



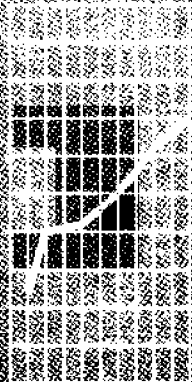
NEW ISSUE

October 1995

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Health Issues

Tasmania



Statistics

NOTES

SYMBOLS AND OTHER USAGES

- * subject to sampling variability between 25% and 50%—should be used with caution
- ** data suppressed due to high relative standard error giving unreliable estimates
- nil or rounded to zero

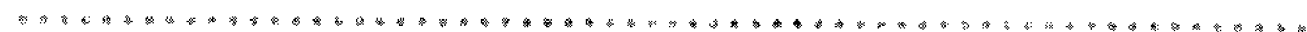
INQUIRIES

For information about other ABS statistics and services, please refer to the back of this publication.

For further information about these statistics, contact Chris Carswell on (03) 6220 5828.

Denis W. Rogers
Regional Director, Tasmania

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SUMMARY OF FINDINGS: Tasmania

PERSONAL HEALTH CONCERNS

An estimated 38,600 Tasmanians aged 15 and over perceive their smoking habit to be the main thing that affects their health. An estimated 10,400 persons perceive arthritis to be the main thing that affects their health, while an estimated 9,000 persons are affected by allergies.

The main work-related factor that affects Tasmanian's health is stress: an estimated 11,500 persons are affected by work-related stress. All stress (work-related, social and stress not elsewhere classified) affects an estimated 37,500 persons.

An estimated 87,500 persons (24.8 % of all Tasmanians aged 15 and over) cannot identify any factor, either positive or negative, affecting their health.

SMOKING ISSUES

SMOKING AND SMOKING IN THE HOME

An estimated 97,300 persons (27.6% of all Tasmanians aged 15 years and over) are active smokers, while 25,200 persons who do not smoke live in homes where smoking occurs. At the time of the October 1995 survey, smoking was occurring in 51,500 households (28.5 % of all households). Children aged less than 15 were present in an estimated 18,100 households where smoking was occurring.

PASSIVE SMOKING IN THE WORKPLACE

An estimated 18,600 employed persons who do not smoke (9.4% of all employed persons) work in an enclosed workspace where others are smoking. There are wide variations in this rate at the industry division level. In the Accommodation, cafes and restaurants industry the rate is 34.7% (affecting 3,700 employed persons), while in the Manufacturing industry the rate is 9.7% (affecting 2,600 persons).

SKIN ISSUES

EXPOSURE TO SUN

An estimated 82,000 Tasmanian males (47.3% of all males aged 15 and over) spend 30 hours or more per week exposed to the summer sun. In comparison, an estimated 34,200 females (19.1% of females aged 15 years and over) spend 30 hours or more per week exposed to the summer sun.

An estimated 51,900 persons (14.7% of all Tasmanians aged 15 and over) sunbake. Some 56.8% of all sunbakers are female. Sunbaking is also more prevalent among younger persons. Persons aged 15-34 (37.4% of the population aged 15 and over) comprise 61.3% of sunbakers.

SKIN CONDITIONS

An estimated 29,700 persons have a history of skin cancer. Persons aged 55 and over (26.7% of all persons aged 15 and over) comprise 65.3 % of all persons with a history of skin cancer.

SUMMARY OF FINDINGS: Tasmania *continued*

The skin-reaction-to-the-sun type most common in the population is skin which 'sometimes burns but usually tans', with an estimated 161,000 persons having skin with this type of reaction. The estimate of persons whose skin 'always burns and never tans'—52,500 persons—is unevenly divided between males (18,300) and females (34,200).

SKIN PROTECTION MEASURES

Hats were used during summer by an estimated 304,800 persons (86.5% of persons aged 15 and over), while sunglasses were used by 299,900 persons and sunscreen by 272,800 persons. An estimated 59,700 persons sometimes used an umbrella during summer, while 83,800 persons never deliberately avoided direct sunlight in summer.

PERCEIVED RISK OF SKIN CANCER

An estimated 39.0% of Tasmanians with no history of skin cancer (125,800 persons) believe that they are likely or very likely to develop skin cancer in the future. This perception generally declines with age. It is highest among persons aged 15–24 years (49.7% of persons aged 15–24 years) and lowest among persons aged 65 and over (12.9% of persons aged 65 and over).

INJURIES

In the three months prior to the October 1995 survey, an estimated 27,900 Tasmanians aged 15 years and over suffered an injury that affected their daily routine. Of these, 19,800 (71.0%) had suffered from a dislocation, sprain, or strain. Injuries resulting from internal causes affected 10,200 persons (36.6% of all injured persons), while falls of one metre or less affected 8,100 persons.

The body parts most affected by injury were legs or feet, with the legs and/or feet of 12,600 injured persons being affected.

Approximately 33.0% of injuries occurred in a private home, 24.4% at work, and 21.5% at a sporting event.

RISK OF INJURY

An estimated 77,800 Tasmanians aged 15 years and over thought that their work or lifestyle placed them at risk of injury in the future. Of these, 47,400 (60.9%) were concerned about the injury risk in their general employment activities and 11,700 (15.0%) were concerned about the injury risk in their general sporting activities.

IMMUNISATION ISSUES

CHILDREN'S IMMUNISATION

Among Tasmanians aged 15 years and over who live in households where children are present, an estimated 73.7% believe that immunisation of children is very effective in preventing childhood disease. However, among persons who live in households where

SUMMARY OF FINDINGS: Tasmania *continued*

no children are present, an estimated 64.3% believe that immunisation of children is very effective in preventing childhood disease.

An estimated 34.8% of Tasmanians did not know how often immunisation side effects occurred. This response was more common from males (42.9% compared to 26.9% from females) and from persons from households where there were no children present (41.5% compared to 19.2% from persons from households where children were present).

Over 90% of Tasmanians think that the provision of immunisation services by councils and by doctors is either important or very important. An estimated 69.9% of persons aged 15 and over thought that children who have not been immunised should be excluded from school during infectious disease outbreaks.

TETANUS IMMUNISATION STATUS

An estimated 75,900 Tasmanians aged 15 and over had not had a tetanus injection in the ten years prior to the October 1995 survey. Of these, 47,600 were female and 28,300 were male. Females were also more likely to have never been immunised for tetanus, with 7,800 not having been immunised compared to 2,000 males.

TABLE 1. PERSONS : PERCEIVED MAIN FACTOR AFFECTING PERSONAL HEALTH BY SEX AND AGE ('000)

Perceived main factor affecting personal health	Sex		Age						Total
	Males	Females	15-24	25-34	35-44	45-54	55-64	65 and over	
<i>Existing medical conditions</i>									
Allergies	3.5	5.5	2.0	1.9	1.9	* 1.4	* 0.6	* 1.2	9.0
Arthritis	3.5	7.0		**	* 0.6	2.2	2.3	5.2	10.4
Asthma	2.3	4.2	2.5	* 1.1	* 0.8	* 0.7	* 0.6	* 0.8	6.5
Back problems	3.0	3.3	—	* 1.5	* 1.2	2.4	* 0.8	* 0.5	6.4
Blood pressure	* 1.3	2.7	—	—	—	**	1.7	2.1	4.0
Diabetes	* 0.8	* 1.2	—	**	* 0.5	—	**	* 1.1	2.0
Emphysema	* 0.5	* 0.5	—	—	—	—	* 0.5	* 0.5	* 1.0
Heart problems	4.1	* 1.4	—	**	* 0.7	—	* 1.1	3.5	5.5
Medical intervention	* 1.0	**	—	**	—	—	* 0.7	**	* 1.3
Overtiredness/fatigue	* 0.8	2.3	**	* 0.5	* 0.6	* 1.2	—	**	3.2
Sinus	* 0.5	* 0.9	**	**	**	**	**	—	* 1.4
Other specified medical conditions	7.5	9.0	* 0.7	2.8	3.1	* 1.6	2.8	5.6	16.6
Other non-specified medical condition or intervention	**	* 0.9	* 0.4	—	**	**	**	**	* 1.2
<i>Social factors</i>									
Financial	**	—	—	**	—	—	—	—	**
Isolation (loneliness)	—	**	—	—	—	—	**	**	**
Relationship issues	**	**	—	—	—	—	**	**	**
Stress (social)	* 1.0	2.5	* 0.5	* 0.5	* 1.2	* 0.7	**	**	3.5
Other social factors	* 0.8	* 1.1	**	**	**	**	**	**	2.0
<i>Environmental factors—</i>									
Air pollution or ozone depletion	4.4	4.6	2.1	* 1.3	* 1.1	* 1.4	* 0.7	2.3	8.9
Exposure to sun	—	* 0.7	—	**	**	**	—	**	* 0.7
Food safety	**	* 0.9	—	**	**	**	**	—	* 1.1
Water quality	**	* 0.8	—	* 0.5	—	**	* 0.4	**	* 1.2
Weather conditions or climate	3.0	4.2	* 1.5	* 1.1	* 1.0	* 1.3	1.7	* 0.6	7.1
Other environmental issues	* 0.8	* 0.7	—	**	**	**	* 0.5	**	* 1.5
<i>Work related factors</i>									
Exposure to dust/chemicals	3.8	**	* 1.0	* 1.1	* 0.7	* 0.9	**	—	3.9
Illness from children/clients	* 0.8	* 1.2	* 0.5	* 0.7	**	* 0.5	—	—	2.0
Risk of injury at work	4.2	* 0.8	**	* 1.0	* 1.0	2.1	* 0.7	—	4.9
Stress (job related)	5.9	5.6	**	1.7	4.6	4.0	* 1.0	—	11.5
Unemployment	**	**	**	—	**	**	—	—	* 0.6
Other employment concerns	3.2	2.1	* 0.8	* 1.0	* 1.6	* 1.5	**	—	5.2
<i>Risk factors—</i>									
Family history of specific medical condition	* 1.1	* 0.5	**	* 0.7	**	**	—	**	1.7
Lack of exercise	3.4	2.5	* 0.9	**	2.8	* 0.7	**	* 0.7	5.9
Over-eating	5.9	5.6	1.7	* 1.1	4.7	2.5	* 0.8	* 0.8	11.5
Poor diet	4.8	8.3	4.3	3.2	* 1.5	1.7	* 1.4	* 1.1	13.1
Smoking habit	22.4	16.2	9.7	11.2	7.8	5.5	2.4	2.0	38.6
Substance abuse	3.7	* 0.9	1.7	* 1.5	* 0.5	* 0.7	**	**	4.6
Other risk factors	* 0.9	* 0.9	* 0.8	**	* 0.6	—	—	**	1.8
<i>Other</i>									
Cold/influenza	* 1.3	2.8	1.9	* 0.9	* 1.0	—	—	**	4.1
Diet (not specified)	3.4	2.6	3.0	* 1.2	* 1.2	**	**	**	6.0
Lack of sleep	2.2	1.8	* 1.0	* 1.0	* 1.1	**	**	**	3.9
Old age	2.6	* 1.2	—	—	**	* 0.5	* 1.5	* 1.4	3.8
Stress (not elsewhere classified)	7.2	15.2	* 1.1	4.9	7.5	5.7	2.6	* 0.8	22.5
Virus	* 0.8	* 1.4	—	* 1.1	* 0.8	**	**	—	2.2
Other (not elsewhere classified)	1.8	1.8	**	* 1.2	* 0.9	* 0.6	—	**	3.5
<i>Preventative measures</i>									
Dieting program	5.3	4.4	2.2	1.8	* 1.0	1.6	* 1.4	1.7	9.7
Exercise program	3.9	* 1.6	* 1.3	* 0.7	1.8	* 0.9	**	**	5.5
Other preventative health program	1.7	* 1.3	**	* 0.6	* 0.9	**	* 0.5	* 0.6	3.0
<i>Nothing</i>									
Nothing	42.5	45.0	21.6	16.4	12.1	11.2	9.3	16.9	87.5
Total	173.3	179.0	65.2	66.7	69.6	56.7	39.9	54.2	352.3

TABLE 2. PERSONS : SMOKING STATUS IN HOME BY SEX AND AGE

<i>Sex and age</i>	<i>Active smoker in home</i>	<i>Active smoker but not in home</i>	<i>Passive smoker in home</i>	<i>Non-smoker in smoke free home</i>	<i>Total</i>
('000)					
Sex					
Males	36.0	16.1	12.2	109.1	173.3
Females	35.1	10.1	13.0	120.9	179.0
Age					
15-24	14.0	6.6	9.1	35.5	65.2
25-34	16.5	7.4	4.0	38.8	66.7
35-44	13.2	5.8	3.8	46.8	69.6
45-54	11.7	3.1	4.3	37.6	56.7
55-64	8.2	2.3	* 1.6	27.8	39.9
65 and over	7.5	* 1.0	2.4	43.3	54.2
Total	71.1	26.2	25.2	229.9	352.3
(per cent)					
Sex					
Males	20.8	9.3	7.0	62.9	100.0
Females	19.6	5.6	7.3	67.5	100.0
Age					
15-24	21.4	10.1	14.0	54.4	100.0
25-34	24.7	11.1	6.0	58.1	100.0
35-44	18.9	8.4	5.4	67.3	100.0
45-54	20.7	5.4	7.5	66.3	100.0
55-64	20.5	5.7	3.9	69.8	100.0
65 and over	13.8	1.8	4.5	79.9	100.0
Total	20.2	7.4	7.1	65.3	100.0

TABLE 3. HOUSEHOLDS : HOUSEHOLD SMOKING STATUS BY NUMBER OF CHILDREN UNDER 15 IN THE HOUSEHOLD

<i>Household smoking status</i>	<i>Nil</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4 or more</i>	<i>Total</i>
('000)						
Smoking in household	33.4	6.6	7.2	3.5	* 0.8	51.5
No smoking in household	86.1	18.8	17.2	5.7	* 1.6	129.5
Total	119.5	25.4	24.4	9.3	2.4	180.9
(per cent)						
Smoking in household	27.9	25.9	29.4	38.2	33.2	28.5
No smoking in household	72.1	74.1	70.6	61.8	66.8	71.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 4. EMPLOYED PERSONS : WORKPLACE SMOKING STATUS BY INDUSTRY OF EMPLOYMENT

<i>Industry of employment</i>	<i>Smoker</i>	<i>Passive smoker in workplace</i>	<i>Non-smoker in smoke free work environment</i>	<i>Total</i>
	('000)			
Agriculture, forestry and fishing	6.5	**	9.4	16.1
Mining	* 1.0	* 0.5	* 0.5	2.1
Manufacturing	9.4	2.6	14.3	26.3
Electricity, gas and water supply	—	—	3.5	3.5
Construction	3.7	1.8	9.2	14.6
Wholesale trade	* 1.3	**	2.4	4.0
Retail trade	8.6	4.9	20.4	33.8
Accommodation, cafes and restaurants	3.2	3.7	3.8	10.7
Transport and storage	1.9	**	4.6	6.8
Communication services	* 1.1	—	1.7	2.8
Finance and insurance	* 0.7	—	3.6	4.4
Property and business services	* 1.5	* 0.8	3.9	6.2
Government administration and defence	3.7	* 0.7	8.7	13.1
Education	1.9	—	18.4	20.3
Health and community services	3.9	* 0.9	16.4	21.1
Cultural and recreational services	2.0	**	2.8	5.1
Personal and other services	2.2	* 1.6	2.8	6.6
Total	52.6	18.6	126.5	197.7
	(per cent)			
Agriculture, forestry and fishing	40.3	6.2	58.5	100.0
Mining	48.8	25.6	25.6	100.0
Manufacturing	35.8	9.7	54.4	100.0
Electricity, gas and water supply	—	—	100.0	100.0
Construction	25.2	12.1	62.8	100.0
Wholesale trade	32.2	24.7	58.8	100.0
Retail trade	25.3	14.3	60.4	100.0
Accommodation, cafes and restaurants	29.9	34.7	35.4	100.0
Transport and storage	27.4	14.8	67.5	100.0
Communication services	38.4	—	61.6	100.0
Finance and insurance	17.1	—	82.9	100.0
Property and business services	24.0	13.6	62.4	100.0
Government administration and defence	28.3	5.2	66.5	100.0
Education	9.3	—	90.7	100.0
Health and community services	18.5	4.1	77.4	100.0
Cultural and recreational services	39.8	19.5	54.4	100.0
Personal and other services	33.2	24.5	42.4	100.0
Total	26.6	9.4	64.0	100.0

TABLE 5. PERSONS : WEEKLY HOURS EXPOSED TO SUMMER SUN BY SEX AND AGE
(*000)

<i>Weekly hours exposed to summer sun</i>	<i>Sex</i>		<i>Age</i>						<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65 and over</i>	
0-4	7.5	21.1	* 1.1	2.4	5.8	4.6	3.9	10.8	28.6
5-9	13.9	30.3	5.9	8.0	9.1	10.0	3.9	7.3	44.2
10-14	19.4	35.1	10.6	10.3	9.2	10.9	6.1	7.5	54.6
15-19	16.8	21.5	8.6	11.1	6.6	4.8	3.0	4.2	38.3
20-24	20.7	24.3	7.2	8.0	9.2	5.4	7.2	7.9	45.0
25-29	12.9	12.6	5.2	5.5	5.2	3.6	2.1	3.9	25.4
30+	82.0	34.2	26.6	21.5	24.5	17.4	13.7	12.6	116.2
Total	173.3	179.0	65.2	66.7	69.6	56.7	39.9	54.2	352.3

TABLE 6. PERSONS WHO SUNBAKE : WEEKLY HOURS SPENT SUNBAKING BY SEX AND AGE
(*000)

<i>Weekly hours spent sunbaking</i>	<i>Sex</i>		<i>Age</i>						<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>	<i>65 and over</i>	
1-4	16.9	18.2	12.7	8.9	5.2	4.8	2.2	* 1.3	35.1
5-9	3.5	7.8	5.9	* 1.1	1.9	* 1.4	**	* 0.7	11.3
10-14	* 1.5	2.3	* 1.0	* 1.2	* 1.1	**	**	**	3.8
15-19	**	**	**	**	—	—	—	—	* 0.5
20-24	**	**	**	**	—	—	—	—	**
25+	**	* 0.7	**	—	**	* 0.5	—	—	* 0.9
Total	22.4	29.5	20.2	11.6	8.3	6.9	2.7	2.2	51.9

TABLE 7. PERSONS : SKIN CANCER HISTORY AND SKIN REACTION TO SUMMER SUN AND HOW OFTEN TYPES OF PROTECTION AGAINST SUN USED BY SEX AND AGE
(*000)

<i>Skin cancer history, skin reaction to summer sun and frequency of use of protection against sun</i>	<i>Sex</i>		<i>Age</i>						<i>65 and over</i>	<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>			
Skin cancer history										
Yes	14.3	15.4	* 1.3	* 1.3	3.6	4.1	6.3	13.1	29.7	
No	158.9	163.6	63.8	65.4	66.0	52.6	33.6	41.2	322.6	
Skin reaction to summer sun										
Always burns, never tans	18.3	34.2	6.8	11.7	10.2	5.8	6.7	11.3	52.5	
Usually burns, sometimes tans	33.1	38.5	15.5	14.9	13.4	12.8	7.3	7.6	71.6	
Sometimes burns, usually tans	86.1	74.9	33.6	31.7	37.4	23.4	17.1	17.8	161.0	
Never burns, always tans	33.8	27.8	8.6	8.1	8.1	14.2	8.7	14.0	61.6	
Don't know	1.9	3.5	* 0.6	**	* 0.6	* 0.5	**	3.5	5.5	
How often types of protection against sun used										
<i>Frequency of use of sunscreen—</i>										
Always	35.9	72.8	20.6	25.0	24.7	15.8	9.3	13.2	108.6	
Usually	39.0	40.9	18.9	19.0	18.9	10.7	6.3	6.0	79.9	
Sometimes	50.6	33.6	18.4	15.9	15.9	15.9	10.6	7.6	84.3	
Never	47.8	31.7	7.2	6.8	10.1	14.3	13.7	27.4	79.5	
<i>Frequency of use of umbrella (parasol)—</i>										
Always	* 1.1	5.0	* 0.8	* 0.7	1.9	* 1.0	* 1.1	* 0.6	6.1	
Usually	4.0	10.8	* 1.1	2.5	3.1	3.6	2.4	2.1	14.8	
Sometimes	23.1	36.5	5.6	12.6	14.0	10.7	7.7	9.0	59.7	
Never	145.0	126.7	57.7	50.8	50.7	41.4	28.7	42.5	271.7	
<i>Frequency of use of hat—</i>										
Always	75.9	54.5	15.6	21.9	28.2	19.7	18.3	26.6	130.4	
Usually	43.7	43.9	17.9	22.1	17.0	13.4	9.7	7.5	87.6	
Sometimes	36.6	50.3	22.8	15.1	15.4	15.4	7.1	11.1	86.8	
Never	17.1	30.4	8.9	7.6	9.0	8.2	4.8	9.0	47.5	
<i>Frequency of use of protective clothing</i>										
Always	40.3	37.6	10.3	11.3	13.4	12.7	9.7	20.5	77.9	
Usually	42.2	43.6	15.0	15.0	21.7	14.8	9.3	9.9	85.8	
Sometimes	43.2	51.8	22.3	23.0	20.6	13.1	7.4	8.6	95.0	
Never	47.7	46.0	17.6	17.3	14.0	16.0	13.5	15.3	93.6	
<i>Frequency of use of sunglasses—</i>										
Always	65.1	97.9	25.3	35.5	36.8	28.0	16.5	21.0	163.0	
Usually	39.8	30.8	18.0	14.9	15.3	10.7	5.6	6.0	70.5	
Sometimes	38.5	27.9	13.9	10.8	10.6	9.4	9.7	11.9	66.3	
Never	29.9	22.5	8.0	5.5	6.8	8.7	8.1	15.3	52.4	
<i>Frequency of avoidance of direct sunlight—</i>										
Always	15.2	42.1	5.5	7.5	11.3	10.4	6.8	15.7	57.3	
Usually	38.9	52.7	11.3	18.8	19.6	14.7	13.1	14.1	91.6	
Sometimes	63.9	55.8	28.2	27.1	24.6	20.0	8.4	11.5	119.7	
Never	55.4	28.4	20.2	13.3	14.1	11.6	11.6	12.9	83.8	
Total	173.3	179.0	65.2	66.7	69.6	56.7	39.9	54.2	352.3	

TABLE 8. PERSONS WITHOUT SKIN CANCER HISTORY : PERCEIVED RISK OF DEVELOPING SKIN CANCER BY SEX AND AGE
(*000)

<i>Skin cancer risk</i>	<i>Sex</i>		<i>Age</i>						<i>65 and over</i>	<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>			
Not applicable										
Very likely	12.1	10.6	4.3	5.8	5.3	4.9	1.8	* 0.6	22.7	
Likely	50.4	52.7	27.4	24.6	26.0	13.5	6.9	4.7	103.1	
Unlikely	71.8	77.1	20.8	26.1	25.2	26.4	20.3	29.9	148.8	
Don't know	24.7	23.3	11.3	8.9	9.5	7.7	4.5	6.0	47.9	
Total	158.9	163.6	63.8	65.4	66.0	52.6	33.6	41.2	322.6	

TABLE 9. PERSONS INJURED IN PREVIOUS 3 MONTHS : MAIN TYPE OF INJURY RECEIVED AND CAUSE OF INJURY AND BODY PART AFFECTED AND PLACE OF INJURY OCCURRENCE BY SEX AND AGE ('000)

<i>Type and cause of injury, body part affected and place of occurrence of injury</i>	<i>Sex</i>		<i>Age</i>					<i>65 and over</i>	<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>		
Main type of injury received									
Fracture	* 1.5	* 0.6	* 0.7	—	**	**	**	* 0.5	2.1
Dislocation/sprain/strain	12.7	7.0	5.1	4.5	3.8	4.3	**	1.7	19.8
Bruising	* 1.1	* 1.0	* 1.0	**	**	* 0.4	—	**	2.1
Cut/laceration/puncture	* 1.0	* 0.9	**	**	**	* 0.6	—	* 0.6	1.8
Other	* 0.7	* 1.5	**	* 0.8	* 0.6	* 0.5	—	—	2.2
Cause of injury									
Internal	6.5	3.7	3.3	1.9	2.5	* 1.6	**	* 0.5	10.2
Motor vehicle driver or passenger	**	* 0.6	* 0.6	**	**	**	**	—	* 1.1
Motor cycle driver or passenger	**	—	**	—	—	—	—	—	**
Fall — less than a metre	4.7	3.4	* 1.4	* 1.4	* 0.9	2.3	—	2.1	8.1
Fall — more than a metre	* 0.6	**	**	—	—	**	—	**	* 0.7
Cutting/piercing object	**	**	—	**	—	**	—	—	* 0.5
Dog related	—	**	—	—	**	—	—	**	**
Struck by object or person	2.2	* 1.3	* 1.4	* 1.2	**	**	**	**	3.4
Machinery in operation	* 0.6	—	**	—	**	—	—	—	* 0.6
Other	* 1.6	* 1.3	—	* 0.8	* 0.8	* 1.3	—	—	2.9
Body part affected									
Head, neck, face	1.9	* 1.1	**	* 0.8	* 0.6	* 1.1	**	—	3.0
Back	3.8	3.8	1.9	* 1.5	2.5	* 1.3	**	**	7.5
Trunk	1.9	—	* 0.4	* 1.0	**	**	—	—	1.9
Arm, hand	3.3	1.9	* 1.6	**	* 0.9	* 1.4	**	* 0.8	5.2
Leg, foot	7.4	5.2	4.0	2.4	* 1.4	2.5	**	2.1	12.6
Place of injury occurrence									
At work	5.7	* 1.1	* 0.6	2.3	* 1.3	2.4	**	—	6.8
At home	3.3	4.8	1.6	* 0.8	* 1.5	2.1	**	1.8	8.1
At another person's home	**	* 0.9	—	—	**	**	**	**	* 1.1
Public footpath, road, parking area	* 1.2	2.1	1.7	**	**	* 0.4	**	**	3.3
Public building	* 0.4	—	—	**	**	—	—	—	* 0.4
Sporting event	5.4	* 0.7	3.5	* 1.5	**	**	—	* 0.5	6.0
Other	* 0.7	* 1.4	—	* 0.5	* 0.8	* 0.6	—	**	2.1
Total	16.9	11.0	7.4	5.6	5.1	6.3	* 0.6	3.0	27.9

TABLE 10. PERSONS AT RISK OF INJURY IN FUTURE : SITUATION WHICH PLACES PERSON AT RISK OF INJURY BY SEX AND AGE ('000)

<i>Situation which places person at risk of injury</i>	<i>Sex</i>		<i>Age</i>					<i>65 and over</i>	<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>15-24</i>	<i>25-34</i>	<i>35-44</i>	<i>45-54</i>	<i>55-64</i>		
General sporting activities	7.7	4.0	6.6	3.3	* 0.7	* 0.7	**	**	11.7
General leisure activities	**	* 0.5	**	—	**	**	**	—	* 0.7
General employment activities	32.6	14.7	8.4	13.2	13.2	9.8	2.7	—	47.4
Employment activity — transport related	2.5	* 1.1	* 0.5	* 0.7	* 1.4	* 0.8	**	—	3.6
General unpaid work activities	2.6	2.1	**	* 0.7	* 1.3	* 1.1	* 0.6	* 0.8	4.7
Unpaid work activity — transport related	* 0.7	2.0	—	**	* 1.0	**	**	* 0.6	2.6
General personal activities	**	* 1.3	—	* 0.5	**	**	**	**	* 1.4
Personal activity — transport related	—	**	**	—	—	—	—	—	**
General other activities	2.1	2.3	* 0.6	* 1.2	* 0.9	* 0.5	**	* 1.1	4.4
Other activity — transport related	* 0.8	**	**	—	**	**	—	**	* 0.9
Total	49.2	28.6	17.1	20.1	19.0	13.7	4.8	3.0	77.8

TABLE 11. PERSONS : ATTITUDE TO EFFECTIVENESS OF IMMUNISATION BY SEX AND AGE AND WHETHER CHILDREN PRESENT IN HOUSEHOLD

(per cent)

<i>Sex, age and whether children present in household</i>	<i>Very effective</i>	<i>Effective</i>	<i>Not effective</i>	<i>Don't know</i>	<i>Total</i>
Sex					
Males	59.8	28.1	0.5	11.6	100.0
Females	73.7	21.8	1.2	3.3	100.0
Age					
15-24	46.0	34.5	1.5	19.1	100.0
25-34	70.8	23.2	0.7	5.4	100.0
35-44	74.2	21.6	0.9	3.3	100.0
45-54	74.5	21.6	—	3.9	100.0
55-64	74.8	19.8	1.5	3.9	100.0
65 and over	63.9	26.7	2.1	7.3	100.0
Whether children present in household					
Not present	64.3	25.8	0.8	9.1	100.0
Present	73.7	21.6	1.2	3.4	100.0
Total	66.9	24.9	0.9	7.4	100.0

TABLE 12. PERSONS : KNOWLEDGE OF OCCURRENCE OF IMMUNISATION SIDE EFFECTS IN CHILDREN BY SEX AND AGE AND WHETHER CHILDREN PRESENT IN HOUSEHOLD

(per cent)

<i>Sex, age and whether children present in household</i>	<i>Very often</i>	<i>Often</i>	<i>Not often</i>	<i>Don't know</i>	<i>Never</i>	<i>Total</i>
Sex						
Males	1.1	2.8	44.6	42.9	8.6	100.0
Females	0.9	5.6	59.9	26.9	6.8	100.0
Age						
15-24	0.8	4.1	35.6	53.4	6.2	100.0
25-34	1.9	6.7	58.7	26.2	6.5	100.0
35-44	0.7	3.4	64.8	23.2	8.0	100.0
45-54	1.5	3.3	55.3	30.3	9.6	100.0
55-64	2.5	4.5	57.8	27.8	9.8	100.0
65 and over	1.8	2.9	41.8	47.3	7.3	100.0
Whether children present in household						
Not present	0.4	3.1	47.5	41.5	7.5	100.0
Present	2.7	6.8	62.8	19.2	8.5	100.0
Total	1.0	4.2	52.4	34.8	7.7	100.0

TABLE 13. PERSONS : ATTITUDE TO IMPORTANCE OF COUNCIL IMMUNISATION SERVICE BY SEX

(per cent)

<i>Sex</i>	<i>Very important</i>	<i>Important</i>	<i>Not important</i>	<i>Don't know</i>	<i>Total</i>
Males	59.6	27.4	4.8	8.2	100.0
Females	74.5	20.5	2.2	2.9	100.0
Persons	67.2	23.9	3.5	5.5	100.0

TABLE 14. PERSONS : ATTITUDE TO IMPORTANCE OF GP IMMUNISATION SERVICE BY SEX

(per cent)					
Sex	Very important	Important	Not important	Don't know	Total
Males	55.3	35.7	2.9	6.2	100.0
Females	64.0	30.4	2.8	2.8	100.0
Persons	59.7	33.0	2.9	4.4	100.0

TABLE 15. PERSONS : PERCEIVED NEED FOR EXCLUSION FROM SCHOOL OF UNIMMUNISED CHILDREN DURING INFECTIOUS DISEASE OUTBREAKS BY SEX AND AGE AND WHETHER CHILDREN PRESENT IN HOUSEHOLD

(per cent)				
Sex, age and whether children present in household	Yes	No	Don't know	Total
Sex				
Males	65.8	18.9	15.3	100.0
Females	74.0	15.8	10.3	100.0
Age				
15-24	70.8	14.1	15.1	100.0
25-34	77.1	12.0	10.9	100.0
35-44	71.3	19.2	9.5	100.0
45-54	69.1	20.9	10.0	100.0
55-64	62.0	21.4	16.6	100.0
65 and over	65.0	18.4	16.6	100.0
Whether children present in household				
Not present	67.6	18.6	13.8	100.0
Present	71.3	16.7	12.0	100.0
Total	69.9	17.3	12.8	100.0

TABLE 16. PERSONS : ELAPSED TIME SINCE LAST TETANUS INJECTION BY SEX AND AGE AND REGION OF USUAL RESIDENCE ('000)

Sex, age and region of usual residence	Under 10 years	10 years and over	Don't know	Never been immunised	Total
Sex					
Males	137.9	28.3	5.1	2.0	173.3
Females	118.1	47.6	5.5	7.8	179.0
Age					
15-24	59.7	4.3	* 0.9	**	65.2
25-34	51.3	13.0	1.8	* 0.7	66.7
35-44	51.8	15.2	1.9	* 0.8	69.6
45-54	40.6	12.5	3.0	* 0.6	56.7
55-64	27.7	10.5	* 0.9	* 0.8	39.9
65 and over	25.0	20.4	2.2	6.6	54.2
Region of usual residence					
Hobart and Southern Statistical Division	129.3	35.4	5.8	4.8	175.3
Northern Statistical Region Sector	72.9	20.3	2.2	2.8	98.2
Mersey-Lyell Statistical Region Sector	53.7	20.2	2.7	2.1	78.8
Total	256.0	75.9	10.7	9.8	352.3

EXPLANATORY NOTES



INTRODUCTION

1 The ABS conducts a monthly survey to determine the labour force characteristics of the civilian population. As well as standard labour force questions asked each month, in most months, supplementary questions on other topics are also asked. The supplementary topic for October each year is usually State specific: different surveys may be proposed by and conducted in each State.

THE TOPIC

2 In October 1995, the Tasmanian State Supplementary Survey topic related to a series of health-related issues. The survey was carried out at the request of the Department of Community and Health Services.

Respondents were asked about:

- attitudes to the immunisation of children;
- tetanus immunisation status;
- attitudes to the provision of immunisation services;
- smoking status including passive smoking in the selected dwelling and in the workplace;
- injury occurrence in the last 3 months including type of injury, body part affected, where injury occurred and cause of injury;
- an assessment of the exposure to risk of injury and the situation most likely to cause injury;
- skin exposure to the sun;
- skin cancer; and
- factors affecting individual health.

THE SAMPLE

3 Because the questions were supplementary to the October 1995 Labour Force Survey (LFS), the households sampled were the same. For more information on the sampling method used for the LFS, refer to paragraphs 5, 20 and 21 of the explanatory notes in *Labour Force, Australia* (ABS catalogue no. 6203.0).

4 For this State supplementary survey, seven out of eight households selected in the LFS were included. One randomly selected person from each of those households was asked the health issues questions.

DATA ITEMS

5 The data items used in the tables in this publication were drawn from responses to the State supplementary questions. In addition, responses to the LFS questions were used to provide extra information with which to cross-classify survey responses.

6 For example the items *sex, age, statistical regions and the number of children present in household* were derived from responses to questions asked in the LFS.

7 In some cases, additional unpublished cross-classifications of data items are available. A charge is made for providing unpublished information. Inquiries should be made to the Information Officer in Hobart on (03) 6220 5800.

THE ESTIMATES

8 Responses to survey questions were expanded with reference to an independently estimated distribution of the population aged 15 years and over, by age and sex. In October 1995, there were an estimated 352,300 civilian residents aged 15 years or more in private Tasmanian dwellings.

RELIABILITY OF THE ESTIMATES

9 Estimates in this publication are subject to two sources of error. These are non-sampling error and sampling error.



- Non-sampling errors may occur because of imperfections in reporting by respondents and interviewers, and errors made in coding and processing data. These inaccuracies may occur in any enumeration, whether it be a full count or a sample. Every effort is made to reduce the non-sampling error to a minimum by careful design of questionnaires, intensive training and supervision of interviewers, and efficient operating procedures.
- Sampling errors occur because the estimates in this publication are based on information obtained from occupants of a sample of dwellings. They may differ from the figures that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the *standard error*. This indicates the extent to which an estimate might have varied by chance because only a sample of dwellings was included. Another measure of sampling variability is the *relative standard error*, which is obtained by expressing the standard error as a percentage of the estimate to which it refers.

10 The standard errors and relative standard errors of estimates from this survey are summarised in Table A (page 17).

11 There are about two chances in three that a sample estimate will differ by less than one standard error from the estimate that would have been obtained if all dwellings had been included, and about nineteen chances in twenty that the difference will be less than two standard errors. For example, there is an estimate in Table 1 of 10,400 persons aged 15 years or more who reported arthritis as being the main thing that they thought affected their health. Table A shows that the standard error for this estimate is approximately 850. There are, therefore, about two chances in three that the actual number if everyone had been asked (the estimate) is between 9,550 and 11,250 and about nineteen chances in twenty that the actual number (the estimate) is between 8,700 and 12,100.

FLAGGING OF UNRELIABLE ESTIMATES

12 As Table A (page 17) shows, the smaller the estimate, the higher is the relative standard error. Very small estimates are subject to such high standard errors (relative to the size of the estimate) as to detract from their value for most reasonable purposes. In the tables in this publication, only estimates with relative standard errors of 25% or less, and percentages based on such estimates, are considered reliable for most purposes. Estimates with relative standard errors of between 25% and 50% have been included and prefaced with an asterisk to indicate that they should be used with caution. Cells with two asterisks have relative standard errors of over 50% and the estimates have been suppressed.

RELATED PUBLICATIONS

- *Children's Immunisation, Australia* (4352.0), April 1985
- *National Health Survey: Health Related Actions, Tasmania* (4375.6), 1989-90
- *National Health Survey: Injuries, Australia* (4384.0), 1989-90
- *National Health Survey: Health Status Indicators, Tasmania* (4370.6), 1989-90
- *National Health Survey: Health Risk Factors, Tasmania* (4380.6), 1989-90
- *National Health Survey: Health Related Actions, Tasmania* (4375.6), 1989-90
- *Causes of Death, Australia* (3303.0), 1994
- *Cancer in Tasmania, Incidence and Mortality*. 1993, Menzies Centre for Population Health Research

TABLE A

<i>Size of estimate</i>	<i>Standard error</i>	<i>Relative standard error %</i>
100	100	98.8
200	150	72.6
300	180	60.1
500	230	46.8
700	280	39.4
1 000	330	32.7
1 500	390	26.2
2 000	450	22.3
2 500	500	19.7
3 000	550	17.7
3 500	550	16.2
4 000	600	14.9
5 000	650	13.1
7 000	750	10.6
10 000	850	8.5
15 000	1 000	6.5
20 000	1 100	5.4
30 000	1 250	4.1
40 000	1 350	3.4
50 000	1 450	2.9
100 000	1 750	1.7
150 000	1 900	1.3
200 000	2 050	1.0
300 000	2 250	0.7
500 000	2 450	0.5

GLOSSARY

Health issues	Term used to describe all the topics covered by the October 1995 survey.
Main factor affecting personal health	Survey respondents were asked, 'What is the main thing, if anything, that you think affects your health?' Responses were classified in the office after interview. Response categories along with estimates are presented in Table 1.
Home smoking status	Two items are presented. <i>Household smoking status</i> describes whether smoking occurs in households or not. <i>Smoking status in home</i> describes whether smokers smoke inside their home and whether non-smoking householders are subject to smoke from other householders smoking in their home.
Workplace smoking status	Passive smoking status has been estimated for employed persons who are not smokers and who work inside where smoking is allowed. 'Inside' includes vehicles as well as buildings.
Passive smoking	Persons who are smokers are not classified as passive smokers even if they refrain from smoking in confined air locations where others are smoking. No measure of the degree of passive exposure to cigarette smoke was undertaken in this survey.
Industry of employment	There may be some minor variations between the estimates of employed persons by industry produced from the Health Issues Survey and those produced from the Labour Force Survey, because of differences in data capture methodology. The Australian and New Zealand Industry Classification (ANZIC) was used to classify employed persons.
Skin reaction to summer sun	Survey respondents were shown a prompt card with various skin reaction categories and asked how they would describe their skin's reaction to the summer sun. The types of reaction and the estimates derived from the responses are shown in Table 7.
Skin protection actions	Survey respondents were asked about the frequency of various skin protection actions. The various actions along with estimates of the numbers of persons taking those actions are shown in Table 7.
Skin cancer—history and risk assessment	Survey respondents were asked if they had ever had skin cancer. Those who had not were asked about the likelihood of developing skin cancer.
Injuries	Respondents were asked if they had suffered an injury in the three months before the survey. Only those persons who further reported that the injury prevented them from undertaking a usual activity for a day or more were included in the estimates of persons injured.
Injury type	Survey respondents were asked, 'What was the main injury you received?' Responses were categorised in the field. Not all categories are presented in Table 9, since for some categories no response was recorded. Categories for which there were no responses included concussion or other head injury, abrasion, penetrating wound, foreign object entering the body, burn and poisoning.
Injury causes	Responses to the question 'What caused the injury?' were classified to either internal or external causes. An internal injury cause is one where the injury condition arises following events where there is either no external agent or no proven causation between an external agent and the advent of the condition. Examples include 'loose cartilage catching on knee joint' and 'hurt back lifting small child out of car restraint'. External causes were further categorised using the International Classification of Diseases (ICD) External Causes codes (E-codes). Categories for which responses were recorded are shown in Table 9.

GLOSSARY *continued*

Body region of injury Categories for which responses were recorded are shown in Table 9.

Injury risk assessment All respondents to the survey were asked whether their work or lifestyle placed them at risk of having an injury in the following twelve months. Those who responded positively were asked what particular situation placed them at risk. Field responses were classified according to the 'type of activity' classification in ICD 10 except that for each activity a distinction was made between the general activity (e.g. general-employment activities) and transport-related activities (e.g. transport-related employment activities). These categories along with estimates of persons who have identified an injury risk are shown in Table 10.

Immunisation effectiveness Respondents were asked, 'How effective do you think immunisation is at preventing childhood diseases?'

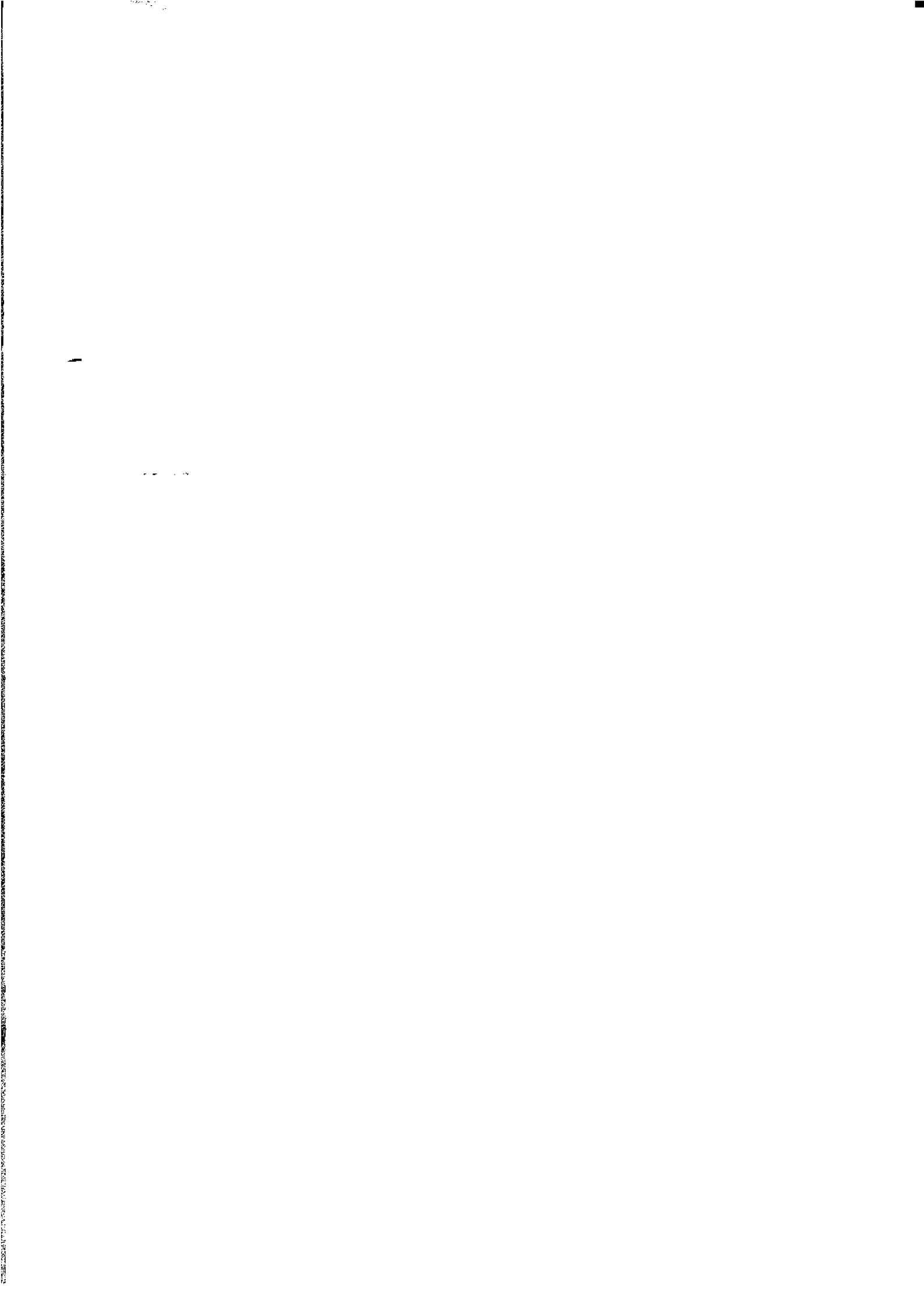
Immunisation side effects Respondents were asked, 'How often do you think children have side effects from immunisation?'

Exclusion from school of unimmunised children Respondents were asked, 'Do you think children who are not immunised should be kept away from schools during outbreaks of infectious diseases?'

Immunisation services Respondents were asked, 'How important is it that councils/GPs provide immunisation services for childhood diseases?'

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