

### Differentials in the prevalence of current asthma

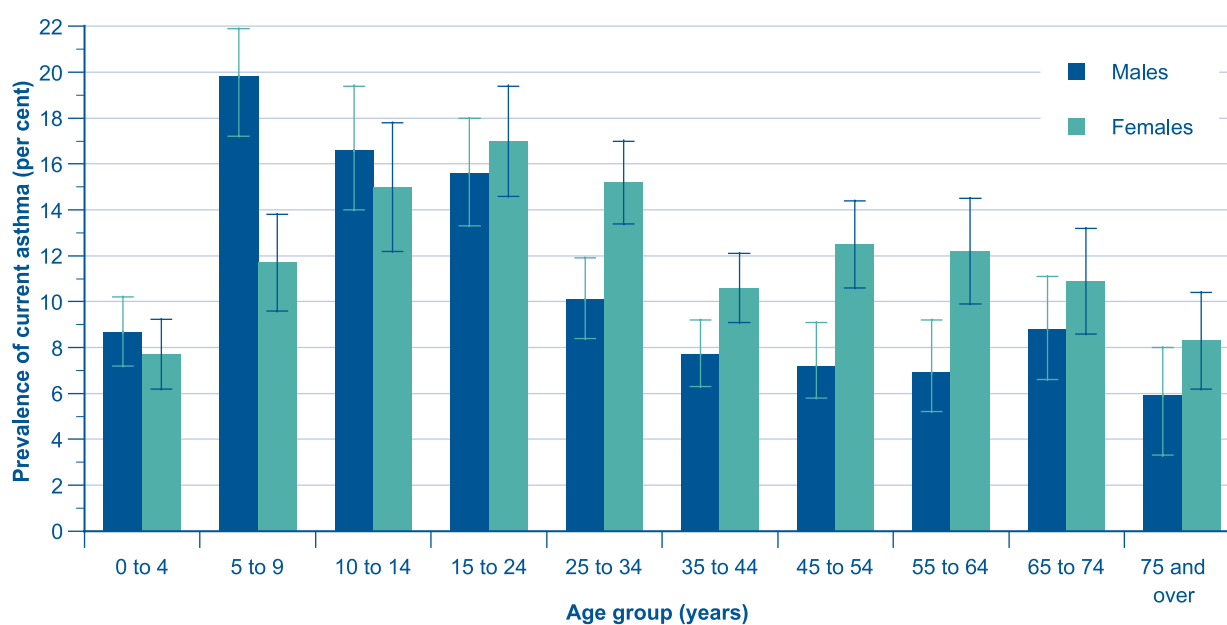
In this section we report on population differentials in the prevalence of asthma in Australia, using data from the ABS National Health Survey 2001. Subjects were classified as having current asthma if they reported ever being diagnosed with asthma by a doctor and still getting asthma.

#### Age and sex

The prevalence of current asthma in males was highest in the 5 to 9 years age group, whereas in females it was highest in 15 to 24 year olds (Figure 3.4). The prevalence of asthma was also high in both males and females aged 10 to 14 years and males 15 to 24 years.

The prevalence of asthma was higher in males than females among persons aged less than 15 years, especially in those aged 5 to 9 years. In contrast, the prevalence of asthma was higher in females than in males among persons aged 15 years and over, particularly among those aged 25 to 64 years.

**Figure 3.4**  
Prevalence of current asthma, by age and sex, Australia, 2001

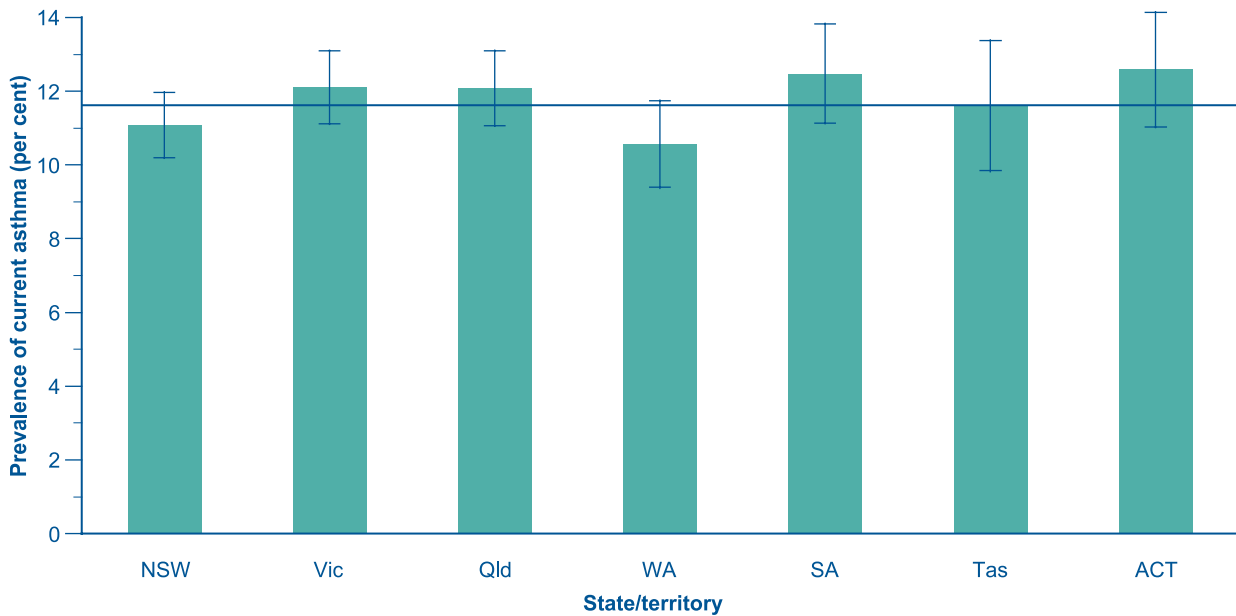


Source: ABS National Health Survey 2001.

#### States and territories

The prevalence of asthma did not differ significantly from the national average in any of the states or territories (Figure 3.5).

**Figure 3.5**  
**Prevalence of current asthma, by state and territory, all ages, Australia, 2001**



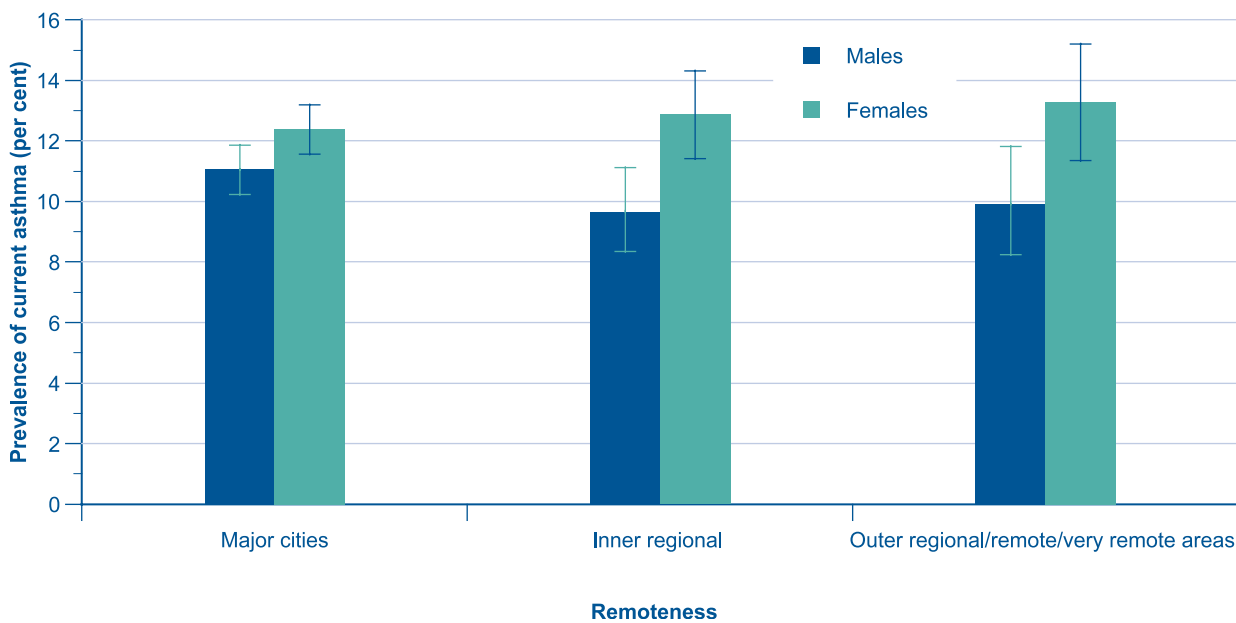
Note: Horizontal line represents prevalence of current asthma in Australia (11.6%). Northern Territory excluded as the numbers are too small to produce reliable estimates.

Source: ABS National Health Survey 2001.

### Urban, rural and remote areas

Overall, the prevalence of asthma did not differ substantially between major cities, inner regional areas and outer regional and remote areas (Figure 3.6). The excess prevalence of asthma among females was greater in inner regional and outer regional and remote areas than in major cities.

**Figure 3.6**  
**Prevalence of current asthma, by sex and remoteness, all ages, Australia, 2001**



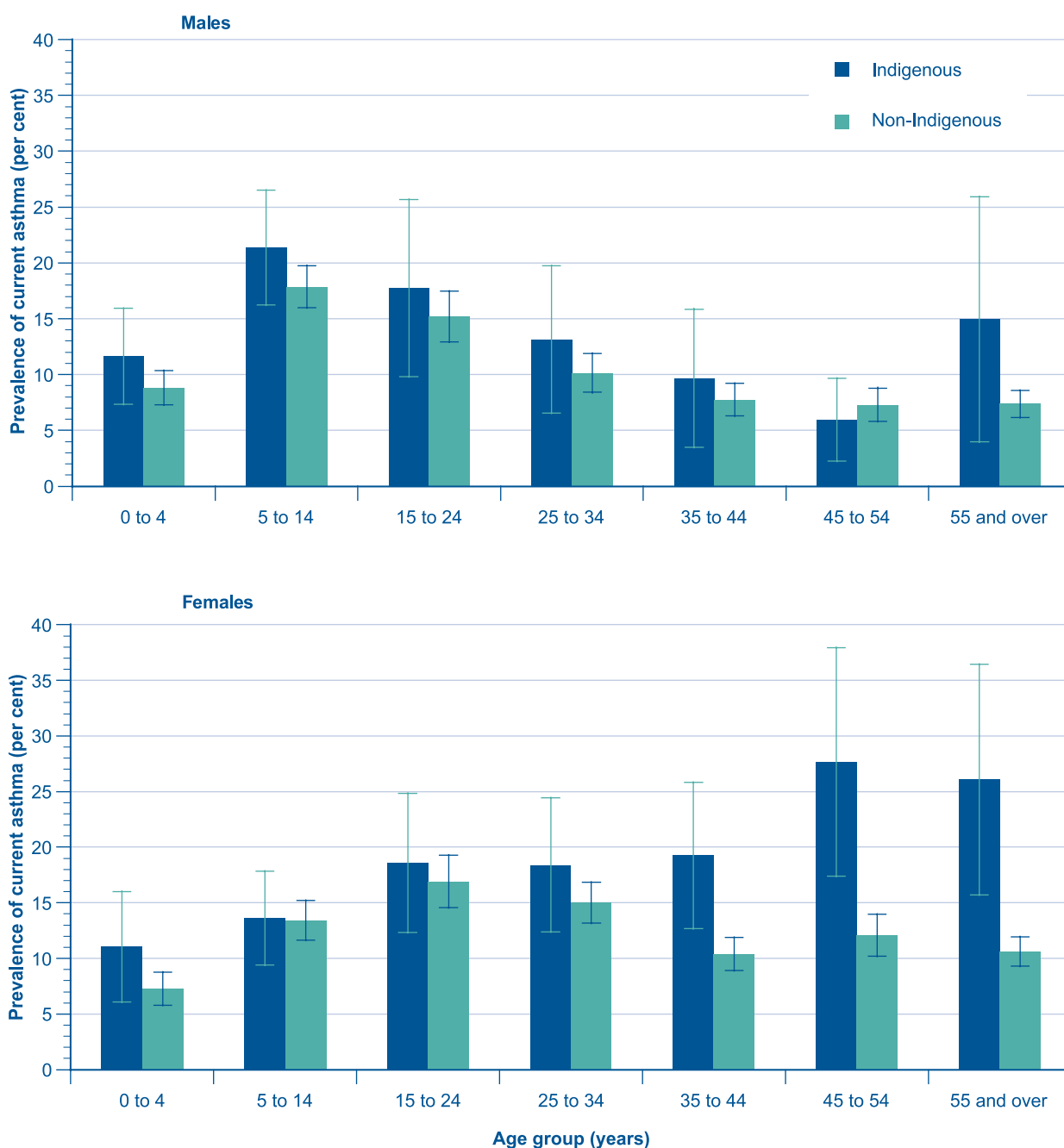
Note: Remoteness classified according to the Australian Standard Geographical Classification (ASGC) categories of remoteness.

Source: ABS National Health Survey 2001.

### Aboriginal and Torres Strait Islander Australians

Data from the National Health Survey and the Indigenous National Health Survey 2001 (see Appendix 1, Section A1.6.2) show that the prevalence of current asthma was significantly higher among adult Aboriginal and Torres Strait Islander women than among other Australian women ( $p < 0.001$ ; Figure 3.7). However, the prevalence of asthma was similar among Aboriginal and Torres Strait Islander men and other Australian men also and among children of both groups. The prevalence of ever having doctor-diagnosed asthma and the prevalence of wheeze in the last 12 months were also higher in the Indigenous Australian population (data not shown). Among Aboriginal and Torres Strait Islander adults, the prevalence of asthma was much higher among females than males. In fact, among Aboriginal and Torres Strait Islander women, the prevalence was higher in older adults than in children, an age distribution of asthma that was quite unlike the age distribution in other Australian women.

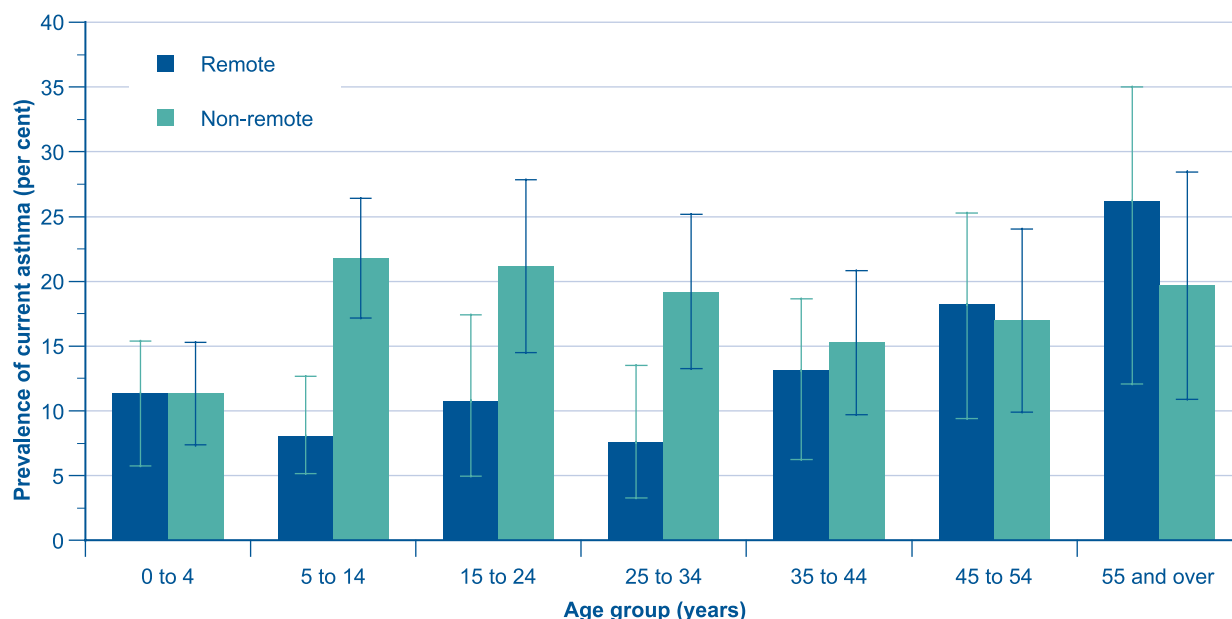
**Figure 3.7**  
Prevalence of current asthma, by age group, sex, and Indigenous status, Australia, 2001



Source: ABS National Health Survey 2001.

Among children and young adults, the prevalence of asthma was higher in Aboriginal and Torres Strait Islander people living in non-remote areas than in those living in remote areas (Figure 3.8). This trend was reversed among older adults, with a higher prevalence among Aboriginal and Torres Strait Islander people living in remote areas. However, this estimate may have included a broader range of conditions. Due to linguistic differences, the questionnaire administered to Aboriginal and Torres Strait Islander people living in sparsely-populated remote areas did not distinguish between 'asthma' and 'breathing problems' (see Appendix 1, Section A1.6.2).

**Figure 3.8**  
**Prevalence of current asthma among Aboriginal and Torres Strait Islander people, by age group and remoteness, Australia, 2001**



*Note:* Some people in 'Remote' were administered the 'Sparsely populated area' survey which used the term 'asthma or breathing problems' to define asthma status.

*Source:* ABS Indigenous Health Survey 2001.

There have also been several locally-based surveys that measured the prevalence of asthma among Aboriginal and Torres Strait Islander Australians (Table 3.4). There is substantial variation among the prevalence estimates. In part, this reflects the range of measures of asthma that have been used and also the means of identifying Indigenous status. However, some real variation in the prevalence of asthma within the Aboriginal and Torres Strait Islander population is likely, in particular relating to the remoteness or other characteristics of the setting. Additional studies reporting the prevalence of asthma among Indigenous Australian children have been included in Table 2.3 of this report.

**Table 3.4**  
**Prevalence of asthma among Aboriginal and Torres Strait Islander people, Australia, 1999–2001**

Location	Source	Year	Age range	Rates	95% CI (number in survey)
<b>Ever diagnosed with asthma by a doctor</b>					
Tropical North, WA	(2)	2000	18 years and over	13.6%	6.5–18.8% (119)
Central Desert, WA	(2)	1999	18 years and over	21.8%	12.5–34.8% (59)
<b>Ever diagnosed with asthma by a doctor and 'Yes' to 'Do you still get asthma?'</b>					
Australia	(1)	2001	0 to 17 years	15.8%	13.4–18.2% (1,828)
			18 years and over	17.0%	14.5–19.5% (1,853)
<b>Wheeze in last 12 months</b>					
Tropical North, WA	(2)	2000	18 years and over	31.5%	23.5–40.8% (119)
Central Desert, WA	(2)	1999	18 years and over	41.5%	28.1–54.0% (59)

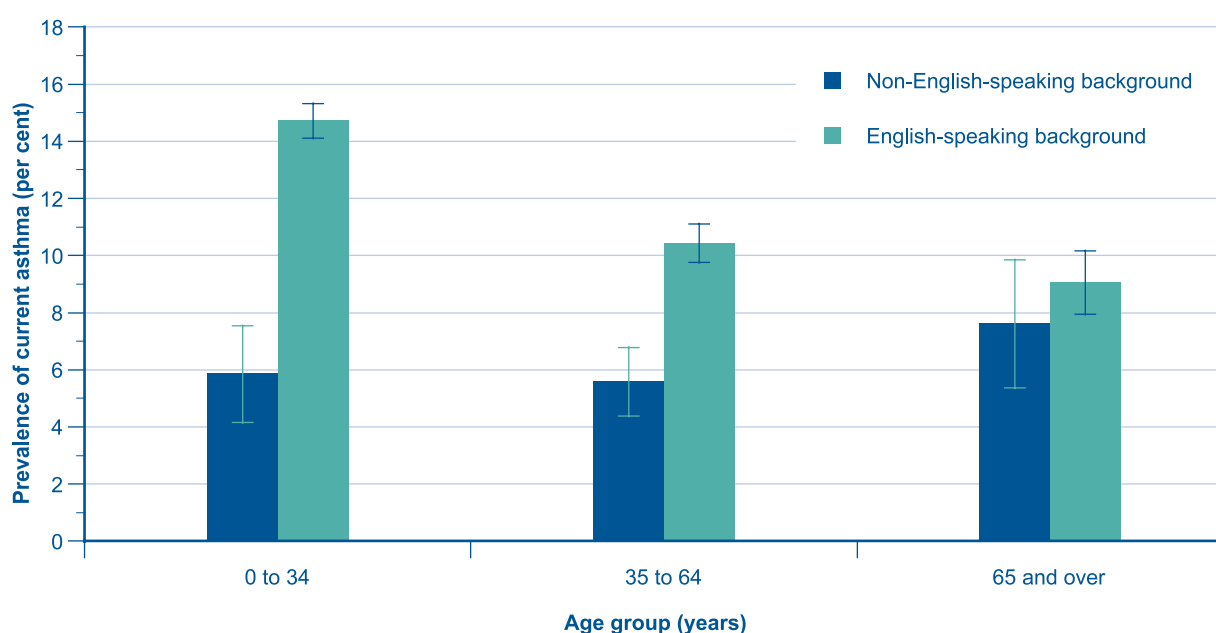
Sources: (1) ABS, National Health Survey 2001 (Indigenous CURF); (2) Verheijden et al. 2002.

### Culturally and linguistically diverse background

Data from the National Health Survey 2001 demonstrated that the prevalence of current asthma was lower in people from non-English-speaking backgrounds (Figure 3.9). The prevalence of ever having asthma was also lower among people from non-English-speaking backgrounds (data not shown).

This is consistent with previous observations that the prevalence of asthma is higher in children and adults born in Australia than among those who were born overseas and subsequently migrated to Australia (Leung et al. 1994; Peat et al. 1992). The prevalence of asthma has been shown to increase among migrant populations with the duration of residence (Leung et al. 1994).

**Figure 3.9**  
**Prevalence of current asthma, by broad age group and English-speaking versus non-English-speaking background, Australia, 2001**

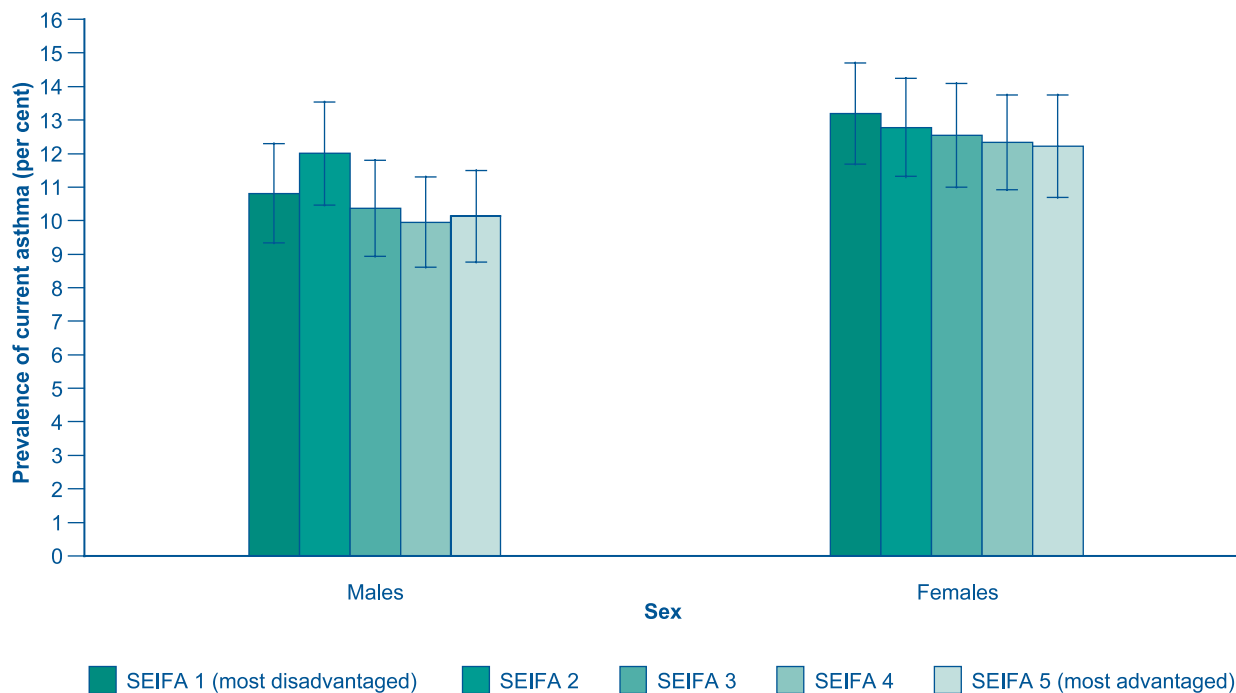


Source: ABS National Health Survey 2001.

### Socioeconomic disadvantage

People living in the most socioeconomically disadvantaged localities (classified using SEIFA; see Appendix 1, Section A1.12.3) did not have a substantially higher (or lower) prevalence of asthma compared with those in less disadvantaged areas (Figure 3.10). This finding contrasts with observations in some other countries. For example, in the USA there is a higher prevalence of asthma in children from lower income families (Miller 2000) and among families eligible for subsidised school lunches (Yawn et al. 2002).

**Figure 3.10**  
Prevalence of current asthma, by sex and socioeconomic status, Australia, 2001



Note: Socioeconomic status is classified using the Socio-Economic Index for Areas (SEIFA), in which SEIFA 1 represents the most disadvantaged socioeconomic quintile, and SEIFA category 5 the most advantaged.

Source: ABS National Health Survey 2001.

### Summary

Recent data suggest that 10 to 12% of adults and 14 to 16% of children report a diagnosis of asthma that remains a current problem. International comparative studies have shown a high prevalence of asthma in Australia, compared with many other countries. During the 1980s and early 1990s there is some evidence of a small increase in the prevalence of asthma among adults.

Asthma is more common in boys than girls before teenage years and, thereafter, it is more common among females than males. The highest reported prevalence is among 5 to 9 year old boys. In contrast to some overseas studies, there is no convincing evidence that people living in rural and remote areas and in socioeconomically disadvantaged areas in Australia have a higher risk of having asthma. Indigenous Australian women more commonly report asthma than other Australian women and this difference increases with increasing age. Persons of English-speaking backgrounds have a higher prevalence of asthma than other populations within the community.