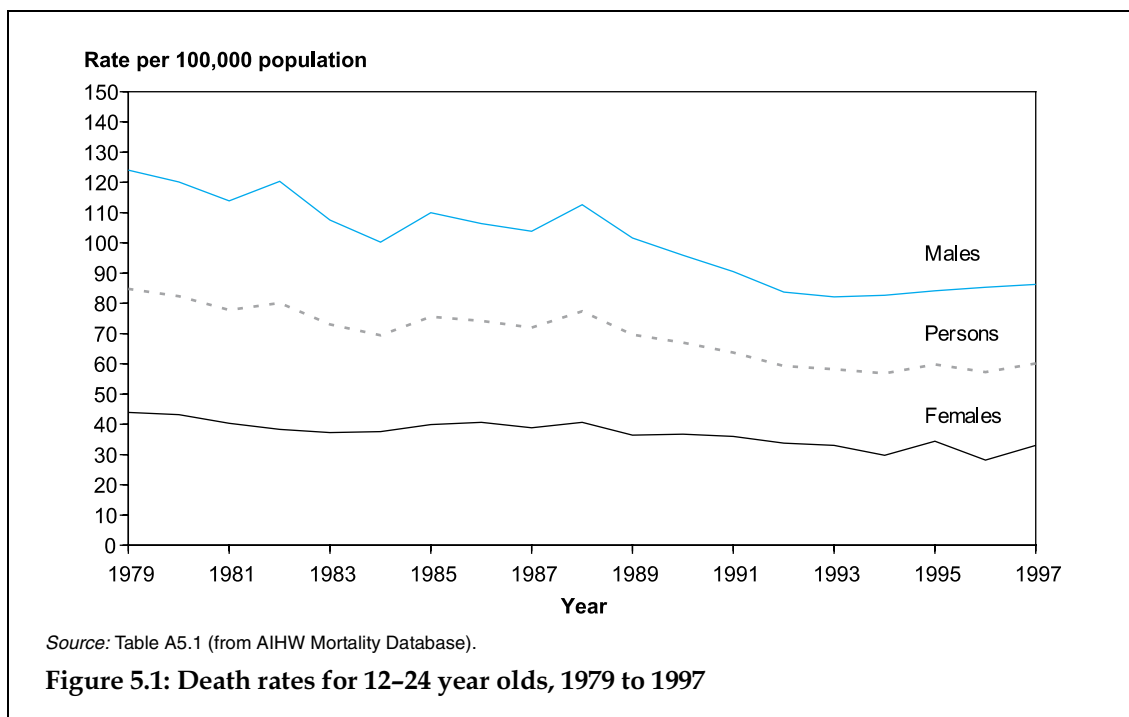


5 Mortality

A population's experience of mortality provides a key set of indicators of its health and wellbeing. This is true even for the youth population, which normally experiences lower levels of mortality than other ages. Although death rates for Australia's youth are quite low, the trends and differences provide important insights for policies to further improve the health of this group. Information on the main causes of death further enhances the understanding of these issues.

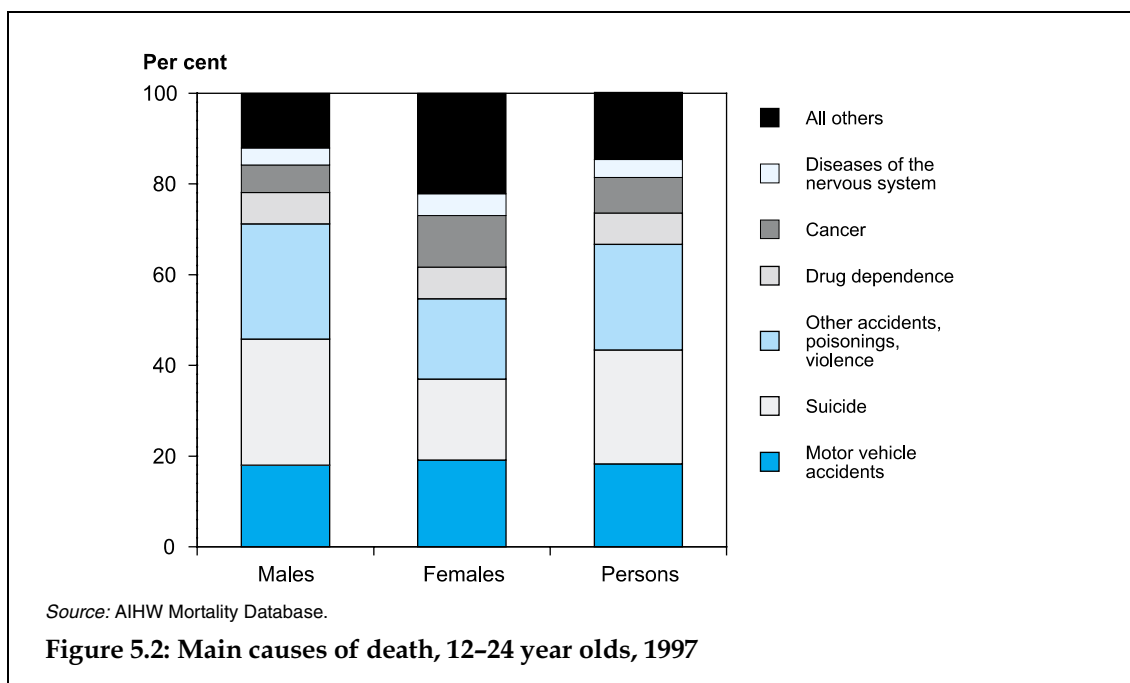
Mortality levels and trends



- In 1997 there were 2,082 deaths of Australians aged 12–24 years, a rate of 60 deaths per 100,000 population. Eighteen years earlier, in 1979, there were 2,795 deaths in this age group, a rate of 85 per 100,000. Thus the youth death rate declined by 29% in this period.
- Death rates for males exceed those for females at nearly all ages in Australia (as in most countries), and this is particularly true for the youth population (AIHW 1998: 7). In 1982, the rate for males was 124 per 100,000 compared with 44 for females.
- The death rate for young males declined to 82 per 100,000 in 1993, but since then has increased slightly to 86 in 1997. For young females, the rate fluctuated between 37 and 41 from 1982 to 1988, then declined slightly and has fluctuated between 28 and 34 since 1992.
- The ratio of male to female deaths has been about 3 to 1 for most of these years, indicating that 75% of all deaths in this age group were males.

Main causes of death

In 1997, there were 2,082 deaths among the youth population (aged 12–24 years), 1,523 males and 559 females. The main causes of these deaths were motor vehicle accidents, suicide, drug dependence, cancer, and diseases of the nervous system (mainly epilepsy, cerebral palsy, and muscular dystrophies and other myopathies). The following analysis examines for each sex the percentage distribution of these causes of death and death rates for each cause.



- Two-thirds of all deaths in the youth population (71% of males and 55% of females) were attributed to some form of 'accidents, poisonings, or violence', including road accidents and suicide. Since many of these deaths could be prevented, the scope for improving youth mortality, and thereby their health and wellbeing, is considerable.
- Motor vehicle accidents alone were the cause of 18% of male deaths and 19% of female deaths among the youth population.
- A much higher proportion of male deaths were from suicide compared with females (28% and 18% respectively).
- Cancer in its various forms was the next leading cause of death with nearly 8% of all deaths, about 6% of male deaths and 11% of female deaths.
- Drug dependence also directly accounted for about 7% of deaths for both males and females and may have contributed to deaths from other causes (see Chapter 12).

Mortality

Table 5.1: Youth death rates by cause of death and sex, 1988 and 1997 (deaths per 100,000 persons aged 12–24 years)

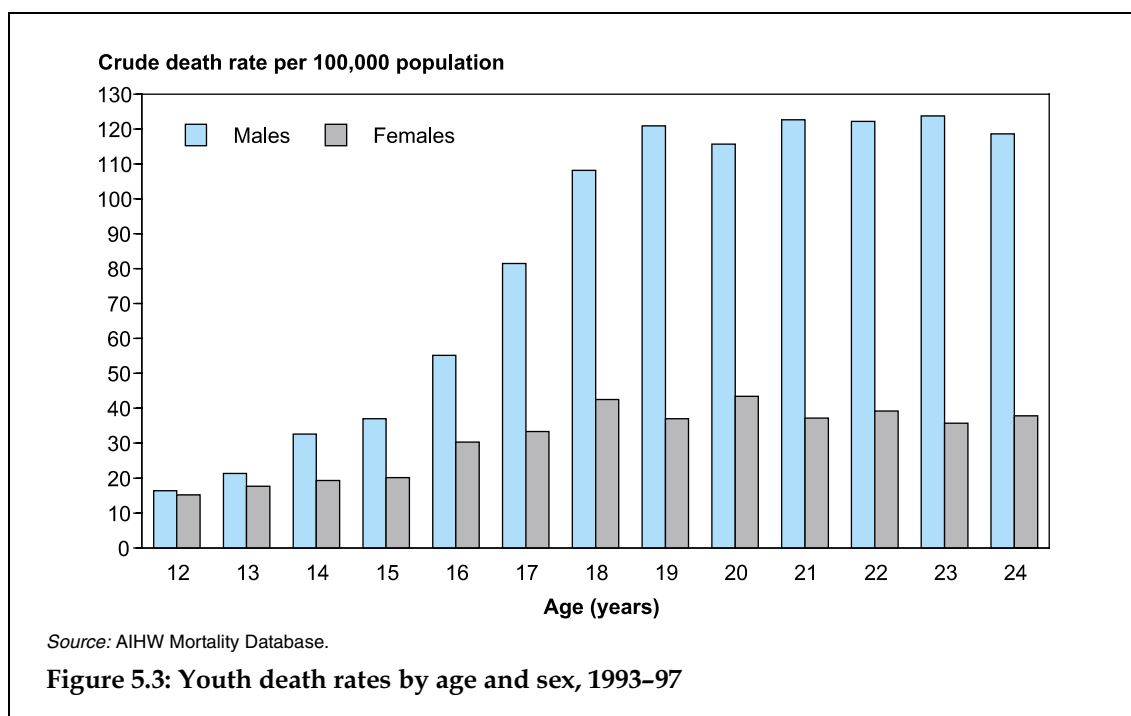
Cause of death	1988			1997		
	Males	Females	Persons	Males	Females	Persons
Motor vehicle accidents	27	13	20	16	6	11
Suicide	22	4	13	24	6	15
Other accidents, poisonings, violence	38	8	23	22	6	14
<i>All accidents, poisonings, violence</i>	<i>87</i>	<i>24</i>	<i>57</i>	<i>61</i>	<i>18</i>	<i>40</i>
Drug dependence	3	2	3	6	2	4
Cancer	7	3	5	5	4	5
Diseases of the nervous system	4	1	2	3	2	2
All other causes	11	9	10	10	7	9
All causes	113	41	77	86	33	60

Source: AIHW Mortality Database.

- The decline in the overall death rate for youths (ages 12–24) from 1988 to 1997 (77 to 60 per 100,000) is mainly due to declines in the rates of deaths due to motor vehicle accidents. For males, this rate declined from 27 to 16 deaths per 100,000, and for females from 13 to 6. The rate for males continues to be more than double that for females.
- The suicide death rate increased both for males (22 to 24 per 100,000) and for females (4 to 6 per 100,000). The rate for males in 1997 was four times that for females.
- The rate of deaths due to drug dependence doubled for males (from 3 to 6 per 100,000), but was stable for females (2 per 100,000).
- The rates for the other two major causes of deaths among youth, cancer and diseases of the nervous system, changed little over the period 1988 to 1997.

Death rates by age and sex

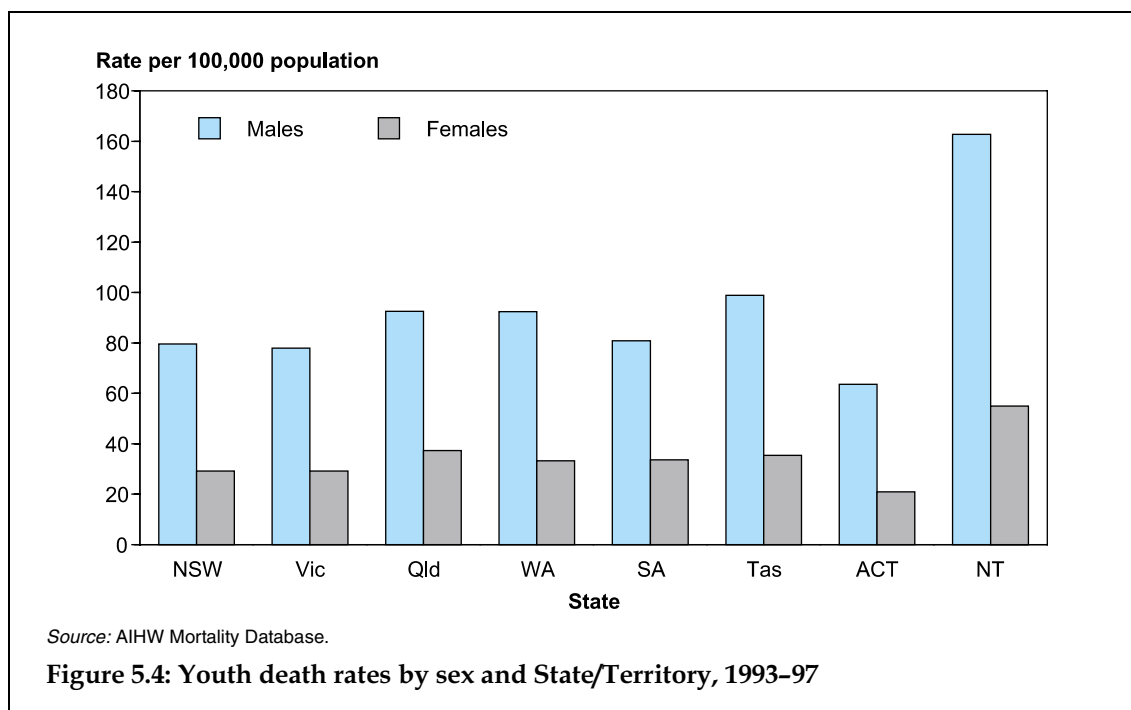
Because the number of youth deaths by single year of age for each sex in a given year is small, the following analysis uses the deaths for the most recent available 5-year period, 1993–97. The rate is calculated using the relevant midpoint population for that period, 30 June 1995.



- Death rates for both sexes are very low at ages 12 and 13 (15 to 21 per 100,000). Male death rates increase sharply at age 14 onwards, and female rates at age 16 onwards.
- The rates level off at around 120 per 100,000 for males from age 19, and around 40 for females from age 18.
- The male–female differences in death rates are small in the youngest ages of the youth population, but increase dramatically from age 14. The higher male rate of death from accidents, poisoning and violence (including suicide) is the main reason for this gap.
- These rates indicate that around 200 males die annually at each age from 19 to 24 years, compared with around 60 females, a ratio of more than 3 to 1.

State/Territory differences

Because some jurisdiction have small populations, it is necessary to examine death rates for youths over a 5-year period (as with death rates by single year of age).



- The death rates for the youth population in the Northern Territory, 163 per 100,000 for males and 55 for females, are much higher than the rates in other jurisdictions, which range from 64 for males and 21 for females in the Australian Capital Territory to 99 for males in Tasmania and 37 for females in Queensland. These rates can be compared with the Australian rates for 1995 of 84 for males and 34 for females.
- The higher rates in the Northern Territory are due in part to the higher proportion there of Indigenous people, who have much higher death rates at all ages than non-Indigenous people.
- A portion of the differences between jurisdictions may also be due to urban-rural differences. This is because the death rates from motor vehicle accidents are much higher in rural and remote areas than in capital cities and other metropolitan areas (AIHW 1998: 21).

References

Australian Institute of Health and Welfare (AIHW) 1998a. Australia's health 1998. AIHW Cat. No. AUS 10. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 1998b. Health in rural and remote Australia. AIHW Cat. No. PHE 6. Canberra: AIHW.