

Health of Indigenous Australians

National Aboriginal and Torres Strait Islander Survey



NEW ISSUE

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER
SURVEY 1994: HEALTH OF INDIGENOUS AUSTRALIANS**

**W. McLennan
Australian Statistician**

AUSTRALIAN BUREAU OF STATISTICS

CATALOGUE NO. 4395.0

©Commonwealth of Australia 1996

Cover artwork ©Phillip Harris, 'Ramundi', 1995. The artist has granted permission for the ABS to use his traditional artwork.
No reproduction is permitted without permission of the artist.

Cover photographs courtesy of ATSIC and DEET.

Produced by the Australian Government Publishing Service

CONTENTS

	Page
Introduction	1
ATTITUDES AND PERCEPTIONS CONCERNING HEALTH	
Perceived problems in the local area	2
Importance of Indigenous involvement in health services	5
Happiness with health services	6
Reported problems with health services	8
Self-assessed health status	9
SELF-REPORTED HEALTH CONDITIONS AND ACTIONS	
Recent illnesses or conditions	15
Health-related actions	17
Long-term conditions	20
Disability	28
HEALTH PROFESSIONALS, SERVICES AND FACILITIES	
Distance to health professionals	29
Distance to health services	31
Distance to health facilities	33
FACTORS WHICH MAY AFFECT HEALTH	
Smoking	38
Alcohol consumption	41
Breastfeeding	43
Relative weight	46
Violence	48
Explanatory notes	49
Glossary	51
References	55

INQUIRIES

- *for further information about statistics in this publication and the availability of related statistics, contact The National Centre for Aboriginal and Torres Strait Islander Statistics in Darwin on (08) 8943 2192 or any ABS State office.*
- *for information about the ABS statistics and services, please refer to the back of this publication.*

INTRODUCTION

This publication presents information about the health of Indigenous Australians from the National Aboriginal and Torres Strait Islander Survey (NATSIS) which was conducted by the Australian Bureau of Statistics (ABS) in 1994. This was the first national survey of Australia's Aboriginal and Torres Strait Islander people and included questions on a wide range of topics in the areas of family and culture, health, housing, education and training, employment and income, and law and justice. Although the breadth of topics meant that it was not possible to go into great depth about any one area, the lack of available nationwide Indigenous health data prior to the survey means that the health information that was collected is virtually unmatched.

This report is divided into four parts. Section one covers attitudes and perceptions concerning health. The second section includes information about reported health conditions and reported health actions. This is followed by a section on the availability of health professionals, services and facilities, while the final section examines several factors which may affect health.

The statistics presented in this publication are based on several different types of data, ranging from stated perceptions and attitudes, to reported conditions and actions, to actual measurements. It is important to be aware of the strengths and limitations of each type of data. For example, perceptions and attitudes can be very useful in determining what people consider to be priorities, but they can be misleading if interpreted as fact. While questions about health-related actions and the presence of health conditions are both concerned with factual information, it is likely that people are better able to report actions than conditions. Some quantitative data such as heights and weights were actually measured in the survey and are likely to be more reliable than self-reported information such as daily cigarette consumption.

Throughout this publication, comparisons have been made among Indigenous people according to such factors as age, sex, and area of residence. In a few places, data from the NATSIS have been compared with statistics for all Australians from the National Health Survey (NHS) 1989-90. Due to differences in the techniques and methods used in the two surveys, care must be taken in interpreting such comparisons and it is recommended that technical and explanatory notes from both surveys be consulted before doing so.

While the current publication is intended to be descriptive, the broad scope of the NATSIS means that it will be possible to look at relationships among a whole range of health and non-health variables. For example, it will be possible to examine in much greater detail the factors associated with such variables as self-assessed health status, smoking status, relative weight, breastfeeding and long-term health conditions. Further analysis of such interrelationships is underway and will be reported in the near future.

ATTITUDES AND PERCEPTIONS CONCERNING HEALTH

The NATSIS sought to determine what Indigenous people thought about various aspects of their health, including what they considered to be significant health issues in their local areas and how they perceived their own state of health. While attitudes and perceptions are important, it must be noted that perceived health status may not always reflect the actual health status of an individual. People may have different expectations about what constitutes good health. How they are asked about their health and by whom may also affect their responses. It is therefore necessary to use caution in interpreting results.

PERCEIVED PROBLEMS IN THE LOCAL AREA

Perceived health problems Nationally, alcohol was seen as one of the main health problems in their local area by about 58% of Indigenous Australians over the age of 12 years. Drugs and diabetes were the next most commonly reported problems, followed by diet/nutrition, heart problems and skin problems.

PERCEIVED HEALTH PROBLEMS IN THE LOCAL AREA AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Perceived health problems</i>	%	%	%	%	%	%	%	%
Alcohol	58.9	38.0	57.8	57.6	73.4	26.1	56.6	57.9
Drugs	37.9	26.9	29.6	40.6	37.5	22.2	7.0	29.7
Other substances	4.0	**2.6	5.3	5.2	12.4	**4.5	3.1	5.5
Diabetes	16.9	11.8	23.9	27.5	28.9	**1.4	24.3	21.6
Heart problems	9.8	8.2	16.5	12.5	16.9	**2.1	17.5	13.7
Diet/nutrition	12.4	10.1	21.5	20.0	26.8	9.5	25.5	19.3
Skin problems	3.8	4.1	11.1	5.6	14.3	**1.6	18.4	9.7
Other medical condition	4.7	4.4	3.2	**3.5	4.2	**1.6	5.0	4.1
Other	4.7	6.6	4.3	4.2	3.6	**3.6	4.7	4.5
Do not know	29.3	46.0	28.9	30.1	16.2	65.3	26.5	29.1
Not stated	**0.3	**0.8	**0.9	**0.1	**0.1	**—	**0.4	0.4
Total ('000)	52.0	12.6	52.1	11.9	30.2	6.6	30.9	197.5

Note: Persons may have reported more than one problem.

Alcohol was the most commonly perceived health problem in every State and Territory. This was followed by drugs in all States with the exception of the Northern Territory, where diet/nutrition, diabetes, heart problems and even skin problems were of greater concern. A large proportion of people in each State reported that they did not know what the main health problem in their local area was.

Alcohol was most frequently perceived as a main health problem in capital cities, other urban areas and rural areas alike. Drug problems were next most commonly reported in the capital city and other urban areas, while diabetes and diet/nutrition were slightly more commonly reported than drugs in the rural areas. People in capital cities were more likely than those in other urban or rural areas to say that they did not know what the main health problems in their local area were.

PERCEIVED HEALTH PROBLEMS IN THE LOCAL AREA BY PART OF STATE AMONG
PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Perceived health problems</i>	%	%	%	%
Alcohol	47.8	64.1	58.2	57.9
Drugs	28.9	35.4	22.6	29.7
Other substances	7.3	4.8	4.8	5.5
Diabetes	12.3	23.8	26.8	21.6
Heart problems	6.7	14.6	18.6	13.7
Diet/nutrition	13.3	19.0	24.8	19.3
Skin problems	4.9	7.3	17.1	9.7
Other medical condition	4.3	4.5	3.5	4.1
Other	5.8	3.3	5.1	4.5
Do not know	37.8	25.1	26.8	29.1
Not stated	**0.3	**0.3	**0.8	0.4
Total ('000)	53.6	82.7	61.2	197.5

Note: Persons may have reported more than one problem.

Alcohol was the most commonly reported perceived local health problem for people of all ages. The ranking of other problems differed by age. Almost half of 13–14 year olds said they did not know what the main health problems in their local area were. Concern with diabetes generally rose with age, peaking at 31% among 45–54 year olds.

PERCEIVED HEALTH PROBLEMS IN THE LOCAL AREA BY AGE AND SEX

	13–14 years	15–24 years	25–44 years	45–54 years	55 years and over	Males	Females	Total
<i>Perceived health problems</i>	%	%	%	%	%	%	%	%
Alcohol	44.0	57.8	60.7	58.0	54.3	58.3	57.5	57.9
Drugs	26.5	31.4	31.4	28.6	19.2	29.5	29.8	29.7
Other substances	4.4	4.8	6.0	8.0	3.5	5.5	5.4	5.5
Diabetes	7.7	15.3	25.1	31.3	26.8	18.1	25.1	21.6
Heart problems	5.0	9.5	15.4	20.5	19.3	12.2	15.1	13.7
Diet/nutrition	11.3	14.6	22.5	24.6	20.2	16.9	21.5	19.3
Skin problems	4.2	7.4	11.5	11.4	11.1	7.9	11.5	9.7
Other medical condition	**2.0	2.7	4.8	6.8	4.5	3.8	4.5	4.1
Other	**1.9	2.7	6.4	4.8	3.7	4.3	4.7	4.5
Do not know	47.4	31.3	24.8	26.1	31.2	28.7	29.5	29.1
Not stated	**3.3	**0.2	**0.1	**0.2	**0.7	**0.4	**0.5	0.4
Total ('000)	12.9	62.5	85.1	18.6	18.4	98.0	99.5	197.5

Note: Persons may have reported more than one problem.

Males and females were similar with respect to the proportions reporting alcohol and drugs as health problems in their local area, but females were more likely to report medical conditions as problems than were males.

Substance problems

When asked specifically about substances, about 75% of people said they considered alcohol to be a common substance problem in their area. Alcohol was the most commonly selected substance problem in all States and was followed by marijuana, except in the Northern Territory where petrol sniffing was of similar concern. People were not asked to indicate the relative importance of the substance problems.

PERCEIVED SUBSTANCE PROBLEMS IN THE LOCAL AREA AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Perceived substance problems</i>	%	%	%	%	%	%	%	%
Alcohol	76.3	69.3	73.0	79.6	82.0	36.8	77.8	74.9
Marijuana	63.4	48.8	52.6	70.4	62.5	30.7	20.7	52.1
Other drugs	27.6	32.4	18.0	30.4	25.6	17.5	7.6	21.8
Petrol sniffing	10.2	9.8	15.2	16.1	20.3	4.3	20.9	14.9
Glue sniffing	5.8	7.1	13.4	11.1	28.5	2.6	7.0	11.8
Other dangerous substances	9.9	7.9	19.2	12.5	21.4	3.5	7.6	13.5
Not stated	0.5	1.4	0.6	—	0.1	**—	0.4	0.5
Total ('000)	52.0	12.6	52.1	11.9	30.2	6.6	30.9	197.5

Note: Persons may have reported more than one problem.

Most substance problems were reported more frequently in other urban areas than in capital cities or rural areas. In each area, however, the two most commonly reported substance problems were perceived to be alcohol and marijuana. In capital cities and other urban areas 'other drugs' were the third most commonly selected problem, but in the rural area petrol sniffing was reported slightly more frequently than 'other drugs'.

PERCEIVED SUBSTANCE PROBLEMS IN THE LOCAL AREA BY PART OF STATE AMONG PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Perceived substance problems</i>	%	%	%	%
Alcohol	62.9	82.2	75.7	74.9
Marijuana	46.9	63.6	41.0	52.1
Other drugs	28.6	25.2	11.2	21.8
Petrol sniffing	12.2	17.3	13.8	14.9
Glue sniffing	14.4	14.3	6.1	11.8
Other dangerous substances	12.7	16.8	9.7	13.5
Not stated	0.4	0.2	0.8	0.5
Total ('000)	53.6	82.7	61.2	197.5

Note: Persons may have reported more than one problem.

PERCEIVED SUBSTANCE PROBLEMS IN THE LOCAL AREA BY AGE AND SEX

	13-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Males	Females	Total
<i>Perceived substance problems</i>	%	%	%	%	%	%	%	%
Alcohol	56.5	74.5	76.8	79.3	76.3	73.4	76.5	74.9
Marijuana	41.8	54.7	53.7	52.0	42.8	50.2	53.9	52.1
Other drugs	18.1	19.8	25.3	22.8	14.1	20.6	23.0	21.8
Petrol sniffing	12.6	15.6	14.7	15.9	13.9	14.4	15.3	14.9
Glue sniffing	8.1	12.6	11.5	14.0	10.5	10.9	12.7	11.8
Other dangerous substances	8.5	12.8	14.4	17.2	11.4	13.4	13.6	13.5
Not stated	3.4	—	0.4	0.3	0.6	0.4	0.5	0.5
Total ('000)	12.9	62.5	85.1	18.6	18.4	98.0	99.5	197.5

Note: Persons may have reported more than one problem.

Responses were similar for all age groups with alcohol, marijuana and other drugs the three most common responses, regardless of age.

IMPORTANCE OF
INDIGENOUS INVOLVEMENT
IN HEALTH SERVICES

Over three-quarters of people said they felt that it was important for Aboriginal and Torres Strait Islander people to be involved in the provision of their health services.

Indigenous involvement in health services was viewed as having varying degrees of importance from State to State. This opinion was the strongest in the Northern Territory with over 89% of people believing Indigenous involvement to be important. In Tasmania however, only about 60% of people felt Indigenous involvement was important and approximately 24% thought it was not important. About 70%-80% of people in all other States reported that such involvement was important.

IMPORTANCE OF INDIGENOUS INVOLVEMENT IN HEALTH SERVICES AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Importance of involvement</i>	%	%	%	%	%	%	%	%
Important	77.0	72.8	78.4	77.8	75.6	60.7	89.3	78.3
Not important	13.0	22.2	15.0	13.3	17.6	23.7	5.7	14.2
Do not know	9.3	4.1	5.2	8.1	6.1	15.6	4.2	6.7
Not stated	**0.7	**0.8	1.5	**0.8	**0.6	**—	**0.8	0.9
Total ('000)	52.0	12.6	52.1	11.9	30.2	6.6	30.9	197.5

IMPORTANCE OF INDIGENOUS INVOLVEMENT IN HEALTH SERVICES BY PART OF STATE
AMONG PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Importance of involvement</i>	%	%	%	%
Important	71.1	79.5	82.8	78.3
Not important	21.8	12.9	9.2	14.2
Do not know	6.6	6.6	6.8	6.7
Not stated	**0.4	1.0	1.3	0.9
Total ('000)	53.6	82.7	61.2	197.5

People living in rural areas were more likely to report that Indigenous involvement in local health services was important than those living in capital cities or other urban areas.

Although people aged 45–54 years were most likely to report that Indigenous involvement was important, proportions were similar for all age groups between 15–54. A slightly higher percentage of females than males said they believed that Indigenous involvement was important.

IMPORTANCE OF INDIGENOUS INVOLVEMENT IN HEALTH SERVICES BY AGE AND SEX

	13–14 years	15–24 years	25–44 years	45–54 years	55 years and over	Males	Females	Total
<i>Importance of involvement</i>	%	%	%	%	%	%	%	%
Important	65.9	79.1	79.6	82.4	74.0	76.1	80.4	78.3
Not important	15.2	12.7	14.7	11.9	18.3	15.7	12.6	14.2
Do not know	14.9	7.2	5.4	5.2	6.5	7.3	6.0	6.7
Not stated	4.0	1.0	**0.4	**0.5	**1.2	0.8	1.0	0.9
Total ('000)	12.9	62.5	85.1	18.6	18.4	98.0	99.5	197.5

HAPPINESS WITH HEALTH
SERVICES

The majority of people in all States reported that they were happy with their local health service. In every State less than 10% of people said they were not happy. A small proportion of the population (3%–10%) in each State except Tasmania reported having no contact with their local health service. Some 22% of people in Tasmania reported having no contact and almost 10% of people reported that they were not satisfied.

HAPPINESS WITH LOCAL HEALTH SERVICES AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Whether happy with local health services</i>	%	%	%	%	%	%	%	%
Happy	72.7	80.6	80.6	77.7	76.6	65.9	86.3	78.0
Sometimes happy	7.8	**2.4	6.1	6.3	5.3	**2.3	3.8	5.7
Not happy	7.7	8.3	4.9	6.9	6.9	9.6	4.9	6.4
No contact with services	9.8	6.7	6.2	7.6	8.5	22.0	3.4	7.8
Not stated/not applicable	1.9	**2.0	2.2	**1.5	2.8	**0.2	1.6	2.0
Total ('000)	52.0	12.6	52.1	11.9	30.2	6.6	30.9	197.5

Note: Prisoners were not asked this question and so are recorded as not applicable.

Reported happiness with local health services was generally similar in capital cities, other urban areas and rural areas. People in capital cities were more likely to report no contact with their local health services. However, people may not have interpreted this question in the same way in different areas.

HAPPINESS WITH LOCAL HEALTH SERVICES BY PART OF STATE AMONG PEOPLE AGED 13 YEARS AND OVER

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>	<i>Total</i>
<i>Whether happy with local health services</i>	%	%	%	%
Happy	79.5	77.0	78.1	78.0
Sometimes happy	3.0	6.8	6.7	5.7
Not happy	5.7	6.5	7.0	6.4
No contact with services	9.2	7.7	6.8	7.8
Not stated/not applicable	2.6	2.0	1.5	2.0
Total ('000)	53.6	82.7	61.2	197.5

Note: Prisoners were not asked this question and so are recorded as not applicable.

Reported happiness with health services was high in all age groups and was similar for males and females. The proportion of people who reported that they had no contact with the local health service decreased with age and was higher overall for males than females.

HAPPINESS WITH LOCAL HEALTH SERVICES BY AGE AND SEX

	<i>13-14</i>	<i>15-24</i>	<i>25-44</i>	<i>45-54</i>	<i>55 years</i>			
	<i>years</i>	<i>years</i>	<i>years</i>	<i>years</i>	<i>and over</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Whether happy with local health services</i>	%	%	%	%	%	%	%	%
Happy	78.5	79.5	74.2	82.5	85.7	75.9	80.1	78.0
Sometimes happy	4.1	4.4	7.3	5.3	5.0	5.4	6.1	5.7
Not happy	**3.8	4.4	8.5	7.7	4.2	5.7	7.1	6.4
No contact	10.2	9.1	8.1	4.2	4.2	9.6	6.1	7.8
Not stated/not applicable	**3.3	2.7	1.9	**0.3	**0.9	3.5	0.5	2.0
Total ('000)	12.9	62.5	85.1	18.6	18.4	98.0	99.5	197.5

Note: Prisoners were not asked this question and so are recorded as not applicable.

REPORTED PROBLEMS WITH HEALTH SERVICES

The majority of people across all States reported having no problems with local health services. Of those people who did report problems, the most common problem was having to wait too long. Other reported problems included inadequate hours of operation and inadequate facilities or staffing.

REPORTED PROBLEMS WITH LOCAL HEALTH SERVICES AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Problems with local health services</i>	%	%	%	%	%	%	%	%
No problems	71.6	74.7	79.7	77.6	72.5	61.2	85.4	76.2
Have to wait too long for treatment	9.8	7.1	7.6	5.7	10.2	**7.0	3.4	7.7
Hours of operation inadequate	2.8	**1.0	2.1	**1.9	**1.6	**2.0	**0.9	2.0
Inadequate facilities/staffing	2.9	**2.9	1.5	**2.8	4.4	**5.8	4.6	3.1
Inadequate/poor treatment by staff	1.2	**1.6	1.3	**1.3	**1.3	**3.3	**0.6	1.2
Other	1.6	6.3	1.2	**2.5	**1.1	**0.8	**0.4	1.6
Do not use/do not know/not stated	10.7	7.1	6.5	7.5	8.2	22.6	3.5	8.2
Total ('000s)	52.0	12.6	52.1	11.9	30.2	6.6	30.9	197.5

Note: Prisoners were not asked this question and so are recorded as not stated.

REPORTED PROBLEMS WITH LOCAL HEALTH SERVICES BY PART OF STATE AMONG PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Problems with local health services</i>	%	%	%	%
No problems	78.6	74.6	76.2	76.2
Have to wait too long for treatment	4.8	10.1	7.1	7.7
Hours of operation inadequate	2.2	1.5	2.3	2.0
Inadequate facilities/staffing	1.4	2.2	5.9	3.1
Inadequate/poor treatment by staff	**0.7	1.1	1.8	1.2
Other	1.8	1.9	0.8	1.6
Do not use/do not know/not stated	9.2	8.3	7.2	8.2
Total ('000)	53.6	82.7	61.2	197.5

Note: Prisoners were not asked this question and so are recorded as not stated.

The proportion of people who reported that they had no problems with their local health services was similar in capital cities, other urban and rural areas. The most commonly reported problem in all areas was having to wait too long for treatment. Inadequate facilities/staffing were more frequently mentioned as problems in rural areas than in urban areas.

The majority of people in all age groups reported having no problems with their health service. Of those people who said they had a problem, the most common response in all age groups and for males and females was that they had to wait too long.

REPORTED PROBLEMS WITH LOCAL HEALTH SERVICES BY AGE AND SEX

	13-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Males	Females	Total
<i>Problems with local health services</i>	%	%	%	%	%	%	%	%
No problems	79.7	78.3	71.7	78.8	84.5	75.4	76.9	76.2
Have to wait too long for treatment	4.3	6.1	10.1	6.9	6.2	6.2	9.2	7.7
Hours of operation inadequate	**0.9	1.9	2.1	2.7	**1.2	1.6	2.3	2.0
Inadequate facilities/staffing	**0.6	2.5	4.0	3.7	2.7	2.6	3.6	3.1
Inadequate/poor treatment by staff	**0.3	**0.7	1.8	**1.7	**0.7	1.1	1.3	1.2
Other	**0.9	**0.8	2.3	**2.0	**0.7	1.2	1.9	1.6
Do not use/do not know/not stated	13.9	8.5	8.4	5.6	5.0	10.0	6.5	8.2
Total ('000)	12.9	62.5	85.1	18.6	18.4	98.0	99.5	197.5

Note: Prisoners were not asked this question and so are recorded as not stated.

SELF-ASSESSED HEALTH STATUS

Self-assessed health status explores how individuals feel about their health. It must be recognised that every person has his or her own perception of health and often one person's idea of excellent health may only equate to average for another person. People aged 13 years and over were asked to indicate whether they thought their health status was excellent, very good, good, fair or poor. For children under 13 years of age, a parent or responsible adult was asked to assess the child's health status. Nationally, Indigenous Australians tended to class their health as either good (32%), very good (31.6%) or excellent (24.2%). Only 1.9% described their health status as poor.

SELF-ASSESSED HEALTH STATUS¹

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Status</i>	%	%	%	%	%	%	%	%
Excellent	24.6	25.7	20.2	29.0	22.3	33.3	27.4	24.2
Very good	31.0	30.9	32.5	27.8	33.2	34.0	29.9	31.5
Good	30.1	27.3	34.8	30.8	33.5	19.2	35.1	32.1
Fair	11.8	12.9	10.4	10.4	9.2	11.2	6.3	10.1
Poor	2.4	3.2	1.6	**2.0	1.8	**2.2	**1.1	1.9
Not stated	**0.2	**—	**0.3	**—	**—	**—	**0.2	0.2
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent.

Similar distributions were found in every State. About 80%–90% of respondents assessed their health status in the range between good and excellent, while approximately 1%–3% said they were in poor health. Tasmania boasted the highest rate of perceived excellent health at over 33%.

People in capital cities were slightly more likely to say they were in fair or poor health than were those in other urban or rural areas.

SELF-ASSESSED HEALTH STATUS¹ BY PART OF STATE

	Capital city	Other urban	Rural	Total
Status	%	%	%	%
Excellent	24.8	23.0	25.2	24.2
Very good	34.9	31.0	29.2	31.5
Good	26.2	33.7	35.2	32.1
Fair	11.1	10.4	8.8	10.1
Poor	2.8	1.7	1.4	1.9
Not stated	**0.2	**0.1	**0.3	0.2
Total ('000)	82.6	129.7	91.0	303.3

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent.

Nationally, the 0–12 year age group were reported to have the best health, with over 36% said to be in excellent health and a further 37% in very good health. The reporting of very good to excellent health decreased with age. For people aged 45 years and over, around 10% reported being in excellent health. While less than 1% of 0–24 year olds were reported to be in poor health, this figure increased to about 9% in those aged 55 years and over.

SELF-ASSESSED HEALTH STATUS¹ BY AGE AND SEX

	0–12 years	13–14 years	15–24 years	25–44 years	45–54 years	55 years and over	Total
Status	%	%	%	%	%	%	%
Males							
Excellent	34.2	30.3	26.9	19.1	11.9	10.5	25.7
Very good	37.4	41.3	34.1	29.6	15.3	15.6	32.2
Good	23.7	25.3	31.1	34.4	37.4	33.5	29.7
Fair	4.3	**3.1	7.2	14.5	26.0	31.0	10.4
Poor	**0.5	**—	**0.5	2.4	7.7	9.4	1.9
Not stated	**—	**—	**0.2	**0.1	**1.6	**—	**0.2
Total ('000)	54.4	6.5	31.9	42.2	9.2	8.3	152.4
Females							
Excellent	38.6	18.7	19.3	13.1	7.2	9.5	22.7
Very good	35.8	37.4	33.9	27.6	20.1	15.7	30.8
Good	22.8	39.1	39.6	41.3	41.2	41.7	34.6
Fair	2.2	**4.2	6.5	15.5	25.8	23.3	9.8
Poor	**0.5	**0.5	**0.4	2.5	5.6	8.5	1.9
Not stated	**0.1	**—	**0.3	**0.1	**—	**1.2	**0.2
Total ('000)	51.4	6.4	30.5	42.9	9.5	10.1	150.9

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent.

Nationally, males and females reported similar perceived health status, although males were slightly more likely to be reported in excellent or very good health.

Comparison with the NHS,
1989-90

In the NHS of 1989-90, people (mostly non-Indigenous) aged 18 years and over were asked to rate their health as excellent, good, fair or poor. Because the response categories were slightly different to this survey and because the question was asked under different circumstances, great care must be taken when making comparisons with the results from the NATSIS. Overall, about 4.5% of people in the NHS rated their health as poor, and about 16% said it was fair. Despite the well documented health disadvantages of Indigenous people in Australia, the proportions of adults aged 18 years and over who reported fair or poor health was similar in the NATSIS and the NHS, with 3.2% of adults in the NATSIS describing their health as poor and 15.8% reporting it as fair. As with respondents in the NATSIS, reporting of fair or poor health increased with age and was slightly more common for females than for males.

Self-assessed health status
by other variables

It is interesting to examine possible links between self-assessed health status and other variables including possible risk factors for poor health. For example, people from households comprised solely of Aboriginal and Torres Strait Islander members were more likely to rate their health status as fair and less likely to say it was excellent or very good than were those who lived in households which included non-Indigenous members.

SELF-ASSESSED HEALTH STATUS¹ BY HOUSEHOLD COMPOSITION

	<i>Indigenous only</i>	<i>Both Indigenous and non-Indigenous</i>	<i>Total</i>
<i>Status</i>	<i>%</i>	<i>%</i>	<i>%</i>
Excellent	21.4	30.6	24.2
Very good	30.3	34.2	31.5
Good	35.1	25.3	32.1
Fair	11.1	7.8	10.1
Poor	1.9	1.9	1.9
Not stated	**0.2	**0.1	0.2
Total ('000)	211.2	92.0	303.3

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent.

Among people aged 13 years and over, smokers were more likely than non-smokers to rate their health as fair or poor.

SELF-ASSESSED HEALTH STATUS BY SMOKING STATUS AMONG PEOPLE AGED 13 YEARS AND OVER

	<i>Smoked</i>	<i>Did not smoke</i>	<i>Total</i>
<i>Status</i>	<i>%</i>	<i>%</i>	<i>%</i>
Excellent	15.3	20.1	17.7
Very good	26.5	31.3	28.8
Good	38.8	34.9	36.8
Fair	16.6	11.0	13.8
Poor	2.8	2.6	2.7
Not stated	**—	**0.1	**0.2
Total ('000)	98.2	98.6	197.5

Note: Does not include not applicable or not stated categories.

SELF-ASSESSED HEALTH STATUS¹ BY LONG-TERM HEALTH CONDITIONS²

Status	Asthma %	Diabetes %	Heart problems %	Chest problems %	Skin problems %	High blood pressure %	Ear/ hearing problems %	Eye problems %	Kidney problems %	No long- term condition %	Total %
Excellent	13.0	**2.8	7.7	7.9	12.1	5.7	10.0	8.5	**5.0	30.6	24.2
Very good	25.5	9.7	13.9	19.8	31.1	12.7	28.1	24.0	15.7	34.5	31.5
Good	37.7	41.8	32.4	34.7	32.6	35.1	34.1	36.2	37.6	29.6	32.1
Fair	18.3	32.8	32.3	28.0	17.0	35.9	21.7	23.1	29.3	4.8	10.1
Poor	5.2	12.9	13.7	9.6	7.2	10.7	6.1	8.2	12.5	0.4	1.9
Not stated	**0.3	**—	**—	**—	**—	**—	**0.1	**—	**—	**0.1	0.2
Total ('000)	40.8	12.4	12.8	15.7	18.1	19.3	28.4	7.3	9.3	197.4	303.3

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent. ²Persons may have reported more than one long-term condition.

Health status was more likely to be perceived as poor for people who reported a long-term health condition. Poor health status was reported for over 10% of people who reported diabetes, heart problems and/or high blood pressure compared with less than 1% of people who did not report any long-term conditions. Some people who reported long-term conditions said they considered their health to be excellent, which highlights the subjective nature of self-assessed health status and the lack of a common standard against which to make comparisons.

People over 12 years of age who said they had never drunk alcohol were more likely than any other group to report that they were in excellent health and less likely to describe their health as fair or poor.

SELF-ASSESSED HEALTH STATUS BY ALCOHOL CONSUMPTION STATUS AMONG PEOPLE AGED 13 YEARS AND OVER

Status	Period since last drank alcohol						Not stated/ not applicable	Total
	<1 week	1 week to <1 month	1 month to <3 months	3 months to <1 year	1 year or more	Never		
	%	%	%	%	%	%	%	%
Excellent	16.8	16.9	16.1	14.8	15.5	21.0	19.4	17.7
Very good	28.4	30.4	28.4	33.8	23.6	30.2	18.9	28.8
Good	36.3	36.2	38.4	35.1	41.1	36.5	35.9	36.8
Fair	15.7	14.7	13.3	12.9	15.3	10.1	18.2	13.8
Poor	2.6	**1.8	**3.7	**3.3	4.4	2.1	2.6	2.7
Not stated	**0.2	**—	**—	**0.2	**—	**0.1	4.9	**0.2
Total ('000)	77.9	21.1	9.3	13.5	19.8	52.0	4.0	197.5

Note: Prisoners were not asked this question and so are recorded as not applicable.

People who spoke English as their main language were more likely to describe their health as fair or poor than were those who spoke broken English, Aboriginal English, Pidgin English, Creole or an Aboriginal or Torres Strait Islander language. This may reflect differences in understanding of the question.

SELF-ASSESSED HEALTH STATUS¹ BY MAIN LANGUAGE SPOKEN AMONG PEOPLE AGED 5 YEARS AND OVER

	English	Aboriginal or Torres Strait Islander language	Broken English, Aboriginal English, Pidgin English or Creole	Total
Status	%	%	%	%
Excellent	22.2	20.9	23.7	21.8
Very good	31.4	29.8	29.6	31.1
Good	32.1	40.7	37.5	33.5
Fair	12.0	6.8	7.6	11.3
Poor	2.2	**1.2	**1.1	2.1
Total ('000)	209.2	34.3	8.1	258.7

Note: Does not include not stated, not applicable, does not speak or speaks other language.

¹Children aged 12 years and under were assessed by a responsible adult, usually a parent.

People aged 15 years and over with less than \$12,000 per year in income were more likely to describe their health as fair or poor than were those with larger incomes. About 90% of those who earned more than \$25,000 a year said their health was good, very good, or excellent.

SELF-ASSESSED HEALTH STATUS BY INCOME AMONG PEOPLE AGED 15 YEARS AND OVER

	\$0-12,000	\$12,001 -25,000	\$25,001 or more	Not stated	Total
Status	%	%	%	%	%
Excellent	17.0	15.8	21.9	**15.1	17.2
Very good	25.8	30.4	33.2	35.2	28.0
Good	37.9	37.0	34.4	33.7	37.2
Fair	15.2	15.2	9.0	**14.6	14.5
Poor	3.8	1.4	**1.4	**1.4	2.8
Not stated	**0.3	**0.2	**—	**—	**0.2
Total ('000)	110.9	50.1	20.3	3.3	184.6

SELF-ASSESSED HEALTH STATUS BY WHETHER WORRIES ABOUT GOING WITHOUT
FOOD AMONG PEOPLE AGED 13 YEARS AND OVER

	<i>Worries about going without food</i>	<i>Sometimes worries about going without food</i>	<i>Does not worry about going without food</i>	<i>Total</i>
<i>Status</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Excellent	16.1	10.0	19.3	17.7
Very good	23.3	29.8	30.3	28.8
Good	35.9	42.0	36.1	36.8
Fair	19.9	15.9	11.9	13.8
Poor	4.7	**2.2	2.2	2.7
Not stated	**—	**—	**0.1	**0.2
Total ('000)	33.9	22.6	136.1	197.5

Those people who said they worried about going without food were more likely to report fair or poor health than those who said they did not worry or only sometimes worried about going without food.

SELF-REPORTED HEALTH CONDITIONS AND ACTIONS

People interviewed in the survey were asked about recent and long-term health conditions they might have had and about any actions they had taken because of their health. It is important to note that some conditions may not have been reported because the respondent was not aware of them, perhaps because the conditions had never been diagnosed by a health professional. Examples include high blood pressure and diabetes. In addition, people who received a diagnosis may not have understood or remembered the exact details of their conditions or may not have been willing to report a condition. People with a better understanding of health may report more health conditions even if they are no sicker than other people who have poorer health knowledge. The information presented in this section is based on self-reports and must therefore be interpreted with caution.

For children under 13 years of age, health conditions and actions were reported by a responsible adult, usually the child's parent. In this section, information quoted as self reported also includes information reported by adults concerning children.

RECENT ILLNESSES OR CONDITIONS

Overall, an estimated 41% of the Indigenous population reported taking some health-related action as a result of an illness in the two weeks prior to the survey. This ranged from about 38% in Western Australia, Queensland and the Northern Territory, to about 54% in Victoria. Females were slightly more likely than males to report a recent illness, both overall and in every State and Territory except Victoria, where the proportions for males and females were similar.

REPORTED RECENT ILLNESS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Sex	%	%	%	%	%	%	%	%
Males	42.4	54.0	36.6	40.6	36.9	46.6	36.6	39.9
Females	44.7	53.7	39.4	47.5	38.7	49.6	40.0	42.5
Total	43.6	53.9	38.0	44.0	37.8	48.1	38.3	41.2
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

People in capital cities were the most likely to report a recent illness, with just over half of males and a similar proportion of females reporting that they had been ill in the preceding two weeks.

REPORTED RECENT ILLNESS BY PART OF STATE

	Capital city	Other urban	Rural	Total
Sex	%	%	%	%
Males	50.5	37.8	33.4	39.9
Females	51.0	40.3	37.9	42.5
Total	50.7	39.0	35.6	41.2
Total ('000)	82.5	129.7	91.0	303.3

The proportion of people who reported a recent illness increased with age after the age of 5 years, peaking at over two-thirds of those over 55 years of age. Differences between males and females were most pronounced in the oldest age group.

REPORTED RECENT ILLNESS BY AGE AND SEX

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Total
Sex	%	%	%	%	%	%	%
Males	42.9	33.5	33.9	39.2	60.3	64.4	39.9
Females	41.1	33.6	34.7	44.6	63.8	72.0	42.5
Total	42.0	33.5	34.3	41.9	62.1	68.5	41.2
Total ('000)	44.5	74.1	62.5	85.1	18.6	18.4	303.3

Types of conditions

The most commonly reported type of recent condition or illness for both males and females was diseases of the respiratory system. Respiratory illness accounted for about half of all the reported recent illness in boys and girls from birth to four years of age. Diseases of the respiratory system were the most commonly reported in all age groups up to 45 years, after which diseases of the circulatory system were more commonly reported.

TYPE OF REPORTED RECENT ILLNESS OR CONDITION: INDIGENOUS MALES¹

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Total
<i>Illness or condition</i> ²	%	%	%	%	%	%	%
Infectious and parasitic diseases	**5.0	6.3	**4.2	**0.9	**0.4	**1.8	3.3
Neoplasms	**—	**—	**—	**0.1	**0.1	**0.1	**—
Endocrine, nutritional and metabolic diseases and immunity disorders	**0.6	**1.6	**1.7	8.0	19.4	14.4	5.9
Diseases of blood and blood forming organs	**1.4	**1.5	**0.6	**—	**0.5	**0.1	**0.7
Mental disorders	**0.5	**1.4	**4.0	6.6	**3.5	**2.4	3.4
Diseases of the nervous system and sense organs	13.3	11.9	7.2	9.3	**7.0	**8.2	9.8
Diseases of the respiratory system	**0.3	**1.3	**0.3	11.6	30.7	35.1	9.4
Diseases of the circulatory system	50.7	41.6	34.4	23.3	14.8	32.1	33.6
Diseases of the digestive system	13.6	5.4	**3.2	8.2	**6.9	**6.1	7.3
Diseases of the genitourinary system	**1.5	**1.7	**1.0	3.7	**2.3	**3.0	2.2
Complications of pregnancy, childbirth and the puerperium	**—	**—	**—	**—	**—	**—	**—
Diseases of the skin and subcutaneous tissue	16.9	10.6	7.8	7.3	**7.8	**2.0	9.2
Diseases of the musculoskeletal system and connective tissue	**1.5	6.1	8.5	11.6	14.7	18.3	9.2
Congenital anomalies	**0.2	**—	**0.8	**—	**—	**—	**0.2
Symptoms, signs and ill-defined conditions	6.4	15.1	22.8	19.4	19.5	15.9	16.7
Injury and poisoning	9.8	14.2	26.2	19.9	11.2	**2.7	15.9
Disability not elsewhere classified	**0.6	**0.5	**0.3	**0.4	**1.3	**0.4	**0.5
Unspecified	**4.2	**1.7	**3.8	**1.3	**2.4	**3.5	2.6
Total ('000)	9.8	12.7	10.8	16.5	5.5	5.4	60.8

¹ Condition groups are based on chapter headings of the International Classification of Diseases, Ninth Revision (ICD-9). Persons may have reported more than one illness.

² For a measure of the standard errors see table in *National Aboriginal and Torres Strait Islander Survey 1994 Detailed Findings* (4190.0).

TYPE OF REPORTED RECENT ILLNESS OR CONDITION: INDIGENOUS FEMALES¹

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Total
<i>Illness or condition</i> ²	%	%	%	%	%	%	%
Infectious and parasitic diseases	**5.6	6.1	**2.4	**1.5	**3.8	**0.9	3.2
Neoplasms	**—	**0.2	**—	**0.1	**0.5	**1.3	**0.2
Endocrine, nutritional and metabolic diseases and immunity disorders	**2.1	**1.5	**1.5	8.9	21.9	19.6	7.8
Diseases of blood and blood forming organs	**0.1	**1.0	**3.6	**1.3	**0.5	**—	1.2
Mental disorders	**0.4	**0.2	**4.0	9.1	**2.8	**3.8	4.2
Diseases of the nervous system and sense organs	14.9	15.5	6.2	7.7	**5.6	7.1	9.7
Diseases of the circulatory system	**—	**1.2	**3.6	10.7	29.1	48.6	12.3
Diseases of the respiratory system	49.5	42.1	40.0	28.5	27.1	25.8	35.4
Diseases of the digestive system	12.3	7.2	6.5	4.5	**3.3	**2.2	6.0
Diseases of the genitourinary system	**2.0	**2.9	5.1	6.1	**7.9	**2.3	4.5
Complications of pregnancy, childbirth and the puerperium	**—	**—	**2.4	**1.6	**1.1	**0.8	1.1
Diseases of the skin and subcutaneous tissue	15.1	11.6	7.6	6.7	**5.0	**4.2	8.5
Diseases of the musculoskeletal system and connective tissue	**0.7	4.6	5.1	9.1	19.3	12.6	7.8
Congenital anomalies	**0.4	**0.7	**0.1	**—	**—	**—	**0.2
Symptoms, signs and ill-defined conditions	9.0	17.0	24.8	25.6	22.3	12.4	19.7
Injury and poisoning	5.7	11.8	9.8	9.6	**7.7	**2.3	8.5
Disability not elsewhere classified	**1.3	**0.3	**1.0	**0.6	**0.8	**0.4	**0.7
Unspecified	**3.0	**1.7	**3.6	3.5	**3.6	**4.7	3.2
Total ('000)	8.9	12.1	10.6	19.2	6.0	7.3	64.1

¹ Condition groups are based on chapter headings of the International Classification of Diseases, Ninth Revision (ICD-9). Persons may have reported more than one illness.

² For a measure of the standard errors see table *National Aboriginal and Torres Strait Islander Survey 1994 Detailed Findings* (4190.0).

HEALTH-RELATED ACTIONS

People were asked to report the health-related actions that they had taken in the two weeks prior to the survey. Questions about what one did or did not do are likely to be easier to answer than questions which require a prior diagnosis or some health knowledge or understanding.

Types of action

An estimated 44% of Indigenous people were reported to have taken at least one health-related action in the two weeks before the survey. The most commonly reported actions overall were using medication, consulting a doctor and reducing daily activities.

REPORTED HEALTH-RELATED ACTIONS IN THE LAST TWO WEEKS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
	%	%	%	%	%	%	%	%
Took an action	44.4	56.7	41.8	47.4	42.3	50.3	43.4	44.4
Type of action taken: ¹								
Visited emergency/outpatients clinic	4.8	8.7	10.0	10.8	8.0	**2.8	9.3	7.8
Admitted to hospital	1.6	**1.7	1.9	3.2	3.0	**0.7	5.0	2.5
Consulted doctor	19.6	29.9	16.8	24.0	18.8	21.6	13.1	18.8
Consulted Aboriginal Health Worker	2.3	3.2	3.8	9.1	4.4	**1.3	18.8	6.0
Consulted nurse	2.5	4.8	3.5	6.2	7.1	**3.3	11.6	5.3
Used medication	34.0	43.4	29.4	36.1	29.6	41.1	27.9	32.1
Used bush medicine	2.3	3.8	2.3	**2.2	3.0	**2.5	10.2	3.7
Reduced daily activities	14.7	19.0	11.7	11.5	11.3	14.6	8.9	12.6
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

¹ Persons may have reported more than one type of action.

The proportion of people who reported taking action and the types of actions they said they took varied considerably according to State and location. Consulting a doctor was more commonly reported in capital cities than in other urban and rural areas, while the opposite was true for consulting a nurse or an Aboriginal Health Worker. In rural areas, people were almost as likely to report having consulted an Aboriginal Health Worker as they were a doctor.

Females were more likely than males to report taking a health-related action, both overall, and for each specific action. After the age of 5 years, the reporting of health-related actions increased with age. This increase with age was most pronounced for the use of medications. Over 70% of people aged 55 years or more reported taking an action in the two weeks before the survey, with 63% reporting that they took medication.

REPORTED HEALTH-RELATED ACTIONS IN THE LAST TWO WEEKS BY PART OF STATE

	Capital city	Other urban	Rural	Total
	%	%	%	%
Took an action	53.0	42.1	39.8	44.4
Type of action taken ¹				
Visited emergency/outpatients clinic	5.8	8.5	8.8	7.8
Admitted to hospital	1.8	2.4	3.1	2.5
Consulted doctor	26.3	17.9	13.1	18.8
Consulted Aboriginal Health Worker	2.7	4.8	10.6	6.0
Consulted nurse	3.5	4.1	8.6	5.3
Used medication	40.9	30.9	25.8	32.1
Used bush medicine	3.0	2.5	6.1	3.7
Reduced daily activities	16.8	12.2	9.2	12.6
Total ('000)	82.5	129.7	91.0	303.3

¹ Persons may have reported more than one type of action.

Whether staff from
Indigenous health
organisation

Among those who reported that they saw a doctor in the two weeks before the survey, 15.2% indicated that the doctor was from an Indigenous community-controlled health organisation. A third (33.2%) of all the nurses consulted were from a community-controlled health organisation.

REPORTED HEALTH-RELATED ACTIONS IN THE LAST TWO WEEKS BY AGE AND SEX

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Males	Females	Total
	%	%	%	%	%	%	%	%	%
Took an action	47.2	35.2	37.9	45.6	63.5	71.4	41.8	46.9	44.4
Type of action taken ¹									
Visited emergency/outpatients clinic	8.1	6.1	6.8	8.1	12.2	12.3	7.4	8.3	7.8
Admitted to hospital	3.0	1.6	1.8	2.6	4.8	4.0	1.9	3.1	2.5
Consulted doctor	24.4	13.1	15.8	19.3	25.8	28.3	16.9	20.6	18.8
Consulted Aboriginal Health Worker	8.0	4.9	4.2	5.0	9.3	12.4	5.5	6.5	6.0
Consulted nurse	8.0	3.8	4.8	4.5	7.6	7.5	4.8	5.7	5.3
Used medication	33.9	22.5	24.9	32.7	56.5	63.3	30.0	34.2	32.1
Used bush medicine	2.4	2.3	3.6	3.6	7.9	8.9	3.6	3.8	3.7
Reduced daily activities	7.7	14.8	12.0	13.7	15.0	9.8	11.5	13.7	12.6
Total ('000)	44.5	74.1	62.5	85.1	18.6	18.4	152.4	150.9	303.3

¹ Persons may have reported more than one type of action.

Bush medicine

In addition to being asked about health actions (including use of bush medicines) in the last two weeks, people were asked about their use of bush medicines in the last six months. Estimates varied from State to State from a low of 3% in South Australia to a high of 21% in the Northern Territory.

USE OF BUSH MEDICINES IN THE LAST SIX MONTHS¹

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
	%	%	%	%	%	%	%	%
Used bush medicines	5.9	9.1	6.1	3.2	5.8	3.7	21.4	8.3
Did not use bush medicines	93.6	90.5	93.5	96.5	93.5	96.2	78.0	91.3
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

¹ Proportions do not sum to 100% because 'not stated' responses are not shown.

Not surprisingly, people in rural areas were more likely to report that they had used bush medicines than were people in capital cities or other urban areas. The reported use of bush medicines generally increased with age, and similar proportions of males and females reported having used them.

USE OF BUSH MEDICINES IN THE LAST SIX MONTHS¹ BY PART OF STATE

	Capital city	Other urban	Rural	Total
	%	%	%	%
Used bush medicines	6.4	7.5	11.1	8.3
Did not use bush medicines	93.3	92.0	88.4	91.3
Total ('000)	82.5	129.7	91.0	303.3

¹ Proportions do not sum to 100% because 'not stated' responses are not shown.

USE OF BUSH MEDICINES IN THE LAST SIX MONTHS¹ BY AGE AND SEX

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Males	Females	Total
	%	%	%	%	%	%	%	%	%
Used bush medicines	4.2	5.6	7.5	10.5	15.3	14.2	8.2	8.4	8.3
Did not use bush medicines	95.5	94.2	92.1	88.8	84.1	85.1	91.4	91.1	91.3
Total ('000)	44.5	74.1	62.5	85.1	18.6	18.4	152.4	150.9	303.3

¹ Proportions do not sum to 100% because 'not stated' responses are not shown.

Whether went away for treatment

About 6% of people reported that they had gone away from home for treatment of a health problem in the last year. A similar proportion of males and females reporting having to leave home for treatment. People living in rural areas were more likely to report having gone away for treatment, as were those in older age groups.

WHETHER WENT AWAY FOR TREATMENT¹

	<i>Went away for treatment</i>	<i>Did not go away for treatment</i>	<i>Total</i>
	%	%	'000
State			
New South Wales	6.6	92.3	80.5
Victoria	9.1	90.1	19.2
Queensland	4.0	94.7	79.8
South Australia	5.9	93.2	18.4
Western Australia	5.9	92.4	47.3
Tasmania	5.9	93.9	10.1
Northern Territory	8.4	90.4	46.0
Part of State			
Capital city	4.4	94.1	82.5
Other urban	5.9	92.9	129.7
Rural	8.1	91.1	91.0
Age			
0-4 years	5.4	94.6	44.5
5-14 years	4.0	96.0	74.1
15-24 years	4.6	92.7	62.5
25-44 years	7.0	91.1	85.1
45-54 years	11.5	88.2	18.6
55 years and over	12.6	86.5	18.4
Sex			
Males	6.1	91.8	152.4
Females	6.2	93.6	150.9
Total	6.1	92.7	303.3

¹ Proportions do not sum to 100% because 'not applicable' and 'not stated' responses are not shown.

LONG-TERM CONDITIONS

People were specifically asked about a number of conditions and illnesses of particular interest, including asthma, diabetes, heart problems, chest problems, skin problems, high blood pressure, ear or hearing problems, eye problems, and kidney problems. These terms were not further defined during interview. For any type of condition or illness that was reported, people were asked whether it had lasted, or was expected to last, for six months or more. If so, it was considered to be a long-term condition.

It is important to note that these conditions were self-reported and not necessarily based on medical diagnosis or advice. People may have misunderstood what they were being asked, as the selected conditions were not always specific (e.g. chest problem). They may have had an illness or condition but not have known about it. They may never have sought medical attention for the problem and/or received a diagnosis. Differences in access to health care may therefore have resulted in differences in reporting of conditions, as might differences in health knowledge or understanding. People may not have reported illnesses or conditions that they considered to be trivial, perhaps because they were relatively common, such as skin sores in children in some communities.

Asthma	<p>Asthma was reported for 13.5% of Indigenous people, ranging from 7% in the Northern Territory to 22% in Victoria. Asthma was more commonly reported in capital cities than in other urban or rural areas. It is not clear whether the differences in the proportions of people reporting asthma may be real, perhaps due to differences in environmental or other exposures, or whether they are a reflection of different access to care and opportunity for diagnosis.</p> <p>Overall, a higher proportion of females than males reported that they had asthma, but this varied by age group. In children under age 15, asthma was more commonly reported for boys, but for all age groups over age 15, asthma was reported by a greater proportion of females than males.</p>
Diabetes	<p>Diabetes was reported by 4% of the population overall, and was more commonly reported by females than by males. There was a large range in the proportions of people reporting diabetes from State to State, from about 1% in Tasmania to about 7% in South Australia. People in rural areas were most likely to report that they had diabetes, while those in capital cities were least likely. After the age of 45 years, diabetes was a common problem, with about one in five people reporting they had it.</p>
Heart problems	<p>Heart problems were reported for about 4% of people overall, with similar proportions for males and females. People in capital cities and other urban areas were more likely to report heart problems than were those in rural areas. As with diabetes, heart problems were most commonly reported for people aged 45 years and over.</p>
Chest problems	<p>About 5% of people were reported to have long-term chest problems. People in rural areas were least likely to report that they suffered from chest problems. Although this type of condition was most commonly reported in older age groups, there were reports of chest problems in all age groups.</p>
Skin problems	<p>Skin problems were reported for 6% of all people. This figure ranged from under 4% in the Northern Territory to about 14% in Tasmania. Reports of skin problems were more than twice as common in capital cities than in rural areas. A greater proportion of females than males reported skin problems, but there were no obvious trends by age. It is not clear what illnesses and conditions people had in mind when they answered this question and it is important to note that the same skin condition may have been considered a problem by some people but not by others.</p>
High blood pressure	<p>High blood pressure was reported by just over 6% of people overall. It was slightly more commonly reported by females than males. There was a marked increase in reports of high blood pressure with increasing age, with about one in three people aged 55 years or more reporting that they had this condition. It is important to note that high blood pressure may be present but go undetected because it often produces no symptoms.</p>
Ear or hearing problems	<p>Ear or hearing problems were reported by 9% of people. In contrast to most of the other conditions asked about, ear or hearing problems were more commonly reported for males than for females. Ear or hearing problems were more commonly reported in capital cities than in other urban or rural areas and there was an increase in reports with age. People with hearing problems may not always be aware of changes to their hearing. They may not present for diagnosis or may not have ready access to the appropriate hearing professionals.</p>

Eye problems not correctable by glasses	Between 2%–4% of people in all States reported that they had eye problems that were not correctable by glasses. The proportions of people who reported such problems were not markedly different in urban and rural areas or for males or females. Reports of eye problems generally increased with age.
Kidney problems	Kidney problems were reported by about 3% of people overall. There were no large differences from State to State or in urban areas compared with rural areas. Kidney problems were reported by a higher proportion of females than males, with an increase in reporting with age.
Smoking, relative weight and long-term conditions	People who said they currently smoked were more likely than non-smokers to report some of the long-term health conditions listed above, such as chest conditions. Not surprisingly, those who were overweight or obese were more likely to report conditions such as diabetes, heart problems, high blood pressure and kidney problems, compared with those who were underweight or of acceptable weight. As reported previously, people who reported a long term-condition were more likely to say that their health was fair or poor than were those without a long-term condition.

LONG-TERM SPECIFIED ILLNESSES

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Type of condition	%	%	%	%	%	%	%	%
Asthma								
Males	15.3	19.8	12.1	11.4	8.6	18.4	7.1	12.3
Females	16.2	23.9	14.2	20.1	12.7	20.4	7.1	14.6
Total	15.8	21.9	13.2	15.7	10.6	19.4	7.1	13.5
Diabetes								
Males	2.7	**3.2	3.9	6.5	4.2	**1.1	2.8	3.5
Females	3.0	**2.7	4.9	7.7	6.5	**1.8	6.3	4.7
Total	2.8	**2.9	4.4	7.1	5.4	1.4	4.5	4.1
Heart problems								
Males	5.8	**5.2	3.6	**3.6	4.0	3.3	2.4	4.1
Females	5.1	**2.3	4.2	**4.3	3.5	6.8	4.3	4.3
Total	5.5	3.7	3.9	3.9	3.7	5.0	3.3	4.2
Chest problems								
Males	6.4	7.8	4.1	6.2	4.6	6.3	4.1	5.2
Females	7.7	**5.6	3.4	**4.6	4.1	**2.6	5.5	5.1
Total	7.1	6.7	3.8	5.4	4.3	4.5	4.8	5.2
Skin problems								
Males	6.2	11.0	5.1	5.4	4.6	9.8	3.2	5.5
Females	6.3	10.5	6.3	6.3	4.8	18.1	4.6	6.4
Total	6.2	10.7	5.7	5.8	4.7	13.9	3.9	6.0
High blood pressure								
Males	6.5	7.8	5.4	**3.9	5.0	**2.5	5.3	5.6
Females	8.1	**6.1	7.8	6.3	5.9	4.9	7.1	7.1
Total	7.3	7.0	6.6	5.1	5.5	3.6	6.2	6.4
Ear or hearing problems								
Males	13.0	14.6	8.5	12.0	9.7	14.7	5.2	10.2
Females	9.4	10.2	7.6	11.8	8.9	9.9	5.5	8.5
Total	11.2	12.4	8.1	11.9	9.3	12.3	5.4	9.4
Eye problems not correctable by glasses								
Males	2.4	**2.6	**2.2	**2.9	3.2	4.8	3.1	2.7
Females	2.0	**2.9	**1.4	**3.3	3.0	3.1	**1.5	2.1
Total	2.2	**2.8	1.8	3.1	3.1	4.0	2.3	2.4
Kidney problems								
Males	2.6	**2.6	**2.4	**2.3	**2.0	**0.7	3.3	2.4
Females	4.1	**3.5	3.7	6.1	3.4	5.0	2.5	3.7
Total	3.3	**3.1	3.0	4.2	2.7	2.8	2.9	3.1
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

LONG-TERM SPECIFIED ILLNESSES BY PART OF STATE

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>	<i>Total</i>
<i>Type of condition</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Asthma				
Males	17.5	13.1	6.7	12.3
Females	19.2	14.9	9.9	14.6
<i>Total</i>	18.4	14.0	8.3	13.5
Diabetes				
Males	3.7	3.1	3.7	3.5
Females	3.4	4.9	5.8	4.7
<i>Total</i>	3.5	4.0	4.7	4.1
Heart problems				
Males	5.0	4.6	2.7	4.1
Females	4.7	4.7	3.5	4.3
<i>Total</i>	4.9	4.6	3.1	4.2
Chest problems				
Males	8.1	4.7	3.5	5.2
Females	6.2	5.1	4.2	5.1
<i>Total</i>	7.2	4.9	3.9	5.2
Skin problems				
Males	9.4	5.0	2.9	5.5
Females	8.8	5.6	5.6	6.4
<i>Total</i>	9.1	5.3	4.2	6.0
High blood pressure				
Males	5.1	6.3	5.0	5.6
Females	6.7	7.6	7.0	7.1
<i>Total</i>	5.9	6.9	5.9	6.4
Ear or hearing problems				
Males	13.8	10.3	7.1	10.2
Females	11.0	8.3	6.4	8.5
<i>Total</i>	12.4	9.3	6.8	9.4
Eye problems not correctable by glasses				
Males	3.3	2.2	2.8	2.7
Females	2.8	2.0	1.8	2.1
<i>Total</i>	3.0	2.1	2.3	2.4
Kidney problems				
Males	1.9	2.5	2.8	2.4
Females	3.4	4.2	3.5	3.7
<i>Total</i>	2.7	3.3	3.1	3.1
Total ('000)	82.5	129.7	91.0	303.3

LONG-TERM SPECIFIED ILLNESSES

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Type of condition	%	%	%	%	%	%	%	%
Asthma								
Males	15.3	19.8	12.1	11.4	8.6	18.4	7.1	12.3
Females	16.2	23.9	14.2	20.1	12.7	20.4	7.1	14.6
Total	15.8	21.9	13.2	15.7	10.6	19.4	7.1	13.5
Diabetes								
Males	2.7	**3.2	3.9	6.5	4.2	**1.1	2.8	3.5
Females	3.0	**2.7	4.9	7.7	6.5	**1.8	6.3	4.7
Total	2.8	**2.9	4.4	7.1	5.4	1.4	4.5	4.1
Heart problems								
Males	5.8	**5.2	3.6	**3.6	4.0	3.3	2.4	4.1
Females	5.1	**2.3	4.2	**4.3	3.5	6.8	4.3	4.3
Total	5.5	3.7	3.9	3.9	3.7	5.0	3.3	4.2
Chest problems								
Males	6.4	7.8	4.1	6.2	4.6	6.3	4.1	5.2
Females	7.7	**5.6	3.4	**4.6	4.1	**2.6	5.5	5.1
Total	7.1	6.7	3.8	5.4	4.3	4.5	4.8	5.2
Skin problems								
Males	6.2	11.0	5.1	5.4	4.6	9.8	3.2	5.5
Females	6.3	10.5	6.3	6.3	4.8	18.1	4.6	6.4
Total	6.2	10.7	5.7	5.8	4.7	13.9	3.9	6.0
High blood pressure								
Males	6.5	7.8	5.4	**3.9	5.0	**2.5	5.3	5.6
Females	8.1	**6.1	7.8	6.3	5.9	4.9	7.1	7.1
Total	7.3	7.0	6.6	5.1	5.5	3.6	6.2	6.4
Ear or hearing problems								
Males	13.0	14.6	8.5	12.0	9.7	14.7	5.2	10.2
Females	9.4	10.2	7.6	11.8	8.9	9.9	5.5	8.5
Total	11.2	12.4	8.1	11.9	9.3	12.3	5.4	9.4
Eye problems not correctable by glasses								
Males	2.4	**2.6	**2.2	**2.9	3.2	4.8	3.1	2.7
Females	2.0	**2.9	**1.4	**3.3	3.0	3.1	**1.5	2.1
Total	2.2	**2.8	1.8	3.1	3.1	4.0	2.3	2.4
Kidney problems								
Males	2.6	**2.6	**2.4	**2.3	**2.0	**0.7	3.3	2.4
Females	4.1	**3.5	3.7	6.1	3.4	5.0	2.5	3.7
Total	3.3	**3.1	3.0	4.2	2.7	2.8	2.9	3.1
Total ('000)	80.5	19.2	79.8	18.4	47.3	10.1	46.0	303.3

LONG-TERM SPECIFIED ILLNESSES BY PART OF STATE

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>	<i>Total</i>
<i>Type of condition</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Asthma				
Males	17.5	13.1	6.7	12.3
Females	19.2	14.9	9.9	14.6
Total	18.4	14.0	8.3	13.5
Diabetes				
Males	3.7	3.1	3.7	3.5
Females	3.4	4.9	5.8	4.7
Total	3.5	4.0	4.7	4.1
Heart problems				
Males	5.0	4.6	2.7	4.1
Females	4.7	4.7	3.5	4.3
Total	4.9	4.6	3.1	4.2
Chest problems				
Males	8.1	4.7	3.5	5.2
Females	6.2	5.1	4.2	5.1
Total	7.2	4.9	3.9	5.2
Skin problems				
Males	9.4	5.0	2.9	5.5
Females	8.8	5.6	5.6	6.4
Total	9.1	5.3	4.2	6.0
High blood pressure				
Males	5.1	6.3	5.0	5.6
Females	6.7	7.6	7.0	7.1
Total	5.9	6.9	5.9	6.4
Ear or hearing problems				
Males	13.8	10.3	7.1	10.2
Females	11.0	8.3	6.4	8.5
Total	12.4	9.3	6.8	9.4
Eye problems not correctable by glasses				
Males	3.3	2.2	2.8	2.7
Females	2.8	2.0	1.8	2.1
Total	3.0	2.1	2.3	2.4
Kidney problems				
Males	1.9	2.5	2.8	2.4
Females	3.4	4.2	3.5	3.7
Total	2.7	3.3	3.1	3.1
Total ('000)	82.5	129.7	91.0	303.3

LONG-TERM SPECIFIED ILLNESSES BY AGE AND SEX

	0-4 years	5-14 years	15-24 years	25-44 years	45-54 years	55 years and over	Total
Type of condition	%	%	%	%	%	%	%
Asthma							
Males	15.4	17.5	8.4	9.2	6.9	17.2	12.3
Females	12.0	13.5	14.4	13.8	19.7	23.2	14.6
Total	13.7	15.6	11.3	11.5	13.4	20.5	13.5
Diabetes							
Males	**0.1	**0.2	**1.2	4.2	18.2	16.6	3.5
Females	**—	**0.1	**0.7	5.7	22.2	23.4	4.7
Total	**—	**0.2	0.9	4.9	20.2	20.3	4.1
Heart problems							
Males	**1.2	2.4	2.5	3.3	15.1	18.4	4.1
Females	**1.9	1.6	2.9	4.3	10.9	17.9	4.3
Total	1.6	2.0	2.7	3.8	13.0	18.2	4.2
Chest problems							
Males	4.9	3.5	4.2	5.8	7.6	12.7	5.2
Females	3.3	3.6	2.3	7.1	9.2	11.0	5.1
Total	4.1	3.5	3.3	6.5	8.4	11.8	5.2
Skin problems							
Males	6.9	5.2	4.6	6.0	**5.3	**5.3	5.5
Females	5.7	6.4	5.6	7.2	7.0	7.0	6.4
Total	6.3	5.7	5.1	6.6	6.2	6.2	6.0
High blood pressure							
Males	**—	**—	1.8	7.3	24.2	31.5	5.6
Females	**—	**0.2	2.4	8.8	28.0	35.1	7.1
Total	**—	**0.1	2.1	8.0	26.1	33.5	6.4
Ear or hearing problems							
Males	6.5	10.5	5.8	11.2	18.0	22.9	10.2
Females	4.5	8.8	7.5	8.3	12.5	16.1	8.5
Total	5.5	9.7	6.6	9.7	15.2	19.2	9.4
Eye problems not correctable by glasses							
Males	**1.0	2.1	1.7	3.4	**4.5	8.4	2.7
Females	**1.1	**0.7	**0.9	3.1	**3.9	7.5	2.1
Total	**1.0	1.4	1.3	3.2	4.2	7.9	2.4
Kidney problems							
Males	**1.1	**0.8	**1.1	3.6	6.9	7.3	2.4
Females	**0.7	1.8	3.7	5.2	7.0	8.0	3.7
Total	**0.9	1.3	2.4	4.4	7.0	7.7	3.1
Total ('000)	44.5	74.1	62.5	85.1	18.6	18.4	303.3

LONG-TERM SPECIFIED ILLNESSES BY SMOKING STATUS FOR PEOPLE AGED 13 YEARS AND OVER

	Smokers	Non-smokers
<i>Type of condition</i>	%	%
Asthma		
Males	8.5	11.5
Females	16.7	14.5
Total	12.3	13.2
Diabetes		
Males	5.0	5.6
Females	6.0	8.2
Total	5.5	7.0
Heart problems		
Males	4.4	6.3
Females	5.0	6.3
Total	4.7	6.3
Chest problems		
Males	7.4	4.4
Females	7.4	4.7
Total	7.4	4.5
Skin problems		
Males	4.7	6.0
Females	6.9	6.2
Total	5.7	6.1
High blood pressure		
Males	7.8	9.7
Females	10.3	11.4
Total	9.0	10.6
Ear or hearing problems		
Males	11.4	10.0
Females	10.9	8.0
Total	11.2	8.9
Eye problems not correctable by glasses		
Males	3.5	2.9
Females	2.8	2.7
Total	3.2	2.8
Kidney problems		
Males	3.6	2.7
Females	5.9	4.2
Total	4.7	3.5
Total ('000)	98.2	98.6

LONG-TERM SPECIFIED ILLNESSES BY RELATIVE WEIGHT¹

	Underweight	Acceptable	Overweight	Obese
<i>Type of condition</i>	%	%	%	%
Asthma				
Males	14.6	11.3	10.9	9.4
Females	13.6	14.2	15.2	21.1
Total	14.1	12.6	12.8	15.6
Diabetes				
Males	**0.7	3.3	4.9	9.3
Females	**0.2	3.4	9.4	11.9
Total	**0.4	3.3	6.8	10.6
Heart problems				
Males	3.9	3.1	7.2	7.1
Females	3.0	4.5	5.8	7.8
Total	3.4	3.8	6.6	7.5
Chest problems				
Males	4.3	7.7	5.4	4.5
Females	4.8	4.2	8.9	6.4
Total	4.5	6.1	6.9	5.5
Skin problems				
Males	6.0	5.3	4.6	7.8
Females	6.2	6.5	7.8	7.2
Total	6.1	5.9	6.0	7.5
High blood pressure				
Males	**0.7	4.2	9.7	16.0
Females	**1.4	6.3	14.1	18.7
Total	1.1	5.2	11.6	17.4
Ear or hearing problems				
Males	12.2	9.8	12.7	14.1
Females	10.6	7.9	11.9	10.9
Total	11.4	8.9	12.4	12.4
Eye problems not correctable by glasses				
Males	2.5	3.3	4.5	**2.7
Females	**1.0	2.4	3.1	3.8
Total	1.7	2.9	3.9	3.3
Kidney problems				
Males	**1.6	1.8	4.1	3.9
Females	3.5	4.5	5.0	5.1
Total	2.6	3.1	4.5	4.5
Total ('000)	50.0	54.6	43.9	33.9

¹ Relative weight category is based on body mass index (BMI). See glossary for details. Excludes people whose height and weight were not recorded.

DISABILITY

Some 3% of people over the age of 5 years were reported to have a severe or profound handicap resulting from a condition or disability. This was more commonly reported by people who lived in capital cities than those in other urban and rural areas. Reports varied from State to State and increased with age. About 13% of people aged 55 and over said they had a severe or profound handicap resulting from a disability or condition.

REPORTED SEVERE OR PROFOUND HANDICAP RESULTING FROM A DISABILITY OR CONDITION FOR PEOPLE AGED 5 YEARS AND OVER¹

	Has a severe or profound handicap	Does not have a severe or profound handicap	Total
	%	%	'000
State			
New South Wales	3.3	96.7	68.6
Victoria	5.1	94.9	16.2
Queensland	2.0	97.8	67.7
South Australia	3.5	96.5	15.8
Western Australia	3.0	96.9	40.1
Tasmania	5.7	94.3	8.7
Northern Territory	3.2	96.5	40.1
Part of State			
Capital city	3.9	96.1	69.7
Other urban	2.9	97.0	109.6
Rural	2.7	97.0	79.4
Age			
5-14 years	1.5	98.3	74.1
15-24 years	1.0	99.0	62.5
25-44 years	2.8	97.1	85.1
45-54 years	7.7	92.1	18.6
55 years and over	13.1	86.4	18.4
Sex			
Males	3.0	96.9	129.6
Females	3.3	96.6	129.2
Total	3.1	96.8	258.7

¹ Proportions do not sum to 100% because 'not stated' responses are not shown.

Comparison with the Disability, Ageing and Carers Survey, 1993

The results from the NATSIS were similar to those for all Australians in the Disability, Ageing and Carers Survey for most age groups. About 1.4%–2.5% of people in the age groups from 5–44 years in the Disability, Ageing and Carers Survey were reported to have a severe or profound handicap. As in the NATSIS, the proportion of people who reported severe/profound handicap increased after the age of 45, but this increase appeared to occur earlier for people in the NATSIS. Almost 8% of Indigenous people aged 45–54 years reported a severe or profound handicap, while this was so for only 3.6% in the Disability, Ageing and Carers Survey. Proportions were similar in the 55 and over age groups, with 13.1% in the NATSIS as compared with 12.1% in the Disability, Ageing and Carers Survey.

The use of different survey instruments and methods means that caution must be used when making comparisons between the two surveys. There may also be differences in people's perceptions of the need for assistance, which is one of the criteria for determining whether a severe/profound handicap exists.

HEALTH PROFESSIONALS, SERVICES AND FACILITIES

Several factors affect Indigenous peoples' access to and use of health facilities, services and professionals. Distance is an important potential barrier and is the subject of this section. Other factors may also affect the likelihood of a person attending a facility or using a service offered, such as the degree of Indigenous involvement in the facility, whether Indigenous staff are available, the frequency with which health professionals visit, and how satisfied people are with the services they receive. Some of these factors were addressed earlier. Information on distance to professionals, services and facilities from people living in private households was collected by interviewers from organisations and contacts in the community.

AVAILABILITY OF HEALTH PROFESSIONALS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	Permanent	Visiting	Not available	Not stated	Total
Type of service	%	%	%	%	'000
Doctor/GP					
Capital city	94.3	5.7	**—	**—	79.8
Other urban	91.8	5.6	**0.4	2.3	126.7
Rural	33.5	49.8	15.4	1.3	87.2
Total	75.2	18.8	4.7	1.3	293.8
Nurse					
Capital city	91.9	6.7	1.3	**—	79.8
Other urban	96.5	1.9	1.6	**—	126.7
Rural	73.6	8.2	17.0	1.3	87.2
Total	88.4	5.1	6.1	0.4	293.8
Aboriginal Health Worker					
Capital city	76.4	9.6	13.0	1.0	79.8
Other urban	78.3	8.7	12.3	0.7	126.7
Rural	57.8	16.8	22.5	2.9	87.2
Total	71.7	11.4	15.5	1.4	293.8
Dentist					
Capital city	95.0	**0.1	3.2	1.7	79.8
Other urban	73.1	8.4	17.3	1.1	126.7
Rural	9.9	29.6	59.3	1.3	87.2
Total	60.3	12.5	25.9	1.3	293.8

DISTANCE TO HEALTH PROFESSIONALS

Nationally, a large proportion of the population was estimated to live in close proximity to the services that they might require. Distance varied greatly by State and part of State however, with people in rural areas less likely to live within 25 km of services and facilities, but in many cases having access to services provided by visiting professionals.

Doctors

In all States and across all parts of State, doctors were available either on a permanent or visiting basis in the majority of cases. In each State fewer than 10% of people did not have a doctor, either permanent or visiting, within 25 km. In the rural area, the service provision was the least satisfactory with over 15% of people in private dwellings not having a doctor available to them within 25 km and only one in three people having a permanent doctor within that distance.

AVAILABILITY OF DOCTORS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	84.7	93.7	72.0	81.6	80.8	83.3	44.2	75.2
Visiting	9.9	6.3	22.1	13.0	16.7	8.9	42.5	18.8
Not available	4.0	**—	6.0	5.4	2.5	7.9	6.6	4.7
Not stated	1.4	**—	**—	**—	**—	**—	6.7	1.3
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Nurses As is the case with doctors, the majority of people lived within 25 km of either a permanent or visiting nurse. There were more people within 25 km of a permanent nurse in the rural area than within the same distance of a doctor, but fewer visiting nurses than doctors.

AVAILABILITY OF NURSES WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	85.6	96.5	87.1	87.7	90.8	85.6	91.5	88.4
Visiting	7.6	3.5	5.8	9.4	2.6	3.3	**0.5	5.1
Not available	5.5	**—	7.2	2.9	6.6	11.1	8.0	6.1
Not stated	1.4	**—	**—	**—	**—	**—	**—	0.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Aboriginal Health Workers Aboriginal Health Workers were located within 25 km of a large percentage of houses in most States and in capital city, other urban and rural areas. They were available within this distance to over 93% of people in the Northern Territory, but only around 53% of people in Tasmania. In rural areas, over one-fifth of people were reported not to have permanent or visiting Aboriginal Health Workers within 25 km.

AVAILABILITY OF ABORIGINAL HEALTH WORKERS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	64.3	76.4	67.3	78.5	79.8	43.6	87.0	71.7
Visiting	13.4	7.5	15.7	10.3	7.5	9.4	6.4	11.4
Not available	20.5	13.7	16.6	11.1	8.6	47.0	6.7	15.5
Not stated	1.7	2.4	**0.5	**—	4.1	**—	**—	1.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Dentists Dentists were not as commonly available as other health professionals. Nearly 60% of people living in private dwellings in rural areas did not have a dentist available on a permanent or visiting basis within 25 km. The Northern Territory had the highest proportion of people without a dentist within 25 km.

HEALTH PROFESSIONALS, SERVICES AND FACILITIES

Several factors affect Indigenous peoples' access to and use of health facilities, services and professionals. Distance is an important potential barrier and is the subject of this section. Other factors may also affect the likelihood of a person attending a facility or using a service offered, such as the degree of Indigenous involvement in the facility, whether Indigenous staff are available, the frequency with which health professionals visit, and how satisfied people are with the services they receive. Some of these factors were addressed earlier. Information on distance to professionals, services and facilities from people living in private households was collected by interviewers from organisations and contacts in the community.

AVAILABILITY OF HEALTH PROFESSIONALS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	Permanent	Visiting	Not available	Not stated	Total
Type of service	%	%	%	%	'000
Doctor/GP					
Capital city	94.3	5.7	**—	**—	79.8
Other urban	91.8	5.6	**0.4	2.3	126.7
Rural	33.5	49.8	15.4	1.3	87.2
Total	75.2	18.8	4.7	1.3	293.8
Nurse					
Capital city	91.9	6.7	1.3	**—	79.8
Other urban	96.5	1.9	1.6	**—	126.7
Rural	73.6	8.2	17.0	1.3	87.2
Total	88.4	5.1	6.1	0.4	293.8
Aboriginal Health Worker					
Capital city	76.4	9.6	13.0	1.0	79.8
Other urban	78.3	8.7	12.3	0.7	126.7
Rural	57.8	16.8	22.5	2.9	87.2
Total	71.7	11.4	15.5	1.4	293.8
Dentist					
Capital city	95.0	**0.1	3.2	1.7	79.8
Other urban	73.1	8.4	17.3	1.1	126.7
Rural	9.9	29.6	59.3	1.3	87.2
Total	60.3	12.5	25.9	1.3	293.8

DISTANCE TO HEALTH PROFESSIONALS

Nationally, a large proportion of the population was estimated to live in close proximity to the services that they might require. Distance varied greatly by State and part of State however, with people in rural areas less likely to live within 25 km of services and facilities, but in many cases having access to services provided by visiting professionals.

Doctors In all States and across all parts of State, doctors were available either on a permanent or visiting basis in the majority of cases. In each State fewer than 10% of people did not have a doctor, either permanent or visiting, within 25 km. In the rural area, the service provision was the least satisfactory with over 15% of people in private dwellings not having a doctor available to them within 25 km and only one in three people having a permanent doctor within that distance.

AVAILABILITY OF DOCTORS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	84.7	93.7	72.0	81.6	80.8	83.3	44.2	75.2
Visiting	9.9	6.3	22.1	13.0	16.7	8.9	42.5	18.8
Not available	4.0	**—	6.0	5.4	2.5	7.9	6.6	4.7
Not stated	1.4	**—	**—	**—	**—	**—	6.7	1.3
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Nurses As is the case with doctors, the majority of people lived within 25 km of either a permanent or visiting nurse. There were more people within 25 km of a permanent nurse in the rural area than within the same distance of a doctor, but fewer visiting nurses than doctors.

AVAILABILITY OF NURSES WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	85.6	96.5	87.1	87.7	90.8	85.6	91.5	88.4
Visiting	7.6	3.5	5.8	9.4	2.6	3.3	**0.5	5.1
Not available	5.5	**—	7.2	2.9	6.6	11.1	8.0	6.1
Not stated	1.4	**—	**—	**—	**—	**—	**—	0.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Aboriginal Health Workers Aboriginal Health Workers were located within 25 km of a large percentage of houses in most States and in capital city, other urban and rural areas. They were available within this distance to over 93% of people in the Northern Territory, but only around 53% of people in Tasmania. In rural areas, over one-fifth of people were reported not to have permanent or visiting Aboriginal Health Workers within 25 km.

AVAILABILITY OF ABORIGINAL HEALTH WORKERS WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	64.3	76.4	67.3	78.5	79.8	43.6	87.0	71.7
Visiting	13.4	7.5	15.7	10.3	7.5	9.4	6.4	11.4
Not available	20.5	13.7	16.6	11.1	8.6	47.0	6.7	15.5
Not stated	1.7	2.4	**0.5	**—	4.1	**—	**—	1.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Dentists Dentists were not as commonly available as other health professionals. Nearly 60% of people living in private dwellings in rural areas did not have a dentist available on a permanent or visiting basis within 25 km. The Northern Territory had the highest proportion of people without a dentist within 25 km.

AVAILABILITY OF DENTISTS WITHIN 25 KM OF INDIGENOUS PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Availability	%	%	%	%	%	%	%	%
Permanent	72.6	68.3	58.8	72.1	60.2	76.4	27.2	60.3
Visiting	6.7	15.2	9.4	6.9	14.1	4.9	30.4	12.5
Not available	17.6	16.5	30.0	21.1	25.7	18.7	42.3	25.9
Not stated	3.1	**—	1.8	**—	**—	**—	**—	1.3
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

DISTANCE TO HEALTH SERVICES

Health services such as mental health, health promotion, antenatal, diabetic, women's health, baby health and sexually transmitted disease clinics varied in their availability from State to State. People living in rural areas were at the greatest disadvantage with respect to availability of these services within 25 km.

HEALTH SERVICES AVAILABLE WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS BY PART OF STATE

	Permanent	Visiting	Not available	Not stated	Total
Type of service	%	%	%	%	'000
Mental health service					
Capital city	83.0	5.5	8.5	3.0	79.8
Other urban	53.6	16.5	27.0	2.8	126.7
Rural	8.5	12.2	78.1	1.3	87.2
Total	48.2	12.3	37.2	2.4	293.8
Health promotional service					
Capital city	88.1	4.2	7.8	**—	79.8
Other urban	65.7	12.2	19.1	3.0	126.7
Rural	27.4	15.4	55.5	1.7	87.2
Total	60.4	11.0	26.8	1.8	293.8
Antenatal service					
Capital city	93.7	2.1	3.9	**0.2	79.8
Other urban	77.4	8.3	12.0	2.3	126.7
Rural	32.3	21.7	44.7	1.3	87.2
Total	68.5	10.6	19.5	1.4	293.8
Diabetic service					
Capital city	92.3	2.1	5.6	**—	79.8
Other urban	73.5	11.5	11.1	3.8	126.7
Rural	41.7	16.3	40.7	1.3	87.2
Total	69.2	10.4	18.4	2.0	293.8
Women's health service					
Capital city	95.5	1.9	2.5	**—	79.8
Other urban	68.9	12.6	14.6	3.8	126.7
Rural	35.4	28.3	35.1	1.3	87.2
Total	66.2	14.4	17.4	2.0	293.8
Baby health service					
Capital city	97.0	1.9	1.1	**—	79.8
Other urban	84.9	10.5	2.4	2.3	126.7
Rural	44.1	35.4	17.1	3.4	87.2
Total	76.1	15.6	6.4	2.0	293.8
Sexually transmitted disease clinic					
Capital city	90.5	3.0	6.5	**—	79.8
Other urban	66.0	14.4	17.1	2.5	126.7
Rural	32.9	18.3	47.5	1.3	87.2
Total	62.8	12.5	23.3	1.4	293.8

HEALTH SERVICES AVAILABLE WITHIN 25 KM OF PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Type of service	%	%	%	%	%	%	%	%
Mental health service								
Permanent	62.9	60.9	43.8	63.8	39.5	52.9	23.6	48.2
Visiting	9.6	29.0	5.4	6.8	25.2	10.7	11.5	12.3
Not available	24.1	10.1	50.8	29.3	33.8	36.4	56.6	37.2
Not stated	3.4	**—	**—	**—	1.5	**—	8.4	2.4
Health promotional service								
Permanent	74.1	56.1	62.2	71.5	56.2	66.5	31.5	60.4
Visiting	10.0	14.5	8.2	3.6	3.6	6.8	27.5	11.0
Not available	13.6	29.4	29.1	24.9	39.6	26.6	34.4	26.8
Not stated	2.3	**—	**0.6	**—	**0.6	**—	6.7	1.8
Antenatal service								
Permanent	77.2	72.3	70.4	80.8	68.5	68.8	41.4	68.5
Visiting	5.8	19.4	9.8	9.3	9.0	8.2	19.5	10.6
Not available	15.4	8.3	19.8	9.9	22.5	23.1	32.4	19.5
Not stated	1.6	**—	**—	**—	**—	**—	6.7	1.4
Diabetic service								
Permanent	77.6	80.6	73.0	78.9	68.8	53.2	41.4	69.2
Visiting	8.3	6.1	9.6	3.1	10.6	15.0	18.7	10.4
Not available	11.8	13.3	17.0	18.1	18.4	31.9	33.2	18.4
Not stated	2.3	**—	**0.4	**—	2.1	**—	6.7	2.0
Women's health service								
Permanent	74.2	75.5	62.1	78.9	61.9	66.9	53.4	66.2
Visiting	9.9	17.3	17.6	7.1	14.1	8.7	21.1	14.4
Not available	14.6	7.3	19.1	14.0	22.0	24.3	18.8	17.4
Not stated	1.4	**—	1.3	**—	2.1	**—	6.7	2.0
Baby health service								
Permanent	86.4	82.9	70.5	81.9	80.6	79.4	55.5	76.1
Visiting	6.2	16.1	23.0	9.9	16.1	16.2	20.7	15.6
Not available	6.0	**0.9	4.0	8.2	3.3	4.3	17.2	6.4
Not stated	1.4	**—	2.4	**—	**—	**—	6.7	2.0
Sexually transmitted disease clinic								
Permanent	75.4	71.7	56.9	73.1	63.2	54.3	42.8	62.8
Visiting	8.5	9.6	13.4	3.1	15.3	4.3	22.7	12.5
Not available	14.7	18.7	29.6	23.8	20.9	41.4	27.8	23.3
Not stated	1.4	**—	**—	**—	**0.6	**—	6.7	1.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

DISTANCE TO HEALTH FACILITIES

As with health professionals and services, people in capital cities were generally located in close proximity to facilities such as community health centres, hospitals, detoxification centres, health professionals and other services. However, many people had to travel long distances to reach such facilities, especially in rural areas.

DISTANCE TO NEAREST HEALTH FACILITIES FROM PEOPLE LIVING IN PRIVATE DWELLINGS

	0-10km	11-25km	26-50km	51-100km	Over 100km	Not stated/ Not applicable ¹	Total
Type of service	%	%	%	%	%	%	'000
Hospital	58.7	16.9	5.3	6.1	12.3	0.8	293.8
Community health centre	80.3	7.8	5.6	1.8	3.7	0.8	293.8
Chemist/dispensary	71.9	4.7	5.0	5.3	12.8	0.4	293.8
Birthing centre	40.1	16.3	7.0	7.8	24.4	4.3	293.8
Detoxification centre	24.6	14.9	8.0	8.9	37.6	6.1	293.8
Aboriginal medical service	32.6	19.2	8.7	11.1	23.2	5.1	293.8

¹ Includes people living in the Torres Strait Area.

Hospitals

Hospitals tend to be located around high population concentrations in order to be sustainable. It is not surprising then that there were large differences in distance to hospitals from State to State and region to region. For example, while about 95% of Victorians were reported to be living within 25 km of the nearest hospital, over half of people in the Northern Territory had to travel over 100 km.

DISTANCE TO NEAREST HOSPITAL FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Distance (km)	%	%	%	%	%	%	%	%
0-10	76.3	78.6	57.4	68.6	64.0	32.6	16.7	58.7
11-25	13.5	17.0	21.4	14.0	12.6	25.9	18.3	16.9
26-50	6.9	3.0	5.0	6.6	**0.8	28.7	1.7	5.3
51-100	1.9	**1.3	12.8	**1.8	**0.9	10.3	10.3	6.1
Over 100	**—	**—	3.3	9.0	19.4	2.4	53.1	12.3
Not stated	1.4	**—	**—	**—	2.5	**—	**—	0.8
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Over half of all Indigenous people living in rural areas had to travel more than 50 km to hospital, while this was true for only a small proportion of people living in capital city and other urban areas.

DISTANCE TO NEAREST HOSPITAL BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	Capital city	Other urban	Rural
Distance (km)	%	%	%
0-10	64.2	79.6	23.3
11-25	32.1	10.4	12.5
26-50	2.3	3.9	10.0
51-100	**—	2.1	17.4
Over 100	**—	4.1	35.5
Not stated	1.4	**—	1.3
Total ('000)	79.8	126.7	87.2

Community health centres

About 80% of people were living within 10 km of the nearest community health centre, but this proportion varied from State to State.

DISTANCE TO NEAREST COMMUNITY HEALTH CENTRE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Distance (km)</i>	%	%	%	%	%	%	%	%
0-10	88.0	87.8	64.7	69.3	88.4	62.6	90.0	80.3
11-25	2.5	7.4	15.4	16.2	1.2	17.9	6.1	7.8
26-50	5.8	4.8	9.1	7.4	2.6	14.9	**—	5.6
51-100	2.4	**—	**0.7	**2.1	5.0	**—	**0.1	1.8
Over 100	**—	**—	8.9	3.9	2.4	4.6	3.8	3.7
Not stated	1.4	**—	**1.1	**1.2	**0.4	**—	**—	0.8
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

People living in capital cities and other urban areas were more likely to live in close proximity to a community health centre than were those living in rural areas. Over 10% of people living in rural areas were reported to be more than 100 km from the nearest health centre.

DISTANCE TO NEAREST COMMUNITY HEALTH CENTRE BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	Capital city	Other urban	Rural
<i>Distance (km)</i>	%	%	%
0-10	86.8	90.8	59.1
11-25	12.1	3.2	10.7
26-50	1.1	3.8	12.5
51-100	**—	**0.3	5.5
Over 100	**—	1.1	10.7
Not stated	**—	0.8	1.5
Total ('000)	79.8	126.7	87.2

Aboriginal medical services

Aboriginal medical services were less likely than community health centres to be located nearby. The proportion of people who were reported to live within 25 km of an Aboriginal medical service varied from about 45% in Tasmania and New South Wales, to about 78% in South Australia.

DISTANCE TO NEAREST ABORIGINAL MEDICAL SERVICE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Distance (km)</i>	%	%	%	%	%	%	%	%
0-10	33.1	39.3	23.2	57.0	32.5	18.3	39.0	32.6
11-25	11.6	31.7	24.6	20.6	15.4	26.5	18.8	19.2
26-50	10.2	13.7	10.1	4.4	7.4	25.8	**—	8.7
51-100	15.7	9.8	11.2	7.8	2.8	19.5	12.0	11.1
Over 100	20.0	4.6	21.5	10.1	41.8	9.9	30.2	23.2
Not stated/not applicable ¹	9.4	**0.9	9.5	**—	**—	**—	**—	5.1
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

¹This distance was not gathered for persons living within the Torres Strait Area.

Almost 80% of people in capital cities were reported to live within 25 km of an Aboriginal medical service compared with about 50% of those in other urban areas and only about 30% of those in rural areas.

DISTANCE TO NEAREST ABORIGINAL MEDICAL SERVICE BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>
<i>Distance (km)</i>	<i>%</i>	<i>%</i>	<i>%</i>
0-10	32.7	41.3	20.1
11-25	46.6	8.6	9.6
26-50	14.1	8.7	3.8
51-100	4.1	11.4	17.3
Over 100	**—	24.4	42.8
Not stated/not applicable ¹	2.6	5.6	6.5
Total ('000)	79.8	126.7	87.2

¹This distance was not gathered for persons living within the Torres Strait Area.

Birthing centres

Distance to the nearest birthing centre differed markedly from State to State, ranging from about 15% of people living within 10 km of one in the Northern Territory to about 69% within this distance in South Australia.

DISTANCE TO NEAREST BIRTHING CENTRE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	<i>NSW</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas.</i>	<i>NT</i>	<i>Total</i>
<i>Distance (km)</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
0-10	52.6	56.4	33.2	68.9	40.5	20.3	14.6	40.1
11-25	16.4	21.1	14.5	11.7	10.4	19.3	23.9	16.3
26-50	10.7	12.9	6.0	6.6	**0.8	24.1	1.7	7.0
51-100	6.2	8.8	13.2	**1.8	**0.9	9.8	10.5	7.8
Over 100	9.3	**—	27.3	11.0	38.2	26.5	49.3	24.4
Not stated	4.8	**0.8	5.9	**—	9.4	**—	**—	4.3
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

In capital cities and other urban areas, just over half of Indigenous people lived within 10 km of a birthing centre. Distances were greater in the rural areas with only about 9% of people reported to be located within 10 km of a birthing centre.

DISTANCE TO NEAREST BIRTHING CENTRE BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>
<i>Distance (km)</i>	<i>%</i>	<i>%</i>	<i>%</i>
0-10	51.9	54.4	8.6
11-25	37.1	6.4	11.8
26-50	7.1	5.1	9.7
51-100	2.3	5.9	15.6
Over 100	**0.3	22.4	49.3
Not stated	1.2	5.8	5.0
Total ('000)	79.8	126.7	87.2

Detoxification centres

DISTANCE TO NEAREST DETOXIFICATION CENTRE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Distance (km)</i>	%	%	%	%	%	%	%	%
0-10	36.8	39.2	17.0	18.4	20.1	19.5	17.6	24.6
11-25	15.8	14.7	19.1	**—	15.7	27.4	6.9	14.9
26-50	9.7	13.4	7.8	**1.5	4.0	28.2	4.4	8.0
51-100	8.6	12.6	5.0	38.0	**—	17.6	10.3	8.9
Over 100	22.8	19.4	38.3	42.1	54.0	7.2	60.8	37.6
Not stated	6.4	**0.8	12.8	**—	6.1	**—	**—	6.1
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

Detoxification centres were the least likely of all the facilities examined to be located nearby. More than half of people in Western Australia and the Northern Territory were reported to be at least 100 km from the nearest detoxification centre. About two-thirds of people living in rural areas and about 40% of those in other urban areas had to travel more than 100 km to the nearest centre.

DISTANCE TO NEAREST DETOXIFICATION CENTRE BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	Capital city	Other urban	Rural
<i>Distance (km)</i>	%	%	%
0-10	33.5	32.1	5.6
11-25	42.7	5.8	2.6
26-50	12.3	6.6	5.9
51-100	7.9	7.3	12.0
Over 100	2.1	40.5	65.9
Not stated	1.4	7.7	7.9
Total ('000)	79.8	126.7	87.2

Chemists

The proportion of people living within 10 km of a chemist varied considerably by State, from less than one-third in the Northern Territory to about 94% in Victoria.

DISTANCE TO NEAREST CHEMIST BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Distance (km)</i>	%	%	%	%	%	%	%	%
0-10	86.2	93.7	67.9	74.8	77.9	82.0	32.5	71.9
11-25	1.8	**1.9	5.3	8.3	1.1	6.1	11.9	4.7
26-50	5.7	4.4	9.0	4.4	**0.8	11.9	**—	5.0
51-100	2.4	**—	11.0	**1.5	**0.9	**—	10.4	5.3
Over 100	2.6	**—	6.9	11.0	19.4	**—	45.2	12.8
Not stated	1.4	**—	**—	**—	**—	**—	**—	0.4
Total ('000)	79.4	18.9	76.7	18.0	45.9	10.0	42.9	293.8

People living in capital cities and other urban areas were likely to have chemists close by, but those in the rural area had to travel greater distances. It should be noted, however, that in some rural areas, pharmaceuticals may be available through the local health centre.

DISTANCE TO NEAREST CHEMIST BY PART OF STATE FOR PEOPLE LIVING IN PRIVATE DWELLINGS

	<i>Capital city</i>	<i>Other urban</i>	<i>Rural</i>
<i>Distance (km)</i>	<i>%</i>	<i>%</i>	<i>%</i>
0-10	98.4	87.4	25.0
11-25	1.6	1.1	12.9
26-50	**—	1.9	14.0
51-100	**—	3.5	12.7
Over 100	**—	6.2	34.2
Not stated	**—	**—	1.3
Total ('000)	79.8	126.7	87.2

FACTORS WHICH MAY AFFECT HEALTH

People who were surveyed were asked about several important factors which may positively or negatively influence health. In this section, smoking, alcohol use, breastfeeding, relative weight and exposure to violence are examined. Comparisons with results from the NHS of 1989-90 are made where possible.

SMOKING

Nationally, an estimated 50% of Indigenous people over the age of 13 years reported that they smoked in 1994. Proportions varied from State to State for males and females, but there was greater variability for females than for males. Victoria was the only State in which the proportion of females who said they smoked was higher than that of males. The difference between males and females was most pronounced in the Northern Territory.

SMOKING STATUS AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Whether smoked</i>	%	%	%	%	%	%	%	%
Males								
Smoked	52.0	52.9	52.7	59.8	51.1	49.0	59.4	53.6
Did not smoke	48.0	45.5	46.7	40.2	48.8	51.0	39.9	46.0
Not stated	0.1	1.6	0.6	**—	0.1	**—	0.7	0.4
Total ('000)	25.6	6.2	25.7	5.9	15.1	3.4	15.3	98.0
Females								
Smoked	49.6	61.2	44.2	51.6	45.4	42.7	35.5	45.8
Did not smoke	50.1	38.8	54.7	48.4	54.5	57.3	64.5	53.8
Not stated	0.3	**—	1.2	**—	0.1	**—	**—	0.4
Total ('000)	26.3	6.3	26.4	6.0	15.2	3.2	15.6	99.5

In capital cities, similar proportions of males and females said they smoked. In the other urban and rural areas, however, males were increasingly more likely to report smoking while females were less likely to say they smoked. For both males and females, smoking was most commonly reported for people aged 25-44 years.

Comparison with the NHS, 1989-90

In the NHS of 1989-90, only about 28% of people aged 18 years and over said they were current smokers, compared to the NATSIS, where this percentage increased to over 55%. The proportion of people in the NHS who said they smoked, was much lower in every age group and for both males and females compared with people in the NATSIS.

SMOKING STATUS BY PART OF STATE AMONG PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Whether smoked</i>	%	%	%	%
Males				
Smoked	51.8	52.8	56.3	53.6
Did not smoke	47.7	47.0	43.2	46.0
Not stated	**0.5	**0.5	**0.5	**0.4
<i>Total ('000)</i>	26.5	39.8	31.7	98.0
Females				
Smoked	51.6	45.3	41.3	45.8
Did not smoke	48.2	54.5	57.8	53.8
Not stated	**0.1	**0.2	**0.9	**0.4
<i>Total ('000)</i>	27.2	42.9	29.5	99.5
Total ('000)	53.6	82.7	61.2	197.5

SMOKING STATUS BY AGE AND SEX

	13-17 years	18-24 years	25-44 years	45-54 years	55 years and over	Total
<i>Whether smoked</i>	%	%	%	%	%	%
Males						
Smoked	22.2	61.3	64.7	53.4	43.3	53.6
Did not smoke	76.3	38.5	35.2	46.2	56.7	46.0
Not stated	**1.5	**0.1	**0.2	**0.5	**—	**0.4
<i>Total ('000)</i>	17.2	21.2	42.2	9.2	8.3	98.0
Females						
Smoked	21.6	53.3	57.0	44.9	23.5	45.8
Did not smoke	77.3	46.5	42.9	54.7	75.4	53.8
Not stated	**1.2	**0.3	**—	**0.3	**1.1	**0.4
<i>Total ('000)</i>	16.5	20.5	42.9	9.5	10.1	99.5
Total ('000)	33.7	41.7	85.1	18.6	18.4	197.5

Number of cigarettes
smoked

Those people who said they smoked were asked how many cigarettes they smoked each day. In most States female smokers reported smoking fewer cigarettes per day than did male smokers.

NUMBER OF CIGARETTES SMOKED PER DAY BY SMOKERS AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Number smoked</i>	%	%	%	%	%	%	%	%
Males								
1-10	28.6	28.3	30.6	38.6	42.3	35.8	32.0	32.5
11-20	34.4	32.7	27.0	28.6	27.9	29.1	31.8	30.3
21-30	28.2	19.1	31.1	25.4	24.9	23.0	31.0	28.3
31 or more	7.7	18.6	10.5	**7.3	**4.2	12.1	**5.0	8.2
Not stated	**1.1	**1.2	**0.7	**0.2	**0.7	**—	**0.2	**0.7
Total ('000)	13.3	3.3	13.5	3.5	7.7	1.7	9.1	52.6
Total males ('000)	25.6	6.2	25.7	5.9	15.1	3.4	15.3	98.0
Females								
1-10	33.5	41.8	34.3	41.0	46.4	30.2	35.9	37.1
11-20	39.0	35.2	30.7	34.6	26.0	29.1	27.5	32.6
21-30	21.2	18.0	29.1	14.6	22.9	24.3	30.5	24.0
31 or more	**4.3	**4.1	**5.6	**9.9	**4	13.0	**3.9	5.2
Not stated	**1.9	**0.9	**0.4	**—	**0.7	**3.4	**2.2	1.2
Total ('000)	13.1	3.9	11.7	3.1	6.8	1.4	5.5	45.6
Total females ('000)	26.3	6.3	26.4	6.0	15.2	3.2	15.6	99.5

NUMBER OF CIGARETTES SMOKED PER DAY BY PART OF STATE BY SMOKERS AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
<i>Number smoked</i>	%	%	%	%
Males				
1-10	32.4	30.0	35.7	32.5
11-20	27.6	33.7	28.4	30.3
21-30	28.5	27.8	28.8	28.3
31 or more	9.9	8.2	6.8	8.2
Not stated	**1.7	**0.3	**0.4	**0.7
Total ('000)	13.7	21.0	17.9	52.6
Total males ('000)	26.5	39.8	31.7	98.0
Females				
1-10	42.7	32.9	37.2	37.1
11-20	32.3	34.4	29.8	32.6
21-30	17.8	27.2	25.8	24.0
31 or more	5.7	4.9	5.2	5.2
Not stated	**1.4	**0.6	**1.9	1.2
Total ('000)	14.0	19.4	12.2	45.6
Total females ('000)	27.2	42.9	29.5	99.5

Male smokers in rural areas were slightly more likely than those in capital cities or other urban areas to report smoking no more than 10 cigarettes per day. Over 40% of female smokers in capital cities said they smoked 10 or fewer cigarettes per day.

NUMBER OF CIGARETTES SMOKED PER DAY BY AGE AND SEX

	13-17 years	18-24 years	25-44 years	45-54 years	55 years and over	Total
<i>Number smoked</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Males						
1-10	65.4	44.8	24.5	20.1	31.3	32.5
11-20	19.3	24.1	33.4	33.4	36.7	30.3
21-30	**10.3	25.1	32.9	32.6	18.5	28.3
31 or more	**0.8	5.8	8.8	13.3	**13.0	8.2
Not stated	**4.2	**0.2	**0.4	**0.5	**0.4	**0.7
Total ('000)	3.8	13.0	27.3	4.9	3.6	52.6
 Total ('000)	 17.2	 21.2	 42.2	 9.2	 8.3	 98.0
Females						
1-10	74.3	43.6	30.1	33.5	29.6	37.1
11-20	17.1	35.8	35.6	19.9	32.2	32.6
21-30	**8.7	17.5	26.6	34.8	29.9	24.0
31 or more	**—	**2.4	6.7	**7.3	**7.4	5.2
Not stated	**—	**0.6	**1.1	**4.5	**0.9	1.2
Total ('000)	3.6	10.9	24.5	4.3	2.4	45.6
 Total ('000)	 16.5	 20.5	 42.9	 9.5	 10.1	 99.5

The proportion of smokers who said they smoked 10 or fewer cigarettes per day decreased with increasing age for both males and females up to the age of 55 years, while the proportion who said they smoked 20 or more cigarettes per day increased up to that age.

ALCOHOL CONSUMPTION

While nearly half of males and nearly a third of females aged 13 years and over said that they had consumed alcohol within a week of being interviewed, a large proportion of people in all States reported that they had never drunk alcohol. This was highest in the Northern Territory, where about 30% of males and over 60% of females said that they had never drunk alcohol.

PERIOD SINCE LAST DRANK ALCOHOL AMONG PEOPLE AGED 13 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Period</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
Males								
<1 week	50.9	55.1	52.4	51.4	39.2	58.8	38.4	48.3
1 week to <1 month	11.7	**7.3	8.8	9.2	12.6	8.8	12.6	10.6
1 month to <3 months	4.4	**5.3	4.0	**4.1	4.0	6.2	3.9	4.2
3 months to <1 year	5.3	**4.7	7.1	**7.3	6.3	9.0	**3.5	5.8
1 year or more	8.1	**5.2	8.3	**7.0	11.8	7.9	8.8	8.6
Never drank alcohol	16.2	18.3	16.2	18.1	21.1	9.1	29.5	19.0
Not stated/not applicable ¹	3.4	**4.0	**3.2	**2.9	5.0	**0.4	**3.4	3.5
Total ('000)	25.6	6.2	25.7	5.9	15.1	3.4	15.3	98.0
Females								
<1 week	34.6	45.5	27.8	39.0	29.8	38.5	18.7	30.7
1 week to <1 month	14.3	12.0	10.8	11.0	9.1	8.5	6.0	10.8
1 month to <3 months	3.5	**5.5	6.8	**4.5	6.5	12.9	**3.0	5.2
3 months to <1 year	12.1	**6.9	7.4	**6.2	6.6	9.7	**3.0	7.8
1 year or more	10.1	13.6	13.0	13.0	14.2	11.8	6.6	11.4
Never drank alcohol	24.8	15.3	33.2	26.4	33.4	18.6	62.5	33.5
Not stated/not applicable ¹	**0.6	**1.2	**1.0	**—	**0.5	**—	**0.1	0.6
Total ('000)	26.3	6.3	26.4	6.0	15.2	3.2	15.6	99.5

¹ Prisoners were not asked this question and so are recorded as not applicable.

Males and females in rural areas were most likely to say that they had never drunk alcohol, while those in capital cities were most likely to say they had drunk in the previous week.

PERIOD SINCE LAST DRANK ALCOHOL BY PART OF STATE BY PEOPLE AGED 13 YEARS AND OVER

	Capital city	Other urban	Rural	Total
Period	%	%	%	%
Males				
<1 week	51.5	49.1	44.7	48.3
1 week to <1 month	10.8	11.0	9.9	10.6
1 month to <3 months	5.1	3.7	4.1	4.2
3 months to <1 year	5.7	6.5	5.1	5.8
1 year or more	5.9	10.1	8.9	8.6
Never drank alcohol	16.5	15.7	25.3	19.0
Not stated/not applicable ¹	4.7	3.8	1.9	3.5
Total ('000)	26.5	39.8	31.7	98.0
Females				
<1 week	35.4	29.5	28.0	30.7
1 week to <1 month	13.7	12.0	6.3	10.8
1 month to <3 months	6.0	6.3	3.0	5.2
3 months to <1 year	12.7	7.0	4.6	7.8
1 year or more	9.8	13.9	9.2	11.4
Never drank alcohol	21.4	31.2	48.0	33.5
Not stated/not applicable ¹	**0.9	**0.2	**0.9	0.6
Total ('000)	27.2	42.9	29.5	99.5

¹ Prisoners were not asked this question and so are recorded as not applicable.

Males and females aged 13–17 years were the most likely to say they had never drunk alcohol, but more than half of the females aged 55 years and over also said they had never drunk alcohol. Recent alcohol consumption was most commonly reported by males and females between 18–44 years of age.

PERIOD SINCE LAST DRANK ALCOHOL BY AGE AND SEX

	13–17 years	18–24 years	25–44 years	45–54 years	55 years and over	Total
Period	%	%	%	%	%	%
Males						
<1 week	9.8	59.7	58.3	51.6	45.0	48.3
1 week to <1 month	7.3	11.7	11.1	11.3	11.1	10.6
1 month to <3 months	3.9	4.7	4.4	**4.5	**2.3	4.2
3 months to <1 year	9.0	3.8	6.6	**3.3	**3.3	5.8
1 year or more	3.5	5.7	8.6	17.4	16.9	8.6
Never drank alcohol	65.1	7.1	7.5	11.3	20.8	19.0
Not stated/not applicable ¹	**1.4	7.3	3.6	**0.5	**0.5	3.5
Total ('000)	17.2	21.2	42.2	9.2	8.3	98.0
Females						
<1 week	8.4	37.5	39.6	30.0	15.7	30.7
1 week to <1 month	9.1	13.9	11.9	10.9	**2.5	10.8
1 month to <3 months	4.6	6.5	5.4	**3.8	**4.2	5.2
3 months to <1 year	4.9	10.9	9.1	5.7	**3.1	7.8
1 year or more	4.4	9.9	11.9	16.7	18.8	11.4
Never drank alcohol	67.2	21.1	21.7	32.8	54.5	33.5
Not stated/not applicable ¹	**1.4	**0.1	**0.5	**0.1	**1.2	0.6
Total ('000)	16.5	20.5	42.9	9.5	10.1	99.5

¹ Prisoners were not asked this question and so are recorded as not applicable.

Comparison with the NHS,
1989-90

In the NHS of 1989-90, only 5% of males and 13% of females aged 18 years and over said they had never drunk alcohol. Among people 18 years and over in the NATSIS, over 9% of males and around 27% of females reported they had never drunk alcohol. The proportions of people who said they had never drunk alcohol were lower in the NHS than in the NATSIS for every age group from 18 years on. Recent alcohol consumption was more commonly reported for people in the NHS than in the NATSIS, with almost three-quarters of males and about half of females aged 18 and over in the NHS reporting that they had consumed alcohol in the previous week.

BREASTFEEDING

Questions on breastfeeding history were asked for children up to 12 years old. Breastfeeding was most common in the Northern Territory, where it was reported that about 90% of children under the age of 13 had been, or were currently being breastfed. By contrast, it was reported that over a third of children in New South Wales, Victoria and South Australia had not been breastfed. Breastfeeding was more commonly reported in rural areas than in urban areas.

The proportion of children who were said to have been breastfed, whether previously or currently, was highest in the youngest age group. It is not clear whether this reflects an increase in the propensity to breastfeed or merely a greater likelihood of remembering more recent breastfeeding.

BREASTFEEDING OF CHILDREN UP TO 12 YEARS OF AGE

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Whether breastfed	%	%	%	%	%	%	%	%
Males								
Currently	**2.6	**7.1	**1.3	**5.8	6.3	**2.2	9.1	4.3
Was breastfed	56.8	53.6	70.5	54.1	71.4	69.6	80.5	66.3
Not breastfed	38.2	34.5	26.4	35.6	21.0	26.5	9.7	27.3
Do not know/not stated	**2.4	**4.8	**1.8	**4.5	**1.2	**1.7	**0.7	2.0
Total ('000)	14.7	3.4	14.4	3.3	8.7	1.8	7.8	54.4
Females								
Currently	**1.5	**9.8	**2.6	**4.6	8.0	**3.2	**5.6	4.2
Was breastfed	59.1	52.6	69.7	55.8	66.9	66.5	84.3	66.5
Not breastfed	38.7	36.3	27.0	34.2	23.5	30.1	9.4	28.2
Do not know/not stated	**0.7	**1.4	**0.7	**5.4	**1.6	**0.2	**0.8	1.2
Total ('000)	13.8	3.3	13.4	3.2	8.3	1.7	7.4	51.4

BREASTFEEDING OF CHILDREN UP TO 12 YEARS OF AGE BY PART OF STATE

	Capital city	Other urban	Rural	Total
Whether breastfed	%	%	%	%
Males				
Currently	4.3	2.7	6.9	4.3
Was breastfed	63.4	63.8	73.4	66.3
Not breastfed	31.7	31.2	16.8	27.3
Do not know/not stated	**0.6	2.3	**3.0	2.0
Total ('000)	14.7	24.6	15.0	54.4
Females				
Currently	3.6	3.6	5.5	4.2
Was breastfed	60.3	65.6	73.9	66.5
Not breastfed	34.9	29.5	19.5	28.2
Do not know/not stated	**1.1	**1.3	**1.0	1.1
Total ('000)	14.2	22.4	14.8	51.4

BREASTFEEDING BY AGE AND SEX

	0-1 years	2-3 years	4-5 years	6-10 years	11-12 years	Total
<i>Whether breastfeeding</i>	%	%	%	%	%	%
Males						
Currently	24.0	**4.1	**0.1	**—	**—	4.3
Was breastfed	50.8	72.1	69.2	69.5	63.7	66.3
Not breastfed	24.9	23.5	30.1	27.2	31.6	27.3
Do not know/not stated	**0.3	**0.3	**0.7	3.3	**4.8	2.0
Total ('000)	8.1	9.5	9.8	19.7	7.3	54.4
Females						
Currently	26.0	**3.4	**0.2	**—	**—	4.2
Was breastfed	51.9	66.8	67.9	70.2	68.9	66.5
Not breastfed	21.9	29.1	30.5	28.4	29.3	28.2
Do not know/not stated	**0.2	**0.6	**1.4	**1.4	**1.8	1.1
Total ('000)	6.9	9.5	9.4	18.9	6.7	51.4

LENGTH OF TIME BREASTFED FOR CHILDREN UP TO 12 YEARS OF AGE

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
<i>Whether breastfed</i>	%	%	%	%	%	%	%	%
Was breastfed								
<1 month	6.6	**7.4	5.1	**3.4	**1.6	8.0	**2.7	4.7
1 to <2 months	3.4	**4.1	**1.6	**3.8	2.8	5.3	**0.9	2.6
2 to <3 months	7.1	**4.5	5.1	**5.7	**2.7	6.9	**2.8	4.9
3 to <6 months	14.4	11.2	14.3	8.8	9.3	19.8	4.2	11.7
6 to <12 months	12.4	13.8	17.5	12.0	13.9	17.9	14.6	14.5
12 months or more	13.8	12.0	25.6	21.2	38.3	10.2	56.6	27.4
Currently breastfeeding	2.1	**8.4	**1.9	**5.2	7.1	**2.7	7.4	4.2
Not stated	**0.3	**0.1	**0.9	**—	**0.6	**—	**0.6	**0.5
Total	60.0	61.5	72.1	60.1	76.3	70.8	89.7	70.7
Was not breastfed	38.5	35.4	26.7	35.0	22.3	28.3	9.6	27.7
Do not know/not stated	**1.6	**3.1	**1.3	**4.9	**1.4	**1.0	**0.7	1.6
Total ('000)	28.6	6.8	27.8	6.5	17.0	3.5	15.2	105.7

Over 70% of babies in the Northern Territory were breastfed for six months or more, which is much higher than in the other States. Babies in rural areas were more likely to be breastfed for longer than six months than those in urban areas.

LENGTH OF TIME BREASTFED BY PART OF STATE FOR CHILDREN UP TO 12 YEARS OF AGE

	Capital city	Other urban	Rural	Total
<i>Whether breastfed</i>	%	%	%	%
Was breastfed				
<1 month	6.2	4.8	3.3	4.7
1 to <2 months	5.5	1.5	**1.5	2.6
2 to <3 months	5.7	5.3	3.7	4.9
3 to <6 months	12.1	13.6	8.4	11.7
6 to <12 months	13.2	15.9	13.7	14.5
12 months or more	19.1	23.1	42.1	27.4
Currently breastfeeding	4.0	3.2	6.2	4.2
Not stated	**0.1	**0.5	**1.0	0.5
Total	65.9	67.8	79.8	70.7
Was not breastfed	33.3	30.4	18.2	27.7
Do not know/not stated	**0.9	1.8	2.0	1.6
Total ('000)	28.9	47.0	29.8	105.7

As would be expected, most children who were currently being breastfed were up to one year old. In other age groups similar proportions of children were reported to have been breastfed for 12 months or more.

LENGTH OF TIME BREASTFED BY AGE

	0-1 years	2-3 years	4-5 years	6-10 years	11-12 years	Total
<i>Whether breastfed</i>	%	%	%	%	%	%
Was breastfed						
<1 month	7.6	5.3	3.6	4.0	4.4	4.7
1 to <2 months	4.4	2.7	**2.3	1.6	**3.5	2.6
2 to <3 months	5.0	5.9	4.0	5.0	4.6	4.9
3 to <6 months	14.0	11.7	12.4	10.5	11.7	11.7
6 to <12 months	9.3	15.8	15.2	15.2	15.7	14.5
12 months or more	10.5	27.7	31.0	32.7	25.3	27.4
Currently breastfeeding	24.9	3.7	**0.1	**—	**—	4.2
Not stated	**0.4	**0.2	**—	**0.8	**0.9	0.5
Total	76.2	73.2	68.7	69.9	66.2	70.7
Was not breastfed	23.5	26.3	30.3	27.8	30.5	27.7
Don't know/not stated	**0.3	**0.5	**1.0	2.4	**3.3	1.6
Total ('000)	15.0	18.9	19.2	38.6	14.0	105.7

Babies in households with \$25,000 or more annual income were more likely to be reported as having been breastfed, and for longer periods, than were those from lower income households. Similarly, babies from households with one or more persons working were more likely to be reported as breastfeeding for longer than were those in households where no-one was working.

LENGTH OF TIME BREASTFED BY HOUSEHOLD INCOME AND EMPLOYMENT FOR CHILDREN UP TO 12 YEARS OF AGE

	Annual household income			Households		Total
	\$25 000 and under	More than \$25 000	Not stated	No one was working	One or more persons working	
Whether breastfed	%	%	%	%	%	%
Was breastfed						
<1 month	5.8	4.5	3.4	5.2	4.4	4.7
1 to <2 months	3.0	2.5	**2.3	3.2	2.2	2.6
2 to <3 months	5.8	4.4	5.1	6.0	4.3	4.9
3 to <6 months	15.8	9.7	10.6	13.1	10.8	11.7
6 to <12 months	13.9	15.6	12.4	14.2	14.8	14.5
12 months or more	20.9	30.2	30.3	22.8	30.3	27.4
Currently breastfeeding	3.5	4.5	4.6	3.8	4.5	4.2
Not stated	**0.3	0.7	**0.5	**0.3	**0.7	0.5
Total	69.2	72.0	69.3	68.6	72.0	70.7
Was not breastfed	29.7	26.4	28.2	30.3	26.1	27.7
Do not know/not stated	**1.2	1.6	**2.5	**1.2	1.9	1.6
Total ('000)	32.5	54.9	18.4	41.8	63.9	105.7

Source: 1994 National Aboriginal and Torres Strait Islander Survey Detailed Findings.

RELATIVE WEIGHT

Relative weight is an important predictor of poor health. For people in the survey who were aged 18 years and over, and who agreed to be measured by the interviewer, body mass index (BMI) was calculated as the person's weight in kilograms divided by the square of his or her height in metres. Classification into relative weight categories was based on guidelines of the National Health and Medical Research Council (NHMRC, *Dietary Guidelines for Australians*, Canberra, AGPS, 1992). People with a BMI of less than 20 were classified as underweight, while those with a BMI of 20–25, were considered to be of an acceptable weight. A BMI of more than 25 but less than or equal to 30, meant that a person was classified as overweight. People with BMIs over 30 were considered to be obese.

About 26% of people aged 18 years and over were not measured. The proportion of people who indicated that they did not want to be measured, or who were not measured for some other reason, varied considerably from State to State and was highest in rural areas. Among those who were measured, about 60% of males and about 57% of females could be classified as overweight or obese. Only about one-third of the males and females measured were of acceptable weight.

Among females who were measured, the proportion who were overweight or obese was similar in capital cities (57%), other urban (58%) and rural areas (56%). The proportion of males in the overweight or obese category was slightly higher in capital cities (62% of those measured) and other urban areas (61% of those measured) than in rural areas (55% of those measured).

RELATIVE WEIGHT AMONG INDIGENOUS PEOPLE AGED 18 YEARS AND OVER

	NSW	Vic.	Qld	SA	WA	Tas.	NT	Total
Relative weight	%	%	%	%	%	%	%	%
Males								
Underweight	5.3	**3.4	4.9	**6.9	8.0	**3.8	9.4	6.1
Acceptable weight	27.0	32.0	24.5	18.2	24.8	42.8	21.2	25.4
Overweight	28.1	35.9	31.9	26.9	24.2	35.9	18.0	27.8
Obese	20.6	20.8	22.0	21.6	17.9	13.6	9.8	18.7
Not measured	19.0	**8.0	16.7	26.4	25.1	**3.9	41.7	22.0
Total ('000)	21.3	5.2	21.3	4.9	12.2	2.8	12.4	80.8
Females								
Underweight	9.7	12.8	9.9	**5.8	7.6	11.6	8.6	9.2
Acceptable weight	18.4	27.2	23.5	16.8	22.2	35.0	16.7	21.2
Overweight	23.1	22.5	20.5	19.8	19.0	29.1	14.9	20.4
Obese	20.9	20.4	24.5	19.3	22.4	19.2	11.0	20.3
Not measured	28.0	17.1	21.7	38.3	28.8	**5.1	48.9	29.0
Total ('000)	21.7	5.3	21.8	5.2	12.8	2.6	13.1	83.0

Among adults who were measured, males and females aged 18–24 years were the most likely to be of acceptable weight, but about 45% of those measured in this age group were overweight or obese. Almost three-quarters of males and females aged between 45–54 years who were measured were overweight or obese.

RELATIVE WEIGHT BY PART OF STATE AMONG PEOPLE AGED 18 YEARS AND OVER

	Capital city	Other urban	Rural	Total
Relative weight	%	%	%	%
Males				
Underweight	4.3	5.9	7.9	6.1
Acceptable weight	27.5	24.6	24.6	25.4
Overweight	31.1	28.7	23.8	27.8
Obese	21.2	20.0	15.1	18.7
Not measured	15.9	20.8	28.6	22.0
Total ('000)	21.7	33.0	26.1	80.8
Females				
Underweight	11.4	9.0	7.7	9.2
Acceptable weight	22.3	21.8	19.3	21.2
Overweight	22.9	21.5	16.5	20.4
Obese	21.9	20.9	17.9	20.3
Not measured	21.6	26.9	38.7	29.0
Total ('000)	22.9	35.1	25.0	83.0

Comparison with the NHS,
1989–90

In the NHS of 1989–90, about half (50%) of all (mainly non-Indigenous) adults aged 18 years and over who reported weight and height measurements were of acceptable weight, with about 38% overweight or obese. About 20% of people aged 18–24 years were overweight or obese, with no more than 50% of those in other age groups in this category.

RELATIVE WEIGHT BY AGE AND SEX

	18-24 years	25-44 years	45-54 years	55 years and over	Total
Relative weight	%	%	%	%	%
Males					
Underweight	11.6	3.8	**4.3	**5.6	6.1
Acceptable weight	33.9	24.6	15.5	18.5	25.4
Overweight	21.9	30.2	31.8	26.0	27.8
Obese	13.8	21.1	22.6	15.3	18.7
Not measured	18.8	20.3	25.7	34.6	22.0
Total ('000)	21.2	42.2	9.2	8.3	80.8
Females					
Underweight	14.5	9.5	**2.9	**3.4	9.2
Acceptable weight	25.7	20.7	16.2	18.7	21.2
Overweight	17.4	19.8	28.9	20.7	20.4
Obese	16.4	19.3	24.9	27.8	20.3
Not measured	26.0	30.7	27.1	29.4	29.0
Total ('000)	20.5	42.9	9.5	10.1	83.0

VIOLENCE

Violence is a health risk factor which is often overlooked, especially when it occurs in a family situation. Although people in the survey were not specifically asked about their own exposures to family violence, they were asked to indicate whether they thought it was a common problem in their local area. Over 40% of males and almost half of females aged 13 years and over believed that family violence was a common problem in their area. About 30% of males and females said they did not know if family violence was a common problem.

FAMILY VIOLENCE AS A PERCEIVED PROBLEM IN THE AREA AMONG PEOPLE AGED 13 YEARS AND OVER

	Males	Females	Total
Common problem	%	%	%
Yes	41.1	47.7	44.4
No	24.2	22.1	23.1
Do not know	30.9	29.5	30.2
Not stated	0.7	0.6	0.7
Total ('000)	98.0	99.5	197.5

People aged 13 years and over were asked whether they had been verbally threatened or physically attacked in the last year. About 14% of males and 12% of females said they had been. In addition, almost 8% of males and almost 6% of females said that they had been threatened or attacked and that the most recent incident had included a physical attack.

VERBAL THREATS AND PHYSICAL ATTACKS IN THE LAST 12 MONTHS AMONG PEOPLE AGED 13 YEARS AND OVER

	Males	Females	Total
	%	%	%
Verbally threatened or physically attacked in the last 12 months	13.6	12.2	12.9
Physically attacked in last incident	7.5	5.5	6.5
Total ('000)	98.0	99.5	197.5

EXPLANATORY NOTES

SCOPE

- 1 Approximately 90 Aboriginal and Torres Strait Islander people were recruited in March 1994 to interview over 15,700 Aboriginal and Torres Strait Islander people selected in the survey.
- 2 People aged 13 years and over were interviewed while for children 12 years and under a responsible adult in the household, usually a parent, was asked questions concerning the child.

SAMPLING ERROR

- 3 Because the NATSIS was a survey, the estimates derived from it are subject to sampling error. Readers are urged to make use of the table of standard errors, available in the *National Aboriginal and Torres Strait Islander Survey, 1994: Detailed Findings* (4190.0), or to use starred numbers with caution. Stars indicate relative imprecision of the estimates. Conditions that are rare are more likely to be starred than are more common ones. Such estimates are still useful, however, as even a doubling or trebling of a very small number will still result in the same message: their condition or attribute is very uncommon.

SYMBOLS

- 4 The following symbols where in a column of figures in tables mean:

** subject to high sampling variability

— value of 0.0

- 5 All figures have been rounded and discrepancies may occur between the sums of the components items and totals.

FURTHER INFORMATION

- 6 The statistics shown in this publication represent a selection of those available, with further published and unpublished information available on request. See the contact telephone number on the contents page.

RELATED PUBLICATIONS

- 7 For technical and explanatory notes about the NATSIS and for population estimates and benchmarks readers should refer to:

National Aboriginal and Torres Strait Islander Survey 1994: Detailed Findings (4190.0).

- 8 For concepts and definitions used in the NHS refer to:

1989–90 National Health Survey, Summary of Results, Australia (4364.0)
1989–90 National Health Survey, Users' Guide (4363.0)

- 9 The following related publications may be of interest:

1994 National Aboriginal and Torres Strait Islander Survey: ATSI Regional Statistics (4196.0.00.001–036)
1994 National Aboriginal and Torres Strait Islander Survey: Australia's Indigenous Youth (4197.0)
1994 National Aboriginal and Torres Strait Islander Survey: Employment Outcomes for Indigenous Australians (4199.0)
1994 National Aboriginal and Torres Strait Islander Survey: State Statistics (4190.1–7).

10 The following publications are due for release in 1996:

1994 National Aboriginal and Torres Strait Islander Survey: Housing Characteristics and Conditions (4187.0)

1994 National Aboriginal and Torres Strait Islander Survey: A Social Atlas (4155.0).

1994 National Aboriginal and Torres Strait Islander Survey: Law and Justice (4189.0)

Mortality of Indigenous Australians (3315.0).

GLOSSARY

Aboriginal	A person who identifies himself or herself to be of Aboriginal origin. In ABS collections this is ascertained by the asking of the question 'Are you of Aboriginal or Torres Strait Islander origin?' Persons who answered yes then were asked to indicate whether they were Aboriginal or Torres Strait Islander, or both Aboriginal and Torres Strait Islander. In the NATSIS, persons aged 13 years and over were asked directly, whereas persons aged 12 years and under were identified by a responsible adult in the household, usually a parent.
Aboriginal Health Worker (AHW)	An Aboriginal member of the community who is a recognised health worker but does not have nursing or medical qualifications. They may or may not hold a health worker certificate.
Aboriginal medical service (AMS)	An incorporated organisation which operates under direction of a board of Aboriginal and/or Torres Strait Islander people. It may be based in one centre or provide services to a defined number of centres. People living in the Torres Strait Area were not asked questions about this service.
Aboriginal/Torres Strait Islander community controlled health service	See Aboriginal Medical Service.
ABS	Australian Bureau of Statistics.
Actions taken	Refers to specific actions persons took with regard to their health in the two weeks prior to interview.
Adult	Person aged 15 years or more.
Ante-natal care service	Provided to women during pregnancy to assist in the maintenance and well being of both mother and baby.
Attack	Where a person has suffered physical force from another person(s), for example, by being pushed, hit, kicked or speared.
Availability of services and health professionals	Refers to health services and professionals within 25 km of where interviewed. 'Permanent' is available at least three days per week. 'Visiting' is available between two days per week and once a month. 'Not available' is available less than once a month or not available at all.
Baby health services	Provide advice to mothers about their baby's diet (including breastfeeding), progress with weight, immunisation, health concerns and general support.
Birthing centre	A centre where women can give birth in a homely environment usually with the assistance of a midwife and back-up assistance from a doctor and/or hospital. Women will usually have their own room and family are able to visit and be present at the birth.
Breastfeeding	Whether children 12 years and under were breastfed at all. The period included any time spent weaning and where this was only part of the child's dietary intake.

Capital city	Includes all State and Territory capital city Statistical Divisions, but not Canberra.
Chemist or dispensary	An outlet where a person can buy or receive medication. A chemist is often owned privately and a dispensary is usually part of a hospital or clinic. Both are serviced by a pharmacist.
Community health centre	Centres which often provide a number of services, e.g. nursing, medical, dental, nutritional and may be active in preventative medicine e.g. advising on sexually transmitted diseases, immunisation and family planning. In more remote areas services might be more limited to nurses, doctors and Aboriginal Health Workers.
Doctor	A person who has a medical degree, including general practitioners and specialists.
Dentist	A person who holds a Dental Science Degree and may be known as a dentist, dental surgeon or dental officer.
Detoxification centre	A centre where people suffering from drug problems including alcohol can go to receive assistance in the form of short-term accommodation and counselling to overcome their substance abuse.
Diabetic services	Provide assistance to diabetics e.g. diet, blood sugar readings and insulin injections.
Disability	See Severe or profound handicap.
Employed persons	Persons aged 15 years and over who in the week prior to the interview worked for pay, profit, commission or payment in kind in a job or business, or on a farm (comprising employees, employers and self-employed persons).
Family violence	Includes verbal threats, intimidation, fear of physical attacks and actual physical attacks, occurring between family members. Respondents were asked whether they thought this was a common problem in their local area.
Health promotional services	These include discussions and seminars presented by a professional on topics related to health, e.g. nutrition, smoking and alcohol. They may also be provided by a nurse or Aboriginal Health Worker.
Health risk factors	Factors which increase the risk of ill health. Risk factors covered in the survey included: alcohol and tobacco use; relative weight; diet; breastfeeding; and physical and verbal attacks and threats.
Household	Consists of a person living alone, or two or more related or unrelated persons who live and eat together in private residential accommodation. For the purpose of this survey, one or more members of the household had identified as being of Aboriginal and/or Torres Strait Islander origin.
Household composition	Refers to the mix of Indigenous and non-Indigenous persons in the household. In the NATSIS, non-Indigenous people residing in households with Indigenous people were included so that information for households would be complete.

Household income	Refers to the total gross income from wages and salaries and government payments of all persons 15 years and over who usually live in the household. The total household income was not calculated if usual residents of the household were missing at the time of interview.
Hospital	A building in which doctors and nurses provide medical assistance. People can usually be admitted, staying overnight if necessary.
Illness condition	Illness conditions reported have been coded to the International Classification of Diseases, ninth revision (ICD9).
Indigenous	Persons aged 13 years and over who identified themselves to be of Aboriginal and/or Torres Strait Islander origin. Persons aged 12 years and under were identified by a responsible adult in the household, usually a parent.
Language spoken	A person is considered to be able to speak a language (such as an Aboriginal language) if he or she can hold a conversation in that language. Only people aged five years and over were included.
Last year	12 month period prior to interview.
Long-term condition	Health condition (illness, injury or disability) which has lasted for six months or more.
Main language	Refers to the language the person is most comfortable with or speaks most fluently.
Mental health services	Provide access to psychiatrists or psychologists who treat people suffering from emotional or mental conditions.
NATSIS	National Aboriginal and Torres Strait Islander Survey.
NHS	National Health Survey.
Not stated	A response was not given to this question.
Nurse	A person who is qualified to provide medical assistance and can be either Registered or Enrolled.
Other urban	Includes all centres with a total population of 1,000 and over, excluding capital cities.
Part of State	A geographical split of Australia into capital cities, other urban and rural areas.
Perceived health problems	A respondent's opinion of the main health problems confronting people in his or her local area.
Perceived substance use problems	A respondent's opinion on whether he or she thought certain substances such as alcohol, marijuana, other drugs, petrol sniffing, were a common problem in their area.
Personal income	Refers to the gross income a person received at the time of interview in the form of wages and salaries and government payments.
Physical attacks	See Attack.

Private dwelling	The premises occupied by a household and includes houses, flats, home units, garages, tents and improvised houses. It excludes hostels, hospitals, prisons and so on.
Recent illness	Conditions (illness, injury or disability) experienced in the two weeks prior to interview. Long-term conditions experienced in the period may be included.
Relative weight	Weight and height measurements taken during interview have been used to derive a person's body mass index. The body mass index equals a person's weight in kilograms divided by the square of his or her height in metres. The categories used are consistent with recommendations of the National Health and Medical Research Council and are described in 'Factors Which May Affect Health'.
Rural	Includes rural areas and towns with a total population of less than 1,000 people. Most remote Aboriginal and Torres Strait Islander communities are included in this category.
Self-assessed health status	Refers to the overall perceived level of health as reported by respondents 13 years and over. For persons 12 years and under, information was provided by the child's parent or a responsible adult member of the household.
Severe or profound handicap	A person was defined as having a severe or profound handicap only when the disabling condition had lasted, or was expected to last, for six months or more and resulted in a need for assistance with either mobility, self care or communication. Information on severe and profound handicap was collected from all persons five years and over.
Sexually transmitted disease (STD) clinics	Provides testing, treatment and preventative medicine for STDs and may be provided within a community health centre.
Specific long-term condition	Where a person has one or more of the following conditions: asthma, diabetes, heart problems, chest problems, skin problems, high blood pressure, ear or hearing problems, eye or sight problems not correctable by glasses, and/or kidney problems.
Torres Strait Islander	Persons 13 years and over, who identified themselves to be of Torres Strait Islander origin. Persons 12 years and under were identified by a responsible adult in the household, usually a parent. See also Aboriginal and Indigenous.
Verbal threats	Any verbal abuse to a person where no weapon was seen and no physical violence occurred. It includes verbal threats to harm the respondent or his/her property.
Women's health services	Directed solely at women and commonly provide advice and assistance with contraception, abortion, pap smears, breast examinations and general medical concerns.

REFERENCES

*National Aboriginal and Torres Strait Islander Survey 1994:
Detailed Findings* (4190.0).

National Aboriginal and Torres Strait Islander Survey 1994:
Unpublished data.

1989-90 National Health Survey: Unpublished data.

Survey of Disability, Ageing and Carers, 1993: Unpublished data

For more information . . .

The ABS publishes a wide range of statistics and other information on Australia's economic and social conditions. Details of what is available in various publications and other products can be found in the ABS Catalogue of Publications and Products available from all ABS Offices.

ABS Products and Services

Many standard products are available from ABS bookshops located in each State and Territory. In addition to these products, information tailored to the needs of clients can be obtained on a wide range of media by contacting your nearest ABS Office. The ABS also provides a Subscription Service for standard products and some tailored information services.

National Dial-a-Statistic Line

0055 86 400

Steadycom P/L: premium rate 25c/21.4 secs.

This number gives 24-hour access, 365 days a year, for a range of important economic statistics including the CPI.

Internet

<http://www.statistics.gov.au>

A wide range of ABS information is available via the Internet, with basic statistics available for each State, Territory and Australia. We also have Key National Indicators, ABS product release details and other information of general interest.

Sales and Inquiries

Keylink STAT.INFO/ABS
X.400 (C:Australia,PUB:Telememo,O:ABS,FN:STAT,SN:INFO)
Internet stat.info@abs.telememo.au

National Mail Order Service (06) 252 5249
Subscription Service 1800 02 0608

	Information Inquiries	Bookshop Sales
SYDNEY	(02) 9268 4611	(02) 9268 4620
MELBOURNE	(03) 9615 7755	(03) 9615 7755
BRISBANE	(07) 3222 6351	(07) 3222 6350
PERTH	(09) 360 5140	(09) 360 5307
ADELAIDE	(08) 8237 7100	(08) 8237 7582
CANBERRA	(06) 252 6627	(06) 207 0326
HOBART	(03) 6220 5800	(03) 6220 5800
DARWIN	(08) 8943 2111	(08) 8943 2111



Client Services, ABS, PO Box 10, Belconnen ACT 2616

ABS Catalogue No. 4395.0 **National Aboriginal and Torres Strait Islander Survey, Health of Indigenous Australians** 1994



2439500001947
ISBN 0 642 23192 3

Recommended retail price: \$17.00