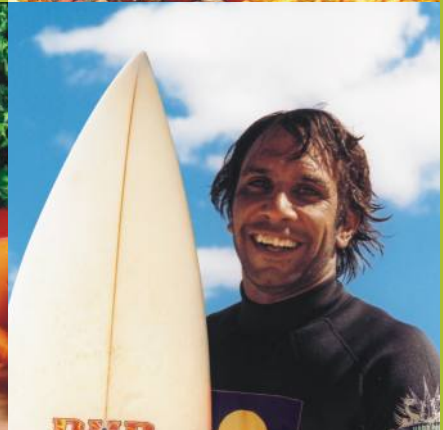




**HEALTH AND  
WELLBEING OF  
YOUNG ADULTS  
IN WESTERN  
AUSTRALIA  
2002 - 2005**

*An Overview*



## *Acknowledgements*

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Thanks are extended to the young people of Western Australia who participated in the WA Health and Wellbeing Survey. Appreciation is also extended to our colleagues and specialists in the field who reviewed and commented on the report.

## *Citation*

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## ABOUT THE SURVEY AND THE PARTICIPANTS

This report presents an overview of the health and wellbeing of young adults in Western Australia. The report is based on information collected from March 2002 through to June 2005. During this period 3, 220 people aged sixteen to twenty-four years answered a series of questions on their health and wellbeing as part of the Department of Health's ongoing Health and Wellbeing Surveillance System (WAHWSS).

WAHWSS is conducted as a computer assisted telephone interview. WAHWSS consistently maintains a participation rate between seventy-seven and eighty percent.<sup>i</sup> This coverage by sex and age group is excellent for a population based estimate of health and wellbeing. However, people without access to a telephone, people with a disability that prevents participation in a telephone survey and the Aboriginal population are not represented in the estimates presented in this report.

Results are reported as percentages and they represent the prevalence<sup>ii</sup> estimates for indicators of health and wellbeing in the Western Australian population aged sixteen to twenty-four years. The data have been weighted to the age and sex distribution of this group of the population and analysed to identify differences where they exist between: young men and women; age groups; and geographic areas. Only differences that are statistically significant are discussed in the report.

Significant differences between groups were determined using 95% confidence intervals and tests of statistical significance included the Mann Whitney test, chi-square analysis and t-tests, as appropriate.

Further information on the WAHWSS methodology is available at the Department of Health website<sup>iii</sup>.



## DEMOGRAPHIC PROFILE OF RESPONDENTS

The demographic profile of the young adults who participated in the survey is presented in Table I. The data are unweighted. Where the demographic factors differed between age groups, they have been presented separately.

TABLE I. DEMOGRAPHIC PROFILE OF YOUNG ADULTS AGED 16 TO 24 YEARS					
	N	%		N	%
<b>Age</b>			<b>Australian born</b>		
16 to 19 yrs	1681	52.2	No	491	15.2
20 to 24 yrs	1539	47.8	Yes	2729	84.8
<b>Sex</b>			<b>Area of residence</b>		
Females	1711	53.1	Metropolitan	2048	63.6
Males	1509	46.9	Rural	686	21.3
			Remote	486	15.1
<b>Highest level of education achieved (16 to 19)</b>			<b>Highest level of education achieved (20 to 24)</b>		
Completed Primary School	20	1.2	Completed Primary School	20	1.3
Completed Year 10	797	47.4	Completed Year 10	282	18.3
Completed Year 12	662	39.4	Completed Year 12	550	35.7
TAFE/Trade/Diploma	128	7.6	TAFE/Trade/Diploma	399	25.9
Tertiary	3	0.2	Tertiary	269	17.5
Other	71	4.2	Other	19	1.2
<b>Marital status (16 to 19)</b>			<b>Marital status (20 to 24)</b>		
Never married	1630	97.0	Never married	1081	70.2
Living with a partner/De facto	44	2.6	Living with a partner/De facto	293	19.0
Married	7	0.4	Married	146	9.5
Widowed	0	0.0	Widowed	2	0.1
Divorced/Separated	0	0.0	Divorced/Separated	17	1.1

## DEMOGRAPHIC PROFILE OF RESPONDENTS

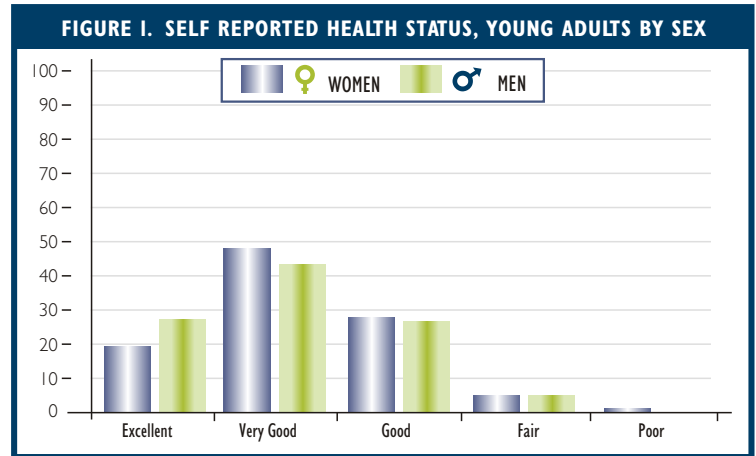
TABLE I. DEMOGRAPHIC PROFILE OF YOUNG ADULTS AGED 16 TO 24 (CONTINUED)

	N	%		N	%
<b>Employment status (16 to 19)</b>			<b>Employment status (20 to 24)</b>		
Student	795	47.3	Student	223	14.5
Paid employment	738	43.9	Paid employment	1036	67.4
Self employed	13	0.8	Self employed	67	4.4
Unemployed	97	5.8	Unemployed	83	5.4
Engaged in home duties	18	1.1	Engaged in home duties	108	7.0
Unable to work	12	0.7	Unable to work	13	0.8
Other	6	0.4	Other	8	0.5
<b>Household income (16 to 19)</b>			<b>Household income (20 to 24)</b>		
Under \$20,000	106	7.0	Under \$20,000	120	8.8
\$20,000 to \$40,000	144	9.4	\$20,000 to \$40,000	279	20.5
\$40,000 to \$60,000	152	10.0	\$40,000 to \$60,000	222	16.3
\$60,000 to \$80,000	144	9.4	\$60,000 to \$80,000	183	13.4
\$80,000 to \$100,000	105	6.9	\$80,000 to \$100,000	101	7.4
More than \$100,000	119	7.8	More than \$100,000	140	10.3
Unsure/Don't know	743	48.7	Unsure/Don't know	304	22.3
Refused	12	0.8	Refused	15	1.1
<b>Household spending (16 to 19)</b>			<b>Household spending (20 to 24)</b>		
Spend more money than earn/get	18	2.3	Spend more money than earn/get	30	4.5
Have just enough money to get by	82	10.6	Have just enough money to get by	77	11.6
Spend any leftover money	53	6.9	Spend any leftover money	46	6.9
Save a bit every now and then	139	18.0	Save a bit every now and then	177	26.7
Save some regularly	240	31.0	Save some regularly	194	29.2
Save a lot	87	11.3	Save a lot	96	14.5
Unsure/Don't know	150	19.4	Unsure/Don't know	41	6.2
Refused	4	0.5	Refused	3	0.5



*General Health Status<sup>1</sup>*

Two thirds of young women and men rated their overall general health status as excellent or very good, while the remainder rated their health as good, fair or poor. A higher proportion of young women aged 20 to 24 years rated their health as very good or excellent compared with women aged 16 to 19 years.



**TABLE 2. PERCENT OF YOUNG MEN AND WOMEN REPORTING EXCELLENT OR VERY GOOD HEALTH BY AGE GROUP**

	16 to 19	20 to 24
Women	58.9	70.9 ↑
Men	68.8	68.6

↑ Indicates that the prevalence is significantly higher for women aged 20 to 24 yrs compared with women 16 to 19 yrs.

<sup>1</sup>This information was collected from 2003 onwards.

**5** *Key finding*  
Ninety five percent of young adults rated their health as good, very good or excellent.

*Physical and Mental Functioning*

Another indicator of health status used in the survey is the SF8 instrument<sup>iv</sup>, which provides a measure of the effects of physical and mental health on day to day functioning. The Physical Component score (PCS) is the measure of the level of physical functioning while the Mental Component score (MCS) is the measure of the level of emotional wellbeing. The scores are standardised with a mean of fifty and a standard deviation of ten.

Young women reported significantly lower levels of mental functioning than young men (Table 3). This was true for women compared with men overall and within each of the two age groups. Physical functioning did not differ significantly by age or sex.

## SELF REPORTED HEALTH STATUS

### Key finding

Young women reported a lower level of day to day functioning related to their mental wellbeing compared with young men.

TABLE 3. PHYSICAL AND MENTAL FUNCTIONING SCORES BY SEX

PHYSICAL AND MENTAL FUNCTIONING	♀ WOMEN	♂ MEN
Mental functioning score	48.2 ↓	52.0
Physical functioning score	52.4	53.3

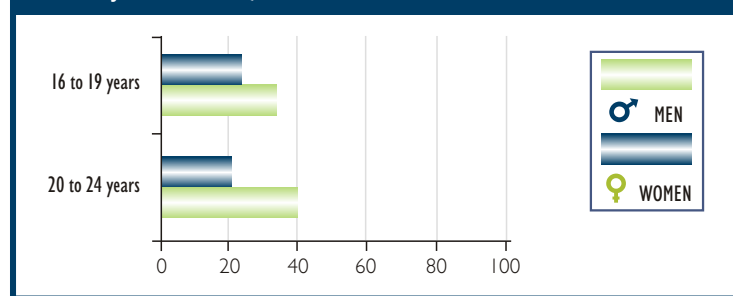
↓ Indicates that the prevalence was significantly lower in young women compared with men.

## HEALTH CONDITIONS

### Injury

One in three young adults (31.2%) reported that they had at least one injury that required treatment by a health professional in the previous 12 months. The prevalence of reporting an injury was significantly higher for young men (39.8%) compared with women (22.7%). The prevalence of injury by sex and age group is shown in Figure 2. The average number of injuries serious enough to require treatment over the previous twelve months was 0.4 for women and 0.8 for men.

FIGURE 2. PERCENT OF YOUNG ADULTS REPORTING AT LEAST ONE INJURY THAT REQUIRED TREATMENT IN THE PREVIOUS 12 MONTHS



**TABLE 4. PERCENT BY DEGREE OF BURDEN FOR THOSE REPORTING SOMEONE IN THE FAMILY HAD A DISABILITY**

DEGREE OF BURDEN	PERCENT
Not much of a burden at all	22.0
A little burden	36.9
A fairly big burden	24.2
A big burden	5.9
A very big burden	10.8

### *Disability<sup>2</sup>*

Thirteen percent of young adults reported that a family member had a disability, long term illness or pain that put a burden on them personally or the family as a whole. Of those, 16.7% reported that the burden on them and/or the family was big or very big.

<sup>2</sup>This information was collected from 2003 onwards.

### *Use of Special Equipment*

Young people were also asked whether they themselves had any health problems that required the use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone. Less than one per cent of young people (0.6%) reported that they used this type of equipment.

### *Health Conditions*

Asthma was the most commonly reported condition among young adults, with over one in ten young adults reporting that they had symptoms of, or treatment for, asthma in the previous 12 months. The prevalence of ever being diagnosed with ADHD was nearly three times higher for young men compared with women.

**TABLE 5. PERCENT OF YOUNG ADULTS REPORTING SELECTED HEALTH CONDITIONS BY SEX**

HEALTH CONDITION	♀ WOMEN	♂ MEN	PEOPLE
ADHD	2.2 ↓	6.1	4.1
Currently has asthma	15.3 ↑	10.8	13.1
Diabetes	0.5	0.2	0.4

↑ Indicates that the prevalence was significantly higher for young women compared with men.

↓ Indicates that the prevalence was significantly lower for young women compared with men.



*Mental Health Conditions*

One in ten young adults reported being diagnosed with a mental health problem by a doctor in the previous twelve months.

Just under half of the young men and women who reported that they had been diagnosed with a mental health problem in the previous 12 months also reported that they were currently being treated for it (43% of women and 44% of men).

*Key finding*

*The prevalence of doctor diagnosed anxiety, depression and stress related problems in the previous twelve months was nearly three times higher for young women compared with men, as was the prevalence of currently being treated for a mental health problem.*

**TABLE 6. PERCENT OF YOUNG MEN AND WOMEN WHO REPORTED HAVING BEEN DIAGNOSED WITH A MENTAL HEALTH PROBLEM IN THE PREVIOUS TWELVE MONTHS**

MENTAL HEALTH PROBLEM	♀ WOMEN	♂ MEN
Anxiety	7.7 ↑	2.1
Depression	9.5 ↑	2.6
Stress related problem	10.7 ↑	2.7
Other mental health problem	1.0	1.6
Any mental health problem	16.9 ↑	6.1
Currently being treated for a mental health problem	15.0 ↑	5.2

↑ Indicates that the prevalence was significantly higher for young women compared with men.

*Life Events<sup>3</sup>*

Experiencing at least one life event in the previous 12 months was common for young adults; thirty three percent of young adults experienced one event, fifteen percent experienced two events and eleven percent experienced three or more events.

Overall, the most commonly reported events were moving house (21.3%) and the death of a close friend or relative (20.5%). Young women had a lower prevalence of being affected by loss of drivers licence, compared with young men (Table 7).



**TABLE 7. PERCENT OF YOUNG MEN AND WOMEN WHO REPORTED HAVING PSYCHOSOCIAL EVENTS WITHIN THE PREVIOUS TWELVE MONTHS<sup>3</sup>**

PSYCHOSOCIAL LIFE EVENT	♀ WOMEN	♂ MEN
Moved house	22.7	18.9
Break in or burglary	9.1	7.0
Death of a close friend or relative	23.1	17.5
Relationship break up	16.7	10.2
Serious injury	6.3	11.2
Serious illness	8.1	4.9
Lost driver's license	1.8 ↓	5.0
Financial hardship	16.3	10.8
Other major psychosocial event	11.4	7.9

↓ Indicates that the prevalence was significantly lower for young women compared with men.

<sup>3</sup>This information was collected from 2004 onwards.

### Psychological Distress<sup>4</sup>

The Kessler 10 (K10) scale is a valid and reliable measure of a person's level of psychological distress in the previous four weeks<sup>5</sup>. K10 scores are aggregated into four groups; low, medium, high and very high levels of psychological distress. One in eight young adults (11.8%) had experienced high or very high levels of psychological distress in the last 4 weeks. (Table 8).

**TABLE 8. PERCENT OF YOUNG MEN AND WOMEN BY LEVEL OF PSYCHOLOGICAL DISTRESS REPORTED<sup>4</sup>**

PSYCHOLOGICAL DISTRESS	♀ WOMEN	♂ MEN
Low	54.9 ↓	70.5
Moderate	31.3	20.8
High	10.3 ↑	6.3
Very high	3.5	2.4

↑ Indicates that the prevalence was significantly higher for women compared with men.

↓ Indicates that the prevalence was significantly lower for women compared with men.

<sup>4</sup>This information was collected from 2003 onwards.

#### Key finding

*A higher proportion of young women reported high to very high levels of psychological distress compared with men, particularly in the 16 to 19 year age group.*

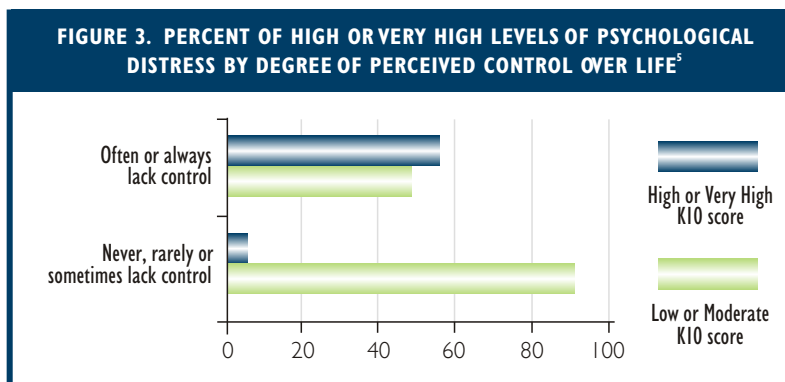
Young women aged 16 to 19 years had a higher prevalence of high or very high levels of psychological distress compared with men in this age group. There were no differences between the sexes in the 20 to 24 year age group (Table 9).

PSYCHOLOGICAL DISTRESS	16 to 19 yrs		20 to 24 yrs	
	♀ WOMEN	♂ MEN	♀ WOMEN	♂ MEN
High or very high K10 score	15.7 ↑	6.8	12.4	10.9

↑ Indicates that the prevalence was significantly higher for young women compared with men in the same age group.

### Perceived Control<sup>5</sup>

Young adults were asked to rate whether they had felt a lack of control over three different aspects of their lives in the previous four weeks (finances, health and life in general). Ratings in these three areas were combined to give an overall perceived feeling of control, and there was an association between perceived lack of control and increased psychological distress (Figure 3).



<sup>5</sup>This information was collected from 2003 onwards.

*Key finding*  
 Approximately one half of young adults who experienced a lack of control over their life in general, personal life or health also had high or very high levels of psychological distress.



*Thoughts About Suicide<sup>6</sup>*

Eight per cent of young adults said that they had thought about taking their own life and nearly one in five young people (19.3%) said that a friend had attempted suicide, in the previous 12 months. Differences in responses between the sexes are shown in Table 10.

*Key findings*

*One in five young adults who considered suicide said that they had attempted to take their own life.*

*One in five young people reported that they had a friend who attempted suicide.*

**TABLE 10. PERCENT OF YOUNG MEN AND WOMEN WHO REPORTED THAT THEY HAD SERIOUSLY THOUGHT ABOUT ATTEMPTING SUICIDE OR THAT A FRIEND HAD ATTEMPTED SUICIDE IN THE PREVIOUS 12 MONTHS**

THOUGHTS ABOUT SUICIDE	♀ WOMEN	♂ MEN
Seriously considered suicide	11.7 ↑	4.1
Friend attempted suicide	24.6 ↑	13.7

↑ Indicates that the prevalence was significantly higher for young women compared with men.

Higher proportions of young women reported that they had seriously considered suicide and had a friend that had attempted suicide compared to young men.

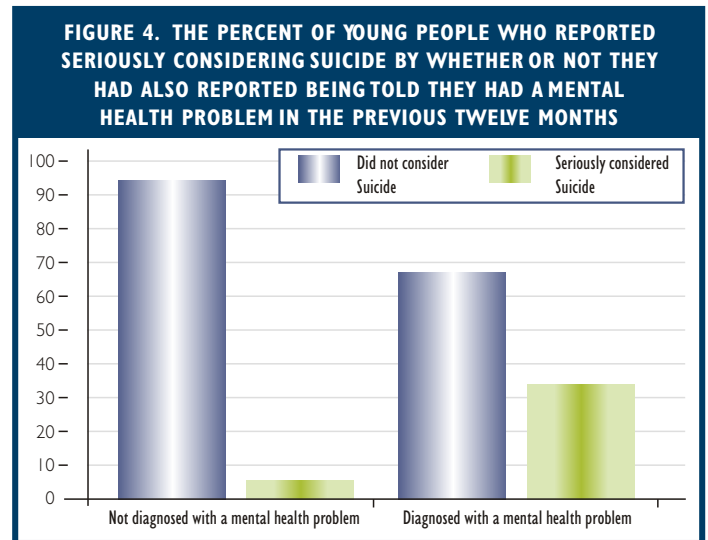
The 2002 WA mortality figures<sup>vii</sup> indicated that 27.3 per 100,000 male deaths and 8.0 per 100,000 female deaths for people aged 15 to 24 years had been attributed to suicide; a ratio of 3.4 male deaths for each female death. In this context, the survey results could suggest that the lower percent of men reporting that they had considered suicide is the consequence of the higher prevalence of completed suicides.

The prevalence of seriously considering suicide was significantly higher among young adults who had been diagnosed a with mental health problem in the previous 12 months (Figure 4).

<sup>6</sup>This information collected from 2003 onwards.

*Key finding*

*The prevalence of having seriously considered suicide was five times higher among young adults who had been diagnosed with a mental health problem in the last 12 months.*



Young women and men were asked whether they had used primary health, hospital based, allied health, dental health or mental health services in the previous twelve months.

The prevalence of having used at least one primary health service, such as visiting a general practitioner (GP) or medical specialist, was significantly higher for young women compared with men (Table 11). Although the reported prevalence of mental health conditions was higher for young women compared with men, there were no significant differences between the sexes in the proportions who reported using a mental health service in the previous twelve months.

**TABLE II. PERCENT OF YOUNG MEN AND WOMEN WHO REPORTED USING A HEALTH SERVICE IN THE PREVIOUS TWELVE MONTHS BY TYPE OF HEALTH SERVICE USED**

TYPE OF HEALTH SERVICE	♀ WOMEN	♂ MEN
Primary health service	91.2 ↑	83.7
Hospital based health service	24.0	26.8
Allied health service	32.7	31.5
Dental health service	54.4	48.5
Mental health service	8.0	4.6

↑ Indicates that the prevalence was significantly higher for young women compared with men.

The prevalence of using a dental health service was significantly lower for young people from rural or remote areas compared with the metropolitan area (Table 12) and this may reflect an access issue.

<sup>7</sup>This information collected from 2003 onwards.



**TABLE 12. PERCENT OF YOUNG PEOPLE WHO REPORTED USING A HEALTH SERVICE WITHIN THE PREVIOUS TWELVE MONTHS BY AREA OF RESIDENCE**

TYPE OF HEALTH SERVICE	METROPOLITAN	RURAL OR REMOTE
Primary health service	88.4	83.4
Hospital based health service	24.0	30.8
Allied health service	31.8	35.2
Dental health service	53.8	43.2 ↓
Mental health service	6.4	6.3

↓ Indicates the percent using the service is lower in the areas outside metropolitan Perth.

Table 13 presents the average number of visits to each health service made by young men compared with young women. Apart from the significantly higher mean number of visits to a dental health service reported by young women compared with young men, there were no other differences associated with sex.

**TABLE 13. MEAN NUMBER OF VISITS TO HEALTH SERVICES IN THE PREVIOUS TWELVE MONTHS BY SEX**

TYPE OF HEALTH SERVICE	♀ WOMEN	♂ MEN
Primary health service	8.3	5.9
Hospital based health service	0.4	0.5
Allied health service	2.2	2.1
Dental health service	1.3 ↑	0.8
Mental health service	0.7	0.2

↑ Indicates the mean number of visits for women is higher compared with the mean for men.



## Fruit and Vegetable Intake

### Key findings

Only one in ten young adults (11.9%) reported eating the recommended serves of vegetables, while nearly one half (49.6%) reported consuming the recommended serves of fruit.

For adults, a daily intake of two serves of fruit and five serves of vegetables are recommended to contribute to good health, help protect against disease and to help maintain a healthy body weight<sup>vii</sup>. Average daily fruit and vegetable intake was marginally higher for young women (Fruit: 1.7 serves, Vegetable: 2.6 serves) compared with men (Fruit: 1.5 serves, Vegetables: 2.4 serves). One in four men and one in six women reported not eating any fruit. Vegetable consumption was similar for both sexes, with less than one in ten young adults reporting that they did not eat vegetables and just over one in ten eating the recommended number of serves of vegetables (Table 14). There were no significant differences in the consumption of fruit or vegetables on the basis of area of residence.

**TABLE 14. PERCENT OF YOUNG MEN AND WOMEN BY FRUIT AND VEGETABLE CONSUMPTION**

NUMBER OF SERVES	♀ WOMEN	♂ MEN
Does not eat fruit daily	15.9 ↓	25.6
Eats 1 serve of fruit daily	30.9	27.7
Eats 2 or more serves of fruit daily	53.2	46.8
Does not eat vegetables daily	7.3	8.6
Eats 1-2 serves of vegetables daily	45.6	51.9
Eats 3-4 serves of vegetables daily	34.2	28.9
Eats 5+ serves of vegetables daily	12.8	10.7

↓ Indicates that the prevalence is significantly lower for young women compared with men.

The prevalence of eating five or more serves of vegetables increased with age, though this trend was only significant for men (Table 15).

**TABLE 15. PERCENT OF YOUNG MEN AND WOMEN EATING RECOMMENDED SERVES OF FRUIT AND VEGETABLE BY AGE GROUP**

NUMBER OF SERVES	♀ WOMEN		♂ MEN	
	16 to 19	20 to 24	16 to 19	20 to 24
Eats 2+ serves of fruit daily	55.8	48.1	48.2	41.4
Eats 5+ serves of vegetables daily	8.9	13.1	6.3	14.3 ↑

↑ Indicates the prevalence is significantly higher for young men aged 20 to 24 compared with young men aged 16 to 19.

<sup>a</sup>This information was collected from 2003 onwards.



## Sufficient Physical Activity

Active Australia and the Australian Guidelines for Physical Activity recommend that adults undertake at least 150 minutes of walking, moderate or vigorous physical activity, preferably over five or more sessions each week.

A higher proportion of young men compared with women reported doing the recommended amount of physical activity (Table 16).

**TABLE 16. PERCENT OF YOUNG MEN AND WOMEN BY LEVEL OF PHYSICAL ACTIVITY**

LEVEL OF PHYSICAL ACTIVITY	♀ WOMEN	♂ MEN
Does not do any physical activity	7.8	6.4
Does < 150 minutes per week	20.9	12.4
Does at least 150 min per week, < 5 sessions	7.8	6.7
Does at least 150 min per week, over 5 + sessions	63.5 ↓	74.5

↓ Indicates the prevalence is significantly lower for young women compared with young men.

A significantly higher proportion of young people from rural areas did at least 150 minutes of physical activity over fewer than five sessions compared with those from the metropolitan area. Approximately three quarters of young adults from both metropolitan and rural areas did at least 150 minutes of physical activity (not taking into account the number of sessions).

**TABLE 17. PERCENT OF YOUNG PEOPLE DOING PHYSICAL ACTIVITY BY LEVEL AND AREA OF RESIDENCE**

LEVEL OF PHYSICAL ACTIVITY	AREA OR RESIDENCE		
	METRO	RURAL	REMOTE
Does at least 150 min per week, < 5 sessions	6.0	12.9 ↑	9.1
Does at least 150 min per week, over 5 + sessions	71.1	61.0	63.2

↑ Indicates that the prevalence for young people residing in rural areas is significantly higher compared with people residing in metropolitan or remote areas of WA.

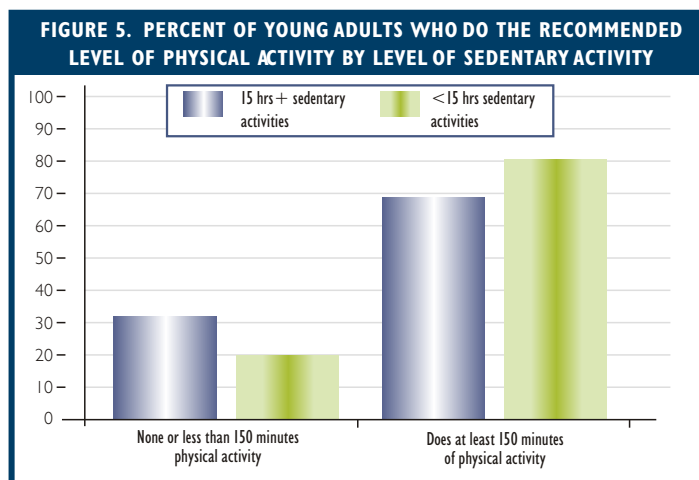
### Key finding

*If sessions are not taken into consideration, then over seventy per cent of women and eighty per cent of men reported doing the recommended amount of physical activity weekly.*



## HEALTH RELATED LIFESTYLE BEHAVIOURS

Young people were asked to estimate the amount of time that they spent doing sedentary activities such as watching television or using the computer during leisure time. Those who spent more than 15 hours engaged in sedentary leisure time activities had a lower prevalence of doing the recommended amount of physical activity (Figure 5).



### Overweight and Obesity

A lower proportion of young women reported being overweight compared with men, while there were similar proportions of young men and women who were obese (Table 18).

A lower proportion of young women from both age groups reported being overweight compared with men. Obesity was less prevalent for women aged 16 to 19 years compared with men of the same age group (Table 19).

**TABLE 18. PERCENT OF YOUNG MEN AND WOMEN WHO WERE OVERWEIGHT OR OBESE**

WEIGHT CATEGORY	♀ WOMEN	♂ MEN
Overweight	16.2 ↓	26.2
Obese	5.1	5.5

↓ Significantly lower percent of young women compared with young men.

**TABLE 19. PERCENT OF YOUNG MEN AND WOMEN WHO WERE OVERWEIGHT OR OBESE BY AGE GROUP**

WEIGHT CATEGORY	16 to 19 yrs		20 to 24 yrs	
	♀ WOMEN	♂ MEN	♀ WOMEN	♂ MEN
Overweight	7.9 ↓	21.9	22.1 ↓	30.4
Obese	2.3 ↓	5.8	7.3	6.1

↓ Significantly lower percent of young women compared with men.

### Key findings

The prevalence of being overweight or obese was nearly three times higher for women aged 20 to 24 years compared with women aged 16 to 19 years.

The prevalence of being overweight was significantly higher for men aged 20 to 24 years compared with men aged 16 to 19 years.

These findings suggest an age related trend for being overweight or obese.

### *Alcohol Use*

A person's level of alcohol consumption can be defined in terms of short and long term risk of harm. Short term alcohol risk is assessed primarily according to the amount of alcohol that is consumed on a usual drinking day, although weekly consumption is also taken into consideration. In the short term, high-risk alcohol consumption can result in behavioural problems, violence, and increased risk of accidents, falls, and injury. Long term alcohol risk is assessed in terms of the amount of alcohol that is consumed over a usual week. Ill effects associated with high-risk long-term alcohol use include chronic illness related to diseases of the liver, digestive system and brain, and cardiovascular disease<sup>viii</sup>.

Approximately one third of young women (30.0%) and one quarter of young men (21.7%) reported being non-drinkers. Among those who drank alcohol, young men drank an average of five and women an average of four standard drinks on a usual drinking day. Alcohol was most commonly consumed one day per week for both young men and women.

Short term risky or high-risk drinking was much more common among young adults than long term risky or high risk drinking. While one in five young people consumed alcohol at risky/high risk levels for short term use, only one in twenty young adults consumed alcohol at risky/high risk levels for long term use (Table 20).

**TABLE 20. PERCENT OF YOUNG MEN AND WOMEN BY RISK OF SHORT AND LONG TERM HARM DUE TO ALCOHOL CONSUMPTION**

ALCOHOL CONSUMPTION	SHORT-TERM RISK		LONG-TERM RISK	
	♀ WOMEN	♂ MEN	♀ WOMEN	♂ MEN
Doesn't drink	30.0 ↑	21.7	30.0 ↑	21.7
Drinks at low risk levels	48.9	54.9	64.8	71.3
Drinks at risky levels	11.7	16.9	4.7	5.4
Drinks at high risk levels	9.4	6.5	0.4 ↓	1.6

↑ Significantly higher percent of young women compared with men.

↓ Significantly lower percent of young women compared with men.

## HEALTH RELATED LIFESTYLE BEHAVIOURS

While drinking patterns for young women did not differ significantly by age group (Table 21), twice as many young men aged 20 to 24 years consumed alcohol at risky or high risk long-term levels compared to men in the younger age group.

### Key finding

The reported prevalence of consuming alcohol at risky or high risk levels was nearly four times higher for short term (22.0%) compared with long term alcohol risk (5.9%).

**TABLE 21. PERCENT OF YOUNG MEN AND WOMEN WHO DRINK AT RISKY OR HIGH RISK LEVELS BY AGE GROUP**

ALCOHOL CONSUMPTION	♀ WOMEN		♂ MEN	
	16 to 19 yrs	20 to 24 yrs	16 to 19 yrs	20 to 24 yrs
Drinks at risky or high risk levels for short-term harm	20.9	22.2	23.4	26.9
Drinks at risky or high risk levels for long-term harm	5.1	6.6	4.9	9.8 ↑

↑ Significantly higher percent of young men aged 20 to 24 compared with men aged 16 to 19.

### Smoking

Smoking has been linked to an increased risk of cardiovascular disease, respiratory disease, some cancers and other chronic conditions<sup>x</sup>. Table 22 shows that approximately one in five young women aged 20 to 24 and almost one in four young men of the same age reported being current smokers.

The proportion of young people who had never smoked was 13% lower in the 20 to 24 year age group compared with those aged 16 to 19 years.

### Key findings

The prevalence of smoking for men aged 20 to 24 years was nearly twice that of men aged 16 to 19 years, while the proportion of women aged 20 to 24 years who were current smokers was one and a half times greater than for women aged 16 to 19 years.

Twice as many young people aged 20 to 24 years reported that they either currently smoked or were ex-smokers (33%) compared with those aged 16 to 19 years (17%).

**TABLE 22. PERCENT OF YOUNG MEN AND WOMEN BY SMOKING STATUS AND AGE GROUP**

SMOKING STATUS	♀ WOMEN		♂ MEN	
	16 to 19 yrs	20 to 24 yrs	16 to 19 yrs	20 to 24 yrs
Smokes	13.3	19.6	12.7	22.4 ↑
Previously smoked	6.5	13.5 ↑	3.1	11.1 ↑
Has never smoked	80.1	66.9 ↓	84.1	66.5 ↓

↑ Significantly higher percent of adults aged 20 to 24 compared with adults 16 to 19 for that sex

↓ Significantly lower percent of adults aged 20 to 24 compared with adults 16 to 19 for that sex

## Illicit Drug Use

Young people were asked whether they currently used any of a number of illicit drugs. Marijuana was the most commonly reported illicit drug used by young people, while no young adults reported using inhalants. The prevalence of ecstasy and heroin use was lower for young women compared with men (Table 23).

When age groups were compared, the prevalence of ecstasy use increased with age among young men only (Table 24).

**TABLE 23. PERCENT OF YOUNG ADULTS WHO USED ILLICIT DRUGS BY SEX**

DRUG	♀ WOMEN	♂ MEN	PEOPLE
Marijuana	9.8	13.5	12.1
Amphetamines	4.9	8.6	6.7
Ecstasy	3.2 ↓	7.4	5.4
Hallucinogens	0.5	1.7	1.1
Heroin	0.0	0.4	0.1
Inhalants	0.0	0.0	0.0

↓ Indicates a significantly lower prevalence for young women compared with men.

**TABLE 24. PERCENT OF YOUNG MEN AND WOMEN WHO USED ILLICIT DRUGS BY AGE GROUP**

DRUG	♀ WOMEN		♂ MEN	
	16 to 19 yrs	20 to 24 yrs	16 to 19 yrs	20 to 24 yrs
Marijuana	6.7	11.6	13.1	15.7
Amphetamines	4.3	5.6	5.7	12.0
Ecstasy	1.8	4.1	4.3	11.4 ↑

↑ Indicates a significantly higher prevalence for young men compared to the other age sub-group.

**TABLE 25. PERCENT OF YOUNG MEN AND WOMEN BY NUMBER OF DIFFERENT DRUGS USED**

NUMBER OF DRUGS USED	♀ WOMEN	♂ MEN
None	86.4	81.5
One	10.3	10.2
Two	2.0	4.7
Three	1.0	2.8
Four or more	0.3	0.8

There were no significant differences in the proportions of young adults who used none, or one or more different types of illicit drugs (Table 25).

Less than one percent of young adults reported that they had ever shared a needle (0.6%). There was no significant difference between men and women.

### Key finding

*One in five young adults aged between 16 and 24 years reported using at least one type of illicit drug.*

In 2002, 805 young adults were asked whether they had ever had sexual intercourse and the type of contraception used the last time that they had sexual intercourse.

Just over half of young adults aged 16 to 19 years (56.6%) and the majority aged 20 to 24 years (85.4%) reported having had sexual intercourse.

Young men more commonly reported using condoms as a form of contraception, while the contraceptive pill was the most commonly reported contraceptive by young women (Table 26). Very few condom users (3.5%) reported using condoms as a safe sex measure in addition to other forms of contraceptive devices.

**TABLE 26. PERCENT OF YOUNG MEN AND WOMEN WHO USED CONTRACEPTIVES THE LAST TIME THEY HAD SEXUAL INTERCOURSE BY CONTRACEPTION TYPE**

TYPE OF CONTRACEPTION	♀ WOMEN	♂ MEN
Condoms	51.2 ↓	67.3
Contraceptive pill	67.4 ↑	45.0
No contraception	10.2	11.7
Other	9.1 ↑	1.2
Withdrawal	1.8 ↓	6.1
Rhythm method	0.0	0.4
Spermicide	0.0	0.4
Diaphragm	0.0	0.4

↑ Indicates that the prevalence was significantly higher for young women compared with men.

↓ Indicates that the prevalence was significantly lower for young women compared with men.

### Key finding

*One in ten young adults reported that they did not use any form of contraception on the last time that they had sexual intercourse.*



*Socio-economic disadvantage*

Many of the accepted indicators of socio-economic status, such as income and education, are not appropriate indicators for young adults at an individual level as they may not have completed their education and/or they may be uncertain of their household income if still living with their parents. The ABS Socio-Economic Indexes for Areas (SEIFA) are summary measures that categorise geographic areas on the basis of their social and economic characteristics.

The index used in this report is the socio-economic index of relative disadvantage. Based on the 2001 Census data aggregated at the Collector District level, characteristics of geographic areas such as education level, housing tenure and income are grouped and used as indicators of that area's relative socio-economic disadvantage\*. The index is divided into quintiles, or five groups. SEIFA Quintile One represents the most socio-economically disadvantaged areas of WA and SEIFA Quintile Five represents the least socio-economically disadvantaged areas of WA.

**FIGURE 6. PREVALENCE OF HEALTH RISK FACTORS BY SEIFA QUINTILES**

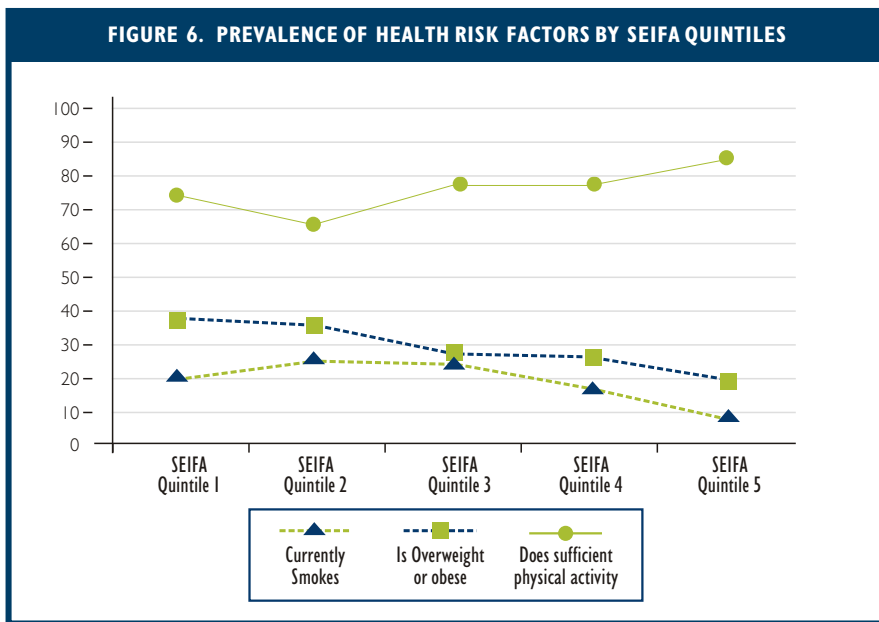
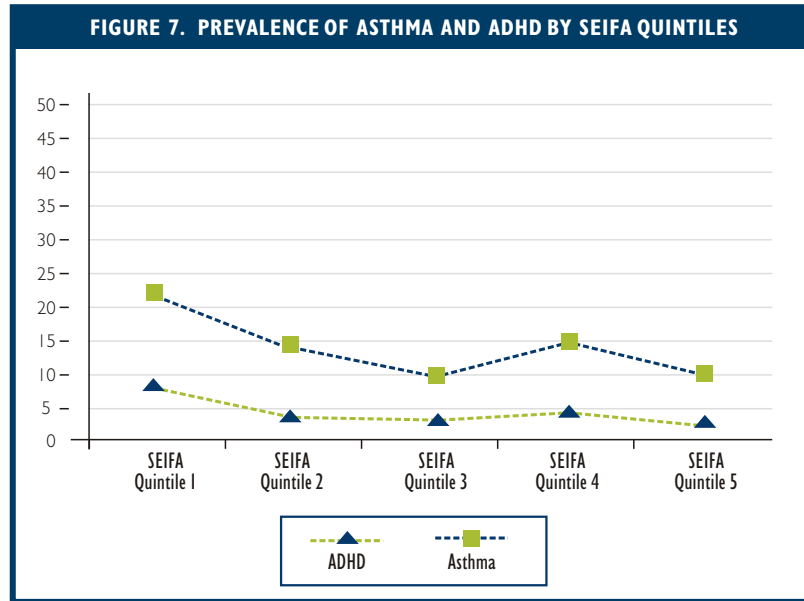


Figure 6 shows that in areas classified as relatively socio-economically disadvantaged, a higher proportion of young people reported that they currently smoked or were overweight or obese compared with those living in areas classified as less socio-economically disadvantaged. The figure also shows that for physical activity, this trend is reversed. In areas classified as relatively socio-economically disadvantaged a lower proportion reported that they did sufficient physical activity compared with those living in areas classified as the least socio-economically disadvantaged.

## SOCIO-ECONOMIC STATUS AND HEALTH

For health conditions that are prevalent in young adults and can last a long time, such as asthma and ADHD, Figure 7 shows that these conditions are more prevalent in young adults who live in the most disadvantaged areas compared with the least disadvantaged areas. Both Figures 6 and 7 also show that the identified relationship between socio-economic disadvantage and health indicators was not linear.



*Neighbourhood issues<sup>9</sup>*

Perceptions of safety within the home and neighbourhood can provide an indication of the level of social cohesion within a community. Although the vast majority of young people (96.4%) felt safe in their own home, one in ten young people (9.1%) did not always feel safe in their local area or neighbourhood (Table 27).

**TABLE 27. PERCENT OF YOUNG ADULTS WHO REPORTED FEELING SAFE IN THE HOME AND LOCAL AREA**

FEELING SAFE IN THE HOME AND LOCAL AREA	OWN HOME	NEIGHBOURHOOD
All of the time	71.3	57.1
Most of the time	25.1	33.7
Some of the time	3.2	7.5
None of the time	0.5	1.6

23

*Key findings*

*More than one in ten young women and over one in twenty young men reported feeling unsafe in their local neighbourhood.*

*Over one in twenty young women felt unsafe in their own home.*

Table 28 shows that young women were four times more likely to feel a lack of personal security within their home and twice as likely to feel unsafe in their neighbourhood.

**TABLE 28. PERCENT OF YOUNG ADULTS WHO REPORTED FEELING SAFE IN THE HOME AND LOCAL AREA BY SEX**

FEELING SAFE IN THE HOME AND LOCAL AREA	OWN HOME		NEIGHBOURHOOD	
	♀ WOMEN	♂ MEN	♀ WOMEN	♂ MEN
All or most of the time	93.8	98.4	87.8	93.5
Some or none of the time	6.2 ↑	1.6	12.2 ↑	6.5

↑ Indicates a significantly higher percent of young women compared with men.

<sup>9</sup>This information collected from 2004 onwards.



As a measure of connection with the community young adults were asked whether they belonged to any groups or associations. On average, young women belonged to 1.6 different groups or associations and young men belonged to 1.7 groups.

### Key finding

*Two thirds of young adults reported that they belonged to at least one group or association.*

**TABLE 29. PERCENT OF YOUNG ADULTS BY NUMBER OF COMMUNITY GROUPS OR ORGANISATIONS AND SEX**

NUMBER OF GROUPS	♀ WOMEN	♂ MEN	PERSONS
None	32.7	27.2	30.3
One	20.5	23.2	21.9
Two	21.6	23.2	22.7
Three	13.8	11.0	11.9
Four or more	11.4	15.4	13.2

Young people were asked about their support network, whether they had family, friends or other associates who would be there for them or support them in a range of different situations.

The majority of young adults (89.3%) had two or more people that they could rely on for social support in a number of different situations. Table 30 shows the prevalence of having been diagnosed with a mental health problem in the previous twelve months was significantly lower for young people who had two or more people that they could relax with or two or more people who would listen to them, compared with those who did not have any or only had one support person.

**TABLE 30. PERCENT OF YOUNG ADULTS WHO REPORTED HAVING A MENTAL HEALTH PROBLEM BY INDICATORS OF SOCIAL SUPPORT**

	NONE OR ONE PERSON	TWO OR MORE PEOPLE
Someone that you can confide in	14.1	11.6
Someone that you can relax with	24.2	10.3 ↓
Someone that can help in a crisis	21.5	10.9
Someone who will listen	26.1	10.5 ↓
Someone who really appreciates you	21.3	10.7

↓ Indicates a significantly lower percent of young people with two or more support persons compared with people with none or one support person.



This report has shown that young women and men in Western Australian report high levels of physical functioning and general health. Although there was a low prevalence of health conditions, asthma was the most common condition reported by young adults. Injury that required treatment by a health professional was also a relatively common event among young people, with approximately one in five women and two in five men reporting an least one injury in the previous twelve months.

The report has identified some areas where gains at a population level would be beneficial to the maintenance of good health and the prevention of chronic illness in later life. These include encouraging young people to eat the recommended serves of fruit and vegetables, do the recommended level of physical activity and maintain a normal body weight. Young adults may also need continued encouragement to reduce their involvement in risky health behaviours such as excessive alcohol consumption, smoking, using illicit drugs and not following safe sex practices.

Young women reported a higher prevalence of mental health problems compared to young men, and poorer levels of mental functioning. Balanced against this is the fact that three times as many young men commit suicide compared with young women. This may indicate that young men are less likely to report problems and/or seek help.

More than one in ten young women aged 16 to 24 years and young men aged 20 to 24 years reported high or very high levels of psychological distress. These findings indicate a continuing need for mental health support and interventions for young adults.

- <sup>i</sup> The crude response rate is always 70% or better. The adjusted response rate only included households where the telephone was answered in the denominator.
- <sup>ii</sup> Prevalence is defined as the total number with a given disease or condition in a given population at a designated time (Last J.M. (Ed). A Dictionary of Epidemiology. Third Edition, Oxford University Press 1995). Prevalence estimates in this report are expressed as a percentage of the population and cover both lifetime (ever had the condition), period (had the condition within a specified period of time such as last 12 months) and point prevalence (had the condition at the time of the survey).
- <sup>iii</sup> The Department of Health website:  
<http://www.health.gov.au/Publication/CWHS/index.html>. Queries regarding the survey or this report can be made to the Health Outcomes Assessment Unit by calling 08 9222 4268.
- <sup>iv</sup> The SF8 is an instrument derived from the SF36, known nationally and internationally as a valid and reliable quality of life measure. From the SF8, as from the SF36, two overall scores can be derived. Health Outcomes Solutions, A manual for using the SF8 Health Survey. Website: <http://www.sf36.org/tools/sf8.shtml>
- <sup>v</sup> Australian Bureau of Statistics, 4817.0.55.01 Information Paper: Use of the Kessler Psychological Distress Scale in ABS Health Surveys.  
Internet link:  
<http://www.abs.gov.au/Ausstats/abs@.nsf/Lookup/B90FB790F3CB1FE3CA256D120004C6A6>
- <sup>vi</sup> Epidemiology Branch analysis of Australian Bureau of Statistics mortality data.
- <sup>vii</sup> For further information refer to the Department of Health Website:  
<http://www.gofor2and5.com.au/>
- <sup>viii</sup> Australian Alcohol Guidelines: Health Risks and Benefits. Downloaded from the NHMRC website: <http://www.nhmrc.gov.au/publications/synopses/ds9syn.htm>
- <sup>ix</sup> Draper G, Unwin E, Serafino S, Somerford P, Price S (2005). Health Measures 2005: A report on the health of the people of Western Australia. Perth: Department of Health WA.
- <sup>x</sup> More information about SEIFA can be found in the publication: Trewin D (2003). Socio-Economic Indexes for Areas: Australia 2001. Canberra, Australian Bureau of Statistics.

