



A frightening situation? Youth in the USA today

The Youth Behavior Surveillance System monitors categories of health-risk behaviours among youth and young adults in the USA. A recent study on the young, aged 10 - 24 years, indicated that three-quarters of all deaths were due to only four causes, namely motor vehicle crashes, other unintentional injuries, homicide, and suicide.¹ High-school students engage in numerous behaviours that increase their likelihood of death from these four causes: during the 30 days preceding the survey, 14.1% had rarely or never worn a seat belt, 30.7% had ridden with a driver who had been drinking alcohol, 17.4% had carried a weapon, 47.1% had drunk alcohol, and 23.9% had used marijuana. During the previous 12 months 8.8% had attempted suicide. Substantial morbidity and social problems among young persons resulted from unintended pregnancies and from sexually transmitted diseases, including HIV infection. Among high-school students, 45.6% had had sexual intercourse; 42.1% of sexually active students had not used a condom at last intercourse; and 2.3% had injected an illegal drug. With regard to other adverse characteristics, 28.5% of high-school students had smoked cigarettes during previous 30 days; 78.6% had not eaten the recommended 5 servings per day of fruits and vegetables during the previous 7 days; 10.5% were overweight; and 67.8% did not attend a school physical education class daily.

Other aspects of change, reported elsewhere, include increasing numbers of smokers among the young, the proportion reaching a third in some parts,² despite the widespread reduction in the practice among adults. Further, physical activity among the young has markedly decreased. Percentages of pupils attending physical education daily fell from 42% to 25% between 1990 and 1995; only 19% of pupils were reported to be active for 20 minutes or more daily.³ Unlike in the past, a doctor's certificate is no longer required before participation in school exercise or games is excused. Corporal punishment at schools, which was previously an accepted form of discipline of scholars, is now forbidden.

Before criticising the bad and odd behaviours of today's youth too severely, four historical quotations provide reason for caution.⁴ First: 'Our youth loves luxury, has bad manners, disregards authority and has no respect whatsoever for age: our today's children are tyrants; they do not get up when an elderly man enters the room — they talk back to their parents — they are just very bad.' Second: 'I have no longer any hope for the future of our country, if today's youth should ever become the leaders of tomorrow, because this youth is unbearable, reckless — just terrible.' Third: 'Our world has reached a critical stage; children no longer listen to their parents; the end of the world cannot be far away.' Finally: 'This youth is rotten from the very bottom of their hearts; the young people are malicious and lazy; they will never be as youth

happened to be before; our today's youth will not be able to maintain our culture.' You may be surprised to hear that the first statement came from Socrates, 470 - 399 BC, the second from Hesiod, *circa* 720 BC, and the third from an Egyptian priest about 2000 BC; the last was discovered recently on clay pots in the ruins of Old Babylon, and these were more than 3 000 years old.

Notwithstanding the above, there are grounds for believing that conduct in the present generation of youth is more adverse than that in the past, despite a far higher general level of education than ever before, implying greater responsibility. Moreover, leisuretime activities today differ very significantly from those in former times. In the USA, and doubtless in other developed countries, much of out-of-school time is devoted to listening to the radio, watching television, and using the Internet. A recent report stated that 'one quarter of all US children watch > 4 hours of television each day, which is positively associated with increased body mass index and skin fold thickness'.⁵ The prevalence of overweight among US schoolchildren between 1973 and 1991 almost doubled; it increased from 15.4% to 25.61%.

How do the lifestyles described relate to recommended practices for the avoidance or control of disorders/diseases? A recent inquiry examined the extent of participation in four health practices.⁶ The requirements were maintaining a healthy body weight, i.e. having a body mass index between 18.5 and 25.0 (an index of 30 or more implies obesity); having adequate fruit and vegetable consumption, i.e. eating the recommended 5 or more fruits and vegetables daily; pursuing at least 30 minutes of physical activity, 5 or more times a week; and not smoking. The proportions conforming to the practices were uniformly extremely low, being 3.1% in the younger age group (18 - 34 years) and 2.7% in the age group 35 - 54 years. The proportion was only 1.2% for those who had had high-school education, but rose to 4.9% for those with college education.

What are the likely ramifications for life expectancy, and, more importantly, for 'healthy' life expectancy? Despite the disappointing situations described, the years of average expectation of life have never been longer. While in 1900 in most Western populations life expectancy was about 50 years, it is now 75 - 80 years in several populations; furthermore, it has been stated that the number of centenarians is 'exploding'.⁷ But remember that today's elderly were young in the 1920s and 1930s or thereabouts. Will the present generation of youth fare as well in the 2050s?

In contrast to the major rises in life expectancy described in developed populations, the desirable years of 'healthy' life expectancy are not increasing, and in many countries is a decade or so less than actual years of survival. In a recent



review by the World Health Organisation on healthy life expectancy, it was reported that the lengthiest healthy life expectancy now occurs among the Japanese — 74.5 years.⁸ In second and third places are Australia and France. The US is ranked 24th with a healthy life expectancy of 70 years. This can in part be explained by the fact that currently about half of Americans miss out on preventive services, and moreover, highly importantly, 'only 20% of patients seeking medical care are ready to change unhealthy behavior'.⁹

In view of the foregoing, the current practices of youth, in the contexts described, can scarcely fail to lessen subsequent years of healthy life expectancy. It is believed that the rise in teenage smoking alone threatens to wipe out all progress made in the last few decades, and that 'if current trends continue, more people will perish annually from tobacco related illness than from any other single disease'.¹⁰

As would be expected, the health problems facing Americans are also being experienced in other developed countries: in Europe there is evidence of rises in teenage smoking, and that alcohol consumption by young people has reached alarming levels.¹¹

Since the dangers of the unhealthy practices described are well understood by both youth and adults, why is avoiding action not taken? Unfortunately, putting prevention into practice is a continuing problem worldwide.⁹ Interestingly this challenge was raised over two millennia ago by Confucius, who maintained that 'the essence of knowledge is, having acquired it, to apply it'.

The outlook for today's youth is sombre in several respects. The situation is disheartening, especially because the young, and most adults, particularly younger adults, are well aware of the lifestyle requirements to ensure good health and long life, yet there is widespread indifference, seemingly impossible to remedy.

However, the youth and young middle-aged of the USA and other developed populations are at least being spared the

magnitude of the present menace decimating numerous sub-Saharan African populations, cutting life expectancy by a quarter, namely the HIV/AIDS epidemic.¹² As an example of its ramifications, in South Africa, black Africans' previous mean life expectancy of 62 years,¹³ probably the highest in the sub-Continent, has been shortened to a mean of 44 years, the young being particularly affected.

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