

South Australian Population Health Survey

2019 Annual Report

Children



Government
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Background

The South Australian Population Health Survey (SAPHS) is a state-wide population health survey managed by Wellbeing SA, which aims to monitor the health status of all South Australians. The SAPHS has been collecting information about the health of South Australians since July 2018.

Population health surveys play an important role in the development of health services by providing information to policy makers, providers and researchers about the health of the community, the performance of the health care system, and its impact on people of varying social, economic, and illness levels.

This survey remains the principle source of information on population health and is used extensively by Wellbeing SA, SA Health and other non-Government organisations. Collectively the information from SAPHS is used to:

- provide high quality, representative data on the health of the South Australian population
- identify sub-groups of the community who experience less than satisfactory health outcomes
- identify emerging health issues
- measure trends over time for key health indicators
- monitor and evaluate population health policy, programs and initiatives
- share findings with relevant professionals, researchers and policy makers within SA Health, Local Health Networks and the wider community
- address State and Commonwealth indicators and targets
- be an ongoing source of data for key reports including the Chief Public Health Officer's Report and the South Australian Public Health Indicator Framework.

Aboriginal is used in this document respectfully as an all-encompassing term for Aboriginal and Torres Strait Islander people, health and culture.



Methodology

Study Design

The South Australian Population Health Survey is a cross-sectional population CATI (computer-assisted telephone interview) survey. To maximise participation, respondents were also offered the option of completing the survey on-line (CAWI, computer-assisted web interview) by receiving a unique hyperlink.

South Australians of all ages were eligible to participate. The data presented in this report are for children respondents aged 0-17 years. Selected persons were non-replaceable, such that if the selected person was not available, interviews were not conducted with an alternative household member (landline frame) or person who was not the owner of the phone (mobile frame). For selected persons aged 15 years or younger, a parent/guardian proxy completed the interview on their behalf.

This survey has been approved by The Department for Health and Wellbeing Human Research Ethics Committee (HREC/18/SAH/11). Field work was outsourced to a market research organisation.

Sampling Frame

A dual frame over-lapping sampling technique of mobile phone and landlines were used to collect information from a representative sample of South Australians, using random digit dialling (RDD). Standard deduplication procedures were administered.

Data collection

Interviewing was conducted between January and December 2019. Interviewers were able to conduct survey in languages other than English, and respondents were able to request a male or female interviewer if preferred.

Participation

A total of 8667 eligible South Australians of all ages were contacted and 6928 interviews were conducted resulting in an overall cooperation rate of 79.9%. There were 1158 participants reached through a landline number and 5770 through a mobile number. The full breakdown of the reasons behind refusal, the unknown eligibility, and the reasons for non-eligibility are detailed in Appendix – Disposition Report.

The data presented in this report are for the n=1391 respondents aged 0-17 years. Of the 1391 children completing the survey, 1373 used the CATI system, 15 completed the survey online, and three used a combination of the two.

Weighting and presentation of data

The data presented in this report are weighted. Weighting is a technique for adjusting unit record survey data to enable population estimates to be made by statistically increasing or decreasing the numbers of cases with particular characteristics so that the proportion of cases in the sample are adjusted to the population proportion. A technique known as 'raking' was used to weight respondents incorporating various population characteristics (sex, age, area of residence, country of birth, dwelling status, marital status, education level, employment status, household size) designed to more closely reflect the South Australian population using benchmarks derived from the June 2016 ABS Census data.

The weighting of data can result in rounding discrepancies or totals not adding.

The data presented in this report are for the period January 2019 to December 2019. Non-relevant responses such as 'don't know' and 'refused' have not been included in the analysis apart from when it is stated.



Statistical analysis

Data preparation and analysis were completed using SPSS 24 software. Excel 2010 was used to collate tables. The weighted proportion of people who respond to each category of the attribute are presented in the tables along with the 95% confidence interval. A confidence interval is a range in which it is estimated that the true population lies. The width of a confidence interval expresses the precision of an estimate; the wider the interval the less precision. Statistical significance is considered when the 95% confidence intervals for prevalence estimates do not overlap.

Comparing SAPHS to previous population health datasets

SAPHS began collecting data in July 2018 and the data presented in this report are comparable to the 2018 SAPHS Annual Report, however are not comparable to any previously reported population health datasets.

The South Australian Monitoring and Surveillance System (SAMSS), the predecessor to SAPHS, ran from July 2002 to March 2018. In SAMSS a sample of South Australians were randomly selected from the Electronic White Pages. Introductory letters were sent out to each household selected to inform them of the upcoming telephone survey, inviting the person who had the last birthday in the household to participate in a telephone interview. Due to the increased number of mobile only households and decreased utilisation of landline numbers, achieving a representative sample became increasingly difficult over time.

The commencement of the SAPHS resulted in a full review of the questionnaire ensuring all questions, and the way in which they were asked were still relevant and consistent with other jurisdictional and national surveys where possible.

Due to the significant changes to study design, sampling methodology and questionnaire, the data presented in this report are not comparable to any previously reported SAMSS estimates.



Demographic profile of survey respondents

Table 1 shows the socio-demographic characteristics of the weighted sample of children aged 0 to 17 years. Of the 1391 children, there were more male respondents (56.6%) than females (43.4%). The majority of the respondents were from metropolitan areas of South Australia (75.1%), were born in Australia (85.9%), and lived in a dwelling that was owned or being purchased (71.0%).

Table 1: Weighted sample, SAPHS 2019 (n=1391)

		n	%	95% CI
All		1391	100.0	
Sex	Male	788	56.6	54.0-59.2
	Female	603	43.4	40.8-46.0
Location	Metropolitan	1045	75.1	72.8-77.3
	Rural	346	24.9	22.7-27.2
Age	0 to 4	347	24.9	22.7-27.3
	5 to 9	334	24.0	21.8-26.3
	10 to 14	461	33.2	30.7-35.6
	15 to 17	249	17.9	16.0-20.0
Aboriginal and/or Torres Strait Islander Status	Yes	59	4.2	3.3-5.4
	No	1329	95.5	94.4-96.5
	Not stated	3	0.2	0.1-0.6
SEIFA*	Lowest	228	16.4	14.5-18.4
	Low	244	17.5	15.6-19.6
	Middle	367	26.4	24.1-28.7
	High	268	19.3	17.3-21.4
	Highest	284	20.4	18.4-22.6
Household Income	Up to \$20,000	100	7.2	5.9-8.6
	\$20,001 - \$40,000	131	9.5	8.0-11.0
	\$40,001 - \$60,000	131	9.4	8.0-11.0
	\$60,001 - \$80,000	139	10.0	8.5-11.7
	\$80,001 - \$100,000	151	10.9	9.3-12.6
	\$100,001 - \$150,000	259	18.6	16.6-20.7
	More than \$150,000	268	19.3	17.3-21.4
	Not stated	210	15.1	13.3-17.1
Language spoken at home	English	1250	89.9	88.2-91.4
	Other	140	10.0	8.6-11.7
	Not stated	1	0.1	0.0-0.3

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

*SEIFA: Socio-Economic Index For Areas.



Table 1 - continued

		n	%	95% CI
Country of birth	Australia	1194	85.9	83.9-87.6
	UK / Ireland	28	2.0	1.4-2.9
	Other	169	12.1	10.5-13.9
Dwelling type	Owned or being purchased	987	71.0	68.5-73.3
	Rented privately	54	3.9	3.0-5.0
	Rented from Housing SA	331	23.8	21.6-26.1
	Other	14	1.0	0.6-1.6
	Not stated	5	0.4	0.1-0.8

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Health care system

Health care utilisation

Measure: Patterns of health service use can reflect on patterns of illness as well as the availability and accessibility of health services and the ways people choose to use them. Respondents were asked how many times in the last 12-months they had used a general practitioner (GP), as well as how many times they had used various health services in the 12 months.

Table 2 suggests that the most frequently used health services in the past 12 months were a GP (84.3%), followed by dentist (64.8%), and specialist doctor (32.8%). Visitation to a GP tended to be higher among younger children aged 0 to 4, while those living in the high socioeconomic areas were less likely to visit a GP in the previous 12-months (Table 3). The number of times a child visited a GP in the previous 12-months is also reported in Table 4.

Table 2: Proportion of children (0-17 years) reporting use of health services in the previous 12-months, SAPHS 2019 (n=1386)

	n	% (95% CI)
GP	1169	84.3 (82.4-86.2)
Dentist	899	64.8 (62.3-67.3)
Specialist Doctor	455	32.8 (30.4-35.3)
Other Health Professional*	350	25.3 (23.0-27.6)
Hospital Emergency Department	299	21.5 (19.5-23.8)
Hospital Admission	207	14.9 (13.1-16.9)
Hospital Outpatient Clinic	190	13.7 (12.0-15.6)

CI: Confidence Interval. Multiple responses allowed.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

*Allied health, nursing, Aboriginal health worker.



Table 3: Proportion of children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2019 (N=1386)

		n/N	% (95% CI)
All		1169/1386	84.3 (82.4-86.2)
Sex	Male	662/786	84.2 (81.6-86.6)
	Female	508/600	84.6 (81.6-87.4)
Location	Metropolitan	871/1040	83.7 (81.4-85.9)
	Rural	298/346	86.1 (82.2-89.5)
Age	0 to 4	328/344	95.4 (92.7-97.2)
	5 to 9	272/334	81.3 (77.0-85.3)
	10 to 14	364/459	79.2 (75.4-82.8)
	15 to 17	205/249	82.6 (77.2-86.7)
SEIFA	Lowest	205/228	89.8 (85.5-93.3)
	Low	212/241	88.0 (83.4-91.6)
	Middle	313/367	85.3 (81.4-88.6)
	High	203/267	76.2 (70.6-80.9)
	Highest	236/284	83.1 (78.4-87.1)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.
 Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 4: Number of times South Australian children (0-17 years) reported using a GP in the previous 12-months, SAPHS 2019 (n=1386)

	n	%
None	217	15.7
1	247	17.8
2	315	22.7
3	156	11.2
4	128	9.2
5	80	5.7
6	71	5.1
7	12	0.9
8	16	1.1
9	11	0.8
10	58	4.2
11-15	58	4.2
16-20	10	0.8
More than 20	8	0.6
Total	1386	100.0

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Private Health Insurance

Measure: Respondents were asked if they were currently covered by a private health insurance.

More than half (55.3%) of South Australian children reported being covered by private health insurance. Children living in higher socioeconomic areas were more likely to be covered by private health insurance, and children aged 15 to 17 were less likely (Table 5).

Table 5: Proportion of children (0-17 years) reporting being covered by private health insurance, SAPHS 2019 (N=1379)

		n/N	% (95% CI)
All		763/1379	55.3 (52.7-57.9)
Sex	Male	408/779	52.3 (48.9-55.9)
	Female	355/600	59.2 (55.2-63.0)
Location	Metropolitan	585/1033	56.6 (53.6-59.6)
	Rural	178/346	51.5 (46.2-56.7)
Age	0 to 4	193/344	56.0 (50.8-61.3)
	5 to 9	208/333	62.3 (57.2-67.5)
	10 to 14	257/460	55.8 (51.3-60.4)
	15 to 17	106/242	44.0 (37.7-50.1)
SEIFA	Lowest	71/227	31.4 (25.5-37.5)
	Low	111/236	47.1 (40.7-53.4)
	Middle	218/366	59.7 (54.5-64.5)
	High	179/268	67.0 (61.0-72.2)
	Highest	183/282	64.9 (59.2-70.3)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Travelling to a health service

Measure: Respondents were asked if they had to travel over 75km to use a health service in the past 12 months. Those who did travel over 75km to a health service were further asked how, why, the ease of access, and the main difficulty of accessing the health services.

A total 7.4% of South Australian children travelled over 75km to use a health service in the past 12 months. Children living in metropolitan areas, younger children and those that live in the highest socioeconomic areas were less likely to travel more than 75km to use a health service (Table 6).

Table 6: Proportion of children (0-17 years) who travelled over 75km to use a health service in the past 12-months, SAPHS 2019 (N=1389)

		n/N	% (95% CI)
All		103/1389	7.4 (6.1-8.9)
Sex	Male	66/786	8.4 (6.6-10.5)
	Female	37/603	6.1 (4.4-8.3)
Location	Metropolitan	18/1043	1.8 (1.1-2.7)
	Rural	84/346	24.4 (20.0-29.0)
Age	0 to 4	11/345	3.3 (1.7-5.5)
	5 to 9	28/334	8.3 (5.8-11.7)
	10 to 14	38/461	8.3 (6.0-11.0)
	15 to 17	25/249	10.1 (6.8-14.2)
SEIFA	Lowest	21/227	9.4 (6.0-13.5)
	Low	34/244	13.8 (10.0-18.7)
	Middle	20/367	5.6 (3.5-8.1)
	High	24/268	9.0 (6.0-12.8)
	Highest	3/284	1.2 (0.3-2.8)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Of the respondents who had travelled over 75km to use a health service in the past 12-months (n=103), the most common reason was because the service was not available in their home community (80.4%). Over three-quarters (76.6%) of respondents used their own private car to travel to this health service, while 21.8% used someone else's private car. Nearly 30% of respondents found it difficult or very difficult to access the health service, and when followed up more than half (57.8%) said the difficulties were in regards to the health service being too far away from their home. Just over a third (35.0%) said the difficulty was due to financial considerations (Table 7).

Table 7: Additional questions asked of respondents who reported travelling more than 75km to a health service, SAPHS 2019

What was the reason you travelled over 75kms to use this health service?* (n=103)	n	% (95% CI)
Service not available in home community	83	80.4 (72.2-87.3)
Own choice (to use a particular health professional or service)	25	23.9 (16.8-33.2)
Earlier appointment or service available	12	12.1 (6.5-18.9)
Referral pattern of GP	9	9.1 (4.4-15.3)
Family support available	5	5.3 (1.9-10.3)
Other	10	9.7 (5.1-16.5)
How did you travel to this service?* (n=103)	n	% (95% CI)
Private car - own car	79	76.6 (67.9-84.1)
Private car - someone else's car	22	21.8 (14.3-30.0)
Plane	2	1.6 (0.4-6.1)
Other	2	1.6 (0.4-6.1)
How easy was it for you or your family members to access the health service away from where you live? (n=100)	n	% (95% CI)
Very difficult	8	8.5 (3.9-14.5)
Difficult	21	21.3 (13.9-29.7)
Neither difficult or easy	36	36.3 (27.1-45.7)
Easy	13	13.4 (7.5-20.6)
Very easy	21	20.6 (13.9-29.7)
Main difficulty in getting to health service of those who reported it was difficult or very difficult to access the health service* (n=30)	n	% (95% CI)
Health service too far from home	17	57.8 (39.0-73.1)
Financial considerations	10	35.0 (18.6-51.1)
Waiting time too long	9	28.9 (16.0-47.7)
Transport issues (no access to a car, no one to take them)	4	14.5 (4.7-28.7)
Lack of support for family members while in hospital	1	3.3 (0.4-14.5)
Accommodation issues for themselves or family/friends	1	2.4 (0.4-14.5)
Other	10	32.1 (18.6-51.1)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

*Multiple responses allowed.



Mental health service use

Measure: Respondents were asked how many times in the last 12-months they had used any of these mental health services; psychologist, psychiatrist, other community mental health services, or online/phone services.

A total of 17.9% of South Australian children aged 5 to 17 years had used a mental health services in the last 12-months with children living in metropolitan areas less likely (15.6%) than rural children (24.7%). Older children and those living in the lowest SEIFA quintile were more likely to report using a mental health service in the previous 12-months (Table 8).

Table 8: Proportion of children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2019 (N=1391)

		n/N	% (95% CI)
All		249/1391	17.9 (16.0-20.0)
Sex	Male	149/788	18.9 (16.3-21.8)
	Female	100/603	16.5 (13.8-19.7)
Location	Metropolitan	163/1045	15.6 (13.5-17.9)
	Rural	85/346	24.7 (20.3-29.3)
Age	5 to 9	48/334	14.5 (10.9-18.4)
	10 to 14	109/461	23.6 (19.9-27.7)
	15 to 17	91/249	36.7 (30.7-42.7)
SEIFA	Lowest	72/228	31.7 (25.8-37.8)
	Low	40/244	16.3 (12.2-21.4)
	Middle	54/367	14.8 (11.4-18.6)
	High	46/268	17.1 (13.0-22.0)
	Highest	36/284	12.8 (9.2-16.9)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Mental health

Mental health conditions

Measure: Respondents were asked if they had ever been told by a doctor or health professional that they had anxiety, depression, Attention Deficit Hyperactivity Disorder, Conduct Disorder, or any other mental health condition.

Nearly one-fifth (19.1%) of South Australian children aged 5 to 15 years reported having a mental health condition, with older children and those living in the lowest socioeconomic areas more likely to report a mental health condition (Table 9). Anxiety (14.0%) was the most common reported condition, followed by ADHD (5.0%) and depression (4.2%) (Table 10).

Table 9: Proportion of children (5-15 years) reporting having a mental health condition, SAPHS 2019 (N=935)

		n/N	% (95% CI)
All		179/935	19.1 (16.7-21.8)
Sex	Male	100/521	19.2 (16.0-22.7)
	Female	79/414	19.1 (15.5-23.1)
Location	Metropolitan	131/687	19.0 (16.3-22.1)
	Rural	48/248	19.5 (14.8-24.6)
Age	5 to 9	41/334	12.4 (9.1-16.1)
	10 to 15	138/601	22.9 (19.7-26.4)
SEIFA	Lowest	55/151	36.3 (29.1-44.3)
	Low	33/164	20.3 (14.5-26.7)
	Middle	27/222	12.0 (8.4-16.9)
	High	29/190	15.1 (10.7-20.9)
	Highest	35/208	17.0 (12.2-22.4)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 10: Proportion of children (5-15 years) reporting a mental health condition by type of condition, SAPHS 2019 (n=935)

	n	% (95% CI)
Anxiety*	131	14.0 (11.9-16.3)
ADHD**	47	5.0 (3.8-6.6)
Depression	39	4.2 (3.0-5.6)
Conduct Disorder	7	0.8 (0.3-1.5)
Other	31	3.4 (2.3-4.6)

CI: Confidence Interval. Multiple responses allowed

Note: the weighting of the data can result in rounding discrepancies or totals not adding

* Anxiety includes social phobia, separation anxiety, OCD or generalized anxiety. **ADHD=Attention Deficit Hyperactivity Disorder



Treatment for current mental health condition

Measure: Respondents were asked if they were currently receiving treatment for anxiety, depression, ADHD, conduct disorders or any other mental health problem. The response categories included: 'Yes-Medication', 'Yes-Health professional (i.e. psychologist, psychiatrist, GP)', 'Yes-Counsellor', 'Yes-Online/Phone resources (self-help)', 'Yes-Other', and 'None'.

Of the respondents (n=179) who had a mental health condition, over half (55.6%) reported receiving treatment for their mental health condition and this was similar across all demographic groups (Table 11). Treatment from a health professional (39.9%) was the most common form of treatment, followed by treatment from a counsellor (23.9%), and medication (13.3%) (Table 12).

Table 11: Proportion of children (5-15 years) reporting receiving treatment for a mental health condition, SAPHS 2019 (N=179)

		n/N	% (95% CI)
All		99/179	55.6 (48.0-62.5)
Sex	Male	54/100	53.9 (44.2-63.5)
	Female	46/79	57.8 (47.2-68.6)
Location	Metropolitan	70/131	53.8 (44.9-61.8)
	Rural	29/48	60.5 (46.3-73.3)
Age	5 to 9	21/41	50.8 (36.3-66.0)
	10 to 15	78/138	57.0 (48.2-64.6)
SEIFA	Lowest	27/55	49.5 (36.2-62.1)
	Low	20/33	60.0 (43.6-75.8)
	Middle	16/27	61.0 (40.6-76.1)
	High	19/29	66.8 (47.4-80.7)
	Highest	17/35	47.6 (32.7-64.7)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 12: Proportion of children (5-15 years) reporting mental health treatment by type of treatment, SAPHS 2019 (n=179)

	n	% (95% CI)
Health professional	71	39.9 (32.7-46.9)
Counsellor	43	23.9 (18.2-30.7)
Medication	24	13.3 (9.0-19.0)
Online/phone resources (self-help)	10	5.8 (2.9-9.7)
Other	6	3.3 (1.4-0.1)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Multiple responses allowed.



Suspended from School

Measure: Respondents were asked if they had ever been suspended from school.

Of children aged 5 to 17 years, 12.9% reported being suspended from school, with males (17.5%) more likely than females (7.0%). Older children and those in lowest socioeconomic areas were also more likely to be suspended from school (Table 13).

Table 13: Proportion of children (5-17 years) reporting being suspended from school, SAPHS 2019 (N=1043)

		n/N	% (95% CI)
All		135/1043	12.9 (11.0-15.1)
Sex	Male	103/588	17.5 (14.6-20.7)
	Female	32/455	7.0 (5.0-9.7)
Location	Metropolitan	89/760	11.7 (9.6-14.1)
	Rural	45/283	16.1 (12.0-20.5)
Age	5 to 9	14/334	4.1 (2.4-6.7)
	10 to 17	121/709	17.0 (14.4-20.0)
SEIFA	Lowest	47/174	26.9 (20.8-33.9)
	Low	24/182	13.2 (8.9-18.7)
	Middle	33/264	12.6 (8.9-16.9)
	High	15/194	7.8 (4.6-12.1)
	Highest	15/229	6.6 (3.9-10.3)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.
 Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Food Security

Measure: Respondents were asked if there had been any time in the past 12 months that they had run out of food and couldn't afford to buy more. As a proxy was used for the majority of respondents (aged 0-15 years), this question is considered to largely reflect the household the child lives in.

A total of 7.3% of South Australian children reported running out of food in the past 12 months. Respondents aged 15 to 17 years and those living in lowest socioeconomic areas were more likely to report food insecurity (Table 14).

Table 14: Proportion of children (0-17 years) who experienced food insecurity in the past 12 months, SAPHS 2019 (N=1388)

		n/N	% (95% CI)
All		102/1388	7.3 (6.1-8.8)
Sex	Male	45/788	5.8 (4.3-7.5)
	Female	56/600	9.3 (7.2-11.9)
Location	Metropolitan	72/1042	6.9 (5.5-8.6)
	Rural	29/346	8.5 (5.8-11.6)
Age	0 to 4	18/344	5.3 (3.2-8.0)
	5 to 9	22/334	6.5 (4.3-9.6)
	10 to 14	29/461	6.2 (4.3-8.8)
	15 to 17	33/249	13.1 (9.5-17.9)
SEIFA	Lowest	43/228	19.0 (14.2-24.3)
	Low	18/241	7.6 (4.6-11.3)
	Middle	25/367	6.9 (4.6-9.7)
	High	9/268	3.4 (1.7-6.0)
	Highest	5/284	1.9 (0.7-3.8)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Chronic Disease

Heart Disease and Stroke

Measure: Respondents were asked if they had ever been told by a doctor or nurse that they had a heart disease or stroke. Heart Disease may include congenital, rheumatic, coronary, peripheral arterial disease, peripheral vascular disease, heart arrhythmia, and cardiomyopathy.

Table 15 shows that less than 1% of South Australian children reporting having either heart disease or stroke. A total of 1.3% reported having at least one of heart disease or stroke, with no respondents in the higher socioeconomic areas reporting either condition (Table 16).

Table 15: Proportion of children (0-17 years) reporting heart disease and stroke, SAPHS 2019 (n=1390)

	n	% (95% CI)
Heart Disease	11	0.8 (0.4-1.4)
Stroke	9	0.7 (0.3-1.2)

CI: Confidence Interval. Multiple responses allowed.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 16: Proportion of children (0-17 years) reporting diagnosed heart disease and/or stroke, SAPHS 2019 (N=1390)

	n/N	% (95% CI)
All	18/1390	1.3 (0.8-2.0)
Sex		
Male	9/788	1.2 (0.6-2.1)
Female	8/602	1.4 (0.6-2.5)
Location		
Metropolitan	15/1045	1.4 (0.8-2.3)
Rural	3/345	0.9 (0.2-2.3)
Age		
0 to 4	5/347	1.3 (0.6-3.1)
5 to 9	2/334	0.5 (0.1-1.9)
10 to 14	9/460	2.0 (1.0-3.5)
15 to 17	2/249	0.8 (0.2-2.6)
SEIFA		
Lowest	8/228	3.5 (1.7-6.5)
Low	2/244	0.9 (0.2-2.6)
Middle	7/367	2.0 (0.9-3.7)
High	0/268	0.0 (0.0-0.0)
Highest	0/283	0.0 (0.0-0.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Asthma

Measure: A series of questions were asked of respondents to determine if they had asthma according to the Australian Centre for Asthma Monitoring (ACAM)[1] definition, that is, the respondent had been diagnosed with asthma and had experienced symptoms and/or treatment in the last 12 months.

Around 15% of children reported having asthma in 2019 (according to the ACAM definition) with children living in the higher socioeconomic areas less likely to report having asthma than those living in lower socioeconomic areas (Table 17).

Table 17: Proportion of children (2-17 years) reporting asthma (ACAM definition), SAPHS 2019 (N=1266)

		n/N	% (95% CI)
All		188/1266	14.9 (13.0-16.9)
Sex	Male	105/709	14.8 (12.3-17.6)
	Female	83/557	15.0 (12.1-18.0)
Location	Metropolitan	129/935	13.8 (11.7-16.1)
	Rural	59/331	17.9 (14.0-22.2)
Age	2 to 4	26/224	11.6 (7.9-16.3)
	5 to 9	42/333	12.8 (9.4-16.5)
	10 to 14	77/461	16.7 (13.5-20.3)
	15 to 17	43/249	17.3 (13.0-22.3)
SEIFA	Lowest	71/209	33.8 (27.8-40.6)
	Low	36/225	15.8 (11.7-21.2)
	Middle	50/327	15.2 (11.7-19.5)
	High	14/249	5.7 (3.3-9.0)
	Highest	18/256	7.1 (4.4-10.7)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Disability

Measure: Respondents were asked if they had a disability, which was defined as having a limitation, restriction or impairment which has lasted, or is likely to last more than 6-months and restricts every day activities.

Almost 10% of South Australian children reported having a disability in 2019 with a higher proportion of males (12.1%) than females (7.0%). Respondents aged 4 years and under and those living in the highest socio-economic areas were less likely to report having a disability (Table 18).

Table 18: Proportion of children (0-17 years) reporting a disability, SAPHS 2019 (N=1375)

		n/N	% (95% CI)
All		136/1375	9.9 (8.4-11.6)
Sex	Male	94/778	12.1 (9.9-14.5)
	Female	42/597	7.0 (5.2-9.3)
Location	Metropolitan	99/1037	9.5 (7.9-11.4)
	Rural	37/338	11.1 (8.0-14.6)
Age	0 to 4	12/342	3.5 (1.9-5.9)
	5 to 9	30/331	9.1 (6.3-12.5)
	10 to 14	66/453	14.5 (11.6-18.0)
	15 to 17	28/249	11.4 (7.8-15.6)
SEIFA	Lowest	32/227	14.0 (10.0-19.1)
	Low	39/242	16.0 (11.9-21.1)
	Middle	34/363	9.2 (6.7-12.7)
	High	17/262	6.5 (4.0-10.0)
	Highest	15/281	5.4 (3.2-8.4)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Weight Status

Body mass index

Measure: Respondents were asked to self-report their height (without shoes) and weight (undressed in the morning) and their Body Mass Index (BMI) was calculated. BMI is a measure of weight status and is calculated from body weight (kg) divided by height (m²).

Categories of child weight status are calculated according to standard international classification defined by Cole et al. [2].

Of the 860 children aged 5 to 17 years who reported their BMI, 12.8% of South Australian children were overweight and 13.5% were obese, meaning that more than one quarter of children were an unhealthy weight. Males were more likely to report obesity (17.0%) than females (8.9%), and respondents living in rural areas (19.0%) were more likely than metropolitan areas (11.5%). Those living in the lowest socioeconomic areas were also more likely to report obesity than those living in higher socioeconomic areas (Table 19).

Table 19: Proportion of children (5-17 years) reporting weight status, SAPHS 2019 (n=860)

		Normal		Overweight		Obese	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
All		633	73.7 (70.6-76.5)	110	12.8 (10.7-15.1)	116	13.5 (11.3-15.9)
Sex	Male	347	70.5 (66.4-74.4)	62	12.5 (9.9-15.8)	84	17.0 (13.9-20.6)
	Female	287	78.0 (73.5-82.0)	48	13.1 (9.9-16.8)	33	8.9 (6.4-12.2)
Location	Metropolitan	488	77.4 (74.0-80.5)	70	11.1 (8.8-13.7)	73	11.5 (9.3-14.2)
	Rural	145	63.5 (57.2-69.6)	40	17.5 (13.0-22.9)	43	19.0 (14.2-24.3)
Age	5 to 9	180	71.2 (65.3-76.5)	28	10.9 (7.6-15.4)	45	17.8 (13.5-22.9)
	10 to 14	282	72.9 (68.3-77.1)	57	14.8 (11.5-18.5)	47	12.3 (9.2-15.7)
	15 to 17	172	77.9 (72.4-83.2)	25	11.2 (7.7-16.1)	24	10.8 (7.3-15.5)
SEIFA	Lowest	91	62.4 (54.3-69.9)	22	15.0 (10.0-21.5)	33	22.6 (16.4-29.9)
	Low	98	67.8 (59.7-74.8)	21	14.8 (9.5-20.9)	25	17.4 (11.8-24.0)
	Middle	159	71.7 (65.4-77.2)	31	14.0 (9.9-19.0)	32	14.3 (10.3-19.5)
	High	130	84.3 (78.1-89.5)	13	8.7 (4.8-13.6)	11	7.0 (3.9-12.0)
	Highest	155	80.5 (74.3-85.4)	22	11.4 (7.5-16.4)	16	8.1 (5.0-12.8)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Protective Factors

Physical Activity

Measure: Respondents were asked how many days in the past week, had they done any vigorous or moderate physical activity for a total of at least 60 minutes. This could be made up of different activities during the day such as active transportation, leisure, active play, organised and non-organised sport, games, physical education and other activities at home, school or the community.

This measure relates to one part of Australia's Physical Activity and Sedentary Behaviour guidelines [3] whereby children aged 5-17 years are recommended to:

- Accumulate at least 60 minutes of moderate to vigorous intensity physical activity every day. Children's physical activity should include a variety of aerobic activities, including some vigorous intensity activity.

This section presents the number of days per week and the proportion of children who reported 60 minutes of at least moderate intensity physical activity each day in the past week.

Less than a quarter (22.2%) of children aged 5 to 17 years reported being engaged in at least 60 minutes of moderate intensity physical activity every day, while only 8.8% reported no days. There were no differences between males and females (Table 20). Table 21 shows the mean was 3.9 days per week, and children aged 5 to 9 years were more physically active than children aged 10 years and over.

Table 20: Proportion of children (5-17 years) by the number of days per week they engaged in 60 minutes or more of at least moderate intensity physical activity, SAPHS 2019 (n=1031)

Days per week	All		Male (n=581)		Female (n=450)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	90	8.8 (7.1-10.6)	57	9.8 (7.6-12.4)	34	7.5 (5.4-10.3)
1	99	9.6 (7.9-11.5)	60	10.4 (8.1-13.0)	39	8.6 (6.3-11.5)
2	143	13.9 (11.9-16.1)	93	16.0 (13.2-19.2)	50	11.1 (8.5-14.3)
3	149	14.4 (12.4-16.7)	75	12.9 (10.4-15.8)	74	16.4 (13.2-20.1)
4	125	12.2 (10.2-14.2)	54	9.4 (7.1-11.9)	71	15.7 (12.6-19.4)
5	136	13.2 (11.2-15.4)	70	12.1 (9.6-14.9)	66	14.6 (11.6-18.2)
6	60	5.8 (4.5-7.4)	40	6.9 (5.0-9.2)	20	4.4 (2.8-6.6)
7	229	22.2 (19.8-24.8)	131	22.6 (19.3-26.1)	97	21.6 (17.9-25.5)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 21: Proportion of children (5-17 years) reporting 60 minutes of daily activity and mean number of days, SAPHS 2019 (N=1031)

		n/N	% (95% CI)	number of days mean (Range)SD
All		229/1031	22.2 (19.8-24.8)	3.9 (0.0 - 7.0) 2.3
Sex	Male	131/581	22.6 (19.3-26.1)	3.8 (0.0 - 7.0) 2.4
	Female	97/450	21.6 (17.9-25.5)	4.0 (0.0 - 7.0) 2.2
Location	Metropolitan	156/751	20.8 (18.0-23.8)	3.8 (0.0 - 7.0) 2.3
	Rural	72/280	25.8 (20.9-31.1)	4.1 (0.0 - 7.0) 2.4
Age	5 to 9	128/331	38.6 (33.5-44.0)	4.8 (0.0 - 7.0) 2.3
	10 to 14	68/455	15.0 (11.9-18.4)	3.6 (0.0 - 7.0) 2.1
	15 to 17	33/246	13.4 (9.6-18.1)	3.2 (0.0 - 7.0) 2.3
SEIFA	Lowest	38/173	21.9 (16.3-28.6)	3.8 (0.0 - 7.0) 2.2
	Low	40/180	21.9 (16.6-28.7)	4.2 (0.0 - 7.0) 2.2
	Middle	69/260	26.4 (21.5-32.1)	4.0 (0.0 - 7.0) 2.5
	High	46/192	24.0 (18.3-30.4)	4.0 (0.0 - 7.0) 2.3
	Highest	37/226	16.2 (12.0-21.6)	3.6 (0.0 - 7.0) 2.2

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Muscle Strength Training

Measure: Respondents were asked on how many days they undertook activities designed to increase strength or muscle tone, such as lifting weights, resistance training, pull-ups, push-ups or sit-ups. This measure relates to one part of Australia’s Physical Activity and Sedentary Behaviour guidelines whereby children aged 5-17 years are recommended to engage in [3]:

- Activities that strengthen muscle and bone should be incorporated at least 3 days per week.

Almost 15% of children reported doing muscle strengthening activities on three or more days per week, while nearly two-thirds of respondents (62.0%) reported no muscle strength training (Table 22). Children aged 15 to 17 years were more likely to engage in at least 3 days per of muscle strength training (Table 23).

Table 22: Proportion of children (5-17 years) reporting number of days per week of muscle strength training, SAPHS 2019 (n=1027)

Days per week	All		Male (n=526)		Female (n=308)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	637	62.0 (59.0-65.0)	370	64.1 (60.1-68.0)	267	59.4 (54.7-63.8)
1	163	15.9 (13.7-18.2)	75	13.1 (10.4-15.9)	88	19.5 (16.1-23.4)
2	75	7.3 (5.8-9.0)	36	6.2 (4.5-8.4)	39	8.6 (6.3-11.5)
3	79	7.7 (6.2-9.4)	64	11.2 (8.7-13.8)	15	3.3 (2.0-5.3)
4	32	3.1 (2.2-4.3)	6	1.1 (0.4-2.1)	26	5.8 (3.9-8.2)
5	16	1.5 (0.9-2.5)	9	1.5 (0.8-2.8)	7	1.5 (0.7-3.0)
6	7	0.7 (0.3-1.3)	4	0.7 (0.2-1.6)	3	0.7 (0.2-1.8)
7	18	1.7 (1.1-2.7)	12	2.1 (1.1-3.5)	5	1.2 (0.4-2.4)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 23: Proportion of children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2019 (N=1027)

		n/N	% (95% CI)
All		152/1027	14.8 (12.7-17.1)
Sex	Male	96/577	16.6 (13.8-19.8)
	Female	56/450	12.5 (9.6-15.7)
Location	Metropolitan	116/749	15.5 (13.0-18.2)
	Rural	36/278	12.9 (9.4-17.3)
Age	5 to 9	37/329	11.2 (8.2-15.0)
	10 to 14	44/453	9.8 (7.2-12.7)
	15 to 17	71/244	28.9 (23.7-35.0)
SEIFA	Lowest	29/172	16.6 (11.8-23.0)
	Low	25/177	14.0 (9.6-19.8)
	Middle	45/261	17.3 (13.0-22.2)
	High	15/189	8.0 (4.7-12.4)
	Highest	38/228	16.8 (12.3-21.9)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Screen time

Measure: Respondents were asked on average, how many hours on a typical weekday or weekend, they spent watching TV, computers, smartphones and electronic games. Hours were converted into minutes and the mean number of minutes children spent in screen based activities on a weekday are also presented. This could be a proxy indicator of sedentary behaviour.

This measure relates to one part of Australia’s Physical Activity and Sedentary Behaviour guidelines [3] whereby children aged 5-17 years should:

- Limit the use of electronic media for entertainment (for example television, seated electronic games and computer use) to no more than two hours a day - lower levels are associated with reduced health risks.

Less than half (44.4%) of children aged 5 to 17 years spent more than two hours on screen based activities per weekday and only 3.5% reported none (Table 24). Table 26 suggests that the median number of minutes children had spent time on screen based activities on a weekday was 120.0 (IQR=60.0-180.0). Males were more likely to spend more in excess of two hours on weekday screen time activities than females, as were older children aged 10 to 17. Children living in the lowest socioeconomic areas were more likely than those living in the highest.

Over two-thirds (68.9%) of children aged 5 to 17 years spent more than two hours on screen based activities per weekend day, while only 3.1% reported none (Table 25). Table 27 shows that the median number of minutes children spent time on screen based activities on a weekend day was 210.0 (IQR=120.0-300.0). Older children aged 10 to 17 were more likely to spend more in excess of two hours on weekend day screen time activities, as were those living in lower socioeconomic areas.

Table 24: Proportion of children (5-17 years) by time spent on screen based activity (weekday), SAPHS 2019 (n=963)

	n	% (95% CI)
0 hours	34	3.5 (2.5-4.8)
More than 0 to 0.5 hours	46	4.8 (3.6-6.3)
More than 0.5 hours to 1 hour	195	20.2 (17.8-22.9)
More than 1 hour to 1.5 hours	60	6.2 (4.8-7.9)
More than 1.5 hour to 2 hours	200	20.8 (18.3-23.4)
More than 2 hours	428	44.4 (41.3-47.6)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 25: Proportion of children (5-17 years) by time spent on screen based activity (weekend day), SAPHS 2019 (n=932)

	n	% (95% CI)
0 hours	29	3.1 (2.1-4.4)
More than 0 to 0.5 hours	11	1.2 (0.6-2.0)
More than 0.5 hours to 1 hour	81	8.7 (7.0-10.6)
More than 1 hour to 1.5 hours	25	2.7 (1.8-3.9)
More than 1.5 hour to 2 hours	143	15.4 (13.1-17.8)
More than 2 hours	642	68.9 (65.9-71.8)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 26: Proportion of children (5-17 years) reporting more than two hours screen time per weekday, and mean number of minutes, SAPHS 2019 (N=963)

		n/N	% (95% CI)	Median (IQR)
All		428/963	44.4 (41.3-47.6)	120.0 (60.0-180.0)
Sex	Male	265/541	49.1 (44.8-53.2)	120.0 (90.0-240.0)
	Female	162/422	38.5 (33.8-43.1)	120.0 (60.0-180.0)
Location	Metropolitan	300/691	43.4 (39.8-47.1)	120.0 (60.0-180.0)
	Rural	127/272	46.9 (40.8-52.6)	120.0 (90.0-240.0)
Age	5 to 9	81/314	25.8 (21.2-30.8)	90.0 (60.0-150.0)
	10 to 14	174/414	42.1 (37.3-46.8)	120.0 (90.0-180.0)
	15 to 17	172/236	73.2 (67.0-78.2)	180.0 (120.0-270.0)
SEIFA	Lowest	88/161	54.4 (46.9-62.2)	150.0 (120.0-240.0)
	Low	71/166	42.8 (35.4-50.4)	120.0 (90.0-180.0)
	Middle	114/248	45.9 (39.8-52.2)	120.0 (60.0-180.0)
	High	81/175	46.1 (39.0-53.7)	120.0 (60.0-210.0)
	Highest	75/213	35.0 (29.0-41.8)	120.0 (60.0-210.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 27: Proportion of children (5-17 years) reporting more than two hours screen time per weekend day, and mean number of minutes, SAPHS 2019 (N=932)

		n/N	% (95% CI)	Median (IQR)
All		642/932	68.9 (65.9-71.8)	210.0 (120.0-300.0)
Sex	Male	367/518	70.8 (66.8-74.6)	240.0 (120.0-360.0)
	Female	276/414	66.6 (62.0-71.1)	180.0 (120.0-300.0)
Location	Metropolitan	456/672	67.9 (64.3-71.3)	180.0 (120.0-300.0)
	Rural	186/260	71.5 (65.8-76.8)	240.0 (120.0-360.0)
Age	5 to 9	165/312	53.1 (47.3-58.4)	180.0 (120.0-240.0)
	10 to 14	284/396	71.8 (67.1-76.0)	240.0 (120.0-300.0)
	15 to 17	193/225	85.9 (80.8-89.9)	300.0 (180.0-480.0)
SEIFA	Lowest	122/159	76.8 (69.7-82.8)	240.0 (180.0-360.0)
	Low	128/161	79.0 (72.8-85.2)	240.0 (180.0-300.0)
	Middle	161/239	67.2 (61.2-73.1)	240.0 (120.0-360.0)
	High	100/163	61.7 (53.7-68.6)	180.0 (120.0-300.0)
	Highest	132/210	62.8 (56.2-69.2)	180.0 (120.0-300.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Sleep

Measure: Respondents were asked how many hours a day they spent sleeping and this was used to determine if they were meeting the sleep guidelines. This measure is based on the US National Sleep Foundation 2015 guidelines, used by the Australian Sleep Health Foundation [4] whereby recommended ranges for each age group are:

- Toddlers (1-2 years): 11-14 hours.
- Pre-schoolers (3-5): 10-13 hours.
- School age children (6-13): 9-11 hours.
- Teenagers (14-17): 8-10 hours.

Over 70% of South Australian children reported meeting the recommended sleep guidelines with no differences reported between males and females. Those who lived in the lowest socioeconomic areas were less likely meet the sleep guidelines (Table 28).

Table 28: Proportion of children (1-17 years) reporting meeting sleep guidelines, SAPHS 2019 (N=1316)

		n/N	% (95% CI)
All		932/1316	70.8 (68.3-73.2)
Sex	Male	521/743	70.2 (66.8-73.3)
	Female	410/574	71.6 (67.6-75.0)
Location	Metropolitan	686/983	69.8 (66.9-72.6)
	Rural	246/334	73.7 (68.7-78.2)
Age	1 to 4	207/277	74.7 (69.4-79.6)
	5 to 9	234/334	70.0 (65.0-74.8)
	10 to 14	309/456	67.7 (63.4-71.9)
	15 to 17	182/249	73.2 (67.3-78.3)
SEIFA	Lowest	122/218	55.8 (49.3-62.4)
	Low	173/233	74.2 (68.4-79.5)
	Middle	266/343	77.6 (72.9-81.7)
	High	189/250	75.7 (70.0-80.6)
	Highest	182/272	66.7 (61.2-72.3)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Oral Health

Measure: Respondents were asked how often they brushed their teeth with toothpaste.

Around two-thirds of South Australian children (67.0%) reported brushing their teeth twice or more a day, while less than a third brushed only once a day and 2.8% less than once per day (Table 29).

Respondents aged 2 to 4 years were less likely to report teeth brushing at least twice a day (Table 30).

Table 29: Proportion of children (2-17 years) reporting teeth brushing per day, SAPHS 2019 (n=1269)

	Less than once per day		Once a day		Twice or more a day	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
All	35	2.8 (2.0-3.8)	384	30.2 (27.8-32.8)	850	67.0 (64.4-69.5)
Male (n=713)	21	3.0 (1.9-4.4)	236	33.1 (29.7-36.6)	455	63.9 (60.2-67.3)
Female (n=556)	14	2.5 (1.5-4.1)	147	26.5 (22.9-30.2)	394	71.0 (67.0-74.5)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 30: Proportion of children (2-17 years) reporting teeth brushing twice or more a day, SAPHS 2019 (N=1269)

		n/N	% (95% CI)
All		850/1269	67.0 (64.4-69.5)
Sex	Male	455/713	63.9 (60.2-67.3)
	Female	394/556	71.0 (67.0-74.5)
Location	Metropolitan	623/938	66.5 (63.3-69.4)
	Rural	227/331	68.5 (63.4-73.4)
Age	2 to 4	120/226	53.1 (46.6-59.5)
	5 to 9	236/333	70.7 (65.8-75.6)
	10 to 14	322/461	69.9 (65.5-73.9)
	15 to 17	172/249	69.2 (63.1-74.6)
SEIFA	Lowest	132/211	62.7 (55.9-68.9)
	Low	140/225	62.4 (55.8-68.4)
	Middle	226/330	68.6 (63.3-73.3)
	High	170/248	68.7 (62.6-74.1)
	Highest	181/255	71.0 (65.2-76.3)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Sun Exposure

Measure: Respondents were asked if any part of their body was sunburnt in the past 12 months. They were further asked what sun protection measures they used during summer or when the sun was out.

Less than 40% of South Australian children reported having been sunburnt in the last 12 months, with respondents aged 4 years and under less likely to have been sunburnt. Respondents living in rural areas and those aged 10 to 14 years were more likely to report being sunburnt (Table 31). Nearly all (98.3%) South Australian children reported using sun protection measures in summer or when the sun was out, with using sunscreen being the most common practice (Table 32).

Table 31: Proportion of children (0-17 years) reporting sunburn in the previous 12 months, SAPHS 2019 (N=1372)

		n/N	% (95% CI)
All		525/1372	38.3 (35.7-40.9)
Sex	Male	301/778	38.7 (35.3-42.1)
	Female	224/594	37.7 (33.9-41.7)
Location	Metropolitan	359/1029	34.9 (32.0-37.8)
	Rural	166/343	48.3 (43.1-53.7)
Age	0 to 4	55/345	16.1 (12.4-20.1)
	5 to 9	136/329	41.3 (36.1-46.7)
	10 to 14	238/451	52.8 (48.2-57.3)
	15 to 17	95/247	38.6 (32.6-44.6)
SEIFA	Lowest	71/224	31.5 (25.9-38.0)
	Low	89/234	38.1 (32.0-44.4)
	Middle	140/365	38.4 (33.5-43.4)
	High	105/266	39.4 (33.7-45.4)
	Highest	120/282	42.5 (36.9-48.4)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 32: Sun protection measures of children (0-17 years), SAPHS 2019 (n=1389)

	n	% (95% CI)
Use SPF 30+ sunscreen or face moisturiser that includes SPF 30+	1265	91.0 (89.5-92.5)
Seek shade	1143	82.3 (80.2-84.2)
Wear a broad brimmed hat	1088	78.3 (76.1-80.4)
Wear clothing to protect from the sun (long sleeves, collars, long pants)	1003	72.2 (69.8-74.5)
Wear sunglasses	723	52.0 (49.4-54.7)
None	23	1.7 (1.1-2.4)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding. Multiple responses allowed.



Nutrition

Vegetable consumption

Measure: Respondents were asked how many serves of vegetables they usually eat each day. A serve was defined as half a cup of cooked vegetables or one cup of salad. The recommended daily consumption varies based on age and sex and are outlined in Table 33 below.

Table 33: Recommended vegetable consumption

	Serves per day				
	2-3 years	4-8 years	9-11 years	12-13 years	14-17 years
Boys	2.5 ϕ	4.5 ϕ	5	5.5 ϕ	5.5 ϕ
Girls	2.5 ϕ	4.5 ϕ	5	5	5

Source: Australian Dietary Guidelines [5]

ϕ Number of recommended serves has been rounded down to closest integer for reporting purposes.

Table 34 shows the daily vegetable consumption of South Australian children by number of serves. Only 2.4% of children did not consume any vegetables, while a total of 15.5% reported meeting the guideline for their age and sex. Younger respondents were more likely to meet the recommended vegetable consumption per day than older respondents, while those living in the lowest socioeconomic areas were less likely (Table 35).

Table 34: Daily vegetable consumption of children (2 to 17 years), SAPHS 2019 (n=1248)

	n	% (95% CI)
None	30	2.4 (1.7-3.4)
One or less than one serve	396	31.7 (29.2-34.4)
Two serves	360	28.8 (26.4-31.4)
Three serves	250	20.0 (17.9-22.3)
Four serves	139	11.1 (9.5-13.0)
Five or more serves	75	6.0 (4.8-7.4)
Total	1248	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 35: Proportion of children (2 to 17 years) reporting meeting recommended daily vegetable consumption guidelines, and median number of serves of vegetables per day, SAPHS 2019 (N=1248)

		n/N	% (95% CI)	Median (IQR)
All		194/1248	15.5 (13.6-17.6)	2.0 (1.0-3.0)
Sex	Male	116/702	16.5 (13.9-19.4)	2.0 (1.0-3.0)
	Female	78/546	14.3 (11.5-17.4)	2.0 (1.0-3.0)
Location	Metropolitan	144/921	15.7 (13.4-18.1)	2.0 (1.0-3.0)
	Rural	49/327	15.1 (11.4-19.2)	2.0 (1.0-3.0)
Age	2 to 4	102/219	46.7 (40.0-53.2)	2.0 (1.0-3.0)
	5 to 9	44/331	13.4 (10.0-17.3)	2.0 (1.0-3.0)
	10 to 14	41/457	8.9 (6.6-11.9)	2.0 (1.0-3.0)
	15 to 17	7/241	2.8 (1.3-5.6)	2.0 (1.0-3.0)
SEIFA	Lowest	18/208	8.9 (5.4-13.0)	2.0 (1.0-3.0)
	Low	32/220	14.4 (10.4-19.7)	2.0 (1.0-3.0)
	Middle	59/317	18.6 (14.6-23.2)	2.0 (1.0-3.0)
	High	48/247	19.3 (14.9-24.7)	2.0 (1.0-3.0)
	Highest	37/256	14.4 (10.6-19.2)	2.0 (1.0-3.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Fruit consumption

Measure: Respondents were asked to report how many serves of fruit they usually eat each day. A ‘serve’ was defined as a one medium piece or two small pieces of fruit, one cup of diced pieces, or one tablespoon of dried fruit. The recommended daily consumption varies based on age and are outlined in Table 36 below.

Table 36: Recommended fruit consumption

	Serves per day				
	2-3 years	4-8 years	9-11 years	12-13 years	14-17 years
Boys	1	1.5 ϕ	2	2	2
Girls	1	1.5 ϕ	2	2	2

Source: Australian Dietary Guidelines [5]

ϕ Number of recommended serves has been rounded down to closest integer for reporting purposes.

Table 37 presents the daily consumption of fruit of South Australian children by the number of serves and shows that only 3% of children do not consume fruit, just over a third (36.4%) consume one serve or less, and over 70% of children were meeting the recommended daily consumption of fruit for their age. Older children and those living in rural South Australia were less likely to meet the recommended serves of fruit per day (Table 38).

Table 37: Daily fruit consumption of children (2 to 17 years), SAPHS 2019 (n=1259)

	n	% (95% CI)
None	38	3.0 (2.2-4.1)
One or less than one serve	458	36.4 (33.8-39.1)
Two serves	404	32.1 (29.6-34.7)
Three serves	222	17.7 (15.6-19.8)
Four serves	59	4.7 (3.6-6.0)
Five or more serves	77	6.1 (4.9-7.5)
Total	1259	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 38: Proportion of children (2 to 17 years) reporting meeting recommended daily fruit consumption guidelines, and median number of serves of fruit per day, SAPHS 2019 (N=1259)

		n/N	% (95% CI)	Median (IQR)
All		885/1259	70.3 (67.7-72.8)	2.0 (1.0-3.0)
Sex	Male	491/708	69.4 (65.9-72.7)	2.0 (1.0-3.0)
	Female	394/551	71.4 (67.6-75.2)	2.0 (1.0-3.0)
Location	Metropolitan	682/929	73.4 (70.5-76.2)	2.0 (1.0-3.0)
	Rural	202/329	61.4 (56.1-66.5)	2.0 (1.0-3.0)
Age	2 to 4	205/222	92.4 (88.3-95.3)	2.0 (1.0-3.0)
	5 to 9	295/334	88.1 (84.6-91.4)	2.0 (1.0-3.0)
	10 to 14	271/456	59.4 (54.9-63.9)	2.0 (1.0-3.0)
	15 to 17	113/246	46.1 (39.8-52.2)	1.0 (1.0-2.0)
SEIFA	Lowest	143/211	68.0 (61.3-73.8)	2.0 (1.0-3.0)
	Low	165/221	74.8 (68.6-80.0)	2.0 (1.0-3.0)
	Middle	218/323	67.4 (62.2-72.4)	2.0 (1.0-3.0)
	High	171/249	68.7 (62.7-74.2)	2.0 (1.0-3.0)
	Highest	188/256	73.3 (67.8-78.6)	2.0 (1.0-3.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Fast food consumption

Measure: Respondents were asked how many times a week on average they had meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, KFC, Dominos, or their local take-away. Responses were recorded as the number of times per day, week or month, rarely or never.

Over half (51.1%) of South Australian children reported consuming fast food at least once a week, with a quarter (27.6%) consuming less than once a week, 9.5% less than once a month, and 11.8% never (Table 39). Older respondents were more likely to consume fast food at least once a week (Table 40).

Table 39: Fast food consumption of children (1 to 17 years), SAPHS 2019 (n=1320)

	n	% (95% CI)
Never	156	11.8 (10.2-13.6)
Rarely (less than once per month)	125	9.5 (8.0-11.1)
Less than once per week	364	27.6 (25.2-30.0)
Once per week	426	32.3 (29.8-34.8)
More than once per week	249	18.9 (16.8-21.0)
Total	1320	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 40: Proportion of children (1 to 17 years) consuming fast food at least once a week, and median consumption (times) per week, SAPHS 2019 (N=1320)

	n/N	% (95% CI)	Median (IQR)
All	675/1320	51.1 (48.4-53.8)	1.0 (0.2-1.0)
Sex			
Male	369/746	49.5 (45.9-53.0)	0.7 (0.2-1.0)
Female	306/574	53.3 (49.2-57.4)	1.0 (0.2-1.0)
Location			
Metropolitan	509/982	51.8 (48.7-54.9)	1.0 (0.2-1.0)
Rural	166/338	49.1 (43.8-54.4)	0.7 (0.2-1.0)
Age			
1 to 4	100/277	36.2 (30.6-41.9)	0.5 (0.0-1.0)
5 to 9	162/334	48.4 (43.2-53.9)	0.7 (0.2-1.0)
10 to 14	244/460	52.9 (48.5-57.6)	1.0 (0.2-1.0)
15 to 17	169/249	68.1 (61.9-73.4)	1.0 (0.2-2.0)
SEIFA			
Lowest	132/219	60.4 (53.7-66.6)	1.0 (0.2-2.0)
Low	119/233	51.2 (44.7-57.4)	1.0 (0.2-1.0)
Middle	172/342	50.4 (45.0-55.6)	1.0 (0.2-1.0)
High	117/253	46.1 (40.2-52.4)	0.5 (0.0-1.0)
Highest	134/272	49.1 (43.4-55.2)	0.7 (0.0-1.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Snack food consumption

Measure: Respondents were asked how many times a week on average they had snacks such as chocolate, lollies, cake, donuts, pastries crisps, ice-cream and sweet or savoury biscuits. Responses were entered as the number of times per day, week or month, rarely or never.

Over three-quarters (77.3%) of South Australian children reported consuming snack food more than once a week, while only 4.6% reported never (Table 41). A total of 89.1% consumed snack food at least once per week. Children aged one to four years were less likely to consume snack food at least once a week (Table 42).

Table 41: Snack food consumption of children (1 to 17 years), SAPHS 2019 (n=1317)

	n	% (95% CI)
Never	60	4.6 (3.5-5.8)
Rarely (less than once per month)	26	2.0 (1.3-2.8)
Less than once per week	58	4.4 (3.4-5.6)
Once per week	155	11.8 (10.1-13.6)
More than once per week	1018	77.3 (75.0-79.5)
Total	1317	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 42: Proportion of children (1 to 17 years) consuming snack food at least once a week, and median consumption (times) per week, SAPHS 2019 (N=1317)

	n/N	% (95% CI)	Median (IQR)
All	1173/1317	89.1 (87.3-90.7)	3.0 (2.0-7.0)
Sex			
Male	669/743	90.0 (87.7-92.0)	3.0 (2.0-7.0)
Female	504/574	87.8 (84.9-90.3)	3.0 (2.0-7.0)
Location			
Metropolitan	874/979	89.3 (87.2-91.1)	3.0 (2.0-7.0)
Rural	299/338	88.4 (84.7-91.5)	3.0 (1.0-7.0)
Age			
1 to 4	211/278	76.0 (70.6-80.6)	2.0 (1.0-6.0)
5 to 9	315/334	94.4 (91.4-96.4)	4.0 (2.0-7.0)
10 to 14	415/459	90.4 (87.5-92.9)	3.0 (2.0-7.0)
15 to 17	231/246	93.9 (90.4-96.4)	4.0 (2.0-7.0)
SEIFA			
Lowest	207/219	94.2 (90.9-97.0)	3.0 (2.0-7.0)
Low	204/233	87.8 (82.9-91.3)	4.0 (2.0-7.0)
Middle	304/340	89.3 (85.8-92.3)	3.0 (1.0-6.0)
High	217/253	85.6 (81.1-89.7)	4.0 (2.0-7.0)
Highest	242/272	88.9 (84.8-92.3)	3.0 (2.0-7.0)

CI: Confidence Interval. SEIFA: Socio-Economic Index For Areas.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Water consumption

Measure: Respondents were asked about their average daily consumption of tap water. This included pura-tap/water filters and if tap water was used to make cordial, coffee and tea. Respondents could answer in number of glasses, millilitres or litres.

Over three quarters (75.7%) of children consumed at least one litre of water per day (Table 43). The average daily consumption of water was 1.37 litres, with older children consuming more water than younger children (Table 44).

Table 43: Daily water consumption of children (1 to 17 years), SAPHS 2019 (n=1303)

	n	% (95% CI)
None	8	0.6 (0.3-1.2)
Less than 500ml	47	3.6 (2.7-4.7)
500 to 999ml	262	20.1 (18.0-22.3)
1000 to 1499ml	450	34.5 (32.0-37.1)
1500 to 1999ml	170	13.0 (11.3-15.0)
≥ 2000ml	367	28.1 (25.8-30.7)
Total	1303	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 44: Daily water consumption (litres) of children (1 to 17 years), SAPHS 2019 (n=1303)

		Mean (Range) SD	Median (IQR)
All		1.37 (0.0 - 9.0) 0.85	1.0 (1.0-2.0)
Sex	Male	1.42 (0.0 - 9.0) 0.92	1.0 (1.0-2.0)
	Female	1.30 (0.0 - 4.0) 0.73	1.0 (0.8-1.8)
Location	Metropolitan	1.33 (0.0 - 9.0) 0.82	1.0 (0.8-2.0)
	Rural	1.49 (0.0 - 4.0) 0.91	1.3 (1.0-2.0)
Age	1 to 4	0.88 (0.0 - 3.0) 0.51	0.8 (0.5-1.0)
	5 to 9	1.22 (0.0 - 9.0) 0.86	1.0 (0.8-1.5)
	10 to 14	1.51 (0.0 - 4.0) 0.73	1.5 (1.0-2.0)
	15 to 17	1.86 (0.0 - 4.0) 0.98	1.5 (1.0-2.0)
SEIFA	Lowest	1.30 (0.1 - 3.0) 0.67	1.0 (1.0-2.0)
	Low	1.32 (0.0 - 4.0) 0.68	1.0 (1.0-1.5)
	Middle	1.53 (0.0 - 4.0) 1.02	1.0 (1.0-2.0)
	High	1.30 (0.0 - 9.0) 0.99	1.0 (0.8-1.5)
	Highest	1.34 (0.0 - 3.0) 0.68	1.0 (0.8-2.0)

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Soft drink consumption

Measure: Respondents were asked about their average daily consumption of soft-drink. This includes sports drink or energy drinks, but excluded sugar-free drinks. Respondents could answer in number of glasses, millilitres or litres

The majority (86.2%) of South Australian children reported consuming no soft drink, with around 10% reporting consuming less than half a litre and 3.6% consuming half a litre or more daily (Table 45). Of the 181 respondents that reported soft drink consumption, the average consumption was 360mL/day with males (470mL/day) consuming more than females (290mL/day) (Table 46). Older children and those living in the lowest and highest socioeconomic areas were more likely to report consuming soft drink (Table 47).

Table 45: Daily soft drink consumption of children (1 to 17 years), SAPHS 2019 (n=1310)

	n	% (95% CI)
None	1129	86.2 (84.2-88.0)
Less than 250ml	60	4.6 (3.5-5.8)
250 to 499ml	75	5.7 (4.6-7.1)
500 to 749ml	22	1.7 (1.1-2.5)
750 to 999ml	8	0.6 (0.3-1.1)
≥ 1000ml	17	1.3 (0.8-2.0)
Total	1310	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 46: Daily soft drink consumption (litres) of children (1 to 17 years) who consumed any soft drink, SAPHS 2019 (n=181)

	Mean (Range) SD
All	0.36 (0.0 - 1.3) 0.33
Male (n=111)	0.29 (0.0 - 1.3) 0.23
Female (n=70)	0.47 (0.0 - 1.3) 0.43

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 47: Proportion of children (1 to 17 years) consuming soft drink on an average day, SAPHS 2019 (N=1045)

		n/N	% (95% CI)
All		181/1310	13.8 (12.0-15.8)
Sex	Male	111/741	14.9 (12.5-17.7)
	Female	70/569	12.4 (9.8-15.2)
Location	Metropolitan	142/975	14.6 (12.5-16.9)
	Rural	39/335	11.6 (8.5-15.4)
Age	1 to 4	7/278	2.5 (1.1-4.9)
	5 to 9	24/330	7.2 (4.8-10.5)
	10 to 14	64/453	14.1 (11.2-17.6)
	15 to 17	86/249	34.7 (28.8-40.6)
SEIFA	Lowest	58/219	26.5 (21.0-32.6)
	Low	13/226	5.9 (3.3-9.4)
	Middle	32/342	9.2 (6.6-12.8)
	High	24/251	9.6 (6.4-13.7)
	Highest	54/271	19.9 (15.5-25.0)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Sugar-free soft drink consumption

Measure: Respondents were asked about their average daily consumption of sugar-free soft-drink, sports drink and energy drinks. Respondents could answer in number of glasses, millilitres or litres.

A total of 89.6% of South Australian children reported consuming no sugar-free soft drink on an average day, with 8.3% consuming up to half a litre and only 2% at least half a litre daily (Table 48). Of the 136 respondents that reported consuming sugar-free soft drink, the average consumption was 290mL/day (Table 49). Children aged 10 years and over were more likely to consume sugar-free soft drink than younger children (Table 50).

Table 48: Daily sugar-free soft drink consumption of children (1 to 17 years), SAPHS 2019 (n=1310)

	n	% (95% CI)
None	1174	89.6 (87.9-91.2)
Less than 250ml	34	2.6 (1.8-3.6)
250 to 499ml	75	5.7 (4.6-7.1)
500 to 749ml	22	1.6 (1.1-2.5)
750 to 999ml	4	0.3 (0.1-0.7)
≥ 1000ml	2	0.1 (0.0-0.5)
Total	1310	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 49: Daily sugar-free soft drink consumption (litres) of children (1 to 17 years) who consumed any sugar-free soft drink, SAPHS 2019 (n=136)

	Mean (Range) SD
All	0.29 (0.0 - 1.5) 0.18
Male (n=79)	0.28 (0.1 - 0.8) 0.15
Female (n=57)	0.32 (0.0 - 1.5) 0.22

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 50: Proportion of children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2019 (N=1310)

		n/N	% (95% CI)
All		136/1310	10.4 (8.8-12.1)
Sex	Male	79/742	10.6 (8.6-13.0)
	Female	57/568	10.1 (7.8-12.7)
Location	Metropolitan	102/977	10.4 (8.6-12.5)
	Rural	34/333	10.2 (7.3-13.8)
Age	1 to 4	6/278	2.3 (0.9-4.4)
	5 to 9	20/330	6.0 (3.9-9.0)
	10 to 14	77/457	16.9 (13.6-20.5)
	15 to 17	32/245	13.2 (9.3-17.7)
SEIFA	Lowest	35/219	15.7 (11.6-21.3)
	Low	27/229	11.7 (8.1-16.4)
	Middle	29/341	8.5 (5.9-11.8)
	High	27/251	10.9 (7.4-15.0)
	Highest	18/269	6.7 (4.2-10.1)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Flavoured milk consumption

Measure: Respondents were asked about their average daily consumption of flavoured milk. This included iced-coffee, Milo and milkshakes. Respondents could answer in number of glasses, millilitres or litres.

Over two-thirds (69.7%) of South Australian children reported not consuming flavoured milk on an average day, while a quarter of children reported consuming less than half a litre, and around 5% consumed half a litre or more per day (Table 51). Of the 329 respondents that reported flavoured milk consumption, the average consumption was 280mL/day (Table 52). Older children and those living in the lowest socioeconomic areas were more likely to report consuming flavoured milk (Table 53).

Table 51: Daily flavoured milk consumption of children (1 to 17 years), SAPHS 2019 (n=1306)

	n	% (95% CI)
None	910	69.7 (67.1-72.1)
Less than 250ml	98	7.5 (6.2-9.0)
250 to 499ml	229	17.5 (15.5-19.7)
500 to 749ml	55	4.2 (3.2-5.4)
750 to 999ml	12	0.9 (0.5-1.6)
≥ 1000ml	3	0.2 (0.1-0.6)
Total	1306	

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.

Table 52: Daily flavoured milk consumption (litres) of children (1 to 17 years) who consumed any flavoured milk, (n=396)

	Mean (Range) SD
All	0.28 (0.0 - 2.0) 0.19
Male (n=244)	0.27 (0.0 - 2.0) 0.20
Female (n=152)	0.29 (0.0 - 0.9) 0.16

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Table 53: Proportion of children (1 to 17 years) consuming flavoured milk on an average day, SAPHS 2019 (N=1306)

		n	% (95% CI)
All		396/1306	30.3 (27.9-32.9)
Sex	Male	244/740	33.0 (29.7-36.4)
	Female	152/566	26.9 (23.3-30.6)
Location	Metropolitan	288/973	29.6 (26.8-32.5)
	Rural	108/334	32.5 (27.5-37.5)
Age	1 to 4	49/277	17.5 (13.5-22.5)
	5 to 9	93/326	28.6 (23.8-33.6)
	10 to 14	151/454	33.4 (29.0-37.7)
	15 to 17	103/249	41.3 (35.4-47.6)
SEIFA	Lowest	88/219	39.9 (33.9-46.8)
	Low	61/227	26.8 (21.4-32.9)
	Middle	88/340	25.9 (21.4-30.7)
	High	75/249	30.1 (24.7-36.0)
	Highest	85/271	31.3 (26.1-37.1)

CI: Confidence Interval.

Note: the weighting of the data can result in rounding discrepancies or totals not adding.



Appendix – Disposition Report

In 2019 a total of 8667 respondents of known eligibility (South Australian residents) were contacted, and 6928 of these completed the interview. This includes respondents of all ages and all call outcomes are outlined in Table 54.

The majority of eligible respondent refusals withdrew/refused during the interview (n=413), while n=253 stopped the interview or had a call-back appointment which they then did not answer. There were n=577 that were physically or mentally unable to complete the interview, n=437 who did not have an interviewer available in their preferred language, and n=59 respondents that had been sent a link to complete the survey online but had not completed the survey.

The American Association of Public Opinion Research (AAPOR) provides standard definitions for disposition reports and outcome rates. The cooperation rate stated in this report is based on the AAPOR definition of cooperation rate 1 (COOP1) [6]. This was calculated by dividing the total number of interviews (6928) by the number of number of eligible respondents contacted (8667), producing a total cooperation rate of 79.9%. Cooperation rates for landline numbers (66.5%) and mobiles (83.3%) were also calculated using this method.

Random digit dialling results in a large number of respondents whose eligibility is unknown as the interviewer is unable to determine if they reside in South Australia. There were 138,712 numbers which were dialled but eligibility was unable to be ascertained, largely due to refusing at start before screening question (n=51,424), no answer (n=43,111), or answering machine (n=35,336).

A further 24,696 numbers were not eligible, the majority due to them being disconnected (n=14,751) or business numbers (n=5198). There were (n=4175) that were ineligible due to not residing in South Australia.



Table 54: Call outcomes for total sample, landline and mobiles, all ages, SAPHS 2019

	Total Sample	Landline	Mobile
Interviews	6928	1158	5770
Eligible, non-interview numbers			
Appointments / Stopped interviews	253	51	202
Refused during	413	115	298
Physically or mentally unable/incompetent	577	247	330
No interviewer available for needed language	437	166	271
Sent survey link - not completed yet	59	5	54
Subtotal –eligible non interviews	1739	584	1155
Total eligible	8667	1742	6925
Cooperation rate*	79.9%	66.5%	83.3%
Unknown eligibility			
Engaged	4284	705	3579
Answering machine	35336	9112	26224
No answer	43111	19293	23818
Refused by text	1507	0	1507
Refused remove from database	3050	401	2649
Refused at start	51424	12116	39308
Subtotal - unknown eligibility	138712	41627	97085
Not eligible			
Number disconnected	14751	3593	11158
Business Numbers	5198	3319	1879
Fax/Modem	409	288	121
Not in South Australia - screener fail	4175	402	3773
Child answered call (no adult available)	133	13	120
Already completed survey (contacted on other phone)	30	6	24
Subtotal - not eligible	24696	7621	17075
TOTAL SAMPLE	172318	50990	121085

*Cooperation rate defined as the number of interviews divided by the total number of eligible respondents contacted.



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