TOPIC 9
The health of young people

OVERVIEW
9.1 What is good health for young people?
9.2 To what extent do Australia’s young people enjoy good health?
9.3 What skills and actions enable young people to attain better health?
9.4 Topic review

OUTCOMES
In this topic students will:
• analyse and explain the health status of Australians in terms of current trends and groups most at risk (H2)
• explain the different roles and responsibilities of individuals, communities and governments in addressing Australia’s health priorities (H5)
• demonstrate a range of personal health skills that enable you to promote and maintain health (H6)
• argue the benefits of health-promoting actions and choices that promote social justice (H14)
• critically analyse key issues affecting the health of Australians and propose ways of working towards better health for all (H15)
• devise methods of gathering, interpreting and communicating information about health and physical activity concepts. (H16)
9.1 What is good health for young people?

CRITICAL QUESTION
What is good health for young people?

9.1.1 The nature of young people’s lives

Who makes up the group in our population that we refer to as ‘young people’? For the purposes of this topic, young people are considered to be those individuals aged between 12 and 24 years. Between these ages, the individual will make the transition from child to adult, the life stage known as adolescence.

Adolescence is characterised by rapid physical growth and is accompanied by emotional, mental and social maturation. It is considered for some a time of turmoil, but in reality many adolescents pass through this period easily. As teenagers’ bodies reach adult proportions, their ability to think and reason becomes more developed. This is often when values are clarified and, after puberty, when adult sexual urges begin.

Society generally regards adolescents as relatively inexperienced in life, so they are not always given the opportunity to make decisions for themselves. Adolescents’ rapid mood swings, attributed mainly to changes in hormones, might also arise out of the frustration of feeling like adults but not being in full control of their lives.

Because many adolescents yearn for independence, their natural reaction to being dominated is often to rebel. This can partly account for the high level of risk-taking behaviour and experimentation that is associated with this age group. Unnecessary risk taking, such as driving at excessive speeds or misusing drugs, accounts for many premature deaths or injuries in young people. In response to these and other similar behaviours, society enforces limits in an attempt to protect adolescents from harm. The government sets legal minimum ages for drinking alcohol, driving a car, having sex and getting married.

The difficulties encountered during adolescence do, however, have a benefit in that they give adolescents experience in dealing with problems and developing skills that improve resilience. Resilience, which is the ability to ‘bounce back’ from difficulty, is an important factor in promoting the health of young people.
Variations in the developmental stage for young people

Although we can group young people together under a label, they are in fact a diverse group in terms of the following characteristics and backgrounds.

• **Rate of physical development:** individuals mature at different rates, with rapid growth spurts affecting some individuals earlier than others. A young person’s physical maturity may not always be matched by emotional maturity.

• **Level of motivation:** a person’s level of motivation is a result of their mental attitude and their emotional maturity. These can be affected by life experiences, family values and self-esteem. Young people are often labelled ‘lazy’ or ‘unmotivated’ because the habits and values of their peers concerning leisure time conflict with those of the family.

• **Socioeconomic background:** inequality in the distribution of wealth means that many young people have limited opportunities while others seem to have the world at their feet.

• **Sociocultural background:** the multicultural nature of Australian society means that a variety of customs, beliefs and traditions influence young people’s lifestyles. As young people mix socially, they absorb new experiences that promote personal growth.

Many other changes in young people’s lives can be highlighted in the progression from childhood to adolescence. Children’s experiences involve a great deal of play and the learning of new physical, intellectual and social skills, all under the protection of family or carers. In adolescence there is a greater emphasis on studying and acquiring the skills needed for a career, and an acknowledgement that young people are acquiring the skills that will see them through to social and financial independence.

Influence of family/peers

The influence of family can differ for young people in Australia. For example, some families place a strong emphasis on the obligations to care for elderly relatives or younger siblings, or to help in a family business. Some families impose firm rules and restrictions on adolescents through concern for their safety, while others appear to allow young people greater freedom. Communication and shared respect between parents and sons or daughters becomes more important in dealing with issues that arise during adolescence.

The influence of the peer group grows during adolescence and can influence young people’s attitudes and behaviours in many ways; for example:

• in a positive way, as when peers support each other in not smoking

• in a negative way, as when they encourage each other to take risks on the road.

During adolescence, the growing influence of the peer group might become a source of conflict with parents.
Application

The influence of peer pressure

Watch at least three short videos about teenage drinking. The weblinks *Kids Absorb Your Drinking*, *What's Your Relationship with Alcohol*, and *I See Alcohol and Young People* may be used. As a group, discuss:

- the different types of peer pressure being exerted on the characters
- whether the pressures are shown to be different for age groups or genders
- how peer pressure is shown to have an influence on the healthy choices of young people.

Research recent findings regarding the risks young drivers take while driving. The following weblinks in the Resources tab may assist: *Young drivers in danger: First month of P-plates the riskiest, research shows* and *Young drivers using phones behind the wheel*. Discuss the factors that research has identified as making young drivers more likely to take risks on the road, and whether peer pressure might be used in a positive way to promote young people making healthier and safer decisions.

Resources

- Weblink: Drinkwise: Kids Absorb Your Drinking
- Weblink: What’s Your Relationship with Alcohol
- Weblink: Alcohol, Think Again – I see alcohol and young people
- Weblink: Young drivers in danger: First month of P-plates the riskiest, research shows
- Weblink: Young drivers using phones behind the wheel

The influence of prevailing youth cultures

Youth for a long time has had a culture of its own. In the 1960s, a ‘counter culture’ was said to exist. ‘Hippies’ and others protested against the Vietnam War and nuclear arms, and advocated free love as a reaction to conservative society. The 1990s saw the development of rave culture, dance parties and styles such as grunge. Styles of music such as techno and rap were quickly packaged and marketed by businesses. It was the commercial world that identified the potential of a ‘cashed up’ youth, eager to spend big dollars to obtain the symbols that represent their particular youth culture. Changes in technology in the 21st century have seen the rise of gamer culture and more rapidly moving trends spread by social media and online celebrities.

The need for some young people to develop a certain look and be part of a youth subculture is all about trying to express their feelings about the world around them. This can be used to confirm their identity and may be important in maintaining self-esteem and self-confidence.
There are some youth cultures that provide a way for young people to resist the established order by creating their own language and lifestyle. Certain youth cultures stand out more than others, and some will more readily self-identify, or acknowledge their influences. The members of subcultures have common symbols and clothing and might not label themselves, but they are often labeled by people outside their group; for example, hipsters, goths, bros, drama geeks, indie kids, nerds, jocks and glamazons might not call themselves by those labels, but other people might. The mass media — that is, newspapers, television and magazines — also help to promote and label the various youth cultures throughout the world. An example was punk culture, which first grew as a subculture in the UK in the 1970s. Punks wore Dr Martens boots, safety pins and spiked or shaved hairstyles. This youth culture soon found many teenagers in Australia keen to identify themselves this way.

Involvement with a youth culture is not necessarily a negative influence. The support and security that is provided by being part of a youth culture can be essential for some young people to develop into well-adjusted adults.

Adults are increasingly aware of and sometimes more tolerant towards youth cultures, but there is still said to be a ‘generation gap’. This gap tends to be exaggerated, as it has been found that young people’s opinions often reflect those of their parents on basic issues.

Inquiry

Youth cultures
1. Ask your parents or guardians about their teenage years and the cultures that existed in their era (you may hear about valley girls, rappers, preppies, geeks or losers, or maybe even bodgies and widgies surfies and skinheads, depending on the age of your parents). Report back to the class.
2. It has been said that the predominant youth culture of a particular time is an indicator of what is happening in the rest of society; that is, life is good or bad. Do you agree or disagree? Use a T chart to outline your points ‘for’ or ‘against’ this view.
3. Society and public opinion is swayed by the media’s portrayal of the various youth cultures. Critically analyse how this bias affects young people and write a brief summary. Provide examples to strengthen your response.

The influence of global events and trends

Modern communications have created a world in which events and news are transmitted around the world instantaneously. Images and reports from war-torn countries, regions gripped by floods or famine, environmental disasters or violent sports matches appear on our screens as they happen. These images can affect young people and they may develop a pessimistic view of the future. While it appears bad news travels fast, it needs to be balanced with the view that much good news happens in the world but this is often less reported.

Environmental pollution disasters and concerns about climate change have also prompted young people into action in their community. The success of the Streamwatch programs in some schools shows that young people can make a difference in pollution management.

Besides being involved in environmental health issues, young people are being asked to join in other forums that contribute to debates. At these forums, young people discuss issues that impact on health such as drugs.
and youth suicide, which affect young people in many countries. It is with the support of governments that young people are becoming more involved in making the decisions that influence their future.

International competitions, such as the Olympics, Grand Slam tennis matches, both men’s and women’s soccer world cups and international cricket series, influence young people by increasing their participation rates in the various sports. This is a definite bonus for Australia. Public commentators have noticed that Australians tend to follow overseas trends, particularly those from the United States. This can have both positive and negative consequences. An example of a positive influence is the rise in popularity of basketball. However, a negative influence might be ever increasing popularity and easy availability of unhealthy American-style fast food. The rave scene was another example of a trend to reach Australia in the 1990s. With its all-night dance parties, rave culture contributed to the growth in the use of ecstasy and ‘ice’ as ‘party’ drugs, another alarming trend that is affecting the health of young people.

**Inquiry**

The effect of globalisation on youth

The internet and the mass media have made the world a relatively small place. Young people, more than ever, are aware of global issues such as climate change, human rights issues, and racial and sexual inequalities. Young people are encouraged to take action and be part of the future. Debate the positive and negative effects of globalisation on the identity of young people.

**Influence of technology**

Technology plays a large part in the lives of young people and has been both positive and negative in its influence. The rapid advances in communications technology over the last three decades have led to everyday use of the internet, email, social media and blogs. This information and communication revolution means young people have far greater access than their parents did to information from around the world, and are able to communicate locally and internationally at any time of the day or night.

Due to the rapidly changing nature of technology, new jobs are continually being created that young people find easier to access than older people. Jobs such as software and app developers, programmers and web designers did not exist 30 years ago. The specific nature of these jobs means that some young people can be on high salaries because of the demand by businesses for these skills. Similarly, the web has opened up a whole new sector of online businesses and employment options. People can now easily sell products and services online to other people anywhere in the world, or work from home by telecommuting.

Online, young people also have virtually unlimited access to music, computer games, videos and information regardless of its classification. While adults may try to filter what influences young people’s lives, young people are then only challenged to find new ways to get around this censorship and then pass it on to their friends.
The language young people use has also rapidly changed with the development of technology. Abbreviations and code words developed across the extensive online social networks, often extending beyond national or cultural boundaries. Young people have always felt a strong need to communicate with other young people, but online communication platforms have, in part, also helped to build other skills, such as multitasking. Technology also makes this easier, allowing young people to simultaneously stream music, text a few different friends, Google an important question and post images to their social media accounts.

However, the rapid increase in technology used by young people has created some problems. Some young people find they get caught in expensive contracts or are unable to restrict their usage, resulting in high personal debt. Parents feel pressured to provide mobile phones at increasingly younger ages to their child so the child doesn’t feel socially isolated. The theft of mobile phones is quite high and is sadly seen by some young people as not being a serious crime. Young people who have had their phone stolen can become quite distressed by its loss and suffer depression because it stores so much information. The replacement costs for stolen phones can also be a drain on the family or person’s budget.

Many young people have unrestricted and generally uncensored access to material on the internet. Violent or pornographic images seen on the computer screen may be repeated many times and shared with others, leading to a desensitising of young people towards violence and distorted views of healthy, consensual sexual relationships. Even moderated websites such as YouTube enable the uploading and viewing of videos of people engaged in risk-taking behaviours or stunts. When others copy such behaviours they can suffer serious injuries if stunts go wrong.

New medical conditions have emerged for some young people. Physical conditions such as Nintendo thumb and Wii shoulder injuries are a result of repetitive movements and strain on joints. Warnings began to appear on some games to remind players to take a break, or get out and exercise to help prevent these injuries and reduce the risk of the onset of hypokinetic diseases such as obesity. The number of hours a young person spends using technology is generally at the expense of being involved in physical activity and is a concern for the future.

Technology has also opened up some negative social issues for young people and has been linked by some to the growing rates of mental illnesses such as depression and anxiety. Instances of cyberbullying and identity theft are increasing and cause tremendous stress and anguish for young people. The ease with which information can be quickly and widely spread by social media has resulted in parties being crashed by large groups of uninvited people (see page xxx).

### Inquiry

**Influence of technology on young people’s lives**

Draw up a table to summarise your views on the influence of technology on young people’s lives, using columns headed ‘Positive influences’ and ‘Negative influences’. Share your table with other class members and discuss the general findings.

### Application

**The comparison of today’s youth with the past**

Interview a person from each of the following age groups: 20–30, 50–60 and 70+. Determine the differences and similarities between being a young person today and in the past. The people you interview could be teachers, parents, neighbours or grandparents. Design questions similar to the following and conduct an inquiry.

1. What did you do for entertainment when you were young?
2. What age did you start your working life and how did you get a job?
3. What were you expected to do at home?
4. Describe any problems you had to face as a young person.
5. Describe your experience of being a young person.
6. Were you a member of a particular group or gang? If so, why did you join?
Discuss the responses to your inquiry with the class. Then briefly outline the most significant changes that have taken place in adolescent behaviours and interests over the last half-century.

9.1.2 Epidemiology of the health of young people
The good news for Australia’s young people is that most do enjoy good health and it is getting better. They experience the lowest rate of disability of all age groups. Mortality rates of Australians aged between 10 and 24 have reduced dramatically in the last 30 years: from 63.4 per 1 000 000 people in 1984 down to 26.7 per 100 000 in 2014. There are, however, still some areas of concern that need priority and these are discussed later in the topic.
Patterns of morbidity and mortality

Young people (12- to 24-year-olds) are among the healthiest people in the whole population. They require fewer health-care services, but are prone to greater risks, which ultimately affect their physical, social, emotional and mental development. In relative terms, they experience lower rates of mortality compared with other population groups, but a higher level of morbidity in specific areas of their health.

Mortality

Mortality refers to the number of deaths in a given population from a particular cause and/or over a period of time. Young people are more likely to die as a result of a preventable cause of death. The death rate for males remains consistently higher than females and is probably related to behavioural causes such as greater risk-taking in the workplace and in social settings. The overall picture does, however, indicate a steady decline and levelling off of mortality rates over the past decade. The major causes of death for young people are accidents, poisonings, violence, suicide and cancer.

![FIGURE 9.6 Death rates for Australian young people aged 10–24 years, 1984–2014](image)

![FIGURE 9.7 Leading causes of death among Australian young people aged 15–24 years, 2016](image)

Inquiry

Mortality and young people

Write five statements that describe trends and information indicated in figures 9.6 and 9.7. Share your statements with the class.

Morbidity

For the general population, the leading causes of morbidity (illness and injury) are circulatory diseases and cancer. For young people, the patterns of morbidity are very different. The leading causes of morbidity in persons aged 15–24 years are injuries, alcohol use, anxiety and depressive disorders, and asthma.
### TABLE 9.1 Leading causes of total burden of disease and injury (DALYs: disability adjusted life years) for 15–24-year-olds, by sex, 2011

<table>
<thead>
<tr>
<th>Rank</th>
<th>Males</th>
<th>DALYs ('000)</th>
<th>Per cent of DALYs</th>
<th>Females</th>
<th>DALYs ('000)</th>
<th>Per cent of DALYs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Other injuries</td>
<td>30.6</td>
<td>20</td>
<td>Anxiety disorders</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol use disorders</td>
<td>10.7</td>
<td>7.1</td>
<td>Other injuries</td>
<td>11.6</td>
<td>9.1</td>
</tr>
<tr>
<td>3</td>
<td>Depressive disorders</td>
<td>8.0</td>
<td>5.3</td>
<td>Depressive disorders</td>
<td>11.1</td>
<td>8.7</td>
</tr>
<tr>
<td>4</td>
<td>Asthma</td>
<td>7.2</td>
<td>4.8</td>
<td>Asthma</td>
<td>7.9</td>
<td>6.2</td>
</tr>
<tr>
<td>5</td>
<td>Anxiety disorders</td>
<td>6.8</td>
<td>4.5</td>
<td>Bipolar affective disorder</td>
<td>5.7</td>
<td>4.5</td>
</tr>
<tr>
<td>6</td>
<td>Poisoning</td>
<td>5.9</td>
<td>3.9</td>
<td>Back pain and problems</td>
<td>5.7</td>
<td>4.4</td>
</tr>
<tr>
<td>7</td>
<td>Upper respiratory conditions</td>
<td>5.3</td>
<td>3.6</td>
<td>Upper respiratory conditions</td>
<td>5.1</td>
<td>4.0</td>
</tr>
<tr>
<td>8</td>
<td>Other musculoskeletal</td>
<td>4.5</td>
<td>3.0</td>
<td>Polycystic ovarian syndrome</td>
<td>5.1</td>
<td>4.0</td>
</tr>
<tr>
<td>9</td>
<td>Traumatic brain injury</td>
<td>4.4</td>
<td>2.9</td>
<td>Alcohol use disorders</td>
<td>4.8</td>
<td>3.8</td>
</tr>
<tr>
<td>10</td>
<td>Acne</td>
<td>4.4</td>
<td>2.9</td>
<td>Acne</td>
<td>3.9</td>
<td>3.1</td>
</tr>
</tbody>
</table>


### SNAPSHOT

**Young people: their mortality and morbidity**

The following information is adapted from the Australian Institute of Health and Welfare report, *Young Australians: their health and wellbeing, 2011* (the most recent version of this report).

**Mortality**
- Life expectancy continues to improve. A boy born in 2008–10 can expect to live to 79.5 years, girls 84.0 years.
- Over the years there have been decreased death rates for injury. Road traffic accidents declined substantially between 1989 and 2009, from 28 per 100 000 young people to 9 per 100 000 young people. Suicide deaths declined between 1997 and 2007, from 19 per 100 000 young people to 10 per 100 000 young people.
- Young Indigenous death rates remain above young non-Indigenous death rates.

**Morbidity**
- In 2008, 93% of young people rated their health as ‘excellent’, ‘very good’ or ‘good’.
- Asthma prevalence and hospitalisations among young people have declined.
- Notifications for hepatitis (A, B and C) among young people have substantially declined.
- Cancer survival continues to improve, with a 96% survival rate from melanoma of the skin.
**Areas of concern**

- Indigenous young people have poorer outcomes in many areas (for example, death rates are over twice as high).
- The incidence of insulin-dependent diabetes is increasing (41% increase since 2001).
- Notifications for sexually transmissible infections have increased fourfold, mostly due to increases in notifications for chlamydia.
- Death rates from road transport accidents and suicide are still high, particularly for males.
- Intentional self-harm among females is also of concern.

*Source: AIHW, Young Australians: their health and wellbeing, 2011.*

**Comparisons of health status with that of other age groups**

As we have seen, the health of young people is generally good when compared with the health status of other age groups.

The leading causes of death among young people, (see figure 9.7), include intentional self-harm, transport accidents, (motor vehicle accidents, etc.) and accidental poisoning. In older populations, cancer and cardiovascular disease are leading causes of death, as shown in figure 9.8.

If we examine health data for other age groups in the population we see significant differences in the health status of those groups when compared with young people. Following are two examples.

**Health status of infants and young children**

The major factors affecting the health of young children and infants (aged from birth to 14 years) are different to adults and young people. For example, from 2011–2013 causes of premature death in children under 14 included:

- congenital malformations
- accidents and injuries
- perinatal (around the time of birth) conditions
- SIDS
- metabolic disorders.

**FIGURE 9.8 Number and relative proportion of fatal burden (YLL), by disease groups and age, 2011**

*Source: Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011, figure 5.4b, p. 49.*
Leading causes of ill-health in boys and girls aged under five include prenatal complications, birth trauma, SIDS and congenital conditions. For children 5–14 in 2011, leading causes of healthcare burden for boys included asthma, anxiety disorders, Autism spectrum disorders and conduct disorders; for girls, anxiety disorders, asthma, depressive disorders and dental issues. The most common causes of death for children under the age of 14 are transport accidents, perinatal and congenital diseases, brain cancer or accidental poisoning.

**Health status of people aged over 65**

The leading causes of death for older people are cardiovascular disease, stroke and cancer. Older people are living longer and some health problems are associated with longevity (the longer life span). Common general health problems experienced by the elderly are:

- arthritis
- vision and hearing problems
- hypertension
- circulatory diseases
- dementia.

The elderly population continues to have higher rates of hospitalisation than other age groups and they tend to stay in hospital for longer periods.

**Inquiry**

Comparing the health status of other age groups

Using the information in figures and 9.7 and 9.8, in the text and from your own further research, choose another age group and compare the causes of death and general health status with those of young people. You may present your comparison in a table or a short report. Also mention any differences you notice between the health status of males and females in the two groups.

**9.1.3 Effects of the determinants of health on young people**

A range of factors impact positively or negatively on the health of young people. These factors are classified as individual, sociocultural, socioeconomic or environmental.

**Individual factors as determinants of health**

Individual factors relate to a young person’s predetermined genetic makeup and their skills, knowledge and attitudes.
Genetics
Each young person is born with a mixture of genetic material passed on from previous generations. This genetic makeup can either protect or expose them to particular illnesses or disease. For example, young people with more melanin in their skin are at less risk of developing skin cancers in later years than fair-skinned young people. A genetic predisposition for breast cancer or heart disease can be passed on through generations. Even being born male or female can determine future life expectancy and increases your risk of developing certain diseases; for example, prostate cancer for males or cervical cancer for females.

Gender
Young females tend to be more conscious of their own health and visit doctors more frequently for medical treatment than males. They can experience problems associated with menstruation, urinary infections and reproduction. Young men, on the other hand, have more injuries, many of which are work-related strains and sprains or the result of accidents due to risk-taking behaviours. Alcohol is a contributing factor in many of these cases.

Representations of femininity and female beauty that are present in society and expressed in the media place pressure on young women to be attractive and to identify specific body images as the ‘ideal’ female form. This can lead to depression and the development of eating disorders, such as anorexia nervosa, bulimia nervosa or overeating, which affect growth and development. Several surveys of young females have found that many thought they were overweight when in fact they were the normal weight or actually underweight. These disorders also affect young men, who are also bombarded with images of an ‘ideal’ masculine body type, although the prevalence of eating disorders is not as high among males.

A preoccupation with body image has been linked to the high rates of depressive disorders in young people. Young females seem to be more affected than young males, with the incidence of hospitalisation for parasuicide being higher for females. Parasuicide is an attempted suicide that is not fatal and is often impulsive. Males do, however, have a higher rate of suicide than females, the ratio being nearly three to one in the 15–24 age group. The growing trend for young males to report being less satisfied with their own body image has led some to resort to dieting or taking muscle-enhancing drugs. The obesity rates in males in the 18–24 age group (39 per cent) is slightly higher than that of females (29 per cent).

Other alarming trends that affect young people’s health are the levels of mental disorders. A study commissioned by Mission Australia in 2015 indicated that as many as one in four young people (22.8 per cent) between the ages of 15 and 19 are currently suffering from or have experienced a serious mental illness. For people in their late teens, this rate is believed to be as high as 27 per cent. In 2012, just three years earlier, the rate for 15–19 year olds was estimated to be 18.7 per cent.

Personal skills
Personal skills such as assertiveness, decision making, problem solving, coping and goal setting can be developed and practised during a young person’s life. These skills can improve health or a lack of these skills can impact negatively. For example, when young people use assertiveness skills to control their alcohol intake or encourage other young people to not drink and drive they can help reduce the risk of injury. When young people use effective decision-making models to assess risks, they can make potentially life-saving decisions.
These decision-making skills are learned in health classes through examining scenarios that allow young people to make positive health choices about many issues, such as what types of contraceptive to use to prevent pregnancy and how to stop the spread of sexually transmitted infections (STIs). Young people who lack these skills may suffer emotional and financial consequences as a result of an unwanted pregnancy, or shorten their life span by contracting diseases such as HIV/AIDS or hepatitis.

Young people are also faced with many dilemmas as they move towards being more independent adults. Those who lack skills in problem solving are likely to come into conflict, either in relationships or within the community. An inability to resolve these conflicts can lead to a build-up of frustration and stress. Prolonged conflict can send a young person into deep depression and lower their self-esteem. Many young people who are continually frustrated may release this frustration in antisocial types of behaviour such as vandalism, violence or acts of self-harm. Young people need to learn how to resolve conflict effectively, as well as ways of coping with stress. Individuals who use these skills effectively maintain good mental health.

Attitudes
The attitudes young people develop are a direct result of parental influence, society’s norms and past experiences. These attitudes can once again promote or deter them from achieving good health. When young people avoid taking risks such as speeding, abusing drugs or drinking and driving, they positively impact on their own health. But when young people develop attitudes of impunity then they risk potential harm through motor vehicle accidents or binge drinking episodes because their attitude is ‘it will never happen to me’.

Sexual orientation
Young people’s sexual development is accompanied by a growing awareness of their sexual orientation and gender identity. Approximately nine per cent of young people identify as being attracted to the same sex. One major health concern for young people is their mental health. People who are lesbian, gay, bisexual, transgender, intersex or queer identifying (LGBTIQ) experience higher rates of mental illness. The conflict between the cultural norms projected in the media and by society, and experiences of prejudice and homophobia, can create fear of being judged negatively by their friends, family or community if they come out or discuss how they are feeling. The stress from this fear can also manifest itself in common physical symptoms such as headaches and nausea.

In schools and the community, homophobia and prejudice can lead to bullying, harassment and violence against young LGBTIQ people which, in turn, creates feelings of fear and isolation. Young people who live in more conservative communities may only be exposed to negative and stereotyped views of LGBTIQ people. These negative images and ideas may lead to young people feeling afraid for their safety, depressed, anxious and even engender feelings of self-loathing, and the suppression of their sexual or gender identity. Being made to feel ‘different’ can also create low self-esteem and a negative body image. These feelings can lead to self-harm and substance abuse in some people. The incidence of self-harm, depressive and anxiety disorders, suicide and parasuicide is significantly higher among LGBTIQ teenagers than the general teenage population.

Sociocultural factors as determinants of health
Sociocultural factors relate to the influence of family, peers, media, religion and culture. These factors can have a positive or negative impact.

Family
The changing nature of families is having a dramatic effect on young people’s health. Divorce rates are increasing and the length of marriages is decreasing. The result has been an increase in single parent and blended families. The real emotions of loss and grief are experienced at earlier ages by most young people. Young people experience having to restart their lives, make new friends, change schools and cope with living in two separate residences, which increases stress that can lead to poor mental health. Young people’s expectations of future relationships can also be adversely affected.

The changing nature of families can also provide positives for young people. They can learn to become more self-reliant and resilient as they develop coping mechanisms, and can extend their personal support
networks through a larger blended family. A change of role within the family may also require additional responsibilities in the care of siblings and the household.

**Peers**
The influence of their peer group is very strong for most young people. The involvement with peers can be a positive influence when it encourages young people to remain drug free or engage in physical activity through a sporting team that enhances health.

Peer groups also provide important personal support networks for when young people have important decisions to make or problems to solve. Quite regularly young people turn to their peers first for advice before seeking out adults.

Young people can act as role models within their peer group, which can develop feelings of self-worth and promote positive self-esteem, which are both essential for good mental health.

However, the negative impact of peers on young people is the most often publicised. It results in dangerous risk taking behaviours involving binge drinking, substance abuse and motor vehicle accidents, all of which can account for serious injuries and the potential loss of life.

**The media**
Social media, television, movies, pop culture and the mass media have an extensive impact on young people. The media provides information locally, regionally and internationally. Young people are in constant communication and part of the information revolution, which has both its benefits and pitfalls.

Young people have virtually unparalleled access to images, information and role models, both positive and negative. Government health campaigns about physical and mental wellbeing use the mass media and social media to promote healthy lifestyle information and health warnings. For example, health agencies can advertise vaccination programs or quit smoking support services to a wide audience. Reality television talent shows, such as *Masterchef* or *The Voice*, promote talented and potentially successful young people who can inspire children to follow their own dreams of success. The media also plays an important role in the way it portrays the behaviour of young sports men and women. Increasingly, famous players are being held accountable in the media as role models, being criticised for their unsporting behaviour on the field and their anti-social behaviour off-field.

If the media promotes stereotypes of young people who are antisocial, however, then it is likely to discourage them from connecting with the wider community. Young people can become reactionary and angry, rebelling with destructive behaviours that bring them into conflict with authorities. This conflict puts them at a higher risk of being placed in juvenile justice systems, but also being disconnected from their community or being unwilling to seek help — or not realise that they need it — puts them at risk of having any underlying mental illness go untreated or undiagnosed.

The online world and mass media also expose young people to more graphic and confronting images, seemingly at younger ages which can be both disturbing and desensitising. The seeming onslaught of negative international and environmental news, and both famous and everyday people becoming social media trolling targets can also create a feeling of hopelessness and raised anxiety. This can be demoralising resulting in a distorted view of the world, and the future for young people.

**Religion**
For young people it is important to develop a sense of purpose. It becomes part of their self-identity and a way of relating to the world in which they live. Any religion can develop this spiritual aspect and help balance the four dimensions of health (physical, social, emotional/mental and spiritual). Most religions encourage young people to be important members of their communities. This has a positive effect on mental health.

However, the rules that apply in the family home may be difficult to adhere to in general Australian society, and this can result in young people experiencing harassment or discrimination. Young people who are required to wear a head scarf or fast for religious events may suffer unnecessary pressure from their peers. In recent
years, young people wearing identifiable religious clothing or items have also been the victims of racial or religiously motivated violence and harassment in public places.

**Culture**
The multicultural nature of Australian society is beneficial to the health of all young people. It promotes tolerance and acceptance of cultural diversity as important values to uphold. It is essential for all interpersonal relationships that young people learn not to discriminate and accept one another for who they are. Each culture reinforces important customs that are passed to future generations of young people. For example, in some cultures respecting elders and caring for younger siblings are important cultural values and reflect practical survival techniques needed in the past when health systems were not present.

Problems may arise in young people’s health when there is a clash between cultures. A conflict develops between the old ways and the new ways. In the past, pre-arranged marriages may have been essential for financial prosperity and family longevity, but now young people may be less willing to follow this custom. Young people may also wish to marry outside their culture group and may then experience family displeasure or alienation and subsequent depression. In rare instances, young people who do not obey strict codes outside the family home may suffer emotional distress or in more serious cases, physical assault.

**Aboriginal and Torres Strait Islander peoples**
Indigenous young people who lose contact with their culture are at serious risk of poor mental health and depression.

According to the Australian Bureau of Statistics, Indigenous people suffer poorer health outcomes than the rest of the Australian population and this includes young Indigenous people. For example, Indigenous Australians have higher rates of diabetes. While Indigenous people are less likely to drink alcohol than non-Indigenous Australians, those who do drink are more likely to do so at unsafe levels. Greater alcohol consumption lowers inhibition, which can lead to greater propensity for violence. Indigenous Australians also have a much higher rate of suicide than non-Indigenous Australians — approximately twice the rate on average across Australia.

Indigenous people are over-represented in the Australian juvenile detention system. A 2016 study showed that Indigenous Australians between the ages of 10 and 17 were 26 times more likely to be incarcerated in juvenile detention. Separation from family and racial intolerance in the community account for high levels of self-harm, substance abuse and suicidal behaviour in Indigenous youth. The cultural breakdown resulting from family dislocation and the removal of many Indigenous children from their families, and the associated mental health issues created for these Stolen Generations, have led to a loss of cultural identity, spiritual connection and language, which has affected the health and wellbeing of this group considerably.

As Indigenous communities make progress in achieving greater self-determination, they are encouraging their young people to re-establish cultural connectedness through arts and language programs, and cultural role models. This will have positive health benefits for Indigenous young people in the future, but there is much more that still needs to be done.

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**Inquiry**

**Indigenous surgeon leads the way**

Read the case study ‘Dr Kristopher Rallah-Baker – Australia’s first Indigenous ophthalmologist’.

1. What inspired Dr Rallah-Baker to study medicine?
2. Identify the supports given to Dr Rallah-Baker during his education and training.
3. Discuss the ways in which Indigenous doctors play an important role in improving the health of Indigenous Australians.
CASE STUDY

Dr Kristopher Rallah-Baker – Australia’s first Indigenous ophthalmologist

AIDA spoke with Dr Kristopher Rallah-Baker about his career, art, culture and music, and his connection to AIDA. Kris is a Yuggera/Juru/Birrigubba man who was born in Canberra, ACT, where his father worked in the National Parks and Wildlife Service and his mother worked in the Aboriginal Development Commission until their relocation to Brisbane at around the age of four. Kristopher’s mother was a close friend of Senator Neville Bonner AO, who she met through the One People of Australia League (OPAL) and she recalls Senator Bonner holding an infant Kristopher in his arms on the steps of Old Parliament House – a very inspirational way to start life. After moving to Brisbane with his parents and younger brother to be closer to his mother’s family, Kris completed his schooling and graduated Year 12 with an enviable academic record.

Kris was successful in his first application to Medical School at the University of Newcastle, his successful entry based on his grades alone. He has had a diverse career since graduating Medicine and in April 2017 passed his ophthalmology exit examinations. We asked him how it feels to be the first Indigenous Australian to pass the ophthalmology exit exams and begin his Fellowship year in ophthalmology.

“It has been a long process to get to this position and a challenge like no other. My pass notification came through on the 4 April and it still feels very surreal. To achieve this outcome it has taken a lot of effort not only on my part, but on the part of multiple generations of family and supporters.”

Kristopher has just completed a six month Fellowship position with the Fred Hollows Foundation, working in Fiji and in Central Australia and we wondered what his plans are for 2018. “I am about to relocate to Western Australia and commence work with the Lions Vision Institute, with half of my time working in ophthalmology across regional/remote Western Australia in Indigenous Ophthalmology and half of my time working in suburban Perth.”

With Aboriginal and Torres Strait Islander adults over 40 experiencing six times the rate of blindness than non-Indigenous Australians, we asked Kristopher what he perceives to be the main areas of focus in order to improve the situation. “Diabetic retinopathy and cataract are two areas of preventable and potentially reversible blindness with significant impacts amongst our Peoples. Major inroads have been made into these areas but much more work is still to be done.” We asked Kristopher who inspired him to become a doctor.

“My nanna (mum’s mother) lost her own mother when she was 12 from pneumonia after refusing to see the white doctors for medical assistance. She was a member of the Stolen Generation. Her story was told frequently in our family and I credit her with the inspiration for me to become a medical doctor.”

Kristopher has already achieved a lot in his career. He developed and managed the Indigenous Health Unit in the Logan-Beaudesert Health Service District. He also worked to strengthen and expand the Deadly Ears Indigenous Hearing Health Program for Queensland, which has now been adopted as the National Indigenous Hearing Health Program by the Federal Government. We asked him what it is that drives him to develop these initiatives.

“I have been given opportunities afforded to too few of our Peoples – private schooling, family stability, a place in medical school and postgraduate specialist training – as a result of the hard work and dedication of the generations who came before me. I have an obligation to act on these opportunities to the maximum of my ability so as to improve the lives of our mob, share with others the opportunities I have been given and ensure that the efforts of those who came before are respected.”

We asked Kristopher how important he thinks cultural safety is for Indigenous medical students and Indigenous doctors in Australia. “Cultural safety is critical in the success of graduating Indigenous medical students and ensuring that there is success in later postgraduate training. Very serious issues of cultural safety and cultural violence have unfortunately been a significant and unwelcome feature of my own postgraduate training. The colleges are slowly improving in this area but significant deficiencies remain.”

As AIDA is about to launch our new mentoring program, we asked Kristopher about his own mentoring experiences.

“Mentors in many ways are akin to Elders who support and guide us through a process towards success. The support of my mentors during my ophthalmology training was critical to my success. I had an official College mentor, an unofficial College mentor and a non-College mentor who is a well-known GP and media personality. Although my mentors were non-Indigenous, they provided me with unwavering support, belief in my ability to succeed and smoothed troubled waters as they arose. To have an Aboriginal or Torres Strait Islander doctor as a mentor would take that support to another level and I foresee will play a key part in our continued success in graduating medical students and Fellows. I encourage my younger colleagues to find a trusted mentor during their medical school and later training.”
Socioeconomic factors as determinants of young people’s health

Socioeconomic factors relate to socioeconomic status, and levels of employment and education.

Socioeconomic status

Australia prides itself on being the ‘lucky country’, but there are inequities in the distribution of wealth and incomes. A large proportion of Australians, especially young people, have a low socioeconomic status, which affects their level of health. Socioeconomic status is a measure of an individual’s place in society and is based on their income, education, employment and other economic factors such as house or car ownership. Lower socioeconomic status makes someone statistically more likely to:

- practise unhealthy behaviours, having a higher incidence of alcohol abuse and smoking
- develop poor eating habits and diets, which contribute to the development of cardiovascular disease and hypertension
- live in families with more children than the national average, which can lead to overcrowding and the health problems related to this
- find it difficult to save for the future and tend not to have money saved for emergencies or for buying medicines
- experience physical violence and high rates of domestic violence
- have a higher rate of teenage pregnancy and children born with difficulties related to low birth weight
- come from families with long histories of unemployment, which can lead to an anti-work ethics, or the development of poor mental health or depression
- be less likely to keep themselves informed of current health information, so they do not have regular checkups for illnesses that can be treated more effectively in their early stages such as breast screenings or skin cancer
- move house more frequently while waiting for permanent accommodation, and so have difficulty maintaining interpersonal relationships.

In recent decades, there has been a reduction in full-time work and a trend towards more casual and part-time work for young people. The result is a reduction in potential income, which means that many young people now depend on the family to help support them financially, so they must consider staying at home longer. Those whose families are unable to support them, or who have to move away from home to work or study, can struggle to afford the food and shelter necessary for a healthy and stable life. To overcome this, many young people live in shared accommodation. The pattern of leaving school, getting a job, leaving home and working until retirement has been broken. Young people are finding it much harder to achieve independence and change their socioeconomic status.

The relatively low socioeconomic status of young people means that those individuals who do move away from the family are likely to suffer from a lower standard of living. This can result in them developing poor nutritional habits, adopting unhealthy practices and living in environments that contribute to ill health. Furthermore, if they are also unable to buy the goods that most people take for granted, then they are considered to be living in relative poverty. Other disadvantages of independent living for young people include:

- young people can put their health in danger because they are forced to take risks, such as driving or being passengers of vehicles that are not roadworthy or insured
shared accommodation, low-cost housing or ‘squats’ can be unsafe, poorly maintained or provide no long-term tenure
• some resort to crime to satisfy needs
• few tend to take out health insurance or have the income to pay for medical and health procedures that are not covered by Medicare, such as dental work.

Employment
As a result of the trend towards permanent part-time or casual work, young people can no longer rely on guaranteed full-time work throughout their lifetime.

In September 2017, the Australian Bureau of Statistics’ Labour Force report indicated the national unemployment rate in Australia was 5.5 per cent, but welfare organisations report the unemployment rate for young Australians aged between 15 and 24 is as high as 40 per cent in some areas. New jobs are also not being created as rapidly as in the past because the standard 38-hour working week has become a myth: people are required to do more unpaid overtime to retain employment and ‘multiskilling’ is being promoted by business.

Being employed allows young people to achieve a sense of identity and a feeling of being valued by the community. When this is not achieved, young people’s self-esteem can be damaged. Society encourages a strong work ethic, but young people unable to find work for a long time may be stereotyped as ‘dole bludgers’. In reaction to this type of labelling, a young person might withdraw, and potentially develop unhealthy practices such as smoking and drinking to cope, or lose interest in participating in physical activities. These behaviours contribute to the onset of depression.

Many young people, either while they are still in full-time study or after leaving school, take on relatively unskilled jobs in fast-food outlets, service industries or as machine operators. These jobs have the potential for accidents and in some there is a risk of serious injury. Food outlets are often open late, which means the chance of fatigue-related accidents is increased.

Young people who leave school early are often paid junior rates and some find that, as their age increases and therefore their pay and entitlements must increase, the amount of work offered to them decreases. When the family must continue to support the young person financially, this can lead to increased pressure and tension.

Independence from the family does mean that young people are forced to become more resilient and to develop teamwork skills to survive. The sharing of limited resources and even the need to think creatively to find cheap entertainment should be considered positive outcomes, which improve the growth of the individual.

Education
The reduction in full-time employment for young people has meant that many young people now stay on longer at school or pursue higher education at TAFE or university. In 1967 in Australia, only 23 per cent of students stayed on at school to complete year 12. Four decades later, in 2016, the ABS reported that retention rates to year 12 had increased to 87.8 per cent of girls and 80.9 per cent of boys. Over the years, a closer relationship has developed between education and business, which has led to the introduction of vocational educational training courses at schools and the development of ‘pathways’, which were discussed earlier in the topic.

Because young people are attending educational institutions for longer periods, the opportunities for reinforcing social order and good health practices have increased. For example, the Crossroads course has been introduced for senior school students in New South Wales schools. It is aimed at influencing young people’s health by helping them develop appropriate decision-making processes and by making them aware of the consequences of risk-taking behaviours, such as excessive alcohol consumption, smoking and drug taking. Schools, and PDHPE classes in particular, actively promote racial tolerance and an appreciation of greater equity in society. Educational institutions are ultimately relied upon to provide environments that protect young people from abuse, neglect and exploitation.
Environmental factors as determinants of young people’s health

Environmental factors relate to geographic location, access to health services and use of technology.

Geographic location

Statistically, young people in rural and remote areas often have worse health than that of young people in metropolitan areas. The reduced employment opportunities in country areas means that many young people either remain unemployed and economically disadvantaged, or are forced to travel long distances to find work. (Research also suggests that novice drivers in rural areas are more likely to take risks while driving, such as not wearing a seatbelt or driving while alcohol affected.) If a rural young person has to move to a large city, this may cause stress, feelings of isolation and a breakdown of the family unit. Country families may already be under considerable pressure because of the rise in rural poverty, which means that many young people have to work on family properties as well as completing studies at school.

Young people in rural or remote areas are sometimes exposed to harsher environments: extremes of temperature, drought, fires or even floods. The nature of most rural work is potentially dangerous and forces them to work outside all day, which can expose them to a higher risk of developing skin cancers. The use of chemicals and pesticides can put rural young people at risk of developing respiratory cancers, and the operation of heavy machinery can potentially lead to them suffering injury or disability.

The belief that ‘country people are a tough breed’ means many young people may be less inclined to seek treatment or discuss health problems as readily as young people in the cities. This is compounded by the generally poor uptake of health promotion and self-care messages, the reduced level of health-care services in country areas and long hospital waiting lists. Many young people may have to delay treatment or travel long distances to receive specialist attention.

**FIGURE 9.11** The distribution of medical practitioners in Australia

The reality of sparse **infrastructure** in rural areas means many young people rely on private vehicles to cover long distances in order to maintain social contact. This geographical isolation can lead to feelings of
social alienation and put young people at greater risk of suicide or poor mental health outcomes. The relative ease of availability of firearms and other highly lethal methods of suicide in rural areas also means suicide attempts are more likely to be fatal. Rural people also have less access to the kinds of support services that could help reduce this cause of death.

**Access to health services**

Young people living in metropolitan areas have far greater direct access to health services than young people in rural and remote areas. These health services can include GPs, dentists, physiotherapists and acupuncturists, but also specialist services such as family planning clinics, sexual assault units, refuges from domestic violence, STI clinics, brain injury units and specific disease foundations. These all provide effective support networks and treatments for a variety of conditions affecting young people.

Young people in more remote areas may need to travel long distances for specialist care and therefore be away from the family for extended periods of time, resulting in stress. They may also need to rely more on information from online or telephone services, or wait until the Royal Flying Doctor Service is in their region. Delays in receiving treatment can compound health issues. Therefore it is essential for young people to develop strong health literacy skills so that they can access reliable sources of information and be able to analyse the health information presented to them so that they can make important health-promoting decisions. Health literacy skills help young people to understand the dangers of drug abuse, be able to protect themselves from STIs and develop strategies that protect themselves from a wide range of threats to their physical and mental health.

**Use of technology**

Young people are the leaders in the use of technology in society today. The health benefits of technology for young people can include high rates of social interaction and large social networks that can extend around the world. These networks can provide strong personal support and opportunities to experience the world from many perspectives. Young people also have unlimited access to the latest health information, medical practitioners and drug treatments from around the globe. Apps for smart phones and watches, and fitness trackers can also help to track and motivate fitness goals and healthy lifestyle choices.

As leaders in technology, young people are more likely to find, or can create for themselves, specialised places in the workforce that can often provide them with a flexible working lifestyle. The geographical freedom and marketing potential of e-commerce or online service providers, for example, can offer a very different lifestyle to the 9-5 in-house jobs of previous centuries.

The use of technology does, however, have some downsides. A reduced level of physical activity has resulted in a rise in the number of cases of obesity and a reduction in the overall fitness levels of young people in general. In addition, some young people experience an apparent addiction to online communication and social media at the expense of face-to-face communication or relationships. The immediacy of digital communication has also created the anxiety of ‘FOMO’ — a fear of missing out — and the visibility of social status being conveyed by the number of likes or positive responses to a social media post. Social media has also become an easy tool for online bullies and trolls to harass and intimidate. Young people may also become detached from society by spending exceptionally long hours online, or access age-inappropriate gambling, violent, sexually explicit or illegal content. Young people are also exposed to the dangers of engaging in or being coerced into inappropriate or illegal activities, and the threat of being groomed by adults with malicious intentions.

Maintaining this technology also comes at a financial cost. Unwary consumers get caught on expensive plans, or young people find they are continually upgrading to the latest technology which is even more expensive but deemed necessary to maintain social contact or peer approval. Many sites also bombard viewers with advertising and purchasing opportunities that place pressure on young people to buy more things they might not be able to afford in order to present a certain ‘image’.
TABLE 9.2 Summary of the effects of the determinants of health of young people

<table>
<thead>
<tr>
<th>Factors that determine the health of young people</th>
<th>Strategies to achieve good health for young people</th>
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</thead>
</table>
| **Individual** — includes knowledge, skills, attitudes and genetics | • Attend driver education programs such as U turn the Wheel so that you are aware of the dangers and responsibilities of road use  
• Limit alcohol intake to low risk levels and avoid binge drinking  
• Avoid illegal drug use, such as cannabis and ecstasy, especially if there is a family history of poor mental health  
• Reduce risk-taking behaviours; for example, speeding or poly drug use  
• Use appropriate contraception such as condoms to protect from unwanted pregnancy or STIs  
• Develop feelings of self-worth by acting as a role model for others; for example, big brother programs, church fellowship groups, scout and guide organisations  
• Improve health literacy by keeping informed of the relevant health issues for young people; for example, party drugs  
• Develop skills related to decision making, problem solving, conflict resolution and resilience to cope with stress  
• Develop self-esteem by working with others; for example, refereeing or coaching junior sporting teams  
• Plan for regular physical activity or sport to maintain fitness and relieve stress  
• Eat a well-balanced diet appropriate to energy needs so that you can control weight more effectively  
• Avoid unhealthy dieting programs that cause rapid weight loss and do not consider lifestyle behaviours  
• Explore various types of recreational activities, such as meditation, Tai Chi, bushwalking, surfing and fishing that allow you to learn ways of relaxing  
• Establish behavioural boundaries that protect you from self-harm; for example, never engage in unprotected sex or accept drinks from strangers |
| **Sociocultural** — includes family, peers, media, religion and culture | • Develop strong support networks so that you can have help in times of illness and emotional or financial stress  
• Develop a mentor relationship with a trusted adult who can provide valuable advice in times of emotional need  
• Develop connectedness with the community by volunteering services for charities, or become involved in decision making at school or at local councils  
• Utilise positive peer pressure, such as encouraging friends to participate in sports or not to smoke  
• Promote the need for the acceptance of cultural/sexual diversity by avoiding acts of racism or discrimination  
• Act as a role model for peers; for example, by not drinking and driving, or accepting responsibility as the designated driver  
• Share family responsibilities by completing essential tasks that help you to become more self-sufficient  
• Develop effective communication skills that promote positive interpersonal relationships  
• Critically evaluate information on food packaging, in advertising and the media so that you become a more aware consumer  
• Support peers who make important lifestyle choices, such as to remain drug free or celibate  
• Establish links with your community; for example, traditional dance groups that perpetuate the passing on of cultural heritage to younger generations  
• Develop a sense of spirituality by exploring what different religions have to offer  
• Avoid becoming involved in perpetuating media stereotypes that stifle your own self-identity |

(Continued)
TABLE 9.2 Summary of the effects of the determinants of health of young people (Continued)

<table>
<thead>
<tr>
<th>Factors that determine the health of young people</th>
<th>Strategies to achieve good health for young people</th>
</tr>
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<tbody>
<tr>
<td><strong>Socioeconomic</strong> includes employment, education and income</td>
<td>• Explore all options to remain at school to achieve the HSC by exploring alternatives such as Pathways or VET courses if required&lt;br&gt;• Seek out further educational qualifications; for example, TAFE, business college or university, so that your skills are more sought after by employers&lt;br&gt;• Engage in part-time or casual work to develop skills and expand your self-identify and feelings of self-worth&lt;br&gt;• Seek financial planning advice from trusted adults and work towards financial independence and autonomy&lt;br&gt;• Seek advice regarding matching your personal skills with occupations that increase employment success&lt;br&gt;• Become involved in a variety of school and extracurricular activities to refine skills and knowledge that will enhance employment prospects in the future&lt;br&gt;• Reduce the risk of injuries at workplaces by following safety procedures, such as wearing safety harnesses and correctly handling chemicals</td>
</tr>
<tr>
<td><strong>Environmental</strong> includes geographic location, access to health services and technology</td>
<td>• Limit exposure to the sun and follow sun safety rules to reduce the risk of skin cancers in future years&lt;br&gt;• Drive according to road conditions; for example, slowing down in wet weather or when driving on unsealed roads&lt;br&gt;• Be aware of road black spots in your local area that increase the risk of motor vehicle accidents&lt;br&gt;• Be aware of health services available to young people in your local area, such as domestic violence refuges, rape crisis centres, baby health clinics and hospital outpatient services&lt;br&gt;• Be aware of telephone and online health information services; for example, Kids Help Line, Reach Out!, Quit and other government health services&lt;br&gt;• Limit screen time by setting a time limit and making scheduled breaks to engage in physical activity&lt;br&gt;• Know how to use privacy settings to protect your identity, personal information, finances and location when online, and be prepared to block or report unwanted attention, for example from trolls or bullies&lt;br&gt;• Limit exposure to radiation emitted from mobile phones by keeping at a safe distance or position when not in use&lt;br&gt;• Seek help from recognised self-help groups if online behaviour becomes a problem for yourself or friends, for example with gambling or obsessively watching sexually explicit content or violence&lt;br&gt;• Organise parties according to advice published by police or education departments so that limits can be set for attendance to reduce the risk of gatecrashers&lt;br&gt;• Do not drink your drink if you suspect it has been tampered with and do not leave your drink unattended</td>
</tr>
</tbody>
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9.1.4 Developmental aspects that affect the health of young people

Throughout life, there are aspects of development that affect people’s health and their ability to maintain good health. As lives change, individuals make adjustments to their relationships, their self-identity, their feelings of self-worth and their level of autonomy. These life changes need to be considered as important opportunities that will promote personal growth, and young people in particular need to be ready to respond in ways that will promote their well-being.

Revising roles within relationships

The very first relationship we have is with our parents, followed by other family members and friends. This relationship has a permanent influence and may be positive and nurturing, or negative and abusive. The role an individual plays in a relationship varies according to age, gender, attitudes, expectations and type of personality. A family’s cultural and religious traditions also have a bearing on this role. Depending on the circumstances, an individual may take an equal role, a dominant role or a submissive role in the relationship. If circumstances force separation within a family, a young person may feel compelled to take on an added role of protector or nurturer in the family, resulting in role overload.

During adolescence, a young person’s role and expectations in the family might change. Increasing age is usually met with an increasing level of responsibility. A young person might be expected to take on the role of carer for siblings or relatives, or to help maintain the household. They may appear to be ready according to age, but they may be emotionally unprepared, which can cause stress. This stress can be intensified if the division between their roles becomes blurred. This is called ‘role ambiguity’ and is a source of much conflict within some families.

Further role conflict arises when adolescents, as they grow older, seek greater independence and a more equal balance of power in the relationship with their parents. Parents are sometimes reluctant to accept that their children are making the transition to adulthood. This transition involves the development of a greater sexual desire, friendships become more intimate and one-on-one relationships become increasingly important. If, during a relationship, a pregnancy occurs, then there can be a further change in roles as the young people adopt new roles as parents.

Clarifying self-identity and self-worth

Your self-identity is evident in how you describe yourself to others. It cannot be given in a single description, as it is the sum of many things. For instance, a woman describing herself may do so with regard to her professional role, her personal and family relationships, her interests or cultural and religious affiliations —
and she may not give equal weight to each. Self-identity includes an individual’s sexual orientation and gender identification. Therefore, self-identity should also be considered dynamic, because it is constantly being remodelled according to experiences, events and choices, which may be positive or negative.

The school environment can play an important role in helping young people to develop relationships and promoting positive self-identity. On the other hand, negative experiences, such as perceived failure in school work or always being the last person selected for a team, can promote a negative self-identity. When a young person’s circumstances change (moving to a new school or suffering the loss of a parent, for example) they might use this as an opportunity to ‘re-invent’ themselves. This may provide protection in an unfamiliar environment or may make them feel more at ease.

Some of the identity markers that people use to describe themselves include:

- name
- age
- gender
- sexuality
- socioeconomic status
- job/interests
- religion
- geographical location
- past experiences
- ethnicity.

**Inquiry**

**Creating a self-identity**

With the aid of the above markers, create a brief description of yourself — your self-identity.

Our self-identity is strongly influenced by society’s norms, values and beliefs. Norms are the standards and behaviours accepted by society. These norms can vary between different cultures. These are reinforced during the process of socialisation. Socialisation is the lifelong process of learning through which we inherit the culture of our society — norms, values, gender roles and expectations. Society expects its members to fulfil specific roles in life, such as being a ‘good’ son or daughter, and these socially determined roles also influence a person’s self-identity. When society identifies people as having failed in a particular role, it may apply a label to them, such as ‘delinquent’, ‘no-hoper’ or ‘loser’. Consequently, these individuals may find it difficult to regain their own positive self-image. Similarly, young LGBTIQ people may fear negative judgment or rejection from their family or peers, or exposure to homophobic attitudes might lead to the development of negative self-identity — fear of this rejection and stigma may compel them to hide their feelings.

The ability of society to affect a person’s self-identity is evident also through the commercialisation and marketing of particular products, which are able to ‘sell’ an identity to young people. As young people struggle to establish themselves as individuals, businesses are keen to direct them to the symbols that help reinforce their concept of self. The correct shoes and clothes are used to reinforce a manufactured personal identity. Those young people whose choices are limited by having a low family income can be made to feel very disadvantaged.

Even as adults, self-identity can be at risk. Divorce or loss of a loved one can result in a sudden need to remodel self-identity. The so-called ‘mid-life crisis’ can lead some adults to want to change their career, location and lifestyle to reinvent their definition of themselves.

It is apparent that young people need to develop a strong and positive self-identity in order to achieve good health. It gives them the self-confidence to make decisions that promote health, to resist negative influences, especially from their peer group, and to maintain positive self-esteem.

It is important for a young person to establish a sense of positive self-worth, or self-esteem, because it is essential for good mental health. Self-worth can be improved by taking pride in achievements, no matter how small, and setting goals that are progressive and attainable. Individuals need to accept their limitations and build on their strengths. When they believe in their own abilities, they are able to recognise that self-esteem
comes from within and need not be affected by others. Positive self-worth can eliminate the pressure that some young people feel to accumulate possessions, to present a fashionable body image, or to behave in a way that establishes their credibility among certain peers but that damages their community (for example, tagging).

Family and peers can provide important support for young people in establishing a sense of positive self-worth. Confidence in meeting new personal challenges comes from the security of knowing that personal support structures exist and can be called upon if needed.

**Developing self-sufficiency and autonomy**
The mental health of a young person is enhanced when they are able to achieve self-sufficiency and autonomy. Self-sufficiency is the ability to provide for oneself without help from others. For many young people this marks their ‘rite of passage’ to the adult world. Achieving autonomy enhances self-confidence and self-esteem, and a young person’s sense of identity becomes more complete. They become responsible for making important decisions about their work, diet and health. The frustration of not having any autonomy leads to some young people, and their families, living with high levels of conflict and stress.

**Establishing education, training and employment pathways**
A solid education can provide the foundation for achieving personal potential and positive self-esteem. The wide range of options now available creates flexibility in education, reduces the stress for young people, promotes greater self-confidence and enables young people to have a clearer career pathway and be more prepared for work. These options include:
- TAFE traineeships, which enable a young person to learn on the job and earn a small income
- Australian School-based Apprenticeships, which allow years 11 and 12 students to start an apprenticeship while still at school
- VET (Vocational Education and Training), which allows young people to establish links with TAFE and university courses while still at school
- TAFE HSC Pathways, which enable young people to do HSC and TAFE courses over two years and still attain an ATAR
- part-time work, which allows young people to develop job skills that are transferable to other areas of employment (see figure 9.12).

**FIGURE 9.12** Benefits of part-time work for school students

- Provides an opportunity to be involved in career pathways provided by major companies
- Allows for the transition to an adult workplace
- Provides an income to satisfy basic needs and wants
- Develops greater self-confidence and self-esteem
- Promotes responsibility
- Develops job skills
- Improves the quality of future career decisions
- Develops time management skills
Establishing personal support structures

Support structures are the people, places and programs that increase an individual’s ability to make health-promoting choices. Personal support structures give assistance in times of stress or trauma. Family and friends often provide the strongest support as they have a vested interest in the individual and the greatest insight into the person. The key to establishing a good personal support structure is two-way communication based on mutual respect, trust and shared responsibility. Families can provide personal support structures in the following ways:

- financially — setting up a flat, helping with credit card debt, being a guarantor or supporting further education costs
- emotionally — giving support when there is a breakdown in a relationship
- physically — providing food and accommodation if unemployed or still studying, or care during illness
- mentally — helping a young person cope with the stress of exams.

Personal support structures enable a person to cope with stress, allow them to have time out if needed and provide someone to turn to for advice. Adolescents who are in a rush to achieve independence risk leaving unresolved conflicts with the family, which can damage their personal support structures. Should their personal support structures fail, they need to seek alternative support through government agencies, community groups or professionals. Because of the high demand for these services, there are limits to the depth and length of support they can offer. The family has the most to gain by promoting the good health of its members.

Inquiry

Identifying personal support structures

1. (a) Create a table that identifies your personal support structures.
   (b) Classify each support as financial, emotional, physical or mental, and specify when each should be used.
   (c) Comment on the adequacy of this system to give you the support required in the future.
2. Discuss the consequence of having few or no personal support structures.

Determining behavioural boundaries

Adolescence is a time of testing and establishing the boundaries of behaviour, and learning what is acceptable and what is not. Each family establishes its own behavioural boundaries, and these are often based on cultural and religious beliefs. Parents set boundaries, such as how late to stay out at night. They then impose consequences if the boundaries are broken. However, not all families provide clear boundaries and, if parents separate or divorce, children may find that the rules for one home don’t apply in the other.

In certain circumstances, when there are no negative consequences for any action, children may also begin to believe that they are immune from punishment; that, because of their age, they can commit crimes with impunity. In some isolated rural communities this has led to the establishment of curfews that restrict the movements of young people at night.

Laws are designed to protect people from harm by others and from doing harm to themselves. Young people who are unwilling to accept society’s boundaries, and cannot set their own boundaries, may get involved in drinking and driving, using illegal drugs or committing violence, and consequently spend time in juvenile justice institutions. Besides the potential for the physical injury from these risk-taking behaviours, these young people may be unable to cope with confinement or the consequences of their actions, and may contemplate suicide.

In schools, behavioural boundaries are necessary to ensure all students are able to learn in a safe and supportive environment. Students who cannot accept these boundaries may suffer stress and refuse to attend, or may change schools frequently. School policies encourage students to develop their own personal boundaries so that they are able to accept responsibility for their actions and not blame others. The peer group often challenges a young person’s personal behavioural boundaries, which can result in risk-taking behaviours such as engaging in unsafe sex or not wearing seatbelts. These can have long-term health consequences because
they can lead to injury, disability, dysfunction or stress-related disorders. Young people who are able to set their own boundaries are likely to be more confident, independent and achieve a higher health status as a result.

**Inquiry**

Indicators young people use to define good health

1. Outline what indicators a young person might use to determine their health status.
2. Categorise each of these indicators as physical, social or emotional.
3. Discuss the validity of the physical, social or emotional indicators that a young person might use to determine their health status.

**Application**

Identifying the values of young people

1. Conduct a survey of another senior class to identify the priorities and values of young people. Design a survey sheet with the following questions.
   (a) List five priorities in your life. Rank them from 1 to 5, with 1 being highest and 5 being lowest.
   (b) List five values you consider as the most important. Rank them from 1 to 5, with 1 being highest and 5 being lowest.
2. Analyse the information collected and write five statements about your findings. What priority did young people give health? Account for this trend.

**SNAPSHOT**

Why it’s time to lay the stereotype of the ‘teen brain’ to rest


A deficit in the development of the teenage brain has been blamed for teens’ behaviour in recent years, but it may be time to lay the stereotype of the wild teenage brain to rest. Brain deficits don’t make teens do risky things; lack of experience and a drive to explore the world are the real factors.

As director of research at a public policy centre that studies adolescent risk-taking, I study teenage brains and teenage behaviour. Recently, my colleagues and I reviewed years of scientific literature about adolescent brain development and risky behaviour.

We found that much of the risk behaviour attributed to adolescents is not the result of an out-of-control brain. As it turns out, the evidence supports an alternative interpretation: Risky behaviour is a normal part of development and reflects a biologically driven need for exploration — a process aimed at acquiring experience and preparing teens for the complex decisions they will need to make as adults.

**Stereotypes of adolescence**

We often characterise adolescents as impulsive, reckless and emotionally unstable. We used to attribute this behaviour to ‘raging hormones’. More recently, it’s been popular in some scientific circles to explain adolescent behaviour as the result of an imbalance in the development of the brain.

According to this theory, the prefrontal cortex, the centre of the brain’s cognitive-control system, matures more slowly than the limbic system, which governs desires and appetites including drives for food and sex. This creates an imbalance in the adolescent brain that leads to even more impulsive and risky behaviour than seen in children — or so the theory goes.

This idea has gained currency to the point where it’s become common to refer to the ‘teenage brain’ as the source of the injuries and other maladies that arise during adolescence.

In my view, the most striking failure of the teen brain hypothesis is it’s conflating of important differences between different kinds of risky behaviour, only a fraction of which support the notion of the impulsive, unbridled adolescent.
Adolescents as explorers

What clearly peaks in adolescence is an interest in exploration and novelty seeking. Adolescents are by necessity engaged in exploring essential questions about themselves — who they are, what skills they have and who among their peers is worth socialising with. But these explorations are not necessarily conducted impulsively. Rising levels of dopamine in the brain during adolescence appear to drive an increased attraction to novel and exciting experiences. Yet this ‘sensation seeking’ behaviour is also accompanied by increasing levels of cognitive control that peak at the same age as adolescents’ drive for exploration. This ability to exert cognitive control peaks well before structural brain maturation, which peaks at about age 25.

Researchers who attribute this exploratory behaviour to recklessness are more likely falling prey to stereotypes about adolescents than assessing what actually motivates their behaviour. If adolescents were truly reckless, they should show a tendency toward risk-taking even when the risks of bad outcomes are known. But they don’t. In experiments where the probabilities of their risks are known, adolescents take fewer risks than children.

In experiments that mimic the well-known marshmallow test, in which waiting for a bigger reward is a sign of self-control, adolescents are less impulsive than children and only slightly more so than adults. While these forms of decision-making may place adolescents at a somewhat greater risk of adverse outcomes than adults, the change in this form of self-control from mid-adolescence to adulthood is rather small and individual differences are great.

There is a specific kind of risk-taking that resembles the imbalance that the brain-development theory points to. It is a form of impulsivity that is insensitive to risk due to acting without thinking. In this form of impulsivity, the excitement of impulsive urges overshadows the potential to learn from bad experience. For example, persons with this form of impulsivity have trouble controlling their use of drugs, something that others learn to do when they have unpleasant experiences after using a drug. Youth with this characteristic often display this tendency early in childhood, and it can become heightened during adolescence. These teens do in fact run a much greater risk of injury and other adverse outcomes.

But it is important to realise that this is characteristic of only a subset of youth with weak ability to control their behaviour. Although the rise in injurious and other risky behaviour among teens is cause for concern, this represents much more of a rise in the incidence of this behaviour than of its prevalence. In other words, while this risky behaviour occurs more frequently among teens than children, it is by no means common. The majority of adolescents do not die in car crashes, become victims of homicide or suicide, experience major depression, become addicted to drugs or contract sexually transmitted infections.

Furthermore, the risks of these outcomes among a small segment of adolescents are often evident much earlier, as children, when impulse control problems start to appear.

The importance of wisdom

Considerable research suggests that adolescence and young adulthood is a heightened period of learning that enables a young person to gain the experience needed to cope with life’s challenges. This learning, colloquially known as wisdom, continues to grow well into adulthood. The irony is that most late adolescents and young adults are more able to control their behaviour than many older adults, resulting in what some have called the wisdom paradox. Older adults must rely on the store of wisdom they have built to cope with life challenges because their cognitive skills begin to decline as early as the third decade of life.

A dispassionate review of existing research suggests that what adolescents lack is not so much the ability to control their behaviour, but the wisdom that adults gain through experience. This takes time and, without it, adolescents and young adults who are still exploring will make mistakes. But these are honest mistakes, so to speak, because for most teens, they do not result from a lack of control.

This realisation is not so new, but it serves to place the recent neuroscience of brain development in perspective. It is because adolescents are immature in regard to experience that makes them vulnerable to mishaps. And for those with weak cognitive control, the risks are even greater. But we should not let stereotypes of this immaturity colour our interpretation of what they are doing. Teenagers are just learning to be adults, and this inevitably involves a certain degree of risk.
Inquiry
The teenage brain
Read the snapshot ‘Why it’s time to lay the stereotype of the “teen brain” to rest’, about the changes that take place in a teenage brain.
1. Summarise the research findings about teenage behaviour explained in the snapshot.
2. Identify other factors that may account for risk-taking behaviour by adolescents that are not mentioned in the article.
3. What different types of risky behaviour does the writer suggest teenagers exhibit?
4. Debate the topic: Should we blame teenager’s behaviour on their brain development?
9.2 To what extent do Australia’s young people enjoy good health?

CRITICAL QUESTION
To what extent do Australia’s young people enjoy good health?

The syllabus requires students to analyse two of the following major health issues that impact on young people:
- mental health problems and illnesses
- body image
- alcohol consumption
- violence
- road safety
- sexual health
- emerging health issues; for example, gambling, cyberbullying, party crashes or drink spiking.

Students must understand the nature and extent of the major health issue, the risk factors and protective factors, the sociocultural, socioeconomic and environmental determinants, and the young people most at risk. This text discusses mental health and body image in some depth because of the increasing risk to young people’s health. A summary of the other major health issues is included in this topic as a guide for students who wish to carry out further research. Further research is also highly recommended on government and non-government agencies that use a range of strategies to target the health issues of young people.

Inquiry
Health and well-being of young Australians
Access the latest report on the health of young Australians — the weblink Health and well-being of young Australians may assist. Find the overview, summary or snapshot pages to give you an overall picture of the emerging health issues for young people. Use this information to help you begin further investigation into the two areas you have selected for analysis.

Resources
Weblink: Health and well-being of young Australians

studyon
Option 1 ➔ Question 2 ➔ Topic 1 ➔ Concept 1
Overview Summary screen and practice questions

9.2.1 Mental health problems and illnesses
General nature
Stress is a physiological or psychological influence that produces a state of tension in a person. Young people appear to be experiencing increasing levels of stress, often due to factors beyond their control. For example, the higher incidence of divorce is leading to the breaking up or merging of families, causing changes to
lifestyle. The media’s perpetuation of unrealistic body images erodes young people’s self-esteem and high youth unemployment leads to frustration in achieving independence.

<table>
<thead>
<tr>
<th>TABLE 9.3 The common sources of stress for young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of stressor</strong></td>
</tr>
<tr>
<td>Physical</td>
</tr>
<tr>
<td>Emotional</td>
</tr>
<tr>
<td>Social</td>
</tr>
<tr>
<td>Environmental</td>
</tr>
<tr>
<td>Vocational</td>
</tr>
<tr>
<td>Life crisis</td>
</tr>
<tr>
<td>Abuse</td>
</tr>
</tbody>
</table>

Source: Adapted from Personal Awareness, PDHPE Board of Studies, p. 141.

Stress is experienced throughout life, but because adolescence is characterised by rapid change it makes young people particularly vulnerable. A young person who is trying to cope with multiple stressors or with a stress that continues for a long time can develop physical illnesses such as headaches, high blood pressure or ulcers. Compounding these further is the fact that a stigma is attached to not being able to cope with stress, which means many young people do not seek help.

Since everyone is exposed to some level of stress, it is an individual’s reaction that determines how well they cope. An individual’s personality type (type A personality — aggressive, competitive and impatient — or type B personality — relaxed, non-competitive, patient), family attitudes, values, expectations, perceptions and mood affect how their body reacts. It is not possible to eliminate all the stressors in our lives, and there are also some stressors that we have no control over; for example, poverty, pollution and family trauma. To tell someone to simply relax or avoid the stressor can be too simplistic.

Young people need to develop personal coping mechanisms (see table 9.4) and alter their perspective of the stressors that affect them. The AIHW report Young Australians: their health and wellbeing 2011 indicated that about 30 per cent of both young men and women aged 12–24 engaged in risky or high-risk drinking, and that 35–37 per cent engage in these behaviours monthly. Combined with the high frequency of mental illness and youth suicide, this indicates that not all young people are coping with life.

<table>
<thead>
<tr>
<th>TABLE 9.4 Coping mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do</strong></td>
</tr>
<tr>
<td>1. Develop time-management strategies to balance school, part-time work and social activities (prioritise).</td>
</tr>
<tr>
<td>2. Use positive self-talk in order to see things in the right perspective.</td>
</tr>
<tr>
<td>3. Try different relaxation techniques — muscle relaxation, breathing, meditation, visualisation, yoga or Tai Chi.</td>
</tr>
<tr>
<td>4. Talk to someone you trust about your problems.</td>
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<tr>
<td>5. Take an occasional break.</td>
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<tr>
<td>6. Give in occasionally.</td>
</tr>
<tr>
<td>8. Accept that everyone makes mistakes and it is a part of learning.</td>
</tr>
<tr>
<td>9. Accept others as they are.</td>
</tr>
<tr>
<td>10. Keep the value of competitiveness in perspective.</td>
</tr>
<tr>
<td>11. Make the first move to be friendly to someone.</td>
</tr>
<tr>
<td>12. Have some fun — play a sport or have an interest as an outlet for emotions.</td>
</tr>
</tbody>
</table>
Negative perceptions of events and related emotions

An individual’s perspective is built up over time and is based on experiences, family values and cultural beliefs. It has a great deal to do with how that person copes with stress. For instance, when you look at half a glass of water, do you see it as half full or half empty? If a person has an uncompromising viewpoint, it can prevent them from seeing alternatives or render them unable to see the flaws in their own perspective, which contributes to a high level of stress. Furthermore, individuals often anticipate a situation, develop a high level of anxiety, but find that all the worry was unnecessary. The way we see ourselves — intelligent, happy or worthwhile (positive) or boring, dumb or depressed (negative) — also affects how we view the world. A positive or negative cycle develops (see figure 9.13). Because we are able to examine how we think and behave, it is possible to break the negative cycle by changing a negative perspective to a more positive one.

Life is generally full of potentially traumatic events that must be accepted as part of life. If individuals selectively focus on the positives, then they can defuse their emotional reactions such as fear, anxiety and depression, and this will reduce the body’s flight or fight response. The flight or fight response is the body’s physical and psychological reaction to a dangerous or threatening situation; human instinct is to run away or stay and fight. Life experiences can then be seen as challenges or opportunities to develop as a person through improved self-confidence, self-esteem and personal identity. It is said that without the bad times, we would never really appreciate the good times.

**FIGURE 9.13 Cycle of perspectives**

Something happens. (+ or –)

Your body reacts or you take an action. (+ or –)

You make an assessment. (+ or –)

**FIGURE 9.14 Tips for improving perspective of negative events**

1. Try to see things as they really are.
2. Separate your own self-worth from the task you are trying to complete.
3. Distinguish between what your needs are and what is just your desire.
4. For minor events, try to see the funny side (if appropriate).
5. Realise there is always someone worse off than you – just watch the news.
6. Remind yourself of the good times.
**Application**

**Improving your perspective**

Apply the strategy in figure 9.14 to a problem you have faced or will face shortly.

1. Discuss the difficulties in applying this strategy.
2. Explain the benefits of using this strategy.

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**Depression**

Many people feel depressed at some stage in their lives or even during a typical week. Depression becomes a serious health concern for young people when it extends for several weeks at a time and they feel ‘down’, worthless, angry, tired and irritable. They may have difficulty sleeping and concentrating, and no longer gain satisfaction from daily activities. Extreme mood swings and displays of anti-social behaviour are also possible. To cope, some young people may resort to drugs or smoking, or develop an eating disorder. It has been found that depression is linked to the increased risk of suicide and self-harm behaviours.

Proportionally, Australian women experience mental illness at higher rates than men; this includes depression, anxiety, post-traumatic stress and eating disorders. This results in a greater incidence of self-harm, eating disorders and attempted suicides; however, more men die by suicide in Australia each year than women. Furthermore, of the total youth population, one to three per cent of young people will be affected by a major depressive disorder and 15 to 40 per cent of young people will report having symptoms of a depressed mood disorder. It is believed that by the age of 18, approximately 24 per cent of young people will have suffered from a major episode of depression.

**Experiences of loss**

Young people can experience a sense of loss for a number of reasons. The trauma associated with the separation of parents, moving away from friends or familiar surroundings, the loss of a family member, friend or even a pet can leave a young person feeling vulnerable and insecure. Some young people become stressed because they blame themselves for their parents’ separation and feel responsible for bringing the parents back together. The pain and suffering a young person feels may be masked temporarily until an incident provokes a state of **distress**. A young person experiencing loss can possibly react with anger, which may appear as aggressive behaviour towards others, nightmares, irritability or a tendency to overachieve to compensate. They may even develop a need to blame the surviving family members.

Following the loss, a young person may suffer a condition known as post-traumatic stress, which is characterised by unexplained swings of mood, stomach pains, headaches, irritability and argumentative behaviour. It can lead to substance abuse and an increased risk of suicide.

While no accurate statistics are available, the current trends relating to the rate of family breakdowns indicate that experiences of loss affect a large cross-section of the community. The Australian Bureau of Statistics estimates that over 40 per cent of all marriages are likely to end in divorce, and the median length of marriages that end in divorce is approximately 12.5 years. This, and the fact that young people have high rates of suicide and suffer injuries and deaths associated with accidents, particularly motor vehicles, means that they are likely to experience loss directly, or indirectly, through a friend, at a much earlier age than previous generations.

**Schizophrenia**

Schizophrenia affects the way a person behaves, feels and views the world. It is not just a single disorder, but a group of disorders with variable causes and outcomes. A common misconception is that it is the development of a split personality or multiple personalities. A person suffering from this illness may experience hallucinations, delusions, diminished emotional responsibility and disjointed thought patterns, and may seek to withdraw from society. It can affect anyone, regardless of age, gender, race or intelligence. Sufferers may
experience one or a few episodes and can return to normal living in between episodes; for others, it can be a daily struggle.

According to the New South Wales Department of Health, most new cases of schizophrenia are diagnosed in adolescents or young adults. One in three schizophrenics will have only one to two episodes in their lives.

Self-harm

Self-harm encompasses a wide range of behaviours that are not necessarily suicide attempts or an indication that the person wants to die. Recent figures estimate that up to one quarter of 16 and 17 year old girls in Australian have attempted some form of intentional self-harm in their life, and that approximately 5 per cent of all young people engage in self-harming behaviours.

One of the behaviours attributed to deliberate self-harm is self-mutilation, which involves the person inflicting pain or punishment on themselves, usually in secret. This can be their way of trying to cope with stress or painful emotions, or might be a means of regaining power that has somehow been lost or taken away by others. Young people who are victims of sexual assault often exhibit this type of behaviour. It can be a cry for help.

Suicide

Studies conducted in Australia estimate that five to 10 per cent of young people will attempt suicide and one in two will have suicidal thoughts at some time during their life. Females tend to use drug overdoses and are less successful in taking their own lives, whereas some males use more violent methods such as firearms and hanging. Suicidal tendencies are most prevalent in the mid-teens and many of the people who commit suicide have previously shown evidence of poor mental health.

According to the Australian Bureau of Statistics in 2015, of the 15–19 years age group, males suicided at a rate of 11.8 deaths per 100 000 people and females suicided at a rate of 7.8 deaths per 100 000 people. The rate for people aged between 20 and 24 was higher, almost double the rate, for males at 22.5 per 100 000; and slightly lower for females at 6.7 per 100 000.

![Figure 9.15: Deaths from suicide among young people, 15–24 years](source: Young Australians: their health and wellbeing 2011, AIHW.)
Application
The health of young people

Working in small groups, choose a fact sheet from Reach Out then use the information to create and perform a scenario or role play in which a group of young people help a friend to overcome a difficult time.

Risk factors and protective factors for mental health problems

Risk factors are the individual attitudes and or behaviours that make the occurrence of a disease more likely. These can be modifiable or non-modifiable.

Protective factors are the networks, personal skills, laws/policies, health services and environmental factors that protect children and young people from difficult or harmful events.

Table 9.5 summarises the risk factors and protective factors for mental health problems in young people.

| TABLE 9.5 Risk factors and protective factors for mental health problems in young people |
|-----------------|-----------------|
| **Risk factors** | **Protective factors** |
| Modifiable       |                               |
| • Unemployment   | • Strong personal support networks that function in good times and bad |
| • Low level of education | • Personal skills based around assertiveness, resilience, coping, decision making, problem solving and conflict resolution |
| • Geographic location — rural/metro | • Laws regarding age limits; for example, work, minimum years of schooling, marriage, sexual consent, driving, alcohol consumption and anti-discrimination laws |
| • Difficulty with issues of sexuality | • Access to health services and the development of health literacy skills by schools, such as Kids Help Line, school counsellors, health pamphlets and government health internet sites |
| • Low self-esteem | • Education of the community and professionals who deal with young people |
| • Social alienation | • Societal and cultural norms that aim to protect young people from self-harm; for example, censorship and classification restrictions |
| • Access to firearms — rural males | • Participation of young people in community decision making to enhance feelings of connectedness; for example, student representative council |
| • Incarceration | • Adequate nutrition to allow for full physical and mental development |
| • Family breakdown | • Positive school environments where students feel they can achieve and are free of bullying |
| • Substance abuse | • Economic security that fosters optimism for the future |
| • Sexually abused as a child | • Completion of year 12 or other educational qualification |
| • Low socioeconomic status | • Government paid youth allowance |

Non-modifiable

• Migrant background
• Aboriginal and Torres Strait Islander background
• Gender
• Family history of mental illness

Young people most at risk of mental health problems and illnesses are:

• the unemployed or economically disadvantaged
• students who leave school prematurely
• individuals with Aboriginal or Torres Strait Islander backgrounds
• rural males
• females
• LGBTIQ youth
• individuals who experience incarceration or the juvenile justice system
• long-term drug users
• individuals who experience habitual bullying or harassment
• individuals who act as a carer for parents or siblings with disabilities.

### TABLE 9.6 Mental health determinants

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Family disharmony or changes in family values</td>
<td>• Higher rates of unemployment especially in rural areas</td>
<td>• Geographical location — rural versus metropolitan areas</td>
</tr>
<tr>
<td>• Redefining of the typical family structure</td>
<td>• Low level of education</td>
<td>• Remoteness leading to social isolation</td>
</tr>
<tr>
<td>• Peer expectations that are positive or negative</td>
<td>• Slow economic growth</td>
<td>• Access to health services</td>
</tr>
<tr>
<td>• Media stereotypes</td>
<td>• Low socioeconomic status</td>
<td>• Access to the latest technology</td>
</tr>
<tr>
<td>• Cultural and religious expectations/beliefs that conflict with society norms</td>
<td>• Workplace contracts</td>
<td>• Adequate supply of nutritious food and water</td>
</tr>
<tr>
<td>• Racist and discriminatory attitudes by some groups in society, such as</td>
<td>• Move towards economic globalisation</td>
<td>• Pollution; for example, noise, air, water</td>
</tr>
<tr>
<td>homophobia</td>
<td>• Move towards more part-time and casual work rather than full-time work</td>
<td>• Overcrowding or inadequate housing in rented premises</td>
</tr>
<tr>
<td>• National benchmarks for literacy and numeracy</td>
<td></td>
<td>• Lack of adequate infrastructure</td>
</tr>
</tbody>
</table>

#### 9.2.2 Body image

The terms **body image** and body concept can be considered as having the same meaning. Body image is dynamic and refers to the mental picture we create of ourselves. It is linked to the feelings we have about our bodies and it can be positive or negative. These feelings can either promote greater self-confidence and self-esteem or erode it.

**Factors that influence body image**

The media and society in general must accept responsibility for bombarding young people with unrealistic body images that encourage them to conform. The portrayal of each gender in the media is very narrow and the representations of an ‘ideal’ body type can become a source of depression for those unable to change what has been genetically predetermined. This is also thought to contribute to the development of eating disorders and a distorted body image.

The factors that influence the development of body image (whether negative or positive) are:

1. stereotypes created by society,
2. acceptance or rejection by the family or siblings
3. cultural heritage — obesity can be a sign of wealth in some cultures, for example
4. stereotypes portrayed in the media
5. school and peers
6. an individual’s level of fitness.

**Disordered eating patterns and eating disorders**

Our society idealises certain body images or shape and the media perpetuates phobias about weight. Many people responding to surveys consider themselves overweight, when in fact they are in the normal weight range. Young people aged 19 to 24 who lead busy lifestyles are more prone to missing breakfast, skipping lunches, eating too little or not eating a balanced diet. These irregular eating patterns lack satisfactory nutrition and result in unhealthy habits, which may become lifelong.

Dieting does not cause an eating disorder, but developing rigid and unhealthy rules for dieting, unhealthy concerns about weight loss and body size or shape, and placing too much importance on your self-worth being tied to your physical appearance are risks for developing body image disorders.
Several different types of eating disorders exist, including anorexia nervosa, bulimia nervosa and compulsive overeating or binge eating.

**Anorexia nervosa**

Anorexia nervosa is an emotional disorder characterised by severe weight loss (or failure to gain weight for some young people). Anorexics may resort to severe calorie reduction, compulsive exercising, over-the-counter or prescription dieting aids, diuretics or laxatives, or abstain from eating to lose weight. This self-induced starvation eventually leads to the anorexic individual having no desire to eat at all and the body virtually shutting down. It has psychological origins, as anorexics develop a distorted body image and have a morbid fear of becoming fat. Some anorexics believe that control over their eating habits can give them control over their own destiny, if that is something that has been taken away from them. Other individuals become anorexic out of fear of reaching maturity or as a result of low self-esteem. The long-term effects of this illness include amenorrhoea, sterility, osteoporosis, heart disease and, if not treated, death.

According to Professor Pierre Beaumont of the Department of Psychological Medicine, University of Sydney, ‘anorexia nervosa is the most common serious disease of adolescent girls and young women . . . After obesity and asthma, it is the most common disease in this population group and it is a much more deadly condition than either of the others’.
Anorexia nervosa is most common in females (90 per cent of anorexics being female) and the middle to upper classes aged between 12 and 30 years. In the 15–19 years age group, one in 200 girls suffers from anorexia nervosa. In New South Wales, about 5000 people suffer from the disease and 400 new cases are reported every year. The mortality rate is between 10 per cent and 20 per cent.

**Bulimia nervosa**

Bulimia nervosa is characterised by episodes of overeating or binge eating at least twice a week for three months or more, followed by behaviour such as self-induced vomiting, fasting or excessive use of laxatives to control weight. Bulimics can be of normal weight, so it can be harder to identify them and provide help.

Bulimics have an extreme concern about body shape. This can be accompanied by other symptoms, such as depressed moods and negative self-talk or thoughts, and impulsive behaviours, such as shoplifting and substance abuse. The behaviour becomes an outlet for frustration, disappointment, anger, loneliness or boredom. Prolonged bulimia contributes to the development of long-term health problems such as poor metabolism, ulcers and a damaged oesophagus.

It is believed that 20–30 per cent of women aged 18 to 26 are bulimic and one in six tertiary students has bulimia.

**Compulsive overeating or binge eating**

People who develop a binge-eating disorder experience episodes of uncontrolled eating of large quantities of food but without the purging that characterises bulimia nervosa. After binge eating, they suffer feelings of guilt, embarrassment and self-loathing.

Individuals most at risk of developing a binge-eating disorder have low self-esteem, are unhappy with their body size, feel anxious or do not easily express their needs and feelings.

**Obesity**

Generally, if an individual has a BMI (body mass index) above 30, he or she is considered to be obese. A person’s BMI can be calculated using the following formula:

\[
\text{BMI} = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}
\]

(Note that this is not the only method of determining obesity, so it should be used with caution.)

A person with a BMI of 25–30 is considered to be overweight. Obese individuals are more likely to suffer emotional disorders, which can coexist with psychological illnesses such as self-harm, depression, substance abuse and compulsive disorders. The development of low self-esteem, a need to be accepted or an inability to cope with emotions and personal issues can lead to this chronic overeating problem. During childhood, overeating can become a refuge from loneliness, insecurity and social alienation, or it can be a reaction to a traumatic life experience or relationship breakdown.

Data from the AIHW from 2015 suggests that 33 per cent of young Australians aged 12–24 were overweight or obese. Obesity is higher among Indigenous young people.

**Muscle enhancement techniques**

Young males are becoming increasingly conscious of body image. Boys as young as 11 have been reported to be on self-imposed restrictive diets to alter body composition. Sports magazines and some women’s magazines (particularly those that feature male fashion models and celebrities) perpetuate stereotypes that put pressure
on young males to diet and to work out at gyms to achieve a 'six-pack' and muscular definition. There are problems associated with excessive weight training alone, which can damage growth plates in bones. Added to this, some young males not satisfied by what has been genetically predetermined are resorting to illegal substances to achieve greater muscular hypertrophy. Hypertrophy is the enlargement of muscle fibres in response to exercise.

In a Sydney University study, it was found that 11.6 per cent of boys surveyed considered themselves too thin and 30.5 per cent of boys wanted to be a little or a lot heavier. The National Drug Research Institute estimated that 50,000 Australians aged between 15 and 30 were abusing steroids. The actual use has most likely been underestimated, as many individuals would not admit to the use of illegally obtained anabolic steroids. In Australia, the possession and use of anabolic steroids is illegal unless prescribed by a doctor for medical reasons. Their use by competitors in most sports is banned. The side effects of steroid use in young people can include the stunting of growth, liver problems, hair loss, headaches, acne, sleeplessness, heart conditions, mood swings and depression. There are also serious risks of HIV and hepatitis infection if a steroid user shares needles to inject the drug.

**Application**

Research a health promotion initiative

Examine a health promotion initiative or organisation that promotes positive body image such as the Butterfly Foundation.

1. Outline the message that is the main focus.
2. Personally reflect on its effectiveness in dealing with the issue of body image. Report back to the class.

**Risk factors and protective factors for issues of body image**

Table 9.7 summarises the risk factors and protective factors for body image issues.

<table>
<thead>
<tr>
<th>TABLE 9.7 Risk factors and protective factors for body image issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong></td>
</tr>
<tr>
<td>Modifiable</td>
</tr>
<tr>
<td>• Low self-esteem</td>
</tr>
<tr>
<td>• Profession; for example, jockey</td>
</tr>
<tr>
<td>• Specific sports such as gymnastics, dance, diving and events with weight classes</td>
</tr>
<tr>
<td>• Sexually abused</td>
</tr>
<tr>
<td>• Personality type — highly competitive or compulsive</td>
</tr>
<tr>
<td>• Social alienation</td>
</tr>
<tr>
<td>• Development of social construct and sex stereotyping by society; for example, masculinity and femininity</td>
</tr>
<tr>
<td>• Personal history of substance abuse</td>
</tr>
<tr>
<td>• Physical inactivity</td>
</tr>
<tr>
<td>• Cultural background</td>
</tr>
<tr>
<td>• Availability of fast food</td>
</tr>
<tr>
<td>• Dissatisfaction with own body image</td>
</tr>
<tr>
<td>Non-modifiable</td>
</tr>
<tr>
<td>• Age</td>
</tr>
<tr>
<td>• Gender</td>
</tr>
<tr>
<td>• Family history of mental illness</td>
</tr>
</tbody>
</table>
TABLE 9.8 Determinants for body image issues

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Family eating and exercise patterns</td>
<td>• Low level of health literacy/education</td>
<td>• Geographic location — rural versus metropolitan areas</td>
</tr>
<tr>
<td>• Family disharmony</td>
<td>• Expectations of profession or sport</td>
<td>Access to health services</td>
</tr>
<tr>
<td>• Peer acceptance/rejection</td>
<td>• School environment; for example, positive or negative</td>
<td>Availability of the latest medical treatments</td>
</tr>
<tr>
<td>• Genetic factors</td>
<td>• Disposable income that allows for the purchase of steroids</td>
<td></td>
</tr>
<tr>
<td>• Media stereotypes such as sporting and fashion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dieting fads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Religious beliefs towards exercise/participation in sports that can be either positive or negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cultural attitudes towards food intake</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Young people who are most at risk of body image problems are:
- individuals who feel they have no control or have lost control of their lives
- professional dancers, ballerinas and gymnasts
- sexually abused individuals or people who have experienced major trauma
- girls aged 15 to 19, but also those as young as eight
- individuals who are having difficulty dealing with puberty
- individuals with low self-esteem
- highly competitive types
- individuals of Aboriginal, Torres Strait and Pacific Islander descent
- individuals dissatisfied with their body image
- victims of sustained bullying.

9.2.3 Alcohol consumption

In many countries it is common for alcohol to be consumed as part of social gatherings, religious festivals, celebrations and during periods of grief (funerals).

Nature of the issue

Alcohol is widely consumed by many Australians and has a number of potential benefits. However, the harmful use of alcohol continues to take a huge toll on the health and well-being of Australian communities, families and especially young people.

Alcohol consumption includes drinking in low risk, risky, high risk and binge-drinking quantities (see table 9.9).

Binge drinking occurs when alcohol is consumed at a high level over a short period of time, or drinking continues over a number of days or weeks. It results in immediate and severe intoxication, with young people taking greater risks or becoming more vulnerable in dangerous situations. Common side effects include hangovers, headaches, nausea and vomiting.

TABLE 9.9 Risks involved in alcohol consumption

<table>
<thead>
<tr>
<th>Risk</th>
<th>Alcohol consumption for males</th>
<th>Alcohol consumption for females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk</td>
<td>• An average of no more than four standard drinks a day and no more than 28 standard drinks over a week</td>
<td>• An average of no more than two standard drinks a day and no more than 14 standard drinks over a week</td>
</tr>
<tr>
<td></td>
<td>• Not more than six standard drinks during any one occasional heavy drinking day</td>
<td>• Not more than four standard drinks during any one occasional heavy drinking day</td>
</tr>
<tr>
<td></td>
<td>• One or two alcohol-free days per week</td>
<td>• One or two alcohol-free days per week</td>
</tr>
</tbody>
</table>

(Continued)
### Extent of the issue

The *Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances* in 2014 report indicated that the older young people were, the more likely they were to drink. In the survey, 4 per cent of 12-year-olds said they had consumed alcohol in the previous week but for 17-year-olds this figure climbed to 36 per cent.

However, rates of drinking among young people are in decline. The survey showed that among 12- to 17-year-old students drinking (by all measures: in the past seven days, past month and in their lifetime) was significantly less common than in 2011 and 2008. This was the case especially among younger students. In 2008, 17 per cent indicated that they were current drinkers, but in 2014 that figure had reduced to 8 per cent.

A study by the Centre for Alcohol Policy Research at Melbourne’s La Trobe University, which surveyed the drinking habits of Australians over 18 years of age, also found that that young people now were drinking less, in terms of quantity, than previous generations — approximately half the amount that they consumed, on average, ten years ago. In addition, the National Drug Strategy Household Survey (NDSHS) of 2016 found that 82 per cent of teenagers abstain from drinking alcohol entirely, up from 72 per cent in 2013.

### Risk factors and protective factors for alcohol consumption

Table 9.10 summaries the risk factors and protective factors for alcohol consumption.

**Table 9.10** Risk factors and protective factors for alcohol consumption

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable</strong></td>
<td>Strong personal support networks</td>
</tr>
<tr>
<td>Early exposure at home or work</td>
<td>Personal skills based around assertiveness, resilience, coping, decision making, problem solving and conflict resolution</td>
</tr>
<tr>
<td>Easy access or availability</td>
<td>Laws regarding age limits such as work, minimum years of schooling, sexual consent, driver licensing, supply of alcohol to minors, alcohol consumption and anti-discrimination laws</td>
</tr>
<tr>
<td>Older siblings who use or supply</td>
<td>Access to health services, information and the development of health literacy skills by schools; for example, Kids Help Line, school counsellors, health pamphlets and government health websites</td>
</tr>
<tr>
<td>Poor mental health</td>
<td><strong>Low level of education</strong></td>
</tr>
<tr>
<td>Limited recreational and entertainment opportunities in some areas</td>
<td><strong>Geographic location — rural/metro</strong></td>
</tr>
<tr>
<td>Cultural expectations</td>
<td><strong>Difficulty with sexuality issues</strong></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
</tr>
<tr>
<td>Low level of education</td>
<td></td>
</tr>
<tr>
<td>Geographic location — rural/metro</td>
<td></td>
</tr>
<tr>
<td>Difficulty with sexuality issues</td>
<td></td>
</tr>
</tbody>
</table>

Groups of young people most at risk of health problems due to alcohol consumption are:
TABLE 9.10 Risk factors and protective factors for alcohol consumption (Continued)

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low self-esteem</td>
<td>• Education of the community and professionals who deal with young people such as the responsible service of alcohol by pub and club staff</td>
</tr>
<tr>
<td>• Social alienation</td>
<td>• Society and cultural norms that aim to protect young people from self-harm; for example, finding alternate sponsorship for sporting events, curfews and lock-out laws and alcohol-free areas and events for young people</td>
</tr>
<tr>
<td>• Family breakdown or disharmony</td>
<td>• Government health initiatives that raise awareness by young people such as ‘What are you doing to yourself?’</td>
</tr>
<tr>
<td>• Poly drug use; for example, tobacco, cannabis</td>
<td>• Crossroads programs run at schools to educate senior students of the dangers of alcohol and road use</td>
</tr>
<tr>
<td>• Sexually abused</td>
<td></td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
<td></td>
</tr>
<tr>
<td>• Low academic achievement</td>
<td></td>
</tr>
<tr>
<td>• Victim of bullying</td>
<td></td>
</tr>
<tr>
<td>• Family mobility</td>
<td></td>
</tr>
<tr>
<td>Non-modifiable</td>
<td></td>
</tr>
<tr>
<td>• Migrant background</td>
<td></td>
</tr>
<tr>
<td>• Aboriginal and Torres Strait Islander background</td>
<td></td>
</tr>
<tr>
<td>• Gender</td>
<td></td>
</tr>
<tr>
<td>• Family history of poor mental health</td>
<td></td>
</tr>
<tr>
<td>• Parent/sibling with a disability or a mental health issue</td>
<td></td>
</tr>
</tbody>
</table>

- the unemployed or underemployed
- the socioeconomically disadvantaged
- individuals with a high disposable income
- individuals suffering stress or depression
- individuals with easy access to alcohol
- individuals who use other drugs such as tobacco or cannabis
- victims of sexual abuse or major trauma
- males in rural and remote areas.

TABLE 9.11 Determinants for alcohol consumption

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Socially acceptable drug</td>
<td>• Disposable income</td>
<td>• Geographical location; for example, remote, rural and city areas</td>
</tr>
<tr>
<td>• Family attitudes and parental consumption levels</td>
<td>• Unemployment or underemployment</td>
<td>• Limited exposure to health messages in remote areas</td>
</tr>
<tr>
<td>• Access to alcohol in the family home</td>
<td>• Alcohol-sponsored sporting or social events such as cricket</td>
<td>• Access to support services such as Alcoholics Anonymous</td>
</tr>
<tr>
<td>• Peer acceptance</td>
<td>• Wide availability of alcopops, which make it easier to disguise the taste of the alcohol</td>
<td>• Limited recreational opportunities in some areas</td>
</tr>
<tr>
<td>• Religious beliefs that prohibit or include alcohol</td>
<td></td>
<td>• Association with gambling; for example, racing or poker machines</td>
</tr>
<tr>
<td>• Cultural attitudes; for example, a rite of passage or associated with most celebrations, birthdays, weddings, anniversaries or winning</td>
<td></td>
<td>• Longer opening hours for pubs and clubs</td>
</tr>
<tr>
<td>• Popular youth cultures that encourage consumption at harmful levels</td>
<td></td>
<td>• Cheaper drinks for females to fill venues</td>
</tr>
<tr>
<td>• Media stereotypes</td>
<td></td>
<td>• Larger venues for clubs and pubs</td>
</tr>
<tr>
<td>• Strong association between alcohol and sporting events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOPIC 9  The health of young people
Inquiry
Researching an area of concern
Use the reports *Australia’s health 2016* and the *National Drug Strategy Household Survey (NDSHS) 2016* to access more information and data on alcohol consumption. Present the data in table or graph form.

Resources
- Weblink: Australia’s health 2016

Application
Analysing a health promotion program
Research a current or recent health promotion program aimed at reducing alcohol consumption by young people. List the organisation responsible for running the program, its approach to the problem, its methods of advertising, and the resources provided for individuals and their family and friends. Present your findings as a presentation for the class.

study on
- Option 1 > Question 2 > Topic 1 > Concept 2
  - Alcohol consumption — nature and extent Summary screen and practice questions

study on
- Option 1 > Question 2 > Topic 1 > Concept 3
  - Alcohol — risk factors and protective factors Summary screen and practice questions

study on
- Option 1 > Question 2 > Topic 1 > Concept 4
  - Alcohol — sociocultural, socioeconomic and environmental determinants Summary screen and practice questions

study on
- Option 1 > Question 2 > Topic 1 > Concept 5
  - Alcohol — young people most at risk Summary screen and practice questions
9.2.4 Violence

Violence can take many forms and includes physical bullying, sexual assault, sexual harassment, homophobic vilification and domestic abuse. It can occur because of an imbalance of power due to physical size, age or group numbers, or due to differences in emotional maturity.

General nature

Increasing levels of violence are depicted in the media and computer games, which can to some extent desensitise people to the seriousness and the effects of violence. The rise of trolling and verbal abuse online have also been linked to an increase in bullying by young people online.

- Bullying can be physical, emotional or verbal. Males tend to use physical bullying — that is, punching or kicking. Females tend to use psychological bullying, such as name calling and exclusion. Bullying can be experienced anywhere — at school, online, in the workplace or in the home.
- Sexual assault is against the law. The term includes non-consensual intercourse, rape and gang rape. Perpetrators of sexual assault aim to inflict harm or assert power over the victim. Short-term effects for the victim might include physical injuries, contraction of an STI, feelings of guilt, loss of self-esteem or pregnancy. Long-term effects can include difficulties in maintaining normal sexual relationships, self-harm behaviours or depression. Laws are in place to protect victims and to punish the perpetrators of sexual assault.
- Sexual harassment is also punishable by law. It might result from an imbalance of power and includes unwanted verbal comments or suggestions, physical gestures of a sexual nature, name calling, displaying of sexually explicit images or text messages, and obscene phone calls or online contact. It can occur in person or online, at school, work, in pubs, clubs and in sporting areas.
- Homophobic vilification results from an irrational fear or lack of tolerance towards LGBTIQ individuals. It can be expressed verbally or physically. Victims can suffer physical injuries and psychological damage, which can lead to depression or feelings of isolation or insecurity. This may, in turn, lead to self-harm or even suicide if no support is given or no action is taken against the discrimination.
- Domestic abuse is violence associated with the family or home environment. The factors involved can be sociological (gender stereotypes), cultural (clash between old and new ways), environmental (overcrowding in the home) or physiological factors (differences in ages of siblings). Domestic abuse can be physical, social, sexual or psychological. It can also be perpetuated through different generations of families.
- Cyberbullying, online harassment and threatening behaviour — including hate speech, trolling, threats of violence, and the spreading of sexual images and revenge porn — are forms of online violence that are growing in occurrence. This kind of violence is sometimes fueled by an online mob mentality and the increased, but often false, feeling of anonymity that some online forums claim. The aggressive tone and purposeful humiliation of others by some online ‘celebrities’ also helps to create an attitude in some young people that their own threatening or abusing behaviour online is creating ‘entertainment’ or is just ‘banter’.

Extent of the impact

Generally there has been an increase in violence against young people, and some discernible trends in violence against young people and who perpetrates it. Studies suggest that up to one in four school students suffer a form of bullying each week. Most sexual assaults are committed by males against a known victim and go unreported. In 2014, it was estimated by a study conducted by the University of New South Wales that one in every five young Australians between the age of eight and 17 experience some kind of cyberbullying in a year, with nearly 80 per cent of those between the ages of 10 and 15.
Risk factors and protective factors for violence

Table 9.12 summarises the risk factors and protective factors for violence in young people.

<table>
<thead>
<tr>
<th>TABLE 9.12 Risk factors and protective factors for violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
</tr>
<tr>
<td>Modifiable</td>
</tr>
<tr>
<td>• Geographic location — remote/rural/metro</td>
</tr>
<tr>
<td>• Low self-esteem or poor social skills</td>
</tr>
<tr>
<td>• Social alienation or isolation</td>
</tr>
<tr>
<td>• Incarceration</td>
</tr>
<tr>
<td>• Family breakdown or disharmony</td>
</tr>
<tr>
<td>• Substance abuse</td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
</tr>
<tr>
<td>• Overcrowded housing conditions</td>
</tr>
<tr>
<td>• Poor infrastructure; for example, transport</td>
</tr>
<tr>
<td>• Societal and cultural attitudes that are more</td>
</tr>
<tr>
<td>accepting of violence</td>
</tr>
<tr>
<td>Non-modifiable</td>
</tr>
<tr>
<td>• Migrant background</td>
</tr>
<tr>
<td>• Aboriginal and Torres Strait Islander background</td>
</tr>
<tr>
<td>• Gender</td>
</tr>
<tr>
<td>• LGBTIQ identification</td>
</tr>
<tr>
<td>• Family history of mental illness or domestic violence</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Groups of young people most at risk in relation to violence are:
• males, especially those who consume alcohol at harmful levels
• females
• the LGBTIQ community
• individuals in rural and remote areas
• individuals of Aboriginal and Torres Strait Islander background living in remote areas
• individuals of low socioeconomic status
• individuals with low self-esteem
• individuals exposed to the juvenile justice system or incarceration
• individuals who have experienced a history of domestic violence or family history of mental illness.

<table>
<thead>
<tr>
<th>TABLE 9.13 Determinants for violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociocultural</td>
</tr>
<tr>
<td>• Early exposure to domestic violence</td>
</tr>
<tr>
<td>• Family disharmony</td>
</tr>
<tr>
<td>• Desensitising of society to violence</td>
</tr>
<tr>
<td>• Media stereotypes that perpetuate violence in movies and sport</td>
</tr>
<tr>
<td>• Peer acceptance</td>
</tr>
<tr>
<td>• Cultural acceptance</td>
</tr>
<tr>
<td>• Social constructs of masculinity</td>
</tr>
<tr>
<td>• Exposure to periods of juvenile incarceration</td>
</tr>
<tr>
<td>• Aggression accepted as part of some sports</td>
</tr>
<tr>
<td>• Drug use</td>
</tr>
</tbody>
</table>
Inquiry
Researching an area of concern
Find out more about the incidence of youth violence in the Australian community. The SBS weblink in the Resources tab is a useful starting point. Create a summary of your findings.

Application
Analysing a health promotion program
Research a current or recent health promotion program aimed at reducing violence among young people. List the organisation responsible for running the program, its approach to the problem, the methods of advertising, and the resources provided for individuals and their family and friends. Present your findings as a multimedia presentation for the class.

9.2.5 Road safety
Risk taking can occur at a conscious or subconscious level. It can also be positive or negative. An example of positive risk taking is being involved in sporting activities that develop fitness and social skills, but have the potential for some injury. Negative risk taking is when the result of thrill seeking, copycat stunts imitating friends or YouTube ‘celebrities’ or antisocial behaviour may be long-term disability, injury or death. A sense that ‘it won’t happen to me’ is often the cause of most risk-taking behaviours.

Motor vehicle accidents and young people
The most common causes of motor vehicle accidents involving young people relate to poor perception of risks, driver fatigue, thrill seeking, inexperience and environmental hazards. Young people are often injured as passengers because they tend to drive with friends as a social activity. As a group, young people also tend to be more mobile and independent, which puts them at greater risk of injury as pedestrians, especially if alcohol or other drugs have been consumed or distractions such a mobile phones come into play.

Young drivers take risks in motor vehicles by not wearing seatbelts, running red lights, using their phones, allowing too many passengers in the car, driving at high speeds or driving under the influence of a drug.

Extent of impact
Motor vehicle accidents represent the greatest cause of unintentional death and injury in young people. Male death rates are higher than female death rates. Hospital admission rates for males are three times that of females. Indigenous young people and young people in rural areas are more likely to be involved in motor vehicle accidents than non-Indigenous young people and those in urban areas. The higher rates relate to differences in road conditions, higher speed limits and distances travelled in rural and remote areas.
Risk factors and protective factors for road safety

Table 9.14 summarises risk factors and protective factors for road safety.

<table>
<thead>
<tr>
<th>TABLE 9.14</th>
<th>Risk factors and protective factors for road injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong></td>
<td><strong>Protective factors</strong></td>
</tr>
<tr>
<td><strong>Modifiable</strong></td>
<td>• Personal skills based around assertiveness, decision making and problem solving</td>
</tr>
<tr>
<td>• Alcohol consumption, particularly for drivers of motor vehicles and pedestrians</td>
<td>• Laws regarding driver licensing, speed limits, phone use, breath testing and alcohol consumption; for example, 0 BAC for P plate drivers, three year P plate</td>
</tr>
<tr>
<td>• Using mobile phones while driving</td>
<td>• Access to driver education programs such as U turn the Wheel, and the increase in the number of hours and experiences required on L plates</td>
</tr>
<tr>
<td>• Lack of driver experience</td>
<td>• Community-based initiatives; for example, Driver Reviver stops, courtesy buses and free soft drinks for designated drivers</td>
</tr>
<tr>
<td>• Driver fatigue, especially for young people with part-time jobs</td>
<td>• Improvements to roads; for example, dual carriageways, roundabouts, speed cameras and the identification of road black spots</td>
</tr>
<tr>
<td>• Poor road design; for example, no roundabouts or traffic lights at busy intersections</td>
<td>• Society and cultural norms that aim to protect young people from self-harm such as curfews in some rural towns and alcohol free communities/areas and events for young people</td>
</tr>
<tr>
<td>• Geographic location — rural areas have higher speed limits and more dirt roads in comparison with metropolitan areas</td>
<td>• Improvements in the safety features of motor vehicles; for example, air bags, ABS brakes, side intrusion bars</td>
</tr>
<tr>
<td>• Risk-taking behaviours such as not wearing a seatbelt or driving at high speeds</td>
<td>• Increased media attention</td>
</tr>
<tr>
<td>• High performance vehicles</td>
<td>• Lobbying by groups to make changes to improve driver education and licensing conditions for young people</td>
</tr>
<tr>
<td>• Poor infrastructure — a lack of adequate alternative transport forces young people to use cars more often, especially in isolated areas</td>
<td>• Government initiatives such as double demerits for holiday periods</td>
</tr>
<tr>
<td>• Poly drug use; for example, cannabis, tobacco, alcohol</td>
<td></td>
</tr>
<tr>
<td>• Low socioeconomic status means drivers are unable to purchase cars with safety features such as air bags or carry out proper maintenance</td>
<td></td>
</tr>
<tr>
<td>• Mobility — desire to move from one party to the next</td>
<td></td>
</tr>
<tr>
<td>• Not obeying road rules such as driving with an overcrowded motor vehicle</td>
<td></td>
</tr>
<tr>
<td><strong>Non-modifiable</strong></td>
<td></td>
</tr>
<tr>
<td>• Gender — males tend to drive more irresponsibly and this is reflected in higher insurance premiums</td>
<td></td>
</tr>
</tbody>
</table>

Groups of young people most at risk of road injuries are:

• males, especially in rural areas
• individuals with limited driving experience
• drivers of high performance vehicles
• individuals affected by alcohol or cannabis
• individuals who work late at night or are affected by fatigue
• individuals from low socioeconomic backgrounds who cannot afford to maintain their vehicle properly
• females, generally as passengers.
TABLE 9.15 Determinants for road safety

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer influence</td>
<td>• Car ownership is more affordable; for example, easy finance</td>
<td>• Car design and technology such as air bags</td>
</tr>
<tr>
<td>• Drug usage</td>
<td>• Government funding for road improvements can depend on the economic climate and must be prioritised</td>
<td>• Geographic location — rural versus metropolitan</td>
</tr>
<tr>
<td>• Media stereotypes such as The Fast and Furious</td>
<td>• Low levels of participation in driver education programs</td>
<td>• Distance between entertainment venues</td>
</tr>
<tr>
<td>• Popular youth cultures that encourage risk taking; for example, burn outs, street racing by ‘hoons’</td>
<td>• Many jobs require young people to be on the road more frequently and at all times of the day and night</td>
<td>• Differences in weather conditions</td>
</tr>
<tr>
<td>• The need for mobility and independence</td>
<td>• Rates of car ownership are much higher in recent years</td>
<td>• Use of technology such as speed cameras</td>
</tr>
<tr>
<td>• High levels of social networking by younger generations</td>
<td></td>
<td>• Improvements in road surfaces and design; for example, roundabouts, dual carriageways, overhead walkways</td>
</tr>
</tbody>
</table>

Inquiry

Researching an area of concern

Use the AIHW report (Trends in serious injury due to road vehicle traffic crashes, Australia: 2001 to 2010) to find out more information and data on risk taking and road-related injuries. Present the data in table or graph form.

Application

Analysing a health promotion program

Research a current or recent health promotion program aimed at road-related injuries. List the organisation for running the program, its approach to the problem, its methods of advertising, and the resources provided for individuals and their family and friends. Present your findings as a multimedia presentation for the class.

Resources

Weblink: AIHW

study on

Option 1  Question 2  Topic 1  Concept 6

Road safety — nature and extent  Summary screen and practice questions

study on

Option 1  Question 2  Topic 1  Concept 7

Road safety — risk factors and protective factors  Summary screen and practice questions
9.2.6 Sexual health

Sexual health includes illnesses and conditions relating to sexual orientation, sexual exploration, sexual behaviour, pregnancy, abortion and sexually transmitted infections (STIs).

General nature

- The term sexual orientation is often used to describe a person's patterns of sexual attraction, for example, they may be same-sex attracted or attracted to the opposite sex or attracted to both. Gender identity and sexual orientation is a hot topic of discussion in the community and media outlets, and recently this has begun to extend beyond traditional discussion of 'gay or straight' to broader gender issues, such as issues affecting intersex people (who are born with bodies that do not physically or genetically fit the typical definitions of male or female) and transgender people (whose sense of gender identity does not match their birth gender). Some young people are uncertain of their sexual orientation and may go through a distressing and confusing time if they lack support or are discriminated against. Some young people arrive at a better understanding of their sexual orientation only after a period of sexual exploration.
- Sexual exploration can involve brief relationships with the same or the opposite sex and can include kissing, petting, fantasising, masturbation, oral sex and sexual intercourse. Exploration allows young people to understand their sexual identity and how the body works.
- Sexual behaviour is influenced by family attitudes, cultural beliefs, society’s expectations and role models. Sexual activity may begin early in adolescence or be delayed if a person chooses to remain celibate.
- Pregnancy and parenting in young people is often the result of sexual inexperience or a lack of knowledge of contraception and the menstrual cycle. Some young people choose pregnancy to satisfy the need to feel loved and be secure. A few might seek the short-term financial gain of the baby bonus or the government’s parenting payments for single mothers. Pregnancy can result in the discontinuing of education or employment, and young people find themselves forced to consider issues of future parenting, adoption or termination of the pregnancy. Young people dealing with a pregnancy require strong support networks while they cope with their own maturation.
- Abortion is the removal of the foetus from the uterus through medical interventions (drugs or surgical procedures). The decision to terminate a pregnancy may be linked to the mother’s and the family’s values and attitudes, the circumstances of conception (consensual or due to rape), the father’s commitment, financial implications, society’s acceptance, and cultural and religious beliefs.
- Human immunodeficiency virus (HIV) causes an infection that can lead to acquired immune deficiency syndrome (AIDS). This breaks down the body’s immune system, which then cannot fight infections such as pneumonia or various types of cancers. This disease is life-threatening. Unprotected sexual
activity, such as the failure to use condoms, and the sharing of needles by intravenous drug users are the primary methods of transmitting HIV.

- **The blood-borne virus** hepatitis B is transmitted by infected blood or body fluids and affects the liver. Symptoms include jaundice, fatigue and nausea. Infected people become carriers of the virus. Vaccinations against the virus are available. Hepatitis C can be transmitted through the sharing of needles, tattooing, body piercing or having many sexual partners and not using a condom. Infected individuals may show no symptoms initially.

- **Sexually transmitted infections** (STIs) can cause serious illnesses, infertility and possibly death if untreated. Examples include HIV/AIDS, chlamydia, genital warts, genital herpes, pelvic inflammatory disease, gonococcal infection, syphilis, pubic lice and scabies. The risk of catching an STI is greatly reduced when a condom is used during intercourse.

**Extent of the impact**

Among young women as a group, the most common age for giving birth is 18–19 years, and the number of births to girls under 19 years of age is decreasing. This is a significant decrease on past rates of teenage births. In 1971, for example, 5.5 per cent of births were to teenage mothers, but the rate is now less than 2 per cent. The AIHW estimates that 16 per cent of induced abortions occur in the 15–19 years age group. Young women from lower socioeconomic backgrounds have a higher incidence of pregnancy and are more likely to continue with the pregnancy to full term. The ABS reports that in 2015 the birth rate for Indigenous females aged 15–19 was 58.2 births per 1000, about five times the birth rate for non-Indigenous females in that age group (11.9 births per 1000). In the 20-24 age range, the discrepancy was much higher with a rate of 127.5 per 1000 for Indigenous females, and 48 per 1000 births for non-Indigenous females.

Among young people, the incidence of HIV/AIDS is decreasing, but the incidence of blood-borne diseases is increasing. According to the report Young Australians: their health and wellbeing 2011, of the common sexually transmitted infections, chlamydia was most frequently reported (36 683 cases in 2008 in the 12–24 years age group.

**Risk factors and protective factors for sexual health**

Table 9.16 summarises the risk factors and protective factors for sexual health.

Groups of young people most at risk of sexual health problems are:

- individuals who are sexually active
- individuals who engage in sex at an early age
- females
- unemployed females
- females of low socioeconomic status
- homosexual males
- individuals who engage in unprotected sex
- individuals who consume alcohol at risky levels
- individuals who binge drink
- individuals who abuse other drugs such as cannabis
- individuals with many sexual partners
- individuals who have been sexually abused
- females with low self-esteem
- females in rural and remote areas
- females in dysfunctional family situations.
TABLE 9.16 Risk factors and protective factors for sexual health

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable</strong></td>
<td>• Strong personal support networks</td>
</tr>
<tr>
<td>• Unemployment</td>
<td>• Personal skills based around assertiveness, resilience, coping, decision making</td>
</tr>
<tr>
<td>• Low level of education/knowledge of</td>
<td>and problem solving</td>
</tr>
<tr>
<td>contraceptive methods or STIs</td>
<td>• Laws regarding minimum years of schooling, marriage, sexual consent and discrimination</td>
</tr>
<tr>
<td>• Geographic location — limited access</td>
<td>• Access to health services such as the Family Planning</td>
</tr>
<tr>
<td>to support services such as Family Planning</td>
<td>Association, health pamphlets and government health websites</td>
</tr>
<tr>
<td>• Experiencing difficulties with issues of sexuality</td>
<td>• The development of health literacy skills by schools; for example, information from health lessons on contraception/STIs and support from school counsellors and year advisers</td>
</tr>
<tr>
<td>• Low self-esteem</td>
<td>• Training for community workers and professionals who deal with young people who can then refer them to other services</td>
</tr>
<tr>
<td>• Family breakdown</td>
<td>• Society and cultural norms that aim to protect young people from self-harm; for example, abstinence or celibacy</td>
</tr>
<tr>
<td>• Substance abuse; for example, cannabis</td>
<td>• Teenage mothers in school programs that allow young mothers to continue their education</td>
</tr>
<tr>
<td>• Sexual abuse — rape</td>
<td>• Collecting statistics that allow health authorities to measure the incidence and prevalence of HIV/AIDS and STIs so that health promotions can be targeted</td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
<td>• Immunisation programs that protect females from contracting the human papilloma virus (HPV)</td>
</tr>
<tr>
<td>• Cultural/religious beliefs that encourage or discourage the use of contraception</td>
<td>• Advances in the treatment of HIV/AIDS and STIs</td>
</tr>
<tr>
<td>• Cultural/religious beliefs that encourage or discourage the concept of sex before marriage such as celibacy</td>
<td></td>
</tr>
<tr>
<td>• Alcohol consumption</td>
<td></td>
</tr>
<tr>
<td>• Engaging in unprotected sex</td>
<td></td>
</tr>
<tr>
<td>• Having many sexual partners</td>
<td></td>
</tr>
</tbody>
</table>

| Non-modifiable                       |                                        |
| • Gender                             |                                        |

TABLE 9.17 Determinants for sexual health

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer pressure</td>
<td>• Low socioeconomic status</td>
<td>• Access to family planning services</td>
</tr>
<tr>
<td>• Early age of sexual experience</td>
<td>• Unemployment</td>
<td>• Immunisation programs such as for the human papilloma virus</td>
</tr>
<tr>
<td>• Media stereotyping</td>
<td>• Knowledge of safe sex practices and</td>
<td>• Improved access to condoms; for example, vending machines</td>
</tr>
<tr>
<td>• Religious beliefs that accept or reject contraception</td>
<td>contraception</td>
<td>• Improved medical treatment</td>
</tr>
<tr>
<td>• Cultural expectations about sex and marriage</td>
<td>• Sex education taught in</td>
<td>• GPs more willing to prescribe the morning after pill</td>
</tr>
<tr>
<td>• Family values</td>
<td>schools under tight restrictions and acceptance of cultural diversity</td>
<td></td>
</tr>
<tr>
<td>• Popular youth orientated magazines for girls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inquiry

Researching an area of concern

Find out more information and data on issues related to sexual health. Present the data in table or graph form. The Red Aware and Heath Direct weblinks in your Resources may assist.
Application

Analysing a health promotion program

Research a current or recent health promotion program related to sexual health, such as contraception, seeking help for STIs or preventing the spread of viruses such as HIV or the impact of underage people being able to access to sexually explicit material online. List the organisation responsible for running the program, its approach to the problem, the methods of advertising, and the resources provided for individuals and their family and friends. Present your findings as a multimedia presentation for the class.

9.2.7 Other relevant and emerging health issues

Some factors that can impact on young people’s health do not fit easily into the categories we discussed in the previous sections, but have growing relevance in contemporary Australian society. Examples we will consider are gambling, cyberbullying, party crashes and drink spiking.

9.2.8 Gambling

Gambling becomes a health issue for young people when it is a significant part of their lives, leads them into heavy debt, and affects their mental and physical health and relationships. The initial thrill of gambling on a machine, a race or a card game can quickly be replaced by anxiety when the practice becomes an addiction. The opportunities for young people to engage in gambling have increased over the last decade with the wide availability of gaming machines and sports gambling outlets in clubs and hotels, and the popularity of online gambling sites.

Nature

Gambling is one of the oldest traditions of many societies. Individuals bet on the outcomes of games, events or sporting contests. In modern times gambling has been extended to include all types of technology, such as poker machines and online gaming. People can bet infrequently, such as on the Melbourne Cup, or become addicted to gambling and suffer financial hardship or destroy personal relationships.

Extent

Gambling statistics for young people are not widely researched. However, statistics cited by the Victorian Responsible Gambling Foundation, a Victorian State Government authority, suggest that eight in every ten teenagers have engaged in some form of gambling in the last year. They also estimate that, on average, 3–4 per cent of teenagers have a gambling problem. The growing concern about young people gambling is associated with the rise of gambling advertising, which has led to greater normalisation of gambling in society, especially gambling on sports. Research also shows that one in five adults with a gambling problem began gambling as a young person, before they turned 18.
Risk factors and protective factors for gambling

Table 9.18 summarises the risk factors and protective factors for gambling.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable</strong></td>
<td></td>
</tr>
<tr>
<td>• Unemployment</td>
<td>• Personal skills based around assertiveness, resilience, coping, decision making and problem solving</td>
</tr>
<tr>
<td>• Low level of education</td>
<td>• Laws regarding poker machine limits, age limits when entering licensed premises, gambling warnings on machines and alcohol consumption limits</td>
</tr>
<tr>
<td>• Geographic location — rural/metro</td>
<td>• Access to government and privately run health services such as gambling helplines</td>
</tr>
<tr>
<td>• High disposable income</td>
<td>• Education of the community and professionals who deal with young people at risk</td>
</tr>
<tr>
<td>• Low self-esteem</td>
<td>• Health promotion initiatives that warn of the dangers of gambling</td>
</tr>
<tr>
<td>• Substance abuse</td>
<td>• Economic security</td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
<td>• Full employment</td>
</tr>
<tr>
<td>• Early exposure</td>
<td>• Involvement in community projects or sporting/social groups that limit time available to gamble</td>
</tr>
<tr>
<td>• Family history of problem gambling</td>
<td></td>
</tr>
<tr>
<td>• Personality type; for example, compulsive</td>
<td></td>
</tr>
<tr>
<td>• Sudden change in economic circumstance</td>
<td></td>
</tr>
<tr>
<td>• Cultural acceptance; for example, gambling is popular in many Asian cultures</td>
<td></td>
</tr>
<tr>
<td>• General acceptance by society, such as betting on the Melbourne Cup</td>
<td></td>
</tr>
<tr>
<td>• Easy access to gambling at home on the internet</td>
<td></td>
</tr>
<tr>
<td>• Association of sport and gambling; for example, betfair.com and the cricket, Centrebet and football games</td>
<td></td>
</tr>
<tr>
<td><strong>Non-modifiable</strong></td>
<td></td>
</tr>
<tr>
<td>• Migrant background</td>
<td></td>
</tr>
<tr>
<td>• Family history of poor mental health</td>
<td></td>
</tr>
<tr>
<td>• Gender — males gamble more frequently</td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td></td>
</tr>
</tbody>
</table>

Table 9.19 Determinants for gambling

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer influence</td>
<td>• Disposable income</td>
<td>• Access to gambling venues is higher in metropolitan areas</td>
</tr>
<tr>
<td>• Family acceptance</td>
<td>• Unemployment or underemployment</td>
<td>• Emergence of larger pubs, clubs and casinos with indoor and outdoor gambling areas for smokers</td>
</tr>
<tr>
<td>• Family history of problem gambling</td>
<td>• Low socioeconomic status</td>
<td>• Online gambling</td>
</tr>
<tr>
<td>• Media advertising that encourages having a bet</td>
<td>• Fluctuation in income</td>
<td>• Increase in the number of casinos; for example, one in each state and territory</td>
</tr>
<tr>
<td>• Cultural attitudes</td>
<td>• Economic security</td>
<td>• Poker machines now becoming like computer games to attract young people</td>
</tr>
<tr>
<td>• Link between sport and gambling</td>
<td>• Low level of education</td>
<td>• Linking of machines for jackpots</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Greater variety of machines and games for gambling</td>
</tr>
</tbody>
</table>

Groups of young people most at risk of gambling are:

- the unemployed
- individuals of a low socioeconomic background
- individuals with a disposable income
- those recently retrenched or experiencing sudden financial difficulty
- 18- to 24-year-old males
- individuals with compulsive personalities
- smokers and individuals who consume alcohol
• individuals whose culture accepts gambling
• socially alienated — online gambling
• individuals with a family background of problem gambling.

9.2.9 Cyberbullying

The dangerous aspects of evolving technologies and social networking sites have gained extensive media attention in recent years. The ease with which false, abusive or incriminating information about a person can be spread through a social group, a community or across the world has led to new forms of cyber crime that are difficult for authorities to tackle.

Nature

Bullying is the deliberate psychological, emotional and/or physical harassment of one person by another person, or a group. Cyberbullying is bullying that uses an electronic carrier service such as a phone, website or messaging services, text/video messaging, chat rooms and school or community websites.

Extent

Cyberbullying is generally considered to be underreported, but research has shown the following trends and figures.
• A study by Bully Zero in 2016–17 revealed that 30 per cent of 9–17 year olds were bullied online in the last year.
• In 2015, the Kids Helpline summary of services identified cybersafety and bulling issues as a major area of growing concern for young people. This included nearly 3000 referrals to Kids Helpline from cybersafety and anti-bullying websites. For sessions run in schools by Kids Helpline, 16 per cent of all sessions were booked to specifically discuss cyberbullying and online safety.

Risk factors and protective factors for cyberbullying

Table 9.20 summarises the risk factors and protective factors for cyberbullying.

Groups of young people most at risk of cyberbullying are:
• individuals of low socioeconomic status
• individuals perceived as different or new
• individuals with high or low academic achievement
• individuals with some type of physical disability
• LGBTIQ youth
• individuals with culturally diverse backgrounds.

<table>
<thead>
<tr>
<th>TABLE 9.20 Risk factors and protective factors for cyberbullying</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk factors</strong></td>
</tr>
<tr>
<td>Modifiable</td>
</tr>
<tr>
<td>Low socioeconomic status</td>
</tr>
<tr>
<td>Low self-esteem</td>
</tr>
<tr>
<td>Being perceived as different/new or alternative in your ways of thinking</td>
</tr>
<tr>
<td>High achievement</td>
</tr>
<tr>
<td>Family mobility</td>
</tr>
</tbody>
</table>

(Continued)
### TABLE 9.20 Risk factors and protective factors for cyberbullying (Continued)

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-modifiable</td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td>• Knowledge of rights; police and school responsibilities related to bullying</td>
</tr>
<tr>
<td>• Gender</td>
<td>• Education of the family, community and professionals who deal with young people such as police visits to schools</td>
</tr>
<tr>
<td>• Having a disability</td>
<td>• Education about all the functions of your device and services available from your internet provider and social media sites, such as blocking or reporting particular people and knowing how to take screenshots of threatening messages</td>
</tr>
<tr>
<td>• LGBTIQ identification</td>
<td>• Limiting the number of friends you keep in contact with on social media and refusing friend requests from strangers</td>
</tr>
<tr>
<td>• Cultural background</td>
<td>• Maintaining security of passwords</td>
</tr>
<tr>
<td>• Aboriginal and Torres Strait Islander background</td>
<td>• Access to Cybersmart, the government’s online cybersafety program</td>
</tr>
<tr>
<td>• Previous history of being bullied</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 9.21 Determinants for cyberbullying

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Society’s acceptance</td>
<td>• Low socioeconomic status</td>
<td>• Access to technology such as the internet and mobile/smart phones or tablets</td>
</tr>
<tr>
<td>• Peer influence</td>
<td>• Low level of education</td>
<td>• Geographical location; for example, affluence of areas</td>
</tr>
<tr>
<td>• Media stereotypes</td>
<td>• Parental employment</td>
<td>• Access to health services that help deal with the problem, such as Kidscape</td>
</tr>
<tr>
<td>• Cultural background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Religious beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Society’s expectations of masculinity and femininity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low socioeconomic status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Low level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Parental employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Access to technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Internet and mobile/smart phones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Geographical location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Affluence of areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Access to health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• That help deal with the problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Such as Kidscape</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 9.2.10 Party crashes

When a party is ‘crashed’, what some people perceive as a harmless prank or entertainment can quickly escalate into a violent confrontation, with consequences for individuals, neighbours and communities.

**Nature**

Party crashing occurs when individuals known as gatecrashers attend a social gathering to which they have not been invited and refuse to leave when asked. The information regarding parties is distributed via text message or online.

**Extent**

Few reliable statistics are available other than what is reported in the media and the response of the police in developing new strategies to combat the problem.

**Risk factors and protective factors for party crashes**

Table 9.22 summarises the risk factors and protective factors for party crashes.

Groups of young people most at risk of party crashing are individuals:

- looking for peer acceptance
- inexperienced in the organisation of large social events.
TABLE 9.22 Risk factors and protective factors for party crashes

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable</strong></td>
<td></td>
</tr>
<tr>
<td>• Poor planning — written invitations not issued to restrict numbers who can attend</td>
<td>• Strong personal support networks; for example, inviting trusted adults to monitor the party or hire professional security guards</td>
</tr>
<tr>
<td>• Venue is easy to access by outsiders and difficult to supervise by adults</td>
<td>• Personal skills based around planning, conflict resolution, assertiveness, decision making and problem solving</td>
</tr>
<tr>
<td>• Wide use of technology by young people; for example, mobile/smart phones and internet</td>
<td>• Laws regarding noise, trespass, supply of alcohol to minors and alcohol consumption</td>
</tr>
<tr>
<td>• Gang rivalry</td>
<td>• Access to police services and internet information; for example, how to register a party with the police and how to plan a safe party</td>
</tr>
<tr>
<td>• A limited number of entertainment options for young people in a particular area</td>
<td>• Government health initiatives that raise awareness in young people of alcohol-related issues, such as ‘Don’t turn a night out into a nightmare’</td>
</tr>
<tr>
<td>• Cultural disharmony in a community</td>
<td></td>
</tr>
<tr>
<td><strong>Non-modifiable</strong></td>
<td></td>
</tr>
<tr>
<td>• Age</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 9.23 Determinants for party crashes

<table>
<thead>
<tr>
<th>Sociocultural</th>
<th>Socioeconomic</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Media influence</td>
<td>• Occurs regardless of level of employment, education or income</td>
<td>• Metropolitan areas because of population numbers</td>
</tr>
<tr>
<td>• Peer influence</td>
<td></td>
<td>• Areas that have limited access to entertainment venues for young people under 18</td>
</tr>
<tr>
<td>• Low level of parental supervision</td>
<td></td>
<td>• Ready access to communication technology</td>
</tr>
<tr>
<td>• Apps and sites that facilitate message exchange or fuel notoriety such as YouTube or Snapchat</td>
<td></td>
<td>• Alcohol-free zones in parks force young people to find other areas</td>
</tr>
<tr>
<td>• Desire to be accepted by others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9.2.11 Drink spiking

The deliberate spiking of a person’s drink can have serious consequences for the perpetrator, including a criminal conviction, and serious safety and health consequences for the victim.

**Nature**

Drink spiking occurs when alcohol or any drug such as a depressant, hallucinogen or stimulant is added to an individual’s drink without their knowledge or consent. Depending on the drug used, the individual may suffer any of the following within 15 to 30 minutes of swallowing the drug: memory loss, nausea, intoxication, vomiting, passing out, dizziness, paralysis, lethargy, hallucinations, blurred vision or seizures. Many cases of drink spiking are pranks, but more serious cases include sexual assault and intent to rob or physically assault a victim.

**Extent**

The statistics are difficult to collect and can sometimes merely reflect greater awareness and reporting. While many cases of drink spiking go unreported, the Australian Institute of Criminology (AIC) found in 2002–03 there were approximately 178 reported cases in New South Wales, 82 cases in South Australia, 70 cases in the ACT, 51 cases in Victoria, 210 cases in Western Australia, 31 cases in the Northern Territory, 30 cases in Queensland and eight cases in Tasmania. The AIC also reports the following statistics regarding drink spiking:
• 4 out of 5 victims were female
• half of drink spiking victims were under 24
• approximately one-third of drink spiking incidents reported to police involved sexual assault
• 83 per cent involved no associated crime
• 66 per cent of incidents occurred at a nightclub, bar or park
• 13 per cent of incidents occurred in the victim’s or offender’s house
• 10 per cent of perpetrators were apprehended by police.

<table>
<thead>
<tr>
<th>Age</th>
<th>Drink spiking incidents (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16 years</td>
<td>3</td>
</tr>
<tr>
<td>16–24 years</td>
<td>48</td>
</tr>
<tr>
<td>25–34 years</td>
<td>33</td>
</tr>
<tr>
<td>35–44 years</td>
<td>12</td>
</tr>
<tr>
<td>Over 45 years</td>
<td>4</td>
</tr>
</tbody>
</table>

**Source:** Australian Institute of Criminology, ‘National project on drink spiking: investigating the nature and extent of drink spiking in Australia’, November 2004.

**Risk factors and protective factors for drink spiking**

Table 9.25 summarises risk factors and protective factors for drink spiking.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable</strong></td>
<td>• Strong personal support networks that encourage young people to look out for each other</td>
</tr>
<tr>
<td></td>
<td>• Personal skills based around assertiveness, decision making and problem solving</td>
</tr>
<tr>
<td></td>
<td>• Laws regarding responsible service, consent, supply of alcohol to minors and alcohol consumption</td>
</tr>
<tr>
<td></td>
<td>• Access to health services and information such as Kids Helpline, school counsellors, health pamphlets and government health websites</td>
</tr>
<tr>
<td></td>
<td>• Education of the community and professionals who deal with young people; for example, the responsible service of alcohol by staff at pubs and clubs</td>
</tr>
<tr>
<td></td>
<td>• Government health initiatives that raise awareness by young people, such as ‘Don’t turn a night out into a nightmare’</td>
</tr>
<tr>
<td></td>
<td>• Drink testing kits</td>
</tr>
<tr>
<td><strong>Non-modifiable</strong></td>
<td>• Age — 16- to 24-year-olds report most incidents</td>
</tr>
<tr>
<td></td>
<td>• Gender — females are targeted most frequently, but males are also victims at times</td>
</tr>
</tbody>
</table>

Groups of young people most at risk of drink spiking are:
• individuals who consume alcohol
• poly drug users
• females
• individuals aged 16 to 24 years
• individuals living in metropolitan areas.

<table>
<thead>
<tr>
<th>TABLE 9.26</th>
<th>Determinants for drink spiking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sociocultural</strong></td>
<td><strong>Socioeconomic</strong></td>
</tr>
<tr>
<td>- Media stereotypes that desensitise individuals to the harmful effects of alcohol</td>
<td>- Occurs regardless of level of employment, education or income</td>
</tr>
<tr>
<td>- Peer acceptance; for example, playful pranks</td>
<td>-</td>
</tr>
<tr>
<td>- Acceptance as a part of popular youth culture; for example, binge drinking</td>
<td>-</td>
</tr>
<tr>
<td>- Religious beliefs that prohibit the consumption of alcohol — limits risk</td>
<td>-</td>
</tr>
<tr>
<td>- ‘It won’t happen to me’ attitude by most young people</td>
<td>-</td>
</tr>
</tbody>
</table>

9.3 What skills and actions enable young people to attain better health?

**CRITICAL QUESTION**

What skills and actions enable young people to attain better health?

9.3.1 Building positive self-concepts

The syllabus requires students to learn to analyse programs that aim to develop positive self-concepts. Lists of possible programs are included in this section as examples. Students should not feel restricted to these, but should endeavour to research other appropriate programs.

A number of health-promoting programs are operated by the New South Wales Department of Health that are aimed at building positive self-concepts for young people in three key areas: self-worth, healthy body image and self-efficacy in personal skills. Self-efficacy is a person’s degree of confidence in being able to carry out a particular task. Some of these are listed below.

• Your Room NSW (Drug and alcohol information)
• Play Safe (sexual health)
• Youth on Track (early intervention for young people at-risk of long-term criminal offending)
• Safe Aboriginal Youth: SAY (safe transport and support for young Aboriginal people)
• School-Link Program (helping adolescents with depression and related disorders)
• CAMHS (specialist childhood and adolescent mental health services)
• Get Healthy (fitness and healthy lifestyle)
• Fresh Tastes: NSW Healthy School Canteen Strategy
• Make Healthy Normal (healthy eating and disease prevention)
Application
Health promotion
Research one health-promoting program listed above (or another run by the NSW government) that aims to enhance young people’s self-concepts. Use the following questions as a guide for your research.
1. What are the goals of the project?
2. Who is the target audience?
3. What are the main messages?
4. How could the program assist young people to develop positive self-worth, a healthy body image or self-efficacy in personal skills?
Begin your research by using the NSW Health weblink in your Resources tab, or by doing a Google search using key words.

9.3.2 Developing a sense of connectedness
Young people are an integral part of society and the future. Governments and the local community are becoming increasingly aware of the valuable contribution young people can make when they are allowed to participate in the decision-making process. By developing policies and providing young people with opportunities that encourage responsibility, the community can develop a sense of connectedness, which promotes good health for all.

Connectedness with the community
When a person feels a sense of belonging to an organisation or group of individuals then they share a common set of values, beliefs and sense of purpose. Young people need to feel they are a valuable resource in their community. By being made to feel part of the community, young people are more likely to:
- express concern for community members and work towards supporting the community as a whole
- respect the differences that make us all individual
- value the benefits of cooperating to achieve common goals such as safety for all
- develop interpersonal skills.

Being part of the community allows young people to access the expertise and support that is available through many adults. The support may be in the form of mentor programs, access to facilities and resources, or financial grants. A sense of connectedness with the community will lead young people to appreciate the value of older generations.

Positive interpersonal relationships
Positive interpersonal relationships allow individuals to relate effectively with one another to avoid conflicts. They are based on respecting differences in people and valuing the ability to coexist with others. The trend towards residing in larger cities has led to greater anonymity, alienation and fracturing of family life. This is adversely affecting young people’s skills in developing positive interpersonal relationships.
Application
Self-concept and connectedness skills

Read the following scenario and answer the question below.

Bianca is a year 11 student who has lately become withdrawn. She rarely calls her friends and doesn’t want to socialise. Bianca has been very unhappy since an incident of bullying occurred at school two months ago. She is also a highly skilled state soccer player, but no longer plays due to an injury. However, Bianca still loves the game and watches her younger sister’s team play each weekend.

Analyse the scenario above and propose a five-step plan of action that would develop Bianca’s self-concept and connectedness with the community.

Application
Leadership opportunities for young people

Contact the youth officer at your local council and make a list of the programs aimed at developing leadership and citizenship skills in young people in your community. Alternatively, examine what is being done in your own school. Present and discuss your findings with the class.

Supportive networks

Throughout all stages of life, support networks function to promote good health. These networks may be informal (for example, friendships) or more formal (for example, the family, school or support groups for specific illnesses). Support networks can also include programs and government agencies.

Identifying the need for support

A young person may need their support network when they show the physical, social, mental or emotional symptoms of being unable to cope with circumstances. In the case of stress, a young person may display symptoms that are:

- physical — muscle aches, headaches, stomach in knots, fatigue, elevated heart rate, loss of appetite or overeating
- social — withdrawal, substance abuse or aggressive behaviour towards others
- mental — low self-esteem, inability to concentrate or negative self-talk
- emotional — constant feelings of anxiety or fear, rapid mood swings or persistent worrying.

If young people are aware of these symptoms, they are usually able to recognise that they have a potential problem and can therefore do something about it. Otherwise, they may enter a state of denial and be reluctant to seek help or accept help when it is offered.
Inquiry
The need for support
1. Consider a common health problem experienced by young people (relevant to one of the major health issues) and identify the indicators that demonstrate help is needed.
2. Research and create a list of appropriate sources of help. Include sources both online and in your local area.

Seeking help for self and others
Help is available through:
- schools, TAFEs and universities via counsellors or year advisers
- community groups
- area health clinics
- doctors and medical centres
- church groups such as Anglicare
- private groups such as women’s refuges
- government departments and websites, such as Youth NSW (www.youth.nsw.gov.au)
- telephone and online at Kids Helpline and other support organisations.

Receiving support
The various types of support available are:
- counselling — advice and guidance
- financial assistance — for example, Youth Allowance or Austudy
- accommodation — emergency and long term
- legal advice
- employment placement
- medical — for example, free STI screening.

<table>
<thead>
<tr>
<th>TABLE 9.27 Overcoming barriers to support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barriers to support</strong></td>
</tr>
<tr>
<td>Fear of being seen as different or being labelled, stigmatised or judged</td>
</tr>
<tr>
<td>Fear of repercussions</td>
</tr>
<tr>
<td>Socialisation of young males to feel they must solve problems by themselves</td>
</tr>
<tr>
<td>Creation of stereotypes; for example, only sexually promiscuous young people get STIs</td>
</tr>
<tr>
<td>Health information not always available in all languages and doctors for specific ethnic groups not easily located</td>
</tr>
<tr>
<td>Fragmentation of the family through divorce; most relatives not in the same suburb</td>
</tr>
</tbody>
</table>

(Continued)
TABLE 9.27 Overcoming barriers to support (Continued)

<table>
<thead>
<tr>
<th>Barriers to support</th>
<th>How to overcome the barriers to support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor health literacy and not knowing where to seek advice</td>
<td>Schools need to develop programs and curriculums that move towards becoming more health-promoting.</td>
</tr>
<tr>
<td>Beliefs and values of different cultural groups; for example, a young person engaged in premarital sex may be alienated by the family</td>
<td>Provide culturally sensitive health and counselling services. Specific ethnic support groups also need to be created.</td>
</tr>
<tr>
<td>Parental expectations; for example, a young person who has engaged in unsafe sex and contracted an STI may not seek help</td>
<td>Establish programs to educate parents about the problems faced by young people.</td>
</tr>
<tr>
<td>Geographical isolation or lack of transport in low socioeconomic areas</td>
<td>Lobby governments for improved infrastructure.</td>
</tr>
<tr>
<td>Young people’s belief that they can ‘handle it’</td>
<td>Educate young people about professional support networks.</td>
</tr>
</tbody>
</table>

**Establishing a mentor relationship**

Many successful people will admit to having a mentor of one type or another. Mentors use the benefit of their knowledge and experiences to guide younger people. Mentors widen a person’s perspective on how to deal with problems or make suggestions about possible solutions. Young people are strongly urged to develop a mentor relationship at school, in the community or in the workplace to fast-track learning.

**9.3.3 Developing resilience and coping skills**

An individual’s ability to cope with life’s ups and downs directly influence his or her level of health. Young people especially need to develop the skills and actions that promote resilience. This resilience improves when an individual’s mental responses to situations reflect a positive outlook on life.

**Seeing problems in perspective**

Every day, we face problems; it is a natural part of living. There are some problems that are relatively minor and can be solved quickly, while others can cause complete devastation and take many years to overcome. Stress develops in young people when they think they can control all the factors in their lives.

Having a good self-image and self-esteem can help a person to see the positive aspects of any problem. Each problem should be viewed as an opportunity to demonstrate resourcefulness, initiative, determination, creativity and, most importantly, to develop resilience. These are personal life skills that are essential to maintaining good health in young people. It is important for young people to see a problem in perspective and understand that many people in society face far greater problems than they do.

**Positive thought habits**

Positive thoughts are important in maintaining good self-esteem. A positive approach enables a young person to see alternatives and see beyond the problem to the future. It elevates self-confidence, as the person believes in his or her own ability to overcome the challenge. The development of negative thoughts causes people to
enter a downward spiral that can make them look for the ‘bad’ elements in any situation. When something bad does happen, they are then able to say, ‘See I knew something bad was going to happen’. Negative thoughts narrow perspectives and are counterproductive.

<table>
<thead>
<tr>
<th>TABLE 9.28</th>
<th>Types of thought we can have</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td><strong>Negative</strong></td>
</tr>
<tr>
<td>Rational thoughts about what you can do and what is just beyond your control</td>
<td>Irrational thoughts that are unrealistic and highly subjective</td>
</tr>
<tr>
<td>Optimistic thoughts that have a sense that some good will eventually come from the situation</td>
<td>Pessimistic thoughts by individuals who see themselves as victims of circumstance</td>
</tr>
<tr>
<td>High self-efficacy thoughts that reflect a belief in your own ability to plan and deal with events</td>
<td>Low self-efficacy thoughts that doubt you have the ability to change anything</td>
</tr>
</tbody>
</table>


**Distancing and disengaging**

To cope with stress, people sometimes need to distance themselves from situations. Distancing lets a person step back and have the space and time to consider alternatives. The individual may discover that there is a humorous side to the whole dilemma. By disengaging (a process of letting go of one’s personal or emotional involvement with a situation or belief), a person can realise that the issue is not personal and that other people are likely to be experiencing the same problem elsewhere.

Sometimes, by taking a break, the subconscious is able to work on relieving the stress. For example, ‘sleeping on it’ can sometimes be a very good approach to a problem. When the emotions are aroused, we can experience intense feelings of frustration or anger, which can be detrimental to health.

Disengaging also allows individuals to seek out others to help resolve the stress and to possibly share the burden. At school, conflicts can often be resolved by counsellors, year advisers or peer mediators.

**Developing a sense of purpose**

When an individual has goals and plans for the future, they develop a sense of purpose. By remaining positive they can see that their development as an adult relies on experiences that improve life skills, such as healthy decision making, problem-solving ability, coping skills and the attainment of knowledge.

**Recognising and rewarding personal success**

When faced with stressful circumstances, the mental promise of a reward at the end can keep a person focused on dealing with the stressor in a positive way. It can improve self-esteem and self-confidence in dealing with future similar events. A material reward, such as a new article of clothing, might also help recognise the achievement in personal growth.

**Inquiry**

Personal coping processes

Design a flow diagram that represents your own personal process for coping with stressful circumstances, such as going for a driving licence test.

1. Explain the benefits of following such a process.
2. Identify the coping skills you have used in this process.
3. Rank these skills in order of importance.

**Arguing constructively**

Intense arguing can lead to high levels of stress and anxiety, resulting in physical responses such as elevated blood pressure, headaches and nausea. When people argue, they try to defend a point of view or belief. Often in arguments, the point of view or belief can become lost as people are forced to defend themselves, usually
verbally but sometimes physically. When individuals run short of points, they then descend into personal attack and the language of ‘put-downs’ to score points over their opponent.

To argue constructively, a person needs to:

• not use the language of put-downs or blame others
• focus on the problem and not be distracted by other side issues
• avoid personal attacks
• think before speaking and choose words carefully
• be aware of the tone of voice being used
• be aware of the body language being used (for example, the pointing of a finger can be seen as threatening)
• be aware of their emotional state and take a break if needed
• not lay blame or criticise others
• find an appropriate time to express an opinion.

Arguing constructively can be beneficial in relieving the stress that accumulates inside a person when issues are not resolved.

**Negotiation and compromise**

**Negotiation** is a process in which two or more parties rationally discuss a problem and, through compromise, come to an agreement that adequately satisfies the needs of all those involved. Negotiation and compromise result in a win–win situation. Both parties feel somewhat satisfied by the result and are more likely to abide by the agreement. Students often feel they are not included in the decision-making process that affects their lives at school. Negotiation and compromise will enhance self-worth and give them a sense of empowerment and equality.

**Conflict resolution**

An inability to resolve conflict generates a high level of stress and makes it difficult to maintain positive interpersonal relationships. Conflicts usually arise over:

• needs and wants — whose should be met first
• opinions and ideas — who is right
• qualities — who or what is the best.

**TABLE 9.29** Steps to resolving conflict (the CUDSAIR model)

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Illustrative skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1: Initiate the cooperative problem-solving process.</td>
<td>Confront the problem. Owning the existence of the problem, deciding whether or not to confront, keeping calm, picking a proper time and place, asserting that the problem exists, inviting cooperation in problem solving.</td>
</tr>
<tr>
<td>Step 2: Defuse emotions, clarify positions, clear up misunderstandings.</td>
<td>Understand one another’s perspectives. Expressing feelings, reasons and requests assertively; owning responsibility for your contribution, sticking to the issues, using honest positives, using listening and showing understanding skills, turning a deaf ear to negative statements, admitting to and altering misperceptions.</td>
</tr>
<tr>
<td>Step 3: Arrive at mutually acceptable definition of problem.</td>
<td>Avoiding unfair fight tactics, identifying common ground, identifying hidden agendas, identifying specific actions that sustain the problem, stating the problem clearly and simply</td>
</tr>
<tr>
<td>Step 4: Generate and assess solution.</td>
<td>Search for and assess solutions. Generating solutions, assessing solutions rationally</td>
</tr>
</tbody>
</table>

(Continued)
**TABLE 9.29** Steps to resolving conflict (the CUDSAIR model) (Continued)

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Illustrative skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 5: Agree upon a win–win or no-lose solution and state it clearly.</td>
<td><strong>Agree upon the preferred solution.</strong> Making compromises and concessions, stating agreements clearly</td>
</tr>
<tr>
<td>Step 6: Back up words with action, to build and maintain trust.</td>
<td><strong>Implement the solution.</strong> Keeping your word, avoiding overreacting to non-compliance</td>
</tr>
<tr>
<td>Step 7: Ensure solution works in best interests of both partners.</td>
<td><strong>Review implementing the solution.</strong> Renegotiating rather than breaking agreements, modifying and changing agreements when necessary, returning to earlier steps of the CUDSAIR model if new problems emerge</td>
</tr>
</tbody>
</table>


Being empathic

Using an empathic (or empathetic) approach to problem solving means that an individual is more aware of another person’s thoughts, feelings and needs. When people have empathy, they are able to respect each other’s rights and points of view. For example, a young person at school may be suffering depression as a result of trying to come to terms with a family break-up. Their behaviour may then become unpredictable and out of character. If peers take pleasure in tormenting the individual to provoke a reaction, life can become unbearable. This person is suffering from poor mental health and must deal with the problems in their life. By being empathic, young people can show genuine concern for another’s welfare and this will help towards finding a solution.

**Inquiry**

**Problem solving**

Explain how social problem-solving skills can be used in responding to a health issue relevant to young people.

**Application**

**Resilience and coping skills**

Read the following scenario and answer the question below.

Joe is a year 12 student who recently ended his relationship with his girlfriend of two years. Since the break up he has missed a lot of school and did not submit two assessment tasks. His friends have tried to talk to him, but he becomes very aggressive and says ‘nothing matters any more’.

Analyse the scenario and propose a five-point plan of action that would help Joe develop the skills of resilience and coping in this situation. Also explain your role as his friend.

9.3.4 Developing health literacy and accessing skills

Children and young people make up nearly 40 per cent of the total population. The habits they develop while growing up should be ones that promote good health throughout their lifetime. Schools, therefore, have an important role in providing health literacy. Health literacy is the ability to understand and interpret health information and use it to promote and maintain good health. The role of the school is to:

- provide accurate information and present it at the appropriate developmental stage of the child in a safe and supportive environment
- dispel myths
- provide a cost-effective method of following up national and state health-promotion campaigns
• develop, through the school curriculum, important health skills, such as problem solving, decision making and interacting
• identify individual students’ needs and obtain specialised assistance if needed
• address students’ specific health concerns
• be sensitive to cultural values in the community
• be aware of the current health issues affecting young people
• provide an interface with the community for joint projects such as ‘Jump Rope for Heart’.

In Australia, the Health Promoting Schools project, which became the Australian Health Promoting Schools Association (AHPSA) before merging with the Australian Council for Health, Physical Education and Recreation (ACHPER), was established in the 1990s, to develop students’ health literacy through integrating quality teaching strategies with the school ethos and environment, and create partnerships with the wider community (see figure 9.19).

*FIGURE 9.20* A model for implementing the Health Promoting Schools approach


**Inquiry**

**The health-promoting school**

1. Using figure 9.19, critically analyse how your school is currently developing the health literacy of students in terms of:
   (a) the curriculum, teaching and learning
   (b) the school ethos and environment
   (c) community partnerships and services.
2. Justify the role the school plays in developing the health literacy of young people.
9.3.5 Developing communication skills

It is not always easy to communicate what we think or feel to others and this is particularly true for young people, so it is important that they develop their skills in this area. When we communicate we share information with others. This communication can be both verbal and non-verbal and helps us to create connections with others. These connections then develop into relationships that can be positive or negative. Increasingly, our communication occurs electronically, a medium in which it is hard to convey tone, an important part of human interaction. Online communication also sometimes gives the impression of anonymity that might empower some people to communicate inappropriately thinking they won’t receive any repercussions or be discovered, although this is never really the case.

To develop effective communication skills, young people need to consider the following:

• Take the time to organise thoughts and feelings before you begin to communicate, especially if a topic has painful memories or stirs up strong emotions of anger. If necessary, write down your thoughts and feelings first.

• Seek advice from a trusted friend or adult on how to approach a person or subject. You may even need to delay communication until you have calmed down.

• Understand that some people have a shy or passive personality that makes it more difficult for them to speak and so they may need more time or encouragement to communicate effectively.

• Remember that communication is a two-way street and it involves active listening rather than passive listening. Passive listening involves little thought or processing. Young people need to analyse what is being said by taking note of the message, tone of voice used and body language.

• Make sure verbal messages match the non-verbal messages and don’t conflict. For example, pointing a finger at someone while talking can be very aggressive or intimidating and escalate a minor misunderstanding.

• Check that the correct message has been received by asking the other person to repeat important parts of the information back to you. (Who hasn’t at least once got the time, date or venue mixed up when meeting friends?)

• Use the appropriate language and tone for the situation. In formal interviews or discussions the language needs to be free of jargon or slang words.

• Assess your environment and delay communicating in environments that are noisy or full of distractions.

• Be aware that when we communicate using means that aren’t face to face, such as texting, emails and online, our message may not always be received as intended or be sent by the person we think.

9.3.6 Accessing health services

Young people are extremely fortunate in being able to access a large range of health services. These health services can include public and private hospitals, specialists, GPs, health centres, specific illness clinics and emergency accommodation. Medicare, the national health insurance scheme, allows relatively free access to most of these services, although private health insurance provides greater choice and reduced waiting times.

Young people may also choose to access health information and support services by telephone or online. For sensitive issues young people may find this an excellent starting point as it can be done anonymously and at no cost. When making contact, young people need to ensure the information they receive is from a reputable organisation such as Kids Helpline or from a government department such as NSW Health, so that they can be sure the information they receive is accurate and unbiased.

It is important for young people to have strategies to overcome any barriers that may prevent them from accessing health services. Examples of strategies are shown in table 9.30.
### Application

#### Accessing health services

Read the following scenario and answer the question that follows.

Rachel and Daniel have been in a relationship for six months. Recently they were invited to a party held by a friend of Daniel's older brother. They didn't think it would be a problem because they had met him once before and he seemed lots of fun. While at the party they suddenly became very intoxicated and went upstairs because they felt unwell. Rachel and Daniel don't remember much of the night, but Rachel is sure she remembers several boys in the room before she passed out. Daniel also doesn't remember much of what happened. Rachel thinks their drinks were spiked.

Analyse the scenario above and suggest a course of action to be taken by both Rachel and Daniel. Consider which health services and authorities they should contact and what questions they both may need to ask.

### 9.3.7 Community service and involvement

There are many ways for young people to become involved in serving their community. As an unpaid volunteer they may:

- help raise funds for charity organisations such as Red Cross or the Salvation Army
- work on environmental projects such as Landcare Australia or Clean Up Australia, which plant trees or clean up rubbish
- provide support services to the elderly and disabled via church or scout organisations, or raise awareness of health issues by supporting other young people with diseases such as cancer through projects like Camp Quality or CanTeen
- choose to be involved in the community by coaching or refereeing junior players for the different sporting organisations that are essential for the future development of sport.

Regardless of how young people contribute, involvement in the community has benefits for both the individual young person as well as the community. As an individual they may develop their feelings of self-worth by being valued and respected by older generations when they offer their time and energy. They may also
find through interacting with a wider range of people they can develop communication skills that can benefit them in their working lives. Successful young people are often linked with adults who have acted as their mentors and provided valuable support and knowledge at critical times in their lives. Indeed, when young people’s contributions are valued by the community it helps to develop their sense of belonging and purpose, both important for good mental health.

Young people also learn important self-management skills when they are involved in the planning, implementation and evaluation of community projects. Furthermore, tolerance and the valuing of compromise are skills that enhance a young person’s ability to develop empowerment and autonomy.

When young people begin to connect with their community they help to break down stereotypes that some older people have of younger people. These stereotypes are largely based on the media sensationalising the behaviour of small groups of young people who engage in risk-taking behaviours such as street racing. These stereotypes can be overcome when young people show leadership in community work and are recognised with citizenship awards such as Young Australian of the Year or community-based awards conferred at school assemblies or council meetings. Young people who are involved as leaders in their community, such as school captains or school council members, are then able to express their needs and be involved in making important community decisions through a consultation process.

The community benefits by involving their young people in many ways. Large projects can be achieved by many hands and the costs can be kept to a minimum. Landcare projects work to protect the environment for all generations and rely on all members of the community to work side by side. Young people who join volunteer-based groups such as Surf Life Saving develop life skills, but also become the future leaders of these important community organisations. Without young people these organisations would not continue to grow.

9.3.8 Creating a sense of future

The responsibility for creating a sense of future rests with both the individual and society. The individual needs to develop positive personal actions, while society needs to support these actions with appropriate programs and strategies.

Establishing a purpose

Society expects young people to perpetuate its own culture and work towards creating a future that supports continued survival. If young people lack a sense of purpose and take a negative and pessimistic view of the world, they are likely to suffer from depression and not feel able to make positive lifestyle changes that will
improve their health. By maintaining a positive frame of mind and formulating a plan for achieving goals, a young person is more likely to face the challenges of life with confidence and identify opportunities when they come.

**Inquiry**

**A sense of purpose**

Read the statements contained in the snapshot ‘Young Australians: Vision for change’ below. Critically analyse the effect that these statements would have on individuals and the community. Describe your own reactions to the statements and explain why you reacted that way.

**Application**

**Creating a positive future for young people**

Interview a group of young people about their ideas on strengthening individual and community-based strategies that will create a positive future for young people in your local area. Draft a letter that outlines your findings and present it to your local council for consideration.

**SNAPSHOT**

**Young Australians: Vision for change**

Wherever there is a social issue, there is a young person who can resolve or improve it. I believe it’s important for all young people to have this mentality. If we work towards resolving the issues we have immediate access to, and understand that there are other young people doing the same globally, then together we form an alliance, a team: One person cannot resolve the entire world’s issues. But a band of passionate and inspirational young people can.

Morgan Coleman, Foundation for Young Australians intern

I believe that young people are comfortable with change that moves humanity forward. They are a source of energy and inspiration as we adapt to new frontiers. I think the former US Attorney General Bobby Kennedy captured the potential of young people beautifully in this quote:

Our answer is the world’s hope; it is to rely on youth. The cruelties and obstacles of this swiftly changing planet will not yield to obsolete dogmas and outworn slogans. It cannot be moved by those who cling to a present which is already dying, who prefer the illusion of security to the excitement and danger which comes with even the most peaceful progress.

This world demands the qualities of youth; not a time of life but a state of mind, a temper of the will, a quality of the imagination, a predominance of courage over timidity, of the appetite for adventure over the love of ease.

[Robert Kennedy, Capetown University, South Africa 1966]

Chris Raine, Hello Sunday Morning founder

**Source:** Research, projects and partnerships to unleash the brilliance of young Australians, Foundation for Young Australians.
## Application

### Health checkup

Complete the following health survey by placing a number 1 in the appropriate column (yes or no). To understand how your health rates tally the score for column 1 and check against the rating chart on page xxx. If you are unsure of a response to a health question then place a 1 in the ‘no’ column.

**Rating your health**

<table>
<thead>
<tr>
<th>Have you ever had or do you have . . .?</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High blood pressure</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. High cholesterol or triglyceride levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pain or tightness in the chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Any heart condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Experienced unusual fatigue or shortness of breath when engaging in your usual activities, such as climbing stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Breathing difficulties or asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. A body mass index that classifies you as either overweight or obese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. A major injury or disability that prevents you from exercising on a regular basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Crohn’s disease or any disease that affects your health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Headaches on a regular basis or migraines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Back pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Rheumatic fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Any type of cancer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total score**

**Health rating chart — add the points of column 1 only**

<table>
<thead>
<tr>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total score 0–4</td>
<td>Total score 5–10</td>
<td>Total score 11–15</td>
</tr>
</tbody>
</table>

## Inquiry

### Analysing survey results

1. As a class discuss the results of the survey. What does it reveal about the general nature of the health of young people?
2. Create a table in your book or on the board and identify the positive and negative influences that would account for the results. Consider the individual, sociocultural, socioeconomic and environmental determinants.
Application
What’s harming me?

Complete the following health behaviour survey by placing a number 1 in the appropriate column (yes or no). To understand how your health behaviours rate then tally the score for column 1 and check against the rating chart below. If you are unsure of a response to a health behaviour question then place a 1 in column 2, which indicates ‘no’.

Rating your health

<table>
<thead>
<tr>
<th>Have you or do you . . .</th>
<th>Column 1</th>
<th>Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eat takeaway meals more than three times in a week</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Find it difficult getting time to regularly participate in planned exercise such as jogging, swimming or cycling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Consider yourself to be overweight or obese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Engage in restrictive dieting practices on a regular basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Regularly skip breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Become easily frustrated by other people when they do not perform to your expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Bottle up your emotions and not tell others what is really bothering you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Find it difficult to enjoy activities that in the past made you feel good and happy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Prefer to be alone most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Prefer to talk to friends online or by texting rather than communicating face to face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Find it difficult to catch up with friends for social gatherings because of school or work commitments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Look in the mirror and feel unhappy with what you see</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Think the world will be worse off in another 10 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Feel having religious beliefs is not a necessary part of your life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Been a victim of some form of bullying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Drink alcohol at levels that are classified as risky or high risk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total score: N/A

Health behaviour rating chart – add the points of column 1 only

<table>
<thead>
<tr>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–6</td>
<td>7–11</td>
<td>12–16</td>
</tr>
</tbody>
</table>

Analyse the results of column 1. For any health behaviours that are causing concern devise a three-step plan that will encourage you to adopt a more health-promoting behaviour.

For example: question 16. If you are drinking at levels that are classified as risky or high risk you could lower the risks by (a) drinking lower alcohol drinks or beers, (b) alternate alcoholic drinks and soft drinks, (c) occasionally meet friends at alcohol-free venues such as movies, bowling and rock climbing centres.
9.3.9 Actions targeting health issues relevant to young people

In this section students are required by the syllabus to evaluate a range of strategies that have been implemented by government and non-government agencies that target the two major health issues students have been analysing in detail. To give students a starting point to conduct their own research, a general overview of these strategies follows. It is essential students conduct their own research for the two health areas they have studied.

These actions can be divided into social actions, legislation and public policy, and health promotion initiatives.

Social action

Society has a responsibility in promoting the health of its young people. Besides the basic requirements of providing an adequate supply of water, food, clothing and shelter a society needs to ensure its social actions reflect the particular health needs of its young people. Social action is any deliberate activity aimed at enhancing the well-being of others and oneself by acting collectively and bringing about change.

In Australia, our society works towards improving the health of its young people in a number of ways:

- creating supportive environments; for example, by making clubs, restaurants, workplaces and transport systems smoke-free to reduce the risk of cancer; improved road design that divides oncoming traffic to reduce injuries; healthy canteens that promote more nutritious foods to help reduce obesity levels; and community centres for teenage mothers in disadvantaged areas who are at risk of poor mental health
- via Medicare, providing free access to general health services and immunisation programs such as the HPV vaccine
- providing access to specialised health services, such as local suicide prevention task forces in rural and remote areas who treat young people at risk with depression; community service officers who can allocate emergency housing or supported accommodation assistance for those suffering violence; or brain injury units to deal with victims of motor vehicle accidents
- promoting the importance of cultural diversity as a positive benefit to all Australians and developing in young people tolerance to differences
- addressing all issues of racism, harassment and discrimination so that young people are free to develop positive self-esteem and self-confidence
- strengthening community action by including more opportunities for young people to be involved in political and community decision-making in which their individual and cultural needs are expressed, resulting in them feeling more empowered
- ensuring young people are well educated and have opportunities for full employment so that their health is not limited by having a low socio-economic status
- providing access to important health information that improves young people’s health literacy; for example, how to stop the spread of STIs or the dangers of alcohol consumption
- providing 24-hour help lines, apps or web-based information for people who might prefer to access information online
- encouraging the media to provide balance when reporting events so that young people can develop a positive view of the future
- reducing the level of violence that people are exposed to on television, in online and video games, and in the movies so that fewer young people become victims of assault
- empowering youth through programs that develop leadership skills and connectedness to the community, such as Scouts, Guides, Surf Life Saving or church-run youth groups
- giving greater acknowledgement to initiatives undertaken by youth, such as Young Australian of the Year or Streamwatch programs
- developing in older generations a more sympathetic view of the problems faced by the youth of today; for example, cyberbullying, or drugs such as ecstasy and ice
- giving greater financial assistance to youth programs so that more young people can become involved.
Legislation and public policy

Australia has a wide range of legislation and public policy regarding criminal prosecution, sanitation, education, transport, finances, taxes and health. The legislation is applied through laws, rules and regulations that protect us from being harmed by others or doing harm to ourselves. For example, some laws protect us from violence from others by banning concealed weapons, while other laws protect us from ourselves by enforcing the wearing of a seatbelt in a motor vehicle. Public policies provide a direction that focuses important resources towards improving society, especially in the area of health.

Legislation

In relation to the health issues of young people this legislation can include:

• all motor vehicle laws regarding the compulsory wearing of seatbelts, banning mobile phone use while driving, passenger number limits and speeding that aim to reduce deaths and injuries
• specialised laws for young people; for example, extended L plates, restricted P plate licences, blood alcohol limits, passenger limits at certain times and restrictions on driving high performance vehicles
• the minimum age for the purchase and consumption of alcohol. Consuming excessive alcohol is strongly linked to poor mental health and increases the risk of injuries and violence.
• the minimum age for marriage and sexual intercourse, and laws governing the taking and sharing of sexualised images of young people online to protect young people who may be physically mature but emotionally immature and at risk of depression or abuse
• defining what is sexual consent. Using a drug or force can be categorised as rape and lead to criminal prosecution.
• minimum wage limits that aim to improve the financial security of young people so that they can afford nutritious food or appropriate housing, which reduces the risk of diseases
• anti-discrimination and racism laws that reduce the risk of depression and self-harming behaviours such as substance abuse or suicide
• classifying as illegal cannabis and other drugs because of the harm they do, especially to the development of the brain and the strong link to mental illnesses for young people
• compulsory food labelling which allows young people to make healthy food choices and limits the possibility of developing obesity or diabetes later in life
• workplace laws that protect young people from inhaling chemicals that may trigger an asthma attack, or working without the provision of safety equipment, such as harnesses
• smoke-free workplaces and smoke-free public transport systems that reduce the risk of developing cancer later in life
• compulsory school attendance until a minimum age so that young people have the literacy and numeracy skills to enable them to gain meaningful employment.

Public policy

The New South Wales youth policy is one example of an important public policy that aims to promote a healthy lifestyle and a safe environment for young people by:

• mainstreaming health-care services to be more responsive to young people’s needs
• establishing youth-specific and friendlier health services, including outreach services
• developing partnerships between government and non-government agencies
• improving health literacy for young people
• targeting health issues with better health promotion campaigns
• involving young people in the development, delivery and evaluation of health-care services
• conducting more research into the health needs of young people
• improving confidence in the appropriateness of health services.

Other examples of public policies include:
• healthy canteen policies in most schools that aim to move young people towards making more nutritious food choices
• ‘no hat, no play’ in most primary schools that encourages young people to protect themselves from exposure to sunlight and the development of skin cancers later in life.

Application
Researching public policy
Contact your local council and inquire if they have a youth policy or any public policies that target the health of young people; for example, the development of more recreational facilities, such as skate parks and basketball courts, for young people.

Health promotion initiatives
The federal, state and local governments, in conjunction with other non-government agencies such as the Heart Foundation, Cancer Council Australia and Asthma Australia, aim to improve the health status of young people through the various health promotion initiatives they have in place. These initiatives use a variety of strategies based on the five action areas of the Ottawa Charter (developing personal skills, creating a supportive environment, strengthening community action, reorienting health services and building healthy public policy). The strategies used included:
• raising awareness of emerging health issues; for example, the need for young women to regularly examine their breasts for any changes that may lead to breast cancer in later years, or when to get a Pap smear
• providing education and information regarding the dangers of drugs or lifestyle behaviours; for example, alcohol and speeding
• teaching important personal skills such as self-diagnosis, such as how to identify changes in the skin that may indicate a melanoma and require subsequent treatment
• raising funds to allow continued research into treatments or to provide support services; for example, Jeans for Genes Day or Red Nose Day
• changing the environmental factors that contribute to the disease; for example, allocating funding for the construction of improved roads to reduce injuries, or shade areas at swimming pools to reduce sun exposure for young people
• immunisation programs to protect young people from the spread of disease; for example, the HPV vaccine to prevent the spread of HPV
• reorienting some health services to areas of greatest need, such as health taskforces to reduce the incidence of suicide in some rural areas
• specific training for professionals who work with young people at risk; for example, guards who work in the juvenile justice system learn to diagnose the early signs of depression
• organising communities to come together to discuss important health issues and to devise strategies that will work for their situation; for example, the incidence of violence or drug taking in some regional centres has resulted in curfews, lock-outs or alcohol-free communities.

The focus for each initiative may alternate between groups of individuals; for example, teenage mothers, smokers, underage drinkers, P plate drivers or sexually active young people; or focus on communities such as Aboriginal and Torres Strait Islander peoples, or migrant groups who are at a higher risk of specific diseases such as glaucoma or obesity. The whole population may also become a focus because the health problem is across a wide range of ages and socioeconomic circumstances; for example, low levels of physical activity.

The focus often determines the medium for delivery. For larger audiences, TV and radio are effective, especially when it is scheduled for the peak viewing and listening times of the targeted audience. However, TV and radio advertising is very expensive and health promotion funding needs to be allocated cost effectively.
A cheaper alternative for smaller groups can be through the distribution of pamphlets or sample bags, or by having health information printed on carry bags or drink coasters in pubs and clubs. Health professionals may also be invited to educate groups at school or in workplaces. This face-to-face contact allows young people to ask important questions, but is limited by time and availability factors. Sometimes it is necessary to mobilise health resources and make them more accessible; for example, mobile breast screening vans and Life Education vans that visit all areas of Australia.

**TABLE 9.31** Sources of health promotion initiatives

<table>
<thead>
<tr>
<th>Government</th>
<th>Non-government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area health service — Greater Southern, Greater Western, Hunter and New England, North Coast, Northern Sydney and Central Coast, South Eastern Sydney and Milleara, South West and Sydney West</td>
<td>NRMA <a href="http://www.nrma.com.au">www.nrma.com.au</a></td>
</tr>
<tr>
<td>Local councils in your area</td>
<td>Rotary rotaryaustralia.org.au</td>
</tr>
<tr>
<td></td>
<td>Alcohol and Drug Foundation <a href="http://www.adf.org.au">www.adf.org.au</a></td>
</tr>
<tr>
<td></td>
<td>Family Planning NSW <a href="http://www.fpnsw.org.au">www.fpnsw.org.au</a></td>
</tr>
<tr>
<td></td>
<td>Police Citizens Youth Clubs <a href="http://www.pcycnsw.org">www.pcycnsw.org</a></td>
</tr>
</tbody>
</table>

**TABLE 9.32** Examples of health promotion initiatives

<table>
<thead>
<tr>
<th>Examples of initiatives</th>
<th>Examples of initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slip, slop, slap, seek, slide — sun protection</td>
<td>Missionbeat and other youth services — for homeless youth</td>
</tr>
<tr>
<td>Physical Activity Foundation Walk Safely to School Day — physical inactivity</td>
<td>Youth off the Streets — a program for young people at risk or at risk of reoffending</td>
</tr>
<tr>
<td>LifeSpan suicide prevention strategy — mental health</td>
<td>Red Nose Day, Daffodil Day, Jeans for Genes Day, Jane McGrath Day — awareness and fundraising for particular conditions and diseases</td>
</tr>
<tr>
<td>Go for 2&amp;5, health-promoting schools program — nutrition</td>
<td>U-Turn the Wheel — driver education program</td>
</tr>
<tr>
<td>Healthy Canteens — nutrition</td>
<td>24 hour Kids Help Line — telephone and online advice</td>
</tr>
<tr>
<td>Dumping Depression, Resourceful adolescent program and Mind matters — mental health</td>
<td>Ronald McDonald House — temporary housing for families with sick children</td>
</tr>
<tr>
<td>Movember — testicular cancer awareness</td>
<td>RGAW — responsible gambling awareness</td>
</tr>
<tr>
<td>Dark Side of Tanning — skin cancer</td>
<td>eSafety website — esafety.gov.au/ — for advice about online safety and reporting/stopping cyberbullying</td>
</tr>
<tr>
<td>Rock Eisteddfod Challenge — drug abuse</td>
<td></td>
</tr>
</tbody>
</table>
Application

Researching health promotion initiatives

Tables 9.31 and 9.32 give a general overview of some of the health promotion initiatives run by government and non-government agencies. Use them to begin your own research into the two health issues you have selected for further study. Focus your research on who is the focus of the initiative, the strategies used, the method of delivery and its overall effectiveness. Form groups within the class and share your findings.

Study on

Option 1 > Question 3 > Topic 1 > Concept 2

Social action Summary screen and practice questions

Study on

Option 1 > Question 3 > Topic 1 > Concept 3

Legislation and public policy Summary screen and practice questions

Study on

Option 1 > Question 3 > Topic 1 > Concept 4

Health promotion initiatives Summary screen and practice questions

9.4 Topic review

9.4.1 Summary

- Young people are a diverse group in terms of developmental stages, motivations, values, sociocultural backgrounds, family backgrounds, and peer influence; therefore, society should avoid using stereotypes to describe them.
- As a group, young people are the healthiest of all groups in the population, but are at greater risk of death caused by accident or self-inflicted injury.
- Young people suffer from a high incidence of poor mental health.
- The factors that impact on the health of a young person are classified as individual, sociocultural, socioeconomic or environmental.
- Young people who are the victims of intolerance or discrimination are likely to develop poor mental health.
- A person’s reaction to stress determines whether it will adversely affect their health.
- Adolescents need to be ready to adapt to changing relationships to avoid the negative consequences of stress.
- The increasing incidence of suicide by young people is a concern for the future and has led to the development of the NSW Suicide Prevention Strategy and LifeSpan, which are whole-of-government approaches aimed at health promotion.
- By creating a sense of a positive future in young people, it is hoped there will be a reduction in the incidence of depression leading to suicide.
• The development of social problem-solving skills in young people helps them to alleviate many of the symptoms of stress and can contribute to lowering the incidence of suicide. Personal support structures are important in maintaining good health.
• Many young people are reported to be developing a distorted body image, which often leads to disordered eating patterns and eating disorders such as anorexia nervosa and bulimia nervosa.
• There is a rise in the number of young children being classified (by the BMI classification) as obese.
• The development of a positive self-concept is important in achieving good health for young people.
• Schools provide an important role in developing health literacy in young people so they can maintain good health throughout life.
• Achieving connectedness with the community improves young people’s self-esteem by making them feel valued by the community.
• Strategies used to help improve the health of young people target social actions, legislation and public policy, and the implementation of health promotion initiatives by government and non-government agencies.

9.4.2 Questions

Revision
1. Global events and trends can influence young people’s lives in both positive and negative ways. Identify two global events or trends (one positive and one negative) that you think have had an impact on young people’s lives. Explain how each has altered or influenced the way young people view the world. (H15) (6 marks)
2. Reflect on the transition from childhood to adolescence and identify the significant factors that contribute to a person’s development, both positive and negative. (H15) (3 marks)
3. Account for the difference in health status of young people compared with other age groups. (H2) (5 marks)
4. Discuss the major causes of mortality for young people. (H2) (5 marks)
5. Briefly discuss the sociocultural factors that affect the health of young people. (H2) (5 marks)
6. Young people from low socioeconomic backgrounds suffer poorer health compared with other young people. Outline the roles of the government and the community in addressing this issue and strategies that they could adopt to improve the health status of this group. (H5) (5 marks)
7. Poor mental health is a health issue relevant to many young people. Identify the groups of young people most at risk of depression, anxiety disorders, schizophrenia and suicide. (H2) (2 marks)
8. Outline the benefits of part-time work for young people. (H15) (3 marks)
9. Explain how discrimination can impact on a young person’s health. (H15) (5 marks)
10. Argue the benefits of promoting the connectedness of young people with their community in reducing anti-social behaviour, such as vandalism, and unnecessary risk taking, such as drink driving. (H14) (8 marks)
11. Briefly outline the skills that enable young people to maintain and promote their good health. Use specific examples. (H6) (3 marks)
12. Justify the importance of developing tolerance for diversity among young people. (H14) (8 marks)
13. Explain the role of schools in developing the health literacy of young people. (H6) (5 marks)
14. Argue the case for using harm minimisation strategies when dealing with substance abuse by young people. (H15) (8 marks)
15. ‘Improving health-promoting actions and choices for young people will go a long way towards addressing issues of social injustice and inequality in health.’ Discuss. (H14) (5 marks)

Extension
1. The new public health approach to health promotion places greater emphasis on individuals accepting responsibility for their own health. Outline how the Australian government, through its youth policy, is trying to promote this approach among young people. Explain the benefits of this approach. (H4) (8 marks)
2. Critically analyse, in terms of accessibility and reliability of information, a range of information sources available to young people on a health issue relevant to them. Focus your research on resources in your local area and on the internet. Present a report to the class on your findings. (H16) (12 marks)
9.4.3 Key terms

adolescence is the transition period from childhood to adulthood. p. 286

anorexia nervosa is an eating disorder accompanied by a progressive loss of appetite and consequent weight reduction beyond acceptable health levels (15 per cent less than normal for age and height). It is accompanied by an intense fear of gaining weight. p. 322

autonomy is the freedom to determine one’s own actions or behaviour. p. 308

body image is the attitude or feelings we have about our body and the way we look or the way we think others see us. A person’s body image can be positive or negative. p. 321

bulimia nervosa is an eating disorder where large quantities of food are ingested at one time (bingeing) and then purged from the body by self-induced vomiting. p. 323

connectedness is a sense of belonging and feeling valued and supported. p. 300

cyberbullying is deliberate harassment of a person using communications technology, such as instant messaging by email, on social media pages, in chat rooms or on other electronic media. p. 339

disengaging is a process of letting go of one’s personal or emotional involvement with a situation or belief. p. 348

distress is the pain, anxiety, sorrow or suffering that a person experiences in reaction to a stressful situation. p. 318

drink spiking is the intentional addition of alcohol or another drug to a person’s drink without their knowledge or consent. p. 341

empathy is the ability to understand another person’s feelings, or to ‘stand in their shoes’. p. 350

empowerment refers to an individual’s ability to make decisions about, or have personal control over, their life. p. 354

flight or fight response is the body’s physical and psychological reaction to a dangerous or threatening situation; human instinct is to run away or stay and fight. p. 317

health literacy is the ability to understand and interpret health information and use it to promote and maintain good health. p. 350

homophobia is technically the irrational fear of and hostility towards homosexual people, but the term is often broadly used in society to refer to an irrational fear and hostility towards people who are same-sex attracted or who do not conform to traditional definitions of gender-identity or sexuality. p. 298

hormones are chemical messengers in the body. They are essential for physical growth and maintenance. p. 286

hypertrophy is the enlargement of muscle fibres in response to exercise. p. 324

impunity is a sense of being immune from the consequences of certain actions, believing that ‘it won’t happen to me’. p. 311

infrastructure is the technical structures that support a society, such as roads, railways, water supply, sewerage, public transport, schools and power grids. p. 304

mentor a wise or trusted adviser. p. 347

morbidity is the incidence or level of illness or sickness in a given population. p. 293

mortality refers to the number of deaths in a given population from a particular cause and/or over a period of time. p. 293

negotiation is a process in which two or more parties rationally discuss a problem and, through compromise, come to an agreement that adequately satisfies the needs of all those involved. p. 349
norms are the standards and behaviours accepted by society. These norms can vary between different cultures. p. 309
parasuicide is an attempted suicide that is not fatal and is often impulsive. p. 297
party crashes or ‘gatecrashers’ are unwanted and uninvited individuals or groups at a social gathering. p. 315
puberty is a stage in the life cycle when rapid physical changes occur that signify that a person has reached sexual maturity. p. 325
resilience is the ability to ‘bounce back’ after difficult times or bad experiences. p. 326
self-efficacy is a person’s degree of confidence in being able to carry out a particular task. p. 343
self-esteem is the feeling or opinion (negative or positive) one has about oneself. p. 345
self-harm can include attempted suicides that did not result in death, self-mutilation, substance abuse or general risk taking. p. 300
self-identity is the picture you have of yourself, and it is made up of your thoughts, feelings, emotions and past experiences. p. 308
self-sufficiency is the ability to provide for oneself without help from others. p. 310
self-worth is the value a person places on his or her own importance. p. 365
social action is any deliberate activity aimed at enhancing the well-being of others and oneself by acting collectively and bringing about change. p. 358
socialisation is the lifelong process of learning through which we inherit the culture of our society — norms, values, gender roles and expectations. p. 309
socioeconomic status is a measure of an individual’s place in society and is based on their income, education, employment and other economic factors such as house or car ownership. p. 302
stress is a physiological or psychological influence that produces a state of tension in a person. p. 315
suicide is an intended self-inflicted injury that is fatal. p. 319
support structures are the people, places and programs that increase an individual’s ability to make health-promoting choices. p. 311
supportive environments are the places in which people live, work and play and that protect them from threats to health and allow them to make health-promoting choices. p. 358