

# Youth lifestyle and health



## About Youth in Focus

Youth in Focus (YIF) is a study about young Australians – their experiences while growing up and aspirations for the future, their education and work choices, and their diverse transitions to adulthood.

YIF is a project combining administrative data with a longitudinal survey. The first wave of interviews took place in 2006, involving more than 4,000 18-year olds and their parents. The project will follow the young adults as they finish school, leave home, enter employment and form their own families.

The YIF Factsheets are a series of brief reports on the major outcomes and characteristics of Australian youth using the data collected in the course of the YIF survey.

## Income-support history stratification

One of the important questions which YIF is designed to address is the relationship between outcomes of young people and the socio-economic experiences of their families while they were growing up. Nearly all YIF participants agreed to having their survey responses matched to government administrative records of family benefits and income support. For the young adults in the study, these records provide information about the timing, intensity, and duration of their families' use of government assistance.

We can categorize families' experiences in three broad groupings which turn out to be very informative about the young adult's current circumstances.

- A** The family of the young adult never received income support while the young adult was growing up (they may have received tax benefits/credits or child care subsidies for families with children).
- B** The family of the young adult received income support for more than 6 years while the young adult was growing up.
- C** The family of the young adult received some income support while the young adult was growing up, but for less than a total of 6 years.

The YIF factsheets report results separately for categories A, B and C.

While these factsheets provide descriptive analysis that can be used as a first step towards understanding the complex relationship between young people's outcomes and their exposure to the income-support system, at this stage it is not possible to draw conclusions about the causal nature of these relationships.

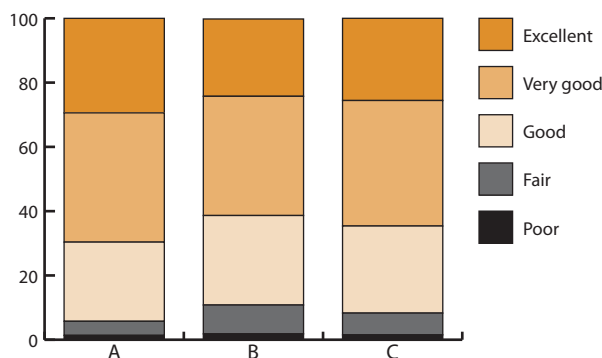
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*he relationship between socio-economic status and health is one of the most well-documented relationships in social science. Poor health in childhood limits educational attainment and impacts negatively on health in adulthood. Children growing up in disadvantaged circumstances experience worse health outcomes than children in wealthier families. These differences tend to become more pronounced as they age. Health is therefore an important factor to consider when studying the transmission of advantage or disadvantage from one generation to the next.*

*The Youth in Focus (YIF) survey collects detailed information on a range of health and lifestyle outcomes and behaviours from youth and their parents. In this Factsheet, we consider young people's reports of their own health and health-related behaviours. We also present data on young people's participation in sports and exercise activities.*

**There is a relationship between economic status in childhood and health at age 18.** Specifically, young people growing up in families with a history of intensive income-support receipt (category B) are less likely than youth who grew up in families that never used income support (category A) to report that they are in excellent or very good health: 61 versus 70 per cent respectively (Figure 1).

**Figure 1 Youth general health in past month**



**Young people who are not employed are much more likely to say that they would be limited by poor health in their employment if their family has a history of intensive income-support receipt: 17 per cent versus 10 percent (Table 1).** However, the proportion of employed young people who report that their health limits the type or amount of work they can do appears unrelated to childhood socio-economic status. Young people who grew up in families which relied heavily upon the income-support system are also much more likely to report that a health professional has told them that they have asthma, ADD/ADHD, or depression/anxiety (Table 1). This is consistent with parents' reports on the prevalence of health problems in their

**Table 1 Health characteristics of young adults**

	A	B	C
Percentage of employed youth limited in the type/amount of work they do due to health	4.3	4.6	5.2
Percentage of youth not employed who would be limited in the type/amount of work due to health	9.6	16.6	15.7
Percentage of youth diagnosed with specific diseases:			
<i>As reported by youth</i>			
Asthma	25.0	30.7	26.6
ADD/ADHD	2.2	5.0	3.9
Depression/anxiety	10.8	16.2	12.3
<i>As reported by parents</i>			
Asthma	27.7	34.4	28.2
ADD/ADHD	4.1	8.3	6.3
Depression/anxiety	7.5	14.2	8.4

**Table 2 Hospitalisation of youth (as reported by parents)**

	A	B	C
Percentage ever hospitalized for more than 48 hours	27.9	36.2	29.6
Percentage ever hospitalised for more than 48 hours by number of visits:			
One	58.8	52.3	56.1
Two	21.1	20.7	22.5
Three or more	19.4	26.0	21.2
Refuse/ can't say	0.7	1.0	0.2

**Table 3 Youth mental health in the past month**

	A	B	C
Percentage who during the past 4 weeks:			
Accomplished less than they would have liked due to emotional problems	18.1	25.4	22.2
Had problems with work or other regular activities due to emotional problems	13.2	17.9	15.8
Felt down all or most of the time	4.2	9.4	6.5
Felt calm and peaceful all or most of the time	51.9	51.6	54.0
Had a lot of energy all or most of the time	53.7	51.2	52.7

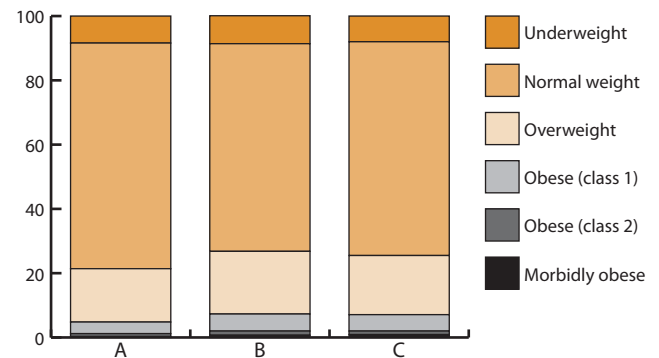
**Table 4 Young adults' smoking habits**

	A	B	C
Percentage who:			
Never smoked	75.3	61.5	68.3
No longer smoke	9.7	11.1	10.2
Smoke daily	6.8	19.4	13.5
Smoke at least weekly (but not daily)	3.2	4.0	3.8
Smoke less often than weekly	5.0	3.8	4.0

children.

**Incidence and frequency of extended hospitalisation is much higher among young people who grew up in disadvantaged circumstances.** Table 2 shows parents' reports of their children's hospital visits. Young people who grew up in families heavily dependent on income support (category B) are much more likely to have been admitted to hospital for longer than 48 hours and to have had 3 or more hospital visits than youth from families with no or limited history of income-support receipt.

**Youth in families with a substantial history of income-support receipt are somewhat less likely to have a body mass index (BMI) which falls in the 'normal' range of 18 to 25 (Figure 2).** Parents' reports of their own height and weight indicate a much stronger relationship between

**Figure 2 Youth BMI**

obesity and socio-economic status than that observed for youth.

**There is also evidence that mental health may be worse amongst young people in disadvantaged families.**

While 18 per cent of youth in category B report having had problems with work or regular activities in the past four weeks because of emotional problems, this is true of only 13 per cent of young people in category A (Table 3). Similarly, those who grew up in families with a history of intensive income-support receipt are much more likely to report that they feel down "all the time". However, young people in all categories are equally likely to report feeling "calm and peaceful" and to say that they "have a lot of energy". More research is needed to assess the extent to which mental health outcomes for young people are related to the economic circumstances of their families.

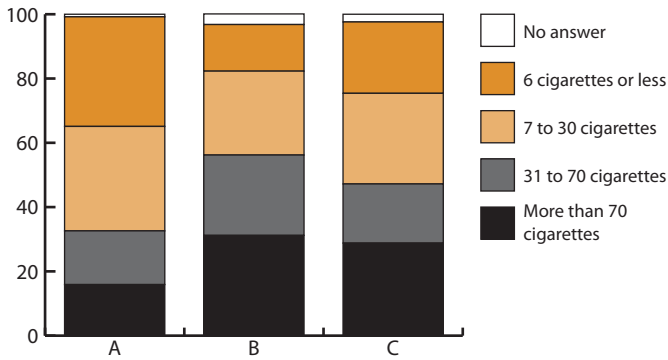
Health-related behaviours including smoking tobacco, drinking alcohol, and using marijuana also seem to be related to economic and social disadvantage.

**Youth in families with greater dependence on the income-support system are more than twice as likely as young people in families with no history of income-support receipt to report that they smoke regularly (Table 4).** Specifically, while three-quarters of young people in families with no history of income-support receipt report that they have never smoked, less than

two-thirds (62 per cent) of youth in disadvantaged families say the same.

**The cigarette consumption of current smokers is also strongly related to the economic circumstances of a young person’s family** (Figure 3). Young smokers in families with a history of intensive income-support receipt are less than half as likely (14 versus 34 percent) to say

**Figure 3 Weekly cigarette consumption among current smokers**

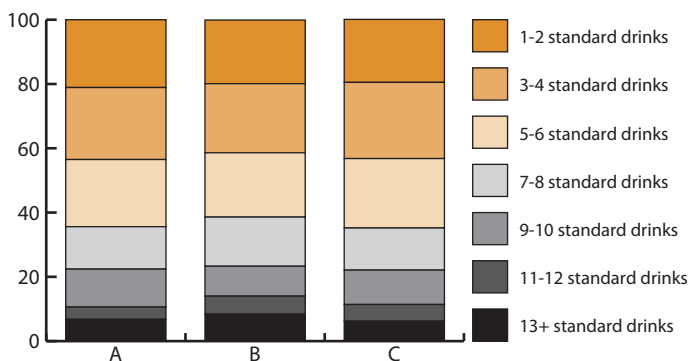


they smoke six or less cigarettes per week and about twice as likely (31 versus 16 per cent) to report smoking in excess of 70 cigarettes each week.

**Alcohol consumption appears to be somewhat more frequent amongst young people growing up in families with no exposure to the income-support system** (Table 5). Specifically, seven per cent of young people in category A report never having drunk alcohol in comparison to eleven per cent of youth in category B. Moreover, young people whose families did not use income support while they were growing up are somewhat more likely to report drinking alcohol on a weekly basis and somewhat less likely to report that they rarely drink.

**Drinking intensity appears to have little relationship with a young person’s economic circumstances** (Figure 4). The proportion of young people saying that when they drink they normally consume one to two standard drinks is much the same (20 versus 21 per cent) irrespective of whether the young person’s family has a history of receiving income support or not. At the other extreme, the proportion reporting that they usually consume more than nine standard drinks on a typical drinking day is also

**Figure 4 Alcohol consumption of young adults among current users (per occasion)**



**Table 5 Young adults’ drinking habits**

	A	B	C
<b>Percentage who:</b>			
Have never drunk alcohol	6.7	11.3	7.1
No longer drink alcohol	2.5	2.5	4.5
Drink alcohol 5-7 days a week	2.6	1.8	2.1
Drink alcohol 3-4 days per week	5.7	6.6	7.3
Drink alcohol 1-2 days a week	35.8	27.0	30.3
Drink alcohol 2-3 days per month	20.7	19.0	19.7
Drink alcohol only rarely	25.9	31.9	29.0

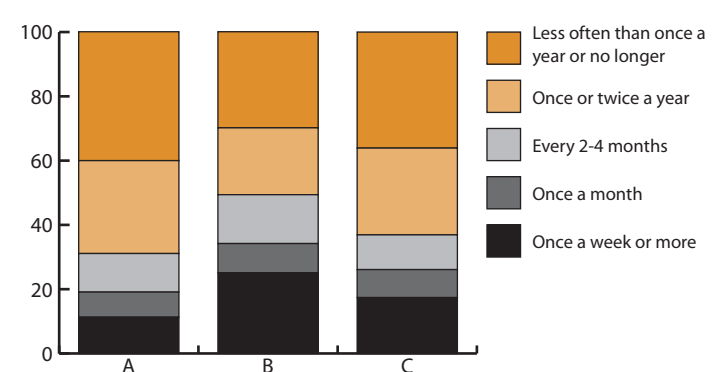
**Table 6 Young adults’ marijuana use**

	A	B	C
<b>Percentage ever tried marijuana</b>	<b>31.7</b>	<b>42.4</b>	<b>37.0</b>
<b>Percentage used marijuana in the past 12 months</b>	<b>53.8</b>	<b>54.5</b>	<b>57.5</b>
<b>Percentage by age of first use if ever tried marijuana:</b>			
13 or younger	13.2	22.8	14.5
14	11.7	17.1	16.2
15	21.9	20.7	15.5
16	20.8	20.0	20.5
17	17.0	12.2	21.0
18 or 19	14.7	6.3	12.1

virtually identical. These patterns stand in stark contrast to the alcohol consumption of parents which is much more closely linked to economic and social disadvantage. This is consistent with alcohol consumption being driven to a large degree by income effects.

**Young people growing up in economic and social disadvantage are more likely to have first tried marijuana at an early age and to use marijuana intensively.** Table 6 presents information on the marijuana consumption of young Australians. Fully 42 per cent of young people in families heavily dependent on income support and approximately one-third of youth in families with no exposure to income support report having ever tried marijuana. In particular, nearly a quarter of youth in families with prolonged exposure to the income-support system who ever tried marijuana did so for the first time

**Figure 5 Marijuana consumption among current users**



at age 13 or younger. Similarly, amongst current users in category B, 25 per cent report using the drug once a week or more (Figure 5). Young people growing up in families with no interaction with the income-support system are much more likely to have first tried marijuana in their late teens and to use the drug less than twice a year.

**Young adults from different socio-economic backgrounds have different levels of participation in sports and leisure activities and choose different sporting activities** (Table 7). Youth growing up in families with a history of intensive income-support receipt (category B) appear to be less likely than youth in families who never received income support (category A) to participate in sports like surfing, sailing, skiing, snowboarding, tennis, golf, and netball. Other activities – for example, going to the beach, bushwalking, or playing board games – do not appear to differ much by socio-economic background. This suggests that, consistent with their parents’ reports (see Factsheet No.2), economic disadvantage may be associated with youth’s lower engagement in recreational activities.

While little is known about how the exercise behaviours established in childhood influence exercise behaviour in adulthood, health experts agree that exercise is a fundamental aspect of developing a healthy lifestyle and combating obesity. As more data is gathered in the future, the YIF study will provide an important source of information about the relationship between youth exercise behaviour and the activity levels of young adults.

**Interestingly, youth’s exercise behaviour does not appear to be closely linked to the use of income support by their families** (Figure 6). Young people who grew up in families with a history of intensive interaction with the income-support system (category B) are only slightly more likely (five versus four per cent) to respond that they never exercise and are only slightly less likely (14 versus 16 per cent) to say that they exercise every day. This is particularly interesting because there are large disparities in the proportion of young people who are active members of a sporting, hobby, or community-based club or organization (last row of Table 7). Specifically, while half (50 per cent) of youth in families with no history of income support are club members, this is true of less than one-third (31 per cent) of young people who grew up in families heavily reliant on income support.

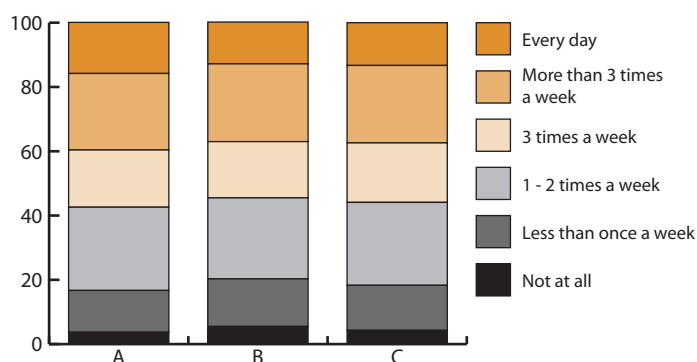
### Future research questions

Taken together, these results point to some important differences in the physical health and health-related behaviours of young people growing up in different economic circumstances. Given the differences in educational outcomes and life events described in other Factsheets it is important for future research to consider the extent to which health is the channel through which economic and social disadvantage in childhood translates into more limited opportunities in adulthood.

**Table 7 Sporting and recreational activities of youth**

	A	B	C
<b>Percentage engaged in the following activities often in the past 6 months:</b>			
Going for a walk	27.4	29.6	26.7
Going to the gym	18.0	12.7	14.0
Jogging/power walking	17.0	11.6	13.9
Aerobics or swimming	7.7	5.5	6.9
Skateboarding, roller-skating etc.	3.1	2.8	1.9
Bicycling	7.6	7.5	5.7
Surfing, sailing, other water sports	8.0	6.1	7.3
Snow skiing/ snowboarding	1.6	0.7	1.1
Playing sport (tennis, golf, football, netball, squash etc.)	30.8	20.0	24.6
<b>Percentage currently an active member of a sporting, hobby or community-based club or organisation</b>	<b>49.9</b>	<b>31.1</b>	<b>42.9</b>

**Figure 6 Exercise behaviour of youth (moderate or intensive physical activity for at least 30 minutes)**



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