

Differences between adults' health and late adolescents' health: an empirical analysis

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According to the World Health Organization (WHO) nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth. That is why the WHO advocates for interventions that address the adolescents' needs and, by this way, can save lives and foster a new generation of adults who can help their communities progress.

Both literature and official agencies usually identify a series of health problems closely related with the adolescent age. These usually stem from risky behaviours, including tobacco use, harmful drinking of alcohol, substance abuse, a lack of physical activity, mental health, eating disorders, road safety behaviours, unprotected sex or exposure to violence.

There have been many studies that have addressed the adolescents' risky behaviours from different perspectives. Some of them have highlighted the need of overcoming the individual approach when treating adolescents' health problems. Contextual influences (stemming from the relationships with family, schools and community members) are considered necessary to initiate and maintain healthy behaviours and to create a healthy environment. Other works have addressed the challenge in achieving a balance between the need to protect the adolescent's confidentiality right and the need for a higher parental involvement.

But perhaps the primary question to solve is whether these behaviours are actually more pronounced in adolescents. In this paper we analyse this question. We take the data provided by the last Spanish National Health Survey (dated on 2006) we test the differences between adults' and adolescents' risky behaviours.

The survey contains data for more than 600 variables from nearly 30,000 individuals. From them we have selected those variables related with the adolescents' risky behaviours. We have compared, in statistical terms, these variables for both of our interest groups (adults and adolescents). We have done two separate analyses, by defining two different late adolescents groups: the first one comprising those individuals aged below 20; and the second one with people aged below 25.

For the categorical variables, we have tested the differences by using the Pearson's chi-squared test. For the non categorical variables we have tested the differences in means: where the Kolmogorov Smirnov test rejects normality we have used the Wilcoxon rank sum test; otherwise, we have used parametrical tests.

We have detected no significant differences for some of the seemingly risky behaviours; for example, we have not detected differences in the use of the seat belt when driving a car. But we have detected statistically significant differences for other behaviours, like the use of helmet when driving a motorbike.

Our findings can be interesting when designing policies for the improvement on the adolescents' health. These policies should be mainly focused on those behaviours where differences between adolescents and adults have been detected.