

3.3 Attitudes and beliefs

People's attitudes, beliefs and knowledge are among the many influences on health-related behaviour, and therefore on health itself. Documenting and tracking these so-called cognitive factors among Australians may help to explain overall health levels and trends. It may also help shed light on the differences in the lifestyles and health of different groups in the population.

Available data indicate that health is an important issue for Australians. For example, Tasmanian adults rated 'health' over factors such as 'ability to perform activities of daily living', 'relationship with partner', 'personal safety' and 'relationship with children' as the most important factor for quality of life (DHHST 1999).

Attitudes and beliefs on specific health issues

Data on Australians' attitudes, beliefs and knowledge are available for major health issues such as diet, alcohol, illicit drug use and childhood immunisation. For example, most Australian adults believe that fat, sodium and sugar contributed to the development of disease and ill health (Crawford & Baghurst 1990). Despite the well-documented and widely promoted adverse effects of tobacco use, the 1998 National Drug Strategy Household Survey found that regular use of tobacco by adults is considered acceptable by 40% of Australians (Table 3.3, page 144).

Around 25% of Australians consider the regular use of cannabis/marijuana acceptable. For other drugs (except tobacco and alcohol), less than 10% of Australians believe that regular use by adults is acceptable. The legalisation of cannabis/marijuana is supported by around 30% of Australians, and about 10% support the legalisation of heroin, cocaine and amphetamines (AIHW 1999a). About 96% of Tasmanian adults believe that immunisation is 'very effective' or 'effective' in preventing childhood diseases such as measles, mumps, polio, diphtheria and tetanus (DHHST 1999).

Sex and age differences

Although Australian data are limited, differences in attitudes and beliefs relating to health are also evident between males and females, and between younger and older age groups. For example, men believe that increasing physical activity is an important healthy behaviour, whereas women focus more on social, environmental and dietary changes (Welsh et al. 1998). Further, older Australian men are more likely to highlight the importance of 'keeping busy' and 'having some purpose in life'. In contrast, older women appear to share the hope of 'slowing down more' after being busy with the multiple roles of paid work, household duties, children and grandchildren. Women are more likely to see 'rest and relaxation' as important for good health (Brown et al. 1999). Men are also more likely than women to consider regular use of cannabis/marijuana and alcohol to be acceptable (AIHW 1999a).

Younger people are more aware than older people of the importance of fibre in a healthy diet, and the role of fat and salt in relation to heart disease (Crawford & Baghurst 1990).

Table 3.3: Proportion of people who find regular drug use by adults acceptable, 1998 (per cent)

Drug	Males	Females	Persons
Tobacco	41.8	38.6	40.2
Alcohol	67.7	55.1	61.3
Cannabis/marijuana	30.4	20.9	25.6
Pain killers/analgesics ^(a)	10.3	8.8	9.5
Tranquillisers/sleeping pills ^(a)	7.2	3.8	5.5
Steroids ^(a)	3.9	0.9	2.4
Barbiturates ^(a)	2.7	0.7	1.6
Inhalants	1.7	0.3	1.0
Heroin	2.8	0.8	1.8
Methadone ^(b)	2.8	0.8	1.8
Amphetamines	4.7	1.7	3.1
Cocaine	3.8	1.1	2.4
Naturally occurring hallucinogens	6.4	2.2	4.3
LSD/synthetic hallucinogens	4.4	1.5	2.9
Ecstasy/designer drugs	5.1	1.5	3.3

(a) Non-medical use.

(b) Non-maintenance.

Source: 1998 National Drug Strategy Household Survey.

3.4 Lifestyle and behaviour

Dietary behaviour

Australia's Food and Nutrition (AIHW: Lester 1994) described a strong association between dietary behaviour and many chronic diseases. The major causes of death, illness and disability in which diet and nutrition play an important role include coronary heart disease, stroke, hypertension, atherosclerosis, some forms of cancer, type 2 diabetes, osteoporosis, dental caries, gall bladder disease and nutritional anaemias.

Ill health generally cannot be attributed to any one dietary component alone (Ashwell 1997). Diseases associated with diet are also associated with environmental, behavioural, biological and genetic factors. The complex relationships between diet, other risk factors and disease make it difficult to assess the contribution of diet to ill health (AIHW: Lester 1994).

In an optimal diet, the supply of required nutrients is adequate for tissue maintenance, repair and growth. The vitamins, minerals and proteins required to maintain the human body in good health can be met only through the intake of a well-balanced, wide variety of food.

The dietary guidelines for Australians recommend consumption of a wide variety of nutritious food. Essential nutrients for good health are found in varying amounts throughout many different food groups. Variety in a diet maximises the possibility of obtaining enough of these essential nutrients.