

South Australian Population Health Survey

2023 Annual Report
Children



**Government
of South Australia**

Preventive Health SA

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Background

The South Australian Population Health Survey (SAPHS) is a state-wide population health survey managed by Preventive Health SA, which aims to monitor the health status of all South Australians. The SAPHS has been collecting information about the health of South Australians since July 2018. Population health surveys play an important role in the development of health services by providing information to policy makers, providers and researchers about the health of the community, the performance of the health care system, and its impact on people of varying social, economic, and illness levels.

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

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

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

A note about COVID-19

In response to the COVID-19 pandemic, the number of weekly interviews increased at various times to closely monitor health and wellbeing outcomes of the population. While in a usual year, the SAPHS aims to conduct around 7,000 interviews, in 2021 a total of 11,083 interviews were completed, and in 2022 a total of 9,606 interviews were completed. In 2023 7,001 interviews were conducted.

Comparing data over time should be done with a degree of caution, and within the context of the COVID-19 pandemic which at times was known to impact health and wellbeing outcomes. The data presented here are for the entire calendar year. Comparison of measures from 2018 to 2023 are only done so of the whole population and does not identify potential changes seen within specific sub-groups of the population.

Methodology

Study Design

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

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

Sampling Frame

A dual frame over-lapping sampling technique of mobile phone and landlines were used to collect information from a representative sample of South Australians. Up until the end of 2021 random digit dialling (RDD) was used, however this was changed in 2022 to incorporate the use of the Integrated Public Number Database (IPND). However, in October 2023 due to issues with approval to use the IPND, all respondents were sampled using RDD. Respondents contacted using RDD were offered the option of completing the survey on-line (CAWI, computer-assisted web interview) by receiving a unique hyperlink. Those respondents sampled using the IPND were not able to be offered this option due to privacy laws. The majority of respondents are contacted via mobile phone.

Data collection

Interviewing was conducted for the 2023 calendar year. Interviewing in a language other than English could be requested, and respondents were able to request a male or female interviewer if preferred.

Participation

A total of 8,834 eligible South Australians of all ages were contacted in 2023 and 7,001 interviews were conducted resulting in an overall cooperation rate of 79.3%. There were 501 participants reached through a landline number and 6,500 reached through a mobile number. The full breakdown of the reasons behind refusal, the unknown eligibility, and the reasons for non-eligibility are detailed in Appendix - Disposition report (Table 40). The data presented in this report are for the n=1,428 respondents aged 0-17 years. All the 1,428 children completing the survey used the CATI system.

Weighting and presentation of data

The data presented in this report are weighted. Weighting is a technique for adjusting unit record survey data to enable population estimates to be made by statistically increasing or decreasing the numbers of cases with particular characteristics so that the proportion of cases in the sample are adjusted to the population proportion. A technique known as 'raking' was used to weight respondents incorporating various population characteristics (gender, age, area of residence, country of birth, dwelling status, marital status, education level, employment status, household size) designed to more closely reflect the South Australian population using benchmarks derived from the June 2021 ABS Census data.

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

The data presented in this report are for the period January 2023 to December 2023. Where available, headline data are presented for 2018 to 2023 for comparison purposes.

Non-relevant responses such as 'don't know' and 'refused' have not been included in the analysis apart from when it is stated.

Statistical analysis

Data preparation and analysis were completed using SPSS 29 and STATA/SE 17 software. Excel (Office 365) was used to collate tables. The weighted proportion of people who respond to each category of the attribute are presented in the tables along with the 95% confidence interval. A confidence interval is a range in which it is estimated that the true population lies. The width of a confidence interval expresses the precision of an estimate; the wider the interval the less precision. Statistical significance is considered when the 95% confidence intervals for prevalence estimates do not overlap.

Demographic profile of survey respondents

Table 1 shows the socio-demographic characteristics of the weighted sample of children aged 0 to 17 years in 2023. Of the 1,428 children, the majority were male (51.8%), from metropolitan areas of South Australia (73.4%), born in Australia (89.5%) and lived in a dwelling that was owned or being purchased (72.1%).

Table 1: Weighted sample, SAPHS 2023 (n=1428)

		n	%	95% CI
All		1428	100.0	
Gender	Male	739	51.8	49.2-54.3
	Female	678	47.5	44.9-50.1
	Gender diverse	9	0.6	0.3-1.1
	Not stated	<5	0.1	0.0-0.4
Location	Metropolitan	1048	73.4	71.1-75.6
	Rural	380	26.6	24.4-28.9
Age (years)	0 to 4	359	25.1	22.9-27.4
	5 to 9	380	26.6	24.4-28.9
	10 to 14	435	30.5	28.1-32.9
	15 to 17	254	17.8	15.9-19.8
Aboriginal and/or Torres Strait Islander Status	Yes	50	3.5	2.6-4.6
	No	1368	95.8	94.7-96.7
	Not stated	11	0.7	0.4-1.3
SEIFA*	Lowest	344	24.1	22.0-26.4
	Low	211	14.8	13.0-16.7
	Middle	268	18.8	16.8-20.9
	High	257	18.0	16.1-20.1
	Highest	345	24.2	22.0-26.5
Household Income	Up to \$20,000	29	2.0	1.4-2.9
	\$20,001 - \$40,000	68	4.8	3.7-6.0
	\$40,001 - \$60,000	79	5.5	4.4-6.8
	\$60,001 - \$80,000	130	9.1	7.7-10.7
	\$80,001 - \$100,000	139	9.7	8.3-11.4
	\$100,001 - \$150,000	255	17.9	15.9-19.9
	More than \$150,000	390	27.3	25.0-29.7
	Not stated	337	23.6	21.5-25.9

CI: Confidence Interval.

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

*SEIFA: Socio-Economic Index For Areas.

Table 1 - continued

		n	%	95% CI
Language spoken at home	English	1275	89.3	87.6-90.8
	Other	149	10.5	8.9-12.1
	Not stated	<5	0.2	0.1-0.6
Country of birth	Australia	1278	89.5	87.8-91.0
	UK / Ireland	15	1.1	0.6-1.7
	Other	134	9.4	8.0-11.0
	Not stated	<5	0.1	0.0-0.3
Dwelling type	Owned or being purchased	1029	72.1	69.7-74.3
	Rented privately	332	23.2	21.1-25.5
	Rented from Housing SA	47	3.3	2.5-4.3
	Other	<5	0.2	0.1-0.6
	Not stated	17	1.2	0.7-1.9

CI: Confidence Interval.

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

Health care system

Health care utilisation

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

In 2023, the most frequently reported health service used by children in the past 12 months was a GP (82.3%), which is similar to previous years (Figure 1). Additionally, approximately two-thirds of respondents (67.6%) reported visiting a dentist, while 33.3% sought care from a specialist doctor (Table 2).

In 2023, visitation to a GP was more frequent among younger respondents aged 0 to 4 years (Table 3). The number of times a child visited a GP in the previous 12-months is also reported in Table 4.

Figure 1 Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2018-2023

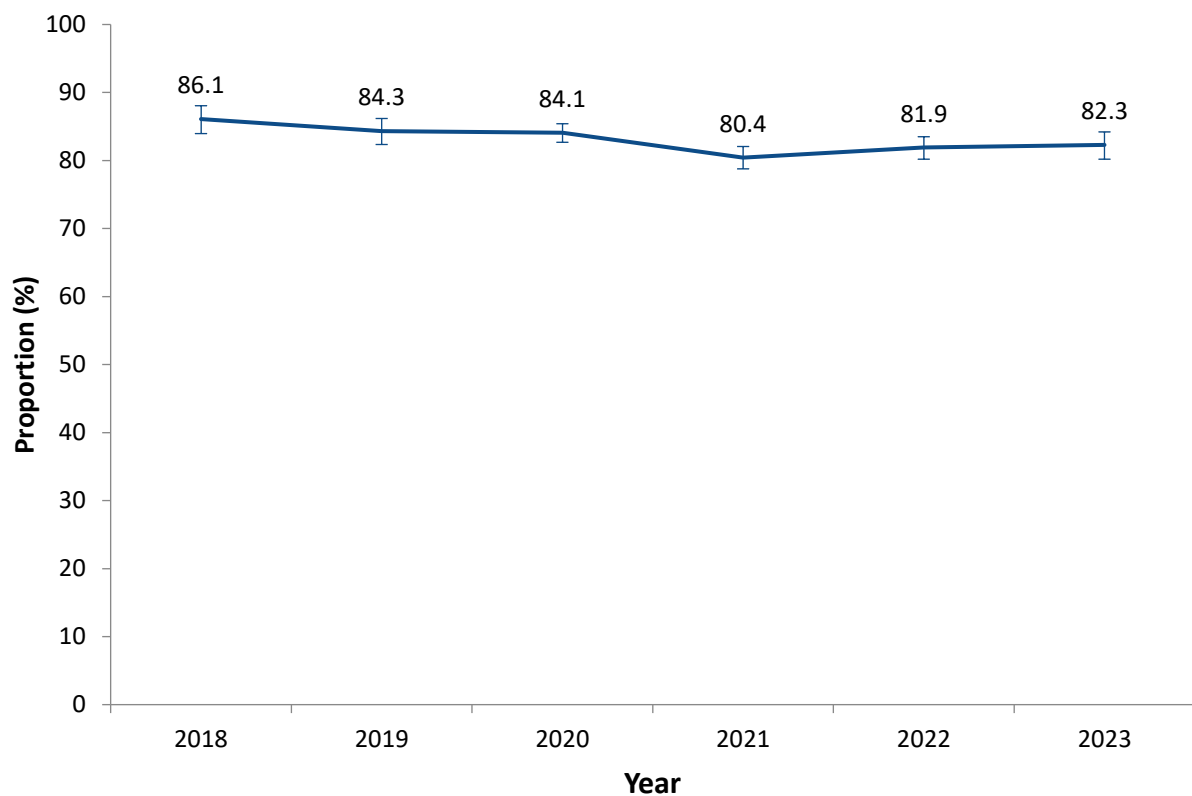


Table 2: Proportion of South Australian children (0-17 years) reporting use of health services in the previous 12-months, SAPHS 2023 (n=1417)

	n	% (95% CI)
GP	1166	82.3 (80.2-84.2)
Dentist	959	67.6 (65.2-70.1)
Specialist Doctor	472	33.3 (30.9-35.8)
Other Health Professional*	331	23.3 (21.2-25.6)
Hospital Emergency Department	307	21.6 (19.6-23.9)
Hospital Admission	185	13.0 (11.4-14.9)
Hospital Outpatient Clinic	172	12.1 (10.5-13.9)

CI: Confidence Interval. Multiple responses allowed.

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

*Allied health, nursing, Aboriginal health worker.

Table 3: Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2023 (N=1417)

		n/N	% (95% CI)
All		1166/1417	82.3 (80.2-84.2)
Gender	Male	602/733	82.1 (79.2-84.8)
(N=1406*)	Female	559/673	83.0 (80.1-85.8)
Location	Metropolitan	865/1040	83.2 (80.8-85.4)
	Rural	301/377	79.8 (75.6-83.7)
Age (years)	0 to 4	332/357	92.8 (90.0-95.3)
	5 to 9	309/378	81.7 (77.6-85.4)
	10 to 14	324/433	74.9 (70.6-78.7)
	15 to 17	202/249	80.9 (75.9-85.6)
SEIFA	Lowest	286/344	83.1 (78.9-86.8)
(N=1416)	Low	166/208	79.7 (74.0-84.8)
	Middle	218/265	82.3 (77.3-86.5)
	High	213/255	83.6 (78.6-87.7)
	Highest	280/342	81.9 (77.5-85.7)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Table 4: Number of times South Australian children (0-17 years) reported using a GP in the previous 12-months, SAPHS 2023 (n=1417)

	n	%
None	251	17.7
1	309	21.8
2	289	20.4
3	169	11.9
4	146	10.3
5	75	5.3
6	63	4.5
7	12	0.9
8	21	1.5
9	5	0.3
10	35	2.5
11-15	24	1.7
16-20	3	0.2
More than 20	15	1.0
Total	1417	100.0

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

Private Health Insurance

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

In 2023, the majority of respondents (58.7%) reported having private health insurance coverage, which was similar to previous years (Figure 2).

In 2023, older children and those living in metropolitan and higher socioeconomic areas were more likely to be covered by private health insurance (Table 5).

Figure 2: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2018-2023

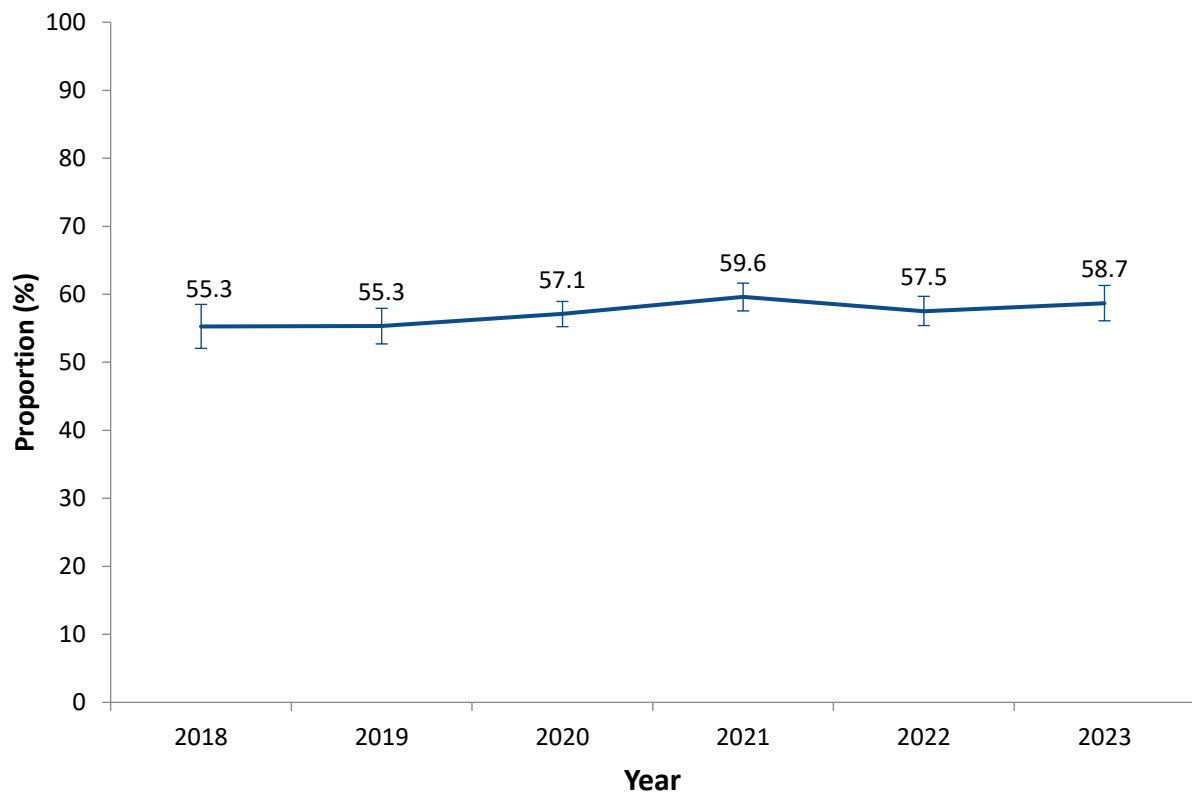


Table 5: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2023 (N=1361)

		n/N	% (95% CI)
All		799/1361	58.7 (56.1-61.3)
Gender (N=1351*)	Male	419/700	59.8 (56.2-63.4)
	Female	378/651	58.1 (54.2-61.8)
Location	Metropolitan	611/994	61.5 (58.4-64.5)
	Rural	188/367	51.3 (46.1-56.3)
Age (years)	0 to 4	185/355	52.2 (46.9-57.3)
	5 to 9	211/377	56.0 (50.9-60.9)
	10 to 14	268/419	63.9 (59.3-68.5)
	15 to 17	135/209	64.3 (57.9-70.8)
SEIFA (N=1359)	Lowest	130/325	40.1 (34.8-45.4)
	Low	109/208	52.5 (45.6-59.1)
	Middle	153/252	60.9 (54.6-66.6)
	High	168/249	67.7 (61.5-73.1)
	Highest	236/326	72.6 (67.4-77.0)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Mental health service use

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

In 2023, a total of 16.6% of children aged 5 to 17 years had used mental health services in the last 12-months which was similar to previous years (Figure 3). Children aged 10 to 17 years were more likely to report using a mental health service in the previous 12-months than those aged 5 to 9 years. Respondents living in the middle socioeconomic areas were more likely to use mental health services in the past 12 months in 2023 compared with those in the low, high, and highest socioeconomic areas (Table 6).

Figure 3: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2018-2023

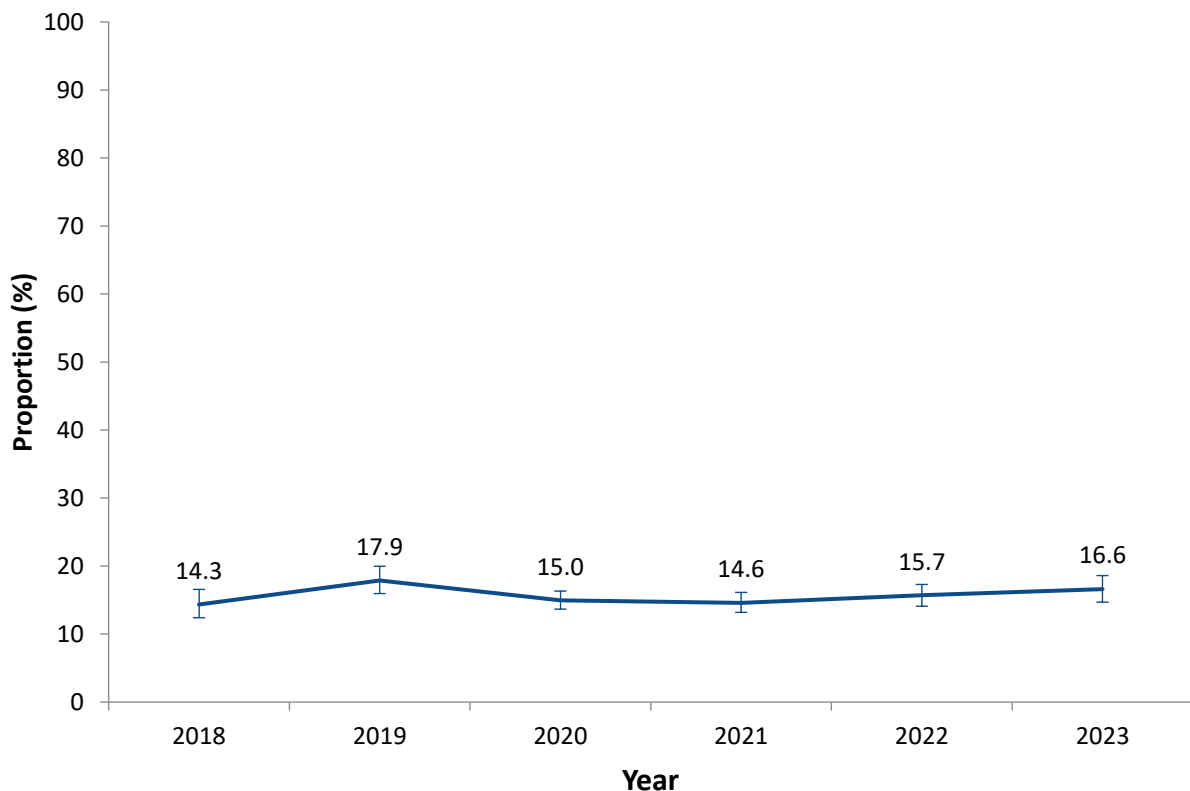


Table 6: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2023 (N=1424)

		n/N	% (95% CI)
All		236/1424	16.6 (14.7-18.6)
Gender (N=1413*)	Male	132/738	17.9 (15.2-20.8)
	Female	103/675	15.2 (12.7-18.1)
Location	Metropolitan	182/1046	17.4 (15.2-19.8)
	Rural	54/378	14.3 (11.0-18.1)
Age (years)	5 to 9	49/380	12.9 (9.8-16.5)
	10 to 14	97/432	22.5 (18.7-26.6)
	15 to 17	90/254	35.4 (29.7-41.5)
SEIFA (N=1422)	Lowest	67/344	19.3 (15.6-23.9)
	Low	22/209	10.6 (6.9-15.2)
	Middle	65/268	24.3 (19.4-29.6)
	High	34/257	13.2 (9.5-17.8)
	Highest	48/344	14.1 (10.6-17.9)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Mental health

Mental health conditions

Measure: Respondents aged 5 to 15 years were asked if they had ever been told by a doctor or health professional that they had anxiety, depression, Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, or any other mental health condition. Respondents aged 16 and 17 years of age were asked if, in the last 12-months, they had been told by a doctor that they had anxiety, depression, stress or any other mental health condition.

In 2023, 18.3% of children aged 5 to 15 years reported experiencing a mental health condition, which is similar to previous years (Figure 4).

In 2023, older children aged 10 to 15 years (23.2%) were more likely to report a mental health condition compared to those aged 5 to 9 years (11.5%), and children living in the lowest socioeconomic areas (27.9%) were more likely than those in the high (14.3%) and highest (14.3%) areas (Table 7).

Anxiety was the most commonly reported condition at 11.7%, followed by ADHD at 8.6%, and depression at 3.8% (Table 8).

In 2023, of the n=151 children aged 16 and 17 years old, 34.5% reported having a mental health condition (Figure 4). These data are not presented by sub-groups due to small numbers.

Figure 4: Proportion of South Australian children (5-17 years) reporting having a mental health condition, SAPHS 2018-2023

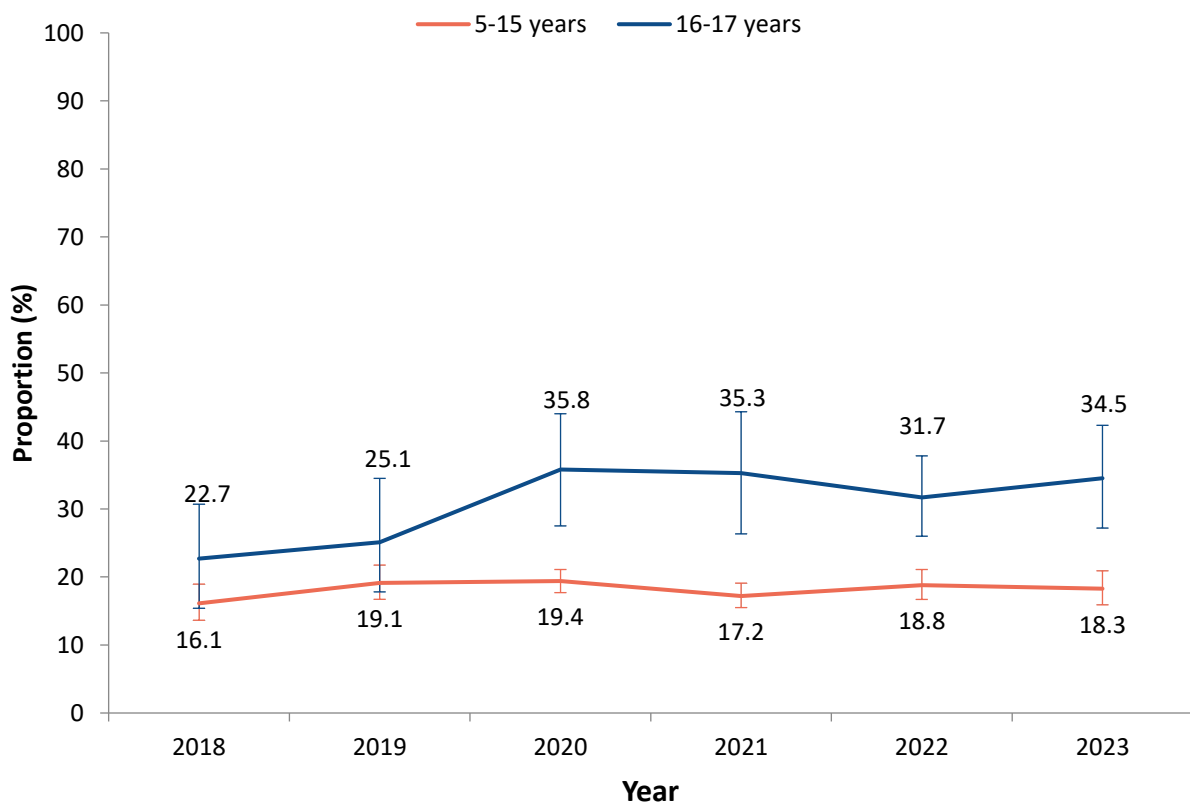


Table 7: Proportion of South Australian children (5-15 years) reporting having a mental health condition, SAPHS 2023 (N=909)

		n/N	% (95% CI)
All		166/909	18.3 (15.9-20.9)
Gender (N=908*)	Male	89/478	18.7 (15.3-22.3)
	Female	77/430	17.9 (14.5-21.7)
Location	Metropolitan	124/658	18.8 (16.0-22.0)
	Rural	42/251	16.9 (12.5-21.7)
Age (years)	5 to 9	43/378	11.5 (8.5-14.9)
	10 to 15	123/531	23.2 (19.7-26.9)
SEIFA (N=907)	Lowest	60/214	27.9 (22.3-34.3)
	Low	22/135	16.2 (10.8-23.2)
	Middle	28/165	17.2 (11.8-23.2)
	High	25/173	14.3 (9.8-20.3)
	Highest	31/219	14.3 (10.0-19.2)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Table 8: Proportion of South Australian children (5-15 years) reporting a mental health condition by type of condition, SAPHS 2023 (n=909)

	n	% (95% CI)
Anxiety*	106	11.7 (9.7-13.9)
ADHD**	78	8.6 (6.9-10.5)
Depression	35	3.8 (2.7-5.3)
Conduct Disorder	8	0.9 (0.4-1.7)
Other	10	1.1 (0.6-1.9)

CI: Confidence Interval. Multiple responses allowed

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

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

Treatment for current mental health condition

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

Of the respondents aged 5 to 15 years who had a mental health condition and responded to this question (n=165), 59.3% reported receiving treatment for their mental health condition in 2023. This is similar to previous years (Figure 5).

Treatment from a health professional (46.1%) was the most common form of treatment, followed by medication (26.9%) and treatment from a counsellor (16.2%) (Table 10).

Of the respondents aged 16 and 17 years who had a mental health condition (n=52), 62.9% reported receiving treatment for their mental health condition in 2023. These data are not compared to previous years or presented by sub-groups due to small numbers.

Figure 5: Proportion of South Australian children (5-15 years) reporting receiving treatment for a mental health condition, SAPHS 2018-2023

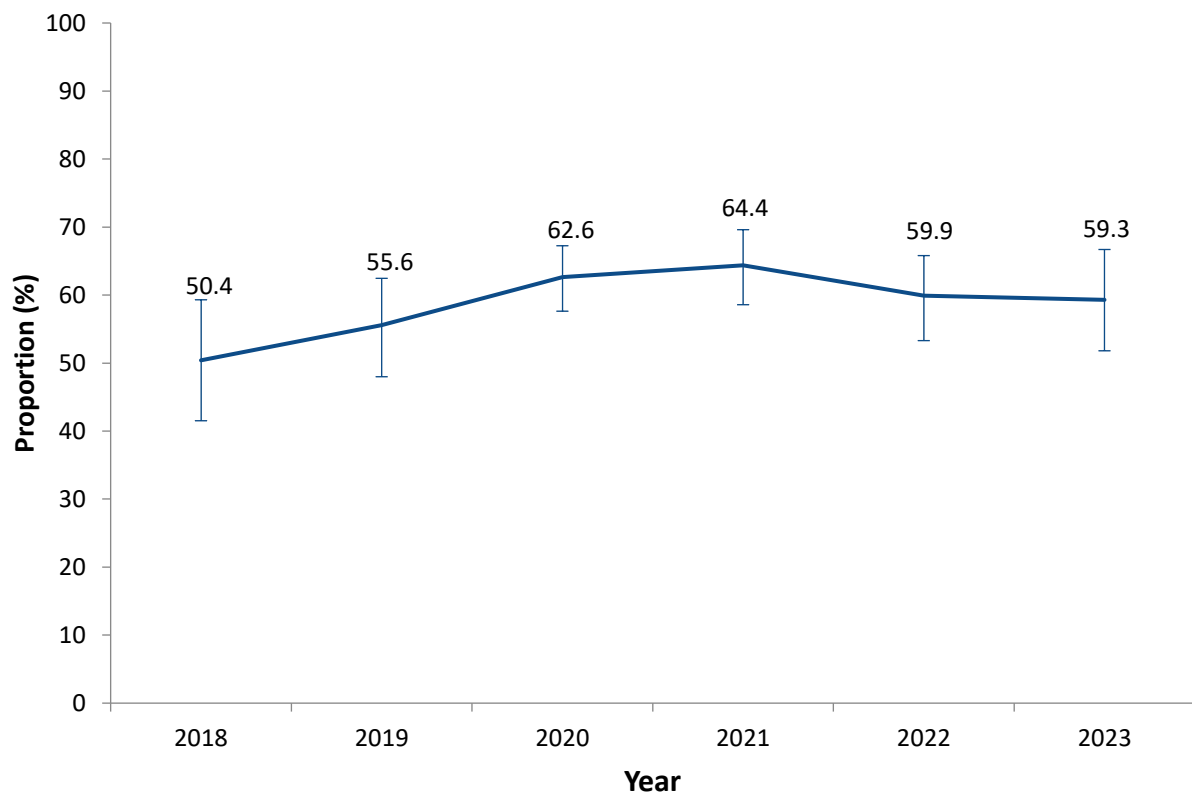


Table 9: Proportion of South Australian children (5-15 years) reporting receiving treatment for a mental health condition, SAPHS 2023 (N=165)

		n/N	% (95% CI)
All		98/165	59.3 (51.8-66.7)
Gender	Male	49/88	55.1 (45.3-65.7)
	Female	49/77	64.0 (52.5-73.7)
Location	Metropolitan	73/123	59.1 (50.5-67.7)
	Rural	25/42	59.6 (44.5-73.3)
Age (years)	5 to 9	29/43	67.6 (52.7-80.0)
	10 to 15	69/122	56.3 (47.7-65.1)
SEIFA	Lowest	38/60	63.4 (50.7-74.7)
	Low	12/22	54.0 (34.3-73.7)
	Middle	16/27	58.8 (40.6-76.1)
	High	11/25	46.0 (26.1-63.2)
	Highest	21/31	65.9 (50.3-82.1)

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

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

Table 10: Proportion of South Australian children (5-15 years) reporting mental health treatment by type of treatment, SAPHS 2023 (n=165)

	n	% (95% CI)
Health professional	76	46.1 (38.6-53.7)
Medication	44	26.9 (20.4-33.8)
Counsellor	27	16.2 (11.3-22.6)
Online/phone resources (self-help)	0	0.0
Other	5	2.9 (1.2-0.1)

CI: Confidence Interval. Multiple responses allowed

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

Food Security

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

A total of 5.4% of children reported running out of food in the past 12-months. This is consistent with previous years (Figure 6). Table 11 presents the characteristics of respondents reporting food insecurity.

Figure 6: Proportion of South Australian children (0-17 years) who experienced food insecurity in the past 12- months, SAPHS 2018-2023

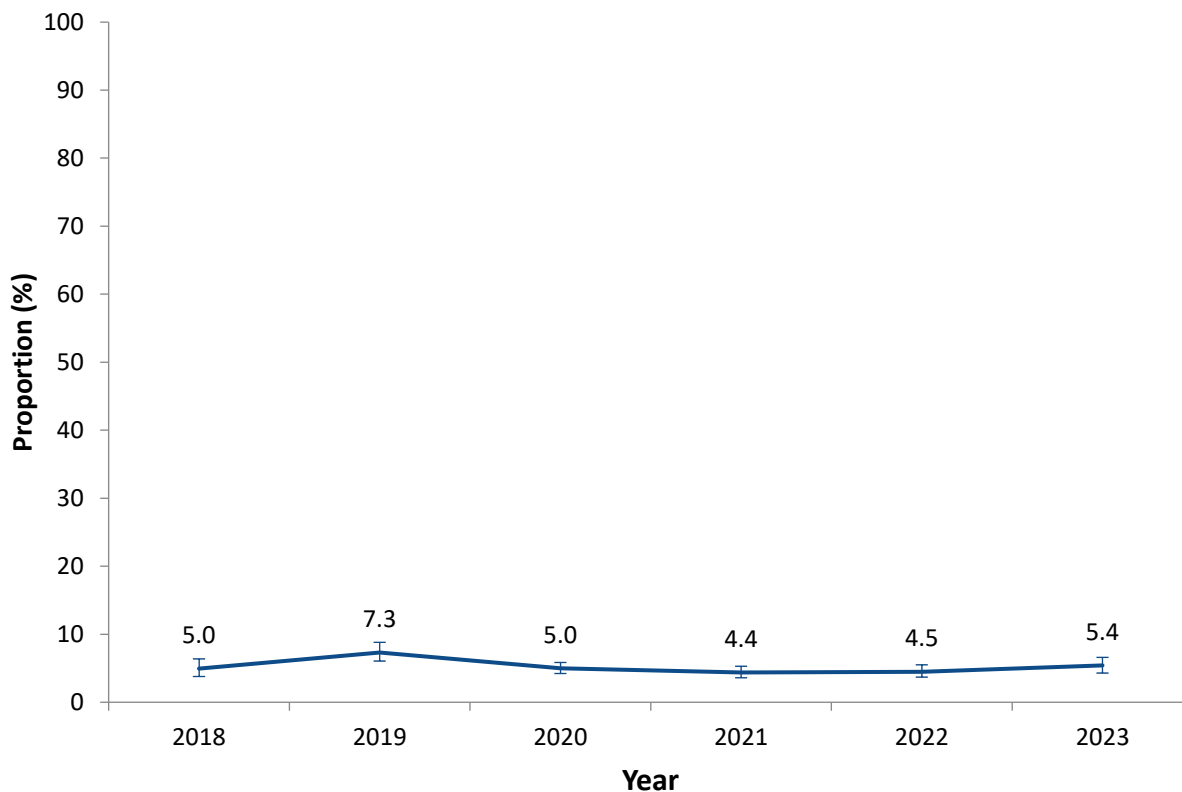


Table 11: Proportion of South Australian children (0-17 years) who experienced food insecurity in the past 12- months, SAPHS 2023 (N=1418)

		n/N	% (95% CI)
All		76/1418	5.4 (4.3-6.6)
Gender (N=1410*)	Male	44/737	5.9 (4.4-7.9)
	Female	32/673	4.7 (3.3-6.6)
Location	Metropolitan	63/1039	6.1 (4.7-7.6)
	Rural	13/379	3.6 (1.9-5.6)
Age (years)	0 to 4	23/355	6.4 (4.3-9.4)
	5 to 9	9/380	2.4 (1.2-4.3)
	10 to 14	32/429	7.4 (5.3-10.2)
	15 to 17	13/254	5.1 (2.9-8.4)
SEIFA (N=1426)	Lowest	20/342	6.0 (3.7-8.7)
	Low	12/210	5.6 (3.2-9.5)
	Middle	16/266	6.2 (3.6-9.4)
	High	12/255	4.7 (2.6-7.8)
	Highest	16/344	4.6 (2.8-7.3)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

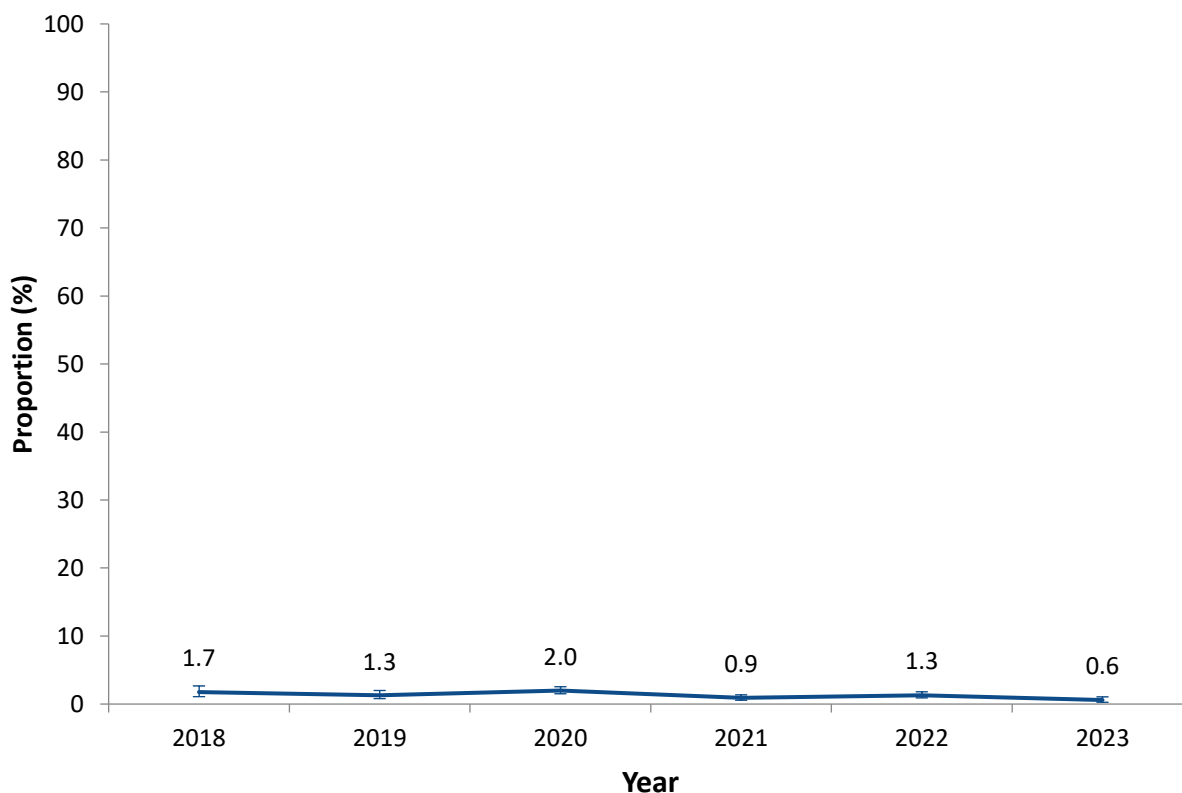
Chronic Disease

Heart Disease and Stroke

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

In 2023, a total of 0.6% of children reported having heart disease or stroke, and this was similar to previous years (Figure 7). No further data are provided due to very low numbers.

Figure 7: Proportion of South Australian children (0-17 years) reporting heart disease and stroke, SAPHS 2018-2023



Asthma

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

Around 10.9% of children reported having asthma in 2023 (according to the ACAM definition), which is lower than 2019 (14.9%), but similar to all other years (Figure 8). In 2023, respondents living rural areas were more likely to report having asthma compared to those living in metropolitan areas (Table 12).

Figure 8: Proportion of South Australian children (2-17 years) reporting asthma (ACAM definition), SAPHS 2018-2023

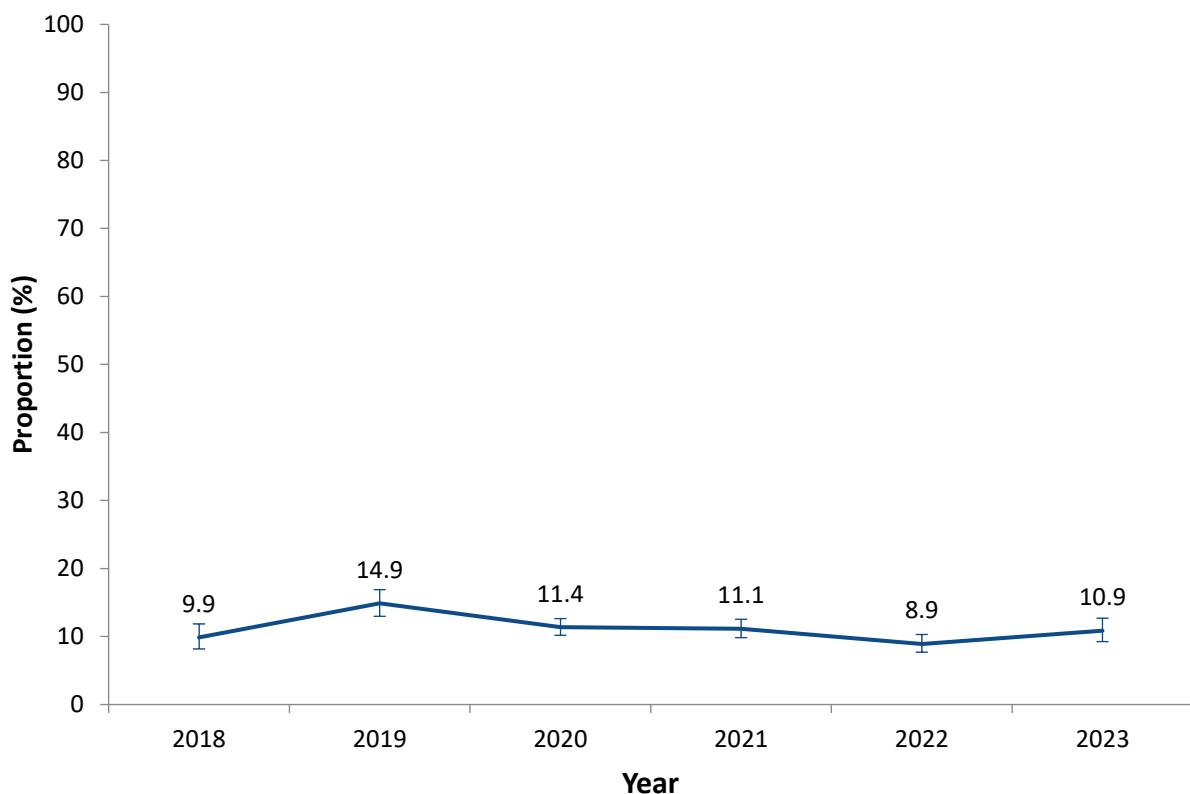


Table 12: Proportion of South Australian children (2-17 years) reporting asthma (ACAM definition), SAPHs 2023 (N=1259)

		n/N	% (95% CI)
All		137/1259	10.9 (9.3-12.7)
Gender (N=1252*)	Male	70/659	10.7 (8.4-13.1)
	Female	66/593	11.2 (8.8-13.8)
Location	Metropolitan	82/923	8.9 (7.2-10.8)
	Rural	55/336	16.4 (12.7-20.6)
Age (years)	2 to 4	15/202	7.5 (4.4-11.7)
	5 to 9	43/376	11.4 (8.5-14.9)
	10 to 14	49/433	11.3 (8.6-14.6)
	15 to 17	30/248	12.0 (8.5-16.6)
SEIFA (N=1257)	Lowest	41/308	13.2 (9.9-17.4)
	Low	18/182	9.7 (6.2-14.9)
	Middle	26/237	11.1 (7.5-15.4)
	High	22/225	10.0 (6.4-14.2)
	Highest	30/306	9.7 (6.9-13.5)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Disability

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

In 2023, 11.7% of children reported having a disability in 2023. This has not changed since 2018 (11.7%) (Figure 9).

In 2023, the proportion of South Australian children with a disability was lower for female respondents (8.1%) compared to males (14.7%) (Table 13).

Figure 9: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2018-2023

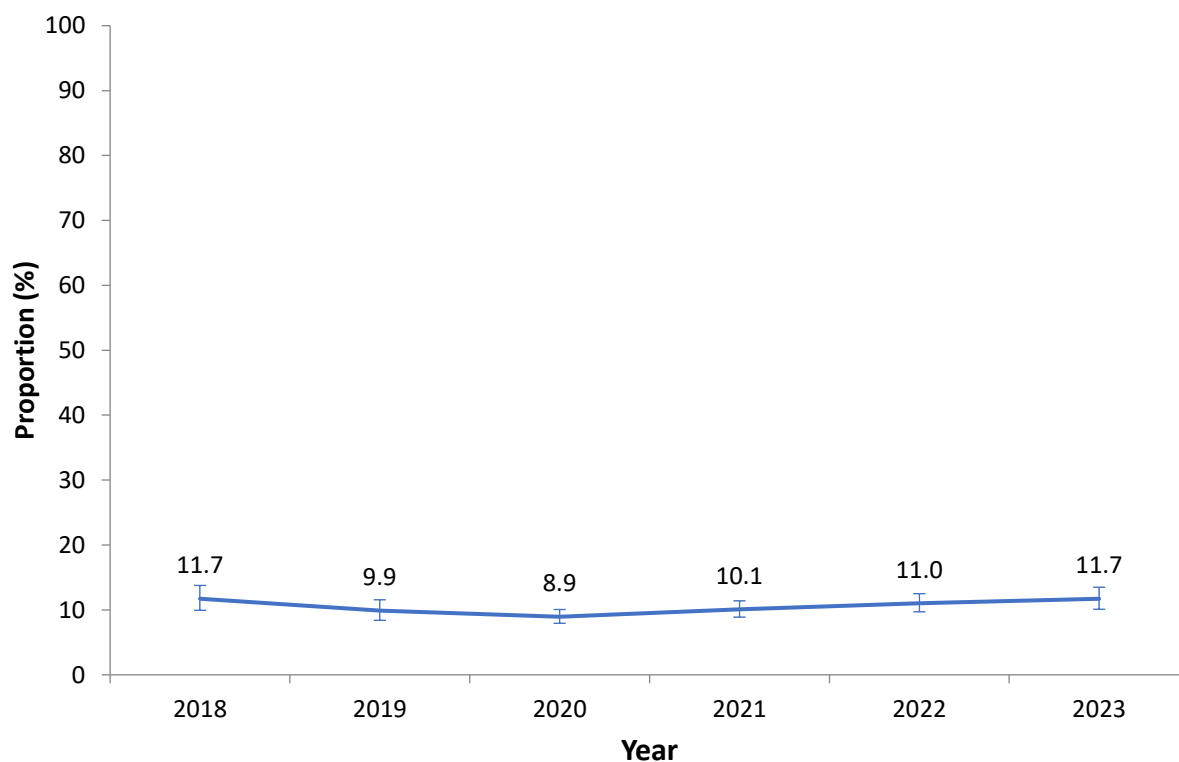


Table 13: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2023 (N=1422)

		n/N	% (95% CI)
All		167/1422	11.7 (10.1-13.5)
Gender (N=1411*)	Male	108/736	14.7 (12.3-17.4)
	Female	55/676	8.1 (6.3-10.4)
Location	Metropolitan	112/1044	10.7 (9.0-12.7)
	Rural	55/378	14.7 (11.3-18.4)
Age (years)	0 to 4	28/359	7.8 (5.4-10.9)
	5 to 9	39/376	10.2 (7.6-13.8)
	10 to 14	71/433	16.4 (13.1-20.1)
	15 to 17	29/254	11.6 (7.9-15.8)
SEIFA (N=1420)	Lowest	44/342	12.9 (9.6-16.7)
	Low	23/211	10.8 (7.2-15.6)
	Middle	24/268	9.1 (6.0-12.8)
	High	27/253	10.7 (7.3-14.9)
	Highest	49/345	14.1 (10.8-18.2)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Weight Status

Body mass index

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

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

The proportion of children reported as overweight or obese was 33.1% in 2023, which is higher than 2019 (26.3%) but similar to other years (Figure 10). Of these, 21.4% were overweight and 11.7% were obese. Younger respondents were more likely to report obesity. Respondents from the lowest socioeconomic areas were also more likely to report obesity, compared to those from middle and the highest socioeconomic areas (Table 14).

Figure 10: Proportion of South Australian children (5-17 years) reporting an unhealthy weight status, SAPHS 2018-2023

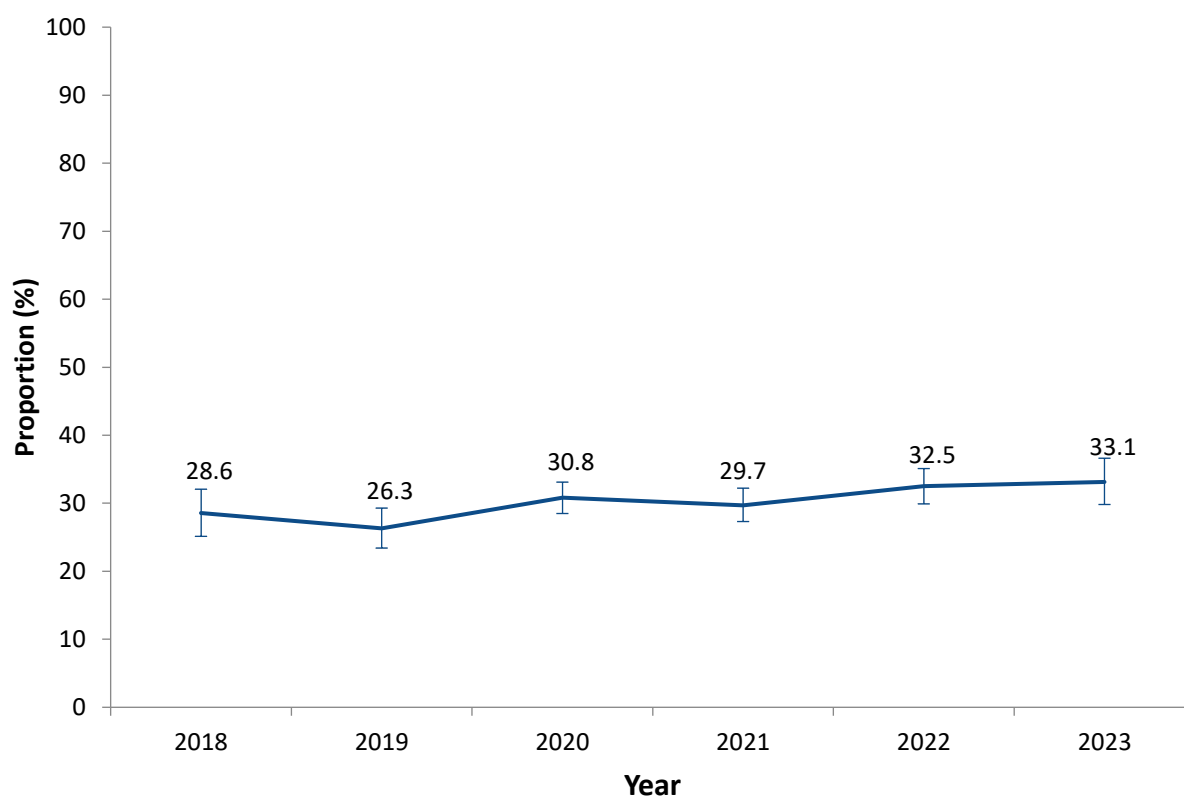


Table 14: Proportion of South Australian children (5-17 years) reporting weight status, SAPHS 2023 (n=733)

		Normal		Overweight		Obese	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
All		490	66.9 (63.4-70.2)	157	21.4 (18.6-24.5)	86	11.7 (9.6-14.2)
Gender	Male	267	65.7 (60.9-70.1)	93	23.0 (19.0-27.1)	46	11.3 (8.5-14.7)
	Female	223	68.3 (63.0-73.1)	63	19.4 (15.3-23.8)	40	12.3 (9.0-16.1)
Location	Metropolitan	372	68.5 (64.4-72.2)	115	21.2 (17.9-24.7)	56	10.3 (8.0-13.1)
	Rural	118	62.3 (55.1-68.8)	42	22.0 (16.7-28.4)	30	15.7 (11.1-21.5)
Age (years)	5 to 9	132	60.3 (53.7-66.6)	41	18.6 (14.0-24.3)	46	21.1 (16.0-26.8)
	10 to 14	189	64.5 (58.9-69.8)	72	24.7 (19.9-29.7)	32	10.8 (7.7-14.9)
	15 to 17	170	76.5 (70.7-81.8)	44	19.7 (15.0-25.4)	8	3.8 (1.7-6.7)
SEIFA	Lowest	104	58.1 (50.8-65.2)	39	21.9 (16.2-28.3)	36	20.0 (14.7-26.4)
	Low	57	61.9 (51.8-71.4)	26	27.8 (19.8-38.0)	10	10.4 (5.7-18.4)
	Middle	116	78.4 (71.2-84.4)	19	12.9 (8.2-18.9)	13	8.7 (5.0-14.1)
	High	75	57.2 (49.1-65.9)	41	31.7 (24.0-39.9)	14	11.1 (6.3-17.0)
	Highest	137	75.2 (68.6-81.1)	32	17.5 (12.6-23.6)	13	7.4 (4.1-11.6)

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

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

Protective Factors

Physical Activity

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

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

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

In 2023, 20.0% of children aged 5 to 17 reported engaging in at least 60 minutes of daily physical activity, marking a decline from in 2020 (28.3%) and 2021 (25.0%). Over one third of children (38.6%) reported 5 or more days, which lower than 2020 (48.9%) and 2021 (44.8%) but similar to the previous year (38.7%) (Figure 11).

Of respondents aged 5 to 17 years 11.7% reported no days of moderate intensity physical activity in 2023, while 49.8% reported 1 to 4 days (Table 15). Respondents aged 5 to 9 years were more physically active than respondents in the older age groups (Table 16).

Figure 11: Proportion of South Australian children (5-17 years) reporting engaging in 5+ and 7 days of 60 minutes of physical activity, SAPHS 2018-2023

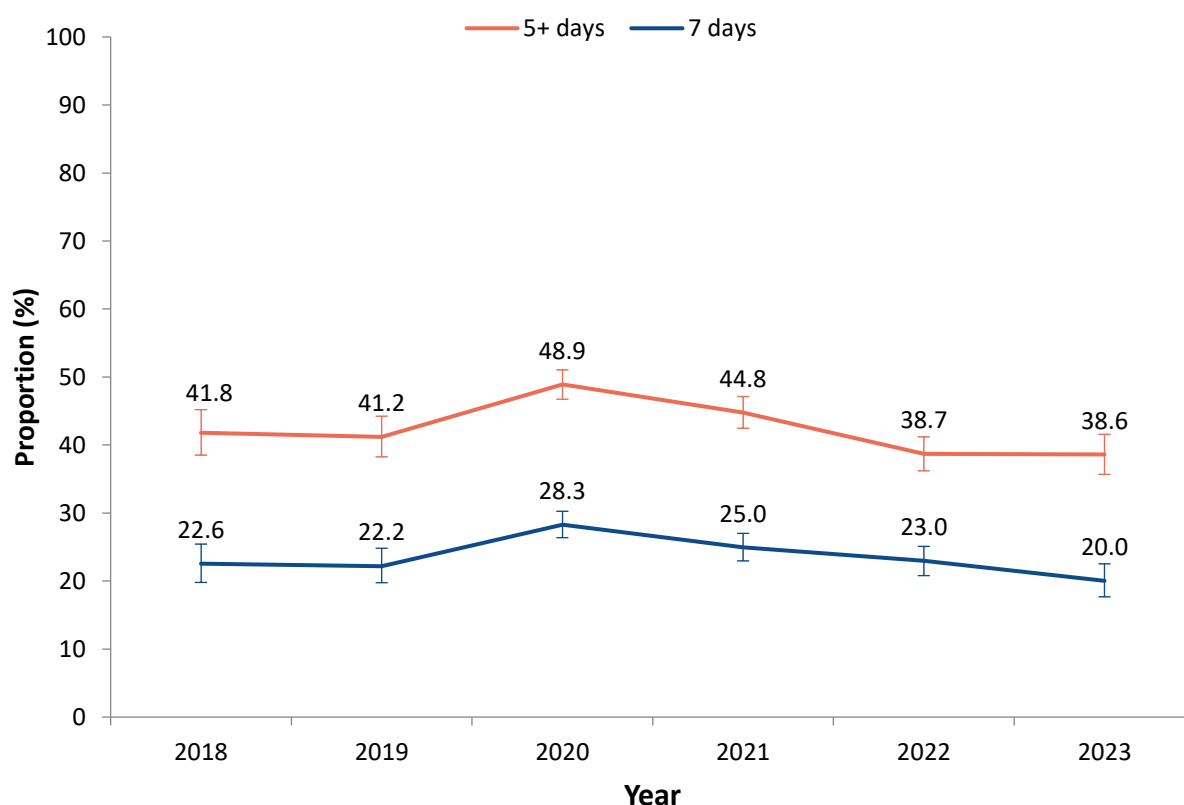


Table 15: Proportion of South Australian children (5-17 years) by the number of days per week they engaged in 60 minutes or more of at least moderate intensity physical activity, SAPHS 2023 (n=1044)

Days per week	All		Male (n=552)		Female (n=489)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	122	11.7 (9.8-13.7)	68	12.2 (9.8-15.3)	53	10.8 (8.3-13.8)
1	104	10.0 (8.3-11.9)	44	7.9 (5.9-10.5)	60	12.3 (9.6-15.4)
2	151	14.5 (12.4-16.7)	78	14.1 (11.4-17.2)	73	15.0 (12.0-18.3)
3	149	14.3 (12.3-16.5)	76	13.8 (11.1-16.8)	73	14.9 (12.0-18.3)
4	115	11.0 (9.2-13.0)	66	12.0 (9.5-14.9)	49	10.0 (7.6-12.9)
5	148	14.2 (12.2-16.4)	72	13.1 (10.4-16.0)	76	15.5 (12.5-19.0)
6	46	4.4 (3.3-5.8)	28	5.1 (3.5-7.1)	17	3.4 (2.1-5.4)
7	209	20.0 (17.7-22.5)	120	21.8 (18.5-25.3)	89	18.2 (15.0-21.8)

CI: Confidence Interval.

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Table 16: Proportion of children (5-17 years) reporting engaging in 5+ and 7 days of 60 minutes of physical activity, SAPHS 2023 (N=1044)

		5+ days		7 days	
		n/N	% (95% CI)	n/N	% (95% CI)
All		403/1044	38.6 (35.7-41.6)	209/1044	20.0 (17.7-22.5)
Gender (N=1041*)	Male	221/552	40.0 (36.0-44.2)	120/552	21.8 (18.5-25.3)
	Female	181/489	37.1 (32.8-41.4)	89/489	18.2 (15.0-21.8)
Location	Metropolitan	289/761	37.9 (34.6-41.5)	140/761	18.3 (15.8-21.3)
	Rural	114/282	40.5 (34.8-46.2)	69/282	24.6 (19.7-29.7)
Age (years)	5 to 9	192/366	52.5 (47.3-57.5)	112/366	30.5 (26.0-35.5)
	10 to 14	126/426	29.7 (25.4-34.0)	64/426	14.9 (11.9-18.6)
	15 to 17	84/251	33.5 (27.8-39.5)	34/251	13.4 (9.7-18.2)
SEIFA (N=1042)	Lowest	94/254	36.9 (31.2-43.1)	66/254	25.8 (20.9-31.6)
	Low	68/146	46.6 (38.6-54.7)	35/146	24.0 (17.6-31.4)
	Middle	79/200	39.2 (32.9-46.4)	30/200	14.7 (10.6-20.4)
	High	65/186	34.9 (28.4-42.0)	30/186	15.9 (11.4-21.9)
	Highest	97/254	38.3 (32.4-44.3)	49/254	19.3 (14.8-24.5)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Muscle Strength Training

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

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

Muscle strengthening activity engagement on three or more days of the week was reported by 13.4% of children in 2023, which is lower than 2021 (18.8%) and 2022 (18.0%) (Figure 12).

Nearly two-thirds (64.7%) of respondents reported no muscle strength training, while 21.9% reported one to two days (Table 17).

Older children (15 to 17 years) were more likely to engage in at least 3 days per of muscle strength training (Table 18).

Figure 12: Proportion of South Australian children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2018-2023

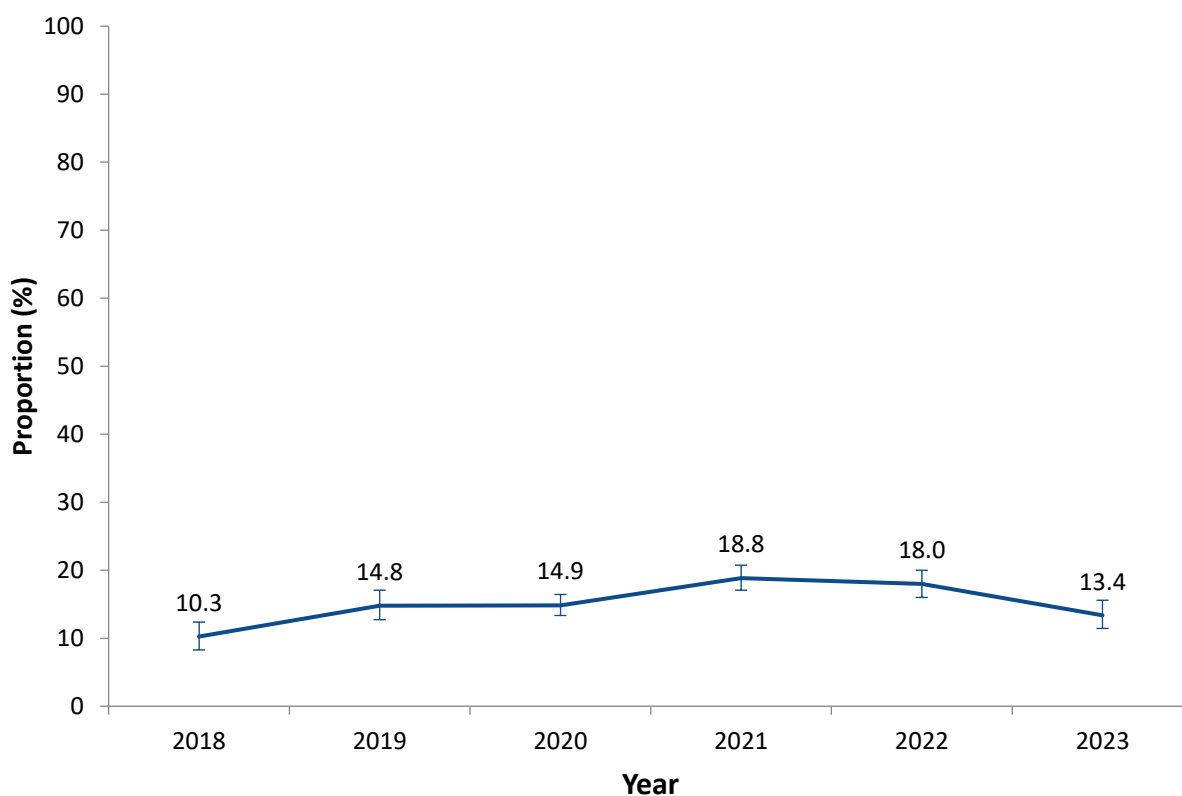


Table 17: Proportion of South Australian children (5-17 years) reporting number of days per week of muscle strength training, SAPHS 2023 (n=1036)

Days per week	All		Male (n=554)		Female (n=479)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	670	64.7 (61.7-67.5)	348	62.8 (58.7-66.8)	320	66.7 (62.5-70.9)
1	104	10.0 (8.3-12.0)	46	8.4 (6.2-10.8)	57	11.9 (9.2-15.0)
2	124	11.9 (10.1-14.1)	73	13.2 (10.6-16.2)	50	10.5 (7.9-13.4)
3	68	6.6 (5.2-8.2)	47	8.5 (6.4-11.0)	22	4.5 (3.0-6.7)
4	19	1.8 (1.1-2.8)	11	2.0 (1.1-3.4)	8	1.6 (0.8-3.1)
5	22	2.1 (1.4-3.1)	14	2.6 (1.5-4.1)	8	1.6 (0.8-3.1)
6	10	1.0 (0.5-1.7)	7	1.2 (0.6-2.5)	3	0.7 (0.2-1.7)
7	19	1.8 (1.1-2.8)	7	1.3 (0.6-2.5)	12	2.4 (1.4-4.2)

CI: Confidence Interval.

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Table 18: Proportion of South Australian children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2023 (N=1036)

		n/N	% (95% CI)
All		139/1036	13.4 (11.4-15.6)
Gender (N=1033*)	Male	86/554	15.6 (12.7-18.7)
	Female	52/479	10.9 (8.3-13.9)
Location	Metropolitan	95/757	12.5 (10.3-15.1)
	Rural	44/279	15.7 (11.9-20.4)
Age (years)	5 to 9	42/361	11.6 (8.6-15.2)
	10 to 14	44/429	10.2 (7.7-13.4)
	15 to 17	53/246	21.5 (16.8-27.0)
SEIFA	Lowest	31/251	12.4 (8.7-16.8)
	Low	19/148	12.6 (8.2-18.9)
	Middle	19/196	9.5 (6.1-14.4)
	High	30/186	16.3 (11.4-21.9)
	Highest	40/252	15.9 (11.8-20.8)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Screen time

Measure: Respondents were asked on average, how many hours on a typical weekday or weekend, they spent watching TV, computers, smartphones and electronic games. This could be a proxy indicator of sedentary behaviour.

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

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

In 2023, 42.0% of children aged 5 to 17 years reported spending more than two hours on screen-based activities per weekday which is similar to previous years. Additionally, nearly three-quarters (70.0%) of children in the same age group spent more than two hours on screen-based activities per weekend day, which is also comparable to previous years (Figure 13).

Over half (55.9%) of respondents reported two hours or less of screen-based activities on a weekday in 2023, while only 2.1% reported none. On a weekend day, just over a quarter (28.7%) reported two hours or less and only 1.2% reported none (Table 19).

Table 20 suggests that older children aged 15 to 17 years were more likely to report more than two hours of screen time on weekdays and weekend days in 2023. Respondents from the highest socioeconomic areas were less likely to report at least two hours of weekend screen time, compared to those from the lowest socioeconomic areas.

In 2023, the median number of minutes children had spent time on screen-based activities on a weekday was 120 (IQR=90-180), while on a weekend day it was 240 (IQR=120-300).

Figure 13: Proportion of South Australian children (5-17 years) who spent more than two hours on screen-based activity, SAPHS 2018-2023

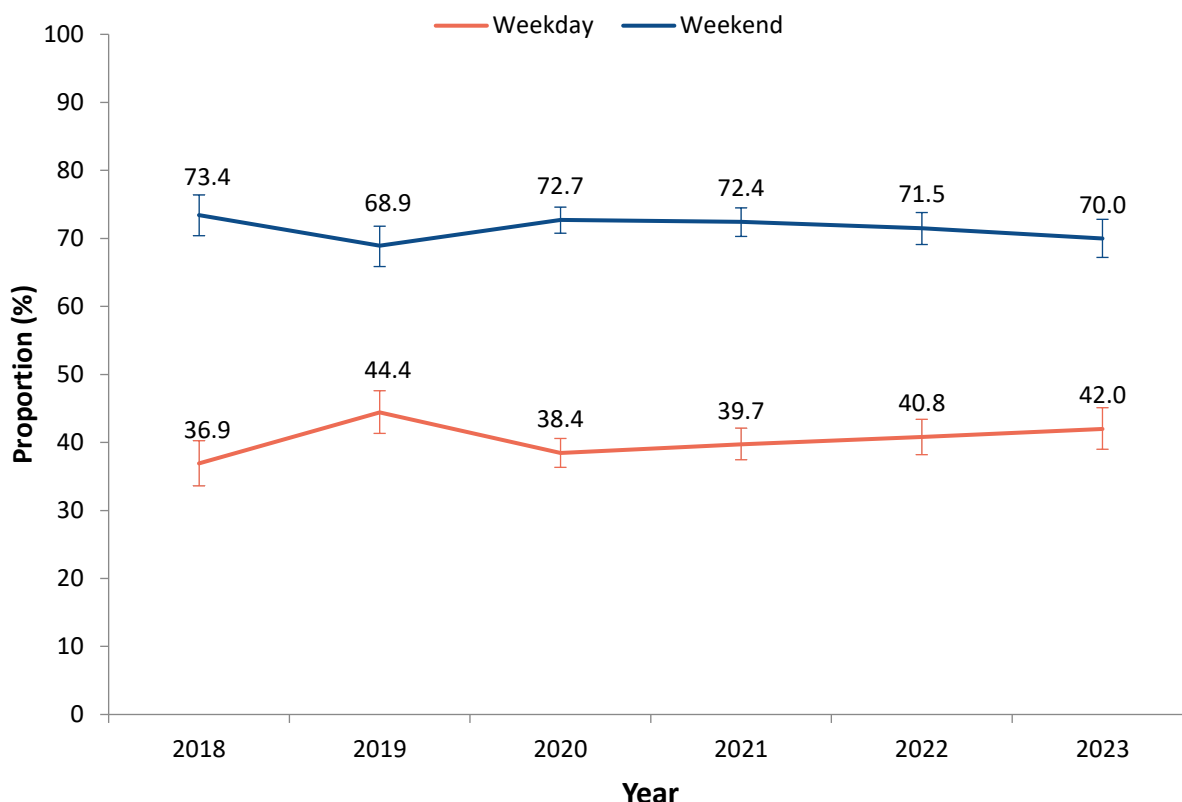


Table 19: Proportion of South Australian children (5-17 years) by time spent on screen-based activity, SAPHS 2023

	Weekday		Weekend	
	n	% (95% CI)	n	% (95% CI)
0 hours	21	2.1 (1.3-3.1)	13	1.2 (0.7-2.1)
More than 0 to 0.5 hours	56	5.6 (4.3-7.1)	9	0.9 (0.4-1.6)
More than 0.5 hours to 1 hour	172	17.1 (14.9-19.5)	71	7.0 (5.5-8.6)
More than 1 hour to 1.5 hours	68	6.7 (5.3-8.4)	26	2.5 (1.7-3.6)
More than 1.5 hour to 2 hours	266	26.5 (23.8-29.3)	188	18.4 (16.1-20.8)
More than 2 hours	422	42.0 (39.0-45.1)	717	70.0 (67.2-72.8)
Total	1005	100.0 (0.0-0.0)	1024	100.0 (0.0-0.0)

CI: Confidence Interval.

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

Table 20: Proportion of South Australian children (5-17 years) reporting more than two hours on screen-based activity, SAPHS 2023

		Weekday		Weekend	
		n/N	% (95% CI)	n/N	% (95% CI)
All		422/1005	42.0 (39.0-45.1)	717/1024	70.0 (67.2-72.8)
Gender*	Male	235/525	44.7 (40.5-49.0)	380/548	69.3 (65.4-73.1)
	Female	187/479	39.1 (34.7-43.5)	337/475	71.0 (66.7-74.9)
Location	Metropolitan	308/728	42.3 (38.8-45.9)	511/741	69.0 (65.6-72.2)
	Rural	114/278	41.1 (35.3-46.9)	206/284	72.6 (67.1-77.5)
Age (years)	5 to 9	85/371	22.9 (18.9-27.4)	191/374	51.1 (46.0-56.1)
	10 to 14	195/414	47.0 (42.3-51.9)	317/409	77.4 (73.3-81.3)
	15 to 17	142/220	64.5 (58.1-70.6)	209/241	86.8 (82.0-90.6)
SEIFA	Lowest	119/249	47.7 (41.6-54.0)	197/256	76.9 (71.5-81.8)
	Low	59/146	40.4 (32.7-48.5)	103/146	70.5 (62.8-77.5)
	Middle	68/192	35.4 (28.9-42.4)	138/195	70.9 (64.1-76.8)
	High	75/179	41.9 (34.8-49.2)	127/186	68.2 (61.3-74.6)
	Highest	101/238	42.6 (36.3-48.8)	151/240	62.9 (56.7-68.8)

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

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

* Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers, (N=1004 for weekday screen time, N=1023 for weekend screen time).

Sleep

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

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

Nearly three quarters (71.0%) of children reported meeting the recommended sleep guidelines in 2023 and this is unchanged since 2018 (Figure 14). Those living in the lower socioeconomic areas were less likely meet the sleep guidelines (Table 21).

Figure 14: Proportion of South Australian children (1-17 years) reporting meeting sleep guidelines, SAPHS 2018-2023

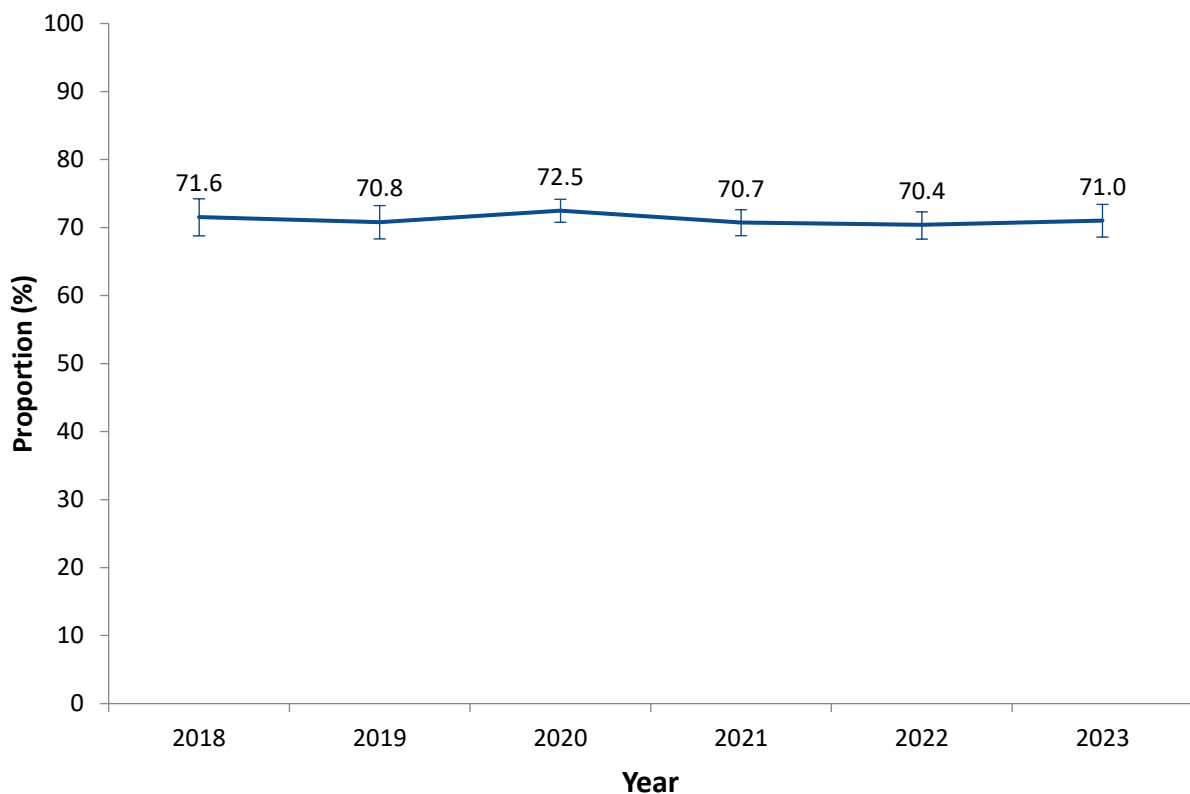


Table 21: Proportion of South Australian children (1-17 years) reporting meeting sleep guidelines, SAPHS 2023 (N=1336)

		n/N	% (95% CI)
All		949/1336	71.0 (68.6-73.4)
Gender (N=1332*)	Male	481/706	68.2 (64.6-71.5)
	Female	466/627	74.4 (70.8-77.6)
Location	Metropolitan	690/982	70.3 (67.3-73.1)
	Rural	258/354	73.0 (68.1-77.3)
Age (years)	1 to 4	181/271	66.9 (61.0-72.2)
	5 to 9	293/380	77.1 (72.7-81.1)
	10 to 14	301/431	69.9 (65.4-74.0)
	15 to 17	173/254	68.1 (62.2-73.6)
SEIFA (N=1334)	Lowest	188/319	58.8 (53.5-64.2)
	Low	133/195	68.1 (61.4-74.4)
	Middle	182/248	73.5 (67.6-78.6)
	High	185/240	77.1 (71.5-82.1)
	Highest	261/332	78.7 (74.0-82.8)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Nutrition

Vegetable consumption

Measure: Respondents were asked how many serves of vegetables they usually eat each day. A serve was defined as half a cup of cooked vegetables or one cup of salad. The recommended daily consumption varies based on age and sex and are outlined in Table 22 below.

Table 22: Recommended vegetable consumption

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

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

In 2023, a total of 15.7% children reported meeting the guideline for their age and sex, and this has not changed over time (Figure 15).

Table 23 shows the daily vegetable consumption of children by number of serves, with 2.7% reporting they did not consume any vegetables in 2023. Younger respondents aged two to four years were more likely to meet the recommended vegetable consumption per day than older respondents in 2023 (Table 24).

Figure 15: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily vegetable consumption guidelines, SAPHS 2018-2023

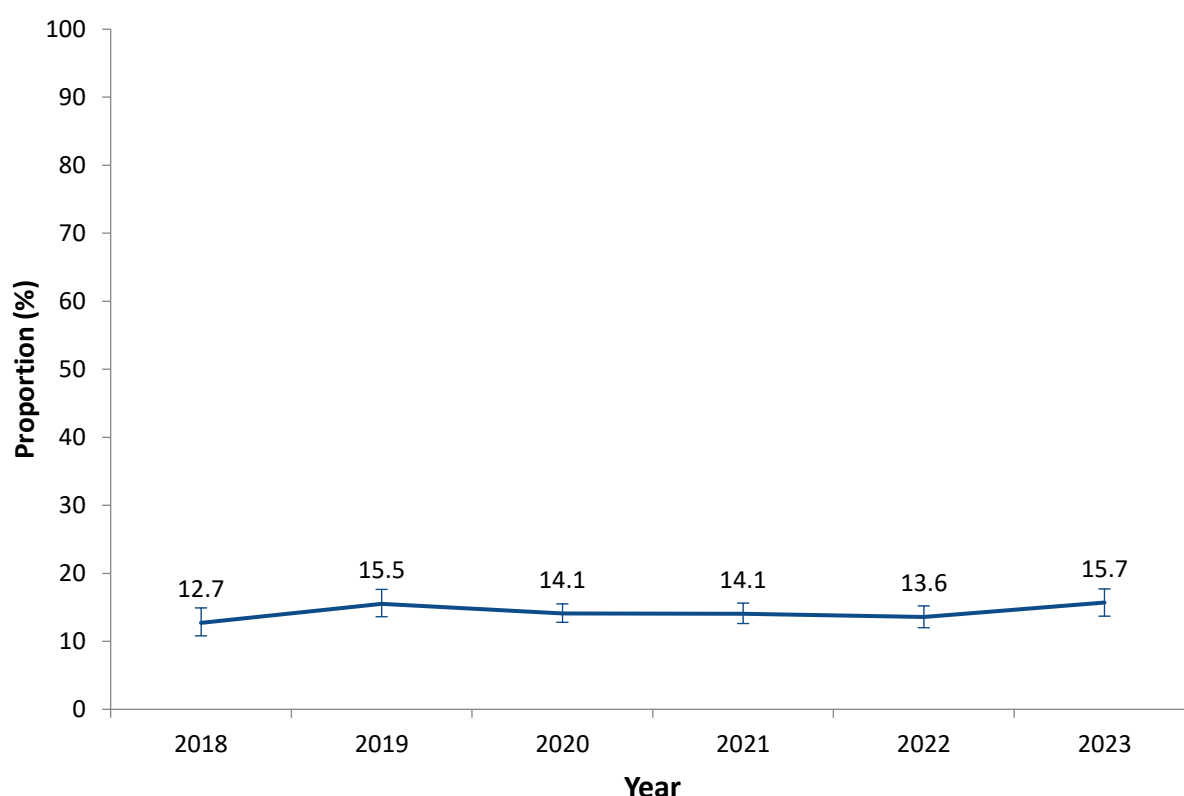


Table 23: Daily vegetable consumption of South Australian children (2 to 17 years), SAPHS 2023 (n=1246)

	n	% (95% CI)
None	33	2.7 (1.9-3.7)
One or less than one serve	449	36.0 (33.4-38.7)
Two serves	353	28.3 (25.9-30.9)
Three serves	208	16.7 (14.7-18.8)
Four serves	113	9.1 (7.6-10.8)
Five or more serves	91	7.3 (6.0-8.8)
Total	1246	100.0

CI: Confidence Interval.

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

Table 24: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily vegetable consumption guidelines, and median number of serves of vegetables per day, SAPHS 2023 (N=1246)

		n/N	% (95% CI)	Median (IQR)
All		195/1246	15.7 (13.7-17.7)	2.0 (1.0-3.0)
Gender (N=1239*)	Male	88/656	13.3 (11.0-16.2)	2.0 (1.0-3.0)
	Female	107/583	18.3 (15.4-21.6)	2.0 (1.0-3.0)
Location	Metropolitan	148/913	16.2 (13.9-18.7)	2.0 (1.0-3.0)
	Rural	47/334	14.1 (10.7-18.1)	2.0 (1.0-3.0)
Age (years)	2 to 4	86/195	44.3 (37.3-51.1)	2.0 (1.0-2.0)
	5 to 9	45/367	12.3 (9.2-15.9)	2.0 (1.0-3.0)
	10 to 14	41/434	9.4 (7.0-12.5)	2.0 (1.0-3.0)
	15 to 17	23/250	9.2 (6.1-13.3)	2.0 (1.0-3.0)
SEIFA (N=1244)	Lowest	40/300	13.2 (9.8-17.5)	2.0 (1.0-3.0)
	Low	19/180	10.7 (6.7-15.7)	2.0 (1.0-3.0)
	Middle	42/233	18.1 (13.5-23.3)	2.0 (1.0-3.0)
	High	39/222	17.5 (13.0-23.0)	2.0 (1.0-3.0)
	Highest	55/309	17.8 (13.8-22.4)	2.0 (1.0-3.0)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Fruit consumption

Measure: Respondents were asked to report how many serves of fruit they usually eat each day. A 'serve' was defined a one medium piece or two small pieces of fruit, one cup of diced pieces, or one tablespoon of dried fruit. The recommended daily consumption varies based on age and are outlined in Table 25 below.

Table 25: Recommended fruit consumption

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

Source: Australian Dietary Guidelines [5]

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

Over two-thirds (68.3%) of children were meeting the recommended daily consumption of fruit for their age in 2023, and this has not changed from previous years (Figure 16).

Table 26 presents the 2023 daily consumption of fruit by the number of serves, with 3.1% of children not consuming fruit and over a third (38.6%) consuming one serve or less. In 2023, older children, were less likely to meet the recommended serves of fruit per day. Respondents from the highest socioeconomic areas were more likely to meet fruit recommendations, compared to those from the lowest, and middle socioeconomic areas (Table 27).

Figure 16: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily fruit consumption guidelines, SAPHS 2018-2023

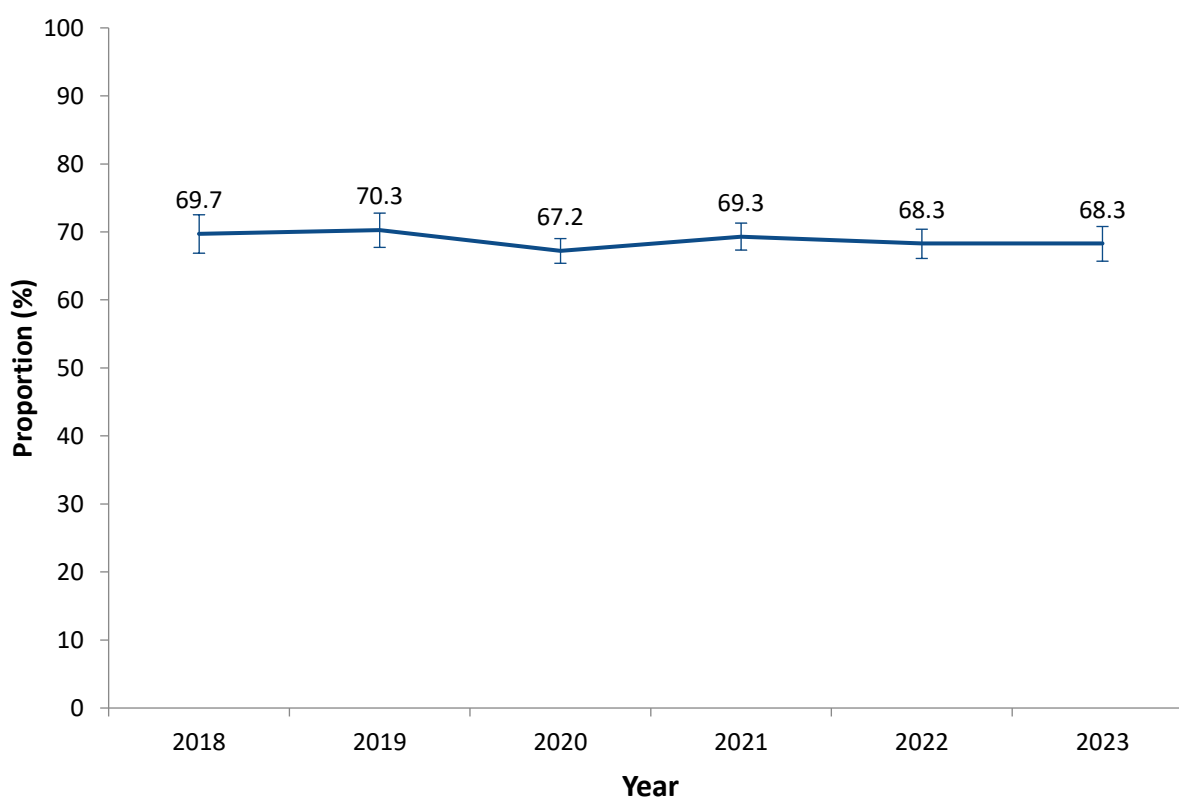


Table 26: Daily fruit consumption of South Australian children (2 to 17 years), SAPHS 2023 (n=1246)

	n	% (95% CI)
None	39	3.1 (2.3-4.2)
One or less than one serve	480	38.6 (35.9-41.2)
Two serves	405	32.5 (29.9-35.1)
Three serves	204	16.4 (14.4-18.5)
Four serves	63	5.1 (3.9-6.4)
Five or more serves	55	4.4 (3.4-5.7)
Total	1246	100.0

CI: Confidence Interval.

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

Table 27: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily fruit consumption guidelines, and median number of serves of fruit per day, SAPHS 2023 (N=1246)

		n/N	% (95% CI)	Median (IQR)
All		851/1246	68.3 (65.7-70.8)	2.0 (1.0-3.0)
Gender	Male	431/658	65.6 (61.8-69.1)	2.0 (1.0-2.0)
(N=1239*)	Female	415/581	71.5 (67.7-75.0)	2.0 (1.0-3.0)
Location	Metropolitan	622/913	68.1 (65.1-71.1)	2.0 (1.0-2.0)
	Rural	229/333	69.0 (63.6-73.6)	2.0 (1.0-3.0)
Age (years)	2 to 4	194/199	97.6 (94.6-99.0)	2.0 (1.0-3.0)
	5 to 9	327/368	89.0 (85.3-91.8)	2.0 (1.0-3.0)
	10 to 14	208/430	48.4 (43.7-53.1)	1.0 (1.0-2.0)
	15 to 17	122/250	48.9 (42.6-55.0)	1.0 (1.0-2.0)
SEIFA	Lowest	192/304	63.2 (57.6-68.4)	2.0 (1.0-3.0)
(N=1244)	Low	122/179	68.2 (61.1-74.6)	2.0 (1.0-2.0)
	Middle	148/238	62.1 (55.9-68.2)	2.0 (1.0-2.0)
	High	165/220	74.8 (69.0-80.4)	2.0 (1.0-3.0)
	Highest	225/303	74.0 (69.1-78.9)	2.0 (1.0-3.0)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Fast food consumption

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

Over half 57.3% of children reported consuming fast food at least once a week in 2023, which is comparable to previous years (Figure 17). In 2023, 11.9% of children reported never consuming fast food (Table 28). Children living in rural areas and those aged 1 to 4 years were less likely to consume fast food at least once a week (Table 29).

Figure 17: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, SAPHS 2018-2023

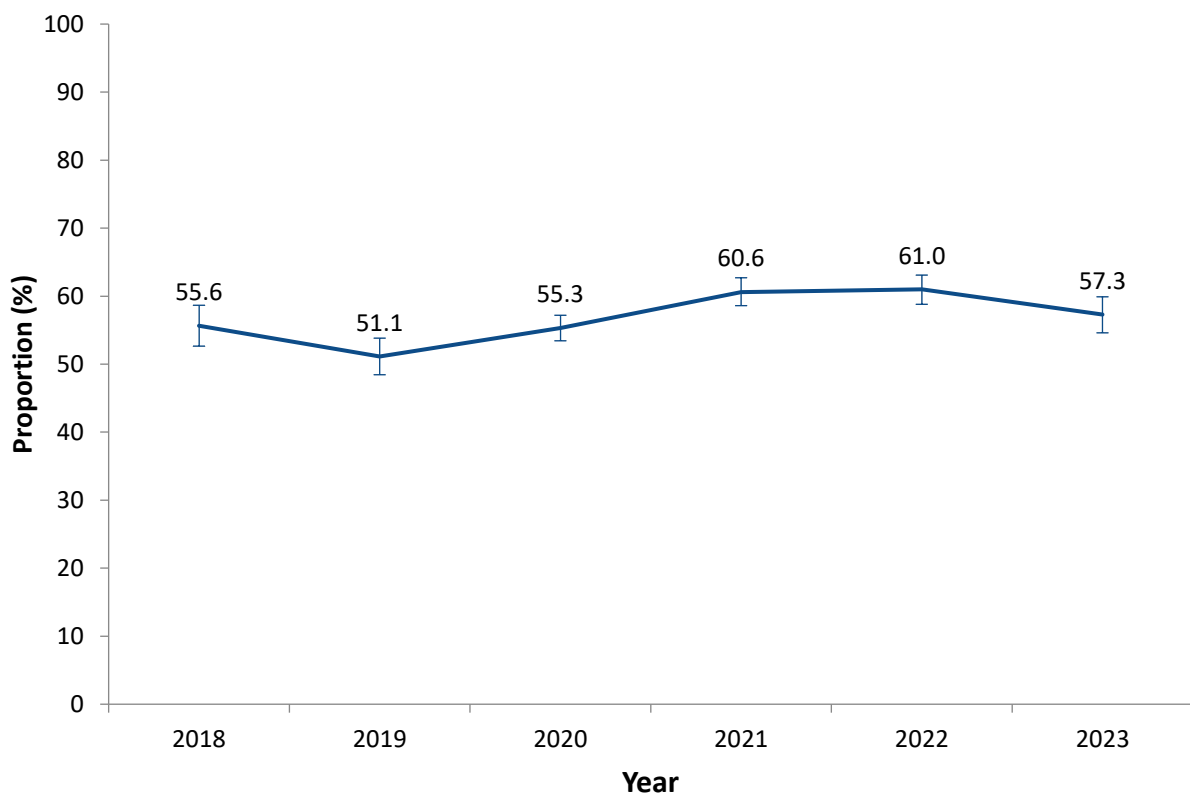


Table 28: Fast food consumption of South Australian children (1 to 17 years), SAPHS 2023 (n=1344)

	n	% (95% CI)
Never	159	11.9 (10.2-13.6)
Rarely (less than once per month)	90	6.7 (5.5-8.1)
Less than once per week	324	24.1 (21.9-26.4)
Once per week	471	35.0 (32.5-37.6)
More than once per week	300	22.3 (20.2-24.6)
Total	1344	100.0

CI: Confidence Interval.

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

Table 29: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, and median consumption (times) per week, SAPHS 2023 (N=1344)

		n/N	% (95% CI)	Median (IQR)
All		770/1344	57.3 (54.6-59.9)	1.0 (0.2-1.0)
Gender (N=1335*)	Male	416/705	59.1 (55.3-62.6)	1.0 (0.2-2.0)
	Female	350/630	55.6 (51.7-59.4)	1.0 (0.2-1.0)
Location	Metropolitan	602/990	60.9 (57.7-63.8)	1.0 (0.2-2.0)
	Rural	168/354	47.4 (42.3-52.7)	0.7 (0.2-1.0)
Age (years)	1 to 4	101/277	36.4 (31.0-42.2)	0.5 (0.0-1.0)
	5 to 9	225/380	59.3 (54.2-64.1)	1.0 (0.5-1.0)
	10 to 14	280/433	64.6 (60.1-69.1)	1.0 (0.5-1.0)
	15 to 17	165/254	64.8 (59.0-70.6)	1.0 (0.5-2.0)
SEIFA (N=1342)	Lowest	188/321	58.5 (53.1-63.9)	1.0 (0.2-1.0)
	Low	110/195	56.3 (49.4-63.2)	1.0 (0.2-1.0)
	Middle	154/251	61.4 (55.2-67.2)	1.0 (0.5-2.0)
	High	138/240	57.3 (51.2-63.6)	1.0 (0.2-1.0)
	Highest	179/334	53.5 (48.2-58.9)	1.0 (0.2-1.0)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Snack food consumption

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

The majority (87.2%) of children reported consuming snack food at least once a week in 2023, which is similar to 2019 (89.1%) and 2022 (88.0%), but lower than other years (Figure 18). In 2023, 5.0% of children reported never consuming snack foods, 4.0% reported consuming snack foods less than once a month, and 3.9% less than once a week (Table 30). Children aged one to four years were less likely to consume snack food at least once a week (Table 31).

Figure 18: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, SAPHS 2018-2023

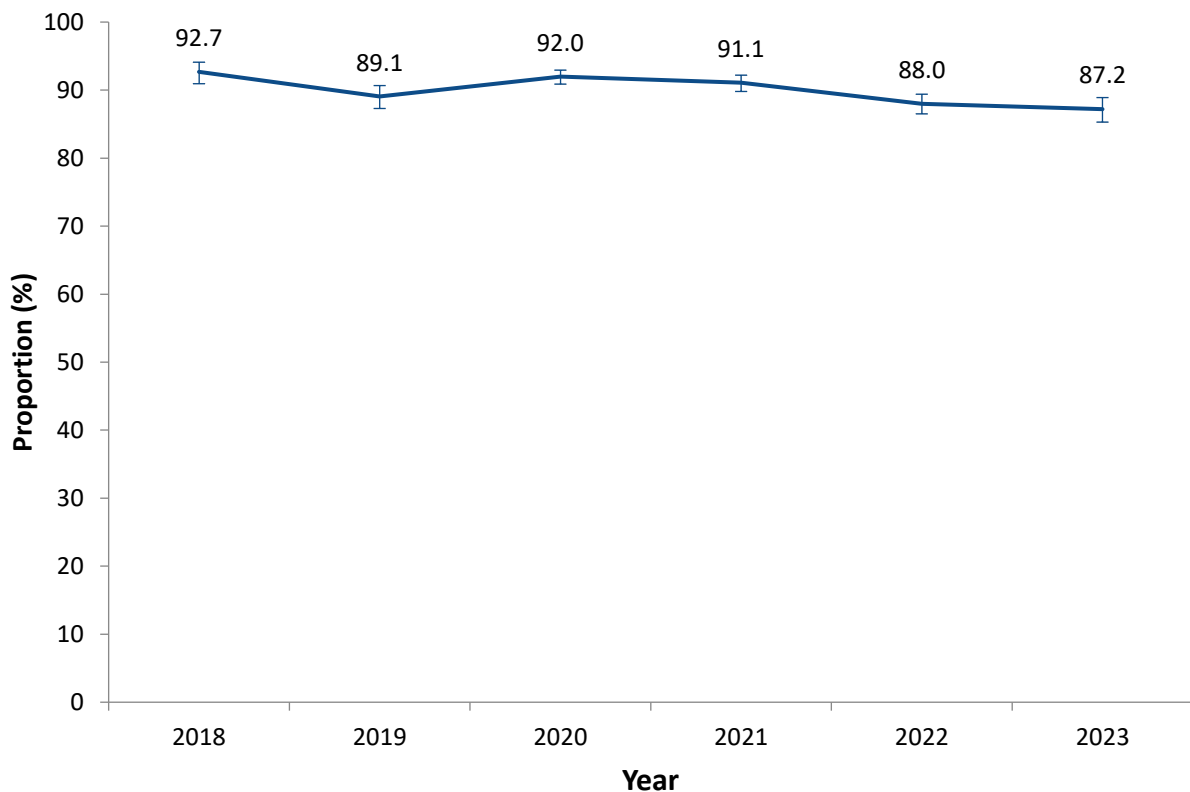


Table 30: Snack food consumption of South Australian children (1 to 17 years), SAPHS 2023 (n=1332)

	n	% (95% CI)
Never	66	5.0 (3.9-6.2)
Rarely (less than once per month)	53	4.0 (3.0-5.1)
Less than once per week	51	3.9 (2.9-5.0)
Once per week	179	13.5 (11.7-15.3)
More than once per week	982	73.7 (71.3-76.0)
Total	1332	100.0

CI: Confidence Interval.

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

Table 31: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, and median consumption (times) per week, SAPHS 2023 (N=1332)

		n/N	% (95% CI)	Median (IQR)
All		1161/1332	87.2 (85.3-88.9)	3.0 (1.0-7.0)
Gender (N=1327*)	Male	612/701	87.3 (84.7-89.6)	3.0 (2.0-7.0)
	Female	547/626	87.3 (84.6-89.8)	3.0 (1.0-7.0)
Location	Metropolitan	865/979	88.4 (86.2-90.3)	3.0 (1.0-7.0)
	Rural	296/354	83.7 (79.5-87.2)	3.0 (1.0-7.0)
Age (years)	1 to 4	204/274	74.7 (69.1-79.3)	2.0 (0.7-6.0)
	5 to 9	348/378	92.1 (89.0-94.5)	4.0 (2.0-7.0)
	10 to 14	393/427	92.1 (89.2-94.3)	4.0 (2.0-7.0)
	15 to 17	216/254	84.9 (80.3-89.0)	3.0 (1.0-4.0)
SEIFA (N=1331)	Lowest	269/318	84.6 (80.3-88.2)	3.0 (1.0-7.0)
	Low	164/193	85.0 (79.4-89.5)	3.0 (1.0-7.0)
	Middle	225/249	90.2 (86.2-93.6)	3.0 (2.0-7.0)
	High	209/240	87.2 (82.4-90.9)	3.0 (1.0-7.0)
	Highest	292/330	88.5 (84.7-91.6)	3.0 (1.0-7.0)

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

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Tap water consumption

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

In 2023, the average daily consumption of water for children was 1.29 litres, which is similar to previous years (Figure 19). More than two-thirds (67.8%) of children consumed at least one litre or more of water per day, 30.0% consumed less than one litre and only 2.2% did not consume any water (Table 32). Males, and older children typically consumed more water (Table 33).

Figure 19: Daily average water consumption (litres) reported by South Australian children (1 to 17 years), SAPHS 2018-2023

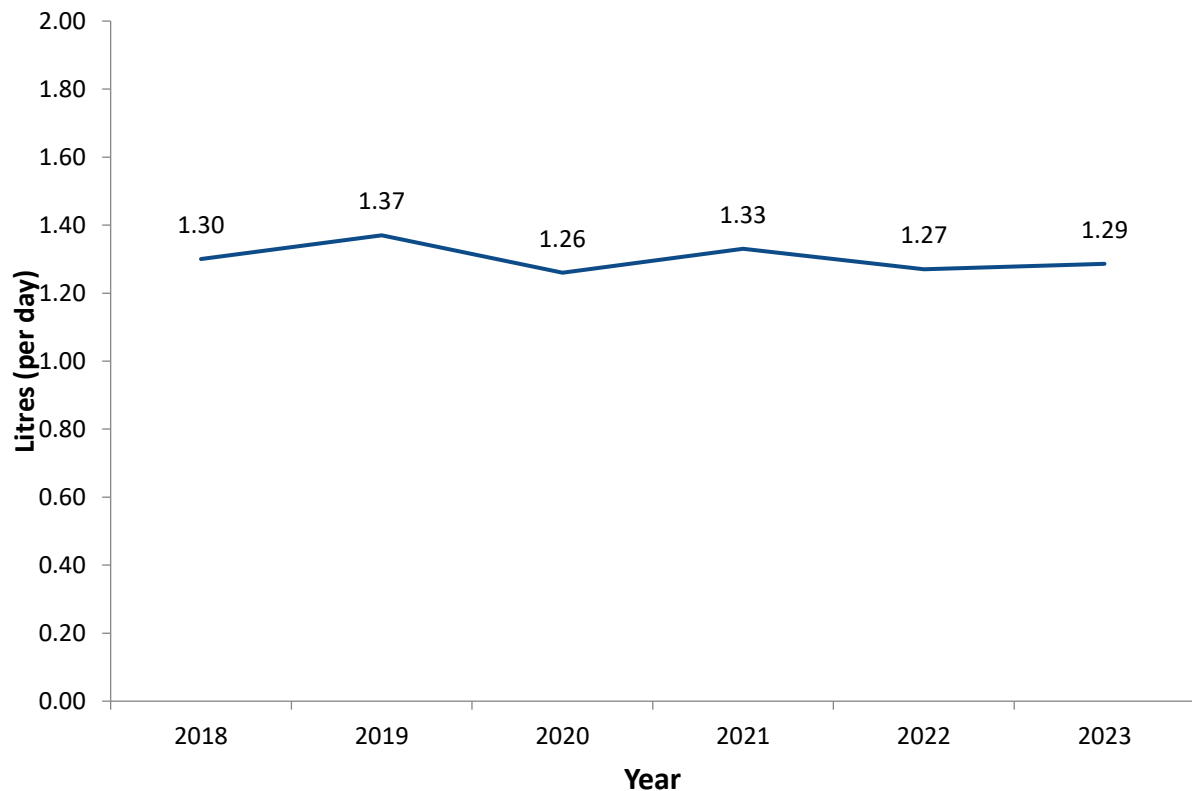


Table 32: Daily water consumption of South Australian children (1 to 17 years), SAPHS 2023 (n=1282)

	n	% (95% CI)
None	28	2.2 (1.5-3.1)
Less than 500ml	54	4.2 (3.2-5.4)
500 to 999ml	331	25.8 (23.5-28.3)
1000 to 1499ml	403	31.5 (28.9-34.0)
1500 to 1999ml	146	11.4 (9.7-13.2)
≥ 2000ml	320	24.9 (22.7-27.4)
Total	1282	100.0

CI: Confidence Interval.

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

Table 33: Daily water consumption (litres) of South Australian children (1 to 17 years), SAPHS 2023 (n=1282)

		Mean (Range) SD	Median (IQR)
All		1.29 (0.0 - 9.0) 0.93	1.0 (0.8-1.8)
Gender (N=1275*)	Male	1.38 (0.0 - 9.0) 1.07	1.0 (0.8-2.0)
	Female	1.16 (0.0 - 4.3) 0.67	1.0 (0.8-1.5)
Location	Metropolitan	1.31 (0.0 - 9.0) 0.99	1.0 (0.8-2.0)
	Rural	1.21 (0.0 - 4.5) 0.73	1.0 (0.8-1.5)
Age (years)	1 to 4	0.88 (0.0 - 5.0) 0.70	0.8 (0.5-1.0)
	5 to 9	1.07 (0.0 - 4.0) 0.62	1.0 (0.8-1.5)
	10 to 14	1.48 (0.0 - 6.0) 0.93	1.3 (1.0-2.0)
	15 to 17	1.73 (0.0 - 9.0) 1.22	1.5 (1.0-2.0)
SEIFA (N=1280)	Lowest	1.30 (0.0 - 5.0) 0.87	1.0 (0.8-2.0)
	Low	1.28 (0.0 - 4.8) 0.72	1.0 (0.8-2.0)
	Middle	1.36 (0.0 - 6.0) 1.06	1.0 (0.8-1.8)
	High	1.14 (0.0 - 4.0) 0.65	1.0 (0.7-1.5)
	Highest	1.33 (0.0 - 9.0) 1.13	1.0 (0.7-2.0)

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

IQR: Interquartile range, SD: Standard deviation

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Soft drink consumption

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

In 2023, 12.3% of children (1 to 17 years) reported consuming soft drink on an average day, which is similar to previous years (Figure 20). The majority (87.7%) of respondents reported consuming no soft drink, 9.5% reported consuming less than half a litre of soft drink and 2.9% consumed half a litre or more daily in 2023 (Table 34).

Figure 20: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2018-2023

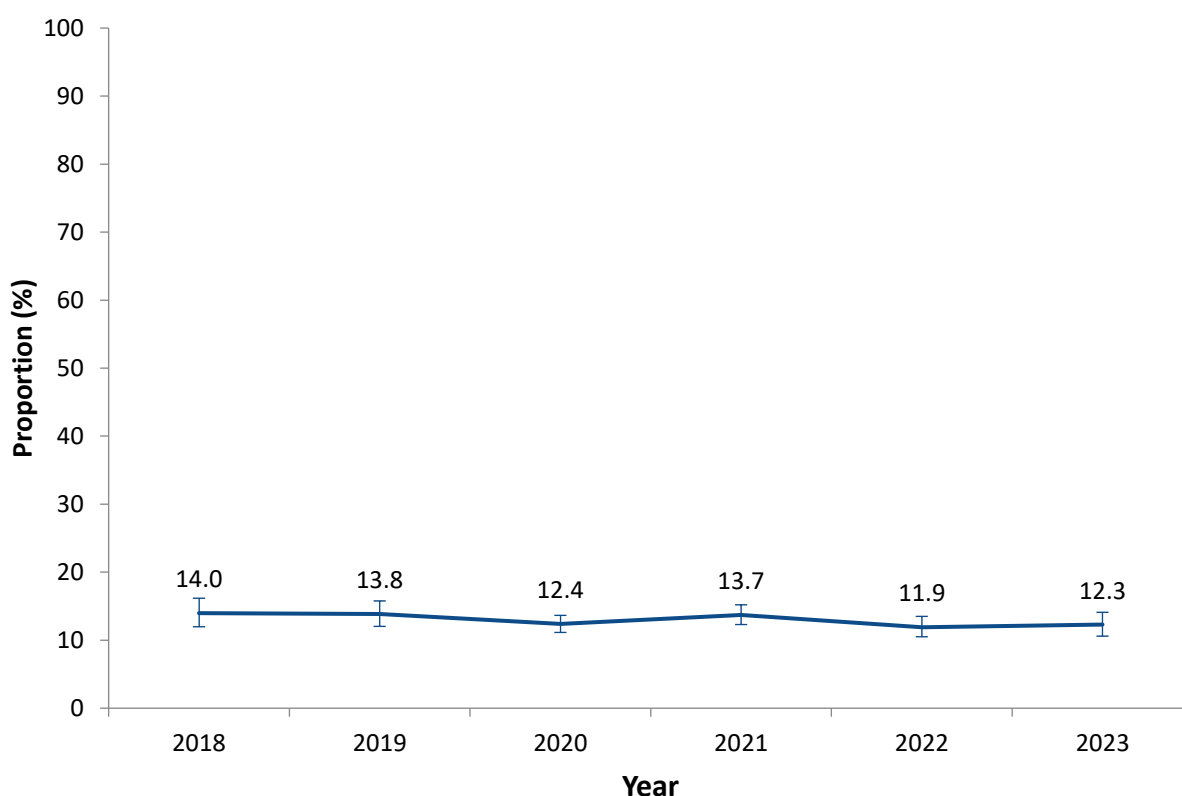


Table 34: Daily soft drink consumption of South Australian children (1 to 17 years), SAPHS 2023 (n=1321)

	n	% (95% CI)
None	1158	87.7 (85.8-89.4)
Less than 250ml	50	3.7 (2.9-4.9)
250 to 499ml	76	5.7 (4.6-7.1)
500 to 749ml	13	1.0 (0.6-1.6)
750 to 999ml	13	1.0 (0.6-1.6)
≥ 1000ml	11	0.9 (0.4-1.4)
Total	1321	100.0

CI: Confidence Interval.

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

Of the 162 children that reported soft drink consumption in 2023, the average consumption was 330mL/day with males (360mL/day) consuming more than females (280mL/day) (Table 35). Older children were more likely to report consuming soft drink on an average day. Respondents from the highest socioeconomic areas were less likely to report soft drink consumption, compared to respondents from the low and lowest socioeconomic areas (Table 36).

Table 35: Daily soft drink consumption (litres) of South Australian children (1 to 17 years) who consumed any soft drink, SAPHS 2023 (n=162)

	Mean (Range) SD
All	0.33 (0.0 - 1.2) 0.27
Male (n=100)	0.36 (0.0 - 1.2) 0.28
Female (n=62)	0.28 (0.0 - 1.0) 0.22

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Table 36: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2023 (N=1321)

		n/N	% (95% CI)
All		162/1321	12.3 (10.6-14.1)
Gender (N=1312*)	Male	100/693	14.5 (12.0-17.2)
	Female	62/620	10.0 (7.8-12.5)
Location	Metropolitan	115/972	11.9 (9.9-14.0)
	Rural	47/349	13.5 (10.2-17.3)
Age (years)	1 to 4	12/277	4.2 (2.4-7.2)
	5 to 9	24/378	6.5 (4.2-9.1)
	10 to 14	74/417	17.8 (14.3-21.6)
	15 to 17	52/249	21.0 (16.2-26.3)
SEIFA (N=1319)	Lowest	48/319	15.1 (11.4-19.3)
	Low	37/191	19.2 (14.3-25.4)
	Middle	31/248	12.4 (8.8-17.0)
	High	24/233	10.4 (6.9-14.7)
	Highest	23/328	6.9 (4.6-10.2)

CI: Confidence Interval.

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Sugar-free soft drink consumption

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

In 2023, 11.4% of children (1 to 17 years) reported consuming sugar-free soft drink on an average day, which is similar to 2018 to 2022 (Figure 21). The majority (88.6%) of respondents reported consuming no sugar-free soft drink on an average day, while 8.9% reported consuming up to half a litre and 2.5% half a litre or more (Table 37).

Figure 21: Proportion of South Australian children (1 to 17 years) who consume sugar-free soft drink, SAPHS 2018-2023

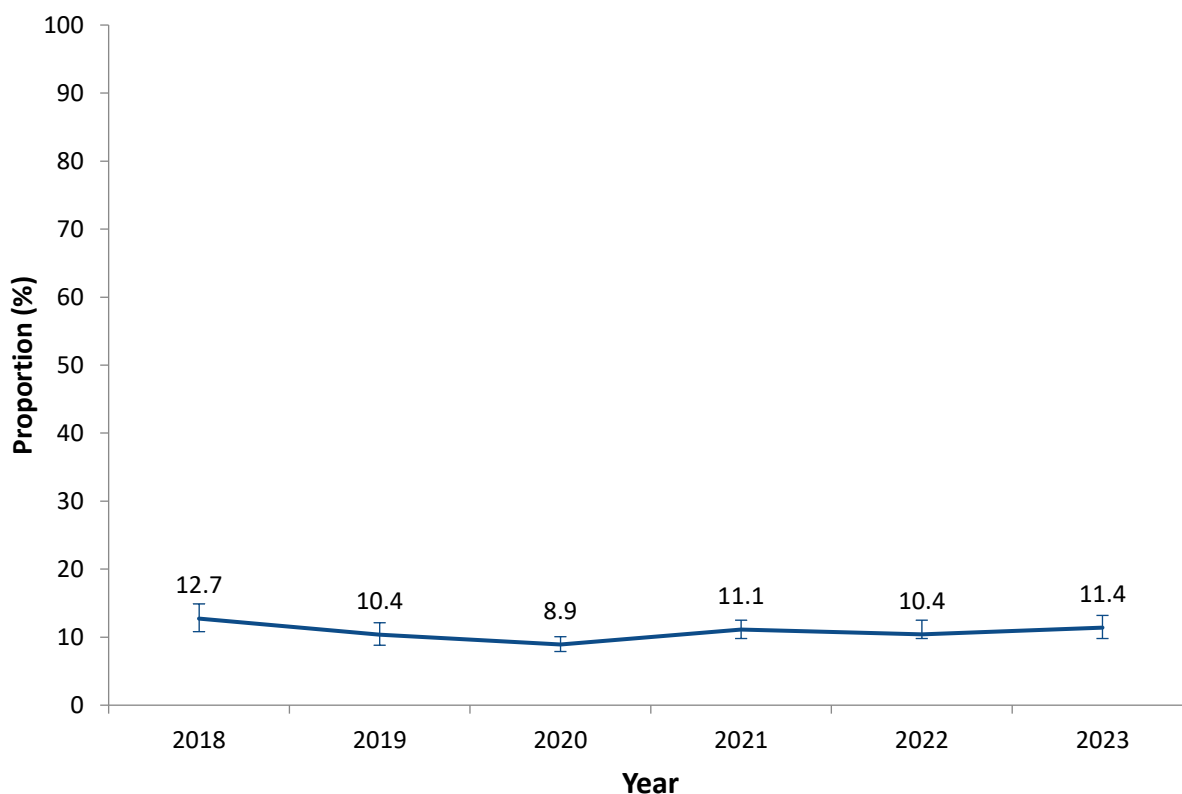


Table 37: Daily sugar-free soft drink consumption of South Australian children (1 to 17 years), SAPHS 2023 (n=1318)

	n	% (95% CI)
None	1168	88.6 (86.8-90.2)
Less than 250ml	48	3.7 (2.7-4.8)
250 to 499ml	69	5.2 (4.1-6.5)
500 to 749ml	9	0.7 (0.3-1.2)
750 to 999ml	4	0.3 (0.1-0.7)
≥ 1000ml	19	1.5 (0.9-2.2)
Total	1318	100.0

CI: Confidence Interval.

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

Of the 150 children that reported consuming sugar-free soft drink in 2023, the average consumption was 380mL/day with males (430mL/day) consuming more than females (260mL/day) (Table 38). Males and older children were more likely to consume sugar-free soft drink on an average day. Respondents from high socioeconomic areas were less likely to report sugar-free soft drink consumption, compared to respondents from the lowest socioeconomic areas (Table 39).

Table 38: Daily sugar-free soft drink consumption (litres) of South Australian children (1 to 17 years) who consumed any sugar-free soft drink, SAPHS 2023 (n=150)

	Mean (Range) SD
All	0.38 (0.0 - 3.0) 0.47
Male (n=102)	0.43 (0.0 - 3.0) 0.51
Female (n=48)	0.26 (0.0 - 2.0) 0.37

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers

Table 39: Proportion of South Australian children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2023 (N=1318)

		n/N	% (95% CI)
All		150/1318	11.4 (9.8-13.2)
Gender (N=1313*)	Male	102/693	14.7 (12.2-17.5)
	Female	48/620	7.7 (5.8-10.0)
Location	Metropolitan	107/970	11.1 (9.2-13.1)
	Rural	43/348	12.3 (9.2-16.1)
Age (years)	1 to 4	6/274	2.2 (0.9-4.5)
	5 to 9	34/378	8.9 (6.4-12.2)
	10 to 14	49/414	11.9 (9.0-15.2)
	15 to 17	61/252	24.2 (19.2-29.8)
SEIFA (N=1316)	Lowest	44/315	14.1 (10.5-18.1)
	Low	24/191	12.4 (8.4-17.8)
	Middle	30/246	12.3 (8.6-16.7)
	High	13/238	5.6 (3.1-8.9)
	Highest	38/326	11.7 (8.5-15.5)

CI: Confidence Interval.

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

*Respondents that preferred not to answer or identified as gender diverse are not presented due to very low numbers.

Appendix – Disposition Report

In 2023, a total of 8,834 respondents of known eligibility (South Australian residents) were contacted, and 7,001 of these completed the interview. This includes respondents of all ages and not just those aged 17 years and under. All call outcomes are outlined in Table 40.

The American Association of Public Opinion Research (AAPOR) provides standard definitions for disposition reports and outcome rates. The cooperation rate stated in this report is based on the AAPOR definition of cooperation rate 1 (COOP1) [10]. This was calculated by dividing the total number of interviews (7,001) by the number of eligible respondents contacted (8,834), producing a total cooperation rate of 79.3%. Cooperation rates for landline numbers (64.6%) and mobiles (80.7%) were also calculated using this method.

Random digit dialling results in many respondents whose eligibility is unknown as the interviewer is unable to determine if they reside in South Australia. There were 196,401 numbers which were dialled but eligibility was unable to be ascertained, largely due to refusing at start before screening question (n=43,364), answering machine (n=88,486), or no answer (n=28,498).

A further 34,074 numbers were not eligible, the majority due to them being disconnected (n=24,176), not residing in South Australia (n=4,127) or being business numbers (n=5,319).

Table 40: Call outcomes for total sample, landline and mobiles, all ages, SAPHS 2023

	Total Sample	Landline	Mobile
Interviews	7001	501	6500
Eligible, non-interview numbers			
Appointments / Stopped interviews	146	8	138
Refused during	415	36	379
Physically or mentally unable/incompetent	618	131	487
No interviewer available for needed language	652	98	554
Sent survey link - not completed yet	2	2	0
Subtotal –eligible non interviews	1833	275	1558
Total eligible	8834	776	8058
Cooperation rate*	79.3	64.6	80.7
Unknown eligibility			
Engaged	33343	5397	27946
Answering machine	88486	12836	75650
No answer	28498	5978	22520
Refused by text	0	0	0
Refused remove from database	2710	214	2496
Refused at start	43364	5033	38331
Subtotal - unknown eligibility	196401	29458	166943
Not eligible			
Number disconnected	24176	7377	16799
Business Numbers	5319	4299	1020
Fax/Modem	165	79	86
Not in South Australia - screener fail	4127	296	3831
Child answered call (no adult available)	206	6	200
Already completed survey (contacted on other phone)	81	15	66
Subtotal - not eligible	34074	12072	22002
TOTAL SAMPLE	239309	42306	197003

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

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