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Jennifer Fraser, Donna Waters, Elizabeth Forster and Nicola Brown

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Part 1

The Australian Context of Paediatric Nursing

This section of the text sets the context within which student nurses can expect to practise paediatric nursing in Australia. It presents child health, child illness and child injury within Australian communities from an epidemiological perspective, and includes details of national health trends for children and young people in Australia, in comparison with international trends.

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1 Australia’s children and young people

Donna Waters

Learning objectives

In this chapter you will:

- Be introduced to the demographic profile of children and young people living in Australia
- Gain a sense of the current health and wellbeing of Australia’s children and young people, and how their health is currently measured
- Develop an understanding of existing and emerging threats to the health and wellbeing of Australia’s children and young people in the global context
- Reflect on your knowledge of the health and wellbeing of Australia’s children and young people and how you might use this knowledge in your work as a nurse

Introduction

As you read more widely about the health and wellbeing of children and young people, you will become aware of many different definitions and descriptors for age groups within this population. The Australian Bureau of Statistics (ABS), for example, defines children as those aged under 15 years of age and young people as being 15–24 years of age. In Australia, legal adulthood is established at 18 years of age, and the ABS defines young adults as being in the age range 18–34 years.

In this text, infants, children, adolescents and young people approaching adulthood (up to 18 years of age) collectively constitute the group defined as Australia’s children and young people. We will use the age 0–4 years to describe the period of **infancy** and **early childhood**, 5–12 years as **childhood** and 13–18 years as **adolescence**.

This chapter examines the health of children and young people living and growing up in Australia. Population characteristics,

Infancy The period from birth to 1 year of age
Early childhood The period from 1 year to the fifth birthday
Childhood The period from 5 years to the thirteenth birthday
Adolescence The period from 13–18 years of age

4 PAEDIATRIC NURSING IN AUSTRALIA

challenges facing children’s growth and development, and emerging health and social trends among young people are discussed in a global context. The role of the paediatric nurse is not only shaped by emerging physical threats such as childhood obesity, injury and chronic illness, but also by behavioural, developmental and mental threats resulting from rapid social and environmental change affecting children and young people all over the world. We invite you to consider the idea that the health and welfare of the children and young people of Australia is as much determined by the context of the past as it will be by the context of the future.

Australia – the ‘lucky country’?

Case study 1.1

According to the major indices of a successful society, Australia ranks as one of the best places to live in the world. The population of this somewhat isolated continent – the sixth-largest land-mass in the world – enjoys health, housing, nutrition, income, civil rights and a strongly performing economy. A comparatively small total population of 23 million people clusters towards the moderate climates and highly urbanised areas of the east coast, with more than 11 million Australians settled in the largest cities of Melbourne, Sydney and Brisbane.

Aboriginal Australians inhabited the continent for tens of thousands of years before colonisation by the British in 1788. After centuries of discrimination and exploitation, Aboriginal and Torres Strait Islander peoples now make up less than 3 per cent of Australia’s population.

While the government formally apologised to Aboriginal Australians in 2008 for years of discrimination and injustice, Aboriginal Australians continue to experience high rates of illness, unemployment and imprisonment.

Australia’s current political orientation is towards Asia, but a rich and complex immigration history has woven itself into the fabric of a country that is now home to people from over 140 countries. With the gradual dismantling of the White Australia policy in the years following World War II, the 1950s saw the arrival of mainly European migrants seeking to build a better life for their families, especially their children. In 2012, the majority of permanent migrants to Australia were from the United Kingdom, the People’s Republic of China, India, the Philippines and Vietnam.

Australia’s children and young people

Indicator measurement

Before we take a look at the many reports about the current and future state of the health of children and young people in Australia, we need to provide

a quick update on some demographic and statistical terminology. The importance of using a common international language for the measurement and tracking of health indicators cannot be over-stated. In Australia, government agencies routinely collect data on the health and wellbeing of the population. The best known of these agencies are the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). In addition to collecting and analysing a wide range of demographic and statistical data, the ABS produces information papers, media releases and feature articles for the Commonwealth government.

These health data organisations take the standardisation and recording of indicators very seriously, and routinely publish companion documents or large appendices outlining the rationale for their choice of a unit of measurement (e.g. average over 1 year); define numerators and denominators for **rate**-based calculations; and report centiles, summary statistics (mean and median) and measures of spread or variation (standard deviation) to facilitate comparison with other data. While rate-based statistics are mostly used to describe population-level data, a range of ‘clinical’ indicators are also used in Australian hospitals for measuring trends and variations in the quality and safety of health care (ACHS, 2012).

Rates Used to describe health trends over time – for example, a mortality (or death) rate is a measure of the number of deaths from a particular cause (the numerator) as a proportion of all deaths from any cause (the denominator) over a defined period of time (usually one year)

The routine measurement of standard internationally recognised indicators of health and wellbeing over time is extremely useful because health indicators can:

- offer a snapshot of the health of a community or group at a single point in time
- enable long-term tracking of specific populations or groups
- monitor upward and/or downward movements or trends
- measure the impact of specific health interventions such as health-promotion strategies
- use past information to predict (or model) what might happen in the future
- facilitate international comparisons (benchmarking).

In addition to the routine collection of Australian health data, health indicators also enable us to compare the health and wellbeing of Australian children and young people with other children growing up in countries similar to ours.

**Organization
for Economic
Cooperation
and
Development
(OECD)**

A group of member countries that for the past 50 years have shared the mission of improving the economic and social wellbeing of people around the world. Starting with developed countries in Europe, the United States and Canada, there are now 34 member countries spanning the globe, including Australia and New Zealand. Various common indicators are collected across the OECD countries. It is common to see data for an individual country compared with the combined or average indicator for all OECD countries

It is very common for government reports to compare statistics for Australia against those of other **Organization for Economic Cooperation and Development (OECD)** countries. For example, it is of note that, in 2008, Australia had the second highest percentage of children living in jobless families of all OECD countries (AIHW, 2008).

Table 1.1 defines indicator measures for some of the common key national indicators (or headline indicators) we use for describing the health and welfare of children and young people in Australia.

Note that this table illustrates our first example of how different definitions and descriptors are used for reporting on health trends within age groups. The *AIHW Children’s headline indicators* report (AIHW, 2011a) describes the health and wellbeing of Australia’s children using 12 indicators for children 0–12 years of age. A report published the following year (*A picture of Australia’s children 2012*) reports on similar indicators, but this time children are those aged 0–14 years (AIHW, 2012). An earlier report, *Making progress: The health, development and wellbeing of Australia’s children and young people* (AIHW, 2008) focused on children and young people up to 20 years of age. It is important to look at the age group included in each study before attempting to compare results across studies.

Mothers and babies

If you were born in Australia in 2012, you were one of 12.28 births per 1000 population and are slightly more likely to be male (1.06 males to 1.00 females born). With only 2.9 **neonatal** deaths per 1000 live births per year (4.1 per 1000 infants), and a stable maternal mortality rate of fewer than seven deaths per 100 000 per year, it is expected that you have survived your birth with an intact family. You are likely to have access to nutritious food, will grow normally and generally be healthy. Living in a culturally diverse, stable and democratic society, you will attend school and live a long life (81.9 years). Being born in Australia in 2012, you contributed to a population growth of 1.2 per cent per year and joined the 5.93 migrants per 1000 population who arrived that year.

Neonatal The period from birth to 28 days of age

TABLE 1.1 *Key national health indicators for children and young people*

OUTCOME	INDICATOR	HOW IT IS MEASURED (PER YEAR)
Mortality	Death rate for infants less than 1 year of age (infant mortality)	Rate per 1000
	Sudden Infant Death Syndrome (SIDS)	Rate per 100 000
	Death rate for children 1–14 years	Rate per 100 000
Morbidity	Proportion of all children (0–14 years) diagnosed with asthma	Percentage of all children with asthma 0–14 years
	New cases of type 1 diabetes among children 0–14 years	Rate per 100 000
	New cases of cancer among children 0–14 years	Rate per 100 000
Disability	Proportion of children aged 0–14 years with severe or profound core activity limitations	Percentage of all children 0–14 years
Injuries	Age-specific death rates from all injuries for children 0–14 years	Rate per 100 000
Overweight and obesity	Proportion of children whose BMI is above international cut-off point for 'overweight' or 'obese', adjusted for age and sex	Percentage of all children

Source: Adapted from AIHW (2011a).

Further, as a baby born in Australia today, it is likely that:

- your mother is 30 years of age or older (in 1991, the average age of women having their first baby was 27.9; in 2010, it was 30)
- you weighed between 3361 and 3377 grams at birth (although 6.2 per cent of you weighed less than 2500 grams and were considered to be of low birth weight)
- you were delivered vaginally in a hospital following a spontaneous labour (although 32.6 per cent were born following a caesarean section and 18.4 per cent of your mothers elected to have this procedure without first going into labour)
- you were conceived naturally, but 3.6 per cent of your parents will have received some form of assisted reproductive technology (Li et al., 2012)
- half of you (46 per cent) were exclusively breastfed for up to four months of age, falling to 14 per cent at six months
- approximately 92 per cent of you will be fully immunised at 1 year of age.

Children and young people

At the most recent population census in 2011, the total number of children under 15 years of age living in Australia was 4.21 million, comprising

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[More information](#)**8** PAEDIATRIC NURSING IN AUSTRALIA

18.9 per cent of the population. By 2015, the projected number of young people entering adulthood (turning 18 years of age) is estimated to be 153 766 males and 146 255 females, a ratio of 105.12 males to every 100 females (ABS, 2008a).

The overall number of children in Australia doubled between 1925 and 1995 (an increase of 2.4 million). Most of this growth occurred after World War II, when there was not only a rise in the birth rate, but high levels of migration of young couples with children to Australia. A small increase in fertility also occurred between the mid-1980s and mid-1990s, when the Baby Boomer generation reached child-bearing age. Since then, fertility rates have generally been below the level required to replace the Australian population.

Despite these small increases in the total number of children, a reduced fertility rate combined with increased life expectancy and lower migration all add up to proportionally fewer children in the Australian population at the current time. As in other developed countries, the trend is for the proportion of people aged 65 years and over to increase by 2.8 percentage points (from 13.6 per cent to 16.4 per cent between 2010 and 2015), while the proportion of Australian children is projected to decline from 18.9 per cent to 17.6 per cent during the same period. The proof of this trend already exists, with the proportion of children decreasing from 36 per cent of the total population in 1925 to 22 per cent in 1990 and 19 per cent in 2012, with further decline to 17.6 per cent projected by 2015 (ABS, 2013).

Figure 1.1 compares the age distribution of the Australian Aboriginal and Torres Strait Islander population with the non-Indigenous population of Australia. The Aboriginal and Torres Strait Islander population is characterised by higher fertility and mortality rates than the general Australian population. In the most recent analysis of population data in 2006, children and young people (defined as 0–24 years in this example) represented more than half (57 per cent) of the total 517 000 Aboriginal and Torres Strait Islander people in Australia. Children under 15 years of age comprised 38 per cent of this population, compared with only 19 per cent of the non-Indigenous population (ABS, 2011a). These powerful numbers place Aboriginal and Torres Strait Islander children and youth clearly at the core of their family, culture and community relationships. The median age of the Australian Indigenous population in 2006 was 21 years, compared to a median age of 37 years for non-Indigenous Australians.

Australian families

The demographic characteristics of 6.3 million Australian families reported in the 2009–10 Family Characteristics Survey reveal that 44 per cent were couple

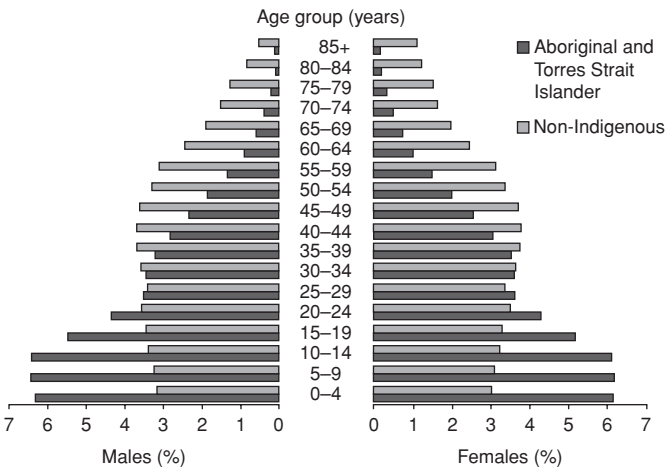


FIGURE 1.1 Comparison of Aboriginal and Torres Strait Islander population with non-Indigenous population of Australia (2006)
Source: ABS (2008b).

families with resident children. Just over 40 per cent of families had no resident children of any age and 14 per cent were sole-parent families with resident children. Of the 6.3 million families included in the 2009–10 report, 40 per cent (or 2.5 million) were migrant families demonstrating very similar characteristics (46 per cent couple families with resident children and 10 per cent sole parents). More migrant families live in multi-family (4.5 per cent) or group households (3.8 per cent) than Australian-born persons (2.3 per cent) (ABS, 2011c).

Reflection points 1.1

- Many Australian women are delaying having babies until later in life, and increasingly requiring assistance to become pregnant. Forty-seven percent of mothers over 40 years of age and 42.5 per cent of those choosing to deliver in a private hospital will have their baby delivered by caesarean section. What does this mean for nurses working in neonatal and paediatric care settings?
- The proportion of children and young people in the Australian population is declining while the proportion of adults over 65 years is increasing. What impact might this have on the health, wealth and wellbeing of Australians in the future?
- Children and young people (to the age of 24 years) constitute 57 per cent of the total Aboriginal and Torres Strait Islander population. What might this mean for Aboriginal and Torres Strait Islander people seeking to participate in the design and delivery of health-care services to their communities?

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10 PAEDIATRIC NURSING IN AUSTRALIA

- More than 25 per cent of those in the Australian population are born overseas. Working as a paediatric nurse in one of the most multicultural countries in the world may challenge you. What challenges have you encountered as a child growing up in Australia? How could you apply this knowledge to your work as a nurse?

The health of Australia's children and young people

An overview

Case Study 1.1 referred to Australia's international reputation as the 'lucky country', and generally Australian children are healthy and well. But there are large variations between health indicators for children living in remote or socially disadvantaged areas, between Indigenous and non-Indigenous children, and even between states and territories. Different health indicators are also important at different times across the lifespan. For example, infant mortality is an internationally recognised indicator of health and wellbeing in infancy. This is because a child's risk of death is greatest at the time of birth, and during the first year of life (AIHW, 2012). Similarly, weight at birth, breastfeeding and immunisation rates are indicators of a healthy early childhood (0–4 years) (AIHW, 2008). As children grow, injury and chronic diseases pose a more serious risk and, as they enter adolescence (13–18 years), indicators of mental and physical health include substance use, and overweight and obesity (AIHW, 2008).

The economic and social situation of the families and communities in which children and young people grow up is important to their health (teenage motherhood, employment, child care, parental health, disability and homelessness). Similarly, indicators of childhood safety and security (injury, child abuse and neglect, children as victims of violence, juvenile crime) sit alongside indicators of learning and development, which again vary across the lifespan. While early childhood education, literacy and numeracy rates, and youth participation in university education or work are equally important indicators of the wellbeing of children and young people, educational outcomes are not the focus of this text.

A number of major reports on child and youth health have been commissioned by the Australian government over the past five years, and no doubt