



Talavou o le Moana

The Health and Wellbeing of
Pacific secondary school students
in Aotearoa New Zealand

A Youth19 Report

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Fala Image

Fala image on cover and inside section breaks by Gerard Muller (majella.muller@gmail.com)
“Fala, mats woven from trees. With all meetings traditionally held amongst Pasifika is sat on and held on fala. Flags of nations woven by the Pacific can now bring their voices forward. Here.”
Gerard Muller 2023

Vaka Image

Vaka and ocean image on front cover and some inside pages by Justine Taito-Matamua, Brown Dollar Studio, email justine@browndollarstudio.com

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Further Youth19 publications are available at www.youth19.ac.nz
Further publications by the AHRG are available at www.youthresearch.auckland.ac.nz



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Foreword

Kia ora, Taloha ni, Mālō e lelei, Fakalofa lahi atu, Talofa, Ia orana, Ni sa bula Vinaka, Kia orana, Talofa lava and warm Pacific greetings.

Talavou o le Moana is one part of a wider research project, the Youth19 comprehensive adolescent health and wellbeing survey. This survey has found that most Pasifika youth have strong family relationships, friendships, and cultural connections and most young people feel well supported in their schools and communities. But our young people also face serious challenges. Socioeconomic deprivation, poor housing, and financial hardship have serious impacts on the mental health and wellbeing of our young people. This report examines these matters in detail and makes recommendations for policies and programmes to strengthen the health and wellbeing of Pacific youth.

Our young people are our future. I am constantly encouraged by the wonderful young Pacific people I meet at university, and in the community, working hard to achieve success. It is great to see Pasifika researchers and interns involved in the development of this report.

The more that we can know and understand about the health and wellbeing of Pacific Island secondary students in Aotearoa New Zealand the better equipped we are to support their future development.

Ia manuia.

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Executive Summary

Introduction

This report presents an overview of the health and wellbeing status of Pacific secondary school students in Aotearoa New Zealand (NZ) based on findings from the Youth19 Rangatahi Smart Survey. There is considerable richness and diversity among Pacific youth in Aotearoa NZ. This is evident across multiple spheres of community life with many Pacific youth excelling in school, actively contributing to their communities, and living joyful lives. Pacific communities are instrumental in shaping Aotearoa NZ society now and in the future, especially as close to half (46.1%) of Pacific peoples are under the age of 20 years old.

The environments into which we are born, live, grow, work, play, and pray have a profound impact on how we experience the world. While Pacific youth are often described as “brown, beautiful, brainy, bilingual, bicultural, and bold” (Sio, 2019, p.11788), some are navigating challenging health and social situations. A report by the Child and Youth Mortality Review Committee revealed that between 2015 and 2019, 79 Pacific young people aged 15 to 19 passed away. The main cause of Pacific youth deaths were medical conditions, suicide, and injury – with transport incidents being the leading cause of injury death. Marked inequities between Pacific and non-Pacific and non-Māori exist – Pacific youth are much more likely to die from these causes than young people from non-Pacific and non-Māori communities (Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee, 2021). Each young person who tragically loses their life is part of a wider interconnected community that must also navigate their way through these challenges. We need to better understand the realities facing Pacific young people to ensure that the correct resources, supports and systems are in place for our youth to thrive.

Talavou o le Moana summarises key findings for Pacific secondary school students in the areas of ethnic and gender identity; family and faith; socioeconomic environments and housing; education; friends and community connections; physical, mental and sexual health; substance use; and healthcare access. This data report gives a vital snapshot into the lives of Pacific young people. This information was collected as part of the Youth19 Rangatahi Smart Survey, the latest in the Youth2000 survey series conducted by the Adolescent Health Research Group (AHRG). The findings highlight the resilience and strength of Pacific talavou (young people), and the complexities they must navigate.



Methods

The Youth19 Rangatahi Smart Survey (Youth19) is a cross-sectional health and wellbeing survey. Ethics approval was obtained by the University of Auckland Human Subjects Ethics Committee. The survey was carried out in the Tāmaki Makaurau (Auckland), Te Tai Tokerau (Northland), and Waikato regions in 2019. This region accounts for approximately 70% of the Aotearoa NZ Pacific population. Secondary schools were randomly selected, and students were randomly selected from the rolls. A total of 7,721 Year 9 to 13 students took part. They completed the survey on handheld internet-enabled tablets in English or te reo Māori with optional voiceover. The survey was anonymous, and all participants were offered help options either via email or text.

In this report, we highlight findings on key health and wellbeing indicators, combining all young people with any Pacific ethnicity, rather than breaking down findings for each Pacific ethnic group. We acknowledge the rich diversity within the Pacific population which can be masked or unrecognised when health data is analysed by combining all Pacific peoples into a single group. Other Youth19 reports and ‘briefs’ investigate specific issues for Pacific communities, such as the Pacific young people’s perspectives on family and home life (Veukiso-Ulugia et al., 2023) and for rainbow, gender diverse and disabled Pacific and other youth (Roy et al., 2021). Support from community partners will ensure the development of ethnic specific reports.

In Talavou o le Moana, we use total ethnicity reporting, rather than prioritised ethnicity reporting. This means all students who reported a Pacific ethnicity (whether alone or in combination with other ethnicities) are included. Using this method, **a total of 1,130 Pacific secondary students, comprising 14.6% of the total sample completed the Youth19 survey.**

Key findings

- Pacific young people are diverse; half have multiple ethnic identities.
- Most Pacific young people report positive relationships with family members, school and church communities.
- Most Pacific youth are happy, healthy, satisfied with their lives, and making healthy choices.
- However, Pacific young people are having to navigate socioeconomic inequities and injustices that are beyond their control – evident in significant housing and socioeconomic deprivation, clinically significant depressive symptoms, and experiences of racism.
- Pacific students also face major concerns in areas of wellbeing and health risks, particularly mental health, transport incidents, accessing healthcare and sexual health.

Pacific young people are diverse; half have multiple ethnic identities:

- Around 1 in 6 Pacific students had two or more *Pacific* ethnicities (16.1%). The most common Pacific ethnicity reported was Samoan (49.1%), followed by Tongan (30.8%), Cook Islands Māori (20%), Niuean (8%), Fijian (7.3%) and Other Pacific (5.6%¹).
- Almost half of Pacific students had a *non-Pacific* ethnicity (49.4%). The most common non-Pacific ethnicity reported was European (28.6%), followed by Māori (26.6%), Asian (8.9%).

Most Pacific young people report positive relationships with family members, school and church communities, in particular:

- The vast majority of Pacific students reported at least one parent cared about them a lot (92.8%), and that there was someone in their family they could have fun with (93.9%).
- Most Pacific students felt they got enough quality time with their family (73.6%); however, approximately a quarter would have liked more time with family (26.4%).
- Most reported that they felt part of their school (88.9%), and that teachers expected them to do well with studies (96.3%).
- Most Pacific students reported having a faith or religion (93.5%), and that their spiritual beliefs were important to them (89.4%).
- Most reported having at least one friend they could trust to share their feelings (87.9%).
- Over half of Pacific students reported helping others in their school or community in the previous 12 months (52.5%).

Most Pacific youth are happy, healthy, satisfied with their lives, and making healthy choices:

- Almost all Pacific students felt that it was important for them to attend school (96.2%).
- Most reported good or excellent general health (89.3%).
- Most Pacific students had thought about or made plans for their future (87.4%).
- Many reported good emotional wellbeing (70.9%).
- Three quarters of Pacific students had accessed healthcare in the previous year (75%).
- Most Pacific students sought care from their family doctor, medical centre or GP clinic (84.5%).
- Most Pacific students had never smoked cigarettes (77.0%), nor had they used marijuana (75.8%).
- Over half of Pacific students reported that physical activity was an important part of their life (60.4%), and close to half had engaged in vigorous physical activity four or more times in the past week (47.8%).

¹ Figures add to over 100% as students could select multiple ethnicities.

However, at the same time, Pacific young people are having to navigate socioeconomic inequities and injustices that are beyond their control:

- Almost two thirds of Pacific students lived in neighbourhoods with high levels of deprivation (62.3%).
- Almost half of Pacific students experienced housing deprivation – in that their families worried about not having enough money for rent or mortgage, or they needed to sleep in another place other than a bedroom or share a bed because of housing costs (this specifically excluded holidays and family visits) (47.1%).
- Almost half of Pacific young people reported that they do not always feeling safe in their neighbourhood (48.5%).
- Over a third of Pacific students reported experiencing racism (40.5%), and a further quarter were unsure if an experience was a racist encounter (25.2%).
- Around a quarter of Pacific students reported that their parents worried about money for food often or all the time (25.9%), and just over 1 in 10 reported their parents worried about money for electricity often or all the time (11.0%).
- While most Pacific students had not experienced healthcare discrimination in the last 12 months, some Pacific students reported discriminatory practice (5.0%).
- While most Pacific students felt safe at school, nearly 1 in 6 did not feel safe most of the time (14.1%), and over a third reported that their teachers did not treat students fairly most of the time (39%).
- Approximately a quarter of Pacific respondents had been touched in a sexual way or made to do unwanted sexual things that they did not want to do (24.7%).
- While many Pacific students had made plans for their future (87.4%), approximately a quarter reported that they did not feel they would get the support needed to realise these plans (25.2%).
- A third of Pacific respondents reported that they did not see a positive future for themselves in Aotearoa NZ (33.0%).

Pacific students also face major concerns in areas of wellbeing and health risks, particularly mental health, transport incidents and sexual health:

- Around a quarter of Pacific students reported significant depressive symptoms (25.8%).
- Over a quarter of Pacific students reported serious thoughts of suicide in the last year (26.4%).
- Over 1 in 10 Pacific students attempted suicide in the last year (11.7%).
- Less than half of Pacific students always used a seatbelt in a vehicle (42.6%).
- While most Pacific students were not sexually active (84.9%), 4 out of 5 sexually active students did not always use a condom (79.9%).
- While most Pacific students had not tried any substances, around 1 in 20 had smoked cigarettes (4.8%), had vaped (4.9%), or used marijuana (4.7%) on a regular basis.
- While less than half of Pacific students had drunk alcohol (46.7%), around 1 in 6 Pacific students reported binge drinking in the last 4 weeks (16.3%).
- In light of these findings, it is concerning that a quarter of Pacific students reported being unable to see a doctor or nurse (or other healthcare worker) when they had needed or wanted to in the previous year (25.2%). The most common barrier for Pacific students not seeking healthcare was that they did not want to make a fuss (33.3%).



Inequities

The findings in Talavou o le Moana illuminate the significant and persistent inequities for Pacific youth.

Pacific students are *significantly more likely* than Pākehā (NZ European/other European) students to have:

- Experienced significant housing deprivation (Pacific = 47.1%; Pākehā = 20.1%).
- Experienced racism (Pacific = 40.5%; Pākehā = 16.6%).
- Experienced significant socioeconomic deprivation (Pacific = 25.9%; Pākehā = 7.5%).
- Clinically significant depressive symptoms (Pacific = 25.9%; Pākehā = 19.6%).
- Been unable to access healthcare when required (Pacific = 25.2%; Pākehā = 16.5%).

Engaged in risky health behaviours including:

- Inconsistent contraceptive use (69.7% of sexually active Pacific students; 38.4% of sexually active Pākehā students).
- Been unable to access healthcare when required (Pacific = 25.2%; Pākehā = 16.5%).
- Been in a car driven by a risky driver (Pacific = 23%; Pākehā = 17.9%).
- Smoked cigarettes (Pacific = 6.1%; Pākehā = 4.3%).

However, Pacific students did have lower rates of vape use² and binge drinking than Pākehā students.

- Around 1 in 6 Pacific students reported binge drinking (16.3%) compared to approximately a quarter of Pākehā students (24.3%).

² The specific statistics on vaping rates are not provided as there has been a significant increase in vaping rates for Pacific students.



Trends 2001–2019

Over the past 19 years, over 4,800 Pacific young people have participated in the Youth2000 surveys (2001, 2007, 2012, 2019) allowing communities to observe trends over time. In Talavou o le Moana, this analysis was undertaken in five wellbeing areas: educational engagement and safety, wellbeing and mental health, sexual and reproductive health, substance use, and healthcare provision. The findings reveal that:

Some connections have remained relatively stable over time

- A large proportion of Pacific students consistently felt part of their school. In 2001, 85.7% of Pacific students felt part of their school, rising slightly to 88.9% in 2019.

Improvements in Pacific youth health and wellbeing youth:

There have been significant progress and improvements in three areas of health and wellbeing:

- While rates fluctuated across the four Youth2000 surveys, there has been an increase in Pacific students feeling safe at school (from 71.8% in 2001 to 85.9% in 2019).
- Pacific students are delaying initiating of sexual intercourse. The proportion of students ever having sex has decreased (from 36% of Pacific students having had sex in 2001 to 25.2% in 2019).
- There has been a significant decline in Pacific students' substance use:
 - » Smoking cigarettes lowered from 20.2% in 2001 to 4.3% in 2019.
 - » Binge drinking reduced from 23.2% in 2001 to 12.7% in 2019.
 - » Marijuana use decreased from 5.9% in 2001 to 3.6% in 2019.

However, Pacific youth health and wellbeing remains a concern in some important areas

There are some areas, particularly mental health and contraceptive use, that remain of great concern, with worsening or no improvement over the past 19 years.

There has been an **increase** in the proportion of Pacific students who report:

- Depressive symptoms. In 2001, 17.6% of Pacific students reported depressive symptoms. This rose to 25.9% in 2019.
- Serious thoughts of suicide. In 2007, 18.8% of Pacific students reported serious thoughts of suicide. This increased to 26.4% in 2019.
- Suicide attempt. In 2007, 9.7% of Pacific students reported a suicide attempt. In 2019, this rose to 11.7%. (Note: The confidence intervals somewhat overlapped, indicating that the observed difference may be due to chance.)

There has been a **decrease** in the proportion of Pacific students who report:

- Good emotional wellbeing. In 2007, 81.1% of Pacific students reported good emotional wellbeing. This figure reduced to 70.9% in 2019.
- Using condoms. In 2001, 40.3% of sexually active Pacific students reported using condoms. This figure reduced to 20.1% in 2019.
- Using contraception. In 2001, 45.3% of sexually active Pacific students reported using contraceptives, in 2019 this figure reduced to 30.3%.



Conclusions

Talavou o le Moana highlights the strength, resiliency and the complexities experienced by Pacific secondary school students in Aotearoa NZ. While Pacific students are thriving and connected in many areas of life such as family, schools and church, many are simultaneously having to navigate the harsh realities associated with deprivation, poverty and racism – factors that have significant and detrimental impacts on one’s health and wellbeing across the lifespan. For example, Pacific students from neighbourhoods with greater disadvantage and hardship were less likely to report that they had opportunities to show their talents and skills, compared to students from wealthier neighbourhoods.

The Youth2000 surveys show that there have been significant improvements in areas of health and wellbeing for Pacific young people over the last 19 years, including declining substance use, increasing feeling of safety at school and delayed sexual activity. However, there are significant issues that have not improved or have worsened, particularly mental health and contraceptive use. These persistent disparities must be addressed through consistent, comprehensive, and evidence-based approaches.

The health and wellbeing implications arising from Talavou o le Moana elevate existing Pacific youth, family and community recommendations, including:

1. Ensure Pacific students’ basic needs and rights are met;
2. Partner with Pacific young people, their families and communities to realise an equitable future; and
3. Invest in more quality research with and for Pacific young people, their families, and communities.

The proverb “it takes a village to raise a child” conveys the idea that it takes many people to provide a safe and healthy environment where children and young people have the right to thrive. For research undertaken with Pacific communities, ensuring Pacific people are actively involved in all stages of research and in the different roles, such as researchers, advisors, and stakeholders, is important. Genuine partnerships between researchers, local communities and government are needed to bring to light the many other health and wellbeing areas explored in Youth19, such as connections with culture and navigating digital and online environments.

Pacific talavou are gifts and we hope that Talavou o le Moana will help the village: young people, families, school, health and church communities, sports groups, service providers and policy makers to ensure the right help, opportunities, and support systems are in place.

“Ko tou malosi, ko you maumea”

“Your strength, your wealth.” One translation of this traditional Tuvaluan proverb is that strengthening one’s wellbeing equates to building one’s wealth. Furthermore, this applies to the individual and their wider community.



Introduction

**O oe nei, ae o a'u taeao;
o a'u nei, ae o oe taeao**

**Today it is your turn,
but tomorrow will be my turn**

*While I might lack what I need today,
I trust you will take care of me.
In turn, I will support you in your time of need.*

Samoa

(Movono & Scheyvens, 2021)



1. Introduction

This report, *Talavou o le Moana*, provides an overview of health and wellbeing of Pacific secondary school students from the Youth19 Rangatahi Smart Survey (Youth19). This survey, the fourth largest survey in the Youth2000 series, was conducted across secondary schools in Aotearoa New Zealand (NZ). Spearheaded by the Adolescent Health Research Group (AHRG), a multidisciplinary team of youth health researchers and clinicians, the series aims to bring high-quality information to support the health and wellbeing of young people in Aotearoa.

Throughout many Polynesian societies, *Moana* is used to describe the great Pacific Ocean. *Talavou* is also a pan-Pacific term often used to refer to youth or young people, however, in Tonga, *talavou* also refers to “beauty” (Kongaika & Fisher, 2019). The phrases *Tangata o te Moana nui* or *Tangata o le Moana* are often used to describe the people from the Pacific (Macpherson et al., 2000; Mallon et al., 2012). Māori – the Indigenous people of Aotearoa NZ, are referred to as *Tāngata o Te Moana-nui-a-Kiwa*, people from the great ocean of Kiwa. In “Our Sea of Islands,” Tongan and Fijian scholar Epeli Hau’ofa reminds us of the significance and the rich resources within, and between, Pacific communities (Hau’ofa, 1994). Rather than viewing the Pacific as isolated islands and atolls with few resources, they are resource rich and interconnected by way of the *moana* (ocean). This *Talavou o le Moana* report provides insights on the health and wellbeing of the beautiful Pacific young people in Aotearoa NZ.

1.1 Honouring Māori and Te Tiriti o Waitangi

Discussing the health and wellbeing of Pacific young people in Aotearoa NZ requires an appreciation of the special and important role of Māori. This *whanaungatanga* (relationship) between Māori and Pacific peoples has been forged through rich historical and relational ties that have existed for millennia before the signing of Te Tiriti o Waitangi (Ministry for Pacific Peoples, 2018). As navigators and explorers, Māori and Pacific peoples share whakapapa (genealogy) illustrated through the concept of *tuakana–teina* – referring to a relationship between the older and younger sibling or cousin of the same sex (Reilly, 2010). In the context of Aotearoa NZ, Māori are *tangata whenua* or tuakana, and Pacific peoples are teina or *tangata tiriti* in the context of the Treaty of Waitangi, as the presence of Pacific peoples in Aotearoa in recent history is due to

the signing of Te Tiriti o Waitangi/the Treaty (Ministry for Pacific Peoples, 2018).

Māori and Pacific peoples share similar customs, values, beliefs, and languages, as evident in the plethora of models and frameworks that depict both Māori and Pacific peoples’ understanding of health and wellbeing such as Sir Mason Durie’s Te Whare Tapa Wha model (Durie, 1994) and Dr Karl Pulotu-Endemann’s Fonofale model (Pulotu-Endemann, 2001). These models illustrate an interconnected and holistic view of health and wellbeing that encompasses physical, mental, emotional, social, and spiritual dimensions of health. In *Talavou o le Moana*, we see the strengthening of these historical ties with the increasing numbers of Pacific young people sharing whakapapa to the iwi ō Aotearoa (tribes of Aotearoa NZ).

1.2 Pacific people in Aotearoa New Zealand

The terms *Pacific peoples* or *Pasifika* are often used to describe the diverse cultures of people from Polynesia, Melanesia, and Micronesia. The story of Pacific peoples in Aotearoa NZ has changed, with early accounts illustrating the waves of migration from peoples of the Pacific. However, increasing generations of Pacific peoples now call Aotearoa NZ home, with over 60% born in Aotearoa NZ. Greater numbers of Tokelau, Cook Islands and Niue peoples live in Aotearoa NZ than in their islands, which are part of the realm of New Zealand (Macpherson, 2000; Stats NZ, 2023).

There are 17 distinct Pacific ethnic groups recognised in Aotearoa NZ. The 10 largest are Samoan (47.9%), Tongan (21.6%), Cook Islands Māori (21.1%), Niuean (8.1%), Fijian (5.2%), Tokelauan (2.3%), Tuvaluan (1.2%), i-Kiribati (0.8%), Tahitian (0.5%) and Papua New Guinean (0.3%) (Stats NZ, 2017).

In 2018, Pacific people made up around 8% (381,600) of the Aotearoa NZ population and were the fourth-largest major ethnic group behind the NZ European, Māori and Asian ethnic groups. A large proportion of Pacific peoples live in the North Island, with over two thirds (64%) of Pacific peoples residing in Auckland, followed by Wellington (11%) and Waikato (5%) and as well as 5% in Canterbury (Ministry for Pacific Peoples, 2020).

The Pacific population in Aotearoa NZ is youthful, with just under half (46.1%) under the age of 20 years old (27.4% for the total New Zealand population). The median age for Pacific peoples is 23 years, lower than that of the overall Aotearoa NZ population and lower than for other ethnic groups (median age for Māori is 25.4 years, Asian is 31.3 years and European is 41.4 years) (Ministry for Pacific Peoples, 2020; Stats NZ, 2023).

Over the last 2 decades, the number of Pacific peoples in Aotearoa NZ with multiple ethnic identities has increased. For example, in 2006, approximately a third (34.3%) of Pacific peoples identified with two to six ethnic groups. In 2013, this had increased to 37.3%, and in 2018, 40.6%. The number of people who identify as Pacific and Māori has had the greatest increase over the last 5 years. While other ethnic combinations have increased by 0.1% or 0.2%, those who identify as Pacific and Māori has increased by 1.3%. About half of the 9% who identify as Pacific and Māori are aged under 15 years (Ministry for Pacific Peoples, 2020).

This report focuses on Pacific students in Years 9 to 13 in Aotearoa NZ schools. These are the secondary school years (Form 3 to 7 in former terminology) and almost all young people are aged 12–19 at this time, with the majority being 13–18 years. Some societies see this age as a stage where a young person becomes increasingly independent from their parents and families, taking on adult roles and responsibilities. However, it is important to note that, in many Pacific cultures, the age of moving from dependence to independence can vary from as young as 10 to the mid-30s (Lee & Craney, 2019; Noble et al., 2011). Hence, it is important to be wary of making assumptions about age and associated responsibilities across cultural groups.

While many Pacific people perceive their overall health positively and aspire to lead healthier lifestyles (Ministry of Health, 2020a, 2020b), an overwhelming proportion of Pacific and Māori communities experience entrenched inequities in New Zealand (Ministry of Health, 2023; Ministry for Pacific Peoples, 2020), some of which are reflected in this report. While there have been gains in some health, education and social outcomes, Pacific peoples continue to experience

persistent inequities and unmet needs across multiple domains such as employment, housing, health, and education (Health Quality & Safety Commission, 2021). During 2015 to 2019, the leading cause of death for Pacific young people aged 15–19 years was medical conditions and suicide (n=28 deaths each), with a further 22 deaths due to injury – with transport incidents resulting in 10 deaths (45% of injury deaths). Pacific youth have a higher mortality rate overall compared to non-Pacific/non-Māori youth (Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee, 2021).

Social determinants of health, such as family

income, access to quality food and treatment by health professionals, are beyond the control of most students yet have a significant influence on their health and wellbeing. When students have good wellbeing, they can participate in school, engage with their families, contribute to communities and have better mental and physical health in adulthood (Kapeli et al., 2020a; Kutcher & Venn, 2008; McLean, 2019). Research plays a vital role in understanding and improving the health and wellbeing of our society. We hope that *Talavou o le Moana* adds to our knowledge of Pacific young people and their communities, particularly given the lack of substantive data on the health of Pacific communities.

1.3 Youth19 and the Youth2000 Health and Wellbeing surveys

The Youth 2000 surveys are a series of representative surveys developed by the Adolescent Health Research Group (AHRG) that profile the health and wellbeing of New Zealand secondary school students. Established in 1999, the AHRG is a multidisciplinary team of health researchers and clinicians who aim to provide accurate, up-to-date information that contributes to improved wellbeing and futures for all young people in Aotearoa NZ.

Over the past 19 years, over 36,000 young people have participated in the four cross-sectional surveys in 2001, 2007, 2012 and 2019. The findings have been widely used to inform policy and practice, here and overseas.

The Youth19 Rangatahi Smart Survey, *Youth19*, was conducted with secondary school students, young people attending Alternative Education (AE) schools and young people not in education, employment or training (NEETS) living in the Auckland, Northland and Waikato regions in 2019. The survey was led by AHRG members - investigators from the University of Auckland, Victoria University of Wellington, University of Otago and Auckland University of Technology with the AHRG. It was made possible through funding support from the Health Research Council of New Zealand through two project grants: *Harnessing the Spark of Life: Maximising Whānau Contributors to Rangatahi Wellbeing (17/315)* led by Professor Terryann Clark and *Integrating Survey and Intervention Research for Youth Health Gains (18/473)* led by Associate Professor Terry Fleming.

1.4 This report

This report highlights key findings for Pacific secondary school students* in the areas of ethnic and gender identity; family and faith; socioeconomic environments and housing; education; friends and community connections; physical, mental and sexual health; substance use; and healthcare access, from the Youth19 survey. These findings are reported at a pan-Pacific level, i.e., combining all Pacific youth in one group. While there are distinct differences between Pacific ethnic groups, this approach offers an important overview. There is also an emerging identity from the commonalities and shared experiences of various Pacific communities, especially amongst young people (Macpherson, 2000; Tiatia, 1998). Finally, there are challenges about reporting findings for each Pacific ethnic group separately as some numbers are small which means estimates are less accurate and privacy may be reduced. However, future analyses may explore issues for specific Pacific ethnic groups and for Pacific young people who are attending kura Kaupapa Māori, Alternative Education (AE) schools and those not in employment, education, or training (NEET) as these young people are not included in these analyses.

In each section of the report, we comment on findings for Pacific students overall, and then consider important differences by age, sex and neighbourhood socioeconomic deprivation. We also look at how Pacific students are doing on key indicators compared to previous Youth2000 surveys (i.e., 2001, 2007, 2012). Comparisons between Pacific and Pākehā (NZ European /other European) students on key indicators are provided in Appendix A and allow us to consider key equity issues.

Youth19 is a comprehensive health and wellbeing survey, capturing several areas of interest. This report does not directly address the multiple identities of many Pacific young people. For example, we do not include specific analyses for those multiple ethnicities, disabling health conditions, or gender fluidity/sexualities, even though these groups have important experiences and challenges. Some intersectional analyses were completed as part of a *Negotiating Multiple Identities* report commissioned by the Ministry for Youth Development I Te Manatū Whakahiato Taiohi (Roy et al., 2021). We encourage readers to explore the accompanying series of Youth19 “briefs” or short summaries for each of these groups included in Appendix B (and available on our website: www.youth19.ac.nz). There are some small differences in the methods used to analyse data across the Pacific reports, as noted in the methods sections within these reports.

The analyses for this Talavou o le Moana report was completed by Pacific researchers with support from the broader team. The report builds on previous Pacific reports from earlier Youth2000 surveys (Fa'alili-Fidow et al., 2016; Helu et al., 2009; Mila-Schaaf et al., 2008) and adds to other Pacific findings from Youth19 (e.g., see Ball et al., 2023; King-Finau et al., 2022; Roy et al., 2023; Simon-Kumar et al., 2022; Sutcliffe et al., 2023).

Terms

Throughout the report, the terms *talavou*, *youth*, and *students* are used to refer to Pacific secondary school students who participated in Youth19.

* The findings highlighted in Talavou o le Moana are derived from Pacific students attending mainstream secondary schools. This does not include Pacific students from kura Kaupapa Māori, Alternative Education (AE) schools and those not in employment, education, or training (NEET).

1.5 How to use this information

We hope that the findings presented in *Talavou o le Moana* will support the efforts of communities, schools, churches, service providers and policy makers in making informed decisions and taking action on important issues for Pacific communities in Aotearoa NZ.

We encourage people to use the information in this report to advocate for the health and wellbeing of Pacific young people. However, it is important to note that there is a tricky balance between advocacy and contributing toward the stigma associated with health disparities between Pacific and Pākehā youth. We urge all those who draw on these findings to be mindful that most Pacific young people are healthy and well, and to take utmost care to ensure Pacific youth are not stigmatised. Our Pacific *talavou* are unique and vibrant members of our community with much to share.

Caution is important in interpreting these results. Unlike the previous Youth2000 health and wellbeing surveys that were undertaken with schools across Aotearoa NZ, the Youth19 survey was conducted in three regions: Auckland, Te Tai Tokerau and Waikato. This is important to consider in making comparisons between 2019 and earlier Youth2000 studies. However, at the same time, these three regions collectively reflect 70% of the Pacific population in Aotearoa NZ (Ministry for Pacific Peoples, 2020). Moreover, the results presented in this report are calibrated to the national population, enabling comparisons with earlier surveys.

Furthermore, the students in this report do not include young people who were absent from school on the day of the survey, those who had left school, or those in AE settings; hence the findings are likely to represent a slightly positive view of the health of Pacific young people. We know from research that those in secondary school are at lower risk of social and health challenges such as exposure to poverty, violence, unfair treatment, alcohol harm and other risks, than adolescents who are outside the school system. Other Youth19 research reports consider the needs of adolescents in AE and those NEET (Clark et al., 2021, 2023). However, these reports are not ethnic specific, as there are fewer participants from some ethnic groups.



Methods

**Totō hau tōkiga nei,
aua na tupulaga e fāi mai**

**Plant a seed today
for the future generations**

Tokelau

(Movono & Scheyvens, 2021)



2.1 The Youth19 sample

The Youth19 survey builds on previous Youth2000 surveys which are large-scale comprehensive adolescent health and wellbeing surveys of young people in Aotearoa NZ. In brief, in 2019, we randomly selected schools from all schools with over 50 students in Years 9–13 in the Auckland, Te Tai Tokerau and Waikato regions. In addition, we invited two kura kaupapa Māori from each region. The Auckland, Te Tai Tokerau and Waikato regions are demographically diverse and include rural and remote as well as major urban areas. Together, they include 47% of the secondary school population. School principals of each selected school or kura were contacted and invited to take part. Where they agreed, parents and caregivers were given information about the survey and could opt for their child to be excluded. Next, students were randomly selected from the roll, except in kura and two small schools where all were invited to take part at the request of leadership; and in schools with fewer than 150 students, where 30 were invited to avoid risks of generating identifiable data. Full details of the processes are included in Fleming, Peiris-John et al. (2020) and Rivera-Rodriguez et al. (2021).

Invited students were provided with information about the survey and asked to come to the survey venue (such as a school hall) on the day of the survey. At that time, researchers explained the survey, and answered any questions, students viewed an information video and then gave their own consent to take part. They could choose not to take part or could leave the survey at any point without having to give a reason.

Over half (57%) of invited schools, 67% of kura kaupapa Māori and 60% of invited students took part, resulting in a final sample of 7,721 Year 9–13 students from 49 schools, including four kura kaupapa Māori. In total this is about 6% of Year 9–13 students in the region (Fleming, Peiris-John, et al., 2020; Greaves et al., 2021). In addition, we sampled 92 Alternative Education (AE) students, and 78 young people not in education, training, or employment (NEET). Their data are reported elsewhere (Clark et al., 2023). This Talavou o le Moana presents findings for Pacific secondary school students.

2.2 The Youth19 questionnaire

The Youth19 survey consists of 285 questions across 11 key areas: ethnicity and culture; home life; identity; school; health; emotions; injury and violence; sport, work, and online time; sex and sexuality; addictive behaviours; and neighbourhood and spirituality. The questions were a combination of core questions from the previous Youth2000 surveys and new questions. New areas included greater attention to rangatahi wellbeing (teenager or young adults), topical and emerging issues, and open-text questions and the ability for students to opt in to receive digital help information on

health and wellbeing topics. The self-report questionnaires were delivered via internet-enabled tablets using M-CASI technology (text on screen and read aloud with headphones in English or te reo Māori).

Further information about the Youth19 survey can be found in the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report (Fleming, Peiris-John, et al., 2020), which explains how the survey was conducted, who was included and how to interpret the results. The full Youth19 questionnaire is available at: youth19.ac.nz.

2.3 Ethical issues

There are important considerations when undertaking research with young people. Like the previous Youth2000 surveys (2001, 2007, 2012), Youth19 was voluntary – students did not have to participate if they did not want to. They could choose to not answer questions and could stop the survey at any time. The survey was also anonymous – no personal details were collected. A “branching” question design was utilised, so students were not asked detailed questions about things that did

not apply to them, for example, only students who reported that they smoked saw further questions about smoking. Furthermore, students were offered support options including being able to have information about topics in the survey sent to their phone or email from within the survey itself. Ethical approval was obtained from the University of Auckland Human Participants Ethics Committee (Reference #022244).

2.4 Identifying Pacific students

Students were asked: “Which ethnic group do you belong to?” and could give as many responses from 167 options as were relevant. For this report, we draw on a “**total ethnicity response**” reporting method. This means that all students who included at least one Pacific ethnicity among their ethnicities are counted as Pacific. For example, someone who identified as both Māori and Tongan would be included in the Pacific group, as would someone who identified as NZ European, Dutch, Chinese and Samoan.

This method of classifying ethnicity differs from the “New Zealand ethnicity prioritisation” method (prioritised ethnicity reporting) where each person is assigned to a single ethnic group, for example, students who identify as Māori *and* Pacific ethnicity would be counted as Māori. For most Youth19 reports, the “prioritised ethnicity” method was used, as defined by the Ministry of Health (2017). However, for the purposes of Talavou o le Moana “total ethnicity reporting” allows us to capture an overview of all Pacific youth, including those with multiple identities.

2.5 NZ Deprivation Index and school decile

While students were completing the Youth19 survey, a research assistant asked each student to enter the address of the place they usually live into a custom web app that resolved and saved their census meshblock number without storing their personal address. Each student’s meshblock was stored in a database against their unique survey login and later coupled with their survey responses. This meshblock data enabled the research team to identify students’ neighbourhood-level New Zealand Deprivation Index (NZDep) 2018, as well as determine urban, small-town, or rural designation.

The NZ Deprivation Index (NZDep) measures the socioeconomic deprivation for neighbourhood areas. It is based on variables from the census which reflect eight dimensions of deprivation (Atkinson et al., 2019). The NZDep measure is shown as a decile rank from 1 to 10. Decile 1 represents areas with the *least* deprivation (i.e., the generally wealthiest areas), while Decile 10 represents areas with the *most* deprivation. We have reported deprivation in groups: NZ Dep 1–3 (low deprivation), 4–7 (medium deprivation) and 8–10 (high deprivation).

It is important to note that the NZDep estimates relative socioeconomic deprivation for *areas*, not individual households. Studies have shown that teenagers often have limited information about household socioeconomic status and that, overall, those who live in more deprived areas (such as NZDep Decile 9 and 10) are more vulnerable to environmental risks and hence this is a valuable measure. Other survey measures, such as parents or caregivers worrying about money for food or electricity, provide indications of household-level deprivation and provide an important part of the picture.

School decile is an indicator of the characteristics of the school communities based on: household income – the percentage of households with income in the lowest 20% nationally; occupation – percentage of employed parents in the lowest skilled occupational groups; household crowding – number of people in the household divided by the number of bedrooms; educational qualifications – percentage of parents with

no tertiary or school qualifications; income support – percentage of parents who received a benefit in the previous year.

Decile 1 schools are the 10% of schools with the highest proportion of students from low-socioeconomic communities as measured by these criteria, while Decile 10 schools are the 10% of schools with the highest proportion of students from high-socioeconomic communities as measured by these criteria. In this report we have grouped these into three bands; Deciles 1–3; Deciles 4–7 and Deciles 8–10. Notably, for school decile, the lowest deciles are generally financially poorer communities.

In 2019, the majority of Pacific students attended schools with a low (53.4%) or medium (25%) decile rating. Note that in 2023, school deciles were phased out, with the Ministry of Education (2023) now using an Equity Index.

2.6 Statistical analysis

The survey responses were weighted to adjust for unequal probabilities of selection and calibrated to provide accurate estimates of the prevalence of each outcome among young people in Aotearoa NZ as a whole (Fleming,

Peiris-John, et al., 2020; Rivera-Rodriguez et al., 2021). The calibration was based on population data available from Education Counts for sex, age, ethnicity and decile (see Rivera-Rodriguez et al., 2021).

2.7 Reading the numbers and tables

Throughout this report, we provide a description of the findings and show data in tables. Here we outline how to read these tables.

n and N. “n” refers to the number of people who answered that question positively (said yes) while “N” refers to the total number of people who answered that question (whatever their answer was). N varies between questions as students could choose not to answer questions and the survey was

branched so students only saw questions that were relevant to them. For example, looking at Table 1, the first row shows that 199 out of the 1,130 Pacific students who answered the question reported they were aged 13 and under.

The **percentage (%)** refers to the estimated percentage of students (how many out of 100) who reported that response after adjustments were made for the sampling design. In the

case of Table 1, the first row shows us that 14.5% of Pacific students were aged 13 and under (once statistical adjustments were made for the research design).

The **confidence interval (95% CI)** indicates the precision of the estimated percentage by providing an interval within which we are 95% sure the true value lies. For example, in Table 1, the confidence interval tells us we can be 95% sure that the true value of how many Pacific students are aged 13 and under lies between 12.1 and 17.0. This is like a margin of error in a political poll. The size of the confidence interval is impacted by the number of responses in that group. Results from larger groups have narrower confidence intervals than those where fewer people are included.

Where confidence intervals do not overlap for different groups, we can be sure that the apparent differences between groups are not due to chance. When confidence intervals do overlap, it is possible that apparent differences are chance or random effects, hence apparent differences should not be interpreted as definitive nor as proof. For example, in this table, it appears that older students may be more likely to feel that a parent cares about them a lot (94.6% compared to 91.5%). However, these confidence intervals overlap, so this apparent difference may be due to chance. At the same time, overlapping confidence intervals does not mean apparent differences are unimportant. They may still be quite large, and other sources of data, or patterns of difference, may increase our confidence that these are important (du Prel et al., 2009; Greenland et al., 2016).

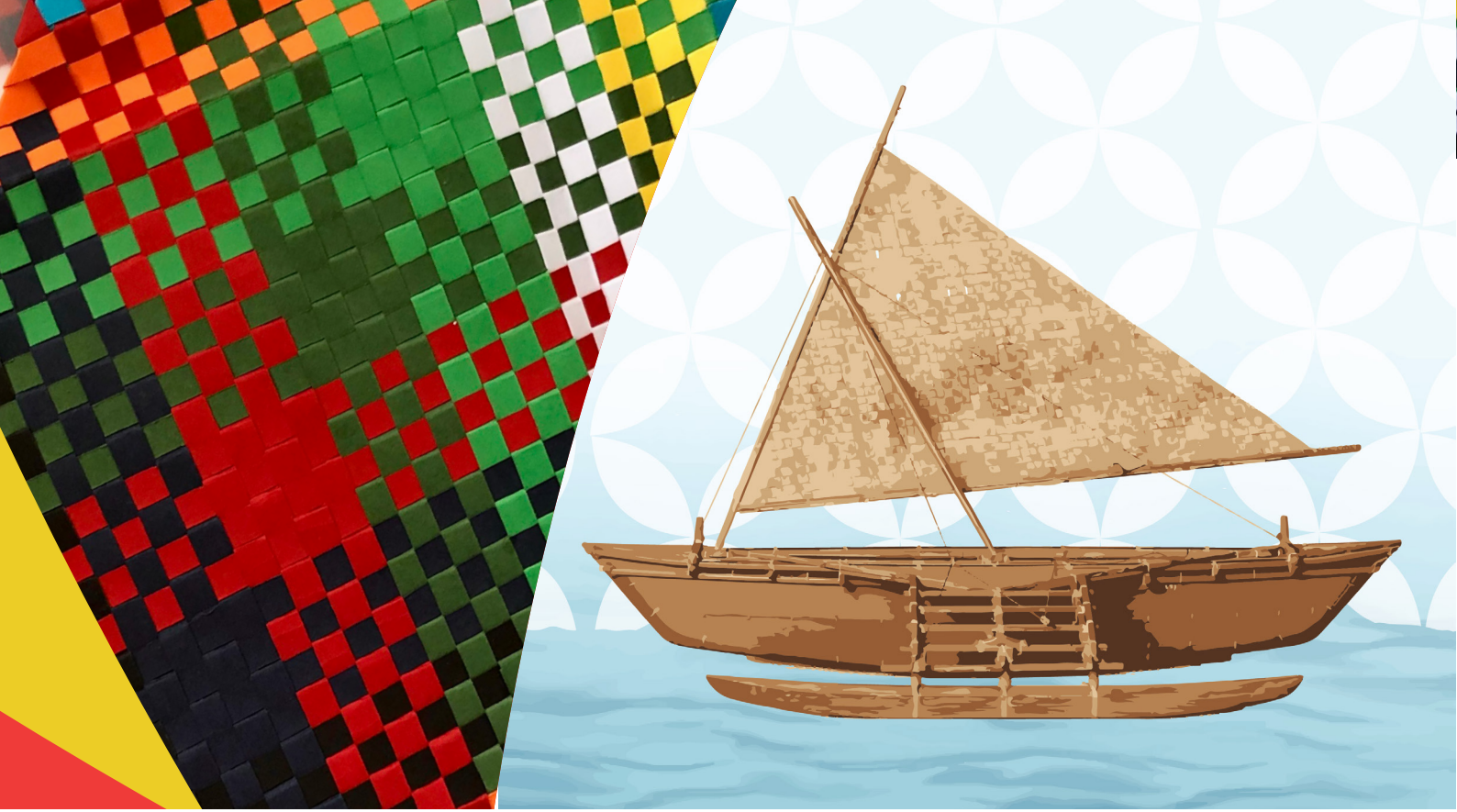
Nonoverlapping confidence intervals is a more conservative (i.e., tighter) criterion than predetermined significance levels (i.e. p-value, or probability value of $p < 0.05$ or < 0.01) and is a more appropriate indicator for survey data. For these reasons, we refer to differences between groups as “definitive” where confidence intervals do not overlap. Where confidence intervals do overlap, we are more cautious and do not focus on these in the text or we discuss these as “apparent” differences where these appear sufficiently large to suggest that not considering them would be inappropriate.

For comparing 2019 data to previous years (trend analyses), we present frequencies (n and N), percentages, and 95% confidence intervals for each year (2001, 2007, 2012, 2019). Unless otherwise stated, the wording of survey questions and response options has been consistent over the survey waves, enabling comparison over time.

We provide an **equity analysis** for key outcomes in Appendix A, comparing Pacific youth to youth who only identified as Pākehā. Relative risk (RR) and p-values are reported. RR is the ratio of the probability of an outcome for Pacific students to the probability of an outcome for Pākehā students, and a p-value indicates whether the observed difference between Pacific and Pākehā youth is statistically significant.

2.8 How reliable are these findings?

The survey responses were weighted to adjust for unequal probabilities of selection and calibrated to provide accurate estimates of the prevalence of each outcome among young people in Aotearoa NZ as a whole (Fleming, Peiris-John, et al., 2020; Rivera-Rodriguez et al., 2021). The calibration was based on population data available from Education Counts for sex, age, ethnicity and decile (see Rivera-Rodriguez et al., 2021).



Study Findings

**Lutu na niu,
lutu ki vuna**

A coconut falls close to its roots

*The upbringing and environment of
children will shape their character,
attitude, and behavior.*

Fiji

(Movono & Scheyvens, 2021)



3. Demographics

Wellbeing encompasses a range of dimensions of health and is more than just the “absence of illness” (Ataera-Minster & Trowland, 2018; Vaka et al., 2022). As reflected in several Pacific health models and wellbeing frameworks, such as the Fonofale and Fonua model, the health of an individual is influenced by the physical, social, cultural, economic, and environmental contexts in which they live (Pulotu-Endemann, 2001; Tu’itahi, 2015).

In this section, we report on the age of Pacific students, where they live, their ethnic and gender identity. Previous Youth19 reports have highlighted some of the issues Pacific rainbow young people face (see: Roy et al., 2021). In addition, recent studies such as the Manalagi project - the largest Pacific rainbow LGBTQIA+ MVPFAFF+ survey undertaken in Aotearoa NZ, provides valuable insights (Thomsen et al., 2023) for these communities. Ethnicity may change over time, reflecting a shift in cultural affiliation or identity.

“Ethnicity is the ethnic group or groups that people identify with or feel they belong to. Ethnicity is a measure of cultural affiliation, as opposed to race, ancestry, nationality or citizenship. Ethnicity is self-perceived and people can belong to more than one ethnic group.’

(Ministry of Health, 2017, p.4).

For most sections, we provide results for Pacific youth overall and include a table with breakdown by age, sex and neighbourhood deprivation. We comment on differences by age, sex, and neighbourhood deprivation where confidence intervals do not overlap. Next, we provide comparisons between Pacific students and Pākehā students, concluding with changes for Pacific youth over time (2001, 2007, 2012 and 2019 data) on key indicators.

3.1 Age, region and gender identity

Participants were asked their age in years ('How old are you?').

To identify sex, they were asked 'How do you describe yourself?' with response options being, I am a boy or man, I am a girl or woman, I identify in another way'. Those who responded, 'I identify another way' are asked 'What sex were you at birth, even if it is different today?'

To identify gender diversity they were asked, 'Are you or might you be transgender or gender-diverse? By this we mean that your current gender is different from you gender at birth (e.g. trans, non-binary, Queen, fa'fafine, whakawahine, tangata ira tane, genderfluid or genderqueer)?'

The census meshblock for participants' main home address was used to assess whether they lived in an urban, rural, or small-town setting.

In Youth19,

- There were between 200–260 Pacific students in each age group (13 years or under, 14, 15, 16 and 17 years or over).
- Just over half were female (51.8%) and 48.2% of Pacific students were male (see Table 1).
- 93.8% of Pacific students identified as cisgender, while 0.9% identified as transgender (see Table 2).
- Most Pacific students live in urban areas (91.2%).

Cisgender refers to an individual having a gender identity that corresponds to their sex assigned at birth. Transgender refers to an individual whose gender identity differs from the sex that they were assigned at birth.

Table 1. Pacific students – Demographics, Youth19

	n (N)	% [95% CI]
Age		
13 and under	199 (1,130)	14.5 [12.1–17.0]
14	256 (1,130)	21.0 [18.2–23.8]
15	256 (1,130)	21.9 [19.7–24.1]
16	209 (1,130)	19.7 [17.3–22.1]
17 and over	210 (1,130)	23 [18.2–27.7]
Sex		
Male	450 (1,130)	48.2 [34.1–62.3]
Female	680 (1,130)	51.8 [37.7–65.9]
Location		
Urban	917 (1,008)	91.1 [87.5–94.8]
Small town	32 (1,008)	2.6 [1.0–4.3]
Rural	59 (1,008)	6.2 [3.6–8.9]

Table 2. Pacific students – Gender identity, Youth19

Gender Identity	N (N)	% [95% CI]
Cisgender	1,046 (1,118)	93.8 [92.8–94.7]
Transgender	12 (1,118)	0.9 [0.4–1.3]
Unsure	60 (1,118)	5.4 [4.4–6.4]

3.2 Ethnic identity

In Youth19, all students were asked the question “Which ethnic group do you belong to?” Students could select as many of the 167 ethnicities listed as applied to them.

Pacific ethnicity options included Samoan; Tongan; Cook Islands Māori; Fijian; Tahitian; Tokelauan; Tuvaluan; New Caledonian; Ni Vanuatu; Solomon Islander; Rotuman; and Pacific Peoples.

In Youth19, Pacific young people reflected diverse ethnic backgrounds:

- 1,130 (14.6%) of the total 7,721 secondary students who completed the Youth19 survey were Pacific.
- Most of the 1,130 Pacific students identified as Samoan (49.1%), Tongan (30.8%) and/or Cook Islands Māori (20%). Pacific students also identified as Niuean, Fijian and Other Pacific (see Table 3).
- Of the 1,130 students that reported Pacific ethnicities, most (83.8%) reported one Pacific ethnicity (e.g., Samoan only or Tongan only), with 14.1% reporting two Pacific ethnicities (e.g., Samoan and Tongan) and 2% reporting three or more Pacific ethnicities (e.g., Samoan, Tongan and Cook Islands Māori) (see Table 4).
- Nearly half (49.4%) of Pacific students also identified with non-Pacific ethnic groups (see Table 5). Of the 1,130 Pacific students, 28.6% also identified as European, 26.6% also identified as Māori, and 8.9% also identified as Asian (see Table 6).

We used the New Zealand Standard Classification of Ethnicity to cluster participants from these 167 ethnicities into groups (New Zealand Department of Statistics, 1993; Ministry of Health, 2017). At ‘level 1’ classification, individuals are classified into six main ethnic groups: Māori, Pacific Peoples, Asian, MELAA (Middle Eastern/Latin American/African), Other Ethnicity or European/ Pākehā (as shown in Table 6). At ‘level 2’, more detail is provided, including classifying individuals into seven Pacific ethnic groups: Fijian, Tokelauan, Niuean, Tongan, Cook Islands Māori, Samoan, and Other Pacific Peoples (as depicted Table 3 and Table 4). We do not provide more detailed breakdown (level 3 and 4 classification) to protect the privacy of those in small groups.

Table 3. Pacific students – Pacific ethnicities reported, 2019 (Stats NZ Level 2)

Ethnicity	n (N)	% [95% CI]
Samoaan	559 (1,130)	49.1 [46.0–52.2]
Tongan	343 (1,130)	30.8 [27.2–34.4]
Cook Islands Māori	227 (1,130)	20.0 [17.5–22.6]
Niuean	97 (1,130)	8.0 [5.6–10.3]
Fijian	88 (1,130)	7.3 [6.0–8.5]
Other Pacific Peoples	71 (1,130)	5.6 [3.9–7.3]

Numbers add to more than 100% as students could select more than one Pacific ethnicity.

Table 4. Pacific students – Number of Pacific ethnicities reported, 2019 (Stats NZ Level 2)

Number of Pacific ethnicities reported	n (N)	% [95% CI]
1 ^a	937 (1,130)	83.8 [81.9–85.7]
2 ^b	166 (1,130)	14.1 [12.4–15.8]
3+ ^c	27 (1,130)	2.0 [1.4–2.7]

a only identified as Pacific.

b identified as two Pacific ethnicities.

c identified as three or more Pacific ethnicities.

Table 5. Pacific students – Number of total ethnicities reported, 2019 (Stats NZ Level 1)

Number of ethnicities (Pacific or non-Pacific)	n (N)	% [95% CI]
1 ^a	630 (1,130)	50.6 [47.2–54.1]
2 ^b	367 (1,130)	34.8 [31.3–38.3]
3+ ^c	133 (1,130)	14.6 [12.6–16.6]

a only identified as Pacific.

b identified as Pacific and one Pacific or non-Pacific ethnicity.

c identified as Pacific and two or more Pacific or non-Pacific ethnicities.

Table 6. Pacific students – Ethnicities reported, 2019 (Stats NZ Level 1)

Ethnicities	n (N)	% [95% CI]
European	314 (1,130)	28.6 [25.7–31.5]
Māori	215 (1,130)	26.6 [23.4–29.8]
Pacific	1,130 (1,130)	100.0 [100.0–100.0]
Asian	100 (1,130)	8.9 [7.1–10.6]
MELAA	9 (1,130)	0.6 [0.2–1.0]
Other	Under 5	NR

Notes: Numbers add to more than 100% as students could select more than one ethnicity

NR = Not reported: Where there are under 5 persons in a group, these are not reported to protect privacy of participants.



4. Family and Faith

There are many facets that shape and form identity. In many Pacific cultures, family is the cornerstone of identity and belonging. While there are variations in what constitutes family, *aiga*, *famili*, *kopu tangata-anau*, family connectedness is crucial.

Family connectedness, or closeness and warmth with family members, is linked to improved health and wellbeing in young people, including lower rates of smoking and alcohol use (Jose et al., 2012), better mental health (Teevale et al., 2016), positive behaviour (Paterson et al., 2016) and positive educational outcomes (M. Reynolds, 2018).

Over time, New Zealand-born Pacific generations have been able to “create and adopt an identity which is different from that of their parents and from that of non-Pacific Islands New Zealanders” (Macpherson 2000, p. 138). These identities may be expressed via different mediums and means, including language (Ministry for Pacific Peoples, 2022; Taumoefolau et al., 2002); pride in their Pacific culture (Mila-Schaaf et al., 2008); media, fashion, and cultural events (Zemke-White, 2001); and culture and religion (Manuela & Sibley, 2015).

“I appreciate what my family has done for me”

Pacific female, aged 13 or under

“The only thing I would do is decrease the amount of time my parents work, in order for us to have more time together”

Pacific female, aged 13 or under

[Thriving at home and with family: Pacific youth perspectives. A Youth19 brief](#)

4.1 Family relationships

In Youth19, the vast majority of Pacific students reported:

- At least one of their parents cares about them a lot (92.8%).
- There is someone in their family with whom they can have fun (93.9%).
- Their family wants to know who they are with and where they are (93.2%).
- Their family are proud and supportive of them (88.2%) (see Table 7 and Table 8).

Most Pacific students also reported:

- There is someone in their family who respects what's important to them (80.9%).
- There is someone in their family with whom they can share their feelings (73.7%) or talk about their worries (71.9%).

Many, although not all Pacific students feel they get enough quality time with their family (73.6%).

There are some apparent differences for Pacific students from different demographic groups, e.g., males compared to females, older and younger students and students from higher and lower deprivation communities, as shown in the tables below. However, in almost all cases, the 95% confidence intervals (95% CI, provided in brackets) overlap. That means that these apparent differences are not definitive (they could be considered within a margin of error as explained in Section 2). However, there two differences which are definitive:

- Fewer Pacific female students than Pacific males feel they get enough quality time with their family (68.9% Pacific females compared to 78.3% Pacific males).
- Fewer Pacific female students than Pacific males feel their family respects what's important to them (77.5% Pacific females compared to 84.6% Pacific males).

The family connection findings reported here are very similar to those reported by Pākehā students, as shown in Appendix A. For example, 95.1% of Pākehā students reported that at least one of their parents cares about them a lot, and 93.2% of Pākehā students reported that someone in their family wants to know who they are with and where they are.

“If we could go our more and spend more time as a family, it would be fun for all the family”

Pacific male, age 15

[Thriving at home and with family: Pacific youth perspectives. A Youth19 brief](#)

Table 7. Pacific students – Family relationships, 2019. Part 1

	At least one of the student's parents cares about them a lot		Family wants to know who student is with and where they are		Family can share feelings		Family can talk about worries		Family respects what's important	
	n (N)	% [95% CI]	N (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total										
Total	959 (1,035)	92.8 [91.4–94.2]	1,051 (1,125)	93.2 [91.2–95.1]	812 (1,116)	73.7 [70.6–76.8]	794 (1,113)	71.9 [68.8–75]	888 (1,110)	80.9 [78.7–83.1]
Age										
Under 16	596 (645)	91.5 [89.6–93.4]	655 (707)	92.2 [89.3–95.1]	509 (702)	73.8 [70.3–77.2]	496 (698)	70.7 [66.7–74.7]	552 (696)	79.7 [76.8–82.6]
16 or over	363 (390)	94.6 [93.0–96.1]	396 (418)	94.4 [92.9–96.0]	303 (414)	73.7 [69.3–78.0]	298 (415)	73.5 [68.6–78.3]	336 (414)	82.5 [79.4–85.6]
Sex										
Male	352 (380)	93.4 [91.8–95.1]	405 (445)	90.8 [87.4–94.3]	342 (442)	77.1 [74.2–80.0]	330 (441)	74.8 [71.1–78.5]	369 (438)	84.6 [81.8–87.5]
Female	607 (655)	92.3 [90.4–94.2]	646 (680)	95.3 [93.7–96.9]	470 (674)	70.6 [66.3–74.9]	464 (672)	69.2 [65.5–73.0]	519 (672)	77.5 [75.1–79.9]
Neighbourhood deprivation										
Low	77 (81)	89.1 [82.9–95.3]	88 (92)	93.5 [89.6–97.4]	72 (92)	74.9 [69.0–80.9]	73 (92)	79.5 [73.7–85.4]	81 (92)	86.3 [81.4–91.1]
Medium	230 (241)	95.2 [92.0–98.4]	246 (272)	88.8 [81.7–96.0]	196 (269)	74.1 [67.7–80.4]	187 (269)	69.6 [64.4–74.8]	224 (268)	84.5 [80.1–88.8]
High	550 (607)	91.8 [89.7–93.9]	602 (640)	94.5 [93.0–96.0]	452 (635)	72.6 [68.4–76.8]	445 (631)	71.7 [67.6–75.7]	491 (630)	78.7 [74.5–82.9]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 8. Pacific students – Family relationships, 2019. Part 2

	Family accepts student for who they are		Family can have fun with student		Family proud and supportive		Family quality time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	973 (1,109)	87.1 [85.5–88.7]	1,041 (1,107)	93.9 [92.1–95.7]	968 (1,103)	88.2 [86.4–90.0]	824 (1,101)	73.3 [70.5–76.1]
Age								
Under 16	607 (694)	86.8 [84.5–89.2]	648 (693)	93.0 [90.4–95.5]	608 (690)	87.3 [85.1–89.6]	52 (688)	74.2 [71.2–77.3]
16 or over	366 (415)	87.5 [84.8–90.2]	393 (414)	95.1 [93.3–96.8]	360 (413)	89.3 [86.9–91.6]	303 (413)	72.1 [67.5–76.6]
Sex								
Male	386 (436)	88.3 [85.3–91.2]	402 (437)	92.0 [89.4–94.5]	386 (433)	88.3 [85.2–91.5]	338 (433)	78.1 [75.8–80.5]
Female	587 (673)	86.1 [83.9–88.3]	639 (670)	95.7 [94.1–97.1]	582 (670)	88.0 [85.4–90.8]	486 (668)	68.9 [65.6–72.2]
Neighbourhood deprivation								
Low	83 (91)	90.7 [86.8–94.6]	89 (91)	99.0 [97.4–100.6]	90 (91)	98.9 [97.6–100.2]	65 (90)	68.3 [62.7–74.0]
Medium	243 (268)	89.4 [85.7–93.0]	252 (268)	93.7 [90.0–97.4]	236 (266)	89.4 [85.7–93.2]	202 (267)	73.8 [68.5–79.2]
High	546 (630)	86.2 [83.8–88.6]	585 (628)	92.7 [90.8–94.5]	536 (627)	85.7 [83.8–87.5]	461 (625)	72.7 [67.6–77.9]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

4.2 Faith and spiritual beliefs

In Aotearoa NZ, Pacific peoples are renowned for their commitment to church. There is variation of church affiliation with some differences linked to Pacific ethnic group, birthplace and age (Bedford & Didham, 2001). Faith or connection to a church community can be very positive for young people as they can build positive relationships and can develop and express their skills and talents in multiple ways (Deane & Dutton, 2020; Lautua, 2020); however, this may not be an experience shared by all.

In Youth19, participants were asked, “What faith or religion are you?”

- The majority (89.7%) of Pacific students identified as Christian, with small numbers reporting no religion (6.5%) and less than 5% with other beliefs or religions. Table 9 presents a demographic outline of Pacific students who identified as Christian. Data relating to Pacific students reporting “other” or “no religion” are not provided due to the small sample size.
- There were no definitive differences by age, gender or neighbourhood deprivation for Pacific students who identified as Christian (see Table 10).

In addition:

- Almost two thirds (60.2%) of Pacific students reported that their spiritual beliefs were very important to them.
- Almost all (92.4%) stated that it was important to protect our environment for future generations (see Table 11).

Pacific students were much more likely to report that spiritual beliefs or religious faith were “very important” or “somewhat important,” than Pākehā students (89.4% and 48.2% respectively) (see Appendix A).

**Ka tupu te moko taro
me aravei i te vai ora**

**Young taro shoots will grow if
they meet lifegiving water**

Cook Islands

(Movono & Scheyvens, 2021)

Table 9. Pacific students – Faith or religion, 2019

Faith / Religion	N (N)	% [95% CI]
Christian	735 (833)	89.7 [87.3–92.0]
No religion	59 (833)	6.5 [4.4–8.7]
Other Religion, beliefs and philosophies	16 (833)	2.4 [1.5–3.3]
Hinduism	12 (833)	1.0 [0.4–1.6]
Islam	11 (833)	0.7 [0.2–1.3]
Māori religions, beliefs & philosophies	NR	NR

NR – not reported, 5 persons or fewer.

Table 10. Pacific students – Christian religion, 2019

	n (N)	%* [95% CI]
Total		
Total	735 (833)	89.7 [87.3–92.0]
Age		
Under 16	422 (481)	88.5 [85.1–91.8]
16 or over	313 (352)	91.0 [88.3–93.6]
Sex		
Male	263 (297)	88.6 [84.4–92.8]
Female	472 (536)	90.4 [87.0–93.9]
Neighbourhood deprivation		
Low	54 (71)	85.2 [76.0–94.4]
Medium	171 (200)	87.5 [83.5–91.6]
High	440 (480)	91.9 [89.7–94.0]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

*Percent of Pacific Students

Table 11. Pacific students – Spiritual beliefs 2019

	Spiritual beliefs or religious faith is very important		I have a strong spiritual connection to certain places		I often feel a spiritual connection to people		It is important to protect our environment for future generations	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	571 (932)	60.2 [56.9–63.5]	574 (845)	69.9 [67.2–72.7]	576 (827)	72.3 [69.3–75.3]	795 (866)	92.4 [90.7–94.2]
Age								
Under 16	334 (558)	56.1 [51.9–60.3]	331 (495)	69.4 [65.0–73.8]	331 (482)	71.3 [66.4–76.1]	463 (510)	91.2 [89.2–93.3]
16 or over	237 (374)	64.9 [59.7–70.0]	243 (350)	70.6 [67.6–73.6]	245 (345)	73.5 [70.8–76.2]	332 (356)	93.8 [91.2–96.4]
Sex								
Male	204 (344)	57.9 [50.6–65.3]	195 (307)	66.4 [61.5–71.3]	206 (296)	70.9 [65.1–76.6]	281 (317)	89.9 [87.6–92.2]
Female	367 (588)	61.9 [58.5–65.2]	379 (538)	72.5 [69.5–75.5]	370 (531)	73.4 [70.0–76.8]	514 (549)	94.4 [92.8–96.0]
Neighbourhood deprivation								
Low	36 (80)	43.5 [36.4–50.5]	47 (80)	60.9 [67.0–78.0]	50 (79)	64.8 [59.2–70.3]	76 (79)	97.4 [94.7–100.2]
Medium	129 (224)	56.4 [50.0–62.8]	137 (207)	72.5 [67.4–74.5]	138 (204)	75.0 [68.1–81.8]	194 (212)	93.5 [90.2–96.8]
High	350 (529)	66.4 [60.8–72.1]	333 (472)	70.9 [67.0–78.0]	332 (464)	73.2 [69.6–76.8]	447 (490)	91.1 [88.5–93.7]



5. Socioeconomic Environments and Housing

5.1 Socioeconomic environments

Socioeconomic environments refer to social and economic factors such as income, amount and kind of education, type of employment and where someone lives. In 2018, the Pacific median income was \$24,300, with half of Pacific peoples earning between \$0 and \$25,000 per year and only about 10% earning more than \$70,000 per year. This is considerably lower than for other ethnic groups (Ministry for Pacific Peoples, 2020).

Studies have shown that health and illness follow a social gradient: the lower a person's socioeconomic position, the less access they have to financial, educational, social, and health resources compared to those with a higher socioeconomic status. Not having enough money or income (material deprivation) or being poorer than those around you (comparative deprivation) and not being able to participate in aspects of society (e.g., not being able to print out homework, join school trips, travel to appointments, or take part in social activities), has a negative impact on health and wellbeing. This includes negative effects on educational achievement and emotional wellbeing and obesity (Barazetta & Ghislandi, 2017; Denny et al., 2016; Knies, 2022).

In Youth19:

- Almost two thirds of Pacific students (62.3%) lived in neighbourhoods with high levels of deprivation (see Table 12).
- More than half of Pacific students (53.4%) reported attending schools with a low decile rating (these are schools in generally poorer areas) and 1 in 4 (25%) attended a school with a medium decile rating.
- More than 1 in 10 reported their parents worried about money for electricity (11%), rent or mortgage (14%), and petrol or transport (14%) often or all the time. Worrying about money for food or transport was highest among those living in higher deprivation neighbourhoods (see Table 13).

While some Pacific students reported positive economic circumstances, many reported material hardships:

- More than a quarter reported that their parents worried about money for food often or all the time (25.9%).

Pacific students were much more likely to report material hardships than Pākehā students. For example, while 25.9% of Pacific students reported that their parents worried about money for food often or all the time, only 7.5% of Pākehā students reported this (see Appendix A).

Table 12. Pacific students – Neighbourhood deprivation and school decile, 2019

	n (N)	% [95% CI]
Neighbourhood deprivation		
Low (Deprivation Levels 1–3)	92 (1,008)	10.0 [7.0–12.9]
Medium (Deprivation Levels 4–7)	274 (1,008)	27.8 [23.1–32.4]
High (Deprivation Levels 8–10)	642 (1,008)	62.3 [57.0–67.6]
School decile		
Low (Decile 1–3)	593 (1,124)	53.4 [42.2–64.7]
Medium (Decile 4–7)	342 (1,124)	25.0 [16.2–33.8]
High (Decile 8–10)	189 (1,124)	21.6 [12.9–30.2]

Table 13. Pacific students – Material deprivation, 2019

	Parents worry about food often or all of the time		Parents worry about electricity often or all of the time		Parents worry about rent or mortgage often or all of the time		Parents worry about petrol or transport often or all of the time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	272 (1,027)	25.9 [22.9–28.8]	123 (1,026)	11.2 [9.3–13.0]	140 (1,000)	13.8 [11.5–16.1]	149 (1,025)	13.8 [11.0–16.5]
Age								
Under 16	159 (638)	23.8 [19.6–28.1]	75 (638)	10.0 [7.6–12.4]	86 (623)	12.8 [9.8–15.8]	94 (634)	12.9 [9.0–16.7]
16 or over	113 (389)	28.6 [25.2–32.1]	48 (388)	12.6 [9.8–15.5]	54 (377)	15.1 [11.9–18.2]	55 (391)	14.9 [11.4–18.4]
Sex								
Male	103 (403)	27.1 [21.9–32.2]	45 (403)	11.2 [8.3–14.1]	46 (392)	12.4 [8.9–16.0]	49 (397)	12.2 [8.6–15.8]
Female	169 (624)	24.8 [20.9–28.8]	78 (623)	11.1 [8.4–13.8]	94 (608)	15.1 [12.6–17.6]	100 (628)	15.1 [12.3–17.9]
Neighbourhood deprivation								
Low	17 (90)	17.6 [12.0–23.2]	7 (89)	8.6 [5.9–11.3]	9 (84)	10.7 [6.8–14.5]	7 (90)	8.5 [5.4–11.7]
Medium	56 (246)	23.8 [16.5–31.1]	30 (261)	11.8 [7.6–16.1]	31 (252)	14.1 [9.6–18.6]	30 (255)	13.2 [8.3–18.2]
High	172 (580)	28.5 [24.5–32.6]	78 (567)	12.0 [9.6–14.4]	86 (558)	14.7 [11.9–17.5]	100 (575)	15.7 [12.0–19.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

5.2 Housing and household composition

Housing security and quality plays an important role in health and wellbeing. Home ownership is a significant part of family wealth in Aotearoa NZ and enables resources to be passed onto future generations. Pacific peoples are the least likely of all ethnicities in Aotearoa NZ to own their own home (Health Quality & Safety Commission, 2021) with approximately a third (33%) of Pacific peoples owning their own home, compared with 70% of NZ Europeans (Health Quality & Safety Commission, 2021). These lower home ownership rates are consistent with inequities in household income and employment for Pacific peoples compared to others.

In some Pacific communities, it's common for multiple generations to live within one household. This can support connectedness and can be done comfortably and sustainably when adequately resourced. However, it can also be challenging. Household crowding is consistently associated with close-contact infectious diseases, such as rheumatic fever, pneumonia and tuberculosis, and a range of other negative health outcomes such as skin infections (Health Quality & Safety Commission, 2021; Howden-Chapman et al., 2021).

Housing quality is an important determinant of health, with cold, damp, and mouldy houses contributing to ill health (Clinton et al., 2007). Pacific peoples are overrepresented in measures of poor housing, including affordability, tenure, crowding, suitability, and housing conditions (Ministry for Pacific Peoples, 2020).

In Youth19:

- Most (64.6%) Pacific students lived with two parents, followed by 17.8% of students who lived with one parent (see Table 14).
- Over a third (37%) of Pacific students lived in households with seven or more people, with 13.4% of Pacific students living in households with nine or more people (see Table 15).
- About another third (35.6%) lived in households with five or six people and less than one third lived in homes with four or fewer people.
- A total of about 10 Pacific youth lived alone or boarded with people who were not family.³

As shown in Table 16, almost half (47.1%) of Pacific students in Youth19 experienced housing deprivation. In particular:

- 28.2% reported housing financial stress.
- 20.7% slept somewhere other than their own bed in the last 12 months because of housing costs.⁴
- 13.2% reported their family had to split up (i.e., lived in separate places) because of housing costs.
- 11.3% had moved two or more times in the last 12 months.
- 2.9% reported severe housing deprivation (i.e., living in emergency housing, marae, hostels, cars, or vans because they and their family had no other options).

More than twice as many Pacific students experienced housing deprivation compared to Pākehā students, with 47.1% of Pacific students and 20.1% of Pākehā students reporting housing deprivation (see Appendix A).

³ Not shown in table to protect privacy.

⁴ See Appendix C for full question wording.

Table 14. Pacific students – Household composition, 2019

	Two parents		One parent		Move between parents		Other family members		Boarding school/hostel		Parent and step-parent	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total												
Total	735 (1,118)	64.6 [62.5–66.6]	186 (1,118)	17.8 [15.1–20.5]	34 (1,118)	3.7 [2.5–5.0]	69 (1,118)	5.7 [4.5–6.9]	24 (1,118)	2.0 [0.5–3.4]	60 (1,118)	5.0 [3.5–6.5]
Age												
Under 16	466 (705)	63.2 [59.6–66.9]	117 (705)	19.3 [15.6–23.0]	26 (705)	4.3 [2.6–6.0]	44 (705)	5.9 [4.4–7.4]	10 (705)	1.4 [0.0–2.9]	38 (705)	5.3 [3.2–7.4]
16 or over	269 (413)	66.3 [63.5–69.2]	69 (413)	15.8 [11.4–20.1]	8 (413)	3.0 [1.1–4.9]	25 (413)	5.5 [3.9–7.0]	14 (413)	2.7 [1.0–4.4]	22 (413)	4.6 [3.0–6.3]
Sex												
Male	289 (444)	63.2 [59.5–66.9]	63 (444)	14.6 [10.8–18.4]	17 (444)	5.1 [3.0–7.3]	27 (444)	6.4 [4.1–8.8]	13 (444)	2.7 [0.2–5.2]	27 (444)	5.8 [3.3–8.3]
Female	446 (674)	65.8 [62.3–69.3]	123 (674)	20.8 [17.1–24.5]	17 (674)	2.4 [1.4–3.4]	42 (674)	5.1 [3.5–6.7]	11 (674)	1.3 [0.0–2.9]	33 (674)	4.3 [2.9–5.7]
Neighbourhood deprivation												
Low	63 (92)	64.8 [52.9–76.8]	13 (92)	21.8 [9.9–33.7]	6 (92)	7.3 [4.7–10.0]	NR	NR	NR	NR	NR	NR
Med	185 (273)	71.1 [65.6–76.5]	38 (273)	13.0 [7.9–18.1]	11 (273)	4.3 [2.1–6.5]	11 (273)	3.3 [1.6–4.9]	13 (273)	3.5 [0.8–6.2]	14 (273)	4.8 [1.9–7.7]
High	415 (632)	63.4 [60.1–66.6]	112 (632)	18.9 [16.3–21.4]	12 (632)	2.5 [1.0–4.0]	45 (632)	6.8 [5.4–8.2]	NR	NR	37 (632)	5.7 [3.1–8.2]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

NR = Not reported, data are not reported where there are 5 people or fewer in a cell, to protect privacy

Table 15. Pacific students – Number of people living in the student’s main or only home, 2019.

	1–2		3–4		5–6		7–8		9+	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	N (N)	% [95% CI]
Total										
Total	32 (1,122)	3.5 [2.3–4.8]	261 (1,122)	23.6 [20.7–26.5]	393 (1,122)	35.9 [33.8–38.1]	272 (1,122)	23.6 [21.0–26.2]	164 (1,122)	13.4 [11.2–15.6]
Age										
Under 16	20 (707)	3.7 [2.2–5.1]	170 (707)	26.2 [23.1–29.2]	233 (707)	33.0 [29.9–36.1]	177 (707)	24.1 [21.7–26.5]	107 (707)	13.0 [10.1–15.9]
16 or over	12 (415)	3.4 [1.5–5.3]	91 (415)	20.1 [14.7–25.4]	160 (415)	39.8 [35.2–44.5]	95 (415)	22.8 [18.0–27.6]	57 (415)	13.9 [10.8–17.0]
Sex										
Male	15 (447)	4.4 [2.4–6.4]	89 (447)	18.8 [15.4–22.2]	172 (447)	37.6 [35.1–40.1]	108 (447)	24.7 [21.9–27.6]	63 (447)	14.5 [11.9–17.0]
Female	17 (675)	2.7 [1.7–3.8]	172 (675)	28.0 [22.8–33.2]	221 (675)	34.4 [31.3–37.4]	164 (675)	22.5 [18.2–26.7]	101 (675)	12.4 [8.3–16.5]
Neighbourhood deprivation										
Low	NR	NR	36 (92)	37.7 [31.5–43.9]	33 (92)	41.9 [35.3–48.5]	14 (92)	12.8 [9.2–16.4]	NR	NR
Med	6 (272)	1.7 [0.4–3.0]	71 (272)	28.6 [23.8–33.5]	105 (272)	37.5 [33.2–41.9]	59 (272)	21.2 [17.8–24.6]	31 (272)	10.9 [6.9–14.9]
High	14 (637)	3.7 [1.5–6.0]	123 (637)	18.9 [15.4–22.4]	213 (637)	34.8 [31.8–37.8]	171 (637)	26.0 [22.1–29.8]	116 (637)	16.6 [14.0–19.2]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

NR= Not reported, data are not reported where there are 5 people or fewer in a cell to protect privacy

Table 16. Pacific students – Housing deprivation, 2019

	Experienced housing deprivation in last 12 months ¹		Slept somewhere other than their own bed in last 12 months ²		Severe housing deprivation		Housing financial stress		Family split up because of housing problems		Moved two or more times in last 12 months	
	n (N)	% [95% CI]	n (N)	% [95% CI]	N (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total												
Total	534 (1,129)	47.1 [44.3–49.8]	224 (1,109)	20.7 [18.4–23.0]	32 (1,109)	2.9 [1.8–4.0]	286 (1,000)	28.2 [25.0–31.4]	147 (1,123)	13.2 [11.2–15.1]	131 (1,128)	11.3 [9.3–13.4]
Age												
Under 16	332 (711)	46.4 [42.7–50.2]	144 (694)	20.9 [18.4–23.5]	19 (694)	3.1 [1.7–4.4]	181 (623)	27.5 [22.9–32.0]	83 (705)	11.9 [9.6–14.1]	88 (710)	12.5 [9.9–15.2]
16 or over	202 (418)	47.9 [43.4–52.4]	80 (415)	20.3 [16.3–24.4]	13 (415)	2.6 [1.1–4.1]	105 (377)	29.2 [25.3–33.1]	64 (418)	14.9 [11.4–18.4]	43 (418)	9.8 [6.7–12.8]
Sex												
Female	330 (680)	47.4 [44.0–50.8]	124 (670)	19.3 [16.4–22.2]	19 (670)	2.8 [1.7–3.8]	197 (608)	32.3 [28.8–35.8]	94 (678)	13.3 [11.1–15.5]	80 (680)	10.4 [7.4–13.4]
Male	204 (449)	46.7 [42.8–50.6]	100 (439)	22.2 [18.1–26.3]	13 (439)	3.0 [0.7–5.2]	89 (392)	23.8 [19.4–28.2]	53 (445)	13.0 [9.0–17.0]	51 (448)	12.4 [9.2–15.5]
Neighbourhood deprivation												
Low	35 (92)	41.4 [33.8–49.0]	15 (89)	16.8 [11.3–22.3]	NR	[NR]	20 (84)	28.2 [20.8–35.6]	9 (92)	10.8 [7.6–14.1]	7 (92)	5.7 [0.8–10.6]
Medium	110 (274)	43.3 [35.3–51.3]	42 (269)	16.9 [11.2–22.5]	6 (269)	1.8 [0.4–3.1]	56 (252)	25.3 [18.6–32.0]	35 (272)	14.4 [8.9–19.8]	27 (274)	10.8 [6.2–15.4]
High	331 (642)	49.5 [45.1–54.0]	141 (633)	22.8 [20.6–25.1]	20 (633)	3.2 [1.7–4.6]	183 (558)	30.7 [26.6–34.7]	80 (638)	12.1 [9.2–15.0]	83 (641)	11.8 [9.3–14.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

¹ Housing deprivation includes any of the five housing deprivation indicators, see Appendix C for full wording.

² Question specified that this was because it was hard for student’s family to afford or get a home, or there was not enough space, and this did not include holidays or sleepovers for fun. See Appendix C for full wording.

NR = Not reported, data are not reported where there are 5 people or fewer in a cell, to protect privacy.



6. Education

Receiving a good quality education and succeeding academically is the hope that many Pacific parents and families have for their children. For early generations of Pacific parents, the desire to provide their children life-changing education opportunities was an important factor in deciding to migrate to Aotearoa NZ (Ministry of Education, 2018). Education helps foster one's intellectual health and is positively and strongly related to health. The higher the level of educational attainment, the more likely you are to report better health (Raghupathi & Raghupathi, 2020; Scott, 2021).

School safety, belonging and inclusion are important for attending and benefiting from schooling: where schools are safe and students feel they belong and are included, they generally have better attendance and achievement (Korpershoek et al., 2020). These factors are also important for emotional wellbeing and quality of life among students (K. Allen et al., 2017; Korpershoek et al., 2020).

While Aotearoa NZ secondary schools aim to provide a safe and inclusive learning environment, discrimination and bullying remain all too frequent for learners, including Pacific students (Simon-Kumar et al., 2022). During a Ministry of Education *Fono* series held in 2018 and 2019, Pacific learners, families, teachers, leaders, and communities shared their aspirations for an education system that is free from racism; that values Pacific children, students and families as leaders of learning; and supports them to feel safe, valued and equipped to achieve their education aspirations. (Ministry of Education, 2021, p. 1)

“Educate me on things I actually will use in the future... ..mental health, taxes, future pathways, politics, how to buy a home.... These are so much more important than things like Pythagoras theorem”

Pacific Youth19 student with a disability or chronic condition

[*Pacific young people with a disability or chronic condition. A Youth19 brief*](#)

6.1. Feeling part of school, importance of attending and interactions with teachers

In Youth19, most Pacific students reported positive school experiences:

- Most (88.9%) reported that they felt part of their school.
- Almost all (96.2%), felt that it was “somewhat important” or “very important” for them to attend school (see Table 17).

Most Pacific students also reported positive interactions with their teachers:

- 96.3% felt that teachers expected them to do well with studies.
- 78.9% felt that their teachers cared about them. This was higher among older Pacific students than younger Pacific students as shown in Table 18.

6.2 Fairness, school safety and bullying

As shown in Table 19, Pacific students had mixed perceptions of being treated fairly by teachers.

- Over half (61%) reported that their treated students fairly “most” or “all of the time.”

In terms of safety and school bullying:

- 85.9% of Pacific students felt safe at school “most” or “all of the time.”
- 3.1% of Pacific students reported being bullied at school weekly or more often (see Table 19).

Pacific secondary students reported similar or slightly higher rates of feeling part of their school than Pākehā students (Pacific 88.9%; Pākehā 84.6%). The proportions of Pacific and Pākehā students who reported that their teachers cared about them were even more similar (see Appendix A).

From 2001 to 2019:

- Feeling part of school remained high for Pacific students from 2001 to 2019 (85.7% in 2001 and 88.9% in 2019).
- In relation to feelings of school safety there has been some fluctuation across the four Youth2000 surveys (2001, 2007, 2012, 2019). However, there has been a steady increase in Pacific students reporting feeling safe at school, from 71.8% in 2001 to 85.9% in 2019 (see Table 20).

Table 17. Pacific students – School engagement, 2019

	Feel part of their school		Somewhat or very important to students to attend school	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total				
Total	980 (1,103)	88.9 [86.7–91.2]	1,072 (1,110)	96.2 [95.3–97.2]
Age				
Under 16	608 (689)	88.0 [85.4–90.7]	669 (694)	95.7 [94.5–96.9]
16 or over	372 (414)	90.2 [87.4–92.9]	403 (416)	96.9 [95.1–98.8]
Sex				
Male	379 (435)	87.8 [84.6–91.0]	426 (441)	96.4 [94.4–98.5]
Female	601 (668)	90.0 [87.3–92.7]	646 (669)	96.0 [94.7–97.4]
Neighbourhood deprivation				
Low	81 (92)	92.4 [86.7–98.0]	89 (92)	97.4 [94.7–100.2]
Medium	234 (265)	87.1 [83.5–90.8]	261 (269)	96.5 [94.6–98.4]
High	568 (626)	90.4 [88.2–92.5]	609 (631)	96.2 [94.9–97.5]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 18. Pacific students – Teacher relationships, 2019

	Teachers care about student		Teachers treat students fairly most or all of the time		Teachers expects student to do well with studies	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total						
Total	852 (1,114)	78.9 [75.8–82.1]	659 (1,111)	61.0 [58.3–63.6]	1,069 (1,105)	96.3 [95.5–97.0]
Age						
Under 16	502 (697)	74.2 [70.2–78.2]	391 (694)	58.0 [55.0–61.0]	672 (692)	96.4 [95.3–97.5]
16 or over	350 (417)	85.1 [82.1–88.1]	268 (417)	64.8 [59.9–69.8]	397 (413)	96.1 [94.7–97.5]
Sex						
Male	326 (443)	76.2 [71.6–80.7]	264 (440)	61.8 [57.1–66.5]	420 (438)	95.8 [94.6–96.9]
Female	526 (671)	81.5 [77.4–85.5]	395 (671)	60.2 [56.3–64.2]	649 (667)	96.8 [95.5–98.0]
Neighbourhood deprivation						
Low	74 (90)	87.6 [81.6–93.7]	61 (92)	62.2 [55.2–69.2]	88 (92)	97.1 [94.2–100.1]
Medium	206 (268)	79.3 [73.5–85.0]	166 (268)	63.5 [58.2–68.7]	258 (266)	94.9 [93.0–96.9]
High	491 (635)	78.9 [75.8–82.0]	374 (632)	61.6 [58.6–64.5]	611 (631)	96.8 [95.3–98.4]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 19. Pacific students – Education engagement and safety, 2019

	Feel safe at school all or most of the time		Bullied at school weekly or more often	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total				
Total	946 (1,110)	85.9 [83.9–87.8]	41 (1,093)	3.1 [2.3–3.9]
Age				
Under 16	575 (695)	82.9 [79.6–86.1]	31 (680)	3.9 [2.6–5.3]
16 or over	371 (415)	89.8 [87.7.6–92.0]	10 (413)	2.0 [0.8–3.1]
Sex				
Male	379 (440)	86.0 [82.26–89.8]	12 (428)	2.1 [1.4–2.8]
Female	567 (670)	85.7 [82.9–88.6]	29 (665)	4.0 [3.0–5.0]
Neighbourhood deprivation				
Low	80 (92)	91.8 [86.0–97.6]	NR	NR
Medium	229 (267)	83.3 [79.1–87.5]	9 (262)	3.0 [0.8–5.1]
High	537 (635)	86.1 [83.56–88.8]	25 (623)	3.4 [2.5–4.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10)

NR = Not reported, data are not reported where there are 5 people or fewer in a cell, to protect privacy.

Table 20. Pacific students – Education engagement and safety trends, 2001–2019

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Feels a part of their school								
Total	924 (1,087)	85.7 [83.6–87.8]	1,062 (1,151)	92.8 [91.4–94.1]	1,324 (1,437)	90.9 [89.3–92.6]	980 (1,103)	88.9 [86.7–91.2]
Female	519 (614)	85.3 [82.3–88.2]	502 (538)	94.3 [92.6–96.0]	748 (815)	91.0 [89.3–92.7]	601 (668)	90.0 [87.3–92.7]
Male	405 (473)	86.2 [83.3–89.1]	560 (613)	91.1 [88.9–93.4]	576 (622)	90.9 [88.0–93.8]	379 (435)	87.8 [84.6–91.0]
Under 16	649 (769)	85.2 [82.8–87.6]	708 (778)	91.3 [89.7–93.0]	909 (986)	91.2 [89.6–92.7]	608 (689)	88.0 [85.4–90.7]
16 or over	275 (318)	86.7 [83.6–89.7]	354 (373)	95.3 [93.4–97.2]	415 (451)	90.5 [87.2–93.8]	372 (414)	90.2 [87.4–92.9]
Feels safe at school								
Total	786 (1,086)	71.8 [68.5–75.0]	950 (1,133)	83.0 [80.2–85.9]	1,257 (1,437)	87.2 [85.5–88.9]	946 (1,110)	85.9 [83.9–87.8]
Female	445 (612)	72.1 [68.8–75.3]	437 (528)	81.3 [77.1–85.5]	718 (814)	88.4 [85.9–90.9]	567 (670)	85.7 [82.9–88.6]
Male	341 (474)	71.4 [66.3–76.6]	513 (605)	84.9 [82.3–87.4]	539 (623)	86.1 [83.6–88.6]	379 (440)	86.0 [82.2–89.8]
Under 16	527 (769)	66.9 [63.0–70.7]	628 (768)	80.9 [78.7–83.0]	847 (984)	85.4 [83.1–87.8]	575 (695)	82.9 [79.6–86.1]
16 or over	259 (317)	81.4 [77.2–85.7]	322 (365)	86.9 [81.5–92.4]	410 (453)	90.3 [87.9–92.7]	371 (415)	89.8 [87.7–92.0]

7. Community Connections and Safety

7.1 Friendships and community activities

Research has shown that quality friendships are positively associated with wellbeing, life satisfaction, happiness, and self-esteem (Alsarrani et al., 2022). Participating in community activities is also important and is associated with high self-esteem, academic success, and positive interpersonal relationships (Van der Graaff et al., 2018).

Values of service, working collectively and reciprocity are longstanding and well known in Pacific communities, where members of the collective contribute what they can and often through an agreed, relational approach (Health Research Council of New Zealand, 2014; Ministry of Social Development, 2012). Many Pacific young people want to contribute and support their families and wider community (Veukiso-Ulugia et al., 2023). Recent national events such as the COVID pandemic have brought to the forefront Pacific people's resilience and *tautua* (service) to their communities (Ioane et al., 2021; Smith & Adams, 2021).

In Youth19, most Pacific students reported having positive friendships. As shown in Table 21:

- 87.9% reported having at least one friend they could trust to share their feelings with.
- 85% had one friend they could talk with about their worries.

Rates of helping others were also high:

- Over half (52.5%) of Pacific students reported helping others in their school or community in the previous 12 months (see Table 22).

Many Pacific students belonged to a group outside of school (80.4%):

- 40.9% of Pacific students reported belonging to a cultural group.
- Almost two thirds (63.9%) belonged to a sports team or group, with this being higher in generally wealthier communities (as shown in Table 23).

“All The Time when I'm feel sad and I will go to my online or social media and then I'll call my friend to share them my problem”

Pacific female, aged 16

[*Improving Health and Wellbeing Websites: Views of Pacific adolescents. A Youth19 Brief*](#)

Table 21. Pacific students – Friendships, 2019

	Trusted friend to share feelings with		Friend to talk to about worries	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total				
Total	962 (1,098)	87.9 [85.6–90.1]	929 (1,095)	85.0 [82.8–87.3]
Age				
Under 16	592 (686)	87.1 [84.3–89.8]	567 (684)	83.6 [80.9–86.3]
16 or over	370 (412)	88.9 [86.0–91.7]	362 (411)	86.8 [83.3–90.4]
Sex				
Male	360 (429)	85.5 [82.7–88.4]	350 (429)	82.9 [79.5–86.3]
Female	602 (669)	89.9 [86.9–93.0]	579 (666)	86.9 [83.6–90.2]
Neighbourhood deprivation				
Low	82 (91)	92.8 [88.5–97.2]	83 (91)	93.6 [89.0–98.2]
Medium	224 (267)	84.9 [79.6–90.3]	215 (266)	81.9 [77.6–86.2]
High	549 (625)	88.0 [85.5–90.]	528 (623)	84.5 [81.4–87.6]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 22. Pacific students – Helping others in school or community in the last 12 months, 2019

	n (N)	% [95% CI]
Total		
Total	432 (924)	52.5 [47.5–57.6]
Age		
Under 16	229 (552)	47.4 [41.0–53.7]
16 or over	203 (372)	58.5 [52.8–64.2]
Sex		
Male	150 (341)	46.0 [38.8–53.1]
Female	282 (583)	57.7 [50.4–64.9]
Neighbourhood deprivation		
Low	43 (81)	64.6 [54.9–74.2]
Medium	118 (232)	56.9 [49.7–64.1]
High	224 (521)	47.8 [42.5–53.0]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).
 Helping others was assessed by the question: Do you give your time to help others in your school or community (e.g., as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)?

Table 23. Pacific students – Belonging to a group, 2019

	Belonging to any group		Belonging to a sports team or group		Belonging to a cultural group ¹		Belonging to a diversity group ²		Belonging to another group ³	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total										
Total	709 (930)	80.4 [76.6–84.2]	568 (930)	63.9 [59.8–68.1]	325 (930)	40.9 [34.9–46.9]	31 (930)	3.2 [1.9–4.5]	174 (930)	20.7 [17.6–23.7]
Age										
Under 16	422 (559)	79.2 [74.2–84.2]	352 (559)	65.2 [60.1–70.3]	178 (559)	37.4 [29.4–45.4]	18 (559)	3.0 [1.2–4.8]	102 (559)	20.1 [16.8–23.3]
Over 16	287 (371)	81.8 [77.7–85.9]	216 (371)	62.5 [56.2–68.8]	147 (371)	45.0 [39.7–50.2]	13 (371)	3.4 [1.4–5.4]	72 (371)	21.3 [16.5–26.2]
Sex										
Male	284 (349)	81.5 [78.9–84.1]	240 (349)	66.2 [61.9–70.4]	101 (349)	30.7 [27.7–33.8]	14 (349)	4.0 [1.6–6.3]	66 (349)	19.1 [14.7–23.5]
Female	425 (581)	79.5 [73.6–85.4]	328 (581)	62.1 [55.4–68.9]	224 (581)	49.1 [40.3–57.9]	17 (581)	2.6 [1.3–3.8]	108 (581)	21.9 [18.2–25.6]
Neighbourhood deprivation										
Low	77 (85)	91.9 [86.1–97.8]	69 (85)	85.5 [78.6–92]	26 (85)	45.5 [33.2–57.8]	NR	NR	16 (85)	21.8 [17.3–26.3]
Medium	187 (235)	83.9 [78.5–89.3]	157 (235)	66.4 [61.0–71.8]	81 (235)	41.8 [35.9–47.7]	7 (235)	2.3 [0.2–4.3]	47 (235)	24.5 [17.9–31.1]
High	375 (521)	76.1 [71.5–80.8]	282 (521)	57.4 [52.6–62.2]	188 (521)	40.5 [34.6–46.5]	19 (521)	3.8 [1.9–5.7]	93 (521)	18.9 [16.0–21.8]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

1 A cultural group, e.g., kapa haka.

2 A diversity group that supports sexuality and gender-diverse youth, gay/straight alliance, or rainbow group.

3 Another type of group or club, e.g., music, drama, gaming.

NR = Not reported, data are not reported where there are 5 people or fewer in a cell, to protect privacy.

7.2 Comfort in Pākehā or New Zealand European social settings

Students were asked “how comfortable are you in Pākehā or New Zealand European social surroundings, events or gatherings?”

- Over two thirds (70.7%) of Pacific students felt comfortable in Pākehā or New Zealand European settings.

Pacific students who lived in high-deprivation neighbourhoods were less comfortable in Pākehā or New Zealand European social surroundings than Pacific students from low-deprivation (generally wealthier) neighbourhoods as shown in Table 24.

Table 24. Pacific students – Comfort in Pākehā or New Zealand European social settings, 2019

	n (N)	% [95% CI]
Total		
Total	785 (1,114)	70.7 [68.5–72.9]
Age		
Under 16	490 (699)	69.2 [67.0–71.5]
16 or over	295 (415)	72.7 [67.4–77.9]
Sex		
Male	318 (442)	73.3 [70.4–76.2]
Female	467 (672)	68.3 [65.1–71.4]
Neighbourhood deprivation		
Low	72 (91)	81.0 [74.8–87.3]
Medium	198 (271)	71.8 [66.0–77.5]
High	43 (632)	69.4 [66.4–72.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

7.3 Violence, Abuse and Racism

Like all individuals and communities, Pacific students have a right to be treated with dignity and respect; to live free from abuse and violence; and feel safe at home, in school, and in their communities. When these basic human rights aren't met, this can have a marked impact on every facet of their lives, including lasting effects on physical and mental health (Office of the Children's Commissioner, 2022). Preventing abuse and violence requires a multilayered approach that includes addressing systemic stressors on families, resourcing communities, providing safe, culturally responsive, supportive spaces, and collaborating across community organisations as noted in Te Aorerekura – Aotearoa NZ's national strategy to eliminate family violence and sexual violence.

In Youth19, students were asked questions about feeling safe in their neighbourhood, witnessing violence, and physical and sexual abuse.

- Many (48.5%) Pacific young people did not always feel safe. Pacific female students and those in high-deprivation areas were even more likely to feel unsafe, as shown in Table 25.
- While many Pacific students (77.4%) had not witnessed violence, 22.6% had witnessed another child or adult being physically hurt by an adult in their home in the last 12 months (see Table 25).
- Over half (57.9%) of Pacific students reported having been hit or physically harmed on purpose in the past year (refer to Table 25).

These findings are similar to analysis undertaken with other groups of students. Fleming et al. (2021) found that 51.2% of NZ secondary school students reported having been hit or harmed in the last year. Sibling abuse was the most commonly reported violence experienced by NZ students.

- Approximately a quarter (24.7%) of Pacific respondents reported that they had been touched in a sexual way or made to do sexual things that they did not want (see Table 25).
- Pacific female students were more likely to report sexual abuse (having been touched in a sexual way or made to do unwanted sexual things) than Pacific males (32.8% vs. 15.1%).

7.3.1 Experience of racism

In Youth19, students were asked questions that measured experiences of interpersonal discrimination by professionals such as teachers, health professionals and the police. This type of discrimination, whereby actions and attitudes may create inequitable outcomes for students of Pacific ethnicity is one form of racism.

- Over a third (40.5%) of Pacific students reported experiencing racism, with a further 25.2% "being unsure." In contrast, this was 16.6% and 13.8% for Pākehā students respectively, as shown in Appendix A.

Table 25. Pacific students – Harm and safety, 2019

	Ever been touched in a sexual way or made to do unwanted sexual things		Witnessed another child or adults be hit or physically hurt by an adult in the home		Physically hit or harmed by someone in past year*		Always feel safe in neighbourhood	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	250 (986)	24.7 [21.1–28.3]	212 (973)	22.6 [20.2–25.1]	531 (903)	57.9 [55.0–60.8]	516 (988)	51.5 [47.4–55.6]
Age								
Under 16	131 (598)	21.8 [17.2–26.3]	132 (590)	25.1 [21.9–28.2]	350 (550)	65.0 [62.0–68.0]	306 (600)	53.0 [47.6–58.4]
16 or over	119 (388)	28.2 [22.9–33.6]	80 (383)	19.8 [16.2–23.3]	181 (353)	49.3 [45.9–52.7]	210 (388)	49.7 [45.0–54.5]
Sex								
Male	60 (375)	15.1 [12.6–17.6]	79 (363)	21.2 [17.7–24.6]	203 (348)	58.4 [54.6–62.3]	224 (366)	62.8 [57.7–68.0]
Female	190 (611)	32.8 [29.6–36.0]	133 (610)	23.8 [20.6–27.1]	328 (555)	57.5 [54.0–60.9]	292 (622)	42.4 [39.6–45.2]
Neighbourhood deprivation								
Low	21 (88)	26.6 [22.0–31.1]	21 (90)	26.1 [22.5–29.7]	53 (84)	57.6 [50.3–64.8]	55 (89)	57.2 [51.8–62.6]
Medium	50 (239)	21.3 [16.7–25.9]	53 (241)	21.9 [17.1–26.8]	127 (225)	52.6 [45.7–59.4]	151 (242)	57.7 [49.6–65.8]
High	148 (556)	26.0 [21.4–30.6]	115 (539)	22.5 [18.8–26.2]	297 (498)	60.8 [57.1–64.5]	250 (554)	45.9 [41.6–50.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

* Includes siblings.



8. Physical Health

Physical activity in adolescence is associated with improved mental wellbeing, healthier body weight and less disease in adulthood. Being physically active as an adolescent is also associated with higher physical activity as an adult and helps in establishing healthy patterns for future years (Corder et al., 2019). Studies with Pacific communities in Aotearoa NZ reveal the high value placed on social and community connections and the potential influence the collective may have in supporting health-promoting behaviours (Enoka et al., 2022). Recognising the evolving and dynamic perspective of culture, identity formation and Pacific young people's behaviours and attitudes towards food is vital (Fukofuka, 2018).

8.1 General health

A large proportion (89.3%) of Pacific students reported “good or excellent general health” as shown in Table 26.

8.2 Physical activity

In Youth19,

- 81.9% of Pacific students had exercised at least once in the last week.
- Over half (60.4%) reported physical activity as an important part of life.
- Close to half (47.8%) had engaged in vigorous physical activity (e.g., activity that makes you sweat) four or more times in the past week (see Table 27).

Physical activity differed noticeably between males and females, as males were more likely to report being active and frequently active than females (see Table 27).

- Pacific males were more likely to report that physical activity was an important part of life compared to their Pacific female peers (68.3% vs 53.5%).
- 64.6% of Pacific males had engaged in vigorous physical activity four or more times in the last week, compared to 33.3% of Pacific females.

There were also considerable differences by neighbourhood deprivation. Pacific students living in low-deprivation (i.e., generally wealthier) areas generally had higher levels of physical activity, whereas those in generally poorer areas, had generally lower rates of physical activity. Specifically, among Pacific students in high-deprivation neighbourhoods:

- 54.7% considered physical activity to be an important part of life (compared to 75.8% in low-deprivation neighbourhoods).
- 76.1% had exercised at least once in the last 7 days (compared to 94.5% in low-deprivation neighbourhoods).
- 41.8% had engaged in vigorous physical activity four or more times in the last week (compared to 59.6% in low-deprivation neighbourhoods).

The proportions of Pacific young people reporting good health were very similar to those for Pākehā students, as shown in Appendix A.

Table 26. Pacific students – Good General Health, 2019

	n (N)	% [95% CI]
Total		
Total	979 (1,104)	89.3 [87.1–91.5]
Age		
Under 16	614 (691)	88.8 [85.9–91.7]
16 or over	365 (413)	90.0 [86.9–93.2]
Sex		
Male	398 (434)	91.1 [88.1–94.1]
Female	581 (670)	87.7 [84.5–90.8]
Neighbourhood deprivation		
Low	85 (92)	93.9 [89.4–98.4]
Medium	242 (266)	89.0 [84.1–93.9]
High	552 (630)	88.9 [86.5–91.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Good health was assessed by a response of excellent, very good or good to the question “How would you say your health is?”

Table 27. Pacific students – Physical activity, 2019

	Physical activity is definitely an important part of life		Physical activity at least once in last 7 days		Engaged in vigorous physical activity 4 or more times in the last week		More than 20 minutes of vigorous activity ¹ on four or more occasions in the last 7 days	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	579 (1,028)	60.4 [54.5–66.3]	815 (1,020)	81.9 [78.7–85.2]	434 (1,020)	47.8 [42.3–53.3]	384 (1,010)	43.8 [38.2–49.4]
Age								
Under 16	374 (635)	61.4 [57.3–65.5]	522 (632)	85.4 [82.1–88.8]	289 (632)	51.1 [46.3–55.8]	257 (624)	47.0 [42.0–52.0]
16 or over	205 (393)	59.1 [48.7–69.6]	293 (388)	77.5 [71.0–83.9]	145 (388)	43.7 [34.5–52.8]	127 (386)	39.8 [30.4–49.1]
Sex								
Male	265 (395)	68.3 [62.5–74.2]	342 (395)	86.4 [84.1–88.7]	247 (395)	64.6 [60.5–68.6]	223 (390)	59.9 [55.4–64.4]
Female	314 (633)	53.5 [47.4–59.6]	473 (625)	78.1 [73.6–82.5]	187 (625)	33.3 [28.7–37.8]	161 (620)	29.9 [24.4–35.4]
Neighbourhood Deprivation								
Low	61 (89)	75.8 [67.9–83.8]	82 (88)	94.5 [90.3–98.7]	49 (88)	59.6 [51.4–67.7]	47 (88)	58.5 [49.5–67.4]
Medium	154 (244)	67.2 [57.8–76.6]	218 (247)	89.7 [85.7–93.7]	119 (247)	56.3 [50.1–62.5]	107 (244)	52.8 [46.6–59.0]
High	303 (585)	54.7 [48.0–61.5]	429 (574)	76.1 [71.8–80.4]	220 (574)	41.8 [34.1–49.5]	187 (567)	36.7 [29.1–44.3]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

¹ Exercise or activity that makes you sweat or breathe hard, or gets your heart rate up (such as soccer or rugby, running, swimming laps, fast bicycling etc.) See Appendix C for full wording.



9. Mental Health

While understandings of mental health may vary by Pacific ethnic background and differ from Western beliefs, it is an area of growing concern amongst Pacific communities in Aotearoa NZ (Kapeli et al., 2020b). Landmark reports such as Te Rau Hinengaro (Oakley Browne et al., 2006) and Te Kaveinga (Ataera-Minster & Trowland, 2018) have revealed that Pacific communities experience mental distress at much higher rates than the overall NZ population. Findings from the New Zealand Mental Health Monitor (NZMHM), a nationally representative survey, indicate that approximately half (51%) of Pacific respondents were able to *identify* anxiety and depression, compared to 85% of Pākehā (Hudson et al., 2017). Stigma surrounding mental health issues is high, with many Pacific people not knowing where and how to seek help.

Emotional distress appears to have increased rapidly among adolescents over the last decade, with rates of feeling anxious or depressed having close to doubled in many high-income countries, including Aotearoa NZ (Sutcliffe et al., 2023). Mental health is an intrinsic component of overall health and Pacific scholars continue to advocate for culturally nuanced prevention efforts and responsive research and mental health services (Kapeli et al., 2020b; Vaka et al., 2016).

9.1 Hopes for the future

In Youth19, students were asked if they had made plans for their future and whether they felt they would be supported to achieve their goals. As reflected in Table 28:

- Most Pacific students (87.4%) had thought about or made plans for their future.
- Pacific male students and Pacific students from high-deprivation neighborhoods were notably more inclined to believe that they wouldn't receive the necessary support for their future plans.
- Over two thirds (69.5%) of Pacific students reported that they had opportunities to show their talents and skills.
- 67% of Pacific students saw a positive future for themselves in New Zealand.

There were inequities, especially for Pacific students from lower income neighbourhoods. Students from high-deprivation neighbourhoods were also less likely to report that they had opportunities to show their talents and skills compared to students from low-deprivation neighbourhoods.

Table 28. Pacific students – Hopes for the future, 2019

	I think about or make plans for my future		I don't feel I will get the support needed for my future plans		I get opportunities to show my talents and skills		I can see a positive future for me in New Zealand	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	782 (905)	87.4 [84.8–89.9]	237 (907)	25.2 [22.8–27.6]	599 (886)	69.6 [66.2–73.0]	595 (891)	67.0 [63.2–70.7]
Age								
Under 16	452 (538)	85.3 [81.4–89.2]	149 (540)	28.3 [24.9–31.7]	362 (525)	70.6 [66.8–74.4]	354 (528)	65.3 [59.8–70.9]
16 or over	330 (367)	89.7 [86.8–92.6]	88 (367)	21.7 [16.8–26.5]	237 (361)	68.4 [62.9–73.9]	241 (363)	68.8 [65.2–72.4]
Sex								
Male	281 (332)	85.5 [82.8–88.1]	97 (338)	30.4 [27.3–33.4]	238 (328)	72.7 [69.0–76.3]	222 (327)	70.5 [64.8–76.2]
Female	501 (573)	88.8 [85.5–92.1]	140 (569)	21.2 [18.0–24.4]	361 (558)	67.2 [62.7–71.6]	373 (564)	64.3 [60.4–68.1]
Neighbourhood deprivation								
Low	74 (83)	88.9 [84.7–93.1]	13 (83)	11.9 [4.2–19.6]	64 (81)	79.3 [72.2–86.3]	61 (81)	67.0 [58.5–75.5]
Medium	192 (222)	87.5 [81.9–93.1]	62 (222)	28.4 [18.5–38.3]	151 (222)	73.0 [65.8–80.2]	152 (221)	66.9 [60.8–73.1]
High	440 (510)	87.5 [85.3–89.8]	140 (509)	26.3 [22.2–30.5]	325 (497)	66.6 [63.1–70.0]	328 (500)	67.9 [63.4–72.5]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

9.2 Emotional wellbeing, depressive symptoms and suicidality

Many Pacific students reported good emotional wellbeing (70.9%).

However, at the same time:

- 25.8% of Pacific students reported significant depressive symptoms.
- 26.4% reported serious thoughts of suicide in the last year.
- 11.7% of Pacific students had attempted suicide in the last year (see Table 29).

There were some key differences from Pacific students from different demographic groups:

- Pacific female students faced poorer outcomes across all mental health and wellbeing measures in Youth19 when compared to their male peers:
 - » 14.5% of Pacific female students had attempted suicide (vs 8.6% of Pacific males);
 - » 32.9% reported serious thoughts of suicide (vs 18.7% of Pacific males);
 - » 34.5% reported significant depressive symptoms (vs 16.1% of Pacific males).

Pacific students in higher deprivation (generally poorer areas) faced especially unequal and high challenges; 13.1% of Pacific students living in a high-deprivation area had attempted suicide in the past 12 months, compared to 2.9% of Pacific students living in low-deprivation areas.

In Youth19, a higher proportion of Pacific students (25.9%) reported significant depressive symptoms (RADS-SF) than Pākehā students (19.6%) (see Appendix A; see also Sutcliffe et al., 2023).

From 2001 to 2019, the emotional and mental wellbeing among Pacific students appears to have worsened over time. As reflected in Table 30, from 2001 to 2019, the proportion of Pacific students reporting significant depressive symptoms increased from 17.6% to 25.9%.

Other measures were introduced for the first time in 2007, considering these, from 2007 to 2019:

- There was a decrease in the proportion of Pacific students who reported good emotional wellbeing (from 81.1% in 2007 to 70.9% in 2019).
- There was an increase in Pacific students who had had serious thoughts of suicide (from 18.8% in 2007 to 26.4% in 2019).
- There was an increase in Pacific students who had attempted suicide (from 9.7% in 2007 to 11.7% in 2019).

Measuring emotional wellbeing, depressive symptoms and assessing suicidal ideation

- Emotional wellbeing was measured using the 5-item World Health Organization Well-being Index (WHO-5; World Health Organization, 1998).
- Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF) (Milfont et al., 2008; W. M. Reynolds, 2002). It is important to note that students who scored over the cut-off on the RADS-SF scale did not necessarily have a depressive disorder – an assessment with a health professional is needed to confirm this. However, it did indicate that they were likely to have clinically significant symptoms of depression (i.e., symptoms of depression that are likely to affect the young person in their daily life, including at home and school). This is referred to as “significant depressive symptoms.”
- In Youth19, students were asked if they had seriously thought about killing themselves (attempting suicide) or tried to kill themselves (made a suicide attempt) in the previous 12 months.

Table 29. Pacific students – Emotional wellbeing and mental health, 2019

	Good emotional wellbeing†		Significant depressive symptoms‡		Serious thoughts of suicide§		Attempted suicide§	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	748 (1,034)	70.9 [66.7–75.1]	282 (1,037)	25.9 [22.6–29.2]	268 (1,042)	26.4 [22.5–30.2]	127 (1,048)	11.7 [10.0–13.5]
Age								
Under 16	490 (642)	73.6 [67.8–79.3]	169 (646)	26.6 [23.0–30.3]	154 (645)	24.9 [20.6–29.2]	79 (650)	11.0 [8.6–13.5]
16 or over	258 (392)	67.6 [62.3–72.8]	113 (391)	25.0 [20.6–29.4]	114 (397)	28.2 [22.9–33.6]	48 (398)	12.6 [9.5–15.7]
Sex								
Male	340 (396)	84.0 [81.2–86.7]	64 (402)	16.1 [13.2–19.0]	70 (400)	18.7 [14.3–23.1]	32 (405)	8.6 [6.6–10.5]
Female	408 (638)	59.8 [54.9–64.8]	218 (635)	34.5 [31.4–37.6]	198 (642)	32.9 [29.9–35.9]	95 (643)	14.5 [11.6–17.4]
Neighbourhood deprivation*								
Low	61 (89)	62.7 [56.7–68.6]	18 (89)	17.4 [11.9–23.0]	18 (90)	17.2 [9.4–25.1]	NR	NR
Medium	186 (253)	72.8 [67.6–78.0]	62 (254)	25.6 [18.9–32.2]	63 (256)	25.8 [19.2–32.4]	26 (256)	11.8 [7.0–16.5]
High	415 (584)	70.0 [65.1–74.9]	172 (584)	27.4 [21.7–33.1]	161 (587)	27.2 [22.0–32.5]	85 (592)	13.1 [10.3–15.9]

*NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10)

†Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix C for item wording)

‡Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

§In the past 12 months

NR = Not reported; data are not reported where there are 5 people or fewer in a cell, to protect privacy

Table 30. Pacific students – Wellbeing and mental health trends, 2001–2019

	2001		2007		2012		2019	
	n (N)	% [95% I]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Good emotional wellbeing[^]								
Total	Not asked		882 (1,081)	81.1 [79.0–83.2]	1,090 (1,374)	78.8 [76.1–81.5]	748 (1,034)	70.9 [66.7–75.1]
Female	Not asked		393 (509)	77.9 [74.9–81.0]	594 (791)	73.1 [69.1–77.1]	408 (638)	59.8 [54.9–64.8]
Under 16	Not asked		612 (731)	83.3 [81.3–85.3]	755 (942)	79.2 [75.9–82.4]	490 (642)	73.6 [67.8–79.3]
16 or over	Not asked		270 (350)	77.2 [72.9–81.5]	335 (432)	78.2 [74.7–81.7]	258 (392)	67.6 [62.3–72.8]
Depression symptoms[◇]								
Total	185 (1,042)	17.6 [15.5–19.8]	108 (1,040)	10.4 [8.6–12.2]	178 (1,337)	13.5 [11.4–15.6]	282 (1,037)	25.9 [22.6–29.2]
Female	126 (584)	21.6 [19.0–24.2]	74 (494)	14.3 [11.8–16.7]	128 (777)	17.6 [14.1–21.1]	218 (635)	34.5 [31.4–37.6]
Male	59 (458)	13.3 [10.3–16.3]	34 (546)	6.2 [4.6–7.8]	50 (560)	9.3 [6.9–11.6]	64 (402)	16.1 [13.2–19.0]
Under 16	133 (735)	18.2 [15.8–20.6]	76 (708)	11.3 [9.0–13.7]	122 (918)	13.6 [11.4–15.7]	169 (646)	26.6 [23.0–30.3]
16 or over	52 (307)	16.5 [12.3–20.7]	32 (332)	8.8 [6.0–11.5]	56 (419)	13.3 [9.5–17.1]	113 (391)	25.0 [20.6–29.4]
Thoughts of suicide[*]								
Total	Not asked in the same way		192 (1,081)	18.8 [16.2–21.5]	264 (1,388)	18.2 [15.6–20.7]	268 (1,042)	26.4 [22.5–30.2]
Female	Not asked in the same way		138 (512)	27.6 [24.9–30.3]	202 (797)	25.7 [22.1–29.3]	198 (642)	32.9 [29.9–35.9]
Male	Not asked in the same way		54 (569)	9.4 [6.7–12.1]	62 (591)	10.8 [8.4–13.2]	70 (400)	18.7 [14.3–23.1]
Under 16	Not asked in the same way		121 (734)	17.3 [14.1–20.5]	189 (956)	18.7 [16.2–21.2]	154 (645)	24.9 [20.6–29.2]
16 or over	Not asked in the same way		71 (347)	21.6 [17.7–25.5]	75 (432)	17.2 [12.7–21.6]	114 (397)	28.2 [22.9–33.6]
Suicide attempts[*]								
Total	Not asked in the same way		100 (1,078)	9.7 [8.0–11.4]	120 (1,388)	7.7 [6.3–9.1]	127 (1,048)	11.7 [10.0–13.5]
Female	Not asked in the same way		71 (511)	14.1 [11.5–16.8]	97 (797)	12.2 [9.8–14.7]	95 (643)	14.5 [11.6–17.4]
Male	Not asked in the same way		29 (567)	5.0 [3.3–6.6]	23 (591)	3.3 [2.1–4.5]	32 (405)	8.6 [6.6–10.5]
Under 16	Not asked in the same way		69 (731)	10.3 [7.6–13.1]	90 (956)	8.5 [6.4–10.5]	79 (650)	11.0 [8.6–13.5]
16 or over	Not asked in the same way		31 (347)	8.6 [6.0–11.1]	30 (432)	6.3 [4.4–8.3]	48 (398)	12.6 [9.5–15.7]



10. Sexual and Reproductive Health

Sexual and reproductive health influences not only the physical, emotional, and spiritual wellbeing of individuals, but families and our wider community (Redman-MacLaren & Veukiso-Ulugia, 2019). Many Pacific students face specific cultural and social tensions regarding sexual health matters. Therefore, sensitivity is required when raising sexual health issues with Pacific students and their families.

Current inconsistencies in delivering comprehensive sexual health education in Aotearoa NZ can result in a lack of knowledge about healthy relationships, contraception, fertility, and sexually transmitted infections (Education Review Office, 2019; Righarts et al., 2021) and may influence the utilisation of sexual health services. Providing culturally enhancing relationship and sexuality education policy (Fitzpatrick et al., 2022), sexual health education and resources, and creating safe environments for discussing sexual health (Veukiso-Ulugia, Nofu'akifolau et al., 2023), can help Pacific students make informed decisions about their sexual health and promote overall wellbeing (J. M. U. Allen & Veukiso-Ulugia, 2023).

10.1 Sexual orientation

In Youth19, students were asked to describe their sexual orientation. As shown in Table 31:

- 83% of Pacific students reported being attracted to the opposite sex.
- Just over 1 in 10 (11.1%) Pacific students reported being attracted to either the same sex or both sexes.

10.2 Sexual activity

In Youth19, students were asked if they had ever had sex:

- Most Pacific students (74.8%) had not had sex (see Table 32).
- 15.1%, (n=121) of Pacific respondents were sexually active (had had sex in the last 3 months).

10.3 Condom and contraceptive use

Of Pacific respondents who were sexually active (15.1%; n=121), less than a third were always practising safe sex:

- 20.1% of those who were sexually active reported that they always used a condom to prevent sexually transmitted diseases or infection.
- 30.3% always used contraception as protection against pregnancy (see Table 32).

There were some important differences in contraceptive use across Pacific students: Pacific females were more than twice as likely to always use contraception compared to males (45.4% for females to 20.7% for males).

When compared to sexually active Pākehā students, sexually active Pacific students were much less likely to always use contraception (30.3%; 61.6%) (see Appendix A).

From 2001 to 2019:

- While there was some fluctuation between 2001 and 2007, there has been a general decrease in Pacific students who have ever had sex (36% in 2001 to 25.2% in 2019).
- There is a concerning decrease in the use of condoms and contraception among sexually active students, particularly for Pacific males and those under the age of 16. For example, in 2001, 43.4% of sexually active Pacific students used condoms. This figure dropped to 20.1% in 2019 (see Table 33).

Table 31. Pacific students – Sexual attraction, 2019

	n (N)	% [95% CI]
Sexual attraction		
Opposite sex attracted	922 (1,114)	83.0 [81.4–84.6]
Same sex attracted / multiple sex attracted / other	118 (1,114)	11.1 [8.9–13.3]
Unsure	74 (1,114)	5.9 [4.3–7.4]

Table 32. Pacific students – Sexual and reproductive health behaviours, 2019

	Ever had sex		Currently sexually active		Always uses a condom to prevent sexually transmitted disease or infection*		Always uses contraception as protection against pregnancy*	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	N (N)	% [95% CI]
Total								
Total	210 (1,008)	25.2 [21.3–29.1]	121 (988)	15.1 [11.3–18.9]	30 (112)	20.1 [12.8–27.4]	41 (114)	30.3 [19.1–41.5]
Age								
Under 16	89 (620)	18.0 [14.0–22.0]	34 (608)	7.1 [3.9–10.3]	10 (31)	23.5 [12.0–35.0]	8 (31)	17.2 [8.6–25.8]
16 or over	121 (388)	34.3 [29.7–38.8]	87 (380)	25.1 [20.7–29.6]	20 (81)	18.9 [10.3–27.5]	33 (83)	34.7 [22.1–47.3]
Sex								
Male	114 (390)	33.4 [29.0–37.9]	56 (372)	20.3 [14.1–26.4]	14 (51)	19.0 [9.1–28.8]	14 (53)	20.7 [10.6–30.8]
Female	96 (618)	18.2 [15.5–20.9]	65 (616)	10.8 [8.3–13.3]	16 (61)	21.8 [12.3–31.3]	27 (61)	45.4 [31.0–59.8]
Neighbourhood deprivation								
Low	16 (87)	19.5 [14.2–24.8]	12 (85)	15.3 [10.6–20.1]	NR	NR	NR	NR
Medium	56 (245)	27.4 [20.2–34.6]	29 (238)	15.7 [7.2–24.1]	9 (28)	22.2 [3.7–40.7]	9 (29)	20.3 [1.9–38.8]
High	110 (577)	24.7 [18.8–30.5]	62 (569)	14.4 [9.3–19.5]	12 (57)	17.6 [9.5–25.8]	20 (58)	32.5 [18.1–46.8]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

*among sexually active students (students who had sex in the last 3 months).

NR = Not reported; data are not reported where there are 5 people or less in a cell, to protect privacy.

Table 33. Pacific students – Sexual and reproductive health trends, 2001–2019

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex								
Total	348 (980)	36.0 [33.2–38.8]	428 (951)	46.6 [43.2–50.1]	362 (1,352)	30.3 [27.7–32.9]	210 (1,008)	25.2 [21.3–29.1]
Female	177 (554)	32.0 [28.0–36.1]	181 (452)	43.2 [38.8–47.6]	186 (776)	26.7 [23.2–30.2]	96 (618)	18.2 [15.5–20.9]
Male	171 (426)	40.4 [35.8–44.9]	247 (499)	50.4 [45.4–55.4]	176 (576)	33.8 [30.1–37.5]	114 (390)	33.4 [29.0–37.9]
Under 16	231 (682)	33.9 [30.7–37.0]	248 (639)	40.2 [35.6–44.9]	192 (934)	23.1 [20.5–25.8]	89 (620)	18.0 [14.0–22.0]
16 or over	117 (298)	40.0 [34.3–45.6]	180 (312)	57.9 [53.3–62.4]	170 (418)	43.0 [38.4–47.7]	121 (388)	34.3 [29.7–38.8]
Always uses condoms (among sexually active students)								
Total	96 (212)	43.4 [36.9–49.9]	102 (291)	34.3 [29.0–39.6]	97 (271)	37.3 [32.2–42.5]	30 (112)	20.1 [12.8–27.4]
Female	36 (105)	31.0 [22.5–39.4]	39 (127)	29.2 [21.7–36.8]	44 (139)	32.7 [25.3–40.0]	16 (61)	21.8 [12.3–31.3]
Male	60 (107)	54.0 [45.7–62.4]	63 (164)	39.4 [32.4–46.4]	53 (132)	40.9 [33.9–47.9]	14 (51)	19.0 [9.1–28.8]
Under 16	67 (138)	47.9 [39.9–55.8]	70 (165)	42.2 [33.4–51.0]	58 (140)	43.6 [34.5–52.6]	10 (31)	23.5 [12.0–35.0]
16 or over	29 (74)	36.5 [25.7–47.3]	32 (126)	25.4 [19.0–31.7]	39 (131)	31.7 [23.7–39.7]	20 (81)	18.9 [10.3–27.5]
Always uses contraception (among sexually active students)								
Total	97 (209)	45.3 [38.5–52.2]	109 (265)	38.1 [33.2–43.0]	117 (269)	44.4 [37.0–51.7]	41 (114)	30.3 [19.1–41.5]
Female	37 (105)	32.6 [24.2–41.0]	41 (118)	31.4 [25.0–37.8]	62 (140)	46.5 [37.0–56.0]	27 (61)	45.4 [31.0–59.8]
Male	60 (104)	56.2 [48.7–63.8]	68 (147)	45.3 [37.6–53.0]	55 (129)	42.7 [33.1–52.3]	14 (53)	20.7 [10.6–30.8]
Under 16	69 (134)	51.0 [44.5–57.6]	69 (147)	44.1 [37.0–51.2]	60 (138)	42.7 [34.2–51.1]	8 (31)	17.2 [8.6–25.8]
16 or over	28 (75)	37.3 [25.3–49.3]	40 (118)	31.8 [25.0–38.6]	57 (131)	45.9 [35.0–56.7]	33 (83)	34.7 [22.1–47.3]



11. Substance Use and Motor Vehicle Safety

Smoking is a significant cause of preventable health problems. While the rates of smoking in Pacific communities and other populations in Aotearoa NZ are consistent with international trends showing a marked decrease in recent decades (Ball et al., 2022), a study with Pacific youth in Aotearoa NZ reveals the discrepancies between reported knowledge and understanding the risks associated with smoking (Gifford et al., 2016).

Furthermore, a study examining e-cigarette and cigarette use for 14 and 15 year old New Zealand students highlights the pattern of social gradient (Walker et al., 2020). Low-decile and mid-decile schools were significantly more likely to have students who were daily users of e-cigarettes or cigarettes than high-decile schools. This is pertinent for Talavou o le Moana given the high numbers of Pacific students attending low- and mid-decile schools.

11.1 Cigarettes, e-cigarettes & vaping

In Youth19, students were asked whether they had ever smoked a cigarette or used an e-cigarette.

- Most (77%) Pacific students had never smoked cigarettes; however nearly 5%, (4.8%) smoked weekly or more often.
- Half (50%) had ever vaped or used e-cigarettes, with 4.9% vaping weekly or more often* (see Table 34 and Table 35).

11.2 Marijuana

In Youth19, students were asked whether they had ever smoked or used marijuana and their frequency of use.

- Three quarters (75.8%) of Pacific students had not smoked marijuana; however a small proportion reported smoking or using marijuana “weekly or more often” (4.7%) (see Table 34 and Table 35).

While we present the 2019 vaping figures here, recent studies have shown vaping rates for Pacific youth have skyrocketed. The 2023 Topline ASH (Action for Smokefree 2025) Year Ten Snapshot Survey, which studies around 30,000 students between ages 14 and 15, found that:

- 10 per cent of youth vape daily.
- Pacific youth daily vaping rates increased from 11.1% in 2022 to 13.7% in 2023.
- The prevalence of regular vaping among Pacific youth increased from 19.8% in 2022 to 22.5% in 2023.

11.3 Alcohol

In Youth19, students were asked if they had ever drunk alcohol (not including a few sips).

- Just over half of Pacific students (53.3%) had never drunk alcohol (see Table 34).
- However, for the 46.7% of Pacific students who had drunk alcohol, a small proportion reported drinking alcohol “weekly or more often” (6.1%) (see Table 35).

Those who had drunk alcohol were asked how often they had drunk alcohol and how many times they had five or more drinks in one session (“binge drinking”). Binge drinking was more common than weekly drinking. As shown in Table 36:

- 16.3% of Pacific students reported binge drinking in the last 4 weeks.

11.4 Differences in substance use

There were some differences in substance use across Pacific students:

- When compared to younger Pacific students (i.e. under 16), older Pacific students (aged 16 or over) were more likely to have ever smoked cigarettes, ever used marijuana or ever drunk alcohol. For example, 29.3 of Pacific students aged 16 or over had ever smoke cigarettes, compared to 17.7% of Pacific students under the age of 16 (as shown in Table 34).
- Pacific males were more likely to have ever vaped than Pacific females (57.1% Pacific males; 44% Pacific females) (see Table 34).
- There were no definitive differences in weekly substance use, except for vaping. Some 12.6% of Pacific students in low-deprivation neighbourhoods (i.e., in generally wealthier communities) reported vaping weekly, compared to 2% of Pacific students from high-deprivation neighbourhoods (as shown in Table 35).
- There were differences in binge drinking between younger and older Pacific students: 24% of Pacific students aged 16 or over reported binge drinking, compared to 10.2% of students aged under 16 (see Table 36).

Differences between Pacific and Pākehā students

- When compared to Pākehā students, a slightly higher proportion of Pacific students smoked cigarettes at least monthly (Pacific 6.1% compared to Pākehā 4.3%).
- While Pacific rates of weekly vape use were lower than Pākehā students, recent studies such as the 2023 Topline ASH study has shown Pacific youth vaping rates have exceeded Pākehā rates.
- Rates of binge drinking at least once a month were lower for Pacific students than their Pākehā peers (16.3% vs 24.3%) (see Appendix A).

From 2001 to 2019 :

- There was a large decrease in binge drinking from a peak of 23.2% in 2001 to 12.7% in 2019.
- The proportion of Pacific students smoking cigarettes (weekly or more often) decreased dramatically from 20.2% in 2001 to 4.3% in 2019 (see Table 37).

These declines align with significant reductions in substance use observed among Year 9–13 students in Aotearoa NZ and in other countries as well, as reported by Ball et al in 2022.

Table 34. Pacific students – Substance use (ever), 2019

	Cigarette use*		Vape use*		Marijuana use*		Alcohol use*	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	219 (987)	23.0 [19.9–26.1]	465 (996)	50.0 [45.8–54.2]	213 (949)	24.2 [21.7–26.7]	434 (985)	46.7 [43.1–50.3]
Age								
Under 16	103 (597)	17.7 [14.2–21.1]	261 (609)	47.7 [43.0–52.5]	84 (583)	16.7 [13.4–19.9]	201 (603)	36.1 [32.5–39.7]
16 or over	116 (390)	29.3 [25.0–33.6]	204 (387)	52.7 [47.1–58.3]	129 (366)	33.5 [29.6–37.5]	233 (382)	59.6 [55.3–63.8]
Sex								
Male	73 (373)	22.6 [16.8–28.5]	200 (378)	57.1 [51.4–62.8]	82 (354)	27.5 [23.7–31.3]	148 (368)	42.4 [37.3–47.6]
Female	146 (614)	23.2 [20.3–26.2]	265 (618)	44.0 [40.2–47.7]	131 (595)	21.5 [17.8–25.2]	286 (617)	50.2 [46.4–53.9]
Neighbourhood deprivation								
Low	21 (88)	20.2 [11.3–29.0]	43 (87)	43.4 [35.1–51.7]	16 (83)	16.6 [9.1–24.1]	49 (88)	52.5 [42.5–62.4]
Medium	50 (240)	22.4 [13.9–31.0]	120 (244)	53.7 [46.3–61.1]	42 (234)	20.9 [15.0–26.7]	107 (244)	46.9 [39.2–54.6]
High	121 (561)	23.3 [20.0–26.7]	248 (564)	49.4 [43.4–55.1]	118 (535)	25.8 [22.2–29.5]	218 (554)	43.8 [40.2–47.5]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 35. Pacific students – Substance use (weekly), 2019

	Weekly cigarette use*		Weekly vape use*		Weekly marijuana use*		Weekly alcohol use*	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	49 (982)	4.8 [3.6–5.9]	39 (990)	4.9 [3.6–6.3]	39 (947)	4.7 [3.1–6.3]	52 (982)	6.1 [4.3–7.9]
Age								
Under 16	21 (594)	3.8 [2.4–5.1]	22 (605)	5.5 [3.5–7.5]	19 (582)	3.9 [2.1–5.7]	23 (602)	4.8 [3.2–6.4]
16 or over	28 (388)	5.9 [4.1–7.7]	17 (385)	4.2 [2.4–6.1]	20 (365)	5.7 [3.1–8.2]	29 (380)	7.7 [5.0–10.5]
Sex								
Male	17 (372)	5.5 [3.6–7.4]	17 (373)	5.0 [3.1–6.9]	22 (353)	7.5 [5.3–9.7]	22 (367)	6.8 [4.2–9.4]
Female	32 (610)	4.2 [2.8–5.5]	22 (617)	4.9 [2.9–6.8]	17 (594)	2.4 [1.0–3.8]	30 (615)	5.6 [3.6–7.5]
Neighbourhood deprivation								
Low	NR	NR	9 (87)	12.6 [7.5–17.6]	NR	NR	11 (87)	12.8 [6.1–19.5]
Medium	14 (239)	6.6 [3.8–9.5]	13 (243)	7.9 [4.4–11.4]	11 (233)	6.8 [2.5–11.1]	10 (243)	4.5 [0.9–8.1]
High	30 (558)	4.7 [3.4–6.1]	11 (559)	2.0 [0.9–3.1]	23 (534)	4.5 [2.7–6.3]	23 (553)	5.5 [3.7–7.2]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

NR = Not reported: Where there are under 5 persons in a group, data are not reported to protect privacy of participants.

Table 36. Pacific students – Binge drinking in the last 4 weeks, 2019

	n (N)	% [95% CI]
Total		
Total	157 (973)	16.3 [13.8–18.9]
Age		
Under 16	57 (598)	10.2 [7.8–12.5]
16 or over	100 (375)	24.0 [19.5–28.5]
Sex		
Male	56 (362)	17.3 [13.6–21.0]
Female	104 (611)	15.5 [12.6–18.4]
Neighbourhood deprivation		
Low	23 (85)	23.5 [15.6–31.4]
Medium	32 (242)	16.6 [9.7–23.5]
High	72 (548)	13.6 [10.5–16.8]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 37. Pacific students – Substance use trends, 2001–2019

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Smoke cigarettes weekly or more often								
Total	117 (601)	20.2 [16.1–24.2]	76 (763)	11.1 [8.8–13.5]	64 (1,108)	6.2 [4.4–8.0]	38 (799)	4.3 [3.2–5.5]
Male	40 (238)	16.8 [10.4–23.3]	27 (394)	7.0 [4.3–9.7]	24 (462)	6.1 [3.5–8.7]	11 (303)	4.3 [1.9–6.6]
Female	77 (363)	22.7 [18.0–27.3]	49 (369)	14.9 [11.7–18.0]	40 (646)	6.3 [3.9–8.6]	27 (496)	4.4 [2.6–6.1]
Binge drinking at least once in past 4 weeks								
Total	119 (538)	23.2 [19.6–26.8]	203 (755)	27.8 [24.0–31.6]	172 (1,102)	18.2 [15.4–20.9]	109 (788)	12.7 [10.2–15.2]
Male	50 (207)	25.1 [18.1–32.1]	106 (393)	27.3 [23.1–31.4]	78 (461)	20.5 [15.9–25.1]	34 (294)	12.6 [8.2–17.0]
Female	69 (331)	21.8 [17.6–26.0]	97 (362)	28.2 [23.3–33.2]	94 (641)	15.8 [12.3–19.3]	75 (494)	12.8 [10.3–15.3]
Marijuana use weekly or more often								
Total	34 (563)	5.9 [3.5–8.2]	40 (707)	5.7 [4.1–7.4]	19 (1,086)	1.7 [0.9–2.5]	27 (773)	3.6 [2.3–4.8]
Male	17 (213)	7.9 [4.6–11.1]	26 (365)	7.3 [4.5–10.0]	10 (455)	2.2 [0.9–2.5]	13 (290)	5.4 [3.5–7.3]
Female	17 (350)	4.4 [1.7–7.2]	14 (342)	4.3 [2.7–6.0]	9 (631)	1.3 [0.4–2.2]	14 (483)	2.2 [0.9–3.6]

11.5 Motor vehicle safety

Risky driving and motor vehicle deaths in Aotearoa NZ have declined since 2001 (International Transport Forum & Organisation for Economic Co-operation and Development, 2018; Lewycka et al., 2018). However, motor vehicle crashes remain among the biggest causes of injury and death among New Zealand students (Safekids Aotearoa, 2015) and is the third largest cause of death among Pacific young people aged 15 to 19 (Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee, 2021). The correct use of vehicle restraints (seatbelts), enforcement of legislative requirements, safe cars and roading, and driver safety campaigns such as those developed by SADD (Students Against Dangerous Driving) play an important role.

In Youth19:

- Only a little over half (57.4%) of Pacific students always used a seatbelt in a motor vehicle (see Table 38).
- 30 Pacific survey participants who drive reported having driven dangerously in the last month. As this is a small total number, the data are not shown in the table.
- More Pacific than Pākehā students had been in a car driven by a risky driver in the last month (23% of Pacific students compared to 17.9% Pākehā) (see Appendix A).

Table 38. Pacific students – Seatbelt use, 2019

	Always uses seatbelt	
	n (N)	% [95% CI]
Total		
Total	569 (1,025)	57.4 [53.6–61.1]
Age		
Under 16	348 (634)	55.9 [51.0–60.8]
16 or over	221 (391)	59.2 [54.9–63.5]
Sex		
Male	224 (389)	55.4 [49.6–61.3]
Female	345 (636)	59.0 [53.3–64.6]
Neighbourhood deprivation		
Low	51 (91)	63.1 [54.8–71.4]
Medium	145 (250)	59.2 [52.0–66.4]
High	314 (576)	55.2 [51.0–59.4]



12. Healthcare Access

Access to private and confidential healthcare is important for good health and wellbeing and helps young people to establish good healthcare habits and relationships for the future (Teevale et al., 2013). However, studies with Pacific communities in Aotearoa NZ have revealed barriers to accessing timely, high-quality healthcare, as well as discriminatory and culturally insensitive behaviour (Anderson et al., 2019; Arlidge et al., 2009; Brown, 2018; Health Quality & Safety Commission, 2021; Pacific Perspectives, 2015). Having a negative healthcare experience in the early years can have a detrimental effect on present, and future health-seeking behaviour (Ryan et al., 2019).

In Youth19,

- Three quarters of Pacific students (75%) had accessed healthcare in the previous year (see Table 39).
- When asked: “Where do you usually go for healthcare?” most Pacific students reported seeing their family doctor, medical centre or GP clinic (84.5%), followed by their school health clinic (6.9%). Smaller proportions of Pacific students usually went to a hospital accident and emergency (A&E) (1.7%) or an after-hours or 24-hour accident and medical centre (1.2%) (see Table 40).

12.1 Foregone healthcare

A quarter (25.2%) of Pacific students reported being unable to see a doctor or nurse (or other healthcare worker) when they needed or wanted to in the previous year (see Table 41).

Students were asked what their reasons were for not getting healthcare when they needed to. The most common reasons Pacific students gave were:

- 33.3% did not want to make a fuss.
- 15.3% reported that they didn’t know how to access healthcare.
- 14.2% were hoping that the problem would go away by itself or get better with time.
- 14.1% couldn’t get an appointment (see Table 42).

There were some differences by age and neighbourhood deprivation. For example, school-based healthcare appeared especially important for students in high-deprivation neighbourhoods. Further, students in high-deprivation neighbourhoods were more likely to forgo care than those in low-deprivation neighbourhoods, and those in medium- and high-deprivation neighbourhoods reported higher rates of not knowing how to access healthcare than those living in low-deprivation neighbourhoods. Furthermore, older adolescents were more likely to report not being able to get an appointment or not wanting to make a fuss as important barriers to care than younger adolescents.

12.2 Healthcare discrimination

While most Pacific students had a positive experience with healthcare services, a small but concerning proportion (5%), reported that they *had* experienced healthcare discrimination in the last 12 months (see Table 43).

Pacific young people faced persistent inequities in obtaining and receiving healthcare access:

- When compared to Pākehā students, Pacific students were less likely to have accessed healthcare in the past 12 months (Pacific 75.3% vs Pākehā 81.1%).
- Pacific students were more likely to have foregone healthcare than their Pākehā peers (Pacific 25.2% vs Pākehā 16.5%) (see Appendix A).

From 2007 to 2019:

- There was a decrease in the proportion of Pacific students reporting that their family doctor, medical centre or GP clinic was their usual healthcare provider (from 92.5% to 84.8%).
- However, there has been a small but steady increase in Pacific students reporting their school health clinic as their usual healthcare provider (from 2.8% to 6.9%). This was most pronounced among young people aged 16 or over (see Table 44).

Table 39. Pacific students – Healthcare access, 2019

	n (N)	% [95% CI]
Total		
Total	781 (1,063)	75.3 [72.0–78.5]
Age		
Under 16	470 (657)	72.9 [69.1–76.7]
16 or over	311 (406)	78.2 [73.0–83.4]
Sex		
Male	309 (416)	74.1 [69.1–79.1]
Female	472 (647)	76.3 [72.5–80.0]
Neighbourhood Deprivation		
Low	75 (91)	79.8 [74.2–85.5]
Medium	197 (258)	79.5 [74.0–85.0]
High	422 (601)	72.1 [68.7–75.5]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 40. Pacific students – Usual healthcare provider, 2019

	Family doctor, medical centre or GP clinic		School health clinic		An after-hours or 24-hour accident and medical centre		The hospital accident and emergency		I don't go anywhere for healthcare	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total										
Total	924 (1,092)	84.8 [81.0–88.6]	69 (1,092)	6.9 [4.0–9.8]	13 (1,092)	1.2 [0.4–2.0]	21 (1,092)	1.7 [1.0–2.5]	47 (1,092)	3.8 [2.2–5.5]
Age										
Under 16	581 (682)	84.7 [79.5–89.9]	32 (682)	5.9 [1.5–10.4]	13 (682)	2.1 [0.7–3.5]	12 (682)	1.5 [0.6–2.4]	31 (682)	4.0 [2.6–5.4]
16 or over	343 (410)	85.0 [80.0–89.9]	37 (410)	8.1 [5.7–10.6]	NR	NR	9 (410)	2.0 [1.0–3.1]	16 (410)	3.6 [0.9–6.4]
Sex										
Male	349 (430)	80.0 [74.0–86.1]	31 (430)	9.2 [3.8–14.6]	10 (430)	2.1 [0.7–3.5]	13 (430)	2.6 [1.4–3.8]	16 (430)	3.8 [1.8–5.9]
Female	575 (662)	89.1 [85.5–92.8]	38 (662)	4.8 [2.7–6.8]	NR	N	8 (662)	1.0 [0.4–1.6]	31 (662)	3.8 [1.4–6.3]
Neighbourhood deprivation										
Low	83 (92)	93.3 [88.8–97.8]	NR	NR	NR	NR	NR	NR	NR	NR
Medium	225 (261)	87.2 [82.5–92.0]	10 (261)	4.2 [1.1–7.4]	NR	NR	NR	NR	16 (261)	6.0 [2.4–9.6]
High	520 (624)	82.7 [77.8–87.6]	50 (624)	9.2 [5.6–12.8]	NR	NR	13 (624)	2.1 [1.0–3.1]	23 (624)	3.0 [1.3–4.7]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

NR = Not reported; data are not reported where there are 5 people or fewer in a cell, to protect privacy

Table 41. Pacific students – Foregone healthcare, 2019

	n (N)	% [95% CI]
Total		
Total	279 (1,052)	25.2 [22.6–27.9]
Age		
Under 16	158 (649)	23.0 [19.5–26.4]
16 or over	121 (403)	28.0 [24.9–31.1]
Sex		
Male	109 (409)	26.5 [23.1–30.0]
Female	170 (643)	24.1 [20.0–28.1]
Neighbourhood deprivation		
Low	13 (87)	13.2 [6.7–19.7]
Medium	65 (257)	22.4 [17.0–27.8]
High	178 (601)	29.0 [26.2–31.8]

NZ Deprivation Index 2018, Low (1-3), Medium (4-7), High (8-10).

Table 42. Pacific students – Reasons for foregone healthcare access, 2019

	I didn't know how to (e.g., didn't know where to go or who to call for help or advice)		I couldn't get an appointment (e.g. the appointment times or service opening hours were not convenient)		I didn't want to make a fuss		I was hoping that the problem would go away by itself or get better with time	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Total								
Total	156 (1,032)	15.3 [13.7–16.9]	132 (1,032)	14.1 [12.1–16.1]	339 (1,032)	33.3 [29.8–36.8]	150 (1,032)	14.2 [11.7–16.6]
Age								
Under 16	96 (635)	14.6 [12.2–16.9]	63 (635)	9.4 [7.4–11.5]	177 (635)	27.8 [23.8–31.9]	79 (635)	12.4 [10.4–14.5]
16 or over	60 (397)	16.2 [13.1–19.3]	69 (397)	19.9 [16.3–23.5]	162 (397)	40.1 [35.2–45.1]	71 (397)	16.3 [11.8–20.9]
Sex								
Male	65 (400)	17.1 [14.3–19.9]	40 (400)	11.6 [9.1–14.1]	117 (400)	29.7 [25.5–33.8]	38 (400)	11.0 [8.0–13.9]
Female	91 (632)	13.7 [11.1–16.3]	92 (632)	16.3 [13.0–19.6]	222 (632)	36.5 [32.6–40.4]	112 (632)	16.9 [13.4–20.5]
Neighbourhood deprivation								
Low	6 (87)	4.7 [0.0–9.6]	13 (87)	19.0 [14.6–23.4]	29 (87)	33.6 [26.2–40.9]	7 (87)	6.0 [0.9–11.2]
Medium	39 (251)	17.7 [13.6–21.9]	33 (251)	13.6 [10.8–16.5]	79 (251)	33.6 [28.0–39.2]	38 (251)	16.5 [12.0–20.9]
High	90 (586)	15.2 [12.4–18.1]	69 (586)	13.3 [10.2–16.5]	193 (586)	32.7 [28.9–36.5]	93 (586)	15.0 [12.0–17.9]

NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

Table 43. Pacific students – Experience of healthcare discrimination, 2019

	n (N)	% [95% CI]
Total		
Total	51 (1,038)	5.0 [3.2–6.9]
Age		
Under 16	31 (641)	4.2 [2.7–5.7]
16 or over	20 (397)	6.0 [2.5–9.6]
Sex		
Male	28 (396)	7.2 [4.7–9.6]
Female	23 (642)	3.2 [1.5–4.8]
Neighbourhood deprivation		
Low	NR	NR
Medium	18 (255)	8.2 [3.9–12.5]
High	24 (587)	4.1 [2.5–5.7]

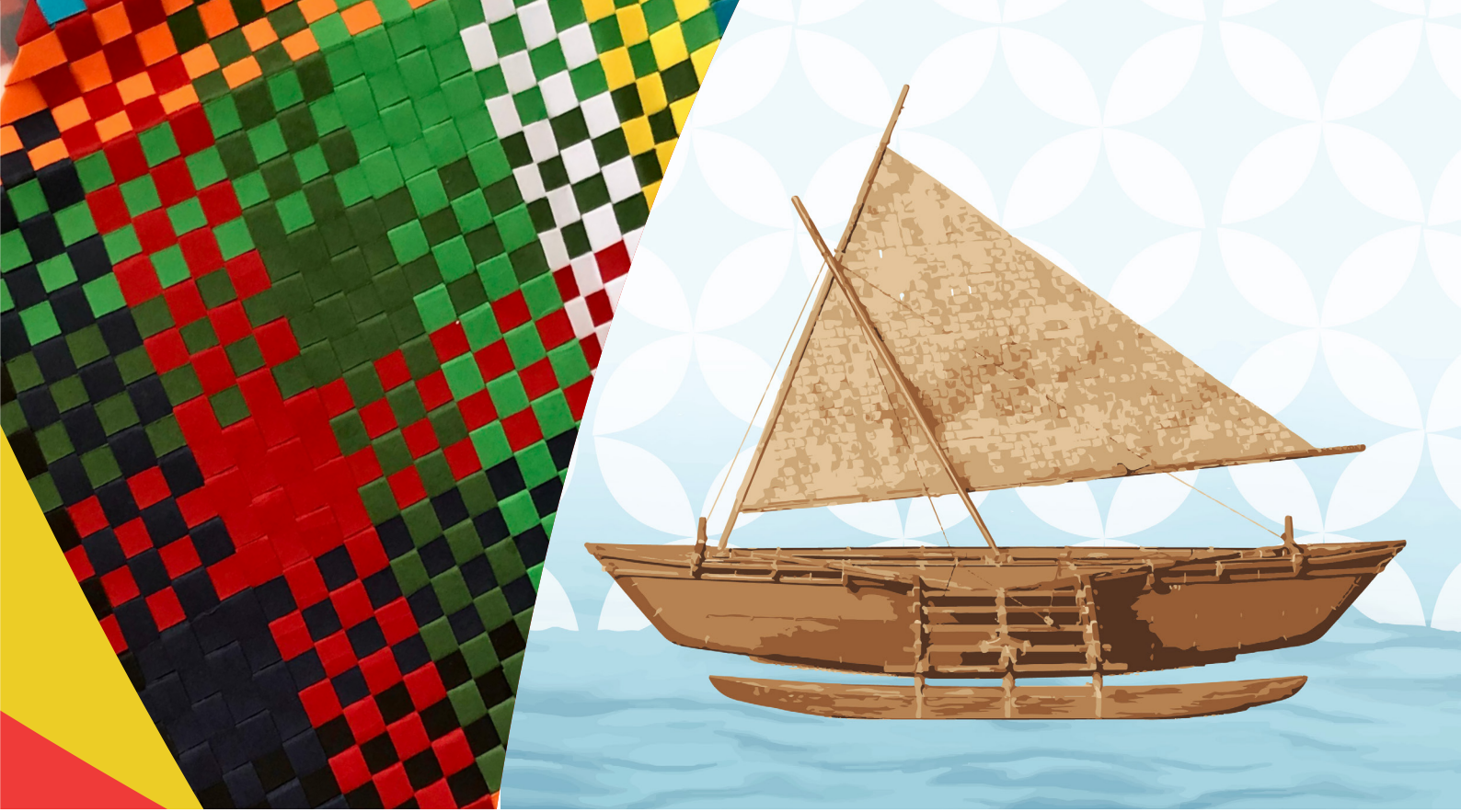
NZ Deprivation Index 2018, Low (1–3), Medium (4–7), High (8–10).

NR = Not reported; data are not reported where there are 5 people or fewer in a cell, to protect privacy

Table 44. Pacific students – Usual healthcare provider trends, 2007–2019

		2001		2007		2012		2019	
		n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Usual healthcare provider – Family doctor, medical centre or GP clinic									
Total	Not included	980 (1,064)	92.5 [90.9–94.1]	1,176 (1,360)	86.3 [84.1–88.4]	924 (1,092)	84.8 [81.0–88.6]		
Female		463 (505)	92.5 [90.5–94.5]	682 (776)	88.3 [86.3–90.3]	575 (662)	89.1 [85.5–92.8]		
Male		517 (559)	92.5 [90.4–94.7]	494 (584)	84.3 [81.1–87.6]	349 (430)	80.0 [74.0–86.1]		
Under 16		663 (724)	91.7 [89.9–93.5]	806 (929)	86.2 [83.6–88.9]	581 (682)	84.7 [79.5–89.9]		
16 or over		317 (340)	94.0 [91.6–96.3]	370 (431)	86.3 [83.6–89.1]	343 (410)	85.0 [80.0–89.9]		
Usual healthcare provider – School health clinic									
Total	Not included	31 (1,064)	2.8 [1.6–4.0]	81 (1,360)	5.6 [4.4–6.8]	69 (1,092)	6.9 [4.0–9.8]		
Female		16 (505)	3.0 [1.2–4.8]	50 (776)	6.0 [4.5–7.4]	38 (662)	4.8 [2.7–6.8]		
Male		15 (559)	2.5 [1.1–4.0]	31 (584)	5.2 [3.6–6.9]	31 (430)	9.2 [3.8–14.6]		
Under 16		23 (724)	3.3 [1.7–4.8]	51 (929)	5.3 [3.9–6.8]	32 (682)	5.9 [1.5–10.4]		
16 or over		8 (340)	1.9 [0.5–3.3]	30 (431)	6.1 [4.3–7.9]	37 (410)	8.1 [5.7–10.6]		
Usual healthcare provider – Hospital, or after-hours or 24-hour accident and medical centre									
Total	Not included	16 (1,064)	1.3 [0.7–1.9]	21 (1,360)	1.6 [0.8–2.4]	13 (1,092)	1.2 [0.4–2.0]		
Female		7 (505)	1.3 [0.5–2.1]	12 (776)	1.5 [0.6–2.4]	NR	NR		
Male		9 (559)	1.3 [0.6–2.0]	9 (584)	1.7 [0.6–2.8]	10 (430)	2.1 [0.7–3.5]		
Under 16		13 (724)	1.7 [1.0–2.4]	12 (929)	1.1 [0.6–1.7]	13 (682)	2.1 [0.7–3.5]		
16 or over		NR	NR	9 (431)	2.4 [0.8–4.0]	NR	NR		

NR = Not reported; data are not reported where there are 5 people or fewer in a cell, to protect privacy



Concluding Remarks and Implications

Ua tuhituhi mai kae omai ke gahua auloa

Stop pointing, come and work together

*When we work collectively as a team,
we can achieve great things*

Niue

(Movono & Scheyvens, 2021)



13. Concluding Remarks

Talavou o le Moana presents Pacific findings from Youth19, the fourth health and wellbeing survey from the Youth2000 survey series, provided by a representative sample of 1,130 Pacific students from secondary schools across the Auckland, Te Tai Tokerau | Northland and Waikato regions.

In 2001, Sir Collin Tukuitonga⁵ in his foreword for the first Pacific Youth2000 report stated:

‘There is a need to change the policy orientation so as to meet the unique challenges that are facing the next generation of Pacific peoples. It is my observation that despite much rhetoric about working with young Pacific people, we are not really seeing many appropriate and effective responses to young people’s needs. There are, for the most part, very standard approaches to these issues. And while there is an awful lot going on in the youth area, there is not a good sense of whether it actually sticks. Unless we have good information about Pacific young people, we run the risk of doing the same.

The kind of information provided by the Youth2000 Pacific health Profile puts us in a position to better address the issues. We need to be especially cognisant of some of the identity issues facing Pacific youth growing up in New Zealand. We need to adjust service delivery, develop communication strategies and challenge what is being done so that it is responsive to the needs of Pacific young people... The issues that face the next generation of Pacific peoples are not just the Ministry of Pacific Island Affairs’ issues. They are also justice issues, education issues, social development, health, labour; all of the above. To respond meaningfully we need to work together more effectively.’

(Mila-Schaaf et al., 2008, p. 1)

Some 19 years on, we see that most Pacific students are healthy, happy and are satisfied with their lives. Pacific students report positive connections with their family, school and community environments, with large numbers belonging to a faith community and helping others in their school and community. Pacific students are making healthy choices, most have made plans for their future, substance use has reduced dramatically, and many young people are delaying their first sexual encounter. These positive inroads in the health and wellbeing of Pacific youth may reflect the ongoing commitment and advocacy, focused interventions and investment into Pacific youth and community health initiatives.

However, the findings reveal the persistent and significant inequities in health outcomes for Pacific youth. Many of the issues raised by Sir Collin Tukuitonga are as relevant now as they were then. The unequal burden of risk factors for Pacific peoples is avoidable and unjust. Pacific students experience discrimination and racism, many are living in neighbourhoods with high levels of deprivation and facing housing challenges. Pacific students are more likely to report material hardships such as food insecurity and parental stress about finances and paying for everyday

⁵ Sir Collin Tukuitonga KNZM is a Niuean-born New Zealand doctor, public health academic, public policy expert and advocate for reducing health inequalities of Māori and Pasifika people.

essential items. Inequality has a postcode – the opportunity to showcase one’s talents and skills is dependent on where a Pacific young person lives. Pacific students who live in highly deprived areas are less likely to report they have opportunities to show their skills when compared with students from wealthier areas. Many Pacific students are dealing with highly distressing mental health issues, have been sexually assaulted and have been unable to access healthcare services when needed. As a society we must do better.

These “brown, beautiful, brainy, bilingual, bicultural, and bold” young people will play an even greater role in shaping the future of Aotearoa NZ (Sio, 2019, p.11788). Addressing the issues raised in *Talavou o le Moana* is a critical strategic opportunity. However, changing the policy orientation requires political leadership that is cognisant of the issues facing Pacific communities and recognises that solutions have, for decades, been offered by Pacific communities. Such solutions have been noted in resources such as the *All-of-Government Pacific Wellbeing Strategy* (Ministry for Pacific Peoples, 2022b) and *Tamaiti ole Moana 2033* (Moana Connect, 2023). The trailblazing leaders and communities behind such work have imparted rich wisdom with the goal of seeing vibrant, thriving Pacific communities. These insights supersede political ideologies. The issues highlighted in *Talavou o le Moana* are complex, and therefore the solutions are multifaceted. The following suggested health and wellbeing implications elevate recommendations previously highlighted by Pacific youth, family, and communities.

13.1 Implications

1. Ensure Pacific students’ basic needs and rights are met, and includes:

- *Pacific families having sufficient income to provide for their children and young people;*
- *Healthy, secure, housing appropriate for Pacific families;*
- *Education that strengthens young people’s skills, talents and cultures;*
- *All Pacific young people are able to access affordable and appropriate healthcare and relevant community and professional support systems.*

2. Partner with Pacific young people, their families and communities to realise an equitable future:

- *Ensuring Pacific youth, their families and local communities thrive in Aotearoa NZ requires collaborative partnerships with Pacific youth, families, communities and the relevant stakeholders.*

3. Invest in more quality research with and for Pacific young people, their families, and communities:

- *Support future research that explores and reflects the diversity and complexities facing Pacific communities.*
- *Monitor Pacific data – understand where data inequities exist and address the gaps with tangible strategies.*
- *Ensure Pacific data sovereignty principles are enacted in research involving Pacific young people and their communities.*

We urge governments, stakeholders and communities to make the firm, substantive commitments needed for *talavou* (young Pacific people) to thrive in Aotearoa New Zealand.





Resources and Getting Help

If you are having a hard time or you are worried about another person, **let someone know**. Talking to someone can make a real difference and they might be able to help in ways you haven't thought of. Whether it is serious or something you are not sure about, there are many people, groups and agencies who want to help or will provide options. Sometimes it's hard to get started or you might need to try different people, but there *will be* people who can help. It is Ok to take someone with you and it's Ok to go to someone who might not be "the right person," they can help you get started.

Talk to a family member, friend or trusted adult.

There are some great hints on how to get started or what you might say on these and other websites: [mentalwealth.nz](https://www.mentalwealth.nz) | [thelowdown.co.nz](https://www.thelowdown.co.nz) | [youthline.co.nz](https://www.youthline.co.nz) | [etuwhanau.org.nz](https://www.etuwhanau.org.nz)

You can also talk to a doctor, nurse, counsellor or other health professional.

It's their **job** to talk about private, embarrassing or tricky stuff – lots of them do it every day. Doctors and nurses talk about personal things – not just illnesses. School counsellors, school nurses, youth workers, social workers and others are there to help too, you can talk to them about big or small things.

Le Va [leva.co.nz/youth](https://www.leva.co.nz/youth) provides useful, Pacific-focused info and resources for mental wellbeing, dealing with challenging issues, strengthening cultural identity and more.

The Village Collective, Rainbow Youth and OutLine offer info and support for queer, gender-diverse, takatāpui and intersex young people [ry.org.nz/](https://www.ry.org.nz) [outline.org.nz](https://www.outline.org.nz) or by calling OutLine on 0800 688 5463. The Village Collective supports Pacific rainbow young people and their families www.villagecollective.org.nz

Vaka Tautua is a national "by Pacific, for Pacific" mental health, disability and social service provider in Aotearoa www.vakatautua.co.nz

The Fono is New Zealand's largest Pacific community-owned NGO offering medical, dental and community services across the Auckland region [thefono.org](https://www.thefono.org)

Langima'a Oceania Counselling Services provides faith- and culture-based counselling services to Pasifika people delivered by Pasifika people. However, unlike many of the services listed here, there are usually charges for these services [oceaniacounselling.co.nz](https://www.oceaniacounselling.co.nz)

Web chat, phone or text Youthline, What's Up or 1737. They're free, private and *want* to help people with problems, big or small. Even if you're not sure if it's worth bothering someone, they can help you work this out. They won't mind if you call the wrong service, and it's fine to try different ones and see what works best for you. To get in touch with What's Up: free call 0800 942 8787 or web chat [whatsup.co.nz/contact-us](https://www.whatsup.co.nz/contact-us). Youthline: free call 0800 376 633, free text 234 or web chat [youthline.co.nz/web-chat-counselling](https://www.youthline.co.nz/web-chat-counselling); for 1737: text or call 1737, or visit [1737.org.nz](https://www.1737.org.nz)

Check out [healthify.nz](https://www.healthify.nz) or [familyservices.govt.nz/directory](https://www.familyservices.govt.nz/directory) for who can help with all sorts of problems in different parts of New Zealand or call Healthline free on 0800 611 116 for advice and information from a registered nurse.

References

- Allen, J. M. U., & Veukiso-Ulugia, A. (2023). Pacific youth, va-relationality, and the heterosexual matrix. In L. Allen & L. M., Rasmussen (Eds.), *The Palgrave encyclopaedia of sexuality education* (pp. 1–13). Springer Nature
- Allen, K., Vella-Brodrick, D., & Waters, L. (2017). School belonging and the role of social and emotional competencies in fostering an adolescent's sense of connectedness to their school. In E. Frydenberg, A.J. Martin & R.J. Collie (Eds) *Social and emotional learning in Australia and the Asia-Pacific* (pp. 83–99). Springer.
- Alsarrani, A., Hunter, R. F., Dunne, L., & Garcia, L. (2022). Association between friendship quality and subjective wellbeing among adolescents: a systematic review. *BMC Public Health*, 22, 2420. <https://doi.org/10.1186/s12889-022-14776-4>
- Anderson, A., Peat, B., Ryland, J., Ofanoa, M., Burgess, H., Malungahu, G., Wade, J., Spray, J., & Leversha, A. (2019). Mismatches between health service delivery and community expectations in the provision of secondary prophylaxis for rheumatic fever in New Zealand. *Australian and New Zealand Journal of Public Health*, 43(3), 294–299. <https://doi.org/10.1111/1753-6405.12890>
- Arlidge, B., Abel, S., Asiasiga, L., Milne, S. L., Crengle, S., & Ameratunga, S. N. (2009). Experiences of whānau/families when injured children are admitted to hospital: A multi-ethnic qualitative study from Aotearoa/New Zealand. *Ethnicity & Health*, 14(2), 169–183.
- Ataera-Minster, J., & Trowland, H. (2018). *Te Kaveinga: Mental health and wellbeing of Pacific peoples. Results from the New Zealand Mental Health Monitor & Health and Lifestyles Survey*. Health Promotion Agency.
- Atkinson, J., Salmond, C., & Crampton, P. (2019). *NZDep2018 Index of Deprivation: Interim research report, December 2019*. University of Otago.
- Ball, J., Crossin, R., Boden, J., Crengle, S., & Edwards, R. (2022). Long-term trends in adolescent alcohol, tobacco and cannabis use and emerging substance use issues in Aotearoa New Zealand. *Journal of the Royal Society of New Zealand*, 52(4), 450–471, <https://doi.org/10.1080/03036758.2022.2060266>
- Ball, J., Zhang, J., Kim, A., Poasa, L., Siataga, P., King-Finau, T., Su'a, A., Williams, R., & Jackson, N. (2023). *Addressing alcohol harm in adolescents. Technical Report 4: Pasifika analysis. Methods and data tables*. University of Otago & Adolescent Health Research Group.
- Ball, J., Zhang, J., Kim, A., Poasa, L., Siataga, P., King-Finau, T., Su'a, A., Williams, R., & Jackson, N. (2023) *Understanding and addressing alcohol harm among Pasifika secondary school students. Factsheet*. Wellington: University of Otago, Adolescent Health Research Group & Alcohol Healthwatch.
- Barazzetta, M., & Ghislandi, S. (2017). Family income and material deprivation: Do they matter for sleep quality and quantity in early life? Evidence from a longitudinal study. *Sleep*, 40. <https://doi.org/10.1093/sleep/zsw066>
- Bedford, R., & Didham, R. (2001). 'Who are the 'Pacific peoples'? Ethnic identification and the New Zealand census. In C. Macpherson, P. Spoonley, & M. Anae (Eds.), *Tangata o te moana nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand* (pp. 21–43). Dunmore Press.
- Breyse, P., Farr, N., Galke, W., Lanphear, B., Morley, R., & Bergofsky, L. (2004). The relationship between housing and health: Children at risk. *Environmental Health Perspectives*, 112(15), 1583–1588. <https://doi.org/10.1289/ehp.7157>
- Brown, R. (2018). *Surviving the system: Māori and Pacific whānau coping strategies to overcome health system barriers*. Auckland University of Technology.

- Clark, T. C., Drayton, B., Ball, J., Schwenke, A., Crengle, S., Peiris-John, R., Sutcliffe, K., Fenaughty, J., Groot, S., & Fleming, T. (2021). *Youth19 housing deprivation brief*. University of Auckland & Victoria University of Wellington.
- Clark, T. C., Gontijo de Castro, T., Bullen, P., Fenaughty, J., Tiatia-Seath, J., Bavin, L., Peiris-John, R., Sutcliffe, K., Crengle, S., Lindsay-Latimer, C., Yao, E., & Fleming, T. (2023). *Youth19 Rangatahi Smart Survey, The health and wellbeing of young people in Alternative Education*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington.
- Clinton, C., Mahony, F., Broadbent, R., Bullen, C., & Kearns, R. (2007). *The Healthy Housing Programme: Report of the outcomes evaluation (year three)*. Housing New Zealand Corporation.
- Corder, K., Winpenny, E., Love, R., Brown, H. E., White, M., & Van Sluijs, E. (2019). Change in physical activity from adolescence to early adulthood: A systematic review and meta-analysis of longitudinal cohort studies. *British Journal of Sports Medicine*, 53(8), 496–503.
- Deane, K., & Dutton, H. (2020). *The factors that influence positive youth development and wellbeing. Key concepts, contemporary international debates and a review of the issues for Aotearoa New Zealand research, policy and practice*. <https://hdl.handle.net/10092/102441>
- Denny, S., Lewycka, S., Utter, J., Fleming, T., Peiris-John, R., Sheridan, J., Rossen, F., Wynd, D., Teevale, T., Bullen, P., & Clark, T. C. (2016). The association between socioeconomic deprivation and secondary school students' health: findings from a latent class analysis of a national adolescent health survey. *Int J Equity Health*, 15, 109. <https://doi.org/10.1186/s12939-016-0398-5>
- Du Prel, J. B., Hommel, G., Röhrig, B., & Blettner, M. (2009). Confidence interval or P-value? Part 4 of a series on evaluation of scientific publications. *Deutsches Arzteblatt International*, 106(19), 335–339. <https://doi.org/10.3238/arztebl.2009.0335>
- Durie, M. (1994). *Whaiora : Māori health development*. Oxford University Press.
- Education Review Office. (2019). *Annual Report 2018/19 Te Pūrongo ā-Tau 2018/19*. Author.
- Enoka, P., Hale, L., & Higgs, C. (2022). Facilitators and barriers to physical activity for people of Pacific heritage. *New Zealand Journal of Physiotherapy*, 50(1), 33–41. <https://doi.org/10.15619/NZJP/50.1.04>
- Fa'alili-Fidow, J., Moselen, E., Denny, S., Dixon, R., Teevale, T., Ikihele, A., & Clark, T. C. (2016). *Youth'12 The Health and Wellbeing of Secondary School Students in New Zealand: Results for Pacific young people*. The University of Auckland.
- Fitzpatrick, K., McGlashan, H., Vibha, T., Fenaughty, J., & Veukiso-Ulugia, A. (2022). Relationship and sexuality education: Key research informing New Zealand curriculum policy. *Health Education Journal*, 81(2), 134–156.
- Fleming, T., Archer, D., King-Finau, T., Dewhirst, M., & Clark, T. (2021). *Youth19 Safety and Violence Brief*. Youth19 and The Adolescent Health Research Group.
- Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey: Initial findings: Introduction and methods*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington.
- Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial findings: Hauora hinengaro / emotional and mental health*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington.
- Fukofuka, H. S. T. (2018). *Pacific youth views on health and wellbeing: A photovoice study* [Unpublished honours thesis]. University of Otago.
- Gifford, H., Tautolo, el-S., Erick, S., Hoek, J., Gray, R., & Edwards, R. (2016, May 17). A qualitative analysis of Māori and Pacific smokers' views on informed choice and smoking. *BMJ Open*, 6(5).
- Greaves, L. M., Le Grice, J., Schwencke, A., Crengle, S., Lewycka, S., Hamley, L., & Clark, T. C. (2021). Measuring whanaungatanga and identity for wellbeing in rangatahi Māori: Creating a scale using the Youth 19 Rangatahi Smart Survey. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 10(2), 93.
- Greenland, S., Senn, S. J., Rothman, K. J., Carlin, J. B., Poole, C., Goodman, S. N., & Altman, D. G. (2016). Statistical tests, P values, confidence intervals, and power: A guide to misinterpretations. *European Journal of Epidemiology*, 31(4), 337–350. <https://doi.org/10.1007/s10654-016-0149-3>

- Hau'ofa, E. (1994). Our sea of islands (reprinted from *A New Oceania – Rediscovering Our Sea ff Islands*). *The Contemporary Pacific*, 6(1), 147–161.
- Health Quality & Safety Commission. (2021). *Bula sautu – A window on quality 2021: Pacific health in the year of COVID-19*. Author.
- Health Research Council of New Zealand. (2014). *Pacific health research guidelines, 2014*. Author.
- Helu, S. L., Robinson, E., Grant, S., Herd, R., & Denny, S. (2009). *Youth '07 The health and wellbeing of secondary school students in New Zealand: Results for Pacific young people*. The University of Auckland.
- Howden-Chapman, P., Fyfe, C., Nathan, K., Keall, M., Riggs, L., & Pierse, N. (2021). The effects of housing on health and well-being in Aotearoa New Zealand. *New Zealand Population Review*, 47, 16–32.
- Hudson, S., Russell, L. M., & Holland, K. (2017). *Indicators of mental health and wellbeing of adults: Findings from the 2015 New Zealand Mental Health Monitor*. Health Promotion Agency. https://www.hpa.org.nz/sites/default/files/726033_2%20NDI%20Report%2001%20August.pdf
- International Transport Forum & Organisation for Economic Co-operation and Development. (2018). *Road safety in New Zealand*. <https://www.itf-oecd.org/sites/default/files/new-zealand-road-safety.pdf>
- Ioane, J., Percival, T., Laban, W., & Lambie, I. (2021). All-of-community by all-of-government: Reaching Pacific people in Aotearoa New Zealand during the COVID-19 pandemic. *New Zealand Medical Journal*, 134(1533), 96–103.
- Jose, P. E., Ryan, N., & Pryor, J. (2012). Does social connectedness promote a greater sense of well-being in adolescence over time? *Journal of Research on Adolescence*, 22(2), 235–251. <https://doi.org/10.1111/j.1532-7795.2012.00783.x>
- Kapeli, S. A., Manuela, S., & Sibley, C. G. (2020a). Perceived discrimination is associated with poorer health and well-being outcomes among Pacific peoples in New Zealand. *Journal of Community & Applied Social Psychology*, 30(2), 132–150. <https://doi.org/10.1002/casp.2433>
- Kapeli, S. A., Manuela, S., & Sibley, C. G. (2020b). Understanding Pasifika mental health in New Zealand. *MAI Journal*, 9(3), 249–271. <https://doi.org/10.20507/MAIJournal.2020.9.3.7>
- King-Finau, T., Dewhirst, M., Archer, D., & Fleming, T. (2022). *Improving health and wellbeing websites: The views of Pacific adolescents, A Youth19 Brief*. Youth19 and The Adolescent Health Research Group.
- Knies, G. (2022). Effects of income and material deprivation on children's life satisfaction: Evidence from longitudinal data for England (2009–2018). *J Happiness Stud*, 23, 1469–1492. <https://doi.org/10.1007/s10902-021-00457-3>
- Kongaika, I. T., & Fisher, J. (2019). *Tongan dictionary: Tongan to English/English to Tongan*. Create Out Loud.
- Korpershoek, H., Canrinus, E. T., Fokkens-Bruinsma, M., & de Boer, H. (2020). The relationships between school belonging and students' motivational, social-emotional, behavioural, and academic outcomes in secondary education: A meta-analytic review. *Research Papers in Education*, 35(6), 641–680. <https://doi.org/10.1080/02671522.2019.1615116>
- Kutcher, S., & Venn, D. (2008). Why youth mental health is so important. *Medscape Journal of Medicine*, 10(12), 275.
- Lautua, T. E. (2020). *'But who do you say I am?' Images of God, Pacific young women and mental wellbeing* [Doctoral thesis, University of Auckland]. <https://researchspace.auckland.ac.nz/bitstream/handle/2292/56678/Lautua-2020-thesis.pdf>
- Lee, H., & Craney, A. (2019). Pacific youth, local and global. In H. Lee (Ed.), *Pacific youth: Local and global futures* (pp. 1–32). ANU Press. <http://www.jstor.org/stable/j.ctvt6rj8x.3>
- Lewycka, S., Clark, T., Peiris-John, R., Fenaughty, J., Bullen, P., Denny, S., & Fleming, T. (2018). Downwards trends in adolescent risk-taking behaviours in New Zealand: Exploring driving forces for change. *Journal of Paediatrics and Child Health*, 54(6), 602–608.
- Macpherson, C. (2000). One trunk sends out many branches: Pacific cultures and cultural identities. In C. Macpherson, P. Spoonley, & M. Anae. (Eds.), *Tangata o te moana nui: The evolving identities of Pacific peoples in Aotearoa /New Zealand*. (pp.60-80). Dunmore Press.

- Macpherson, C., Spoonley, P., & Anae, M. (Eds.). (2000). *Tangata o te moana nui: The evolving identities of Pacific peoples in Aotearoa/New Zealand*. Dunmore Press.
- Mallon, S., Māhina-Tuai, K. U., & Salesa, D. I. (2012). *Tangata o le moana : New Zealand and the people of the Pacific*. Te Papa Press.
- Manuela, S., & Sibley, C. G. (2015). The Pacific Identity and Wellbeing Scale-Revised (PIWBS-R). *Cultural Diversity & Ethnic Minority Psychology*, 21(1), 146–155. <https://www.psychology.org.nz/journal-archive/Article-6.pdf> .
- McLean, S. A. (2019). *Depression in young Samoan females: The views of mental health service providers* (Master's thesis, University of Auckland). <http://hdl.handle.net/2292/45929>
- Mila-Schaaf, K., Robinson, E., Schaaf, D., Denny, S., & Watson, P. (2008). *A health profile of Pacific youth: Findings of Youth2000. A national secondary school youth health survey*. The University of Auckland.
- Milfont, T. L., Merry, S., Robinson, E., Denny, S., Crengle, S., & Ameratunga, S. (2008). Evaluating the short form of the Reynolds Adolescent Depression Scale in New Zealand adolescents. *Australian & New Zealand Journal of Psychiatry*, 42(11), 950–954. <https://doi.org/10.1080/00048670802415343>
- Ministry for Pacific Peoples. (2018). *Pacific Aotearoa lalanga fou – 2018*. Author.
- Ministry for Pacific Peoples. (2020). *Pacific Aotearoa status report: A snapshot 2020*. Author.
- Ministry for Pacific Peoples. (2022). *Pacific languages strategy Aotearoa New Zealand 2022–2032*. Author.
- Ministry for Pacific Peoples. (2022b). *Pacific Wellbeing Strategy. Weaving All-of-Government, Progressing Lalanga Fou*. Wellington: Ministry for Pacific Peoples.
- Ministry of Education. (2018). *Tapasā: Cultural competencies framework for teachers of Pacific learners*. Author.
- Ministry of Education. (2021). *Action plan for Pacific education – Introduction for the plan*. <https://conversation.education.govt.nz/conversations/action-plan-for-pacific-education/#Download>
- Ministry of Education. (2023). *The Equity Index*. <https://www.education.govt.nz/our-work/changes-in-education/equity-index/>
- Ministry of Health. (2017). *HISO 10001:2017 Ethnicity data protocols*. Author.
- Ministry of Health. (2020a). *New Zealand Health Survey 2019/2020*. Wellington, New Zealand.
- Ministry of Health. (2020b). *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*. Author.
- Ministry of Health. (2023). *Te Mana Ola: The Pacific Health Strategy*. Author.
- Ministry of Social Development. (2012). *Nga vaka o kāiāga tapu : A Pacific conceptual framework to address family violence in New Zealand*. Author.
- Moana Connect. (2023, March) Tamaiti ole Moana 2033. Towards 2033: A 10-year action plan. Author.
- Movono, A., & Scheyvens, R. (2021). *Mana of the Pacific. Wisdom from across Oceania*. Potton & Burton.
- New Zealand Department of Statistics. (1993). *New Zealand standard classification of ethnicity 1993*. Author.
- Noble, C., Pereira, N., & Saune, N. (2011). *Urban youth in the Pacific: increasing resilience and reducing risk for involvement in crime and violence*. UNDP Pacific Centre: PIFS.
- Oakley Browne, M. A., Wells, J. E., & Scott, K. M. (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Ministry of Health.
- Office of the Children's Commissioner. (2022). *New Zealand's sixth periodic review under the United Nations Convention on the Rights of the Child*. Author.
- Pacific Perspectives. (2015). *Health care experiences of Pacific families who have children with rheumatic fever: Report to Counties Manukau Health*. https://www.pacificperspectives.co.nz/_files/ugd/840a69_3f5dc99e07f14c5790c3d9e2fb11bcdd.pdf
- Paterson, J., Tautolo, E., Iusitini, L., Taylor, S., & Siegert, R. (2016). Pacific Islands families study: Risk and protective factors associated with delinquent behaviour in Pacific 11-Year-Olds. *Psychology*, 7, 953–964. <https://doi.org/10.4236/psych.2016.77096>
- PrideNZ. (2011). 'Phylesha Brown-Acton delivers a keynote presentation', PrideNZ, 16 March, http://www.pridenz.com/apog_phylesha_brown_acton_keynote.html

- Pulotu-Endemann, F. K. (2001). *Fonofale model of health*. Pacific Models for Health Promotion. Author.
- Raghupathi, V., & Raghupathi, W. (2020). The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health* 78, 20. <https://doi.org/10.1186/s13690-020-00402-5>
- Redman-MacLaren, M., & Veukiso-Ulugia, A. (2019). An introduction to sexual and reproductive health and wellbeing for Pacific social work. In J. Ravulo, T. Mafile’o, & D. B. Yeates (Eds.), *Pacific social work: Navigating practice, policy and research* (pp. 125–138). Routledge.
- Reilly, M. P. J. (2010). Tuakana-teina relationship and leadership in ancient Mangaia and Aotearoa. *The Journal of Pacific History*, 45(2), 211–227. <https://doi.org/10.1080/00223344.2010.501698>
- Reynolds, M. (2018). They always have my back: A strengths-based approach to understanding the value(s) of Pasifika brotherhoods in education in Aotearoa New Zealand. *International Journal of Multicultural Education*, 20(2), 1–23.
- Reynolds, W. M. (2002). *Reynolds Adolescent Depression Scale: Professional manual* (2nd ed.). Psychological Assessment Resources.
- Righarts, A., Dickson, N.P., Ekeroma, A., Gray, A.R., Parkin, L., & Gillett, W.R. (2021). The burden of infertility in New Zealand: A baseline survey of prevalence and service use. *Australian New Zealand Journal of Obstetrics and Gynaecology*, 61(3), 439-447.
- Rivera-Rodriguez, C., Clark, T., Fleming, T., Archer, D., Crengle, S., Peiris-John, R., & Lewycka, S. (2021). National estimates from the Youth’19 Rangatahi smart survey: A survey calibration approach. *PLoS ONE*, 16(5), e0251177. <https://doi.org/10.1371/journal.pone.0251177>
- Roy, R., Greaves, L., Fenaughty, J., Fleming, T., & Clark, T. (2023). Mental health and wellbeing for young people from intersectional identity groups: Inequity for Māori, Pacific, rainbow young people, and those with a disabling condition. *New Zealand Journal of Psychology*, 52(1), 25–40.
- Roy, R., Greaves, L. M., Peiris-John, R., & Fleming, T. (2021). *Negotiating multiple identities: Intersecting identities among Māori, Pacific, rainbow and disabled young people*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington.
- Ryan, D., Grey, C., & Mischewski, B. (2019). *Tofa Salli: A review of evidence about health equity for Pacific Peoples in New Zealand*. Pacific Perspectives.
- Safekids Aotearoa. (2015). *Child unintentional deaths and injuries in New Zealand, and prevention strategies*. Author.
- Scott, D. (2021). *Tertiary sector performance analysis – Education and health*. Ministry of Education.
- Simon-Kumar, R., Lewycka, S., Clark, T. C., Fleming, T., & Peiris-John, R. (2022). Flexible resources and experiences of racism among a multi-ethnic adolescent population in Aotearoa, New Zealand: An intersectional analysis of health and socioeconomic inequities using survey data. *The Lancet*, 400(10358), 1130–1143.
- Sio, A.W. (2019). Budget Debate – New Zealand House of Representatives. *Hansard*. (Vol 738. p.11788). Parliamentary Service. https://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20190611_063900000/sio-hon-aupito-william-williams-poto
- Smith, A., & Adams, S. (2021). Inequities and perspectives from the COVID-delta outbreak: The imperative for strengthening the Pacific nursing workforce in Aotearoa New Zealand. *Nursing Praxis in New Zealand*, 37(3), 94–103. <https://doi.org/10.36951/27034542.2021.040>
- Stats NZ. (2017). *Ethnicity New Zealand standard classification 2005: V2.1.0*. <https://aria.stats.govt.nz/aria/#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/YVqOcFHSIguKkT17>
- Stats NZ. (2023). *Pacific housing: People, place, and wellbeing in Aotearoa New Zealand*. Author.
- Sutcliffe, K., Ball, J., Clark, T. C., Archer, D., Peiris-John, R., Crengle, S., & Fleming, T. (2023). Rapid and unequal decline in adolescent mental health and well-being 2012–2019: Findings from New Zealand cross-sectional surveys. *The Australian and New Zealand Journal of Psychiatry*, 57(2), 264–282.
- Taumoefolau, M., Starks, D., Davis, K., & Bell, A. (2002). Linguists and language maintenance: Pasifika languages in Manukau, New Zealand. *Oceanic Linguistics*, 41(1), 15–27. <https://doi.org/10.1353/ol.2002.0015>

- Teevale, T., Denny, S., Percival, T., & Fleming, T. (2013). Pacific secondary school students' access to primary health care in New Zealand. *NZ Med J*, 126(1375), 58–68.
- Teevale, T., Lee, A. C., Tiatia-Seath, J., Clark, T. C., Denny, S., Bullen, P., Fleming, T., & Peiris-John, R. J. (2016, September). Risk and protective factors for suicidal behaviors among Pacific youth in New Zealand. *Crisis*, 37(5), 335–346. <https://doi.org/10.1027/0227-5910/a000396>
- Te Rōpū Arotake Auau Mate o te Hunga Tamariki, Taiohi | Child and Youth Mortality Review Committee. (2021). *15th data report: 2015–19*. Health Quality & Safety Commission.
- Thomsen, P., Brown-Acton, P., Manuela, S., Tiatia-Siau, J., Greaves, L., & Sluyter, J. (2023). *The Manalagi Survey Community Report: Examining the health and wellbeing of Pacific rainbow+ peoples in Aotearoa-New Zealand*. The Manalagi Project Team.
- Tiatia, J. (1998). *Caught between cultures : a New Zealand-born Pacific Island perspective*. Christian Research Association.
- Tiatia-Seath, J., Fleming, T., Peiris-John, R., Roy, R., Chinn, V., & Clark, T. (2021), *A Youth19 Brief: Pacific young people with a disability or chronic condition*. The Youth19 Research Group, Victoria University of Wellington and the University of Auckland, New Zealand.
- Tiatia-Seath, J., Fleming, T., Sutcliffe, K., Fenaughty, J., Roy, R., Greaves, L., & Clark, T. (2021), *A Youth19 Brief: Pacific Rainbow young people*. The Youth19 Research Group, Victoria University of Wellington and the University of Auckland, New Zealand.
- Tu'itahi, S. (2015). *Why Pasifika health models? Do they work? (From Fonua to Fonua Ola)* [PowerPoint slides] Health Promotion Forum. <https://hpfnz.org.nz/assets/Uploads/From-Fonua-to-Fonua-Ola.pdf>
- Vaka, S. (2016). Uloa: A model of practice for working with Tongan people experiencing mental distress. *New Zealand Sociology*, 31(2), 123–148.
- Vaka, S., Holroyd, E., Nevillem, S., & Cammock, R. (2022). Comparing and contrasting Tongan youth and service users' interpretations of mental distress, *Journal of Mental Health*, 31(2), 166–171. <https://doi.org/10.1080/09638237.2020.1818193>
- Van der Graaff, J., Carlo, G., Crocetti, E., Koot, H. M., & Branje, S. (2018). Prosocial behavior in adolescence: Gender differences in development and links with empathy. *Journal of Youth and Adolescence*, 47(5), 1086–1099.
- Veukiso-Ulugia, A., Kuresa, B., McLean-Orsborn, S., King-Finau, T., & Fleming, T. (2023). *Youth 19 - Pacific Youth Voices: Home & Family Life*. The Youth19 Research Group, Victoria University of Wellington and The University of Auckland
- Veukiso-Ulugia, A., Nofo'akifolau, R., & Fitzpatrick, K. (2023). Weaving policy, theory and practice: Relationships and sexuality education and Pacific young people in Aotearoa-New Zealand. In A. Kelly-Hanku, P. Aggleton, & A. Malcolm (Eds.), *Sex and gender in the Pacific* (pp. 27–39). Routledge. <https://doi.org/10.4324/9781003142072-4>
- Walker, N., Parag, V., Wong, S. F., Youdan, B., Broughton, B., Bullen, C., & Beaglehole, R. (2020). Use of e-cigarettes and smoked tobacco in youth aged 14–15 years in New Zealand: Findings from repeated cross-sectional studies (2014–19). *The Lancet. Public Health*, 5(4), e204–e212. [https://doi.org/10.1016/S2468-2667\(19\)30241-5](https://doi.org/10.1016/S2468-2667(19)30241-5)
- World Health Organization (1998) Wellbeing measures in primary health care/ The Depcare Project. Copenhagen. Available at: www.euro.who.int/__data/assets/pdf_file/0016/130750/E60246.pdf (accessed 26 June 2020).
- Zemke-White, K. (2001). Rap music and Pacific identity in Aotearoa: Popular music and the politics of oppression. In C. Macpherson, P. Spoonley, & M. Anae (Eds.), *Tangata o te Moana Nui: The evolving identities of Pacific peoples in Aotearoa New Zealand* (pp. 228–242). Dunmore Press.

Appendix A: Key Indicators for Pacific Students Compared to Pākehā Students, 2019

Table 45. Prevalences and relative risks for Pacific students compared to Pākehā students on key indicators

	Pacific		Pākehā		RR1	p-value
	n (N)	% [95% CI]	n (N)	% [95% CI]		
Feel at least one parent cares for them a lot	959 (1,035)	92.8 [91.5–94.2]	2,561 (2,692)	95.1 [94.5–95.7]	0.98 [0.96–0.99]	0.004
Family usually wants to know who they are with and where they are	1,051 (1,125)	93.2 [91.2–95.1]	2,841 (3,047)	92.7 [90.8–94.6]	1.01 [0.98–1.04]	0.72
Spiritual beliefs or religious faith is somewhat important or very important	838 (932)	89.4 [87.5–91.4]	1,303 (2,753)	48.2 [45.0–51.3]	1.86 [1.73–1.99]	<0.001
Don't have enough money for food often or all the time	272 (1,027)	25.9 [22.9–28.8]	232 (2,899)	7.5 [6.3–8.8]	3.44 [2.82–4.19]	<0.001
Any housing deprivation	534 (1,129)	47.1 [44.3–49.8]	589 (3,052)	20.1 [18.8–21.4]	2.34 [2.14–2.56]	<0.001
Feel part of school	980 (1,103)	88.9 [86.7–91.2]	2,537 (2,999)	84.6 [83.2–86.1]	1.05 [1.01–1.09]	0.006
Teachers care	852 (1,004)	86.5 [83.8–89.2]	2,387 (2,909)	83.4 [81.8–84.9]	1.04 [1.00–1.08]	0.059
Good general health	979 (1,104)	89.3 [87.1–91.5]	2,785 (3,040)	91.6 [90.2–93.1]	0.97 [0.95–1.00]	0.088
Always use contraception (among those who are sexually active)	41 (114)	30.3 [19.1–41.5]	203 (325)	61.6 [56.9–66.2]	0.49 [0.33–0.74]	<0.001
Good emotional wellbeing (WHO-5)	748 (1,034)	70.9 [66.7–75.1]	2,075 (2,988)	69.4 [67.4–71.4]	1.02 [0.95–1.10]	0.53
See a positive future for themselves in NZ	595 (891)	67.9 [63.2–70.7]	2,006 (2,836)	71.3 (69.0–73.7)	0.94 [0.88–1.00]	0.055
Significant depressive symptoms (RADS-SF)	282 (1,037)	25.9 [22.6–29.2]	637 (2,988)	19.6 [18.1–21.1]	1.32 [1.12–1.56]	0.001
Accessed healthcare in the last 12 months	781 (1,063)	75.3 [72.0–78.5]	2,441 (3,002)	81.1 [79.8–82.4]	0.93 [0.89–0.97]	0.001
Foregone healthcare in the last 12 months	279 (1,052)	25.2 [22.6–27.9]	521 (3,006)	16.5 [15.3–17.7]	1.53 [1.34–1.75]	<0.001
Smoked cigarettes at least monthly	65 (982)	6.1 [4.7–7.5]	99 (2,971)	4.3 [3.7–5.0]	1.42 [1.11–1.81]	0.007
Use vape weekly or more	39 (990)	4.9 [3.6–6.3]	232 (2,966)	9.4 [7.5–11.3]	0.53 [0.36–0.77]	0.002
Binge drank at least once in the last month	157 (973)	16.3 [13.8–18.9]	657 (2,946)	24.3 [21.9–26.7]	0.67 [0.55–0.81]	<0.001
Passenger in a car driven by a risky driver in the last month	212 (941)	23.0 [20.2–25.8]	487 (2,899)	17.9 [15.9–20.0]	1.28 [1.10–1.51]	0.003
Experience any type of racism – Yes	408 (1,056)	40.5 [37.4–43.7]	500 (2,952)	16.6 [15.5–17.7]	2.44 [2.20–2.71]	<0.001
Experience any type of racism – Unsure	285 (1,056)	25.2 [22.3–28.0]	419 (2,952)	13.8 [12.7–14.8]	1.83 [1.59–2.10]	<0.001

¹RR = Relative risk (i.e. the ratio of the probability of an outcome for Pacific students to the probability of an outcome for Pākehā students [the reference group]).

Appendix B: Pacific Youth19 Briefs

We include here in Talavou o le Moana five previously published Pacific Youth19 briefs that were developed from the Youth19 survey data:

- [B.1: Thriving at home and with family – Pacific youth perspectives.](#)
- [B.2: Pacific Rainbow young people.](#)
- [B.3: Pacific young people with a disability or chronic condition.](#)
- [B.4: Understanding and addressing alcohol harm among Pasifika young people.](#)
- [B.5: Improving Health and Wellbeing websites: Views of Pacific adolescents.](#)

Pacific Rainbow Young People

The analysis for the Pacific Rainbow young people and Pacific young people with a disability or chronic condition Youth19 briefs were part of a *Negotiating Multiple Identities* report commissioned by Te Manatū Whakahiato Taiohi – The Ministry for Youth Development (Roy et al., 2021). This report was accompanied by a series of “briefs” or short summaries for each of these groups (all available on our website: www.youth19.ac.nz).

The term MVPFAFF+ was coined by Phylesha Brown-Acton and refers to terms used in Pacific cultures to describe sexuality or gender diverse individuals. The acronym refers to *māhū* (Hawai’i), *vaka sa lewa lewa* (Fiji), *palopa* (Papua New Guinea), *fa’afafine* (Samoa), *’akava’ine* (Cook Islands), *fakaleitī* (Tonga), and *fafafifine*. The “+” symbol acknowledges that there are other Pacific Island cultures who also have terms that describe gender identities, gender expressions and sexualities (PrideNZ, 2011).

There are some differences in which groups are included in these briefs. In this report, Talavou o le Moana, we have focused on Pacific young people in school and have not also included those in kura kaupapa Māori, Alternative Education or not in education, training or employment (NEETS). These young people are included in the briefs. Secondly, only those who said they were transgender or gender diverse, and not those who said they might be, were included in the briefs hence numbers for some groups and outcomes are slightly different from those reported in this report, however they do highlight important experiences and challenges.



Thriving at home & with family: Pacific youth perspectives. A Youth19 Brief

Introduction

The latest Youth2000 survey, Youth19, asked young people about their home life and what would help them thrive. Specifically, we asked:

“If you could change one thing to make your home or family life better, what would it be?”

Young people could type in responses in their own words. In this brief, we present responses from the 408 Pacific students (117 males and 291 females) who did so.

The Youth 2000 surveys are large scale health and wellbeing surveys of young people in Aotearoa. In 2019, we surveyed 7,721 year 9-13 students in 45 randomly selected Auckland, Northland and Waikato schools and four kura kaupapa Māori.¹⁻³ A total of 1130 Pacific youth took part. You can see more about the survey on page 2 and on our website: www.youth19.ac.nz. We analysed open text responses for this brief using a general inductive approach.⁴

Summary

Pacific students shared important insights in response to the survey question: *‘If you could change one thing to make your home or family life better, what would it be?’* There were four key themes:

I wouldn’t change a thing

Family time, trust and understanding

A house to fit the family, enough money for the basics

Service and contributing.

Many Pacific students said that they would not change a thing, they were happy with how things are in their families. Other expressed the wish for more family time together and or increased trust and understanding between parents and young people. Many students identified the need for appropriate housing and income for basic needs, including adequate space in their homes, sufficient money for food, transport and housing, and better paying jobs for their parents. Pacific students also expressed their wishes to contribute, serve and support their families, particularly in gaining employment once they finished their education.



More about Youth19

The Youth19 Rangatahi Smart Survey ('Youth19') was led by Associate Professor Terry Fleming, Te Herenga Waka | Victoria University of Wellington, and Professor Terryann Clark, University of Auckland, with researchers from the University of Auckland, University of Otago, AUT, and Victoria University of Wellington. Ethics approval was obtained from the University of Auckland Human Subjects Ethics Committee. The survey was carried out in the Auckland, Northland, and Waikato education regions in 2019. This area includes 46% of New Zealand secondary school students. Schools were randomly selected, and students were randomly selected from the rolls. A total of 7,721 year 9-13 students took part. In addition, 92 alternative education students, and 78 young people not in education, training, or employment took part. Young people completed the survey on handheld internet tablets in English or Te Reo Māori with optional voiceover. The survey was anonymous and covered many areas of wellbeing. All participants were offered help options and could have these emailed or texted to them as part of the survey. You can see more about the survey as well as other reports and papers on our website www.youth19.ac.nz

For this brief, we analysed responses from Pacific students to our first open text question, *If you could change one thing to make your home or family life better, what would it be?* Participants could type in responses in their own words or skip to the next question. We used a general inductive approach⁴ to analyse responses. Findings are summarized with quotes from Pacific school or kura students in the survey.

We created this brief to share their words. We have endeavoured to represent their voices fairly, using quality research processes, to acknowledge the many strengths reported by Pacific youth as well as their aspirations.

1. I wouldn't change a thing

Many Pacific students stated that they would not change anything; that things are good at home and going well in their families:

"Actually, I wouldn't change a single thing because the way it is right now is really good"
Female, aged 13 or under

"Everything is all good"
Male, age 15

"I just like my home/family how it is now."
Female, age 13 or under

"I wouldn't change anything..."
Male, age 16

Some specifically noted their appreciation for their family:

"Nothing, I appreciate what my family has done for me"
Female, aged 13 or under

"Nothing to change about my family because even though we fight and go through the hardest times we always come up with a good solution to get us into the next day"
Male, age 16

2. Family time, trust and understanding

More family time

Pacific young people expressed strong wishes for quality time together as family, without other distractions and responsibilities getting in the way of being together. This was one of the most common responses. Sometimes this was explicitly because of parents' work:

"I wish my parents were home more often. They both work 12+ hours every day, and in some cases seven days a week."

Female, age 16

"The only thing I would do is decrease the amount of time my parents work, in order for us to have more time together"

Female, aged 13 or under

"Spending more time together, everyone is so busy doing well their own thing that we don't hang out and bond much"

Male, age 17 or over

"Spending more time together as a family"

Female, age 16

"If we could go our more and spend more time as a family, it would be fun for all the family"

Male, age 15

"Have more family time"

Male, age 14

Trust and understanding

In another common response, students expressed the desire for greater trust and understanding from parents so they can be who they are, grow as adults and make their own decisions at times. There were many of these responses from female students:

"Communication and trust, build a good relationship between parents and children."

Female, age 17 or over

"It would be to accept that not I'm not perfect and I have emotions and I would like the option to choose whether or not I would like to do something to have freedom"

Female, age 13 or under

"For my parents to stop being so over-protective"

Male, age 13 or under





3. A house to fit the family, enough money for the basics

The need for adequate housing was key for Pacific students. In particular, a house that could fit the whole family, was affordable and was in a safe neighbourhood. Often they expressed a desire for their own room or space for all.

Many commented on struggles with housing costs and how this negatively impacted their ability to spend time together as a family.

“To be able to find a house that could fit my whole family.”

Female, age 14

“Another room so the boys don’t argue”

Female, age 15

“Bigger house, my brothers have a bed each but not a bedroom. I have a bed but I live in the study”

Female, aged 13 or under

“A bigger house, in a quieter area. I would feel more comfortable and safe.”

Female, age 14

“To have a safe big house where everyone can fit and have no problems”

Female, age 14

Financial hardship and material deprivation were significant for many Pacific students. Many were concerned about the lack of money for everyday expenses or wanting to have enough money so their families would not have to struggle.

Many highlighted their concerns with low wages, increased rent and housing costs.

“Struggle and money and happiness.

Because I see my family struggle through the pain and trying to pay all the bills. Mostly my mum, she try’s so hard to make us live in a happy environment she will always come home and trying to put food in front of us every time...all my family members are working so we try to help to pay the bills.”

Female, age 15

“Having more money to pay bills and food and gas”

Male, age 14

“Cheaper rent”

Male, aged 13 or under

“Constant work and income for my dad.

A car and home”

Male, age 16

“Have more money so we could take better care of my grandpa like move him in”

Female, age 17 or over

“Better support for disabled parents...and better job opportunities for the disabled”

Female, age 15

4. Service and contributing

In many Pacific families, young people are taught from an early age the importance of service, serving others such as older family members, relatives and local communities. Many Pacific students expressed their wishes to contribute and to support their families, especially through helping with costs, including by finding good jobs so that they could help support the family.

“Help my family to work hard and find a good job to earn money.”

Female, age 14

“Helping my parents out with paying bills and making sure that the place i live in is safe for me and my family”

Female, aged 17 or over

“I will try hard to finish school and get a good job so i can help my family out”

Female, age 17

“Work hard for the family.”

Male, 17 or over

“Me having a job to help pay for things like food and bills”

Male, age 16



What do these findings mean?

These findings highlight that many Pacific youth are happy with their family and home contexts. More than half did not respond to the question about what they would change in their home or family lives, and among those who did, many reported that they would change nothing, they are happy as it is. These findings, as well as the theme of wanting more time together, highlight the strengths of families and communities. Other findings highlight opportunities for strengthening understanding and trust between parents and young people.

However, Pacific youth wellbeing was highly affected by inadequate housing and poverty. It is critical to address these inequities for mental health and wellbeing gains.

Pacific young people want to be part of solutions, making contributions and supporting others. They have important insights to share. We hope that this brief will support their contributions.



References

- Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020). Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand
- Rivera-Rodriguez C, Clark TC, Fleming T, Archer D, Crengle S, Peiris-John R, et al. (2021) National estimates from the Youth '19 Rangatahi smart survey: A survey calibration approach. PLoS ONE 16(5): e0251177. <https://doi.org/10.1371/journal.pone.0251177>
- Fleming T, Ball J, Bavin L, Rivera-Rodriguez C, Peiris-John R, Crengle S, Sutcliffe K, Lewycka S, Archer D & Clark T (2022) Mixed progress in adolescent health and wellbeing in Aotearoa New Zealand 2001–2019: a population overview from the Youth2000 survey series, Journal of the Royal Society of New Zealand, DOI: [10.1080/03036758.2022.2072349](https://doi.org/10.1080/03036758.2022.2072349)
- Thomas DR. A general inductive approach for analyzing qualitative evaluation data. American Journal of Evaluation (2006) 27(2):237–46. doi: 10.1177/1098214005283748

Suggested Citation: Veukiso-Ulugia A, Kuresa B, McLean-Orsborn S, King-Finau T, & Fleming T. (2023) *Youth 19 - Pacific Youth Voices: Home & Family Life*. The Youth19 Research Group, Victoria University of Wellington and The University of Auckland

Acknowledgement: We would like to honour and acknowledge the invaluable contribution of Brooke Kuresa, whose dedication to Pacific youth and to community friendly research led to increased Pacific analyses in the Youth19 project and leaves indelible mark on our project and our hearts.

Contact: terry.fleming@vuw.ac.nz

The Youth19 Rangatahi Smart Survey is a collaboration between two Health Research Council projects: Clark, T.C., Le Grice, J., Shepherd, M., Groot, S., & Lewycka, S. (2017). Harnessing the spark of life: Maximising whānau contributors to rangatahi wellbeing. Health Research Council of New Zealand Project Grant (HRC ref: 17/315). Fleming, T., Peiris-John, R., Crengle, S., & Parry, D. (2018). Integrating survey and intervention research for youth health gains. Health Research Council of New Zealand Project Grant (HRC ref: 18/473).

Fala image by Gerard Muller (majella.muller@gmail.com) *“Fala, mats woven from trees. With all meetings traditionally held amongst Pasifika is sat on and held on fala. Flags of nations woven by the Pacific can now bring their voices forward. Here.”* Gerard Muller 2023. Illustrations by Yasmine El Orfi. Design by Bo Moore.

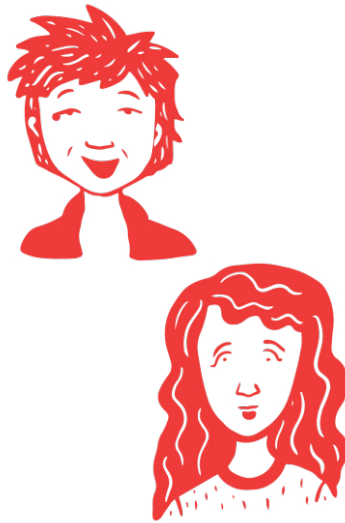
Thank you to the young people who took part in the survey and the schools and families who supported them –without all of you there would be no survey. We enormously appreciate your time, openness and energy. Thank you to the Youth19 investigators and researchers and to the Adolescent Health Research Group who have carried out the Youth2000 survey series with thousands of students over 20 years.

A Youth19 Brief:

Pacific Rainbow young people

What is Youth19?

Youth19 is the latest in the Aotearoa New Zealand Youth2000 series of health and wellbeing surveys. These large scale, high quality surveys began in 2001, and involve a total of over 36 000 students. Youth19 is led by Dr Terryann Clark (University of Auckland) and Dr Terry Fleming (Victoria University of Wellington), with collaborators from around New Zealand and beyond.¹



7,721 adolescents from 49 Auckland, Northland and Waikato schools and kura kaupapa Māori took part in Youth19. They completed the anonymous survey in English or te reo Māori on internet tablets with optional voice over. For more info, see www.youth19.ac.nz.

Here, we report key data about the wellbeing of Pacific Rainbow participants. For more detailed information, including other research, young people's voices and information about other areas of health and wellbeing, see our *Negotiating Multiple Identities* report.²

Pacific Rainbow young people

'Pacific Rainbow young people' refers to Youth19 participants who reported that they had any Pacific ethnic identity and that they are sexuality or gender diverse. This includes those who are attracted to the same sex as themselves or more than one sex; those who identify as lesbian, gay, bisexual or takatāpui; and those who are fa'afafine, gender diverse, non-binary or transgender. The survey questions used to identify these groups are shown on page 5.

In total, there were 103 Pacific Rainbow participants (about 9% of all Pacific participants). Five of these students identified with a gender diverse identity. Of Pacific Rainbow participants, 62% were female and most lived in middle or higher deprivation neighbourhoods – see our report for details.²

Summary

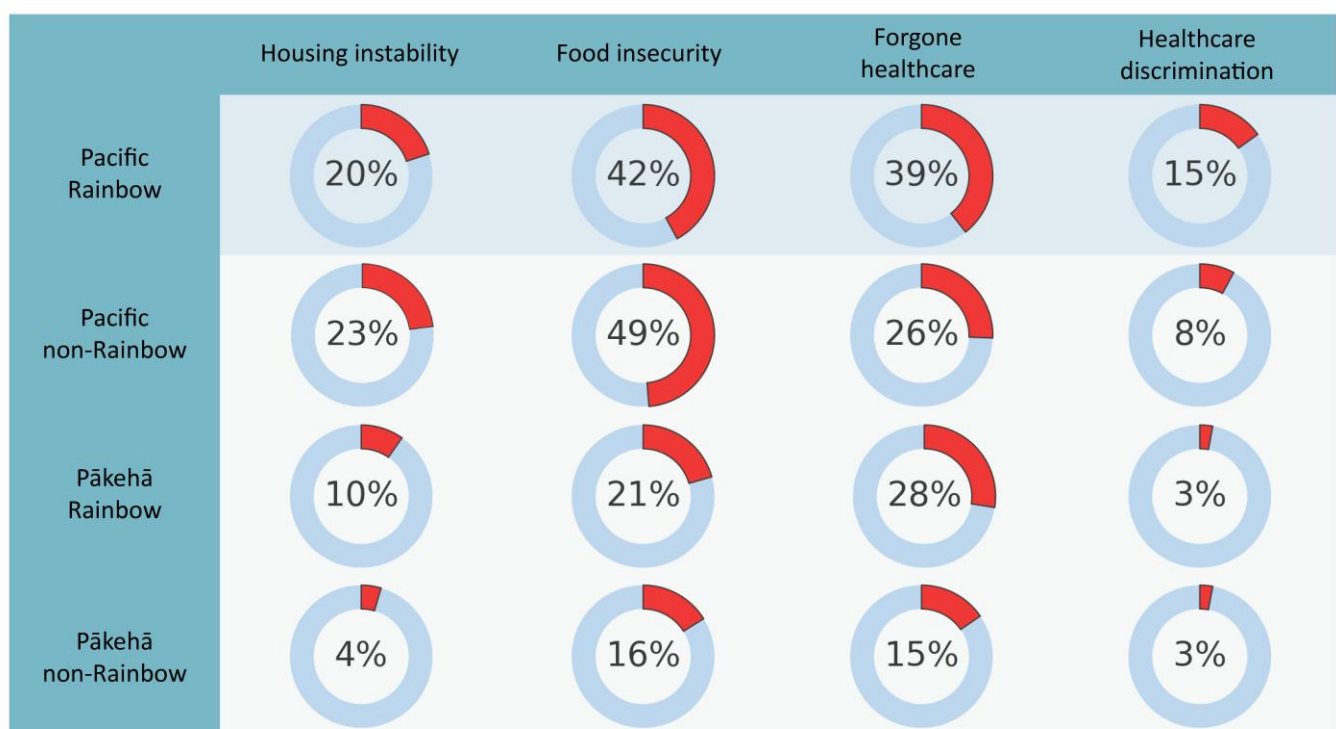
Most Pacific Rainbow young people reported positive family and school environments, high levels of volunteering and moderate or good health. However, members of this group also reported major inequities compared to others, including significantly higher food and housing insecurity, poorer healthcare access, and higher discrimination by healthcare providers than Pākehā young people and higher levels of mental health concerns than non-Rainbow young people. In total, they reported more challenges than students who were Pacific and non-Rainbow, those who were Pākehā and Rainbow, and those who were Pākehā and non-Rainbow.

We can improve wellbeing for Pacific Rainbow young people by ensuring that they are heard, welcome and included in all environments, and that they and their aiga/kopu tangata/kāinga/magafaoa/matavuvale/kāiga (family), are free from discrimination and have access to the resources they need. We also need to ensure that Pacific Rainbow young people feel safe at school and in all settings and that their health needs are met.

Housing, food and healthcare

On this page and the following pages, we show how Pacific Rainbow young people are doing on key indicators. The last two pages of this brief detail how we measured each indicator and give extra info. Overall, we found that Pacific Rainbow young people face high housing instability (needing to sleep or live in challenging conditions due to housing costs) and high food insecurity (parents worrying about money for food). They also reported high forgone healthcare (not being able to get required healthcare) and high ethnic discrimination by healthcare providers.

Pacific Rainbow young people face significantly higher housing and food insecurity than Pākehā young people. They report significantly more forgone health care than their non-Rainbow Pākehā peers and significantly more healthcare discrimination than either Pākehā group. See our report for more info.²



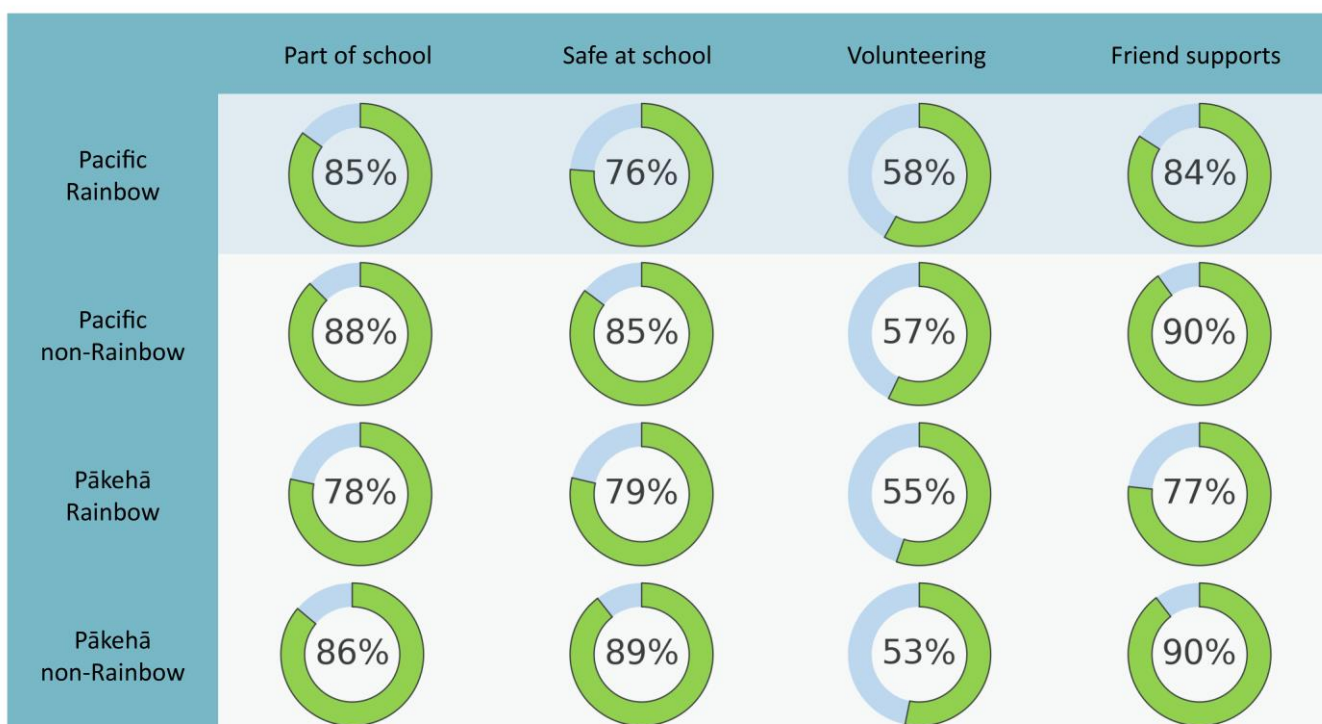
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Pacific Rainbow	Pacific non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	23.0 (13.4, 32.6)	20.0 (17.4, 22.7)	9.7 (5.1, 14.3)	4.5 (3.5, 5.4)
Food insecurity	42.1 (30.5, 53.6)	48.7 (45.2, 52.2)	20.6 (14.6, 26.6)	16.1 (14.5, 17.8)
Forgone healthcare	39.4 (26.3, 52.4)	25.6 (22.6, 28.5)	27.5 (20.6, 34.4)	15.4 (13.8, 16.9)
Health discrimination	15.1 (6.2, 24.0)	7.9 (6.1, 9.7)	2.9 (1.6, 4.2)	2.9 (2.2, 3.6)

School, friendships and volunteering

Most Pacific Rainbow young people report positive school environments. More than 85% feel part of school and 76% feel safe at school all or part of the time. More than half volunteer to support others in their communities and 84% have at least one friend who supports them.

Pacific Rainbow young people report very similar levels of feeling part of school to non-Rainbow Pacific and Pākehā young people. They also report similar proportions of volunteering and having a friend who supports them. Almost one in four Pacific Rainbow young people do not feel safe at school. This is significantly different than for non-Rainbow Pākehā students.



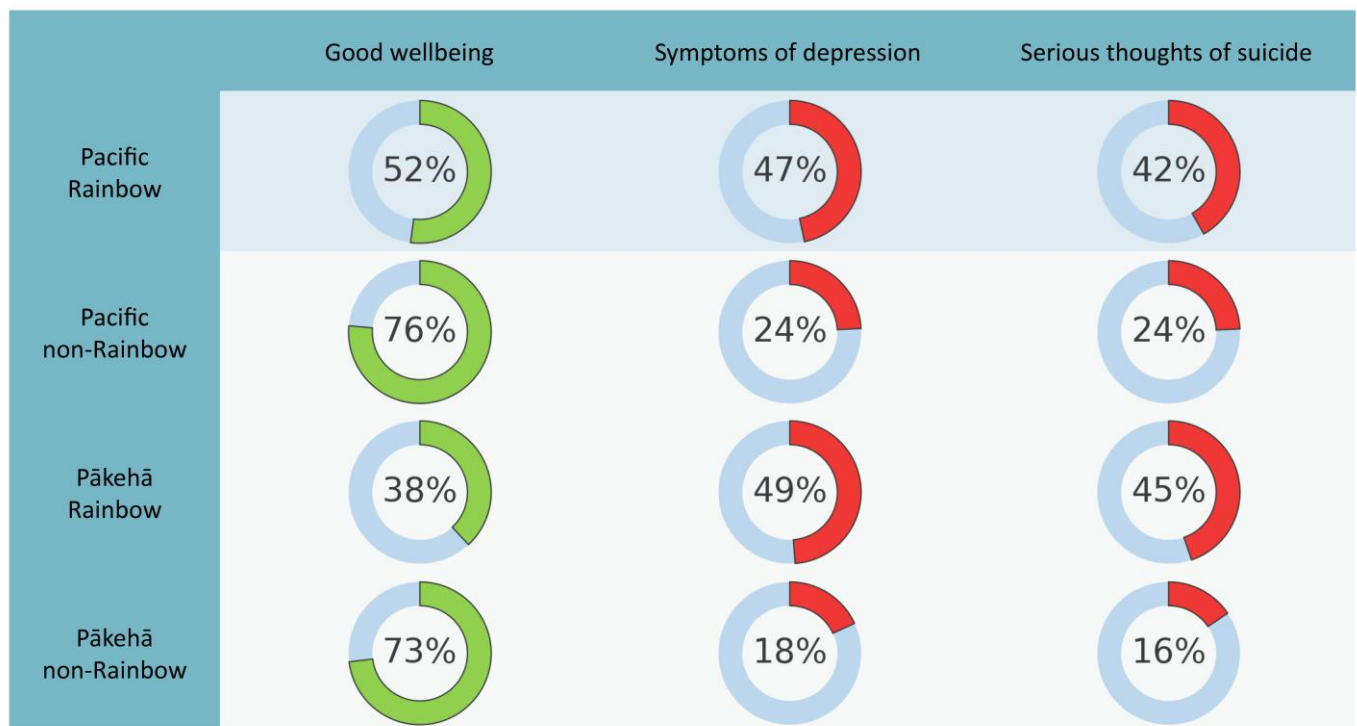
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Variable name	Pacific Rainbow	Pacific non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Part of school	85.0 (77.2, 92.8)	87.5 (85.2, 89.8)	78.4 (72.9, 83.9)	86.1 (84.7, 87.6)
Safe at school	76.2 (66.3, 86.1)	85.4 (83.0, 87.7)	78.7 (72.6, 84.8)	89.4 (88.0, 90.9)
Volunteering	58.1 (46.2, 70.1)	57.1 (53.6, 60.7)	55.2 (48.0, 62.4)	53.2 (51.0, 55.4)
Friend supports	84.1 (75.9, 92.3)	90.1 (87.9, 92.2)	76.7 (70.6, 82.8)	89.6 (88.2, 91.0)

Wellbeing and mental health

Pacific Rainbow young people face major inequities and challenges in the area of wellbeing and mental health. Only 52% of this group report good wellbeing, close to half report clinically significant symptoms of depression and over 40% report serious thoughts of suicide in the last year.

These challenges are much higher than those reported by non-Rainbow young people. Pacific and Pākehā Rainbow young people report poorer wellbeing and higher depressive symptoms than non-Rainbow young people. Reports of serious thoughts of suicide are higher among Pacific and Pākehā Rainbow young people than among Pacific non-Rainbow young people, and considerably higher than among Pākehā non-Rainbow young people.



This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Pacific Rainbow	Pacific non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	52.1 (40.3, 63.9)	76.4 (73.7, 79.2)	38.1 (30.9, 45.2)	73.1 (71.1, 75.1)
Depressive symptoms	46.7 (35.0, 58.5)	24.2 (21.3, 27.1)	48.8 (40.9, 56.7)	18.1 (16.4, 19.8)
Suicide thoughts	41.8 (28.8, 54.7)	24.3 (21.4, 27.2)	44.8 (36.8, 52.8)	15.5 (13.9, 17.2)

Youth19 questions and definitions

All questions in the Youth19 survey are self-reported. This means that young people answer the questions themselves, almost always by selecting a particular response option on the tablet screen. A key strength of Youth19 is the large, representative sample, which gives us an overview of a broad range of important areas for diverse groups of young people. The downside is that the survey only included students who were at the invited schools or kura on the day of the survey, and that the responses are not in-depth. For each question there are limitations and things it would be good to know more about. Other kinds of research can help to enrich our understandings alongside this big picture overview. For more about the survey, see www.youth19.ac.nz.

For this brief, **‘Rainbow’** includes Youth19 participants who identified as trans, non-binary, Queen, fa’afafine, whakawāhine, tangata ira tāne, genderfluid or genderqueer; those who reported that they were attracted to either “the same sex (e.g. I am a male attracted to males or I am a female attracted to females)” or “I am attracted to males and females”; and those who identified as lesbian, gay, bisexual, takatāpui or another diverse sexual identity. In the total Youth19 school sample, there were 123 transgender and gender diverse youth and 875 cis-gender sexual minority young people (216 males and 659 females), a total of 998 Rainbow students. We have considered these identities collectively. While there are important distinctions between many of these identities and people from sexuality and gender minorities can have very different experiences, there were too few participants who were gender diverse in the intersectional groups to allow meaningful quantitative analyses. Analyses of data from gender diverse participants in the total survey population are underway.

Housing instability. Students were counted as reporting housing instability if they reported needing to sleep in any of the following places in the last 12 months due to unaffordable housing or lack of space: cabin, caravan, sleep out, garage, couch, another person’s bed, couching surfing, motel, hostel, marae, car or van. The question read: “For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed. In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (Do not include holidays or sleep-overs for fun).”

Food insecurity was indicated by a “sometimes,” “often” or “all the time” response to the question: “Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?”

Forgone healthcare was indicated by a “yes” response to the question: “In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other healthcare worker) about your health, but you weren’t able to?”

Healthcare discrimination was indicated by a “yes” response to the question: “Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?”

Part of school was indicated by a “yes” response to the question: “Do you feel like you are part of your school, alternative education or course?”

Safe at school was indicated by a “yes always” or “yes most of the time” response to the question: “Do you feel safe in your school/course?”

Volunteering was indicated by a “yes” response to the question: “Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)?”

Friend supports was indicated by a “yes” response to the question: “I have at least one friend who will stick up for me and who has ‘got my back’.”

Good wellbeing was indicated by a score of 13 or more on the WHO-5 Well-being Index. This is a widely used scale that was developed by the World Health Organization. It asks questions about feeling cheerful, calm and relaxed, active and vigorous, waking up feeling refreshed and life being full of interest. You can find out more about this and other mental health measures used in Youth19 in our *Hauora Hinengaro/ Emotional and Mental Health* report, available on www.youth19.ac.nz

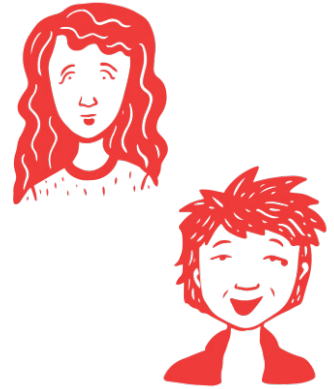
Depressive symptoms were indicated by scoring over the clinical cut-off for significant symptoms of depression on the Reynolds Adolescent Depression Scale: Short Form (RADS-SF). This is an internationally validated scale that includes questions about experiences such as feeling lonely, worthless, sad and tired. Students who score over the cut-off on this measure may have depression, and their experiences are likely to be affecting their day to day home and school life.

Serious thoughts of suicide were indicated by a “yes” response to the question: “During the last 12 months have you seriously thought about killing yourself (attempting suicide)?”



Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what could be changed to make a difference. We also invited youth advisors aged 17–24 to comment on key issues. Both groups of young people highlighted the need for welcoming, inclusive school and community environments and better health and mental health supports. Youth advisors highlighted the need for providing opportunities for diverse young people to connect with others. They identified the importance of being welcome and belonging in all aspects of life and being free from discrimination. Advisors also highlighted strengths and things that they enjoyed about their identities. For example, one advisor said:



“I wouldn’t want it any other way. I like being part of both [Pacific and Rainbow] groups. It gives me a lot of perspective. You have strengths from different communities . . . There is so much strength and pride in particular groups . . .”

– Pacific Rainbow Youth Advisor

You can find more info and examples in the *Negotiating Multiple Identities* report.²

What about other areas of wellbeing and other young people?

Youth19 includes many questions. We report more data in our *Negotiating Multiple Identities* report,² including questions around home, school and community life and other areas of health such as sexual health and substance use. This information also highlights important areas of inequity and need.

Papers and reports about other health issues and diverse groups of young people are in progress and will be available through www.youth19.ac.nz

References

1. Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
2. Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., & Fleming, T. (2021). *Negotiating Multiple Identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

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This brief is based on the *Negotiating Multiple Identities* report.² Illustrations by Yasmine El Orfi, www.yasmineelorfi.com. Infographics by Maria Da Rocha.

Funding and acknowledgements

The Youth19 project is an output of two Health Research Council of New Zealand Projects.¹ The Negotiating Multiple Identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people project was funded by The Ministry of Youth Development – Te Manatū Whakahiato Taiohi.

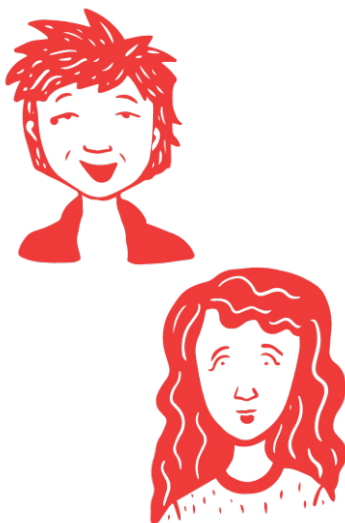
Thank you to our funders, the young people who participated in Youth19 and their families and schools. Thank you to the youth advisors on this project and to the authors of the *Negotiating Multiple Identities* report.

Find out more at www.youth19.ac.nz Contact us: youth19@auckland.ac.nz

A Youth19 Brief: Pacific young people with a disability or chronic condition

What is Youth19?

Youth19 is the latest in the Aotearoa New Zealand Youth2000 series of health and wellbeing surveys. These large scale, high quality surveys began in 2001, and involve a total of over 36 000 students. Youth19 is led by Dr Terryann Clark (University of Auckland) and Dr Terry Fleming (Victoria University of Wellington), with collaborators from around New Zealand and beyond.¹



7,721 adolescents from 49 Auckland, Northland and Waikato schools and kura kaupapa Māori took part in Youth19. They completed the anonymous survey in English or te reo Māori on internet tablets with optional voice over. For more info, see www.youth19.ac.nz.

Here, we report key data about the wellbeing of Pacific young people with a disability or chronic condition. For more detailed information, including other research, young people's voices and information about other areas of wellbeing, see our *Negotiating Multiple Identities* report.²

Pacific young people with a disability or chronic condition

'Pacific young people with a disability or chronic condition' refers to Youth19 participants who reported that they had any Pacific ethnic identity and that they had a long-term disability, illness and/or pain condition that impacts on their day-to-day functioning. The survey questions used to define this group are shown on page 5.

In total, 24% of the Youth19 sample and 24% of Pacific participants reported having a disability or chronic condition. This was 1,854 students, including 293 Pacific students.

Of Pacific students with a disability or chronic condition, 70% were female and most lived in higher deprivation neighbourhoods – for details see our *Negotiating Multiple Identities* report.²

Summary

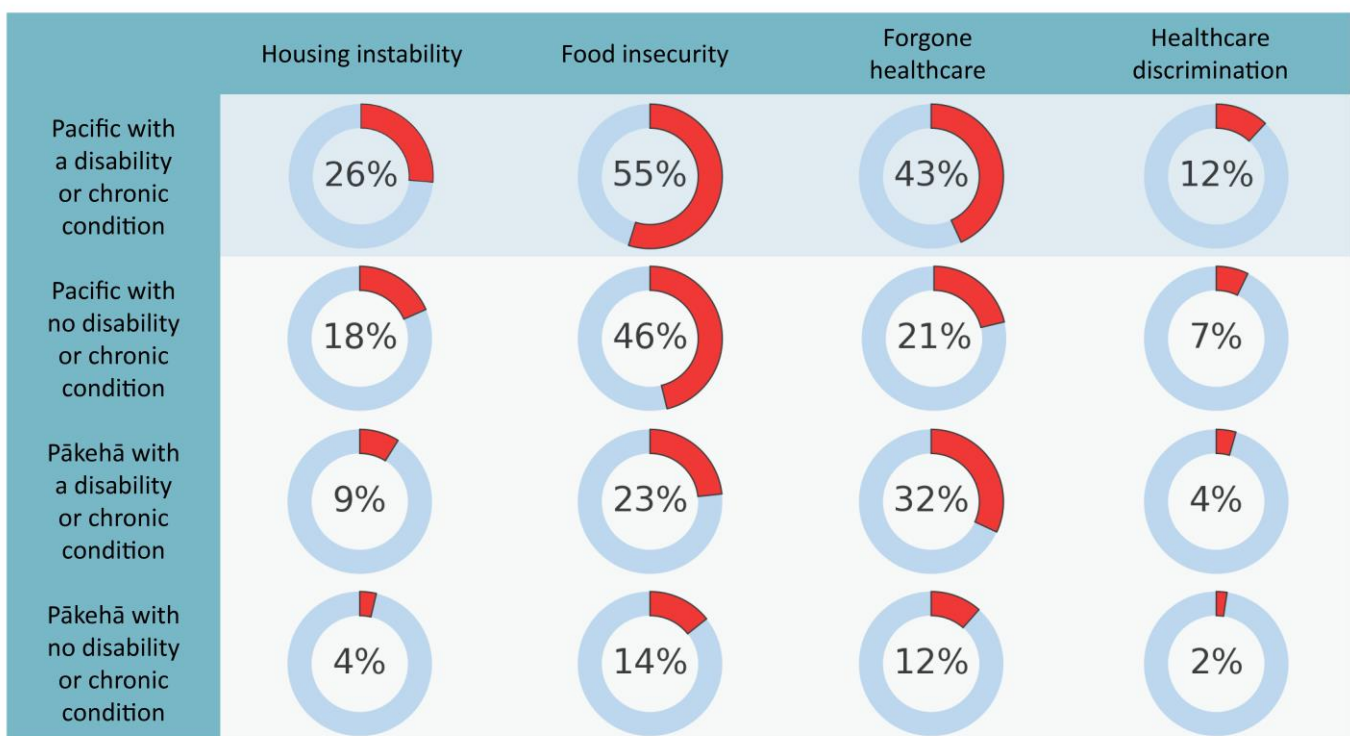
Most Pacific young people with a disability or chronic condition reported positive family and school environments, high levels of volunteering and moderate or good health. However, members of this group also reported major inequities compared to others, including significantly higher food and housing insecurity and poorer healthcare access than Pākehā young people and higher levels of discrimination by healthcare providers than all comparison groups. They also reported lower rates of feeling safe at school, lower wellbeing and higher levels of mental health concerns than Pacific or Pākehā young people without disabilities or chronic conditions.

We can improve wellbeing for Pacific young people with disabilities or chronic conditions by ensuring that they are heard and included in all environments, and that they and their aiga/kopu tangata/kāinga/magafaoa/matavuvale/kāiga (family), are free from discrimination and have access to the resources they need. We must also ensure that Pacific young people with disabilities or chronic conditions feel safe at school and that they have equitable access to high quality health, mental health and social supports.

Housing, food and healthcare

On this page and the following pages, we show how Pacific young people with a disability or chronic condition are doing on key indicators. The last two pages of this brief detail how we measured each indicator and give extra information. Overall, we found that Pacific young people with a disability or chronic condition face high housing instability, with one in four needing to sleep or live in challenging conditions due to housing costs. Over 50% reported food insecurity (parents worrying about money for food). Over 40% reported not being able to get the healthcare that they needed in the last 12 months (forgone healthcare) and 12% reported experiencing ethnic discrimination by healthcare providers.

Pacific young people with a disability or chronic condition face significantly higher housing and food insecurity than Pākehā young people. They report significantly more forgone healthcare than all comparison groups and significantly more healthcare discrimination than either Pākehā group. Further information can be found in our report.²



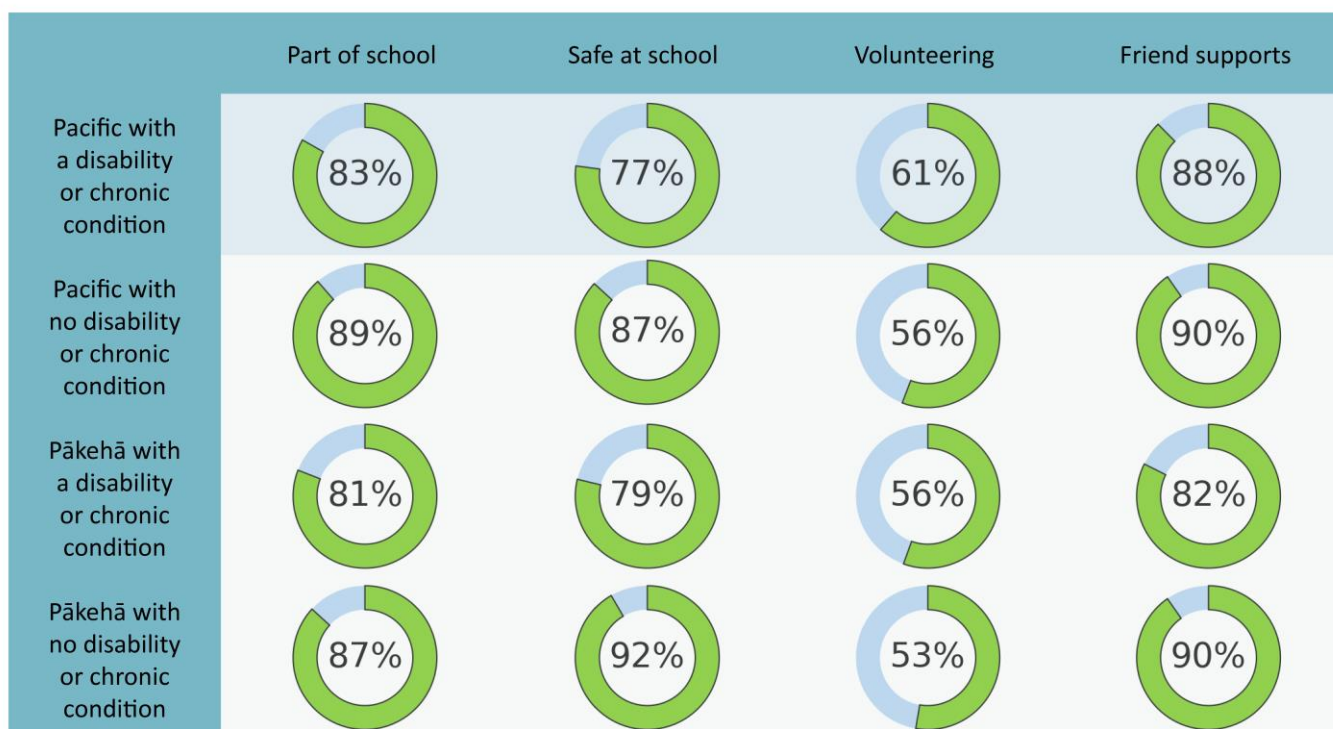
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Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	26.3 (20.8, 31.8)	18.4 (15.6, 21.3)	8.9 (6.3, 11.6)	3.7 (2.8, 4.7)
Food insecurity	54.8 (48.1, 61.4)	46.2 (42.4, 50.1)	23.3 (19.5, 27.2)	14.3 (12.6, 16.0)
Forgone healthcare	43.2 (36.6, 49.7)	21.3 (18.2, 24.5)	31.9 (27.7, 36.0)	11.5 (10.0, 13.0)
Health discrimination	11.9 (7.9, 15.8)	7.2 (5.3, 9.1)	4.4 (3.0, 5.9)	2.4 (1.8, 3.1)

School, friendships and volunteering

Most Pacific young people with a disability or chronic condition report positive school environments. More than 80% feel part of school and 77% feel safe at school all or part of the time. Over 60% volunteer to support others in their communities and 88% have at least one friend who supports them.

Pacific young people with a disability or chronic condition report very similar levels of feeling part of school, volunteering and having at least one friend who supports them to comparison groups (differences between the groups shown here are not statistically significant). They are less likely to feel safe at school compared to students who do not have a disability or chronic condition.



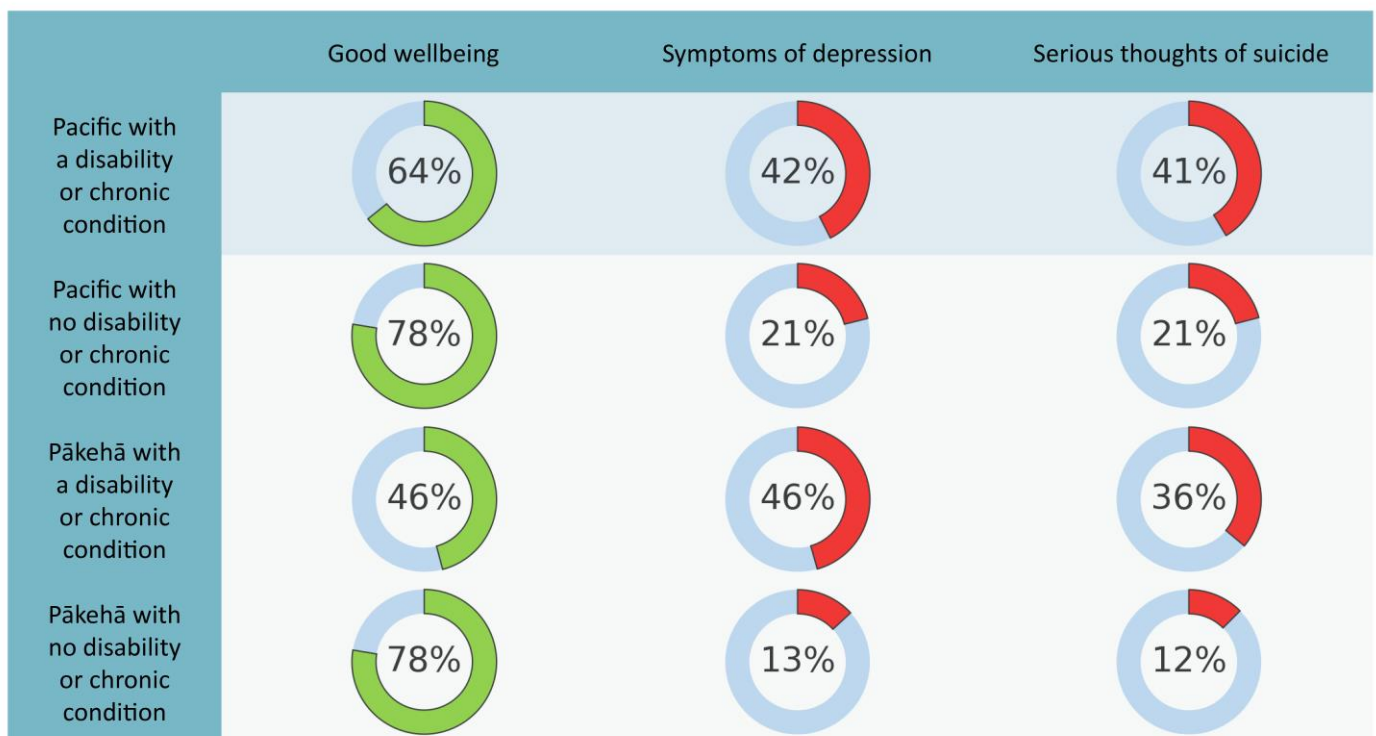
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Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Part of school	83.2 (78.6, 87.8)	88.6 (86.1, 91.1)	80.9 (77.8, 84.0)	86.8 (85.3, 88.4)
Safe at school	77.1 (72.0, 82.2)	86.8 (84.3, 89.3)	78.8 (74.9, 82.6)	91.6 (90.2, 93.0)
Volunteering	61.4 (54.8, 68.1)	55.8 (51.9, 59.8)	55.5 (51.2, 59.9)	52.7 (50.3, 55.1)
Friend supports	87.6 (83.4, 91.8)	90.3 (87.9, 92.7)	82.4 (78.9, 85.9)	90.3 (88.9, 91.8)

Wellbeing and mental health

Pacific young people with a disability or chronic condition face inequities and challenges in the area of wellbeing and mental health. 64% of this group report good wellbeing, over 40% report clinically significant symptoms of depression and over 40% report serious thoughts of suicide in the last year.

Young people with a disability or chronic condition (both Pacific and Pākehā) report poorer wellbeing than those without a disability or chronic condition. Pacific and Pākehā young people with a disability or chronic condition also report higher depressive symptoms and more serious thoughts of suicide than Pacific young people without disabilities or chronic conditions, and all of these groups report higher depressive symptoms and more thoughts of suicide than Pākehā young people with no disability or chronic condition.



This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	64.2 (58.3, 70.1)	77.6 (74.5, 80.6)	45.9 (41.6, 50.2)	77.6 (75.6, 79.6)
Depressive symptoms	42.5 (36.2, 48.8)	21.1 (18.0, 24.3)	45.6 (41.2, 50.1)	13.1 (11.5, 14.8)
Suicide thoughts	41.4 (34.8, 47.9)	20.9 (17.8, 24.1)	36.1 (31.8, 40.5)	12.5 (10.8, 14.2)

Youth19 questions and definitions

All questions in the Youth19 survey are self-reported. This means that young people answer the questions themselves, almost always by selecting a particular response option on the tablet screen. A key strength of Youth19 is the large, representative sample, which gives us an overview of a broad range of important areas for diverse groups of young people. The downside is that the survey only included students who were at the invited schools or kura on the day of the survey, and that the responses are not in-depth. For each question there are limitations and things it would be good to know more about. Other kinds of research can help to enrich our understandings alongside this big picture overview. For more about the survey, see www.youth19.ac.nz.

A disability or chronic condition. Students were classed as having a disability or chronic condition if they reported that they had a long-term disability, health condition or pain that impacted on their life. The questions were: "Do you have any long-term disability (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?", "Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)?", and "Do you have any long-term pain (e.g. headaches, tummy pain, arms, or leg pain)?" Students who responded "yes" to any of these questions were asked if their condition caused them difficulty or stopped them doing activities that people their age can usually do. Those who said "yes" were counted as having a disability or chronic condition. This definition was selected as developmentally appropriate and inclusive. Previous work highlights that young people may not consider some conditions disabilities and that using self-reported disability alone may under-include ethnic minorities and younger adolescents.³

Housing instability. Students were counted as reporting housing instability if they reported needing to sleep in any of the following places in the last 12 months due to unaffordable housing or lack of space: cabin, caravan, sleep out, garage, couch, another person's bed, couch surfing, motel, hostel, marae, car or van. The question read: "For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed. In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (Do not include holidays or sleep-overs for fun)."

Food insecurity was indicated by a "sometimes," "often" or "all the time" response to the question: "Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?"

Forgone healthcare was indicated by a "yes" response to the question: "In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other healthcare worker) about your health, but you weren't able to?"

Healthcare discrimination was indicated by a "yes" response to the question: "Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?"

Part of school was indicated by a "yes" response to the question: "Do you feel like you are part of your school, alternative education or course?"

Safe at school was indicated by a "yes always" or "yes most of the time" response to the question: "Do you feel safe in your school/course?"

Volunteering was indicated by a "yes" response to the question: "Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)?"

Friend supports was indicated by a "yes" response to the question: "I have at least one friend who will stick up for me and who has 'got my back'"

Good wellbeing was indicated by a score of 13 or more on the WHO-5 Well-being Index. This is a widely used scale that was developed by the World Health Organization. It asks questions about feeling cheerful, calm and relaxed, active and vigorous, waking up feeling refreshed and life being full of interest. You can find out more about this and other mental health measures used in Youth19 in our *Hauora Hinengaro/Emotional and Mental Health* report, available on our website.

Depressive symptoms were indicated by scoring over the clinical cut-off for significant symptoms of depression on the Reynolds Adolescent Depression Scale: Short Form (RADS-SF). This is an internationally validated scale that includes questions about experiences such as feeling lonely, worthless, sad and tired. Students who score over the cut-off on this measure may have depression, and their experiences are likely to be affecting their day to day home and school life.

Serious thoughts of suicide were indicated by a "yes" response to the question: "During the last 12 months have you seriously thought about killing yourself (attempting suicide)?"



Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what could be changed to make a difference. We also invited youth advisors aged 17–24 years to comment on key issues. Participants highlighted feelings of stress and pressure and called for increased mental health support and more counselling or support people. They commented that schools needed to be up-to-date and relevant. Students also commented on racism, and the need to be heard and have a say in their futures. Example quotes are included here and more are available in our report.²

“[The biggest issues facing young people today are] *Racial Dysphoria, Mental wellbeing, the societal pressures to live up to the expectations of those around us, peer pressure*”

– Pacific Youth19 participant with a disability or chronic condition

“*Educate me on things I actually will use in the future... ..mental health, taxes, future pathways, politics, how to buy a home.... These are so much more important than things like Pythagoras theorem*”

– Pacific Youth19 participant with a disability or chronic condition

“*Just listen to us, we are your future*”

– Pacific Youth19 participant with a disability or chronic condition



What about other areas of wellbeing and other young people?

Youth19 includes many questions. We report more data in our *Negotiating Multiple Identities* report,² including questions around home, school and community life and other areas of health such as sexual health and substance use. This information also highlights important areas of inequity and need.

Papers and reports about other health issues and diverse groups of young people are underway and will be available through www.youth19.ac.nz.

References

1. Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
2. Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., & Fleming, T. (2021). *Negotiating Multiple Identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
3. Peiris-John, R., Ameratunga, S., Lee, A., Al-Ani, H., Fleming, T., & Clark, T. (2016). Adolescents with disability report higher rates of injury but lower rates of receiving care: findings from a national school-based survey in New Zealand. *Injury Prevention*, 22(1), 40-45.

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This brief is based on the *Negotiating Multiple Identities* report.² Illustrations by Yasmine El Orfi.

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Find out more at www.youth19.ac.nz Contact us: youth19@auckland.ac.nz

UNDERSTANDING AND ADDRESSING ALCOHOL HARM

among Pasifika secondary school students

SUMMARY

Although Pasifika secondary school students are slightly less likely to drink than non-Māori/non-Pasifika, high-risk drinking patterns are more common among Pasifika drinkers. Those who do drink experience higher levels of alcohol-harm than non-Māori/non-Pasifika.

Since 2007 youth drinking trends have generally been moving in the right direction. However, one in three adolescent Pasifika drinkers report having 10 or more drinks per session, and this has not changed over time. The biggest difference in drinking patterns between Pasifika and non-Māori/non-Pasifika adolescents is the higher quantity typically consumed by Pasifika.

These findings, together with previous research, illustrate that ethnic differences in drinking patterns and alcohol harm reflect the wider environment Pasifika students are growing up in, including socioeconomic inequity, racism, and greater exposure to alcohol marketing. However, Pasifika families and communities also demonstrate many strengths that help to protect young people from alcohol harm.

THE YOUTH2000 SURVEYS

The Youth19 Rangatahi Smart Survey (Youth19) is the fourth health and wellbeing survey in the Youth2000 series, following surveys in 2001, 2007 and 2012. Details about surveys and the research methods behind this factsheet are available in a technical report.¹ Students were counted as Pasifika for this study if at least one of their ethnicities was Pasifika.

WHY DOES ADOLESCENT DRINKING MATTER?

For a number of reasons, young people experience more harm per drink than older age groups.² Drinking alcohol in adolescence is associated with short and long term harms, such as injuries, unwanted and/or unprotected sex, depression, suicidality, impacts on relationships and school performance.^{3,4} Some alcohol-related harms, such as negative impacts on brain development, are irreversible, and can impact on learning.⁵ People who start binge drinking at a young age are also more likely to experience mental health problems in adulthood, including addiction to alcohol or other drugs.⁶ This is why preventing alcohol harm in rangatahi is important.



What do you think are the biggest problems for young people today?

“Getting tempted to smoke and drink alcohol just to look cool”

– Pasifika female, 15 years



THE CONTEXT FOR ALCOHOL USE

To prevent alcohol harm among Pasifika adolescents, it is essential to understand the historical and current factors that influence alcohol use. Pasifika ethnicities in Aotearoa have differing histories and cultural expectations relating to alcohol.⁷ The majority of Pasifika families are affiliated with at least one church and the use of alcohol is generally discouraged by church teachings.⁸ For Pasifika who drink, heavy alcohol use is sometimes a symptom of broader social issues, such as socioeconomic disadvantage, racism and/or psychological distress.⁹

The neighbourhood environment is a strong determinant of adolescent alcohol use and harm.¹⁰ Socioeconomically deprived neighbourhoods in Aotearoa have more alcohol outlets than less deprived neighbourhoods.¹¹ The high proportion of Pasifika families experiencing deprivation, coupled with ineffective laws to limit the number of alcohol outlets, results in Pasifika often living in areas with high alcohol outlet density.⁹ Research using wearable cameras found Pasifika children were exposed to alcohol marketing three times more often than NZ European children, e.g. via shop-front signage, sports sponsorship, and merchandise.¹² The wide accessibility and marketing of alcohol serves to normalise alcohol use and plays a major role in alcohol harm inequities.

School and peer contexts also influence alcohol use and alcohol harm, for example alcohol is often normalised as part of teen social life and in the culture surrounding certain sports.¹³

DRINKING PATTERNS

The Ministry of Health recommends that children and young people under 18 years do not drink any alcohol. Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important. If 15 to 17 year olds do drink alcohol, they should be supervised, drink infrequently and at levels below and never exceeding the adult daily limits (no more than 3 drinks per day for males and 2 drinks for females).¹⁴

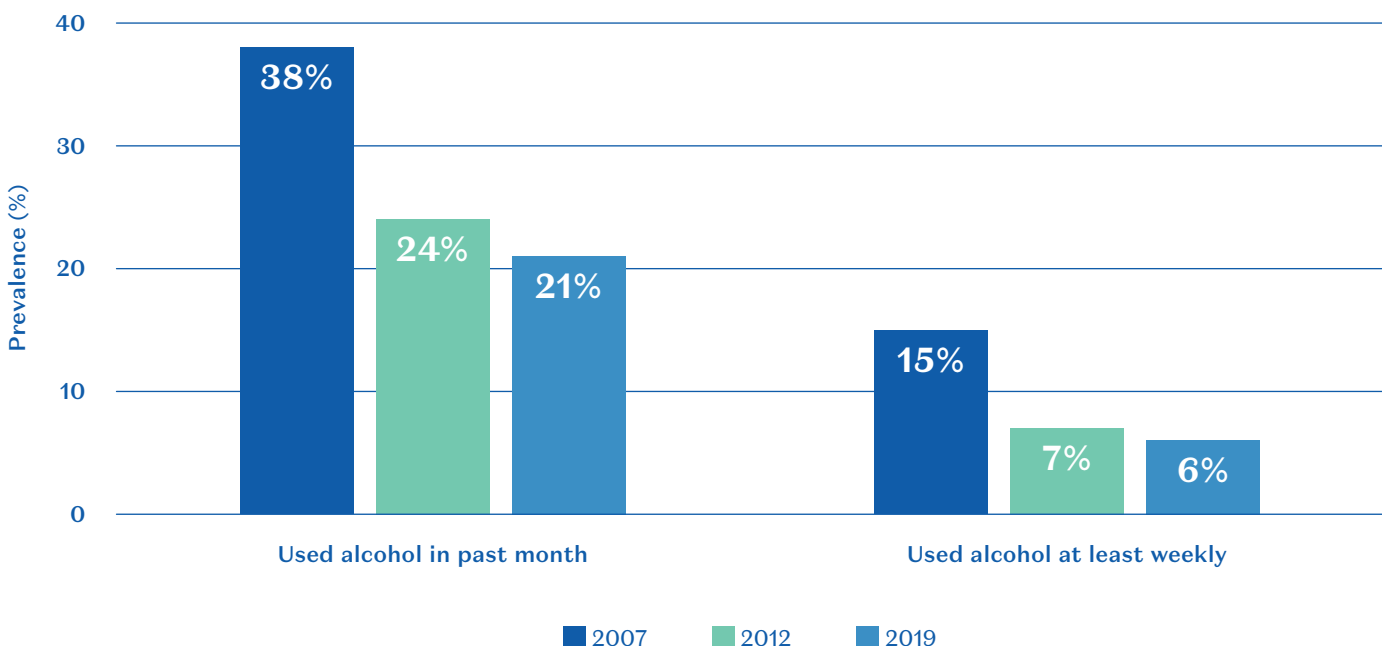
Non-drinking. In 2019, over half of Pasifika secondary school students (53%) had never drunk alcohol (more than a few sips). Non-drinking in this age group became more common over time. In 2007 a third (33%) had never drunk alcohol, and in 2012 it was 46%.

Ever drinking. Among secondary school students, 47% of Pasifika reported ever drinking alcohol compared with 53% for non-Māori/non-Pasifika.

Current drinking. The proportion of Pasifika secondary students defined as current drinkers decreased from 50% in 2007, to 36% in 2012, to 33% in 2019. Current drinking was lower in Pasifika (33%) than non-Māori/non-Pasifika (47%) in 2019.

Regular drinking. As shown in Figure 1, the proportion of Pasifika students who report drinking regularly has decreased markedly over time, with most of the decline occurring between 2007 and 2012.

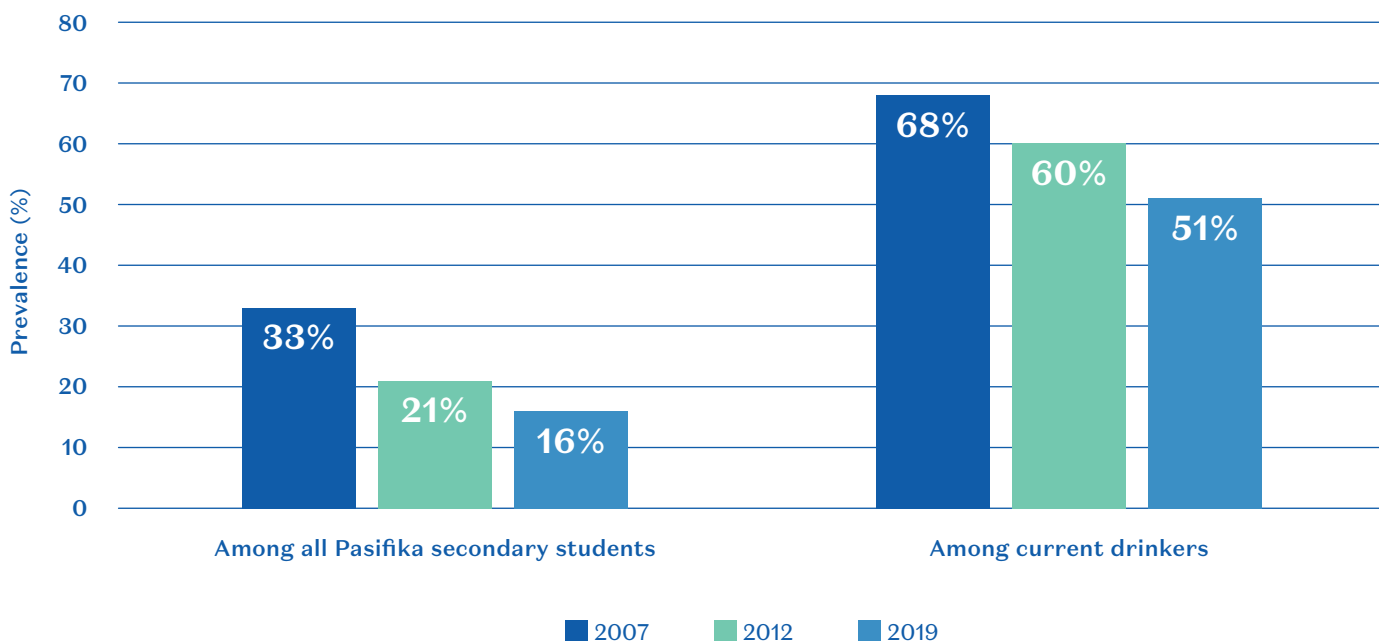
Figure 1. Prevalence of regular alcohol use, Pasifika secondary school students, 2007-2019



Pasifika students were less likely to drink alcohol regularly than non-Māori/non-Pasifika, e.g. in 2019, 21% of Pasifika had used alcohol in the past month (non-Māori/non-Pasifika, 35%); 6% drank weekly or more often (non-Māori/non-Pasifika, 9%).

Binge drinking. Having five or more alcoholic drinks in a session was defined as binge drinking. In 2019, 16% of Pasifika secondary school students overall and 51% of current drinkers reported binge drinking in the past month (Figure 2).

Figure 2. Past month binge drinking, Pasifika secondary school students, 2007-2019

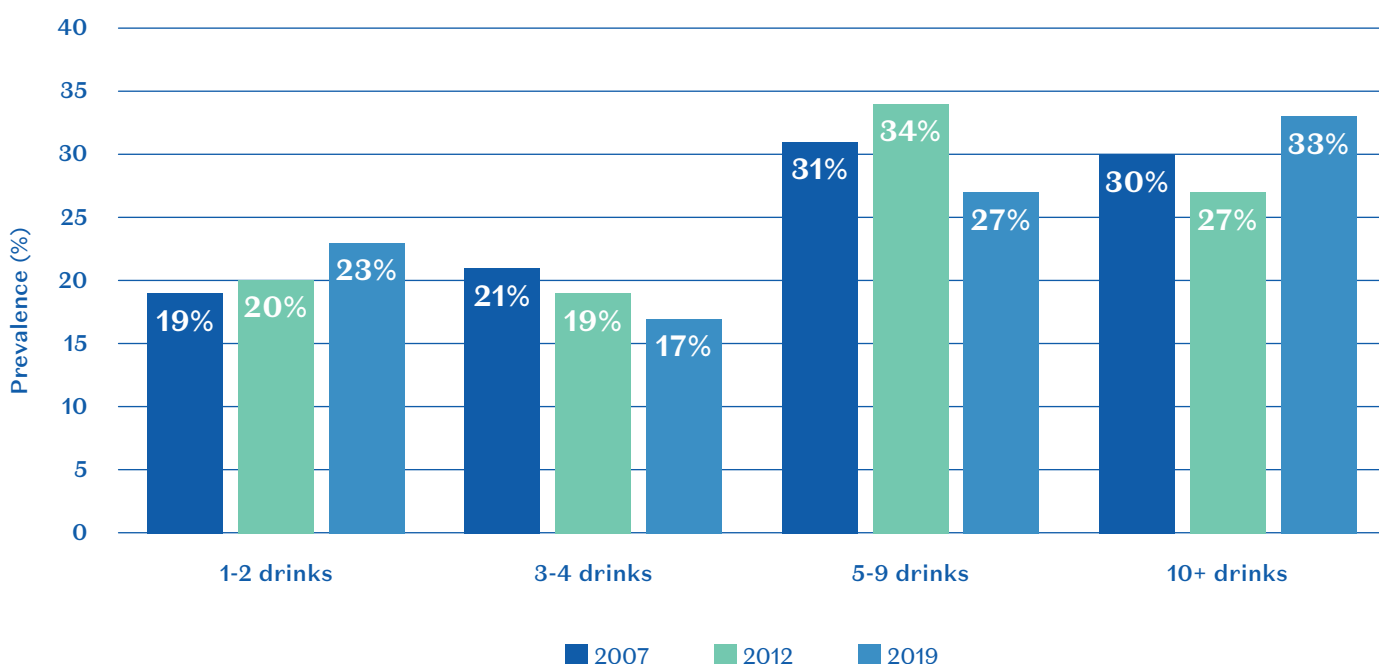


In non-Māori/non-Pasifika, past month binge drinking was slightly higher in secondary students overall (21%), but slightly lower in current drinkers (45%) in 2019. Binge drinking has declined since 2007 but remains a common style of drinking among secondary school students, including Pasifika.

Amount of alcohol typically consumed

Many Pasifika adolescents who drink are consuming alcohol at levels far above the recommended adult daily limits¹⁴ (Figure 3). The proportion of Pasifika drinkers that typically consume 10+ drinks in a session is high and has not declined over time: 30% in 2007, 27% in 2012, 33% in 2019.

Figure 3. Quantity consumed on a typical drinking occasion by current drinkers, 2019



In 2019, Pasifika students (33%) were four times as likely to drink very large amounts (10 or more drinks on a typical occasion) than non-Māori/non-Pasifika students (8%).

DIFFERENCES BETWEEN PASIFIKA ETHNICITIES

As shown in Table 1, patterns of adolescent alcohol used differed by Pasifika ethnicity. In 2019, Samoan students were less likely to drink, and less likely to drink heavily, than Cook Island Māori, Tongan or Niuean students. Sample sizes for other Pasifika ethnicities were not large enough for separate analysis.

Table 1: Prevalence of alcohol use in specific Pasifika ethnicities, 2019

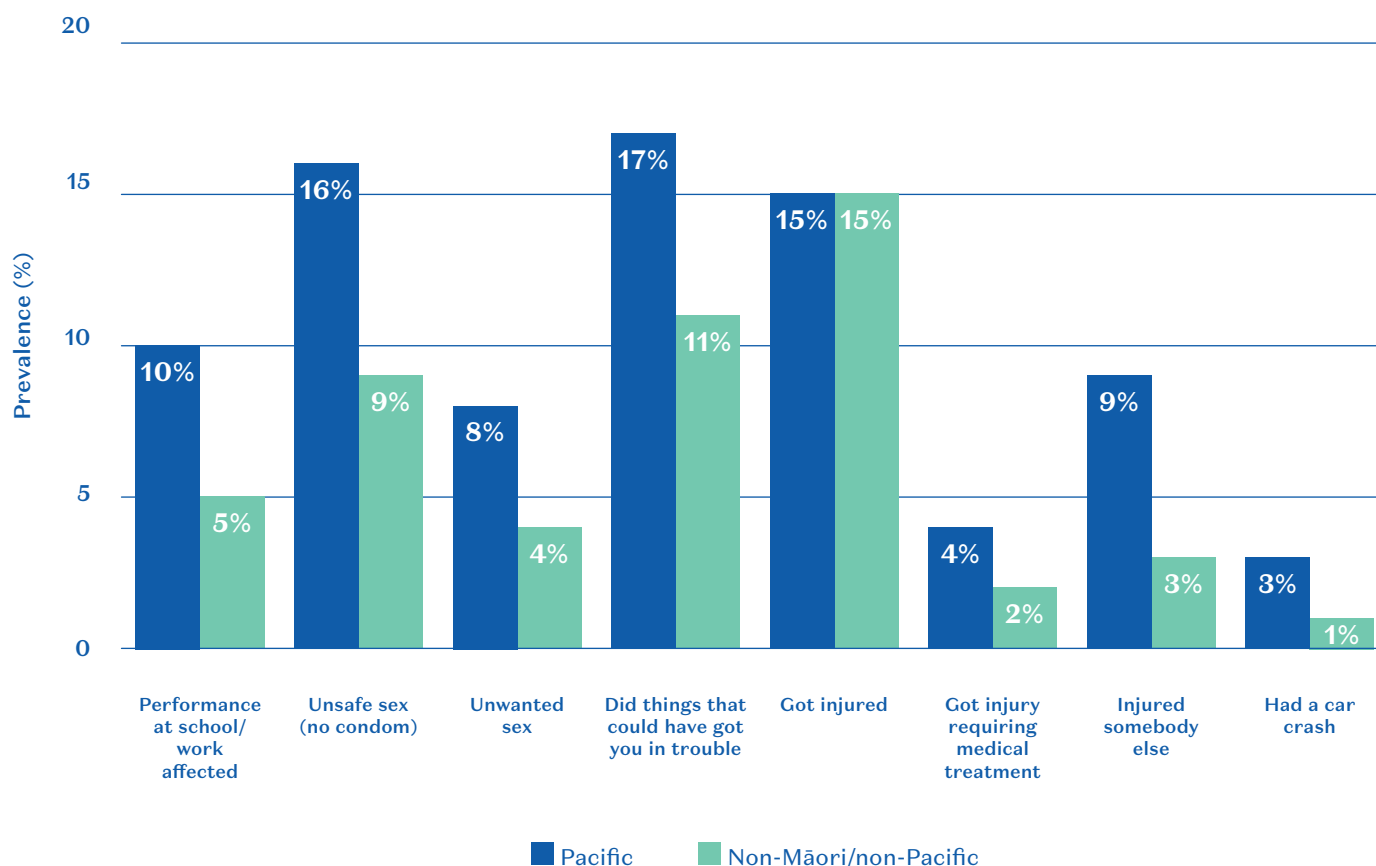
	Samoan	Cook Island	Tongan	Niuean
Ever used alcohol	42%	54%	50%	48%
Current drinker	29%	41%	33%	38%
Past month use	17%	24%	22%	21%
Weekly or more often	3%	7%	9%	5%
Past month binge drinking (population)	13%	22%	17%	20%
10+ drinks/session (population)	8%	14%	13%	16%
10+ drinks/session (current drinkers)	29%	34%	40%	41%

ALCOHOL HARM

Self-reported alcohol harm

Due to changes in the survey, young people were not asked about their experiences of alcohol harm in 2019. Figure 4 presents the findings from 2012. The harms most commonly reported were getting injured, doing things that could have got them in serious trouble and having sex without a condom, as a result of drinking alcohol.

Figure 4. Prevalence of self-reported alcohol harm indicators, past 12 months, current drinkers, 2012



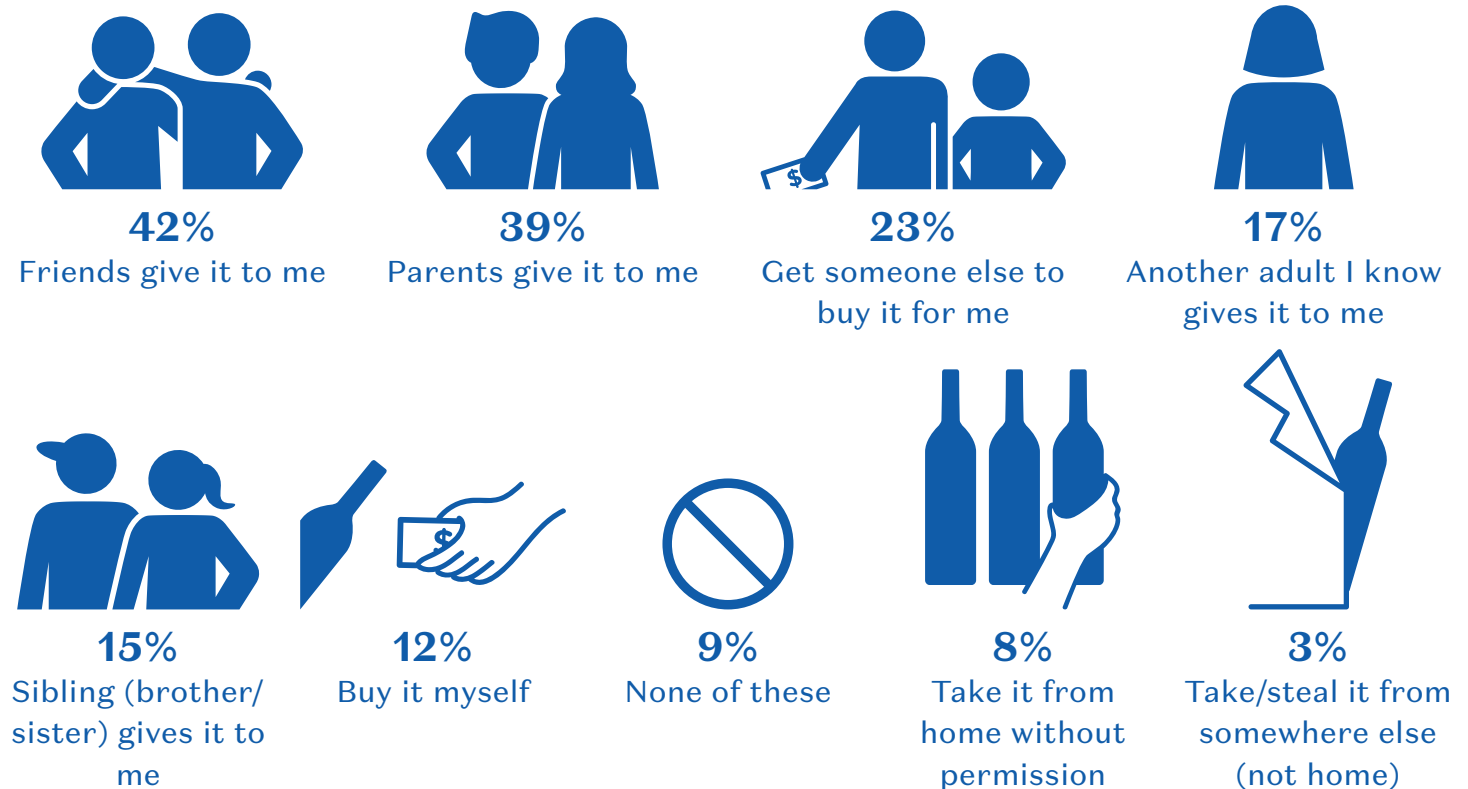
Ethnic differences in alcohol harm

An alcohol harm score (range 0-27) was created from the 2012 survey data, based on the harm indicators above.¹ A score of 1 was given if the harm indicator was experienced more than a year ago, score of 2 if the harm had been experienced once or twice in the past year, and 3 if it had been experienced 3 or more times the past year.

Among current drinkers, Pasifika students had a much higher average harm score (2.9) than non-Māori/non-Pasifika (1.6). Socio-economic deprivation partially (but not fully) explained the difference in harm scores between ethnic groups. In addition to deprivation, differences in drinking patterns also contributed to higher alcohol harm among Pasifika. After adjusting for both deprivation and drinking patterns, there was no significant difference in alcohol harm score between Pasifika and non-Māori/non-Pasifika.

SOURCES OF ALCOHOL

Young people were asked where they usually got alcohol. This analysis was restricted to those aged under 18 years. As shown below, 42% of Pasifika reported getting alcohol from their friends. This was the most common source. Despite being under the legal age to be sold alcohol (i.e. 18 years), 12% reported buying it themselves.



* Note students could choose as many sources as were relevant, so percentages add up to over 100%

Pasifika were much less likely to report that their parents gave them alcohol (39%) than non-Māori/non-Pasifika (67%), and less likely to take alcohol from home without permission (8% vs 13%). Pasifika were more likely to report buying alcohol themselves (12% vs 7%) or having an adult (other than a parent) give them alcohol (17% vs 11%) than non-Māori/non-Pasifika.



What would help young people today?

“Everything starts at home. Parents need to spend more time with their kids so they don’t feel alienated and seek connections elsewhere”
 - Pasifika Male, 17 years

PROTECTIVE FACTORS

Protective factors are things that make it more likely that young people will be non-drinkers or low risk drinkers rather than high-risk drinkers. The majority of Pasifika students had a wide range of protective factors in their lives in 2019:

93% felt that their aiga/kāinga (family) usually or always wants to know where they are and who they are with.
(Non-Māori/non-Pasifika – 92%)

73% felt that there was someone in their aiga/kāinga who they can trust to share their feelings with.
(Non-Māori/non-Pasifika – 78%)

74% felt that they get enough quality time with their aiga/kāinga.
(Non-Māori/non-Pasifika – 74%)

92% felt safe at home all or most of the time.
(Non-Māori/non-Pasifika – 94%)




89% felt a sense of belonging at school.
(Non-Māori/non-Pasifika – 85%)

60% felt their spiritual beliefs or religious faith was important to them
(Non-Māori/non-Pasifika – 19%)

81% of Samoan, Cook Island, Tongan and Niuean students reported knowing about their culture
(e.g. language, songs, cultural practice, ancestry)

All of the factors above were protective against high-risk drinking. The factors most strongly related to non-drinking/low-risk drinking were (in order): quality time with aiga/kāinga, spiritual beliefs/faith, cultural connectedness, and feeling safe at home (Table 2). For example, the odds of high-risk drinking were 2.88 times higher in young people who reported they did not get enough quality time with aiga/kāinga, compared to young people who did.

Table 2: Odds of high-risk drinking, comparing Pasifika students with and without protective factor present, 2019

		Odds of high-risk drinking [*]
	AIGA/KĀINGA Feeling that their aiga/kāinga only sometimes or almost never wants to know where they are and who they are with (i.e. low parental monitoring)	1.94
	Not having someone in their aiga/kāinga who they can trust to share their feelings with	1.96
	Not feeling like they get enough quality time with aiga/kāinga	2.88
	Only sometimes, or not at all, feeling safe at home	2.49
	SCHOOL Not feeling a sense of belonging at school	1.99
	Only sometimes, or not at all, feeling safe at school	2.28
	CULTURE AND FAITH Not feeling spiritual beliefs/religious faith was important to them	2.69
	Not knowing about their culture (e.g. language, songs, cultural practice, ancestry)**	2.52

* Models are adjusted for age, sex, and socioeconomic deprivation.

** Knowing about their culture was only asked of Samoan, Cook Island, Tongan and Niuean students.

Some of the things we tested did not turn out to be significantly related to drinking patterns among Pasifika secondary school students (though they are important for other reasons): feeling that at least one parent cares about them a lot, feeling that teachers at school care, feeling safe in the neighbourhood, having an adult outside the aiga/kāinga that they trust to share their feelings with, feeling that it was important to be recognised as Samoan/Tongan/Cook Island/Niuean, feeling that Samoan/Tongan/Cook Island/Niuean values were important to them.

RISK FACTORS

Risk factors are things that make it more likely that young people will be high-risk drinkers rather than non-drinkers/low risk drinkers. A substantial minority of Pasifika experienced risk factors:

- 39%** were treated unfairly because of ethnicity by teachers, health professionals or police in the past year (Non-Māori/non-Pasifika – 21%)
- 25%** had experience of sexual abuse or coercion (Non-Māori/Non-Pasifika – 16%)
- 10%** had past or present involvement with Oranga Tamariki or CYFS i.e. someone was worried about their safety or protection. (Non-Māori/Non-Pasifika – 6%)
- 10%** had witnessed adults in the home hit or physically hurt each other in the past year (Non-Māori/Non-Pasifika – 4%)
- 19%** had been hit or physically hurt by adults in the home (Non-Māori/Non-Pasifika – 8%)

As shown in Table 3, all of these factors were associated with high-risk drinking patterns. The strongest associations were (in order): ethnic discrimination/racism, past or present Oranga Tamariki/CYFS involvement, experience of sexual abuse, and witnessing violence among adults at home.

Table 3: Odds of high-risk drinking, comparing Pasifika students with and without risk factor present, 2019

	Odds of high-risk drinking
Treated unfairly because of ethnicity in the past year	2.73
Experienced sexual abuse or coercion	2.04
Witnessed adults at home hit or physically hurt each other	1.76
Been hit or physically hurt by an adult at home	1.48
Past or present Oranga Tamariki/CYFS involvement	2.27

* Models are adjusted for age, sex, and socioeconomic deprivation.

SUMMARY OF KEY POINTS

- Alcohol use among Pasifika students decreased significantly between 2007 and 2019, but drinking is still a major cause of harm
- Pasifika students are less likely to drink alcohol than non-Pasifika/non-Pasifika students, but those who do drink are more likely to drink heavily and to experience alcohol harm
- Drinking patterns differ between Pasifika ethnicities, with prevalence of high-risk drinking lower in Samoan and higher in Cook Island, Tongan and Niuean students. (Samples sizes for other Pasifika ethnicities were not large enough for separate analysis)
- Friends are the most common source of alcohol, followed by parents. Pasifika students are much less likely to report parental supply of alcohol than non-Māori/non-Pasifika
- Factors that protect Pasifika students from high-risk drinking include: having enough quality time with aiga/kāinga, viewing their own spiritual beliefs or religious faith as important, knowing about their Pasifika culture (e.g. language, songs, practices, ancestry) and feeling safe at home and at school
- Factors that increase the likelihood of high-risk drinking among Pasifika students include: experiences of ethnic discrimination/racism, past or present Oranga Tamariki/CYFS involvement, experiences of sexual abuse or coercion, and witnessing or being a victim of violence in the home

What would help young people today?

“It’s really society that needs to change, so that we can create a pathway for us to achieve what we want to achieve”

– Pasifika female, 14 years



WHAT DO THE FINDINGS MEAN FOR ACTION?

Pasifika are best placed to identify solutions to prevent alcohol harm. However, strategic planning and an appropriate policy framework is needed to support Pasifika-led action. It is vital that Pasifika have a voice in alcohol matters nationally and in their local area.¹⁵

Evidence-based policies¹⁶ to reduce the availability and accessibility of alcohol include:

- reducing the number and density of alcohol retailers, particularly off-licences, in locations identified in partnership with affected communities
- reducing trading hours of alcohol outlets
- restricting alcohol marketing
- increasing the price of alcohol products, particularly the cheapest alcohol.

Support for increased harm prevention efforts in school settings¹⁷⁻²⁰ and in Pasifika communities is also needed, particularly in communities where risky drinking among adolescents is higher (e.g. Tongan, Cook Island Māori and Niuean communities). For example, initiatives aimed at delaying the age Pasifika start to drink, and reducing the typical quantity consumed are likely to reduce alcohol harm and ethnic inequities. Such action should be supported by ongoing research into what is working and what is not.

More broadly, these findings indicate that caring and supportive home, school and community environments are important for reducing alcohol harm in Pasifika, along with action to eliminate racism, sexual abuse and other risk factors. Addressing these 'upstream' factors and removing the structural barriers that disadvantage Pasifika in Aotearoa will not only reduce alcohol harm but will support other wellbeing aspirations of Pacific peoples.

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REFERENCES

1. Ball J, Zhang J, Siataga P, et al. Addressing alcohol harm in adolescents. Technical Report 4: Pasifika analysis. Methods and data tables. Wellington: University of Otago & Adolescent Health Research Group, 2023.
2. National Health and Medical Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. Canberra: Commonwealth of Australia, 2020.
3. Health Promotion Agency. Understanding alcohol use and subsequent harms in young people. An evidence summary. Wellington: Health Promotion Agency, 2020.
4. Gluckman P. Youth suicide in New Zealand: A discussion paper. Wellington: Office of the Prime Minister's Chief Science Advisor, 2017.
5. de Goede J, van der Mark-Reeuwijk KG, Braun KP, et al. Alcohol and Brain Development in Adolescents and Young Adults: A Systematic Review of the Literature and Advisory Report of the Health Council of the Netherlands. *Adv Nutr* 2021;12(4):1379-410. doi: 10.1093/advances/nmaa170
6. Newton-Howes G, Cook S, Martin G, et al. Comparison of age of first drink and age of first intoxication as predictors of substance use and mental health problems in adulthood. *Drug Alcohol Depend* 2019;194:238-43. doi: 10.1016/j.drugalcdep.2018.10.012
7. Nosa, V., Malungahu, G., Paynter, J. et al. Pacific peoples and alcohol: A review of the literature. *New Zealand Medical Journal* 2021;134(1529):86-96.
8. Suaalii-Sauni T, Seataoai Samu K, Dunbar L, et al. A qualitative investigation into key cultural factors that support abstinence or responsible drinking amongst some Pacific youth living in New Zealand. *Harm Reduction Journal* 2012;9(36)
9. Ataera-Minster J, Guiney H, Cook S. Taea Malama: Alcohol use among Pacific peoples. Results from the New Zealand Health Survey & Attitudes and Behaviour towards Alcohol Survey. Wellington: Te Hiraing Hauora/Health Promotion Agency, 2020.
10. Jackson N, Denny S, Sheridan J, et al. Differential Effects of Neighborhood Type on Adolescent Alcohol Use in New Zealand. *Prev Sci* 2016;17(7):841-51. doi: 10.1007/s11121-016-0677-9
11. Cameron, M., Cochrane, W., & Livingston, M. The relationship between alcohol outlets and harms: A spatial panel analysis for New Zealand, 2007-2014. Wellington: Health Promotion Agency, 2017.
12. Chambers T, Stanley J, Signal L, et al. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol Alcohol* 2018;53(5):626-33. doi: 10.1093/alcalc/agy053
13. Jackson N, Denny S, Sheridan J, et al. Predictors of drinking patterns in adolescence: a latent class analysis. *Drug Alcohol Depend* 2014;135:133-9. doi: 10.1016/j.drugalcdep.2013.11.021
14. Ministry of Health. Ministry of Health website: Alcohol Intake Guidelines. Wellington: Ministry of Health, 2022.
15. Ministry for Pacific Peoples. Yavu: Foundations of Pacific Engagement. Wellington: Ministry for Pacific Peoples, 2022.
16. World Health Organization. Global status report on alcohol and health 2018. Geneva: World Health Organization 2018.
17. Health Action Trust. More than just a policy: Best practice alcohol and other drug policy for youth organisations. Nelson, New Zealand: CAYAD, Health Action Trust, Auckland Council, 2010.
18. Ministry of Education. Guidelines for schools: Developing a policy on the sale, supply and consumption of alcohol. Wellington: Ministry of Education, 2016.
19. Health Action Trust. More Than Just a Policy: Workbook. Nelson, New Zealand: CAYAD, Health Action Trust, Auckland Council, 2010.
20. Ministry of Education. Action Plan for Pacific Education 2020-2030. Wellington: Ministry of Education, 2020.

Improving Health & Wellbeing Websites: Views of Pacific adolescents

Websites for health & wellbeing

Quality health and wellbeing websites can increase access to health information, 24/7, at no cost to users. Globally, there are over 70,000 health related Google searches every minute.¹ In the Youth19 Rangatahi Smart Survey ('Youth19')² **94% of Pacific participants said that they had a device they could access in their own time and 60% had looked up health information online.**³ Many websites are designed for cultural majority users and/or by adults.⁵ In Youth19, following other questions about online resources, we asked "**How could websites or online tools be more useful for you if you were having a hard time?**" Participants could answer in their own words. This brief offers a summary of key themes based on responses from Pacific participants.

Pacific youth voices

In total, 93 Pacific young people (approx. 11% of all Pacific participants) made a comment or suggestion other than "I don't know" or equivalent on this optional question. Of these, 52 participants identified as female. 50 participants were aged under 16, and 43 were aged 16 or over. We used a general inductive analysis approach⁴ to analyse this data.

Key themes

Pacific youth indicated that health and wellbeing websites can be helpful and play an important role alongside human support.

They also had key perspectives regarding how these websites could be improved. There were three key themes:

- make it accessible
- show it is trustworthy, keep it clear
- facilitate human connection.

These are illustrated in Figure 1 and detailed in the following pages.

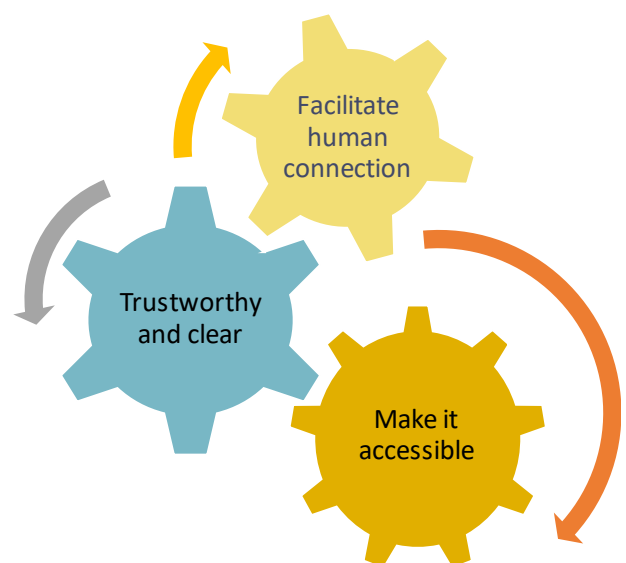


Figure 1: Improving health and wellbeing websites: Pacific youth perspectives

Findings

Online tools helpful for some

Some participants highlighted ways in which tools are or are not useful. There were some positive responses from Pacific youth while a few were not sure or negative. The importance of talking with friends and family was emphasised, including via online tools. Example quotes are provided below with participant sex, age group and school decile grouping shown for each.

“All The Time when I'm feel sad and I will go to my online or social media and then I'll call my friend to share them my problem”

(Pacific female, aged 16 or over, Decile 1-3)

“They [health and wellbeing websites] give you advice and is always there just like a friend”

(Pacific male, aged 16 or over, Decile 1-3)

“You could use social media accounts, to contact friends of family members (who are in a different country) ask them for advice. you could look for websites online to help you , but the best thing to do would be to ask your parents or a family member face to face!”

(Pacific female, aged under 16, Decile 1- 3)

“I don't believe online websites because it might not be relevant to what I'm going through”

(Pacific female, aged 16 or over, Decile 1-3)

Improving digital tools

Pacific youth reported wanting health and wellbeing websites to be clear, simple and usable.

They commented on the importance of being offered options for human contact and support when having a hard time.

Like other Youth19 participants, Pacific youth wanted health and wellbeing websites to contain trustworthy information that is relatable to youth.

These themes, among others, provide insights into ways that health and wellbeing websites could be more appealing and better meet the needs of Pacific youth. These themes are detailed over the following pages.



1. Make it accessible

Pacific youth reported wanting health and wellbeing websites to be easy to find and accessible. This included providing or advertising health websites on platforms they were already using and reducing barriers to accessing sites such as proxies and blocked sites.

“Communicate on Insta”

(Pacific male, aged under 16, Decile 1-3)

“Online games could have health awareness advertisements”

(Pacific male, aged under 16, Decile 4-7)

“Unblocking websites”

(Pacific female, aged under 16, Decile 1-3)

2. Trustworthy and clear

a) Show me that it is trustworthy

Pacific youth wanted to know that websites and online information was trustworthy and from reliable sources. Some suggested providing an indicator or quality assurance or endorsement from reputable people and organisations. Support or advice was thought to be trustworthy when coming from experts and health professionals. It was also seen as relevant or helpful when it was supported or endorsed by familiar people and spaces such as church, family, friends or teachers.

“Ensure us of its reliability. Make your resources interesting and seem like you care”

(Pacific female, aged 16 and over, Decile 1-3)

“By having proof of others using the website”

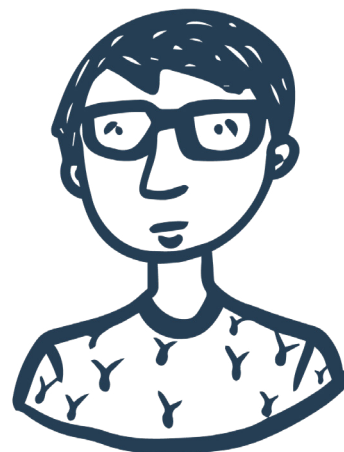
(Pacific male, aged under 16, Decile 1-3)

“Certified information”

(Pacific female, aged under 16, Decile 4-7)

“Have people make real websites and advertise them so that people who search for it do not get misled by things people put on the internet which are false 80 percent of the time”

(Pacific male, aged 16 or over, Decile 1-3)



b) Keep it clear

Pacific youth emphasised the importance of digital tools being clear and in everyday language. Suggestions such as using simpler language and smaller paragraphs so the information on websites can be more easily understood were common.

“By typing things in simpler forms like less words than tons of paragraphs that we have to read just to get a simple answer.”

(Pacific female, aged under 16, Decile 8-10)

“More understandable words”

(Pacific female, aged 16 or over, Decile 4-7)

“Be more concise with the paragraphs”

(Pacific female, aged 16 or over, Decile 7-10)

“Provide more relevant information instead of being redundant”

(Pacific male, aged 16 or over, Decile 1-3)

“Explain things and have clear tabs to press like details etc.”

(Pacific female, aged under 16, Decile 1-3)



3. Facilitate human connection: promote pathways to support

Pacific youth emphasised the importance of digital tools providing pathways to human support and connection. Some emphasised opportunities for chat functions with peers or people who could give advice or support in real time.

“Have a confidential page for those who would want have a live conversation to talk about things that are important and valuable etc.”

(Pacific female, aged 16 or over, Decile 1-3)

“Messaging a person online for support\ advice.”

(Pacific female, aged 16 or over, Decile 8-10)



Method

A general inductive analysis approach⁴ was used to analyse the open-text responses presented in this brief. We first reviewed the responses, grouped like with like to identify different types of responses, then coded and identified the themes presented here.

References

¹ ECH Alliance. (2020). Mental health apps are seeing a surge of downloads — but choosing the right one matters. ECH Alliance. Retrieved from: <https://echalliance.com/mental-health-apps-are-seeing-a-surge-of-downloads-but-choosing-the-right-one-matters/>

² Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

³ King-Finau, T., Kuresa, B., Archer, D., & Fleming, T. (2021). Youth19 Digital Access Brief. Youth19 and The Adolescent Health Research Group, Auckland and Wellington.

⁴ Thomas D.R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*. 7(2):237-246. doi:[10.1177/1098214005283748](https://doi.org/10.1177/1098214005283748)

⁵ Fleming, T., Dewhirst, M., Andreae, H., Kafatolu, D., Haase, A., Ormerod, F., Pine, R., Chinn, V., Haenga-O'Brien, A., Da Rocha, M., Sutcliffe, K., O'Brien, K., Szabo, A., Whelan-Turnbull, N., Lucassen, M., & Aspin, C. (2021). *Digital Tools for Mental Health and Wellbeing: Opportunities & Impact. Findings from the Research*. Wellington: The Digital Mental Health Lab, Te Herenga Waka | Victoria University of Wellington.

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For more, see www.youth19.ac.nz

Youth19

In 2019, researchers from four Universities collaborated to survey over 7700 New Zealand adolescents in 52 Auckland, Northland and Waikato secondary schools. This is Youth19, the latest survey in the Youth2000 series.²

The survey was a representative, high-quality study about the wellbeing of rangatahi/youth. Schools were randomly selected from the region and then Year 9-13 students were randomly selected from each school roll. A diverse sample of students completed the anonymous survey in English or te reo Māori on handheld internet tablets with optional voiceover. See the full questionnaire and more at www.youth19.ac.nz.

Appendix C: Questionnaire Items, Youth19

Name of variable	Context of variable	Questions and response options
Demographic		
Ethnic groups	Students could select as many of the 167 ethnicities listed as applied to them.	<p>“Which ethnic group do you belong to?” Choose as many that apply.</p> <p>These included Samoan, Tongan, Cook Islands Māori, Fijian, Tahitian, Tokelauan, Tuvaluan, New Caledonian, Ni Vanuatu, Solomon Islander, Rotuman, Pacific Peoples.</p>
Age	We asked students their age (at the time of the survey).	<p>How old are you?</p> <p>Under 12 years, 12, 13, 14, 15, 16, 17, 18, 19</p>
Sex	Students were asked how they described themselves.	<p>How do you describe yourself?</p> <ul style="list-style-type: none"> · I am a boy or man · I am a girl or woman · I identify in another way <p>Those who selected “I identify another way” are asked “What sex were you at birth, even if it is different today?”</p>
Gender identity	Students were asked about their gender identity and could select from the options listed.	<p>Are you or might you be transgender or gender diverse? By this we mean that your current gender is different from your gender at birth (e.g., trans, nonbinary, Queen, fa’afafine, whakawahine, tangata ira tane, genderfluid or genderqueer)?</p> <ul style="list-style-type: none"> · Yes (Cisgender), · No (Transgender) · I am not sure & I don’t understand the question (Unsure)
Census mesh-block	The census meshblock for participants’ main home address was used to assess whether they lived in an urban, rural or small-town setting and to report the NZ Deprivation Index level for the neighbourhood they lived in.	
Family and culture		
Parents who care	This group consists of students who answered “a lot” when asked if their mum or dad (or someone who acts as their mum or dad cares about them.	<p>How much do you feel the following people care about you?</p> <ul style="list-style-type: none"> · My mum (or someone who acts as your mum) · My dad (or someone who acts as your dad) · Other family members <p>Response options: Not at all, A little, Some, A lot, Does not apply to me</p>
Family members who care	This group consists of students who answered “a lot” to the question “other family members care about me.”	<p>How much do you feel the following people care about you:</p> <ul style="list-style-type: none"> · My mum (or someone who acts as your mum) · My dad or someone who acts as your dad · Other family members <p>Response options: Not at all, A little, Some, A lot, Does not apply to me</p>

Family wants to know who you are with and where you are	We asked students if their family wants to know who they are with and where they are.	Does your family want to know who you are with and where you are? Response options: Always, Usually, Sometimes, Almost never
Family they can have fun with and makes them laugh	We asked students if they had family/whānau members whom they have fun with and who make them laugh.	Now we are going to ask you some questions about your whānau or family (e.g., parents, siblings, step-parent or other carer, aunty, grandparent etc). There is someone in my family/whānau who I can: · have fun with, · who makes me laugh: Response options, Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Family who are proud and supportive	We asked students if they had family/whānau members who are proud and supportive of them.	My family/whānau are proud and supportive of me participating in cultural, sporting and academic activities (e.g., my whānau attend my competitions, help fundraise, coach) Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Family respects what is important	We asked students if they had family/whānau members who respect what is important to them.	There is someone in my family/whānau who respects what is important to me: Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Family they can trust to share feelings with	We asked students if they had family/whānau members whom they could trust to share their feelings with.	There is someone in my family/whānau whom I can trust to share my feelings with: Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Family they can share worries with	We asked students if they had family/whānau members whom they could share their worries with.	There is someone in my family/whānau whom I can talk with about things that are worrying me: Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Enough quality time with family	We asked students if they felt like they had enough quality time with their family/whānau.	I feel like I get enough quality time with my family/whānau: Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Family acceptance	We asked students if they had family members who accept them for who they are.	There is someone in my family/whānau who accepts me for who I am: Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree

Faith and spiritual beliefs

Student's faith or religion	We asked students what faith or religion they were.	What faith or religion are you? Response options, Christian, Anglican, Catholic, Presbyterian, Baptist, Methodist, Latter Day Saints/Mormon, Pentecostal, Rātana, Ringatū, Buddhist, Hindu, Brethren, Assemblies of God, Salvation Army, Islam/Muslim, Judaism, Seventh Day Adventist, EFKS (Ekalesia Fa'apotopotoga Kerisiano Samoa / Congregational Christian Church of Samoa, Other, I have my own, None
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Parents worrying about money to for transport to important places	This group consists of young people who answered “often” or “all of the time” when asked if their parents, or the people who act as their parents, ever worry about not having enough money to pay for petrol or transport to get to important places like work or school.	Do your parents, or the people who act as your parents, ever worry about not having enough money to pay for petrol or transport to get to important places like work or school Response options: Never, Occasionally, Sometimes, Often, All the time, I don’t know
Importance of spiritual beliefs or religious faith	We asked students how important their spiritual beliefs or religious faith are.	How important are your spiritual beliefs or religious faith? Response options: Very important, Somewhat important, Not important
Time spent helping others in community	We asked students if they gave their time to help others in their school or community	Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)? Response options: Yes, within the last 12 months; Yes, but not within the last 12 months; No; I don’t know
Comfort in cultural surroundings		
Comfort level in NZ European surroundings	We asked students how comfortable they were in Pākehā or NZ European social surroundings, events or gatherings.	How comfortable are you in Pākehā or New Zealand European social surroundings, events or gatherings? Response options: Very uncomfortable, Uncomfortable, Slightly uncomfortable, Comfortable, Very comfortable
Socioeconomic environments		
Neighbourhood deprivation	Neighbourhood deprivation derived from home address as reported in census meshblock.	
School decile rating	School decile rating obtained from school.	
Parents worrying about money to buy food	This group consists of young people who answered “often” or “all of the time” when asked whether their parents, or the people who act as their parents, ever worry about not having enough money to buy food.	Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food? Response options: Never, Occasionally, Sometimes, Often, All the time, I don’t know
Parents worrying about money to pay rent/mortgage	This group consists of young people who answered “often” or “all of the time” when asked if their parents, or the people who act as their parents, ever worry about not having enough money to pay the rent/mortgage where you live.	Do your parents, or the people who act as your parents, ever worry about not having enough money to pay the rent/mortgage where you live? Response options: Never, Occasionally, Sometimes, Often, All the time, I don’t know

Housing		
Household composition	People whom the student usually lives with.	Who do you live with? Response options: With my two parents together; With one parent or mainly with one of my parents; I move between my parents; I live with other family members (not my parents); I board/flat/live with people who are not my own family; I live at boarding school or in a boarding hostel; I live by myself; I live with my parent and my step-parent
Any Housing deprivation	Students who report any of the five housing deprivation indicators shown below.	Any of the following indicators slept somewhere other than their own bed in the last 12 months because of housing costs. family had to split up (i.e., lived in separate places) because of housing costs. housing financial stress moved two or more times in the last 12 months. severe housing deprivation (i.e., living in emergency housing, marae, hostels, cars, or vans because they and their family had no other options).
Slept somewhere other than their own bed due to housing costs	Students who report they/their family sleep in a garage, on the floor, in emergency accommodation, "couch surf" or have to share a bed or that their family have had to split up because it was hard for their family to afford or get a home, or there was not enough space	For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed. In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (Do not include holidays or sleepovers for fun): A cabin, caravan or sleep-out; A garage; A couch or on the floor; A bed with another person (because there was nowhere else to sleep); Stayed with lots of different people (couch surfing); In a motel, hostel, marae or other emergency housing; In a car or van; Other. Response: Yes, in the last 12 months
Family had to split up (i.e., live in separate places) because of housing costs	Students who report that their family have had to split up because it was hard for their family to afford or get a home, or there was not enough space,	Has your family ever had to split up because of housing problems (e.g., part of the family live in one house and the rest of the family living somewhere else?) Response options: Yes, No
Housing financial stress	This group consisted of students who reported their parents worry about paying for housing costs often or all the time.	Do your parents, or the people who act as your parents, ever worry about: ... - The power/electricity getting cut off because there is no money to pay for it? Response: Sometimes, often, or all the time
Moved two or more times in the last 12 months	Students were asked how many times their family had moved home in the last 12 months.	In the last 12 months, how many times have you moved homes? Response options: I haven't moved; I have moved once; I have moved two times; I have moved three or more times

Severe housing deprivation	<p>This group consisted of students who reported living in emergency housing, a hostel, a car, marae or “couch surfing” because they do not have anywhere else to stay.</p> <p>This is a subset of students who report sleeping somewhere other than their own bed because of housing costs.</p>	<p>For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed.</p> <p>In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (do not include holidays or sleepovers for fun).(You may choose as many as you need) Response options: No, in the last 12 months I have always had a home and my own bed; A cabin, caravan or sleep-out; A couch or on the floor; A bed with another person (because there is nowhere else to sleep); Stayed with lots of different people (couch surfing); In a motel, hostel, marae, boarding home or other emergency housing; In car or van; Other – please state</p> <p>Included responses: Yes, in the last 12 months to living in emergency housing, a hostel, car, marae or couch surfing.</p>
Education		
Student feels a part of a school	We asked students if they felt part of their school	Do you feel like you are a part of your school? Response options: Yes, No
Importance to student that they attend school	We asked students how important was to them to be at school/course every day.	How important is it to you to be at school/course every day? Response options: Very important, Somewhat important, Not important
How much people at school care about student	We asked students if they felt teachers/tutors cared about them.	Do you feel that teachers/tutors care about you? Response options: Yes, No
Teachers treating student fairly	We asked students how often teachers or tutors treated students fairly?	How often do the teachers/tutors treat you fairly? Response options: Hardly ever, Sometimes, Most of the time, All of the time
People at school expecting student to do well	We asked students if their teachers/tutors expected them to do well with their studies.	Do teachers/tutors expect you to do well with your studies? Response options: Yes, No
Feeling safe in school	We asked students if they felt safe in their school/course.	Do you feel safe in your school/course? Response options: Yes, all the time; Yes, most of the time; Sometimes; No, mostly not; Not at all
Frequency of bullying	We asked students if they had been bullied in school, and if so, how often the bullying had occurred.	In the last 12 months how often have you been bullied in school/course? Response options: I haven't been bullied in the past 12 months, It has happened once or twice, About once a week or more

Feeling safe in school	We asked students if they felt safe in their school.	Do you feel safe in your school/course? Response options: Yes, all the time; Yes, most of the time; Sometimes; No, mostly not; Not at all
Community activities / neighbourhood		
Belonging to a group outside of school	Students were asked whether they belonged to a group outside of school. This group consists of young people who responded that they were part of an outside group.	Which of the following groups, clubs or teams do you belong to? This could be at school or somewhere else. (You may choose as many as you need) Response options: A sports team or group; A cultural group, e.g., kapa haka; A diversity group that supports sexuality and gender-diverse youth, gay/straight alliance, or rainbow group; Another type of group or club, e.g. music, drama, gaming; None
Time spent helping others in community	Students were asked to about their time helping others in the community. This group consists of young people who responded "Yes" they had helped others within the last 12 months.	Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)? Response options: Yes, within the last 12 months; 2 Yes, but not within the last 12 months; No; I don't know
Health		
Student's overall health	Students were asked to describe their general health. This group consists of young people who answered "Excellent" or "Very good" to the question 'In general, how would you say your health is?'	Response options: In general, how would you say your health is? Excellent, Very good, Good, Fair, Poor
Physical activity		
Importance of physical activity, sport or exercise	We asked students if physical activity was an important part of their life.	Is physical activity, sport or exercise an important part of your life? Response options: Not really, Sort of, Definitely
Frequency of exercise	We asked students how frequently they exercised.	In the last 7 days, how many times have you done any exercise or activity that makes you sweat or breathe hard, or gets your heart rate up (such as soccer or rugby, running, swimming laps, fast bicycling etc.)? Response options: I don't exercise, Not in the last 7 days, 1–3 times, 4–6 times, 7 or more times
Duration of last episode of exercise	We asked students who had exercised how long they exercised for. They could select from one of the five options presented.	The last time you did this how long did you do this physical activity for: Response options: Up to 10 minutes, 11–20 minutes, 21–30 minutes, 31–60 minutes, More than 60 minutes
Frequency of vigorous exercise	Vigorous exercise referred to the group students who reported more than 20 minutes of vigorous activity, on four or more occasions in the last 7 days.	In the last 7 days, how many times have you done any exercise or activity that makes you sweat or breathe hard, or gets your heart rate up (such as soccer or rugby, running, swimming laps, fast bicycling etc.)? Response options: I don't exercise, Not in the last 7 days, 1–3 times, 4–6 times, 7 or more times

Sexual and reproductive health		
Ever had sex	This group consisted of students who reported 'yes' that they had consensual sex.	Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted or consented to. Response options: Yes, No
Currently sexually active	Currently sexually active comprised of students who reported 1) having had sex, and 2) the sexual encounter was in the past 3 months.	Have you had sex in the last 3 months? Response options: Yes, No (Only asked of students who reported that they had ever had sex)
Always uses condoms (among sexually active students)	This group consisted of students who reported that they had 'always' used condoms when having sex. This question was posed to students who had 1) ever had sex and 2) had sex in the past 3 months.	How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex? Response options: Always; Most of the time; Sometimes; Never; I am female and my current sexual partner is female, so we do not use condoms. (Only asked of students who reported that they had ever had sex)
Always uses contraception (among sexually active students)	This group consisted of students who reported that they had 'always' used contraception when having sex. This question was posed to students who had 1) ever had sex and 2) had sex in the past 3 months.	How often do you, or your partner(s) use contraception (by this we mean protection against pregnancy)? Response options: Always, Most of the time, Sometimes, Never, This does not apply to me. (Only asked of students who reported that they had ever had sex)
Wellbeing and mental health		
Good emotional wellbeing	As described in our <i>Hauora Hinengaro, Emotional and Mental Health report</i> (Fleming, Tiatia-Seath, et al., 2020), emotional wellbeing was measured using the 5-item World Health Organization Well-being Index (World Health Organization, 1998), with good wellbeing indicated by a WHO-5 score of 13 or more.	Over the last 2 weeks... I have felt cheerful and in good spirits I have felt calm and relaxed I have felt active and vigorous I woke up feeling fresh and rested My daily life has been filled with things that interest me Response options: All of the time, Most of the time, More than half the time, Less than half of the time, Some of the time, At no time
Depression symptoms	Depression symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF) (Milfont et al., 2008; W. M. Reynolds, 2002). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder – an assessment with a health professional is needed to determine this; however, it does indicate that at the time of the survey they had signs consistent with depression that were likely to be affecting them in their daily life, including at home and school.	RADS items not included due to copyright.

Thoughts of suicide in the past 12 months	We asked whether students had seriously thought about killing themselves (attempting suicide).	During the last 12 months have you seriously thought about killing yourself (attempting suicide)? Response options: Yes, No
Suicide attempts in the past 12 months	We asked whether students had tried to kill themselves (made a suicide attempt) in the previous 12 months.	During the last 12 months have you tried to kill yourself (attempted suicide)? Response options: Yes, No
Healthcare access		
Accessed healthcare in the last 12 months	We asked students when they had last accessed healthcare	When was the last time you went for healthcare (excluding looking online)? Response options: 0–12 months ago, 13–24 months ago, More than 2 years ago
Usual place providing healthcare	We asked students where they accessed healthcare	Where do you usually go for healthcare? Response options: Family doctor, medical centre or GP clinic; School health clinic; An after-hours or 24-hour accident and medical centre; Hospital accident and emergency; Youth centre/youth one stop shop; Other; I don't go anywhere for healthcare
Foregone healthcare	To determine foregone healthcare, students were asked about their need and ability to access healthcare.	In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other healthcare worker) about your health, but you weren't able to? Response options: Yes, No
Reasons for not accessing healthcare when needed	Students were provided with a list of reasons that individuals may not access healthcare, and could tick if any of the response options that applied.	Here are some reasons people don't get healthcare even though they need to. Have any of these ever applied to you?(You may choose as many as you need). Response options: I didn't know how to (e.g., you didn't know where to go or who to call for help or advice); I had no transport to get there; I couldn't get an appointment (e.g., the appointment times or service opening hours were not convenient); I couldn't get in touch with the health professional or the person I usually see; I didn't want to make a fuss; I didn't feel comfortable with the person; I was too scared; I was too embarrassed; I was hoping that the problem would go away by itself or get better with time; I was worried it wouldn't be kept private; I had no one else to go with; It cost too much
Experienced healthcare discrimination in last 12 months		
Being treated unfairly by health professional	This group consisted of students who responded 'Yes' that they had been treated unfairly by a health professional because of their ethnicity or ethnic group.	Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g., doctor, nurse, dentist etc.) because of your ethnicity or ethnic group? Response options: Yes, within the past 12 months; Yes, more than 12 months ago; No; I don't know/ unsure

Substance use		
Smoking a cigarette	Students were asked if they had ever smoked a whole cigarette, noting that this did not include e-cigarettes, vaping or marijuana.	Have you ever smoked a whole cigarette? Response options: Yes, No
Frequency of current cigarette smoking	This group consisted of students who reported smoking cigarettes, and smoked at least "once or twice a week," "most days" or "daily."	How often do you smoke cigarettes now? Response options: Never – I don't smoke now, Occasionally, Once or twice a month, Once or twice a week, Most days, Daily
Vaping or using e-cigarette	Students were asked if they had ever vaped or used an e-cigarette.	Have you ever vaped or used an e-cigarette? Response options: Yes, No
Frequency of current vaping or e-cigarette use	Students who had previously vaped were asked how often they vaped now. This group consists of students who reported vaping "once or twice a week" or "more than twice a week."	How often do you vape or use e-cigarettes now? Response options: Never, Occasionally, Once or twice a month, Once or twice a week, More than twice a week
Marijuana use	Students were advised there were question about marijuana use and that they didn't have to answer if they didn't want to and that there was no way to identify them from their answers.	Have you ever used or smoked marijuana? Response options: Yes, No
Frequency of marijuana use in the last 4 weeks	Students who had previously smoked or used marijuana, were asked how often they smoked or used marijuana now. This group consisted of students who reported marijuana use "about once a week," "several times a week," "every day," or "several times a day."	In the last 4 weeks, about how often did you use marijuana? Response options: Not at all – I don't use marijuana anymore, None in the last 4 weeks, One to three times in the last 4 weeks, About once a week, Several times a week, Every day, Several times a day
Alcohol consumption	Students were advised there were question about alcohol use, with reference to beer, wine, spirits and pre-mixed drinks. Students were asked about their alcohol use.	Have you ever drunk alcohol (not counting a few sips)? Response options: Yes, No
Weekly alcohol use / Frequency of alcohol consumption in the last 4 weeks	Students who had previously drunk alcohol were asked how often they drank alcohol. This group consisted of students who reported drinking "about once a week," "several times a week" and "most days."	During the past 4 weeks, about how often did you drink alcohol? Response options: Not at all – I don't drink alcohol now, Not in the last 4 weeks, Once in the last 4 weeks, Two or three times in the last 4 weeks, About once a week, Several times a week, Most days
Binge drinking	Students who had previously drunk alcohol were asked how often they had five or more drinks in one session. This group consisted of those who reported drinking: once in the past 4 weeks, two or three times in the past 4 weeks, every week, or several times a week.	In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session? Response options: None at all, Once in the past 4 weeks, Two or three times in the past 4 weeks, Every week, Several times a week

Motor vehicle risk-taking		
Seatbelt use in a car	This group consisted of students who reported “always” using a seatbelt when driving or being driven in a car.	When driving or being driven in a car how often do you wear a seatbelt? Response options: Always, Most of the time, Sometimes, Hardly ever, Never
Risk-taking as a car passenger	This group consisted of students who responded ‘Yes’ – that they had ridden in a car driven by someone who had been drinking, and/or was high or had been taking drugs, and/or was driving dangerously (speeding, racing, burnouts).	During the last month, did you ride in a car driven by someone... Who had been drinking alcohol? Who was high or had been taking drugs? Who was driving dangerously (speeding, racing, burnouts)? Response options: Yes, No
Risk-taking as a motor vehicle driver	This group consisted of students who had driven a car (or other vehicle) when they had been drinking alcohol, had been high or had been using drugs, had driven dangerously in the last month.	During the last month, did you drive a car or other vehicle... When you had been drinking alcohol? When you were high or when you had been using drugs? Dangerously (speeding, racing, burnouts)? Response options: Yes, No
Violence & abuse		
Feeling safe in neighbourhood	This group consisted of students who reported that they felt safe in their neighbourhood “all the time.”	Do you feel safe in your neighbourhood? Response options: All the time, Sometimes, Not often, Never
Witnessing violence in the home	This group consisted of those who had witnessed another child or adult being hit or physically hurt by an adult in the home.	In the last 12 months have adults in your home... Response options: Hit or physically hurt a child (other than yourself)? Hit or physically hurt each other
Student physically hit or harmed	Students were asked if they had been physically hit or harmed by someone in past year.	During the last 12 months how many times have you been hit or physically harmed on purpose by a: Response options: Boyfriend or girlfriend, Sibling(s), Other young person, Parent, Other adult
Sexual abuse	Students were asked if they had ever been touched in a sexual way or made to do unwanted sexual things.	Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do? (including sexual abuse or rape): Response options: Yes, No, Not sure
Experience any type of racism	This group consisted of students who reported either Yes, within the past 12 months – Yes, more than 12 months ago, or I don't know/unsure, to one or more of the three questions that asked about unfair treatment from professionals.	Q1: Have you been treated unfairly (picked on, hassled, etc.) by the police because of your ethnic group? Q2: Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g., doctor, nurse, dentist etc.) because of your ethnicity or ethnic group? Q3: Have you ever been treated unfairly (e.g., treated differently) by a teacher/tutor because of your ethnic group? Response options: Yes, within the past 12 months; Yes, more than 12 months ago; No, I don't know/unsure.

Hopes & aspirations		
Hopes for the future	We asked students if they saw a positive future for themselves in New Zealand.	I can see a positive future for me in New Zealand Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Think or make plans for the future	We asked students if they thought about or made plans for the future.	I think about or make plans for my future. Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Getting support needed for future plans	We asked students if they felt they would get the support needed for their future plans.	I don't feel I will get the support needed for my future plans. Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree
Getting opportunities to show talents and skills	We asked students if they had opportunities to show their talents and skills.	I get opportunities to show my talents and skills Response options: Strongly agree, Agree, Neutral, Disagree, Strongly disagree

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