

# Young Australians

Their health and wellbeing  
2007

*Selected highlights*

Australian Institute of Health and Welfare  
Canberra

AIHW cat. no PHE 88

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Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at <[www.aihw.gov.au](http://www.aihw.gov.au)>.

# Introduction

Youth is the period of time during which dependent children develop into independent adults. It is also a critical time for establishing and reinforcing good health and social behaviours. Young people who are unable to make the transition to adulthood smoothly can face significant difficulties and barriers in both the short and long term.

*Young Australians: their health and wellbeing 2007* is the third in a series of national statistical reports on young people aged 12–24 years produced by the Australian Institute of Health and Welfare (AIHW). It brings together data from a wide variety of sources, including information on health status, health outcomes and factors influencing the health and wellbeing of young Australians, such as behaviour, environment, family, community and socioeconomic factors. In recognising that young people's health and wellbeing are influenced by a multitude of factors, the AIHW has broadened the list of indicators included in earlier reports to include burden of disease, social support, assault and victimisation, environmental factors, health system performance and indicators relating to the health, disability and socioeconomic status of parents of young people.

This summary booklet takes selected key national indicators and summarises the findings from the report in an abbreviated format.

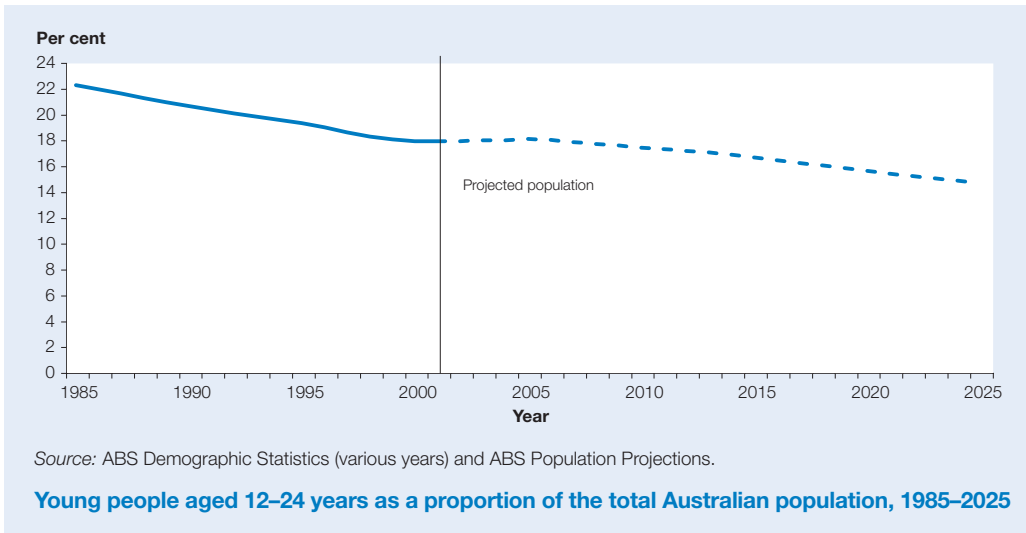
### Key findings from *Young Australians: their health and wellbeing 2007*

*Young Australians: their health and wellbeing 2007 found that while most young people in Australia are doing well, there are areas where further gains in health and wellbeing could be achieved.*

*Among the positive health trends discussed in the report is a significant decrease in death rates—death rates among young people aged 12–24 years halved between 1980 and 2004, largely due to decreases in deaths due to injury, including a 40% reduction in suicide deaths since 1995. Large declines have also been observed over the last decade in notification rates for a number of communicable diseases including measles, rubella, Hepatitis A and B, and for meningococcal disease since 2003. The prevalence of some chronic conditions, notably asthma and melanoma, has also declined over the last decade. There have also been positive trends in education, with increasing proportions of young people staying in school to Year 12 and gaining a post-school qualification.*

*Areas where further gains in health and wellbeing could be achieved include mental health problems, which accounted for almost half of the total disease burden in 2003. Overweight and obesity have also increased in recent years. Coinciding with these increases, less than half of young people met the recommended physical activity guidelines in 2004–05, and only a minority met the daily vegetable consumption guidelines. Almost one-third of young people drank alcohol in amounts that put them at risk or high risk of alcohol-related harm in the short-term in 2004, and around 17% were current smokers. There have also been concerning trends in the notification rates for sexually transmitted infections such as chlamydia and gonococcal infection, which have increased substantially over the last 10 years. The unemployment rate for young people continues to be higher than the national average—12.5% for 15–19 year olds and 6.3% for 20–24 year olds compared with a national rate of 4.4%.*

## Population and family structure



- There were approximately 3.7 million young people in Australia in June 2006, representing 18% of the total population. The proportion of young people in the population declined in the 1990s, from 21% in 1990 to 18% of the Australian population in 1999. It is projected that young people will comprise 15% of the population in 2025. This is a reflection of the decrease in the fertility rate since the 1970s and increased life expectancy.

According to the 2001 Census figures, there were 116,698 Aboriginal and Torres Strait Islander young people aged 12–24 years, comprising 3.4% of all young people in Australia. Young people aged 15–24 years born overseas represented 16% of the young Australian population of the same age in 2005.

In 2005, 68% of young people lived in Major Cities, 20% in Inner Regional areas and 9% in Outer Regional areas. Those living in Remote and Very Remote areas accounted for just over 2% of all young people.

In 2003, of those young people living in families, most (80%) lived in couple families, while 20% lived in lone-parent families. Of those in lone-parent families, 80% lived with their mother. According to the 2001 Census, approximately 4% of young people in Australia aged 15–24 years were in a registered marriage and a further 7% were in a de facto marriage.

*See Part 1 of the main report for more information on population and family structure.*

## Self-assessed health status

### Self-assessed health status of young people aged 15–24 years, 2004–05 (per cent)

Health status	15–17 years		18–24 years		15–24 years		
	Males	Females	Males	Females	Males	Females	Persons
Excellent or Very good	85.1	79.3	64.7	64.1	70.9	68.5	69.7
Good	11.3	15.7	28.0	27.9	22.9	24.4	23.6
Fair or Poor	3.6	5.0	7.3	8.0	6.2	7.1	6.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: AIHW analysis of the ABS 2004–05 National Health Survey confidentialised unit record file.

- In 2004–05, 70% of young Australians aged 15–24 years assessed themselves to be in either excellent or very good health, while a further 24% rated their health as good. Only 7% reported their health to be either fair or poor.

Young people from the most socially and economically disadvantaged areas were less likely than those from the least disadvantaged areas to rate their health as excellent or very good (66% compared to 75%).

See *‘Physical, mental and social wellbeing’* in Part 2 of the main report for more information on self-assessed health status.

## Disability

In 2003, approximately 249,300 young people aged 15–24 years had a disability. Of these, 24% (2% of all young Australians) had a severe or profound core activity limitation, indicating they sometimes or always needed assistance with activities of daily living (self-care, mobility and communication).

Around 8% of young people with a disability reported that they were permanently unable to work because of their disability, and 43% were restricted in the type of job they could do.

Among young people with a disability, the main disabling conditions reported were ‘intellectual and other mental disorders’ which accounted for 20% of all disabling conditions (26% of males and 13% of females). This category includes ADHD, autism and other learning disabilities.

See *‘Disability and activity limitation’* in Part 2 of the main report for more information on disability.

## Burden of disease

Disability-adjusted life years (DALYs) summarise the burden of disease and injury at a population level. The DALY combines information on the impact of premature death as well as non-fatal health outcomes. It is a measure of the years of healthy life lost due to illness or injury—one DALY is one lost year of ‘healthy’ life.

The total burden of disease and injury among young Australians aged 15–24 years was estimated to be 196,557 DALYs in 2003, representing 8% of the total burden of disease and injury for all ages. Mental disorders (49%) and injuries (18%) were the broad disease groups accounting for the majority of the burden among young Australians.

### Leading specific causes of burden of disease and injury (DALYs) for 15–24 year olds, by sex, 2003

Rank	Males	DALYs ('000)	Per cent of DALYs	Females	DALYs ('000)	Per cent of DALYs
1	Anxiety and depression	17,868	17.4	Anxiety and depression	29,946	31.8
2	Road traffic accidents	10,380	10.1	Asthma	6,641	7.1
3	Schizophrenia	9,795	9.6	Migraine	6,217	6.6
4	Suicide and self-inflicted injuries	7,320	7.1	Other genitourinary diseases	5,676	6.0
5	Heroin or polydrug dependence and harmful use	5,657	5.5	Schizophrenia	3,754	4.0
6	Alcohol dependence and harmful use	4,848	4.7	Road traffic accidents	3,572	3.8
7	Migraine	3,539	3.5	Personality disorders	2,622	2.8
8	Cannabis dependence and harmful use	3,520	3.4	Bulimia nervosa	2,576	2.7
9	Personality disorders	3,130	3.1	Bipolar disorder	2,450	2.6
10	Bipolar disorder	2,672	2.6	Anorexia nervosa	2,063	2.2
	<b>All causes</b>	<b>102,476</b>	<b>100.0</b>	<b>All causes</b>	<b>93,985</b>	<b>100.0</b>

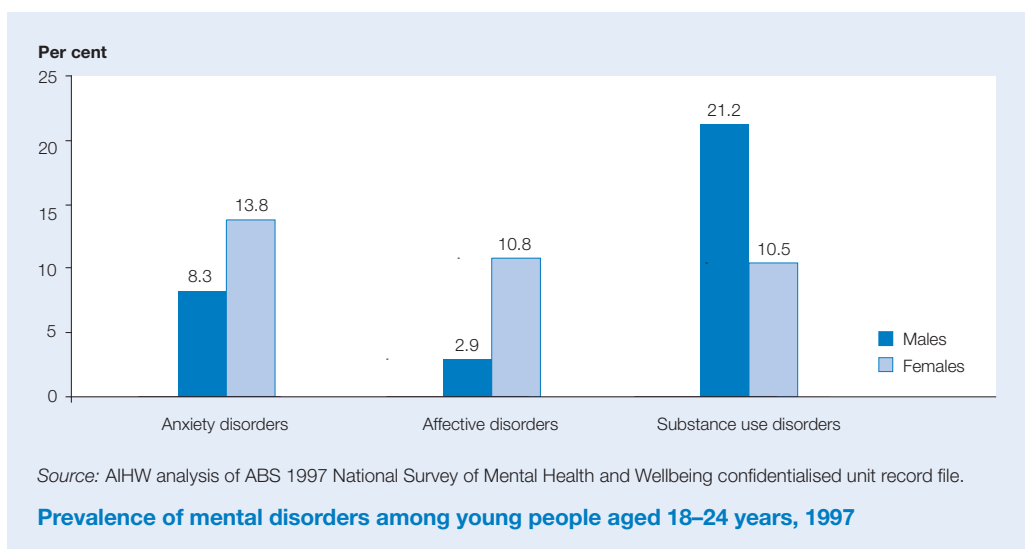
Source: Beggs et al. 2007. The burden of disease and injury in Australia, 2003. Canberra: AIHW.

- Anxiety and depression was the leading cause of burden of disease for young Australians, accounting for 17% of the male burden and 32% of the female burden. After anxiety and depression, the leading causes of disease and injury burden were markedly different for males and females. For young males, anxiety and depression was followed by road traffic accidents (10%), schizophrenia (10%) and suicide and self-inflicted injuries (7%). For females, asthma was the second highest cause of disease burden (7%), followed by migraine (7%), and other genitourinary diseases (6%).

See ‘Burden of disease’ in Part 2 of the main report for more information on this topic.

## Mental health

In 1998, 8% of young people aged 12–17 years had ADHD and 3% had conduct disorder. Prevalence rates for ADHD and conduct disorder among young males were 3 to 4 times the rates for young females. Around 16% of those young people with ADHD or conduct disorder had both disorders.



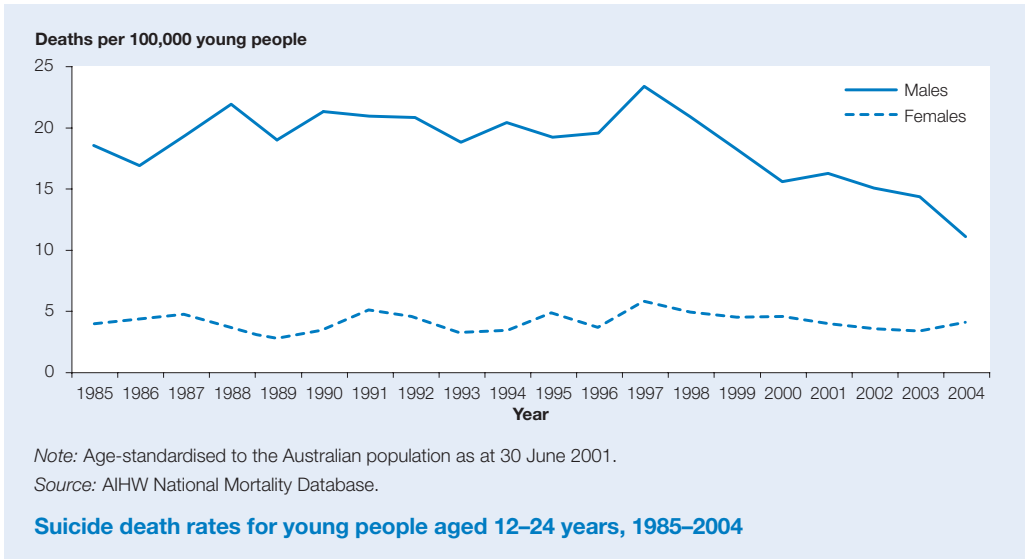
- In 1997, just over one in four young people aged 18–24 years (an estimated 481,600 young people) experienced anxiety, affective or substance use disorders. Rates were similar for males and females—27% for males and 26% for females.
- Substance use disorders were the most prevalent disorder among 18–24 year olds, affecting about 1 in 5 males and 1 in 10 females. Alcohol dependence accounted for over half of the total substance use disorders. One in ten 18–24 year olds experienced anxiety disorders. Post-traumatic stress disorder was the most prevalent anxiety disorder, affecting 3% of males and 7% of females. Affective disorders (depression and dysthymia) affected 3% of young males and 11% of young females in 1997.

In 2004–05, the proportions of young males and females aged 18–24 years reporting high or very high levels of distress were 12% and 19% respectively, an increase from 1997 when the corresponding proportions were 7% and 13%. Young people with moderate to very high levels of psychological distress were much less likely than those with low psychological distress to rate their health as excellent.

See 'Mental health' in Part 2 of the main report for more information on this topic.



## Suicide



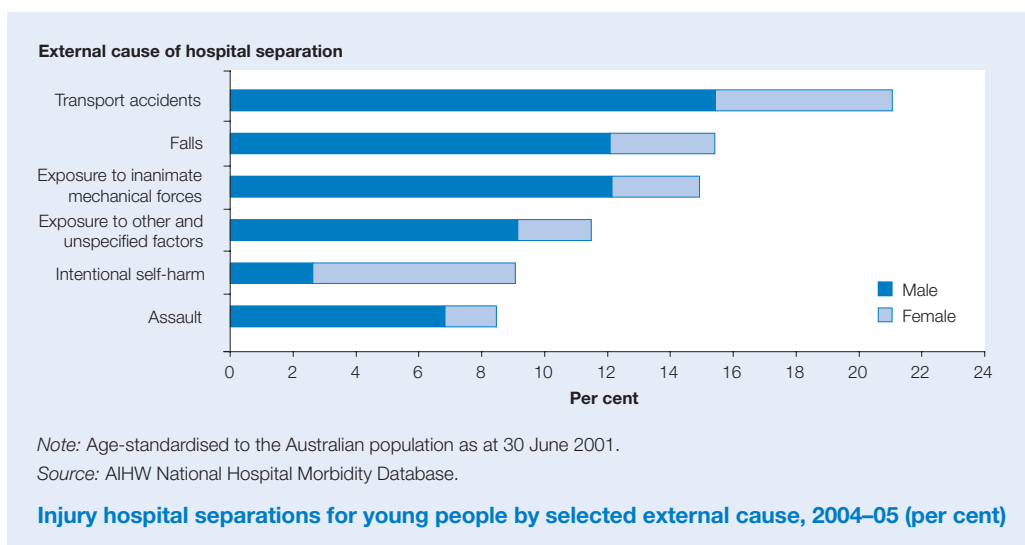
- In 2004, 272 young people aged 12–24 years committed suicide (a rate of 8 per 100,000 young people). This accounted for 13% of all suicide deaths in Australia and 19% of all deaths for this age group in 2004. The suicide rate for young males was higher than the rate for females (11 per 100,000 compared with 4 per 100,000).

Deaths due to suicide decreased by 40% between 1995 and 2004. Between 1985 and 1997 the rate of suicide among young males fluctuated between 19 and 23 per 100,000 young people when the rate peaked. Since then, the death rate from suicide among young males has declined by over 50% from 23 per 100,000 young males in 1997 to 11 per 100,000 in 2004. Female suicide death rates have remained relatively stable since 1985.

*See 'Mental health' and 'Injury and poisoning' in Part 2 of the main report for more information on suicide.*

## Injury and poisoning

Injury and poisoning was the third leading cause of hospital separation for young people aged 12–24 years in 2004–05 with 86,943 separations, a rate of 2,397 separations per 100,000 young people and 15% of all hospital separations for young people. The male separation rate for injury and poisoning was 2.3 times as high as the rate for young females.

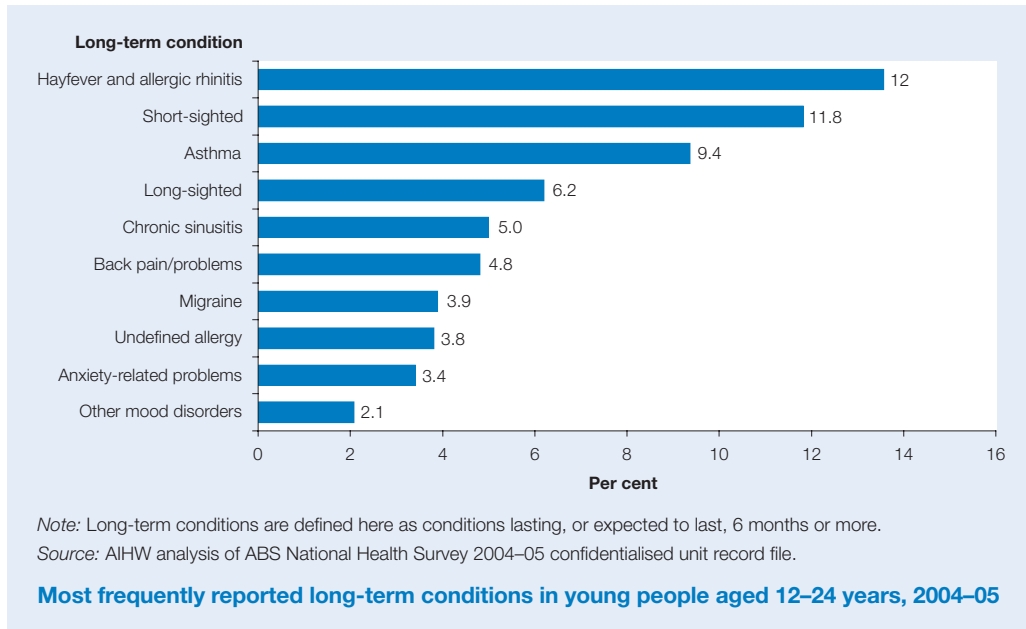


- The most common external cause of injury leading to hospitalisation among young people aged 12–24 years was transport accidents, accounting for 18,377 or 21% of injury and poisoning separations. Falls and exposure to inanimate mechanical forces were the second and third highest external causes of injury respectively, each accounting for approximately 15% of injury separations among young people.

In 2004, injury and poisoning was the leading cause of death among young people aged 12–24 years with 1,005 deaths—a rate of 28 deaths per 100,000 young people. This accounted for two-thirds of all deaths of young people aged 12–24 years. The death rate due to injury and poisoning was higher for males than females at all ages. The largest difference was in the 18–24 year age group, where the male rate was 2.9 times the female rate (32 compared to 11 per 100,000 young people).

See 'Injury and poisoning' in Part 2 of the main report for more information on this topic.

## Chronic disease

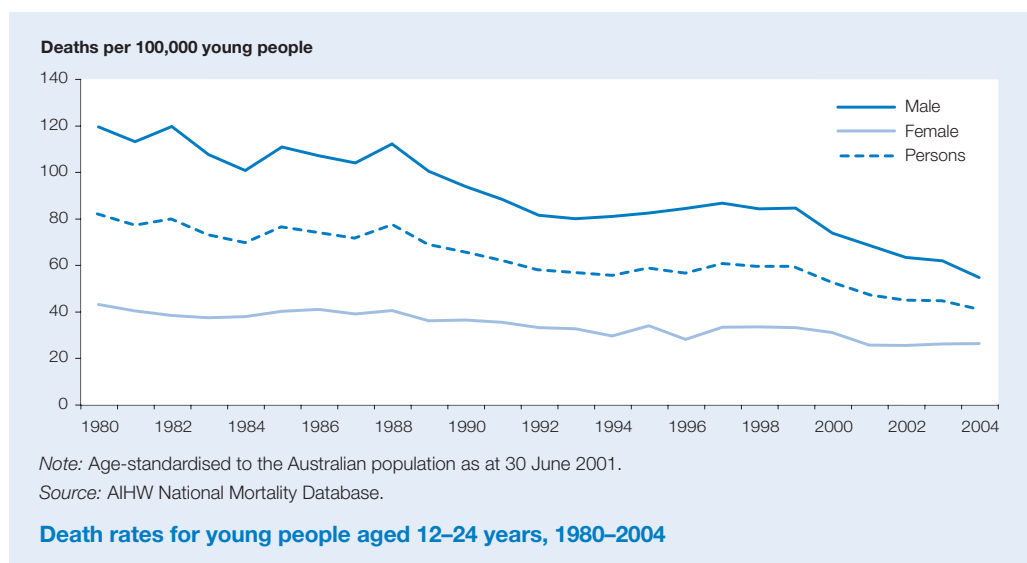


In 2004–05, 63% of young Australians aged 12–24 years reported a long-term condition. Multiple long-term conditions were reported by 34% of young Australians. Young females were more likely than young males to report a long-term health condition (68% and 60% respectively).

- Hay fever and allergic rhinitis was the most frequent long-term condition reported by young people (14%), followed by short-sightedness (12%). Asthma was the third most frequently reported long-term condition by young people at 9%.
- In 2004, the National Diabetes Register recorded 648 new cases of Type 1 diabetes among those aged 12–24 years, a rate of 18 per 100,000 young people. The majority (61%) of these new cases were for males.
- In 2002, there were 943 new cancers diagnosed in young people, a rate of 27 per 100,000 young people. Between 1993 and 2002, the annual incidence rate increased by 10% (24 to 27 per 100,000 young people), with the rates being slightly higher for males than for females over this period. Melanoma was the cancer with the highest incidence rate throughout the period 1993–2002.

See 'Chronic disease' in Part 2 of the main report for more information on this topic.

## Deaths



- In 2004, there were 1,470 deaths among young Australians aged 12–24 years—a rate of 41 deaths per 100,000 young people. Males accounted for 69% of all deaths among 12–24 year olds. Between 1980 and 2004, death rates have halved among those aged 12–24 years, from 82 per 100,000 to 41 per 100,000 young people respectively.

Death rates for young Australians increased substantially with remoteness, with the rate for Very Remote areas almost 5 times that for Major Cities in 2002–2004 (199 per 100,000 compared to 42 per 100,000 young people aged 15–24 years).

In 2000–2002, young people aged 15–24 years in the most socially and economically disadvantaged areas of Australia had death rates almost twice as high as those from the least disadvantaged areas (66 per 100,000 compared to 35 per 100,000 young people).

### Leading causes of death in young people aged 12–24 years, 2004

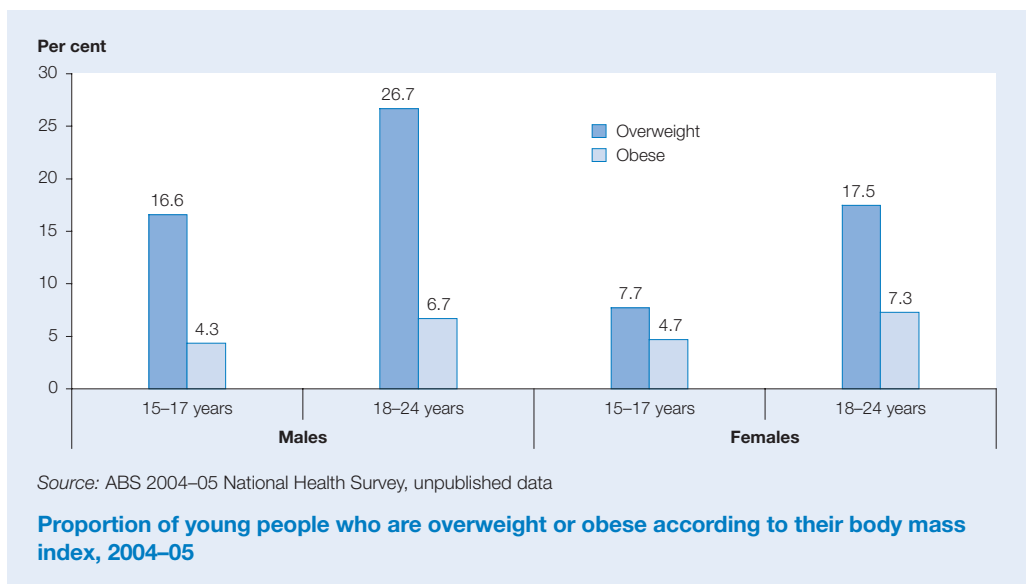
Cause of death	Male		Female		Persons	
	Number	Per cent	Number	Per cent	Number	Per cent
Land transport accidents	322	31.8	120	26.2	442	30.1
Intentional self-harm (suicide)	202	20.0	70	15.3	272	18.5
Accidental poisoning	56	5.5	18	3.9	74	5.0
Symptoms, signs and ill-defined conditions	41	4.1	15	3.3	56	3.8
Malignant neoplasms of lymphoid, haematopoietic and related tissue	24	2.4	16	3.5	40	2.7
Other	367	36.3	219	47.8	586	39.9
<b>All deaths</b>	<b>1,012</b>	<b>100.0</b>	<b>458</b>	<b>100.0</b>	<b>1,470</b>	<b>100.0</b>

Source: AIHW National Mortality Database.

- In 2004, the leading cause of death for young Australians was land transport accidents (442 deaths or 30% of all deaths in this age group). This was followed by intentional self-harm (suicide) and accidental poisoning. These three causes accounted for over 50% of all deaths among 12–24 year olds.
- Cancers also featured amongst the leading causes of death for young Australians. Malignant neoplasms of lymphoid, haematopoietic and related tissue were responsible for 40 deaths in 2004 (3% of all deaths), while malignant neoplasms of the brain accounted for 28 deaths (2% of all deaths).

See Part 2 'Deaths' of the main report for more information on this topic.

## Weight



- According to the ABS National Health Survey, 25% of young people aged 15–24 years were overweight or obese in 2004–05. An estimated 1 in 4 males (24%) and 1 in 7 females (15%) aged 15–24 years were overweight but not obese. A further 6% of males and 7% of females in the same age group were considered obese.
- Young people aged 18–24 years were more likely than those aged 15–17 years to be overweight or obese.

The proportion of overweight (excluding obese) young people aged 15–17 years was similar between 2001 and 2004–05 (12.6% and 12.4% respectively), while the prevalence of obesity increased slightly from 3.3% to 4.5%.

Among 18–24 year olds, the prevalence of overweight (excluding obese) increased from 17% in 1995 to 22% in 2004–05, and the prevalence of obesity increased from 5% to 7%.

*See 'Weight' in Part 3 of the main report for more information on this topic.*

## Physical activity

### Proportion of young people by physical activity level, 2004–05

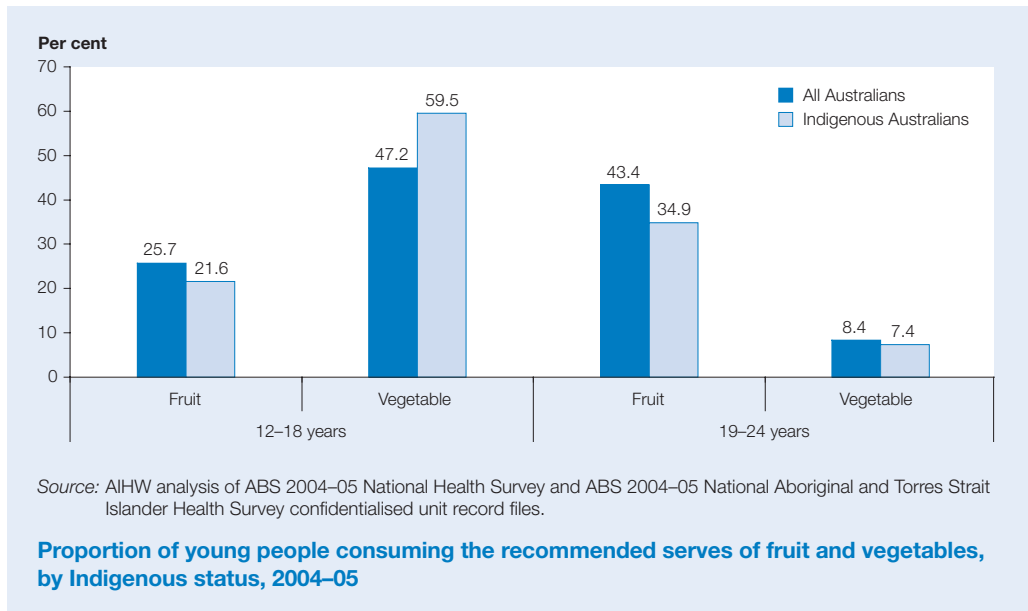
Exercise level	15–17 years		18–19 years		20–24 years		15–24 years	
	Males	Females	Males	Females	Males	Females	Males	Females
Moderate to high	54.3	34.1	47.3	28.1	41.1	28.9	46.3	30.3
Low	26.7	36.1	25.1	37.4	35.0	39.6	30.6	38.1
Sedentary	18.9	29.8	27.5	34.5	24.0	31.5	23.1	31.6

Source: AIHW analysis of ABS 2004–05 National Health Survey confidentialised unit record file.

- In 2004–05, only 46% of males and 30% of females aged 15–24 years participated in levels of physical activity recommended in the national guidelines to obtain a health benefit. More young females (32%) than young males (23%) were sedentary or undertook low levels of physical activity (38% females compared to 31% males).
- Overall, young males were more likely than young females to undertake moderate to high levels of physical activity. However, even among males, the proportion undertaking physical activity at recommended levels declined at older ages.

*See 'Physical activity' in Part 3 of the main report for more information on this topic.*

## Nutrition



- According to the ABS 2004–05 National Health Survey, 26% of young people aged 12–18 years met the daily fruit consumption guidelines of 3 or more serves of fruit per day and 47% met the consumption guidelines for vegetables. Of 19–24 year olds, 43% met the daily fruit consumption guidelines, and 8% ate the recommended number of serves of vegetables each day.
- In 2004–05, 22% of young Indigenous people aged 12–18 years reported eating the recommended number of serves of fruit each day and 60% met the consumption guidelines for vegetables. Approximately 35% of Indigenous 19–24 year olds consumed the daily recommended number of serves or more of fruit, and 7% met the consumption guidelines for vegetables.

Young people living in Major Cities were more likely than those in other areas to consume the recommended daily serves of fruit. Young people living in Inner Regional areas were 3 times as likely as those living in Major Cities to not eat any fruit.

*See 'Nutrition' in Part 3 of the main report for more information on this topic.*

## Sun protection

### Sun protection behaviours adopted by young people when outdoors during peak UV periods, 2003–04 (per cent)

Type of sun protection behaviour	Age group	
	12–17 years	18–24 years
Wore headwear	38	37
Wore wide-brimmed hat	5	10
Used 15+ sunscreen	37	36
Wore 3/4 or long-sleeved top	11	11
Wore 3/4 or long leg cover	37	37
Stayed primarily in shade	19	26
Wore sunglasses	22	52

*Note:* Multiple responses were permitted therefore the total responses exceed 100%.

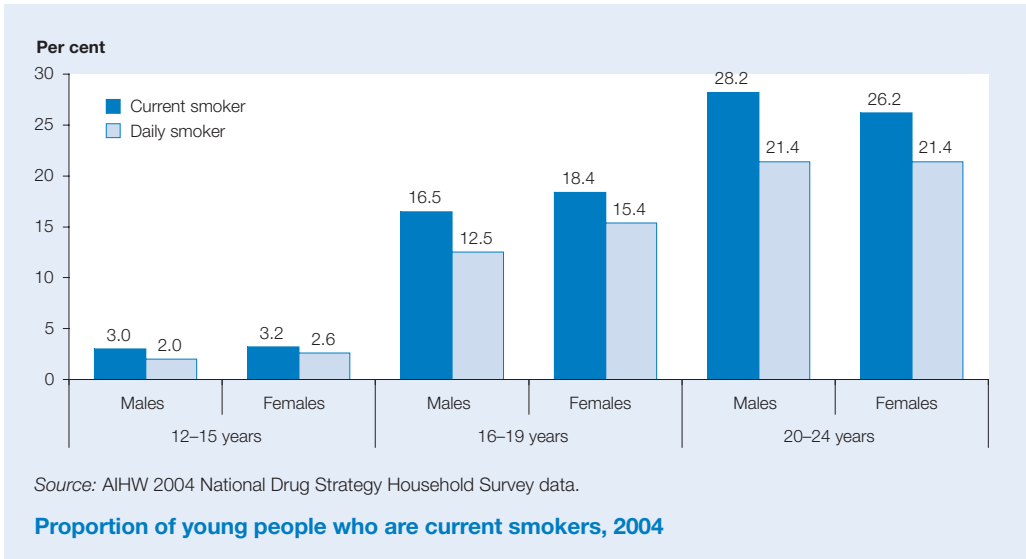
*Sources:* Bowles et al. 2005. Sun protection and sunburn incidence of Australian adults: summer 2003–04. Melbourne: Cancer Council of Victoria; Dobbins et al. 2005. Sun protection and sunburn incidence of Australian adolescents: summer 2003–04. Melbourne: Cancer Council of Victoria.

- The most commonly reported sun protection behaviours for 12–17 year olds were wearing headwear (38%), using 15+ sunscreen (37%) and wearing 3/4 or long leg cover (37%). For 18–24 year olds, behaviours were similar except wearing sunglasses was the most common (52%).

According to the ABS 2004–05 National Health Survey, approximately 50% of young people aged 12–24 years had their skin regularly checked for changes in freckles or moles. A higher proportion of young females (54%) than young males (47%) regularly had their skin checked for changes in freckles or moles.



## Tobacco smoking and alcohol

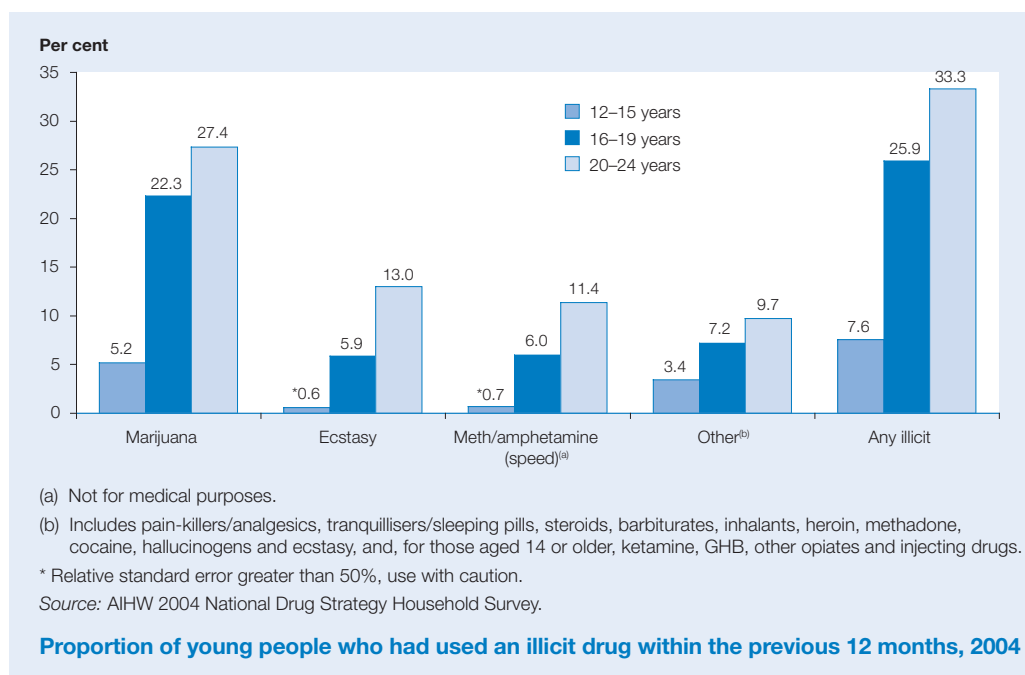


- In 2004, 17% of 12–24 year olds were current smokers (17% for both males and females). The proportion of young people who were current smokers increased with age from 3% for 12–15 year olds to 17% for 16–19 year olds and 27% for 20–24 year olds.
- Around 2% of young people aged 12–15 years, 14% of young people aged 16–19 years, and 21% of young people aged 20–24 years were daily smokers. The mean age of initiation for tobacco use among 12–24 year olds was 14.5 years.

According to the 2004 National Drug Strategy Household Survey, 31% of 12–24 year olds drank, once or more a month, at levels that put them at risk or high risk of alcohol-related harm in the short term, and 11% drank at levels that put them at risk or high risk of alcohol-related harm in the long term. The mean age of initiation for alcohol use among 12–24 year olds was 14.7 years.

See 'Substance use' in Part 3 of the main report for more information on tobacco smoking and alcohol.

## Illicit substance use



- Results from the 2004 National Drug Strategy Household Survey indicate that 23% of young people aged 12–24 years had used an illicit drug in the 12 months prior to the survey. Rates of illicit drug use increased with age from 8% for 12–15 year olds to 26% for 16–19 year olds and 33% for 20–24 year olds.
- Marijuana was the illicit drug most commonly used by young people—5% of 12–15 year olds, 22% of 16–19 year olds and 27% of 20–24 year olds reported using it in the 12 months prior to the survey. Meth/amphetamine had been used by 6% of 16–19 year olds and 11% of 20–24 year olds, and ecstasy had been used by 6% of 16–19 year olds and 13% of 20–24 year olds.

See 'Substance use' in Part 3 of the main report for more information on illicit substance use.

## Children on care and protection orders

### Young people aged 12–17 years who are the subject of care and protection orders, 2000–2006

Age (years)		2000	2001	2002	2003	2004	2005	2006
12–14	Number	3,469	3,638	3,847	4,213	n.a.	4,734	5,080
	Rate (per 1,000)	4.3	4.5	4.8	5.1	—	5.7	6.0
15–17	Number	3,688	3,446	3,458	3,570	n.a.	3,781	4,196
	Rate (per 1,000)	4.6	4.3	4.3	4.4	—	4.6	5.0

n.a. Not available.

— Nil or rounded to zero.

Note: Data for 2004 have been excluded from the time series since New South Wales provided limited data due to the introduction of a new client information system.

Source: AIHW Child Protection Data Collection.

- In 2006, there were 9,276 young people aged 12–17 years on care and protection orders (5.5 per 1,000 young people).
- The rate of young people aged 12–14 years on care and protection orders increased from 4.3 to 6.0 per 1,000 young people between 1998 and 2006. The corresponding rate for 15–17 year olds increased from 4.1 to 5.0 per 1,000 young people.

The vast majority of young people on care and protection orders were living in home-based care, which includes living with parents or other relatives and foster care.

*See 'Child protection' in Part 3 of the main report for more information on children on care and protection orders.*

## Homelessness

SAAP is the major government response to homelessness, providing recurrent funding to agencies offering a variety of support services to homeless people.

### SAAP clients, 2004–05

Age	Males		Females		Persons	
	Number	Percent	Number	Percent	Number	Percent
12–14 years	500	1.2	800	1.3	1,400	1.4
15–17 years	3,600	8.9	6,000	10.1	9,500	9.5
18–19 years	3,000	7.4	4,800	8.1	7,800	7.8
20–24 years	5,600	13.9	9,800	16.5	15,400	15.4
Ages 12–24 years	12,700	31.5	21,400	36.0	34,100	34.2
All ages	40,400	100.0	59,400	100.0	99,800	100.0

Source: SAAP National Data Collection 2004–05.

- In 2004–05, 34,100 young people aged 12–24 years accessed SAAP services (less than 1% of 12–24 year olds). A further 7,500 children aged 13–17 years accompanied a parent or guardian who was receiving SAAP support. The majority of young SAAP clients were young women (63%; or 21,400 out of 34,100).

In 2004–05, the most common main reason for seeking assistance was accommodation problems for young men (36% of support periods for young men) and interpersonal relationships for young women (29% of support periods for young women). Domestic violence/abuse was also a common main reason for seeking assistance among women (23%).

*See 'Homelessness' in Part 3 of the main report for more information on this topic.*

## Education and employment

### Proportion of young people aged 15–24 years in employment and/or education, 2006

Education and employment status	Age group	
	15–19 years	20–24 years
Full-time education only	41.3	10.0
Full-time employment only	10.1	43.6
Full-time employment and part-time education	5.4	8.6
Full-time education and part-time employment	27.2	13.1
Full-time education and full-time employment	0.8	1.0
Part-time education and part-time employment	1.4	1.8
Part-time education only	0.6	1.0
Part-time employment only	5.6	8.6
Not in education or employment	7.7	12.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>

Source: ABS Education and Work, Australia, 2006.

- Based on results of the 2006 ABS Survey of Education and Work, 85% of young people aged 15–19 years and 76% of young people aged 20–24 years were participating full-time in education and/or work in 2006.
- The majority (69%) of young people aged 15–19 years were in full-time education in 2006, including 28% who combined full-time education with part-time or full-time work. Half (53%) of young people aged 20–24 years were in full-time employment, including 10% who combined full-time employment with full-time (1%) or part-time study (9%).

In August 2005, 66% of employed 15–19 year olds and 33% of employed 20–24 year olds were casual employees. This is an increase from 1992 when the corresponding proportions were 54% and 23% respectively.

The unemployment rates for 15–19 and 20–24 year olds were 12.5% and 6.3% in July 2006, a much higher rate than the national unemployment rate of 4.4%. In July 2006, 22% of the unemployed population were aged 15–19 years and a further 16% were aged 20–24 years.

*See 'Education' and 'Employment' in Part 3 of the main report for more information on these topics.*

## Income

### Mean weekly earnings of employees in their main job by full- or part-time employment, 2005 (dollars)

Age group	Full-time employment			Part-time employment			Total		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
15–19 years	448	434	444	136	137	136	272	196	234
20–24 years	737	671	710	298	294	296	622	514	570
<b>All ages</b>	<b>1,047</b>	<b>854</b>	<b>979</b>	<b>342</b>	<b>374</b>	<b>366</b>	<b>946</b>	<b>630</b>	<b>798</b>

Source: ABS Australian labour market statistics, July 2006.

- The average weekly income of employed 15–19 year olds (\$234) was lower than the income earned by those aged 20–24 years (\$570). This is largely due to the higher proportion of 15–19 year olds working in part-time jobs and the lower rates of pay received by younger people. Males in both age groups earned more money than their female counterparts.

In 2006, approximately 19% of 15–19 year olds and 20% of 20–24 year olds received some form of income support. The main type of income support received by young people was Youth Allowance.

Between 2001 and 2006 the number and proportion of young people receiving government income support decreased for both 15–19 year olds (from 23% to 19%) and for 20–24 year olds (from 25% to 20%).

In 2001, 32% of young people aged 15–19 years and 6% of those aged 20–24 years did not have an income.

Of the young people who have encountered various debts, the most common types of debt among those aged 15–17 years were mobile phone bills, car repayments/expenses, debts to friends, phone bills and personal loans. Among young people aged 18–24 years, the most common types of debt were car repayments/expenses, mobile phone bills, credit card debt and personal loans.

*See 'Income' in Part 3 of the main report for more information on this topic.*

## Aboriginal and Torres Strait Islander young people

### Demographic characteristics of young Indigenous Australians

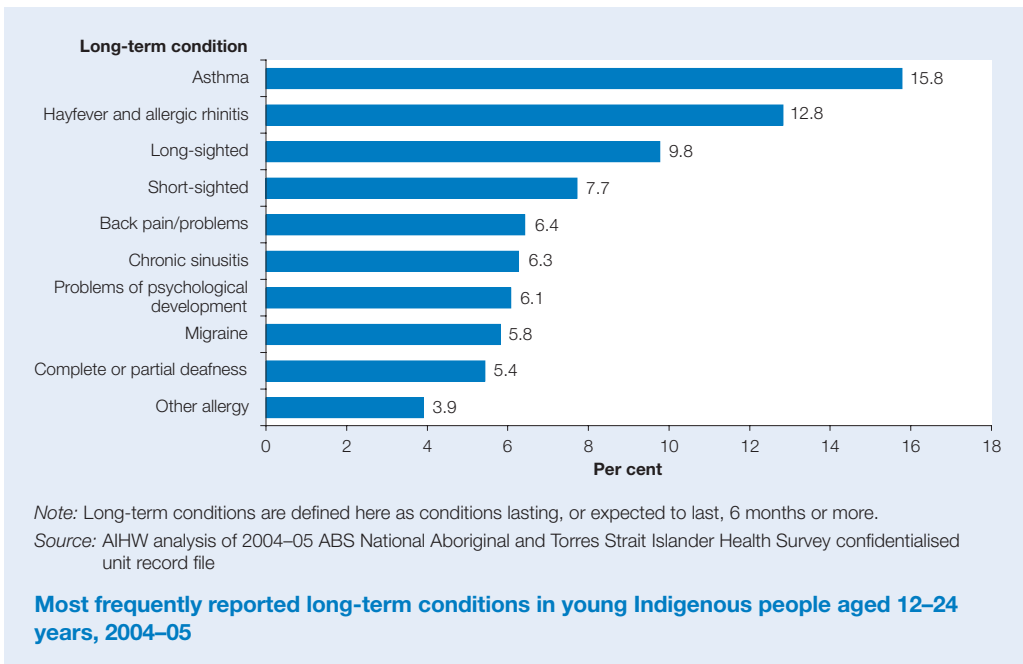
Among the Indigenous population, 26% were aged 12–24 years in 2001, compared with 18% for all Australians.

In 2001, 31% of young Indigenous people aged 15–24 years lived in Major Cities, 42% in Inner Regional and Outer Regional areas and 27% in Remote or Very Remote areas. Indigenous young people accounted for over 50% of all young Australians living in Very Remote areas.

### Health status and outcomes

As with the Indigenous population as a whole, young Aboriginal and Torres Strait Islander peoples suffer poorer health than their non-Indigenous counterparts. This inequality reflects broader disadvantage across a range of socioeconomic factors that impact on health and wellbeing. Young Indigenous people experience higher rates of death, injury and disability than other young Australians, and are more likely to live with certain chronic conditions.

- In 2004–05, the hospital separation rate for Indigenous young people aged 12–24 years was 1.7 times the rate for other young Australians. Indigenous young people had higher separation rates than other young Australians for a number of diagnoses. The largest disparities in separation rates were for pregnancy and childbirth (2.5 times), ear diseases (2.4 times), the circulatory system (2.1 times), and skin disease (1.8 times). The age-standardised hospital separation rate for mental and behavioural disorders among Indigenous was 1.6 times that of other young Australians.
- Injury accounted for 16% of hospital separations among Indigenous young people in 2004–05. The injury hospital separation rate for young Indigenous males was 1.3 times the rate for other young males, and the rate for young Indigenous females was 2.3 times the rate for other young females.
- In 2004–05, 59% of young Indigenous Australians aged 12–24 years reported a long-term condition, compared with 63% of all young Australians. The long-term conditions reported most frequently were similar for both Indigenous and all young people, although 5% of young Indigenous Australians reported complete or partial deafness and 6% reported problems of psychological development. The proportion of Indigenous young people reporting asthma was higher compared with all young Australians (16% compared to 9%).
- Between 2002 and 2004, there were 273 deaths among Indigenous young people aged 12–24 years in Queensland, Western Australia, South Australia and the Northern Territory. This represents an age-standardised rate of 158 per 100,000 young people which is almost 4 times the rate for other young Australians. The leading cause of death among Indigenous young people was suicide (accounting for 29% of deaths), followed by land transport accidents (26%) and assault (7%).



## Factors influencing health

There is a higher prevalence of established risk factors among young Indigenous Australians compared with other young Australians—young Indigenous Australians are more likely to smoke, have higher proportions who are obese and physically inactive, have poorer nutrition and higher rates of substance use.

Based on results from the ABS 2004–05 National Aboriginal and Torres Strait Islander Health Survey:

- Young Indigenous Australians aged 15–24 years were twice as likely to be obese as all young Australians (12% compared with 6%). In 2002, around one-quarter (24%) of young Indigenous males and two-fifths (42%) of young Indigenous females aged 15–24 years had not played sport or participated in physical recreation activities in the last 12 months.
- One in two young Indigenous people aged 18–24 years were current daily smokers—a rate twice as high as for other young Australians (50% compared with 26% respectively). Indigenous young people were more likely than their non-Indigenous counterparts to report a level of alcohol consumption that is classified as risky or high risk (16% compared with 14%).

It is important to remember that the higher levels of risky health behaviour among Indigenous young people sit within a broader social and economic context of disadvantage. The socioeconomic disadvantage experienced by Indigenous young people includes poorer educational outcomes, higher unemployment rates and lower incomes.

- Apparent retention rates for Indigenous students have increased between 1996 and 2006, from 76% to 91% for retention to Year 10 and from 29% to 40% for retention to Year 12. Despite this, the retention rate for Indigenous students from Year 7/8 to Year 12 remains considerably lower than the rate for non-Indigenous school students (40% compared with 76%).
- In 2001, Indigenous Australians aged 15–24 years were more likely to be unemployed than other young Australians—13% compared with 9%. Half of young Indigenous people (50%) were not in the labour force (that is, neither employed or looking for work), compared with one-third of other young Australians (34%).

*See Part 4 of the main report for more information on Aboriginal and Torres Strait Islander young people.*