

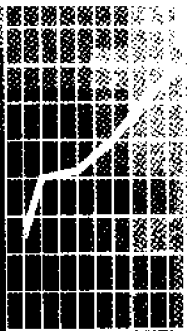


April 1995

# Children's Health Screening

Australia

Statistics



ABS Catalogue No. 4337.0

## NOTES

### INTRODUCTION

In April 1995, a survey was conducted throughout Australia to obtain information on children's immunisation and health screening. National information on these topics was previously collected by the ABS in the 1989-90 National Health Survey, the 1983 Children's Immunisation Survey and the Sight, Hearing and Dental Health Survey, conducted in 1979.

### SCOPE

The need to acquire baseline data in respect of screening for certain disorders among children was highlighted in *Goals & Targets For Australia's Health in the Year 2000 and Beyond* (1993). Information collected in this survey will assist in determining how many children in Australia undergo selected screening tests, and may identify areas where health screening practices are lacking. This publication presents statistics relating to sight and hearing tests for children aged 0-14 years, consultations with dental professionals for children aged 2-14 years, and visits to baby health clinics or centres for children aged 3 years or less.

The statistics contained in this publication represent a selection of those available from the survey. Information on the immunisation levels of children in Australia against vaccine preventable diseases is contained in the publication *Children's Immunisation, Australia, April 1995* (4352.0).

### INQUIRIES

For further information about statistics in this publication and the availability of related unpublished statistics, contact Brian Richings on Canberra (06) 252 5786 or any ABS State office.

For information about other ABS statistics, please refer to the back of this publication.

W. McLennan  
Australian Statistician

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## SUMMARY OF FINDINGS

The term screening, for the purpose of this survey, refers to testing of sight and hearing, consultations with dental professionals and visits to baby health clinics. Screening of children for particular disorders is of importance as early detection may:

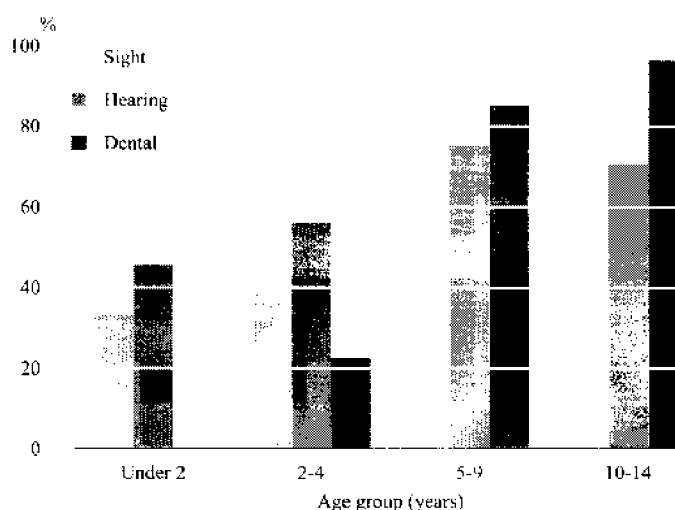
- enable preventative measures to be taken to stop or slow further development of the problem; or
- facilitate early intervention, thus minimising the effects of a disorder.

### AGE AND SEX

#### Sight and hearing tests

In 1995, 63% of children aged 0–14 years were reported as having had their sight tested and 66% having had their hearing tested at some stage in their life. Some 53% of children had both sight and hearing tests. The proportions of males and females tested were similar. The proportion of children whose sight and/or hearing had ever been tested generally increased with age (table 1).

#### CHILDREN AGED 0–14: SIGHT AND HEARING TESTS AND DENTAL VISITS



#### Visits to dental professionals

Three-quarters of children aged 2–14 years were reported to have visited a dentist or dental professional. As for sight and hearing tests, the proportion of children who had visited a dentist or dental health professional increased with age, from 23% of children aged 2–4 years to 97% of those aged 10–14 years. Again results were similar for males and females.

### STATES AND TERRITORIES

#### Sight and hearing tests

There was considerable variation among the States and Territories in the percentages of children aged 0–14 years who were reported to have had sight and/or hearing tests. The highest proportions reporting sight tests were recorded in Western Australia and Tasmania, while for hearing tests proportions were highest in Western Australia and Victoria. Queensland had the lowest proportion of children tested with 38% of children reported as having had neither a sight nor a hearing test (see table 2).

Visits to dental professionals

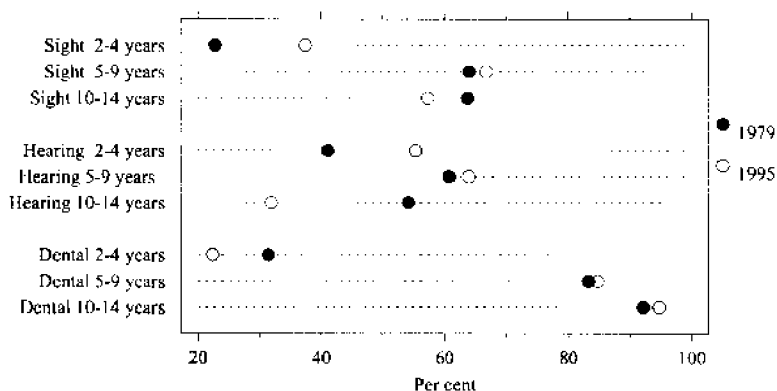
The proportion of children reported as having had a dental visit also differed among the States and Territories, but by a smaller margin than recorded for sight and hearing tests, ranging from 70% in New South Wales to 82% in South Australia.

1979-95 COMPARISON

Prior to the April 1995 Survey, the ABS had last conducted a survey specifically focused on children's sight, hearing and dental health in February-May 1979. While results of that survey are not directly comparable with results from the recent survey due to differences in the survey methodologies, some broad comparisons can be made.

Overall, the proportions of children aged 2-14 years who had their sight and/or hearing tested in the previous 5 years were similar in 1979 and 1995. However, there is a marked shift in the proportions tested by age group, indicating that children are now tending to have their sight and/or hearing tested at younger ages than in 1979. Results for dental consultations show a contrary change (see table 3).

CHILDREN AGED 2-14: SIGHT AND HEARING TESTS AND DENTAL VISITS IN THE PREVIOUS 5 YEARS, 1979 AND 1995



Source: *Sight, Hearing and Dental Health (persons aged 2-14 years) February-May 1979 (4337.0).*

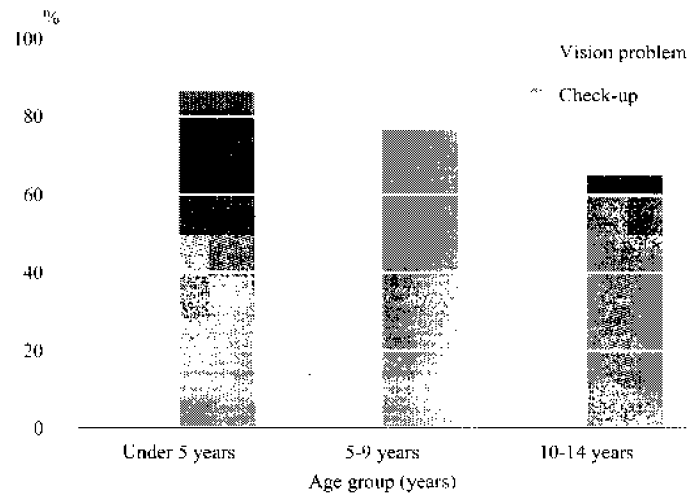
MOST RECENT TESTS

Tables 4 and 5 provide information about the most recent sight and hearing tests and dental visits.

Last sight test

Of the children aged 0-14 years whose sight had been tested, over half (53%) had last been tested within the previous 18 months. 'Check-up' was the reason for almost three-quarters (74%) of those tests and a known or suspected vision problem accounted for most of the remainder (23%). The proportion of children who last consulted health professionals for known or suspected vision problems increased with age.

CHILDREN AGED 0-14: REASON FOR MOST RECENT SIGHT TESTS



Last hearing test

Some 41% of children aged 0-14 years whose hearing had been tested, had their most recent test in the previous 18 months. The likelihood of the last test being for a known or suspected problem, rather than a check-up, increased with age, but the difference was less marked than that reported for sight tests.

Last dental visit

Of the children aged 2-14 years who had visited a dentist or dental professional, 45% had last visited within the previous 6 months, and a further 34% had last visited a dentist 6 to less than 12 months previously.

While the main reason for the most recent dental consultation was for a check-up (73%), other reasons reported were a known or suspected dental problem (16%), orthodontic (7%) and preventative treatment (4%). Overall, older children were less likely to have last consulted a dental professional for a check-up for a known or suspected dental problem than children in younger age groups, but were more likely to have last visited for orthodontic treatment.

SCHOOL DENTAL SERVICES

Of school children who had visited a dental professional, 47% had used a school dental service at some time (table 6). Of those school children who had consulted a dental professional, but who had never visited a school dental service, the majority went to their family dentist (55%), while for a further 25% the school dental service was not available.

## FAMILY CHARACTERISTICS

The likelihood of children having had sight and/or hearing tests and of having visited a dental professional differed according to family characteristics. However, as some family characteristics may change over time some caution is needed in interpreting the results. Among those characteristics examined, the largest differences recorded were for language spoken at home and the employment status of parents (see table 7).

The proportion of children tested was considerably higher in families where English was spoken at home than in families where a language other than English was used. This difference was statistically significant for sight and hearing tests and dental visits.

In general, children in families where one or both parents were employed were significantly more likely to have had sight and/or hearing tests and have visited a dental professional than children of families in which one or both parents were unemployed or not in the labour force. Consistent with this finding, results showed children from higher income families were more likely to have been tested than those from lower income families.

## AGE AT FIRST TEST OR VISIT

The great majority of children who had sight and/or hearing tests and/or visited a dental professional, had first done so before age 10. Children were more likely to have had their first hearing test before age five (67%), than to have had either a sight test (49%) or a dental visit (54%). This trend was consistent for all family characteristics considered.

Levels of early testing differed according to certain family characteristics (table 8). The proportions of children who first had sight and/or hearing tests and/or visited a dental professional before the age of five years were higher in couple families and those where English was the language usually spoken at home.

Children from higher income families and families where the parents were employed were more likely to have visited a dental professional before the age of five years, than those whose parents had lower incomes or were not employed. However, the findings on labour force status and income of parents for first sight and hearing tests were mixed.

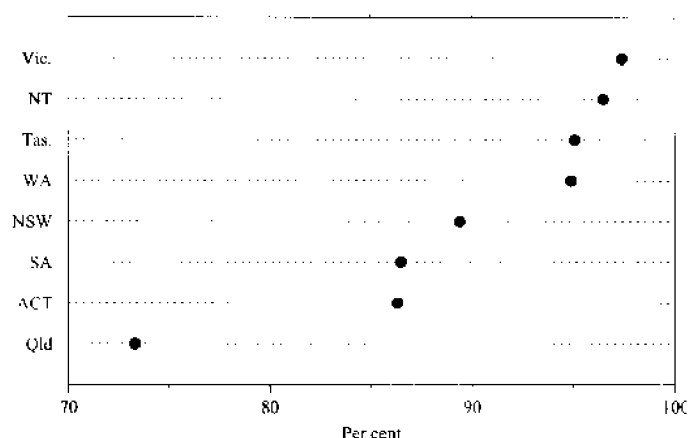
## BABY HEALTH CLINIC VISITS

Information on visits to baby health clinics was collected for children aged 0–3 years at the time of the survey. Almost nine out of ten children (89%) aged 0–3 years had visited a baby health clinic at least once. The findings for males (88%) and females (90%) were similar.

The proportions of children who had visited a baby health clinic were highest in Victoria, the Northern Territory and Tasmania, and lowest in Queensland (see table 9).



## CHILDREN AGED 0-3 YEARS: BABY HEALTH CLINIC VISITS



Some 63% of children who had ever visited a clinic, (representing 56% of all children aged 0-3 years) had visited baby health clinics at age groups corresponding to those recommended for surveillance by the National Health & Medical Research Council in the *Review of Child Health Surveillance and Screening*, (i.e. 6-8 weeks, 4 months, 6 months and 12-18 months) (table 10). However, as health screening also occurs at other places, these results may underestimate actual screening levels and no assumption should be made about types of tests received (see paragraph 9 of the Explanatory Notes).

Attendance at clinics declined with age. 'Check-up' (90%) was the main reason given for the most recent visits to baby health clinics. The most commonly reported reasons for not having visited a baby health clinic were, no perceived need (39%), and the use of alternative services (30%).

### Family characteristics

There were some differences in the proportions of children who had visited a clinic, and the age at first visit, for most family characteristics examined (table 11). Children of lower income families were less likely to have visited a clinic, and less likely to visit at younger ages than children of higher income families. Children of higher income families, and couple families where one or both parents were employed were most likely to have visited a clinic. There was little difference in the proportion of children visiting a clinic according to language spoken at home, but a tendency for children of families where English was not usually spoken at home, to first visit at older ages.

# 1

## CHILDREN AGED 0-14 YEARS<sup>1</sup>: TYPE OF TEST BY AGE, APRIL 1995

	Age group (years)				Total	'000s
	Less than 2 years	2-4 years	5-9 years	10-14 years		
	%	%	%	%	%	
<b>Whether has ever had sight and/or hearing tests</b>						
Both sight and hearing tests	28.4	33.7	63.1	63.1	52.6	2 023.0
Sight tests only	4.9	4.7	9.1	16.2	10.0	385.1
Hearing tests only	17.3	22.6	12.0	7.5	13.3	512.7
Neither sight nor hearing tests	48.7	38.2	14.9	11.8	23.1	887.2
Other <sup>2</sup>	0.7	0.9	0.9	1.4	1.0	38.9
Total	100.0	100.0	100.0	100.0	100.0	3 846.9
<b>Whether has ever visited a dentist or dental professional</b>						
Has visited a dental professional	..	22.5	85.1	96.6	75.0	2 501.7
Has not visited a dental professional	..	77.3	14.7	3.3	24.8	828.7
Not known	..	*0.2	0.2	*0.1	0.2	6.0
Total	..	100.0	100.0	100.0	100.0	3 336.3

<sup>1</sup> Data relating to dental visits refers to children aged 2-14 years.

<sup>2</sup> Includes not known if tested, and type of test not stated.

# 2

## CHILDREN AGED 0-14 YEARS<sup>1</sup>: TYPE OF TEST, APRIL 1995

	NSW	Vic.	Qld	SA	WA	Tas.	NT <sup>2</sup>	ACT	Aust.	'000s
	%	%	%	%	%	%	%	%	%	
<b>Whether has ever had sight and/or hearing tests</b>										
Both sight and hearing tests	53.5	51.2	38.6	63.4	67.7	66.9	43.5	50.1	52.6	2 023.0
Sight tests only	9.6	7.4	15.1	8.9	8.5	9.2	11.8	13.7	10.0	385.1
Hearing tests only	12.3	24.1	7.4	6.4	8.6	6.8	17.9	10.6	13.3	512.7
Neither sight nor hearing tests	23.4	16.5	37.8	20.5	13.9	16.1	26.8	25.3	23.1	887.2
Other <sup>3</sup>	1.2	0.7	1.2	*0.7	1.3	1.0	**	1.2	1.0	38.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	3 846.9
<b>Whether has ever visited a dentist or dental professional</b>										
Has visited a dental professional	69.5	76.2	77.9	82.1	78.1	77.6	80.7	74.2	75.0	2 501.7
Has not visited a dental professional	30.3	23.6	21.9	17.9	21.8	22.4	17.9	25.5	24.8	828.7
Not known	*0.2	*0.2	*0.2	**	**0.1	**	**1.4	**0.3	0.2	6.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	3 336.3

<sup>1</sup> Data relating to dental visits refers to children aged 2-14 years.

<sup>2</sup> Estimates relate to predominantly urban areas.

<sup>3</sup> Includes not known if tested, and type of test not stated.

### 3 CHILDREN AGED 2-14 YEARS<sup>1</sup>: TYPE OF SCREENING TEST IN PREVIOUS 5 YEARS, 1979 AND 1995<sup>2</sup>

	1979			1995		
	2-4 yrs	5-9 yrs	10-14 yrs	2-4 yrs	5-9 yrs	10-14 yrs
	%	%	%	%	%	%
Had sight tested	22.9	64.1	63.8	38.4	72.1	79.3
Had hearing tested	41.6	60.8	54.2	56.3	75.1	70.6
Had visited a dental professional	31.5	83.5	94.5	22.5	85.1	96.6

<sup>1</sup> Due to differences in the survey methodologies, some caution should be used in interpreting changes between surveys.

### 4 CHILDREN AGED 0-14 YEARS<sup>1</sup>: TYPE OF SCREENING TEST BY TIME SINCE MOST RECENT TEST, APRIL 1995

	Sight test	Hearing test	Dental visit
	%	%	%
<b>Length of time since last test</b>			
Less than 6 months	20.6	14.6	44.9
6 to less than 12 months	20.7	15.6	33.6
12 to less than 18 months	11.6	10.3	9.6
18 months to less than 3 years	18.0	17.0	8.0
3 to less than 5 years	14.1	16.9	2.7
5 years or more	12.5	22.5	0.8
Not known	2.5	3.1	0.3
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

<sup>1</sup> Data relating to the last dental visit refer to children aged 2 to 14 years.

## 5

CHILDREN AGED 0-14 YEARS<sup>1</sup>: TYPE OF SCREENING TEST BY REASON FOR MOST RECENT TEST, APRIL 1995

Reason for last test	Age of child (years)			Total
	0-4 years	5-9 years	10-14 years	
	%	%	%	%
<b>Sight tests</b>				
Known/suspected vision problems	11.2	20.0	30.1	22.6
Check-up	86.6	76.9	65.2	73.8
Other/not stated	2.2	3.1	4.7	3.6
<b>Hearing tests</b>				
Known/suspected hearing problems	8.7	14.0	13.0	12.2
Other medical ear problems	4.2	5.7	5.9	5.4
Check-up	85.3	78.2	78.9	80.3
Other/not known	1.8	2.0	2.2	2.0
<b>Dental visits</b>				
Dental problem	20.2	17.0	14.3	15.9
Preventative treatment	2.4	4.9	4.1	4.3
Orthodontic treatment	*0.4	2.4	11.1	6.6
Check-up	74.3	75.5	70.2	72.8
Other/not known	2.7	*0.2	0.2	0.4

<sup>1</sup> Data relating to the last dental visit refer to children aged 2-14 years.

## 6

## CHILDREN ATTENDING SCHOOL WHO VISITED A DENTAL PROFESSIONAL, APRIL 1995

	Age of child (years)			Total
	Less than 10 years	10-14 years	Total	
	%	%	%	'000s
School dental service ever used	31.7	56.8	46.6	512.5
School dental service not ever used				
No problems with teeth	3.8	1.7	2.6	28.1
Use private family dentist	31.9	25.9	28.3	311.8
School dental service not available	19.3	8.9	13.1	144.5
Other	11.8	4.7	7.6	83.7
Total	66.8	41.2	51.6	568.2
Not known if school dental service used	1.5	2.0	1.8	19.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>1 100.3</b>

<i>Family characteristic</i>	<i>Sight tested</i>	<i>Hearing tested</i>	<i>Visited dental professional</i>	<i>Total</i>
%	%	%	%	'000s
<b>Family type</b>				
Couple families	62.7	66.2	75.6	3 241.8
One-parent families	61.8	64.4	71.6	605.1
<b>Language usually spoken at home</b>				
English	63.2	67.0	76.2	3 563.5
Language other than English	54.5	51.8	60.1	283.4
<b>Country of origin of parent(s)</b>				
Couple families				
Both parents born in Australia	63.0	67.1	76.3	2 026.3
Both parents born in other main English speaking countries <sup>2</sup>	63.4	66.7	76.3	136.6
Both parents born in non-English speaking countries	59.7	59.7	70.1	508.5
One parent born in main English	64.2	68.5	77.6	570.5
One-parent families				
Parent born in Australia or other main English speaking country	61.8	65.0	70.6	499.5
Parent born in non-English speaking country	62.1	61.7	76.1	105.5
<b>Labour force status of parent(s)</b>				
Couple families				
Both employed full time	65.4	65.1	81.5	589.5
Both employed other <sup>3</sup>	66.6	70.4	80.2	1 099.8
One employed	59.3	65.4	70.0	1 255.4
One or both unemployed	58.5	58.5	64.7	185.7
Both not in labour force	56.3	52.3	74.4	111.4
One-parent families				
Employed full time	71.5	64.8	79.9	103.2
Employed other	65.1	70.1	78.7	127.2
Unemployed	59.8	62.7	67.6	59.7
Not in labour force	57.7	62.4	66.1	315.0
<b>Weekly income of parent(s)</b>				
Under \$499	60.6	63.5	71.3	1 113.9
\$500-\$1 000	61.9	66.1	72.3	1 626.7
Over \$1 000	66.1	68.9	81.9	836.9
Not stated	63.7	65.8	76.2	269.4
<b>Total</b>	<b>65.5</b>	<b>65.9</b>	<b>75.0</b>	<b>3 846.9</b>

<sup>1</sup> Data relating to dental visits refer to children aged 2-14 years.<sup>2</sup> Other main English speaking countries include: Canada, Republic of Ireland, New Zealand, South Africa, United Kingdom and the United States of America.<sup>3</sup> One or both parents employed part time.

Family characteristics	Age at first sight test			Age at first hearing test			Age at first visit to a dental professional		
	Under 5 years	5-9 years	10-14 years	Under 5 years	5-9 years	10-14 years	Under 5 years	5-9 years	10-14 years
	%	%	%	%	%	%	%	%	%
<b>Family type</b>									
Couple families	49.3	41.1	6.0	67.9	27.3	2.0	43.2	53.0	1.8
One-parent families	46.8	41.2	6.6	60.9	32.0	2.5	32.2	62.4	2.3
<b>Language usually spoken at home</b>									
English	49.2	41.2	5.8	67.2	27.9	1.9	42.6	53.7	1.6
Language other than English	44.8	40.1	9.8	60.7	29.4	4.9	24.2	65.6	6.8
<b>Country of origin of parent(s)</b>									
Couple families									
Both parents born in Australia	50.6	40.4	5.7	68.5	27.1	1.8	46.5	50.6	1.1
Both parents born in other main English speaking countries <sup>2</sup>	50.6	40.4	5.7	65.9	29.5	1.0	46.5	50.5	1.5
Both parents born in non-English speaking countries	45.8	40.5	8.9	63.1	29.4	3.5	29.5	62.9	4.7
One parent born in main English speaking country	47.3	44.2	4.9	70.0	25.6	1.7	42.7	53.3	1.8
One-parent families									
Parent born in Australia or other main English speaking country	47.7	40.7	6.1	61.3	31.4	2.3	33.9	61.1	1.8
Parent born in non-English speaking country	42.9	43.8	8.6	58.8	35.0	*3.4	25.4	68.4	4.1
<b>Labour force status of parent(s)</b>									
Couple families									
Both employed full time	42.1	45.0	8.7	61.5	32.4	2.8	40.7	54.8	1.6
Both employed other <sup>3</sup>	50.7	40.4	5.4	70.0	25.6	1.5	47.3	49.7	1.4
One employed	52.7	40.1	4.6	69.7	26.1	1.9	44.7	52.0	1.8
One or both unemployed	47.4	39.1	6.6	63.6	28.1	2.1	27.2	64.3	5.7
Both not in labour force	39.6	42.0	12.4	60.4	30.6	4.8	20.5	71.1	*2.7
One-parent families									
Employed full time	41.5	45.7	5.0	56.2	34.6	*3.1	33.6	60.2	*2.1
Employed other	44.8	44.0	6.7	57.3	33.0	3.1	37.7	57.2	*2.2
Unemployed	49.4	36.1	11.3	59.9	32.7	*4.7	31.5	65.5	**0.8
Not in labour force	49.4	39.1	6.2	64.3	30.5	1.6	28.9	65.7	2.7
<b>Weekly income of parent(s)</b>									
Under \$499	50.2	39.0	6.3	65.2	28.3	2.4	33.3	61.2	2.8
\$500-\$1 000	49.2	41.8	5.5	67.7	27.9	1.8	41.9	54.8	1.6
Over \$1 000	48.2	43.0	6.0	68.2	27.4	2.1	48.5	48.6	1.2
Not stated	44.2	39.9	8.9	63.4	29.3	2.5	45.4	47.9	2.3
<b>Total</b>	<b>48.9</b>	<b>41.1</b>	<b>6.1</b>	<b>66.8</b>	<b>28.0</b>	<b>2.1</b>	<b>41.5</b>	<b>54.4</b>	<b>1.9</b>

<sup>1</sup> Data relating to dental visits refer to children aged 2-14 years.<sup>2</sup> Other main English speaking countries include: Canada, Republic of Ireland, New Zealand, South Africa, United Kingdom and the United States of America.<sup>3</sup> One or both parents employed part time.

# 9

## CHILDREN AGED 0-3 YEARS<sup>1</sup>: WHETHER VISITED A BABY HEALTH CLINIC, APRIL 1995

Whether visited a baby health clinic	NSW	Vic.	Qld	SA	WA	Tas.	NT <sup>1</sup>	ACT	Aust.	'000s
	%	%	%	%	%	%	%	%	%	
Yes	89.4	97.4	73.3	86.5	94.9	95.1	96.5	86.3	88.9	910.5
No	9.9	2.6	25.8	13.2	5.1	*4.5	**3.5	*10.9	10.6	108.8
Not known	0.7	**	*0.9	**0.3	**	**0.3	**	*2.8	0.5	4.8
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>1 024.2</i>

<sup>1</sup> Estimates relate to predominantly urban areas.

# 10

## CHILDREN AGED 0-3 YEARS<sup>1</sup>: WHETHER VISITED A BABY HEALTH CLINIC BY FREQUENCY OF VISIT, APRIL 1995

	Age of child (months)					Total
	0-2 months	3-5 months	6-11 months	12-18 months	More than 18 months	
	%	%	%	%	%	
Has visited baby health clinic						
Had regular checks <sup>2</sup>	55.9	61.8	59.6	46.9	57.6	56.4
Had irregular checks	**	18.9	28.7	42.3	30.6	29.5
Not checked/not stated	9.0	4.4	1.9	2.7	2.6	3.1
<i>Total</i>	<i>64.9</i>	<i>85.1</i>	<i>90.2</i>	<i>91.8</i>	<i>90.8</i>	<i>88.9</i>
Has not visited baby health clinic	35.1	14.8	9.5	8.2	8.5	10.6
Not stated if visited baby health clinic	**	**0.1	**0.3	**	0.7	0.5
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

<sup>2</sup> Received checks as per NH&MRC recommendations.

Family characteristics	Children who have visited a clinic (age at first visit <sup>2</sup> )			Children aged 0-3 years	
	Under 5 weeks	5 to 12 weeks	13 weeks to 3 years	Have visited a clinic	Total
	%	%	%	%	'000s
<b>Family type</b>					
Couple families	80.8	16.6	1.9	89.9	881.9
One-parent families	76.4	19.3	3.2	82.5	142.3
<b>Language usually spoken at home</b>					
English	80.7	16.9	1.8	88.7	943.4
Language other than English	74.6	18.0	4.8	90.8	80.8
<b>Country of origin of parent(s)</b>					
Couple families					
Both parents born in Australia	82.6	15.2	1.6	90.1	584.4
Both parents born in other main English speaking countries <sup>2</sup>	80.3	16.7	2.7	84.2	39.8
Both parents born in non-English speaking countries	76.4	17.8	3.8	91.2	111.2
One parent born in main English speaking country	77.1	21.3	*1.3	90.1	146.5
One-parent families					
Parent born in Australia or other main English speaking country	77.9	18.5	2.6	81.4	124.9
Parent born in non-English speaking country	66.4	24.2	*7.3	90.3	17.4
<b>Labour force status of parent(s)</b>					
Couple families					
Both employed full time	77.4	18.9	*2.1	89.2	102.4
Both employed other <sup>3</sup>	83.9	14.2	1.0	94.0	257.1
One employed	81.6	16.3	1.7	89.1	433.7
One or both unemployed	73.8	20.3	*4.3	83.8	62.6
Both not in labour force	61.2	28.8	*7.6	81.2	26.1
One-parent families					
Employed full time	73.7	*20.5	**3.9	86.8	11.0
Employed other <sup>2</sup>	72.6	23.9	*3.5	83.9	22.0
Unemployed	75.1	*20.9	**4.0	87.5	11.9
Not in labour force	77.8	17.9	3.0	81.1	97.4
<b>Weekly income of parent(s)</b>					
Under \$499	77.1	19.2	2.7	84.1	325.5
\$500-\$1 000	81.4	15.9	2.0	90.3	456.1
Over \$1 000	84.0	14.1	1.6	93.1	180.4
Not stated	75.2	21.7	*2.5	91.9	62.1
<i>Total</i>	80.2	16.9	2.1	88.9	1 024.2

<sup>1</sup> Findings for age 'not known' excluded from the components shown in this table, but included in the base total.

<sup>2</sup> Other main English speaking countries include: Canada, Republic of Ireland, New Zealand, South Africa, United Kingdom and the United States of America.

<sup>3</sup> One or both parents employed part time.



## EXPLANATORY NOTES

### INTRODUCTION

**1** In April 1995, a survey was conducted throughout Australia to obtain information on children's immunisation and health screening. National information on these topics was previously collected by the ABS in the 1989-90 National Health Survey, the 1983 Children's Immunisation Survey and the Sight, Hearing and Dental Health Survey, conducted in 1979.

### SCOPE

**2** The survey was conducted as part of the regular monthly population survey, which is based on a national multi-stage area sample of about 30,000 private dwellings covering approximately one-half of 1% of the population of Australia.

**3** Information relating to children's immunisation and health screening was obtained only for those children:

- who were aged less than 15 years;
- who were usual residents of private dwellings; and
- whose parents or guardians were in on scope and coverage.

**4** Persons excluded from the survey under scope and coverage rules were:

- members of the permanent defence forces;
- certain diplomatic personnel of overseas governments customarily excluded from census and estimated populations;
- overseas residents in Australia;
- members of non-Australian defence forces (and their dependents) stationed in Australia; and
- visitors to private dwellings.

### METHODOLOGY

**5** Interviews were conducted over a period of two weeks in April 1995. Trained interviewers obtained information about children's immunisation and health screening from occupants of selected dwellings, where there was at least one child aged 14 years or less. Some 14,600 children aged 0-4 years were covered by the survey.

**6** Where possible the information was obtained from the child's mother or a female guardian, otherwise the father or a male guardian responded. Information was provided by the mother/female guardian for 88.5% of children covered by the survey. If a parent or guardian of the child was not available, another adult who was identified as being responsible for the child was interviewed. In an effort to ensure accuracy of information parents of children aged 0-6 years were encouraged to consult child health records where possible.

### RELIABILITY OF ESTIMATES

**7** Estimates derived from the survey are obtained using a complex ratio estimation procedure which ensures that the estimates conform to an independently estimated distribution of the population by age and sex rather than to the age and sex distribution within the sample itself. Estimates for the Northern Territory relate only to children in predominantly urban areas.

**8** Estimates in this publication are subject to two sources of error:

- Non-sampling error: inaccuracies may occur because of imperfections in reporting by respondents and interviewers, and errors made in coding and processing data. These inaccuracies may occur in any enumeration, whether it be a full count or a sample. Every effort is made to reduce the non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers and efficient operating procedures.
- Sampling error: since the estimates in this publication are based on information obtained from occupants of a sample of dwellings they are subject to sampling variability; that is they may differ from the figures that would have been produced if all dwellings had been included in this survey. One measure of the likely difference is given by the standard error (SE), which indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. There are about two chances in three that a sample estimate will differ by less than one standard error from the figure that would have been obtained if all dwellings had been included, and about nineteen chances in twenty that the difference will be less than two standard errors. Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the standard error as a percentage of the estimate. For example from table 2, the estimated number of persons aged 0–14 years who had only their sight tested was 385,100. From table A, at the back of this publication, it can be seen that an estimate of this size has a standard error of about 6,660. Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall within the range of 378,440 to 391,760 and about nineteen chances in twenty that the value will fall within the range 371,780 to 398,430.

**SIGHT AND HEARING TESTS**

**9** In its *Review of Child Health Surveillance and Screening, 1993*, the National Health and Medical Research Council (NH&MRC) recommended hearing surveillance of children at various ages through to 4–5 years, and sight surveillance through to 12 years of age. While results of this survey can be used to gauge general reported surveillance levels relative to the recommended levels, some caution should be used in making direct comparisons. For example, whereas the NH&MRC recommended particular types of tests at certain ages, information on type of test was not obtained in the survey. As a result, while the findings of this survey indicate levels of testing at a particular age, it cannot necessarily be assumed the tests received were as recommended.

**UNPUBLISHED DATA**

**10** Statistics on children's health screening contained in this publication represent a selection of those available from the survey. Standard sets of unpublished tabulations, for Australia and for each State, are available from any office of the ABS. In addition, special tabulations can be produced on request to meet individual user requirements. Such tables will be subject to confidentiality and sampling variability constraints. Inquiries about obtaining special tabulations from this survey should be made to Brian Richings on (06) 252 5786.

**11** To assist users in considering their requirements for additional tabulations, a list of the main data items available from the survey is provided below:

<i>Data item</i>	<i>Type of surveillance</i>			
	<i>Sight</i>	<i>Hearing</i>	<i>Dental</i>	<i>Baby health clinic</i>
Whether ever visited/tested	*	*	*	*
Age first visited/tested	*	*	*	*
Time since last visit/test	*	*	*	
Main reason for last visit/test	*	*	*	*
Type of professional seen at last visit/conducted last test	*	*	*	
Who first suspected problem	*	*		
Main reason not visited				*
Whether ever used School Dental Service			*	
Main reason not used School Dental Service			*	
Whether has/had braces, bands or a plate			*	
Whether head phones used at last test		*		

**12** The following table shows the estimated population figures at April 1995, which have been used in the calculation of percentages contained in this publication.

CHILDREN AGED 0-14 YEARS: AGE CATEGORIES, APRIL 1995

<i>Age category (years)</i>	<i>NSW</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas.</i>	<i>NT</i>	<i>ACT</i>	<i>Aust.</i>
	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>	<i>'000s</i>
0-3	348.8	254.3	188.4	78.2	99.2	27.2	10.3	17.8	1 024.2
2-4	263.1	191.4	143.1	59.5	75.3	20.6	7.5	13.7	774.3
5-9	430.6	312.3	236.1	100.6	130.7	65.4	11.9	22.0	1 279.6
10-14	427.0	309.8	243.8	101.9	130.0	36.7	11.2	22.0	1 282.5
0-4	437.2	318.4	236.7	98.3	124.9	34.3	12.6	22.5	1 284.9
2-14	1 120.7	813.4	623.1	262.1	336.0	92.7	30.6	57.7	3 336.3
0-14	1 294.8	940.5	716.7	300.8	385.6	106.4	35.7	66.4	3 846.9

RELATED PUBLICATIONS

**13** Other ABS publications which may be of interest include:

*Children's Immunisation* (4352.0)

*1989-90 National Health Survey, Children's Immunisation* (4379.0)

*1989-90 National Health Survey, Health Related Actions* (4375.0)

**14** Current publications produced by the ABS are listed in the *Catalogue of Publications and Products, Australia* (1101.0).

ROUNDING

**15** Estimates have been rounded and discrepancies may occur between sums of the component items and totals.

SYMBOLS AND OTHER USAGES

\* relative standard error between 25% and 50%.

\*\* subject to sampling variability too high for most practical uses (see paragraph 8)

n.a. not available

.. not applicable

— nil

## A

STANDARD ERRORS AND RELATIVE STANDARD ERRORS FOR ESTIMATES OF CHILDREN AGED 0-14 YEARS,  
APRIL 1995

Size of estimate	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	Aust.	
									SE	RSE %
100						90		90	100	100.0
200						<u>120</u>	<u>120</u>	<u>120</u>	140	70.0
400		390	340	270	280	160	160	150	<u>220</u>	<u>55.0</u>
500	470	430	370	290	300	180	170	170	250	50.0
600	510	460	400	<u>310</u>	<u>320</u>	190	180	180	270	45.0
700	540	490	430	330	340	200	190	190	300	42.9
800	570	520	450	350	360	<u>210</u>	<u>210</u>	<u>200</u>	320	40.0
900	600	550	<u>480</u>	360	370	220	220	210	340	37.8
1 000	630	570	500	380	390	230	230	220	360	36.0
1 100	650	590	520	390	400	240	240	230	380	34.5
1 200	680	<u>610</u>	540	400	410	250	250	240	400	33.3
1 300	700	630	560	420	430	260	260	250	420	32.3
1 400	<u>720</u>	650	570	430	440	270	270	260	440	31.4
1 500	750	670	590	440	450	270	270	260	450	30.0
1 600	770	690	610	450	460	280	280	270	470	29.4
1 700	790	700	620	460	470	290	290	280	490	28.8
1 800	810	720	640	470	480	290	300	280	500	27.8
1 900	820	740	650	<u>480</u>	490	300	310	290	520	27.4
2 000	840	750	660	490	<u>500</u>	310	320	300	530	26.5
2 100	860	770	680	500	510	310	330	300	540	25.7
2 200	880	780	690	510	520	320	330	310	<u>560</u>	<u>25.5</u>
2 300	890	800	700	520	530	320	340	310	570	24.8
2 400	910	810	720	530	530	330	350	320	580	24.2
2 500	930	820	730	540	540	330	360	330	600	24.0
3 000	1 000	890	<u>790</u>	580	580	360	390	350	660	22.0
3 500	1 070	<u>940</u>	840	610	620	380	430	380	710	20.3
4 000	1 130	990	890	640	650	400	460	400	770	19.2
4 500	<u>1 190</u>	1 040	930	670	680	420	500	420	810	18.0
5 000	1 240	1 090	980	700	710	440	530	440	860	17.2
6 000	1 340	1 170	1 060	760	760	470	590	480	950	15.8
8 000	1 520	1 310	1 190	850	850	530	710	550	1 100	13.7
10 000	1 670	1 430	1 310	930	920	580	820	600	1 230	12.3
20 000	2 240	1 890	1 770	1 240	1 220	770	1 330	840	1 730	8.6
30 000	2 660	2 220	2 110	1 470	1 430	910	1 790	1 020	2 100	7.0
40 000	3 010	2 490	2 390	1 660	1 610	1 020	2 240	1 170	2 410	6.0
50 000	3 310	2 730	2 640	1 830	1 770	1 120	2 680	1 310	2 680	5.4
100 000	4 450	3 590	3 580	2 480	2 370	1 480	4 790	1 870	3 690	3.7
200 000	5 980	4 720	4 870	3 380	3 200	1 960	8 940	2 690	5 030	2.5
300 000	7 100	5 540	5 840	4 060	3 830	2 320	13 140	3 340	6 000	2.0
400 000	8 030	6 210	6 650	4 640	4 350	2 610	17 430	3 910	6 780	1.7
500 000	8 830	6 780	7 350						7 450	1.5
1 000 000	11 860	8 910	10 070						9 900	1.0
2 000 000	15 940								13 030	0.7
5 000 000									18 440	0.4

**B**

STANDARD ERRORS AND RELATIVE STANDARD ERRORS FOR ESTIMATES OF CHILDREN AGED 0-14 YEARS, AGE (GROUPED), APRIL 1995

Size of estimate	0-3 years	0-4 years	5-9 years	10-14 years	2-14 years	Total children 0 to 14 years	
						SE	RSE %
100	90	90	80	80	90	100	97.7
200	150	150	120	120	140	140	72.5
300	190	190	160	<u>160</u>	180	180	60.8
400	230	230	<u>200</u>	190	<u>220</u>	<u>210</u>	<u>53.6</u>
500	260	260	230	220	250	240	48.6
600	290	290	260	250	280	270	44.9
700	320	320	290	280	300	290	41.9
800	350	350	320	300	330	320	39.5
900	370	370	340	330	350	340	37.5
1 000	390	400	370	350	380	360	35.8
1 100	420	420	390	370	400	380	34.3
1 200	440	440	410	390	420	400	33.0
1 300	460	460	430	410	440	410	31.8
1 400	480	480	450	430	460	430	30.8
1 500	500	500	470	450	480	450	29.8
1 600	520	520	490	470	500	460	29.0
1 700	530	540	510	490	510	480	28.2
1 800	550	560	530	500	530	490	27.5
1 900	570	570	540	520	550	510	26.8
2 000	580	590	560	540	570	520	26.2
2 100	600	610	580	550	580	540	25.7
2 200	620	620	590	570	600	<u>550</u>	<u>25.1</u>
2 300	630	640	610	590	610	570	24.6
2 400	650	650	620	<u>600</u>	630	580	24.2
2 500	<u>660</u>	<u>670</u>	640	620	<u>640</u>	590	23.7
3 000	730	740	710	690	710	650	21.8
4 000	850	860	840	820	840	770	19.2
5 000	950	970	950	940	950	860	17.3
6 000	1 050	1 070	1 060	1 050	1 050	950	15.9
8 000	1 210	1 240	1 240	1 250	1 230	1 120	13.9
10 000	1 350	1 390	1 390	1 430	1 390	1 260	12.6
20 000	1 880	1 960	1 990	2 140	2 000	1 820	9.1
30 000	2 260	2 370	2 430	2 700	2 450	2 260	7.5
40 000	2 560	2 710	2 790	3 180	2 840	2 630	6.6
50 000	2 820	2 990	3 100	3 600	3 170	2 950	5.9
100 000	3 750	4 060	4 210	5 280	4 420	4 240	4.2
200 000	4 890	5 400	5 620	7 660	6 100	6 070	3.0
300 000	5 670	6 340	6 580	9 490	7 310	7 470	2.5
400 000	6 260	7 080	7 330	11 020	8 300	8 650	2.2
500 000	6 750	7 690	7 940	12 360	9 140	9 690	1.9
1 000 000	8 430	9 860	10 080	17 560	12 220	13 740	1.4
2 000 000	10 320	12 440	12 510	24 700	16 130	19 420	1.0
3 000 000					18 860	23 740	0.8
4 000 000					21 020	27 350	0.7



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