

6 Deaths

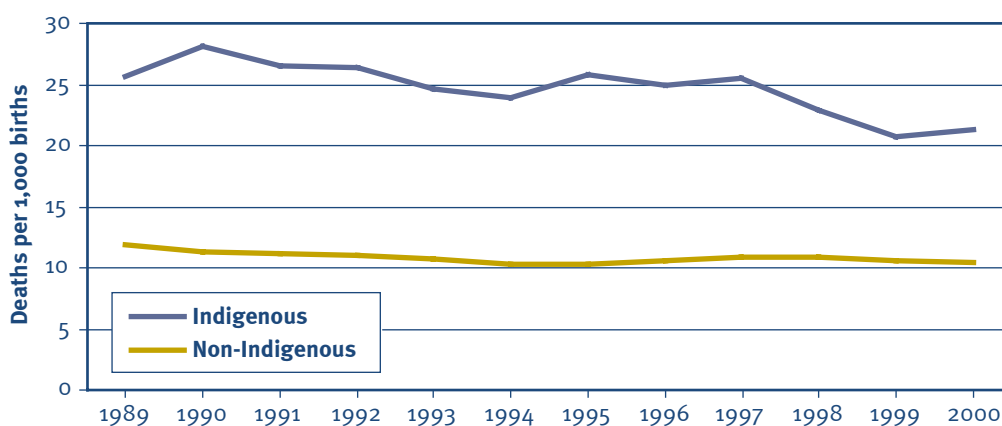
The number of deaths of children and young people in Queensland each year is relatively small, and year to year variations in numbers can cause large changes in mortality rates which may not be a good indication of changing trends. For this reason, mortality rates reported in this chapter are rolling averages, that is, they are based on annual averages over three years. For example, mortality rates for 2001 are average rates from the years 1999, 2000 and 2001. In the section on suicide, the data by Indigenous status have been averaged over five years.

The Registrar-General of Births Deaths and Marriages, Queensland, has only included an Indigenous Identifier on death certificates since 1996. While the level of completeness of the Indigenous Identifier has steadily improved since then, ABS has estimated the level for 2001 at 56%. Consequently, there is under-reporting of Indigenous status in Queensland death records, and mortality rates for Indigenous people are likely to be underestimated.

Trends in deaths of children and young people

Stillbirths and deaths within the first 28 days after birth (perinatal deaths) of Indigenous babies occur at twice the rate of that for non-Indigenous babies. Although the Indigenous perinatal mortality rate has decreased from 28 per 1,000 births in 1988-1990 to 21 per 1,000 in 1998-2000, it is still well above the non-Indigenous rate of 10 per 1,000 in 1998-2000 (Figure 6.1).

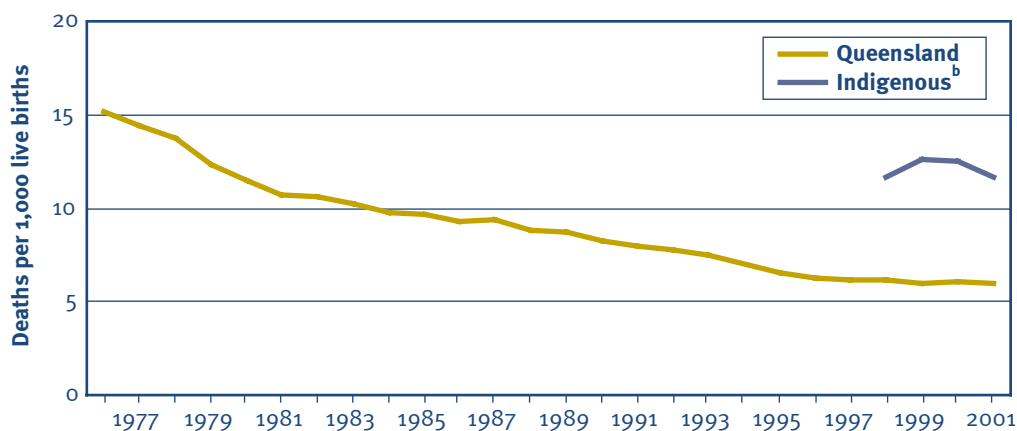
Figure 6.1 Perinatal mortality rate^a by Indigenous status, Queensland, 1989 to 2000



Note: Years stated refer to three-year rolling averages at year's end.
a. Stillbirths and deaths within the first 28 days of life per 1,000 births.
Source: Queensland Health, Perinatal Data Collection

Death rates in the first year of life have decreased steadily in recent decades in Australia (Figure 6.2). The infant mortality rate in Queensland decreased from 15 deaths per 1,000 live births in 1976 to six deaths per 1,000 in 2001. From 1998 to 2001, the Indigenous infant mortality rate was twice that of the general population, at 12 deaths per 1,000.

Figure 6.2 Infant mortality rate^a by Indigenous status, Queensland, 1976 to 2001



Note: Years stated refer to three-year rolling averages at year's end.

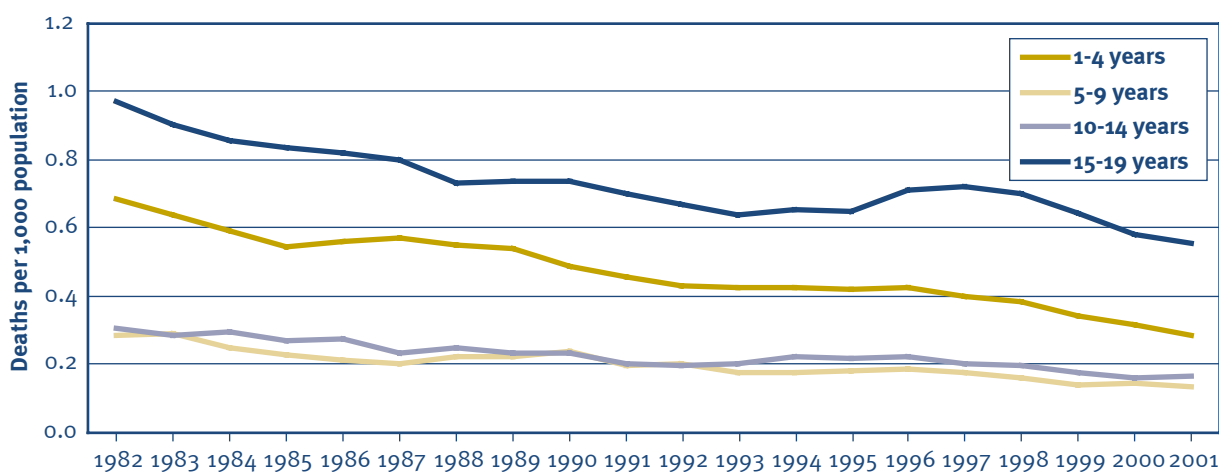
a. Deaths in the first year of life per 1,000 live births.

b. Mortality rates for Indigenous people are likely to be underestimated.

Source: ABS, Australian Demographic Trends 1997, cat. no. 3102.0; ABS, Deaths, Australia, cat. no. 3302.0

As for infants, mortality rates for children and young people have generally decreased in the last 20 years (Figure 6.3). Of those aged 1 to 19 years, mortality rates were highest for young people aged 15 to 19 years (0.56 deaths per 1,000 population in 1999–2001) compared to 1 to 4 years (0.29 per 1,000), 5 to 9 years (0.14 per 1,000) and 10 to 14 years (0.17 per 1,000).

Figure 6.3 Mortality rate^a by age, Queensland, 1982 to 2001



Note: Years stated refer to three-year rolling averages at year's end.

a. Deaths per 1,000 population.

Source: ABS, Deaths, Australia, cat. no. 3302.0; ABS, Estimated Resident Population, cat. no. 3201.0

Between 1997 and 2001 there were 118 deaths of Indigenous children and young people aged 1 to 17 years in Queensland, a mortality rate of 0.48 per 1,000 (based on Census 2001), twice the rate for the non-Indigenous population of 1 to 17 year olds in Queensland (0.23 deaths per 1,000) (ABS, unpublished data).

Cause of death

The International Classification of Diseases, tenth revision (ICD-10-AM), has been used in this report to classify causes of death.

For children under the age of five, the leading causes of death were conditions originating in the perinatal period (causing 38% of deaths between 1999 and 2001) and congenital malformations, deformations and chromosomal abnormalities (25% of deaths) (Table 6.1).

Conditions which originate in the perinatal period (pregnancy and the first 28 days after birth) include causes that relate to pregnancy, foetal growth, labour and delivery. Congenital malformations are conditions that are present at birth and are either hereditary or originating from pregnancy, and include deformities and chromosomal abnormalities. Almost all deaths from these two causes occur in the first year of life (ABS, 2002c).

A further 12% of deaths of children aged under five were due to external causes (i.e. deaths from accidents, poisonings and violence), and 9% were due to sudden infant death syndrome (SIDS).

The majority of deaths of children and young people over the age of five are due to external causes, accounting for 73% of deaths of 15 to 19 year olds, 48% for 10 to 14 year olds and 42% for 5 to 9 year olds. Malignant neoplasms (cancer) accounted for 11% of deaths of 5 to 19 year olds and diseases of the nervous systems accounted for 8%.

There were more deaths of males than females across all age groups in the three years to 2001, particularly for deaths due to external causes. The disparity was most marked in deaths of 15 to 19 year olds, where there were three times as many male deaths due to external causes as female, predominantly from transport accidents and suicide.

Table 6.1 Leading causes of death by age and sex, Queensland, 1999 to 2001

Cause of death and ICD code	1999		2000		2001	
	Males	Females	Males	Females	Males	Females
	Number					
0-4 years	189	139	174	165	203	138
Certain conditions originating in the perinatal period (P00-P96)	61	46	68	66	87	58
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	54	39	42	42	43	31
External causes of morbidity and mortality (V01-Y98)	26	21	26	11	22	12
Accidental drowning and submersion (W65-W74)	11	5	16	3	5	5
Transport accidents (V01-V99)	4	7	2	2	5	3
Sudden infant death syndrome	21	11	19	18	16	13
5-9 years	16	15	25	15	19	16
External causes of morbidity and mortality (V01-Y98)	7	5	13	4	8	7
Transport accidents (V01-V99)	3	3	7	—	3	4
Malignant neoplasms (C00-C97)	4	4	5	4	3	4
Diseases of the nervous system (G00-G99)	1	4	3	4	4	3
10-14 years	24	21	20	15	35	15
External causes of morbidity and mortality (V01-Y98)	12	9	11	7	18	5
Transport accidents (V01-V99)	6	4	5	3	10	1
Malignant neoplasms (C00-C97)	4	2	3	1	6	3
Diseases of the nervous system (G00-G99)	1	4	3	—	2	1
15-19 years	116	40	96	43	106	30
External causes of morbidity and mortality (V01-Y98)	85	23	75	28	83	20
Transport accidents (V01-V99)	39	12	34	13	46	11
Suicide (X60-X84)	26	2	26	11	26	5
Malignant neoplasms (C00-C97)	10	7	5	2	6	2
Diseases of the nervous system (G00-G99)	8	—	7	1	6	2

— Nil

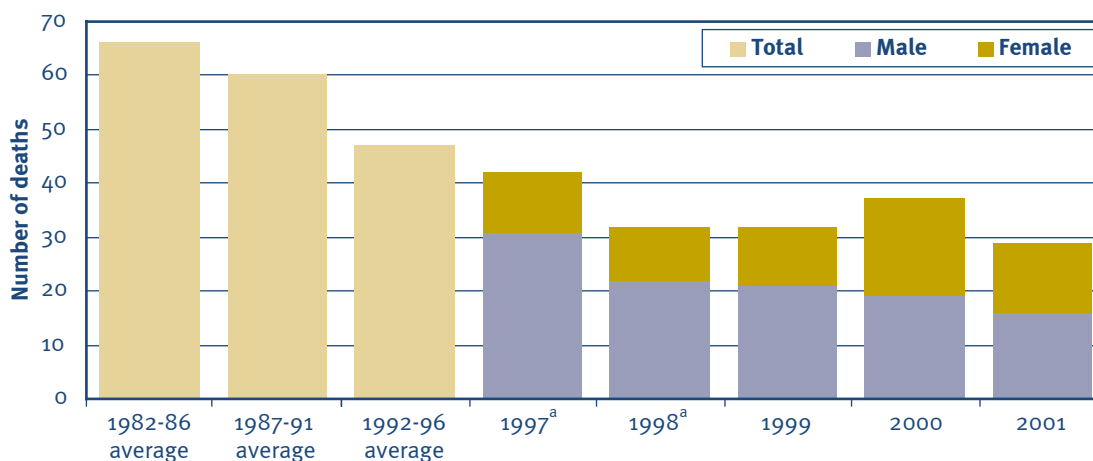
Source: ABS, Deaths collection

Sudden Infant Death Syndrome (SIDS)

Although deaths from SIDS have decreased since the late 1980s, they still made up 10% of all deaths of children under one year of age in 2001 (ABS, 2002c, p. 18) (Figure 6.4).

A national health education campaign in 1990 highlighted risk factors such as sleeping position, feeding practices and exposure to passive smoking (ABS, 2002a, p. 93) which have contributed to the decline in SIDS rates in Australia.

Figure 6.4 Sudden Infant Death Syndrome for infants under 1 year by sex, Queensland, 1982 to 2001



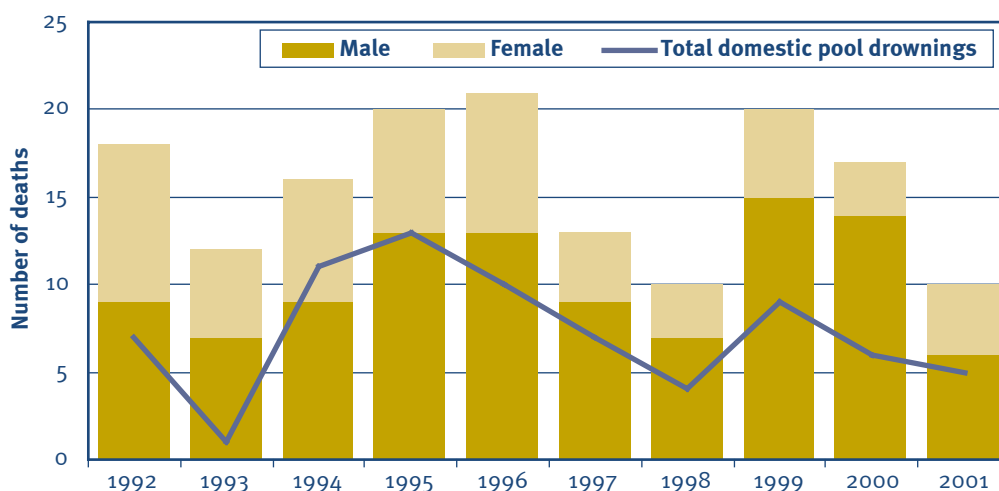
a. Data relates to sudden death, cause unknown (798 - ICD Revision 9).

Source: ABS, Deaths Australia cat. no. 3302.0; ABS, Causes of infant and child deaths, 1982-96, cat. no. 4398.0

Drowning

In the last ten years there have been between 10 and 21 deaths of children under five each year due to drowning (Figure 6.5). Uniform pool fencing legislation was introduced in Queensland in February 1992, and has been shown to be effective in reducing pool drownings of young children (Cunningham, Hockey, Pitt & Miles, 2002).

Figure 6.5 Drowning deaths of children aged 0-4 years, Queensland, 1992 to 2001



Note: These data differ from ABS data as they are based on date of immersion rather than the date of death registration. Thus deaths from medical complications of near drowning are included in the year in which the immersion incident occurred.

Source: Queensland Injury Surveillance Unit and Queensland Council on Obstetric and Paediatric Morbidity and Mortality

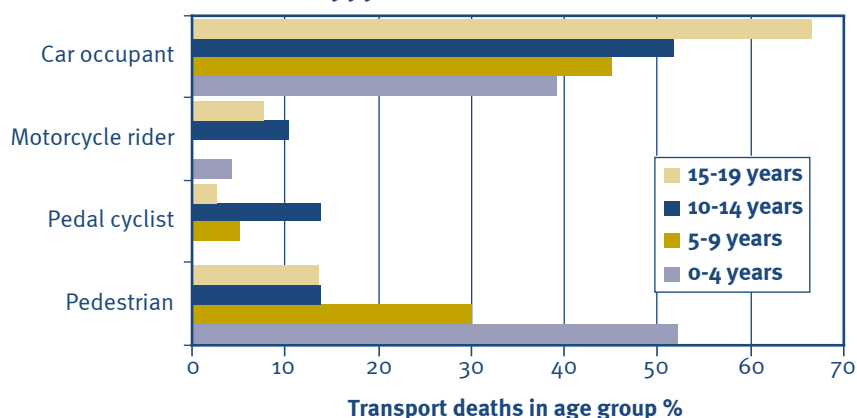
In the five years prior to the introduction of the legislation, around 13 children aged under five drowned in swimming pools each year, compared with an annual average of six deaths between 1997 and 2001. This was despite the rapid increase in domestic pool ownership. Between 1991 and 2002, it is estimated that the number of swimming pools and outdoor spas had more than doubled (Department of Local Government and Planning, 2003⁵⁹).

A 2001 survey on safety in the home in Queensland found that there were swimming pools or outdoor spas in 21% of all households and 24% of households where young children lived or visited regularly (ABS, 2002i).

Transport accidents

The majority of transport deaths of children and young people are among 15 to 19 year olds killed in car accidents (Table 6.1). However, for under five year olds, in just over half of the transport deaths in the three years to 2001, the child was a pedestrian (Figure 6.6). Low speed driveway run-overs accounted for around half of all pedestrian deaths of under fives from 1994 to 2000 (Hockey, Pitt & Miles, 2003).

Figure 6.6 Deaths in transport accidents by person injured by age, Queensland, 1999–2001

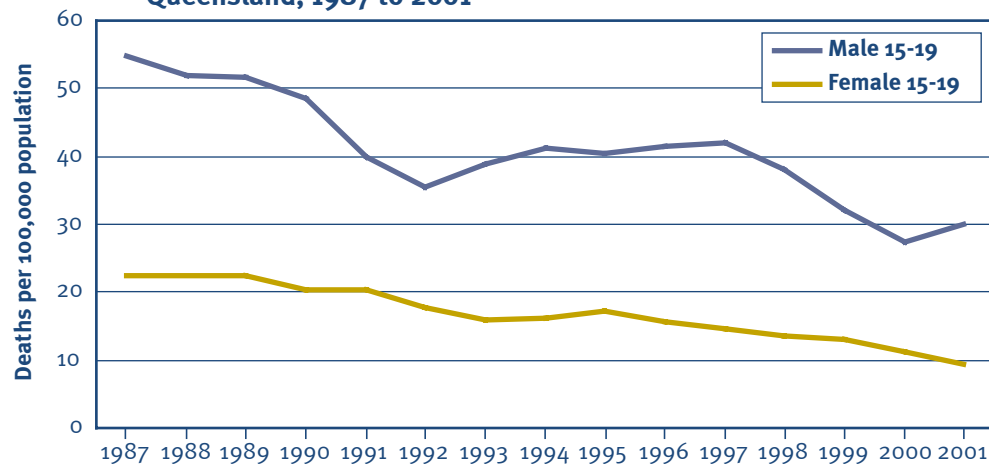


Source: ABS, Deaths collection

As for the trend in transport mortality rates in the general population, transport accident deaths of young people have decreased since the 1980s. Reductions can be attributed to various road safety programs on the compulsory wearing of seat belts, random breath testing and speed cameras as well as improved safety features in vehicles.

However young people, particularly males, continue to be in one of the highest risk groups, with an average annual rate of 30 deaths per 100,000 among 15 to 19 year old males in the period from 1999 to 2001, compared to 15 deaths per 100,000 males in the total Queensland population in 2000 (Queensland Treasury, 2002).

Figure 6.7 Transport accident mortality rate^a 15 to 19 year olds by sex, Queensland, 1987 to 2001



Note: Years stated refer to three-year rolling averages at year's end.

a. Transport deaths per 100,000 population.

Source: ABS, Deaths collection (unpublished data); ABS, Estimated Resident Population, cat. no. 3201.0

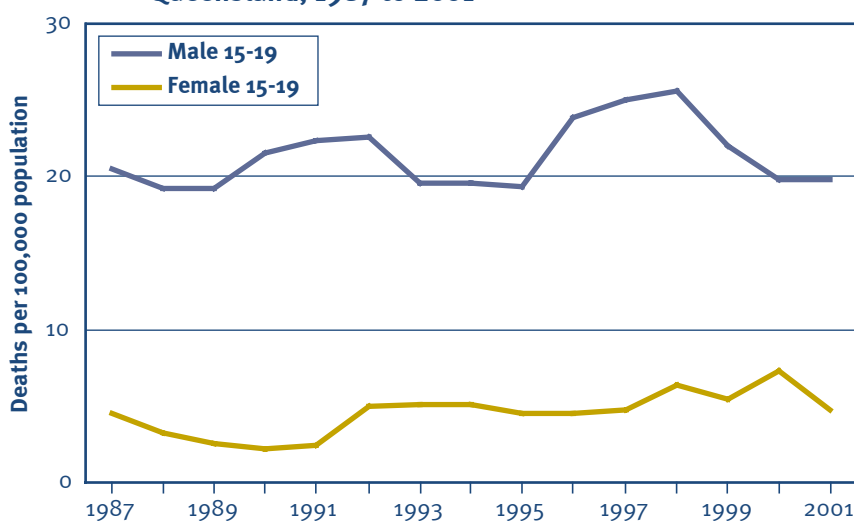
⁵⁹ Retrieved February 12, 2004 from <http://www.poolfencing.qld.gov.au/public/content7.html>

Suicide

Young men suicide at around four times the rate for young women. In the three years to 2001, the suicide rate was 20 per 100,000 males aged 15 to 19 compared to 5 per 100,000 for females aged 15 to 19 (Figure 6.8).

Indigenous young people had suicide rates at least six times higher than the state average based on data from 1997 to 2001 (Figure 6.9).

Figure 6.8 Suicide mortality rate^a 15 to 19 year olds by sex, Queensland, 1987 to 2001

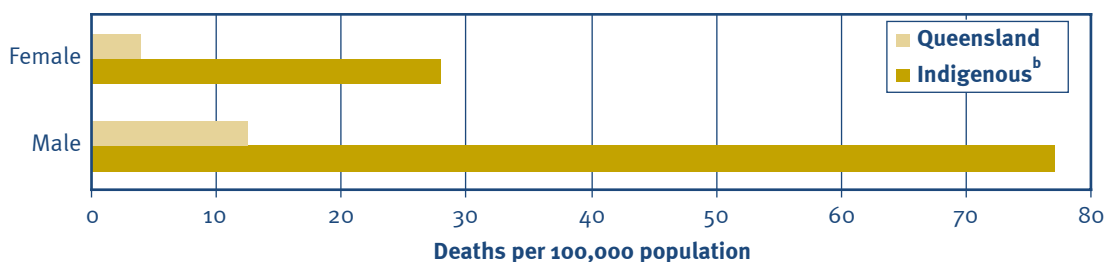


Note: Years stated refer to three-year rolling averages at year's end.

a. Suicide deaths per 100,000 population.

Source: ABS, Deaths collection (unpublished data); ABS, Causes of Death: Suicide Deaths 1997 to 2001, cat. no. 3303.0; ABS, Estimated Resident Population, cat. no. 3201.0

Figure 6.9 Suicide rate^a 15 to 17 year olds by sex by Indigenous status, Queensland, 1997–2001



Note: Rate based on average annual deaths 1997 to 2001 and population in 2001.

a. Suicide deaths per 100,000 population.

b. Mortality rates for Indigenous people are likely to be underestimated.

Source: ABS, Deaths collection (unpublished data); ABS, Census 2001: Indigenous Profiles

Final comments

Improvements in medical treatment, in motor vehicle and pool safety, in the availability of immunisation, and in our understanding of factors which reduce SIDS have seen mortality rates decreasing in recent decades.

Continued efforts to increase pool fencing compliance are necessary, especially considering the large increase in numbers of domestic swimming pools and spas in Queensland.

Although mortality rates for young people are generally declining, the higher incidence in young males is still an issue.

Mortality rates for Indigenous children and young people are much higher than in the general population, and are probably higher than the available data indicate. This continues to be a matter of concern.

The CMC report *Protecting children: an inquiry into abuse of children in foster care* released in January 2004 made recommendations around child deaths in Queensland which include the establishment of a Child Death Review Committee and a Child Death Research Unit within the Commission for Children and Young People. In future years, the Commission will report annually to Parliament about child deaths in Queensland, and will include more information about this in future Snapshot reports.