

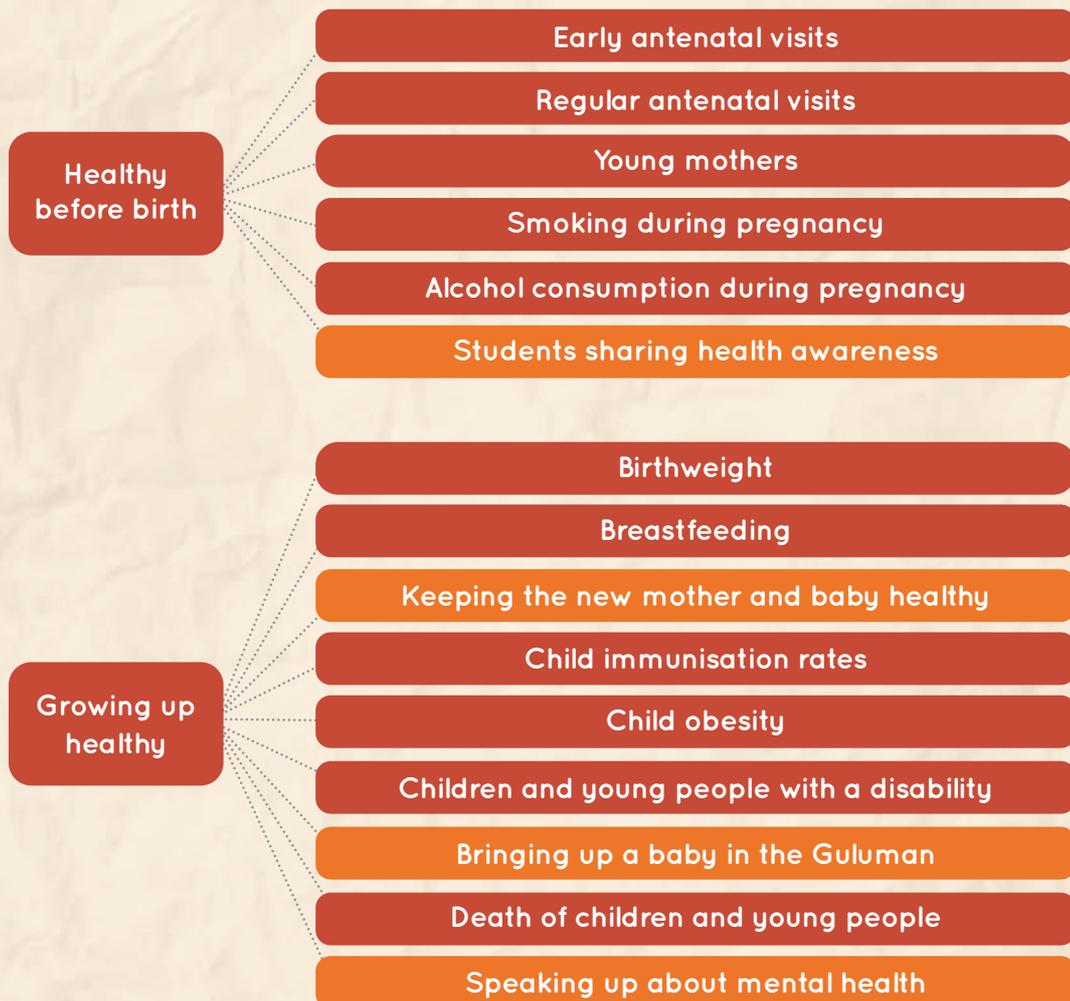


Domain 3

Being healthy

It is important for children and young people to be healthy, including physical, developmental, psychosocial and mental health. Until around the age of 25 years individuals continue to develop. This is not only physically but also by the maturing of neural connections in the brain. It is essential to take good care of the health and wellbeing of children and young people to ensure optimal health and opportunity in adulthood.

In this domain, two outcomes of healthy before birth and growing up healthy are explored through 11 indicators and four case studies:



Indicators Case studies

3.1 Healthy before birth

A normal pregnancy lasts about 40 weeks. The care provided, and the actions taken to ensure the health of the mother and unborn child during pregnancy, are important determinants of birth outcomes. Many factors including the age of the mother, the mother's diet, the physical and emotional health of the mother and access to medical care all contribute to a newborn baby's health. In all states and territories in Australia, midwives and other birth attendants record information on the health of mothers and babies during pregnancy and birth. This information is combined to provide information on the health of all mothers and babies across Australia.

3.1.1 Early antenatal visits

Antenatal care is the support provided by health care professionals to pregnant women to ensure optimal health.⁽²⁸⁾ Early antenatal care in the first trimester (less than 14 weeks of pregnancy), is associated with better health outcomes for both the mother and baby.

Proportion (%) of mothers with first antenatal visit in first trimester (less than 14 weeks)



Data source and year: Australia: AIHW National Perinatal Data Collection, 2017. NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special table), 2017.

Notes: 1. Australian data may be incomplete for some states. 2. NT regional data are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

In 2017, more than 8 in 10 women (84.1%), who gave birth in the Territory, had an early antenatal check. This is greater than the proportion reported for Australia (72.0%).

3.1.2 Regular antenatal visits

Regular visits provide opportunity to monitor the health of the mother and baby. It is recommended that a woman has at least seven antenatal visits in a full-term pregnancy.⁽²⁹⁾

Proportion (%) of mothers who attended less than seven antenatal visits



Data source and year: NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special table), 2017.

Note: 1. (na) not available. 2. NT regional data are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

In 2017, nearly 2 in 10 women (17.9%) who gave birth in the NT had less than seven antenatal visits. The proportion varied across the NT from about 1 in 6 women in Greater Darwin (15.4%) and East Arnhem (15.5%) to 1 in 4 women in Big Rivers (23.9%) and Barkly (26.0%).



3.1.3 Young mothers

Pregnancy is a critical and challenging period for women. Teenage motherhood is not only a risk to the mother's and baby's health but also affects the mother's opportunities for education and employment and access to social supports.⁽³⁰⁾

Proportion (%) of births to women aged under 20



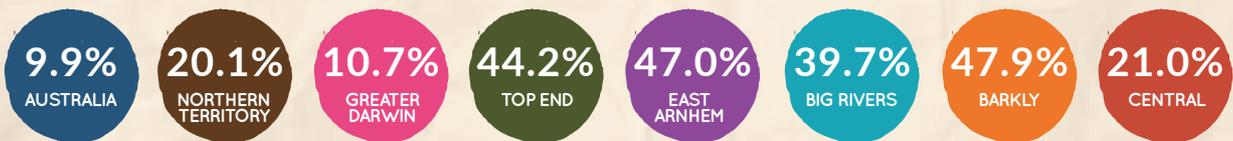
Data source and year: Australia: AIHW National Perinatal Data Collection, 2017. NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special table), 2017.
Note: NT regional data are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

In 2017, 5 in 100 mothers (5.5%) who gave birth in the NT were aged under 20, which was greater than the 2 in 100 mothers (2.2%) in Australia. There was substantial variation across the NT from about 3 in 100 mothers in Greater Darwin (2.5%) to about 15 in 100 mothers in East Arnhem (14.5%) and Barkly (16.8%).

3.1.4 Smoking during pregnancy

Tobacco smoking by the mother during pregnancy is a major hazard for the unborn child and is associated with increased risk of pre-term birth, placental complications and perinatal death.⁽³¹⁾

Proportion (%) of women who reported smoking during pregnancy



Data source and year: Australia: AIHW National Perinatal Data Collection, 2017. NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special table), 2017.
Note: NT regional data are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

Across Australia, in 2017, 1 in 10 women (9.9%) reported smoking during pregnancy. Smoking in pregnancy is more common in the NT where 2 in 10 women (20.1%) reported smoking. Across the NT, the proportion of women who reported smoking in pregnancy ranged from 1 in 10 women in Greater Darwin (10.7%) to almost half of the women in East Arnhem (47.0%) and Barkly (47.9%).





3.1.5 Alcohol consumption during pregnancy

Good nutrition is important in pregnancy and some substances can harm the unborn child. Alcohol consumption by the mother during pregnancy is a major risk for a range of conditions in children by affecting the development of the unborn child including having an adverse effect on gene expression and fetal development. These conditions are collectively referred to as Fetal Alcohol Spectrum Disorder (FASD).⁽³²⁾

Alcohol can harm the fetus at any stage in pregnancy and health authorities recommend ‘for women who are pregnant or planning a pregnancy, not drinking is the safest option’.⁽³³⁾ A significant proportion of women drink alcohol early in pregnancy and stop as soon as they know they are pregnant. There is no information available on patterns and volume of alcohol consumption in early pregnancy. We report the proportions of women consuming alcohol at the time of first antenatal visit and in late pregnancy (in third trimester), which is an indicator of higher risk.

Proportion (%) of babies exposed to alcohol in first trimester of pregnancy



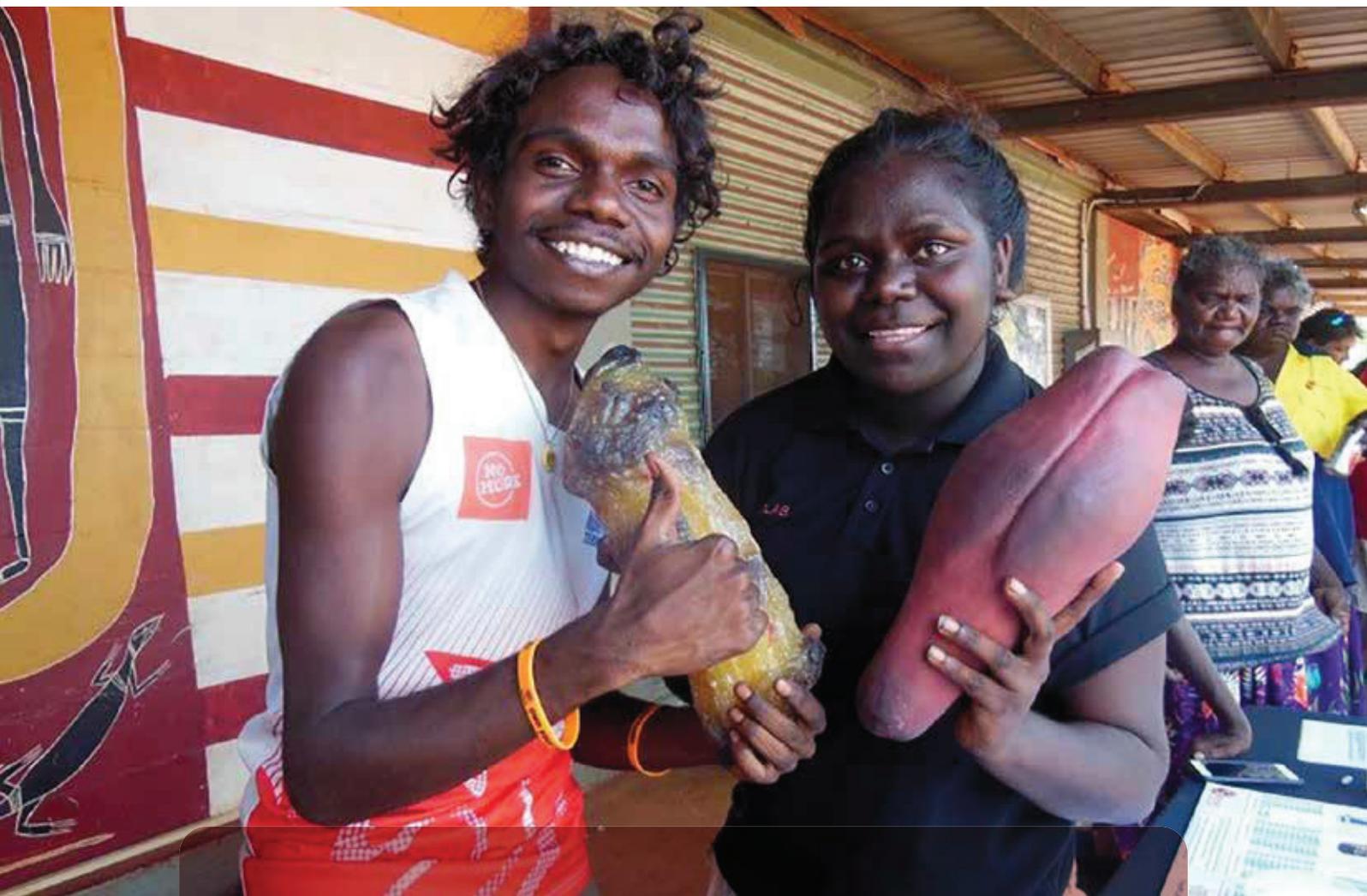
Proportion (%) of babies exposed to alcohol in third trimester of pregnancy



Data source and year: NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special tables), 2017. Note: 1. (na) not available. 2. Data for NT regions are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

In the NT, in 2017, almost 5 in 100 women giving birth reported consuming alcohol at the time of the first antenatal visit. The proportion varied across the NT from less than 2 in 100 women in Greater Darwin (2.2%) to about 1 in 5 women in Barkly (20.8%). The proportion of women who reported consuming alcohol fell substantially in all regions by the third trimester. At this time about 2 in 100 women consumed alcohol across the NT (2.2%) with the proportions across the NT ranging from less than 1 in 100 in Greater Darwin (0.7%) to 1 in 12 women in Barkly (8.3%).





STUDENTS SHARING HEALTH AWARENESS

The Ramingining Health Day was an initiative of senior school students to help promote the effects of exercise, alcohol misuse and smoking on health. 'There is a lot of health issues in our community, so we decided to hold a community health day in Ramingining', said Year 12 student Nellie Garrawurra.

The Health Day event was set up outside the busy community office for maximum visibility. Students focused on core themes of physical activity, alcohol misuse, smoking and healthy eating. Students facilitating the 'hands on' workstations encouraged everyone to have a go. Participants watched changes in heart rate before and after exercise, tested their upper and lower body strength, their body fat percentage, used alcohol goggles that mimic the effects of coordination loss, and measured their carbon monoxide levels with smokerlyzers. 'Everyone including young women in the community were really shocked at what smoking did to their bodies and health, and they all know a lot more about health issues after their visit. I feel strong and proud about this achievement', Nellie said.

The day was well attended and proved to be an excellent collaboration between the Ramingining senior school, Menzies HealthLAB and the Ramingining community. 'The community health day was a really positive experience. I felt like I was sharing important knowledge with my community, and the year 12 students were setting a strong example to the community', Nellie said.

Photo: Year 12 students Nellie and Ainsley running the nutrition station

3.2 Growing up healthy

The health of the child in the first months of life is crucial for long-term health and development. A child is particularly vulnerable through the early years and is reliant on carers for their physical and emotional needs. As children grow into adulthood it is important they are supported to maintain good nutrition, physical, mental and emotional health.

3.2.1 Birthweight

The birthweight of babies will vary as the result of a range of influences, including the characteristics of the parents, the health of the mother during pregnancy and the length of gestation at time of birth, but for each child there is a birthweight which is associated with optimal outcomes. A widely used indicator for newborn babies in need of particular attention is a birthweight of less than 2,500g, or 'low birthweight'.⁽³⁴⁾ A low birthweight baby may have difficulty feeding and gaining weight, maintaining body temperature and may be prone to infection. A low birthweight is also associated with an increased risk of conditions in adult life including diabetes, renal disease and cardiovascular disease.⁽³⁰⁾

Proportion (%) of babies with low birthweight (defined as less than 2,500g)



Data source and year: Australia: AIHW National Perinatal Data Collection, 2017. NT, Greater Darwin and regions: NT Perinatal Data Collection, prepared by NT Department of Health (special table), 2017.
Note: 1. Birthweights for live-born babies only. 2. NT regional data are reported by NT Department of Health geography which varies marginally from the geography used elsewhere in this Story.

In the NT, in 2017, 1 in 12 babies (8.4%) were born with low birthweight which is greater than 1 in 15 babies across Australia (6.7%). The proportion varies throughout the NT from about 1 in 16 babies in Greater Darwin (6.9%) to 1 in 6 babies being low birthweight in Top End (16.9%).

3.2.2 Breastfeeding

It is recommended for optimal health and development, that babies be exclusively breastfed for the first six months of life at which time solids are introduced. Breastfeeding improves the nutritional, physical and psychological wellbeing of the infant and the mother.^(35, 36)

Proportion (%) of children fully breastfed



Data source and year: Australia and NT: ABS, National Health Survey, 2014-15. Greater Darwin: ABS National Health Survey, prepared by PHIDU (special table), 2014-15.
Note: 1. (na) not available. 2. Australian and NT measures exclusive breastfeeding to around 4 months. 2. Greater Darwin measures to 3 months.

The most recent available information on breastfeeding, based on a survey in urban areas of the NT, from 2014-15, reported 7 in 10 NT children (69.4%) were fully breastfed for the first four months of life, which is greater than the Australian rate of about 6 in 10 children (61.6%).





KEEPING THE NEW MOTHER AND BABY HEALTHY

'My name is Thevi and I am of Indian/Tamil heritage and these are the practices of my family after a child is born. My grandparents migrated to Singapore from Sri Lanka for work and I am second generation born in Singapore.

In our culture after a baby is born, the mother and infant stay at home for one month. This allows time for the baby's immune system to build up before vaccinations. It also allows time for the mother to adjust and to get used to breastfeeding. There are specific diet practices during this time. New mothers do not eat chilli, spices, dahl, cabbage and other foods that generate too much heat or wind. Also cooling foods like watermelon are avoided and fatty foods with a lot of oil. Foods like turmeric and coriander are encouraged as they provide nutrients for the mother and the baby through breast milk and are good for healing.

On the 31st day after the birth of the child, the family call the Hindu priest to the house to bless the child and the couple. Prior to the blessing, the head of the baby is shaved to cleanse the baby from any remnants from the womb (blood, fluids etc.) and to make the hair thicker. After the shaving, sandalwood is placed on the baby's head to cool the body.

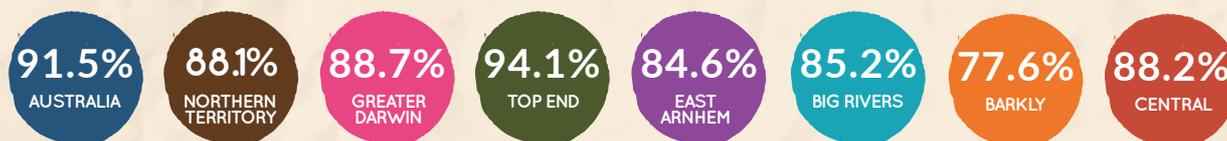
Our traditions are passed on orally through the shared knowledge of aunties, uncles, mums and dads. Culture changes with time and things are different now. I can see my daughter passing on some of the traditions'.

Photo: Thevi with her daughter Venaska

3.2.3 Child immunisation rates

Vaccination provides protection for children against a wide range of harmful infections and is associated with health and socioeconomic benefits.⁽³⁷⁾ The National Immunisation Program provides a series of free vaccines, recommended at specific ages. A key measure of the effectiveness of the immunisation program is whether children are fully immunised, with the recommended vaccines, at the age of two (24-27 months).

Proportion (%) of children, at age 2, who are fully immunised



Data source and year: Australia: Australian Immunisation Register, 2016. NT, Greater Darwin and regions: Australian Immunisation Register, prepared by PHIDU (special table), 2018.

The proportion of children fully immunised at two years of age in the NT (88.1%) was slightly less than the figure for Australia (91.5%). There was some variation in immunisation coverage across the NT from nearly 8 in 10 children (77.6%) in Barkly to over 9 in 10 children (94.1%) in the Top End.

3.2.4 Child obesity

Children and young people can gain weight quickly, which is influenced by factors including amount and type of physical activity, dietary habits, hormonal changes and heredity. Overweight and obesity refers to excessive weight, which is associated with increased risk of a range of health conditions for young people which may continue in adulthood.⁽³⁸⁾

Proportion (%) of children and young people, aged 5-17, who were overweight or obese



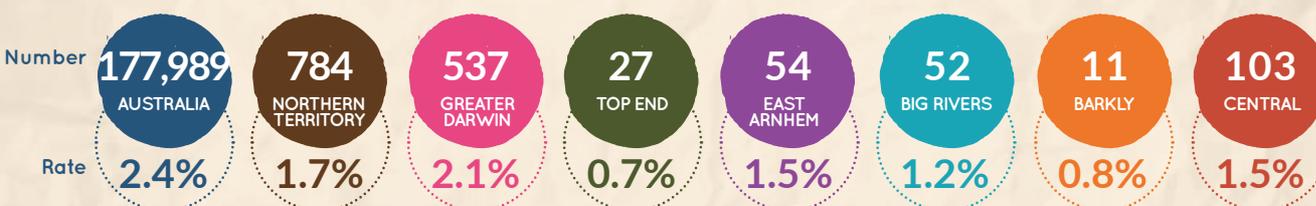
Data source and year: ABS: 4364.0.55.001 - National Health Survey: First Results, 2017-18.
Note: 1. (na) not available. 2. NT results were reported for ages 2-17 years combined.

In 2017-18, more than a quarter of Australian children and young people aged 5-17 (26.1%) were overweight or obese. There was a similar percentage (26.4%) for NT children and young people aged 2-17.

3.2.5 Children and young people with a disability

A young person with severe or profound disability needs support to complete daily activities. These activities may include self-care, mobility or communication. A question on 'core activity need for assistance' has been developed for inclusion in the ABS Census.⁽³⁹⁾ There is a small amount of data on disability in young people, especially those in remote Aboriginal communities. The ABS Survey of Disability, Ageing and Carers (SDAC) provides more comprehensive data but has limited geographic reach, which is why it is not used here.

Number and proportion (%) of children and young people, aged 0-24, with a severe or profound disability



Data source and year: Australia and NT: ABS Housing and Population Census, 2016. Greater Darwin and regions: ABS Housing and Population Census, prepared by PHIDU (special table), 2016.

In the NT, almost 2 in 100 children and young people (1.7%) have a severe or profound disability. The reported proportion varies from less than 1 in 100 children and young people in Barkly (0.8%) and Top End (0.7%) to more than 2 in 100 children and young people in Greater Darwin (2.1%).



BRINGING UP A BABY IN THE GULUMAN

'In Ngukurr, we have a way to grow up a baby in a Guluman. I have seen one when I was a little girl, my mother used to carry my little sister around with it. When the baby goes in the Guluman, leaves go in first. It is a soft comfortable bed for babies to sleep in. My mother carried the Guluman, with my sister inside, under the arm. It is safe for little bubs to be in it when the mums are cooking or fishing.

The Guluman is also a spiritual way of teaching babies about their surroundings, in our country. It is a spiritual shield, protecting the child. It connects the child to the land and culture, places culture at the centre of the child's life. It teaches them, so when they are older, they know things. It brings healing, helps keep babies strong and healthy. It makes sure the baby grows straight, not crooked.

When the babies are crawling, they are strong in their legs, back and bones. The Guluman gets put away for the next generation to come.

The Guluman was a central beginning for life. It was sacred for women. The kids were not allowed to play with it. Men and teenagers were not allowed to touch it. If the Guluman breaks, it breaks our spirit too'.

Marlene Andrews, Ngukurr

Photo: Marlene with a Guluman at the Guluman Child and Family Centre, Ngukurr

3.2.6 Death of children and young people

Systematically reviewing the causes of death in a population is important for understanding health and behavioural changes which can inform prevention strategies and policy. Leading causes of death in Australia differ across age groups.

Infant mortality is the number of deaths of children in a population before their first birthday and is expressed as the number of deaths per 1,000 live births in a year.⁽⁴⁰⁾ Up to about four weeks of age, infant deaths are most commonly associated with complications in pregnancy and birth. After this period, infant deaths are increasingly the result of hazards from the wider environment such as malnutrition and infections, often in conjunction with poor parenting skills and inaccessibility to appropriate health services.⁽³⁰⁾

Infant mortality (per 1,000 live births)



Data source and year: Australia and NT: ABS 3303.0 Causes of Death, 2017. Greater Darwin and regions: Australian Coordinating Registry, Cause of Death Unit Record Files, prepared by PHIDU (special table), 2011-15. Note: (nr) not reportable because of small numbers.

In 2017, the infant mortality rate for NT was 8.5 deaths per 1,000 live births which was more than twice the rate for Australia. Across the NT, from 2011-15, the infant mortality rate varied from 3.7 in Greater Darwin to 12.7 in Top End and 13.7 in East Arnhem.

Among children aged 1-14 years, land transport accidents, such as car crashes, are the leading cause of death, while among those aged 15-24, intentional self-harm and car crashes are the leading causes.⁽⁴¹⁾ Intentional self-harm is injury or death that was purposefully inflicted, and in some cases intent or purpose cannot be determined. Suicide is defined as intentional self-harm, which a coroner has determined was a deliberate act to end one's own life.⁽⁴²⁾

Death rate (per 100,000 population) for children, aged 1-14



Death rate (per 100,000 population) for young people, aged 15-24



Data source and year: ABS 3303.0 Causes of Death, 2017. Note: 1. (nr) not reportable because of small numbers. 2. ABS rates are based on preliminary death data and are subject to revision.

In the NT in 2017, there were 11 deaths of children aged 1-14 years. This is a death rate of 22.0 deaths per 100,000 population and is twice the rate for Australia (10.5 deaths per 100,000).⁽⁴³⁾ In 2017, for NT young people aged 15-24, the death rate was 106.3 deaths per 100,000 population. This rate was three times the rate for Australia.



'I wanted to create a community to let people know they are not alone'

SPEAKING UP ABOUT MENTAL HEALTH

In Year 11 Mitchell Ford lost a good friend to suicide. 'The days and weeks following his suicide I felt empty. I was angry at him for believing this was his only option. Angry at myself for not knowing he was in pain'

Wanting to raise awareness of the challenges of depression, Mitchell created PRVT Apparel, a clothing line with the mantra 'Speak Up, Speak Out, Stand Up, Stand Strong, Stand Together' PRVT is an abbreviation for prevention. 'I wanted to create a community to let people know they are not alone, there is help available', Mitchell says.

Mitchell is concerned suicide remains the top cause of death for young people in the Northern Territory. 'Here in Katherine, I haven't seen it talked about much. Having the thoughts is not good but being afraid to talk about it is the real problem. We need capable people around to have the conversations'. Mitchell has committed 20% of PRVT Apparel profits to local charity Headspace to support service delivery.

'If you are in pain you need to know that you are not alone; you are loved. Things can get better, things will get better ... reach out ... find help. Never forget that there is always help available to help the pain stop. Seeking help is extremely hard sometimes but it is worth it'.

Photo: Mitchell wearing a T-shirt from his clothing line (Photo provided by Katherine Times)