



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

Health and wellbeing of children in Western Australia 2021

Epidemiology Directorate

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Executive summary

The Health and Wellbeing Surveillance System is a continuous data collection initiated in 2002 to monitor the health status of the population of Western Australia. In 2021, 856 children aged 0 to 15 years had a computer assisted telephone interview or an online survey completed on their behalf by a parent or carer between January and December, with an average participation rate of approximately 90 per cent. The sample was randomly selected and weighted to reflect the Western Australian child population.

This report describes the findings from the 2021 Health and Wellbeing Surveillance System and provides the health sector and the general public with important information about various aspects of the health and wellbeing of Western Australian children and adolescents at the population level.

Key estimates from the report include:

General health:

- The majority (89.5%) of children had their health status reported to be 'excellent' or 'very good'.
- One in twenty (5%) children were reported to have a disability that impacts the family. Of those children, approximately one in four (25.2%) reported that the disability had a 'big impact' or a 'very big impact' on the family.

Chronic health conditions:

- Nearly one in five (8.9%) children were reported to currently have asthma in the past 12 months.
- More than one in four (28.2%) children were reported to have sustained an injury in the past 12 months that required treatment from a health professional.

Lifestyle behaviours:

- Three-quarters (75.8%) of children were reported to eat sufficient daily serves of fruit, however, fewer than one in six (16.4%) children were reported to eat sufficient daily serves of vegetables for their age and sex. Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit (53.6%) compared to children aged 2 to 3 years (97.0%) and 4 to 8 years (97.7%).

- More than one in three (37.7%) children were reported to eat meals from fast food outlets once or twice a week on average. Children aged 1 to 4 years were significantly more likely to be reported as never or rarely eating fast food on a weekly basis (13.2%) compared to children aged 5 to 9 years (34.2%).
- More than one in two (55.4%) children were reported to consume sweet snacks three or more times a week, with less than one in ten (8.4%) children reported to never or rarely eat sweet snacks.
- Just under two-thirds (62.6%) of children were reported to never or rarely consume sugar sweetened soft drinks (including energy drinks) on a weekly basis. The proportion of children being reported to never or rarely consume sugar sweetened soft drinks significantly decreased with increasing age.
- More than two-thirds (70.6%) of children aged 5 to 15 years had their weekly physical activity reported as 'active' or 'very active' by their parent/carer. Females (38.9%) were significantly more likely than males (25.0%) to have their physical activity rated as 'active'. Over one-third (37.2%) of children were reported to be physically active for seven or more sessions per week in sessions of at least 60 minutes duration.
- Just under half (45.3%) of children were reported to have exceeded the Australian sedentary behaviour guideline for electronic media use, with both children aged 0 to 2 years (63.5%) and 2 to 5 years (70.2%) significantly more likely to exceed the recommended daily recreational time for screen usage compared to children aged 5 to 15 years (32.8%).
- Nearly one in four (22.3%) children aged 5 to 15 years had a BMI classed as overweight or obese. For children with a BMI classed as overweight or obese, almost two-thirds (65.7%) had parents/carers who perceived their child's weight as normal. Regarding intentions to change the weight of a child with a BMI classed as overweight or obese, approximately one in four (28.0%) children had parents/carers who reported they intended to help their child lose weight, whilst more than half (52.0%) of children had parents/carers who did not intend to do anything to change their child's weight.
- Over the past 12 months, children were reported to have been sunburnt an average of 1.3 times. The reported number of times sunburnt was significantly higher for both children aged 5 to 9 years (1.4 times) and 10 to 15 years (1.9 times) when compared to children aged 0 to 4 years (0.6 times).
- Only two in five (43.0%) children aged 0 to 4 years were sleeping the recommended number of hours per night, with children in this age group significantly less likely to be sleeping the recommended number of hours per night compared to children aged 5 to 9 years (86.4%) and 10 to 15 years (67.5%).

Health service utilisation:

- More than eight out of ten (85.4%) children had used a primary health service within the past 12 months, averaging 3.3 visits over the period.
- Fewer than one in three (28.7%) children had attended hospital-based services in the past 12 months.
- Approximately two-thirds (67.1%) of children had used dental health services and fewer than one in ten (9.2%) children were reported to have used mental health services in the past 12 months.

Mental health:

- One in three (30.2%) children were reported by parents/carers as having experienced some degree of trouble with emotions, concentration, behaviour or getting on with people, with one in ten (10.7%) children reported to have had 'quite a lot of trouble' or 'very much' having trouble.
- Of children reported as having any degree of trouble with emotions, concentration, behaviour or getting on with people, one in three (30.1%) reportedly received special help for their trouble. Children aged 1 to 4 years were less likely to be reported as needing special help (10.4%) compared with children aged 5 to 9 years (34.8%) and children aged 10 to 15 years (34.4%).
- The prevalence of children ever treated for an emotional or mental health condition was 12.4% in 2021.
- Nearly one in three (29.4%) children had been bullied in the past 12 months and greater than one in twenty (6.1%) were estimated to have bullied. Fewer than one in twenty (4.5%) children were reported to have bullied and been bullied in the past 12 months.

School connectedness:

- The prevalence of children reported as doing 'very well' at school overall, based on their schoolwork and reports, was 45.7%, with fewer than one in four (23.3%) children reported as having 'average' performance and approximately one in twenty (4.8%) children reported as having 'poor' or 'very poor' performance in the past 12 months.
- Approximately two-thirds (65.2%) of children were reported as 'almost always' looking forward to going to school each day, with one in twenty (5.4%) children 'almost never or rarely' looking forward to going to school.

Family functioning:

- One in fourteen (7.1%) children were reported to live in a family that 'strongly agreed' or 'agreed' that the family usually does not get on well together.
- One in ten (10.1%) children were estimated to live in a family where it was 'strongly agreed' or 'agreed' that planning family activities was usually difficult.
- One in ten (10.8%) children were estimated to live in a family where it was 'strongly agreed' or 'agreed' that the family usually avoided discussing fears and concerns openly with each other.
- Approximately one in seven (13.9%) children were estimated to be in a family with poor family functioning.

INTRODUCTION AND METHODOLOGY



1. Introduction and methodology

1.1 Introduction

The WA Health and Wellbeing Surveillance System (HWSS) is a continuous data collection system developed to monitor the health and wellbeing of Western Australians. Beginning in March 2002, the HWSS is run on a continual basis where thousands of people throughout Western Australia (WA) are interviewed each year. This report presents information on the health and wellbeing of 856 children aged 0 to 15 years during 2021.

Information from the survey is used to monitor the health status of Western Australian children, to inform health education programs, to evaluate interventions and programs, to inform health research, to support health policy development, to identify and monitor emerging trends and to support health service planning and development. Respondents are asked questions on a range of health and wellbeing topics, including chronic health conditions, lifestyle risk factors, protective factors, health service utilisation, mental health and socio-demographics.

The questions included in the HWSS are selected either to provide information about state or national indicators of health and wellbeing, or to provide information about areas of health, lifestyle and demography that are not available elsewhere and are necessary to understand the dynamics of healthy behaviours and outcomes. A copy of the questionnaire is available on the WA Department of Health website:

<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

An important feature of this surveillance system is that it is population based, meaning that it is designed to examine health status at the population level. Although major socio-demographic group estimates are possible, it is not the purpose of the system to investigate smaller subgroups. Therefore, the information provided in this report is representative of Western Australian children by age and sex, but is unlikely to be reliably representative of small or specific groups within the population such as Aboriginal people, culturally and linguistically diverse (CALD) populations, those who are experiencing homelessness or those without telephones/internet access.

The HWSS has been approved by the WA Department of Health's Human Research Ethics Committee (EC00422).

1.2 Trends from 2002 onwards

The HWSS data collected up to December in 2021 marks 20 years of continuous data collection for the HWSS since the system began in 2002. This is an important milestone in the system, as it allows the observation of changes in health status, risk factors and behaviours over a 20-year period. Previously, in each report of the health and wellbeing of Western Australians aged 0 to 15 years, trend data has also been supplied along with the annual prevalence estimates. Starting in 2022, trend data will no longer be included in the annual reports, due to the large amount of information that would need to be added. Trend data remains an important feature of the HWSS and will be made publicly available as an online resource. Updates on the availability of the trend data can be accessed through the Epidemiology Directorate website:

https://ww2.health.wa.gov.au/Articles/A_E/About-the-Epidemiology-branch

1.3 Methodology

1.3.1 Sampling and mode of administration

Two sample frames and modes were used for contacting respondents in 2021. An extract from the WA Electoral Roll was obtained through the WA Health Data Linkage System and used to contact a sample of potential respondents by letter each month. Respondents were invited to respond to the survey online with a link and unique key over a 35-day period, or via Computer Assisted Telephone Interview (CATI) by calling into the data collection agency. Non-respondents were followed up with a reminder letter after two weeks.

Additionally, an extract from Sensis Consumer Database was linked with the WA Electoral Roll by the WA Health Data Linkage System in order to append phone numbers. The linked extract was used to contact a sample of potential respondents by letter each month. Respondents were invited to respond to the survey online with a link and unique key during a 10-day period, after which non-respondents were followed up via telephone call (CATI).

All data was collected from January to December 2021 by the Edith Cowan University Survey Research Centre, an ISO accredited social research agency.

1.3.2 Weighting and analysis of data

Surveys such as the HWSS are designed to provide information at a population level, e.g. to inform what proportion of the population have a particular characteristic. Most surveys, however, will only collect information from a sample of the target population. This raw data is then weighted to represent the population from which it was drawn, with each person given a weight which can be thought of as the number of people they represent.

In 2021, the HWSS data was weighted to adjust the proportions of certain demographic characteristics of the respondents so that they match the corresponding proportions in the total WA population aged 0 to 15 years, based on the Australian Bureau of Statistics 2016 Census usual place of residence. This weighting method is known as raked weighting, (also raking, iterative proportional fitting, or rim weighting) and allows the derivation of precise weights, by adjusting for non-response bias and respondent biases better than weights produced by design and post-stratification weighting methods.¹ Weights were calculated using the RAKE module in SPSS and were trimmed at an upper limit. The 2021 data was raked using the estimated resident population for 2020 and for the 2016 Census proportions listed below.

Characteristic	Categories
Sex	<ul style="list-style-type: none">• Female• Male
Age	<ul style="list-style-type: none">• 0-4; 5-9; 10-15 years
Location	<ul style="list-style-type: none">• Metro• Kimberley and Pilbara• Rest of State
Country of Birth	<ul style="list-style-type: none">• Born in Australia• Born in other country

Data was then analysed in SAS. This raked weighting method differs from the design and post-stratification weighting method previously reported for HWSS estimates and therefore direct comparisons with previous HWSS reports using post stratification weights (2002-2020) are not recommended.

1.3.3 Mode differences

Another advantage of the raked weighting method is the ability to reduce mode effect between online and CATI respondents. By adjusting each respondents' weight either upward or downward based on demographic characteristics, the entire sample is adjusted so that the difference in prevalence estimates between online and CATI respondents is diminished. However, adjustments were not made for mode effects as this would add considerable burden due to the statistical processing, analysis and interpretation of the data required.

1.3.4 2021 Survey response

A total of 61,724 households were contacted of which 22.7% were eligible, 9.1% were ineligible and 68.2% had unknown eligibility. Of 14,015 eligible households, 11,218 interviews and online surveys were conducted, resulting in an overall participation rate of 80.0%. The full breakdown of the response rates for the CATI and online surveys is presented in **Figure 1**. The data presented in this report are for 856 Western Australian children aged 0 to 15 years.

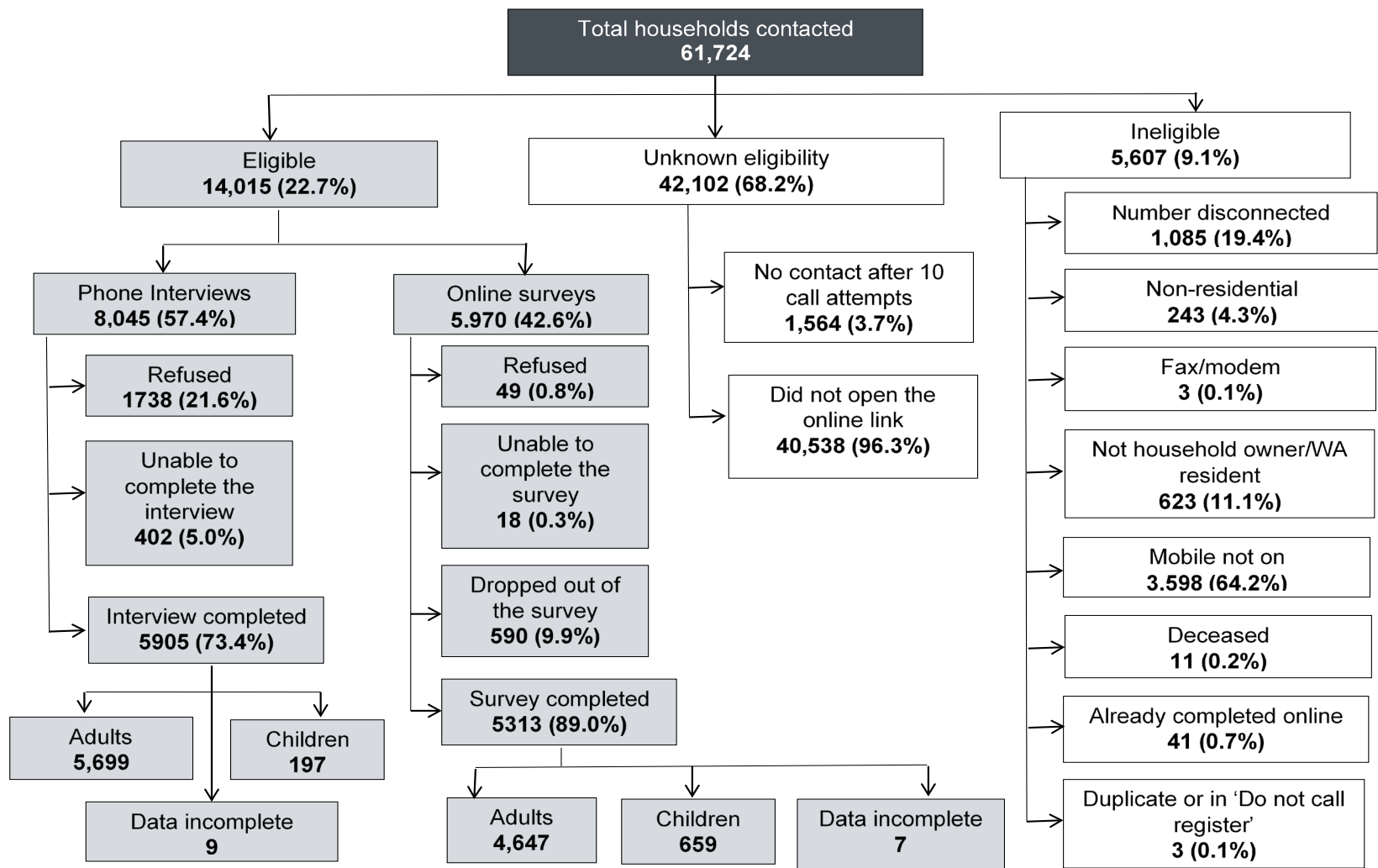


Figure 1: Flowchart of response rates to the HWSS survey, 2021

1.4 How estimates are reported

1.4.1 Percentage and prevalence

The information in this report is presented either as a percentage of the population who have a particular risk factor or demographic characteristic, or as the prevalence of a particular health condition within the child and adolescent population. Prevalence refers to the number or proportion of individuals in a community who exhibit a given condition or characteristic and is usually expressed as a percentage. Prevalence is distinct from incidence, which is a measure of the number of new cases of a condition or characteristic. Prevalence is concerned with all individuals with a given condition or characteristic regardless of when it began. Incidence on the other hand refers only to new cases of a condition or characteristic during a specified time interval. Surveys generally do not collect or report on incidence of disease.

There are three main types of prevalence that are typically reported. Lifetime prevalence represents the proportion of the population that have ever exhibited a given condition or characteristic. Period prevalence represents the proportion of the population who have exhibited a condition or characteristic within a specified time period, for example 12 months. Point prevalence represents the proportion of the population who exhibited a condition or characteristic at the time of the survey. In this report, most of the prevalence estimates are presented as period prevalence. In some cases, such as with asthma, lifetime and point prevalence are reported. This is because a child may have had asthma at some point in their life but not have it currently.

1.4.2 Confidence intervals

Survey results are estimates of 'true' population values and will always contain some error because they are based on samples and not the entire population. Therefore, each table presents both a prevalence figure for a given condition or characteristic as well as a 95 per cent confidence interval for that estimate. The 95 per cent confidence interval is the range within which the true estimate would lie 95 out of 100 times. The wider the confidence interval is around an estimate, the less precise the estimate is, and the more caution that should be applied with using it.

One way to compare two prevalence estimates is to assess whether the difference between them is statistically significant. Statistical significance is a statement about the likelihood of a finding being due to chance. Confidence intervals can be used to determine statistical significance. Overlapping confidence intervals indicate that there is probably no meaningful difference in the estimates being compared. If the confidence intervals do not overlap, then the estimates are considered significantly different.

Further information on how to determine whether a difference is statistically significant can be found on the WA Department of Health website:

<http://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>

Along with helping to determine statistically significant differences, confidence intervals can also be used as a measure of the level of stability around an estimate. The level of stability around an estimate can also be guided by the relative standard error (RSE). The RSE is a measure of the extent to which the survey estimate is likely to be different from the actual population result.

For example, in this report, wide confidence intervals and high RSEs can be present for younger age groups (e.g. 0 to 4 years) for certain chronic health conditions, because they are less likely to be present and detectable at younger ages. It is also possible to see wide confidence intervals and high RSEs for some variables that have multiple response options (four or more); for example, levels of physical activity and fast-food intake.

Therefore, throughout this report, estimates with RSEs between 25 per cent and 50 per cent have been annotated by an asterisk (*) and should be used with caution. Estimates with RSEs above 50 per cent are considered too unreliable for general use and have been withheld.

1.5 Using this report

This report is intended to be a reference document and therefore contains little interpretative text. The confidence intervals should be used to determine statistical significance if no text has been provided. If more detailed information is required or interpretation needed, please contact the Health and Wellbeing Survey team, Epidemiology Directorate, WA Department of Health at:

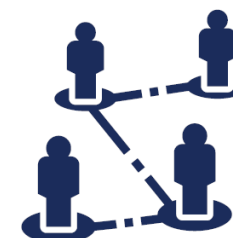
DOH.HWSS@health.wa.gov.au

DEMOGRAPHICS



2. Demographics

In 2021, a total of 856 Western Australian children aged 0 to 15 years participated in the HWSS. The demographic and socioeconomic characteristics of the child sample that participated in the 2021 HWSS collection period are shown in **Table 1 and Table 2**. The tables show the unweighted sample number for each group and the weighted population prevalence estimate expressed as a percentage. **Table 3** shows the demographic characteristics of the respondent for the child.



Of 856 children included in this report:

- There were slightly more males (51.4%) than females (48.7%)
- The majority (82.3%) were born in Australia
- The majority were living in metropolitan areas (77.7%)
- 31 children were identified as being Aboriginal or Torres Strait Islander
- The relationship of the respondent to the child was most commonly the mother (65.3%)

Table 1: Demographic characteristics, 0 to 15 years, HWSS 2021

	Unweighted sample (n)	Weighted survey sample (%)
Sample frame		
WA Electoral Roll linked with Sensis Consumer Database	226	21.7
WA Electoral Roll	630	78.3
Data collection mode		
CATI	197	19.1
Online	659	80.9
Age group		
0 to 4 years	233	31.9
5 to 9 years	258	32.4
10 to 15 years	365	35.7
Sex		
Female	400	48.7
Male	456	51.4
Australian born		
Yes	803	82.3
No	53	17.7
Aboriginal or Torres Strait Islander		
Yes	31	2.2
No	825	97.8
Relationship of respondent to child		
Mother	588	65.3
Father	229	29.9
Other	39	4.8

Numbers may not add up to total sample due to refusal and “don’t know” responses.

Table 2: Socioeconomic characteristics, 0 to 15 years, HWSS 2021

	Unweighted sample (n)	Weighted survey sample (%)
Current living arrangement		
Family with a child or children living with biological or adoptive parents	721	86.1
Step or blended family	41	4.4
Sole parent family	58	5.8
Other family structure	36	3.8*
Household income		
Under \$20,000	8	0.7*
\$20,000 to \$40,000	30	3.8
\$40,000 to \$60,000	44	6.1
\$60,000 to \$80,000	64	8.5
\$80,000 to \$100,000	82	10.5
\$100,000 to \$160,000	270	35.8
More than \$160,000	286	34.7
Household spending		
Spend more money than earn/get	25	3.7*
Have just enough money to get by	68	8.4
Spend left over money	26	3.8
Save a bit every now and then	213	27.7
Save some regularly	382	44.1
Save a lot	121	12.3
Area of residence		
Metropolitan	427	77.7
Rural	300	18.1
Remote	129	4.2
Accessibility/Remoteness Index of Australia		
Inner Regional	130	9.7
Major Cities	408	74.4
Outer Regional	143	8.9
Remote	119	4.8
Very Remote	56	2.2
Have private health insurance		
Yes	668	21.3
No	176	78.7

* Prevalence estimate has an RSE between 25%-50% and should be used with caution. Numbers may not add up to total sample due to refusal and "don't know" responses.

Table 3: Demographic characteristics of the respondent for the child, HWSS 2021

	Unweighted sample (n)	Unweighted per cent (%)
Australian born		
Yes	619	72.3
No	237	27.7
Aboriginal or Torres Strait Islander		
Yes	18	2.1
No	838	97.9
Highest level of education		
Less than Year 10	9	1.1
Year 10 or Year 11	39	4.6
Year 12	66	7.7
TAFE/Trade qualification	335	39.1
Tertiary degree or equivalent	407	47.6
Employment status		
Employed	696	81.3
Unemployed	21	2.5
Engaged in home duties	93	10.9
Retired	19	2.2
Unable to work	5	0.6
A Student	13	1.5
Other	9	1.1
Possess a government health care card		
Yes	161	18.8
No	695	81.2
Share home with a partner		
Yes	758	88.8
No	96	11.2

GENERAL HEALTH



3. General health

This section focuses on parent/carer reported child health status and disability.



89.5% Western Australian children had their current health status reported as 'excellent' or 'very good'



5.0% Western Australian children were reported to have a disability that impacts the family

3.1 Self-reported health status

Parents/carers were asked to rate their child’s general health. The population prevalence of parent/carer-reported child health status is shown in **Table 4**.

- Nearly nine out of ten (89.5%) parents/carers reported their child’s current health status as ‘excellent’ or ‘very good’.
- Parent/carer-reported general health was similar among age groups and sexes.

Table 4: Parent/carer-reported child health status, 0 to 15 years, HWSS 2021

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	67.8	(60.6—75.1)	25.5	(18.6—32.3)	5.5 *	(2.2—8.7)	N/A	(N/A—N/A)
5 to 9 years	56.8	(49.2—64.4)	31.6	(24.4—38.8)	10.7	(5.6—15.8)	0.9 *	(0.1—1.8)
10 to 15 years	53.9	(46.8—61.0)	33.1	(26.4—39.8)	11.0	(6.9—15.2)	2.0 *	(0.5—3.5)
Sex								
Females	65.3	(59.4—71.2)	26.4	(20.7—32.0)	7.3	(4.5—10.2)	1.0 *	(0.1—1.9)
Males	53.5	(47.5—59.5)	33.8	(28.1—39.5)	10.9	(7.0—14.8)	1.8 *	(0.6—3.0)
Children	59.3	(55.0—63.5)	30.2	(26.2—34.2)	9.2	(6.7—11.6)	1.4 *	(0.7—2.1)

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

3.2 Disability

We asked parents/carers whether their child has a disability that impacts the family (**Table 5**).

- The population prevalence of children with a disability that impacts the family was similar among children aged 5 to 9 years and 10 to 15 years.
- The prevalence of disability among children that impacts the family did not significantly vary by sex.

Table 5: Prevalence of children with a disability that impacts the family, 0 to 15 years, HWSS 2021

	Children with disability that impact the family	
	%	95% CI
Age group		
0 to 4 years	N/A	(N/A—N/A)
5 to 9 years	7.8*	(3.3—12.3)
10 to 15 years	5.7*	(2.8—8.6)
Sex		
Females	6.7*	(3.4—9.9)
Males	3.2*	(1.5—4.8)
Children	5.0	(3.1—6.8)

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

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

For the respondents that answered yes to their child having a disability that impacts the family, we asked how much of an impact this is for them personally or for their family (**Table 6**).

- Of those with a child with some form of disability that impacts the family, approximately one quarter (25.2%) reported that this had a 'big impact' or 'very big impact' on themselves or their family.

Table 6: Rating of the impact of disability on the respondents themselves and their family, 0 to 15 years, HWSS 2021

	Not much of an impact		Some impact		A fairly big impact		A big impact / A very big impact	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Children	26.2 *	(7.9—44.4)	23.0 *	(7.9—38.1)	25.6 *	(11.9—39.3)	25.2 *	(3.6—46.9)

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

**HEALTH
CONDITIONS**



4. Health conditions

In the HWSS, prevalence of certain health conditions was determined by asking parents/carers whether a doctor has ever diagnosed their child with certain health conditions. This section will focus on the following health conditions:

- Asthma
- Injury



8.9% Western Australian children were reported to currently have asthma



28.2% Western Australian children were reported to have an injury requiring treatment from a health professional

4.2 Asthma

Parents/carers were asked whether a doctor had ever told them that their child had asthma (lifetime prevalence) and whether their child had symptoms or had taken treatment for asthma during the past 12 months (period prevalence) (**Table 7**).

- The prevalence of lifetime asthma or 12-month period prevalence were similar among males and females.
- Children aged 0 to 4 years were less likely to be reported as having lifetime asthma compared to other age groups.
- The prevalence of 12-month period asthma for children aged 0 to 4 years was less than children aged 5 to 9 years, however, prevalence of 12-month period asthma for children aged 0 to 4 years was similar to children aged 10 to 15 years.

Table 7: Prevalence of children with asthma, 0 to 15 years, HWSS 2021

	Lifetime (a)		Period (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	5.3 *	(2.0—8.5)	4.3 *	(1.3—7.2)
5 to 9 years	15.8	(10.1—21.5)	13.0	(7.6—18.4)
10 to 15 years	14.9	(10.1—19.7)	9.4	(5.0—13.7)
Sex				
Females	10.7	(7.2—14.2)	8.3	(5.1—11.5)
Males	13.5	(9.3—17.7)	9.5	(5.6—13.5)
Children	12.1	(9.4—14.9)	8.9	(6.4—11.5)

(a) Children whose parent/carer reported they had been told by a doctor or nurse that the child had asthma (ever).

(b) Children whose parent/carer reported the child has had symptoms of, or treatment for, asthma in the last 12 months.

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

4.3 Injury

We asked parents/carers whether their child had an injury in the past 12 months that required treatment from a health professional (Table 8).

- Approximately one in four (28.2%) children in Western Australia had sustained an injury that required treatment from a health professional in the past 12 months.
- The proportion of children with injuries in the past 12 months was similar among age groups and sexes.

Table 8: Proportion of children with injuries in the past 12 months requiring treatment from a health professional, 0 to 15 years, HWSS 2021

	Children with injuries	
	%	95% CI
Age group		
0 to 4 years	21.1	(15.1—27.2)
5 to 9 years	26.7	(19.5—33.9)
10 to 15 years	35.5	(28.8—42.3)
Sex		
Females	24.8	(19.3—30.3)
Males	31.3	(25.7—36.8)
Children	28.2	(24.2—32.1)

The mean number of injuries that required treatment from a health professional in the past 12 months is shown in **Table 9**. It is possible to have a mean number of injuries that is less than one as most children did not experience any injury in the previous year.

- The mean number of injuries that required treatment from a health professional in the past 12 months was 0.5 injuries.
- The mean number of injuries was similar among age groups and sexes.

Table 9: Mean number of injuries, 0 to 15 years, HWSS 2021

	Number of injuries	
	Mean	95% CI
Age group		
0 to 4 years	0.3	(0.2—0.4)
5 to 9 years	0.4	(0.3—0.6)
10 to 15 years	0.6	(0.4—0.7)
Sex		
Females	0.4	(0.3—0.5)
Males	0.5	(0.4—0.7)
Children	0.5	(0.4—0.5)

**LIFESTYLE
BEHAVIOURS**



5. Lifestyle behaviours

Lifestyle behaviours can have a positive effect on health such as being breastfed or consumption of fruit and vegetables, or a negative effect such as physical inactivity, being exposed to cigarette smoke or unprotected sun exposure.² This section will focus on the following lifestyle behaviours:

- Breastfeeding
- Nutrition
- Physical activity and sedentary behaviour
- Body Mass Index classification
- Smoking in the home
- Sun protection
- Sleep

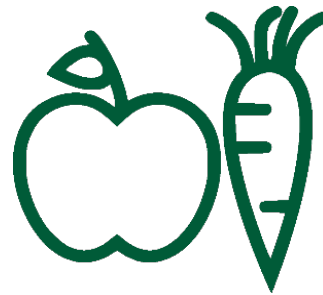


98.4% Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime

68.2% Western Australian children aged 2 to 15 years consumed full fat/whole milk



75.8% Western Australian children met recommended minimum daily intake for fruit



16.4% Western Australian children met recommended minimum daily intake for vegetables



37.2% Western Australian children were physical active for 7 or more 60-minute sessions per week

34.2% Western Australian children sleep less than the recommended number of hours on a usual night





37.7% Western Australian children eat fast food meals at least once a week



13.9% Western Australian children drink sugar sweetened soft-drinks or energy drinks at least once a week

41.5% Western Australian children eat potato chips at least once a week



27.8% Western Australian children eat sweet snacks at least once a week



34.2% Western Australian children eat salty snacks at least once a week



39.0% Western Australian children eat processed meats at least once a week

5.1 Breastfeeding

Australia's national infant feeding guidelines recommend exclusive breastfeeding for infants until six months with the introduction of solid food at around six months and continued breastfeeding until at least twelve months.³ In 2011, national breastfeeding indicators were developed to assist with the reporting of breastfeeding prevalence in Australia and meeting the national infant feeding recommendation around exclusive breastfeeding.⁴ A total of six indicators were agreed upon, three of which are reported on in this report. Reporting of the selected indicators uses the same age breakdowns as those used in the AIHW national infant feeding survey, where possible.⁵

Parents/carers are asked if their child was breastfed, and if so, how long their child received breast milk for, as well as at what age they introduced water, infant formula, liquids other than water and formula, and foods other than liquids. Due to the increased risk of recall bias for parents/carers answering questions on early childhood events on behalf of older children, questions were only asked of parents/carers with children aged less than 5 years at the time of the interview in 2021.

In 2021, there were fewer than 70 respondents with children in this age group who could provide information on breastfeeding. These small numbers result in unreliable estimates on the prevalence of exclusive and predominant breastfeeding in the first 6 months of life as is usually reported in this yearly publication. As such the individual prevalence estimates by month of age for exclusive and predominant breastfeeding are not reported for 2021. Overall, for children aged 0 to 4 years, parents or carers reported that 98.4% had received some breast milk in their lifetime.

- In 2021, 98.4 per cent of Western Australian children aged 0 to 4 years had received some breastmilk in their lifetime.

5.2 Nutrition

5.2.1 Fruit and Vegetables

Parents/carers were asked to report how many serves of fruit and vegetables their child usually eats each day. A serve of fruit is equal to one medium piece, two small pieces or a cup of diced fruit. A serve of vegetables is equal to half a cup of cooked vegetables or one cup of salad. As the consumption of half serves is not captured in the questions currently asked in the HWSS, for the purposes of reporting, the recommended number of serves are rounded down to the nearest whole number. The current Australian Dietary Guidelines developed in 2013 by the National Health and Medical Research Council (NHMRC) are presented in **Table 12**.⁶

Table 12: NHMRC 2013 Australian Dietary Guidelines for fruit and vegetable daily consumption and HWSS reporting definitions, 2 to 15 years

	Minimum recommended serves of fruit per day	Minimum recommend serves of vegetables per day		Minimum serves of fruit and vegetables per day for HWSS reporting	
	Children	Females	Males	Fruit	Vegetables
2 to 3 years	1	2.5	2.5	1	2
4 to 8 years	1.5	4.5	4.5	1	4
9 to 11 years	2	5	5	2	5
12 to 15 years	2	5	5.5	2	5

Table 13 shows the prevalence of children aged 2 to 15 years, by the number of serves of fruit they usually eat daily.

- In 2021, approximately two-thirds (62.6%) of children ate two or more serves of fruit daily.
- The prevalence of eating two or more serves of fruit daily was similar among age groups and sexes.

Table 13: Serves of fruit consumed daily, 2 to 15 years, HWSS 2021

	Doesn't eat fruit/ Eats less than one serve of fruit daily		Eats one serve of fruit daily		Eats two or more serves of fruit daily	
	%	95% CI	%	95% CI	%	95% CI
Age group						
2 to 3 years	N/A	(N/A—N/A)	17.1 *	(8.0—26.1)	79.9	(70.2—89.6)
4 to 8 years	2.3 *	(0.3—4.3)	29.0	(22.0—35.9)	68.7	(61.7—75.8)
9 to 15 years	12.0	(7.5—16.5)	34.4	(28.1—40.7)	53.6	(47.0—60.3)
Sex						
Females	6.2 *	(2.6—9.7)	26.2	(20.3—32.0)	67.6	(61.4—73.9)
Males	8.1	(4.7—11.4)	33.7	(27.6—39.9)	58.2	(51.9—64.5)
Children	7.2	(4.7—9.6)	30.2	(25.9—34.5)	62.6	(58.2—67.1)

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

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

Table 14 shows the prevalence of children 2 to 15 years, by the reported number of serves of vegetables they usually eat daily.

- In 2021, 32.5% of children were eating two serves of vegetables daily and 30.7% were eating three or more serves of vegetables daily.
- The prevalence of serves of vegetables eaten daily was similar among age groups and sexes.

Table 14: Serves of vegetables consumed daily, 2 to 15 years, HWSS 2021

	Doesn't eat vegetables / Eats less than one serve of vegetables daily		Eats one serve of vegetables daily		Eats two serves of vegetables daily		Eats three serves of vegetables daily	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 3 years	11.2 *	(3.1—19.4)	23.6	(13.4—33.8)	33.9	(22.4—45.3)	31.3	(19.7—42.9)
4 to 8 years	16.5	(10.8—22.3)	25.2	(19.1—31.2)	32.0	(25.0—39.0)	26.3	(20.2—32.4)
9 to 15 years	10.6	(6.6—14.7)	22.9	(17.1—28.7)	32.6	(26.3—38.8)	33.9	(27.8—40.1)
Sex								
Females	8.5	(5.1—11.9)	25.9	(20.0—31.8)	32.9	(26.6—39.2)	32.7	(26.5—39.0)
Males	17.0	(11.9—22.1)	22.0	(16.9—27.2)	32.2	(26.2—38.1)	28.8	(23.4—34.2)
Children	13.0	(9.8—16.1)	23.9	(20.0—27.8)	32.5	(28.2—36.8)	30.7	(26.6—34.8)

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

The proportion of children aged 2 to 15 years meeting the 2013 Australian Dietary Guidelines⁴ for fruit and vegetable consumption (rounded down to the nearest whole number) was calculated is shown in **Table 15**.

- For children aged 2 to 15 years, 75.8% ate sufficient daily serves of fruit, while only 16.4% ate sufficient daily serves of vegetables, for their age and sex.
- Children aged 9 to 15 years were significantly less likely to eat sufficient daily serves of fruit compared to children aged 2 to 3 years and 4 to 8 years (53.6% compared with 97.0% and 97.7%, respectively).

Table 15: Prevalence of meeting fruit and vegetable consumption guidelines, 2 to 15 years, HWSS 2021

	Met fruit consumption guidelines		Met vegetable consumption guidelines	
	%	95% CI	%	95% CI
Age group				
2 to 3 years	97.0	(92.8—100.0)	65.1	(53.4—76.8)
4 to 8 years	97.7	(95.7—99.7)	11.8	(7.3—16.4)
9 to 15 years	53.6	(47.0—60.3)	7.7 *	(3.8—11.6)
Sex				
Females	80.0	(74.5—85.5)	19.9	(14.5—25.3)
Males	72.1	(66.4—77.8)	13.2	(9.1—17.3)
Children	75.8	(71.8—79.8)	16.4	(13.0—19.7)

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

Note: See Table 12 for definitions of meeting the fruit and vegetable consumption guidelines based on age

5.2.2 Milk

Parents/carers of children aged 2 years and over were asked what type of milk their child usually consumes (**Table 16**).

- Over two-thirds (68.2%) of children aged 2 to 15 years consumed full fat or whole milk.
- The prevalence of milk type usually consumed was similar among age groups and sexes for all types of milk.

Table 16: Prevalence of children by type of milk usually consumed, 2 to 15 years, HWSS 2021

	Full fat / Whole		Low / Reduced fat / Skim milk		Other		Don't use milk	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
2 to 4 years	75.6	(67.4—83.8)	15.3	(8.3—22.4)	5.3 *	(1.1—9.6)	3.7 *	(0.4—7.0)
5 to 9 years	68.4	(61.1—75.6)	25.7	(18.7—32.7)	2.7 *	(0.5—4.9)	3.2 *	(0.7—5.8)
10 to 15 years	64.1	(57.3—71.0)	28.7	(22.2—35.1)	4.5 *	(1.4—7.6)	2.7 *	(1.0—4.4)
Sex								
Females	66.9	(60.8—73.0)	24.3	(18.8—29.7)	4.9 *	(1.8—7.9)	3.9 *	(1.6—6.3)
Males	69.3	(63.2—75.3)	25.1	(19.2—31.0)	3.2 *	(1.3—5.1)	2.4 *	(0.9—3.9)
Children	68.2	(63.9—72.5)	24.7	(20.7—28.8)	4.0	(2.2—5.8)	3.1	(1.7—4.5)

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

5.3 Discretionary foods

5.3.1 Fast food

Parents/carers were asked how many times per day, per week, or per month on average their child ate fast food meals, such as burgers, pizza, chicken or chips from fast food outlets. The prevalence of children by how often they eat fast food meals per week is shown in **Table 17**.

- For children aged 1 to 15 years, 37.7% were estimated to eat fast food once or twice per week and 35.6% were estimated to eat fast food less than once a week.
- Children aged 1 to 4 years were significantly more likely to be reported as never or rarely eating fast food on a weekly basis compared to children aged 5 to 9 years.
- The prevalence of weekly fast-food consumption was similar among males and females.

Table 17: Prevalence of children by consumption of meals from fast food outlets per week, 1 to 15 years, HWSS 2021

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	34.2	(26.4—41.9)	37.3	(29.4—45.3)	24.0	(17.1—30.9)	N/A	(N/A—N/A)
5 to 9 years	13.2	(7.8—18.6)	33.7	(26.7—40.6)	46.7	(39.1—54.3)	6.4 *	(1.6—11.1)
10 to 15 years	16.8	(11.5—22.1)	36.1	(29.3—42.9)	39.5	(32.5—46.4)	7.7 *	(3.4—11.9)
Sex								
Females	22.9	(17.6—28.1)	36.8	(30.8—42.9)	34.1	(28.2—40.0)	6.2 *	(2.3—10.1)
Males	17.9	(13.2—22.7)	34.4	(28.7—40.2)	41.1	(35.0—47.1)	6.6 *	(2.7—10.4)
Children	20.3	(16.8—23.8)	35.6	(31.4—39.7)	37.7	(33.5—42.0)	6.4	(3.6—9.1)

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

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

5.3.2 Potato chips

Parents/carers were asked how often on average their child ate hot chips, french-fries, wedges, hash browns or fried potatoes. The prevalence of children by how often they eat chips per week is shown in **Table 18**.

- For children aged 1 to 15 years, 41.5% were estimated to eat potato chips once or twice per week and 37.8% were estimated to eat potato chips less than once a week.
- Children aged 1 to 4 years were significantly more likely to be reported as never or rarely eating potato chips on a weekly basis compared to children aged 5 to 9 years.
- The prevalence of weekly potato chip consumption was similar among males and females.

Table 18: Prevalence of children by consumption of hot chips, french-fries, wedges, hash browns or fried potatoes per week, 1 to 15 years, HWSS 2021

	Never or rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	17.7	(11.4—24.0)	39.7	(31.6—47.8)	35.0	(27.3—42.7)	7.7 *	(1.6—13.7)
5 to 9 years	6.7 *	(3.4—9.9)	39.4	(31.8—46.9)	44.7	(37.2—52.1)	9.3 *	(4.1—14.5)
10 to 15 years	10.6	(6.8—14.4)	35.1	(28.2—41.9)	43.4	(36.3—50.5)	11.0	(6.4—15.5)
Sex								
Females	10.1	(6.6—13.6)	39.3	(33.1—45.5)	39.9	(33.8—46.0)	10.6	(6.1—15.1)
Males	12.1	(8.4—15.8)	36.4	(30.5—42.4)	43.0	(36.9—49.1)	8.4	(4.5—12.4)
Children	11.2	(8.6—13.7)	37.8	(33.5—42.1)	41.5	(37.2—45.8)	9.5	(6.5—12.5)

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

5.3.3 Sweet snacks

Parents/carers were asked how often their child ate cakes, biscuits, doughnuts, muffins, pastries or muesli bars. The prevalence of children by how often they eat sweet snacks per week is shown in **Table 19**.

- For children aged 1 to 15 years, only 8.4% of children were estimated to eat sweet snacks never or rarely, while 55.4% were estimated to eat sweet snacks three or more times a week.
- The prevalence of weekly sweet snacks consumption was similar among age groups and sexes.

Table 19: Prevalence of children by consumption of sweet cakes, biscuits, doughnuts, muffins, pastries or muesli bars per week, 1 to 15 years, HWSS 2021

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	10.5	(5.5—15.5)	7.6 *	(3.4—11.8)	32.9	(24.7—41.0)	49.0	(40.7—57.3)
5 to 9 years	5.5 *	(2.4—8.7)	6.3 *	(3.1—9.5)	28.3	(21.3—35.4)	59.8	(52.4—67.3)
10 to 15 years	9.6	(5.6—13.7)	10.8	(5.9—15.6)	23.6	(17.2—29.9)	56.0	(48.8—63.2)
Sex								
Females	6.0 *	(2.9—9.0)	6.6	(3.8—9.4)	26.5	(20.7—32.2)	61.0	(54.8—67.2)
Males	10.7	(7.2—14.2)	10.0	(6.1—13.9)	29.0	(23.1—34.8)	50.3	(44.1—56.5)
Children	8.4	(6.1—10.8)	8.4	(5.9—10.8)	27.8	(23.7—31.9)	55.4	(51.0—59.8)

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

5.3.4 Salty snacks

Parents/carers were asked how often their child ate salty snacks like potato crisps or corn chips, crackers or pretzels. The prevalence of children by how frequently they eat salty snacks per week is shown in **Table 20**.

- For children aged 1 to 15 years, 34.2% were estimated to eat salty snacks once or twice per week and 32.8% were estimated to eat salty snacks three or more times a week.
- Children aged 1 to 4 years were significantly more likely to be reported as never or rarely eating potato chips on a weekly basis compared to children aged 5 to 9 years and 10 to 15 years.
- The prevalence of weekly potato chip consumption was similar among males and females.

Table 20: Prevalence of children by consumption of salty snacks per week, 1 to 15 years, HWSS 2021

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	31.1	(23.5—38.7)	12.9	(7.5—18.2)	27.5	(20.3—34.8)	28.5	(20.6—36.4)
5 to 9 years	14.0	(8.4—19.6)	13.3	(8.7—17.9)	36.7	(29.4—44.1)	35.9	(28.6—43.3)
10 to 15 years	14.2	(8.7—19.7)	16.1	(10.5—21.7)	36.8	(30.0—43.6)	32.9	(26.5—39.3)
Sex								
Females	20.8	(15.5—26.0)	13.8	(9.4—18.2)	31.6	(25.7—37.5)	33.8	(27.9—39.7)
Males	16.9	(12.1—21.8)	14.6	(10.4—18.9)	36.6	(30.8—42.5)	31.8	(26.0—37.6)
Children	18.8	(15.2—22.3)	14.2	(11.2—17.3)	34.2	(30.1—38.4)	32.8	(28.6—36.9)

5.3.5 Sugar-sweetened soft drinks and energy drinks

Parents/carers were asked how many times per day, per week, or per month on average their child drank sugar sweetened soft drinks, energy or sports drinks, or cordial. The prevalence of children by how often they drink sugar sweetened soft drinks per week is shown in **Table 21**.

- For children aged 1 to 15 years, nearly two-thirds (62.6%) were reported to never or rarely consume sugar-sweetened drinks and/or energy drinks. Under a tenth (9.3%) of all children consumed these drinks three or more times a week.
- Children were significantly less likely to never or rarely consume sugar-sweetened and/or energy drinks with increasing age.
- Males were more likely than females to be reported as consuming sugar-sweetened and/or energy drink once or twice a week. Consumption was similar among males and females across all other frequencies of weekly consumption.

Table 21: Prevalence of children by consumption of sugar sweetened soft drinks per week, 1 to 15 years, HWSS 2021

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	87.6	(82.4—92.8)	4.9 *	(1.4—8.4)	3.8 *	(1.2—6.5)	3.7 *	(0.6—6.8)
5 to 9 years	61.5	(54.1—68.9)	18.7	(12.7—24.6)	12.6	(8.1—17.0)	7.3 *	(2.5—12.1)
10 to 15 years	45.7	(38.5—52.9)	16.6	(11.4—21.9)	22.4	(17.1—27.8)	15.2	(10.2—20.2)
Sex								
Females	68.4	(62.6—74.2)	12.0	(8.3—15.7)	8.6	(5.8—11.4)	10.9	(6.3—15.5)
Males	57.3	(51.2—63.3)	16.1	(11.3—20.8)	18.8	(14.4—23.2)	7.8	(4.9—10.7)
Children	62.6	(58.4—66.8)	14.1	(11.0—17.2)	13.9	(11.3—16.6)	9.3	(6.6—12.0)

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

5.3.6 Processed meats

Parents/carers were asked how many times per day, per week, or per month on average their child ate processed meat products such as sausages, sausage-rolls, bacon, ham, salami or other cold meats. The prevalence of children by how often they eat processed meats per week is shown in **Table 22**.

- For children aged 1 to 15 years, over one-third (34.5%) were reported to never or rarely consume processed meats, with nearly 39% of children consuming processed meats once or twice a week.
- The prevalence of weekly processed meat consumption was similar among age groups and sexes.

Table 22: Prevalence of children by consumption of processed meats per week, 1 to 15 years, HWSS 2021

	Never or Rarely		Less than once a week		Once or twice a week		Three or more times a week	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	20.4	(13.7—27.1)	12.5	(7.2—17.8)	37.3	(29.0—45.5)	29.8	(22.4—37.2)
5 to 9 years	9.4 *	(3.7—15.1)	8.7	(4.8—12.5)	41.5	(33.8—49.1)	40.5	(33.4—47.6)
10 to 15 years	16.7	(10.9—22.5)	12.9	(7.8—18.0)	37.9	(31.2—44.7)	32.5	(25.9—39.0)
Sex								
Females	14.1	(9.6—18.6)	13.3	(9.1—17.4)	39.3	(33.0—45.6)	33.4	(27.6—39.1)
Males	16.2	(11.0—21.4)	9.5	(5.8—13.2)	38.7	(32.7—44.7)	35.6	(29.9—41.3)
Children	15.2	(11.7—18.7)	11.3	(8.5—14.1)	39.0	(34.6—43.3)	34.5	(30.5—38.6)

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

5.4 Physical activity and sedentary behaviour

5.4.1 Physical activity

Parents/carers of children aged 5 to 15 years were asked to rate their child's weekly physical activity level, as shown in **Table 23**.

- In 2021, 70.6% of children aged 5 to 15 years had their weekly physical activity level reported as active or very active by their parent/carer.
- Females were significantly more likely than males to have their weekly physical activity level rated as 'active'. The prevalence of parent/carer rated activity was similar across all other frequencies of weekly activity rates between males and females.
- The prevalence of parent/carer-rated physical activity was similar among both age groups.

Table 23: Prevalence of children by parent/carer-rated physical activity level, 5 to 15 years, HWSS 2021

	Very active		Active		Moderately active		Not very active / Not at all active	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	45.8	(38.2—53.4)	31.4	(24.5—38.3)	21.8	(15.1—28.6)	N/A	(N/A—N/A)
10 to 15 years	33.4	(26.4—40.3)	31.2	(24.5—37.9)	22.4	(17.0—27.9)	13.0	(8.3—17.7)
Sex								
Females	34.9	(27.3—42.4)	38.9	(31.3—46.5)	20.5	(15.1—26.0)	5.7 *	(2.9—8.5)
Males	42.9	(35.9—50.0)	25.0	(19.2—30.8)	23.5	(17.2—29.9)	8.6	(4.5—12.7)
Children	39.3	(34.1—44.4)	31.3	(26.5—36.1)	22.2	(17.9—26.4)	7.3	(4.7—9.8)

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

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

Children aged between 5 and 15 years are recommended to complete at least 60 minutes of moderate to vigorous physical activity each day to achieve good health, based on the 2019 Australian 24-Hour Movement Guidelines for Children and Young People.⁷ The HWSS reports against physical activity levels using a two-step question that asks parents/carers to report separately on the amount of vigorous and moderate activity that the child completed in the past week. Completing sufficient levels of physical activity is then defined as being physically active for seven or more sessions a week where each session lasted 60 minutes or more. The estimates of weekly physical activity for children 5 to 15 years are shown in **Table 24**.

- For children aged 5 to 15 years, 37.2% completed sufficient amounts of physical activity according to the 24-Hour Movement Guidelines.
- The prevalence of children who were sufficiently active was similar among age groups and sexes.

Table 24: Prevalence of children by physical activity completed weekly, 5 to 15 years, HWSS 2021

	No sessions of physical activity per week		Physically active one to six sessions per week		Physically active seven or more sessions per week but less than 60 mins a session		Physically active seven or more sessions per week and at least 60 mins a session	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	N/A	(N/A—N/A)	41.9	(34.3—49.6)	16.4	(10.7—22.2)	40.6	(33.3—47.9)
10 to 15 years	6.3	(3.2—9.4)	49.0	(41.8—56.1)	10.7	(7.0—14.4)	34.0	(27.1—41.0)
Sex								
Females	4.5 *	(2.2—6.9)	49.5	(41.8—57.1)	11.6	(7.3—15.8)	34.4	(27.1—41.8)
Males	3.2 *	(0.7—5.7)	42.4	(35.3—49.5)	15.0	(10.0—20.0)	39.4	(32.6—46.3)
Children	3.8	(2.1—5.5)	45.6	(40.4—50.8)	13.4	(10.1—16.8)	37.2	(32.1—42.2)

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

The Australian 24-Hour Movement Guidelines for Children and Young People recommends the maximum amount of time children aged 0 to 17 years should spend in sedentary recreational screen time (for example television, seated electronic games and computer use).⁷ The guidelines recommend no use of electronic media for children younger than 2 years of age, less than one hour of use daily for children aged 2 years to under 5 years of age and no more than 2 hours of use daily for children aged 5 to 17 years of age. The proportion of children aged 0 to 15 years who met the guidelines for their specific age group is shown in **Table 25**.

- Just over half (54.7%) of children met the guidelines for electronic media use in 2021.
- Children aged 0 to 2 years and 2 to 5 years were both significantly more likely to exceed daily recreational time screen usage guidelines compared with children aged 5 to 15 years (63.5% and 70.2% compared with 32.8%, respectively).
- The prevalence of children who met the electronic media guidelines was similar among males and females.

Table 25: Prevalence of children meeting the Australian sedentary behaviour guidelines for electronic media use, 0 to 15 years, HWSS 2021

	Does not meet guidelines for electronic media use		Meets guidelines for electronic media use	
	%	95% CI	%	95% CI
Age group				
0 to <2 years	64.5	(53.0—75.9)	35.5	(24.1—47.0)
2 to <5 years	70.2	(61.9—78.6)	29.8	(21.4—38.1)
5 to 15 years	34.7	(29.9—39.4)	65.3	(60.6—70.1)
Sex				
Females	42.9	(36.9—49.0)	57.1	(51.0—63.1)
Males	47.5	(41.5—53.5)	52.5	(46.5—58.5)
Children	45.3	(41.0—49.6)	54.7	(50.4—59.0)

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

5.5 Body Mass Index classification

Parents/carers were asked to provide their child’s height without shoes and weight without clothes or shoes. A Body Mass Index (BMI) was derived from these figures by dividing weight in kilograms by height in metres squared after adjusting for errors in the parent/carer reported height and weight. Age and sex specific BMI categories were then used to classify children into not overweight or obese, overweight, and obese,⁸ as shown in **Table 26**.

- In 2021, it is estimated that nearly one in four (22.3%) children aged 5 to 15 years had a BMI classed as overweight or obese.
- The prevalence of overweight or obese categorisations of children was similar among ages and sexes.

Table 26: Prevalence of Body Mass Index categories, 5 to 15 years, HWSS 2021

	Not overweight or obese		Overweight		Obese	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	72.5	(64.4—80.6)	18.2	(11.8—24.5)	9.4 *	(3.1—15.6)
10 to 15 years	73.1	(65.9—80.2)	21.3	(14.6—28.0)	5.6 *	(2.1—9.2)
Sex						
Females	72.8	(67.5—78.2)	19.9	(15.2—24.7)	7.2	(3.9—10.6)
Males	68.9	(60.9—76.8)	21.7	(14.8—28.7)	9.4 *	(3.8—15.0)
Children	77.7	(71.2—84.2)	17.7	(11.7—23.8)	4.6 *	(1.9—7.3)

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

Perceptions of weight have been reported against BMI-based weight categories derived from parent/carer-reported height and weight for the children.⁸ Parents/carers were asked for their perceptions of their child’s weight (**Table 27**).

- For children aged 5 to 15 years with a BMI that classified them as overweight or obese, almost two-thirds (65.7%) had parents/carers who perceived their child’s weight to be normal.

Table 27: Prevalence of parent/carer-perceived body weight by Body Mass Index classification, 5 to 15 years, HWSS 2021

Body Mass Index classification	Parent/carer perception of child’s body weight					
	Underweight		Normal weight		Overweight or very overweight	
	%	95% CI	%	95% CI	%	95% CI
Underweight	N/A	(N/A—N/A)	82.4	(59.5—100.0)	N/A	(N/A—N/A)
Normal weight	4.4	(59.5—100)	92.3	(89.2—95.3)	3.3 *	(1.1—5.5)
Overweight or obese	N/A	(N/A—N/A)	65.7	(53.7—77.7)	33.0	(21.0—45.1)

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

Parents/carers were then asked about their intentions to change their child’s weight (**Table 28**). Intentions to change weight have been reported against BMI calculations based on parent/carer-reported height and weight for the child.

- Over one in four (28.0%) children classified as overweight or obese based on BMI had parents/carers who were intending to help them lose weight.
- Conversely, over half (52.0%) of children classified as overweight or obese based on BMI had parents/carers who were not trying to do anything to change their child’s weight.

Table 28: Prevalence of children by parent/carer intentions regarding the child’s weight by Body Mass Index classification, 5 to 15 years, HWSS 2021

Body Mass Index classification	Parent/carer perception of child’s body weight							
	Lose weight		Gain weight		Stay the same weight		I am not trying to do anything about my child’s weight	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Underweight	0.0	(0.0—0.0)	N/A	(N/A—N/A)	0.0	(0.0—0.0)	90.2	(74.4—100.0)
Normal weight	5.1*	(1.2—9.0)	4.6*	(2.2—7.0)	15.9	(9.9—21.9)	74.4	(67.6—81.2)
Overweight or obese	28.0	(15.8—40.2)	N/A	(N/A—N/A)	17.9	(9.3—26.5)	52.0	(40.2—63.9)

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

5.6 Smoking in the home

We asked parents/carers about tobacco smoking in the family home, whether the household is smoke free, people occasionally smoke, or people frequently smoke in the home.

- In 2021, 99.0% of Western Australian children were reported to live in smoke free homes.

5.7 Sun protection

We asked parents/carers about the number of times their child had been sunburnt in the past 12 months, as well as how frequently they checked their children for adequate sun protection before going into sunlight. **Table 30** shows the mean number of times children were sunburnt in the past 12 months.

- The average amount of times children had been sunburnt in the past 12 months was significantly higher for both children aged 5 to 9 years and 10 to 15 years when compared to children aged 0 to 4 years (1.4 times and 1.9 times compared to 0.6 times, respectively).
- The average amount of times children were reported to have been sunburnt was similar among males and females.

Table 30: Mean number of times sunburnt in past 12 months, 0 to 15 years, HWSS 2021

	Number of times sunburnt	
	Mean	95% CI
Age group		
0 to 4 years	0.6	(0.4—0.7)
5 to 9 years	1.4	(1.1—1.6)
10 to 15 years	1.9	(1.6—2.2)
Sex		
Females	1.2	(1.0—1.4)
Males	1.4	(1.2—1.6)
Children	1.3	(1.2—1.4)

Table 31 shows the prevalence of children by how often parents/carers checked to see whether their child was adequately protected before going out into the sunlight (e.g. wearing a hat, using sunscreen and keeping covered).

- Children aged 0 to 4 years and 5 to 9 years were both significantly more likely to always be checked by a parent/carer that they were adequately protected before going out into the sunlight compared with children aged 10 to 15 years (46.4% and 45.1% compared to 29.1%, respectively).
- The prevalence of parents/carers checking for adequate sun protection was similar among males and females.

Table 31: Prevalence of children by how often parent/carer checks for adequate sun protection before going out into the sunlight, 0 to 15 years, HWSS 2021

	Always		Most of the time		Sometimes		Rarely / Never	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	46.4	(38.7—54.1)	49.5	(41.8—57.2)	3.4 *	(0.8—6.0)	N/A	(N/A—N/A)
5 to 9 years	45.1	(37.5—52.8)	47.0	(39.5—54.6)	6.7 *	(2.0—11.5)	N/A	(N/A—N/A)
10 to 15 years	29.1	(23.0—35.3)	51.8	(44.7—58.9)	16.1	(10.4—21.8)	3.0 *	(1.1—4.9)
Sex								
Females	39.3	(33.4—45.3)	50.6	(44.4—56.8)	7.9 *	(3.8—12.0)	2.2 *	(0.6—3.7)
Males	40.3	(34.3—46.2)	48.5	(42.5—54.5)	10.1	(6.4—13.8)	1.1 *	(0.1—2.2)
Children	39.8	(35.6—44.0)	49.5	(45.2—53.8)	9.0	(6.3—11.8)	1.6 *	(0.7—2.6)

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

5.8 Sleep

We asked parents/carers about the duration of their child's sleep each night and compared this with the recommended sleep duration by age. See **Table 32** for the recommended sleep duration for children 0-17 years by age as per the 24-Hour Movement Guidelines.^{7,9}

Table 32: Recommended sleep duration by age for children

	Recommended sleep duration
<1 year	14 to 17 hours
1-2 years	11 to 14 hours
3-5 years	10 to 13 hours
6-13 years	9 to 11 hours
14-17 years	8 to 10 hours

The estimated prevalence of children reported to meet the recommended number of hours of sleep is shown in **Table 33**.

- In 2021, only 43.0% of children aged 0 to 4 years were sleeping the recommended number of hours per night, with children 0 to 4 years significantly less likely to be sleeping the recommended number of hours per night compared to children aged 5 to 9 years and 10 to 15 years (43.0% compared to 86.4% and 67.5%, respectively).
- The prevalence of meeting recommended sleep duration was similar among males and females.

Table 33: Prevalence of children meeting the recommended sleep duration, 0 to 15 years, HWSS 2021

	Meets recommended sleep duration	
	%	95% CI
Age group		
0 to 4 years	43.0	(35.6—50.5)
5 to 9 years	86.4	(80.2—92.5)
10 to 15 years	67.5	(61.1—73.8)
Sex		
Females	63.5	(57.4—69.7)
Males	68.0	(62.4—73.5)
Children	65.8	(61.6—70.0)

Note: See Table 32 for recommended sleep duration based on age guideline definitions

The mean number of hours of sleep reported for children is shown in **Table 34**.

- In 2021, children aged 0 to 15 years slept an average of 9.7 hours.
- Children aged 10 to 15 years slept for a shorter mean duration than children aged 5 to 9 years and children aged 0 to 4 years (8.9 hours compared with 9.9 hours and 10.4 hours, respectively).
- The mean number of hours of sleep was similar among males and females.

Table 34: Mean hours spent sleeping on a usual night, 0 to 15 years, HWSS 2021

	Number of hours spent sleeping	
	Mean	95% CI
Age group		
0 to 4 years	10.4	(10.2—10.6)
5 to 9 years	9.9	(9.8—10.1)
10 to 15 years	8.9	(8.7—9.0)
Sex		
Females	9.6	(9.4—9.8)
Males	9.8	(9.7—10.0)
Children	9.7	(9.6—9.8)

HEALTH SERVICE UTILISATION



6. Health service utilisation

Health services are the ways in which health care is provided to the general population such as through GPs, hospitals, dental, mental and alternative health services. This section will focus on the following:

- Proportion of children using health services
- Mean number of visits to health services

28.7% Western Australian children attended a hospital-based health service at least once in 2021



3.3 average visits to a primary health service for Western Australian children in 2021

Parents/carers were asked whether their child had used a number of common health services such as GPs, hospitals, allied, dental, mental, and alternative health services within the past 12 months.

- Most children (85.4%) aged 0 to 15 years had used a primary health service in the past 12 months.
- Children aged 10 to 15 years were significantly more likely to have utilised allied health services within the past 12 months compared to all children (48.6% compared to 33.2%, respectively).
- Health service visits in the past 12 months were similar among males and females across all types of health services included in this survey.

Table 43: Proportion of children utilising health services in the past 12 months 0 to 15 years, HWSS 2021

	Primary (a)		Hospital-based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group												
0 to 4 years	92.9	(89.6—96.3)	37.1	(29.9—44.3)	17.6	(11.4—23.8)	22.1	(15.2—29.0)	N/A	(N/A—N/A)	2.0 *	(0.1—3.9)
5 to 9 years	85.7	(80.3—91.2)	23.9	(17.6—30.3)	31.5	(24.4—38.7)	88.1	(83.8—92.5)	11.9 *	(6.0—17.9)	3.6 *	(1.2—6.1)
10 to 15 years	78.3	(72.6—84.1)	25.4	(19.2—31.6)	48.6	(41.5—55.8)	88.2	(84.3—92.0)	14.4	(9.8—19.0)	3.9 *	(1.9—5.9)
Sex												
Females	86.5	(82.8—90.3)	22.4	(17.4—27.3)	33.0	(26.9—39.0)	63.1	(57.3—69.0)	7.3	(4.3—10.3)	3.3 *	(1.5—5.0)
Males	84.3	(79.8—88.8)	34.6	(29.0—40.3)	33.4	(27.8—39.0)	70.8	(65.5—76.1)	11.0	(6.8—15.1)	3.2 *	(1.5—4.9)
Children	85.4	(82.4—88.4)	28.7	(24.9—32.5)	33.2	(29.1—37.3)	67.1	(63.1—71.0)	9.2	(6.6—11.8)	3.2	(2.0—4.5)

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

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

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

(b) e.g. overnight stay, emergency department or outpatient.

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

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

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

We asked parents/carers how many times their child had attended each health service in the past 12 months. The mean number of visits to each health service is shown in **Table 44**.

- The mean number of primary health service visits was significantly higher for children aged 0 to 4 years than all children (4.3 mean visits compared to 3.3 visits, respectively).
- The mean number of health service visits was similar among males and females across all types of health services included in this survey.

Table 44: Mean number of visits to health services in the past 12 months 0 to 15 years, HWSS 2021

	Primary (a)		Hospital based (b)		Allied (c)		Dental		Mental (d)		Alternative (e)	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group												
0 to 4 years	4.3	(3.7—4.9)	0.6	(0.5—0.8)	0.9 *	(0.2—1.7)	0.3	(0.2—0.3)	N/A	(N/A—N/A)	N/A	(N/A—N/A)
5 to 9 years	2.8	(2.4—3.2)	0.4	(0.3—0.5)	1.5	(0.8—2.2)	1.4	(1.2—1.5)	0.8 *	(0.3—1.2)	0.1 *	(0.0—0.1)
10 to 15 years	2.9	(2.4—3.3)	0.5	(0.3—0.7)	2.0	(1.3—2.6)	2.0	(1.6—2.3)	1.1	(0.7—1.5)	0.1 *	(0.0—0.1)
Sex												
Females	3.3	(2.9—3.7)	0.4	(0.3—0.5)	1.5	(0.8—2.2)	1.2	(0.9—1.4)	0.5 *	(0.3—0.8)	0.0 *	(0.0—0.1)
Males	3.3	(2.9—3.7)	0.6	(0.5—0.8)	1.5	(1.1—1.9)	1.2	(1.1—1.4)	0.8	(0.5—1.1)	0.1 *	(0.0—0.1)
Children	3.3	(3.0—3.6)	0.5	(0.4—0.6)	1.5	(1.1—1.9)	1.2	(1.1—1.4)	0.7	(0.4—0.9)	0.1	(0.0—0.1)

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

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

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

(b) e.g. overnight stay, emergency department or outpatient.

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

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

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

MENTAL HEALTH



7. Mental health

Positive mental health is essential for the ability of children to thrive and develop, cope with the normal stresses of life and realise their abilities in their progression towards adolescence and into adulthood. Poor mental health may have a substantial impact on child development and wellbeing, with evidence that poor mental wellbeing in childhood can predict the diagnosis of a mental health condition in adolescence and adult life.¹⁰ This section will focus on the following mental health risk factors:

- Trouble with emotions or behaviour
- Treatment for emotional or mental health condition
- Bullying

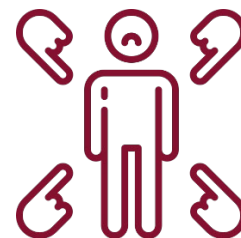
10.7% Western Australian children were reported to have 'quite a lot of trouble' or 'very much' trouble with emotions, concentration, behaviour or getting on with people



30.1% Western Australian children were reported to receive special help for trouble with emotions, concentration, behaviour or getting on with people



12.4% Western Australian children are reported to have received treatment for an emotional or mental health condition



29.4% Western Australian children are reported to have been bullied in the past 12 months

7.1 Trouble with emotions or behaviour

Parents/carers were asked whether their child has trouble with emotions, concentration, behaviour or getting on with people. Trouble with emotions may refer to anxiety or depressive disorders, while trouble with concentration, behaviour or getting on with people may refer to children with conditions such as Attention Deficit Hyperactivity Disorder (ADHD) or other conduct disorders. The prevalence of children who were reported by their parent/carer to experience trouble with emotions or behaviour are shown in **Table 45**.

- Parent/carers of children aged 1 to 4 years were more likely to report no trouble with emotions, concentration, behaviour or getting on with people compared with parents/carers of children aged 5 to 9 years and children aged 10 to 15 years (73.4% compared with 51.3% and 56.0%, respectively).
- The prevalence of trouble with emotions or behaviour in children was similar among males and females.

Table 45: Prevalence of children by overall trouble with emotions, concentration, behaviour or getting on with people, 1 to 15 years, HWSS 2021

	None		Only a little		Quite a lot		Very much	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
1 to 4 years	73.4	(66.3—80.5)	23.2	(16.4—30.0)	2.7 *	(0.1—5.3)	N/A	(N/A—N/A)
5 to 9 years	51.3	(43.8—58.9)	33.4	(26.5—40.4)	10.4	(6.3—14.6)	4.8 *	(0.6—8.9)
10 to 15 years	56.0	(49.1—62.9)	32.3	(25.9—38.7)	7.7	(4.8—10.6)	4.0	(2.1—6.0)
Sex								
Females	64.7	(58.9—70.5)	28.6	(23.1—34.1)	4.4 *	(2.2—6.6)	2.4 *	(0.9—3.9)
Males	54.0	(47.9—60.1)	31.7	(26.2—37.2)	10.0	(6.8—13.1)	4.3 *	(1.5—7.1)
Children	59.1	(54.9—63.4)	30.2	(26.3—34.1)	7.3	(5.3—9.2)	3.4	(1.7—5.0)

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

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

Parents/carers who reported that their child has any trouble with emotions, concentration, behaviour or getting on with people were then asked whether they thought their child needs special help for these troubles (**Table 46**).

- It is estimated that 30.1% of children aged 1 to 15 years needed special help for difficulties relating to emotions, concentration, or behaviour problems.
- Children aged 1 to 4 years were less likely to be reported as needing special help compared with children aged 5 to 9 years and children aged 10 to 15 years (10.4% compared with 34.8% and 34.4%, respectively).
- The estimated proportion of children needing special help was similar among males and females.

Table 46: Prevalence of children who are reported by their parent/carer to need special help for an emotional, concentration, or behavioural problem, 1 to 15 years, HWSS 2021

	Need special help for an emotional, concentration or behavioural problem	
	%	95% CI
Age group		
1 to 4 years	10.4*	(1.0—19.8)
5 to 9 years	34.8	(23.5—46.0)
10 to 15 years	34.4	(25.2—43.7)
Sex		
Females	22.8	(14.9—30.8)
Males	35.5	(26.5—44.6)
Children	30.1	(23.8—36.4)

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

7.2 Treatment for emotional or mental health condition

Table 47 shows the prevalence of children who have ever been treated for an emotional or mental health condition, as reported by a parent/carer.

- Approximately one in eight (12.4%) children aged 1 to 15 years received treatment for an emotional or mental health condition.
- The prevalence of treatment for an emotional or mental health condition was similar among age groups and sexes.

Table 47: Prevalence of children ever treated for an emotional or mental health condition, 1 to 15 years, HWSS 2021

	Ever treated for an emotional or mental health condition	
	%	95% CI
Age group		
1 to 4 years	N/A	(N/A—N/A)
5 to 9 years	11.9*	(6.0—17.9)
10 to 15 years	21.6	(15.5—27.6)
Sex		
Females	8.8	(4.9—12.7)
Males	15.7	(10.8—20.6)
Children	12.4	(9.2—15.6)

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

7.3 Bullying

In the HWSS, bullying is defined as ‘when someone is picked on, hit, kicked, threatened or ignored by other children’. Parents/carers were asked whether their child had been bullied in the past 12 months and whether their child had bullied other children in the past 12 months (**Table 48**).

- Nearly one-third (29.4%) of children had been bullied in the past 12 months and 6.1% were estimated to have bullied.
- The prevalence of children who had been bullied, had bullied, and have both bullied and been bullied were similar among age groups and sexes.

Table 48: Prevalence of children who have been bullied and/or have bullied in the past 12 months, 5 to 15 years, HWSS 2021

	Been bullied in past 12 months		Has bullied in past 12 months		Has both bullied and been bullied in past 12 months	
	%	95% CI	%	95% CI	%	95% CI
Age group						
5 to 9 years	30.9	(23.5—38.2)	7.5 *	(2.5—12.4)	6.1 *	(1.8—10.5)
10 to 15 years	28.1	(21.7—34.4)	4.9 *	(1.3—8.5)	3.1 *	(0.5—5.6)
Sex						
Females	26.0	(19.4—32.6)	2.3 *	(0.3—4.2)	1.6 *	(0.1—3.1)
Males	32.2	(25.3—39.0)	9.3 *	(4.1—14.5)	7.0 *	(2.7—11.3)
Children	29.4	(24.6—34.2)	6.1 *	(3.1—9.1)	4.5 *	(2.1—7.0)

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

SCHOOL CONNECTEDNESS



8. School connectedness

This section will focus on the following:

- Overall school performance
- Attitude toward attending school

71.9% Western Australian children were reported as doing well or very well in school over the past 12 months



65.2% Western Australian children almost always looked forward to going to school each day

8.1 Overall school performance

Parents/carers were asked to rate how well their child was doing in school overall, based on their schoolwork and school reports (**Table 49**).

- An estimated 45.7% of children were doing very well at school and over a quarter (26.2%) were doing well.
- Estimates relating to school performance were similar among age groups and sexes.

Table 49: Prevalence of children by parent/carer reported overall school performance, 5 to 15 years, HWSS 2021

	Very well		Well		Average		Poor or very poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	45.3	(37.7—53.0)	23.8	(17.4—30.2)	26.8	(20.2—33.4)	4.0 *	(1.4—6.7)
10 to 15 years	46.1	(38.9—53.3)	28.3	(22.1—34.6)	20.1	(14.5—25.7)	5.5	(3.2—7.9)
Sex								
Females	48.8	(41.1—56.5)	27.2	(20.6—33.7)	19.4	(13.1—25.6)	4.7 *	(2.2—7.2)
Males	43.2	(36.0—50.4)	25.4	(19.3—31.5)	26.6	(20.6—32.5)	4.9 *	(2.4—7.3)
Children	45.7	(40.5—51.0)	26.2	(21.7—30.6)	23.3	(19.0—27.6)	4.8	(3.0—6.6)

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

8.2 Attitude toward attending school

Parents/carers were asked to rate how often their child looks forward to going to school each day (**Table 50**).

- Two-thirds (65.2%) of children almost always looked forward to going to school each day.
- Estimates relating to how frequently children look forward to school were similar among age groups and sexes.

Table 50: Prevalence of children by frequency of looking forward to going to school each day, 5 to 15 years, HWSS 2021

	Almost never or rarely		Sometimes		Often		Almost always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
5 to 9 years	3.3 *	(0.9—5.8)	6.8	(3.6—10.1)	18.4	(11.9—25.0)	71.4	(64.3—78.5)
10 to 15 years	7.2	(3.8—10.6)	14.0	(9.5—18.5)	19.1	(13.6—24.6)	59.7	(52.8—66.5)
Sex								
Females	5.4 *	(1.8—8.9)	8.3	(4.3—12.3)	19.6	(13.0—26.2)	66.7	(59.3—74.2)
Males	5.4	(2.8—7.9)	12.5	(8.4—16.6)	18.1	(12.6—23.7)	64.0	(57.4—70.6)
Children	5.4	(3.2—7.5)	10.6	(7.7—13.5)	18.8	(14.5—23.0)	65.2	(60.3—70.2)

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

FAMILY FUNCTIONING



9. Family functioning

How well a family functions affects the health and wellbeing of children within the family. Family functioning affects many aspects of family life, including the degree of agreement on decisions, acceptance of individuals, the ability to solve day-to-day problems and communication.¹¹

92.9% Western Australian children live in families that disagree or strongly disagree that their family does not usually get along

89.9% Western Australian children live in families that disagree or strongly disagree that planning family activities is usually difficult



89.1% Western Australian children live in families that disagree or strongly disagree that their family avoids discussing concerns

13.9% Western Australian children were estimated to be in a family with poor family functioning in 2021

The questions used in the HWSS to report on family functioning are taken from the McMaster Family Functioning Scale, comprising 12 questions.¹² Four questions were identified as sufficient to assess family functioning within a population.^{1a} The questions are stated in the negative and reverse scored to assess overall family functioning. The first question relating to family function is about the family not usually getting along (**Table 51**).

- Approximately two in three (65.2%) children were estimated to live in a family where it was strongly disagreed that the family does not usually get on well.
- The estimates of whether the family does not usually get on well together were similar among age groups and sexes.

Table 51: Prevalence of children by whether their family usually does not get on well together, 0 to 15 years, HWSS 2021

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	8.0 *	(2.8—13.2)	22.5	(16.3—28.7)	69.5	(62.3—76.8)
5 to 9 years	8.8 *	(3.0—14.6)	30.9	(24.0—37.8)	60.3	(52.7—67.9)
10 to 15 years	4.7	(2.4—7.0)	29.5	(23.0—36.0)	65.8	(59.1—72.5)
Sex						
Females	7.4 *	(3.7—11.0)	28.0	(22.5—33.4)	64.7	(58.7—70.6)
Males	6.8 *	(2.9—10.7)	27.4	(22.2—32.7)	65.8	(59.9—71.6)
Children	7.1	(4.4—9.7)	27.7	(23.9—31.5)	65.2	(61.1—69.4)

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

^{1a} The analysis of the McMaster instrument was undertaken by Professor Stephen Zubrick of the Telethon Kids Institute, whom the authors gratefully acknowledge.

The second question asked parents/carers whether planning family activities is usually difficult (**Table 52**).

- Approximately one in ten (10.1%) children were estimated to live in a family where it was strongly agreed or agreed that planning family activities was usually difficult.
- Estimates of whether planning family activities was usually difficult were similar among age groups and sexes.

Table 52: Prevalence of children by whether planning family activities is usually difficult, 0 to 15 years, HWSS 2021

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	5.1 *	(0.3—9.8)	34.9	(27.4—42.4)	60.0	(52.3—67.8)
5 to 9 years	11.5	(7.1—15.9)	41.9	(34.3—49.5)	46.6	(39.0—54.2)
10 to 15 years	13.5	(9.4—17.6)	41.4	(34.3—48.4)	45.2	(38.0—52.3)
Sex						
Females	9.9	(6.7—13.1)	39.3	(33.1—45.5)	50.7	(44.5—56.9)
Males	10.4	(6.5—14.2)	39.6	(33.7—45.5)	50.0	(44.0—56.0)
Children	10.1	(7.6—12.7)	39.5	(35.2—43.7)	50.4	(46.1—54.7)

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

The third question asked parents/carers whether their family usually avoid discussing their fears and concerns openly with each other (**Table 53**).

- One in ten (10.8%) children were estimated to live in a family where the family usually avoided discussing fears and concerns openly with each other.
- Estimates relating to whether the family usually avoided discussing their fears and concerns openly with each other were similar among age groups and sexes.

Table 53: Prevalence of children by whether their family usually avoid discussing fears and concerns openly with each other, 0 to 15 years, HWSS 2021

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	9.5 *	(4.1—15.0)	40.4	(32.8—48.1)	50.0	(42.3—57.7)
5 to 9 years	10.3 *	(4.5—16.2)	32.6	(25.9—39.3)	57.1	(49.5—64.6)
10 to 15 years	12.5	(7.7—17.2)	40.5	(33.4—47.5)	47.1	(40.0—54.1)
Sex						
Females	10.7	(6.5—14.8)	40.4	(34.2—46.5)	48.9	(42.8—55.1)
Males	11.0	(6.5—15.5)	35.6	(30.0—41.2)	53.4	(47.4—59.4)
Children	10.8	(7.8—13.9)	37.9	(33.8—42.1)	51.2	(46.9—55.6)

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

The fourth question asked parents/carers whether making decisions is usually a problem in the family because they misunderstand each other (**Table 54**).

- Less than one in ten (7.7%) children were estimated to live in a family where making decisions within the family is usually a problem because they misunderstand each other.
- Estimates relating to problems with decision making because the family misunderstands each other were similar among age groups and sexes.

Table 54: Prevalence of children by whether making decisions within their family is usually a problem because they misunderstand each other, 0 to 15 years, HWSS 2021

	Strongly agree / Agree		Disagree		Strongly disagree	
	%	95% CI	%	95% CI	%	95% CI
Age group						
0 to 4 years	N/A	(N/A—N/A)	39.4	(31.8—47.0)	56.8	(49.0—64.6)
5 to 9 years	8.2	(4.5—12.0)	43.4	(35.6—51.1)	48.4	(40.8—56.0)
10 to 15 years	10.5	(6.3—14.7)	38.5	(31.6—45.4)	51.0	(43.8—58.1)
Sex						
Females	6.8	(3.9—9.8)	41.7	(35.5—47.9)	51.5	(45.3—57.7)
Males	8.5	(4.7—12.2)	39.1	(33.2—45.0)	52.4	(46.4—58.5)
Children	7.7	(5.3—10.0)	40.4	(36.1—44.6)	52.0	(47.7—56.3)

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

The four questions were reverse-scored and added together to get an indication of the level of functioning within families. A total score of 2.25 or less is defined as poor family functioning. The cut-off score was provided by Professor Zubrick of the Telethon Kids Institute, as part of his work on reducing the McMaster Family Functioning Scale for use in a population-based child health survey. The results are shown in **Table 55**.

- In 2021, 13.9% of Western Australian children were estimated to live in a family with poor family function.
- The estimated prevalence of poor family functioning was similar among age groups and sexes.

Table 55: Prevalence of children with poor family functioning, 0 to 15 years, HWSS 2021

	Poor family functioning	
	%	95% CI
Age group		
0 to 4 years	8.8	(3.5—14.1)
5 to 9 years	15.9	(9.5—22.4)
10 to 15 years	16.6	(11.8—21.5)
Sex		
Females	14.9	(10.4—19.4)
Males	13.0	(8.5—17.4)
Children	13.9	(10.7—17.1)

RESPONDENT FOR CHILD



10. Respondent for child

In addition to information regarding the child, demographic, social and psychosocial information about the parent/carer responding on behalf of the child is also collected. The information relating to the children has been weighted to the age and sex distribution of Western Australia's child population. However, data relating to the respondent for the child has not been weighted given these estimates are not meant to be reflective of the child population.

10.1 General health

Table 56 shows the respondents' self-reported general health status.

- Nearly two-thirds (62.9%) of parents/carers reported themselves to be in excellent or very good general health.
- Self-reported general health status was similar among parents/carers of children of different age groups and sexes.

Table 56: General health of respondent, HWSS 2021

	Excellent		Very good		Good		Fair / Poor	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group								
0 to 4 years	24.5	(18.9—30.0)	46.4	(39.9—52.8)	24.0	(18.5—29.5)	5.2 *	(2.3—8.0)
5 to 9 years	20.5	(15.6—25.5)	39.1	(33.2—45.1)	32.2	(26.5—37.9)	8.1	(4.8—11.5)
10 to 15 years	21.4	(17.2—25.6)	38.6	(33.6—43.6)	29.3	(24.6—34.0)	10.7	(7.5—13.9)
Sex								
Females	24.5	(20.3—28.7)	41.5	(36.7—46.3)	26.3	(21.9—30.6)	7.8	(5.1—10.4)
Males	19.7	(16.1—23.4)	40.4	(35.8—44.9)	30.9	(26.7—35.2)	9.0	(6.4—11.6)
Children	22.0	(19.2—24.7)	40.9	(37.6—44.2)	28.7	(25.7—31.8)	8.4	(6.5—10.3)

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

10.2 Mental health

Parent/carer were asked whether a doctor had diagnosed them with depression, anxiety, stress or any other mental health problem during the past 12 months and whether they were currently receiving treatment for such a problem. The prevalence of respondent mental health conditions is shown in **Table 57**.

- Approximately one in five (20.8%) respondents reported being diagnosed with depression, anxiety, stress or another mental health condition in the past 12 months.
- Approximately one in six (17.4%) respondents were currently receiving treatment for a mental health condition.
- The prevalence receiving treatment for a mental health condition was similar among parents/carers of children of different age groups and sexes.

Table 57: Mental health of respondent, HWSS 2021

	Respondent mental health condition in the past 12 months (a)		Respondent currently receiving treatment (b)	
	%	95% CI	%	95% CI
Age group				
0 to 4 years	23.5	(18.0—29.0)	18.7	(13.6—23.7)
5 to 9 years	21.7	(16.6—26.7)	17.3	(12.6—21.9)
10 to 15 years	18.6	(14.6—22.6)	16.7	(12.9—20.5)
Sex				
Females	20.7	(16.7—24.6)	17.6	(13.9—21.4)
Males	21.0	(17.3—24.8)	17.2	(13.7—20.7)
Children	20.8	(18.1—23.6)	17.4	(14.9—20.0)

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

(b) Currently receiving treatment for a mental health problem ever diagnosed.

10.3 Lack of control

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their life in general (**Table 58**).

- Less than half (39.5%) of respondents reported never feeling lack of control over life in general, while nearly a third (29.2%) felt a lack of control rarely and approximately one in five (22.7%) felt a lack of control over life in general sometimes.
- Estimates for lack of control over life in general were similar among parents/carers of children of different age groups and sexes.

Table 58: Lack of control over life in general during past four weeks, respondent for child, HWSS 2021

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	36.1	(29.9—42.2)	31.8	(25.8—37.8)	22.7	(17.3—28.1)	9.0	(5.3—12.7)	N/A	(N/A—N/A)
5 to 9 years	35.0	(29.2—40.9)	32.7	(26.9—38.4)	25.3	(20.0—30.6)	6.2	(3.3—9.2)	N/A	(N/A—N/A)
10 to 15 years	44.9	(39.8—50.0)	25.2	(20.7—29.7)	20.8	(16.6—25.0)	7.7	(4.9—10.4)	1.4 *	(0.2—2.6)
Sex										
Females	38.1	(33.3—42.9)	31.8	(27.2—36.4)	21.3	(17.3—25.3)	7.3	(4.7—9.8)	1.5 *	(0.3—2.7)
Males	40.8	(36.3—45.3)	27.0	(22.9—31.1)	23.9	(20.0—27.8)	7.9	(5.4—10.4)	N/A	(N/A—N/A)
Children	39.5	(36.2—42.8)	29.2	(26.2—32.3)	22.7	(19.9—25.5)	7.6	(5.8—9.4)	0.9 *	(0.3—1.6)

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

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

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their personal life (**Table 59**).

- Less than half (42.3%) of respondents reported never feeling a lack of control over their personal life, while nearly a third (30.3%) felt a lack of control rarely and approximately one in five (21.2%) felt a lack of control over their personal life sometimes.
- Estimates for lack of control over personal life were similar among parents/carers of children of different age groups and sexes.

Table 59: Lack of control over personal life during past four weeks, respondent for child, HWSS 2021

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	40.3	(34.0—46.6)	30.9	(25.0—36.8)	21.9	(16.6—27.2)	6.0 *	(3.0—9.1)	N/A	(N/A—N/A)
5 to 9 years	38.9	(32.9—44.9)	31.9	(26.2—37.6)	23.7	(18.5—29.0)	4.7 *	(2.1—7.3)	N/A	(N/A—N/A)
10 to 15 years	45.9	(40.7—51.0)	28.8	(24.2—33.5)	19.0	(14.9—23.0)	5.2	(2.9—7.5)	1.1 *	(0.0—2.2)
Sex										
Females	42.0	(37.1—46.8)	29.1	(24.7—33.6)	22.9	(18.7—27.0)	4.5	(2.5—6.6)	1.5 *	(0.3—2.7)
Males	42.5	(38.0—47.1)	31.4	(27.1—35.6)	19.7	(16.1—23.4)	5.9	(3.8—8.1)	N/A	(N/A—N/A)
Children	42.3	(39.0—45.6)	30.3	(27.2—33.4)	21.2	(18.4—23.9)	5.3	(3.8—6.8)	0.9 *	(0.3—1.6)

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

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

Respondents were asked to rate how often during the past four weeks they felt a lack of control over their health (**Table 60**).

- Less than half (39.5%) of respondents reported never feeling a lack of control over their health, while nearly a third (30.3%) felt a lack of control rarely and approximately one in five (22.9%) felt a lack of control over their health sometimes.
- Estimates for lack of control over health were similar among parents/carers of children of different age groups and sexes.

Table 60: Lack of control over health during past four weeks, respondent for child, HWSS 2021

	Never		Rarely		Sometimes		Often		Always	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Age group										
0 to 4 years	37.8	(31.5—44.0)	33.5	(27.4—39.6)	22.7	(17.4—28.1)	5.6 *	(2.6—8.5)	N/A	(N/A—N/A)
5 to 9 years	39.7	(33.7—45.7)	31.9	(26.2—37.6)	20.6	(15.7—25.6)	6.6	(3.6—9.7)	N/A	(N/A—N/A)
10 to 15 years	40.5	(35.5—45.6)	27.1	(22.6—31.7)	24.7	(20.2—29.1)	5.5	(3.1—7.8)	2.2 *	(0.7—3.7)
Sex										
Females	41.6	(36.8—46.4)	30.3	(25.8—34.8)	20.1	(16.1—24.0)	6.5	(4.1—8.9)	1.5 *	(0.3—2.7)
Males	37.7	(33.3—42.2)	30.3	(26.0—34.5)	25.4	(21.4—29.4)	5.3	(3.2—7.3)	1.3 *	(0.3—2.4)
Children	39.5	(36.2—42.8)	30.3	(27.2—33.4)	22.9	(20.1—25.7)	5.8	(4.3—7.4)	1.4 *	(0.6—2.2)

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

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

10.4 Partner of respondent for child

The demographic characteristics of the child respondent's partner and unweighted proportions are shown below in **Table 61**.

Table 61: Demographic characteristics of respondent's partner, HWSS 2021

	Unweighted sample (n)	Unweighted per cent (%)
Australian born		
Yes	522	68.9
No	236	31.1
Aboriginal or Torres Strait Islander		
Yes	16	2.1
No	742	97.9
Highest level of education		
Less than Year 10	7	0.9
Year 10 or Year 11	42	5.6
Year 12	83	11.0
TAFE/Trade qualification	340	45.0
Tertiary degree or equivalent	284	37.6
Employment status		
Employed	679	89.6
Unemployed	16	2.1
Engaged in home duties	38	5.0
Retired	13	1.7
Unable to work	3	0.4
A Student	7	0.9
Other	2	0.3

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