Te Ara Whakapiki Taitamariki

Youth'07

The Health and Wellbeing of Secondary School Students in New Zealand

Results for Māori Young People

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THE UNIVERSITY OF AUCKLAND
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We thank the young people who consented to the use of their photographs.

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Further publications by the AHRG are available at www.youth2000.ac.nz.

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Foreword

Te Ara Whakapiki Taitamariki

Ehara taku toa i te toa takitahi, engari, he toa takitini e.

Wellbeing during the teenage years plays an important role in our future economic, employment and health trajectories. Young Māori are key to the future wellbeing of Te Ao Māori, and indeed Aotearoa New Zealand, and their participation in the Youth'07 survey makes a significant contribution to what we know about the self-reported health status of Taitamariki Māori at the present time.

The Youth'07 survey of Māori students in secondary schools, also included Wharekura and Māori medium schools. The survey was translated into Te Reo Māori and was nominated for a Te Taura Whiri i te Reo Māori language week award (health category) in 2007.

Te Ara Whakapiki Taitamariki is the second report, updating the data from 2001 and providing comparisons between 2001 and 2007 and comparisons with Pākehā/New Zealand European students. The report takes a non-deficit approach, which liberates and decolonises it from the traditional superficial causes of health disparities and allows us to look at other causes that underlie differences including the home, school and neighbourhood environments.

The report details the strengths and assets of young Māori, as well as some of the challenges they face. There have been some reductions in some previously reported health disparities over the six years since 2001. However, there are persisting health disparities in some areas. Furthermore, access to health and dental services is more difficult for Taitamariki.

This report provides information for use by policy makers, and people who provide services to young people and their communities that can be used to ensure that the environments that impact on young people provide them with opportunities to develop their potential. We are all part of a society built on inequities which continue to privilege one group while marginalising another. Until we as a nation commit to addressing these fundamental inequalities in our society, our opportunities to address the disparities in Māori economic status, Māori health status and Māori educational outcomes will be limited.

I congratulate all those who have participated in this report: participants, whānau, wharekura and researchers. Mauri ora ki a tātou katoa.

Associate Professor Papaarangi Reid (Te Rārawa)
Tumuaki and Head of Department
Te Kūpenga Hauora, Māori Health Department
Faculty of Medical and Health Sciences
The University of Auckland

Mihimihi

Tenā rā koutou ngā tauira, me ngā mahita o ngā kura o te motu

I mua te panuitia o te pūrongo rangahau o ngā taitamariki
Ko te tikanga o tēnei mahi nui āna, he hakamōhio atu,
Kia kaua ngā tamariki, taitamariki me te whānau e noho kūare, e noho hakahāwea rānei, engari kia mārama, kia mātau, ki te pūtaketanga me te mau i ngā kaupapa rangatira kei a tātou.

Arā ki ngā mea o te hauora, te kura mātauranga, ngā kawa, ngā tikanga, te tangihanga, tapu, mauri, mana, ihi, wehi, tae atu ki te mea nui rawa,

He tangata, he tangata, he tangata.

Ko ēnei ngā kupu hakamutunga ā Pā HenareTate:

Mā te whakaatu, ka mōhio
Mā te mōhio, ka mārama
Mā te mārama, ka mātau
Mā te mātau, ka ora

Greetings to the students and teachers of the schools of this land.

Before you read the Māori youth health findings in this report, it is important to acknowledge the purpose of this work. It is to enlighten people so that they do not treat lightly the sacred customs of our people.

These important social functions include health issues, education, kawa, tikanga, tangihanga, tapu, mauri, mana, ihi, wehi, and all the sacred values and purposes of the individual person in their scheme of life.

By discussion cometh understanding
By understanding cometh light
By light cometh wisdom
By wisdom cometh life everlasting.

Tēnā koutou, tēnā koutou, tēnā ra tātou katoa.

Rawiri Wharemate
Kaumatua, Māori Advisory Group

Contents

" tino pai rawa atu tenei mahi whakahirahira..."

(It was a really good and important thing to do)

" mean māori mean!!, ka mau te wehi!!, koinei tetahi kaupapa whaitake whaimana mo tatou te hunga rangatahi, he kaupapa tenei hai patu i te whakama."

(Awesome, this survey has important implications for young people and helps reduce the embarrassment)

Comments from students on the Youth'07 survey

Executive Summary

This report presents selected Māori findings from Youth'07, the second national survey of the health and wellbeing of secondary school students in New Zealand. The information presented in this report was provided by 2059 students who reported Māori ethnicity.

Taitamariki Māori report many strengths and assets

- Most taitamariki Māori report they live in a two-parent home, with parents who care about them very much.
- Most taitamariki Māori want to achieve well at school, with three quarters (74.3%) reporting that they expect to stay at school until year 13 (form 7).
- Almost all taitamariki are proud to be Māori, and 34% speak and 39% understand te reo Māori fairly well or better.

There have been some improvements in health for taitamariki Māori

- Taitamariki Māori in 2007 report less depressive symptoms, suicide attempts, cigarette smoking, alcohol consumption and marijuana use than in 2001.

There are some concerning health disparities compared to Pākehā/NZ European youth

- Taitamariki Māori are more likely to report mental health concerns, substance use, inconsistent use of contraception, and are more likely to be overweight compared to Pākehā/NZ European students.
- Taitamariki Māori are less likely than Pākehā/NZ European students to report being able to access health and dental services when needed.

The health and wellbeing of taitamariki Māori are affected by the environments they live in

- Taitamariki Māori report significantly more socio-economic disadvantage than Pākehā/NZ European students.
- Taitamariki Māori report that their parents care about them a lot. However, only half report that they spend enough time with their parents.
- Taitamariki Māori are more likely to report being exposed to violence in their homes, schools and communities than Pākehā/NZ European students. Sexual abuse is a significant problem particularly for females.
- Taitamariki Māori are also more likely to report feeling unsafe in their neighbourhoods compared to Pākehā/NZ European students.

Schools provide more than an educational environment for our taitamariki

- Taitamariki Māori are more likely to report that they feel they are part of their school compared to Pākehā/NZ European students.
- Most taitamariki Māori report that adults at school care about them and go out of their way to help them out.
- Almost half taitamariki Māori report that they usually get along with their teachers.
- Taitamariki Māori are less likely to report that teachers have high expectations of them compared to Pākehā/NZ European students.

The Survey

Introduction

This report presents information from the Māori young people who took part in Youth'07: the National Health and Wellbeing Survey of New Zealand Secondary School Students.

Youth'07 is New Zealand's second national survey of secondary school students, following on from the first conducted in 2001. They are the largest health and wellbeing surveys of New Zealand's young people to date and include taitamariki Māori (Māori young people) from secondary schools across the country and (in 2007) taitamariki from Wharekura (Māori immersion secondary schools).

The 2001 and 2007 surveys were conducted by the Adolescent Health Research Group (AHRG) from The University of Auckland. The AHRG aims to provide accurate and timely information that communities, schools, parents and policy-makers can use to improve the health and wellbeing of young people.

The AHRG's first national youth health survey in 2001 collected comprehensive health and wellbeing data from nearly 10,000 randomly selected students, from randomly selected schools across New Zealand. The results of the 2001 survey have been presented and published extensively, including a report on Māori students entitled Te Ara Whakapiki. All these publications are available on the project's website: www.youth2000.ac.nz

The AHRG has continued to provide information on the health and wellbeing of New Zealand's young people and in 2005 was successful in obtaining funding to repeat the national secondary school survey in 2007, this time including Wharekura. This wider survey project is Youth'07.

The funding for Youth'07 is a partnership between the Health Research Council of New Zealand (grant 05/216) and nine government agencies: the Department of Labour, the Families Commission, the Accident Compensation Corporation, Sport and Recreation New Zealand, the Alcohol Advisory Council of New Zealand, the Ministries of Youth Development, Justice, and Health, and Te Puni Kokiri.

" Ahakoa te uaua o etahi patai me toku awangawanga, kua whakautu tonu au i te tika, ki oku nei wakaaro ranei. Kia Ora! "

(Even though some of the questions were hard and I was worried, I answered truthfully, well I think so anyway. Thanks)

Comment from a student on the Youth'07 survey

Sampling Framework

The sample of students reported on in this report includes Māori students from both mainstream secondary schools and Wharekura.

School selection

In 2007, New Zealand had 475 composite or secondary mainstream schools and 43 Wharekura with secondary school students. Of the mainstream schools with more than 50 students on the school roll, 115 were randomly selected and invited to participate in Youth'07. Thirteen schools declined to participate and a further 6 schools withdrew from the survey. In total, 96 mainstream schools (83.0% of those invited) took part in the survey. All 43 Wharekura were invited to participate and 26 (60% of those invited) took part in the survey.

School characteristics

Of the participating mainstream schools, the majority were state funded, co-educational and large schools. Of the Wharekura, 22 were affiliated with Te Rūnanga Nui o Ngā Kura Kaupapa Māori o Aotearoa. There were also 4 Kura-ā-Iwi / Kura Motuhake which were iwi-based or designated character schools. Of the 26 participating Wharekura, 14 were urban and 12 were semi-rural or rural. Nearly all the Wharekura were low (socio-economic) decile schools (deciles 1-3) but two were decile 7.

Student selection

For participating mainstream schools with more than 166 students, 18% of Year 9 to 13 students were randomly selected from the school roll and invited to participate. For the ten smallest schools (with between 50 and 166 students) 30 students were randomly selected from the school roll and invited to participate. In total 12,549 students were invited to participate in the survey. Of these 9,107 (72.6%) agreed to take part; this represents about 3% of the total number of young people enrolled at mainstream secondary schools in New Zealand in 2007.

In the Wharekura, all students who were present and available on the day of the survey were invited to participate. In total, there were 921 Wharekura students who were eligible to participate; 677 of them were available and agreed to take part on the day of the survey in their Wharekura. Eleven students declined to participate, 113 students were unavailable due to other commitments and 109 students were absent on the day of the survey. Ten students were unable to take part due to technical issues and one student had left the school. In Wharekura the overall student response rate was 73.5%.

Who is included in this report?

All students in the survey of mainstream secondary schools who reported Māori ethnicity (n=1702) are included in the data analysis for this report. The inclusion criteria for students is therefore: attending a secondary school with a roll greater than 50 students, 18 years old or younger, and Māori ethnicity. For consistency the same criteria is applied to students from Wharekura; 357 students from the10 Wharekura with rolls over 50 are also included, giving a total sample of 2059 Māori students.

Wharekura agreed to take part in the Youth'07 study on the condition that Wharekura students could not be identified within this report or compared to mainstream Māori students. Accordingly, the mainstream and Wharekura students are combined in a single sample and not distinguished so that comparisons between them cannot be made. The results and recommendations in this report are therefore for taitamariki from all schools, mainstream or Wharekura without distinction.

Adjustments for the complex sampling design

The design of the survey involved different selection procedures in mainstream schools (where a random sample of schools was chosen, and a random sample of 18% of the students in those schools was invited to participate) and in Wharekura (where all Wharekura and

all students were invited to participate). The effects of this unequal weighting, and of the stratification of the sampling and the clustering of students in schools, were allowed for in the analysis of the combined sample. This was done using SUDAAN, a programme for the analysis of complex survey designs.

Survey Procedures

All participating students gave their consent to being surveyed. Students and their families were informed about the project, were able to ask questions about the survey, and understood that their participation was voluntary. They were also assured, and we have taken precautions to ensure, that all information collected from participating students would remain anonymous and confidential.

Ethical consent for this study was obtained from The University of Auckland Human Subject Ethics Committee. Written consent was obtained from the school principal of each participating school on behalf of the School Board of Trustees. Information on the survey was sent home to parents a few weeks before the day of the survey. A student participant information brochure was given to each selected student a week prior to the survey and students attending on the day of the survey were invited to participate. Students were divided into groups of up to 100 to complete the survey in separate sessions.

On the day of the survey, each group was brought into the venue where the survey was being administered and students were given an anonymous code number that enabled them to log-in to the questionnaire. The consent process was then outlined to the students and they were able to ask questions about the survey. At the beginning of the survey students were able to consent or decline to participate. Students were also able to withdraw from the survey at any time.

During the survey, we also measured each student's height, weight and waist circumference to obtain data on the physical measurements of New Zealand secondary school students. These measurements were taken in private part way through the survey. At this time, students were also asked to provide their usual place of residence address, from which we ascertained their census Meshblock number. This was used to derive New Zealand Deprivation Index scores based on the area where the student lived, and to identify students who lived in rural settings.

Internet Tablets

The survey was carried out using internet tablets – essentially hand-held computers. These enabled the questionnaire to be presented in audio-visual form: the survey questions were displayed on the internet tablet's screen and also read out over headphones. Students were able to choose English or te reo Māori as the preferred language for the survey. The design of the multimedia questionnaire interface was based on that used in the 2001 survey, using a cartoon Kiwi on an island as the visual theme (Adolescent Health Research Group, 2003). As students progress through the sections of the survey, they travelled around the island, arriving at the top of a mountain at the end of the survey.

No keyboard data entry was required; questions were answered by students touching the appropriate answer on the screen with a small stylus. Students were able to choose not to answer any question or section of the survey. Before sensitive sections of the questionnaire reminders were given that involvement in the survey was voluntary and that answers would remain confidential and anonymous. For questions thought to be potentially upsetting for students, 'safety' messages were added providing advice and contact details of people to talk to (including the people administering the questionnaire) should the student wish to do so.

Questionnaire responses were automatically transmitted by a Wi-Fi web server to a laptop database. Files were then directly imported into statistical software and collated for analysis.

Survey Questionnaire

The questionnaire used in Youth'07 covered important health and wellbeing topics as well as risk and protective factors that increase or decrease the likelihood of positive and negative outcomes for young people in New Zealand. The questionnaire contained a total of 622 questions, but students answered fewer than this number due to the branching questionnaire design. This allowed for more in-depth questions in certain areas (such as te ao Māori) while limiting exposure to sensitive questions for students with no direct experience in these particular areas.

Translation into te reo Māori

The entire survey was translated into te reo Māori by a translator certified by the Māori Language Commission. A second translator was employed to back-translate selected questions and the back translation was then forward translated by another te reo Māori speaker and compared to produce a single corrected reconciled translation (Peters & Passchier, 2006). The version in te reo Māori was used both for the text of the survey as it appeared on the internet tablet screen and for the voiceover version (recorded by te reo Māori speakers), which they heard through earphones. Thus students who selected the te reo Māori language option could both read and hear the questions in te reo Māori, just as those who selected the English language option could read and hear them in English.

The te reo Māori language survey was pilot tested by two groups of Māori secondary school students who matched the profile of Māori students taking the survey in their mix of ability in te reo Māori, age and gender. The students commented on the suitability of the questions for Māori students and how easy they were to understand.

Interpreting the Data

Comparing Te Ara Whakapiki to other reports.

The results contained in this report are NOT directly comparable with the information contained in the other Youth'07 reports because the samples of students are different. This report includes Māori students from both mainstream schools and Wharekura. Other reports do not include Wharekura students.

Comparisons between Māori and Pākehā/New Zealand European students

Some comparisons between taitamariki Māori and Pākeha/NZ European students are included because they highlight the health and social disparities between Māori and Pākeha/NZ European. Article 3 of the Treaty of Waitangi confers Māori with rights of equality and opportunity. Furthermore, a key objective of government health policy is to reduce inequalities in health status and social outcomes.

All comparisons between Taitamariki Māori and Pākehā/NZ European students are adjusted for age, gender and socio-economic variables (overcrowding, worrying about food, moving more than twice in the past 12 months, and NZ Deprivation Index2006 scores). These adjustments take account of differences in the ages, distribution of gender, and socio-economic status of the Māori and Pākehā/NZ European samples, so that any differences between Māori and Pākehā/NZ European students in the results given are unlikely to be attributable to those factors.

Comparisons between 2001 and 2007 student health surveys

We also report some comparisons between the 2001 and 2007 student health surveys. For these comparisons Wharekura data is excluded from the analysis because Wharekura students were not surveyed in 2001. Comparing results from 2001 and 2007 gives us an idea about changes in health behaviours. Significant changes are reported, but it should be noted that these do not necessarily indicate ongoing trends. At least one more survey will be required before we can determine trends.

Interpreting the statistics

When we report the statistics in this report, a number of parameters are given. We report 'n' which refers to the number of students who answered that particular question.

The percentage (%) refers to the proportion of students who report a particular behaviour. This can be regarded as an estimate of the 'true' proportion in the population of all students.

The confidence interval (CI) indicates the precision of this estimate by providing an interval in which we are relatively sure the true value lies.

When reporting differences between taitamariki Māori and Pākehā/NZ European secondary school students, we test the differences statistically to ensure that the differences are larger than could be expected to arise purely by chance. We have used a chi square (χ^2) statistic used to compare frequencies of two or more groups.

All statistically significant differences in this report are reported with a p value (p), which is the probability that the difference could have occurred by chance.

Using the data as an advocacy tool

Please feel free to use the information in this report to advocate for the health of taitamariki Māori in your area. However, there is a tricky balance between advocacy and contributing toward the stigma associated with health disparities. We urge all those who utilise this data to be mindful of not stigmatising taitamariki. As the survey results clearly demonstrate, taitamariki Māori are a diverse population and many are healthy and well.

Limitations of this study

It is important to keep in mind that the survey is a profile of 12 to 18 year olds who attend school, therefore the results may not reflect the experiences of all taitamariki Māori, especially those who have left school or are absent from school.

For more information

For more in-depth information on the methodology please refer to the Youth'07 Technical Report available at: **www.youth2000.ac.nz**

The Results

Characteristics of Students

In the survey sample there is an even distribution of taitamariki Maori male (50.7%) and female (49.3%) students. However, taitamariki Maori are younger ($p<0.001$), and under-represented in the senior school compared to the Pakeha/NZ European students ($p<0.001$) who took part in the survey. Taitamariki Maori students are more likely to report living in urban and semi-urban areas and towns ($p<0.001$).

		Māori Male		Māori Female		Total Māori		NZ Euro Male		NZ Euro Female		Total NZ Euro	
		n	%	n	%	n	%	n	%	n	%	n	%
Total		1044	50.7	1015	49.3	2059	100	2646	54.9	2176	45.1	4822	100
Age	<13	267	25.6	231	22.8	498	24.2	539	20.4	429	19.7	968	20.1
	14	261	25.0	285	28.1	546	26.5	653	24.7	493	22.7	1146	23.8
	15	245	23.5	227	22.4	472	22.9	573	21.7	463	21.3	1036	21.5
	16	169	16.2	146	14.4	315	15.3	496	18.7	440	20.2	936	19.4
	>17	102	9.8	126	12.4	228	11.1	385	14.5	351	16.1	736	15.2
Year	9	318	30.9	276	27.6	594	29.3	651	25.0	502	23.4	1153	24.3
	10	258	25.1	281	28.1	539	26.6	627	24.1	475	22.1	1102	23.2
	11	225	21.8	222	22.2	447	22.0	565	21.7	467	21.8	1032	21.7
	12	161	15.6	123	12.3	284	14.0	470	18.1	422	19.7	892	18.8
	13	68	6.6	97	9.7	165	8.1	288	11.1	281	13.1	569	12.0
Geography	Urban	798	80.3	808	84.6	1606	82.4	2030	78.7	1614	76.3	3644	77.7
	Rural	196	19.7	147	15.4	343	17.6	548	21.3	501	23.7	1049	22.4

Te Ao Māori

Taitamariki Māori were asked about their iwi affiliations, participation in Te Ao Māori and Pākehā/NZ European social surroundings, and their ability to speak and understand te reo Māori.

Knowledge of iwi affiliations

Three quarters (77.1%) of Taitamariki know their iwi affiliations, 12.2% were unsure and 10.7% did not know. The most common regional affiliations reported were Te Tai Rāwhiti, Te Arawa/Taupō, Waikato/Te Rohe Pōtae and Taitokerau/Tāmaki Makaurau. Students who reported their regional affiliation and iwi may not be living in these areas; rather they report whakapapa or genealogical connections to these areas.

- Within Taitokerau/Tāmaki Makaurau the most common iwi affiliations given were Ngāpuhi (70.8%) and Te Rārawa (21.3%).
- Within the Hauraki Region, the most common iwi affiliations given were Ngāti Maru (17.9%) and Ngāti Paoa (15.4%).
- Within Waikato/ Te Rohe Pōtae, the most common iwi affiliations given were Waikato (43.9%) and Ngāti Maniapoto (29.3%).
- Within Te Arawa/ Taupō, the most common iwi affiliations given were Ngāti Tūwharetoa (42.5%) and Ngāti Whakaue (21.5%).
- Within Tauranga Moana/Mataatua, the most common iwi affiliations given were Tūhoe (54.6%) and Ngaiterangi (20.8%).
- Within Te Tai Rāwhiti, the most common iwi affiliations given were Ngāti Porou (82.8%) and Rongowhakaata (9.7%).
- Within Te Matau-ā-Maui/Wairarapa, the most common iwi affiliations given were Ngāti Kahungunu ki Heretaunga (34.7%) and Ngāti Kahungunu ki te Wairoa (27.1%).
- Within Taranaki region, the most common iwi affiliations given were Te Atiawa (31.5%) and Taranaki (29.9%).
- Within Whanganui/Rangitīkei Region, the most common iwi affiliations given were Te Āti Haunui-a-Papārangi (32.4%) and Ngāti Apa (20.3%).
- Within Manawatu/Horowhenua/Te Whanganui-ā-Tara, the most common iwi affiliations given were Ngāti Raukawa (35.0%) and Rangitāne (31.7%).
- Within Te Waipounamu/Wharekauri, the most common iwi affiliations given was Ngai Tahu/Kai Tahu (61.6%).

Participation in Māori community and settings

Almost all (96.9%) taitamariki reported that they were very proud or somewhat proud to be Māori; it was important to them to be recognised as Māori and 67.6% reported that they felt comfortable in Māori social surroundings.

Almost all taitamariki Māori reported that it was important to them to be recognised as Māori.

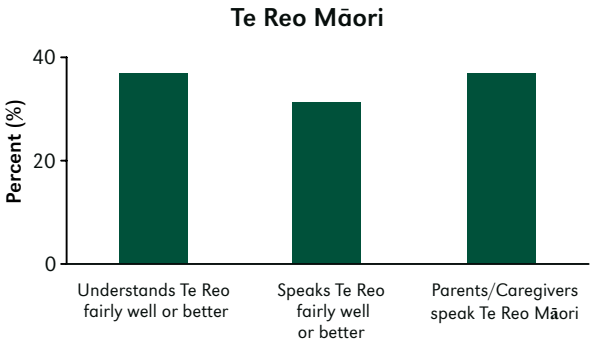
Te Reo Māori

Of the taitamariki surveyed, 39.4% reported that they understood te reo Māori fairly well, well or very well. 33.6% reported that they could speak te reo Māori fairly well, well or very well. Similarly, 36.9% of taitamariki reported that they spoke at least some te reo Māori at home.

We cannot directly compare these results with those from 2001 because we changed the wording of the questions used in 2007. In 2001, 3.6% of taitamariki in mainstream schools reported full understanding of Māori language and 10.1% reported that they understand most te reo Māori conversations. Similarly, 36.9% of taitamariki reported that their parents speak te reo Maori.

Recommendations:

- **Encourage opportunities for taitamariki to develop a positive sense of self within whānau, hapu and iwi and other supportive Māori environments.**
- **Support use of te reo Māori (Māori language) in both mainstream and kura environments**
- **Reduce institutional barriers that discourage Māori from participating fully in schools, communities and society**



...39.4% reported that they understood te reo Māori fairly well, well or very well. 33.6% reported that they could speak te reo Māori fairly well, well or very well.

Home

Taitamariki were asked a number of questions about their home life including questions about the home environment, whānau relationships and expectations, and whānau socioeconomic status.

Socio-economic variables

It is well recognised that young people are often unable to provide an accurate estimate of their family income, as many simply do not know this information. In this study we have assessed socio-economic status using the NZ Deprivation Index2006 scores associated with the student's residential area. We also asked a number of questions in the survey that might indicate socioeconomic hardship.

The New Zealand Deprivation Index2006

The New Zealand Deprivation Index2006 (NZDep2006) gives a measure of socio-economic deprivation of the community in each of the small geographic areas, or mesh blocks, used in the 2006 census. NZDep2006 scores are grouped into ten bands (deciles) with decile 1 being the least deprived and decile 10 the most deprived (Salmond & Crampton, 2001). In this report the NZDep2006 deciles are grouped further, into low deprivation (deciles 1-3), medium deprivation (deciles 4-7) and high deprivation (deciles 8-10). Taitamariki Māori are more likely to come from areas of greater deprivation compared to Pākehā/NZ European students ($p<0.001$).

NZ Deprivation Index2006 Level

		Māori		Pākehā/ NZ European	
		n	%	n	%
By NZ Dep 2006	Low deprivation (1-3)	363	19.9*	2168	46.4
	Medium deprivation (4-7)	648	34.4*	1935	41.0
	High deprivation (8-10)	979	45.8*	610	12.6
	Total	1990	100.0	4713	100.0

* Weighted percentages

Home Indicators of socio-economic stress

Only a few taitamariki (2.1%) reported their parent/s was not in paid employment. Over a quarter (27.4%) reported one parent in paid employment, and 70.6% reported two parents in paid employment.

Eight percent of taitamariki (8.8%) reported that they live in over-crowded homes (with more than 2 people per bedroom). Moving home frequently can be distressing for youth and is often associated with socio-economic disadvantage. Nineteen percent of taitamariki had moved home more than twice in the previous twelve months.

Many taitamariki reported that their parents or caregivers worried about not having enough money to buy food; for 34.5% of taitamariki this was occasionally or sometimes and for 10.4% it was often or all the time.

Taitamariki Maori (10.4%) are significantly more likely than Pakeha/NZ European students (5.5%) to report that their parents worry about not having enough money to buy food often or all the time ($p<0.001$).

Living Situation

Taitamariki who live solely in one home

Sixty percent of taitamariki Māori live solely in one home. Of these, 74.6% are living with two parents, 20.3% are living with one parent, 4.7% with family members other than their parents and 0.5% with other people.

Taitamariki who live in more than one home

The other forty percent of taitamariki live in more than one home. The main home for 39.7% of these taitamariki is with both parents, 41.8% with one parent, 12.5% with other family members, and 5.9% with other people.

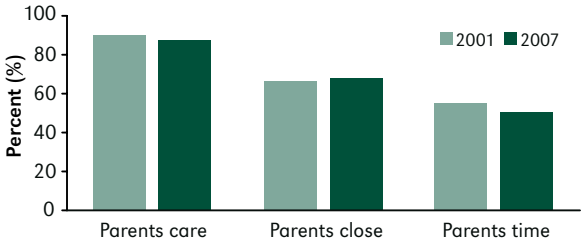
The second home for 28.2% of these taitamariki is with both parents, 43.0% with one parent, 21.6% with other family members, and 7.2% with other people.

Whānau relationships

Most taitamariki (87.2%) reported that their mum and/or dad cared about them very much, and 68.4% reported that they felt close to their mum and/or dad.

Half (49.9%) of all taitamariki reported that they regularly eat family meals together, and half (50.7%) reported they got enough time with their parents. Compared to 2001 there has been no change for males, but fewer females in 2007 reported that they get enough time with their parents ($p< 0.012$).

Comparison of Whānau Relationships 2001 and 2007 (all taitamariki Māori)



Only half of taitamariki Māori report that they get enough time with their parents.

Whānau expectations of school

Most (94.0%) taitamariki discuss how school is going with their whānau, and most (97.7%) state it is important to their whānau that they attend school every day.

Recommendations:

- **Reduce socio-economic inequities for taitamariki Māori and their whānau**
- **Foster social inclusion and participation by taitamariki Māori**
- **Support whānau to spend quality time together**
- **Improve access to affordable, secure, safe and healthy housing**

School

Taitamariki were asked about their relationships with school staff, and their school environments.

School decile

School decile ratings are based on community socio-economic variables from the NZ census (Ministry of Education, 2001). It should be noted that the school decile rating runs in the opposite direction to the NZDep Index scores. Thus if a school is within a socio-economically disadvantaged community (i.e. has a HIGH level of deprivation and NZDep score), the school will have a LOW school decile rating.

Māori students are more likely to attend schools which have a low decile rating than Pākehā/NZ European students ($p<0.001$).

School decile

		Māori		Pākehā/ NZ European	
		n	%	n	%
By School Decile	Low (1-3)	776	29.5*	308	6.2
	Medium (4-7)	924	51.2*	2425	52.9
	High (8-10)	334	19.4*	1850	40.9
	Total	2034	100	4583	100

* Weighted percentages

School environments

Most taitamariki (85.7%) say they like school a lot. There is no significant difference in the proportions of Māori and Pākehā/NZ European students (87.8%) who report they like school ($p= 0.309$).

Sixty three percent of taitamariki reported that their school encourages different ethnic groups to get along, and 36% reported that teachers had taken a special interest in their culture/ ethnicity. Most taitamariki reported feeling safe at school (83.8%) and feeling part of their school (88.7%). However, 5.0% of taitamariki report being bullied weekly or more often.

There is a slight but statistically significant difference in the proportions of taitamariki (88.7%) and Pākehā/NZ European students (87.8%) who report that they feel part of their school ($p= 0.026$).

Aspirations for schooling and school work

Students were asked how long they thought they would stay at school. Three quarters (74.3%) of taitamariki reported that they expect to stay at school until year 13 (form 7), 18.4% until year 12 (form 6), and 5.7% until year 11.

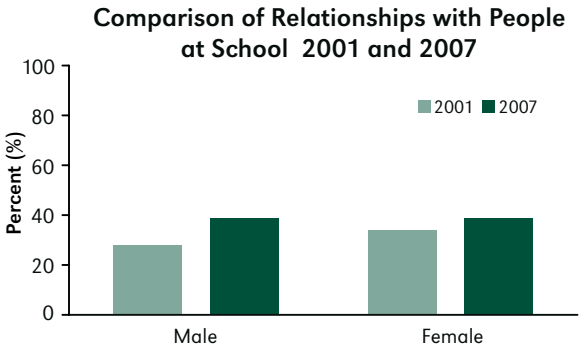
Most taitamariki (91.2%) reported that they are proud of their school work, and 89.1% reported that it was important to them to be at school every day.

Relationships with school staff

Most (90.2%) taitamariki feel that adults at school care about them. In addition, 83.3% reported that teachers go out of their way to help students.

About half (49.0%) of taitamariki reported they usually get along or have good relationships with their teachers, and 38.7% reported that teachers treat students fairly most of the time. Compared to 2001 the proportion of taitamariki who reported that teachers treat students fairly has increased significantly among males ($p=0.045$) but has not changed among females.

Teachers' expectations are an important determinant of student achievement. Most taitamariki (89.7%) reported that people at school had high expectations of them, although they were less likely than Pākehā/NZ European (92.5%) to report that people at school had high expectations for them (p= 0.001).



Recommendations:

- **Ensure safe school environments**
- **Foster educational, social and health opportunities for taitamariki**
- **Build school environments that support achievement**
- **Increase whānau participation in the school environment**
- **Provide transparent and fair disciplinary actions in schools and justice systems**

General Health

Taitamariki were asked about their general health status, the presence and impact of any chronic illness or disability, and about access to healthcare.

Health status

Most taitamariki (89.2%) report that their health is excellent, very good or good. However fewer taitamariki reported such good health compared to Pākehā/NZ European students (93.4%), (p< 0.001).

More than half of taitamariki (56.8%) reported experiencing an injury that required treatment in the previous 12 months.

Chronic illness or disability

About one-fifth (19.1%) of taitamariki reported having a long term health problem, and 6.4% reported a disability. The proportions of taitamariki and Pākehā/NZ European students who reported a long term health condition or a disability were similar.

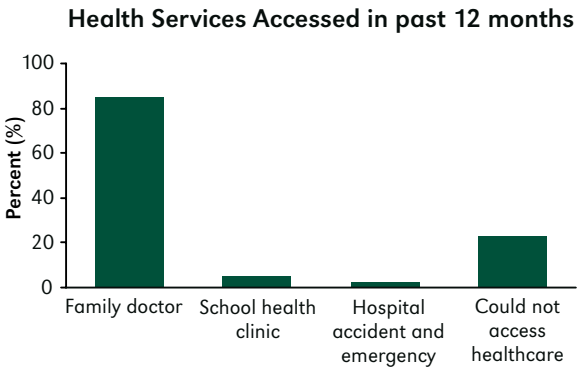
The impact of a long-term health problem or disability on the life of taitamariki can have significant implications for healthy youth development. However, about half of taitamariki who had a long term health condition or disability reported they did not have difficulty with their condition or disability.

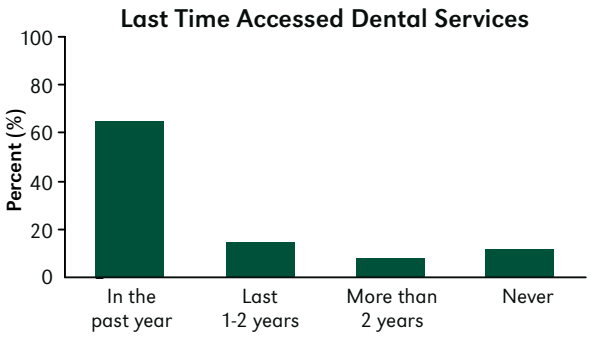
Of those taitamariki who did report difficulty related to their condition, 30.8% were limited in their everyday activities, 16.9% were limited in their ability to communicate and socialise and 33.9% reported limitations with other activities.

Access to healthcare

Taitamariki were asked where they usually accessed health care. Family doctors were the most common source of care (84.8%), followed by school health clinics (4.8%) and hospital emergency departments (2.2%).

Nearly a quarter (22.8%) of taitamariki report that at some time in the previous 12 months they had not been able to access healthcare when





needed. The proportion of taitamariki who had been unable to access healthcare when needed is significantly higher than that reported by Pākehā/NZ European students (13.7%) ($p = 0.04$).

The survey also asked taitamariki whether they had faced barriers to accessing care, and what those barriers were. Taitamariki could indicate multiple barriers and the most commonly reported barriers to accessing health care included: didn't want to make a fuss (54.7%), couldn't be bothered (42.6%), too scared (30.1%), worried it wouldn't be kept private (28.7%), cost too much (27.6%), couldn't get an appointment (25.9%), had no transport (25.7%). Twenty one percent (21.1%) reported they had not experienced barriers to accessing health care in the previous 12 months.

Ninety percent (90.8%) of taitamariki had accessed dental services within the previous two years. Significantly fewer taitamariki (90.8%) than Pākehā/NZ European students (95.7%) reported attending a dentist in the previous two years ($p < 0.001$).

Recommendations:

- **Develop youth health policy and action plans**
- **Facilitate access to dental care**
- **Reduce injury-related behaviours**
- **Facilitate access to appropriate health services (school-based or local)**
- **Emphasise privacy and confidentiality**
- **Screen for sensitive health issues in a safe and appropriate manner**
- **Implement workforce development strategies for teachers and health professionals**

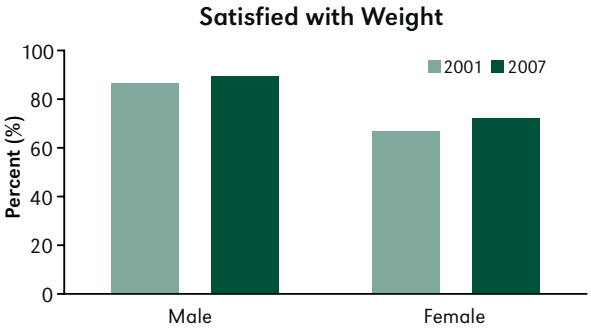
Nutrition and Exercise

Perceptions of weight

Taitamariki were asked about their perceptions of their weight, what they ate, and their physical activity. In addition, measurements were taken of their height, weight and waist circumference.

Eighty percent (80.8%) of taitamariki reported that they were satisfied with their weight. Males (89.3%) were more likely than females (71.9%) to be satisfied with their weight ($p<0.001$).

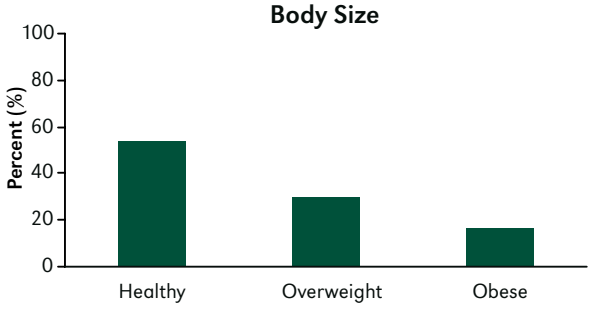
Compared to 2001, taitamariki in 2007 were more likely to be satisfied with their weight ($p= 0.004$). However 54.1% of taitamariki reported that they had tried to lose weight in the previous12 months.



Body Mass Index

Using the measurements of students' height and weight to calculate their Body Mass Index (BMI) showed that over half (53.6%) of taitamariki are considered to be within a healthy weight range. Thirty percent (30.2%) are considered overweight and 16.3% obese.

The proportion considered obese is significantly higher among taitamariki (16.3%) than among Pakeha/NZ European students (6.5%) ($p<0.001$).



Nutrition

Almost half (48.8%) of taitamariki Māori reported that they eat the daily recommended fruit intake of at least two pieces of fruit per day, and 27.8% reported eating the daily recommended vegetable intake of at least 3 vegetables per day.

Breakfast is important for taitamariki to be able to learn and concentrate at school. Forty one percent (41.0%) always have breakfast, 35.6% sometimes have breakfast and 23.3% hardly ever have breakfast.

Sixty six percent (66.3%) always have lunch, 31.6% sometimes have lunch and 6.2% hardly ever have lunch.

Eighty five percent (85.8%) always have dinner, 12.6% sometimes have dinner and 1.5% hardly ever have dinner.

Activity

Over half (53.8%) of taitamariki reported that they participated in a school sports team. However, only 7.4% of females and 15.8% of males met current recommendations for 60 minutes of daily physical activity.

Sixty five percent (65.6%) of taitamariki reported 20 minutes or more of moderate or vigorous exercise at least 3 times in the past 7 days. This proportion was slightly (but significantly) lower than that reported by Pākehā/NZ European students (67.2%) ($p= 0.016$).

Recommendations:

- **Increase daily physical activity and access to affordable sports opportunities**
- **Ensure access to affordable nutritious food**
- **Encourage healthy kai options in the school and home environments**

Emotional Health

Taitamariki were asked about their emotional health and wellbeing. Questions covered a range of topics including emotional health, behavioural problems, depressive symptoms, suicidal behaviours, and whether participants had sought help for any emotional worries.

General emotional health

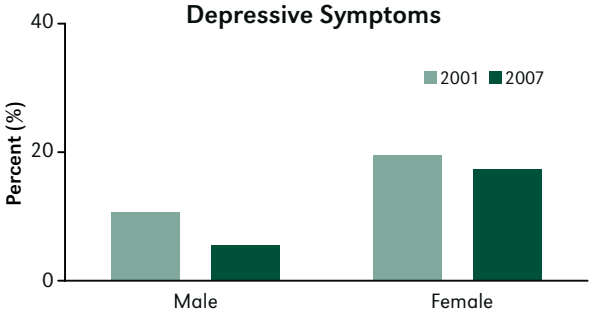
Overall, 50.2% of taitamariki reported they had been feeling in a good mood, 46.5% reported their moods were up and down and 3.3% reported feeling in a bad mood. Forty one percent (41.2%) of taitamariki reported that they are very happy/satisfied with their life, 50.0% reported that they were okay or satisfied with their life, and 8.9% were unsatisfied with their life.

Depressive symptoms

Females (16.4%) were more likely than males (4.9%) to report significant depressive symptoms ($p<0.001$).

Significantly fewer Māori males reported depressive symptoms in 2007 than in 2001 ($p<0.008$), but there was no change in the proportion of females who reported these symptoms.

Māori females (16.4%) were significantly more likely to report depressive symptoms than Pākehā/NZ European females (12.7%) ($p<0.001$). However, Māori males (4.9%) were less likely to report depressive symptoms than Pākehā/NZ European males (6.5%) ($p<0.001$).

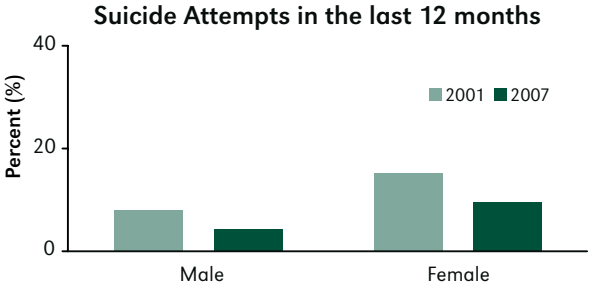


Suicidal behaviours

Seventeen percent of taitamariki (17.3%) reported having serious suicidal thoughts in the previous 12 months. Nearly 7% reported they had made a suicide attempt in the previous 12 months. More females (9.6%) than males (4.3%) reported that they had made a suicide attempt in the previous 12 months ($p<0.001$).

The proportions who reported making a suicide attempt were higher in both Māori female (9.6%) and male (4.4%) students than in their Pākehā/NZ European counterparts (females 5.1%, males 2.4%) ($p<0.001$ in each case).

Compared to 2001, significantly fewer taitamariki in 2007 reported a suicide attempt ($p<0.001$).



Seeking help for emotional health worries

Seeking help is an important skill and resource when young people are distressed. Twenty percent (20.3%) of all taitamariki reported that they had sought health care for emotional health problems.

Most (91.6%) reported that they had a close friend they would feel okay talking to about a serious problem, and 57.0% said they had an adult (not in their family) who they would feel okay talking to about a serious problem.

Recommendations:

- **Reduce environmental impact of stress for taitamariki**
- **Provide health education programmes in schools that encourage emotional wellbeing and good problem solving strategies**
- **Improve access to primary mental health screening in schools**
- **Support whānau to access mental health services if they are concerned for their child**
- **Support the implementation of quality suicide prevention policies**

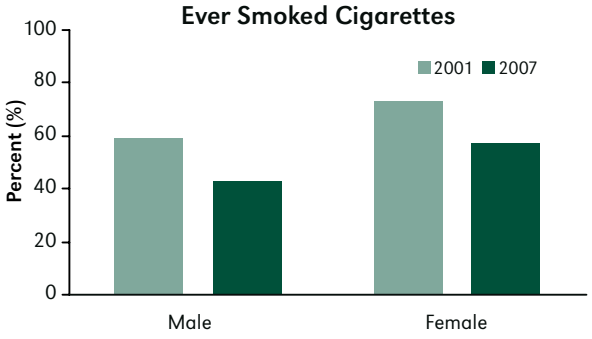
Tobacco, Alcohol, Drugs and Gambling

Taitamariki were asked questions about their tobacco, alcohol and drug use, and whether they gambled.

Cigarettes

Half (50.1%) of taitamariki reported having ever smoked a cigarette. However, compared to 2001, fewer taitamariki in 2007 reported they had ever smoked a cigarette ($p<0.001$).

Seventeen percent of taitamariki (16.8%) reported smoking cigarettes at least weekly. This is significantly higher than the proportion of Pakeha/NZ European students (5.6%) who reported smoking cigarettes at least weekly ($p<0.001$).



Alcohol

Eighty four percent of taitamariki (84.4%) reported that they had ever tried drinking alcohol. However, compared to 2001, fewer taitamariki in 2007 report that they have ever drunk alcohol ($p<0.001$).

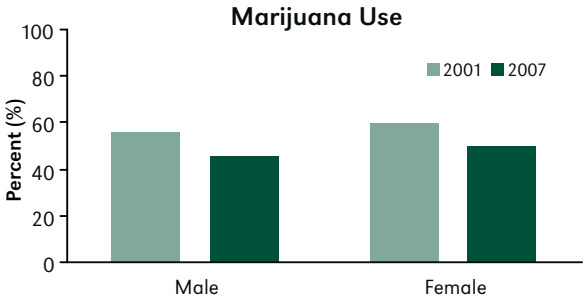
Of taitamariki who drink alcohol, 19.5% reported that they had not drunk alcohol in the previous four weeks and 18.0% had drunk alcohol only once in the last four weeks. Over a quarter (26.4%) of taitamariki who drink alcohol reported that they had drunk alcohol two or three times in the last 4 weeks, 23.3% had drunk alcohol about once a week and 12.8% report drinking several times a week or more often.

Half of taitamariki (50.9%) reported binge drinking (5 or more standard drinks within 4 hours). This is significantly higher than the proportion of Pākehā/NZ European students (35.6%) who reported binge drinking ($p<0.001$).

Marijuana use

Almost half (47.8%) of taitamariki reported that they had ever used marijuana. Compared to 2001, fewer taitamariki in 2007 report they have ever used marijuana ($p<0.001$).

Weekly marijuana use was reported by 10.2% of taitamariki, which is significantly more than the proportion of Pākehā/NZ European students (3.7%) reporting weekly marijuana use ($p=0.001$).



Other drugs

Twenty percent (20.5%) of taitamariki report having tried other drugs. This is significantly higher than the proportion of Pākehā/NZ European students (12.9%) who reported using other drugs.

Compared to 2001, the proportion of taitamariki in 2007 who report using other drugs has not changed.

Gambling

About seven percent of taitamariki reported gambling (Lotto, Instant Kiwi, betting for money with friends etc) in the previous 12 months. There was no difference in the proportions of Pākehā/NZ European students (7.9%) and taitamariki (7.4%) who reported gambling in the previous 12 months.

Recommendations:

- **Reduce the initiation of cigarettes and other drugs among taitamariki**
- **Decrease amount and frequency of alcohol drinking behaviours of taitamariki**
- **Develop harm minimisation strategies for taitamariki**
- **Facilitate access to substance abuse treatment and education programmes**
- **Support whānau to talk to their tamariki about substance use**

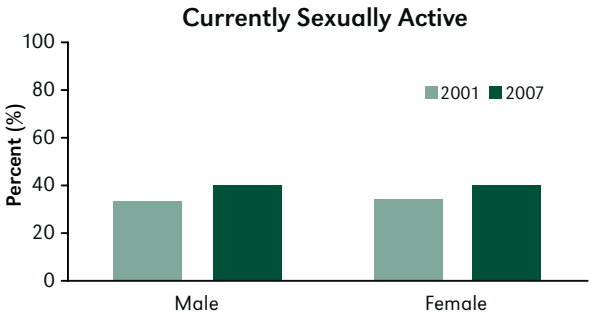
Sexual Health

Taitamariki were asked questions about their sexual attractions, sexual behaviour, use of contraception and any sexual abuse or coercive sexual experiences.

Sexual behaviour

Fifty six percent (56.1%) of taitamariki reported they had ever had sexual intercourse. Compared to 2001, taitamariki in 2007 were more likely to report ever having had sexual intercourse (p=0.0015).

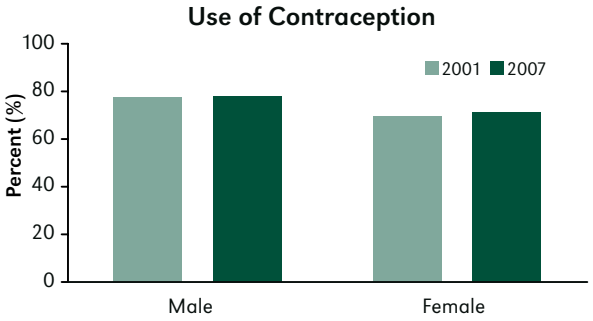
Forty percent (40.3%) of taitamariki reported that they are currently sexually active. Compared to 2001, taitamariki in 2007 are more likely to be currently sexually active (p=0.002).



Use of contraception

Three quarters (74.2%) of sexually active taitamariki reported that they always, or most of the time, use contraception. Compared to 2001, there is no difference in the proportion using contraception in 2007 (p=0.56). Sixty percent (59.5%) of taitamariki reported that they used a condom the last time they had sexual intercourse as protection against a sexually transmitted infection.

Taitamariki are less likely to report always using contraception compared to Pākehā/NZ European students (87.3%) (p=0.001).



Sexual attractions

Most taitamariki (92.9%) reported they were attracted to the opposite sex. Four percent (4.3%) reported same-sex attraction or attraction to both sexes. Almost three percent (2.8%) reported that they were not attracted to either sex or were uncertain of their sexual orientation.

Over half (52.5%) of the same-sex attracted taitamariki reported that they had come out to people close to them.

Recommendations:

- **Increase consistent condom and contraceptive use among taitamariki**
- **Facilitate access to sexual and reproductive health care**
- **Improve access to quality sexual health education**
- **Support whānau with skills to talk to their taitamariki about sexual health**
- **Provide support and inclusion for gay, lesbian, bisexual, transgender youth and those who might be questioning sexual orientation or gender in our school and community environments**

Violence

Violence

Fifty four percent (54.5%) of taitamariki reported witnessing an adult yelling or swearing at a child in their home, and 23.0% reported witnessing an adult hitting or physically hurting a child in their home.

The proportion of taitamariki Māori who reported witnessing an adult hitting a child in their home (23.0%) is significantly higher than that of Pākehā/NZ European students (13.9%) ($p<0.001$).

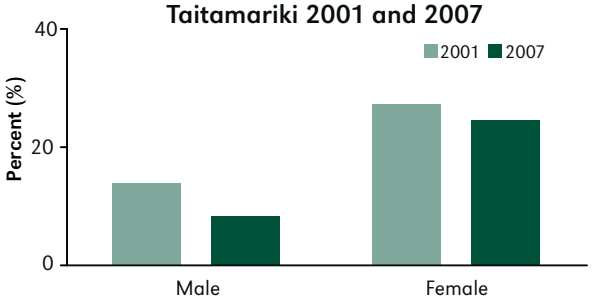
Among Pākehā/NZ European students, females are more likely than males to report witnessing someone being hit in their home ($p=0.002$), but among taitamariki Māori there is no difference between males and females.

Sixty four percent (63.9%) of taitamariki reported that they had been deliberately physically harmed by someone. There is no difference between Pākehā/NZ European students (61.6%) and taitamariki Māori in being harmed.

Sexual abuse and coercion

A significant proportion of taitamariki (17.1%) reported that they had been touched in a sexual way or made to do sexual things that they didn't want to do. There was no difference between taitamariki and Pākehā/NZ European students (10.2%) in reporting an experience of sexual abuse or coercion, after controlling for demographic and socio-economic factors ($p=0.71$). Compared to 2001, reporting of sexual abuse had reduced among males in 2007 ($p=0.028$), but had remained the same among female students.

Comparison of Sexually Abused or Coerced Taitamariki 2001 and 2007



Recommendations:

- **Reduce family and community exposure to violence**
- **Build safer school environments**
- **Eliminate sexual abuse and coercion**
- **Increase education regarding good relationships and communication**
- **Improve support services and referrals for abuse**

Community and Spirituality

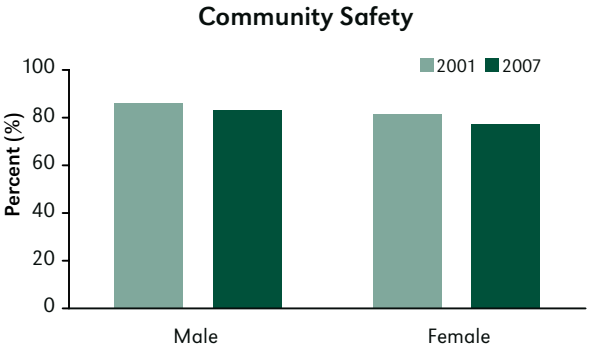
Taitamariki were asked about work, safety in their community and spiritual practices.

Work and employment

Forty percent (40.2%) of taitamariki report that they have regular part-time employment. Of those who work, most (62.7%) work 10 hours or less, but 8.9% work 20 hours or more a week.

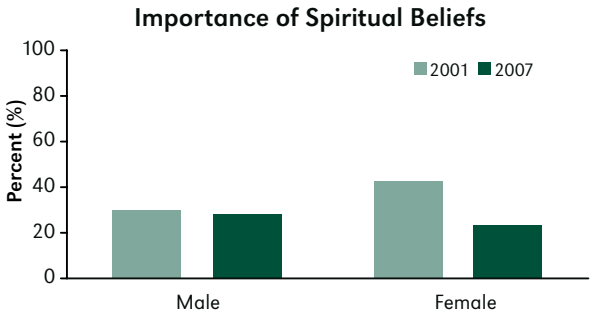
Community safety

Most taitamariki (80.2%) report feeling safe all or most of the time in their neighbourhood. However, compared to Pākehā/NZ European students (84.2%) taitamariki Māori are slightly (but significantly) less likely to feel safe in their neighbourhoods (p=0.001) after accounting for age, gender and socio-economic variables.



Spirituality

A quarter (25.7%) of taitamariki reported that spiritual beliefs were important to them. Compared to 2001, fewer females in 2007 reported spirituality being important to them (p<0.001), but among males there was no change. Twenty one percent (21.5%) of taitamariki reported that they regularly attend a church, mosque, shrine or other place of worship.



Recommendations:

- **Provide economic opportunities for youth and their families**
- **Develop and plan safer communities**
- **Provide safer public transport**
- **Enhance opportunities for taitamariki to contribute and participate**

Implications and Conclusion

The information in this report is of importance for planning and programme development in our communities and schools. By reducing the risk factors and supporting the protective factors amongst taitamariki Māori, health, education and social services can provide them with much greater opportunities for health, wellbeing and success in school and beyond.

Reduce the Risks

We cannot be complacent about the health disparities faced by our taitamariki and must address these on multiple levels. Actions should include:

Reducing health and socio-economic inequities

Taitamariki Māori report significant health disparities compared to Pākehā/NZ European students, particularly with regard to mental health, sexual health, substance use and weight-related issues.

Mental health disparities amongst taitamariki Māori are of considerable concern. Compared to Pākehā/NZ European females, taitamariki females are significantly more likely to be depressed. In addition, taitamariki Māori are more likely to report suicide attempts than Pākehā/NZ European students. Taitamariki Māori who face cultural alienation, socio-economic disadvantage and deprivation, institutional racism, poorer educational achievement, have increased risk of suicide attempts and other mental health concerns (Baxter, 2008; Beautrais, Joyce, & Mulder, 1998; Beautrais & Fergusson, 2006; Coupe, 2005; Durie, 1999; Skegg, 1995). However, despite the increased risk of mental health concerns Māori are less likely to access mental health care. Strategies that improve health promotion, emotional skill development, help-seeking skills, early intervention, primary mental health services, mental health screening and treatment by skilled mental health clinicians must be a priority.

Taitamariki Māori are significantly more likely than Pākehā/NZ European students to report inconsistent use of contraception. Consistent use of contraception is a complex behaviour to negotiate. In addition, other factors like substance use, violence and mental health issues appear to affect the use of contraception amongst taitamariki Māori (Clark, Robinson, Crengle, & Watson, 2004). Within the context of normal adolescent sexual development, the use of contraception is a behaviour to be learned and mastered. Possible strategies to improve contraception use by sexually active youth include: longer nursing and medical appointment times, educational programmes, a wide range of convenient services (e.g. school-based or primary care services), confidential services, immediate access to contraceptives (including emergency contraceptive pills), free or low cost services, specialist referral services and active outreach (Burlew & Philliber, 2007). Comprehensive sexuality programmes can improve adolescent sexual health, and delay the initiation of sexual activity.

Taitamariki Māori are significantly more likely than Pākehā/NZ European students to report substance use. Substance use is dependent on a wide range of factors in the lives of youth including social environments, access to substances, and attitudinal factors. Intervention programmes are more likely to be effective if they acknowledge this multi-factorial basis and address students' school, family and community environments (Bandy & Moore, 2008). Skill development for youth around social resistance skills and effective communication are essential. Mentoring programmes which give young people opportunities to spend time with safe adult mentors, and develop their communication skills, are essential elements of healthy youth development (McLaren, 2002).

Taitamariki Māori are significantly more likely to be obese compared to Pākehā/NZ European students. Eating habits are strongly influenced by the physical and social environments of taitamariki. The school food environments in New Zealand are not conducive to healthy food choices for children (Carter & Swinburn, 2004). Healthy eating policies in schools and having family meals together is associated

with healthier eating choices and behaviours amongst adolescents (Neumark-Sztainer et al., 2003; Story et al., 2008). Strategies which improve access to nutritious food and opportunities for activity are important for taitamariki and their whānau.

Taitamariki Māori are more likely to come from lower decile schools, areas of greater deprivation and are more likely to worry about not having enough food compared to Pākehā/NZ European students. In addition, there is a well-established correlation between income and health status among Māori (Blakely et al., 2004; Harris et al., 2005, 2006; Howden-Chapman et al., 2007; Malcolm, 2002; Robson, 2004). Thus access to high quality education and policies that increase economic opportunities for taitamariki and their whānau are essential not only to reduce socioeconomic inequities but health inequities as well.

Reducing the burden of distress and violence

Exposure to violence in the home, school and our communities has significant impact on taitamariki. All forms of violence including bullying, physical abuse, family violence, neglect and sexual abuse negatively affect youth. Exposure to violence is associated with increased anxiety, increased aggression, substance abuse, gang association, school drop-out and psychiatric disorder (Flannery, Singer, & Wester, 2003; Gorman-Smith, Henry, & Tolan, 2004; Harpaz-Rotem et al., 2007; Mrug, Loosier, & Windle, 2008; Pelcovitz et al., 2000). Reducing the burden of distress caused by violence in the environments of taitamariki Māori will improve their health and wellbeing. When considering strategies and policies in this field there is overwhelming evidence suggesting that violence perpetration is determined by complex socio-ecological contexts, including characteristics of youth, their families, peers, schools and neighbourhoods. Prevention and early intervention and whole community strategies are more likely to be successful than trying to change youth behaviours alone (Borduin, 1999; Limbos et al., 2007).

Reducing barriers to healthcare

Compared to Pākehā/NZ European students, taitamariki Māori are significantly more likely to report mental health concerns, substance use, and inconsistent use of contraception. Despite these concerns, taitamariki also report less access to health services compared to Pākehā/NZ European students. Improving access to quality, developmentally-appropriate and culturally-safe health services is essential.

Providing health care services to young people requires different strategies to those used for children or adults. Both Māori and mainstream providers should implement strategies which are effective with young people in general and should work to improve access to health services by taitamariki in particular.

Removing barriers to primary health care is essential to assist early intervention in health-related behaviours such as substance use and inconsistent use of contraception. Young people are infrequent users of health services and these rare interactions must be positive to help shape life-long relationships with their health providers. Access to appropriate specialist services must be available for taitamariki once health issues have been identified.

Emphasise the Strengths

There is increasing evidence that focusing on the strengths, talents and assets of young people is likely to be more acceptable than a deficit-based approach when promoting healthy youth development with Māori whānau and communities.

Acknowledging taitamariki as tangata whenua

Taitamariki Māori have the right as the indigenous peoples of Aotearoa New Zealand to enjoy good health and health equity. It is central to healthy Māori youth development that taitamariki develop a positive sense of self within whānau, hapū and iwi and other Māori environments. Institutional barriers that discourage and alienate Māori from participating fully in schools, communities and society must be eliminated.

Opportunities for success and development

Māori development strategies seek to develop the individual and collective skills of Māori. Māori communities that experience success and wellbeing are more likely to foster these strategies amongst their tamariki and, in turn, into future generations. Healthy youth development strategies similarly seek to surround youth with positive influences, build their strengths and support them with adequate resources (McLaren, 2002). It must be acknowledged that multiple factors influence the health status of an individual, their whānau, their community and their iwi (Bronfenbrenner, 1979, 2005; Durie, 1998a, 1998b, 2001).

Education is a fundamental resource to assist taitamariki to develop their potential (Robson & Harris, 2008). Taitamariki spend a significant amount of their lives in the school environment. Schools can be influential in facilitating healthy lifestyles and healthy relationships. There must be educational opportunities (mainstream and Wharekura) which seek to develop the capacities of taitamariki with expectations of achievement and development.

Whānau Support

Whānau must to be supported with resources and skills to facilitate their children's development. There are increasing demands on parents' time and energy including employment, school responsibilities and whānau commitments. This reduces the ability of parents to respond to the specific needs of taitamariki. This study found that half of taitamariki throughout New Zealand felt that they did not get enough time with their parents. Encouraging whānau to participate in their children's lives will require strategies and policies that prioritise whānau by reducing socio-economic stressors on families, fostering social inclusion and providing safer communities for our children to grow up in.

Conclusion

Taitamariki Māori are diverse. While most taitamariki report they are healthy, there are some concerning health disparities. Strategies and policies which seek to improve the health and wellbeing of taitamariki must take a broad ecological approach which acknowledges that young people are influenced by their wider environments. By reducing exposure to risks and emphasising the strengths and resources of youth, we can build a more positive future for our taitamariki.

"This survey was really helpful. It made me notice a lot of things i was doing correcting things to help me more 4 the future and journies that lie ahead of me"

Comments from a student on the Youth'07 survey

Tables

Te Ao Māori

	%	95% CI
Taitamariki know their Iwi		
yes	77.1	74.6 - 79.5
no	10.7	9.0 - 12.4
not sure	12.2	10.7 - 13.7
Taitamariki proud or somewhat proud to be Māori	96.9	96.1 - 97.8
Taitamariki very important to be recognised as Māori	78.4	76.1 - 80.7
Feel comfortable/very comfortable in Māori social settings	67.6	65.3 - 69.9
Feel comfortable/very comfortable in NZ European social settings	73.7	71.9 - 75.5
Taitamariki understand te reo Māori fairly well, well or very well	39.4	36.5 - 42.3
Taitamariki speak te reo Māori fairly well, well or very well	33.6	31.1 - 36.2
Parents/caregivers speak te reo Māori	36.9	33.5 - 40.3

Home

	%	95% CI
Mum and/or Dad cares about me a lot	87.2	85.7 - 88.7
Feel close to Mum and/or Dad most of the time	68.4	66.1 - 70.7
Spend enough time with Mum and/or Dad (most of the time)	50.7	48.4 - 53.0
Overcrowding (two or more people per bedroom)	8.8	7.0 - 10.6
Parents often/all the time worry about not having enough money to buy food	10.4	8.7-12.1
Moved home more than twice in the past year	19.0	17.3 - 20.6
Parents' employment		
Both parents working	70.6	68.2 - 73.0
One parent working	27.4	25.1 - 29.6
Neither parent working	2.1	1.4 - 2.7
Who students live with		
Live in one home all the time		
Two parents	74.6	71.7 - 77.5
One parent	20.3	17.7 - 22.8
Extended whānau	4.7	3.4 - 6.0
Other people	0.5	0.0 - 0.9
Live in more than one home: Main home		
Two parents	39.7	35.5 - 43.9
One parent	41.8	37.9 - 45.8
Extended whānau	12.5	9.8 - 15.2
Other people	5.9	3.7 - 8.2
Live in more than one home: Second home		
Two parents	28.2	25.1 - 31.3
One parent	43.0	39.3 - 46.7
Extended whānau	21.6	18.5 - 24.7
Other people	7.2	5.4 - 9.1

School

	%	95% CI
Parents talk about how school is going with taitamariki	94.0	92.8 - 95.2
Important to parents that taitamariki attend school every day	97.7	97.0 - 98.4
Taitamariki like school a lot	85.7	83.9 - 87.5
Taitamariki feel part of their school	88.7	87.2 - 90.2
Taitamariki feel safe at school	83.8	82.0 - 85.7
Bullied at school weekly or more often	5.0	4.6 - 5.5
School encourages different ethnic groups to get along		
Yes	63.0	60.4 - 65.7
No	24.2	22.0 - 26.4
Not sure	12.8	11.3 - 14.2
What will be the last year of school?		
9	0.9	0.5 - 1.3
10	0.7	0.4 - 1.1
11	5.7	4.6 - 6.8
12	18.4	16.1 - 20.6
13	74.3	71.7 - 76.9
Proud of schoolwork	91.2	89.8 - 92.6
Taitamariki report it is important to be at school	89.1	87.6 - 90.5
Taitamariki feel that adults at school care about them	90.2	88.7 - 91.6
Taitamariki usually get along with their teachers	49.0	46.1 - 51.8
Teachers treat students fairly most of the time	38.7	36.5 - 41.0
Teachers go out of their way to help students		
Strong agree/agree	83.3	81.4 - 85.2
Neither agree or disagree	0.0	0.0 - 0.0
Disagree/strongly disagree	16.7	14.8 - 18.6
Some teachers have taken a special interest in my culture/ ethnicity		
Strong agree/agree	36.0	33.2 - 38.8
Neither agree or disagree	35.8	33.5 - 38.0
Disagree/strongly disagree	28.2	25.7 - 30.7
People at school expect them to do well	89.7	88.2 - 91.1

Community and Spirituality

	All students	
	%	95% CI
Students who have a regular part-time job	40.2	37.2 - 43.1
Proportion of those that have jobs that work 10 hours or less	62.7	59.3 - 66.3
Proportion of those that have jobs that work more than 20 hours per week	8.9	6.7 - 11.1
Feel safe all of the time or most of the time in their neighbourhood	80.2	78.4 - 82.7
Spiritual beliefs are important	25.7	22.5 - 28.8
Spiritual beliefs important (females)	23.5	19.7 - 27.3
Spiritual beliefs important (males)	28.4	23.9 - 32.9
Attend a church, mosque, shrine (or other a place of worship) regularly	21.5	18.2 - 24.9

Health Status

	%	95% CI
Overall how is your health		
Excellent/very good/good	89.2	87.7 - 90.7
Fair/poor	10.8	9.3 - 12.3
Injury in the last 12 months requiring medical attention	56.8	54.0 - 59.7
Last visit to dentist		
<2 years	90.8	89.9 –91.7
2-5 years	8.6	7.7-9.4
Never	0.6	0.4-0.8
Long term health problems and disabilities		
Long term health problem or condition lasting more then 6 months	19.1	16.8 - 21.3
Long term disability lasting 6 months or more	6.4	5.8 - 7.0
Effect of disability		
Everyday activities	30.8	22.3 - 39.4
Communicating/socialising	16.9	10.3 - 23.5
Activity	33.9	25.9 - 41.9
No difficulty	47.5	38.4 - 56.5
Usual place to get health care (in the past year)		
Family doctor, GP clinic or medical centre	84.8	82.9 - 86.8
School health clinic	4.8	3.4 - 6.2
After hours or 24 hour accident and medical centre	1.1	0.6 - 1.6
Hospital accident and emergency department	2.2	1.5 - 2.8
Youth centre	0.5	0.2 - 0.8
Family planning/sexual health	0.4	0.1 - 0.7
Traditional healer	0.2	0.0 - 0.3
Alternative health	0.5	0.2 - 0.8
Other	1.8	1.3 - 2.3
None	3.7	2.8 - 4.6
Not able to access healthcare when needed in last 12 months	22.8	20.5 - 25.0
Seen a dentist in the last 2 years	90.8	89.1 – 92.5
Barriers to accessing healthcare		
Didn't know how to	24.7	20.3 - 29.0
Couldn't get an appointment	25.9	21.8 - 30.0
Didn't want to make a fuss	54.7	50.3 - 59.1
Couldn't be bothered	42.6	38.2 - 47.0
Had no transport	25.7	21.2 - 30.1
Cost too much	27.6	22.3 - 32.9
Couldn't contact health professional	10.6	7.5 - 13.8
Didn't feel comfortable with the person	23.9	19.9 - 27.9
Too scared	30.1	25.5 - 34.8
Worried it wouldn't be kept private	28.7	23.8 - 33.7
No barriers	21.1	17.4 - 24.9

Physical Activity, Nutrition and Weight

	%	95% CI
Very happy, happy, okay with their weight	80.8	78.6 - 83.0
Tried to lose weight in the last year	54.1	51.5 - 56.7
Eats meals with whānau>5 times a week	49.9	47.2 - 52.5
Always eats breakfast	41.0	39.5 - 42.5
Always eats lunch	66.3	64.9 - 67.7
Always eats dinner	85.8	85.0 - 86.6
Sometimes eats breakfast	35.6	34.4 - 36.8
Sometimes eats lunch	31.6	30.3 - 32.9
Sometimes eats dinner	12.6	11.9 - 13/4
Hardly ever eats breakfast	23.3	22.3 - 24.4
Hardly ever eats lunch	6.2	5.6 – 6.9
Hardly ever eats dinner	1.5	1.2 – 1.9
Eats 2 pieces of fruit each day	48.8	47.7 - 49.9
Eats 3 servings of vegetables each day	27.8	25.7 -29.9
Participated in at least 20 minutes of moderate or vigorous exercise on at least 3 occasions in the last 7 days	65.6	62.7 - 68.5
Physically active for at least 60 minutes per day in last 7 days	11.7	9.8 - 13.6
Physically active for 60 minutes per day (males)	15.8	12.8 -18.8
Physically active for 60 minutes per day (females)	7.4	5.64 - 9.06
Takes part in a school sports team	53.8	50.8 - 56.7
Weight		
Within healthy weight range	53.6	50.8 - 56.3
Overweight	30.2	27.7 - 32.6
Obese	16.3	14.0 - 18.5

Sexual Health

	%	95% CI
Have ever had sexual intercourse	56.1	53.0 - 59.3
Currently sexually active	40.3	37.4 - 43.1
Always, or most of the time, use contraception	74.2	71.1 - 77.3
Used a condom the last time they had sexual intercourse as protection against sexually transmitted infections	59.5	56.3 - 62.7
Sexual attractions (heterosexual)	92.9	91.8 - 94.1
Sexual attractions (same sex attracted)	4.3	3.7-4.8
Sexual attractions (attracted to both sexes)	2.8	2.4-3.2
Came out to people close to them (same sex attracted)	52.5	46.4-58.7
Sexually abused (ever)*	17.1	15.1 - 19.1
Sexually abused (males)*	8.2	6.1 - 10.4
Sexually abused (females)*	24.5	21.5 - 27.6

*Been touched in a sexual way or made to do sexual things not wanted

Emotional Health

	%	95% CI
Very happy or satisfied with their life	41.2	38.7 - 43.7
Feel OK and satisfied with their life	50.0	47.5 - 52.4
Students who had symptoms of depression	10.5	9.0 - 12.0
Depressive symptoms (RADS-SF) (male)	4.9	4.2 - 5.7
Depressive symptoms (RADS-SF) (female)	16.4	15.1 - 17.6
Good mood	50.2	47.6 - 52.9
Bad mood	3.3	2.9 - 3.7
Up and down moods	46.5	45.1 - 47.8
Thought of killing themselves in the last 12 months	17.3	15.1 - 19.4
Ever tried to kill themselves in the last 12 months	6.9	5.7 - 8.1
Suicide attempt (male)	4.3	3.8 - 5.0
Suicide attempt (female)	9.6	8.6 - 10.7
Sought heath care for emotional worries	20.3	18.2 - 22.4
Have a close friend they would feel okay talking to about a serious problem	91.6	90.1 - 93.0
Have an adult (not in their family) who they would feel okay talking to about a serious problem	57.0	54.6 - 59.4

Substance Use and Gambling

	%	95% CI
Ever smoked cigarettes	50.1	47.4 - 52.9
Weekly smoking or more	16.8	14.7 - 18.8
Ever drunk alcohol	84.4	82.2 - 86.7
Alcohol use in the last 4 weeks (among students who have ever drunk alcohol)		
Have not drunk alcohol at last 4 weeks	19.5	17.1 -21.9
Drink alcohol once in the last 4 weeks	18.0	16.0 - 20.0
Drink alcohol two or three times in the last 4 weeks	26.4	23.8 - 28.8
Drink alcohol about once a week	23.3	21.0 - 25.7
Drink alcohol several times a week or more often	12.8	10.7 - 14.9
*Episode of binge drinking in the last 4 weeks (among all students)	50.9	48.1 - 53.8
Ever smoked marijuana	47.8	45.2 - 50.5
Weekly marijuana	10.2	8.5 - 11.9
Ever tried other drugs	20.5	18.2 - 22.7
Gambled in the past four weeks	7.4	6.1 - 8.7

*5 or more alcoholic drinks in one session within 4 hours.

Violence

	%	95% CI
In the last 12 months how many times have you seen:		
Adults yell at a child in the home	54.5	52.4 - 56.6
Adults hit a child in the home	23.0	20.9 - 25.1
Adults yell at each other in the home	56.2	54.0 - 58.4
Adults hit other adults in the home	15.4	13.4 - 17.4
Been deliberately physically harmed (ever)	63.9	62.7-63.9
Been deliberately physically harmed in the last 12 months	44.8	43.6 - 46.0

Useful Links

General Health and Wellbeing

Health Information for Young People	http://youthline.co.nz/
Kidsline	http://www.kidsline.org.nz/
Sport & Recreation NZ (SPARC) SPARC for teachers	http://www.sparc.org.nz/education/sportfit/overview http://www.sparc.org.nz/dashboard/school-teachers
Youth2000 – Youth Health Information and Statistics	www.youth2000.ac.nz
Heart Foundation – School Food Programme Healthy Eating	http://www.nhf.org.nz/index.asp?pageID=2145820280 http://www.moh.govt.nz/moh.nsf/0/1793461FFFF20C5ACC256B4F00812BC3/$File/hahe-draftforconsultation.pdf

Parent Involvement

Parenting Information	http://www.teamup.co.nz/Teen.aspx

Sexual Health

ERO Review of Sexuality Education	http://ero.govt.nz/ero/publishing.nsf/Content/sex-ed-jun07
Sexual and Reproductive Health	http://www.moh.govt.nz/sexualhealth http://www.thenationalcampaign.org/resources/pdf/pubs/WhatHelps_FINAL.pdf
Sexuality Education Family Planning – training for teachers	http://www.fpanz.org.nz/EducationTraining/TrainingforTeachersandCommunityWorkers/tabid/201/Default.aspx

Gay, Lesbian, Bisexual, Transgender and Questioning Youth

Advocacy for Gay, Lesbian, Bisexual, Transgender, Takataapui and Fa'afafine young people and their families/whānau	http://www.rainbowyouth.org.nz/
Making Schools Safe for People of Every Sexuality – PPTA Guidelines	http://www.ppta.org.nz/cms/imagelibrary/102066.pdf http://www.outthere.org.nz/documents/OUT05_Resource_Kit_e.pdf
National queer youth development project	http://www.outthere.org.nz/

Emotional Wellbeing and Mental Health

Mental Health Foundation Education Packages for Schools Coping with depression	http://www.mentalhealth.org.nz/ http://www.mentalhealth.org.nz/page.php?p=155&fp=6&sp= http://www.depression.org.nz/HelpMe/?SubGroupName=ResourcesHelpMe
Low down – for young people with depression	http://thelowdown.co.nz/#/home/
Suicide Prevention Suicide Prevention in Schools	http://www.spinz.org.nz/ http://www.moh.govt.nz/suicideprevention http://www.moh.govt.nz/moh.nsf/0/567A24EE4A6EB85ACC2570A7000C1C45/$File/youthsuicidepreventioninschools.pdf
Coping with grief	http://www.skylight.org.nz/young-people.aspx

Violence and Internet Safety

Internet Safety in Schools	http://www.cybersafety.org.nz/kit/
Netsafe	http://www.netsafe.org.nz/index_for_ie6.htm
Community violence	http://www.justice.govt.nz/cpu/crime-reduction-strategy/violence.html http://www.police.govt.nz/service/yes/schools.html#VP
Family Violence	http://www.moh.govt.nz/familyviolence
Safe Schools: Strategies to Prevent Bullying (Education Review Office, 2007)	http://ero.govt.nz/ero/publishing.nsf/Content/safe-schs-strats-bullying-may07 http://www.police.govt.nz/service/yes/schools.html#VP
Safer Communities Plan	http://www.justice.govt.nz/pubs/reports/2004/action-plan-community-sexual-violence/index.htm
Supporting positive behaviours	http://www.tki.org.nz/r/governance/positive_behaviours/information/pro_development_e.php#2

Tobacco, Alcohol, Drugs and Gambling

Drug Education NZ Drug Foundation	http://www.educating.co.nz/services/drugeducation/ http://www.nzdf.org.nz/drug-education
Alcohol – ALAC Alcohol & young people	http://www.alcohol.org.nz http://www.alcohol.org.nz/InfoForYouth.aspx
Gambling	http://www.gamblingproblem.co.nz/home/index.htm

Big Picture and Policy

Ministry of Youth Development – Youth development & youth participation Strengthening Youth Development in Schools	http://www.myd.govt.nz/ http://www.myd.govt.nz/Publications/youthdevelopment/makingithappenstrengtheningyouthde1.aspx
Māori Student Achievement (Te Kotahitanga) Ka Hikitia	http://www.educationcounts.govt.nz/publications/Māori_education/9977 http://kahikitia.minedu.govt.nz/kahikitia/What+is+Ka+Hikitia.htm
Youth Law	http://www.youthlaw.co.nz/default.aspx?_z=126
STA Health & Safety in Schools	http://www.nzsta.org.nz/RexDefault.aspx?PageID=6c95540a-758a-4d16-8796-03061080c234
Māori Health Action Plan	http://www.moh.govt.nz/moh.nsf/pagesmh/5583 http://www.hauora.Māori.nz/hauora/
Officer of the Childrens' Commissioner	http://www.occ.org.nz/
Families Commission	http://www.nzfamilies.org.nz/

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