

South Australian Population Health Survey

2024 Annual Report
Children



Government
of South Australia

Preventive Health SA

Contents

List of Tables	4
List of Figures.....	6
Background	7
Methodology.....	8
Study Design.....	8
Sampling Frame	8
Data Collection	8
Participation	8
Weighting and Presentation of Data.....	8
Statistical Analysis.....	9
Demographic profile of survey respondents	10
Health care system.....	12
Health care utilisation	12
Private Health Insurance	14
Mental health service use.....	16
Mental health.....	18
Mental health conditions.....	18
Treatment for current mental health condition	20
Food Security	22
Chronic Disease	24
Asthma	24
Heart Disease and Stroke	26
Disability	27
Weight Status	29
Body mass index.....	29
Protective Factors	31
Physical activity	31
Muscle strength training	33
Screen time	35
Sleep	37
Oral health.....	39
Nutrition.....	40
Vegetable consumption	40
Fruit consumption.....	42
Fast food consumption	44
Snack food consumption	46
Tap water consumption	48
Soft drink consumption.....	50

Sugar-free soft drink consumption.....	52
Appendix – Disposition Report	54
References	56

List of Tables

Table 1: Weighted sample, SAPHS 2024 (n=1391).....	10
Table 2: Proportion of South Australian children (0-17 years) reporting use of health services in the previous 12-months, SAPHS 2024 (n=1384).....	12
Table 3: Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2024 (N=1384).....	13
Table 4: Number of times South Australian children (0-17 years) reported using a GP in the previous 12-months, SAPHS 2024 (n=1384)	13
Table 5: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2024 (N=1375)	15
Table 6: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2024 (N=1391).....	17
Table 7: Proportion of South Australian children (5-15 years) reporting a mental health condition by type of condition, SAPHS 2024 (n=965).....	19
Table 8: Proportion of South Australian children (5-15 years) reporting having a mental health condition, SAPHS 2024 (N=965)	19
Table 9: Proportion of South Australian children (5-15 years) reporting mental health treatment by type of treatment, SAPHS 2024 (n=262)	21
Table 10: Proportion of South Australian children (5-15 years) reporting receiving treatment for a mental health condition, SAPHS 2024 (N=262).....	21
Table 11: Proportion of South Australian children (0-17 years) with food insecurity in the past 12-months, SAPHS 2024 (N=1385).....	23
Table 12: Proportion of South Australian children (2-17 years) reporting asthma, SAPHS 2024 (N=1242)	25
Table 13: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2024 (N=1375)	28
Table 14: Proportion of South Australian children (2-17 years) by weight status, SAPHS 2024 (N=906)	30
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 2024 (n=1060)	32
Table 16: Proportion of children (5-17 years) reporting engaging in 5+ and 7 days of 60 minutes of physical activity, SAPHS 2024 (N=1060).....	32
Table 17: Proportion of South Australian children (5-17 years) reporting number of days per week of muscle strength training, SAPHS 2024 (n=1046).....	34
Table 18: Proportion of South Australian children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2024 (N=1046)	34
Table 19: Proportion of South Australian children (5-17 years) by time spent on screen-based activity, SAPHS 2024	36
Table 20: Proportion of South Australian children (5-17 years) reporting more than two hours on screen-based activity, SAPHS 2024	36
Table 21: Proportion of South Australian children (1-17 years) reporting meeting the sleep duration guidelines, SAPHS 2024 (N=1299).....	38
Table 22: Proportion of children (2-17 years) reporting teeth brushing per day, SAPHS 2024 (n=1245)	39
Table 23: Proportion of children (2-17 years) reporting teeth brushing twice or more a day, SAPHS 2024 (N=1245)	39
Table 24: Recommended vegetable consumption	40
Table 25: Daily vegetable consumption of South Australian children (2 to 17 years), SAPHS 2024 (n=1228).....	41
Table 26: 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 2024 (N=1228)	41
Table 27: Daily fruit consumption of South Australian children (2 to 17 years), SAPHS 2024 (n=1240).....	43
Table 28: 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 2024 (N=1240)	43

Table 29: Fast food consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1298).....	45
Table 30: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, and overall median consumption per week, SAPHS 2024 (N=1298).....	45
Table 31: Snack food consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1295).....	47
Table 32: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, and overall median consumption (times) per week, SAPHS 2024 (N=1295)	47
Table 33: Daily water consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1257).....	48
Table 34: Daily water consumption (litres) of South Australian children (1 to 17 years), SAPHS 2024 (N=1257)	49
Table 35: Daily soft drink consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1286).....	51
Table 36: Daily soft drink consumption (litres) of South Australian children (1 to 17 years) who reported consuming soft drink, SAPHS 2024 (n=128)	51
Table 37: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2024 (N=1286)	51
Table 38: Sugar-free soft drink consumption (litres) of South Australian children (1 to 17 years) who reported consuming sugar-free soft drink, SAPHS 2024 (n=161)	52
Table 39: Daily sugar-free soft drink consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1288).....	53
Table 40: Proportion of South Australian children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2024 (N=1288)	53
Table 41: Call outcomes for total sample, landline and mobiles, all ages, SAPHS 2024	55

List of Figures

Figure 1: Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2018-2024	12
Figure 2: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2018-2024	14
Figure 3: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2018-2024	16
Figure 4: Proportion of South Australian children (5-17 years) reporting a mental health condition in the last 12-months, SAPHS 2018-2024	18
Figure 5: Proportion of South Australian adults (5-15 years) reporting receiving treatment for their mental health condition, SAPHS 2018-2024	20
Figure 6: Proportion of South Australian children (0-17 years) with food insecurity in the past 12-months, SAPHS 2018-2024	22
Figure 7: Proportion of South Australian children (2-17 years) reporting asthma (ACAM definition), SAPHS 2018-2024	24
Figure 8: Proportion of South Australian children (0-17 years) reporting heart disease or stroke, SAPHS 2018-2024	26
Figure 9: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2018-2024	27
Figure 10: Proportion of South Australian children (2-17 years) reporting unhealthy weight status, SAPHS 2018-2024	29
Figure 11: Proportion of South Australian children (5-17 years) reporting engaging in 5+ and 7 days of 60 minutes of physical activity, SAPHS 2018-2024	31
Figure 12: Proportion of South Australian children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2018-2024	33
Figure 13: Proportion of South Australian children (5-17 years) who spent more than two hours on screen-based activity, SAPHS 2018-2024	35
Figure 14: Proportion of South Australian children (1-17 years) reporting meeting the sleep duration guidelines, SAPHS 2018-2024	37
Figure 15: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily vegetable consumption guidelines, SAPHS 2018-2024	40
Figure 16: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily fruit consumption guidelines, SAPHS 2018-2024	42
Figure 17: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, SAPHS 2018-2024	44
Figure 18: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, SAPHS 2018-2024	46
Figure 19: Daily average water consumption (litres) reported by South Australian children (1 to 17 years), SAPHS 2018-2024	48
Figure 20: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2018-2024	50
Figure 21: Proportion of South Australian children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2018-2024	52

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 principal 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.

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). For a period beginning October 2023 to July 2024 RDD was again used due to issues with approval to use the IPND. 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 2024 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 8304 eligible South Australians of all ages were contacted in 2024 and 7,056 interviews were conducted resulting in an overall cooperation rate of 85.0%. There were 357 participants reached through a landline number and 6,699 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 41). The data presented in this report are for the n=1,391 respondents aged 0-17 years. All respondents surveyed 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 2024 to December 2024. Where available, headline data are presented for 2018 to 2024 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 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.

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 2024 are only done so of the whole population and does not identify potential changes seen within specific sub-groups of the population.

Demographic profile of survey respondents

Table 1 shows the weighted demographics of the respondents contained within this report. Of the 1,391 South Australian children aged 0-17 years included in this 2024 report, 47.6% were female, the majority resided in metropolitan areas (75.6%), were born in Australia (89.4%), spoke English at home (89.1%).

South Australians across all socio-economic areas and education levels were represented, and the Aboriginal sample (5.4%) was similar to the estimated resident population rate of 5.5% (0-17 year olds) [1].

Table 1: Weighted sample, SAPHS 2024 (n=1391)

		n	%	95% CI
All		1391	100.0	
Gender	Male	719	51.7	49.1-54.3
	Female	662	47.6	45.0-50.2
	Gender diverse	6	0.5	0.2-0.9
	Not Stated	<5	0.3	0.1-0.7
Location	Metropolitan	1052	75.6	73.3-77.8
	Rural	340	24.4	22.2-26.8
Age (years)	0 to 4	310	22.3	20.2-24.5
	5 to 9	332	23.8	21.7-26.2
	10 to 14	493	35.4	33.0-38.0
	15 to 17	257	18.5	16.5-20.6
Aboriginal and/or Torres Strait Islander Status	Yes	75	5.4	4.3-6.7
	No	1312	94.3	93.0-95.4
	Not stated	5	0.3	0.1-0.8
SEIFA*	Lowest	315	22.6	20.5-24.9
	Low	196	14.1	12.3-16.0
	Middle	284	20.4	18.4-22.6
	High	263	18.9	16.9-21.0
	Highest	333	24.0	21.8-26.3
Household Income	Up to \$20,000	21	1.5	1.0-2.3
	\$20,001 - \$40,000	64	4.6	3.6-5.8
	\$40,001 - \$60,000	78	5.6	4.5-6.9
	\$60,001 - \$80,000	121	8.7	7.3-10.3
	\$80,001 - \$100,000	104	7.5	6.2-8.9
	\$100,001 - \$150,000	270	19.4	17.4-21.6
	More than \$150,000	509	36.6	34.1-39.1
	Not stated	224	16.1	14.2-18.1

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 1 – continued

		n	%	95% CI
Language spoken at home	English	1239	89.1	87.4-90.6
	Other	150	10.8	9.2-12.5
	Not stated	<5	0.1	0.0-0.5
Country of birth	Australia	1244	89.4	87.7-91.0
	UK / Ireland	15	1.1	0.6-1.7
	Other	132	9.5	8.0-11.1
	Not stated	0	-	-
Dwelling type	Owned or being purchased	1033	74.2	71.9-76.5
	Rented privately	313	22.5	20.4-24.8
	Rented from the Housing Trust	17	1.2	0.7-1.9
	Other	16	1.2	0.7-1.8
	Not stated	12	0.8	0.5-1.5

CI: Confidence Interval.

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

Health care system

Health care utilisation

Measures: 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 other various health services in the last 12-months.

The most frequently used health service by children in the past 12-months was the GP (82.3%), followed by the dentist (69.9%), and specialist doctor (33.4%) (Table 2). In 2024 the proportion of children that had used a GP in the past 12-months was similar to all previous years (Figure 1).

Table 2: Proportion of South Australian children (0-17 years) reporting use of health services in the previous 12-months, SAPHS 2024 (n=1384)

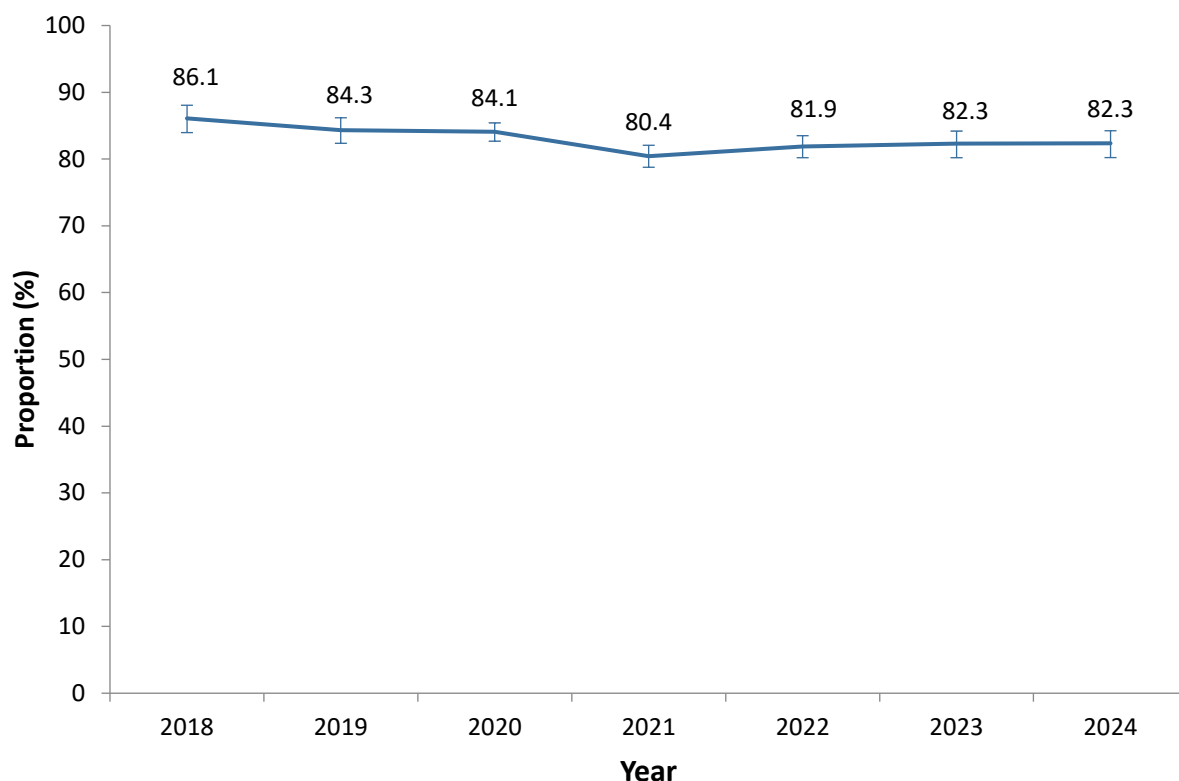
	n	% (95% CI)
GP	1139	82.3 (80.2-84.2)
Dentist	968	69.9 (67.5-72.3)
Specialist Doctor	462	33.4 (30.9-35.9)
Other Health Professional*	384	27.7 (25.4-30.1)
Hospital Emergency Department	301	21.8 (19.6-24.0)
Hospital Admission	158	11.4 (9.8-13.2)
Hospital Outpatient Clinic	159	11.5 (9.9-13.2)

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.

Figure 1: Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2018-2024



In 2024, visitation to GPs was higher among children aged 0-4 years old, compared to those aged 10-17 years old (Table 3). The number of times a person visited a GP in the previous 12-months is also reported in Table 4.

Table 3: Proportion of South Australian children (0-17 years) reporting using a GP in the previous 12-months, SAPHS 2024 (N=1384)

		n/N	% (95% CI)
All		1139/1384	82.3 (80.2-84.2)
Gender (N=1373*)	Male	598/716	83.5 (80.7-86.1)
	Female	530/657	80.8 (77.5-83.6)
Location	Metropolitan	864/1047	82.5 (80.1-84.7)
	Rural	275/337	81.8 (77.2-85.5)
Age (years)	0 to 4	277/306	90.5 (86.9-93.4)
	5 to 9	281/330	85.1 (81.0-88.7)
	10 to 14	376/490	76.7 (72.8-80.3)
	15 to 17	205/257	79.8 (74.5-84.3)
SEIFA (N=1382)	Lowest	258/307	84.0 (79.6-87.8)
	Low	164/196	83.6 (78.0-88.3)
	Middle	235/284	83.0 (78.0-86.8)
	High	218/263	82.9 (78.0-87.1)
	Highest	263/333	79.0 (74.4-83.1)

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

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

*Respondents that identified as gender diverse, or preferred not to answer 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 2024 (n=1384)

	n	%
None	244	17.7
1	302	21.8
2	274	19.8
3	189	13.6
4	107	7.8
5	103	7.4
6	48	3.4
7	11	0.8
8	12	0.9
9	7	0.5
10	38	2.7
11-15	34	2.4
16-20	2	0.2
More than 20	13	0.9
Total	1384	100.0

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

Private Health Insurance

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

Over half (58.6%) of children reported having private health insurance in 2024, which was similar to all previous years (2018-2023) (Figure 2).

In 2024, residents of the highest socioeconomic areas were more likely to be covered by private health insurance, compared to those living in the lowest socioeconomic areas (Table 5).

Figure 2: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2018-2024

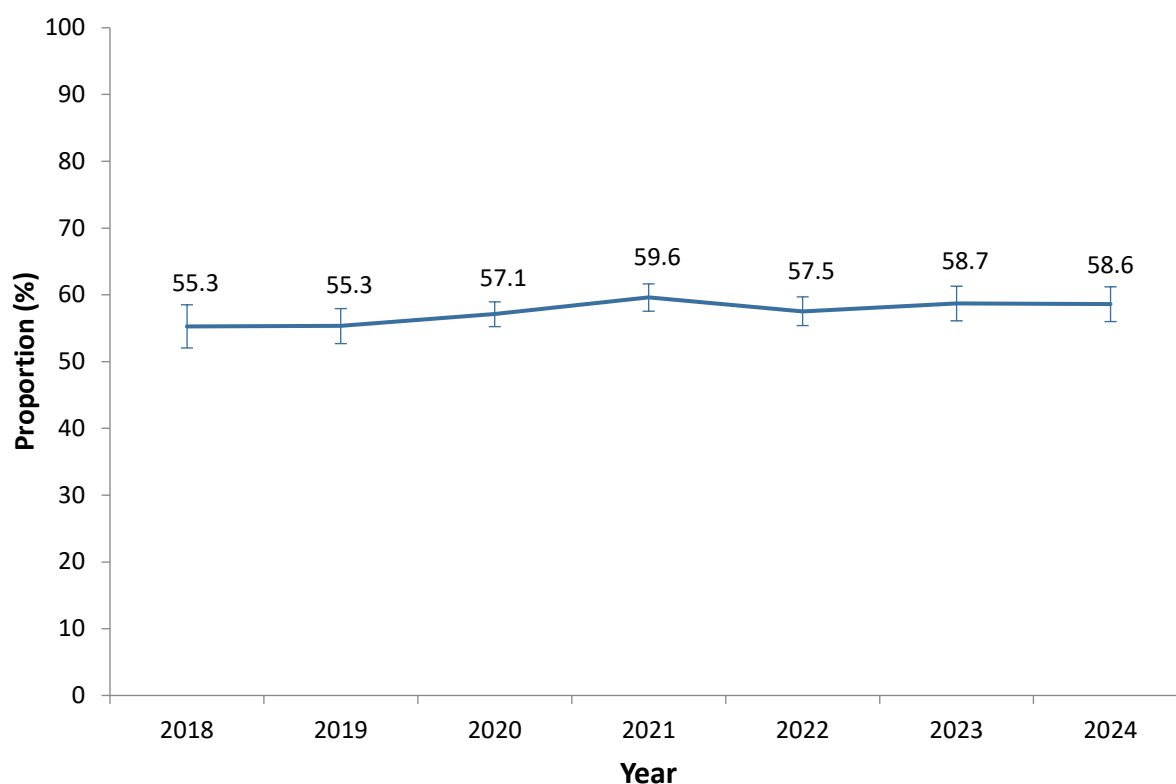


Table 5: Proportion of South Australian children (0-17 years) reporting being covered by private health insurance, SAPHS 2024 (N=1375)

		n/N	% (95% CI)
All		806/1375	58.6 (56.0-61.2)
Gender (N=1365*)	Male	407/717	56.7 (53.1-60.4)
	Female	392/647	60.5 (56.8-64.3)
Location	Metropolitan	617/1038	59.5 (56.4-62.4)
	Rural	189/337	56.1 (50.8-61.3)
Age (years)	0 to 4	167/308	54.1 (48.6-59.7)
	5 to 9	200/331	60.3 (55.1-65.6)
	10 to 14	300/492	61.0 (56.6-65.2)
	15 to 17	140/245	57.4 (50.9-63.2)
SEIFA (N=1374)	Lowest	110/312	35.1 (30.1-40.7)
	Low	128/196	65.2 (58.5-71.7)
	Middle	157/281	56.0 (50.0-61.6)
	High	157/251	62.3 (56.4-68.4)
	Highest	255/333	76.5 (71.8-80.9)

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

Mental health service use

Measures: 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 2024, a quarter of children (25.5%) had used a mental health service in the last 12-months, and this was higher than 2018 (18.5%), 2020 (19.6%), and 2021 (18.3%) (Figure 3). In 2024, respondents aged 5-9 years old areas were less likely to report using a mental health service in the last 12-months (Table 6).

Figure 3: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2018-2024

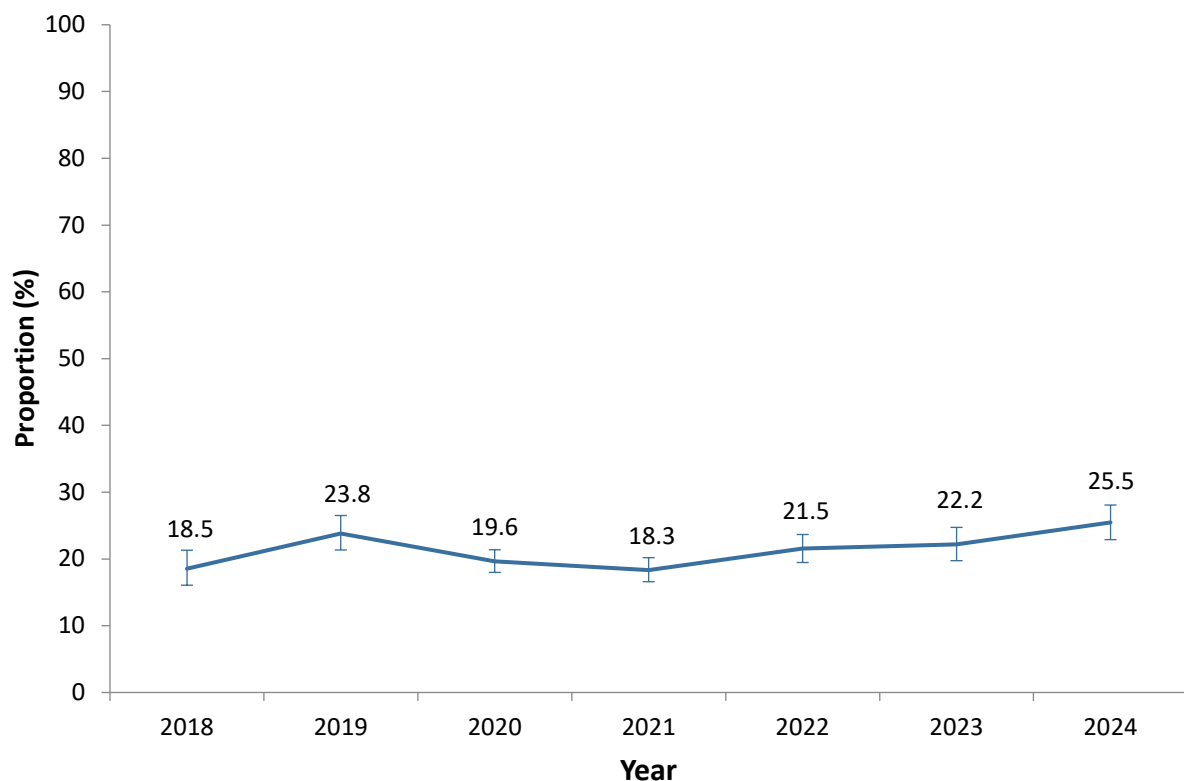


Table 6: Proportion of South Australian children (5-17 years) reporting using a mental health service in the past 12-months, SAPHS 2024 (N=1082)

		n/N	% (95% CI)
All		275/1082	25.5 (22.9-28.1)
Gender (N=1073*)	Male	136/557	24.5 (21.0-28.1)
	Female	136/517	26.3 (22.7-30.2)
Location	Metropolitan	204/825	24.8 (21.9-27.8)
	Rural	71/257	27.8 (22.4-33.3)
Age (years)	5 to 9	57/332	17.1 (13.4-21.5)
	10 to 14	142/493	28.8 (24.9-32.9)
	15 to 17	77/257	29.9 (24.6-35.8)
SEIFA	Lowest	68/237	28.8 (23.2-34.7)
	Low	42/147	28.5 (21.7-36.2)
	Middle	54/232	23.5 (18.2-29.0)
	High	34/184	18.4 (13.4-24.6)
	Highest	77/282	27.3 (22.4-32.7)

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

Mental health

Mental health conditions

Measures: 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 2024, 27.2% of children aged 5-15 years old reported having a mental health condition in the last 12-months. This was higher than all other previous years (2018-2023) (Figure 4).

Anxiety (17.6%) and ADHD (14.2%) were more common among children aged 5-15 years old than depression (4.0), conduct disorder (1.2%) or other conditions (2.6%) (Table 7).

Children aged 5-15 years old who lived in the lowest socioeconomic areas were more likely to report having a mental health condition compared to those from middle socioeconomic areas (Table 8).

In 2024, of the n=113 children aged 16 and 17 years old, 27.2% 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 a mental health condition in the last 12-months, SAPHS 2018-2024

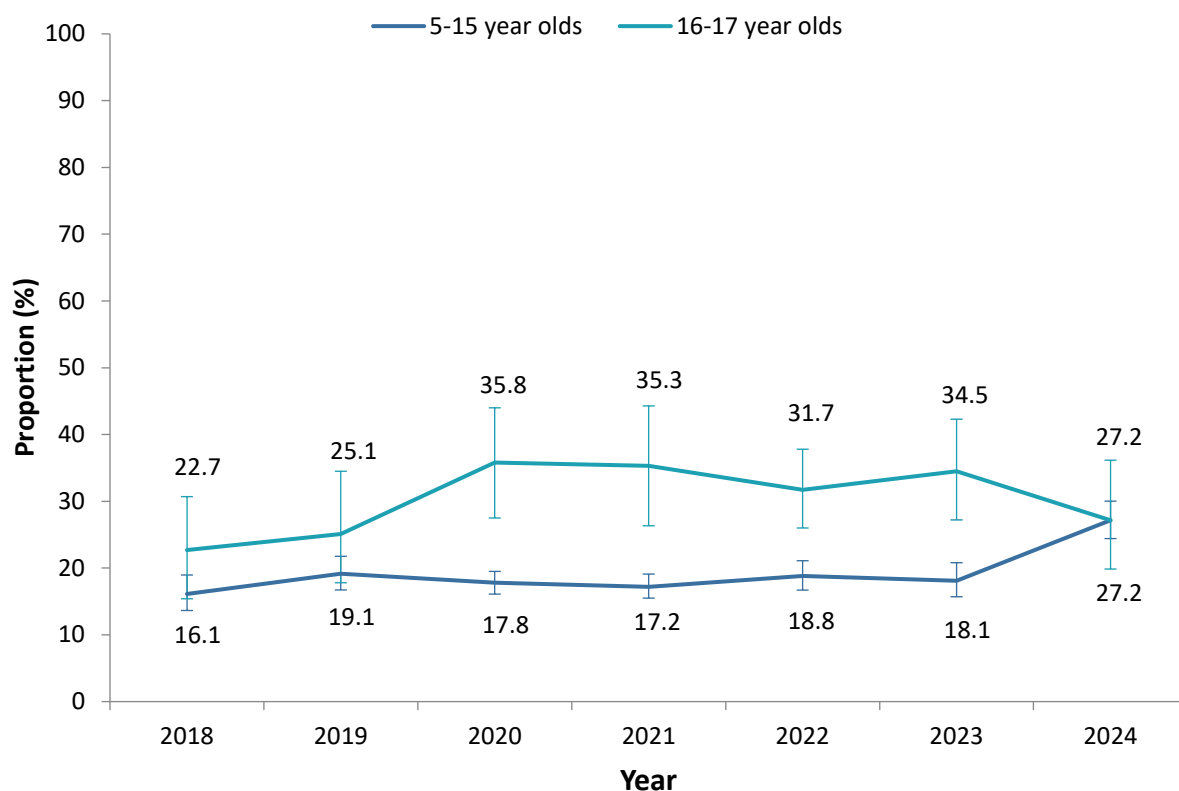


Table 7: Proportion of South Australian children (5-15 years) reporting a mental health condition by type of condition, SAPHS 2024 (n=965)

	n	% (95% CI)
Anxiety*	170	17.6 (15.3-20.1)
ADHD**	137	14.2 (12.1-16.5)
Depression	38	4.0 (2.8-5.3)
Conduct Disorder	12	1.2 (0.7-2.1)
Other	25	2.6 (1.7-3.7)

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

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

Table 8: Proportion of South Australian children (5-15 years) reporting having a mental health condition, SAPHS 2024 (N=965)

		n/N	% (95% CI)
All		262/965	27.2 (24.4-30.0)
Gender (N=965*)	Male	144/507	28.4 (24.6-32.4)
	Female	115/450	25.5 (21.7-29.7)
Location	Metropolitan	199/748	26.6 (23.5-29.9)
	Rural	63/216	29.0 (23.4-35.5)
Age (years)	5 to 9	76/330	23.0 (18.7-27.8)
	10 to 15	186/634	29.3 (25.9-33.0)
SEIFA (N=965)	Lowest	70/196	35.7 (29.3-42.6)
	Low	44/147	30.1 (23.0-37.7)
	Middle	43/202	21.2 (16.1-27.3)
	High	38/161	23.3 (17.6-30.6)
	Highest	67/258	26.0 (20.9-31.6)

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

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

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

Treatment for current mental health condition

Measures: 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 follow-up question (n=262), over half (62.3%) reported receiving treatment for their mental health condition in 2024. This was similar to previous years (Figure 5).

In 2024, health professional (44.7%) and medication (29.5%) were the more common forms of treatment compared with a counsellor (16.6%), online/phone resources (2.2%), and other treatments (6.0%) (Table 9).

The proportion of children currently receiving treatment for a mental health condition was similar across demographic groups (Table 10).

Of the respondents aged 16 and 17 years who had a mental health condition and responded to this follow-up question (n=31), 81.8% reported receiving treatment for their mental health condition in 2024. These data are not compared to previous years or presented by sub-groups due to small numbers.

Figure 5: Proportion of South Australian adults (5-15 years) reporting receiving treatment for their mental health condition, SAPHS 2018-2024

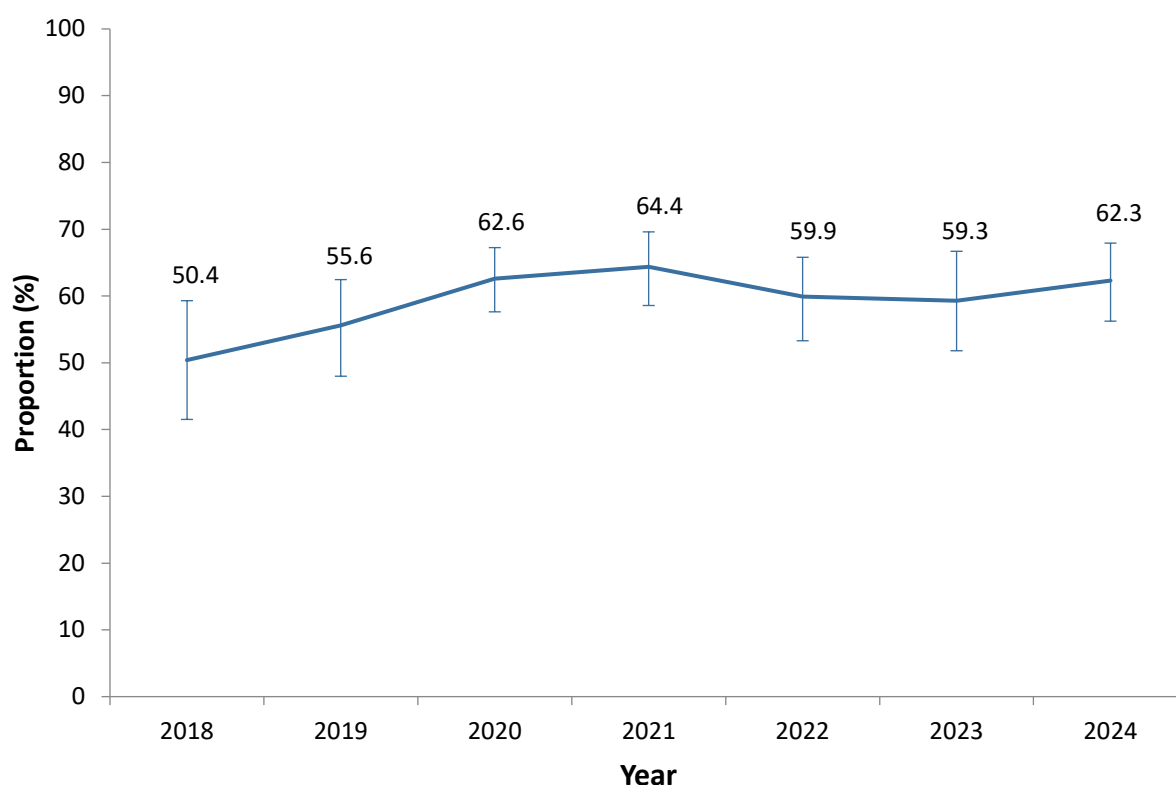


Table 9: Proportion of South Australian children (5-15 years) reporting mental health treatment by type of treatment, SAPHS 2024 (n=262)

	n	% (95% CI)
Health professional	117	44.7 (38.7-50.7)
Medication	77	29.5 (24.1-35.1)
Counsellor	44	16.6 (12.6-21.7)
Online/phone resources (self-help)	6	2.2 (1.0-4.7)
Other	16	6.0 (3.7-9.1)

CI: Confidence Interval.

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

Multiple responses allowed.

Table 10: Proportion of South Australian children (5-15 years) reporting receiving treatment for a mental health condition, SAPHS 2024 (N=262)

		n/N	% (95% CI)
All		163/262	62.3 (56.2-67.9)
Gender	Male	96/144	66.9 (58.7-74.0)
	Female	64/115	55.5 (46.5-64.5)
Location	Metropolitan	131/199	65.6 (59.0-72.2)
	Rural	33/63	51.9 (40.2-64.4)
Age (years)	5 to 9	47/76	61.1 (50.6-72.2)
	10 to 15	117/186	62.8 (55.8-69.6)
SEIFA	Lowest	52/70	74.6 (63.2-83.4)
	Low	23/44	51.8 (37.8-66.5)
	Middle	26/43	60.0 (45.6-74.0)
	High	21/38	55.3 (39.6-70.2)
	Highest	42/67	61.9 (50.8-73.5)

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

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

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.

In 2024, food insecurity in the past 12-months was reported by 6.9% of children, and this was similar to 2023 (5.4%) (Figure 6).

Experiencing food insecurity in the last 12-months was more likely to be reported by children who lived in the lowest socioeconomic areas (13.9%) compared to those from the middle-highest socioeconomic areas (3.5%-4.7%) (Table 11).

Figure 6: Proportion of South Australian children (0-17 years) with food insecurity in the past 12-months, SAPHS 2018-2024

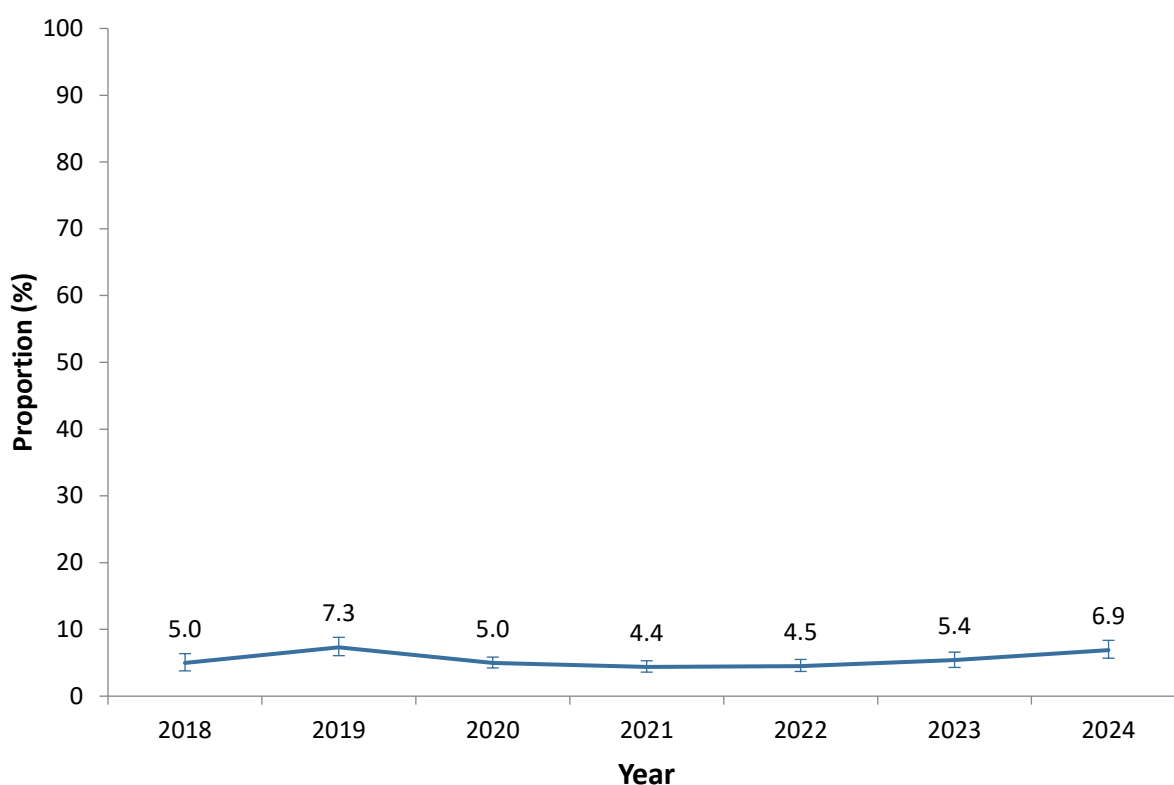


Table 11: Proportion of South Australian children (0-17 years) with food insecurity in the past 12- months, SAPHS 2024 (N=1385)

		n/N	% (95% CI)
All		96/1385	6.9 (5.7-8.4)
Gender (N=1374*)	Male	58/717	8.1 (6.3-10.3)
	Female	35/657	5.4 (3.8-7.2)
Location	Metropolitan	70/1045	6.7 (5.3-8.3)
	Rural	25/340	7.4 (4.9-10.5)
Age (years)	0 to 4	19/308	6.1 (3.9-9.3)
	5 to 9	21/330	6.2 (4.1-9.4)
	10 to 14	35/490	7.2 (5.1-9.7)
	15 to 17	21/257	8.3 (5.3-12.0)
SEIFA (N=1384)	Lowest	43/312	13.9 (10.3-17.9)
	Low	15/193	7.8 (4.6-12.2)
	Middle	12/284	4.4 (2.3-7.0)
	High	9/263	3.5 (1.7-6.2)
	Highest	16/333	4.7 (2.9-7.5)

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

Chronic Disease

Asthma

Measure: A series of questions were asked of respondents to determine if the respondent had asthma according to the Australian Centre for Asthma Monitoring (ACAM) [2] definition, that is, the respondent had been diagnosed with asthma and had experienced symptoms and/or treatment in the last 12-months.

In 2024, 11.0% of children aged 2-17 years old reported having asthma (according to the ACAM definition), which was similar to all previous years (Figure 7).

Reporting asthma was similar for children across demographic groups in 2024 (Table 12).

Figure 7: Proportion of South Australian children (2-17 years) reporting asthma (ACAM definition), SAPHS 2018-2024

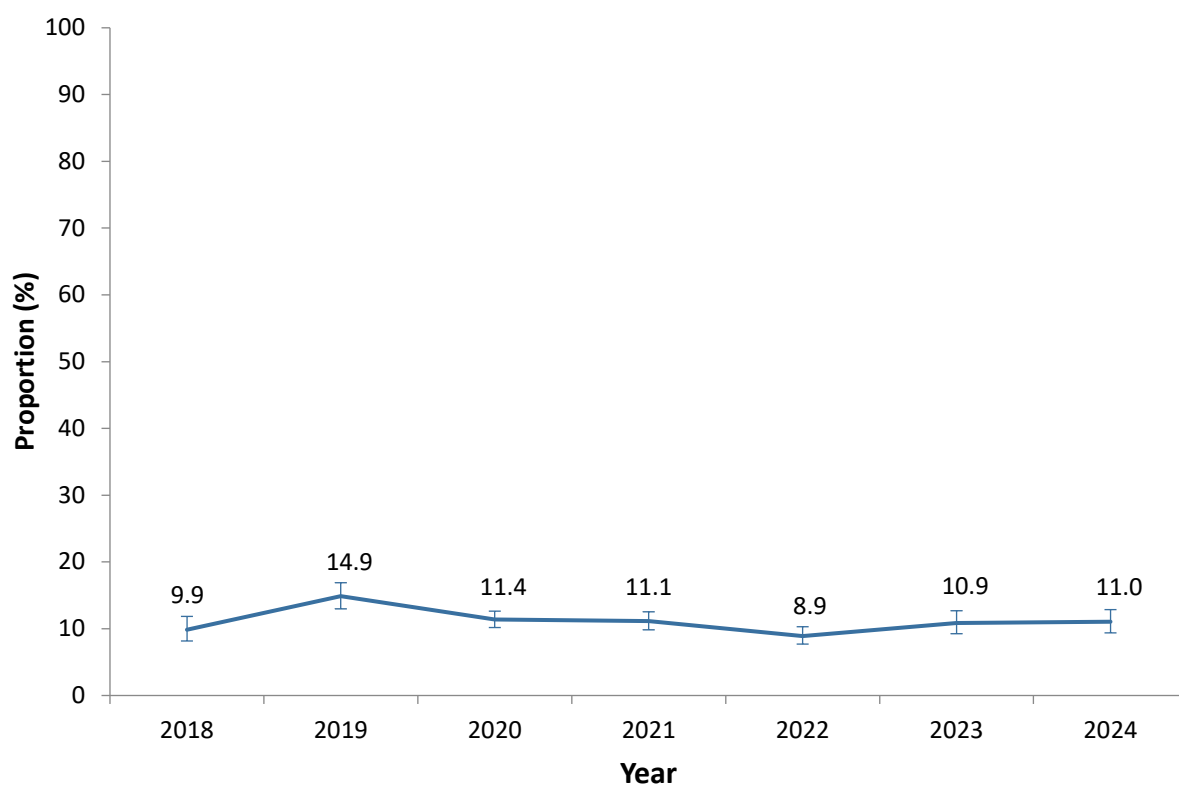


Table 12: Proportion of South Australian children (2-17 years) reporting asthma, SAPHS 2024 (N=1242)

		n/N	% (95% CI)
All		137/1242	11.0 (9.4-12.9)
Gender (N=1232*)	Male	76/639	11.8 (9.6-14.6)
	Female	59/594	9.9 (7.7-12.5)
Location	Metropolitan	107/936	11.4 (9.5-13.6)
	Rural	30/305	9.8 (6.9-13.6)
Age (years)	2 to 4	17/166	10.2 (6.3-15.5)
	5 to 9	31/329	9.4 (6.6-12.9)
	10 to 14	59/490	12.1 (9.4-15.1)
	15 to 17	30/257	11.6 (8.2-16.0)
SEIFA (N=1241)	Lowest	38/285	13.5 (9.8-17.6)
	Low	17/172	10.1 (6.1-15.0)
	Middle	31/256	12.0 (8.5-16.5)
	High	17/230	7.3 (4.5-11.3)
	Highest	33/298	11.0 (7.9-15.0)

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

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

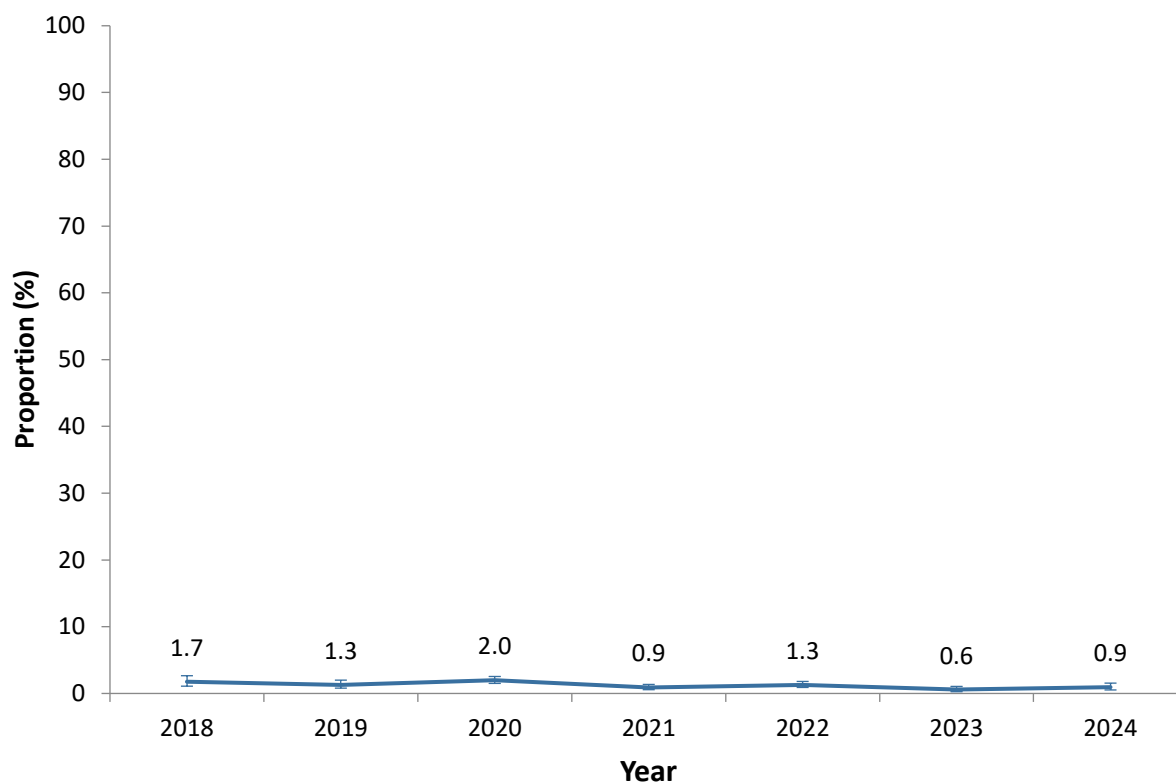
*Respondents that identified as gender diverse, or preferred not to answer are not presented due to very low numbers.

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.

Similar to previous years (2018-2023), 0.9% of children reported having heart disease or stroke in 2024 (Figure 8). No further data are provided due to very low numbers.

Figure 8: Proportion of South Australian children (0-17 years) reporting heart disease or stroke, SAPHS 2018-2024



Disability

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

In 2024, 13.1% of respondents reported having a disability, which was similar to 2023 (11.7%) (Figure 9).

Males were more likely to report having a disability in 2024. Those who lived in the lowest socioeconomic areas were also more likely to report disability, compared to those who lived in middle-highest socioeconomic areas. Respondents aged 15-17 years old were less likely to report having a disability, compared to those aged 5-14 years old (Table 13).

Figure 9: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2018-2024

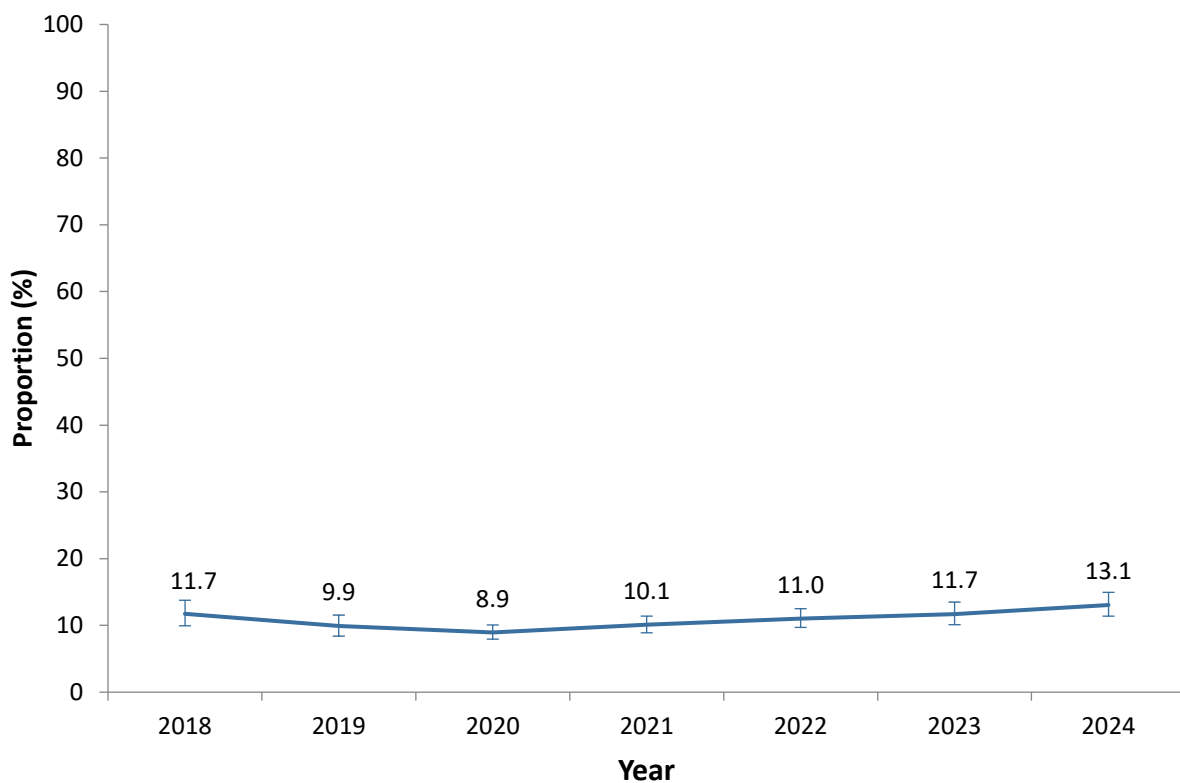


Table 13: Proportion of South Australian children (0-17 years) reporting a disability, SAPHS 2024 (N=1375)

		n/N	% (95% CI)
All		180/1375	13.1 (11.4-15.0)
Gender (N=1365*)	Male	108/705	15.4 (12.8-18.1)
	Female	66/659	10.0 (7.9-12.5)
Location	Metropolitan	126/1037	12.2 (10.3-14.2)
	Rural	53/339	15.7 (12.1-19.8)
Age (years)	0 to 4	26/310	8.5 (5.7-11.9)
	5 to 9	47/327	14.3 (10.9-18.5)
	10 to 14	93/483	19.3 (15.9-22.9)
	15 to 17	13/256	5.1 (2.9-8.3)
SEIFA (N=1374)	Lowest	60/308	19.4 (15.4-24.2)
	Low	30/194	15.4 (10.9-21.0)
	Middle	25/281	8.9 (6.0-12.6)
	High	26/258	9.9 (6.8-14.2)
	Highest	38/333	11.5 (8.3-15.2)

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 identified as gender diverse, or preferred not to answer 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. [3].

Over a third (37.1%) of children were overweight or obese in 2024, and this was similar to 2023 (35.2%) (Figure 10).

Children aged 10-17 years old were less likely to be obese, compared to children aged 2-9 years old (Table 14). Reporting an obese weight status was more likely for children who lived in the lowest socioeconomic areas (26.2%), compared to children from middle-highest socioeconomic areas (6.4%-13.3%).

Figure 10: Proportion of South Australian children (2-17 years) reporting unhealthy weight status, SAPHS 2018-2024

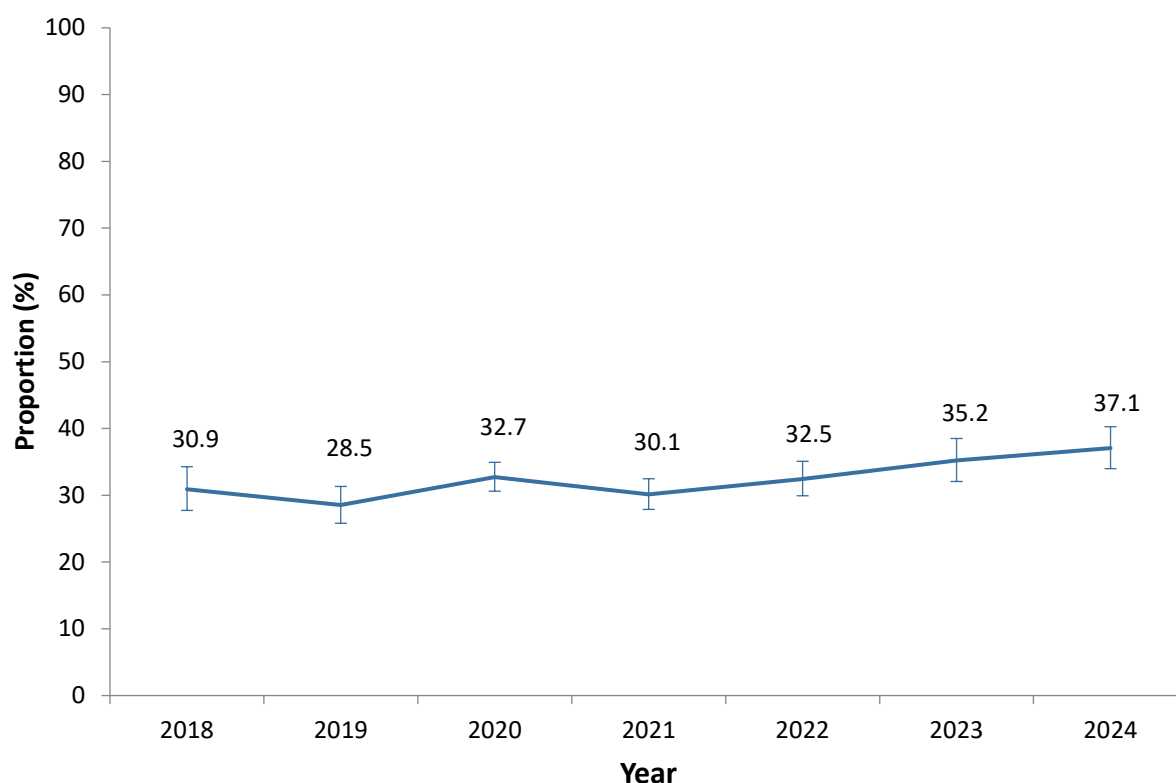


Table 14: Proportion of South Australian children (2-17 years) by weight status, SAPHS 2024 (N=906)

		Normal		Overweight		Obese	
		n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
All		570	62.9 (59.7-66.0)	210	23.2 (20.5-26.0)	126	13.9 (11.8-16.3)
Gender (N=898*)	Male	279	58.4 (53.8-62.6)	127	26.6 (22.7-30.6)	72	15.0 (12.0-18.4)
	Female	284	67.7 (63.0-72.0)	82	19.5 (15.9-23.5)	54	12.9 (9.9-16.3)
Location	Metropolitan	430	63.1 (59.4-66.6)	158	23.2 (20.1-26.4)	93	13.7 (11.2-16.4)
	Rural	140	62.5 (55.8-68.4)	52	23.1 (18.0-28.9)	33	14.5 (10.5-19.7)
Age (years)	2 to 4	48	46.1 (37.2-56.2)	26	24.8 (17.6-34.2)	30	29.1 (21.0-38.4)
	5 to 9	140	62.0 (55.5-68.1)	41	18.3 (13.5-23.6)	45	19.8 (15.1-25.5)
	10 to 14	235	65.3 (60.4-70.2)	95	26.5 (22.1-31.2)	29	8.1 (5.6-11.2)
	15 to 17	148	67.9 (61.5-73.8)	48	22.0 (16.9-27.9)	22	10.1 (6.6-14.6)
SEIFA (N=905)	Lowest	89	45.6 (38.5-52.4)	55	28.1 (22.1-34.6)	51	26.2 (20.3-32.5)
	Low	78	61.3 (52.8-69.5)	29	22.7 (16.2-30.7)	20	16.0 (10.2-22.8)
	Middle	127	66.5 (59.6-72.9)	39	20.2 (15.2-26.6)	25	13.3 (8.9-18.4)
	High	114	69.2 (62.2-76.2)	37	22.8 (16.7-29.4)	13	8.0 (4.5-12.8)
	Highest	162	71.6 (65.6-77.3)	50	22.0 (17.1-27.9)	15	6.4 (3.9-10.4)

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

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 [4] 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 2024, 24.2% of children aged 5 to 17 reported engaging in at least 60 minutes of daily physical activity, which was similar to previous years (2018-2023). Participating in 60 minutes of physical activity 5 or more days per week was reported by 40.9% of children (Figure 11).

Table 15 presents the number of days per week that children achieved 60 minutes or more of physical activity. Females (11.6%) were more likely than males (6.5%) to report no days of 60 minutes of physical activity per week.

Engagement in at least 5 days of 60 minutes or more of physical activity was more likely for children who lived in rural areas and children aged 5-9 years old. Similarly, daily physical activity for 60 minutes or more was also more likely for rural residents and those aged 5-9 years old (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 2018-2024

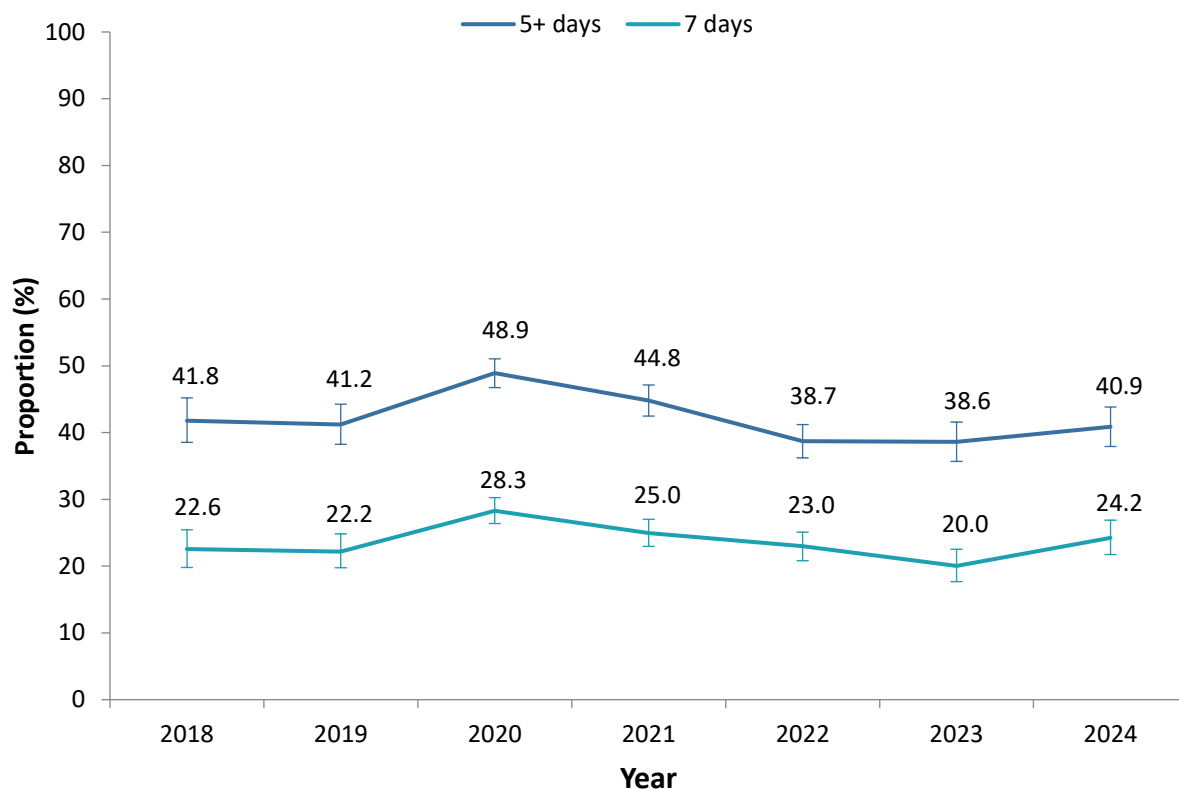


Table 15: Proportion of South Australian children (5-17 years) by the number of days per week they engaged in 60 minutes or more of at least moderate intensity physical activity, SAPHS 2024 (n=1060)

Days per week	All*		Male (n=546)		Female (n=507)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	96	9.0 (7.4-10.9)	36	6.5 (4.7-8.9)	59	11.6 (9.1-14.6)
1	88	8.3 (6.8-10.1)	36	6.6 (4.7-8.9)	52	10.3 (7.8-13.1)
2	150	14.2 (12.2-16.3)	62	11.4 (8.9-14.2)	86	17.0 (13.9-20.4)
3	176	16.6 (14.5-18.9)	94	17.2 (14.2-20.6)	82	16.2 (13.2-19.6)
4	116	11.0 (9.2-12.9)	64	11.7 (9.2-14.6)	50	9.9 (7.5-12.7)
5	128	12.1 (10.2-14.1)	77	14.1 (11.4-17.2)	51	10.1 (7.7-12.9)
6	48	4.6 (3.4-5.9)	29	5.2 (3.7-7.4)	20	3.9 (2.5-5.9)
7	257	24.2 (21.7-26.9)	149	27.3 (23.7-31.1)	106	21.0 (17.5-24.6)

CI: Confidence Interval.

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

*These totals include respondents that preferred not to answer or identified as gender diverse.

Table 16: Proportion of children (5-17 years) reporting engaging in 5+ and 7 days of 60 minutes of physical activity, SAPHS 2024 (N=1060)

		5+ days		7 days	
		n/N	% (95% CI)	n/N	% (95% CI)
All		433/1060	40.9 (37.9-43.8)	257/1060	24.2 (21.7-26.9)
Gender (N=1053*)	Male	254/546	46.5 (42.4-50.7)	149/546	27.3 (23.7-31.1)
	Female	178/507	35.0 (31.0-39.3)	106/507	21.0 (17.5-24.6)
Location	Metropolitan	311/807	38.5 (35.2-41.9)	175/807	21.7 (18.9-24.6)
	Rural	123/253	48.5 (42.5-54.8)	82/253	32.3 (26.9-38.4)
Age (years)	5 to 9	188/326	57.7 (52.3-62.9)	130/326	39.9 (34.7-45.3)
	10 to 14	169/484	35.0 (30.8-39.2)	80/484	16.4 (13.4-20.0)
	15 to 17	76/250	30.5 (24.9-36.3)	47/250	18.9 (14.3-24.0)
SEIFA (N=1060)	Lowest	91/227	40.2 (33.9-46.6)	59/227	25.8 (20.6-32.0)
	Low	66/144	45.9 (37.8-54.0)	43/144	29.8 (22.8-37.7)
	Middle	85/228	37.4 (31.2-43.7)	46/228	20.3 (15.4-25.7)
	High	66/183	36.2 (29.4-43.2)	44/183	23.8 (18.3-30.6)
	Highest	124/278	44.8 (38.8-50.5)	65/278	23.5 (18.7-28.6)

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

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

*Respondents that identified as gender diverse, or preferred not to answer 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 [4]:

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

Muscle strengthening activities on three or more days of the week was reported by 14.6% of children in 2024, which was higher than 2018 (10.3%), but similar to all other years (Figure 12). Table 17 shows that 63.0% of respondents reported no muscle strength training, while 22.4% reported one to two days.

In 2024, 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 2018-2024

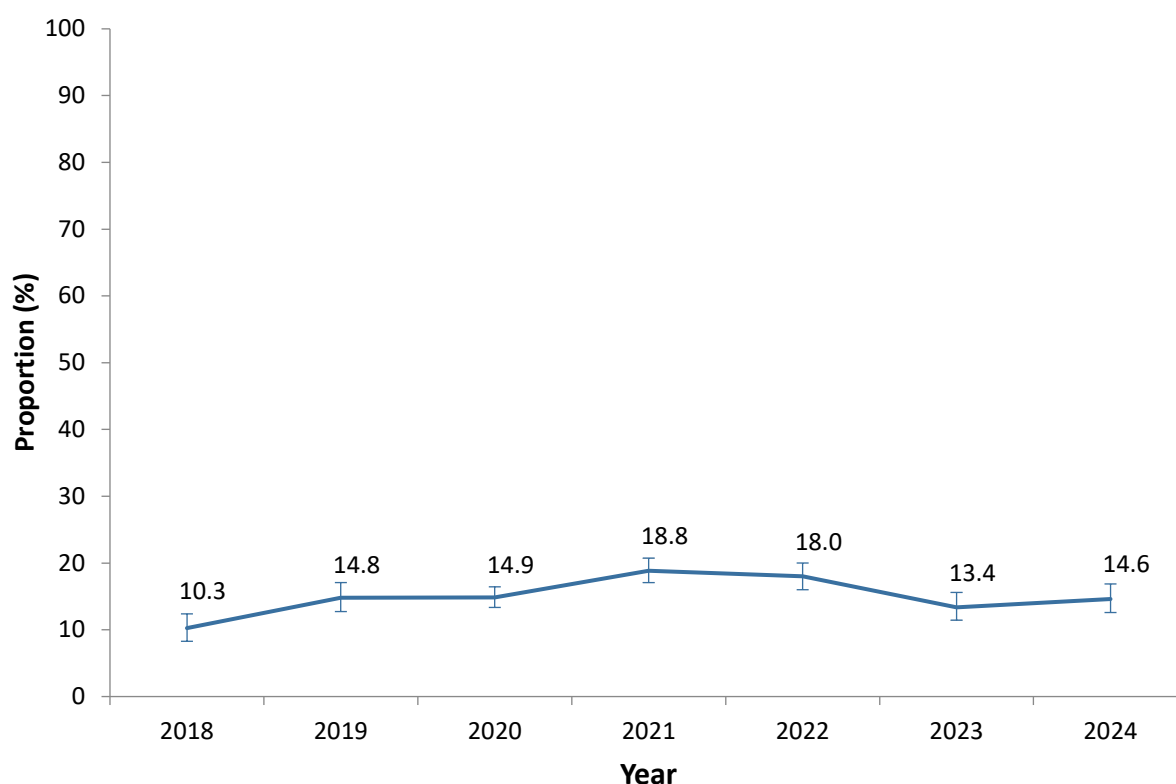


Table 17: Proportion of South Australian children (5-17 years) reporting number of days per week of muscle strength training, SAPHS 2024 (n=1046)

	All*		Male (n=532)		Female (n=506)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
0	659	63.0 (60.0-65.9)	317	59.6 (55.4-63.7)	337	66.6 (62.4-70.6)
1	122	11.7 (9.8-13.7)	69	13.0 (10.3-16.0)	53	10.5 (8.0-13.4)
2	112	10.7 (8.9-12.7)	53	10.0 (7.6-12.7)	55	11.0 (8.4-13.8)
3	59	5.6 (4.4-7.2)	30	5.7 (3.9-7.8)	29	5.7 (4.0-8.0)
4	25	2.4 (1.6-3.5)	16	3.0 (1.8-4.7)	9	1.8 (0.9-3.2)
5	25	2.4 (1.6-3.5)	21	4.0 (2.5-5.9)	4	0.7 (0.3-1.9)
6	15	1.4 (0.8-2.3)	11	2.0 (1.1-3.5)	4	0.7 (0.3-1.9)
7	30	2.8 (2.0-4.0)	14	2.7 (1.5-4.3)	15	3.0 (1.7-4.7)

CI: Confidence Interval.

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

*These totals include respondents that preferred not to answer or identified as gender diverse.

Table 18: Proportion of South Australian children (5-17 years) reporting muscle strength training 3 or more days per week, SAPHS 2024 (N=1046)

		n/N	% (95% CI)
All		153/1046	14.6 (12.6-16.9)
Gender (N=1038*)	Male	93/532	17.4 (14.4-20.9)
	Female	60/506	11.9 (9.3-14.9)
Location	Metropolitan	116/792	14.6 (12.3-17.2)
	Rural	37/254	14.6 (10.6-19.3)
Age (years)	5 to 9	35/320	10.8 (7.9-14.7)
	10 to 14	55/477	11.5 (8.9-14.6)
	15 to 17	63/249	25.4 (20.2-31.0)
SEIFA	Lowest	35/224	15.7 (11.3-20.8)
	Low	14/141	9.8 (5.8-15.7)
	Middle	30/222	13.4 (9.5-18.5)
	High	20/180	11.0 (7.1-16.3)
	Highest	54/278	19.4 (15.1-24.4)

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 identified as gender diverse, or preferred not to answer 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 [4] 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 2024, 45.7% of children aged 5 to 17 years reported spending more than two hours on screen-based activities per weekday which was similar 2023 (42.0%). Additionally, 73.8% of children spent more than two hours on screen-based activities per weekend day, which was similar to all previous years (2018-2023) (Figure 13).

Over half (54.3%) of respondents reported two hours or less of screen-based activities on a weekday in 2024, while on a weekend day just over a quarter (26.2%) reported two hours or less (Table 19).

The likelihood of spending more than two hours of screentime on any day was higher with increasing age. More than two hours of screentime was more likely for children from the lowest socioeconomic areas, compared to those from low, middle, and highest socioeconomic areas on weekdays, and compared to the highest socioeconomic areas on weekend days (Table 20).

In 2024, the median number of minutes children had spent time on screen-based activities on a weekday was 120.0 (IQR: 60.0-180.0), while on a weekend day it was 210.0 (IQR: 120.0-300.0).

Figure 13: Proportion of South Australian children (5-17 years) who spent more than two hours on screen-based activity, SAPHS 2018-2024

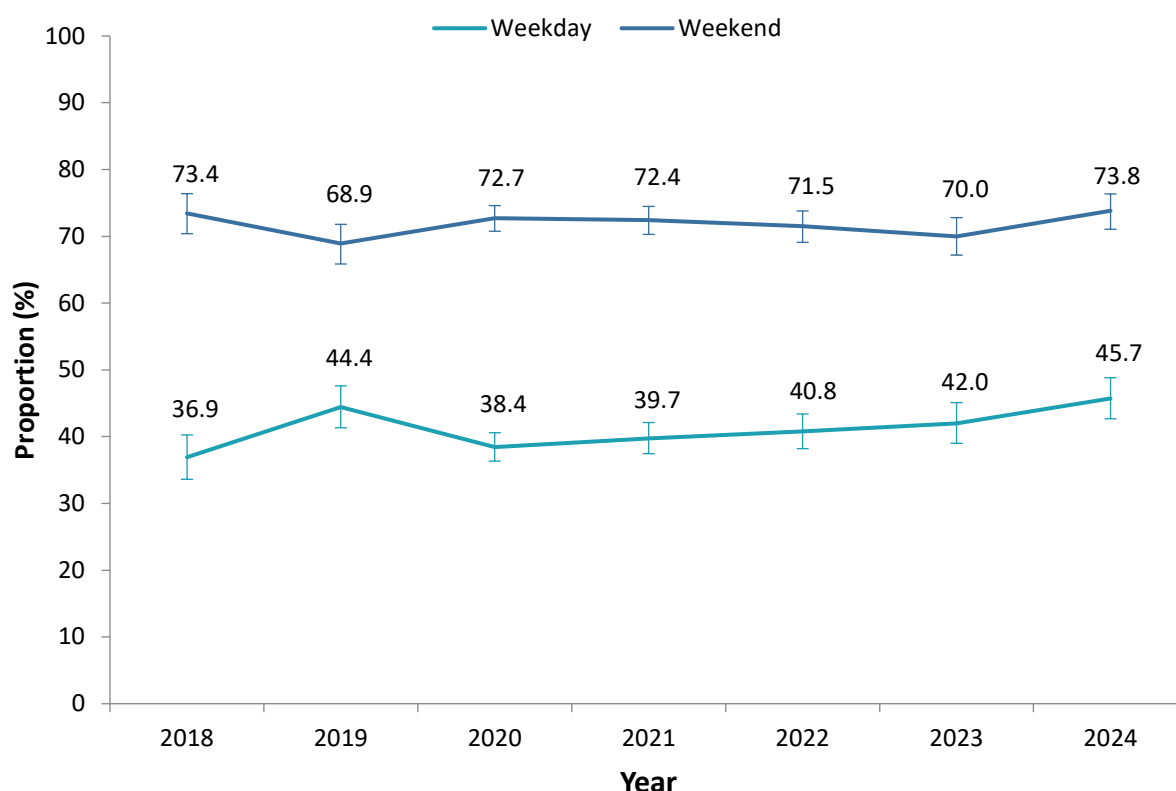


Table 19: Proportion of South Australian children (5-17 years) by time spent on screen-based activity, SAPHS 2024

	Weekday		Weekend	
	n	% (95% CI)	n	% (95% CI)
0 hours	29	2.9 (2.0-4.0)	22	2.1 (1.3-3.1)
More than 0 to 0.5 hours	42	4.2 (3.1-5.5)	18	1.7 (1.0-2.6)
More than 0.5 hours to 1 hour	190	18.9 (16.5-21.4)	74	7.0 (5.6-8.7)
More than 1 hour to 1.5 hours	71	7.0 (5.6-8.7)	21	2.0 (1.3-3.0)
More than 1.5 hour to 2 hours	215	21.3 (18.9-23.9)	142	13.4 (11.5-15.6)
More than 2 hours	461	45.7 (42.7-48.8)	779	73.8 (71.1-76.4)
Total	1008	100.00	1056	100.00

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 20: Proportion of South Australian children (5-17 years) reporting more than two hours on screen-based activity, SAPHS 2024

		Weekday		Weekend	
		n/N	% (95% CI)	n/N	% (95% CI)
All		461/1008	45.7 (42.7-48.8)	779/1056	73.8 (71.1-76.4)
Gender*	Male	217/512	42.3 (38.2-46.7)	395/542	73.0 (69.0-76.5)
	Female	237/489	48.5 (44.1-52.9)	376/506	74.3 (70.4-78.0)
Location	Metropolitan	335/764	43.8 (40.4-47.4)	595/805	73.8 (70.8-76.9)
	Rural	126/244	51.6 (45.4-57.9)	185/250	73.8 (68.3-79.1)
Age (years)	5 to 9	67/316	21.1 (17.0-26.0)	182/325	56.1 (50.6-61.3)
	10 to 14	216/469	46.1 (41.6-50.6)	372/481	77.4 (73.4-80.9)
	15 to 17	178/223	79.7 (74.2-84.7)	225/250	89.9 (85.8-93.3)
SEIFA	Lowest	127/213	59.5 (52.9-66.0)	185/227	81.7 (76.1-86.1)
	Low	57/141	40.4 (32.6-48.7)	102/143	71.3 (63.5-78.3)
	Middle	87/206	42.2 (35.6-49.0)	171/228	74.9 (69.1-80.3)
	High	91/178	51.1 (43.8-58.4)	138/182	76.0 (69.2-81.6)
	Highest	100/271	36.8 (31.3-42.8)	183/276	66.4 (60.6-71.7)

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

(N=1001 for weekday screen time, N=1048 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 sleep guidelines. This measure is based on the US National Sleep Foundation 2015 guidelines, used by the Australian Sleep Health Foundation [5] whereby:

- 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.

Overall, 70.4% of respondents in 2024 reported meeting the recommended sleep guidelines. This was similar to other years (2018-2023) (Figure 14). Respondents who lived in the lowest and low socioeconomic areas were less likely to meet the sleep guidelines in 2024, compared to children from the highest socioeconomic areas (Table 21).

Figure 14: Proportion of South Australian children (1-17 years) reporting meeting the sleep duration guidelines, SAPHS 2018-2024

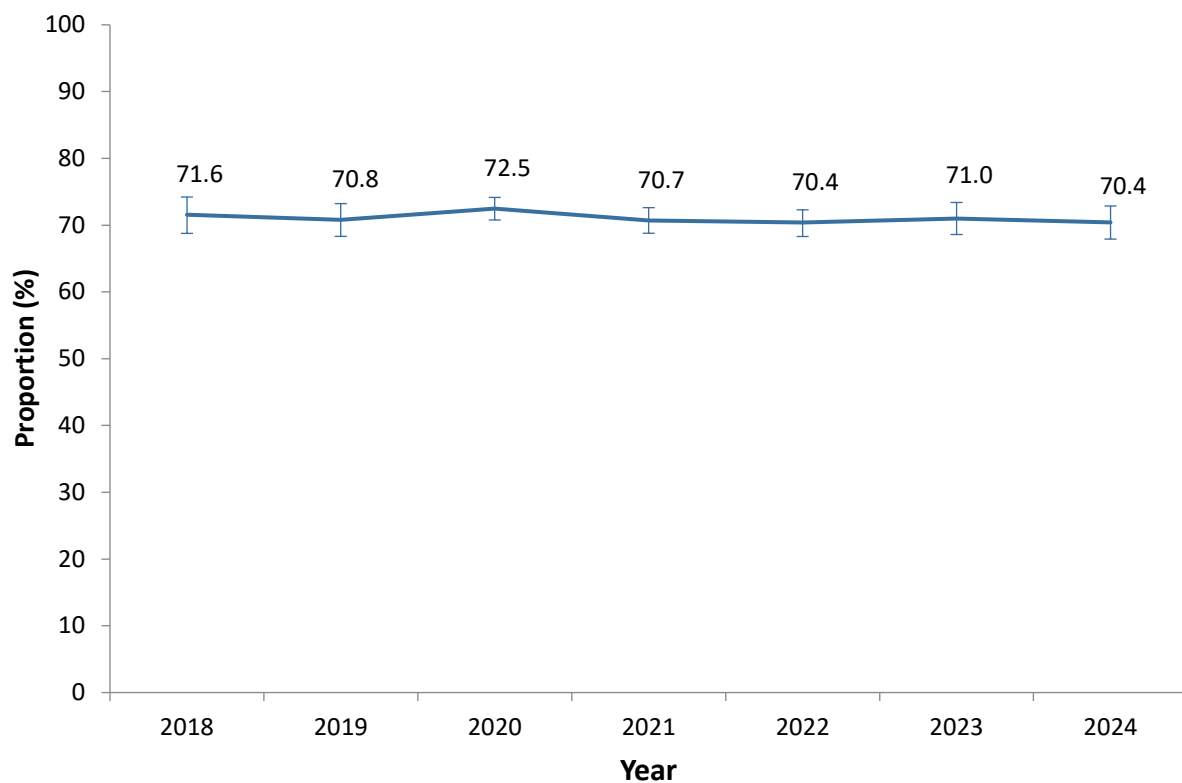


Table 21: Proportion of South Australian children (1-17 years) reporting meeting the sleep duration guidelines, SAPHS 2024 (N=1299)

		n/N	% (95% CI)
All		915/1299	70.4 (67.9-72.9)
Gender (N=1289*)	Male	475/668	71.2 (67.6-74.4)
	Female	435/621	70.0 (66.4-73.6)
Location	Metropolitan	696/979	71.0 (68.2-73.9)
	Rural	219/320	68.6 (63.2-73.3)
Age (years)	1 to 4	147/223	65.7 (59.5-71.9)
	5 to 9	244/329	74.2 (69.2-78.7)
	10 to 14	342/493	69.3 (65.2-73.3)
	15 to 17	183/255	71.8 (66.0-77.0)
SEIFA (N=1298)	Lowest	189/299	63.0 (57.6-68.5)
	Low	107/183	58.4 (51.2-65.4)
	Middle	192/259	74.2 (68.6-79.2)
	High	187/247	75.4 (70.1-80.7)
	Highest	241/310	77.8 (72.9-82.1)

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

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

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

Oral health

Measure: Respondents were asked how often they brushed their teeth with toothpaste.

Note: This variable was collected 2018, 2019 and 2024 only.

More than two-thirds of respondents (68.2%) reported brushing their teeth twice or more a day, while 28.9% brushed only once a day and 2.8% less than once per day (Table 22). Males (63.7%) were less likely than females (73.6%) to report teeth brushing at least twice a day. Brushing at least twice per day was more likely for 15–17-year-olds, compared to 2–4-year-olds and 10-14-year-olds. Children who lived in the highest socioeconomic areas were also more likely to brush their teeth at least twice a day, compared to children from the lowest, low, and high socioeconomic areas (Table 23).

Table 22: Proportion of children (2-17 years) reporting teeth brushing per day, SAPHS 2024 (n=1245)

	Less than once per day		Once a day		Twice or more per day	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
All*	35	2.8 (2.0-3.8)	360	28.9 (26.4-31.5)	849	68.2 (65.6-70.7)
Male (n=637)	19	3.0 (1.9-4.5)	212	33.3 (29.7-37.0)	406	63.7 (59.9-67.4)
Female (n=598)	15	2.5 (1.5-4.0)	143	23.9 (20.6-27.5)	440	73.6 (69.9-77.0)

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

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

*These totals include respondents that preferred not to answer or identified as gender diverse.

Table 23: Proportion of children (2-17 years) reporting teeth brushing twice or more a day, SAPHS 2024 (N=1245)

		n/N	% (95% CI)
All		849/1245	68.2 (65.6-70.7)
Gender (N=1236*)	Male	406/637	63.7 (59.9-67.4)
	Female	440/598	73.6 (69.9-77.0)
Location	Metropolitan	645/941	68.5 (65.5-71.5)
	Rural	205/304	67.3 (62.0-72.5)
Age (years)	2 to 4	96/166	58.1 (50.2-65.2)
	5 to 9	227/332	68.3 (63.2-73.2)
	10 to 14	327/490	66.6 (62.5-70.8)
	15 to 17	200/257	77.7 (72.4-82.6)
SEIFA (N=1244)	Lowest	169/284	59.5 (53.7-65.1)
	Low	109/172	63.6 (56.0-70.3)
	Middle	189/256	73.8 (68.2-78.9)
	High	140/231	60.7 (54.2-66.7)
	Highest	241/300	80.1 (75.6-84.5)

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 identified as gender diverse, or preferred not to answer 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 according to Table 24 below.

Table 24: Recommended vegetable consumption

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

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

Source: Australian Dietary Guidelines [6]

In 2024, 11.1% of children reported meeting the vegetable consumption guideline for their age and sex, which was lower than 2023 (15.7%) (Figure 15). Table 25 shows the daily vegetable consumption of children aged 2-17 years old in 2024. Younger respondents were more likely to consume the daily recommended serves of vegetables (Table 26).

Figure 15: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily vegetable consumption guidelines, SAPHS 2018-2024

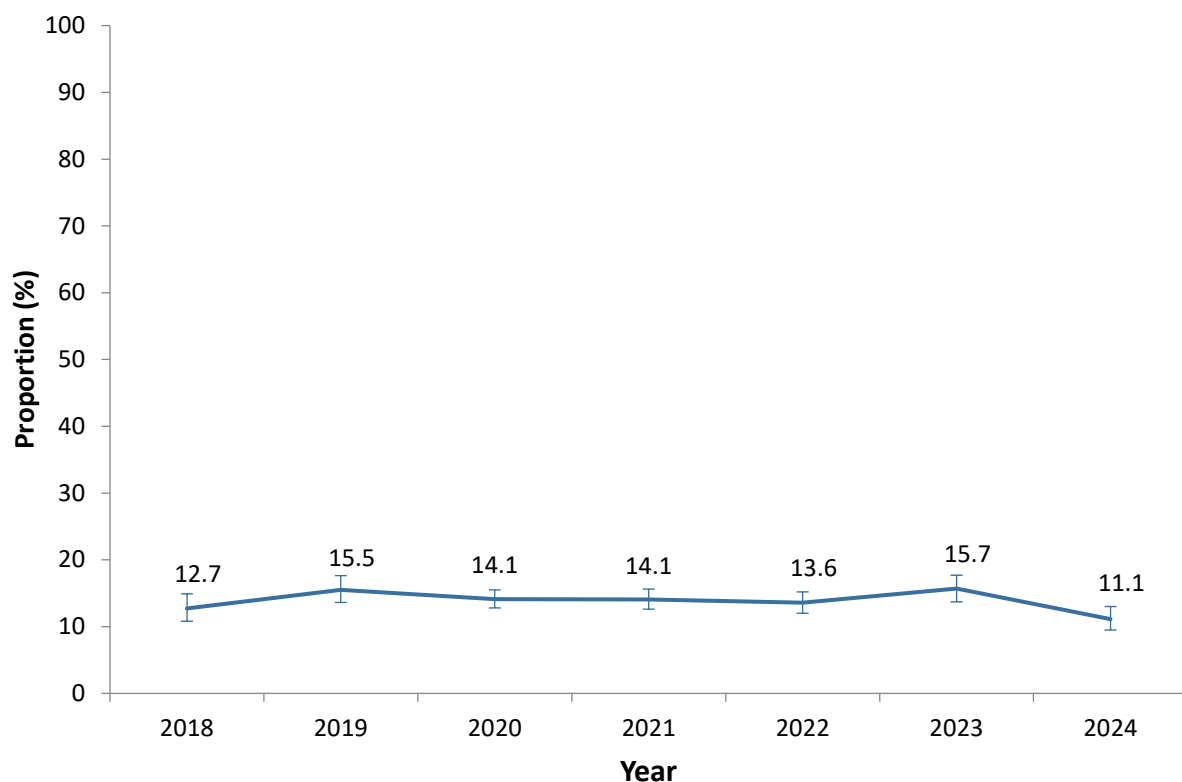


Table 25: Daily vegetable consumption of South Australian children (2 to 17 years), SAPHS 2024 (n=1228)

	n	% (95% CI)
None	40	3.2 (2.4-4.4)
One or less than one serve	438	35.7 (33.0-38.4)
Two serves	365	29.7 (27.2-32.3)
Three serves	236	19.3 (17.1-21.5)
Four serves	104	8.5 (7.0-10.1)
Five or more serves	45	3.6 (2.7-4.8)
Total	1228	100.0

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

Table 26: 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 2024 (N=1228)

		n/N	% (95% CI)	Median (IQR)
All		137/1228	11.1 (9.5-13.0)	2.0 (1.0-3.0)
Gender (N=1219*)	Male	60/621	9.6 (7.5-12.2)	2.0 (1.0-3.0)
	Female	77/598	12.8 (10.4-15.7)	2.0 (1.0-3.0)
Location	Metropolitan	96/923	10.4 (8.6-12.5)	2.0 (1.0-3.0)
	Rural	40/305	13.3 (9.7-17.2)	2.0 (1.0-3.0)
Age (years)	2 to 4	72/166	43.3 (36.0-51.0)	2.0 (1.0-3.0)
	5 to 9	40/322	12.6 (9.2-16.4)	2.0 (1.0-3.0)
	10 to 14	21/485	4.3 (2.8-6.4)	2.0 (1.0-3.0)
	15 to 17	<5/255	1.2 (0.3-3.1)	2.0 (1.0-2.0)
SEIFA (N=1227)	Lowest	27/280	9.7 (6.6-13.5)	2.0 (1.0-2.0)
	Low	17/171	9.7 (6.1-15.1)	2.0 (1.0-3.0)
	Middle	31/252	12.3 (8.7-16.8)	2.0 (1.0-3.0)
	High	32/230	14.1 (9.9-18.8)	2.0 (1.0-3.0)
	Highest	28/293	9.6 (6.6-13.3)	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 identified as gender diverse, or preferred not to answer 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 as one medium piece or two small pieces of fruit, one cup of diced pieces, or one tablespoon of dried fruit. The recommended daily serves of fruit for adults of all ages and life stages is two as indicated by the Australian Dietary Guidelines [6].

In 2024, 64.7% of children aged 2-17 years old reported meeting the recommended daily consumption of fruit each day, which was similar 2023 (Figure 16).

Table 27 presents the daily fruit consumption in 2024 by number of serves, with 37.2% of children consuming one or less serve, and 4.8% not consuming any fruit.

Children aged 2-9 years old were more likely to meet daily fruit consumption recommendations compared to children aged 10-17 years old. Children who lived in high socioeconomic areas (72.7%) were more likely to meet daily fruit guidelines in 2024, compared to children who lived in middle socioeconomic areas (55.5%) (Table 28).

Figure 16: Proportion of South Australian children (2 to 17 years) reporting meeting recommended daily fruit consumption guidelines, SAPHS 2018-2024

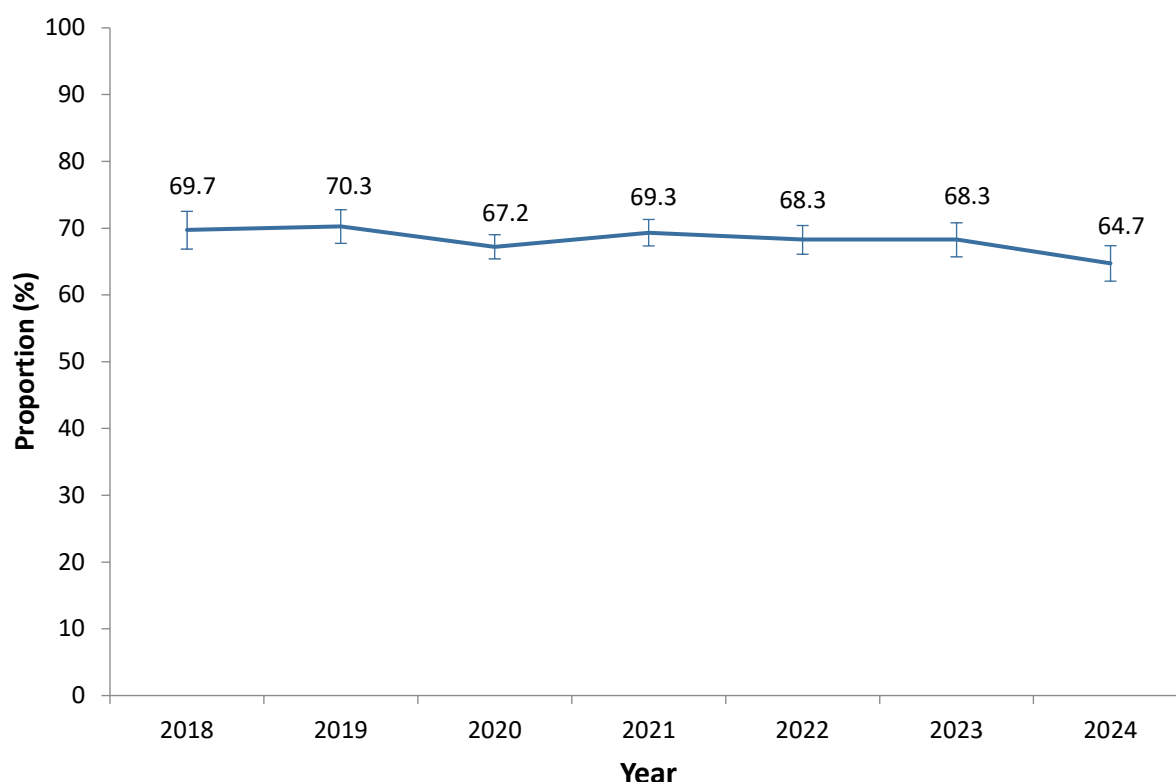


Table 27: Daily fruit consumption of South Australian children (2 to 17 years), SAPHS 2024 (n=1240)

	n	% (95% CI)
None	59	4.8 (3.7-6.0)
One or less than one serve	462	37.2 (34.6-40.0)
Two serves	442	35.6 (33.0-38.3)
Three serves	173	14.0 (12.1-16.0)
Four serves	59	4.7 (3.7-6.0)
Five or more serves	46	3.7 (2.8-4.9)
Total	1240	100.0

CI: Confidence Interval.

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

Table 28: 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 2024 (N=1240)

		n/N	% (95% CI)	Median (IQR)
All		803/1240	64.7 (62.1-67.4)	2.0 (1.0-2.0)
Gender	Male	409/633	64.6 (60.8-68.3)	2.0 (1.0-2.0)
(N=1231*)	Female	388/598	65.0 (61.0-68.6)	2.0 (1.0-2.0)
Location	Metropolitan	596/936	63.6 (60.6-66.7)	2.0 (1.0-2.0)
	Rural	207/304	68.2 (62.7-73.1)	2.0 (1.0-3.0)
Age (years)	2 to 4	158/165	95.7 (91.9-98.1)	2.0 (2.0-3.0)
	5 to 9	295/327	90.2 (86.6-93.1)	2.0 (1.0-3.0)
	10 to 14	247/493	50.0 (45.7-54.5)	2.0 (1.0-2.0)
	15 to 17	103/255	40.5 (34.5-46.5)	1.0 (1.0-2.0)
SEIFA	Lowest	181/284	63.6 (58.0-69.2)	2.0 (1.0-2.0)
(N=1239)	Low	117/173	67.4 (60.4-74.3)	2.0 (1.0-3.0)
	Middle	140/252	55.5 (49.4-61.6)	2.0 (1.0-2.0)
	High	166/229	72.7 (66.4-78.0)	2.0 (1.0-3.0)
	Highest	198/301	65.8 (60.3-71.0)	2.0 (1.0-2.0)

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 identified as gender diverse, or preferred not to answer 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 (59.4%) of respondents in 2024 reported consuming fast food at least once a week, which was similar to 2023 (Figure 17).

In 2024, 9.2% of children reported never consuming fast food, while 6.5% consumed fast food less than once a month and 24.8% less than once a week (Table 29). Children aged 1-4 years old were less likely to consume fast food at least once per week, compared to children aged 5-17 years old (Table 30).

Figure 17: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, SAPHS 2018-2024

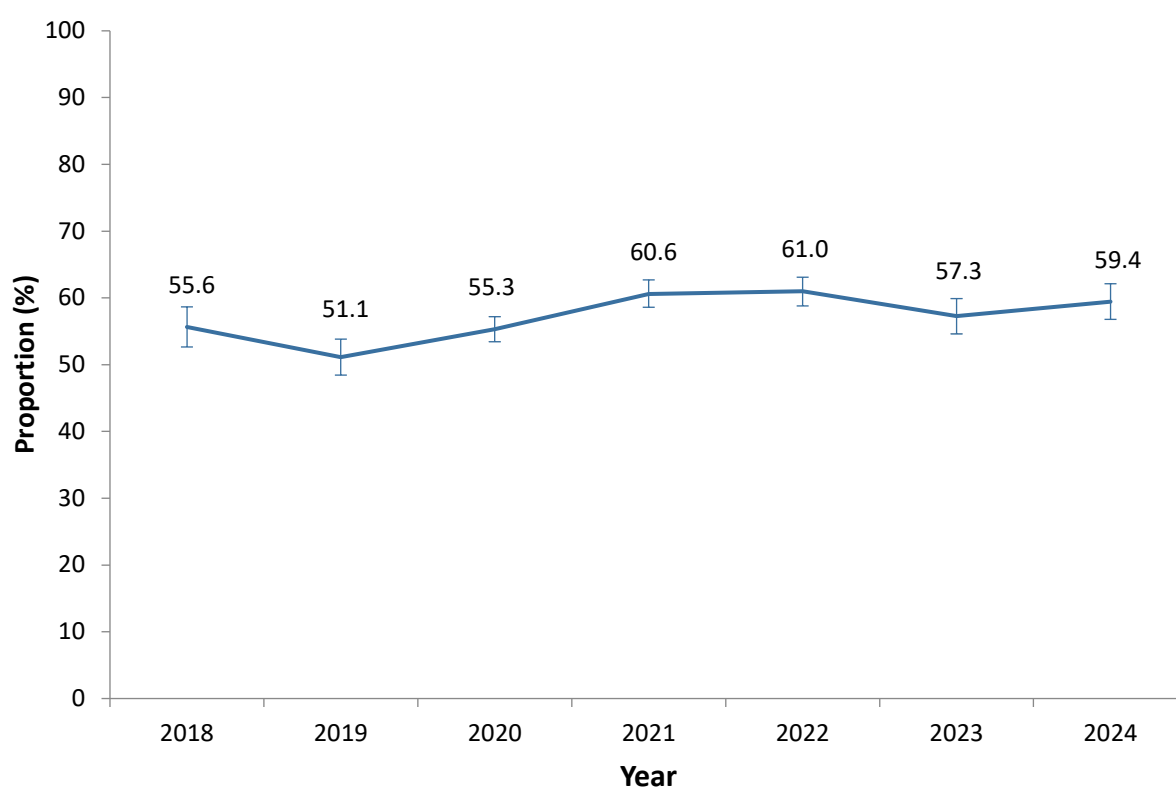


Table 29: Fast food consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1298)

	n	% (95% CI)
Never	119	9.2 (7.7-10.8)
Rarely (less than once per month)	85	6.5 (5.3-8.0)
Less than once per week	323	24.8 (22.6-27.3)
Once per week	477	36.8 (34.2-39.4)
More than once per week	294	22.7 (20.4-25.0)
Total	1298	100.0

CI: Confidence Interval.

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

Table 30: Proportion of South Australian children (1 to 17 years) consuming fast food at least once a week, and overall median consumption per week, SAPHS 2024 (N=1298)

		n/N	% (95% CI)	Median (IQR)
All		772/1298	59.4 (56.8-62.1)	1.0 (0.5-1.0)
Gender (N=1289*)	Male	392/670	58.6 (54.7-62.2)	1.0 (0.5-1.0)
	Female	372/619	60.0 (56.2-63.9)	1.0 (0.2-1.0)
Location	Metropolitan	597/980	60.9 (57.8-63.9)	1.0 (0.5-1.0)
	Rural	175/318	55.0 (49.5-60.4)	1.0 (0.2-1.0)
Age (years)	1 to 4	98/219	44.6 (38.3-51.4)	0.5 (0.0-1.0)
	5 to 9	206/330	62.2 (57.1-67.5)	1.0 (0.5-1.0)
	10 to 14	304/493	61.7 (57.3-65.9)	1.0 (0.5-1.0)
	15 to 17	164/256	64.2 (58.1-69.8)	1.0 (0.5-2.0)
SEIFA (N=1297)	Lowest	193/297	65.2 (59.4-70.2)	1.0 (0.5-2.0)
	Low	113/184	61.8 (54.2-68.2)	1.0 (0.5-1.0)
	Middle	141/258	54.7 (48.6-60.6)	1.0 (0.2-1.0)
	High	148/247	59.8 (53.7-65.9)	1.0 (0.2-1.0)
	Highest	175/312	56.1 (50.5-61.5)	1.0 (0.5-1.0)

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 identified as gender diverse, or preferred not to answer 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.

In 2024, 89.4% of children reported consuming snack food at least once a week, which was similar to all previous years (2018-2023) (Figure 18).

Never consuming snack food was reported by 3.6% of children, while 3.1% consumed snack food less than once a month and 3.9% less than once a week (Table 31). Children aged 1-4 years old (69.7%) were less likely to consume snack food at least once per week, compared to children aged 5-17 years old (Table 32).

Figure 18: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, SAPHS 2018-2024

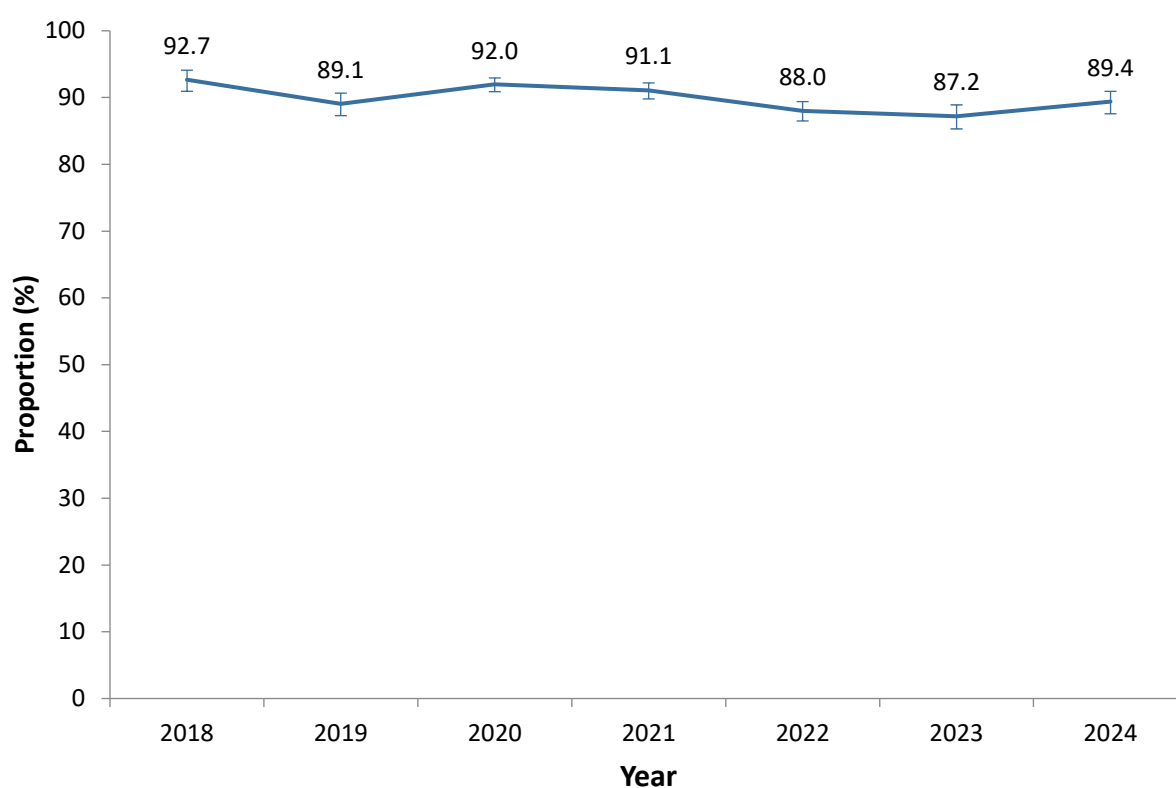


Table 31: Snack food consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1295)

	n	% (95% CI)
Never	46	3.6 (2.6-4.7)
Rarely (less than once per month)	41	3.1 (2.3-4.2)
Less than once per week	51	3.9 (3.0-5.1)
Once per week	129	9.9 (8.4-11.7)
More than once per week	1029	79.5 (77.2-81.6)
Total	1295	100.0

CI: Confidence Interval.

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

Table 32: Proportion of South Australian children (1 to 17 years) consuming snack food at least once a week, and overall median consumption (times) per week, SAPHS 2024 (N=1295)

		n/N	% (95% CI)	Median (IQR)
All		1157/1295	89.4 (87.6-90.9)	3.0 (2.0-7.0)
Gender (N=1286*)	Male	584/666	87.6 (85.0-90.0)	3.0 (2.0-7.0)
	Female	565/619	91.2 (88.9-93.3)	3.0 (2.0-7.0)
Location	Metropolitan	871/975	89.3 (87.3-91.2)	3.0 (2.0-7.0)
	Rural	286/319	89.5 (86.0-92.6)	3.0 (2.0-7.0)
Age (years)	1 to 4	155/222	69.7 (63.6-75.6)	2.0 (0.5-4.0)
	5 to 9	304/330	92.2 (88.8-94.7)	4.0 (2.0-7.0)
	10 to 14	455/488	93.3 (90.8-95.2)	4.0 (2.0-7.0)
	15 to 17	244/256	95.3 (92.2-97.4)	4.0 (2.0-7.0)
SEIFA (N=1294)	Lowest	261/294	88.8 (84.8-92.0)	3.0 (2.0-7.0)
	Low	158/184	85.9 (80.3-90.3)	3.0 (2.0-7.0)
	Middle	241/259	92.9 (89.5-95.7)	4.0 (2.0-7.0)
	High	219/247	88.5 (84.3-92.2)	3.0 (2.0-7.0)
	Highest	279/310	90.0 (86.3-93.0)	4.0 (2.0-7.0)

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

Tap water consumption

Measure: Respondents were asked what their tap water consumption was on an average day. This included Puratap/water filters and if tap water was used to make cordial, coffee and tea. Respondents could answer in number of glasses, millilitres or litres.

The average consumption of water for respondents in 2024 was 1.36 litres, which is similar to previous years (Figure 19). Three quarters (75.9%) of children reported consuming at least one litre of water a day (Table 33). Males, and older children typically consumed more water (Table 34).

Figure 19: Daily average water consumption (litres) reported by South Australian children (1 to 17 years), SAPHS 2018-2024

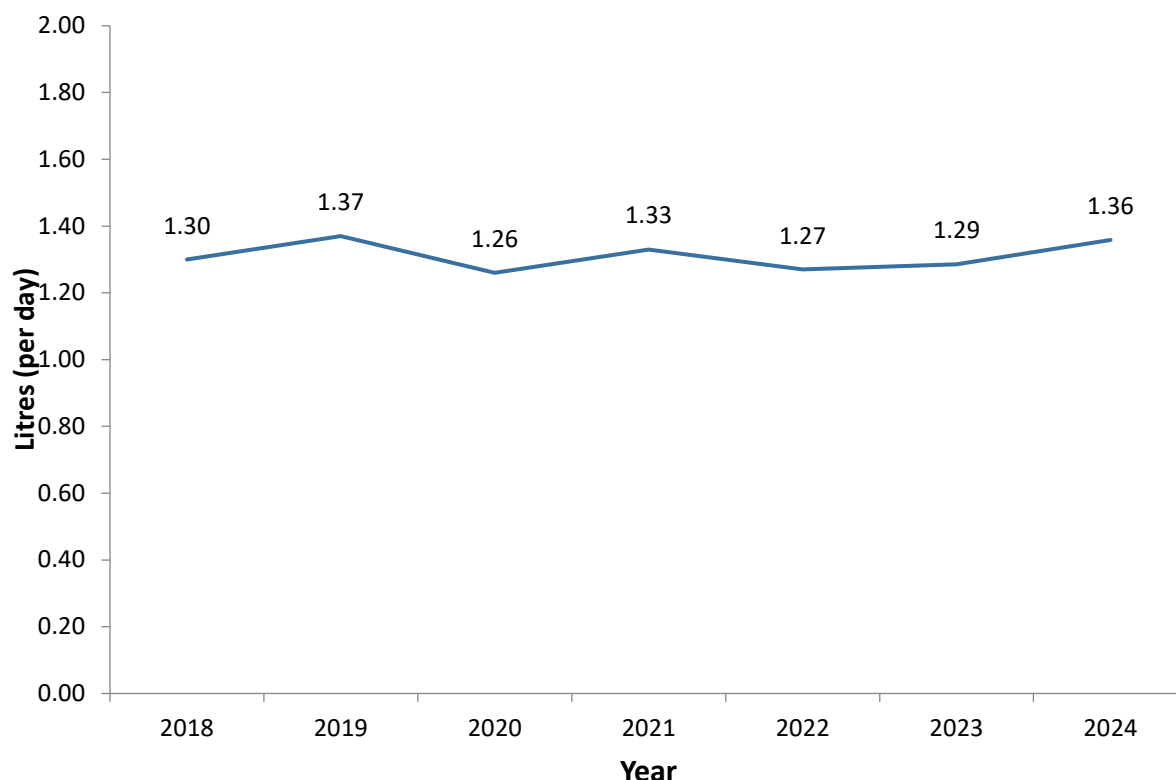


Table 33: Daily water consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1257)

	n	% (95% CI)
None	17	1.4 (0.8-2.1)
Less than 500ml	35	2.8 (2.0-3.8)
500 to 999ml	251	19.9 (17.8-22.2)
1000 to 1499ml	421	33.5 (30.9-36.1)
1500 to 1999ml	179	14.3 (12.4-16.3)
≥ 2000ml	353	28.1 (25.7-30.6)
Total	1257	100.0

CI: Confidence Interval.

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

Table 34: Daily water consumption (litres) of South Australian children (1 to 17 years), SAPHS 2024 (N=1257)

		Mean (Range) SD	Median (IQR)
All		1.36 (0.0 - 7.0) 0.80	1.0 (1.0-2.0)
Gender (N=1248*)	Male	1.44 (0.0 - 7.0) 0.88	1.0 (1.0-2.0)
	Female	1.27 (0.0 - 5.0) 0.70	1.0 (1.0-1.5)
Location	Metropolitan	1.37 (0.0 - 7.0) 0.83	1.0 (1.0-2.0)
	Rural	1.32 (0.0 - 4.0) 0.71	1.0 (1.0-2.0)
Age (years)	1 to 4	0.87 (0.0 - 3.0) 0.50	0.8 (0.5-1.0)
	5 to 9	1.20 (0.0 - 6.0) 0.68	1.0 (0.8-1.5)
	10 to 14	1.51 (0.0 - 7.0) 0.74	1.5 (1.0-2.0)
	15 to 17	1.69 (0.0 - 5.0) 1.00	1.8 (1.0-2.0)
SEIFA (N=1256)	Lowest	1.43 (0.0 - 7.0) 0.92	1.0 (1.0-2.0)
	Low	1.38 (0.0 - 4.0) 0.70	1.3 (1.0-2.0)
	Middle	1.37 (0.0 - 4.0) 0.78	1.0 (1.0-2.0)
	High	1.19 (0.0 - 3.0) 0.61	1.0 (0.8-1.5)
	Highest	1.40 (0.0 - 5.0) 0.88	1.0 (1.0-2.0)

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

SEIFA: Socio-Economic Index For Areas, IQR: Interquartile range, SD: standard deviation.

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

Soft drink consumption

Measure: Respondents were asked what their soft-drink consumption was on an average day. This included sports drink or energy drinks but excluded sugar-free drinks. Respondents could answer in number of glasses, millilitres or litres.

On an average day 10.0% of South Australian children consumed soft drink in 2024, which was similar to 2023 (Figure 20).

The majority (90.0%) of children reported not consuming soft drink on an average day, 7.6% reported consuming less than half a litre of soft drink and 2.4% consumed half a litre or more daily in 2023 (Table 35).

Of the n=128 children that reported consuming soft drink, the average consumption was 330mL/day (Table 36). The likelihood of consuming soft drinks was higher with increasing age (Table 37).

Figure 20: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2018-2024

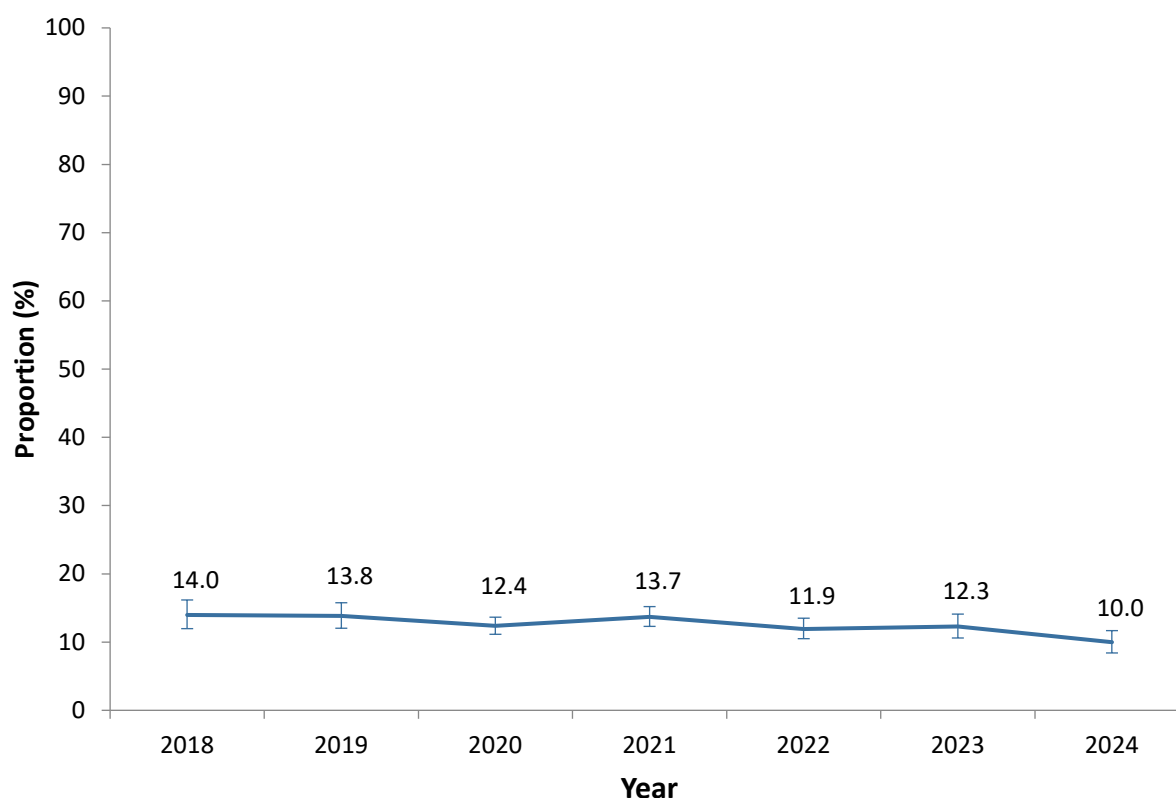


Table 35: Daily soft drink consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1286)

	n	% (95% CI)
None	1157	90.0 (88.2-91.5)
Less than 250ml	43	3.4 (2.5-4.4)
250 to 499ml	54	4.2 (3.2-5.4)
500 to 749ml	19	1.5 (0.9-2.3)
750 to 999ml	9	0.7 (0.3-1.3)
≥ 1000ml	<5	0.3 (0.1-0.6)
Total	1286	100.0

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

Table 36: Daily soft drink consumption (litres) of South Australian children (1 to 17 years) who reported consuming soft drink, SAPHS 2024 (n=128)

	Mean (Range) SD
All*	0.33 (0.0 - 3.0) 0.37
Male (n=80)	0.31 (0.0 - 2.0) 0.29
Female (n=47)	0.31 (0.0 - 0.8) 0.23

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

*These totals include respondents that preferred not to answer or identified as gender diverse.

Table 37: Proportion of South Australian children (1 to 17 years) consuming soft drink on an average day, SAPHS 2024 (N=1286)

		n/N	% (95% CI)
All		128/1286	10.0 (8.4-11.7)
Gender (N=1276*)	Male	80/660	12.1 (9.8-14.8)
	Female	47/616	7.7 (5.7-9.9)
Location	Metropolitan	98/969	10.1 (8.3-12.1)
	Rural	31/316	9.7 (6.9-13.5)
Age (years)	1 to 4	<5/222	0.6 (0.0-2.1)
	5 to 9	20/328	6.1 (3.9-9.1)
	10 to 14	58/484	12.1 (9.3-15.1)
	15 to 17	49/252	19.3 (14.9-24.7)
SEIFA (N=1284)	Lowest	41/297	14.0 (10.2-18.1)
	Low	13/181	7.3 (4.1-11.6)
	Middle	29/257	11.4 (7.9-15.6)
	High	16/243	6.7 (4.0-10.2)
	Highest	28/307	9.1 (6.3-12.7)

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

Sugar-free soft drink consumption

Measure: Respondents were asked what their sugar-free soft-drink, sports drink and energy drink consumption was on an average day. Respondents could answer in number of glasses, millilitres or litres.

In 2024, 12.5% of children reported consuming sugar-free soft drinks on an average day, which is similar to 2023 (Figure 21).

A majority (87.5%) of children reported not consuming sugar-free soft drink on an average day, 9.9% reported consuming less than half a litre, and 2.7% consumed at least half a litre daily (Table 39). Of the n=161 respondents that reported sugar-free soft drink consumption, the average consumption was 310mL/day (Table 38).

The likelihood of consuming sugar-free soft drinks was higher with increasing age, while respondents who lived in the lowest socioeconomic areas (19.1%) were more likely to consume sugar-free soft drinks, compared to those from the high (9.3%) and highest (8.4%) socioeconomic areas (Table 40).

Figure 21: Proportion of South Australian children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2018-2024

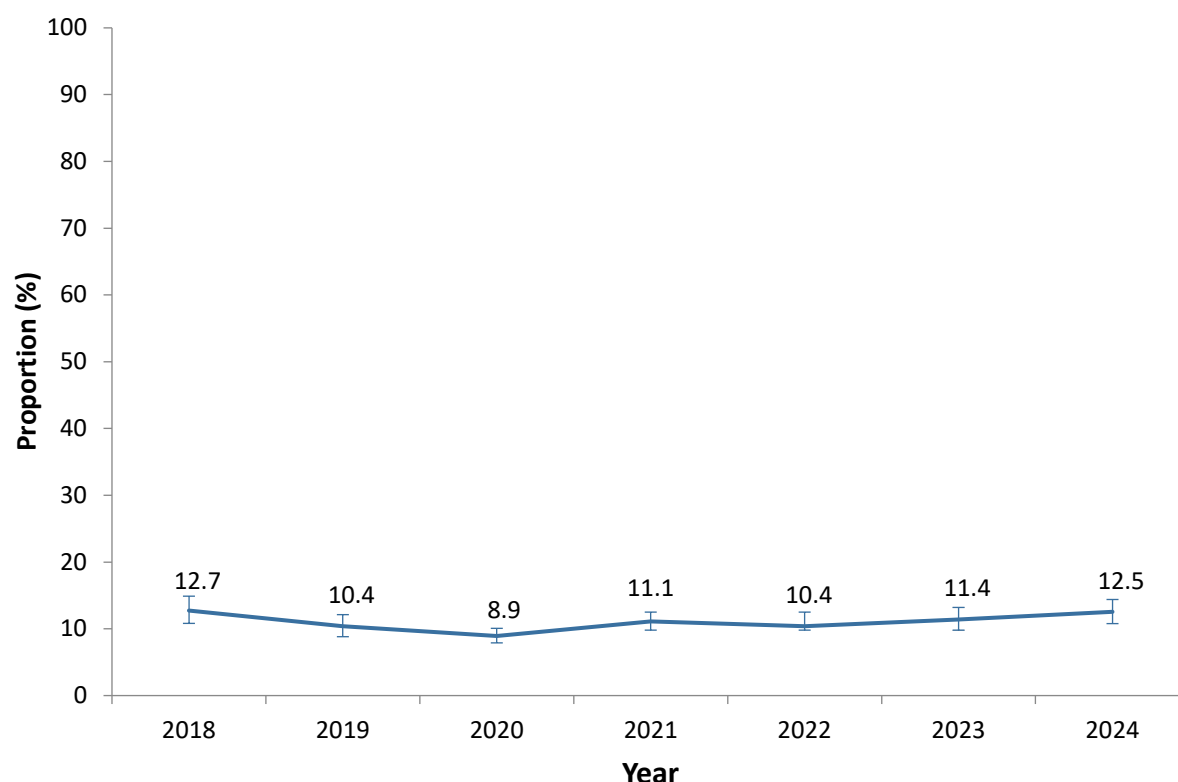


Table 38: Sugar-free soft drink consumption (litres) of South Australian children (1 to 17 years) who reported consuming sugar-free soft drink, SAPHS 2024 (n=161)

	Mean (Range) SD
All	0.31 (0.0 - 1.1) 0.23
Male (n=87)	0.29 (0.0 - 1.0) 0.20
Female (n=73)	0.33 (0.0 - 1.1) 0.25

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: Daily sugar-free soft drink consumption of South Australian children (1 to 17 years), SAPHS 2024 (n=1288)

	n	% (95% CI)
None	1126	87.5 (85.5-89.1)
Less than 250ml	48	3.7 (2.8-4.9)
250 to 499ml	79	6.2 (4.9-7.5)
500 to 749ml	23	1.8 (1.2-2.6)
750 to 999ml	<5	0.2 (0.1-0.6)
≥ 1000ml	8	0.7 (0.3-1.2)
Total	1288	100.0

CI: Confidence Interval.

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

Table 40: Proportion of South Australian children (1 to 17 years) consuming sugar-free soft drink on an average day, SAPHS 2024 (N=1288)

		n/N	% (95% CI)
All		161/1288	12.5 (10.8-14.4)
Gender (N=1279*)	Male	87/664	13.1 (10.7-15.8)
	Female	73/615	11.8 (9.5-14.6)
Location	Metropolitan	119/972	12.3 (10.3-14.4)
	Rural	42/316	13.3 (9.9-17.4)
Age (years)	1 to 4	3/222	1.4 (0.4-3.6)
	5 to 9	28/328	8.5 (5.9-11.9)
	10 to 14	90/486	18.4 (15.3-22.2)
	15 to 17	41/252	16.2 (12.1-21.2)
SEIFA (N=1287)	Lowest	57/298	19.1 (15.0-23.9)
	Low	23/181	12.4 (8.5-18.1)
	Middle	34/255	13.1 (9.6-17.9)
	High	23/244	9.3 (6.2-13.6)
	Highest	26/308	8.4 (5.7-11.9)

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

Appendix – Disposition Report

In 2024, a total of 8,304 respondents of known eligibility (South Australian residents) were contacted, and 7058 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 41.

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) [7]. This was calculated by dividing the total number of interviews (7,056) by the number of eligible respondents contacted (8,304), producing a total cooperation rate of 85.0%. Cooperation rates for landline numbers (67.0%) and mobiles (86.2%) were also calculated using this method.

There were 268449 numbers which were dialled but eligibility was unable to be ascertained, largely due to refusing at start before screening question (n=38,332), answering machine (n=139,411), or no answer (n=48,273).

A further 27,266 numbers were not eligible, the majority due to them being disconnected (n=18,303), not residing in South Australia (n=4,124) or being business numbers (n=4,364).

Table 41: Call outcomes for total sample, landline and mobiles, all ages, SAPHS 2024

	Total Sample	Landline	Mobile
Interviews	7056	357	6699
Eligible, non-interview numbers			
Appointments / Stopped interviews	228	8	220
Refused during	389	43	346
Selected respondent away for duration	1	0	1
Physically or mentally unable/incompetent	258	61	197
No interviewer available for needed language	364	56	308
Sent survey link - not completed yet	8	8	0
Subtotal –eligible non interviews	1248	176	1072
Total eligible	8304	533	7771
Cooperation rate*	85.0	67.0	86.2
Unknown eligibility			
Engaged	40024	6058	33966
Answering machine	139411	17305	122106
No answer	48273	13209	35064
Refused by text	0	0	0
Refused remove from database	2409	151	2258
Refused at start	38332	3901	34431
Subtotal - unknown eligibility	268449	40624	227825
Not eligible			
Number disconnected	18303	7258	11045
Business Numbers	4364	3363	1001
Fax/Modem	220	105	115
Not in South Australia - screener fail	4124	423	3701
Child answered call (no adult available)	167	5	162
Already completed survey (contacted on other phone)	88	14	74
Subtotal - not eligible	27266	11168	16098
TOTAL SAMPLE	304022	52325	251694

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

References

1. Australian Bureau of Statistics. *Estimates of Aboriginal and Torres Strait Islander Australians, June 2021*. [cited 2023; Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>.
2. The Australian Centre for Asthma Monitoring (ACAM). *Proposed list of asthma indicators*. 2002; Available from: <http://www.asthamonitoring.org/indicators.htm>.
3. Cole, T.J., et al., *Establishing a standard definition for child overweight and obesity worldwide: international survey*. BMJ, 2000. **320**(7244): p. 1240.
4. Department of Health, *Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines*, Department of Health, Editor. 2019: Canberra.
5. Australian Sleep Health Foundation. *How much sleep do you really need?* 2011; Available from: <https://www.sleephealthfoundation.org.au/how-much-sleep-do-you-really-need.html>.
6. National Health and Medical Research Council, *Australian Dietary Guidelines*, Department of Health and Ageing, Editor. 2013: Canberra.
7. American Association for Public Opinion Research. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys*. 2016; 9th:[Available from: https://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf.