



Youth2000 Survey Series

The Health and Wellbeing of New Zealand Secondary School Students in 2012

Youth'12 Overview

uniservices

Adolescent Health Research Group



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The research team members who implemented the survey in participating schools. Their names are listed under 'Our Team' at www.youthresearch.auckland.ac.nz

The Youth'07 team, led by Simon Denny, and the Youth2000 team, led by Peter Watson.

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All photographs in this report are used with the permission of the young people involved.

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

Foreword

Over a decade ago I had the privilege of writing a Foreword for the report from the first national survey in the Youth2000 Survey Series. Much of what I wrote remains true today however, I am impressed and proud of what the Youth2000 Survey Series has achieved and delighted to see some positive changes for young people. Back then I wrote:

New Zealand's current generation of youth have rates of unintended pregnancy, suicide and self harm that are among the highest in the Western World. These poor outcomes are preventable; yet, as a nation, New Zealand has made poor progress in meeting these challenges....To effectively address youth health issues, one priority is the need for comprehensive population-based studies of youth health problems, concerns, risk and protective factors. Until now, New Zealand has had limited nationally representative data for this age group. Information on the health and well-being of Māori and Pacific youth is particularly sparse.... These findings will assist and nurture positive, vibrant and healthy futures for young New Zealanders.

This latest national survey completed in 2012 is the third in this series and is complemented by surveys with students in Alternative Education and Teen Parent Units, and with school staff. Together they paint a rich and compelling picture of the health and development of young New Zealanders from across our country and across diverse communities and ethnicities. This is a remarkable achievement and should be celebrated by all those who work across government and community youth related sectors.

This latest survey adds new insights about the health and wellbeing of our youth. Most encouraging is clear evidence of a marked reduction in tobacco, alcohol and drug use by young people over this time period. Schools are improving support systems for students to keep them engaged in education and most students report caring and supportive families. These reductions in substance use, in combination with good relationships, will profoundly improve young people's current physical and mental health and the longevity of their generation.

Worryingly, New Zealand continues to have high numbers of young people who are emotionally distressed, bullied, using contraception inconsistently, exposed to violence and/or are overweight. Moreover this survey shows family relationships are stressed. Supporting family/whānau to raise healthy young people in a modern world should be an issue that we as a society continue to make of paramount importance.

I hope these findings further inform and assist all of us who have a stake in nurturing positive, vibrant and healthy futures for young New Zealanders.

Dr Peter Watson

Instigator of the Youth2000 Survey Series and the Adolescent Health Research Group

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Executive Summary

This report presents an overview of findings from Youth'12, the third national health and wellbeing survey of secondary school students in New Zealand. The information presented in this report was provided by 8,500 students who took part in the survey. The report also includes findings from the 2001 and 2007 national surveys to identify trends over time.

Students report significant improvements since 2001

There are important areas of youth health and wellbeing which have improved over time.

Essential to young people's healthy development are good social environments. There have been small improvements in aspects of school life, with more students reporting:

- Their teachers are fair
- They like school
- They feel adults at school care about them.

Significant improvements are reported for many health-compromising behaviours including reductions in:

- Substance use (cigarette use, marijuana use and binge drinking)
- Risky driving behaviours (going without a seat belt, drink driving and being driven dangerously)
- Violence (being hit or harmed by someone on purpose)
- Sexual coercion/abuse.

Students report no improvement or worsening in some areas

There are still areas of health and wellbeing where students report little or no change, but have concerning issues. These include:

- Inconsistent condom and contraception use
- Being bullied
- Being overweight or obese
- Not feeling they spend enough time with at least one parent
- Significant depressive symptoms.

There are areas that have significantly worsened over time including:

- Parents worrying about having enough money for food
- Access to a family doctor
- Participation in paid part-time employment.

Further youth health and wellbeing improvements are required

Overall, these findings suggest that the health and wellbeing of secondary schools students in New Zealand is improving. These findings are consistent with other New Zealand and international research that describe declining engagement in risky behaviours over the last decade. We must celebrate these changes and continue to engage the prevention and development policies, programmes and strategies that have been successful. However, there remain areas that have not improved or have worsened for young people over the past decade.

Our findings identified areas of concern including: inconsistent contraception/condom use, bullying, obesity, significant depressive symptoms and lack of access to family doctors as significant problems for New Zealand youth. In addition, students feeling like they do not get enough time with their parent(s), and struggling with food affordability and access to part-time employment can affect the wellbeing of students. Comprehensive strategies that prioritise and address these issues for our young people must be developed and deployed.

Conclusions

New Zealand youth in secondary schools have demonstrated significant improvements in their health and wellbeing over the past 11 years, yet there remain areas of concern. The Adolescent Health Research Group hopes the information from the Youth2000 Survey Series will continue to be utilised by schools, health services, social services and communities to develop appropriate and accessible services, programmes and policies for New Zealand youth.

"I urge all those that work with adolescents to consider these findings ... so that we all may continue to work together with our young people themselves to ensure the best of all futures."

(John Heyes, Principal of Mangere College).



Introduction

Adolescence is an important stage in life that presents unique opportunities and challenges. Adolescent wellbeing is of critical importance, both for navigating the challenges of the teenage years, and for establishing healthy patterns for adult life. In New Zealand there have been significant reductions in adolescent mortality (deaths) over recent decades (Patton et al., 2009). However, rates of preventable health problems remain high compared to other developed nations (Office of the Prime Minister's Science Advisory Committee, 2011).

Young people, families, schools, communities and governments have made considerable efforts to improve adolescent health and wellbeing. This report provides an overview of how well teenagers are doing in 2012 and how key health issues have changed over the past 11 years since the Youth2000 Survey Series began.

The strengths of young people and the difficulties they face are not always the same as they were in 2001 and 2007. Many of these changes are positive and show that it is possible to support healthier teenagers and to make a difference for the present and the future.

This report has been produced by the Adolescent Health Research Group (AHRG), which carries out the Youth2000 Survey Series. It provides a summary or snapshot of important health and wellbeing issues from *Youth'12: The national health and wellbeing survey of New Zealand secondary school students* (Youth'12 Survey). This report is accompanied by a longer and more detailed *Youth'12 Prevalence Tables* report, which describes the methods used for Youth'12 and details findings on a wider range of health behaviours and risk and protective factors than are outlined here. These reports will be followed by publications detailing health status and changes for different groups in New Zealand, and exploring important questions in more depth. These publications will all be listed on our website: www.youthresearch.auckland.ac.nz.

The Adolescent Health Research Group (AHRG)

The Adolescent Health Research Group (AHRG) is a multidisciplinary team of researchers that is supported by youth, cultural, and stakeholder advisors. The purpose of the AHRG is to promote the healthy development and wellbeing of New Zealand youth through scientific research that delivers high quality useable data to all stakeholders. The group was first established in 1997. Over the years the membership of the AHRG has changed, but the vision and commitment remains. The AHRG works closely with many other researchers and groups. We welcome applications from other researchers and groups to use the Youth2000 Survey Series data. A protocol for potential collaborations can be found on our website.

Youth2000 Survey Series

The AHRG has carried out comprehensive national surveys of secondary school students in 2001 (Adolescent Health Research Group, 2003), 2007 (Adolescent Health Research Group, 2008) and now in 2012. The 2001 and 2007 surveys are similar to the 2012 survey and comparisons to findings from these surveys are made in this report.

The group has also surveyed students in Alternative Education in 2000 (Adolescent Health Research Group, 2002 ; Denny, Clark, & Watson, 2004) and 2009 (Clark et al., 2010), and surveyed students in Teen Parent Units in 2007 (Johnson & Denny, 2007). In 2007 and 2012 our surveys of secondary school students were supplemented by surveys with school staff members about school characteristics. Together, these surveys make up the Youth2000 Survey Series.

The results of the Youth2000 Survey Series have been presented extensively and are listed on our website: www.youthresearch.auckland.ac.nz.

How we did the 2012 Survey

The Youth2000 Survey Series is designed to provide information about the health and wellbeing of New Zealand secondary school students. In 2012 we randomly selected 125 composite and secondary schools in New Zealand which met the inclusion criteria¹ and invited them to participate in the survey. For schools which had a roll of more than 150 Year 9-15 students, we randomly selected 20% of this roll and invited these students to take part in the survey. For participating schools with less than 150 Year 9-15 students, 30 students were randomly selected and invited to take part. For more detailed information on the school selection process, please refer to the *Youth'12 Prevalence Tables* report which can be found on our website: www.youthresearch.auckland.ac.nz.

Ninety-one of the 125 invited schools (73%) took part in the survey. The majority of participating schools were state funded, co-educational and large schools (at least 350 Year 9-15 students). Thirty-four schools chose not to participate; 25 of these were from main urban areas, 19 were state (not integrated) schools, 19 were co-educational, and 24 were large schools.

In total, 12,503 students were invited to take part in the survey and 8,500 participated (68%). This represents 3% of the 2012 New Zealand secondary school roll. The most common reasons why students did not participate were not being at school on the day of the survey, not wanting to take part, and being unavailable during the time the survey was conducted.

Ethical Issues

The Youth'12 survey built on the procedures used in the previous Youth2000 Survey Series. Like the previous surveys, Youth'12 was completely voluntary (students did not have to participate and could choose to not answer questions or to leave at any time) and anonymous (no personal identification details were collected). The survey had a 'branching' design, so that students were not asked detailed questions about things that did not apply to them.

The AHRG and a wide range of advisors reviewed the survey content and methods. Ethical approval was obtained from The University of Auckland Human Participants Ethics Committee (ref 2011/206).

School principals gave consent for their own school to take part. A few weeks before the survey, information was given to each school for distribution to parents and students. Parents were able to have their child excluded from the survey. On the day of the survey, an explanation was given to selected students and each student personally consented to participate. The survey was available in English and te reo Māori.

Survey delivery and content

The survey was delivered using handheld internet tablets. The survey questions were displayed on the tablet and were also available by voiceover via headphones. Students answered the questions by touching the appropriate checkbox on the screen.

The Youth'12 survey covered important areas of health and wellbeing for young people in New Zealand, as well as risk and protective factors. The questionnaire contained a total of 608 questions, but students answered fewer than this number of questions due to the branching design of the survey. The complete list of survey questions and full wording for each question is available on our website: www.youthresearch.auckland.ac.nz

We also measured each student's height and weight. These measurements were taken in private, part way through the survey. At this time, students were asked to provide their usual home address. We used this to ascertain their census meshblock (grouping of approximately 100 households) so that neighbourhood characteristics such as deprivation levels and urban or rural setting could be ascertained. After the meshblock was identified the student's address was deleted.

Most of the survey questions and measurements are the same as those used in previous Youth2000 Survey Series. Changes are noted in the relevant sections of this report and in the *Youth'12 Prevalence Tables* report.

¹ New Zealand registered composite and secondary schools with 50 or more students in Year 9 or higher.

NZ Deprivation Index

In this report, students are grouped into high, medium or low deprivation neighbourhoods, based on the New Zealand Deprivation Index (NZDI) for their geographical area or neighbourhood (meshblock). In 2006, the NZDI used eight dimensions of deprivation (including household income, employment, access to a telephone and car, single parent families, qualifications, overcrowding and home ownership) to calculate a deprivation score for each meshblock in New Zealand. It is important to remember that this score is an indicator of neighbourhood, rather than personal or family, deprivation and some households must contend with quite different levels of hardship than is suggested by their meshblock.

Funding

The Youth2000 Survey Series has had a different set of funding bodies in 2001, 2007 and 2012. Without the support of these organisations, undertaking the national youth health and wellbeing survey nationally across secondary schools, and analysing and publishing the results would not be possible. Without this research, organisations that are responsible for New Zealand youth would not be able to advocate for appropriate and accessible services, programmes and policy on their behalf.

In 2012, the survey was funded by the Ministries of Youth Development, Social Development, Health, Education and Justice, the Department of Labour, the Families Commission and the Health Promotion Agency (formerly ALAC). The AHRG thanks these organisations for their support to improve the health and wellbeing of New Zealand youth.

Youth Commentary

The findings presented in this report were reviewed with a focus group of young people who were Youthline Youth Advisory Group members. In total there were 16 participants, all were aged 16 to 22 years and six were male. The purpose of the focus group was to provide commentary on the survey results from the perspective of these youth advisors. The focus group was digitally recorded and transcribed verbatim. Key quotes were identified and are included in this report.

How to use the information in this report

The Youth2000 Survey Series is the largest dataset on the health and wellbeing of young people in New Zealand and is of considerable importance for the purposes of planning and programme development for communities, schools and policy makers. Caution must be exercised however, when interpreting the results, particularly when findings relate to small groups and when comparing different groups of students.

This report presents findings for young people overall. Where there are important differences between male and female students, older and younger students, urban and rural students, and students from neighbourhoods of low, medium and high deprivation, separate percentages are reported for these groups. Detailed percentages for these groups (under each health indicator and risk and protective factor) can be found in the *Youth'12 Prevalence Tables* report.

The sample of students surveyed does not include young people who were absent from school on the day, have left school, or are in Alternative Education settings. Hence, findings are likely to represent a slightly positive view of the health of students in schools.

How reliable are these findings?

Some of the findings presented in this latest report in the Youth2000 Survey Series are contrary to the view of New Zealand youth often presented by media and other organisations. For example young people have reported a decline in alcohol, tobacco and illicit drug use in the Youth'12 survey, whereas many a media story, particularly in relation to youth drinking, suggests the opposite.

We have taken steps to ensure that we can be confident the information is correct. Our large sample size and rigorous methods for randomly selecting schools and students ensure that these findings represent secondary schools and their students throughout New Zealand. The Adolescent Health Research Group has undertaken extensive quality checks to ensure data coding and analyses are correct.

We are not the only research team to report positive changes. Other recent New Zealand research also highlights similar findings.

For example:

- The 2011/12 *New Zealand Health Survey* (Ministry of Health, 2013) reported that overall fewer 15-17 year olds were drinking alcohol - significantly reduced from 75% in 2006/07 to 59% in 2011/12
- A similar pattern was seen for smoking in the *ASH year 10 surveys* - with a reduction in daily smoking from 15.6% in 1999 to 4.1% in 2012 (ASH, 2012)
- Teen pregnancy has decreased significantly since 1971 with 7 births per 100 (15-19 years) to 2.8 births per 100 teenage women in 2011 (Families Commission, 2011)
- Motor vehicle crash deaths have reduced from 51 per 100,000 in the 1985-1989 period to 19 per 100,000 in the 2005-2009 period (15-24 years) (Ministry of Social Development, 2010)

Similarly, positive changes in youth substance use and risk behaviours have been reported in other developed nations. UNICEF recently reviewed child and youth wellbeing indicators across more than 29 'rich countries' (UNICEF, Office of Research, 2013). In all or almost all of these countries, youth alcohol use, tobacco use and marijuana use had reduced significantly over the last decade. Many nations have also had reductions in births to teenagers (Lawlor & Shaw, 2004) and fighting (Mulye et al., 2009; Pickett et al., 2013).

Because of the reliable methods used in the Youth2000 Survey Series, including large sample sizes and data checking, and the similar trends in other New Zealand and international research, we are confident that these findings are real and represent positive changes in many areas for secondary school students overall. Further analyses will investigate how much these changes have occurred for different groups of secondary school students in New Zealand: for Taitamariki Māori, for Pacific youth and for other groups.

Comparisons between 2001, 2007 and 2012

Key comparisons between the 2001, 2007 and 2012 survey findings are presented in this report.

As the purpose of this report is to provide a concise overview of 'major indicators,' only a small number of important areas are compared here. Future analyses will investigate specific issues in more depth; as these become available they will be listed on our website.

It is possible to compare findings across the surveys as similar methods were utilised in all three surveys. For example, our procedures for sampling schools and students were very similar, as were the survey technology and the questions asked. However, it is important to realise there are some differences between the surveys.

The overall target sample size in 2001, 2007 and 2012 was 10,000 students. The response rates among schools and students have changed somewhat between the three surveys. In 2012, 73% of invited schools took part, compared to 84% in 2007 and 86% in 2001. In 2012, 68% of invited students took part, compared to 74% in 2007 and 75% in 2001.

The 2001, 2007 and 2012 surveys included similar proportions of students of each age and year of schooling, but there were differences in the numbers of participating single sex schools. As a result, the ratio of male and female participants differs between the surveys. In 2012, 54% of the sample was female and 46% was male, while in 2007 the sample was 46% female and 54% male. In 2001 it was 54% female and 46% male.

Some questions were not included in the 2001 survey or were changed slightly between the three surveys. This was done in order to gain new or clearer information. Changes are explained in the relevant sections of this report and in the accompanying *Youth'12 Prevalence Tables* report.

Hence, in this report, we present differences between the 2012, 2007 and 2001 findings only where these remain important once the variations in the age and sex of participants have been taken into account. Where any apparent differences are very small they have not been presented. Where the changes across the years have differed by age or by sex (for example if there were changes for males but not females), these have been discussed.



VAN-GOGH

THE Tamaki W...

Rights

Respons

Rules

The Results

Culture and Ethnicity

The New Zealand population is growing and becoming more ethnically diverse, especially among young people. Young people aged between 12 and 24 make up 19%² of the total population in New Zealand, with 11%³ aged between 12 and 18.

Ethnic Groups

Forty-two percent of students in Youth'12 reported that they belonged to more than one ethnic group, compared to 39% of students in 2007 and 29% of students in 2001.

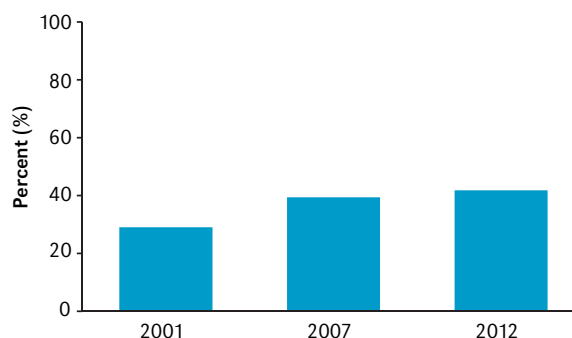
Using the Statistics New Zealand ethnicity prioritisation method (Lang, 2002) which allocates each person to only one ethnic group, students were categorised as European (48%), Māori (20%), Pacific (14%), Asian (12%) and Other (6%).

Apart from Māori, each of these main ethnic groups is made up of a number of smaller groups. The European group included students who identified as being New Zealand European, English, Australian, Dutch and/or other European ethnicities. The Pacific group included students who identified as being Samoan, Tongan, Cook Island Māori, Fijian, Niuean, Tokelauan and/or other Pacific ethnicities. The Asian group included students who belonged to ethnic groups from South East Asia through to Pakistan, with Chinese and Indian ethnicities being the largest in this group. These main ethnic groups are consistent with New Zealand census categorisations.

Country of Birth

Seventy-eight percent of students were born in New Zealand. This is similar to 2007 but less than in 2001, when almost 89% of students were born in New Zealand. In 2012, 6% of students were born in an Asian nation, 4% were born in a Pacific Island nation and 2% were born in Australia. Most students reported that their parents were born in New Zealand (64% of mothers and 62% of fathers). The next most common place of birth of students' parents was Samoa (5% of mothers and 5% of fathers), followed by the United Kingdom (4% of mothers and 5% of fathers).

Students who belong to two or more ethnic groups



Māori Youth

Seventy-two percent of Māori students were very proud of being Māori and 58% reported that it was important or very important to be recognised as Māori. Forty-five percent of Māori students were satisfied or very satisfied with their knowledge of Māori culture; most students had received their knowledge of Māori culture from whānau (parents and relatives), on the marae and/or from school. Thirty-one percent of Māori students could speak te reo Māori fairly well, well or very well and 46% could understand spoken Māori fairly well, well or very well.

Samoan Youth

Eighty-seven percent of Samoan students were very proud of being Samoan and 81% reported that it was important or very important to be recognised as Samoan. Sixty-six percent of Samoan students were satisfied or very satisfied with their knowledge of Samoan culture. Sixty-three percent of Samoan students could speak Samoan fairly well, well or very well and 72% could understand spoken Samoan fairly well, well or very well.

Cook Island Youth

Eighty-one percent of Cook Island students were very proud of being Cook Island and 69% reported that it was important or very important to be recognised as Cook Island. Fifty-five percent of Cook Island students were satisfied or very satisfied with their knowledge of Cook Island culture. Twenty-nine percent of Cook Island students could speak Cook Island Māori fairly well, well or very well and 46% could understand spoken Cook Island Māori fairly well, well or very well.

2 & 3 Statistics New Zealand. Based on data from the 2006 Census using the Table Builder tool comprising year, age and sex (see www.statisticsnz.govt.nz).

Tongan Youth

Eighty-six percent of Tongan students were very proud of being Tongan and 78% reported that it was important or very important to be recognised as Tongan. Sixty-nine percent of Tongan students were satisfied or very satisfied with their knowledge of Tongan culture. Sixty-nine percent of Tongan students could speak Tongan fairly well, well or very well and 79% could understand spoken Tongan fairly well, well or very well.

Niuean Youth

Eighty-one percent of Niuean students were very proud of being Niuean and 71% reported that it was important or very important to be recognised as Niuean. Forty-seven percent of Niuean students were satisfied or very satisfied with their knowledge of Niuean culture. Twenty-two percent of Niuean students could speak Niuean fairly well, well or very well and 31% could understand spoken Niuean fairly well, well or very well.

Other Pacific (includes Tokelauan, Fijian and other Pacific)

Seventy-seven percent of the students from another Pacific ethnicity were very proud of being from their family's culture and 71% reported that it was important or very important to be recognised as a person from that culture. Seventy-two percent of students who indicated that they belong to these Pacific ethnicities were satisfied or very satisfied with their knowledge of their family's culture. Sixty-one percent of these students could speak the language of their family's culture fairly well, well or very well and 75% could understand that language fairly well, well or very well.

Chinese Youth

Fifty-seven percent of Chinese students were very proud of being Chinese and 53% reported that it was important or very important to be recognised as Chinese. Forty-seven percent of Chinese students were satisfied or very satisfied with their knowledge of things Chinese. Seventy percent of Chinese students could speak a Chinese language fairly well, well or very well and 76% could understand a spoken Chinese language fairly well, well or very well.

Indian Youth

Sixty-four percent of Indian students were very proud of being Indian and 60% reported that it was important or very important to be recognised as Indian. Sixty-six percent of Indian students were satisfied or very satisfied with their knowledge of things Indian. Seventy-one percent of Indian students could speak an Indian language fairly well, well or very well and 75% could understand a spoken Indian language fairly well, well or very well.

Other Asian (includes Filipino, Japanese, Korean, Cambodian and other Asian)

Seventy-five percent of the students from another Asian ethnicity were very proud of being from their family's culture and 64% reported that it was important or very important to be recognised as a person from that culture. About 66% of students who indicated that they belong to these Asian ethnicities were satisfied or very satisfied with their knowledge of their family's culture. Eighty-five percent of these students could speak the language of their family's culture fairly well, well or very well and 90% could understand that language fairly well, well or very well.

Middle Eastern, Latin American, African

Seventy-four percent of the Middle Eastern, Latin American and African students were very proud of being from their family's culture and 67% reported that it was important or very important to be recognised as a person from that culture. Sixty-six percent of students who indicated that they belong to Middle Eastern, Latin American, or African ethnicities were satisfied or very satisfied with their knowledge of their family's culture. Seventy-three percent of these students could speak the language of their family's culture fairly well, well or very well and about 80% could understand that language fairly well, well or very well.

European Youth (includes New Zealand European and other European)

Seventy-three percent of European students were very proud of being a person from their family's culture and 49% reported that it was important or very important to be recognised as a person from that culture. Sixty-two percent of European students were satisfied or very satisfied with their knowledge of their family's culture. Eighty-four percent of European students could speak the language of their family's culture fairly well, well or very well and 86% could understand that language fairly well, well or very well.

Home and Families

Caring, supportive and safe families are critically important for young people. Overall, young people who report caring and supportive family relationships are happier, healthier and get on better in life (McLaren, 2002 ; Resnick, Harris, & Blum, 1993).

"[Having whānau who care] shapes who you are, how you perceive things, and how you relate to others"

Youth commentary

Family relationships

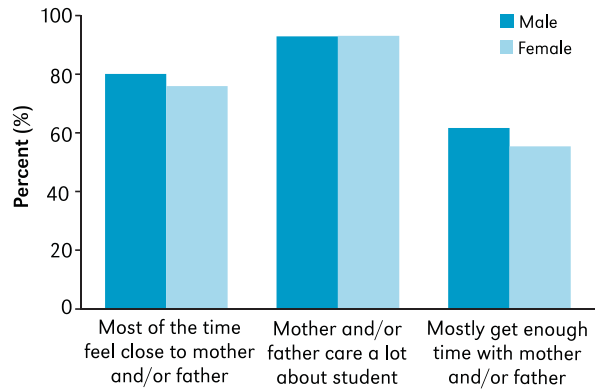
In 2012, many students were happy with how they got along with their family (72%) and reported that family members got along together well or very well (81%). Sixty-nine percent of students had fun with their families often or a lot.

Seventy-eight percent⁴ of students felt close to their mother and/or father most of the time and an overwhelming majority felt that their mother and/or father cared a lot about them (93%). Sixty-two percent of males and 55% of females said that they mostly got enough time with their mother and/or father.

About half the students reported that they got enough time with their mothers most of the time, 40% only sometimes and 11% hardly ever. Reasons given for not getting enough time with their mother included her being at work and being busy with housework, other children or family members.

4 Questions that asked about mothers and fathers were generally worded "...your mother (or the person who acts as your mother)..." or "...your father (or the person who acts as your father)..." but for ease of reporting are referred to as mother or father.

Parental connectedness



Thirty-seven percent of students reported that they got enough time with their fathers most of the time, with a greater proportion of males (42%) than females (33%) feeling this way. The most common reasons for not getting enough time was their father being at work, followed by him not living with them and being busy with housework, other children or family members.

"For some people in New Zealand your parents have to work hard to get you to school and that cuts out a lot of time with your family"

Youth commentary



Family background and circumstances

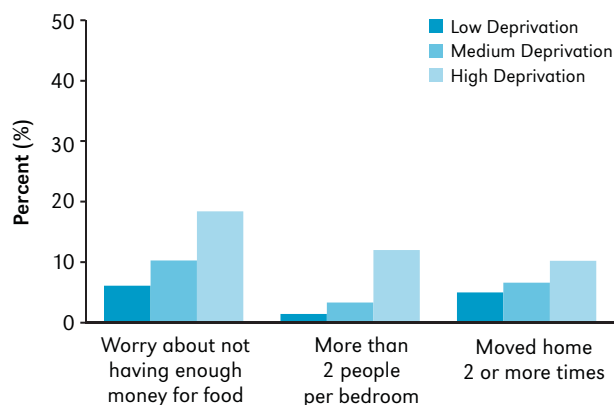
Over seventy percent of students (71%) lived in one home and 29% lived in two or more homes. For most students, their mothers (91%) and/or fathers (73%) acted as their parent. However, grandparents (13%) and other relatives (17%) were also important caregivers, particularly among students living in more deprived neighbourhoods. For example, 26% of students in higher deprivation neighbourhoods had other relatives acting as a parent, compared to 14% in medium deprivation neighbourhoods and 11% in low deprivation neighbourhoods.

Twelve percent of young people reported that their family often or always worries about not having enough money for food. This figure was higher among students from higher deprivation neighbourhoods (18% of students from high deprivation neighbourhoods, 10% of students from medium deprivation neighbourhoods and 6% of those living in low deprivation neighbourhoods).

The same pattern was found in the results on household crowding. Twelve percent of students from high deprivation neighbourhoods reported having more than two people per bedroom, compared with only 3% of students from medium deprivation neighbourhoods and 1% of students from low deprivation neighbourhoods. Overall, 12% of students reported that their living rooms were used as bedrooms (22% in high deprivation neighbourhoods, 9% in medium deprivation and 6% in low deprivation) and 6% reported garages used as bedrooms (10% in high deprivation neighbourhoods, 5% in medium deprivation and 3% in low deprivation neighbourhoods).

Seven percent of students had moved home two or more times in the last 12 months. This was also more common among those in higher deprivation neighbourhoods (10% in high deprivation, 7% in medium deprivation and 5% in low deprivation neighbourhoods).

Family resources



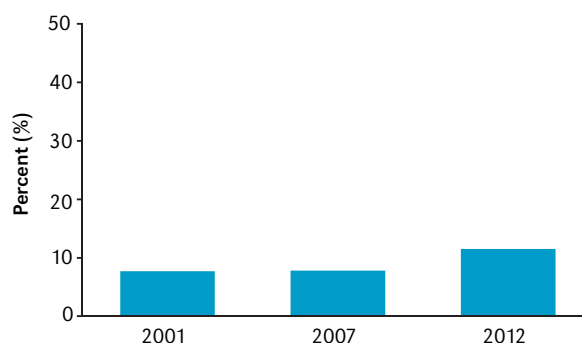
Comparisons 2001, 2007 and 2012

The proportion of students who reported that their parents care a lot about them has remained high (greater than 90%) in all three surveys (2001, 2007 and 2012).

The percentage of male students getting enough time with at least one parent has remained similar since 2001 (63% in 2001, 62% in 2007 and 62% in 2012), but for female students this has declined (61% in 2001, 50% in 2007, and 55% in 2012).

The percentage of students reporting that parents worry about having enough money for food has increased across all age groups from 8% in 2001 and 2007 to 12% in 2012. This change was especially evident among younger students (15 years and under).

Worry about having enough money for food



“Good food is expensive – [bottled] water is more expensive than Coke. It doesn’t make sense, eh?”

Youth commentary

School

Schools are important for the health and wellbeing of young people. Effective learning environments, adults having high expectations of students, adults providing appropriate caring relationships for students, safe school environments and opportunities for meaningful participation in school life are important factors (Bernat & Resnick, 2006; Resnick, 2000).

School connectedness

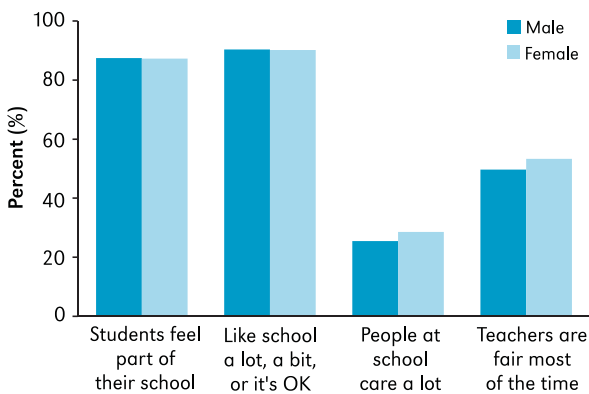
Eighty-two percent of students had attended only one high school, while 5% had attended three or more. Eighty-seven percent of students felt like they were part of their school.

Twenty-nine percent of students liked school a lot (26% of males and 32% of females), 61% liked school a bit or thought school was okay (64% of males and 59% of females) and the remainder (10%) did not like school.

Twenty-seven percent of students reported that adults (like teachers, coaches and other adults) at their school care about them a lot (26% of males and 29% of females).

About half of students reported that teachers treat students fairly most of the time (50% of males and 53% of females). It was more common for students aged 17 years or older (60%) and students from low deprivation neighbourhoods (56%) to think that teachers are fair most of the time.

School connectedness



"It won't be able to get better if we are less educated than our last generation. Like how is it meant to improve?"

Youth commentary

Expectations and achievement

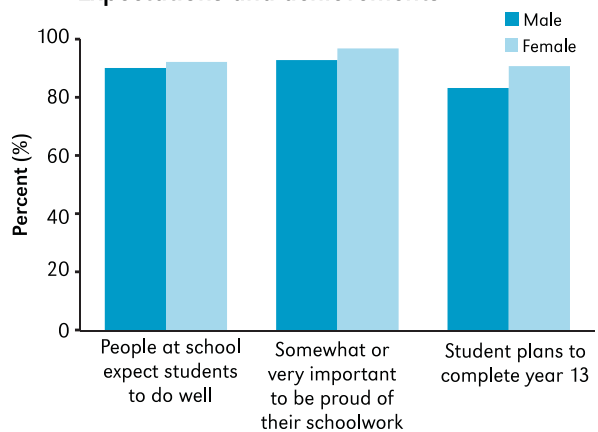
Over 90% of students (90% of males and 92% of females) reported that people at their school expect them to do well.

The majority of students (93% of males and 97% of females) indicated that it was somewhat or very important for them to be proud of their school work and that students in their school try to get the best grades they can (57% of males and 56% of females). Four out of ten students report doing homework for at least one hour each day. This was reported by a greater proportion of females (47%) than males (31%).

More than 80% of students (87%) believed that they will complete Year 13 (Form 7) of school. This belief was held by a greater proportion of females (91%) than males (83%). Sixty-four percent believed that they will go on to more education or training when they leave school (71% of females and 56% of males), while 25% planned to start work or look for a job, 9% didn't know, had no plans or thought they will do nothing, whilst 1% intended to start a family.

Students living in higher deprivation neighbourhoods were less likely to believe that they will go on to more education or training (58%) and more likely to seek employment (32%) than students in lower deprivation neighbourhoods (69% of those in low deprivation neighbourhoods thought they will go on to more education or training and 20% thought they will seek employment).

Expectations and achievements



Attendance

Ninety-five percent of students indicated that it was somewhat important or very important that they attend school every day. However, 23% of students had been truant from school for at least one day in the past year. This wagging or skipping school for a whole day in the last 12 months was more common among older students aged 17 years or older (31%) and among students from more deprived neighbourhoods (30%).

Families and school

Almost all students (99%) said that it was important to their parents or caregivers that they go to school every day.

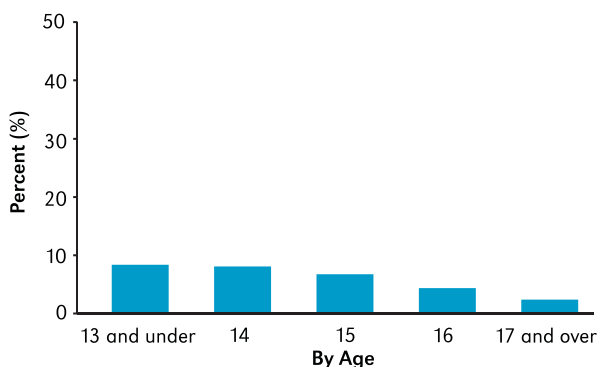
Sixty-two percent of families had helped the student with their homework in the past year, an activity that was more common among younger students (75% of those aged 13 and under).

About 44% of families had attended a school event in the past year. This was reported by a greater proportion of female students (47%) and students living in low deprivation neighbourhoods (49%).

School safety

Most students (87%) felt safe at school all or most of the time. In general, the proportion of students who felt safe at school increased as they got older. However, 9% of students said they had been afraid that someone at school would hurt or bother them in the past year and 6% reported being bullied at school weekly or more often. Both of these figures were higher among younger students.

Bullied at school weekly or more often



Comparisons 2001, 2007 and 2012

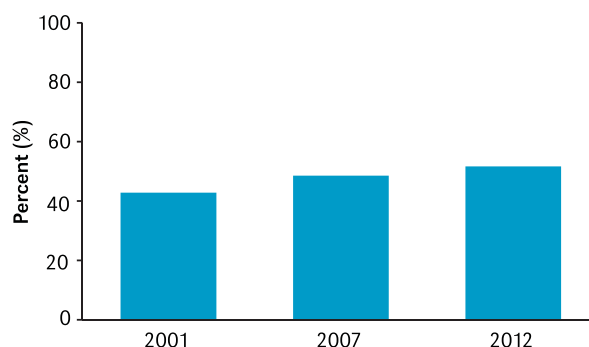
The proportion of students who reported that teachers were fair most of the time has increased over time (43% in 2001, 49% in 2007, and 52% in 2012).

There were very small increases in:

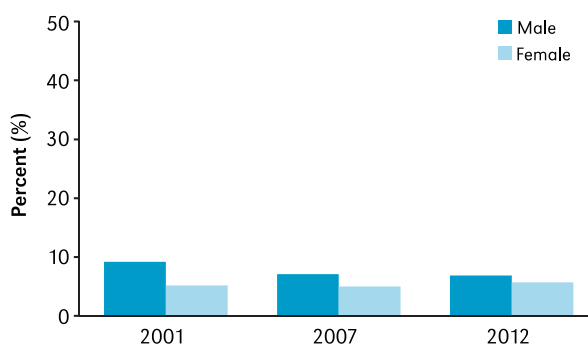
- Students feeling that people at school care about them a lot (23% in 2001, 25% in 2007 and 27% in 2012)
- Students who like school; a lot, a bit or it is okay (86% in 2001, 88% in 2007 and 90% in 2012)

There was little change in the proportion of students being bullied at school weekly or more often (for boys 9% in 2001, 7% in 2007 and 7% in 2012; for girls approximately 5% across all three surveys).

Teachers are fair most of the time



Bullied at school weekly or more often



Health and Access to Healthcare

Adolescence is generally a stage of life that is associated with good health and the majority of adolescent health problems are preventable (Viner et al., 2012).

General health

In 2012, most students (91%) reported that their general health was excellent, very good or good. Despite this, 20% of young people reported a chronic health condition and 9% reported a chronic disability.

Access to healthcare

Seventy-nine percent of young people had received healthcare in the last 12 months. Seventy-four percent of all students had been to a family doctor in that time, 18% had been to a school health clinic, 16% to a hospital Accident and Emergency (A&E) department and 14% to an after-hours A&E clinic.

Among students who had accessed healthcare in the last 12 months, only 37% reported having the chance to talk with a doctor or other health professional in private and only 46% had been assured that their healthcare services would be confidential. Talking with health professionals in a private setting and being assured of confidentiality were more common for older students. It is important to note that being seen in private and reassured of confidentiality is key to young people discussing important health issues.

Nineteen percent of students indicated that they had been unable to access healthcare when they needed to at some time in the last 12 months. This was more common among female students (21%) than male students (16%) and more common among students from high deprivation neighbourhoods (22%) compared with those from medium (18%) and low (16%) deprivation neighbourhoods.

The most common reasons students were unable to access healthcare were: hoping that the problem would go away or get better over time (51% of those who had been unable to access healthcare when needed in the last year); not wanting to make a fuss (46%); or having no transport to get there (28%).

Access to dental care

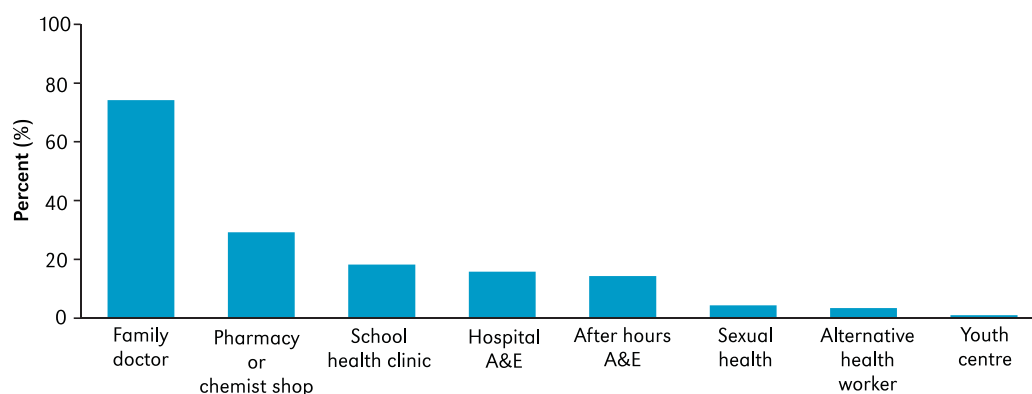
Almost all students (94%) had seen a dentist in the last two years. Most (72%) reported having had a tooth filled, 24% reported experiencing pain in their teeth or mouth that had kept them awake at night and 14% reported that they had had teeth removed due to decay or gum infection. It was more common for younger students to have had teeth removed for these reasons (17% of those aged 13 and under and 11% of those aged 17 and over).

About 10% of students had been unable to access dental care when they needed to at some time in the last 12 months. This was more common among students living in high deprivation neighbourhoods (13%), compared with those living in medium (9%) and low (7%) deprivation neighbourhoods.

"I used to go to hospital a lot. I remember I rarely went to my family doctor because it's free to go to the emergency ward. I wait there for hours and hours"

Youth commentary

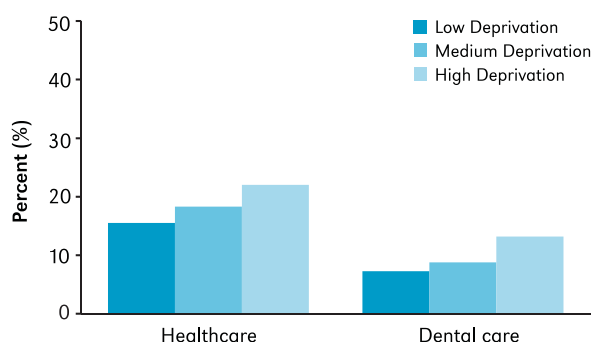
Healthcare services accessed in last 12 months



"I wait until I get sick or I wait until there is an issue and then I go for all my things at once because it's just too expensive just to go for every little thing"

Youth commentary

Unable to access care in last 12 months

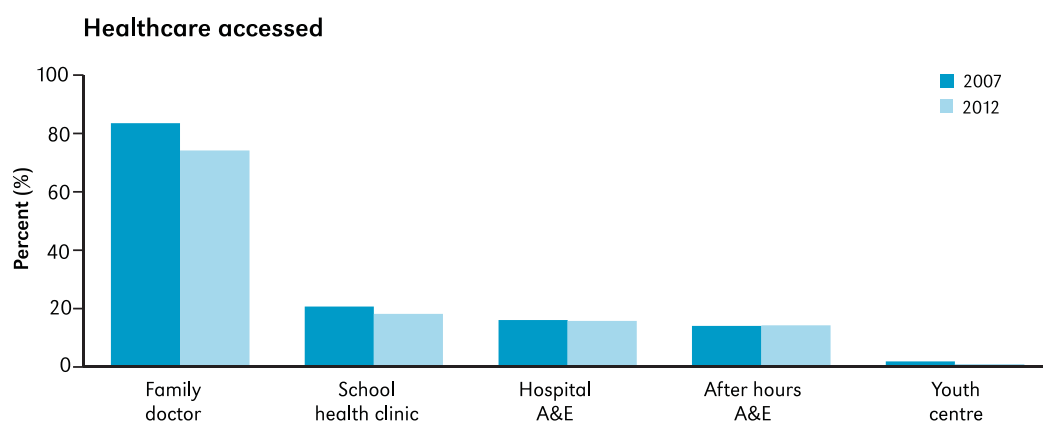


Comparisons 2007 and 2012

Many of the items relating to access to healthcare were not included in the 2001 survey; hence, comparisons are made between 2007 and 2012.

The percentage of students who accessed a family doctor decreased from 84% in 2007 to 74% in 2012. Access to hospital Accident and Emergency (A&E) departments and after hours clinics remained stable (hospital A&E 16% in 2007 and 2012, and after hours clinics 14% in 2007 and 2012) except for older students (17 years and over) who were more likely to have accessed hospital A&E departments. Rates of access to school health clinics have dropped slightly (21% in 2007 and 18% in 2012).

The proportions of students who were provided healthcare in private (36% in 2007 and 37% in 2012) and assured of confidentiality (45% in 2007 and 46% in 2012) were similar in both 2007 and 2012.



Nutrition, Exercise and Activities

Healthy eating and physical activity are essential for having the energy needed to do well in school and in daily activities. Good nutrition and exercise habits during adolescence set positive patterns for adulthood and are important factors in preventing chronic disease in later life.

Nutrition

Fifty-four percent of students reported they always eat breakfast. This was more common among male (61%) than female (49%) students and among students from lower deprivation neighbourhoods (63%) than higher deprivation neighbourhoods (41%). Thirty-nine percent of students reported that they usually get lunch from shops or had takeaways. This was more common among students from high deprivation neighbourhoods, where 52% bought their lunch from shops or had takeaways.

Thirty percent of students reported a diet over the last week that met the current recommendation of two or more fruits and three or more vegetables a day.

Family meals

Eating meals as a family is associated with positive outcomes for young people. Sixty-two percent of students reported that their family ate meals together five or more times in the past week. Students from lower deprivation neighbourhoods were more likely to eat family meals together (66%) than students from higher deprivation neighbourhoods (58%).

"[Family meals are] the main time where you actually like talk with your family about your day, like what's going on at school and work. Yeah, it's really important"

Youth commentary

Physical activity

Sixty-two percent of students reported engaging in at least 20 minutes of vigorous physical activity on three or more occasions in the last week. This was more common among males (69%) than females (57%), among younger students (66% of those aged 13 and under) than older students (54% of those aged 17 and over) and among those from lower deprivation (66%) than higher deprivation (57%) neighbourhoods. However, only 10% of students (14% of males and 6% of females) had met the current recommendation of 60 minutes of physical activity a day.

Overall, physical activity was more common among male students than female students and the level of physical activity tended to decrease with age and with higher levels of neighbourhood deprivation.

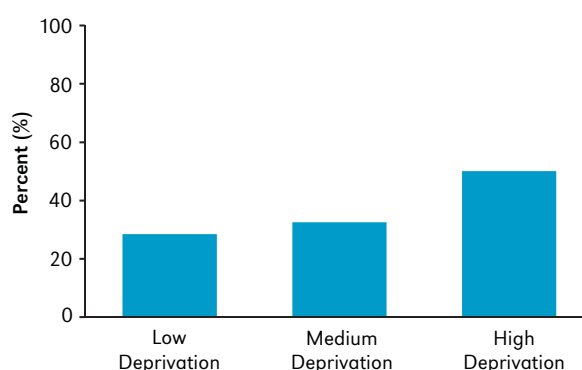
Leisure activities

Students participated in diverse leisure activities. Many spent three or more hours each day with friends (32%), watching television (28%), texting (29%) or playing computer games (20%). Texting on cell phones was more common among female students (35%) than male students (23%), while playing computer games was more common among male students (32%) than female students (9%). Other leisure activities included reading for fun (26%) and involvement in music, art, dance or drama (31%).

Body Mass Index

Body mass index was calculated for each student using their height and weight measurements. Thirty-seven percent of this sample of secondary school students are overweight or obese. There was little variation in the level of obesity between male and female students, students from urban and rural backgrounds, and students of different age groups. However, rates of being overweight or obese were considerably higher among students in higher deprivation neighbourhoods (50%) than lower deprivation neighbourhoods (29%).

Overweight/obese students by neighbourhood deprivation

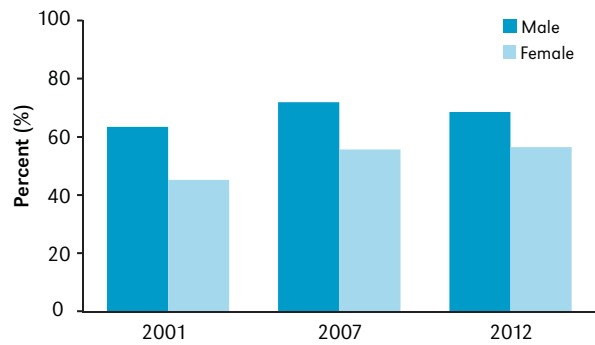


Comparisons 2001, 2007 and 2012

The proportions of students who ate two or more fruits and three or more vegetables a day increased slightly from 2007 (27%) to 2012 (30%). There has been little change in the numbers of students eating meals with their family five or more times a week over the same time period.

The proportion of students who reported engaging in 20 minutes or more of vigorous physical activity on three or more occasions in the last week increased from 2001 to 2007 and then remained the same or dropped slightly in 2012. This was the case for students overall (54% in 2001, 64% in 2007 and 62% in 2012), for females (45% in 2001, 56% in 2007 and 57% in 2012) and for males (63% in 2001, 72% in 2007 and 69% in 2012).

Vigorous activity on three or more occasions in the last week



The percentage of students who were overweight has remained similar between 2007 and 2012, with approximately a third being classified as overweight in both surveys.⁵

5. Height and weight measurements were not taken in 2001.



Emotional Wellbeing

Emotional wellbeing is an important component of health. Students who feel happy and able to cope with problems generally have a greater capacity to do well at school, to enjoy life and to contribute to their families and communities. Emotional distress, depression and suicidal behaviours are often under-recognised in adolescents and cause considerable harm; and yet these are issues that can be addressed (Merry & Stasiak, 2011).

Life satisfaction and emotional wellbeing

Overall (92%) students reported feeling okay, satisfied or very happy with their life (94% of males and 90% of females). Most students reported having good emotional wellbeing (76%), based on their responses to the WHO-5 questionnaire (Bech, 2004) (82% of males and 71% of females).



Depressive symptoms

The Reynolds Adolescent Depression Scale – Short Form (RADS-SF) (Milfont et al., 2008; Reynolds, 2002) was used to determine the percentage of students with current depressive symptoms. Using this scale, 16% of female students and 9% of male students reported symptoms of depression which are likely to be clinically significant (i.e. likely to have an impact on a student’s daily life).

In addition, 38% of female and 23% of male students reported feeling down or depressed most of the day for at least two weeks in a row during the last 12 months.

“Like you bottle it up and don’t talk about [depression] until it gets to the stage where it’s really, really bad”

Youth commentary

Deliberate self-harm

Deliberate self-harm among students was fairly common. Twenty-nine percent of female students and 18% of male students had deliberately harmed themselves in the previous 12 months.

Suicide ideation and attempts

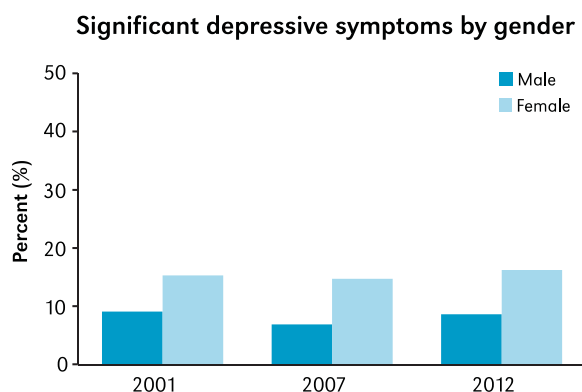
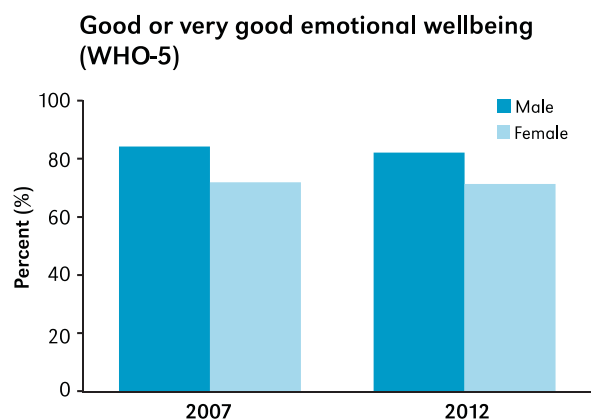
Twenty-one percent of female students and 10% of male students had seriously thought about suicide in the previous 12 months and 6% of female students and 2% of male students had made a suicide attempt during the same time period.

Comparisons 2001, 2007 and 2012

Approximately three quarters of students reported good emotional wellbeing in 2007 and 2012 (not measured in 2001).

The percentage of males with significant depressive symptoms (using RADS-SF) dropped from 2001 to 2007 and then increased again in 2012 while significant depressive symptoms among females remained relatively stable (males 9% in 2001, 7% in 2007 and 9% in 2012; females 15% in 2001, 15% in 2007 and 16% in 2012).

Fewer students reported having made a suicide attempt in the previous 12 months in 2007 and 2012 (approximately 5% of students in both 2007 and 2012) than in 2001 (8%).

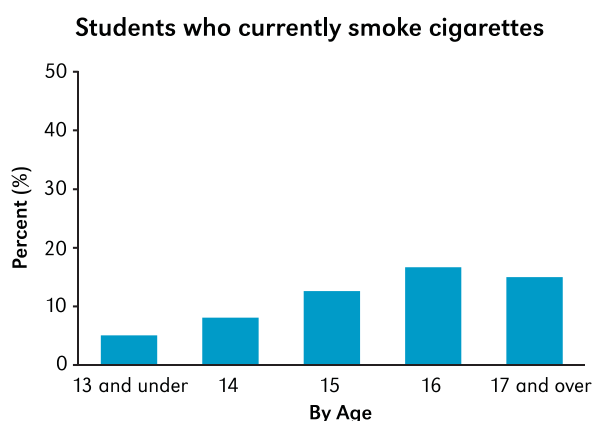


Substance Use and Gambling

Use of alcohol and other drugs by adolescents is significant in terms of problems and risks during adolescence (including mental health difficulties and risks such as unsafe driving), as well as in terms of later life issues. For example, most adult smokers start smoking cigarettes during their teenage years and people who do not begin smoking during adolescence are less likely to become smokers as adults.

Cigarette smoking

In 2012, 11% of students reported that they currently smoke cigarettes at least occasionally, while almost 5% of students reported smoking cigarettes weekly or more often. Thirty-one percent of students who currently smoke buy their own cigarettes and around half (49%) of these students are not routinely asked to show identification (ID). Many current smokers (61%) had tried to cut down or give up smoking.



“There are still the people that think that it’s cool and those are the five per cent but yeah, it’s becoming like ‘Eeww don’t smoke’”

Youth commentary

“I think it’s becoming this big stigma around particularly new people taking up smoking, but I’m really not surprised. I would have totally expected that it would decline across time”

Youth commentary

Alcohol

Fifty-seven percent of students had ever tried alcohol, 8% drink alcohol weekly or more frequently and 23% reported having engaged in binge drinking (five or more alcoholic drinks within four hours) in the last four weeks.

Forty five percent of students currently use alcohol. Current drinkers were defined as students who continue to drink (at the time of the survey), beyond their first experiences with alcohol. Among current drinkers, 69% had consumed alcohol in the last four weeks and 18% consumed alcohol weekly or more often. Students who were current drinkers reported a range of problems that had occurred after drinking alcohol, including unsafe sex (12%), unwanted sex (5%), or injuries (15%). Eleven percent of current drinkers had been told by friends or family that they needed to cut down their drinking.

The most common sources of alcohol amongst current drinkers were parents (60%) and friends (44%). Thirty percent got someone else to buy alcohol for them and 11% of students bought alcohol themselves.

Other substance use

Twenty-three percent of students have ever used marijuana and 13% currently use marijuana.⁶

Three percent of students reported using marijuana weekly or more often. Twenty-one percent of all students who had ever used marijuana reported using it before or during school. Thirty-four percent of current users had tried to cut down or give up using it.

‘Other’ drug use is uncommon. Party pills (4%) and ecstasy (3%) were the most common other drugs ever used by all students. Most students who reported using ecstasy had used it only once. The use of other drugs, such as LSD (acid), heroin, methamphetamine (‘P’), or speed, was uncommon. Less than 1% of students reported ever using ‘P’ and most of these students reported only having used it once.

6. Current marijuana use i.e. students who have ever smoked marijuana and did not report that they no longer smoked it.

Gambling

Twenty-four percent of students had gambled in the past year and 10% had gambled in the last four weeks. Gambling was more common among male students (26% of males and 23% of females had gambled in the last 12 months). The most common forms of gambling reported by students who had gambled in the last 12 months were bets with friends (17%), Instant Kiwi (9%), Lotto (4%), and/or cards or coins (e.g. poker) (6%). Very few of these students spend more than \$20 a week (4%) or more than 30 minutes a day gambling (2%).

Comparisons 2001, 2007 and 2012

There has been a significant decline in the use of cigarettes, alcohol and marijuana reported by students.

The proportion of students who had ever tried smoking cigarettes has decreased (53% in 2001, 32% in 2007 and 23% in 2012) and smoking cigarettes weekly has also decreased (16% in 2001, 8% in 2007 and 5% in 2012). These changes are particularly noticeable among younger students.

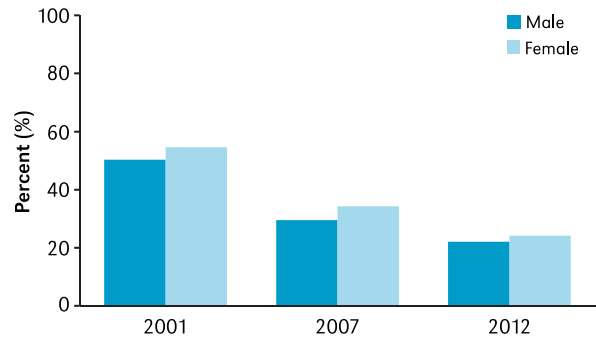
Binge drinking has also followed a similar downward trend with 40% of students reporting binge drinking in the last four weeks in 2001, compared to 34% in 2007 and 23% in 2012.

Similarly, the percentage of students who had ever tried marijuana has decreased, especially among younger students. Thirty-nine percent of students had ever tried marijuana in 2001, compared with 27% in 2007 and 23% in 2012.

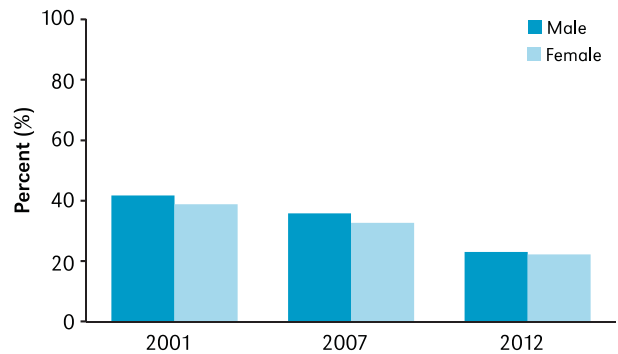
“... all the smokers that I know [say] they don't like smoking and they want to quit”

Youth commentary

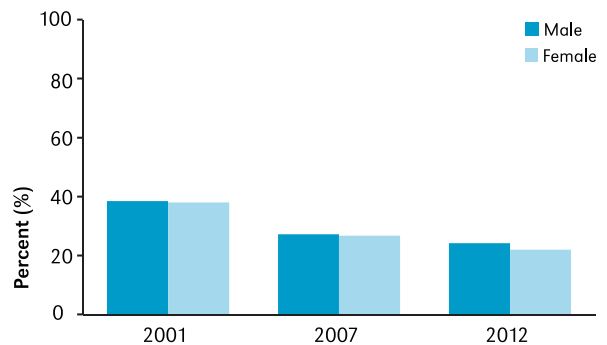
Students who have ever smoked a cigarette



Binge drinking by students in the last four weeks



Students who have ever used marijuana



Gender Identity, Sexuality and Sexual Health

Adolescence is the period of life when most people begin to experience strong romantic attractions and sexual feelings. It is also a time when some young people are questioning or further developing their gender and sexual identity.

Gender identity

About 1% of students reported that they were transgender (a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl e.g. Trans, Queen, Fa’afafine, Whakawāhine, Tangata ira Tane, Genderqueer). Ninety-six percent were not transgender and approximately 3% were not sure.

Sexual attractions

Ninety-two percent of students were exclusively attracted to the opposite sex (93% of males and 91% of females). Four percent of students were attracted to the same-sex or both sexes and 4% were either not sure of their sexual attractions or were attracted to neither sex.

Sexual behaviours

Approximately three-quarters of students have never had sexual intercourse. Twenty-five percent of male students and 24% of female students reported ever having had sex, while 18% of male students and 19% of female students reported being currently sexually active (i.e. have had sex in the last 3 months). Older students were more likely to have had sex and more likely to be currently sexually active.

Among students who are currently sexually active, 44% had talked with their partner about preventing sexually transmitted infections. Fifty-eight percent of sexually active students reported using contraception all of the time to prevent pregnancy, while 46% reported using condoms all of the time to protect against sexually transmitted infections.

Seventeen percent of students who are currently sexually active reported that they did not use or only sometimes used condoms or other contraception. This proportion was higher among younger students and students from neighbourhoods with high levels of deprivation.

“The young kids are like don’t think about the STIs they are worried about [getting pregnant]”

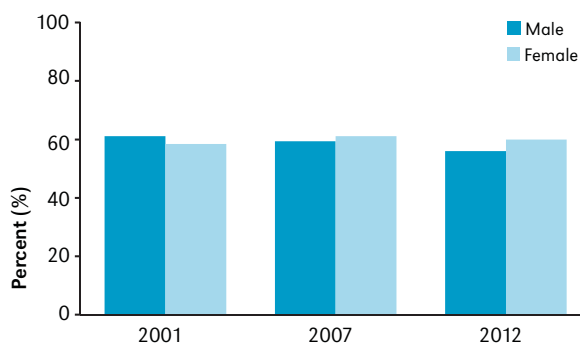
Youth commentary

Comparisons 2001, 2007 and 2012

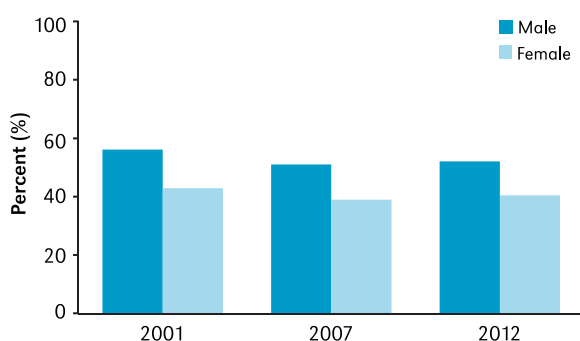
The proportion of students who reported ever having had sex was similar in 2001 and 2007 (approximately a third), but was lower in 2012 (24%). This decrease was most apparent among younger students. The 2012 question about having ever had sex explicitly told students not to count abuse or unwanted sexual experiences, whereas in 2007 and 2001 this was not stated. Hence, the apparent reduction in students who have ever had sex may partly reflect this change. Future analyses will explore this question in more depth.

The percentage of sexually active students who always use contraception (to prevent pregnancy) has remained unchanged at about 60% across the three surveys. Reported condom use (to prevent sexually transmitted disease or infection) was broadly similar in 2001 (49%), 2007 (45%) and in 2012 (46%).

Always use contraception to prevent pregnancy (among sexually active students)



Always use a condom to prevent sexually transmitted disease or infection (among sexually active students)



Motor Vehicle Risk Behaviours and Violence

Motor vehicle crashes are the leading cause of death among young people in New Zealand. Violence, including witnessing violence, is associated with a range of poor health outcomes for young people.

Motor vehicle risk behaviours

Seventy-four percent of students always wore a seatbelt when driving or being driven in a car and this proportion did not change with students' age, sex or whether they lived in a rural or urban setting. However, students from neighbourhoods with higher levels of deprivation were less likely to wear a seatbelt (68%) than students from neighbourhoods with lower levels of deprivation (78%).

Eighteen percent of students reported being driven at least once during the last month by someone who had been drinking and 18% had been driven in a car dangerously (e.g. speeding, car chases, burnouts). Among students who can drive, 4% had driven in the last month after drinking more than two glasses of alcohol.

"I work late nights and so I'm still sober at 11:30 on a Saturday night so my phone blows up with [texts] 'Can you drive us?'"

Youth commentary

"The kind of crack down on drinking and driving heaps [has] really gone up in the past 10 years like you see all the ads on TV, people coming around and speaking in schools...yeah, like the following for not drinking and driving is really gaining momentum"

Youth commentary

Experiencing violence

Thirty-three percent of students report being hit or physically harmed by anyone in the last 12 months. Fourteen percent reported being physically harmed on purpose by an adult in their home. This was more common among male students and younger students. Fourteen percent of students reported being in a serious physical fight in the last 12 months. Three percent of students reported having carried a weapon such as a knife at least once over the last 12 months. This was more common among males than females.

Sexual abuse and coercion

Twenty percent of female and 9% of male students had ever been touched in a sexual way or been made to do unwanted sexual things. Among students who had experienced this, 37% reported it was severe (pretty bad, really bad or terrible) and 57% had told no-one about it.

Harassment or bullying via cellphone or internet

Some students received nasty or threatening messages over the past year on their mobile phone (12%) and/or on the internet (9%) and received unwanted sexual material (e.g. pornographic images, videos or words) on their mobile phone (8%) and/or on the internet (6%).

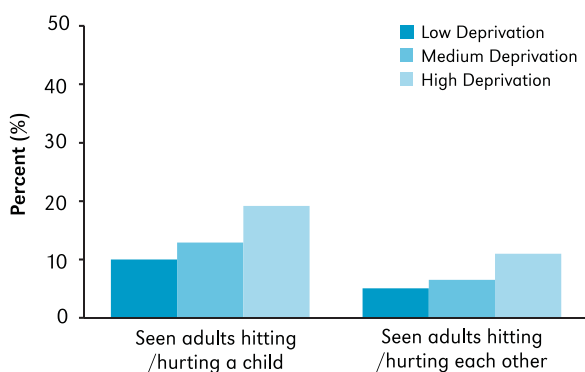
"Like with the texting thing it's not just at school that you can get bullied. If you've got a cellphone then you can text 24/7 like you can't escape the bullying"

Youth commentary

Witnessing violence

Fourteen percent of students had witnessed adults hitting or physically hurting another child in their home in the last 12 months. Seven percent had witnessed adults hitting or physically hurting other adults. Witnessing violence in the home was more common among students from neighbourhoods with high levels of deprivation.

Witnessing violence in student's home in the last 12 months

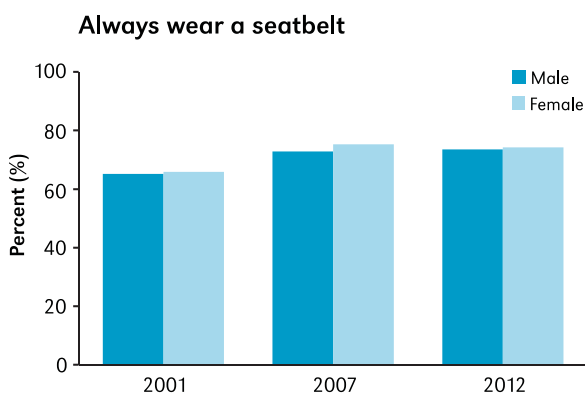


Comparisons 2001, 2007 and 2012

There have been reductions in the proportions of students reporting risky motor vehicle use. The proportion of students who always use a seatbelt rose from 66% in 2001 to 74% in 2007 and has remained at this level (74%) in 2012. The proportion of students who reported being driven by someone who had been drinking alcohol fell from 28% in 2001 to 23% in 2007 and then to 18% in 2012. Reports of being driven dangerously also fell from 39% in 2001, to 24% in 2007 and 18% in 2012.

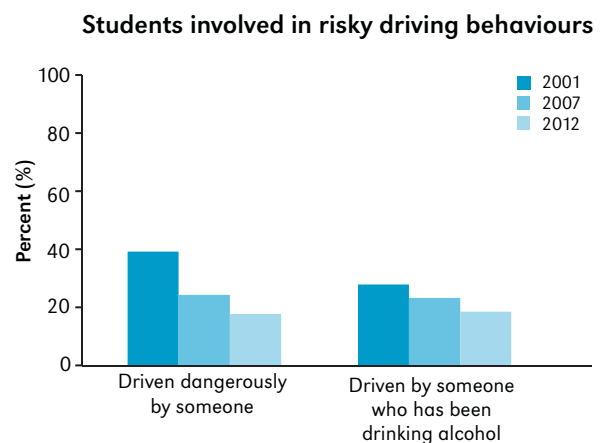
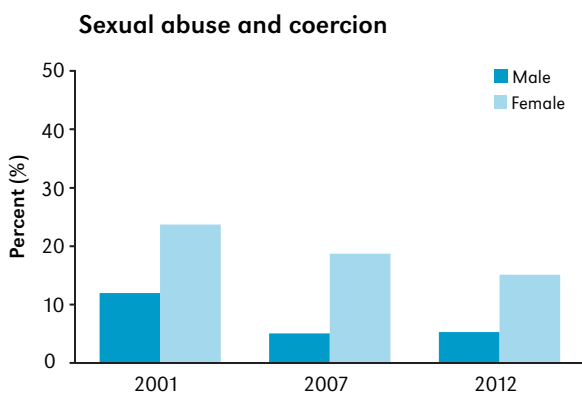
There have been significant reductions in the proportions of students who report being hit or physically harmed by someone on purpose in the last 12 months from 45% in 2001, to 41% in 2007 and down still further to 29% in 2012. There have been changes in the percentages of students who had seen adults hitting or physically harming another adult at home in the last 12 months: 6% in 2001, 10% in 2007 and 7% in 2012.

The proportion of male students who reported sexual abuse and coercion fell from 12% in 2001 to 5% in 2007, and remained at 5% in 2012. The proportion of females reporting sexual abuse and coercion has reduced across the three time periods (24% in 2001, 19% in 2007 and 15% in 2012).



“There’s that campaign on family violence ‘It is not OK’ that’s been pushed the last couple of years. Like there are lots of ads on TV and everything, so I think awareness is out [there]”

Youth commentary



“Most people don’t admit to [unwanted sexual experiences] or tell anyone...they don’t want to even admit it to themselves”

Youth commentary

Community and Contribution

Positive relationships, safe environments, having things to do and having opportunities to contribute are important for the wellbeing of young people (Blum, 1998; McLaren, 2002).

Friends and peers

Almost all students reported having fun with friends some or all of the time (99%). Most students (91%) had a friend or friends to whom they could talk about anything and almost all (97%) had friends who helped them and looked out for them some or all of the time. These proportions were similar regardless of students' age or urban or rural location. However, female students were more likely to have a friend to whom they could talk about anything (93% for female students, compared with 89% for males) and to have friends who helped them or looked out for them (98% for female students, compared with 96% for males).

Neighbourhoods

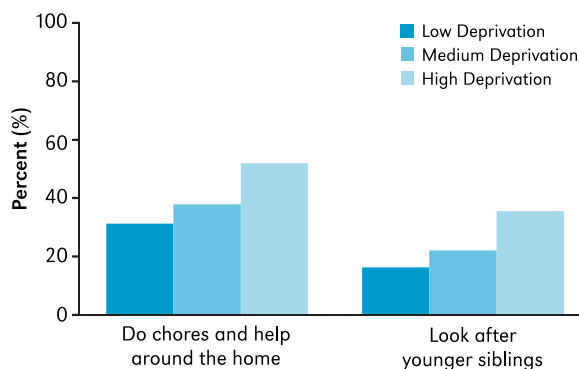
Twelve percent of students reported that there was nothing to do in their neighbourhood. This proportion was much higher (37%) among students from rural communities. Most students (88%) liked the neighbourhood where they lived and trusted people in their neighbourhood (85%). Fifty-four percent felt safe in their community all of the time.

Contributions at home

Many students did chores to help their families or looked after younger family members. Forty percent of students did chores for the family for one or more hours a day and about 24% of students looked after younger siblings for one or more hours a day. Eight percent of students did extra work around the home because another person at home was disabled or sick or could not do things.

Helping out the family either by doing chores or looking after younger siblings was more common among students from neighbourhoods with high levels of deprivation.

Contribution at home for one or more hours per day



Employment

Forty-eight percent of students reported having some paid employment in the last 12 months. This included students who had a regular part-time job (26%) and/or had occasional work during the school term (15%) and/or had a school holiday job (19%). In addition, 19% of all students had worked in a family business without payment in the last 12 months. Regular paid part-time employment was more common among older students and students from rural areas.

Seventy-five percent of students in paid or unpaid employment had worked less than 10 hours in the last week. About 5% of those in employment had worked 20 hours or more in the last week and about one in ten of those in employment had been injured at work in the past year.

"... whatever job I try to get they are like, 'Oh no, you don't have enough experience so we can't take you in'. And I'm like well how do you expect me to get experience. If you won't hire me, I won't get any"

Youth commentary

Worship and spiritual beliefs

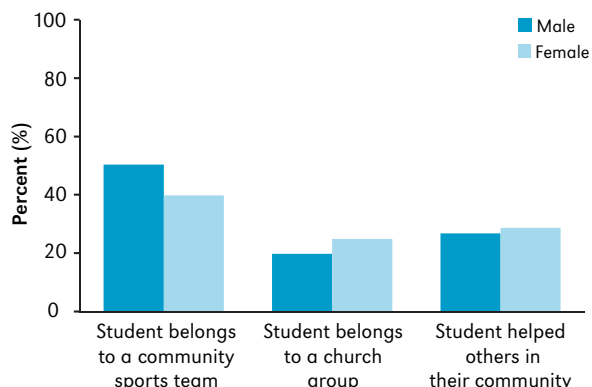
Thirty-one percent of students reported feeling that they belonged to their church, mosque or temple and 26% attended a place of worship weekly or more often. Twenty-eight percent of students felt that their spiritual beliefs were very important to them.

These proportions varied little among male and female students and older and younger students, but the importance of spiritual beliefs and the feeling of belonging to a place of worship were higher among students from neighbourhoods with high levels of deprivation.

Other community participation

Forty-five percent of students were involved in a sports team in their community, 23% of students belonged to a church group and 28% of students have helped others in their community in the last 12 months. Overall, 68% of students belonged to at least one community-run group including church groups.

Community participation

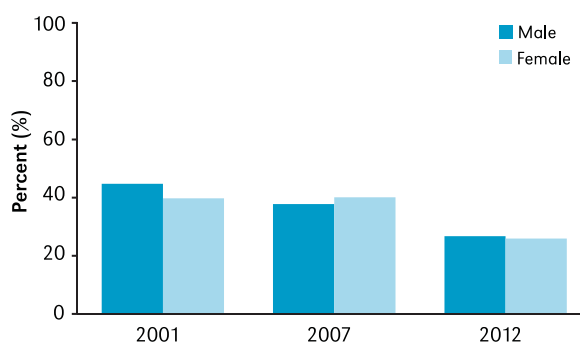


Comparisons 2001, 2007 and 2012

The proportion of students with a paid part-time job dropped considerably from 42% in 2001 and 39% in 2007 to 26% in 2012.

There was a decrease in the percentage of students reporting that there was nothing to do in their neighbourhood, from 16% in 2001 to 11% in 2007, and it has remained at approximately that level in 2012 (12%).

Students with paid regular part-time work



Concluding Remarks

This report provides a snapshot of the health and wellbeing of secondary school students in New Zealand. The size and diversity of the sample, the methods used, and the consistency of our findings with other recent research indicate the results are reliable.

The findings illustrate that many things are going well for New Zealand secondary school students; positive family and school environments are reported by most. The majority have good health and are not involved in serious risk taking or problem behaviours. Conversely, small but significant numbers of young people do not feel well supported in family, school or community settings.

The findings highlight important changes since the Youth2000 Survey Series began in 2001. Many areas have changed little or have become slightly worse. Increasing numbers of families worry about not having enough money for food, access to family doctors has reduced and fewer students have part time jobs. These are serious issues that can have long term consequences and impact on young people and their families; they require attention. New Zealand does poorly compared to other developed nations in areas such as obesity, mental health and teenage pregnancy. Since 2001, there has been little if any improvement in healthy eating and activity, rates of depression or contraceptive and condom use. These are important areas of need.

The largest changes since 2001 are generally positive. The Adolescent Health Research Group is delighted to be able to report very significant improvements in some areas, particularly reductions in substance use, risky driving and some areas of violence. These changes are good news for young people, their families and communities. It is reassuring that important health issues for young people can change and improve over time.

These changes highlight the need for up to date data; the issues for teenagers can change rapidly. The findings illustrate the need for continued investment in young people; family, school and community actions can clearly make a difference. Finally, as a nation we need to build on the successes of the last ten years, ensuring that positive development reaches all groups of young people; we must take action to address the areas which have not yet improved.



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