
South Australian Health Goals & Targets
Health Priority Areas

Prepared for
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ACKNOWLEDGMENTS

We would acknowledge Di Hetzel, Kay Anastassiadis, and David Wilson for their contributions toward the survey.

Their direction and support were important in the design and reporting of this survey.

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Published July 2000 by the South Australian Department of Human Services
Epidemiology Branch
PO Box 6 Rundle Mall
Adelaide 5000
South Australia, Australia

*National Library of Australia Cataloguing-in-Publication:*
Taylor, Anne, 1950- .
Maternal and child health 1997 & 1998 : South Australian health goals and targets health priority areas.

362.19892009944

Further copies of this publication may be purchased from the Centre for Population of Studies in Epidemiology (CPSE), Epidemiology Branch or may be downloaded from the CPSE web site: http://www.health.sa.gov.au/pehs/cpse.html.
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CHAPTER 1: BACKGROUND AND METHODOLOGY
1.1 Introduction

This document will report on maternal and child health issues in South Australia. SERCIS (Social, Environmental and Risk Context Information System) surveys were conducted in September 1997 [1] and September 1998 [2]. These surveys were conducted to inform the South Australian Health Goals and Targets’ Health Priorities Areas (see Appendix 6). The sample sizes used in these surveys were generally sufficient to obtain regional data on a number of health issues in all four metropolitan and seven country health regions in South Australia, however, there were instances of insufficient sample size to specify the estimates by regions. This report combines the data collected from the 1997 and 1998 surveys to provide better regional estimates.

1.2 Background

SERCIS is a telephone monitoring system designed to provide high quality health data on large samples of the South Australian population. It is particularly applicable for surveys where planning information is required about health problems, use of health services, consumer perspectives or health outcomes. Some of the issues examined in previous SERCIS surveys include: reported information on health status including quality of life; health activities and behaviours; the context of health problems; use of health services; and, satisfaction with services. SERCIS is a flexible system and can be used not only in direct self-report surveys, but also in recruiting for postal or other surveys requiring more detailed or complex information than can be obtained in telephone surveys (such as clinical information).

The advantage of obtaining large samples lies in the opportunity to describe health problems and compare the health status and activities of different population or regional groups, either cross-sectionally or over time. Large samples are important for the planning and development of health services on specific issues and SERCIS provides the opportunity to obtain population data regarding these issues.

SERCIS is managed within the Centre for Population Studies in Epidemiology Unit and overseen by an Advisory Committee. This committee comprises health professionals with health planning, epidemiological and survey method experience. Members of this committee are listed in Appendix 1.
These South Australian Health Goals & Targets surveys were conducted to obtain data that will contribute to the state Health Priority Areas. In addition, some components of the survey are related to the South Australian Health Monitoring Indicators. The development of the questionnaire was done in conjunction with Tony Woollacott from the Strategic Policy and Planning Branch of the SA Health Commission with input from other interested health professionals and SERCIS staff.

1.3 Survey Objectives

The objectives of the surveys were to obtain data on a range of health indicators including:

- Diabetes (prevalence; incidence; complications; risk factors and knowledge);
- Maternal health (antenatal education; contraception advice and services; pre-birth, birthing and post-birth care satisfaction levels);
- Child health (breastfeeding rates; chronic middle ear infections);
- Vaccination rates (influenza and adult diphtheria tetanus (ADT)); and
- Risk factors for cardiovascular health (blood pressure, cholesterol, exercise, alcohol), food and nutrition (overweight) and tobacco (smoking status).

This report only addressed the maternal and child health components.

1.4 Survey Design

1.4.1 Sample Selection

All households in South Australia with a telephone number listed in the Electronic White Pages (EWP) were eligible for selection in the sample. In metropolitan Adelaide telephone numbers were randomly selected from the Adelaide EWP telephone listings. 50% of the sample was selected this way (n=4500 in 1997 and n=4800 in 1998).

The sample selection for country SA was slightly different. The SA country area is divided into seven health regions:

- Hills Mallee Southern
- Wakefield
• Mid North
• Riverland
• South East
• Eyre
• Northern and Far Western.

A stratified random sample of telephone numbers for each country region was undertaken. The country regions formed the survey stratum and telephone numbers were selected from the EWP. Regions with small populations were over sampled to provide adequate power in the analyses of data. The sample sizes selected in each region for the survey are reported in Table 1.1. For this survey, 50% of the total sample was drawn from the country regions.

Table 1.1: Sample size for each country region

<table>
<thead>
<tr>
<th>Country region</th>
<th>1997</th>
<th>%</th>
<th>1998</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hills Mallee Southern</td>
<td>880</td>
<td>19.6</td>
<td>940</td>
<td>19.6</td>
</tr>
<tr>
<td>Wakefield</td>
<td>770</td>
<td>17.1</td>
<td>820</td>
<td>17.1</td>
</tr>
<tr>
<td>Mid North</td>
<td>500</td>
<td>11.1</td>
<td>535</td>
<td>11.1</td>
</tr>
<tr>
<td>Riverland</td>
<td>520</td>
<td>11.6</td>
<td>560</td>
<td>11.6</td>
</tr>
<tr>
<td>South East</td>
<td>690</td>
<td>15.3</td>
<td>735</td>
<td>15.3</td>
</tr>
<tr>
<td>Eyre</td>
<td>500</td>
<td>11.1</td>
<td>530</td>
<td>11.1</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>640</td>
<td>14.2</td>
<td>680</td>
<td>14.2</td>
</tr>
<tr>
<td>Country Overall</td>
<td>4500</td>
<td>100.0</td>
<td>4800</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Within each household for both the metropolitan and country samples, the person who was last to have a birthday, and was 18 years or older, was selected for interview. There was no replacement for non-contactable persons.

Appendix 2 shows the areas covered by each of the regions; the population of the regions; and the relevant postcodes and local government areas (LGAs).
1.4.2 Introductory letter

A letter introducing the health survey (Appendix 3) was sent to the household of each selected telephone number. This informed people of the purpose of the survey and indicated that they could expect to be contacted by telephone within the time frame of the survey. Overall, 67.6% of respondents in the 1997 survey and 78.9% of respondents in the 1998 survey reported receiving the letter.

1.4.3 Questions

Where possible, questions previously included in other surveys were used. In the development of the 1997 survey, it was possible to include questions that had been used in the South Australian Health Omnibus Surveys [3], or in the previously conducted SERCIS surveys, and had, therefore, indicated their reliability [4-8]. The questions used in the 1998 survey were for the most part exactly the same as the questions asked in the 1997 survey [1]. Additional questions were included or existing questions modified in the 1998 survey as a result of the experiences gained from the 1997 survey.

The health issues covered in both surveys with the number of questions devoted to each, are listed in [Table 1.2]

<table>
<thead>
<tr>
<th>Area covered</th>
<th>Number of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1997</td>
</tr>
<tr>
<td>Immunisation</td>
<td>Influenza &amp; ADT</td>
</tr>
<tr>
<td>Child health</td>
<td>Chronic Middle ear fluid</td>
</tr>
<tr>
<td></td>
<td>Breastfeeding</td>
</tr>
<tr>
<td></td>
<td>Folate</td>
</tr>
<tr>
<td>Maternal Health</td>
<td>Ante-natal care &amp; education</td>
</tr>
<tr>
<td></td>
<td>Birth and post birth care</td>
</tr>
<tr>
<td>Contraception</td>
<td>Prevalence of use</td>
</tr>
</tbody>
</table>

In addition, 16 demographic questions were asked. Respondents were also asked if they would be willing to be contacted at a later date to clarify any issues of importance (95.7% of the respondents in the 1997 survey and 94.0% of the respondents in the 1998 survey responded in the affirmative).

The full list of questions asked in these surveys is contained in Appendices 4 and 5.
1.4.4 Pilot testing

Before conducting the main survey, the questionnaire was pilot tested (n=68 in 1997 and n=55 in 1998). The original questionnaire was amended slightly in each case on the basis of the information obtained.

1.5 Data Collection

Data collection was undertaken by the contracted agency, Harrison Health Research, in September 1997 and September 1998:

<table>
<thead>
<tr>
<th>Pilot test 1997 survey:</th>
<th>6,7,8 September 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997 survey:</td>
<td>Commenced Friday 12 September 1997</td>
</tr>
<tr>
<td></td>
<td>Concluded on Thursday 21 October 1997</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Concluded on Wednesday 23 September 1998</td>
</tr>
</tbody>
</table>

Telephone calls were made between 9.30am and 9.00pm, seven days a week. Professional interviewers conducted the interviews and were supervised by Harrison Health Research and SERCIS personnel. Disposition codes were supplied to SERCIS staff daily, or as required, to ensure careful monitoring of survey activities.

On contacting the household, the interviewer initially identified themselves and the purpose of the survey. The introductory procedure is included as Appendix 4. If required, appointments were made to conduct the interview in English, Italian, Greek or Vietnamese.

1.5.1 CATI

The CATI III (Computer Assisted Telephone Interview) system was used to conduct the interviews. This system allows immediate entry of data from the interviewer’s questionnaire screen to the computer database. The main advantages of this system are the precise ordering and timing of call backs and correct sequencing of questions as specific answers are given. The CATI system enforces a range of checks on each response with most questions having a set of pre-determined response categories. In
addition, CATI automatically rotates response categories, when required, to minimise bias. When open-ended responses were required, these were transcribed exactly by the interviewer.

1.5.2 Call backs

At least six call-backs were made to the telephone number selected to interview household members. Different times of the day or evening were scheduled for each call-back. If a person could not be interviewed immediately they were re-scheduled for interview at a time suitable to them. Where a refusal was encountered, another interviewer generally (at the discretion of the supervisor) called later, in an endeavour to obtain the interview(s). Replacement interviews for persons who could not be contacted or interviewed were not permitted.

1.5.3 Validation

Of each interviewer’s work, 10% was selected at random for validation by the supervisor. In addition, Harrison Health Research is a member of Interviewer Quality Control Australia (IQCA), a national quality control assurance initiative of the Market Research Society of Australia. Accredited organisations must strictly adhere to rigorous quality assurance requirements and are subject to regular audits by IQCA auditors.
1.5.4 Response rates

The overall sample response rates were 73.3% in 1997 and 71.3% in 1998. The response rate was calculated as shown in Table 1.3.

Table 1.3: Response rates

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th></th>
<th>1998</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Initial sample drawn</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample loss:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-connected number</td>
<td>762</td>
<td>8.2</td>
<td>887</td>
<td>10.6</td>
</tr>
<tr>
<td>Non-residential number</td>
<td>246</td>
<td>2.9</td>
<td>205</td>
<td>2.4</td>
</tr>
<tr>
<td>Fax/modem connection</td>
<td>105</td>
<td>1.3</td>
<td>74</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Initial eligible sample</strong></td>
<td>8147</td>
<td>100.0</td>
<td>8434</td>
<td>100.0</td>
</tr>
<tr>
<td>Refusals</td>
<td>801</td>
<td>9.8</td>
<td>691</td>
<td>8.2</td>
</tr>
<tr>
<td>Non-contact after 6 attempts</td>
<td>1402</td>
<td>17.2</td>
<td>1343</td>
<td>15.9</td>
</tr>
<tr>
<td>No one in household eligible</td>
<td>n/a</td>
<td>n/a</td>
<td>11</td>
<td>0.1</td>
</tr>
<tr>
<td>Respondent unable to speak Italian, Greek or Vietnamese</td>
<td>54</td>
<td>0.7</td>
<td>130</td>
<td>1.5</td>
</tr>
<tr>
<td>Incapacitated and unable to be interviewed</td>
<td>210</td>
<td>2.6</td>
<td>235</td>
<td>2.8</td>
</tr>
<tr>
<td>Terminated interviews</td>
<td>12</td>
<td>0.1</td>
<td>12</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Completed interviews</strong></td>
<td>5968</td>
<td>73.3</td>
<td>6012</td>
<td>71.3</td>
</tr>
</tbody>
</table>

Of the 5968 respondents in the 1997 survey, 5965 were included in the analyses. Three were excluded due to missing or irreconcilable data. All data were included in the 1998 analysis.
1.5.5 Actual number of interviews conducted in each region

The number of interviews conducted in each metropolitan and country region are reported in Table 1.4.

Table 1.4: Number of interviews conducted in each region

<table>
<thead>
<tr>
<th>Region</th>
<th>1997</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Northern Adelaide</td>
<td>689</td>
<td>11.6</td>
</tr>
<tr>
<td>Western Adelaide</td>
<td>526</td>
<td>8.8</td>
</tr>
<tr>
<td>Southern Adelaide</td>
<td>926</td>
<td>15.5</td>
</tr>
<tr>
<td>Eastern Adelaide</td>
<td>812</td>
<td>13.6</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>574</td>
<td>9.6</td>
</tr>
<tr>
<td>Wakefield</td>
<td>523</td>
<td>8.8</td>
</tr>
<tr>
<td>Mid North</td>
<td>348</td>
<td>5.8</td>
</tr>
<tr>
<td>Riverland</td>
<td>352</td>
<td>5.9</td>
</tr>
<tr>
<td>South East</td>
<td>467</td>
<td>7.8</td>
</tr>
<tr>
<td>Eyre</td>
<td>339</td>
<td>5.7</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>409</td>
<td>6.9</td>
</tr>
<tr>
<td>Overall</td>
<td>5965</td>
<td>100.0</td>
</tr>
</tbody>
</table>

1.6 Data Processing

1.6.1 Analysis

Raw data from the CATI system were imported into SPSS for Windows format. Data were then analysed using SPSS Version 8.0. The conventional five per cent level of statistical significance was used to determine statistically significant differences.

1.6.2 Weighting

Weighting is used to correct for the disproportionality of the sample with respect to the population of interest. The weights reflect unequal sample inclusion probabilities and compensate for differential non-response.
Two weighting factors were used for this survey:

1. To provide the best estimates for the eleven regions and the two areas (Metropolitan Adelaide and SA Country).
2. To provide the best estimates for the South Australian state.

The use of two separate weighting variables in this report lead to regional totals not adding to the state totals. The use of separate weights enables properly corrected estimates to be given for each region or for the state as a whole. This is described in more detail in the following sections.

1.6.2.1 Regional and Area Weight

This weighting factor was used in all analyses where estimates were required for a region (11 regions) or an area (metropolitan Adelaide or SA country).

The data were weighted by age, sex and household size to the 1997 Estimated Residential Population for each of the eleven regions. Each region was independently weighted by age, sex and household size to reflect the age and sex structure of the region and the probability of selection within the household. This weight was also used when area estimates were required.

1.6.2.2 State Weight

This weighting factor was used in all analyses where estimates were required for the state as a whole.

The state weighting factor was based on the weighted factor used for the eleven regions as described above [1.6.2.1]. It was adjusted by the proportion of the population in the country and metropolitan area so as to be reflective of the state population structure. In the original sample the country regions were oversampled (see 1.4) such that the sample consisted of 50% country respondents and 50% in metropolitan Adelaide. Following the statistical correction, the country respondents were weighted down and the metropolitan Adelaide respondents were weighted up for state estimates.
1.6.3 Data Interpretation

- The weighting of the data results in occasional rounding effects for the numbers. In all instances the percentages should be the point of reference rather than the actual numbers of respondents. For example cell sizes presented as 1, 2 and 4 could in fact be 1.3, 2.4 and 4.4 which results in a slight variation from the totals presented (7 vs 8). The percentages presented in this report have been processed on the figures pre-rounding.
- Caution should be exercised in the interpretation of some of the results in this report. In some of the tables presented, small cell sizes are apparent and confidence intervals around the estimates could be large.
- Differences reported with ▼ or ▲ indicate that the overall metropolitan figure is statistically significantly different from the overall country figure. The metropolitan and country figures have been compared with each other and not against the overall state figure.
- Differences reported with /Gdf or /Gdd indicate that the individual regions are statistically significantly different from the overall state figure. The individual region figure has been compared with the state figure rather than with other individual regions.
CHAPTER 2: MATERNAL HEALTH
2.1 Introduction

This section reports on maternal health issues, including

- Attendance at antenatal education sessions during pregnancy. These educational sessions are not medical visits but can be educational sessions about pregnancy, childbirth, or caring for a baby. This does not include antenatal visits which are defined as 'attending medical/midwifery checks at various stages of pregnancy, plus certain pathology testing and diagnostic procedures'.

- Satisfaction with care received before, during and after the birth.

- Support with caring for a child in the first six months after the birth.

These issues were asked in both the 1997 and 1998 surveys of women, aged 50 years or less, who had given birth in South Australia in the previous three years. Several of the questions were also asked in the 1998 survey of men, aged 65 years or less, who had fathered a child in South Australia in the previous three years.
2.2 Births in South Australia

Overall, 15.2% of women, aged 50 years or less (95% CI 14.1 - 16.3; n = 618), had given birth in South Australia in the previous three years. In the 1998 survey, 9.8% of men, aged 65 years or less (95% CI 8.6 - 11.2; n = 207), had a child in South Australia in the previous three years. Table 2.1 shows the proportion of men and women in each region who had a child in South Australia in the previous three years.

There was a statistically significant difference in the proportion of women who had a child in the previous three years between the 1997 and 1998 surveys:
- 16.3% (n = 326) in 1997;
- 14.1% (n = 292) in 1998.

Table 2.1 Proportion of women, aged 50 years or less, and men, aged 65 years or less, who had a child in South Australia in the previous three years, by health region

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% (95% C.I.)</td>
</tr>
<tr>
<td>Metropolitan Region</td>
<td>103</td>
<td>9.7 (8.1 - 11.7)</td>
</tr>
<tr>
<td>Northern</td>
<td>28</td>
<td>10.5 (7.0 - 14.6)</td>
</tr>
<tr>
<td>Western</td>
<td>19</td>
<td>10.2 (6.4 - 15.6)</td>
</tr>
<tr>
<td>Southern</td>
<td>32</td>
<td>9.6 (6.8 - 13.6)</td>
</tr>
<tr>
<td>Eastern</td>
<td>24</td>
<td>8.9 (6.0 - 13.2)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>16</td>
<td>8.3 (4.9 - 13.1)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>19</td>
<td>10.6 (6.7 - 16.4)</td>
</tr>
<tr>
<td>Mid North</td>
<td>8</td>
<td>6.8 (3.3 - 13.8)</td>
</tr>
<tr>
<td>Riverland</td>
<td>10</td>
<td>8.5 (4.5 - 15.9)</td>
</tr>
<tr>
<td>South East</td>
<td>20</td>
<td>11.1 (7.2 - 17.1)</td>
</tr>
<tr>
<td>Eyre</td>
<td>13</td>
<td>11.2 (6.5 - 19.1)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>20</td>
<td>12.8 (8.1 - 19.1)</td>
</tr>
<tr>
<td>STATE</td>
<td>207</td>
<td>9.8 (8.6 - 11.2)</td>
</tr>
</tbody>
</table>

Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than state figure (see Section 1.5.3)
Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than other comparison group (see Section 1.5.3)
* Data for males collected in 1998 only

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.2.1 Demographic profile

Table 2.2 shows the demographic profile of men and women who had a child in the previous three years.

**Table 2.2 Demographic profile of women, aged 50 years or less, and men, aged 65 years or less, who had a child in South Australia in the previous three years**

<table>
<thead>
<tr>
<th>Age</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>18-24 years</td>
<td>8</td>
<td>4.1</td>
</tr>
<tr>
<td>25-34 years</td>
<td>94</td>
<td>45.2</td>
</tr>
<tr>
<td>35-44 years</td>
<td>92</td>
<td>44.6</td>
</tr>
<tr>
<td>45-54 years</td>
<td>10</td>
<td>4.6</td>
</tr>
<tr>
<td>55-64 years †</td>
<td>3</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Marital status**

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married or living with a partner</td>
<td>195</td>
<td>94.2</td>
</tr>
<tr>
<td>Separated or divorced</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Never married</td>
<td>7</td>
<td>3.2</td>
</tr>
</tbody>
</table>

**Work status**

<table>
<thead>
<tr>
<th>Work status</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>193</td>
<td>93.1</td>
</tr>
<tr>
<td>Not employed</td>
<td>14</td>
<td>6.9</td>
</tr>
</tbody>
</table>

**Gross annual household income**

<table>
<thead>
<tr>
<th>Gross annual household income</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $20,000</td>
<td>12</td>
<td>5.8</td>
</tr>
<tr>
<td>$20,001 - $40,000</td>
<td>71</td>
<td>34.1</td>
</tr>
<tr>
<td>$40,001 - $60,000</td>
<td>61</td>
<td>29.3</td>
</tr>
<tr>
<td>$60,001 or more</td>
<td>58</td>
<td>28.1</td>
</tr>
<tr>
<td>Unknown/not stated</td>
<td>6</td>
<td>2.8</td>
</tr>
</tbody>
</table>

**Highest educational qualification obtained**

<table>
<thead>
<tr>
<th>Highest educational qualification obtained</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary</td>
<td>89</td>
<td>43.1</td>
</tr>
<tr>
<td>Trade/apprenticeship/diploma/certificate</td>
<td>77</td>
<td>36.9</td>
</tr>
<tr>
<td>Degree or higher</td>
<td>41</td>
<td>20.0</td>
</tr>
</tbody>
</table>

**Country of birth**

<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>171</td>
<td>82.7</td>
</tr>
<tr>
<td>English speaking country</td>
<td>17</td>
<td>8.0</td>
</tr>
<tr>
<td>Non-English speaking country</td>
<td>19</td>
<td>9.3</td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>207</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* Data for males collected in 1998 only
† Males only were asked the question in this age group

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.3 Antenatal care and education during pregnancy

Overall, 40.6% (95% CI 36.7 - 44.6; n = 251) of women and 42.3% (95% CI 35.7 - 49.6; n = 88) of men who had a child in the previous three years attended at least one antenatal education session before the birth. Table 2.3 shows the proportion of people with a child born in South Australia in the previous three years who attended at least one antenatal session before the birth.

There was no statistically significant difference in the proportion of women who attended at least one antenatal class between the 1997 and 1998 surveys:

- 40.5% (n = 132) in 1997;
- 40.7% (n = 119) in 1998.

Table 2.3 Proportion of people with a child born in previous three years who attended at least one antenatal session before the birth

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% (95% C.I.)</td>
</tr>
<tr>
<td>Metropolitan Region</td>
<td>46</td>
<td>45.1 (35.0 - 54.8)</td>
</tr>
<tr>
<td>Northern</td>
<td>8</td>
<td>29.3 (14.0 - 48.9)</td>
</tr>
<tr>
<td>Western</td>
<td>10</td>
<td>49.8 (29.5 - 74.8)</td>
</tr>
<tr>
<td>Southern</td>
<td>19</td>
<td>60.9 (40.8 - 75.8) ⨿</td>
</tr>
<tr>
<td>Eastern</td>
<td>9</td>
<td>39.2 (19.6 - 59.2)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>37</td>
<td>34.9 (26.3 - 45.2)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>7</td>
<td>40.6 (20.8 - 69.4)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>8</td>
<td>40.6 (21.1 - 66.0)</td>
</tr>
<tr>
<td>Mid North</td>
<td>3</td>
<td>42.9 (10.2 - 74.1)</td>
</tr>
<tr>
<td>Riverland</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South East</td>
<td>7</td>
<td>36.0 (16.3 - 59.1)</td>
</tr>
<tr>
<td>Eyre</td>
<td>4</td>
<td>27.7 (10.4 - 61.1)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>8</td>
<td>42.1 (20.0 - 63.6)</td>
</tr>
<tr>
<td>STATE</td>
<td>88</td>
<td>42.3 (35.7 - 49.6)</td>
</tr>
</tbody>
</table>

※ ◄ Statistically significantly higher or lower (χ² test, p < 0.05) than state figure (see Section 1.5.3)

∧ ◄ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)

* Data for males collected in 1998 only

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
Overall, the mean number of antenatal classes attended by women was 5.61 (sd = 3.24) and by men was 4.78 (sd = 2.71). Table 2.4 shows the mean number of visits to antenatal classes by region.

There was a statistically significant difference, in the mean number of antenatal sessions attended by women, between the 1997 and 1998 surveys:
- 5.18 sessions (n = 132) in 1997;
- 6.12 sessions (n = 110) in 1998.

### Table 2.4 Mean number of visits to antenatal classes for those with a child born in previous three years

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean       st dev</td>
<td>mean       st dev</td>
</tr>
<tr>
<td>Metropolitan Region</td>
<td>4.76       2.66</td>
<td>5.51       3.20</td>
</tr>
<tr>
<td>Northern</td>
<td>3.71       1.50</td>
<td>4.58       2.00</td>
</tr>
<tr>
<td>Western</td>
<td>4.90       2.40</td>
<td>5.07       1.73</td>
</tr>
<tr>
<td>Southern</td>
<td>5.98       2.86</td>
<td>6.70       3.98</td>
</tr>
<tr>
<td>Eastern</td>
<td>3.04       2.23</td>
<td>5.42       3.56</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>4.84       2.93</td>
<td>5.81       3.33</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>6.14       3.10</td>
<td>5.51       3.75</td>
</tr>
<tr>
<td>Wakefield</td>
<td>4.32       2.65</td>
<td>5.28       2.46</td>
</tr>
<tr>
<td>Mid North</td>
<td>7.67       6.35</td>
<td>6.45       5.79</td>
</tr>
<tr>
<td>Riverland</td>
<td>-          -</td>
<td>5.96       2.13</td>
</tr>
<tr>
<td>South East</td>
<td>3.90       1.54</td>
<td>5.70       3.21</td>
</tr>
<tr>
<td>Eyre</td>
<td>2.34       1.49</td>
<td>5.11       1.92</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>5.03       1.75</td>
<td>6.68       2.02</td>
</tr>
<tr>
<td>STATE</td>
<td>4.78       2.71</td>
<td>5.61       3.24</td>
</tr>
</tbody>
</table>

* Data for males collected in 1998 only

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.3.1 Reasons why did not attend antenatal sessions

Overall, 59.4% (n = 367) of women who had given birth in the previous three years did not attend any antenatal sessions. Reasons why women did not attend any antenatal session are listed in Table 2.5.

Table 2.5 Reason for not attending antenatal education session for women who had given birth in the previous three years

<table>
<thead>
<tr>
<th>Reason for not attending</th>
<th>Metropolitan Adelaide</th>
<th>SA Country</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Attended previously with other pregnancies</td>
<td>129</td>
<td>77.7</td>
<td>162</td>
</tr>
<tr>
<td>Did not want to</td>
<td>12</td>
<td>7.3</td>
<td>12</td>
</tr>
<tr>
<td>Too busy to attend</td>
<td>6</td>
<td>3.6</td>
<td>6</td>
</tr>
<tr>
<td>Did not think it was very useful</td>
<td>6</td>
<td>3.6</td>
<td>1</td>
</tr>
<tr>
<td>Caesarean birth</td>
<td>5</td>
<td>2.8</td>
<td>7</td>
</tr>
<tr>
<td>Felt it was not necessary, irrelevant</td>
<td>3</td>
<td>2.0</td>
<td>11</td>
</tr>
<tr>
<td>Experience with having other children</td>
<td>4</td>
<td>2.3</td>
<td>4</td>
</tr>
<tr>
<td>Had nursing/medical training</td>
<td>1</td>
<td>0.6</td>
<td>6</td>
</tr>
<tr>
<td>Premature baby</td>
<td>1</td>
<td>0.6</td>
<td>4</td>
</tr>
<tr>
<td>Time of the session was not appropriate</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Read books instead</td>
<td>2</td>
<td>1.0</td>
<td>4</td>
</tr>
<tr>
<td>No courses available</td>
<td>-</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Transport difficulties</td>
<td>1</td>
<td>0.8</td>
<td>7</td>
</tr>
<tr>
<td>Partner unsupportive</td>
<td>1</td>
<td>0.7</td>
<td>2</td>
</tr>
<tr>
<td>Didn’t know about them</td>
<td>2</td>
<td>1.5</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>5.7</td>
<td>11</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
Overall, 57.7% (n = 119) of men with a child born in the previous three years did not attend any antenatal sessions. Reasons why men did not attend any antenatal session are listed in Table 2.6.

### Table 2.6 Reason for not attending antenatal education session for men with a child born in South Australia in the previous three years*

<table>
<thead>
<tr>
<th>Reason for not attending</th>
<th>Metropolitan Adelaide</th>
<th>SA Country</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended previously with other pregnancies</td>
<td>29 60.4</td>
<td>40 59.1</td>
<td>69 59.7</td>
</tr>
<tr>
<td>Other</td>
<td>19 39.6</td>
<td>27 40.9</td>
<td>47 40.3</td>
</tr>
</tbody>
</table>

* Data for males collected in 1998 only

'Other' responses included:

- Decided not necessary, did not attend for other pregnancies.
- Nobody told me about them.
- My wife got videos and we educated ourselves this way.
- Read literature that wife brought home.
- Sure she could handle it.
- I wasn't really with her.
- Lobster fisherman, not convenient.
- Already in medical industry.
- Abnormal pregnancy. Baby had intra-uterine transfusions.
- Had to go to work, night shift worker.
- Because of isolation. 35 km to nearest hospital.
- Too busy with first child.
- Work commitments.
- None available.
- Because this is not up my alley.
- Not informed by previous partner.
- Not very uplifting, concentrated on negative aspects.
- Too busy.
- Work commitments.
- Didn't think he needed to.
- Wife attended with previous pregnancy.
- Came from large family and understood child care.
- Wife was not well, did not want to pass on infection, went before twice.
- Working and didn't give up till I was 7 months.
- Step-father who was not present at the birth.
- Live in country. Attended previous pregnancy.
- Busy with sport.
- Live 150 km from nearest centre, too difficult.
- Had to work.
- None available in the area, and it was second child.
- My wife teaches courses.
- We live out in the bush.
- No time.
- Knew it all.
- Too far away.
- Work commitments.
- Your partner had attended classes with previous pregnancy.
- Because partner did not go to any.
- Wife attended with previous partner.
- No time, no particular interest.
- Weren't available.
- Work commitments.
- Didn't think it was necessary.
- Did not bother to go as it was nothing like is taught.
- Did not attend any.
- Did not attend any for any of the births, watched videos etc.
- Didn't see the point as they have enough family to help out.
- Did not know there are classes available.
As the majority of people did not attend antenatal sessions because they had attended previously with other pregnancies (see Table 2.5 and Table 2.6), additional analyses were undertaken excluding these people (female n = 291, male n = 69). Therefore, Table 2.7 repeats Table 2.3 showing the proportion of men and women with a child born in South Australia in the previous three years who attended at least one antenatal session, excluding those who did not attend because they had attended sessions previously with other pregnancies. While overall 40.6% of women and 42.3% of men with a child born in the previous three years attended sessions, this figure rises to 73.2% of women and 61.2% of men when those who previously attended sessions are excluded.

Table 2.7  Proportion of men and women who attended at least one antenatal class (excluding those who did not attend because they had attended with previous pregnancies)

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males with a child born in SA in previous 3 years *</th>
<th>Females with a child born in SA in previous 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% (95% C.I.)</td>
</tr>
<tr>
<td>Metropolitan Region</td>
<td>46</td>
<td>62.9 (50.1 – 73.0)</td>
</tr>
<tr>
<td>Northern</td>
<td>8</td>
<td>48.8 (23.9 – 71.5)</td>
</tr>
<tr>
<td>Western</td>
<td>10</td>
<td>76.0 (46.0 – 93.8)</td>
</tr>
<tr>
<td>Southern</td>
<td>19</td>
<td>72.7 (51.9 – 87.6)</td>
</tr>
<tr>
<td>Eastern</td>
<td>9</td>
<td>52.4 (26.8 – 73.2)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>7</td>
<td>57.7 (31.6 – 87.6)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>8</td>
<td>73.2 (44.2 – 96.5)</td>
</tr>
<tr>
<td>Mid North</td>
<td>3</td>
<td>50.0 (11.8 – 79.8)</td>
</tr>
<tr>
<td>Riverland</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South East</td>
<td>7</td>
<td>79.0 (40.2 – 96.1)</td>
</tr>
<tr>
<td>Eyre</td>
<td>4</td>
<td>33.6 (12.4 – 68.4)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>8</td>
<td>69.3 (35.4 – 88.7)</td>
</tr>
</tbody>
</table>

| STATE                              | 88    | 61.2 (53.0 – 69.4) | 251   | 73.2 (68.1 – 77.7) |

* Data for males collected in 1998 only

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
While overall 73.2% of these women and 61.2% of these men attended sessions, differences were observed by various demographic variables. Table 2.8 shows these differences.

Table 2.8 Proportion of men and women who attended at least one antenatal class by specific demographic variables (excluding those who did not attend because they had attended with previous pregnancies)

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Males with a child born in SA in last 3 years *</th>
<th>Females with a child born in SA in last 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Gross household annual income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>2</td>
<td>28.9</td>
</tr>
<tr>
<td>More than $20,000</td>
<td>86</td>
<td>64.3</td>
</tr>
<tr>
<td>Country of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>71</td>
<td>61.3</td>
</tr>
<tr>
<td>English speaking</td>
<td>8</td>
<td>90.7</td>
</tr>
<tr>
<td>Non-English speaking</td>
<td>8</td>
<td>45.3</td>
</tr>
<tr>
<td>Area of residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>46</td>
<td>62.9</td>
</tr>
<tr>
<td>Rural</td>
<td>36</td>
<td>58.2</td>
</tr>
<tr>
<td>Remote</td>
<td>1</td>
<td>24.3</td>
</tr>
<tr>
<td>STATE</td>
<td>88</td>
<td>61.2</td>
</tr>
</tbody>
</table>

* Data for males collected in 1998 only

** Actual numbers are too small for statistical tests

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5.3)

Gross household annual income does not include people who did not state their income.
2.4 Satisfaction with care

2.4.1 Satisfaction with care received before the birth

Women, aged 50 years or less, who had given birth in the previous three years were asked if they were satisfied with the health care they received before the birth (the latest birth if more than one birth in the last three years). Overall, 95.5% (n = 591) of women were very satisfied or satisfied with the health care they received before the birth, and 3.3% (n = 21) were very dissatisfied or dissatisfied (Table 2.9).

There was a statistically significant difference, in the proportion of women who were very satisfied or satisfied with the health care they received before the birth, between the 1997 and 1998 surveys:
- 93.9% (n = 306) in 1997;
- 97.5% (n = 284) in 1998.

Table 2.9 Level of satisfaction with health care received by women before the birth

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>423</td>
<td>68.4 (64.6 – 72.1)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>168</td>
<td>27.1 (23.7 – 30.9)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>12</td>
<td>1.9 (1.1 – 3.5)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>9</td>
<td>1.4 (0.7 – 2.8)</td>
</tr>
<tr>
<td>Neither</td>
<td>7</td>
<td>1.1 (0.5 – 2.4)</td>
</tr>
<tr>
<td>Total</td>
<td>618</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
The proportion in each region who were satisfied or very satisfied is shown in Table 2.10.

### Table 2.10  Proportion of women, by health regions, who were satisfied/very satisfied with health care received before the birth

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>n</th>
<th>%   (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td>265</td>
<td>95.0  (91.5 – 97.1)</td>
</tr>
<tr>
<td>Northern</td>
<td>75</td>
<td>97.3  (90.1 – 99.5)</td>
</tr>
<tr>
<td>Western</td>
<td>41</td>
<td>100.0 (89.3 – 100.0)</td>
</tr>
<tr>
<td>Southern</td>
<td>91</td>
<td>91.7  (84.2 – 96.2)</td>
</tr>
<tr>
<td>Eastern</td>
<td>58</td>
<td>94.3  (83.5 – 97.9)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>384</td>
<td>96.7  (94.3 – 98.2)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>67</td>
<td>99.2  (91.0 – 99.9)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>56</td>
<td>94.4  (83.0 – 97.8)</td>
</tr>
<tr>
<td>Mid North</td>
<td>49</td>
<td>100.0 (91.0 – 100.0)</td>
</tr>
<tr>
<td>Riverland</td>
<td>38</td>
<td>96.5  (84.9 – 99.9)</td>
</tr>
<tr>
<td>South East</td>
<td>54</td>
<td>92.3  (80.6 – 96.8)</td>
</tr>
<tr>
<td>Eyre</td>
<td>53</td>
<td>98.4  (88.8 – 99.9)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>67</td>
<td>96.7  (89.0 – 99.5)</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>590</td>
<td>95.5  (93.4 – 96.9)</td>
</tr>
</tbody>
</table>

† ‡  Statistically significantly higher or lower (χ² test, p < 0.05) than state figure (see Section 1.5.3)

∧ ∨  Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.4.2 Health care during birth

Table 2.11 shows the place where the baby was born. Most babies were born in a labour ward at a public hospital (48.7%), a private hospital (23.3%), or an operating theatre in a public hospital (11.8%).

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>Metropolitan Adelaide</th>
<th>SA Country</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Private hospital labour ward</td>
<td>114</td>
<td>30.6</td>
<td>36</td>
</tr>
<tr>
<td>Public hospital labour ward</td>
<td>143</td>
<td>38.2</td>
<td>336</td>
</tr>
<tr>
<td>Private hospital birth centre</td>
<td>15</td>
<td>4.0</td>
<td>2</td>
</tr>
<tr>
<td>Public hospital birth centre</td>
<td>31</td>
<td>8.2</td>
<td>22</td>
</tr>
<tr>
<td>Private hospital operating theatre</td>
<td>26</td>
<td>7.0</td>
<td>13</td>
</tr>
<tr>
<td>Public hospital operating theatre</td>
<td>36</td>
<td>9.7</td>
<td>87</td>
</tr>
<tr>
<td>At home</td>
<td>3</td>
<td>0.9</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>1.3</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
Overall, 92.5% (n = 571) of women were very satisfied or satisfied with the health care they received during the birth, and 6.8% (n = 42) were very dissatisfied or dissatisfied [Table 2.12].

There was no statistically significant difference in the proportion of women who were very satisfied or satisfied with the health care they received during the birth between the 1997 and 1998 surveys:
- 92.9% (n = 303) in 1997;
- 92.0% (n = 268) in 1998.

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>483</td>
<td>78.2 (74.6 – 81.3)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>88</td>
<td>14.3 (11.6 – 17.3)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>28</td>
<td>4.5 (3.1 – 6.6)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>14</td>
<td>2.3 (1.3 – 3.9)</td>
</tr>
<tr>
<td>Neither</td>
<td>5</td>
<td>0.8 (0.3 – 2.0)</td>
</tr>
<tr>
<td>Total</td>
<td>618</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
The proportion in each region who were satisfied or very satisfied is shown in [Table 2.13](#).

**Table 2.13  Proportion of women, by health regions, who were satisfied/very satisfied with health care received during the birth**

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>n</th>
<th>%     (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td>256</td>
<td>91.7 (87.7 – 94.6)</td>
</tr>
<tr>
<td>Northern</td>
<td>72</td>
<td>93.1 (84.8 – 97.6)</td>
</tr>
<tr>
<td>Western</td>
<td>39</td>
<td>94.7 (82.2 – 99.2)</td>
</tr>
<tr>
<td>Southern</td>
<td>90</td>
<td>91.1 (83.0 – 95.5)</td>
</tr>
<tr>
<td>Eastern</td>
<td>55</td>
<td>89.0 (77.5 – 95.0)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>374</td>
<td>94.0 (91.3 – 96.2)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>65</td>
<td>95.8 (86.8 – 98.9)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>55</td>
<td>92.7 (80.9 – 96.9)</td>
</tr>
<tr>
<td>Mid North</td>
<td>49</td>
<td>100.0 (90.9 – 100.0)</td>
</tr>
<tr>
<td>Riverland</td>
<td>36</td>
<td>91.4 (78.0 – 98.0)</td>
</tr>
<tr>
<td>South East</td>
<td>52</td>
<td>88.3 (76.5 – 94.7)</td>
</tr>
<tr>
<td>Eyre</td>
<td>52</td>
<td>96.9 (86.2 – 99.4)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>64</td>
<td>93.3 (83.2 – 97.3)</td>
</tr>
<tr>
<td>STATE</td>
<td>571</td>
<td>92.5 (89.9 – 94.3)</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than state figure (see Section 1.5.3)

∧ ∨ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
Overall, 85.9% (n = 531) of women were very satisfied or satisfied with the health care they received after the birth while they were still in hospital, and 11.7% (n = 73) were very dissatisfied or dissatisfied [Table 2.14].

There was no statistically significant difference, in the proportion of women who were very satisfied or satisfied with the health care they received after the birth while they were still in hospital, between the 1997 and 1998 surveys:
- 84.1% (n = 274) in 1997;
- 87.9% (n = 257) in 1998.

### Table 2.14  Level of satisfaction with health care received by women after the birth while in hospital

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>391</td>
<td>63.3 (59.3 – 67.1)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>140</td>
<td>22.6 (19.5 – 26.2)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>48</td>
<td>7.7 (5.8 – 10.2)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>25</td>
<td>4.0 (2.7 – 6.0)</td>
</tr>
<tr>
<td>Neither</td>
<td>14</td>
<td>2.3 (1.3 – 3.9)</td>
</tr>
<tr>
<td>Total</td>
<td>618</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
The proportion in each region who were satisfied or very satisfied is shown in Table 2.15.

### Table 2.15 Proportion of women, by health regions, who were satisfied/very satisfied with health care received after the birth while in hospital

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>n</th>
<th>%</th>
<th>(95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td>238</td>
<td>85.2</td>
<td>(80.5 – 89.1)</td>
</tr>
<tr>
<td>Northern</td>
<td>67</td>
<td>87.1</td>
<td>(77.0 – 93.3)</td>
</tr>
<tr>
<td>Western</td>
<td>38</td>
<td>92.1</td>
<td>(79.0 – 98.1)</td>
</tr>
<tr>
<td>Southern</td>
<td>82</td>
<td>82.8</td>
<td>(73.6 – 89.4)</td>
</tr>
<tr>
<td>Eastern</td>
<td>51</td>
<td>82.0</td>
<td>(70.1 – 90.4)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>62</td>
<td>91.8</td>
<td>(81.1 – 96.4)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>56</td>
<td>93.1</td>
<td>(83.0 – 97.8)</td>
</tr>
<tr>
<td>Mid North</td>
<td>45</td>
<td>90.6</td>
<td>(79.5 – 97.4)</td>
</tr>
<tr>
<td>Riverland</td>
<td>33</td>
<td>84.3</td>
<td>(68.8 – 93.6)</td>
</tr>
<tr>
<td>South East</td>
<td>50</td>
<td>85.2</td>
<td>(72.5 – 92.4)</td>
</tr>
<tr>
<td>Eyre</td>
<td>50</td>
<td>92.5</td>
<td>(81.3 – 97.6)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>53</td>
<td>76.5</td>
<td>(64.8 – 85.8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>n</th>
<th>%</th>
<th>(95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>531</td>
<td>85.9</td>
<td>(82.9 – 88.5)</td>
</tr>
</tbody>
</table>

♀ ♂ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than state figure (see Section 1.5.3)

∧ ∨ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.4.3 Health care after leaving hospital

Questions were asked of women, aged 50 years or less, who had given birth in the previous three years (n = 618) regarding the health care received after leaving the hospital eg. baby care, information on feeding, relationships, postnatal depression. Overall, 81.1% (n = 500) of women indicated that they were very satisfied or satisfied with the care received after leaving the hospital, and 6.2% (n = 38) of women were very dissatisfied or dissatisfied with the care received (Table 2.16).

There was a statistically significant difference, in the proportion of women who were very satisfied or satisfied with the care received after leaving the hospital, between the 1997 and 1998 surveys:
- 77.5% (n = 253) in 1997;
- 84.9% (n = 248) in 1998.

Table 2.16  Level of satisfaction with health care received by women after leaving the hospital

<table>
<thead>
<tr>
<th>Level of satisfaction</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>286</td>
<td>46.4 (42.3 – 50.3)</td>
</tr>
<tr>
<td>Satisfied</td>
<td>214</td>
<td>34.7 (30.9 – 38.5)</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>29</td>
<td>4.7 (3.2 – 6.8)</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>9</td>
<td>1.5 (0.7 – 2.8)</td>
</tr>
<tr>
<td>Neither</td>
<td>79</td>
<td>12.8 (10.3 – 15.7)</td>
</tr>
<tr>
<td>Total</td>
<td>618</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
The proportion in each region who were satisfied or very satisfied is shown in Table 2.17.

Table 2.17 Proportion of women, by health regions, who were satisfied/very satisfied with health care received after leaving the hospital

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td>218</td>
<td>78.3 (72.7 – 82.7) ⬆</td>
</tr>
<tr>
<td>Northern</td>
<td>63</td>
<td>81.8 (71.0 – 89.4)</td>
</tr>
<tr>
<td>Western</td>
<td>36</td>
<td>88.5 (73.0 – 95.4)</td>
</tr>
<tr>
<td>Southern</td>
<td>80</td>
<td>80.3 (71.4 – 87.8)</td>
</tr>
<tr>
<td>Eastern</td>
<td>39</td>
<td>63.9 (49.7 – 74.6) ⬇</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>345</td>
<td>86.8 (83.1 – 90.0) ⬇</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>60</td>
<td>88.9 (77.6 – 94.4)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>50</td>
<td>84.5 (71.0 – 91.3)</td>
</tr>
<tr>
<td>Mid North</td>
<td>44</td>
<td>89.1 (77.0 – 96.2)</td>
</tr>
<tr>
<td>Riverland</td>
<td>36</td>
<td>91.4 (78.0 – 98.0)</td>
</tr>
<tr>
<td>South East</td>
<td>50</td>
<td>85.6 (72.5 – 92.4)</td>
</tr>
<tr>
<td>Eyre</td>
<td>42</td>
<td>78.2 (64.1 – 87.5)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>62</td>
<td>90.0 (79.6 – 95.5)</td>
</tr>
<tr>
<td>STATE</td>
<td>500</td>
<td>81.1 (77.5 – 83.9)</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than state figure (see Section 1.5.3)

∧ ∨ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
2.4.4 Support within six months after the birth

Overall, 94.5% (n = 584) of women, aged 50 years or less, who had given birth in the previous three years received enough support (eg. from their partner, family, or health and welfare services) in the first six months after the birth. In contrast, 5.4% (n = 33) of women did not get the support they needed. The proportion in each region of women who received enough support is shown in Table 2.18.

There was no statistically significant difference in the proportion of women who received enough support in the first six months after the birth between the 1997 and 1998 surveys:
• 94.5% (n = 308) in 1997;
• 94.5% (n = 276) in 1998.

Table 2.18 Proportion of women, by health regions, who received enough support in the first six months after the birth

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td>261</td>
<td>93.4 (89.8 – 96.0) ♦</td>
</tr>
<tr>
<td>Northern</td>
<td>70</td>
<td>90.5 (81.6 – 96.0)</td>
</tr>
<tr>
<td>Western</td>
<td>41</td>
<td>100.0 (89.3 – 100.0)</td>
</tr>
<tr>
<td>Southern</td>
<td>93</td>
<td>93.7 (86.8 – 97.5)</td>
</tr>
<tr>
<td>Eastern</td>
<td>57</td>
<td>92.0 (81.5 – 97.0)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>66</td>
<td>97.6 (88.8 – 99.5)</td>
</tr>
<tr>
<td>Wakefield</td>
<td>58</td>
<td>97.1 (87.5 – 99.4)</td>
</tr>
<tr>
<td>Mid North</td>
<td>48</td>
<td>97.6 (87.8 – 99.9)</td>
</tr>
<tr>
<td>Riverland</td>
<td>39</td>
<td>100.0 (88.8 – 100.0)</td>
</tr>
<tr>
<td>South East</td>
<td>56</td>
<td>94.9 (84.9 – 98.7)</td>
</tr>
<tr>
<td>Eyre</td>
<td>51</td>
<td>95.3 (83.7 – 98.6)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>67</td>
<td>96.7 (89.0 – 99.5)</td>
</tr>
<tr>
<td>STATE</td>
<td>584</td>
<td>94.5 (92.3 – 96.1)</td>
</tr>
</tbody>
</table>

Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than state figure (see Section 1.5.3)
Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)
For the women who needed extra support in the first six months after the birth the types of support needed are listed in Table 2.19.

### Table 2.19 Extra support needed in the first six months after the birth

<table>
<thead>
<tr>
<th>Type of extra support needed</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>15</td>
<td>43.6</td>
</tr>
<tr>
<td>Partner</td>
<td>14</td>
<td>42.0</td>
</tr>
<tr>
<td>Hospital nurse</td>
<td>7</td>
<td>20.6</td>
</tr>
<tr>
<td>Child health nurse</td>
<td>7</td>
<td>22.1</td>
</tr>
<tr>
<td>Friends</td>
<td>4</td>
<td>12.7</td>
</tr>
<tr>
<td>GP</td>
<td>4</td>
<td>13.5</td>
</tr>
<tr>
<td>Parent support services</td>
<td>3</td>
<td>8.3</td>
</tr>
<tr>
<td>Breastfeeding support</td>
<td>2</td>
<td>6.8</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>37.9</td>
</tr>
</tbody>
</table>

Note: Multiple responses were possible

The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)

'Other' included:

- Need help with everything
- Should not have been discharged from hospital as quickly as I was
- More support for postnatal depression, counselling
- Needed a break from day-to-day stresses
- Medical support, emotional, and postnatal care
- Premature baby needed extra care; had gastric reflux; wasn't diagnosed
- Being in the country no access to info on special needs feeding
- Extra pair of hands to look after other things and my own mental health
- Partner and system not helpful but employer was supportive
- [a child health service] need to be at a crisis point - too long a waiting list at [service]
- Had a nervous breakdown and feels let down by everyone after the birth

Note: 'Other' responses were transcribed exactly by the interviewer
2.4.5 Additional information required by mothers

Women, aged 50 years or less, who had given birth in the previous three years were asked what additional information they would have liked to receive when they had their baby (Table 2.20). Overall, 37.2% (n = 230) of women would have liked to receive additional information.

There was no statistically significant difference in the proportion of women who would have liked to receive additional information between the 1997 and 1998 surveys:
- 42.6% (n = 139) in 1997;
- 44.7% (n = 130) in 1998.

Table 2.20 Additional information required

<table>
<thead>
<tr>
<th>Additional information</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>348</td>
<td>56.4</td>
</tr>
<tr>
<td>Don't know</td>
<td>39</td>
<td>6.3</td>
</tr>
<tr>
<td>Settling information</td>
<td>54</td>
<td>8.8</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>51</td>
<td>8.3</td>
</tr>
<tr>
<td>Coping with siblings</td>
<td>35</td>
<td>5.6</td>
</tr>
<tr>
<td>Bottle feeding</td>
<td>20</td>
<td>3.2</td>
</tr>
<tr>
<td>Child development</td>
<td>18</td>
<td>3.0</td>
</tr>
<tr>
<td>Baby care</td>
<td>17</td>
<td>2.8</td>
</tr>
<tr>
<td>Relationships</td>
<td>12</td>
<td>2.0</td>
</tr>
<tr>
<td>Information/assistance on premature babies</td>
<td>8</td>
<td>1.3</td>
</tr>
<tr>
<td>More information on birth complications that could/did happen</td>
<td>7</td>
<td>1.1</td>
</tr>
<tr>
<td>Post-natal depression</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>Information on caesarean births</td>
<td>4</td>
<td>0.7</td>
</tr>
<tr>
<td>General immunisation information</td>
<td>3</td>
<td>0.5</td>
</tr>
<tr>
<td>Prevention of mastitis</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>More post-natal information</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>Refresher course (have other children)</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>81</td>
<td>13.2</td>
</tr>
</tbody>
</table>

Note: Multiple responses were possible

The weighting of the data can result in rounding discrepancies or totals not adding (see Section 1.5)

Other single responses were:
Maternal health

Metropolitan Adelaide:
- Not prepared enough for the need to change from breast to bottle.
- Reflux.
- More support from midwife on the first day after birth of baby.
- How to cope with the personal side of a traumatic birth - mum's problem.
- General coping.
- General operation.
- Problems one can have with babies.
- Birthing videos. More non biased information on natural and assisted birth.
- Information.
- Every information.
- More information on why private health insurance won't cover homebirth.
- More information about the services that are available on leaving hospital.
- How much pressure having a second child puts on you.
- Drugless pain relief.
- Information on pain control during labour and risks involved.
- More information about medical services needed for child (paediatrician).
- More information on breastfeeding twins; how to go about and handle two.
- Expressing my milk.
- More follow up from health professionals after going home from hospital.
- Information on risks when geographically isolated.
- Name of local people who could help with breastfeeding problems.
- General care.
- Things that go wrong after having baby at home.
- More about what happens when you bring the baby home.
- Baby care on sleeping through the night; advice on isolation of mother.
- Don't mentally prepare you for when you go home.
- Information on what happens to me after the birth.
- Would have liked information about the birthing centre at Flinders Medical Centre.

SA Country
- Antenatal class.
- Information on how to feed a baby with cleft palate.
- Affirmation that I was not doing it correctly - both learning.
- More information from the doctor and a better bedside manner.
- What happens to body after birth.
- Folding nappies.
• Information to help me deal with my own tiredness and lack of sleep.
• Sleep problems for the baby.
• Have had two previous children.
• Jaundice.
• How to communicate with partner and deal with baby at home.
• Mothers diet.
• Recognise when there is a problem.
• Because third child felt confident, but support was there if needed.
• Colic information.
• How to deal with colic.
• More information on epidurals and medications used during and after birth.
• Information about using alcohol and smoking during pregnancy and breast feeding.
• [a child health service] clinic.
• Updated information on post natal care and services available at [a child health service].
• Information on lactose intolerance.
• Staff should not always go by the textbook; each case is different.
• Care of thrush cause of mucus etc.
• More about childhood sickness they can get.
• Before birth - more information on post birth reactions eg stomach cramps.
• Not adequate access to scales at country [a child health service] clinic; poor parking.
• Bleeding after the birth going on for quite a while.
• Dissatisfied with antenatal classes, information on looking after baby.
• Proper video on childbirth.
• When breastfeeding stops how to feed.
• Hospitals should insist on mothers watching appropriate videos.
• Neonatal hospitals.
• Had twins; was refused outside help because one has to have more babies.
• Guthrey heel test; more information about it.
• Had adequate information from first birth.
• Would liked to have received more information on baby blues.
• Baby very distraught; not enough support from medical personnel.

Note: ‘Other’ responses were transcribed exactly by the interviewer.
CHAPTER 3: CHILD HEALTH
3.1 Introduction

Child health issues covered in this section are:

- Method of feeding babies at six months of age (ie bottle and breast);
- If bottle fed, type of milk used; and
- Prevalence of chronic middle ear fluid in children and other related issues.

Child feeding issues were only asked of women, aged 50 years or less, who had given birth in the previous three years.

Chronic middle ear fluid issues were asked of parents of all children under the age of five years. Issues regarding ear infections were used as an indicator of prevalence of chronic middle ear fluid.
3.2 Method of feeding babies at six months of age

Of the women, aged 50 years or less who had given birth in the previous three years, 91.3% (n=598) had a child aged six months or older. The questions regarding the method of feeding babies at six month were only asked of these women.

There were no statistically significant differences in the women, aged 50 years or less who had given birth in the previous three years, who have a child aged six months or older between the 1997 and 1998 surveys:

• 91.8% (n=306) in 1997;
• 90.7% (n=292) in 1998.

Overall, 44.2% (n=265) of babies at six months of age were fully breast fed, 43.2% (n=258) were fully bottle fed and 11.3% (n=67) were breast and bottle fed.
3.2.1 Babies at six months who were fully or partially breast fed

In all, 55.5% (n=332) of babies at six months of age were fully or partially breast fed. Table 3.1 shows for each region the proportion of babies who were fully or partially breast fed at six months.

There were no statistically significant differences in the women, aged 50 years or less who had given birth in the previous three years and who have a child aged six months or older that were fully or partially breast fed at six months between the 1997 and 1998 surveys:

- 58.2% (n=178) in 1997;
- 52.7% (n=154) in 1998.

Table 3.1: Proportion of babies at six months who were fully or partially breast fed

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Babies who were fully or partially breast fed</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td>32</td>
<td>41.7 (30.5 - 53.0) ↓</td>
</tr>
<tr>
<td>Western</td>
<td></td>
<td>23</td>
<td>59.0 (43.0 - 75.0)</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>63</td>
<td>64.4 (54.8 - 74.1)</td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
<td>43</td>
<td>67.1 (55.2 - 78.9)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
<td>180</td>
<td>49.8 (44.6 - 54.9)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td></td>
<td>34</td>
<td>54.9 (42.3 - 67.6)</td>
</tr>
<tr>
<td>Wakefield</td>
<td></td>
<td>31</td>
<td>58.7 (45.1 - 72.4)</td>
</tr>
<tr>
<td>Mid North</td>
<td></td>
<td>29</td>
<td>57.5 (43.3 - 71.7)</td>
</tr>
<tr>
<td>Riverland</td>
<td></td>
<td>12</td>
<td>36.2 (19.0 - 53.4)  ↓</td>
</tr>
<tr>
<td>South East</td>
<td></td>
<td>25</td>
<td>53.4 (38.4 - 68.4)</td>
</tr>
<tr>
<td>Eyre</td>
<td></td>
<td>19</td>
<td>38.4 (24.3 - 52.5)  ↓</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td></td>
<td>30</td>
<td>44.6 (32.3 - 56.9)</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td></td>
<td>332</td>
<td>55.5 (51.5 - 59.5)</td>
</tr>
</tbody>
</table>

↑ ↓ Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)
∧ ∨ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)
** Actual numbers are too small for statistical tests between the categories

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.2 shows the proportion of babies who were fully or partially breast fed at six months of age by various demographic categories.

**Table 3.2: Proportion of babies at six months of age who were fully or partially breast fed by specific demographic variables**

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Babies who were fully/partially breast fed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>279</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>29</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>23</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>16</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>292</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>26</td>
</tr>
<tr>
<td>26 years or more</td>
<td>306</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>332</td>
</tr>
</tbody>
</table>

▲ ▼ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group(s)

Note: Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.2.2 Babies at six months who were fully breast fed

Table 3.3 shows for each region the proportion of babies who were fully breast fed at six months of age.

There were no statistically significant differences in the women, aged 50 years or less who had given birth in the previous three years and who have a child aged six months or older that were fully breast fed at six months between the 1997 and 1998 surveys:

- 43.3% (n=133) in 1997;
- 45.1% (n=132) in 1998.

Table 3.3: Proportion of babies at six months of age who were fully breast fed

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Babies who were fully breast fed</th>
<th>n</th>
<th>%</th>
<th>(95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td></td>
<td>126</td>
<td>45.4</td>
<td>(39.5 - 51.3)</td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td>26</td>
<td>33.6</td>
<td>(22.8 - 44.4)</td>
</tr>
<tr>
<td>Western</td>
<td></td>
<td>19</td>
<td>47.8</td>
<td>(31.6 - 64.1)</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>48</td>
<td>49.2</td>
<td>(39.1 - 59.3)</td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
<td>33</td>
<td>52.3</td>
<td>(39.7 - 64.9)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
<td>150</td>
<td>41.5</td>
<td>(36.4 - 46.7)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td></td>
<td>29</td>
<td>46.6</td>
<td>(33.9 - 59.3)</td>
</tr>
<tr>
<td>Wakefield</td>
<td></td>
<td>26</td>
<td>49.2</td>
<td>(35.3 - 63.1)</td>
</tr>
<tr>
<td>Mid North</td>
<td></td>
<td>24</td>
<td>48.8</td>
<td>(34.5 - 63.1)</td>
</tr>
<tr>
<td>Riverland</td>
<td></td>
<td>8</td>
<td>23.7</td>
<td>(8.5 - 39.0)</td>
</tr>
<tr>
<td>South East</td>
<td></td>
<td>20</td>
<td>43.6</td>
<td>(28.7 - 58.5)</td>
</tr>
<tr>
<td>Eyre</td>
<td></td>
<td>17</td>
<td>34.2</td>
<td>(20.5 - 47.9)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td></td>
<td>25</td>
<td>38.2</td>
<td>(26.2 - 50.1)</td>
</tr>
<tr>
<td>STATE</td>
<td></td>
<td>265</td>
<td>44.2</td>
<td>(40.2 - 48.2)</td>
</tr>
</tbody>
</table>

\[\text{\textsuperscript{\&}}\downarrow\text{ Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)}\]

\[\text{\textsuperscript{\&}}\vee\text{ Statistically significantly higher or lower (\chi^2\text{ test, p < 0.05}) than other comparison group (see Section 1.5.3)}\]

** Actual numbers are too small for statistical tests between the categories

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.4 shows the proportion of babies who were fully breast fed at six months of age by various demographic categories.

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Babies who were fully breast fed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>232</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>19</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>13</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>14</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>234</td>
</tr>
<tr>
<td><strong>Young women</strong></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>19</td>
</tr>
<tr>
<td>26 years or more</td>
<td>245</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td></td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group(s)

** Actual numbers are too small for statistical tests between the categories

Note: Gross household annual income does not include people who did not state their income

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.2.3 Babies at six months who were fully bottle fed

Table 3.5 shows for each region the proportion of babies who were fully bottle fed at six months of age.

There were no statistically significant differences in the women, aged 50 years or less who had given birth in the previous three years and who have a child aged six months or older that were fully bottle fed at six months between the 1997 and 1998 surveys:

- 41.8% (n=128) in 1997;
- 44.6% (n=130) in 1998.

Table 3.5: Proportion of babies at six months of age who were fully bottle fed

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Babies who were fully bottle fed</th>
<th>n</th>
<th>% (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td></td>
<td>113</td>
<td>40.5 (34.7 - 46.3)</td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td>45</td>
<td>58.3 (47.0 - 69.5)</td>
</tr>
<tr>
<td>Western</td>
<td></td>
<td>16</td>
<td>41.0 (25.0 - 57.0)</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>35</td>
<td>35.6 (25.9 - 45.2)</td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
<td>17</td>
<td>26.4 (15.3 - 37.5)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
<td>178</td>
<td>49.2 (44.0 - 54.4)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td></td>
<td>27</td>
<td>43.0 (30.4 - 55.6)</td>
</tr>
<tr>
<td>Wakefield</td>
<td></td>
<td>22</td>
<td>41.3 (27.6 - 54.9)</td>
</tr>
<tr>
<td>Mid North</td>
<td></td>
<td>21</td>
<td>42.5 (28.3 - 56.7)</td>
</tr>
<tr>
<td>Riverland</td>
<td></td>
<td>21</td>
<td>63.8 (46.6 - 81.0)</td>
</tr>
<tr>
<td>South East</td>
<td></td>
<td>21</td>
<td>46.6 (31.6 - 61.6)</td>
</tr>
<tr>
<td>Eyre</td>
<td></td>
<td>30</td>
<td>61.6 (47.5 - 75.7)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td></td>
<td>35</td>
<td>51.9 (39.6 - 64.2)</td>
</tr>
<tr>
<td>STATE</td>
<td></td>
<td>258</td>
<td>43.2 (39.2 - 47.1)</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)

∧ ∨ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.6 shows the proportion of babies who were fully bottle fed at six months of age by various demographic categories.

### Table 3.6: Proportion of babies at six months of age who were fully bottle fed by specific demographic variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Babies who were fully bottle fed</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>212</td>
<td></td>
<td>42.5</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>33</td>
<td></td>
<td>52.5</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>14</td>
<td></td>
<td>36.9</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>45</td>
<td></td>
<td>73.7↑</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>204</td>
<td></td>
<td>40.5↓</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>56</td>
<td></td>
<td>67.4↑</td>
</tr>
<tr>
<td>26 years or more</td>
<td>202</td>
<td></td>
<td>39.3↓</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>258</td>
<td></td>
<td>43.2</td>
</tr>
</tbody>
</table>

↑ ↓ Statistically significantly higher or lower ($\chi^2$ test, $p<0.05$) than other comparison group(s)

Note: Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.2.4 Type of milk used for bottle fed babies at six months of age

 Mothers who mainly bottle fed their babies at six months of age (n=258) were asked what type of milk was used (Table 3.7).

<table>
<thead>
<tr>
<th>Type of bottle milk</th>
<th>Metropolitan Adelaide</th>
<th>SA Country</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Formulae - S26</td>
<td>61</td>
<td>53.7</td>
<td>76</td>
</tr>
<tr>
<td>Formulae - NAN</td>
<td>18</td>
<td>16.0</td>
<td>38</td>
</tr>
<tr>
<td>Formulae - Other brand</td>
<td>15</td>
<td>13.6</td>
<td>38</td>
</tr>
<tr>
<td>Cow milk</td>
<td>6</td>
<td>5.2</td>
<td>3</td>
</tr>
<tr>
<td>Soya milk</td>
<td>3</td>
<td>2.9</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>8.6</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>113</td>
<td>100.0</td>
<td>178</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.3 Chronic middle ear fluid in children

Questions regarding ear infections were asked of the respondent regarding all children under five years of age living in the household. Overall, 13.4% (n=1600) of respondents had children under five years of age living in the household. The mean number of children under five years of age, was 1.37 (sd=0.54, range=1 to 4). This resulted in the prevalence of chronic middle ear fluid reported in the following sections being assessed using n=2199 children under five years of age. Table 3.8 shows the number of household in each region with children under five years of age (n=1600).

There were no statistically significant differences in the proportion of households with children aged under five years between the 1997 and 1998 surveys:
- 13.6% (n=812) in 1997;
- 13.1% (n=789) in 1998.

Table 3.8: Households with children under five years of age

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Households with children under five years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Metropolitan Regions</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>207</td>
</tr>
<tr>
<td>Western</td>
<td>117</td>
</tr>
<tr>
<td>Southern</td>
<td>253</td>
</tr>
<tr>
<td>Eastern</td>
<td>161</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>163</td>
</tr>
<tr>
<td>Wakefield</td>
<td>170</td>
</tr>
<tr>
<td>Mid North</td>
<td>115</td>
</tr>
<tr>
<td>Riverland</td>
<td>97</td>
</tr>
<tr>
<td>South East</td>
<td>161</td>
</tr>
<tr>
<td>Eyre</td>
<td>99</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>167</td>
</tr>
<tr>
<td>STATE</td>
<td>1600</td>
</tr>
</tbody>
</table>

⇑ ⬇ Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)
∧ ∨ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.3.1 Children who have had an ear infection

Overall, 53.7% (95% CI 51.5-55.8; n=1180) of all the children under five years of age had experienced at least one ear infection (Table 3.9).

There were no statistically significant differences in the proportion of households with children aged under five years who had ever experienced at least one ear infection between the 1997 and 1998 surveys:
- 52.7% (n=601) in 1997;
- 54.7% (n=579) in 1998.

Table 3.9: Children under five years of age who have had at least one ear infection

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Children under five years with at least one ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Metropolitan Regions</td>
<td>554</td>
</tr>
<tr>
<td>Northern</td>
<td>144</td>
</tr>
<tr>
<td>Western</td>
<td>81</td>
</tr>
<tr>
<td>Southern</td>
<td>190</td>
</tr>
<tr>
<td>Eastern</td>
<td>128</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>121</td>
</tr>
<tr>
<td>Wakefield</td>
<td>106</td>
</tr>
<tr>
<td>Mid North</td>
<td>90</td>
</tr>
<tr>
<td>Riverland</td>
<td>81</td>
</tr>
<tr>
<td>South East</td>
<td>117</td>
</tr>
<tr>
<td>Eyre</td>
<td>72</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>133</td>
</tr>
</tbody>
</table>

| STATE                       | 1180 | 53.7 (51.5 - 55.8)                           |

Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)
Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.10 shows the proportion of children under five years of age who had experienced at least one ear infection by various demographic variables.

Table 3.10: Proportion of children under five years of age who had experienced at least one ear infection by specific demographic variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Children under five years with an ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>898</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>137</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>53</td>
</tr>
<tr>
<td><strong>Aboriginal/Torres Strait Islander</strong></td>
<td></td>
</tr>
<tr>
<td>Aboriginal/Torres Strait Islander</td>
<td>12</td>
</tr>
<tr>
<td>Non-Aboriginal/Torres Strait Islander</td>
<td>977</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>91</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>1041</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>1180</td>
</tr>
</tbody>
</table>

↑ ↓ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group(s)

Note: Assuming the children are Aboriginal/Torres Strait Islander because the adult reported themselves as Aboriginal/Torres Strait Islander.

Aboriginal/Torres Strait Islander category only includes people born in Australia.

Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
### 3.3.2 Severe ear infections

Of the children who have had an ear infection, 32.0% (95% CI 59.4-34.8; $n=378$) were told by a doctor that at least one of the ear infections was severe (Table 3.11).

There were no statistically significant differences in the proportion of children aged under 5 years with at least one severe ear infection between the 1997 and 1998 surveys:
- 32.7% ($n=197$) in 1997;
- 31.3% ($n=181$) in 1998.

**Table 3.11: Proportion of children with at least one severe ear infection**

<table>
<thead>
<tr>
<th>At least one of the ear infections that were severe</th>
<th>Children under five years with an ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Yes, severe ear infection</td>
<td>378</td>
</tr>
<tr>
<td>No, none were severe ear infections</td>
<td>783</td>
</tr>
<tr>
<td>Don’t know</td>
<td>18</td>
</tr>
<tr>
<td>Did not go to a doctor</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1180</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.12 shows of the children in each region who have had an ear infection, the proportion with a severe infection.

Table 3.12: Proportion of children with ear infections reporting at least one severe infection

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Children under five years with an ear infection that was severe</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Regions</td>
<td></td>
<td>165</td>
<td>30.3 (26.5 - 34.4)</td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td>38</td>
<td>26.4 (19.6 - 34.5)</td>
</tr>
<tr>
<td>Western</td>
<td></td>
<td>27</td>
<td>33.7 (23.5 - 44.8)</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td>61</td>
<td>32.1 (25.6 - 39.3)</td>
</tr>
<tr>
<td>Eastern</td>
<td></td>
<td>38</td>
<td>29.9 (22.1 - 38.5)</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
<td>257</td>
<td>35.7 (32.2 - 39.3)</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td></td>
<td>36</td>
<td>30.2 (22.0 - 38.9)</td>
</tr>
<tr>
<td>Wakefield</td>
<td></td>
<td>31</td>
<td>29.2 (21.0 - 39.0)</td>
</tr>
<tr>
<td>Mid North</td>
<td></td>
<td>28</td>
<td>31.3 (22.0 - 41.9)</td>
</tr>
<tr>
<td>Riverland</td>
<td></td>
<td>38</td>
<td>46.7 (35.9 - 58.3)</td>
</tr>
<tr>
<td>South East</td>
<td></td>
<td>46</td>
<td>39.5 (30.5 - 48.8)</td>
</tr>
<tr>
<td>Eyre</td>
<td></td>
<td>26</td>
<td>35.9 (25.4 - 48.3)</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td></td>
<td>51</td>
<td>38.6 (30.2 - 47.2)</td>
</tr>
<tr>
<td>STATE</td>
<td></td>
<td>378</td>
<td>32.0 (29.4 - 34.8)</td>
</tr>
</tbody>
</table>

∧ ∨ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group (see Section 1.5.3)

‖ ‖ Statistically significantly higher or lower ($p < 0.05$) than state figure (see Section 1.5.3)

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.3.3 Frequency of ear infections

Table 3.13 shows the frequency of ear infections in children under five years of age who have had at least one ear infection.

Table 3.13: Frequency of ear infections in children under five years of age

<table>
<thead>
<tr>
<th>Frequency of ear infections</th>
<th>Children under five years with at least one ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Often (frequent)</td>
<td>201</td>
</tr>
<tr>
<td>Occasionally</td>
<td>311</td>
</tr>
<tr>
<td>Rarely</td>
<td>668</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1180</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).

Table 3.14 shows the proportion of children under five years of age who experienced frequent ear infections by various variables.

Table 3.14: Proportion of children under five years of age who experienced frequent ear infections by specific variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Children under five years who experienced frequent ear infections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>142</td>
</tr>
<tr>
<td>SA Country</td>
<td>59</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>20</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>178</td>
</tr>
<tr>
<td><strong>Severe ear infection(s)</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>143</td>
</tr>
<tr>
<td>No</td>
<td>58</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>201</td>
</tr>
</tbody>
</table>

\(\ddagger\ddagger\) Statistically significantly higher or lower \((\chi^2 \text{ test, } p < 0.05)\) than other comparison group(s)

** Actual numbers are too small for statistical tests between the categories

Note: Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
3.3.4 Hearing test since last ear infection

Table 3.15 shows the proportion of children under five years of age who experienced at least one ear infection and have had a hearing test since the last infection. Secondly, the table shows the proportion of children under five years of age with a history of severe ear infections who have had a hearing test since the last ear infection. Overall, 26.1% (n=308) of children under five years who have had an ear infection and 38.0% (n=144) of children under five who have had a severe ear infection, had a hearing test.

Table 3.15: Hearing test since last ear infection

<table>
<thead>
<tr>
<th>Hearing test</th>
<th>Children under five years with at least one ear infection</th>
<th>Children under five years with a history of severe ear infections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>% (95% C.I.)</td>
</tr>
<tr>
<td>Yes, had a hearing test</td>
<td>308</td>
<td>26.1 (23.6 - 28.7)</td>
</tr>
<tr>
<td>No</td>
<td>843</td>
<td>71.5 (68.8 - 74.0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>29</td>
<td>2.5 (1.7 - 3.6)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1180</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.16 shows the proportion of children under five years of age who have had a hearing test since the last ear infection and children who have had a history of severe ear infections by various variables.

Table 3.16: Proportion of children under five years of age who have had a hearing test since the last ear infection by specific variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Children under five years who had a hearing test since last ear infection</th>
<th>Children under five years, with a history of severe ear infections, who had a hearing test since last ear infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>23</td>
<td>25.1</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>273</td>
<td>26.2</td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>219</td>
<td>27.1</td>
</tr>
<tr>
<td>SA Country</td>
<td>88</td>
<td>23.7</td>
</tr>
<tr>
<td><strong>Severe ear infection(s)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>144</td>
<td>38.0</td>
</tr>
<tr>
<td>No</td>
<td>164</td>
<td>20.4</td>
</tr>
<tr>
<td><strong>Frequency of ear infection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td>76</td>
<td>37.7</td>
</tr>
<tr>
<td>Occasionally/Rarely</td>
<td>232</td>
<td>23.7</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>308</td>
<td>26.1</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group(s)

** Actual numbers are too small for statistical tests between the categories

Note: Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
### 3.3.5 Tube (grommet) inserted into children’s ear(s)

Overall, 12.2% (95% CI 10.4-14.2; n=144) of children who have had an ear infection, had a tube (grommet) inserted in their ear(s) ([Table 3.17]).

#### Table 3.17: Children who had a tube (grommet) inserted in their ear(s)

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Children under five years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Metropolitan Regions</td>
<td></td>
</tr>
<tr>
<td>Northern</td>
<td>19</td>
</tr>
<tr>
<td>Western</td>
<td>9</td>
</tr>
<tr>
<td>Southern</td>
<td>21</td>
</tr>
<tr>
<td>Eastern</td>
<td>16</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td></td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>13</td>
</tr>
<tr>
<td>Wakefield</td>
<td>15</td>
</tr>
<tr>
<td>Mid North</td>
<td>-</td>
</tr>
<tr>
<td>Riverland</td>
<td>17</td>
</tr>
<tr>
<td>South East</td>
<td>18</td>
</tr>
<tr>
<td>Eyre</td>
<td>7</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>21</td>
</tr>
<tr>
<td>STATE</td>
<td>144</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower (p < 0.05) than state figure (see Section 1.5.3)
∧ ∨ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)
** Actual numbers are too small for statistical tests between the categories

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 3.18 shows for children under five years of age who have had at least one ear infection, the proportion who have had a tube (grommet) inserted in their ear(s) by various variables.

Table 3.18: Proportion of children who have had a tube (grommet) inserted in their ear(s) by specific variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Children under five years who have had a tube (grommet) inserted in their ear(s)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td></td>
<td>11</td>
<td>11.6</td>
</tr>
<tr>
<td>More than $20,001</td>
<td></td>
<td>129</td>
<td>12.4</td>
</tr>
<tr>
<td><strong>Severe ear infection(s)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td>127</td>
<td>33.7 ↑</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>17</td>
<td>2.1 ↓</td>
</tr>
<tr>
<td><strong>Frequency of ear infection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often</td>
<td></td>
<td>85</td>
<td>42.5 ↑</td>
</tr>
<tr>
<td>Occasionally/Rarely</td>
<td></td>
<td>59</td>
<td>6.0 ↓</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td></td>
<td>144</td>
<td>12.2</td>
</tr>
</tbody>
</table>

↑ ↓ Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than other comparison group(s)

** Actual numbers are too small for statistical tests between the categories

Note: Gross household annual income does not include people who did not state their income.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
CHAPTER 4:  CONTRACEPTION
4.1 Introduction

This section reports on the methods of contraception used by people in South Australia and the ease with which contraception and advice on contraception, are available.

Note on modified and extra questions

Based on the outcome the 1997 survey, some questions were slightly modified for this survey. An extra question was also included to determine why people did not use contraception. Respondents who indicated they currently used no contraception were asked specifically if that was because of respondent/partner having had a vasectomy, tubal ligation, hysterectomy, or because the respondent/partner was currently pregnant, or trying to get pregnant, infertile or not sexually active. Positive response to these questions were then recoded back into the original question. As a result of including this extra question, the proportions for vasectomy, tubal ligation, hysterectomy, currently pregnant, trying to get pregnant and infertile in Table 4.1 were higher than the 1997 survey but more adequately reflect the current situation. Also, this question resulted in excluding more people from the remaining questions (questionnaire in Appendix 4). Different but more accurate estimates about the ease of getting advice and access to contraception are therefore presented using the 1998 data.
4.2 Current contraception use - original response

Males aged 65 years of age or less (n = 2432) and females aged 50 years of age or less (n = 1846) were asked a series of questions regarding contraception. Table 4.2 shows the main responses to the question about the type of contraception they or their partner were currently using (pre-coding).

Table 4.1: Type of contraception used by respondent or partner (pre-coding)

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>%</th>
<th>Mean age (standard deviation) of respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Permanent contraception</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td>498</td>
<td>11.6</td>
<td>43.2 (7.36)</td>
</tr>
<tr>
<td>Tubal ligation</td>
<td>318</td>
<td>7.4</td>
<td>44.1 (7.35)</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>116</td>
<td>2.7</td>
<td>46.8 (5.52)</td>
</tr>
<tr>
<td><strong>Temporary contraception</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>962</td>
<td>22.5</td>
<td>31.0 (7.94)</td>
</tr>
<tr>
<td>Condom</td>
<td>634</td>
<td>14.8</td>
<td>31.9 (9.74)</td>
</tr>
<tr>
<td>IUD</td>
<td>25</td>
<td>0.6</td>
<td>41.2 (4.75)</td>
</tr>
<tr>
<td>Injection</td>
<td>14</td>
<td>0.3</td>
<td>29.6 (3.10)</td>
</tr>
<tr>
<td>Rhythm methods</td>
<td>35</td>
<td>0.8</td>
<td>40.3 (8.04)</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>17</td>
<td>0.4</td>
<td>33.9 (7.12)</td>
</tr>
<tr>
<td>Spermicide</td>
<td>5</td>
<td>0.1</td>
<td>28.9 (5.84)</td>
</tr>
<tr>
<td>Morning after pill</td>
<td>2</td>
<td>0.0</td>
<td>49.0 (0.00)</td>
</tr>
<tr>
<td><strong>Other reasons for no current contraception</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently pregnant</td>
<td>46</td>
<td>1.1</td>
<td>30.7 (4.63)</td>
</tr>
<tr>
<td>Trying to get pregnant</td>
<td>20</td>
<td>0.5</td>
<td>31.0 (4.91)</td>
</tr>
<tr>
<td>Infertile</td>
<td>16</td>
<td>0.4</td>
<td>48.3 (7.91)</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>0.8</td>
<td>38.0 (11.69)</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>50</td>
<td>1.2</td>
<td>38.9 (14.38)</td>
</tr>
<tr>
<td>Not relevant</td>
<td>628</td>
<td>14.7</td>
<td>38.2 (14.47)</td>
</tr>
<tr>
<td>No contraception</td>
<td>1003</td>
<td>23.5</td>
<td>41.0 (11.73)</td>
</tr>
</tbody>
</table>

Note: Multiple responses were possible

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
4.3 Current contraception use - prompted responses

Respondent who indicated no current contraception use were asked specifically if that was because of respondent/partner having had a vasectomy, tubal ligation, hysterectomy, or because the respondent/partner was currently pregnant, or trying to get pregnant, infertile or not sexually active. Table 4.2 reports on the type of contraception use after re-coding these responses into the correct response.

Table 4.2: Type of contraception used by respondent or partner (post-coding)

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>%</th>
<th>Mean age (standard deviation) of respondent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td>644</td>
<td>15.1</td>
<td>43.6 (7.54)</td>
</tr>
<tr>
<td>Tubal ligation</td>
<td>475</td>
<td>11.1</td>
<td>45.0 (7.93)</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td>195</td>
<td>4.6</td>
<td>47.5 (6.56)</td>
</tr>
<tr>
<td>Temporary contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pill</td>
<td>962</td>
<td>22.5</td>
<td>31.0 (7.94)</td>
</tr>
<tr>
<td>Condom</td>
<td>634</td>
<td>14.8</td>
<td>31.9 (9.74)</td>
</tr>
<tr>
<td>IUD</td>
<td>25</td>
<td>0.6</td>
<td>41.2 (4.76)</td>
</tr>
<tr>
<td>Injection</td>
<td>14</td>
<td>0.3</td>
<td>30.0 (3.10)</td>
</tr>
<tr>
<td>Rhythm methods</td>
<td>35</td>
<td>0.8</td>
<td>40.3 (8.04)</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>17</td>
<td>0.4</td>
<td>33.9 (7.12)</td>
</tr>
<tr>
<td>Spermicide</td>
<td>5</td>
<td>0.1</td>
<td>28.9 (5.84)</td>
</tr>
<tr>
<td>Morning after pill</td>
<td>2</td>
<td>0.0</td>
<td>49.0 (0.00)</td>
</tr>
<tr>
<td>Other reasons for no contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently pregnant</td>
<td>92</td>
<td>2.2</td>
<td>30.7 (4.54)</td>
</tr>
<tr>
<td>Trying to get pregnant</td>
<td>90</td>
<td>2.1</td>
<td>32.5 (5.10)</td>
</tr>
<tr>
<td>Infertile</td>
<td>53</td>
<td>1.2</td>
<td>46.9 (9.97)</td>
</tr>
<tr>
<td>Refused to answer</td>
<td>139</td>
<td>3.2</td>
<td>40.0 (12.81)</td>
</tr>
<tr>
<td>Not relevant</td>
<td>628</td>
<td>14.7</td>
<td>38.2 (14.47)</td>
</tr>
<tr>
<td>Not sexually active</td>
<td>204</td>
<td>4.8</td>
<td>35.7 (14.18)</td>
</tr>
<tr>
<td>Other reasons for no contraception</td>
<td>207</td>
<td>4.8</td>
<td>39.8 (11.56)</td>
</tr>
</tbody>
</table>

Note: Multiple responses were possible

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
4.4 Contraceptive advice

Respondents who answered the previous question as permanent contraception (n=1295), infertile (n=53), not relevant (n=628) or who had refused to answer (n=139) were not asked the additional questions on contraceptive advice and ease of availability. The remainder (n=2162) were asked if they found it easy to get advice about the range of available contraception. Table 4.3 shows the responses to this question.

Table 4.3: Proportion finding it easy to get advice on the range of available contraception

<table>
<thead>
<tr>
<th>Response</th>
<th>Males</th>
<th></th>
<th>Females</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>698</td>
<td>60.3</td>
<td>835</td>
<td>83.2</td>
<td>1533</td>
<td>70.9</td>
</tr>
<tr>
<td>No</td>
<td>87</td>
<td>7.5</td>
<td>37</td>
<td>3.7</td>
<td>124</td>
<td>5.7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>69</td>
<td>6.0</td>
<td>18</td>
<td>1.8</td>
<td>87</td>
<td>4.0</td>
</tr>
<tr>
<td>Don’t need advice</td>
<td>305</td>
<td>26.3</td>
<td>113</td>
<td>11.3</td>
<td>418</td>
<td>19.3</td>
</tr>
<tr>
<td>Total</td>
<td>1159</td>
<td>100.0</td>
<td>1003</td>
<td>100.0</td>
<td>2162</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).

The previous question (Table 4.2) was related to contraception use by respondent or by their partner. While this question (Table 4.3) was related to the actual respondent only, this was not made clear resulting in a higher than expected “Don’t know” category (presumably the respondent answering for their partner).
Table 4.4 shows the proportion for each region who reported that gaining advice was difficult.

Table 4.4: Proportion of people finding it not easy to get advice on the range of available contraception, by region

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males who do not find it easy to get advice</th>
<th>Females who do not find it easy to get advice</th>
<th>People who do not find it easy to get advice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Metropolitan Regions</td>
<td>44</td>
<td>7.4</td>
<td>16</td>
</tr>
<tr>
<td>Northern</td>
<td>7</td>
<td>5.2</td>
<td>4</td>
</tr>
<tr>
<td>Western</td>
<td>14</td>
<td>11.8</td>
<td>2</td>
</tr>
<tr>
<td>Southern</td>
<td>10</td>
<td>6.6</td>
<td>7</td>
</tr>
<tr>
<td>Eastern</td>
<td>13</td>
<td>6.8</td>
<td>4</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>6</td>
<td>5.7</td>
<td>4</td>
</tr>
<tr>
<td>Wakefield</td>
<td>3</td>
<td>3.0</td>
<td>2</td>
</tr>
<tr>
<td>Mid North</td>
<td>7</td>
<td>12.5</td>
<td>3</td>
</tr>
<tr>
<td>Riverland</td>
<td>3</td>
<td>5.2</td>
<td>6</td>
</tr>
<tr>
<td>South East</td>
<td>9</td>
<td>11.1</td>
<td>3</td>
</tr>
<tr>
<td>Eyre</td>
<td>3</td>
<td>6.1</td>
<td>-</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>10</td>
<td>11.5</td>
<td>7</td>
</tr>
<tr>
<td>STATE</td>
<td>87</td>
<td>7.5</td>
<td>37</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower (p < 0.05) than state
∧ ∨ Statistically significantly higher or lower (χ² test, p < 0.05) than other comparison group (see Section 1.5.3)
** Actual numbers are too small for statistical tests between the categories

Note: Actual numbers are too small for statistical tests between the four Metropolitan Adelaide regions and the seven SA Country regions for males and females.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 4.5 shows people who found it difficult or easy to get advice by various demographic categories.

Table 4.5: Proportion finding it difficult or easy to get advice about contraception by specific demographic variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>People who do not find it easy to get advice</th>
<th>People who find it easy to get advice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>87</td>
<td>7.5 †</td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
<td>3.7 ‡</td>
</tr>
<tr>
<td><strong>MALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>65</td>
<td>7.4</td>
</tr>
<tr>
<td>SA Country</td>
<td>21</td>
<td>7.5</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>39</td>
<td>15.7 †</td>
</tr>
<tr>
<td>26 to 65 years</td>
<td>47</td>
<td>5.2 ‡</td>
</tr>
<tr>
<td><strong>FEMALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>24</td>
<td>3.1 ‡</td>
</tr>
<tr>
<td>SA Country</td>
<td>14</td>
<td>6.1 †</td>
</tr>
<tr>
<td>Rural Centres</td>
<td>14</td>
<td>6.1 †</td>
</tr>
<tr>
<td>Remote Centres</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>29</td>
<td>3.4</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>5</td>
<td>5.7 **</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>4</td>
<td>5.4 **</td>
</tr>
<tr>
<td><strong>Aboriginal/Torres Strait Islander</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal/Torres Strait Islander</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-Aboriginal/Torres Strait Islander</td>
<td>28</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>9</td>
<td>8.3 †</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>29</td>
<td>3.2 ‡</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>15</td>
<td>6.2 †</td>
</tr>
<tr>
<td>26 to 50 years</td>
<td>22</td>
<td>2.9 ‡</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>124</td>
<td>5.7</td>
</tr>
</tbody>
</table>

† ‡ Statistically significantly higher or lower ($\chi^2$ test, p < 0.05) than other comparison group(s)

** Actual numbers are too small for statistical tests between the categories

Note: Aboriginal Torres Strait Islander category only includes people born in Australia.
Gross household annual income does not include people who did not state their income.
The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
4.5 Obtaining contraception

Respondents were also asked if they found it easy to obtain contraception. Table 4.6 shows the responses to this question and Table 4.7 shows the proportion for each region who found it difficult to obtain contraception.

### Table 4.6: Proportion finding it easy to obtain contraception

<table>
<thead>
<tr>
<th>Response</th>
<th>Males</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Yes</td>
<td>1013</td>
<td>87.3</td>
<td>924</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>1.0</td>
<td>9</td>
</tr>
<tr>
<td>Don’t know</td>
<td>24</td>
<td>2.1</td>
<td>5</td>
</tr>
<tr>
<td>Not needed</td>
<td>111</td>
<td>9.6</td>
<td>65</td>
</tr>
<tr>
<td>Total</td>
<td>1159</td>
<td>100.0</td>
<td>1003</td>
</tr>
</tbody>
</table>

Note: The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
### Table 4.7: Proportion of people who do not find it easy to obtain contraception

<table>
<thead>
<tr>
<th>SA Health Regions</th>
<th>Males who do not find it easy to obtain contraception</th>
<th>Females who do not find it easy to obtain contraception</th>
<th>People who do not find it easy to obtain contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Metropolitan Regions</td>
<td>7</td>
<td>1.2</td>
<td>4</td>
</tr>
<tr>
<td>Northern</td>
<td>1</td>
<td>0.7</td>
<td>1</td>
</tr>
<tr>
<td>Western</td>
<td>2</td>
<td>1.7</td>
<td>4</td>
</tr>
<tr>
<td>Southern</td>
<td>3</td>
<td>2.0</td>
<td>-</td>
</tr>
<tr>
<td>Eastern</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SA Country Regions</td>
<td>3</td>
<td>0.6</td>
<td>5</td>
</tr>
<tr>
<td>Hills Mallee Southern</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Wakefield</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Mid North</td>
<td>1</td>
<td>1.8</td>
<td>-</td>
</tr>
<tr>
<td>Riverland</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>South East</td>
<td>3</td>
<td>3.7</td>
<td>-</td>
</tr>
<tr>
<td>Eyre</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Northern &amp; Far Western</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>12</td>
<td>1.0</td>
<td>9</td>
</tr>
</tbody>
</table>

\[\text{Statistically significantly higher or lower (p < 0.05) than state}\]

\[\text{Statistically significantly higher or lower (χ^2 test, p < 0.05) than other comparison group (see Section 1.5.3)}\]

**Note:** Actual numbers are too small for statistical tests between the four Metropolitan Adelaide regions and the seven SA Country regions.

The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).
Table 4.8 shows people who found it difficult or easy to obtain contraception by various demographic categories.

### Table 4.8: Proportion finding it difficult or easy to obtain contraception by specific demographic variables

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>People who did not find it easy to get advice</th>
<th>People who did find it easy to get advice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12</td>
<td>1.0</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>FEMALES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area of residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metropolitan Adelaide</td>
<td>7</td>
<td>0.9</td>
</tr>
<tr>
<td>SA Country</td>
<td>3</td>
<td>1.3 **</td>
</tr>
<tr>
<td><strong>Country of birth</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>6</td>
<td>0.7</td>
</tr>
<tr>
<td>English speaking countries</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-English speaking</td>
<td>3</td>
<td>4.1 **</td>
</tr>
<tr>
<td><strong>Gross household annual income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to $20,000</td>
<td>3</td>
<td>2.8 **</td>
</tr>
<tr>
<td>More than $20,001</td>
<td>6</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 years or less</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td>26 to 50 years</td>
<td>6</td>
<td>0.8 **</td>
</tr>
<tr>
<td><strong>STATE</strong></td>
<td>21</td>
<td>1.0</td>
</tr>
</tbody>
</table>

* † ‡ Statistically significantly higher or lower ($\chi^2$ test, $p < 0.05$) than other comparison group(s)

* ** Actual numbers are too small for statistical tests between the categories

Note: Gross household annual income does not include people who did not state their income. The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).

These two results (easy and not easy to get advice) do not total as the “don’t know” category has been included.
4.6 Reasons why contraception difficult to obtain

Respondents who did not find it easy to obtain contraception were asked their reasons. Table 4.9 lists the reasons given.

Table 4.9: Reasons why it is difficult to obtain contraception

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embarrassment</td>
<td>5</td>
<td>24.7</td>
</tr>
<tr>
<td>The hassle</td>
<td>4</td>
<td>18.5</td>
</tr>
<tr>
<td>Having to go to GP</td>
<td>4</td>
<td>17.0</td>
</tr>
<tr>
<td>Limited choice</td>
<td>3</td>
<td>12.5</td>
</tr>
<tr>
<td>Cost</td>
<td>2</td>
<td>10.2</td>
</tr>
<tr>
<td>None suitable</td>
<td>1</td>
<td>4.1</td>
</tr>
<tr>
<td>Having to go to Family Planning Clinic</td>
<td>1</td>
<td>3.7</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>47.7</td>
</tr>
</tbody>
</table>

Note: Multiple responses were possible
The weighting of the data can result in rounding discrepancies or totals not adding (see section 1.5).

‘Other’ responses included:

- Don't have time
- Pharmacy too far away
- Having to go to doctor to get script is restrictive
- Never worried about it
- People talk around this town
- Distance - caused problems - with fitting
- Only certain places that they can be purchased
- Prescription drugs

Note: ‘Other’ responses were transcribed exactly by the interviewer.
REFERENCES


APPENDIX 1: SERCIS ADVISORY COMMITTEE MEMBERS
SERCIS ADVISORY COMMITTEE MEMBERS

1997

Dr David Roder (Chairperson)
Director, Epidemiology Branch

Ms Leeanne Head
A/Director Health Evaluation, Purchasing Office

Ms Frida Cheok
Head, Health Outcomes Unit

Mr Tony Woollacott
Senior Planning Officer, Strategic Policy & Planning Branch

Mr Peter Kunst
Director, Migrant Health Service

Dr Rob Elzinga
Director of Clinical Evaluation, Mental Health Unit

Ms Carmel Williams
Senior Project Officer, Health Promotion Unit

Centre for Population Studies in Epidemiology Unit and SERCIS Staff

Dr David Wilson
Head, Centre for Population Studies in Epidemiology

Ms Anne Taylor
Manager - Population Health Surveys, SERCIS Project
Telephone  (08)  8226 6323

Ms Eleonora Dal Grande
Epidemiologist, SERCIS Project

1998

Dr David Roder (Chairperson)
Director, Epidemiology Branch

Dr Peter Baghurst
Head, Public Health Research Unit, Women’s and Children’s Hospital

Dr David Ben-Tovin
Director, Clinical Epidemiology & Health Outcomes Unit, Flinders Medical Centre

Dr Frida Cheok
Head, Health Outcomes Unit

Dr Rob Elzinga
Director of Clinical Evaluation, Mental Health Unit

Ms Felicity Griffith
Principal Project Officer, Purchasing Office

Dr Louis Pilotto
Senior Consultant in Clinical Epidemiology, Clinical Epidemiology & Health Outcomes Unit, The Queen Elizabeth Hospital

Ms Christina Sickert
Project Officer, Health Promotion S.A.

Dr Brian Smith
Director, Clinical Epidemiology & Health Outcomes Unit, The Queen Elizabeth Hospital

Mr Tony Woollacott
Senior Planning Officer, Strategic Policy & Planning Branch

Ms Eleonora Dal Grande
Epidemiologist, SERCIS Project
APPENDIX 2: SOUTH AUSTRALIAN HEALTH COMMISSION’S HEALTH PLANNING DIVISIONS
## South Australian Health Commission’s Health Planning Regions

### Table 10: 1996 Census population, 20 years and older, by area and health regions

<table>
<thead>
<tr>
<th>Area and regional divisions</th>
<th>Population of people aged 20 years and over</th>
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* Changes as of 1 July 1997
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Appendix 2: South Australian Health Commission’s Health Planning Regions

Rural, Remote and Metropolitan Area (RRMA) [9] Classifications

The RRMA classifications are based on SLA and are categorised according to the SLA’s remoteness in terms of low population density and long distances to the large population centres.

Table 12: SA RRMA classifications by LGA and postcodes

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### Appendix 2: South Australian Health Commission’s Health Planning Regions

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APPENDIX 3: LETTER
INTRODUCING THE SURVEY
Dear Householder,

I am writing to ask for your help in an important health survey being conducted by the South Australian Health Commission. Your responses to this survey will be used in the planning of health services in South Australia.

Your phone number has been selected randomly from all telephone listings in South Australia. One of our interviewers will be contacting your household in the next few weeks to speak to the adult in the household who had the last birthday. The interview will be conducted over the telephone and will take about 15 minutes. All information collected will be confidential.

Your participation in the survey is very important and will ensure it truly reflects the health needs and concerns of your community.

If you have any queries about the survey please contact Anne Taylor, Programme Co-ordinator on (08) 8226 6323.

Yours sincerely,

Dr K. Kirke
Executive Director
PUBLIC AND ENVIRONMENTAL HEALTH SERVICE
SOUTH AUSTRALIAN HEALTH COMMISSION
Dear Householder,

I am writing to ask for your help in an important health survey being conducted by the South Australian Department of Human Services (which now incorporates the South Australian Health Commission). Your responses to this survey will be used in the planning of health services in South Australia.

Your phone number has been selected randomly from all telephone listings in South Australia. One of our interviewers will be contacting your household in the next few weeks to speak to the adult in the household (18 years or older) who had the last birthday. The interview will be conducted over the telephone and will take about 15 minutes. You may want to show this letter to other people in your household just in case we telephone when you are not at home. All information collected will be confidential.

People’s health varies according to their age, occupation, where they live etc., so we need to talk to all kinds of people. Your participation in the survey, therefore, is very important and will ensure it truly reflects the health needs and concerns of your community. By taking part you will be making a contribution which benefits everyone.

If you have any queries about the survey please contact Anne Taylor, Programme Co-ordinator on 8226 6323.

Yours sincerely,

Mr Jim Dadds
Acting Executive Director
PUBLIC AND ENVIRONMENTAL HEALTH SERVICE
APPENDIX 4: SA HEALTH GOALS AND TARGETS PRIORITY AREAS QUESTIONNAIRE SEPTEMBER 1998
Appendix 4: SA Health Goals and Targets Priority Areas - Sept 1998

Introduction

Good ....... My name is ....... from the South Australian Department of Human Services which now incorporates the SA Health Commission. We are conducting a survey about health issues. You would have received a letter recently about the survey on behalf of the South Australian Health Commission.

Did you receive the letter?

(Single Response)
1. Yes [    ]
2. No [    ]
3. Don't know [    ]

Could I please speak with the person in the household, aged 18 and over, who was the last to have a birthday.

I can assure you that all information given will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.

Interviewer select the appropriate type:
1. Respondent [    ]
2. Foreign language interviewer required [    ]
3. Refusal [    ]

A. DEMOGRAPHICS

As some of the next questions relate to certain groups of people only, could you please tell me

A.1 How old you are?
(Single Response. Enter 999 if not stated)

_____

A.2 Voice (ask if unsure)
1. Male [    ]
2. Female [    ]

A.3 Including yourself how many people aged 18 and over live in this household?

(Single Response. Enter number of people 18 years and over)

[    ]

A.4 How many children under 18 years live in your household?

(Single Response. Enter number of people 18 years and over. Enter 0 if none)

[    ]

A.5 What is the Postcode of the house?

(Single Response. If postcode is not known enter 5999)

5_ _ _

Sequence Guide: If A.5 < 5999 Go to B

A.6 What town or suburb do you live in?

(Single Response. Enter town/suburb)

______
B. DIABETES PREVALENCE / INCIDENCE

B.1 Have you ever been told by a doctor that you have Diabetes?
(Single Response)
1. Yes [    ]
2. No [    ] Go to 3.2

Sequence Guide: If Male Go to 3.7
If Female Go to 9.3

B.2 Have you ever been told by a doctor that you have high blood sugar or a touch of sugar?
(Single Response)
1. Yes [    ]
2. No [    ] Go to C

Sequence Guide: If Male Go to B.7

B.3 Were you pregnant when you were first told you had diabetes or high blood sugar?
(Single Response)
1. Yes [    ]
2. No [    ] Go to B.7

B.4 Diabetes that you only have during pregnancy is often called gestational diabetes. How old were you when you were first told you had gestational diabetes?
(Enter number of years. Enter 999 if unknown. Single Response)
1. Years __________
2. Don’t know [999]

Sequence Guide: If A.1 = approx B.4 (age = approx. age of first told) Go to B.5
Else Go to B.6

B.5 Is that within the last 12 months?
(Single Response)
1. Yes [    ]
2. No [    ]

B.6 Have you ever been told that you have diabetes or high blood sugar other than when you were pregnant?
(Single Response)
1. Yes [    ] Go to 3.15
2. No [    ]

B.7 Have you got diabetes or high blood sugar now?
(Single Response)
1. Yes [    ] Go to B.9
2. No [    ]

B.8 Why do you no longer have diabetes or high blood sugar?
(Single Response)
1. Cured went away [    ]
2. Only mild [    ]
3. Now under control [    ]
4. Wrongly diagnosed [    ] Go to C
5. Don’t know [    ]
6. Other (specify) [    ]

B.9 [Other than the gestational diabetes] What type of diabetes were you told you had?
(Single Response)
1. Type 1 - Insulin Dependent - Juvenile onset [    ]
2. Type 2 - Non-insulin Dependent - Mature onset [    ]
3. Don’t know [    ]
4. Other (specify) [    ]

B.10 [Other than the gestational diabetes] How old were you when you first were told you had diabetes or high blood sugar?
(Enter number of years. Enter 999 if unknown. Single Response)
1. Years __________
2. Don’t know [999]

Sequence Guide: If A.1 = approx B.10 (age = approx. age of first told) Go to B.11
Else Go to B.12
Appendix 4: SA Health Goals and Targets Priority Areas - Sept 1998

B.11 Is that within the last 12 months?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  

B.12 When you were first told you had diabetes or high blood sugar what treatment did the doctor put you on?  
(Multiple responses)  
1. Dietary change [ ]  
2. Insulin [ ]  
3. Tablets [ ]  
4. Lose weight [ ]  
5. Exercise [ ]  
6. Monitor blood glucose daily [ ]  
7. Nothing [ ]  
8. Don’t know [ ]  
9. Other (specify) [ ]  

B.13 Do you currently use insulin injection?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  

Sequence Guide: If B.12= 2 or B.13=1 Go to B.14. Otherwise Go to B.15.  

B.14 How long after diagnosis did you start the insulin?  
(Single Response)  
1. Immediately [ ]  
2. Months (specify) [ ]  
3. Years (specify) [ ]  
4. Don’t know [ ]  

B.15 Have you ever seen a diabetes nurse educator?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  

C. COMPLICATIONS  

C.1 Have you ever been admitted to a hospital ....  
(Read Options. Multiple Response)  
1. With a heart attack [ ]  
2. With angina [ ]  
3. With heart failure [ ]  
4. To have a limb amputated [ ]  
5. With a foot ulcer [ ]  
6. With kidney failure/disease [ ]  
7. As a result of a stroke [ ]  
8. None of the above [ ]  

C.2 Do you fall in one of these categories?  
(Read options. Single Response)  
1. An adult with an ongoing illness like heart disease, lung disease, kidney disease, diabetes [ ]  
2. An adult with a weak immune system due to illness or medication [ ]  
3. None of the above [ ]  

Sequence Guide: If (no diabetes) B.1=2 & B.2=2 Go to E.  
If (females with gestational diabetes only) (B.1=1 OR B.2=1) & female & B.6=2 Go to E.  
If ((B.1=1 OR B.2=1) & B.8=3, Go to E.  

C.3 Have you ever been told by a doctor that your vision has been affected because of your diabetes?  
(Single Response)  
1. Yes [ ]  
2. No [ ]  
3. Don’t know [ ]  

C.4 Have you had your eyes examined by a doctor or an optometrist in the previous 12 months because of your diabetes?  
(Single Response)  
1. Yes [ ]  
2. No [ ]
Appendix 4: SA Health Goals and Targets Priority Areas - Sept 1998

C.5 Have you ever had laser therapy on your eyes because of your diabetes?
(Single Response)
3. Yes [ ]
4. No [ ]

C.6 Have you ever had cataract surgery?
(Single Response)
1. Yes [ ]
2. No [ ]

C.7 Do you often suffer tingling, pins & needles, burning or pain, or loss of sensation in your feet, toes or lower limbs?
(Single Response)
1. Yes [ ]
2. No [ ]

Sequence Guide: If \[ A.2 = 2 \] (female) Go to Section C.9

C.8 How often do you experience problems with getting or maintaining an erection?
(Read options. Single Response)
1. Always [ ]
2. Often [ ]
3. Occasionally [ ]
4. Rarely [ ]
5. Never [ ]
6. Irrelevant [ ]
7. No comment [ ]

Sequence guide: Go to Section D

C.9 Do you suffer any sexual dysfunction because of your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]
4. Irrelevant [ ]
5. No comment [ ]

D. POOR GLYCAEMIC CONTROL

D.1 Do you ever measure your blood glucose (blood sugar levels) before breakfast?
(Single Response)
1. Yes [ ]
2. No [ ] Go to Section E

D.2 What was the last pre-breakfast reading?
(Single Response) (Interviewer note - numbers relate to mmol/L. mmol/L = millimoles per litres)
1. Ideal (3 to 6) [ ]
2. Moderate (7 to 10) [ ]
3. Poor (11 to 15) [ ]
4. Very poor (16+) [ ]
5. Don’t know [ ]
6. Other (specify) [ ]

E. KNOWLEDGE OF DIABETES

E.1 Can you name some of the things that contribute to a person developing diabetes?
(Do Not Prompt. Multiple Response)
1. Family history of diabetes [ ]
2. Over 40 [ ]
3. Overweight [ ]
4. Eating too much sugar [ ]
5. Old age [ ]
6. Stress [ ]
7. Lack of exercise [ ]
8. Ethnic origin [ ]
9. Smoking [ ]
10. Alcohol [ ]
11. Eating fatty foods [ ]
12. Poor diet [ ]
13. Shock / trauma / stress [ ]
14. Pregnancy [ ]
15. Other illness [ ]
16. Don’t know [ ]
17. Other (specify) [ ]
Appendix 4: SA Health Goals and Targets Priority Areas - Sept 1998

E.2 What actions can be taken to delay the development of diabetes?
(Do Not Prompt. Multiple Response)
1. No action [ ]
2. Weight control [ ]
3. Weight loss [ ]
4. Exercise [ ]
5. Healthy diet/eating habits [ ]
6. Limit sugar [ ]
7. Limit fat [ ]
8. Health checks/screening [ ]
9. No Smoking [ ]
10. No Alcohol [ ]
11. Taking medication [ ]
12. Minimise stress [ ]
13. Don’t know [ ]
14. Other (specify) [ ]

E.3 What are the early symptoms of diabetes?
(Do Not Prompt. Multiple Response)
1. Passing lots of urine [ ]
2. Excess thirst / dehydration [ ]
3. Tiredness/lethargy [ ]
4. Vision problem [ ]
5. Skin & genital infections [ ]
6. Change in weight [ ]
7. Headaches [ ]
8. Dizziness of feeling faint or confused [ ]
9. Numbness or tingling of extremities [ ]
10. Don’t know [ ]
11. Other (specify) [ ]

F.2 Were you told by a doctor that you have high blood pressure only when you were pregnant?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]
4. Never pregnant [ ]

F.3 When did you last have your blood pressure measured?
(Single Response)
1. Less than 1 year ago [ ]
2. One to less than 2 years ago [ ]
3. 2 to 3 years ago [ ]
4. More than 3 years ago [ ]
5. Never measured [ ] Go to G
6. Don’t know [ ]

F.4 The last time you had your blood pressure measured were you told whether it was high, normal or low?
(Single Response)
1. High [ ]
2. Normal/OK (borderline) [ ]
3. Low [ ]
4. Was not told [ ]
5. Can’t remember [ ]

F.5 Are you on tablets for blood pressure?
(Single Response)
1. Yes [ ]
2. No [ ]

F.6 What do you currently do to manage your blood pressure?
(Multiple Response)
1. Diet [ ]
2. Tablets/medication [ ]
3. Exercise [ ]
4. Nothing [ ]
5. Limit stress [ ]
6. Other (specify) [ ]

Sequence guide: If male (A2 = 1) Go to F.3
**G. CHOLESTEROL**

G.1 Have you ever been told by a doctor that you have high cholesterol?

(Single Response)
1. Yes
2. No
3. Don’t know
4. Never measured  [ ] Go to H

G.2 When did you last have your cholesterol measured?

(Single Response)
1. Less than 1 year ago [ ]
2. One to less than 2 years ago [ ]
3. 2 to 3 years ago [ ]
4. More than 3 years ago [ ]
5. Never measured [ ] Go to H
6. Don’t know [ ]

G.3 The last time you had your cholesterol measured were you told whether it was high, normal or low?

(Single Response)
1. High
2. Normal/OK (borderline)
3. Low
4. Was not told
5. Can’t remember

G.4 Are you on tablets (or other prescribed medication) for high cholesterol?

(Single Response)
1. Yes
2. No

G.5 What do you currently do to manage your cholesterol?

(Multiple Response)
1. Diet
2. Tablets/medication
3. Exercise
4. Nothing
5. Other (specify)

**H. RISK FACTORS - Alcohol**

H.1 How often do you usually drink alcohol?

(Single Response)
1. I don’t drink alcohol  [ ] Go to I
2. Less than once a week [ ]
3. On 1 or 2 days a week [ ]
4. On 3 or 4 days a week [ ]
5. On 5 or 6 days a week [ ]
6. Every Day [ ]

H.2 A Standard Drink is equivalent to a schooner of full strength beer, a glass of wine or a nip of spirits. On a day when you drink alcohol, how many drinks do you usually have?

(Single Response)
1. 1 or 2 drinks [ ]
2. 3 or 4 drinks [ ]
3. 5 or 8 drinks [ ]
4. 9 or 12 drinks [ ]
5. 13 or 20 drinks [ ]
6. More than 20 drinks [ ]

**I. RISK FACTORS - BMI**

I.1 What is your height without shoes?

(Single Response)
1. centimetres ________
2. feet:inches ____  ____
3. don’t know [999]

I.2 What is your weight? (Undressed in the morning)

(Single Response)
1. kilograms (kg) ________
2. stones:pounds ____  ____
3. don’t know [999]

I.3 Do you consider yourself to be?

(Read Options. Single Response)
1. Very Underweight [ ]
2. Underweight [ ]
3. An acceptable weight [ ]
4. Overweight [ ]
5. Very overweight [ ]
### J. RISK FACTORS - Smoking

I would now like to ask you some questions about smoking.

**J.1 Do you smoke at all?**

(Single Response)

1. Yes [ ]
2. No [ ] Go to J.3
3. Occasionally [ ]

**J.2 How many cigarettes do you usually smoke a day?**

(Single Response)

1. Number [ ] Go to K
2. Less than one [ ] Go to K
3. Only smoke cigars/pipes [ ] Go to K

**J.3 Have you ever smoked regularly (that is, at least once a day)?**

(Single Response)

1. Yes [ ]
2. No [ ] Go to K

**J.4 How many cigarettes did you usually smoke a day?**

(Single Response)

1. Number [ ]
2. Less than one [ ]
3. Only smoke cigars/pipes [ ]

**J.5 How old were you when you last gave up smoking?**

(Single Response. Enter 999 if don’t remember)

1. Age [ ]
2. Can’t remember [999]

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### K. RISK FACTORS - Exercise

I now want to ask you about exercise you may do for sport, recreation or fitness.

**K.1 In the last 2 weeks, did you do any walking for sport, recreation or fitness?**

(Single Response)

1. Yes [ ]
2. No [ ] Go to K.4

**K.2 How many times did you do any walking for exercise?**

(Single Response. Enter 999 if not known)

1. Number [ ]
2. Don’t know [999]

**K.3 What was the total amount of time you spent walking in the last two weeks?**

(Single Response. Add combination of hours and minutes)

1. Hours [ ]
2. Minutes [ ]
3. Don’t know [99]

**K.4 In the last 2 weeks, (apart from walking) did you do any exercise which caused a moderate increase in your heart rate or breathing?**

(Single Response)

1. Yes [ ]
2. No [ ] Go to K.7

**K.5 How many times did you do any moderate exercise in the last 2 weeks?**

(Single Response. Enter 999 if not known)

1. Number [ ]
2. Don’t know [999]
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K.6 What was the total amount of time you spent doing moderate exercise in the last two weeks?
   (Single Response)
   1. Hours [ ]
   2. Minutes [ ]
   3. Don’t know [999]

K.7 In the last 2 weeks, did you do any other exercise which caused a large increase in your heart rate or breathing, that is, vigorous exercise?
   (Single Response)
   1. Yes [ ]
   2. No [ ] Go to [L]

K.8 How many times did you do any vigorous exercise in the last two weeks?
   (Single Response)
   1. Number [ ]
   2. Don’t know [999]

K.9 What was the total amount of time you spent doing vigorous exercise in the last two weeks?
   (Single Response. Add combination of hours and minutes)
   1. Hours [ ]
   2. Minutes [ ]
   4. Don’t know [999]

L. IMMUNISATION

L.1 In the last 12 months have you had a flu injection?
   (Single Response)
   1. Yes [ ] Go to [L.3]
   2. No [ ]

L.2 When did you last have a flu injection?
   (Single Response)
   1. Never [ ]
   2. 1997 [ ]
   3. 1996 [ ]
   4. 1995 [ ]
   5. 1994 [ ]
   6. 1993 [ ]
   7. Before 1993 [ ]
   8. Don’t know [ ]

Sequence guide: Go to [L.4]

L.3 What was the main influence on your decision to have the flu injection?
   (Single Response)
   1. Advised by doctor [ ]
   2. Partner/spouse suggested it [ ]
   3. Personal choice [ ]
   4. Media influence [ ]
   5. Always have it [ ]
   6. Other (specify) [ ]

L.4 Do you consider yourself to be in one of the flu risk groups?
   (Single Response)
   1. Yes [ ]
   2. No [ ]
   3. Don’t know [ ]
   4. Don’t know what the risk groups are [ ]

L.5 In the last 10 years have you had an Adult Diphtheria Tetanus vaccination (ADT) or a tetanus vaccination?
   (Single Response)
   1. Yes [ ]
   2. No [ ]
   3. Don’t know [ ]
   4. Can’t remember [ ]
M. EAR INFECTIONS IN CHILDREN

Sequence Guide: If A.4 = 0 Go to Section N (if no children < 18)

M.1 As some of the next questions relate to children could you please tell me how many children under 5 years of age live in this household?

(Enter number of children. Enter 0 if none. Single Response)
1. Number [   ]
2. None [   ] Go to N

Sequence Guide: For the six youngest children, repeat questions M.2 to M.7 Otherwise go to N.

M.2 [Beginning with the youngest child] What is the child’s age?

(Enter number of years or other options. Single Response)
1. Whole Years ______
2. Less than 6 months [   ]
3. > 6 mths to 12 mths [   ]

M.3 Has he/she ever had an ear infection?

(Single Response)
1. Yes [   ]
2. No [   ] Go to M.8
3. Don’t know [   ]

M.4 Did a doctor say that any of the ear infections were severe?

(Single Response)
1. Yes [   ]
2. No [   ]
3. Don’t know [   ]
4. Did not go to doctor [   ]

M.5 How often does he/she get an ear infection?

(Read Options. Single Response)
1. Often [   ]
2. Occasionally [   ]
3. Rarely [   ]
4. Don’t know [   ]

M.6 Has the child had their hearing tested since the last infection?

(Single Response)
1. Yes [   ]
2. No [   ]
3. Don’t know [   ]

M.7 Has the child ever had a tube (grommet) inserted in their ear?

(Single Response)
1. Yes [   ]
2. No [   ]
3. Don’t know [   ]

M.8 Sequence Guide: For each child, repeat questions M.2 to M.7 Otherwise go to N.
N. SPINA BIFIDA (PART 1)

Sequence Guide: If $A.2 = 1 \& age = > 65$ (if Male aged > 65 years) Go to Section S

Sequence Guide: If $A.2 = 2 \& A.1 > 50$
Go to Section S
(If female and aged > 50 years )

N.1 Spina bifida is a spinal defect present at birth. Can you tell me which ONE of the following may prevent spina bifida if enough is taken by the mother?

(Read options. Single Response)
1. Vitamin A  [ ]
2. Folate (folic acid, a B group vitamin)  [ ]
3. Other B group vitamins (B1, B2, B5, B6)  [ ]
4. Vitamin C (Ascorbic acid)  [ ]
5. Vitamin D  [ ]
6. Other (specify)  [ ]
7. No  [ ]
8. Not sure/ Don’t know  [ ]

Sequence guide: If $N.1 \neq 2$ Go to O

N.2 Do you know when folic acid needs to be taken by a woman to reduce her chance of having a baby with spina bifida?

(Read options. Single Response)
1. During the menstrual period  [ ]
2. Before a pregnancy  [ ]
3. Before pregnancy and in the first 3 months of pregnancy  [ ]
4. In the first 3 months of pregnancy only  [ ]
5. In the first 6 months of pregnancy  [ ].
6. Throughout pregnancy  [ ]
7. Other (specify)  [ ]
8. Not sure/ Don’t know  [ ]

O. BREASTFEEDING

Sequence Guide: If $A.2 = 1$ Go to Section P (if Male)

Sequence Guide: If $A.2 = 2 \& A.1 > 50$
Go to Section S (If female and aged > 50 years )

Now we would like to ask some questions about issues related to breastfeeding and care during and after pregnancy.

O.1 Can you please tell me if you are currently pregnant?

(Single Response)
1. Yes  [ ]
2. No  [ ]

O.2 Can you please tell me the number of babies you have given birth to in the last three years?

(Single Response. Enter 0 if none.)
1. Number of children_____
2. None  [ 0 ] Go to R

O.3 We are interested in finding out what kind of milk six month old babies are fed. Do you have a child aged six months or older?

(Single Response)
1. Yes  [ ]
2. No  [ ] Go to P

O.4 What kind of milk was your youngest child, who is aged six months or older, fed at 6 months of age?

(Read options. Single Response)
1. Fully breast milk  [ ] Go to O.12
2. Fully bottle milk  [ ]
3. Breast & bottle milk[ ] Go to O.10
4. Other (specify)  [ ] Go to O.12
5. Don’t know  [ ] Go to O.12
O.5 Did you start to breastfeed your youngest child?
(Single Response)
1. Yes [ ]
2. No [ ] Go to O.9

O.6 How long did you breastfeed for?
(Single Response)
1. Weeks ______
2. Months ______
3. Can’t remember [ ]

O.7 What was the MAIN reason for stopping breastfeeding?
(Single Response)
1. Not enough milk [ ]
2. Mother going back to work [ ]
3. Baby old enough to have other foods/fluids [ ]
4. Mother not getting enough support [ ]
5. Multiple birth [ ]
6. Medical condition of mother [ ]
7. Medication use [ ]
8. Sore/cracked nipples [ ]
9. Baby got teeth and bit nipple [ ]
10. Too many breastfeeding problems [ ]
11. Smoking [ ]
12. Alcohol use [ ]
13. Didn’t want to breastfeed in public [ ]
14. Don’t know [ ]
15. Other (specify) [ ]

Sequence guide: If O.7=4,10 or 15 Go to O.8
Otherwise go to O.11

O.8 What would have encouraged you to maintain breastfeeding?
(Single Response)
1. Support from partner [ ]
2. Don’t know [ ]
3. Other (specify) [ ]

Sequence guide: Go to O.11

O.9 What was your MAIN reason for not trying to breastfeed?
(Single Response)
1. Convenience [ ]
2. Easier to leave baby with others [ ]
3. Breastfeeding looked too hard [ ]
4. Bottle fed previous child [ ]
5. No milk [ ]
6. Premature baby [ ]
7. Multiple birth [ ]
8. Medical condition of mother [ ]
9. Medication use [ ]
10. Child’s mother or father was fed this way [ ]
11. Preferred this method [ ]
12. Smoking [ ]
13. Alcohol use [ ]
14. Other (specify) [ ]

Sequence guide: Go to O.11

O.10 Why is your youngest child being both breast and bottle fed?
(Single Response)
1. Convenience [ ]
2. Easier to leave baby with others [ ]
3. Poor milk supply [ ]
4. Supplement feeds [ ]
5. Premature baby [ ]
6. Baby has illness/disability [ ]
7. Father can help more [ ]
8. Can go to work sooner [ ]
9. Mother or father of the child was fed this way [ ]
10. Don’t know [ ]
11. Other (specify) [ ]
O.11 What kind of milk was used to bottle feed?
(Single Response. If Formulae, please ask for the brand used)
1. Cow [ ]
2. Goat [ ]
3. Formulae (brand S26) [ ]
4. Formulae (brand NAN) [ ]
5. Formulae (specify other brand) [ ]
6. Soya milk [ ]
7. Other (specify) [ ]

O.12 How old is this child now?
(Single Response. Enter years OR months)
1. Years _____
2. Months _____

O.13 Who or what was the MAIN influence that helped you decide how you would feed your baby? This could be from any source.
(Single response)
1. Partner [ ]
2. Mother [ ]
3. Mother-in-law [ ]
4. Sister/sister-in-law [ ]
5. Friends with children [ ]
6. Other children fed this way [ ]
7. Books/magazines/literature [ ]
8. General practitioner [ ]
9. Obstetrician [ ]
10. Antenatal classes [ ]
11. Midwife [ ]
12. Lactation consultant [ ]
13. Nursing mothers’ Association of Australia (NMAA) Breastfeeding Counsellor [ ]
14. Own decision [ ]
15. No-one [ ]
16. Other (specify) [ ]

P. ANTE-NATAL CARE AND EDUCATION

Sequence guide: [A.2]-2 (if female) Go to P.4

P.1 The following questions are about ante-natal care and education. Do you have a child under 3 years of age that was born in South Australia?
(Single Response)
1. Yes [ ]
2. No [ ] Go to R
3. Don’t know [ ]

P.2 The next questions are about the latest birth in South Australia only. How many ante-natal education sessions did you attend while your partner was pregnant? These educational sessions are not medical visits but can be educational sessions about pregnancy, the birth or caring for the baby.
(Single Response)
1. Number [ ] Go to P.20
2. None [ ]
3. Don’t know [999] Go to P.20
4. Not applicable [ ]

P.3 Why didn’t you attend any ante-natal education sessions?
(Multiple Response)
1. Attended with previous pregnancy [ ]
2. Other (specify) [ ]

Sequence Guide: Go to P.20 (if Male)

P.4 The following questions are about ante-natal care and education. If you have given birth more than once in the previous three years, the next questions relate to the latest birth only. Did this birth occur in South Australia?
(Single Response)
1. Yes [ ]
2. No [ ] Go to R
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P.5 Can you please tell me the month and year of birth of your youngest child that was born in South Australia?
(Single Response)
1. Month _____
2. Year _____
3. Refused [ ]

P.6 In the month before you became pregnant the last time, did you take folic acid tablets every day?
(Single Response)
1. Yes [ ]
2. No [ ] Go to P.8
3. Not sure [ ]

P.7 Can you please tell me the name and brand of the folic acid tablet?
(Single Response)
1. Megafol [ ]
2. Folic acid - Blackmore [ ]
3. Folic acid - Sigma [ ]
4. Other (specify) [ ]
5. Not sure [ ]

P.8 In the first 3 months of your last pregnancy, did you take folic acid tablets every day?
(Single Response)
1. Yes [ ]
2. No [ ] Go to P.10
3. Not sure [ ]

P.9 Can you please tell me the name and brand of the folic acid tablet?
(Single Response)
1. Megafol [ ]
2. Folic acid - Blackmore [ ]
3. Folic acid - Sigma [ ]
4. Other (specify) [ ]
5. Not sure [ ]

P.10 In the month before you became pregnant the last time, did you take cereals specially enriched with folic acid every day?
(Single Response)
1. Yes [ ]
2. No [ ] Go to P.12
3. Not sure [ ]

P.11 Can you please tell me the name of cereal?
(Single Response)
1. Allbran [ ]
2. Bran flakes [ ]
3. Coco Pops [ ]
4. Cornflakes [ ]
5. Crunchy Nut Cornflakes [ ]
6. Fruit loops [ ]
7. Fruitie bix [ ]
8. Good starts (wheat flakes) [ ]
9. Honey smacks [ ]
10. Just right [ ]
11. Muesli flakes [ ]
12. Muesli & fruit bits [ ]
13. Muesli (toasted) [ ]
14. Muesli (untoasted) [ ]
15. Nutrigrain [ ]
16. Porridge [ ]
17. Puffed Wheat [ ]
18. Rice bubbles [ ]
19. Rice flakes [ ]
20. Special K [ ]
21. Sultana bran [ ]
22. Sustain [ ]
23. Weetbix [ ]
24. Wheeties [ ]
25. Vitabrits [ ]
26. Type (specify) [ ]

P.12 In the first 3 months of your last pregnancy, did you take cereals specially enriched with folic acid every day?
(Single Response)
1. Yes [ ]
2. No [ ] Go to P.14
3. Not sure [ ]
P.13 Can you please tell me the name of the cereal?
(Single Response)
1. Allbran [ ]
2. Bran flakes [ ]
3. Coco Pops [ ]
4. Cornflakes [ ]
5. Crunchy Nut Cornflakes [ ]
6. Fruit loops [ ]
7. Fruitie bix [ ]
8. Good starts (wheat flakes) [ ]
9. Honey smacks [ ]
10. Just right [ ]
11. Muesli flakes [ ]
12. Museli & fruit bits [ ]
13. Museli (toasted) [ ]
14. Museli (untoasted) [ ]
15. Nutrigrain [ ]
16. Porridge [ ]
17. Puffed Wheat [ ]
18. Rice bubbles [ ]
19. Rice flakes [ ]
20. Special K [ ]
21. Sultana bran [ ]
22. Sustain [ ]
23. Weetbix [ ]
24. Wheeties [ ]
25. Vitabrits [ ]
27. Type (specify) [ ]

P.14 In the month before you became pregnant the last time, did you increase your intake of foods rich in folate or folic acid, such as green leafy vegetables, cereals and fruits?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Not sure [ ]

P.15 In the first 3 months of your last pregnancy, did you increase your intake of foods rich in folate or folic acid, such as green leafy vegetables, cereals and fruits?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Not sure [ ]

Sequence guide: J.1=2 & J.3=2 Go to P.18

P.16 While you were pregnant, did you quit smoking?
(Single Response)
1. Yes [ ] Go to P.18
2. No [ ]

P.17 While you were pregnant, did you cut down on the amount you smoked?
(Single Response)
1. Yes [ ]
2. No [ ]

P.18 How many ante-natal education sessions did you attend while you were pregnant? These educational sessions are not medical visits but can be educational sessions about pregnancy, the birth or caring for the baby.
(Single Response)
1. Number [ ] Go to P.20
2. None [ 0 ]
3. Don’t know [999] Go to P.20

P.19 Why didn’t you attend any ante-natal education sessions?
(Multiple Response)
1. Attended with previous pregnancy [ ]
2. Other (specify) [ ]

P.20 How satisfied were you with the health care [you / your partner] received before the birth of your baby?
(Read options. Single Response)
1. Very satisfied [ ] Go to
2. Satisfied [ ] Go to
3. Neither [ ] Go to
4. Dissatisfied [ ]
5. Very dissatisfied [ ]
P.21 Why were you dissatisfied with the care [you / your partner] received before the birth?
(Single Response)
1. Other (specify) [ ]

Q. BIRTH & POST BIRTH CARE

Q.1 Still talking about this latest birth, where was the baby born?
(Read options. Single Response)
1. Private hosp labour ward [ ]
2. Public hosp labour ward [ ]
3. Private hosp birth centre [ ]
4. Public hosp birth centre [ ]
5. Private hosp operating theatre [ ]
6. Public hosp operating theatre [ ]
7. At home [ ]
8. Other (specify) [ ]

Sequence guide: If female (A2=2) Go to Q.3

Q.2 Were you present at the birth?
(Single Response)
1. Yes [ ]
2. No [ ]

Q.3 How satisfied were you with the care [you / your partner] received during the actual birth?
(Read options. Single Response)
1. Very satisfied [ ] Go to Q.5
2. Satisfied [ ] Go to Q.5
3. Neither [ ] Go to Q.5
4. Dissatisfied [ ]
5. Very dissatisfied [ ]

Q.4 Why were you dissatisfied with the care [you / your partner] received during the actual birth?
(Single Response)
1. Other (specify) [ ]

Q.5 How satisfied were you with the care [you / your partner] received after the birth while in hospital?
(Read options. Single Response)
1. Very satisfied [ ] Go to Q.7
2. Satisfied [ ] Go to Q.7
3. Neither [ ] Go to Q.7
4. Dissatisfied [ ]
5. Very dissatisfied [ ]

Q.6 Why were you dissatisfied with the care [you / your partner] received after the birth while in hospital?
(Single Response)
1. Other (specify) [ ]

Q.7 How satisfied were you with the care you received after leaving the hospital (e.g. baby care, information on feeding, relationships, post-natal depression etc)?
(Read options. Single Response)
1. Very satisfied [ ] Go to Q.9
2. Satisfied [ ] Go to Q.9
3. Neither [ ] Go to Q.9
4. Dissatisfied [ ]
5. Very dissatisfied [ ]

Q.8 Why were you dissatisfied with the care you received after leaving the hospital?
(Single Response)
1. Other (specify) [ ]

Sequence guide: If A.2=1 (if male) Go to Q.10

Q.9 Did you get enough support (for example from your partner, family members, or health and welfare service) in the first six months after the birth?
(Single Response)
1. Yes [ ] Go to Q.12
2. No [ ]
3. Baby died [ ] Go to Q.12

Sequence guide: Go to Q.11
Q.10 Did you get enough support (for example from family members, or health and welfare service) in the first six months after the birth?

(Single Response)
1. Yes [ ] Go to Q.12
2. No [ ]
3. Baby died [ ] Go to Q.12

Q.11 Who did you need extra support from or what kind of support did you need?

(Multiple Response)
1. Partner [ ]
2. Family [ ]
3. Neighbours [ ]
4. Friends [ ]
5. Hospital nurse [ ]
6. GP [ ]
7. Child health nurse [ ]
8. Parent support services [ ]
9. After hours advice [ ]
10. Breastfeeding support services [ ]
11. Other mothers [ ]
12. Other (specify) [ ]

Q.12 Thinking back to when you had your baby what additional information would you have liked to have received?

(Read options. Multiple Response)
1. Breastfeeding [ ]
2. Bottle feeding [ ]
3. Settling information [ ]
4. Relationships [ ]
5. Baby care [ ]
6. Child development [ ]
7. Coping with siblings [ ]
8. None [ ]
9. Don’t know [ ]
10. Other (specify) [ ]

Sequence guide: If males (A2=1) Go to Q.16

Q.13 Have you been with your current partner since the birth of your youngest child?

(Single Response)
1. Yes [ ]
2. No [ ] Go to Q.16
3. Refused [ ] Go to Q.16

Q.14 What is your partner’s mother’s country of birth?

(Single Response)
1. Australia [ ]
2. Austria [ ]
3. Bosnia-Herzegovina [ ]
4. Canada [ ]
5. China [ ]
6. Croatia [ ]
7. France [ ]
8. Germany [ ]
9. Greece [ ]
10. Holland / Netherlands [ ]
11. Hong Kong [ ]
12. Iran [ ]
13. Italy [ ]
14. Japan [ ]
15. Malaysia [ ]
16. New Zealand [ ]
17. Philippines [ ]
18. Poland [ ]
19. Slovenia [ ]
20. Spain [ ]
21. UK and Ireland [ ]
22. USA [ ]
23. Vietnam [ ]
24. Former Yugoslav Republic of Macedonia [ ]
25. Former Yugoslav Republics of Serbia & Montenegro [ ]
26. Other country (specify) [ ]
27. Don’t know [ ]
Q.15 What is your partner’s father’s country of birth?

(Single Response)
1. Australia [ ]
2. Austria [ ]
3. Bosnia-Herzegovina [ ]
4. Canada [ ]
5. China [ ]
6. Croatia [ ]
7. France [ ]
8. Germany [ ]
9. Greece [ ]
10. Holland / Netherlands [ ]
11. Hong Kong [ ]
12. Iran [ ]
13. Italy [ ]
14. Japan [ ]
15. Malaysia [ ]
16. New Zealand [ ]
17. Philippines [ ]
18. Poland [ ]
19. Slovenia [ ]
20. Spain [ ]
21. UK and Ireland [ ]
22. USA [ ]
23. Vietnam [ ]
24. Former Yugoslav Republic of Macedonia [ ]
25. Former Yugoslav Republics of Serbia & Montenegro [ ]
26. Other country (specify) [ ]
27. Don’t know [ ]

Q.16 Have you heard of the Child and Youth Health (formerly known as CAFHS) 24 hour telephone Parent Helpline?

(Single Response)
1. Yes [ ]
2. No [ ]

(Interviewer note: The Parent Helpline is: 1300 364 100 Local call cost anywhere in SA)

Q.17 Have you used the Child and Youth Health 24 hour telephone Parent Helpline?

(Single Response)
1. Yes [ ]
2. No [ ]

(Interviewer note: The Parent Helpline is: 1300 364 100 Local call cost anywhere in SA)

Q.16 Have you heard of the Child and Youth Health (formerly known as CAFHS) 24 hour telephone Parent Helpline?

(Single Response)
1. Yes [ ]
2. No [ ] Go to R

(Interviewer note: The Parent Helpline is: 1300 364 100 Local call cost anywhere in SA)
R. CONTRACEPTION ADVICE

Sequence Guide: If \( A.2 = 1 \) & age \( > 65 \) (if Male aged \( > 65 \) years) Go to Section S

Sequence Guide: If \( A.2 = 2 \) & \( A.1 > 50 \)
   Go to Section S
   (If female and aged \( > 50 \) years )

R.1 If relevant, what type of contraception are you or a partner currently using?
(Multiple Response)
1. Pill [ ]
2. IUD [ ]
3. Condom [ ]
4. Morning after pill [ ]
5. Rhythm methods [ ]
6. Spermicide [ ]
7. Cap [ ]
8. Diaphragm [ ]
9. Injection [ ]
10. Vasectomy [ ] Go to S
11. Tubal ligation [ ] Go to S
12. Hysterectomy [ ] Go to S
13. Currently pregnant [ ]
14. Other (specify) [ ]
15. Not relevant [ ] Go to S
16. Trying to get pregnant [ ]
17. Infertile [ ] Go to S
18. None [ ]
19. Refused to answer [ ] Go to S

Sequence guide: If \( R.1 \neq 18 \) Go to R.3

R.2 Is the reason why you don’t use contraception any of the following?
(Read Options. Single Response)
1. [Partner has / you have] had a Vasectomy [ ] Go to S
2. [Partner has / you have] had a Tubal ligation [ ] Go to S
3. [Partner has / you have] had a Hysterectomy [ ] Go to S
4. Not sexually active [ ]
5. [Partner is / you are] pregnant [ ]
6. [Partner is / you are] Trying to get pregnant [ ]
7. [Partner is / you are] Infertile [ ] Go to S
8. Or any other reasons (specify) [ ]
9. Refused [ ] Go to S

R.3 Do you usually find it easy to get advice on the range of contraception available?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]
4. Don’t need advice [ ]

R.4 Do you find it easy to obtain contraceptives?
(Single Response)
1. Yes [ ] Go to S
2. No [ ]
3. Don’t know [ ] Go to S
4. Not needed [ ] Go to S

R.5 Why do you find it difficult to obtain contraceptives?
(Multiple Response)
1. Cost [ ]
2. Embarrassment [ ]
3. Having to go to GP [ ]
4. Having to go to Family Planning Clinic [ ]
5. The hassle [ ]
6. Limited choice [ ]
7. None suitable [ ]
8. Other (specify) [ ]
S. FERTILITY

I would now like to ask some questions about infertility treatment and services. Assisted Reproductive Treatment includes medical techniques like IVF and donor insemination that help infertile people have babies.

S.1 Do you think there should be an age limit for women for access to Assisted Reproductive Technology?
(Single Response)
1. Yes [ ]
2. No [ ] Go to S.3
3. Depends (specify) [ ]
4. Don't know [ ] Go to S.3
5. Don’t care [ ]

S.2 If an age limit is imposed, what should it be?
(Read options. Single Response)
1. 40 years [ ]
2. 45 years [ ]
3. 50 years [ ]
4. 55 years [ ]
5. Don’t know [ ]
6. Other (specify) [ ]

S.3 Presently in South Australia sperm banks are held by IVF clinics and are only available to people who are infertile including single women.

Do you agree or disagree with the following statement.
Fertile women who are single should also have access to a sperm bank.
(Read options. Single Response)
1. Strongly agree [ ]
2. Agree [ ]
3. Neither [ ]
4. Disagree [ ]
5. Strongly disagree [ ]
6. Don’t know [ ]

S.4 Lesbian fertile women should have access to a sperm bank.
(Read options. Single Response)
1. Strongly agree [ ]
2. Agree [ ]
3. Neither [ ]
4. Disagree [ ]
5. Strongly disagree [ ]
6. Don’t know [ ]

Surrogacy is the term used when a woman gets pregnant on behalf of someone who herself can’t carry a pregnancy.

Surrogacy is currently illegal in South Australia.

S.5 Do you agree or disagree with the following statement.
Surrogacy in South Australia should be legalised?
(Read options. Single Response)
1. Strongly agree [ ]
2. Agree [ ]
3. Neither [ ]
4. Disagree [ ]
5. Strongly disagree [ ]
6. Don’t know [ ]
T. DEMOGRAPHICS

Now to finish with some general questions.

T.1 Beginning yesterday, and going back 4 weeks, how many days out of the past 4 weeks were you totally unable to work or carry out your normal duties because of your health?

(Single Response. Enter number of days off. Enter 999 if unknown)
1. None [0]
2. Days [ ]
3. Don’t know [999]

T.2 [Apart from (that day/these days)] how many days in the past 4 weeks were you able to work and carry out your activities, but had to cut down what you did, or did not get as much done as usual because of your health?

(Single Response. Enter number of days off. Enter 999 if unknown)
1. None [0]
2. Days [ ]
3. Don’t know [999]

T.3 What is your work status?

(Read Options If Necessary. Single Response)
1. Full time employed [ ] Go to T.5
2. Part time/casual employment [ ] Go to T.5
3. Unemployed [ ]
4. Home duties [ ]
5. Retired [ ]
6. Student [ ]
7. Other (Specify) [ ]

T.4 Do you receive any of the following pension benefits?

(Read Options. Multiple Response)
1. Aged /widow’s pension [ ]
2. Service or defence/ War widow’s/ Repatriation Pension [ ]
3. Invalid/Disability Pension [ ]
4. Unemployment Benefits [ ]
5. Sickness Benefits [ ]
6. Supporting parents benefit [ ]
7. AUSTUDY/student allowance [ ]
8. Other (specify) [ ]
9. None [ ]

T.5 What kind of work have you done for most of your life?

(Single Response)
1. Specify _____

Sequence Guide: If [ ] > 2 Go to T.7

T.6 In the past 4 weeks how many “sick” days have you had off work?

(Single Response. Enter number of days off. Enter 999 if not known)
1. None [ ]
2. Days (specify) [ ]
3. Don’t know [999]

T.7 What is your marital status?

(Read Options. Single Response)
1. Married or living with a partner [ ]
2. Separated / Divorced [ ]
3. Widowed [ ]
4. Never Married [ ]
Appendix 4: SA Health Goals and Targets Priority Areas - Sept 1998

T.8 Can you tell me which of the following living arrangements describes your household? Do you..

(Read Options. Single Response)
1. Live alone [ ]
2. Live with partner [ ]
3. Live with children [ ]
4. Live with partner & children [ ]
5. Live with parent(s) [ ]
6. Live with parent(s) & siblings [ ]
7. Live with other unrelated adults [ ]
8. Live with other related adults [ ]
9. Other (specify) [ ]

T.9 What is your country of birth?

(Single Response)
1. Australia [ ] Go to T.11
2. Austria [ ]
3. Bosnia-Herzegovina [ ]
4. Canada [ ]
5. China [ ]
6. Croatia [ ]
7. France [ ]
8. Germany [ ]
9. Greece [ ]
10. Holland / Netherlands [ ]
11. Hong Kong [ ]
12. Iran [ ]
13. Italy [ ]
14. Japan [ ]
15. Malaysia [ ]
16. New Zealand [ ]
17. Philippines [ ]
18. Poland [ ]
19. Slovenia [ ]
20. Spain [ ]
21. UK and Ireland [ ]
22. USA [ ]
23. Vietnam [ ]
24. Former Yugoslav Republic of Macedonia [ ]
25. Former Yugoslav Republics of Serbia & Montenegro [ ]
26. Other country (specify) [ ]

T.10 What year did you arrive in Australia?

(Single Response)
1. Year (specify) 19 _ _
2. Don’t know [99]

Sequence Guide: Go to T.12

T.11 Do you consider yourself an Aboriginal / Torres Strait Islander?

(Single Response)
1. Yes [ ]
2. No [ ]

T.12 What is your mother’s country of birth?

(Single Response)
1. Australia [ ]
2. Austria [ ]
3. Bosnia-Herzegovina [ ]
4. Canada [ ]
5. China [ ]
6. Croatia [ ]
7. France [ ]
8. Germany [ ]
9. Greece [ ]
10. Holland / Netherlands [ ]
11. Hong Kong [ ]
12. Iran [ ]
13. Italy [ ]
14. Japan [ ]
15. Malaysia [ ]
16. New Zealand [ ]
17. Philippines [ ]
18. Poland [ ]
19. Slovenia [ ]
20. Spain [ ]
21. UK and Ireland [ ]
22. USA [ ]
23. Vietnam [ ]
24. Former Yugoslav Republic of Macedonia [ ]
25. Former Yugoslav Republics of Serbia & Montenegro [ ]
26. Other country (specify) [ ]
27. Don’t know [ ]
T.13 What is your father’s country of birth?

(Single Response)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Australia</td>
</tr>
<tr>
<td>2.</td>
<td>Austria</td>
</tr>
<tr>
<td>3.</td>
<td>Bosnia-Herzegovina</td>
</tr>
<tr>
<td>4.</td>
<td>Canada</td>
</tr>
<tr>
<td>5.</td>
<td>China</td>
</tr>
<tr>
<td>6.</td>
<td>Croatia</td>
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<tr>
<td>7.</td>
<td>France</td>
</tr>
<tr>
<td>8.</td>
<td>Germany</td>
</tr>
<tr>
<td>9.</td>
<td>Greece</td>
</tr>
<tr>
<td>10.</td>
<td>Holland / Netherlands</td>
</tr>
<tr>
<td>11.</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>12.</td>
<td>Iran</td>
</tr>
<tr>
<td>13.</td>
<td>Italy</td>
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<tr>
<td>14.</td>
<td>Japan</td>
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<tr>
<td>15.</td>
<td>Malaysia</td>
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<tr>
<td>16.</td>
<td>New Zealand</td>
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<tr>
<td>17.</td>
<td>Philippines</td>
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<tr>
<td>18.</td>
<td>Poland</td>
</tr>
<tr>
<td>19.</td>
<td>Slovenia</td>
</tr>
<tr>
<td>20.</td>
<td>Spain</td>
</tr>
<tr>
<td>21.</td>
<td>UK and Ireland</td>
</tr>
<tr>
<td>22.</td>
<td>USA</td>
</tr>
<tr>
<td>23.</td>
<td>Vietnam</td>
</tr>
<tr>
<td>24.</td>
<td>Former Yugoslav Republic of Macedonia</td>
</tr>
<tr>
<td>25.</td>
<td>Former Yugoslav Republics of Serbia &amp; Montenegro</td>
</tr>
<tr>
<td>26.</td>
<td>Other country (specify)</td>
</tr>
<tr>
<td>27.</td>
<td>Don’t know</td>
</tr>
<tr>
<td>15.</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

T.15 Which best describes the highest educational qualification you have obtained?

(Read Options. Single Response)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Still at school</td>
</tr>
<tr>
<td>2.</td>
<td>Left school at 15 years or less</td>
</tr>
<tr>
<td>3.</td>
<td>Left school after age 15</td>
</tr>
<tr>
<td>4.</td>
<td>Trade/Apprenticeship</td>
</tr>
<tr>
<td>5.</td>
<td>Certificate/Diploma</td>
</tr>
<tr>
<td>6.</td>
<td>Bachelor degree or higher</td>
</tr>
</tbody>
</table>

T.16 Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. I’ll read out some categories and could you please tell me into which one your household’s income falls?

(Read Options. Single Response)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Up to $12,000</td>
</tr>
<tr>
<td>2.</td>
<td>$12,001 - $20,000</td>
</tr>
<tr>
<td>3.</td>
<td>$20,001 - $30,000</td>
</tr>
<tr>
<td>4.</td>
<td>$30,001 - $40,000</td>
</tr>
<tr>
<td>5.</td>
<td>$40,001 - $50,000</td>
</tr>
<tr>
<td>6.</td>
<td>$50,001 - $60,000</td>
</tr>
<tr>
<td>7.</td>
<td>$60,001 - $80,000</td>
</tr>
<tr>
<td>8.</td>
<td>More than $80,000</td>
</tr>
<tr>
<td>9.</td>
<td>Not stated/refused</td>
</tr>
<tr>
<td>10.</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

T.20 In a survey like this, issues often arise which require further explanation or additional clarification. In addition, some issues need further investigation. If we need to could we phone you at a later date for help?

(Single Response)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Yes (specify - record first name only) 
2. | No |

That concludes the survey. On behalf of the South Australian Department of Human Services, thank you very much for taking part in this survey.
APPENDIX 5: SA HEALTH GOALS AND TARGETS PRIORITY AREAS QUESTIONNAIRE SEPTEMBER - OCTOBER 1997
INTRODUCTION

Good ....... My name is ....... from the South Australian Health Commission. We are conducting a survey about health issues. You would have received a letter recently about the survey on behalf of the South Australian Health Commission.

Did you receive the letter?
(Single Response)
1. Yes [    ]
2. No [    ]
3. Don’t know [    ]

Could I please speak with the person in the household, aged 18 and over, who was the last to have a birthday.

I can assure you that all information given will remain confidential. The answers from all people interviewed will be gathered together and presented in a report. No individual answers will be passed on.

Interviewer select the appropriate type:

1. Respondent [    ]
2. Foreign language interviewer required [    ]
3. Refusal [    ]

A. DEMOGRAPHICS

As some of the next questions relate to certain groups of people only, could you please tell me

A.1 How old you are?
(Single Response. Enter 999 if not stated)

A.2 Voice (ask if unsure)
(Single Response)
1. Male [    ]
2. Female [    ]

A.3 Including yourself how many people aged 18 and over live in this household?
(Single Response. Enter number of people 18 years and over)

A.4 How many children under 18 years live in your household?
(Single Response. Enter number of people 18 years and over. Enter 0 if none)

A.5 What is the Postcode of the house?
(Single Response. If postcode is not known enter 5999)

A.6 What town do you live in?
(Single Response. Enter town/suburb)
B. DIABETES PREVALENCE / INCIDENCE

B.1 Have you ever been told by a doctor that you have Diabetes? (Single Response)
1. Yes [ ]
2. No [ ] Go to E

Sequence Guide - If Male go to B6

B.2 Were you pregnant when you were first told you had diabetes? (Single Response)
1. Yes [ ]
2. No [ ] Go to B6

B.3 Diabetes that you only have during pregnancy is often called gestational diabetes. How old were you when you were first told you had gestational diabetes? (Enter number of years. Enter 999 if unknown. Single Response)
1. Years _____
2. Don’t know [999]

Sequence Guide: If A1 = approx B3 (age = approx. age of first told) Go to B9 Else Go to B5

B.4 Is that within the last 12 months? (Single Response)
1. Yes [ ]
2. No [ ]

B.5 Have you ever been told that you have diabetes other than when you were pregnant? (Single Response)
1. Yes [ ]
2. No [ ] Go to E

B.6 Have you got diabetes now? (Single Response)
1. Yes [ ]
2. No [ ] Go to E

B.7 [Other than the gestational diabetes] What type of diabetes were you told you had? (Single Response)
1. Type 1 - Insulin Dependent - Juvenile onset [ ]
2. Type 2 - Non-insulin Dependent - Mature onset [ ]
3. Don’t know [ ]
4. Other (specify) [ ]

B.8 [Other than the gestational diabetes] How old were you when you first were told you had diabetes? (Enter number of years. Enter 999 if unknown. Single Response)
1. Years _____
2. Don’t know [999]

Sequence Guide: If A1 = approx B8 (age = approx. age of first told) Go to B9 Else Go to B10

B.9 Is that within the last 12 months? (Single Response)
1. Yes [ ]
2. No [ ]

B.10 When you were first told you had diabetes what treatment did the doctor put you on? (Multiple responses)
1. Dietary change [ ]
2. Insulin [ ] Go to B11
3. Tablets [ ]
4. Lose weight [ ]
5. Exercise [ ]
6. Monitor blood glucose daily [ ]
7. Nothing [ ]
8. Don’t know [ ]
9. Other (specify) [ ]
Sequence Guide: If B10 = 2 Go to B11. Otherwise Go to Section C

B.11 How long after diagnosis did you start the insulin?
(Single Response)
1. Immediately [ ]
2. Months (specify) [ ]
3. Years (specify) [ ]
4. Don’t know [ ]

C. COMPLICATIONS

C.1 Have you ever been admitted to a hospital . . . .
(Read Options. Multiple Response)
1. With a heart attack [ ]
2. With angina [ ]
3. With heart failure [ ]
4. To have a limb amputated [ ]
5. With a foot ulcer [ ]
6. With kidney failure/disease [ ]
7. As a result of a stroke [ ]
8. None of the above [ ]

C.2 Have you ever been told by a doctor that your vision has been affected because of your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]

C.3 Have you had your eyes examined by a doctor or an optometrist in the previous 12 months because of your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]

C.4 Have you ever had laser therapy on your eyes because of your diabetes?
(Single Response)
1. Yes [ ]
2. No [ ]

C.5 Have you ever had cataract surgery?
(Single Response)
1. Yes [ ]
2. No [ ]

C.6 Do you often suffer tingling, pins & needles, burning or pain, or loss of sensation in your feet, toes or lower limbs?
(Single Response)
1. Yes [ ]
2. No [ ]

C.7 How often do you experience problems with getting or maintaining an erection?
(Read options. Single Response)
1. Always [ ]
2. Often [ ]
3. Occasionally [ ]
4. Rarely [ ]
5. Never [ ]
6. No comment [ ]
Appendix 5: SA Health Goals & Targets Priority Areas - Sep 1997

D. POOR GLYCAEMIC CONTROL

D.1 Do you ever measure your blood glucose (blood sugar levels) before breakfast? 
(Single Response) 
1. Yes [ ] 
2. No [ ] Go to E

D.2 What was the last pre-breakfast reading? 
(Single Response) (Interviewer note - numbers relate to mmol/L) 
1. Ideal (3 to 6) [ ] 
2. Moderate (7 to 10) [ ] 
3. Poor (11 to 15) [ ] 
4. Very poor (16+) [ ] 
5. Don’t know [ ] 
6. Other (specify) [ ]

E. KNOWLEDGE OF DIABETES

E.1 Can you name some of the things that contribute to a person developing diabetes? 
(Do Not Prompt. Multiple Response) 
1. Family history of diabetes [ ] 
2. Over 40 [ ] 
3. Overweight [ ] 
4. Eating too much sugar [ ] 
5. Old age [ ] 
6. Stress [ ] 
7. Lack of exercise [ ] 
8. Ethnic origin [ ] 
9. Don’t know [ ] 
10. Other (specify) [ ]

E.2 What actions can be taken to delay the development of diabetes? 
(Do Not Prompt. Multiple Response) 
1. No action [ ] 
2. Weight control [ ] 
3. Weight loss [ ] 
4. Exercise [ ] 
5. Healthy diet/eating habits [ ] 
6. Limit sugar [ ] 
7. Limit fat [ ] 
8. Health checks/screening [ ] 
9. Don’t know [ ] 
10. Other (specify) [ ]

E.3 What are the early symptoms of diabetes? 
(Do Not Prompt. Multiple Response) 
1. Passing lots of urine [ ] 
2. Excess thirst [ ] 
3. Tiredness/lethargy [ ] 
4. Vision problem [ ] 
5. Skin & genital infections [ ] 
6. Don’t know [ ] 
7. Other (specify) [ ]
**F. HYPERTENSION**

**F.1** Have you ever been told by a doctor that you have high blood pressure?
(Single Response)
1. Yes [  ]
2. No [  ]
3. Don't know [  ]
4. Never measured [  ] Go to G

**F.2** When did you last have your blood pressure measured?
(Single Response)
1. Less than 1 year ago [  ]
2. One to less than 2 years ago [  ]
3. 2 to 3 years ago [  ]
4. More than 3 years ago [  ]
5. Never measured [  ] Go to G
6. Don't know [  ]

**F.3** The last time you had your blood pressure measured were you told whether it was high, normal or low?
(Single Response)
1. High [  ]
2. Normal/OK (borderline) [  ]
3. Low [  ]
4. Was not told [  ]
5. Can't remember [  ]

**F.4** Are you on tablets for blood pressure?
(Single Response)
1. Yes [  ]
2. No [  ]

**F.5** What do you currently do to manage your blood pressure?
(Multiple Response)
1. Diet [  ]
2. Tablets/medication [  ]
3. Exercise [  ]
4. Nothing [  ]
5. Other (specify) [  ]

**G. CHOLESTEROL**

**G.1** Have you ever been told by a doctor that you have high cholesterol?
(Single Response)
1. Yes [  ]
2. No [  ]
3. Don't know [  ]
4. Never measured [  ] Go to H

**G.2** When did you last have your cholesterol measured?
(Single Response)
1. Less than 1 year ago [  ]
2. One to less than 2 years ago [  ]
3. 2 to 3 years ago [  ]
4. More than 3 years ago [  ]
5. Never measured [  ] Go to H
6. Don't know [  ]

**G.3** The last time you had your blood pressure measured were you told whether it was high, normal or low?
(Single Response)
1. High [  ]
2. Normal/OK (borderline) [  ]
3. Low [  ]
4. Was not told [  ]
5. Can't remember [  ]

**G.4** Are you on tablets (or other prescribed medication) for high cholesterol?
(Single Response)
1. Yes [  ]
2. No [  ]

**G.5** What do you currently do to manage your cholesterol?
(Multiple Response)
1. Diet [  ]
2. Tablets/medication [  ]
3. Exercise [  ]
4. Nothing [  ]
5. Other (specify) [  ]
H. RISK FACTORS - Alcohol

H.1 How often do you usually drink alcohol?
(Single Response)
1. I don’t drink alcohol [ ] Go to I
2. Less than once a week [ ]
3. On 1 or 2 days a week [ ]
4. On 3 or 4 days a week [ ]
5. On 5 or 6 days a week [ ]
6. Every Day [ ]

H.2 A Standard Drink is equivalent to a schooner of full strength beer, a glass of wine or a nip of spirits. On a day when you drink alcohol, how many drinks do you usually have?
(Single Response)
1. 1 or 2 drinks [ ]
2. 3 or 4 drinks [ ]
3. 5 or 8 drinks [ ]
4. 9 or 12 drinks [ ]
5. 13 or 20 drinks [ ]
6. More than 20 drinks [ ]

I. RISK FACTORS - BMI

I.1 What is your height without shoes?
(Single Response)
1. centimetres ________
2. feet:inches _____ _____
3. don’t know [999]

I.2 What is your weight? (Undressed in the morning)
(Single Response)
1. kilograms (kg)________
2. stones:pounds _____ _____
3. don’t know [999]

I.3 Do you consider yourself to be?
(Read Options. Single Response)
1. Very Underweight [ ]
2. Underweight [ ]
3. An acceptable weight [ ]
4. Overweight [ ]
5. Very overweight [ ]

J. RISK FACTORS - Smoking

I would now like to ask you some questions about smoking.

J.1 Do you currently smoke?
(Single Response)
1. Yes [ ]
2. No [ ] Go to J3
3. Occasionally [ ]

J.2 How many cigarettes do you usually smoke a day?
(Single Response)
1. Number [ ]
2. Less than one [ ] Go to K
3. Only smoke cigars/pipes [ ] Go to K

J.3 Have you ever smoked regularly (that is, at least once a day)?
(Single Response)
1. Yes [ ]
2. No [ ] Go to K

J.4 How many cigarettes did you usually smoke a day?
(Single Response)
1. Number [ ]
2. Less than one [ ]
3. Only smoke cigars/pipes [ ]

J.5 How old were you when you last gave up smoking?
(Single Response. Enter 999 if don’t remember)
1. Age [ ]
2. Can’t remember [999]
K. RISK FACTORS - Exercise
I now want to ask you about exercise you may do for sport, recreation or fitness.

K.1 In the last 2 weeks, did you do any walking for sport, recreation or fitness?
   (Single Response)
   1. Yes [    ]
   2. No [    ] Go to K4

K.2 How many times did you do any walking for exercise?
   (Single Response. Enter 999 if not known)
   1. Number [    ]
   2. Don’t know [999]

K.3 What was the total amount of time you spent walking in the last two weeks?
   (Single Response. Add combination of hours and minutes)
   1. Hours [    ]
   2. Minutes [    ]

K.4 In the last 2 weeks, (apart from walking) did you do any exercise which caused a moderate increase in your heart rate or breathing?
   (Single Response)
   1. Yes [    ]
   2. No [    ] Go to K7

K.5 How many times did you do any moderate exercise in the last 2 weeks?
   (Single Response. Enter 999 if not known)
   1. Number [    ]
   2. Don’t know [999]

K.6 What was the total amount of time you spent doing moderate exercise in the last two weeks?
   (Single Response)
   1. Hours [    ]
   2. Minutes [    ]

K.7 In the last 2 weeks, did you do any other exercise which caused a large increase in your heart rate or breathing, that is, vigorous exercise?
   (Single Response)
   1. Yes [    ]
   2. No [    ] Go to L

K.8 How many times did you do any vigorous exercise in the last two weeks?
   (Single Response)
   1. Number [    ]
   2. Don’t know [999]

K.9 What was the total amount of time you spent doing vigorous exercise in the last two weeks?
   (Single Response. Add combination of hours and minutes)
   1. Hours [    ]
   2. Minutes [    ]

L. IMMUNISATION

L.1 In the last 12 months have you had a flu injection?
   (Single Response)
   1. Yes [    ]
   2. No [    ]

L.2 In the last 10 years have you had a Adult Diphtheria Tetanus vaccination (ADT) or a tetanus vaccination?
   (Single Response)
   1. Yes [    ]
   2. No [    ]
   3. Don’t know [    ]
   4. Can’t remember [    ]
M. CHRONIC MIDDLE EAR FLUID

Sequence Guide: If A4= 0 Go to Section N (if no children < 18)

M.1 As some of the next questions relate to children could you please tell me how many children under 5 years of age live in this household?

(Enter number of children. Enter 0 if none. Single Response)
1. Number [    ]
2. None [    ] Go to N

M.2 [Beginning with the youngest child] What is the child’s age?

(Enter number of years or other options. Single Response)
1. Whole Years ______
2. Less than 6 months [    ]
3. > 6 mths to 12 mths [    ]

M.3 Has he/she ever had an ear infection?

(Single Response)
1. Yes [    ]
2. No [    ] Go to M8
3. Don’t know [    ]

M.4 Did a doctor say that any of the ear infections were severe?

(Single Response)
1. Yes [    ]
2. No [    ]
3. Don’t know [    ]
4. Did not go to doctor [    ]

M.5 How often does he/she get an ear infection?

(Read Options. Single Response)
1. Often [    ]
2. Occasionally [    ]
3. Rarely [    ]
4. Don’t know [    ]

M.6 Has the child had their hearing tested since the last infection?

(Single Response)
1. Yes [    ]
2. No [    ]
3. Don’t know [    ]

M.7 Has the child ever had a tube (grommet) inserted in their ear?

(Single Response)
1. Yes [    ]
2. No [    ]
3. Don’t know [    ]

Sequence Guide: For each child, repeat questions M2 to M7
N. BREASTFEEDING

Sequence Guide: If A2= 1 Go to Section Q (if Male)
Sequence Guide: If (A2= 2 & A1 > 50) Go to Section Q
(If female and aged > 50 years)

N.1 We need to know about issues related to breastfeeding and care during and after pregnancy. Can you please tell me the number of babies you have given birth to in the last three years?
(Single Response. Enter 0 if none)
1. Number of children ______
2. None [ 0 ] Go to Q

N.2 We are interested in finding out what kind of milk six month old babies are fed. Do you have a child aged six months or older?
(Single Response)
1. Yes [    ] Go to N5
2. No [    ] Go to N5

N.3 What kind of milk was your youngest child, who is aged six months or older, fed at 6 months of age?
(Read options. Single Response)
1. Fully breast milk [    ] Go to N5
2. Fully bottle milk [    ]
3. Breast & bottle milk [    ]
4. Other (specify) [    ] Go to N5
5. Don’t know [    ] Go to N5

N.4 What kind of milk was used to bottle feed?
(Single Response. If Formulae, please ask for the brand used)
1. Cow [    ]
2. Goat [    ]
3. Formulae (brand S26) [    ]
4. Formulae (brand NAN) [    ]
5. Formulae (specify other brand) [    ]
6. Soya milk [    ]
7. Other (specify) [    ]

N.5 How old is this child now?
(Single Response. Enter years OR months)
1. Years ______
2. Months ______

O. ANTE-NATAL CARE AND EDUCATION

The following questions are about ante-natal care and education. If you have given birth more than once in the previous three years, the next questions relate to the latest birth only.

O1A Did this birth occur in South Australia?
(Single Response)
1. Yes [    ]
2. No [    ] Go to Q

O.1 Why didn’t you attend any ante-natal education sessions?
(Single Response)
1. Number [ ] Go to O3
2. None [ 0 ]
3. Don’t know [999] Go to O3

O.2 Why didn’t you attend any ante-natal education sessions?
(Multiple Response)
1. Attended previously with other pregnancies [    ]
2. Did not want to [    ]
3. Transport difficulties [    ]
4. Time of the session was not appropriate [    ]
5. No facilities for child care [    ]
6. Other (specify) [    ]
Appendix 5: SA Health Goals & Targets Priority Areas - Sep 1997

O.3 How satisfied were you with the health care you received before the birth of your baby?
(Read options. Single Response)
1. Very satisfied [ ] Go to P
2. Satisfied [ ] Go to P
3. Neither [ ] Go to P
4. Dis-satisfied [ ]
5. Very dis-satisfied [ ]

O.4 Why were you dissatisfied with the care you received before the birth?
(Single Response)
1. Other (specify) [ ]

P. BIRTH & POST BIRTH CARE

P.1 Still talking about this latest birth, where was the baby born?
(Read options. Single Response)
1. Private hosp labour ward [ ]
2. Public hosp labour ward [ ]
3. Private hosp birth centre [ ]
4. Public hosp birth centre [ ]
5. Private hosp operating theatre [ ]
6. Public hosp operating theatre [ ]
7. At home [ ]
8. Other (specify) [ ]

P.2 How satisfied were you with the care you received during the actual birth?
(Read options. Single Response)
1. Very satisfied [ ] Go to P4
2. Satisfied [ ] Go to P4
3. Neither [ ] Go to P4
4. Dis-satisfied [ ]
5. Very dis-satisfied [ ]

P.3 Why were you dissatisfied with the care you received during the actual birth?
(Single Response)
1. Other (specify) [ ]

P.4 How satisfied were you with the care you received after the birth while in hospital?
(Read options. Single Response)
1. Very satisfied [ ] Go to P6
2. Satisfied [ ] Go to P6
3. Neither [ ] Go to P6
4. Dis-satisfied [ ]
5. Very dis-satisfied [ ]

P.5 Why were you dissatisfied with the care you received after the birth while in hospital?
(Single Response)
1. Other (specify) [ ]

P.6 How satisfied were you with the care you received after leaving the hospital (eg baby care, information on feeding, relationships, post-natal depression etc)?
(Read options. Single Response)
1. Very satisfied [ ] Go to P8
2. Satisfied [ ] Go to P8
3. Neither [ ] Go to P8
4. Dis-satisfied [ ]
5. Very dis-satisfied [ ]

P.7 Why were you dissatisfied with the care you received after leaving the hospital?
(Single Response)
1. Other (specify) [ ]

P.8 Did you get enough support (for example from your partner, family or health and welfare service) in the first six months after the birth?
(Single Response)
1. Yes [ ] Go to P10
2. No [ ]
3. Baby died [ ] Go to P10
Appendix 5: SA Health Goals & Targets Priority Areas - Sep 1997

P.9  Who did you need extra support from or what kind of support did you need?
(Multiple Response)
1. Partner [ ]
2. Family [ ]
3. Neighbours [ ]
4. Friends [ ]
5. Hospital nurse [ ]
6. GP [ ]
7. Child health nurse [ ]
8. Parent support services [ ]
9. After hours advice [ ]
10. Breastfeeding support services [ ]
11. Other (specify) [ ]

P.10  Thinking back to when you had your baby what additional information would you have liked to have received?
(Multiple Response)
1. Breastfeeding [ ]
2. Bottle feeding [ ]
3. Settling information [ ]
4. Relationships [ ]
5. Baby care [ ]
6. Exercise [ ]
7. Child development [ ]
8. Coping with siblings [ ]
9. None [ ]
10. Don’t know [ ]
11. Other (specify) [ ]

Q. CONTRACEPTION ADVICE
Sequence Guide: If A2= 1 & age = > 65 (if Male aged > 65 years) Go to Section 4

Sequence Guide: If (A2= 2 & A1 > 50)
Go to Section R
(If female and aged > 50 years )

Q.1  If relevant, what type of contraception are you or a partner currently using?
(Single Response)
1. Pill [ ]
2. IUD [ ]
3. Condom [ ]
4. Morning after pill [ ]
5. Rhythm methods [ ]
6. Spermicide [ ]
7. Cap [ ]
8. Diaphragm [ ]
9. Injection [ ]
10. Vasectomy [ ] Go to R
11. Tubal ligation [ ] Go to R
12. Hysterectomy [ ] Go to R
13. Currently pregnant [ ]
14. Other (specify) [ ]
15. Not relevant [ ] Go to R
16. Trying to get pregnant [ ]
17. Infertile [ ] Go to R
18. None [ ]
19. Refused to answer [ ] Go to R

Q.2  Do you usually find it easy to get advice on the range of contraception available?
(Single Response)
1. Yes [ ]
2. No [ ]
3. Don’t know [ ]
4. Don’t need advice [ ]

Q.3  Do you find it easy to obtain contraceptives?
(Single Response)
1. Yes [ ] Go to R
2. No [ ]
3. Don’t know [ ] Go to R
4. Not needed [ ] Go to R
Q.4 Why do you find it difficult to obtain contraceptives?
(Multiple Response)
1. Cost
2. Embarrassment
3. Having to go to GP
4. Having to go to Family Planning Clinic
5. The hassle
6. Limited choice
7. None suitable
8. Other (specify)

S. DEMOGRAPHICS

Now to finish with some general questions.

S.1 Beginning yesterday, and going back 4 weeks, how many days out of the past 4 weeks were you totally unable to work or carry out your normal duties because of your health?
(Single Response. Enter number of days off. Enter 999 if unknown)
1. None [0]
2. Days [ ]
3. Don’t know [999]

S.2 [Apart from (that day/these days)] how many days in the past 4 weeks were you able to work and carry out your activities, but had to cut down what you did, or did not get as much done as usual because of your health?
(Single Response. Enter number of days off. Enter 999 if unknown)
1. None [0]
2. Days [ ]
3. Don’t know [999]

S.3 What is your work status?
(Read Options If Necessary. Single Response)
1. Full time employed [ ] Go to S5
2. Part time/casual employment [ ] Go to S5
3. Unemployed [ ]
4. Home duties [ ]
5. Retired [ ]
6. Student [ ]
7. Other (Specify) [ ]
Appendix 5: SA Health Goals & Targets Priority Areas - Sep 1997

S.4 Do you receive any of the following pension benefits?
(Read Options. Multiple Response)
1. Aged /widow’s pension [    ]
2. Service or defence/ War widow’s/ Repatriation Pension [    ]
3. Invalid/Disability Pension [    ]
4. Unemployment Benefits [    ]
5. Sickness Benefits [    ]
6. Supporting parents benefit [    ]
7. AUSTUDY/student allowance [    ]
8. Other (specify) [    ]

S.5 What kind of work have you done for most of your life?
(Single Response)
Specify _____

Sequence Guide: If S3 > 2 Go to S7

S.6 In the past 4 weeks how many “sick” days have you had off work?
(Single Response. Enter number of days off. Enter 999 if not known)
1. None [    ]
2. Days (specify) [    ]
3. Don’t know [999]

S.7 What is your marital status?
(Read Options. Single Response)
1. Married or living with a partner [    ]
2. Separated / Divorced [    ]
3. Widowed [    ]
4. Never Married [    ]

S.8 Can you tell me which of the following living arrangements describes your household? Do you...
(Read Options. Single Response)
1. Live alone [    ]
2. Live with partner [    ]
3. Live with children [    ]
4. Live with partner & children [    ]
5. Live with parent(s) [    ]
6. Live with parent(s) & siblings [    ]
7. Live with other unrelated adults [    ]
8. Live with other related adults [    ]
9. Other (specify) [    ]

S.9 What is your country of birth?
(Single Response)
1. Australia [    ] Go to S11
2. Austria [    ]
3. Bosnia-Herzegovina [    ]
4. Canada [    ]
5. China [    ]
6. Croatia [    ]
7. France [    ]
8. Germany [    ]
9. Greece [    ]
10. Holland / Netherlands [    ]
11. Hong Kong [    ]
12. Iran [    ]
13. Italy [    ]
14. Japan [    ]
15. Malaysia [    ]
16. New Zealand [    ]
17. Philippines [    ]
18. Poland [    ]
19. Slovenia [    ]
20. Spain [    ]
21. UK and Ireland [    ]
22. USA [    ]
23. Vietnam [    ]
24. Former Yugoslav Republic of Macedonia [    ]
25. Former Yugoslav Republics of Serbia & Montenegro [    ]
26. Other country (specify) [    ]
S.10 What year did you arrive in Australia?
(Single Response)
1. Year (specify)  19__
2. Don't know  [99]

Sequence Guide: Go to S12

S.11 Do you consider yourself an Aboriginal / Torres Strait Islander?
(Single Response)
1. Yes  
2. No  

S.12 What is the main language you speak at home?
(Single Response)
1. English  
2. Cambodian  
3. Cantonese  
4. Chinese  
5. Croatian  
6. Dutch  
7. Filipino  
8. German  
9. Greek  
10. Italian  
11. Polish  
12. Serbian  
13. Spanish  
14. Vietnamese  
15. Other (specify)  

S.14 Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. I'll read out some categories and could you please tell me into which one your household's income falls?
(Read Options. Single Response)
1. Up to $12,000  
2. $12,001 - $20,000  
3. $20,001 - $30,000  
4. $30,001 - $40,000  
5. $40,001 - $50,000  
6. $50,001 - $60,000  
7. $60,001 - $80,000  
8. More than $80,000  
9. Not stated/refused  
10. Don't know  

That concludes the survey. On behalf of the South Australian Health Commission, thank you very much for taking part in this survey.
APPENDIX 6: SA HEALTH GOALS AND TARGETS - HEALTH PRIORITY AREAS
ABORIGINAL HEALTH PRIORITY AREA

Primary Goal:
Improve the health and well-being of Aboriginal people in South Australia

- Ensure all SA Government funded health services have conducted Aboriginal cross cultural awareness programs for all non-Aboriginal health service providers by 30 June 2000.

- Increase employment of Aboriginal employees, in all occupational levels, in SA Government funded health services. [Target will be set when baseline data is obtained]

- Develop model service contracts with Aboriginal Community Controlled Organisations, which combine grants and simplify the administrative burden on organisations, by 30 June 2000.

- Establish Aboriginal Health reference panels in each SA health region which support Aboriginal members of regional and health unit boards and reference panels on specific health issues by 31 December 1997.

- Establish formal intersectoral partnerships with all relevant organisations in relation to promoting Aboriginal social, emotional and physical well-being by 30 June 1999.

- Establish an Aboriginal health information management committee to assist in the development and improvement of health information relevant to the health of Aboriginal people by 30 June 1998.

DIABETES HEALTH PRIORITY AREA

Primary Goal:
To reduce the morbidity and mortality associated with diabetes in the South Australian population.

Goal:
To reduce the morbidity associated with diabetes complications in South Australians with diabetes.

- For the population with diabetes, reduce age and sex adjusted hospital admission rates by 10% by 30 June 2000 in the following areas:
  - coronary heart disease
  - vascular disease - lower limb amputations
  - cerebrovascular disease
  - kidney failure/renal disease.
Goal:
To reduce the rate of increase in the incidence of diabetes, particularly in groups with significantly higher incidence of diabetes.

- Incidence of diagnosed diabetes.
  [Target will be set when baseline data is obtained]
  [Priority populations for this indicator are:
   Aboriginal people
   Children
   Pregnant women
   People from high risk ethnic groups
   People living in rural and remote areas]

Goal:
To increase the proportion of people with diabetes who manage their diabetes optimally.

- Proportion of people with diabetes who exhibit any of the following risk factors will reduce by 10% by 30 June 2000:
  - obesity or overweight
  - hypertension
  - smoking
  - insufficient physical exercise
  - lack of knowledge concerning diabetes
  - poor glycaemic control
  - dyslipidaemia.

Goal:
To increase awareness in the general community of diabetes and associated risk factors.

- Proportion of the general population who are aware of the risk factors for diabetes and the early symptoms of diabetes will increase by 10% by 30 June 2000.
  [This is a preliminary target and may be revised when updated baseline data is obtained]

IMMUNISATION HEALTH PRIORITY AREA

Primary Goal:
Reduce the level of vaccine preventable diseases by increasing vaccine uptake in the susceptible populations.

- Proportion of children aged 12 months, 2 years and 5 years who are fully immunised with each of the vaccines on the current National Health and Medical Research Council immunisation schedule will increase to 90%, of each age group, by 30 June 2000.

- Proportion of people aged 17 years who have received second dose MMR (measles, mumps and rubella) will increase to 90% by 30 June 2000.

- Proportion of people aged 19 years who have received adult diphtheria and tetanus (ADT) and polio vaccine (OPV) will increase to 90% by 30 June 2000.
• Proportion of people aged 65 years and over who have had influenza vaccination in the past 12 months.  
  [Target will be set when baseline data is obtained]

• Proportion of adults who have had Adult Diphtheria Tetanus (ADT) or Tetanus vaccine in the last 10 years.  
  [Target will be set when baseline data is obtained]

MATERNAL AND CHILD HEALTH PRIORITY AREA

Primary Goal:  
To improve maternal and child health outcomes.

Goal:  
To reduce the incidence of premature labour and pre-term delivery.

• Proportion of women who attend at least 7 antenatal visits during each pregnancy will increase to at least 86% by 30 June 2000.

• Proportion of women who attend antenatal education during pregnancy.  
  [Target will be set when baseline data is obtained]  
  [Priority populations for these indicators are:  
  Women from some non-English speaking backgrounds  
  Socioeconomically disadvantaged women  
  Adolescent women  
  Aboriginal women]

• Proportion of women who believe they have appropriate access to contraceptive advice and services.  
  [Target will be set when baseline data is obtained]  
  [Priority populations for this indicator are:  
  Women from some non-English speaking backgrounds  
  Socioeconomically disadvantaged women  
  Adolescent women  
  Aboriginal women  
  Women with disabilities  
  Women living in rural and remote areas]

• Levels of satisfaction of women who have recently given birth with the care received during pre-birthing, birthing and post-birthing.  
  [Target will be set when baseline data is obtained]

Goal:  
To increase the prevalence and duration of breastfeeding.

• Proportion of babies aged 6 months who are fully or partially breastfed will increase by 10% by 30 June 2000.  
  [Priority populations for this indicator are:  
  Socioeconomically disadvantaged mothers]
Goal:  
To reduce the impact of disability among children.

- Proportion of children with a disability receiving early intervention services in the first year after diagnosis.  
  [Target will be set when baseline data is obtained]

- Prevalence of undetected sight disorders among children aged 4 years.  
  [Target will be set when baseline data is obtained]

- Prevalence of chronic middle ear fluid in children.  
  [Target will be set when baseline data is obtained]

  [Priority populations for this indicator are:  
  Aboriginal children  
  Children of socioeconomically disadvantaged families]

MENTAL HEALTH PRIORITY AREA

Primary Goal:  
To improve mental health outcomes and the quality of life of people with mental health problems and mental disorders and their families and carers.

Goal:  
To improve mental health in children and adolescents.

- Treated incidence of emotional and behavioural problems of children and early adolescents.  
  [Target will be set when baseline data is obtained]

  [Priority populations for this indicator are:  
  Children and early adolescents living in rural and remote areas.]

Goal:  
To improve mental health by reducing the loss of health, well-being and social functioning associated with mental health problems and mental disorders.

- Treated incidence of schizophrenia and major affective disorders.  
  [Target will be set when baseline data is obtained]

  [Priority populations for this indicator are:  
  Clients of mental health services  
  Adolescents and young adults experiencing first episode psychosis and first episode severe depression  
  People living in rural and remote areas  
  Peripartum and postpartum women.]
• Level of functioning of people with schizophrenia and major affective disorders.
  [Target will be set when baseline data is obtained]
  
  [Priority populations for this indicator are:
   Clients of mental health services
   People living in rural and remote areas.]

• Increase the use of client management plans for people with schizophrenia and major affective disorders.
  [Target will be set when baseline data is obtained]

  [Priority populations for this indicator are:
   Clients of mental health services
   People living in rural and remote areas]

• Ensure all SA Government funded health services have access to training in providing health services to people with schizophrenia and major affective disorders, for all health service providers by 30 June 2000.

• Develop a State policy and plan for mental health promotion and illness prevention by 30 June 1999.

VIOLENCE AND ABUSE HEALTH PRIORITY AREA

**Primary Goal:**
To reduce the incidence and effects of violence and abuse.

**Goal:**
To reduce mortality, morbidity and effects of interpersonal violence and abuse.

• Mortality and morbidity from interpersonal violence such as partner domestic violence, rape and sexual assault and elder abuse.
  [Target will be set when baseline data is obtained]

**Goal:**
To reduce mortality, morbidity and effects of child abuse and neglect.

• Deaths from child abuse and neglect for children aged 0-18 years
  [Target will be set when baseline data is obtained]

• Child abuse renotation rates, reabuse rates, and re-referral and admission rates to the health system because of further abuse
  [Target will be set when baseline data is obtained]

• Increase the level of support services offered to all parents by 30 June 1999

• Increase intersectoral collaborative actions to ensure continuity of care in services provided for those children who may have been abused and/or neglected and their families by 30 June 1999
APPENDIX 7: SA HEALTH GOALS AND TARGETS - HEALTH MONITORING INDICATORS
ALCOHOL AND OTHER DRUGS
• Proportion of drinkers who consume alcohol at hazardous or harmful levels at least one day a week
• Proportion of drinkers who, when they drink, usually consume alcohol at hazardous or harmful levels
• Hospital separations attributable to alcohol and other drug use.

CARDIOVASCULAR HEALTH
• Mortality rates for cardiovascular diseases, other than coronary heart disease, for males aged 25-74 years and for females aged 25-74 years.
• Mortality rates for coronary heart disease for males aged 25-74 years and for females aged 25-74 years.
• Proportion of adults aged 20-69 years with high blood cholesterol.
• Proportion of adults aged 20-69 years with high blood pressure.
• Proportion of adults aged 18 years and over not engaged in physical activity in a two week period

CANCER
• Incidence of:
  - melanoma of the skin
  - cancer of the trachea, bronchus and lung
  - breast cancer for women aged 50-74 years
  - cancer of the cervix for women aged 20-74 years
• Mortality rates for:
  - breast cancer for women aged 50-74 years
  - cancer of the cervix for women aged 20-74 years

COMMUNICABLE DISEASES
• HIV incidence rate
• Hepatitis C incidence rates
• Hospital separations of children under 5 years of age for gastroenteritis.
• Notified incidence of Legionellosis (L. pneumophila and L. longbeachae).
• Notified incidence of Measles.
• Notified incidence of Whooping Cough.
• Notified incidence of Rubella.

DENTAL HEALTH
• Average no of decayed, missing or filled deciduous teeth (dmft) for all children at ages 6 years and 12 years and children in priority populations at these ages.
• Average no. of decayed, missing or filled permanent teeth (DMFT) for all dentate people aged 65 years or more and for all dentate people aged 65 years or more in priority populations.
Appendix 7: SA Health Goals And Targets - Health Monitoring Indicators

DIABETES
- Prevalence of diabetes by type (insulin dependent or non-insulin dependent).
- Ratios of age and sex adjusted hospital admission rates, for the populations with and without diabetes, in the following areas:
  - coronary heart disease
  - vascular disease - lower limb amputations
  - cerebrovascular disease
  - kidney failure/renal disease

FOOD AND NUTRITION
- Proportion of South Australians with a good knowledge of a balanced diet.
- Proportion of adults who are overweight (BMI > 25)

INJURY
- Death rate for injury and poisoning
- Death rate for road transport-related injury
- Hospital separation rate due to falls among people aged 65 years and over
- Hospital separation rate due to falls among children aged 0-4 and 5-9 years
- Hospital separation rate for burns and scalds among children aged 0-4 years
- Hospital separation due to poisoning among children aged 0-4 years

MATERNAL AND CHILD HEALTH
- Maternal mortality.
- Proportion of low birthweight babies.
- Incidence of preterm delivery
- Intervention rates:
  - proportion of induced births
  - caesarean section rate
- Rate of pregnancies among women aged less than 18 years
- Infant mortality rates, particularly for mothers from priority populations.

[Priority populations for this indicator are: Women from some non-English speaking backgrounds, socioeconomically disadvantaged women, adolescent women and Aboriginal women]

MENTAL HEALTH
- Death rate for suicide
- Prevalence of depression and related disorders in the general population
- Community attitudes to and knowledge about mental health, illness and disorders in the following areas:
  - positive and negative misconceptions of the nature of mental illness
  - understanding of the causes of mental illness and disorders and outcomes.

MUSCULOSKELETAL DISEASES AND DISORDERS
- Prevalence of osteoporosis as determined by bone densitometry, particularly among priority populations.
- Prevalence of different forms of arthritis, among people who have a medically confirmed diagnosis of arthritis.
- Incidence of chronic low back pain in all age groups.

RESPIRATORY DISEASES
- Mortality rates for asthma for children aged 0-14 and for people aged 15-64.
- Hospitalisation for asthma for children aged 0-14 and for people aged 15-64.
SIGHT AND HEARING
• Prevalence of blindness caused by glaucoma among the whole population
• Proportion of people with a measured hearing impairment

TOBACCO
• Prevalence of regular smoking among adults (people aged 18 years or over)
• Prevalence of smoking among 15 years old secondary students by gender
• Proportion of enclosed public places that are smoke free.

VIOLENCE AND ABUSE
• Substantiated cases of child abuse and neglect.
• Death rate for homicide
• Morbidity due to interpersonal violence

OTHER HEALTH MONITORING INDICATORS

LIFE EXPECTANCY
• Life expectancy, particularly for priority populations

QUALITY OF LIFE
• Disability free life expectancy at birth and at age 65
• Quality of life of people with chronic conditions.

ACCESS TO HEALTH SERVICES
• Use of health services, including health promotion services, by people of different races, cultures etc. compared with use of these services by other people.

CONSUMER PARTICIPATION
• Proportion of community representatives on regional and health unit boards and advisory committees.
• Involvement of patients in treatment decisions.

INTERSECTORAL ACTION
• Use of health impact statements by non-health Government departments and agencies.

HEALTH RESEARCH
• Levels of current research expenditure by health area.