A REPORT CARD ON ADOLESCENT HEALTH

Australia’s young people aged 12 to 24 received a report card this year, when the Australian Institute of Health and Welfare released the nation’s first comprehensive assessment of their health and wellbeing. The study, entitled Australia’s young people: Their health and wellbeing 1999, found that the majority of young people are in good health and their health is continuing to improve. There are, however, some significant trends in health issues that need specific attention.

• Teenage fertility declined from 55 births per 1 000 women in 1971 to 20 per 1 000 in 1988 and has been stable since then.
• Notifications of syphilis infections declined from 32 per 100 000 in 1992 to 11 per 100 000 in 1997.
• About 80% of those aged 20-24 years had completed secondary school, and 39% had some post-school qualifications.

Compared with many parts of the world, young people in Australia enjoy relatively high levels of health. In terms of morbidity, young people generally have lower rates of disease than older Australians. This is largely due to the fact that many of the most prevalent diseases in Australia today are related to age, e.g. cancer and cardiovascular disease. However, there are a number of conditions that are particularly important in young people, including injury and mental health problems that have a significant impact on the health and wellbeing of our youth.

The not so good news

The following information outlines some of these major concerns.

MENTAL HEALTH
• The major burden of disease (measured as a combination of the effects of mortality and disability) for this age group is from mental disorders. This refers to the clinically recognisable symptoms or behaviours that impact on a young person, such as disturbed feelings or thoughts and a reduction in social functioning.
• Suicide has not followed the declines seen for most other causes of death in this age group. Suicide rates increased over the period 1979-1997, particularly for males.

INJURY
• Injury is the leading cause of death for 12-24-year-olds, with two-thirds of all deaths attributed to some form of injury, including accidents and suicide.
• Injury death rates for 15-24-year-olds are higher than for all other age groups under 75 years of age.

DRUG USE
• Nearly half of 14-24-year-old males and one-third of females of the same age had an alcoholic drink at least once a week.
• In 1998, 25% of young persons aged 14-19 years and 40% of those aged 20-24 years were regular or occasional smokers.

The good news

• In this survey, two-thirds of young people rated their health as “excellent” or “very good”.
• Death rates for the 12-24-year-olds declined by 29% over the period 1979-1992 to 60 per 100 000 and have remained stable since then.
• Part of the decline in death rates is due to the decline in motor vehicle accident deaths, which have fallen from 40 to 16 per 100 000 for males and from 16 to 6 per 100 000 for females over the period 1979 to 1997.
• 54% of young people aged 15-24 years were classified as being of acceptable weight, compared with only 35% of those over 24 years of age.
• New cases of HIV infection among young males declined from 11 per 100 000 in 1991 to 3 per 100 000 in 1997. Among young females HIV infection rates have consistently been much lower, about 1 per 100 000.
• 28% of young people aged 14-24 years reported using marijuana in the past 12 months.

PHYSICAL ACTIVITY AND DIET
• The proportions of young people who reported exercising at a “vigorous” or “moderate” level for sport or recreation declined with age, from about 61% of males aged 15-17 to about 44% aged 20-24, and from 41% of females aged 15-17 to 31% of those aged 20-24.
• Similarly, the proportion of young people who reported that they ate cereals and fruit products and dishes on the previous day decreased with age.
• While 54% of 15-24-year-olds in 1995 were of acceptable weight, 22% were overweight or obese.

OTHER AREAS
• Chlamydia is the main sexually transmissible disease among young people, especially females, and notifications for this infection increased from 71 to 196 per 100 000 over the period 1991-1998.
• Young people aged 15-24 years were less likely (35%) to always use sun protection measures, compared with children under 15 (56%) and adults over 24 (46%).
• Young people were more likely to be victims of assault, sexual assault and robbery than the whole population.

Putting this information into practice
Keeping up-to-date with the latest trends and patterns of young people’s health and wellbeing is an important consideration when teaching PDHPE. As teachers, we need to ensure that programs address the issues that impact most on young people. The following strategies suggest ways you can review your PDHPE program and the trends of young people’s health and wellbeing.

1. Revisit the major health issues and concerns of young people in your school community. For example, conduct family and student surveys, analyse local community health data, consider anecdotal information, organise student focus group meetings etc. Compare and contrast the information collected on health issues in your local community with national trends and data relating to young people. What are the similarities and differences? What explanations can you provide for these differences?
2. Examine your time allocation for health issues across Years 7-10 in PDHPE i.e. drug education, injury etc. Does the time allocated to these areas reflect the major health needs of young people?
3. Consider the information and data available on young people’s health and wellbeing. Now reflect on your program. Does your PDHPE program have the potential to make a difference in improving the health of young people? What are the strengths of your program? What areas could be improved?

TALKING UP GENDER IN PDHPE
The Gender Issues in Physical Activity Research Report was sent to participating schools earlier this year. This report outlined the findings of the Gender Issues in Physical Activity (GIPA) Project that began with a series of workshops for teachers and PDHPE consultants. The workshops were designed to increase participants’ awareness of the social construction of gender and to explore strategies for gender reform in schools. Participants also examined their personal practices in PDHPE and discussed ways in which they could work in their schools to challenge narrow and limiting notions of femininity and masculinity.

The GIPA project was evaluated by researchers from the University of Wollongong. Information was collected via surveys and interviews about teachers’ understanding and comfort with the notion of gender as a social construct and about the activities of teachers and consultants in relation to gender reform following the workshop.

An evaluation report was developed from this research, including a set of “guiding principles” for teachers to consider when initiating gender reform in schools. These principles help to challenge the narrow construction of gender and provide different groups of boys and girls with opportunities to participate in PDHPE and physical activity environments which are safe, supportive and fun.

The guiding principles for gender reform
1. Gender reform requires consultation with the community, physical activity and sport providers working with the schools, young people, parents and other members of staff.