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## The Child Dental Health Survey Northern Territory, 1989

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by

The AIH Dental Statistics  
and Research Unit

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***Published by:***

AIH Dental Statistics and Research Unit  
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September 3, 1990

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## THE CHILD DENTAL HEALTH SURVEY - NORTHERN TERRITORY 1989

### Purpose of this report

This report provides descriptive information concerning the composition of the sample of children in the Northern Territory Child Dental Health Survey and their dental caries experience. In addition, four supplementary tables are presented, focussing on the dmft and DMFT indexes in Aboriginal and non-Aboriginal children. Data for the five month period from August - December 1989 are presented. More extensive analysis of groups (other than age groups) will necessarily await the processing of the first full year of records. The findings presented here are intended to provide descriptive statistics and a background for the more extensive analyses which will subsequently become available.

### Descriptive findings

#### Table 1: Demographic composition of the sample

During the period from August to December, 1989, a total of 5978 records were processed from the Northern Territory. Approximately one third of these (2032) were sampled at a ratio of 1:1.9 from children in the Darwin region whose date of birth was known. The remaining records (3946) were derived from Darwin children whose date of birth was unknown, and from children living outside Darwin. In subsequent tables, these cases are weighted to account for this sampling scheme, hence providing estimates for Territory-wide population of children seen by the School Dental Service.

The age distribution of this sample conforms closely to the primary school age range. The majority of children included in the survey were aged 5 to 12 years. The relatively small number of children aged 4 or less and 13 or more results in the suppression of some statistics for these ages in subsequent tables due to a high relative standard error. It should also be remembered that these age groups could possibly represent a more specialized group than the large numbers of children who were examined in the main age range (5-12 years). Accordingly, it is possible in subsequent tables that some statistics for the smaller groups of children may be sufficiently precise (low relative standard error), but they may be less representative of the child population. Consequently, it may be wise to view some of the data from children age 4 or less and 13 or more with greater caution, particularly if general conclusions concerning the child population are to be drawn.

#### Table 2: Country of birth including Aboriginality

Table 2 lists the main categories of country of birth and aboriginality for the weighted sample. The majority of children were Australian born non-Aboriginals or Australian born Aboriginals/Torres Strait Islanders. Only 4.1 per cent of children had other known birthplaces. The percentage of children who were reported as Aboriginal/Torres Strait Islanders (32.7 per cent) is only slightly higher than the 1986 census figure for 4-15 year olds of 32.3 per cent (Australian Bureau of Statistics 1986 Census Table CA0029: Age by Aboriginal Origin by Sex [microfiche]). Among mothers of the children in the sample, a very similar percentage were Aboriginal/Torres Strait Islanders (32.8 per cent) although a slightly higher percentage of them were born outside Australia (9.5 per cent). It is very encouraging to note the completeness of recording of this data item with very few unknown or uncoded responses.

Table 3: Deciduous teeth: age-specific prevalence

In children aged 4 to 9 years there is a small range in the mean number of decayed deciduous teeth (ranging from 0.89 to 1.29 teeth per child). This level of active decay in a population which is receiving frequent treatment from the school dental service (see table 8 and commentary below) may suggest that a rate of up to one newly decayed tooth per year is being experienced in this age range. (This is an over-estimate, however, since a decision not to restore decayed deciduous teeth would be applied quite frequently.) In any event, this imputed rate of new disease in deciduous teeth is substantially higher than the rate which can be inferred in the permanent dentition (see table 4 and below). Over the age of 9, the mean number of decayed deciduous teeth reduces markedly.

The dmft prevalence in children aged 4 to 9 years also varies over a relatively narrow range from 1.51 to 2.11. The reduction in dmft in children over the age of 8 is clearly a natural consequence of the exfoliation of teeth which leads to the loss of teeth which may have been filled. It will be noted that the mean dmft of children aged 4 and 5 is higher than the dift index for the same ages in 1986 (Commonwealth Department of Health, Dental Health of children in Australia, 1977-1986. Canberra, AGPS, 1987). While these differences may be due in part to differences in the child population, it should also be recalled that the index now includes teeth which are missing due to caries - a category which was not recorded in 1986. This modification to the index may account for much of the observed increase in dmft in these ages between 1986 and 1989.

Also shown in this table is the percentage of all decayed, filled or missing teeth which have untreated decay. The marked reduction in this figure from the youngest to oldest children (from 82.8 to 31.0 per cent) reflects firstly the level of treatment supplied to these children and secondly the observed reduction in the mean number of decayed teeth among older ages. Finally, the percentage of children who have never experienced dental caries in the deciduous dentition is also shown. Here the trend among ages is consistent with the dmft, where the greatest percentage caries free (children at either end of the age spectrum) have a lower mean dmft index. Again it is necessary to consider the somewhat artefactual nature of this measure among children aged 9 or more, where the increase in percentage with zero dmft is attributable to exfoliation of previously diseased teeth.

Table 4: Permanent teeth: Age-specific prevalence

The DMFT index among Northern Territory children reflects a typical pattern of increasing prevalence with increasing age. The mean 12 year old DMFT of 1.08 is very close to the "Health for All" target of 1.0 by the year 2000 and when compared with the figure for previous years, it conforms to the pattern of reducing caries during the past decade or more. The mean DMFT index shows marked fluctuations in children aged 13 or more, and although these statistics are sufficiently precise (having a relative standard error of less than 25 per cent) they presumably are representative of specialized groups which have characteristics differing from the general child population. As noted previously, it would be unwise to interpret these particular statistics as valid estimates of the Northern Territory school population.

In contrast to the picture with deciduous caries, the permanent dentition has a small number of teeth with untreated decay, although there is a clear tendency for the mean number of decayed teeth to increase across age groups. This is suggestive of a lower rate of new disease in the permanent dentition compared with the deciduous, and also indicates that there is prompt treatment of active decay. There are strong associations between age and both the D/DMFT percentage and the percentage of children with no caries experience (DMFT=0).

### Table 5: All teeth: Age-specific prevalence

In table 5 the indexes for the permanent and deciduous dentition are combined, revealing some consistencies in the level of active decay (d+D) across age groups. In particular, there is a reasonably consistent percentage of children with no active decay, at least in the more valid age range (5-10 years, considering both the numbers of children available in the sample and the features of the dmft and DMFT indexes). In this mixed dentition age group a substantial proportion (nearly one half) of children have some level of active decay. However there is evidence of an age-associated trend in the severity of this decay. For example, the percentage of children with four or more decayed teeth (deciduous and permanent combined) almost halves, from 12.4 per cent at age 5 to 5.7 per cent at age 10. This observation suggests that untreated dental caries continues to be fairly widespread, particularly in the youngest children where more than 10 per cent have four or more decayed teeth. In view of the preceding discussion, it is clear that deciduous caries accounts for most of the prevalent disease in this age group.

In older children (in the late mixed dentition, or permanent dentition) untreated caries is far less frequent, and much smaller percentages are affected to a severe extent (generally fewer than 5 per cent have four or more decayed teeth). The other components of the dmft and DMFT indexes demonstrate that (i) relatively few children have teeth missing due to caries (5.1 per cent or less across all ages), and (ii) a majority of children over the age of 10 have at least one filled tooth. Taken together, these observations suggest that most of the prevalent disease is being dealt with through restorative care rather than extractions.

### Table 6: Fissure sealants

Fissure sealants occur less frequently than the main components of the dmft or DMFT indexes, and hence more of the estimates in this table have been suppressed due to a high relative standard error. However in the age groups with reliable estimates (7-12 years) it is worth noting that the mean number of sealants is generally higher than the mean number of decayed permanent teeth observed in table 4. Moreover, children who have experienced some dental caries in the permanent dentition (DMFT of 1+) are, on average, about twice as likely to have at least one fissure sealant. This may indicate that fissure sealants are being targeted for use in groups with higher levels of disease.

### Table 7: Immediate treatment needs

Groups of children who have, or are likely to develop within the next four weeks, pain or infection are identified in this table. The percentage of children with immediate treatment needs is reasonably consistent across age groups (particularly if the extremes of the age spectrum are ignored as discussed previously). Although the data are rather sparse in this six month report, they indicate an expected pattern of very high dmft and DMFT indexes, with particularly high percentages (more than 50 per cent in most ages) of children with four or more permanent or deciduous teeth with untreated decay.

### Table 8: School dental service examinations

The percentage of children who had previously received examinations with the Northern Territory School Dental Service is presented in this table. As may be expected, the majority (64.4 per cent) of four year olds had not previously been examined, but by the age of six, only 15.1 per cent were new patients. A reasonably consistent number of subjects (at least in the main age groups) had an unknown examination history.

Among 5 to 12 year olds with a known previous examination, reasonably consistent proportions of about one third each had been examined within 7 to 12 months, or within 13 to 24 months. However, approximately one fifth of children aged from 6 to 12 years had been examined within the previous six months, and very few had received their last examination more than two years ago.

#### Tables S1 and S2: Deciduous teeth: Non-Aboriginal and Aboriginal children

These supplementary tables describe the age-specific indexes of deciduous caries experience for non-Aboriginal and Aboriginal children. For all ages, Aboriginal children have a higher prevalence of decayed and dmft teeth, and consequently fewer of them have no caries experience. Moreover, the percentage of the dmft index which can be attributed to untreated decay (d/dmft per cent) is 71.8 per cent or more in Aboriginal children, levels which are consistently higher than those for non-Aboriginal children of the same ages.

#### Table S3 and S4: Permanent teeth: Non-Aboriginal and Aboriginal children

The differences in permanent caries experience among Aboriginal and non-Aboriginal children differ in comparison with the deciduous caries experience. Although there is a clear and consistent pattern of higher mean numbers of decayed permanent teeth among Aboriginal children, there are relatively minor differences in the age-specific DMFT indexes among the two groups. As a consequence, a higher percentage of the DMFT index in Aboriginal children is attributable to untreated decay, although the percentage of children with no caries history (DMFT=0) does not differ to a great extent.

### **Discussion**

The statistics reported in these tables are descriptive in nature. Comparisons among groups (other than age groups) awaits the processing of the complete 12 month data series. However some interesting trends can be discerned from these descriptive data. Firstly, these statistics confirm a continued decline in dental caries experience among school aged children in the Northern Territory. The mean DMFT among 12 year olds of 1.08 reported here is substantially less than the 1986 figure of 1.69 (Commonwealth Department of Health, "Dental health of children in Australia, 1977-1986", Canberra, AGPS, 1987). The mean index for deciduous teeth has also declined for children aged 8 or more (1986 8 year old dift = 2.32 compared with the dmft of 2.11 reported here). However it should be noted that the dmft index for children aged 7 or less is actually higher than the dift reported in some previous years, and this reflects the inclusion of missing teeth in the current index.

In spite of the decline in dental caries, it is apparent that dental caries still constitutes a widespread problem. Between 40 and 45 per cent of children in the middle mixed dentition ages (6-10 years) have one or more teeth with active decay, and over 10 per cent of the youngest ages (4 - 7 years) have four or more decayed teeth. The predominant contribution is clearly made by caries in deciduous teeth, although most disease appears to be treated promptly through restorative measures. Furthermore, in the permanent dentition, there is evidence of fissure sealant application to a selected number of teeth, and on average, fissure sealants are more frequently applied to persons with dental caries experience. A need for immediate treatment affects an important minority of children, although this does not seem to be more frequent in a particular age group. Presumably reasons other than a high level of prevalent, active caries are contributing to immediate treatment needs, although it is worth noting that children with immediate treatment needs have

substantially higher DMFT and dmft indexes than those without immediate treatment needs.

Finally, it is apparent that Aboriginal children have a more extensive caries experience in the deciduous dentition (both d and dmft), and that they have a higher mean number of decayed permanent teeth.

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**TABLE 1: DEMOGRAPHIC COMPOSITION OF THE SAMPLE**

Data for the Child Dental Health Survey are collected from a stratified random sample of children in all Australian States and Territories. The sampling procedure selects a constant proportion of children for whom date of birth is known by selecting only those children born on particular dates. Within the Darwin region, the sampling ratio for children whose date of birth is known is 1:1.9. This ratio is achieved by selecting children whose date of birth is between the 1st and 16th (inclusive) of any month. For children with an unknown date of birth, and for those outside the Darwin region, all children are included in the sample.

The following table describes the number of records processed from children in the Northern Territory, as well as the number of children in the sample. The latter figure is weighted to attach more weight to those records which are sampled, and less weight to those records which are fully enumerated. The weighting corrects for the over-representation in the sample of children for whom date of birth is unknown.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age	NUMBER OF RECORDS PROCESSED						NUMBER OF CHILDREN IN SAMPLE <sup>1</sup>		
	TYPE OF SAMPLING						Males	Females	Persons
	DARWIN REGION, KNOWN DATE OF BIRTH			NON DARWIN OR AGE ONLY KNOWN					
	Males	Females	Persons	Males	Females	Persons			
4 or less	55	33	88	150	142	292	195	156	352
5	116	117	233	172	163	335	301	295	596
6	111	119	230	204	199	403	318	326	643
7	118	125	243	200	222	422	325	352	677
8	126	105	231	247	225	472	372	325	698
9	105	107	212	194	237	431	301	337	638
10	122	106	228	238	229	467	360	330	689
11	115	103	218	196	236	432	317	331	648
12	126	105	231	202	203	405	338	308	646
13	24	26	50	118	84	202	125	102	227
14	15	11	26	27	31	58	42	40	82
15 or more	18	24	42	12	15	27	35	46	82
<b>Total</b>	<b>1051</b>	<b>981</b>	<b>2032</b>	<b>1960</b>	<b>1986</b>	<b>3946</b>	<b>3030</b>	<b>2948</b>	<b>5978</b>

<sup>1</sup> The number of children included in the sample equals the number of records sampled where date of birth is known plus the product of the number of records of children with unknown birthdate and sampling ratio. Second and subsequent examinations of children within the reporting period are eliminated. These are rounded numbers of children.

**TABLE 2: COUNTRY OF BIRTH (INCLUDING ABORIGINALITY)**

The country of birth of children is determined from information concerning birthplace of the child and mother. The coding scheme is described in Appendix A. The number and percentage of children in each group is provided in this Territory-wide report.

COUNTRY OF BIRTH	CHILDREN		MOTHERS	
	Number <sup>1</sup>	%	Number	%
1. Australia (non-Aboriginal)	3637	60.8	2846	47.6
2. Australia (Aboriginal or TSI)	1956	32.7	1960	32.8
3. United Kingdom and Eire	21	0.4	98	1.6
4. Other English-speaking	72	1.2	126	2.1
5. Southern Europe	27	0.4	80	1.3
6. Other European	10	0.2	40	0.7
7. Middle East	4	0.1	9	0.1
8. South East Asia	72	1.2	135	2.3
9. Other Asia	28	0.5	56	0.9
10. Other	10	0.2	31	0.5
11. Not known	136	2.3	581	9.7
12. Blank	5	0.1	15	0.3
<b>Total</b>	<b>5978</b>	<b>100.0</b>	<b>5978</b>	<b>100.0</b>

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<sup>1</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.



**TABLE 3: DECIDUOUS TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

This table uses Territory-wide data to describe the dmft index and its components for individual (year of birth) ages. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	decayed		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
4	352	1.19	2.24	1.51	2.69	82.8	61.5
5	596	1.29	2.33	1.80	2.83	72.9	51.8
6	643	1.27	2.24	2.04	2.91	64.6	47.1
7	677	1.16	2.00	2.06	2.74	57.7	44.6
8	698	0.96	1.63	2.11	2.62	50.6	41.1
9	638	0.89	1.46	1.88	2.26	49.2	39.9
10	689	0.62	1.25	1.51	2.08	43.0	48.5
11	648	0.26	0.76	0.79	1.53	36.0	67.1
12	646	0.12	0.47	0.41	1.04	31.0	81.1

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- <sup>1</sup> Legend: d - decayed deciduous teeth  
dmft - decayed, missing or filled deciduous teeth  
sd - standard deviation

- <sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**TABLE 4: PERMANENT TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

This table uses Territory-wide data to describe the DMFT index and its components for individual (year of birth) ages. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	DECAYED		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	596	*	*	*	*	67.1	98.1
6	643	0.05	0.30	0.07	0.42	72.3	96.1
7	677	0.11	0.42	0.16	0.52	66.5	90.2
8	698	0.16	0.54	0.34	0.84	51.4	81.8
9	638	0.15	0.47	0.41	0.87	41.6	76.7
10	689	0.26	0.70	0.75	1.20	35.5	62.5
11	648	0.26	0.75	0.93	1.49	28.4	59.9
12	646	0.26	0.73	1.08	1.62	24.4	55.1
13	227	0.46	1.28	1.51	1.95	25.8	44.3
14	82	0.69	1.51	1.22	1.77	45.7	52.4
15	82	*	*	2.86	3.23	23.0	33.4

<sup>1</sup> Legend: D - decayed permanent teeth  
DMFT - decayed, missing or filled permanent teeth  
sd - standard deviation

<sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**TABLE 5: ALL TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

This table uses Territory-wide data to describe the combined dmft and DMFT indices and their components for individual (year of birth) ages. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	% of Children with d+D=					% of Children with		
		0	1	2	3	4+	m+M=0	f+F=0	dmft+DMFT=0
4 or less	352	65.3	8.8	8.1	4.6	13.1	97.4	90.9	61.5
5	596	59.2	11.9	9.7	6.8	12.4	97.7	82.6	51.1
6	643	56.1	16.2	9.8	5.5	12.4	95.2	74.0	46.2
7	677	54.9	15.2	12.8	6.6	10.4	94.9	67.4	42.4
8	698	55.7	18.7	9.5	6.4	9.7	96.0	59.6	37.4
9	638	54.8	19.7	10.0	7.6	7.9	95.3	56.3	34.1
10	689	59.2	19.7	9.7	5.8	5.7	96.4	50.4	32.7
11	648	71.3	16.2	7.4	1.7	3.3	97.7	53.7	41.6
12	646	78.5	11.2	6.7	2.7	*	97.2	55.4	45.6
13	227	77.0	12.6	5.4	*	*	95.0	53.7	41.0
14	82	72.6	9.1	*	*	*	95.4	72.4	51.5
15 or more	82	71.1	*	11.7	*	*	97.3	40.9	33.4

- <sup>1</sup> Legend: d - decayed deciduous teeth  
D - decayed permanent teeth  
m - deciduous teeth missing due to caries  
M - permanent teeth missing due to caries  
f - deciduous teeth restored due to caries  
F - permanent teeth restored due to caries  
dmft - decayed, missing or filled deciduous teeth  
DMFT - decayed, missing or filled permanent teeth

- <sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**TABLE 6: FISSURE SEALANTS: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

This table uses Territory-wide data to describe the distribution of fissure sealants for individual (year of birth) ages, along with the caries experience of those who have fissure sealants and those who do not. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	Number of Sealants		CHILDREN WITH DMFT=0		CHILDREN WITH DMFT=1+	
		mean	sd	Number	% with F/S=1+	Number	% with F/S=1+
6	643	*	*	618	*	25	28.7
7	677	0.13	0.63	610	5.6	67	*
8	698	0.28	0.83	571	11.5	127	18.3
9	638	0.36	0.95	489	13.0	149	22.5
10	689	0.53	1.21	431	18.0	258	24.5
11	648	0.52	1.27	388	14.7	260	26.1
12	646	0.63	1.58	356	14.6	290	26.9
13	227	*	*	101	*	127	16.9
14	82	*	*	43	*	39	23.3
15	82	*	*	27	*	54	-

<sup>1</sup> Legend: DMFT - decayed, missing or filled permanent teeth

<sup>2</sup> Legend: F/S - number of fissure sealed teeth  
sd - standard deviation

**TABLE 7: IMMEDIATE TREATMENT NEEDS: AGE-SPECIFIC DISTRIBUTION<sup>1</sup>**

This table, based on Territory-wide data, describes the number and proportion of children in immediate need of dental treatment. This classification is accorded to children who have, or who are likely to develop within four weeks, oral pain or infection. The dental caries experience of this group of children is also described. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

CHILDREN IN NEED OF IMMEDIATE TREATMENT												
Age (years)	Number of Children in Sample	No.	% of all children	dmft		DMFT		% with d+D=				
				mean	sd	mean	sd	0	1	2	3	4+
4	352	10	2.7	5.18	3.47	-	-	*	*	-	-	77.0
5	596	11	1.9	9.70	4.58	*	*	-	-	*	-	93.1
6	643	19	3.0	4.26	3.24	*	*	*	*	*	*	46.4
7	677	25	3.7	5.21	3.00	*	*	-	*	*	*	59.1
8	698	21	3.0	5.83	3.26	*	*	-	*	*	*	43.1
9	638	19	3.0	3.79	2.37	*	*	*	38.3	*	*	*
10	689	23	3.3	3.63	3.29	1.56	1.74	*	32.4	*	*	38.5
11	648	16	2.5	*	*	*	*	*	*	*	*	*
12	646	23	3.6	*	*	*	*	40.5	*	28.1	*	*
13	227	6	*	-	-	5.74	1.89	-	*	-	*	*
14	82	4	*	-	-	4.00	0.93	-	*	-	*	*
15	82	5	*	-	-	*	*	-	-	*	*	*

<sup>1</sup> Legend: dmft - number of decayed, missing or filled deciduous teeth  
 DMFT - number of decayed, missing or filled permanent teeth  
 d - number of decayed deciduous teeth  
 D - number of decayed permanent teeth

**TABLE 8: SCHOOL DENTAL SERVICE EXAMINATIONS:  
AGE-SPECIFIC DISTRIBUTION<sup>1</sup>**

This table describes the percentage distribution of children who have received dental examinations within specified time periods. Data from all examinations of children who were examined during the report period are included in this table; percentage estimates denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these percentages are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio (Darwin): 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children Examined	PREVIOUS EXAMINATION IN SCHOOL DENTAL SERVICE			CHILDREN WITH KNOWN DATE OF PREVIOUS EXAMINATION			
		% of children			Months since last examination <sup>2</sup> (%)			
		No	Yes	Unknown	0-6	7-12	13-24	25+
4	373	64.4	27.4	8.2	69.6	23.2	*	*
5	608	31.8	52.5	15.7	31.1	43.4	23.6	*
6	649	15.2	74.1	10.7	22.0	40.5	34.7	2.8
7	698	9.5	79.5	11.0	20.4	39.5	35.6	4.5
8	705	7.3	78.0	14.7	17.0	35.1	42.5	5.4
9	650	3.8	83.3	12.8	14.3	37.1	40.8	7.8
10	707	4.7	85.2	10.2	18.0	31.2	42.7	8.1
11	679	3.7	89.1	7.2	19.9	35.7	38.6	5.8
12	672	4.5	86.6	8.9	21.6	42.9	30.2	5.3
13	233	5.9	81.8	12.3	28.0	33.2	29.8	9.0
14	82	*	76.1	18.3	20.5	15.0	44.5	20.0
15	84	*	68.3	25.5	17.9	20.1	30.3	31.7

<sup>1</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region.

<sup>2</sup> Excludes those with no previous examination and where the date of previous examination is unknown.

**TABLE S1: DECIDUOUS TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

**NON-ABORIGINAL CHILDREN**

This table uses Territory-wide data to describe the dmft index and its components for individual (year of birth) ages among non-Aboriginal children. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio: (Darwin) 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	decayed		dmft		d/dmft	Children
		mean	sd	mean	sd	%	with dmft=0 %
4	265	0.97	1.95	1.36	2.60	77.3	64.3
5	447	0.83	1.72	1.39	2.41	63.4	59.6
6	469	0.83	1.62	1.72	2.67	54.5	52.5
7	473	0.69	1.27	1.74	2.58	43.3	51.6
8	480	0.69	1.34	2.01	2.58	39.9	43.1
9	428	0.59	1.10	1.83	2.27	33.9	42.3
10	457	0.49	1.00	1.69	2.19	29.0	46.5
11	424	0.16	0.44	0.85	1.58	20.4	66.6
12	460	0.13	0.50	0.50	1.17	25.4	78.5

<sup>1</sup> Legend: d - decayed deciduous teeth  
dmft - decayed, missing or filled deciduous teeth  
sd - standard deviation

<sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and those children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**TABLE S2: DECIDUOUS TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>**

**ABORIGINAL CHILDREN**

This table uses Territory-wide data to describe the dmft index and its components for individual (year of birth) ages among Aboriginal children. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORY

Sampling Ratio: (Darwin) 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	decayed		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
4	86	1.86	2.85	1.93	2.90	95.3	52.7
5	148	2.65	3.22	3.03	3.56	88.9	28.4
6	174	2.45	3.08	2.88	3.31	83.3	32.3
7	204	2.25	2.80	2.78	2.95	80.2	28.2
8	217	1.55	2.01	2.31	2.69	71.8	36.6
9	211	1.49	1.85	1.94	2.24	76.7	34.9
10	233	0.86	1.60	1.15	1.76	73.9	52.4
11	224	0.45	1.11	0.66	1.40	67.0	68.0
12	186	*	*	0.17	0.54	*	87.8

<sup>1</sup> Legend: d - decayed deciduous teeth  
dmft - decayed, missing or filled deciduous teeth  
sd - standard deviation

<sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and those children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.



**TABLE S3: PERMANENT TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>****NON-ABORIGINAL CHILDREN**

This table uses Territory-wide data to describe the DMFT index and its components for individual (year of birth) ages among non-Aboriginal children. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORYSampling Ratio: (Darwin) 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	DECAYED		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	447	*	*	*	*	*	98.4
6	469	*	*	*	*	57.7	96.6
7	473	0.08	0.35	0.13	0.49	61.1	91.4
8	480	0.12	0.46	0.33	0.85	41.8	82.5
9	428	0.11	0.38	0.44	0.93	31.2	74.9
10	457	0.15	0.42	0.67	1.10	25.3	64.8
11	424	0.20	0.66	0.99	1.51	21.3	57.4
12	460	0.17	0.52	1.00	1.60	20.5	57.7
13	81	0.40	1.00	1.87	1.98	20.5	37.4
14	4	*	*	*	*	*	50.0
15	34	*	*	3.73	3.25	*	24.1

<sup>1</sup> Legend: D - decayed permanent teeth  
DMFT - decayed, missing or filled permanent teeth  
sd - standard deviation

<sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and those children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**TABLE S4: PERMANENT TEETH: AGE-SPECIFIC PREVALENCE<sup>1</sup>****ABORIGINAL CHILDREN**

This table uses Territory-wide data to describe the DMFT index and its components for individual (year of birth) ages among Aboriginal children.. Indices are calculated from data collected over a 6 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 25 per cent, and population estimates of these indices are statistically unreliable.

State/Territory NORTHERN TERRITORYSampling Ratio: (Darwin) 1:1.9

Data for period August-December 1989

Date of Report: September 3, 1990

Age (years)	Number of Children in Sample <sup>2</sup>	DECAYED		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	148	*	*	*	*	*	97.4
6	174	*	*	*	*	97.9	94.7
7	204	0.15	0.53	0.19	0.58	74.8	87.3
8	217	0.23	0.67	0.34	0.81	70.2	80.4
9	211	0.22	0.59	0.32	0.73	68.3	80.2
10	233	0.47	1.01	0.88	1.36	52.3	58.1
11	224	0.36	0.86	0.82	1.44	44.5	64.6
12	186	0.46	1.06	1.26	1.63	32.1	48.6
13	147	0.48	1.40	1.30	1.90	29.2	48.1
14	78	*	*	1.22	1.80	44.5	52.6
15	48	*	*	2.25	3.11	32.2	39.9

<sup>1</sup> Legend: D - decayed permanent teeth  
DMFT - decayed, missing or filled permanent teeth  
sd - standard deviation

<sup>2</sup> Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and those children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

**APPENDIX A: CODING SCHEME FOR COUNTRY OF BIRTH**

<b>CODE</b>	<b>BIRTHPLACE</b>	<b>CODE</b>	<b>BIRTHPLACE</b>
01	Australia - non-Aboriginal	07	Middle East (West Asia) includes: Cyprus Iraq Israel Lebanon Syria Turkey
02	Australia - Aboriginal/Torres Islander	08	South Eastern Asia includes: Burma Indonesia Kampuchea Malaysia Philippines Singapore Vietnam
03	United Kingdom and Ireland (includes Republic of Ireland)	09	Other Asia includes: China Hong Kong India Iran Japan Pakistan Sri Lanka
04	Other English speaking countries (i.e. New Zealand, South Africa, USA and Canada)	10	Other includes: Argentina Chile Egypt Fiji Mauritius Papua New Guinea Uruguay
05	Southern European includes: Greece Italy Malta Spain Yugoslavia	11	Not Known
06	Other European includes: Austria Czechoslovakia Germany Netherlands Poland Sweden USSR	12	Blank (not used)