

IMPROVEMENT IN GROWTH RATES OF SYDNEY ABORIGINAL CHILDREN

J.C. BRAND† J.J. MILLER† A.J. REFSHAUGE‡* L. RAZZABY‡* AND
A. KALOKERINOS**

The Aboriginal Medical Service in Sydney is an organization run by Aborigines which employs Aboriginal workers where ever possible. Since 1971, it has made a concentrated effort to improve the health of infants and children attending the service. Aboriginal children in Sydney have a high level of morbidity and a moderate degree of growth retardation. Lickiss (1970) reported that 46% of the children in her study were less than the 10th percentile for weight. Razzaby (1978) found that 25% of the children seen by the service since 1970 were under the 3rd percentile for weight.

In the present study the weight records of children born between 1974 and 1977 were reviewed. The children selected for analysis were those whose records included at least one weight in the age range 9-24 months. This age range was considered that in which the greatest deviation from normal growth usually occurs. The lowest percentile for weight during this period for a particular child was taken and analysed according to year of birth. 109 children fitted the criteria. The average age of those born during 1974/75 (51 children) was 18 months at analysis compared with 15 months of those born during 1976/77 (57 children).

Children born 1974/75 were found to be significantly more ($p < 0.05$) growth retarded than those born during 1976/77. The 1974/75 group showed 12% were less than the 3rd percentile for weight and 28% less than the 10th percentile. In contrast the 1976/77 group had 5% less than the 3rd percentile and 16% less than the 10th percentile. The percentile distribution of the children born during the later years approximated that of white Australian children (NH & MRC figures).

The reasons for the improvement in percentiles can be attributed to many factors initiated by the Aboriginal Medical Service. These include: better knowledge and understanding of the Aboriginal people by the health workers; reduced waiting time at clinics; efforts made to have continuity of doctors, and more care taken with immunization. In addition, there has been the use of vitamin-mineral supplements, subsidized fruit and vegetables, and the introduction of lactose-hydrolysed milk for children with lactose malabsorption.

The numbers of children studied are small, but the trend is clear. Nutrition and emphasis on preventative medicine are thought to play the major roles in the improvement seen in the growth rate of these children.

LICKISS, J.N. (1970). *Med. J. Aust.* 2:995.

RAZZABY, L. (1978). *New Doctor* (in print).

* School of Food Technology, University of N.S.W., Kensington 2033.

** Aboriginal Medical Service, Redfern:NSW 2016.