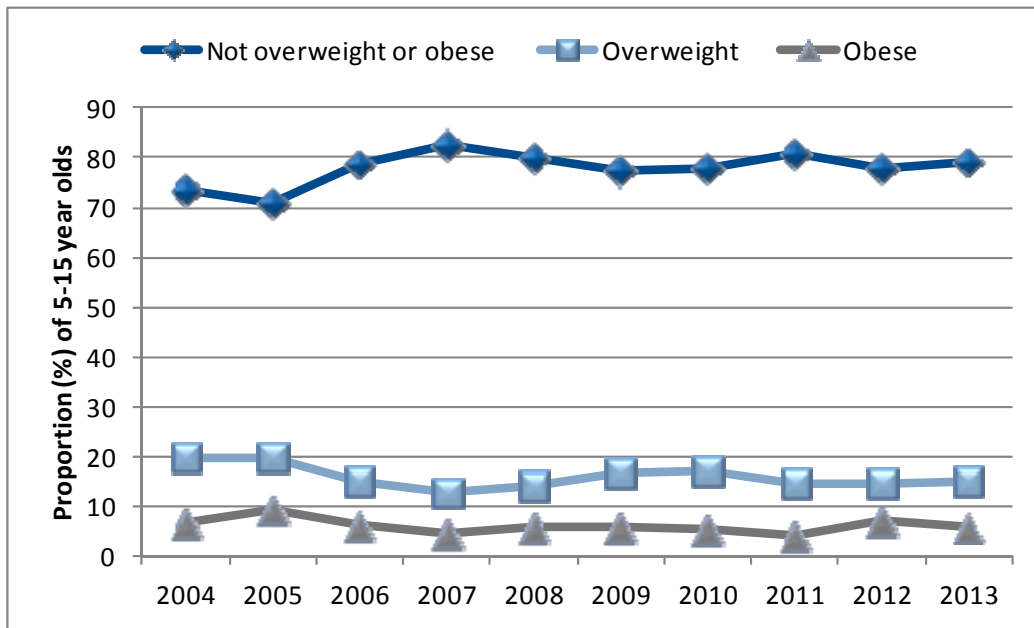
The annual prevalence of body mass index categories are shown in Table 44 and Figure 18. There were no statistically significant changes over time in any of the three categories.

**Table 44: Prevalence of body mass index categories for children 5–15 years, HWSS 2004–2013**

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
2004	73.6	( 66.6 - 80.6 )	19.7	( 13.3 - 26.0 )	6.7*	( 2.9 - 10.6 )
2005	70.7	( 65.4 - 76.1 )	19.9	( 15.3 - 24.6 )	9.3	( 5.8 - 12.9 )
2006	78.8	( 74.7 - 82.9 )	15.1	( 11.4 - 18.7 )	6.1	( 3.8 - 8.5 )
2007	82.5	( 77.2 - 87.7 )	12.9	( 8.2 - 17.6 )	4.6*	( 1.9 - 7.3 )
2008	80.2	( 75.3 - 85.0 )	14.1	( 9.9 - 18.2 )	5.8	( 3.1 - 8.5 )
2009	77.3	( 75.1 - 79.5 )	16.8	( 14.9 - 18.8 )	5.8	( 4.7 - 7.0 )
2010	77.7	( 73.3 - 82.1 )	17.0	( 12.9 - 21.0 )	5.3	( 3.1 - 7.5 )
2011	81.0	( 76.6 - 85.4 )	14.7	( 10.8 - 18.5 )	4.3*	( 1.9 - 6.8 )
2012	77.9	( 73.7 - 82.1 )	14.7	( 11.3 - 18.2 )	7.3	( 4.5 - 10.2 )
2013	79.0	( 74.6 - 83.5 )	15.1	( 11.1 - 19.0 )	5.9	( 3.4 - 8.4 )
<b>Average</b>	<b>77.6</b>	<b>( 76.4 - 78.9 )</b>	<b>16.2</b>	<b>( 15.1 - 17.4 )</b>	<b>6.1</b>	<b>( 5.4 - 6.9 )</b>

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

Figure 18: Prevalence of body mass index categories for children 5–15 years, HWSS 2004–2013



Respondents were also asked for their perceptions of the child’s weight, Table 45. The majority of respondents perceived their child to be of a normal weight. The proportion of children perceived to be overweight/very overweight was significantly lower than the number of children actually classified as overweight or obese, based on BMI (Table 43).

Table 45: Prevalence of body mass index categories by respondent perceptions, HWSS 2013

	Underweight		Normal weight		Overweight/ Very Overweight	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
5 to 9 yrs	9.5*	( 4.3 - 14.7 )	87.4	( 81.8 - 93.0 )	3.1*	( 0.8 - 5.4 )
10 to 15 yrs	11.5	( 7.1 - 15.9 )	79.8	( 74.3 - 85.3 )	8.7	( 5.0 - 12.5 )
<b>Gender</b>						
Boys	13.9	( 8.7 - 19.2 )	81.0	( 75.3 - 86.7 )	5.0*	( 2.4 - 7.6 )
Girls	7.0*	( 3.0 - 11.0 )	85.6	( 80.2 - 91.0 )	7.4*	( 3.5 - 11.3 )
<b>Children</b>	10.6	( 7.2 - 13.9 )	83.2	( 79.3 - 87.2 )	6.2	( 3.8 - 8.5 )

\* 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 46). Parent's intention for their child aged 5 to 15 years to gain weight was significantly more likely for boys (11.0%) compared with girls (0.7%).

**Table 46: Respondent's intentions regarding child's weight, HWSS 2013**

	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
<b>Age Group</b>								
5 to 9 yrs	4.5*	( 1.2 - 7.9)	6.1*	( 2.1 - 10.1)	17.8	( 11.8 - 23.8)	71.5	( 64.3 - 78.8)
10 to 15 yrs	9.7	( 5.1 - 14.2)	5.9*	( 2.9 - 9.0)	17.4	( 12.6 - 22.1)	67.0	( 60.6 - 73.4)
<b>Gender</b>								
Boys	6.0*	( 2.6 - 9.4)	11.0	( 6.4 - 15.6)	17.1	( 12.0 - 22.3)	65.9	( 59.1 - 72.7)
Girls	8.8*	( 3.9 - 13.6)	0.7*	( 0.1 - 1.3)	18.1	( 12.6 - 23.6)	72.5	( 65.7 - 79.3)
<b>Children</b>	7.3	( 4.4 - 10.3)	6.0	( 3.6 - 8.5)	17.6	( 13.8 - 21.3)	69.1	( 64.3 - 73.9)

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

### 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.<sup>22</sup> Table 47 shows the mean times children were sunburnt in the past 12 months. The mean times sunburnt increased significantly with age.

**Table 47: Mean times sunburnt in past 12 months, HWSS 2013**

	$\bar{x}$	95% CI
<b>Age Group</b>		
0 to 4 yrs	0.6	( 0.4 - 0.8)
5 to 9 yrs	1.4	( 1.1 - 1.7)
10 to 15 yrs	2.2	( 1.9 - 2.5)
<b>Gender</b>		
Boys	1.5	( 1.3 - 1.8)
Girls	1.4	( 1.1 - 1.6)
<b>Children</b>	1.5	( 1.3 - 1.6)

The annual mean times sunburnt in the past 12 months are shown in Table 48.

**Table 48: Mean times sunburnt in past 12 months, HWSS 2002–2013**

	$\bar{x}$	95% CI
2002	1.7	( 1.4 - 2.1 )
2003	1.5	( 1.3 - 1.6 )
2004	1.7	( 1.5 - 1.9 )
2005	1.3	( 1.2 - 1.5 )
2006	1.6	( 1.3 - 1.7 )
2007	1.5	( 1.3 - 1.7 )
2008	1.4	( 1.2 - 1.5 )
2009	1.2	( 1.1 - 1.3 )
2010	1.4	( 1.2 - 1.6 )
2011	1.5	( 1.3 - 1.7 )
2012	1.2	( 1.1 1.4 )
2013	1.5	( 1.3 1.7 )
<b>Average</b>	<b>1.4</b>	<b>( 1.4 - 1.5 )</b>

Table 49 shows how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (i.e. wear a hat, use sunscreen and keep covered). Parents/ carers were significantly less likely to always check that 10-15 year olds were adequately protected before going out into the sun compared with children aged 0-4 years (52.4% compared with 82.1%).

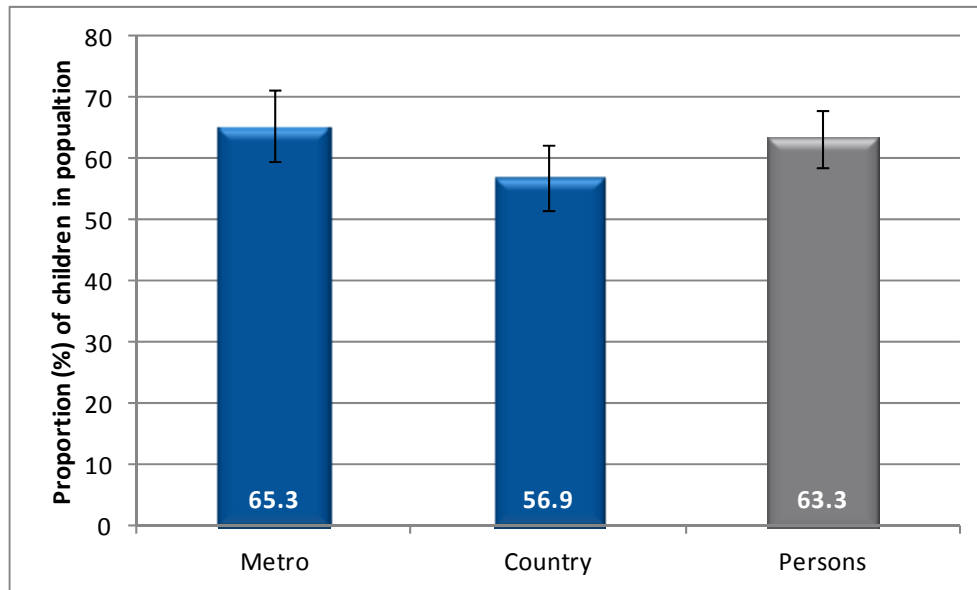
**Table 49: How often parent/carer checks to see if child is adequately protected before going out into sunlight, HWSS 2013**

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
0 to 4 yrs	82.1	( 74.7 - 89.6 )	15.2	( 8.2 - 22.1 )	N/A	( N/A - N/A )	N/A	( N/A - N/A )
5 to 9 yrs	56.5	( 48.3 - 64.6 )	38.2	( 30.2 - 46.1 )	3.6*	( 0.6 - 6.6 )	N/A	( N/A - N/A )
10 to 15 yrs	52.4	( 45.5 - 59.3 )	41.3	( 34.5 - 48.2 )	5.6*	( 2.6 - 8.5 )	0.7	( 0.2 - 1.3 )
<b>Gender</b>								
Boys	63.4	( 56.9 - 69.9 )	33.0	( 26.7 - 39.3 )	3.4*	( 1.2 - 5.5 )	N/A	( N/A - N/A )
Girls	63.2	( 56.4 - 69.9 )	30.6	( 24.3 - 36.9 )	3.9*	( 1.7 - 6.2 )	N/A	( N/A - N/A )
<b>Children</b>	<b>63.3</b>	<b>( 58.6 - 68.0 )</b>	<b>31.9</b>	<b>( 27.4 - 36.3 )</b>	<b>3.6</b>	<b>( 2.1 - 5.2 )</b>	<b>1.2*</b>	<b>( 0.1 - 2.3 )</b>

\* 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.

Figure 19 shows the proportion 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. Children residing in the metro areas of the State were more likely to be always checked before going into the sun compared with children residing in the country (65.3% compared with 56.9%), however this difference was not statistically significant.

**Figure 19: Proportion of parents/carers that always check that child is adequately protected before going into the sun, by geographic areas, HWSS 2013**



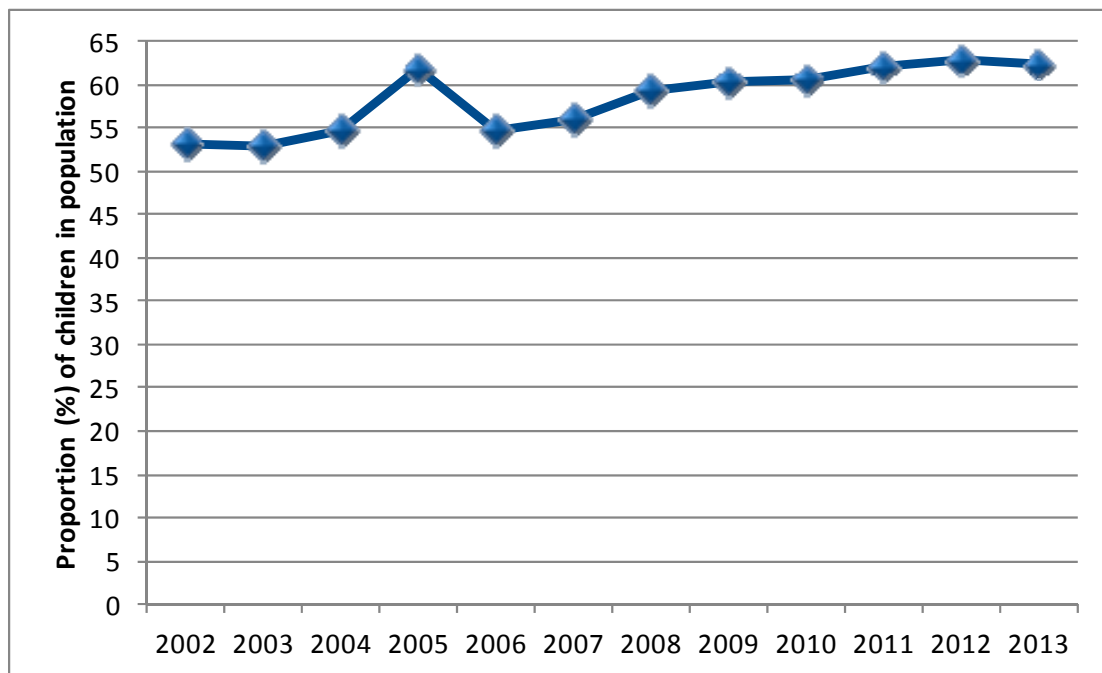
The annual prevalence estimates of parents/carers checking to see if their child is adequately protected before going out into sunlight are shown in Table 50 and Figure 20. The proportion of children always checked by a parent/carer for adequate sun protection before going into sunlight has gradually increased since 2002, and has maintained a constant proportion of over 60% for the past five years.

**Table 50: How often parent/carer checks to see if child is adequately protected before going out into sunlight, HWSS 2002–2013**

	Always		Most of the time		Sometimes		Rarely/Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	53.1	( 49.2 - 57.0 )	41.5	( 37.6 - 45.4 )	4.1	( 2.7 - 5.5 )	1.3*	( 0.5 - 2.2 )
2003	52.9	( 49.4 - 56.3 )	41.1	( 37.7 - 44.5 )	4.5	( 3.3 - 5.7 )	1.5*	( 0.7 - 2.4 )
2004	54.6	( 49.4 - 59.9 )	38.3	( 33.1 - 43.4 )	6.1	( 3.5 - 8.7 )	N/A	( N/A - N/A )
2005	61.8	( 58.2 - 65.5 )	31.5	( 28.1 - 35.0 )	5.6	( 3.8 - 7.4 )	1.0*	( 0.4 - 1.6 )
2006	54.7	( 51.3 - 58.2 )	37.8	( 34.5 - 41.2 )	5.6	( 3.9 - 7.3 )	1.8*	( 0.8 - 2.8 )
2007	55.9	( 51.0 - 60.8 )	35.6	( 30.8 - 40.4 )	7.0	( 4.4 - 9.5 )	0.5*	( 0.5 - 2.6 )
2008	59.2	( 54.6 - 63.7 )	32.7	( 28.4 - 37.1 )	6.5	( 4.3 - 8.7 )	1.6*	( 0.4 - 2.7 )
2009	60.4	( 57.7 - 63.2 )	32.3	( 29.7 - 34.9 )	5.1	( 3.7 - 6.5 )	2.2	( 1.4 - 3.0 )
2010	60.5	( 56.4 - 64.6 )	32.4	( 28.4 - 36.3 )	5.5	( 3.6 - 7.4 )	1.6*	( 0.6 - 2.6 )
2011	62.1	( 57.4 - 66.7 )	32.3	( 27.8 - 36.8 )	4.6	( 2.7 - 6.6 )	1.0*	( 0.2 - 1.7 )
2012	63.0	( 58.8 - 67.1 )	29.1	( 25.2 - 33.0 )	5.6	( 3.7 - 7.4 )	2.3*	( 0.9 - 3.8 )
2013	62.3	( 57.8 - 66.9 )	32.7	( 28.3 - 37.1 )	3.7	( 2.2 - 5.3 )	1.2*	( 0.1 - 2.2 )
<b>Average</b>	<b>58.4</b>	<b>( 57.3 - 59.5 )</b>	<b>34.9</b>	<b>( 33.9 - 36.0 )</b>	<b>5.1</b>	<b>( 4.6 - 5.6 )</b>	<b>1.6</b>	<b>( 1.3 - 1.9 )</b>

\* 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.

**Figure 20: How often parent/carer always checked to see if child was adequately protected before going out into sunlight, HWSS 2002–2013**



## 10.4 Alcohol

As alcohol abuse is known to be particularly disruptive to family functioning,<sup>23</sup> parents/carers were asked whether or not they thought that alcohol caused problems in their household.

The annual proportion of parents/carers reporting that alcohol causes problems in the household is shown in Table 51.

**Table 51: Alcohol causing problems in the household, HWSS 2002–2013**

	Alcohol causes problems in child's home	
	%	95% CI
2002	2.5*	( 1.0 - 3.9 )
2003	1.7	( 0.9 - 2.6 )
2004	2.5*	( 1.0 - 4.1 )
2005	1.6*	( 0.6 - 2.5 )
2006	1.9*	( 0.6 - 3.3 )
2007	2.2*	( 0.5 - 3.8 )
2008	2.3*	( 0.9 - 3.6 )
2009	1.1	( 0.7 - 1.5 )
2010	1.6*	( 0.4 - 2.8 )
2011	2.3*	( 0.4 - 4.1 )
2012	1.1*	( 0.3 - 1.9 )
2013	0.9*	( 0.2 - 1.7 )
<b>Average</b>	<b>1.7</b>	<b>( 1.4 - 2.0 )</b>

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

## 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.<sup>10</sup>



The annual estimates of smoking within the home are shown in Table 52. The proportion of children living in a smoke-free house has increased significantly from 2002 (89.6%) to 2013 (98.0%).

**Table 52: Smoking within the home, HWSS 2002–2013**

	The home is smoke free		People occasionally or frequently smoke in the house	
	%	95% CI	%	95% CI
2002	89.6	( 87.4 - 91.8 )	10.4	( 8.2 - 12.6 )
2003	93.6	( 92.1 - 95.1 )	6.4	( 4.9 - 7.9 )
2004	90.8	( 88.0 - 93.6 )	9.2	( 6.4 - 12.0 )
2005	93.6	( 91.8 - 95.4 )	6.4	( 4.6 - 8.2 )
2006	96.4	( 95.1 - 97.6 )	3.6	( 2.4 - 4.9 )
2007	95.6	( 93.9 - 97.4 )	4.4	( 2.6 - 6.1 )
2008	96.3	( 94.6 - 98.0 )	3.7	( 2.0 - 5.4 )
2009	98.0	( 97.4 - 98.6 )	2.0	( 1.4 - 2.6 )
2010	98.2	( 97.2 - 99.2 )	1.8*	( 0.8 - 2.8 )
2011	97.6	( 96.2 - 99.0 )	2.4*	( 1.0 - 3.8 )
2012	97.9	( 96.4 - 99.3 )	2.1*	( 0.7 - 3.6 )
2013	98.0	( 96.7 - 99.3 )	2.0*	( 0.7 - 3.3 )
<b>Average</b>	<b>95.6</b>	<b>( 95.2 - 96.1 )</b>	<b>4.4</b>	<b>( 3.9 - 4.8 )</b>

\* 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.<sup>24</sup> Data are presented based on birth cohort and then more specifically for children aged 0-4 years at the time of interview as previously described in Section 9 of this report.

The annual estimates of smoking during pregnancy are shown in Table 53. The prevalence of neither parents smoking during pregnancy has increased significantly from 2005 (66.9%) to 2013 (86.1%).

**Table 53: Prevalence of smoking during pregnancy, 0–4 year olds, HWSS 2005 – 2013**

	Neither		Mother only		Father only		Both parents	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2005	66.9	( 60.5 - 73.2 )	5.9*	( 2.7 - 9.0 )	19.7	( 14.4 - 25.1 )	7.5	( 4.1 - 10.9 )
2006	69.9	( 64.1 - 75.8 )	3.6*	( 1.3 - 5.9 )	17.0	( 12.3 - 21.7 )	9.5	( 5.7 - 13.3 )
2007	75.9	( 68.2 - 83.6 )	2.7*	( 0.6 - 4.8 )	13.8	( 7.6 - 20.0 )	7.6*	( 2.7 - 12.4 )
2008	71.4	( 63.1 - 79.8 )	1.9*	( 0.1 - 3.7 )	18.9	( 11.5 - 26.2 )	7.8*	( 2.8 - 12.9 )
2009	77.9	( 71.7 - 84.0 )	4.6*	( 1.9 - 7.3 )	13.0	( 7.9 - 18.1 )	4.6*	( 1.5 - 7.6 )
2010	80.5	( 73.5 - 87.5 )	N/A	( N/A - N/A )	13.9	( 7.8 - 20.0 )	N/A	( N/A - N/A )
2011	76.3	( 68.8 - 83.8 )	2.0*	( 0.4 - 3.6 )	16.9	( 10.4 - 23.5 )	4.8*	( 0.7 - 8.8 )
2012	73.9	( 66.8 - 81.1 )	2.2*	( 0.3 - 4.0 )	18.8	( 12.3 - 25.3 )	5.1*	( 1.8 - 8.5 )
2013	86.1	( 79.3 - 93.0 )	N/A	( N/A - N/A )	10.1	( 3.9 - 16.3 )	N/A	( N/A - N/A )
<b>Average</b>	<b>74.4</b>	<b>( 72.1 - 76.7 )</b>	<b>3.4</b>	<b>( 2.5 - 4.3 )</b>	<b>16.1</b>	<b>( 14.2 - 18.0 )</b>	<b>6.1</b>	<b>( 4.8 - 7.3 )</b>

\* 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.

### 10.6 Nutrition

Diet has an important effect on health and can influence the risk of various diseases, including coronary heart disease, Type 2 diabetes, stroke, and digestive system cancers.<sup>6</sup> Eating fruit and vegetables is important to improve one's health and to protect against the risk of disease. A nutritious diet is especially important for normal growth and development in children.<sup>25</sup> The 2003 Dietary Guidelines state that children aged 4 to 11 years of age are recommended to eat at least one serve of fruit each day, while 12 to 18 year olds are recommended to eat three serves.<sup>25</sup> Parents/carers were asked how many serves of fruit

their child usually eats each day. The proportion of children eating the recommended daily serves of fruit is shown in Table 54.

**Table 54: Proportion eating recommended daily fruit serves, ages 4–15 years, HWSS 2013**

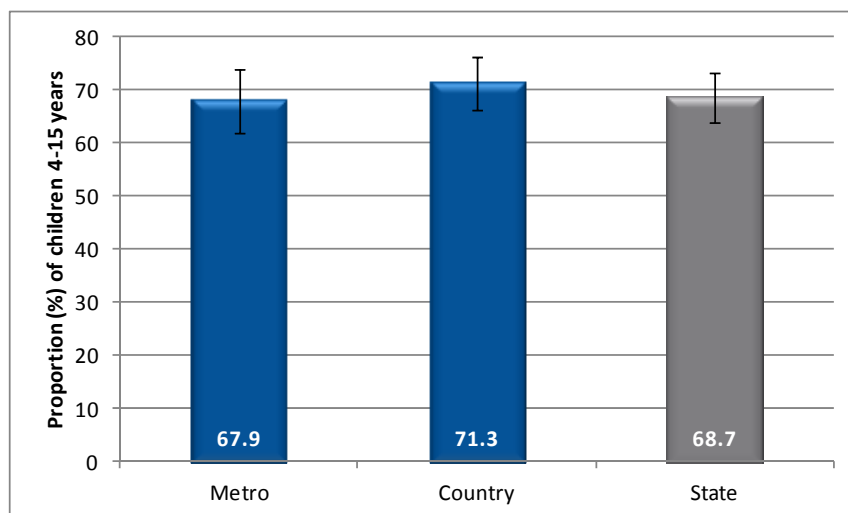
	Less than recommended serves of fruit		1+ for 4-11 yrs; 3+ for 12-15 yrs	
	%	95% CI	%	95% CI
<b>Age Group</b>				
4 to 7 yrs	1.4*	( 0.3 - 2.6)	98.6	( 97.4 - 99.7)
8 to 11 yrs	4.7*	( 0.7 - 8.7)	95.3	( 91.3 - 99.3)
12 to 15 yrs	83.6	( 77.8 - 89.4)	16.4	( 10.6 - 22.2)
<b>Gender</b>				
Boys	29.2	( 22.9 - 35.5)	70.8	( 64.5 - 77.1)
Girls	33.6	( 26.7 - 40.5)	66.4	( 59.5 - 73.3)
<b>Children</b>	<b>31.3</b>	<b>( 26.6 - 36.0)</b>	<b>68.7</b>	<b>( 64.0 - 73.4)</b>

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

Children aged 12 to 15 years were significantly less likely to eat the recommended daily serves of fruit than children aged 4 to 7 years (16.4% compared with 98.6%) or children aged 8 to 11 years (16.4% compared with 95.3%).

Figure 21 shows the proportion of children 4-15 years eating the recommended daily serves of fruit by geographic area.

**Figure 21: Proportion eating recommended daily fruit serves, ages 4–15 years, by geographic area, HWSS 2013**



The annual proportion of children eating the recommended daily serves of fruit is shown in Table 55. The proportion of children eating the recommended daily serves of fruit for their age group peaked in 2010 (73.6%) and has gradually decreased each year until 2013 (67.6%). However, these changes have not been statistically significant.

**Table 55: Proportion eating recommended daily fruit serves, ages 4-15 years, HWSS 2002-2013**

	Less than recommended serves of fruit		1+ for 4-11 yrs; 3+ for 12-17 yrs	
	%	95% CI	%	95% CI
2002	30.4	( 26.5 - 34.2 )	69.6	( 65.8 - 73.5 )
2003	30.7	( 27.2 - 34.1 )	69.3	( 65.9 - 72.8 )
2004	36.2	( 30.5 - 42.0 )	63.8	( 58.0 - 69.5 )
2005	33.4	( 29.3 - 37.5 )	66.6	( 62.5 - 70.7 )
2006	30.7	( 27.3 - 34.1 )	69.3	( 65.9 - 72.7 )
2007	29.7	( 24.7 - 34.6 )	70.3	( 65.4 - 75.3 )
2008	28.5	( 24.1 - 32.9 )	71.5	( 67.1 - 75.9 )
2009	27.8	( 25.6 - 30.1 )	72.2	( 69.9 - 74.4 )
2010	26.4	( 22.4 - 30.3 )	73.6	( 69.7 - 77.6 )
2011	31.1	( 26.3 - 35.9 )	68.9	( 64.1 - 73.7 )
2012	31.8	( 27.5 - 36.2 )	68.2	( 63.8 - 72.5 )
2013	32.4	( 27.7 - 37.1 )	67.6	( 62.9 - 72.3 )
<b>Average</b>	30.4	( 29.3 - 31.5 )	69.6	( 68.5 - 70.7 )

The mean serves of fruit eaten daily are shown in Table 56. The mean serves of fruit was significantly lower for children aged 12-15 years compared with 4-7 year olds (1.7 serves compared with 2.1 serves).

**Table 56: Mean daily fruit serves, ages 4-15 years, HWSS 2013**

	$\bar{x}$	95% CI
<b>Age Group</b>		
4 to 7 yrs	2.1	( 2.0 - 2.3 )
8 to 11 yrs	2.1	( 1.9 - 2.3 )
12 to 15 yrs	1.7	( 1.5 - 1.9 )
<b>Gender</b>		
Boys	2.0	( 1.9 - 2.2 )
Girls	1.9	( 1.8 - 2.0 )
<b>Children</b>	2.0	( 1.9 - 2.1 )

The annual mean serves of fruit eaten daily are shown in Table 57.

**Table 57: Mean daily fruit serves, ages 4-15 years, HWSS 2002–2013**

	$\bar{x}$	95% CI
2002	2.0	( 1.9 - 2.1 )
2003	2.0	( 1.9 - 2.1 )
2004	1.9	( 1.8 - 2.0 )
2005	1.9	( 1.8 - 2.0 )
2006	1.9	( 1.8 - 2.0 )
2007	2.0	( 1.9 - 2.1 )
2008	2.0	( 1.9 - 2.1 )
2009	2.1	( 2.0 - 2.2 )
2010	2.1	( 2.0 - 2.2 )
2011	1.9	( 1.8 - 2.0 )
2012	2.0	( 1.9 - 2.1 )
2013	2.0	( 1.9 - 2.1 )
<b>Average</b>	<b>2.0</b>	<b>( 2.0 - 2.0 )</b>

The 2003 Dietary Guidelines recommend that children aged 4 to 7 years of age eat at least two serves of vegetables each day, 8 to 11 year olds eat at least three serves a day and 12 to 15 year olds eat at least four serves a day.<sup>25</sup> Parents/carers were asked how many serves of vegetables their child usually eats each day. The proportion of children eating the recommended daily serves of vegetables is shown in Table 58.

**Table 58: Proportion eating recommended daily vegetable serves, ages 4-15 years, HWSS 2013**

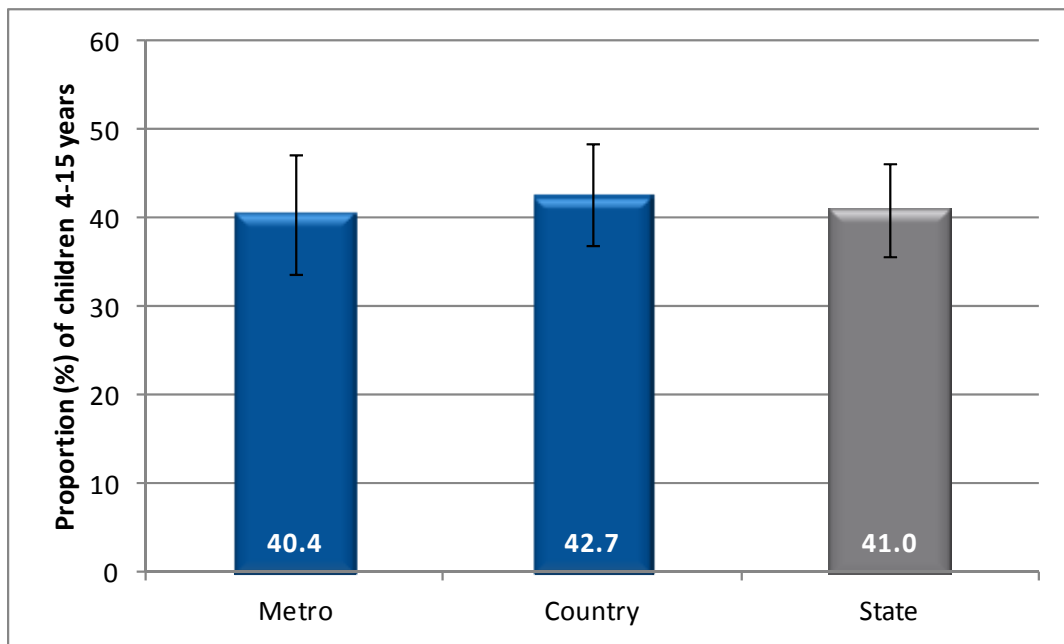
	Less than recommended serves of vegetables		2+ for 4-7 yrs; 3+ for 8-11 yrs; 4+ for 12-17 yrs	
	%	95% CI	%	95% CI
<b>Age Group</b>				
4 to 7 yrs	37.6	( 27.7 - 47.5 )	62.4	( 52.5 - 72.3 )
8 to 11 yrs	63.9	( 55.4 - 72.5 )	36.1	( 27.5 - 44.6 )
12 to 15 yrs	76.4	( 69.7 - 83.1 )	23.6	( 16.9 - 30.3 )
<b>Gender</b>				
Boys	57.1	( 49.5 - 64.6 )	42.9	( 35.4 - 50.5 )
Girls	61.2	( 54.0 - 68.5 )	38.8	( 31.5 - 46.0 )
<b>Children</b>	<b>59.0</b>	<b>( 53.8 - 64.3 )</b>	<b>41.0</b>	<b>( 35.7 - 46.2 )</b>

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

Overall, just over 4 out of 10 of children met the recommended daily servings of vegetables in 2013.

Figure 22 shows the proportion of children 4–15 years eating the recommended daily serves of vegetables by geographic area.

**Figure 22: Proportion eating recommended daily vegetable serves, ages 4–15 years, by geographic area, HWSS 2013**



The annual proportion of children eating the recommended daily serves of vegetables is shown in Table 59.

**Table 59: Proportion eating recommended daily vegetable serves, 4–15 years, HWSS 2002–2013**

	Less than recommended serves of vegetables		2+ for 4-7 yrs; 3+ for 8-11 yrs; 4+ for 12-17 yrs	
	%	95% CI	%	95% CI
2002	63.0	( 58.7 - 67.3 )	37.0	( 32.7 - 41.3 )
2003	63.3	( 59.6 - 67.0 )	36.7	( 33.0 - 40.4 )
2004	60.6	( 54.9 - 66.4 )	39.4	( 33.6 - 45.1 )
2005	56.2	( 52.0 - 60.5 )	43.8	( 39.5 - 48.0 )
2006	58.8	( 55.0 - 62.7 )	41.2	( 37.3 - 45.0 )
2007	57.7	( 52.2 - 63.2 )	42.3	( 36.8 - 47.8 )
2008	58.5	( 53.2 - 63.7 )	41.5	( 36.3 - 46.8 )
2009	52.8	( 50.1 - 55.6 )	47.2	( 44.4 - 49.9 )
2010	55.8	( 51.0 - 60.5 )	44.2	( 39.5 - 49.0 )
2011	50.4	( 45.0 - 55.8 )	49.6	( 44.2 - 55.0 )
2012	57.5	( 52.8 - 62.3 )	42.5	( 37.7 - 47.2 )
2013	59.6	( 54.5 - 64.7 )	40.4	( 35.3 - 45.5 )
<b>Average</b>	57.6	( 56.4 - 58.8 )	42.4	( 41.2 - 43.6 )

In 2013 the proportion of children meeting the guidelines (40.4%) for vegetable consumption was the lowest since 2004 (39.4%), however there were no statistically significant differences over time.

The mean serves of vegetables eaten daily is shown in Table 60. The mean number of serves of vegetables consumed by 12 to 15 year olds is significantly higher than the mean number vegetables consumed by 4 to 7 year olds.

**Table 60: Mean daily vegetable serves, 4 – 15 years, HWSS 2013**

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

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

**Table 61: Mean daily vegetable serves, 4–15 years, HWSS 2002 – 2013**

	$\bar{x}$	95% CI
2002	2.1	( 2.0 - 2.2 )
2003	2.1	( 2.0 - 2.2 )
2004	2.2	( 2.0 - 2.4 )
2005	2.4	( 2.3 - 2.6 )
2006	2.3	( 2.2 - 2.4 )
2007	2.4	( 2.2 - 2.5 )
2008	2.3	( 2.2 - 2.4 )
2009	2.5	( 2.4 - 2.5 )
2010	2.4	( 2.3 - 2.5 )
2011	2.5	( 2.3 - 2.6 )
2012	2.3	( 2.2 - 2.4 )
2013	2.3	( 2.2 - 2.4 )
<b>Average</b>	<b>2.3</b>	<b>( 2.3 - 2.4 )</b>

Milk is one of the most complete of all foods as it contains nearly all the constituents of nutritional importance to humans. As milk provides around one-third of the saturated fat in the diet of children and adolescents reduced-fat varieties are recommended for children aged 2 years and over. Reduced-fat milk is not recommended for children under 2 years of age as milk usually forms a much higher proportion of their diet and is a major source of



energy<sup>13</sup>. Parents/carers were asked what type of milk their child usually consumes, shown in Table 62.

**Table 62: Type of milk consumed, 2 – 15 years, HWSS 2013**

	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
<b>Age Group</b>								
2 to 4 yrs	69.7	( 58.0 - 81.4 )	23.3	( 12.4 - 34.1 )	N/A	( N/A - N/A )	6.7*	( 0.6 - 12.9 )
5 to 9 yrs	53.0	( 44.9 - 61.2 )	33.6	( 26.0 - 41.1 )	8.2*	( 3.6 - 12.8 )	5.2*	( 1.3 - 9.1 )
10 to 15 yrs	54.0	( 47.1 - 60.9 )	38.8	( 32.1 - 45.4 )	3.3*	( 1.1 - 5.5 )	3.9*	( 1.6 - 6.3 )
<b>Gender</b>								
Boys	58.6	( 51.4 - 65.7 )	31.9	( 25.3 - 38.4 )	3.7*	( 1.2 - 6.2 )	5.9*	( 2.2 - 9.6 )
Girls	56.8	( 49.9 - 63.7 )	34.3	( 27.6 - 40.9 )	4.8*	( 2.1 - 7.5 )	4.1*	( 1.7 - 6.6 )
<b>Children</b>	<b>57.7</b>	<b>( 52.7 - 62.7 )</b>	<b>33.0</b>	<b>( 28.3 - 37.7 )</b>	<b>4.2</b>	<b>( 2.4 - 6.0 )</b>	<b>5.1</b>	<b>( 2.8 - 7.3 )</b>

\* 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 type of milk usually consumed is shown annually in Table 63. The proportion of children consuming full fat or whole milk of any kind has decreased significantly from 69.6% in 2002, to 57.3% in 2013.

**Table 63: Type of milk usually consumed, 2–15 years, HWSS 2002 – 2013**

	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	69.6	( 65.9 - 73.3 )	25.7	( 22.2 - 29.2 )	3.2	( 1.9 - 4.6 )	1.5*	( 0.6 - 2.4 )
2003	68.8	( 65.5 - 72.1 )	27.8	( 24.6 - 31.0 )	2.8	( 1.7 - 3.8 )	0.7*	( 0.2 - 1.2 )
2004	72.7	( 67.9 - 77.4 )	21.6	( 17.3 - 25.9 )	1.4*	( 0.4 - 2.5 )	4.3	( 2.2 - 6.4 )
2005	62.3	( 58.5 - 66.2 )	33.4	( 29.7 - 37.2 )	1.1*	( 0.4 - 1.8 )	3.2	( 1.9 - 4.5 )
2006	59.7	( 55.5 - 63.9 )	35.5	( 31.4 - 39.6 )	1.6*	( 0.8 - 2.3 )	3.3	( 1.7 - 4.8 )
2007	63.4	( 58.5 - 68.3 )	31.0	( 26.3 - 35.6 )	2.9*	( 1.3 - 4.4 )	2.8*	( 1.3 - 4.3 )
2008	64.3	( 59.8 - 68.9 )	29.6	( 25.3 - 33.9 )	2.9	( 1.5 - 4.3 )	3.1*	( 1.2 - 5.0 )
2009	59.7	( 56.9 - 62.4 )	32.5	( 29.8 - 35.1 )	3.7	( 2.8 - 4.5 )	4.2	( 3.1 - 5.4 )
2010	56.5	( 52.1 - 60.9 )	34.8	( 30.6 - 39.0 )	4.7	( 2.8 - 6.5 )	4.0	( 2.3 - 5.7 )
2011	56.6	( 51.6 - 61.6 )	34.3	( 29.6 - 38.9 )	3.8*	( 1.8 - 5.7 )	5.4	( 2.9 - 7.8 )
2012	54.9	( 50.4 - 59.3 )	35.1	( 30.9 - 39.3 )	4.7	( 2.8 - 6.6 )	5.4	( 3.3 - 7.4 )
2013	57.3	( 52.5 - 62.1 )	33.4	( 28.9 - 37.9 )	4.3	( 2.5 - 6.1 )	5.0	( 2.8 - 7.1 )
<b>Average</b>	62.2	( 61.1 - 63.3 )	31.3	( 30.2 - 32.3 )	3.1	( 2.7 - 3.5 )	3.4	( 3.0 - 3.8 )

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

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 64.

**Table 64: Meals from fast food outlets per week, 1–15 years, HWSS 2013**

	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
<b>Age Group</b>								
1 to 4 yrs	40.5	( 28.1 - 52.9 )	22.8	( 13.5 - 32.1 )	32.0	( 20.8 - 43.1 )	N/A	( N/A - N/A )
5 to 9 yrs	16.7	( 11.0 - 22.4 )	33.7	( 26.2 - 41.2 )	48.4	( 40.2 - 56.5 )	N/A	( N/A - N/A )
10 to 15 yrs	16.7	( 11.9 - 21.5 )	39.4	( 32.5 - 46.3 )	41.2	( 34.3 - 48.1 )	2.7*	( 0.8 - 4.7 )
<b>Gender</b>								
Boys	25.8	( 19.3 - 32.3 )	30.0	( 23.7 - 36.4 )	41.2	( 34.1 - 48.4 )	N/A	( N/A - N/A )
Girls	21.3	( 14.1 - 28.5 )	35.6	( 28.8 - 42.4 )	40.4	( 33.2 - 47.6 )	2.7*	( 0.3 - 5.2 )
<b>Children</b>	23.6	( 18.8 - 28.4 )	32.7	( 28.1 - 37.4 )	40.8	( 35.8 - 45.9 )	2.8*	( 0.9 - 4.8 )

\* 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 number of times children eat fast food is shown annually in Table 65. The number of children who never eat meals from fast food restaurants in 2013 was the highest recorded in the HWSS (23.1%).

**Table 65: Meals from fast food outlets per week, 1–15 years, HWSS 2002– 2013**

	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	18.0	( 14.3 - 21.7 )	37.1	( 32.7 - 41.5 )	42.8	( 38.4 - 47.1 )	2.2*	( 0.9 - 3.4 )
2003	9.7	( 7.6 - 11.7 )	43.1	( 39.6 - 46.6 )	45.6	( 42.1 - 49.1 )	1.7*	( 0.8 - 2.6 )
2004	11.1	( 7.9 - 14.2 )	45.9	( 40.6 - 51.3 )	42.3	( 37.0 - 47.6 )	0.7*	( 0.2 - 1.2 )
2005	11.9	( 9.4 - 14.4 )	45.0	( 41.1 - 48.8 )	41.4	( 37.6 - 45.2 )	1.8*	( 0.8 - 2.7 )
2006	11.8	( 9.1 - 14.4 )	45.4	( 41.4 - 49.5 )	40.7	( 36.8 - 44.7 )	2.1*	( 0.9 - 3.2 )
2007	17.3	( 13.7 - 20.9 )	38.8	( 33.8 - 43.8 )	40.7	( 35.8 - 45.6 )	3.2*	( 1.2 - 5.2 )
2008	11.5	( 8.7 - 14.3 )	42.3	( 37.6 - 47.1 )	44.3	( 39.6 - 49.0 )	1.8*	( 0.7 - 3.0 )
2009	20.7	( 18.1 - 23.4 )	36.1	( 33.3 - 38.9 )	41.2	( 38.4 - 44.0 )	1.9	( 1.0 - 2.9 )
2010	18.1	( 15.0 - 21.2 )	40.6	( 36.4 - 44.9 )	38.6	( 34.4 - 42.8 )	2.7	( 1.4 - 4.0 )
2011	22.9	( 18.6 - 27.1 )	36.3	( 31.7 - 41.0 )	38.8	( 34.0 - 43.5 )	2.0*	( 0.5 - 3.5 )
2012	22.6	( 18.9 - 26.2 )	36.9	( 32.7 - 41.0 )	38.3	( 34.1 - 42.6 )	2.2*	( 0.9 - 3.5 )
2013	23.1	( 18.6 - 27.6 )	33.3	( 28.8 - 37.8 )	40.9	( 36.0 - 45.7 )	2.8*	( 0.9 - 4.6 )
<b>Average</b>	16.1	( 15.2 - 16.9 )	39.7	( 38.5 - 40.8 )	42.3	( 41.1 - 43.4 )	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 recommended amount of sleep for children varies from 8 to 14 hours depending on age and individual requirements.<sup>26</sup> In general children sleep less as they grow up. The mean number of hours of sleep for children is shown in Table 66.

**Table 66: Mean time spent sleeping on a usual night, HWSS 2013**

	$\bar{x}$	95% CI
<b>Age Group</b>		
0 to 4 yrs	10.6	( 10.3 - 11.0 )
5 to 9 yrs	10.3	( 10.1 - 10.5 )
10 to 15 yrs	9.2	( 9.0 - 9.4 )
<b>Gender</b>		
Boys	10.0	( 9.7 - 10.2 )
Girls	10.1	( 9.9 - 10.3 )
<b>Children</b>	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.<sup>27</sup> 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.<sup>10</sup> Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people, as shown in Table 67.

**Table 67: Overall trouble with emotions, concentration, behaviour or getting on with people, 1–15 years, HWSS 2013**

	No		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
1 to 4 yrs	85.9	( 77.7 - 94.0 )	8.7*	( 3.3 - 14.1 )	N/A	( N/A - N/A )	0.0	( 0.0 - 0.0 )
5 to 9 yrs	67.2	( 59.3 - 75.1 )	23.0	( 16.0 - 30.0 )	9.2*	( 3.8 - 14.6 )	N/A	( N/A - N/A )
10 to 15 yrs	66.5	( 59.9 - 73.1 )	23.1	( 17.0 - 29.1 )	7.7	( 4.1 - 11.3 )	2.7*	( 0.4 - 5.1 )
<b>Gender</b>								
Boys	68.4	( 61.8 - 75.0 )	20.4	( 14.9 - 25.9 )	9.2	( 4.8 - 13.6 )	2.0*	( 0.2 - 3.8 )
Girls	76.7	( 70.7 - 82.6 )	17.2	( 12.1 - 22.2 )	5.7*	( 1.9 - 9.5 )	N/A	( N/A - N/A )
<b>Children</b>	<b>72.4</b>	<b>( 67.9 - 76.9 )</b>	<b>18.8</b>	<b>( 15.1 - 22.6 )</b>	<b>7.5</b>	<b>( 4.6 - 10.4 )</b>	<b>1.3*</b>	<b>( 0.3 - 2.2 )</b>

\* 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.

Boys were more likely than girls to experience trouble with emotions, concentration, behaviour or getting on with people in all three categories, only a little, quite a lot and very much. However these differences are not significant.

The annual prevalence estimates of children with trouble with emotions, concentration, behaviour or getting on with people are shown in Table 68.

**Table 68: Overall trouble with emotions, concentration, behaviour or getting on with people, 1–15 years, HWSS 2002–2013**

	No		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	70.3	( 66.7 - 73.8 )	23.7	( 20.4 - 27.0 )	5.3	( 3.4 - 7.1 )	0.8*	( 0.3 - 1.3 )
2003	68.1	( 64.8 - 71.3 )	24.4	( 21.4 - 27.5 )	6.0	( 4.4 - 7.7 )	1.5*	( 0.7 - 2.2 )
2004	62.4	( 57.2 - 67.5 )	27.9	( 23.2 - 32.6 )	8.1	( 5.2 - 11.0 )	1.6*	( 0.3 - 3.0 )
2005	65.4	( 61.8 - 69.1 )	27.3	( 23.9 - 30.8 )	6.4	( 4.6 - 8.3 )	0.8*	( 0.1 - 1.5 )
2006	68.6	( 65.3 - 71.9 )	24.2	( 21.1 - 27.2 )	5.9	( 4.2 - 7.6 )	1.4*	( 0.5 - 2.2 )
2007	71.2	( 66.7 - 75.6 )	22.6	( 18.5 - 26.7 )	5.0	( 3.1 - 6.9 )	1.2*	( 0.4 - 2.1 )
2008	67.3	( 62.9 - 71.7 )	24.8	( 20.7 - 28.9 )	6.3	( 4.2 - 8.5 )	1.6*	( 0.4 - 2.7 )
2009	73.4	( 71.0 - 75.7 )	20.6	( 18.5 - 22.8 )	4.5	( 3.5 - 5.4 )	1.5	( 0.9 - 2.2 )
2010	71.3	( 67.5 - 75.2 )	22.7	( 19.1 - 26.3 )	5.2	( 3.3 - 7.1 )	0.8*	( 0.2 - 1.4 )
2011	71.6	( 67.1 - 76.0 )	23.3	( 19.1 - 27.4 )	4.4*	( 2.1 - 6.8 )	N/A	( N/A - N/A )
2012	68.6	( 64.5 - 72.6 )	25.2	( 21.4 - 29.0 )	5.4	( 3.4 - 7.3 )	0.9*	( 0.1 - 1.7 )
2013	71.8	( 67.4 - 76.2 )	19.4	( 15.7 - 23.1 )	7.5	( 4.7 - 10.3 )	1.4*	( 0.3 - 2.4 )
<b>Average</b>	<b>69.4</b>	<b>( 68.4 - 70.4 )</b>	<b>23.7</b>	<b>( 22.8 - 24.7 )</b>	<b>5.6</b>	<b>( 5.1 - 6.1 )</b>	<b>1.3</b>	<b>( 1.0 - 1.5 )</b>

\* 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.

Parents/carers who reported their child has any trouble with emotions, concentration, behaviour or getting on with people, were then asked whether they thought their child needs special help for these troubles, shown in Table 69.

**Table 69: Proportion who think child needs special help for emotional problem, 1–15 years, HWSS 2013**

	%	95% CI
<b>Age Group</b>		
1 to 4 yrs	N/A	( N/A - N/A )
5 to 9 yrs	31.8	( 17.1 - 46.5 )
10 to 15 yrs	36.2	( 24.1 - 48.3 )
<b>Gender</b>		
Boys	37.9	( 25.3 - 50.5 )
Girls	29.0*	( 14.5 - 43.4 )
<b>Children</b>	<b>34.4</b>	<b>( 24.9 - 43.9 )</b>

\* 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 proportion of children regarded as needing special help for emotional problems is shown in Table 70. The proportion of children needing special help in 2013 (34.0%) was the highest recorded since 2002. However, this was not significantly higher than any individual year.

**Table 70: Proportion who think child needs special help for emotional problem, 1–15 years, HWSS 2002– 2013**

	%	95% CI
2002	20.8	( 14.7 - 26.8 )
2003	21.6	( 16.6 - 26.5 )
2004	23.4	( 16.2 - 30.7 )
2005	21.0	( 15.5 - 26.5 )
2006	26.2	( 20.5 - 31.9 )
2007	27.2	( 19.1 - 35.3 )
2008	26.7	( 19.8 - 33.7 )
2009	25.9	( 21.9 - 30.0 )
2010	23.6	( 16.8 - 30.5 )
2011	21.9	( 13.5 - 30.3 )
2012	25.7	( 18.7 - 32.7 )
2013	34.0	( 24.9 - 43.1 )
<b>Average</b>	<b>24.5</b>	<b>( 22.8 - 26.3 )</b>

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 71.

**Table 71: Proportion of children ever treated for an emotional or mental health problem, 1–15 years, HWSS 2013**

	%	95% CI
<b>Age Group</b>		
1 to 4 yrs	0.0	( 0.0 - 0.0 )
5 to 9 yrs	5.0*	( 1.7 - 8.3 )
10 to 15 yrs	16.4	( 10.9 - 21.9 )
<b>Gender</b>		
Boys	9.8	( 6.0 - 13.6 )
Girls	5.9*	( 2.7 - 9.1 )
<b>Children</b>	<b>7.9</b>	<b>( 5.4 - 10.4 )</b>

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

The annual proportion of children ever treated for an emotional or mental health problem is shown in Table 72. The proportion of children ever treated for an emotional or mental health problem in 2013 was the highest recorded in the HWSS (8.3%). This was significantly higher than the prevalence recorded in 2002 (3.0%).

**Table 72: Proportion of children ever treated for an emotional or mental health problem, 1–15 years, HWSS 2002–2013**

	%	95% CI
2002	3.0	( 1.8 - 4.1 )
2003	4.7	( 2.9 - 6.6 )
2004	5.7*	( 1.3 - 10.0 )
2005	5.3	( 3.7 - 7.0 )
2006	6.7	( 5.0 - 8.4 )
2007	5.3	( 3.0 - 7.6 )
2008	6.0	( 4.1 - 8.0 )
2009	5.1	( 4.2 - 6.1 )
2010	4.8	( 3.2 - 6.4 )
2011	4.2	( 2.4 - 6.1 )
2012	6.2	( 4.2 - 8.2 )
2013	8.3	( 5.7 - 10.9 )
<b>Average</b>	<b>5.5</b>	<b>( 5.0 - 5.9 )</b>

\* 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.<sup>28</sup> 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.<sup>29</sup> The HWSS measures social supports via participation within the community, including whether or not the child has a close mate and whether or not the child has a group of friends.



The proportion of children who have a close mate and/or group of friends is shown in Table 73.

**Table 73: Prevalence of friends, 5–15 years, HWSS 2013**

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
<b>Age Group</b>				
5 to 9 yrs	82.5	( 76.1 - 88.9 )	93.5	( 89.3 - 97.6 )
10 to 15 yrs	78.9	( 72.9 - 84.8 )	90.4	( 86.3 - 94.5 )
<b>Gender</b>				
Boys	78.4	( 72.2 - 84.6 )	91.1	( 86.9 - 95.3 )
Girls	82.8	( 76.7 - 89.0 )	92.6	( 88.5 - 96.6 )
<b>Children</b>	<b>80.5</b>	<b>( 76.2 - 84.9 )</b>	<b>91.8</b>	<b>( 88.9 - 94.7 )</b>

The annual prevalence of children who have a close mate and/or a group of friends is shown in Table 74.

**Table 74: Prevalence of friends, 5–15 years, HWSS 2002–2013**

	Special friend or really close mate		Group of friends to play with or hang around with	
	%	95% CI	%	95% CI
2002	83.3	( 79.9 - 86.7 )	93.1	( 90.9 - 95.4 )
2003	80.7	( 77.4 - 83.9 )	94.8	( 93.2 - 96.4 )
2004	81.1	( 76.2 - 85.9 )	92.6	( 89.1 - 96.0 )
2005	81.5	( 78.1 - 85.0 )	93.8	( 91.7 - 95.9 )
2006	78.1	( 74.7 - 81.5 )	93.6	( 91.6 - 95.6 )
2007	80.1	( 75.6 - 84.6 )	92.9	( 90.1 - 95.7 )
2008	77.8	( 73.1 - 82.4 )	93.0	( 90.5 - 95.6 )
2009	81.6	( 79.7 - 83.6 )	94.2	( 93.1 - 95.4 )
2010	86.1	( 82.8 - 89.5 )	94.0	( 91.8 - 96.2 )
2011	82.2	( 77.9 - 86.6 )	93.9	( 91.2 - 96.6 )
2012	79.4	( 75.5 - 83.3 )	95.3	( 93.3 - 97.3 )
2013	80.5	( 76.2 - 84.8 )	91.8	( 88.9 - 94.6 )
<b>Average</b>	<b>81.2</b>	<b>( 80.2 - 82.2 )</b>	<b>93.9</b>	<b>( 93.3 - 94.5 )</b>

### 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.<sup>30</sup> In the HWSS bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’. Parents/carers were asked whether their child has been bullied in the past 12 months and whether their child has bullied other kids in the past 12 months, shown in Table 75. Just over one-third of children (36.1%) had been bullied in the past 12 months.

**Table 75: Prevalence of bullying in past 12 months, 5–15 years, HWSS 2013**

	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
<b>Age Group</b>						
5 to 9 yrs	37.6	( 29.7 - 45.5 )	4.4*	( 1.8 - 7.0 )	3.0*	( 0.9 - 5.1 )
10 to 15 yrs	34.8	( 28.1 - 41.5 )	9.3	( 5.5 - 13.0 )	7.8	( 4.3 - 11.3 )
<b>Gender</b>						
Boys	37.6	( 30.4 - 44.8 )	8.4	( 4.5 - 12.2 )	6.7*	( 3.2 - 10.2 )
Girls	34.5	( 27.2 - 41.8 )	5.6	( 2.9 - 8.4 )	4.4*	( 2.1 - 6.7 )
<b>Children</b>	<b>36.1</b>	<b>( 31.0 - 41.2 )</b>	<b>7.1</b>	<b>( 4.7 - 9.5 )</b>	<b>5.6</b>	<b>( 3.5 - 7.8 )</b>

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

The annual prevalence of bullying is shown in Table 76. The proportion of children who has bullied other children in the past 12 months is the lowest recorded in 2013 at 7.2%.

**Table 76: Prevalence of bullying in past 12 months, 5–15 years, HWSS 2002–2013**

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
2002	40.6	( 36.1 - 45.1 )	13.1	( 10.0 - 16.2 )	8.9	( 6.4 - 11.5 )
2003	35.7	( 31.8 - 39.5 )	13.0	( 10.2 - 15.7 )	9.9	( 7.4 - 12.4 )
2004	38.6	( 32.8 - 44.5 )	17.5	( 12.6 - 22.4 )	13.3	( 9.1 - 17.6 )
2005	36.7	( 32.5 - 41.0 )	10.4	( 7.7 - 13.1 )	8.4	( 5.9 - 10.9 )
2006	36.4	( 32.5 - 40.3 )	12.6	( 9.9 - 15.2 )	9.2	( 6.9 - 11.4 )
2007	38.2	( 32.6 - 43.8 )	13.9	( 10.0 - 17.7 )	9.6	( 6.5 - 12.7 )
2008	37.6	( 32.4 - 42.7 )	14.1	( 10.6 - 17.5 )	10.8	( 7.8 - 13.9 )
2009	33.7	( 31.3 - 36.0 )	10.0	( 8.4 - 11.6 )	6.8	( 5.4 - 8.1 )
2010	34.8	( 30.2 - 39.3 )	10.8	( 7.9 - 13.6 )	8.6	( 6.1 - 11.2 )
2011	30.9	( 25.7 - 36.1 )	8.5	( 5.3 - 11.8 )	7.6	( 4.4 - 10.8 )
2012	35.8	( 31.0 - 40.6 )	8.9	( 6.2 - 11.6 )	6.9	( 4.5 - 9.4 )
2013	36.1	( 31.1 - 41.1 )	7.2	( 4.8 - 9.7 )	5.8	( 3.6 - 7.9 )
<b>Average</b>	<b>35.9</b>	<b>( 34.8 - 37.1 )</b>	<b>11.5</b>	<b>( 10.7 - 12.3 )</b>	<b>8.6</b>	<b>( 7.9 - 9.3 )</b>

## 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.<sup>31</sup>

### 12.1 School

Parents/carers were asked how many days, not counting official school holidays, which their child was away from school for any reason. The days absent from school were classified into the number of weeks, as shown in Table 77.

**Table 77: Weeks absent from school, 5–15 years, HWSS 2013**

	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
<b>Age Group</b>										
5 to 9 yrs	11.0	( 5.3 - 16.6 )	57.4	( 49.3 - 65.5 )	15.8	( 10.2 - 21.4 )	7.3	( 3.0 - 11.6 )	8.5	( 4.6 - 12.5 )
10 to 15 yrs	8.8	( 4.7 - 12.9 )	59.0	( 52.2 - 65.8 )	15.6	( 10.6 - 20.7 )	8.6	( 5.0 - 12.2 )	7.9	( 4.9 - 11.0 )
<b>Gender</b>										
Boys	10.5	( 5.3 - 15.6 )	58.3	( 51.0 - 65.6 )	13.7	( 9.0 - 18.5 )	8.6	( 4.6 - 12.7 )	8.8	( 5.3 - 12.3 )
Girls	9.1	( 4.6 - 13.5 )	58.2	( 50.8 - 65.7 )	17.8	( 12.0 - 23.7 )	7.3	( 3.6 - 11.1 )	7.5	( 4.2 - 10.9 )
<b>Children</b>	9.8	( 6.4 - 13.2 )	58.3	( 53.1 - 63.5 )	15.7	( 12.0 - 19.5 )	8.0	( 5.2 - 10.8 )	8.2	( 5.8 - 10.6 )

The weeks absent from school is shown annually in Table 78.

**Table 78: Weeks absent from school, 5–15 years, HWSS 2002–2013**

	Zero		Less than a week		One to two weeks		Two to three weeks		Three weeks or more	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	10.7	( 7.7 - 13.7 )	60.7	( 56.3 - 65.1 )	17.1	( 13.9 - 20.2 )	6.6	( 4.4 - 8.7 )	4.9	( 3.3 - 6.5 )
2003	9.5	( 6.8 - 12.2 )	57.3	( 53.3 - 61.4 )	21.2	( 17.9 - 24.6 )	6.3	( 4.6 - 8.1 )	5.6	( 4.0 - 7.2 )
2004	8.7	( 5.1 - 12.3 )	53.8	( 47.6 - 59.9 )	22.5	( 17.4 - 27.7 )	8.1	( 5.1 - 27.7 )	6.9	( 3.9 - 9.8 )
2005	9.8	( 6.9 - 12.7 )	55.5	( 51.0 - 60.0 )	21.9	( 18.2 - 25.6 )	5.5	( 3.5 - 7.5 )	7.4	( 5.1 - 9.6 )
2006	7.6	( 5.2 - 9.9 )	50.5	( 46.4 - 54.6 )	23.4	( 20.0 - 26.8 )	9.7	( 7.3 - 12.2 )	8.8	( 6.5 - 11.1 )
2007	8.3	( 5.0 - 11.5 )	54.4	( 48.5 - 60.2 )	21.7	( 16.8 - 26.6 )	7.7	( 4.5 - 10.9 )	8.0	( 5.2 - 10.8 )
2008	7.1	( 4.0 - 10.2 )	54.2	( 48.7 - 59.7 )	20.9	( 16.4 - 25.4 )	9.1	( 6.2 - 12.1 )	8.6	( 5.6 - 11.6 )
2009	7.8	( 6.5 - 9.2 )	48.2	( 45.7 - 50.7 )	23.0	( 20.9 - 25.0 )	10.1	( 8.6 - 11.6 )	10.9	( 9.3 - 12.4 )
2010	8.3	( 5.3 - 11.2 )	50.6	( 45.6 - 55.6 )	23.1	( 18.9 - 27.3 )	10.2	( 7.4 - 12.9 )	7.9	( 5.3 - 10.5 )
2011	8.7	( 5.4 - 12.0 )	49.0	( 43.4 - 54.6 )	20.6	( 16.3 - 24.9 )	11.1	( 7.6 - 14.5 )	10.6	( 7.0 - 14.2 )
2012	6.3	( 4.1 - 8.6 )	50.8	( 45.8 - 55.8 )	26.5	( 22.0 - 31.0 )	8.6	( 6.0 - 11.2 )	7.7	( 5.3 - 10.2 )
2013	9.6	( 6.3 - 13.0 )	58.2	( 53.0 - 63.3 )	15.9	( 12.2 - 19.6 )	8.0	( 5.3 - 10.7 )	8.3	( 5.9 - 10.7 )
<b>Average</b>	8.5	( 7.7 - 9.2 )	52.9	( 51.6 - 54.1 )	21.7	( 20.7 - 22.7 )	8.7	( 8.0 - 9.3 )	8.3	( 7.7 - 9.0 )

Parents/carers were asked to rate how well their child was doing in school overall, based on their school work and school reports, as shown in Table 79. Over two-thirds of children were doing well or very well in school.

**Table 79: How child is doing in school overall, 5–15 years, HWSS 2013**

	Very well		Well		Average		Poor or Very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	48.0	( 39.7 - 56.2 )	26.8	( 19.7 - 33.9 )	22.8	( 15.9 - 29.7 )	2.4*	( 0.1 - 4.8 )
10 to 15 yrs	43.5	( 36.6 - 50.4 )	24.6	( 18.6 - 30.7 )	26.2	( 18.6 - 30.7 )	5.6*	( 2.4 - 8.9 )
<b>Gender</b>								
Boys	42.2	( 34.8 - 49.7 )	23.5	( 17.2 - 29.9 )	28.0	( 21.5 - 34.6 )	6.2*	( 2.8 - 9.6 )
Girls	49.0	( 41.4 - 56.6 )	27.9	( 21.1 - 34.6 )	21.1	( 14.7 - 27.6 )	N/A	( N/A - N/A )
<b>Children</b>	45.5	( 40.2 - 50.9 )	25.6	( 21.0 - 30.2 )	24.7	( 20.1 - 29.3 )	4.2*	( 2.1 - 6.3 )

\* 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 are shown in Table 80.

**Table 80: How child is doing in school overall, 5–15 years, HWSS 2002–2013**

	Very well		Well		Average		Poor or Very Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	52.6	( 48.0 - 57.1 )	22.5	( 18.8 - 26.3 )	21.7	( 18.0 - 25.3 )	3.2	( 1.9 - 4.5 )
2003	48.6	( 44.6 - 52.7 )	25.7	( 22.0 - 29.4 )	21.9	( 18.6 - 25.1 )	3.8	( 2.3 - 5.3 )
2004	44.6	( 38.5 - 50.8 )	28.8	( 23.1 - 34.5 )	21.4	( 16.6 - 26.2 )	5.2*	( 2.3 - 8.0 )
2005	47.3	( 42.8 - 51.8 )	24.4	( 20.6 - 28.2 )	24.8	( 20.9 - 28.6 )	3.5	( 1.8 - 5.2 )
2006	45.9	( 41.8 - 50.0 )	25.8	( 22.3 - 29.4 )	22.7	( 19.2 - 26.3 )	5.5	( 3.7 - 7.3 )
2007	49.8	( 44.0 - 55.6 )	23.1	( 18.1 - 28.2 )	21.2	( 16.5 - 25.9 )	5.8	( 3.3 - 8.4 )
2008	42.1	( 36.7 - 47.5 )	28.4	( 23.5 - 33.3 )	26.1	( 21.6 - 30.7 )	3.4*	( 1.5 - 5.2 )
2009	42.0	( 39.6 - 44.5 )	28.1	( 25.9 - 30.3 )	25.1	( 22.9 - 27.3 )	4.8	( 3.7 - 5.8 )
2010	45.8	( 40.8 - 50.8 )	28.8	( 24.3 - 33.3 )	21.0	( 17.1 - 24.9 )	4.4	( 2.5 - 6.2 )
2011	43.7	( 38.2 - 49.3 )	28.5	( 23.4 - 33.6 )	22.9	( 18.4 - 27.4 )	4.9*	( 2.3 - 7.4 )
2012	42.9	( 37.9 - 47.8 )	25.8	( 21.5 - 30.1 )	24.9	( 20.6 - 29.3 )	6.5	( 4.1 - 8.9 )
2013	45.3	( 40.1 - 50.5 )	25.6	( 21.1 - 30.2 )	24.9	( 20.3 - 29.4 )	4.2	( 2.2 - 6.3 )
<b>Average</b>	<b>45.5</b>	<b>( 44.3 - 46.8 )</b>	<b>26.2</b>	<b>( 25.1 - 27.3 )</b>	<b>23.7</b>	<b>( 22.7 - 24.8 )</b>	<b>4.5</b>	<b>( 4.0 - 5.0 )</b>

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

Parents/carers were asked to rate how much their child looks forward to going to school each day, shown in Table 81. Girls were significantly more likely than boys to almost always look forward to going to school every day.

**Table 81: Child looks forward to going to school every day, 5–15 years, HWSS 2013**

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>								
5 to 9 yrs	3.0*	( 0.5 - 5.5 )	8.0*	( 3.4 - 12.6 )	12.9	( 7.7 - 18.1 )	76.1	( 69.3 - 82.9 )
10 to 15 yrs	9.7	( 5.7 - 13.7 )	10.2	( 5.9 - 14.5 )	22.4	( 16.3 - 28.4 )	57.7	( 50.8 - 64.7 )
<b>Gender</b>								
Boys	10.5	( 6.0 - 15.0 )	10.7	( 6.4 - 15.0 )	20.6	( 14.6 - 26.6 )	58.1	( 50.8 - 65.5 )
Girls	2.6*	( 0.9 - 4.3 )	7.6*	( 2.9 - 12.2 )	15.4	( 9.8 - 21.0 )	74.5	( 67.7 - 81.3 )
<b>Children</b>	<b>6.7</b>	<b>( 4.2 - 9.2 )</b>	<b>9.2</b>	<b>( 6.0 - 12.4 )</b>	<b>18.1</b>	<b>( 14.0 - 22.2 )</b>	<b>66.1</b>	<b>( 61.0 - 71.1 )</b>

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

The annual estimates of children looking forward to school are shown in Table 82.

**Table 82: Child looks forward to going to school everyday, 5–15 years, HWSS 2002–2013**

	Almost never or Rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
2002	3.1	( 1.7 - 4.4 )	9.9	( 7.2 - 12.5 )	14.3	( 11.1 - 17.4 )	72.8	( 68.8 - 76.8 )
2003	5.4	( 3.6 - 7.2 )	9.1	( 6.9 - 11.3 )	15.7	( 12.7 - 18.7 )	69.8	( 66.1 - 73.5 )
2004	2.6*	( 0.9 - 4.4 )	11.5	( 7.4 - 15.7 )	13.9	( 9.8 - 18.0 )	72.0	( 66.5 - 77.5 )
2005	2.0*	( 0.9 - 3.2 )	10.2	( 7.1 - 13.2 )	16.5	( 13.3 - 19.7 )	71.3	( 67.2 - 75.4 )
2006	6.0	( 4.0 - 8.0 )	8.0	( 5.8 - 10.2 )	16.0	( 13.0 - 19.0 )	70.0	( 66.2 - 73.8 )
2007	4.2*	( 2.0 - 6.5 )	6.6	( 3.7 - 9.4 )	16.1	( 12.1 - 20.2 )	73.1	( 68.1 - 78.1 )
2008	5.6	( 3.6 - 7.7 )	11.0	( 7.6 - 14.5 )	13.7	( 10.1 - 17.4 )	69.6	( 64.7 - 74.5 )
2009	5.5	( 4.4 - 6.6 )	8.5	( 7.2 - 9.8 )	19.3	( 17.3 - 21.2 )	66.7	( 64.4 - 69.1 )
2010	3.7*	( 1.9 - 5.5 )	10.6	( 7.6 - 13.7 )	16.5	( 13.0 - 20.0 )	69.2	( 64.8 - 73.7 )
2011	3.4*	( 1.7 - 5.2 )	10.4	( 7.3 - 13.6 )	19.8	( 15.2 - 24.4 )	66.3	( 61.1 - 71.6 )
2012	6.2	( 4.0 - 8.3 )	7.9	( 5.4 - 10.4 )	16.6	( 12.7 - 20.4 )	69.4	( 64.8 - 74.0 )
2013	6.8	( 4.3 - 9.3 )	9.2	( 6.1 - 12.3 )	18.3	( 14.2 - 22.3 )	65.7	( 60.8 - 70.7 )
<b>Average</b>	<b>4.8</b>	<b>( 4.3 - 5.3 )</b>	<b>9.1</b>	<b>( 8.3 - 9.8 )</b>	<b>16.8</b>	<b>( 15.9 - 17.7 )</b>	<b>69.3</b>	<b>( 68.2 - 70.4 )</b>

\* 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.<sup>32</sup> The questions used in the HWSS are taken from the McMaster Family Functioning Scale of 12 questions.<sup>33</sup> Four questions were identified as sufficient to assess family functioning within a population<sup>a</sup>. 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 83).

**Table 83: Family usually don't get on well together, HWSS 2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	N/A	( N/A - N/A )	25.2	( 15.7 - 34.7 )	74.7	( 65.2 - 84.2 )
5 to 9 yrs	7.5*	( 2.7 - 12.3 )	32.2	( 24.3 - 40.1 )	60.3	( 52.1 - 68.5 )
10 to 15 yrs	3.8*	( 1.2 - 6.5 )	32.9	( 26.2 - 39.5 )	63.3	( 56.5 - 70.1 )
<b>Gender</b>						
Boys	5.3*	( 2.2 - 8.3 )	28.9	( 22.4 - 35.4 )	65.9	( 59.1 - 72.6 )
Girls	2.2*	( 0.4 - 4.0 )	31.7	( 25.3 - 38.2 )	66.1	( 59.5 - 72.6 )
<b>Children</b>	3.8	( 2.0 - 5.6 )	30.2	( 25.6 - 34.8 )	66.0	( 61.2 - 70.7 )

\* 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 family not usually getting along are shown in Table 84.

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



**Table 84: Family usually don't get on well together, HWSS 2002–2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	3.4	( 2.0 - 4.9 )	30.4	( 26.9 - 33.9 )	66.2	( 62.6 - 69.8 )
2003	2.3	( 1.4 - 3.2 )	35.8	( 32.5 - 39.1 )	61.9	( 58.6 - 65.3 )
2004	4.3	( 2.2 - 6.4 )	35.5	( 30.5 - 40.6 )	60.2	( 55.0 - 65.3 )
2005	1.7*	( 0.7 - 2.7 )	34.0	( 30.4 - 37.5 )	64.4	( 60.8 - 68.0 )
2006	2.1	( 1.2 - 3.1 )	36.0	( 32.7 - 39.4 )	61.8	( 58.4 - 65.2 )
2007	3.5	( 1.9 - 5.1 )	28.4	( 23.8 - 32.9 )	68.1	( 63.5 - 72.8 )
2008	3.1*	( 1.5 - 4.7 )	35.1	( 30.7 - 39.5 )	61.8	( 57.3 - 66.3 )
2009	2.9	( 2.0 - 3.8 )	31.4	( 28.9 - 33.9 )	65.7	( 63.1 - 68.3 )
2010	3.1	( 1.8 - 4.5 )	26.8	( 23.1 - 30.5 )	70.1	( 66.3 - 73.9 )
2011	4.1*	( 2.0 - 6.2 )	31.6	( 27.1 - 36.1 )	64.3	( 59.6 - 68.9 )
2012	3.4	( 1.8 - 5.0 )	33.3	( 29.2 - 37.4 )	63.3	( 59.1 - 67.5 )
2013	3.9	( 2.1 - 5.7 )	30.4	( 25.9 - 34.9 )	65.7	( 61.1 - 70.3 )
<b>Average</b>	<b>2.9</b>	<b>( 2.6 - 3.3 )</b>	<b>32.9</b>	<b>( 31.9 - 33.9 )</b>	<b>64.2</b>	<b>( 63.1 - 65.2 )</b>

The second question asked parents/carers whether planning family activities is usually difficult (Table 85).

**Table 85: Planning family activities is usually difficult, HWSS 2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	18.7	( 10.1 - 27.4 )	29.6	( 20.0 - 39.2 )	51.7	( 40.5 - 62.8 )
5 to 9 yrs	16.1	( 9.9 - 22.3 )	38.7	( 30.8 - 46.7 )	45.2	( 37.0 - 53.3 )
10 to 15 yrs	18.5	( 13.1 - 23.8 )	37.7	( 30.9 - 44.5 )	43.8	( 36.9 - 50.7 )
<b>Gender</b>						
Boys	17.1	( 11.6 - 22.7 )	34.4	( 27.8 - 41.0 )	48.5	( 41.4 - 55.6 )
Girls	18.6	( 13.0 - 24.2 )	36.4	( 29.6 - 43.3 )	45.0	( 37.5 - 52.5 )
<b>Children</b>	<b>17.8</b>	<b>( 13.9 - 21.8 )</b>	<b>35.4</b>	<b>( 30.6 - 40.1 )</b>	<b>46.8</b>	<b>( 41.7 - 51.9 )</b>

The annual estimates of whether planning family activities is usually difficult are shown in Table 86.

**Table 86: Planning family activities is usually difficult, HWSS 2002–2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	20.6	( 17.3 - 24.0 )	39.8	( 36.0 - 43.5 )	39.6	( 35.8 - 43.4 )
2003	20.0	( 17.2 - 22.9 )	44.8	( 41.4 - 48.2 )	35.1	( 31.8 - 38.5 )
2004	21.6	( 17.3 - 25.9 )	43.7	( 38.5 - 49.0 )	34.7	( 29.6 - 39.7 )
2005	16.3	( 13.5 - 19.0 )	46.7	( 42.9 - 50.4 )	37.1	( 33.5 - 40.7 )
2006	19.9	( 17.2 - 22.6 )	45.3	( 41.9 - 48.8 )	34.7	( 31.4 - 38.0 )
2007	16.9	( 13.3 - 20.6 )	41.6	( 36.8 - 46.5 )	41.4	( 36.5 - 46.3 )
2008	22.4	( 18.5 - 26.3 )	43.8	( 39.2 - 48.4 )	33.8	( 29.4 - 38.2 )
2009	15.1	( 13.1 - 17.1 )	43.4	( 40.5 - 46.2 )	41.5	( 38.6 - 44.4 )
2010	16.3	( 13.2 - 19.4 )	40.2	( 36.1 - 44.4 )	43.5	( 39.3 - 47.6 )
2011	16.3	( 12.6 - 20.0 )	40.1	( 35.5 - 44.8 )	43.6	( 38.9 - 48.3 )
2012	19.7	( 16.2 - 23.2 )	40.3	( 36.1 - 44.5 )	40.0	( 35.9 - 44.2 )
2013	17.8	( 14.0 - 21.5 )	35.7	( 31.1 - 40.3 )	46.5	( 41.6 - 51.4 )
<b>Average</b>	18.1	( 17.2 - 18.9 )	43.1	( 42.0 - 44.2 )	38.8	( 37.7 - 39.9 )

The third question asked parents/carers whether they usually avoid discussing their fears and concerns openly with each other (Table 87).

**Table 87: Usually avoid discussing fears and concerns openly with each other, HWSS 2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	10.4*	( 3.8 - 17.1 )	34.9	( 24.8 - 45.0 )	54.6	( 44.0 - 65.2 )
5 to 9 yrs	11.6	( 6.4 - 16.7 )	43.6	( 35.3 - 51.8 )	44.9	( 36.7 - 53.0 )
10 to 15 yrs	10.8	( 6.7 - 14.8 )	39.8	( 33.0 - 46.7 )	49.4	( 42.4 - 56.4 )
<b>Gender</b>						
Boys	8.6	( 5.1 - 12.1 )	38.8	( 31.9 - 45.7 )	52.6	( 45.5 - 59.7 )
Girls	13.5	( 8.4 - 18.5 )	40.2	( 33.4 - 47.0 )	46.3	( 39.5 - 53.2 )
<b>Children</b>	10.9	( 7.9 - 14.0 )	39.4	( 34.6 - 44.3 )	49.6	( 44.7 - 54.6 )

The annual estimates of whether families avoid discussing fears and concerns openly with each other are shown in Table 88. The percentage of respondents that strongly agreed or agreed that their family usually avoid discussing fears and concerns openly with each other in 2013 was the highest recorded in the HWSS (10.9%). This was significantly higher than the prevalence recorded in 2006 (5.8%).

**Table 88: Usually avoid discussing fears and concerns openly with each other, HWSS 2002–2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.3	( 8.0 - 12.5 )	42.9	( 39.1 - 46.7 )	46.8	( 42.9 - 50.7 )
2003	9.7	( 7.5 - 11.9 )	44.6	( 41.1 - 48.0 )	45.7	( 42.3 - 49.2 )
2004	10.8	( 7.5 - 14.2 )	51.1	( 45.9 - 56.4 )	38.0	( 32.9 - 43.2 )
2005	6.5	( 4.7 - 8.2 )	47.7	( 44.0 - 51.5 )	45.8	( 42.1 - 49.5 )
2006	5.8	( 4.3 - 7.3 )	51.4	( 48.0 - 54.9 )	42.8	( 39.4 - 46.2 )
2007	10.1	( 6.9 - 13.3 )	37.0	( 32.3 - 41.7 )	52.9	( 48.0 - 57.8 )
2008	9.6	( 6.8 - 12.4 )	45.1	( 40.4 - 49.7 )	45.3	( 40.7 - 49.9 )
2009	6.9	( 5.5 - 8.2 )	47.9	( 45.0 - 50.7 )	45.3	( 42.4 - 48.1 )
2010	6.7	( 4.6 - 8.8 )	43.1	( 39.0 - 47.3 )	50.2	( 45.9 - 54.4 )
2011	6.0	( 3.9 - 8.1 )	42.6	( 37.9 - 47.2 )	51.5	( 46.7 - 56.2 )
2012	7.6	( 5.0 - 10.1 )	42.5	( 38.3 - 46.8 )	49.9	( 45.6 - 54.2 )
2013	10.9	( 8.0 - 13.9 )	39.6	( 34.9 - 44.3 )	49.5	( 44.7 - 54.3 )
<b>Average</b>	8.0	( 7.4 - 8.6 )	45.5	( 44.4 - 46.6 )	46.5	( 45.4 - 47.6 )

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (Table 89).

**Table 89: Making decisions is usually a problem because they misunderstand each other, HWSS 2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
<b>Age Group</b>						
0 to 4 yrs	7.3*	( 1.9 - 12.6 )	43.6	( 32.9 - 54.2 )	49.2	( 38.5 - 59.8 )
5 to 9 yrs	7.6*	( 3.1 - 12.1 )	54.1	( 45.9 - 62.2 )	38.3	( 30.5 - 46.1 )
10 to 15 yrs	9.5	( 5.2 - 13.8 )	44.0	( 37.1 - 50.9 )	46.5	( 39.6 - 53.4 )
<b>Gender</b>						
Boys	6.6*	( 3.3 - 10.0 )	47.7	( 40.6 - 54.8 )	45.6	( 38.6 - 52.6 )
Girls	10.0	( 5.6 - 14.3 )	46.2	( 39.3 - 53.0 )	43.9	( 37.0 - 50.7 )
<b>Children</b>	8.2	( 5.5 - 11.0 )	47.0	( 42.0 - 52.0 )	44.8	( 39.9 - 49.7 )

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

The annual estimates of whether making decisions is usually a problem is shown in Table 90.

**Table 90: Making decisions is usually a problem because they misunderstand each other, HWSS 2002–2013**

	Strongly agree or Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
2002	10.2	( 7.8 - 12.6 )	45.4	( 41.5 - 49.3 )	44.4	( 40.5 - 48.3 )
2003	9.9	( 7.8 - 12.0 )	50.2	( 46.8 - 53.7 )	39.9	( 36.5 - 43.3 )
2004	11.9	( 8.4 - 15.4 )	54.2	( 49.0 - 59.4 )	33.9	( 29.0 - 38.8 )
2005	9.3	( 7.2 - 11.5 )	52.6	( 48.9 - 56.4 )	38.0	( 34.4 - 41.7 )
2006	10.3	( 8.3 - 12.4 )	52.1	( 48.7 - 55.6 )	37.6	( 34.3 - 40.9 )
2007	8.8	( 6.3 - 11.3 )	46.7	( 41.8 - 51.7 )	44.5	( 39.5 - 49.4 )
2008	10.3	( 7.6 - 13.0 )	51.2	( 46.5 - 55.8 )	38.5	( 34.0 - 43.0 )
2009	7.7	( 6.4 - 9.0 )	49.3	( 46.4 - 52.2 )	43.0	( 40.1 - 45.8 )
2010	7.1	( 5.0 - 9.1 )	47.2	( 43.0 - 51.4 )	45.7	( 41.5 - 50.0 )
2011	6.6	( 4.2 - 9.0 )	45.1	( 40.3 - 49.8 )	48.3	( 43.6 - 53.1 )
2012	8.5	( 6.1 - 10.9 )	45.4	( 41.1 - 49.7 )	46.1	( 41.8 - 50.4 )
2013	8.3	( 5.6 - 11.0 )	46.9	( 42.1 - 51.7 )	44.8	( 40.1 - 49.5 )
<b>Average</b>	9.1	( 8.4 - 9.7 )	49.3	( 48.2 - 50.4 )	41.6	( 40.6 - 42.7 )

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

The four questions were reverse scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Curtin University Centre for Developmental Health at the Telethon Institute for Child Health Research, as part of his work on reducing the McMaster Family Functioning Scale for use in a population based child health survey. The results are shown in Figure 23.

**Figure 23: Poor family functioning, HWSS 2013**

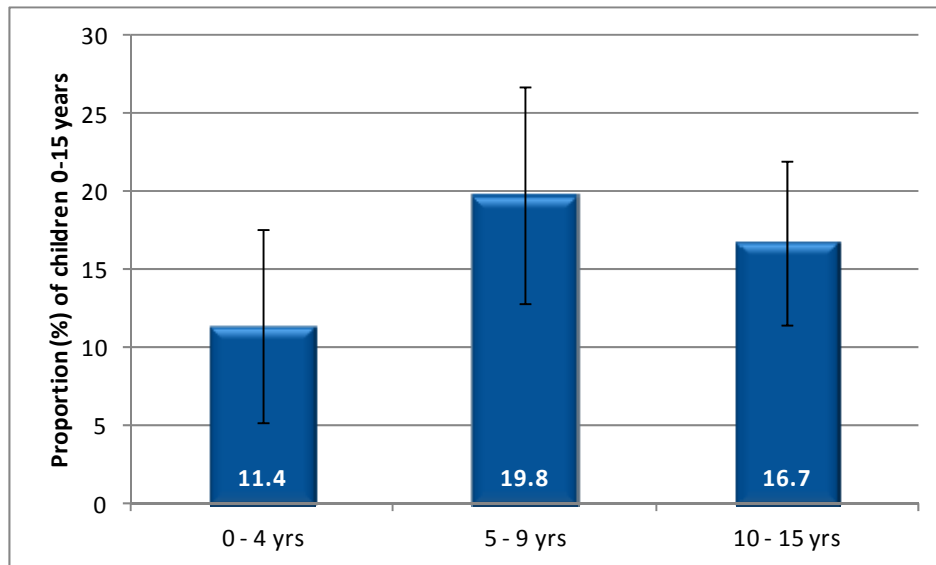
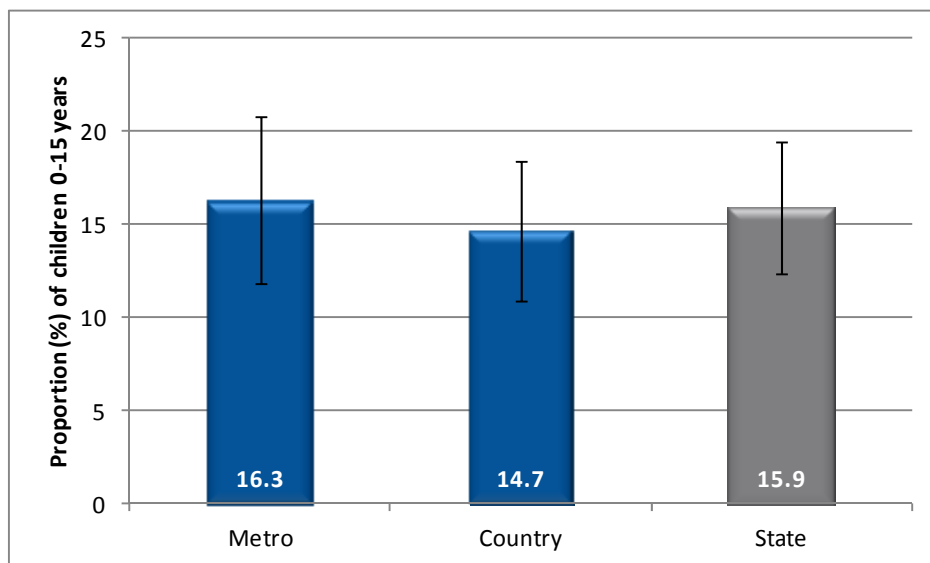


Figure 24 shows the proportion of children with poor family functioning scores by area of residence.

**Figure 24: Poor family functioning, by geographic areas, HWSS 2013**



The annual estimates of poor family functioning are shown in Table 91.

**Table 91: Poor family functioning, HWSS 2002–2013**

	%	95% CI
2002	15.7	( 12.9 - 18.5 )
2003	14.8	( 12.3 - 17.3 )
2004	19.7	( 15.4 - 23.9 )
2005	12.8	( 10.5 - 15.2 )
2006	15.7	( 13.3 - 18.2 )
2007	14.6	( 11.0 - 18.1 )
2008	16.2	( 12.9 - 19.5 )
2009	11.7	( 10.0 - 13.3 )
2010	11.4	( 8.7 - 14.0 )
2011	11.4	( 8.3 - 14.5 )
2012	13.9	( 10.7 - 17.1 )
2013	16.1	( 12.6 - 19.6 )
<b>Average</b>	14.0	( 13.3 - 14.8 )

## 14. CHILD RESPONDENT

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

### 14.1 General health

Self-ratings of health are used internationally, with poor health ratings associated with increased mortality and psychological distress, and lower physical functioning compared with excellent or very good ratings.<sup>5</sup>

Table 92 shows the respondents' self-reported general health status.

**Table 92: General health status of respondent, HWSS 2013**

	Excellent		Very good		Good		Fair or Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>								
0 to 4 yrs	31.2	( 23.9 - 38.5 )	41.4	( 33.7 - 49.1 )	21.0	( 14.6 - 27.4 )	6.4*	( 2.5 - 10.2 )
5 to 9 yrs	24.0	( 18.6 - 29.4 )	40.5	( 34.3 - 46.7 )	26.9	( 21.3 - 32.5 )	8.7	( 5.1 - 12.2 )
10 to 15 yrs	20.7	( 16.4 - 24.9 )	36.5	( 31.5 - 41.6 )	30.3	( 25.5 - 35.1 )	12.5	( 9.0 - 15.9 )
<b>Child's sex</b>								
Boy	24.6	( 20.3 - 28.8 )	39.6	( 34.8 - 44.5 )	25.8	( 21.5 - 30.2 )	10.0	( 7.0 - 13.0 )
Girl	23.3	( 18.9 - 27.6 )	38.0	( 32.9 - 43.0 )	28.8	( 24.1 - 33.5 )	10.0	( 6.9 - 13.1 )
<b>Persons</b>	23.9	( 20.9 - 27.0 )	38.8	( 35.3 - 42.3 )	27.3	( 24.1 - 30.5 )	10.0	( 7.8 - 12.1 )

\* 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, they are a National Health Priority Area.

Respondents were asked whether or not a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of mental health problems is shown in Table 93.

**Table 93: Mental health of child respondent, HWSS 2013**

	Mental health problem in last 12 months (a)		Currently receiving treatment (b)	
	%	95% CI	%	95% CI
<b>Child's age group</b>				
0 to 4 yrs	10.9	( 6.0 - 15.8 )	14.1	( 8.6 - 19.6 )
5 to 9 yrs	16.2	( 11.5 - 20.8 )	14.1	( 9.7 - 18.5 )
10 to 15 yrs	15.9	( 12.0 - 19.7 )	14.2	( 10.5 - 17.8 )
<b>Child's sex</b>				
Boy	15.3	( 11.8 - 18.9 )	14.6	( 11.1 - 18.1 )
Girl	14.5	( 10.8 - 18.1 )	13.6	( 10.1 - 17.2 )
<b>Persons</b>	14.9	( 12.4 - 17.5 )	14.1	( 11.6 - 16.6 )

(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.<sup>34</sup> Feelings of lack of control have been found to have adverse effects on health and to increase the risk of mortality.<sup>35, 36</sup>

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



**Table 94: Lack of control over life in general during past four weeks, child respondent, HWSS 2013**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	45.2	( 37.4 - 53.0 )	34.4	( 26.9 - 41.8 )	16.6	( 10.7 - 22.4 )	3.8*	( 0.8 - 6.8 )	0.0	( 0.0 - 0.0 )
5 to 9 yrs	44.4	( 38.1 - 50.7 )	29.9	( 24.1 - 35.7 )	17.4	( 12.6 - 22.2 )	5.4*	( 2.5 - 8.3 )	2.9*	( 0.8 - 5.0 )
10 to 15 yrs	52.7	( 47.5 - 57.9 )	21.2	( 17.0 - 25.5 )	20.1	( 15.9 - 24.3 )	3.4*	( 1.5 - 5.3 )	2.5*	( 0.9 - 4.2 )
<b>Child's sex</b>										
Boy	48.3	( 43.4 - 53.3 )	26.9	( 22.5 - 31.3 )	17.9	( 14.1 - 21.7 )	4.1	( 2.1 - 6.1 )	2.8*	( 1.2 - 4.5 )
Girl	48.6	( 43.4 - 53.8 )	26.7	( 22.1 - 31.2 )	19.2	( 15.1 - 23.2 )	4.2*	( 2.1 - 6.2 )	1.4*	( 0.2 - 2.6 )
<b>Persons</b>	<b>48.5</b>	<b>( 44.9 - 52.1 )</b>	<b>26.8</b>	<b>( 23.6 - 29.9 )</b>	<b>18.5</b>	<b>( 15.7 - 21.3 )</b>	<b>4.1</b>	<b>( 2.7 - 5.6 )</b>	<b>2.1</b>	<b>( 1.1 - 3.2 )</b>

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

Table 95 shows lack of control over personal life.

**Table 95: Lack of control over personal life during past four weeks, child respondent, HWSS 2013**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	56.7	( 48.9 - 64.5 )	27.4	( 20.4 - 34.4 )	13.4	( 8.0 - 18.7 )	2.5*	( 0.1 - 5.0 )	0.0	( 0.0 - 0.0 )
5 to 9 yrs	52.7	( 46.4 - 59.0 )	25.7	( 20.2 - 31.3 )	16.6	( 11.9 - 21.3 )	3.7*	( 1.3 - 6.1 )	N/A	( N/A - N/A )
10 to 15 yrs	57.5	( 52.3 - 62.7 )	22.4	( 18.0 - 26.7 )	16.4	( 12.6 - 20.3 )	2.8*	( 1.1 - 4.6 )	N/A	( N/A - N/A )
<b>Child's sex</b>										
Boy	55.0	( 50.0 - 59.9 )	25.6	( 21.2 - 29.9 )	15.6	( 12.0 - 19.2 )	2.8*	( 1.2 - 4.5 )	1.0*	( 0.0 - 2.0 )
Girl	56.7	( 51.5 - 61.8 )	23.3	( 19.0 - 27.7 )	16.1	( 12.3 - 19.9 )	3.3*	( 1.5 - 5.2 )	N/A	( N/A - N/A )
<b>Persons</b>	<b>55.8</b>	<b>( 52.2 - 59.4 )</b>	<b>24.5</b>	<b>( 21.4 - 27.6 )</b>	<b>15.8</b>	<b>( 13.2 - 18.5 )</b>	<b>3.1</b>	<b>( 1.8 - 4.3 )</b>	<b>0.8*</b>	<b>( 0.2 - 1.4 )</b>

\* 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.

Table 96 shows self-reported lack of control over health.

**Table 96: Lack of control over health during past four weeks, child respondent, HWSS 2013**

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Child's age group</b>										
0 to 4 yrs	64.3	( 56.8 - 71.8 )	19.7	( 13.5 - 26.0 )	14.0	( 8.6 - 19.5 )	N/A	( N/A - N/A )	0.0	( 0.0 - 0.0 )
5 to 9 yrs	52.3	( 46.0 - 58.6 )	27.0	( 21.4 - 32.6 )	14.1	( 9.7 - 18.5 )	4.1*	( 1.6 - 6.7 )	2.5*	( 0.5 - 4.5 )
10 to 15 yrs	59.1	( 53.9 - 64.2 )	19.6	( 15.4 - 23.8 )	16.8	( 12.9 - 20.7 )	3.4*	( 1.5 - 5.3 )	1.1*	( 0.0 - 2.2 )
<b>Child's sex</b>										
Boy	54.2	( 49.3 - 59.2 )	23.0	( 18.8 - 27.2 )	17.6	( 13.9 - 21.4 )	3.6*	( 1.7 - 5.4 )	1.5*	( 0.3 - 2.8 )
Girl	62.1	( 57.1 - 67.1 )	20.9	( 16.7 - 25.1 )	12.8	( 9.3 - 16.3 )	3.1*	( 1.3 - 4.9 )	1.1*	( 0.0 - 2.2 )
<b>Persons</b>	<b>58.0</b>	<b>( 54.5 - 61.5 )</b>	<b>22.0</b>	<b>( 19.0 - 25.0 )</b>	<b>15.3</b>	<b>( 12.7 - 17.9 )</b>	<b>3.3</b>	<b>( 2.0 - 4.6 )</b>	<b>1.3*</b>	<b>( 0.5 - 2.2 )</b>

\* 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.

## 15. CHILD RESPONDENT'S PARTNER

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in Table 97.

**Table 97: Demographics of child respondent's partner, HWSS 2013**

Characteristic	Unweighted Sample (n)	Unweighted Prevalence (%)
<b>Australian born</b>		
Yes	489	72.9
No	182	27.1
<b>Aboriginal or Torres Strait Islander</b>		
Yes	12	1.8
No	659	98.2
<b>Highest level of education</b>		
Less than Year 10	11	1.7
Year 10 or Year 11	75	11.3
Year 12	77	11.6
TAFE/Trade qualification	334	50.5
Tertiary degree or equivalent	165	24.9
<b>Employment status</b>		
Employed	611	91.2
Unemployed	9	1.3
Home duties	41	6.1
Retired	1	0.1
Unable to work	7	1.0
Student	1	0.1
Other	0	0.0

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