

Disability

The 2003 Survey of Disability, Ageing and Carers (ABS, 2004d) estimated that in Queensland, around one in 10 children and young people aged over 4 years had a disability (Table 5.2).

Boys were more likely to have a disabling condition in the 5 to 14 year age group, with 12% affected compared to 8% of girls.

Of children aged 5 to 14, 7% had a profound or severe level of core activity limitation (i.e. they needed help with one or more self-care, mobility or communication activities), and 8% had a restriction affecting schooling.

Table 5.2 Children and young people with disability by sex and type of restriction, Queensland, 2003

| | Under 5 | 5-14 | 15-24 | Under 5 | 5-14 | 15-24 |
|--|----------------|----------------|----------------|------------------------------|--------------|--------------|
| | Number | | | Per cent of population group | | |
| All with disability | | | | | | |
| Male | *3700 | 31,300 | 31,200 | *3.0 | 11.6 | 11.3 |
| Female | *5200 | 20,700 | 34,700 | *4.4 | 8.1 | 13.2 |
| Total^a | *8900 | 52,000 | 65,800 | *3.7 | 9.9 | 12.2 |
| Type of disability | | | | | | |
| With disability ^b | *8900 | 52,000 | 65,800 | *3.7 | 9.9 | 12.2 |
| [Core activity limitation ^c] | *5000 | 38,500 | 39,600 | *2.1 | 7.3 | 7.3 |
| [School or employment restriction ^c] | . . | 41,800 | 43,100 | . . | 7.9 | 8.0 |
| [Without specific restriction] | *3900 | *5200 | 15,400 | *1.6 | *1.0 | 2.9 |
| Without disability | 233,900 | 474,400 | 473,500 | 96.3 | 90.1 | 87.8 |
| Total^a | 242,800 | 526,400 | 539,400 | 100.0 | 100.0 | 100.0 |

* Estimate has a relative standard error of between 25% and 50% and should be used with caution.

. . Not applicable.

a. Components may not add to total due to rounding.

b. Includes those who do not have a specific limitation or restriction.

c. Core activities comprise communication, mobility and self care. Persons may have both a core activity and a school or employment restriction.

Source: ABS, *Disability, Ageing and Carers, Australia: Summary of Findings, Queensland, 2003, cat. no. 4430.0*

Disability Services Queensland maintains a register of people who have identified a need for specialist disability support services. The data collected relate only to people who have registered for individual funding packages, and include both funded and non-funded applicants.

The number of people aged 0 to 17 years with a disability who registered a need for support increased from 2767 in 2002-03 to 3247 in 2003-04 (Disability Services Queensland). It is possible that increased awareness of the register could account for a part of the increase.

Hospitalisation

The leading causes of morbidity for children and young people between 2001-02 and 2003-04 are listed in Table 5.3, based on hospital separations (a hospital transfer, discharge or death). The information is illustrated in Figures 5.7 and 5.8.

Table 5.3 Leading causes^a of hospitalisation by age, Queensland, 2001-02 to 2003-04

| | Under 1 year | 1-4 years | 5-9 years | 10-14 years | 15-19 years | | | | |
|--|--------------------------|--|--------------------------|--|--------------------------|--|------|--|------|
| | Rate per 1000 population | Rate per 1000 population | Rate per 1000 population | Rate per 1000 population | Rate per 1000 population | | | | |
| Originating in the perinatal period | 180.3 | Respiratory system | 42.9 | Injury (external causes) | 21.6 | Injury (external causes) | 23.7 | Pregnancy & childbirth ^b | 56.1 |
| Respiratory system | 74.1 | Injury (external causes) | 28.5 | Respiratory system | 15.2 | Digestive system | 11.1 | Injury (external causes) | 33.1 |
| Factors influencing health status ^c | 39.2 | Infectious | 19.5 | Digestive system | 13.4 | Respiratory system | 7.2 | Digestive system | 25.8 |
| Infectious | 34.6 | Digestive system | 17.3 | Diseases of the ear & mastoid process | 7.2 | Factors influencing health status ^c | 5.3 | Factors influencing health status ^c | 10.4 |
| Symptoms, signs & abnormal findings ^d | 32.8 | Diseases of the ear & mastoid process | 13.5 | Factors influencing health status ^c | 6.2 | Symptoms, signs & abnormal findings ^d | 4.8 | Mental & behavioural disorders | 9.7 |
| Congenital malformations | 30.1 | Factors influencing health status ^c | 10.8 | Infectious | 5.2 | Infectious | 2.7 | Respiratory system | 8.8 |
| Injury (external causes) | 23.8 | Symptoms, signs & abnormal findings ^d | 10.5 | Symptoms, signs & abnormal findings ^d | 4.7 | Mental & behavioural disorders | 2.1 | Symptoms, signs & abnormal findings ^d | 7.3 |

a. Based on the International Classification of Diseases ICD-10.

b. Per 1000 females aged 15-19 years.

c. Occasions when circumstances other than a disease, injury or external cause classifiable to A00-Y89 are recorded as diagnosis or problems.

d. Includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no classifiable diagnosis is recorded elsewhere.

Source: Queensland Health, Health Information Centre

The main causes of hospitalisation of infants under one year of age were conditions originating in the perinatal period (including pregnancy and the first 28 days of life), with 180 hospitalisations per 1000 population (the average annual rate from 2001-02 to 2003-04).

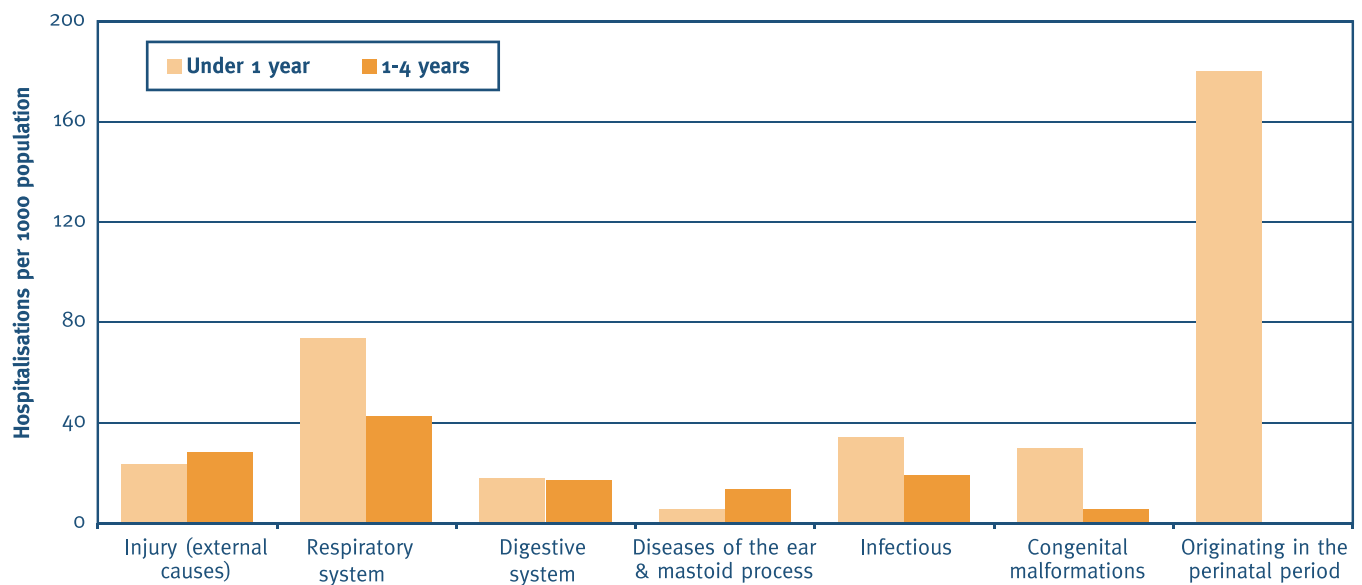
Diseases of the respiratory system were in the top three causes of hospitalisation for children aged under 15 years in this same period. The rate was highest for infants, and decreased with increasing age. Injuries from external causes and diseases of the digestive system were also major causes of hospitalisation for children and young people aged 1 to 19 years.

The more common causes of hospitalisation of children and young people aged over 9 years included:

- injuries (24 hospitalisations per 1000 aged 10-14 years and 33 hospitalisations per 1000 aged 15-19 years), and
- diseases of the digestive system (11 hospitalisations per 1000 aged 10-14 years and 26 hospitalisations per 1000 aged 15-19 years).

The most common cause of hospitalisation for young women aged 15 to 19 years was pregnancy and childbirth, with a rate of 56 per 1000 females in the age group.

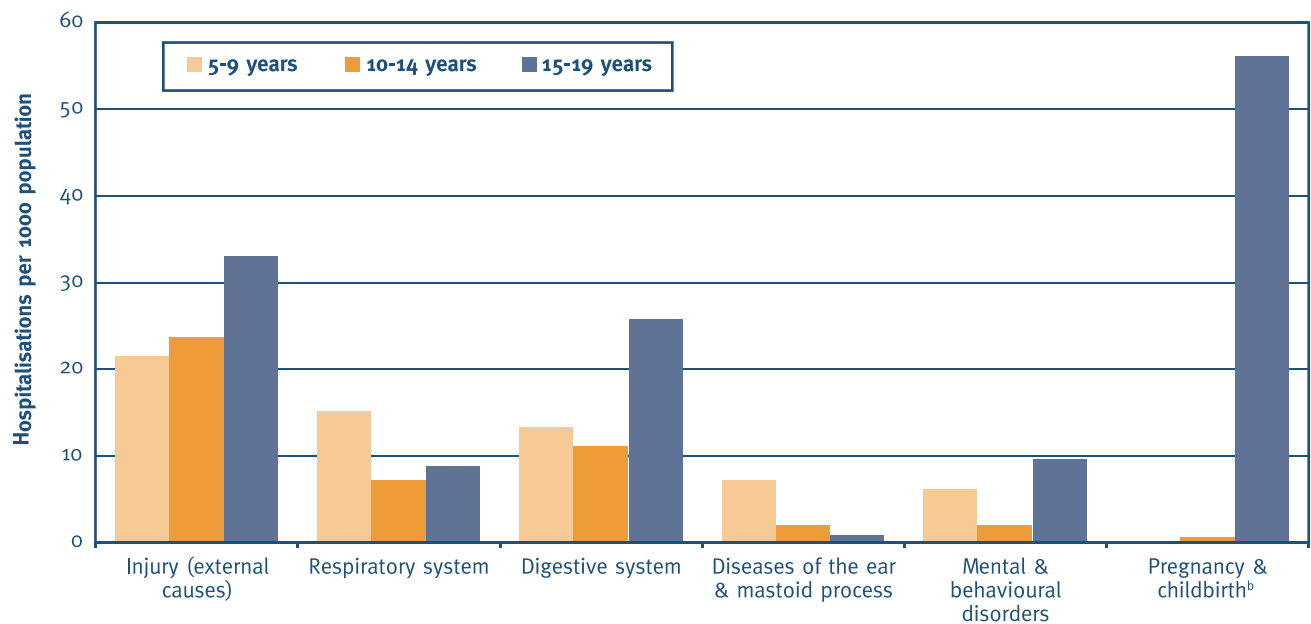
Figure 5.7 Hospital separation rates for under 5 year olds by selected causes^a, Queensland, 2001–02 to 2003–04



a. Based on the International Classification of Diseases ICD-10.

Source: Queensland Health, Health Information Centre

Figure 5.8 Hospital separation rates for 5 to 19 year olds by selected causes^a, Queensland, 2001–02 to 2003–04



a. Based on the International Classification of Diseases ICD-10.

b. Per 1000 females in age group.

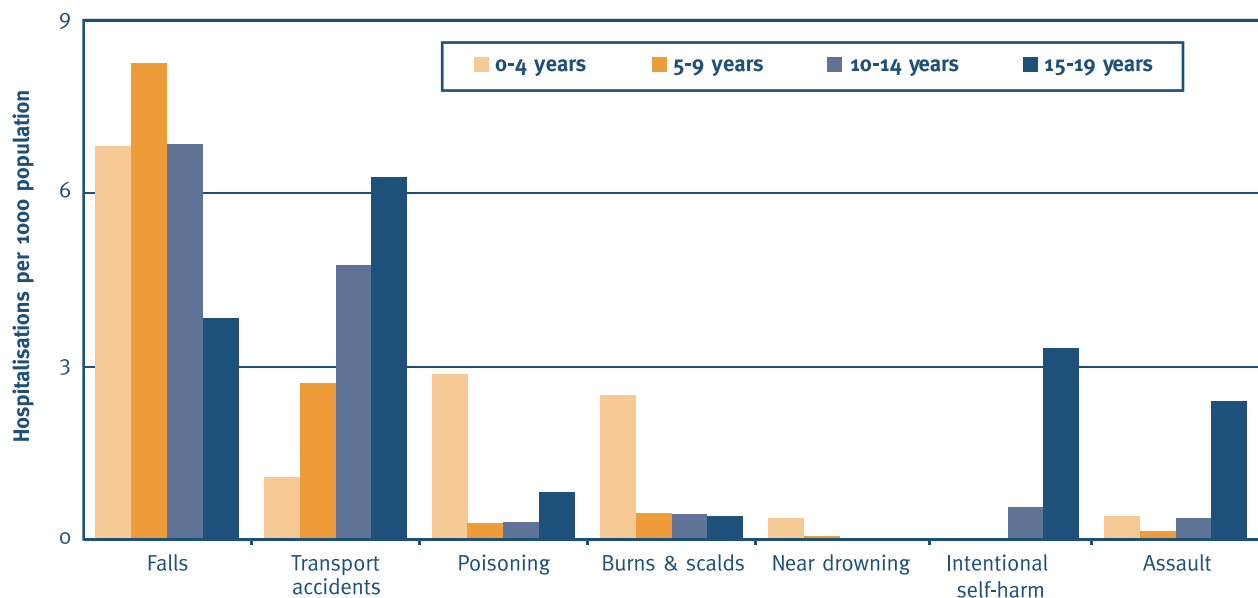
Source: Queensland Health, Health Information Centre

Injury

Children and young people tend to be at risk of different types of injury depending on their age. Young children develop mobility faster than an understanding of the world around them, making them vulnerable to falls, poisoning, burns or drowning. However, in older children and young people, risk-taking behaviour becomes more of a factor (Figure 5.9).

- In 2003-04, children aged under five were most likely to be hospitalised because of falls, poisoning or burns and scalds (6.8, 2.9 and 2.5 hospitalisations per 1000 respectively for those aged 0 to 4).
- For older children and young people, the main causes of hospitalisations were falls (8.3 per 1000 aged 5 to 9, 6.9 per 1000 aged 10-14 and 3.8 per 1000 aged 15 to 19) and transport accidents (2.7 per 1000 aged 5 to 9, 4.8 per 1000 aged 10 to 14 and 6.3 per 1000 aged 15 to 19).
- Injuries caused by intentional self-harm and assault also became significant for young people aged over 14 (3.3 and 2.4 per 1000 respectively for those aged 15 to 19).

Figure 5.9 Leading injury related causes of admission to hospitals by age, Queensland, 2003-04



Source: Queensland Health, Health Information Centre

Sexual health

The third National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health conducted in 2002 found that the majority of Australian young people in Years 10 and 12 were sexually active in some way (Smith, Agius, Dyson, Mitchell & Pitts, 2003). Just over a quarter of Year 10 students (25.8%) and 46.8% of Year 12 students had experienced sexual intercourse. The proportions of students reporting sexual intercourse were higher than in the 1992 and 1996 surveys.

Of sexually active Year 12 students, 32.6% reported more than one sexual partner in the previous 12 months, with the proportion who had more than one partner having decreased from the 1992 survey. Conversely, sexually active Year 10 students were more likely to report having more than one partner in the previous 12 months (44.1% had two or more partners), and this proportion had increased since 1992.

Young people who engage in unsafe sexual activity are at risk of unwanted pregnancy and of contracting sexually transmissible infections (STIs), with far-reaching consequences.

In recent years, there have been a number of improvements in both testing technologies and treatment of STIs (Queensland Health, draft 2005). These have contributed to earlier detection and improved treatment outcomes. Recent increases in notifications of STIs may not necessarily indicate increases in transmission of STIs in the community, as they can also be attributed to a number of other factors, including:

- improvements in testing methods, particularly the use of non-invasive tests from urine samples
- increased awareness and use of testing by general practitioners, and
- targeted screening programs, such as the well-persons health check of Indigenous people in north Queensland begun in 1998, and among university students in 2001 (Queensland Health – Communicable Diseases Unit, 2002, p. 70).

One of the most commonly notified STIs in Queensland is chlamydia (Queensland Health, draft 2005). Chlamydia is a curable STI, that, untreated, can result in pelvic inflammatory disease in females, which can cause infertility, ectopic pregnancy and chronic pelvic pain (AIHW, 2003c). Pregnant women infected with chlamydia can pass the infection to their babies during delivery. In males, chlamydia can lead to infertility if untreated.

It is difficult to estimate the actual numbers of chlamydia cases, as the infection may be asymptomatic (no outward symptoms), with such cases only identifiable through symptomatic screening.

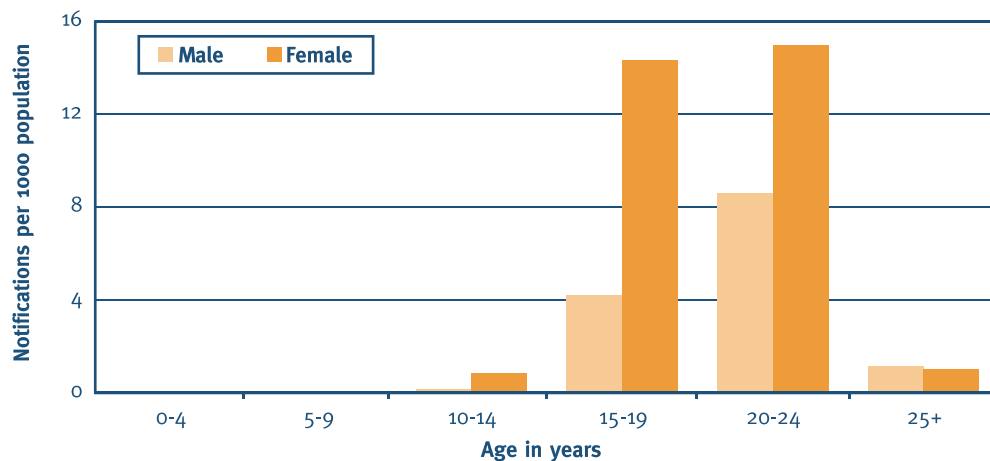
Chlamydia notifications were most common among 15 to 24 year olds, particularly among women (Figure 5.10).

- The highest rate of chlamydia notifications occurred in females aged 20 to 24 (14.9 per 1000), followed by 15 to 19 year olds (14.3 per 1000).
- For males, the highest rate of chlamydia notifications occurred in 20 to 24 year olds (8.6 per 1000), while the rate for 15 to 19 year olds was 4.2 per 1000.

Raising child safety concerns are the chlamydia notifications for children under 15:

- there were 0.8 chlamydia notifications for females and 0.1 for males per 1000 10 to 14 year olds, although this may be linked to consensual sex between peers
- maternal-foetal transmission may account for the small number of notifications for 0 to 4 year olds.

Figure 5.10 Chlamydia notifications^a by age by sex, Queensland, 2004



a. Notifications per 1000 population.

Source: Queensland Health, Communicable Diseases Unit; ABS, Population by Age and Sex, cat. no. 3201.0

Comments

The health of Indigenous children and young people is likely to be poorer than that of other children and young people, but information on their health status is more limited. Collection of data on Indigenous status needs to be improved so better measures of Indigenous health are available and more reliable comparisons can be made.

The prevalence of babies born with Foetal Alcohol Syndrome or Foetal Alcohol Effects (i.e. abnormalities caused by excessive consumption of alcohol by women during pregnancy) is considered to be low in the community, but there is concern about the higher prevalence in the Indigenous population.

However, information on this topic is limited due the complexity of diagnosis – many features of the condition/s may not be apparent for several years. More discussion on this issue can be found in the *Report on the National Fetal Alcohol Syndrome Workshop* (Australian National Council on Drugs & National Expert Advisory Committee on Alcohol, 2003).

An estimated 12% of boys and 8% of girls aged 5 to 14 years have a disability, but there are issues around data definition and collection in this area. This report relies primarily on a national survey, which is only conducted every six years. Also, the survey sample size needs to be increased to support planning for disability services in regional areas.

In terms of sexual health, the *Queensland HIV, Hepatitis C and Sexual Health Strategy 2005 – 2008*, currently in draft form, provides a whole-of-government framework aimed at reducing the transmission and minimising the impact of HIV, Hepatitis C and STIs through a number of key strategies. Young people are identified as a key target group.

Nationally, the proportion of overweight and obese children has been increasing, but in Queensland there is no statewide data on this topic.

The health benefits of exclusive breastfeeding to six months of age are well recognised, but there is a need to understand and address the reasons for the cessation of breastfeeding, the use of infant formula and the early introduction of solid foods, each of which can have significant short and long term health effects.