

Overcoming Indigenous Disadvantage

Key Indicators 2014

Fact Sheet #4



Aboriginal and Torres Strait Islander young children

The Overcoming Indigenous Disadvantage (OID) report measures the wellbeing of Aboriginal and Torres Strait Islander Australians.

This fact sheet includes selected measures from the strategic framework of indicators in the OID report that are particularly relevant to Aboriginal and Torres Strait Islander young children — children aged less than five years.

Children aged under 5 years

Relatively young population

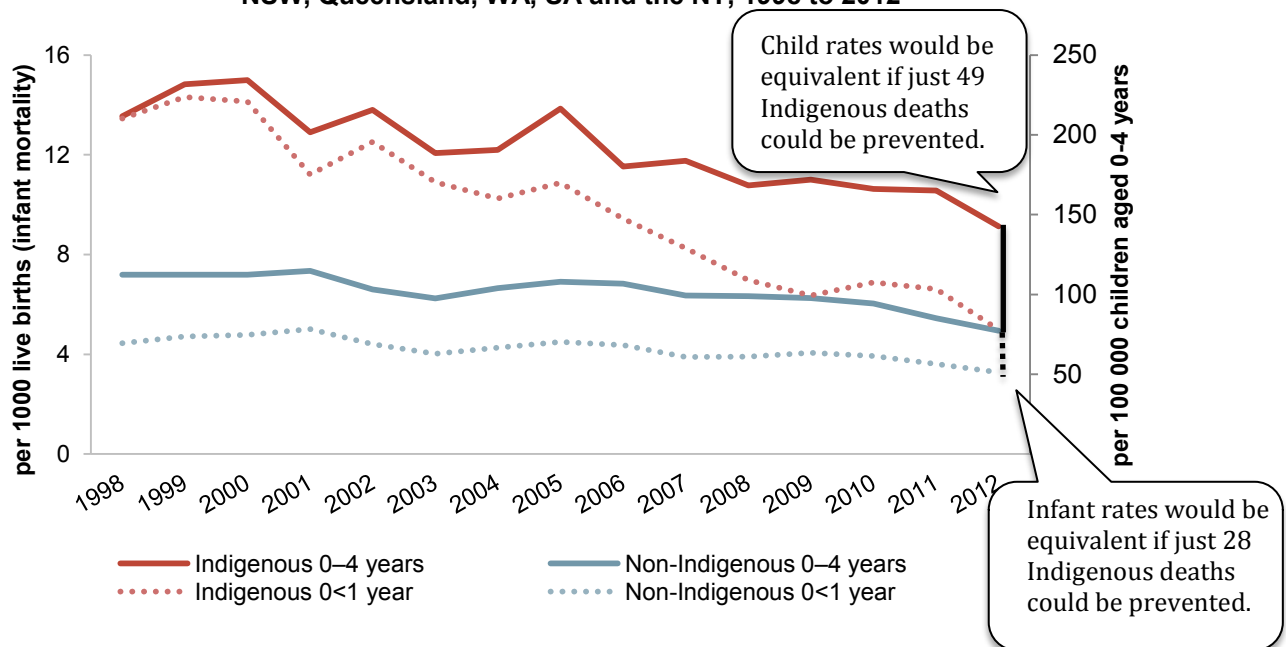
12 per cent of the Aboriginal and Torres Strait Islander population are aged under 5 years, compared with 6 per cent of the non-Indigenous population.

Young child mortality

Decline in death rates

From 1998 to 2012, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged 0–4 years (from 217 to 146 deaths per 100 000 population), with the greatest decrease for those aged 0<1 year (from 14 to 5 deaths per 1000 live births). In 2012, infant mortality accounted for three-quarters of all deaths of children aged 0–4 years.

Child (aged 0–4 years) and infant (aged 0<1 year) mortality rates, NSW, Queensland, WA, SA and the NT, 1998 to 2012



2014

Information in this fact sheet is from Overcoming Indigenous Disadvantage: Key Indicators 2014, published by the Steering Committee for the Review of Government Service Provision. The report can be found on the Review website: www.pc.gov.au/gsp. For further information contact the Secretariat: (03) 9653 2100, gsp@pc.gov.au. Image by Wayne Quilliam, courtesy of Reconciliation Australia and the 2012 Indigenous Governance Awards and finalist Secretariat of National Aboriginal and Islander Child Care. CAUTION: Aboriginal and Torres Strait Islander people should be aware that this publication may contain images of deceased people. No inference is intended that the people or communities shown are the subject of any issue raised in the report.

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Leading causes of death

Up to half of all child deaths were issues related to pregnancy or birth

For 2008–2012, the leading cause of death for both Aboriginal and Torres Strait Islander children and non-Indigenous children was complications of pregnancy, labour and delivery, disorders related to fetal growth and respiratory and cardiovascular and other disorders specific to the perinatal period — accounting for almost half of all deaths for those under 1 year and around 40 per cent of all deaths of those under 5 years.

Once the infancy period has passed, the leading cause of death for children aged 1–4 years is injury and poisoning.

Early child development

Antenatal care

Half of all Aboriginal and Torres Strait Islander women who gave birth in 2011 attended at least one antenatal visit in the first trimester and 85 per cent attended five or more antenatal visits.

Aboriginal and Torres Strait Islander mothers attended their first antenatal visit later in pregnancy than non-Indigenous mothers and attended less frequently.

Time series data are limited but gaps in antenatal care attendance rates narrowed in some states and territories between 2007 and 2011.

Health behaviours during pregnancy

Nationally (excluding Victoria), the proportion of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy decreased from 55 per cent in 2005 to 51 per cent in 2011.

The smoking rate for Aboriginal and Torres Strait Islander mothers during pregnancy was four times the rate for non-Indigenous mothers.

Birthweight

For NSW, Victoria, Queensland, WA, SA and the NT combined, the proportion of low birthweight babies born to Aboriginal and Torres Strait Islander mothers decreased from 12 per cent in 2000 to 11 per cent in 2011. This compares to 5 per cent for non-Indigenous mothers in 2011.

Early child education

Providing children with a head start

In 2013, for Aboriginal and Torres Strait Islander children in the year before full time schooling:

- 74 per cent were enrolled in preschool
- 70 per cent were attending preschool, with attendance highest in remote/very remote areas (75 per cent).

This compares to 91 per cent enrolment and 89 per cent attendance for non-Indigenous children.

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Things that work – case studies

The OID report includes case studies of programs that are making a difference for Aboriginal and Torres Strait Islander Australians. Some of the early child development case studies are summarised below. The main report includes more detailed information.

Aboriginal Midwifery Access program (ACT)

- The program provides culturally appropriate midwifery services to parents and newborns and has encouraged more Aboriginal women to visit midwives at an early stage of pregnancy.
- A 2011 evaluation found the service was a benchmark program for parents and newborns.

Aboriginal Maternal and Infant Health Service (NSW)

- The service has improved health outcomes for Aboriginal mothers and babies by providing culturally appropriate maternity care, including secondary programs on mental health, drug and alcohol, and Quit for Life Smoking cessation in pregnancy.
- A 2012 evaluation found an increase in women receiving antenatal care before 20 weeks gestation, and a reduction in pre-term births.

Healthy for Life program (national)

- The program focuses on continuous quality improvement in maternal health, child health and chronic disease, with measured increases in birthweight for participating Aboriginal Community Controlled Health Services.
- An evaluation found that, over the year to June 2008, there was a decrease in the proportion of low birthweight babies and an increase in the proportion of high birthweight babies. More recent data found an increase in the proportion of normal birthweight babies from 82 per cent in 2007-08 to 84 per cent in 2010-11.

Care for Kids' Ears initiative (national)

- The initiative aims to increase awareness of ear disease and hearing loss in Aboriginal and Torres Strait Islander communities.
- An evaluation (by the Cultural and Indigenous Research Centre Australia) over the two years to June 2013 found the campaign had a positive impact on awareness of ear health. Those exposed to the campaign were more likely than those who weren't to identify at least one prevention action unprompted (74 per cent compared to 51 per cent) and were more likely to have their children's ears checked in the previous 12 months when they did not have any signs or symptoms (70 per cent compared to 44 per cent).

This fact sheet summarises information about a selection of indicators from the OID report. The overview and main report include more detailed information, and provide information about a range of health, education, justice and economic outcomes, and indicators of wellbeing and culture, all of which affect children in some way.

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