



Youth2000 Survey Series

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

## Pacific Young People

Findings from the Youth'12 national youth health  
and wellbeing survey

2016

Adolescent Health Research Group

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# Foreword



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

*Young taro shoots will grow if they meet life-giving water”. (Cook Islands)*

Our teenage years are a complex time - our brains undergo incredible transformation, we gain most of our adult body weight, and we become capable of reproducing; all in the context of rapid change in social influence, romantic relationships and adult responsibilities. Healthy behaviours and nurturing environments that provide ‘life-giving water’ are critical for teenagers to enhance resiliency to deal with the challenges they face, and also to establish healthy patterns for life.

We know this from high quality research like the Youth2000 Survey Series - New Zealand’s only nationally representative dataset for our Pacific youth population. I would like to congratulate the Youth Health Survey team at the University of Auckland and its esteemed Pacific Advisory Group for providing us with accurate and relevant information about our Pacific young people over the past 16 years. We can now track trends and investigate new issues comparing this 2012 survey with 2001 and 2007 results.

Pacific young people are making great progress in many areas. Results show clear evidence of improved family and school relationships, significant reductions in substance use and improved educational aspirations. With these improvements we can’t be complacent - we need to learn from successes, continue investment so that we don’t see a reverse trend, and accumulatively build on the gains with momentum.

There are still persisting areas of concern that emphasise fundamental inequalities and disparities for our Pacific families living in New Zealand. Pacific youth do much worse than *Palagi* youth in most areas of wellbeing. Their socio-economic environments are concerning and limiting, they witness and experience, high rates of family violence, suicide attempts and unhealthy eating. All of these complex and environmentally inter-dependent issues are preventable. We can all play a role in utilising this information to address these concerns, and the socio-economic determinants of wellbeing, with urgency. The increasing number of young Pacific people identifying with more than one ethnicity will also bring client-centred and youth-centred culturally competent approaches to service delivery to the fore.

The state of wellbeing of our Pacific young people is key to the future wellbeing of our Pacific communities in New Zealand, and our wellbeing as a nation. If we invest now in young people and the things they need to thrive, if we ensure life-giving water for growth and full potential, the positive impact will be good for us now and for generations to come.

la manuia

Dr Monique Faleafa  
CEO, Le Va

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# Executive Summary

This report presents the Pacific-specific findings from Youth'12, the third national health and wellbeing survey of secondary school students in New Zealand. This is New Zealand's largest and most comprehensive survey of the health and wellbeing of Pacific students in New Zealand. Included in the survey are a range of factors that impact on the healthy development of Pacific young people, including family, community, education and social environments.

The information in this report was provided by 1445 students who identified as any Pacific Island ethnicity in 2012 (17.1% of the entire national sample). Also reported is Pacific data from the surveys conducted in 2001 and 2007 to identify trends over time. We present some intra-Pacific differences for Samoan, Tongan and Cook Island students. Finally, we looked at the differences between Pacific and New Zealand European students to explore health, education and social disparities.

## **Pacific youth live in environments that can be challenging to their healthy development**

The majority of Pacific youth live in cities or large urban areas in neighbourhoods with high economic deprivation. Almost half live with household deprivation and attend low and mid decile schools. Almost a quarter of Pacific students reported that their parents worry about not having enough food, and 36% said that someone at home sleeps in a room not designated for sleeping (e.g. a garage or living room).

## **Pacific youth health and wellbeing has made some big improvements**

Despite living in challenging environments, Pacific youth have made significant progress and improvements in some areas of health and wellbeing over the 11 year period in the following areas:

- Improved family and school relationships
- Increasing aspirations to achieve in education
- Higher self-rated health, life satisfaction and lower rates of depressive symptoms
- Making healthier decisions about initiating sexual activity, substance use and risky driving
- Decreased experience of personal violence and sexual abuse / coercion.

## **Pacific youth health and wellbeing still remains a concern in some important areas**

There are some areas that remain of great concern, with worsening or no improvement over the 11 year period in the following areas:

- Pacific youth have poor socio-economic conditions that have not improved over time
- Many are exposed to unhealthy food environments and have high rates of being overweight / obese
- Pacific youth report not being able to access healthcare and dental care when required.

## **Little difference between Pacific ethnicities**

There was little difference between the Pacific ethnicities. Samoan, Tongan and Cook Island students tended to report similar health and wellbeing issues with some exceptions. Cook Island students are more likely to report being sexually active and binge drink compared to Samoan students. Cook Island students were less likely to report feeling safe in their neighbourhood or that their spiritual beliefs were important to them compared to Samoan students. Interpreting results between Samoan, Tongan and Cook Island ethnic groups must be done with caution, as the number of students in each group are small.

## **There remain significant and persistent inequities for Pacific youth**

Pacific youth are significantly more likely than New Zealand European students to:

- Experience significant socio-economic deprivation and housing deprivation
- Be overweight or obese and eat / drink unhealthily
- Be less likely to access health and dental care when required
- Have poorer mental health including self-harm and suicide attempts
- Engage in risky health behaviors including smoking, inconsistent contraceptive use and not using seat belts while in a car
- Experience family violence, sexual abuse or coercion and be in a serious physical fight.

## **Conclusions**

There have been some significant and important improvements in the health and wellbeing for Pacific youth, demonstrating that change is possible – both at the individual and societal level given sufficient investment. These improvements must be maintained and continue to be resourced to ensure that we do not see a reverse in these trends. There are significant issues that have not improved or have worsened over the 11 year period for Pacific youth including healthy lifestyles, mental health, sexual health and family violence. The persistent health, social and educational disparities exposed in this report for Pacific youth, require urgent attention. The Adolescent Health Research Group and the associated Pacific Advisory Group hope this report will be used to advocate for appropriate and accessible health, social and educational support for Pacific youth.

There is increasing evidence that health outcomes for Pacific youth can be improved. Our young people's behaviour is influenced by their environment – family, school, churches, communities and wider political environments. Interventions, programmes and services that address these broader contexts as well as building individual skills within a cultural framework are likely to be more successful. It is also our belief that the Pacific community has the knowledge and skills to create their own solutions - to ensure that all Pacific youth can be proud of who they are, can actively participate and contribute their many skills to society.

## ***E fofo e le alamea le alamea***

*Translation: "The starfish heals itself"; This traditional Samoan proverb alludes to self-help or finding solutions within your own community*







# Introduction

This report is the third report focused on Pacific young people living in Aotearoa, New Zealand from the Youth2000 survey series. This report has an associated appendices which provides additional as well as more detailed tables and results for Pacific youth.

The Youth2000 survey series has been conducted by the Adolescent Health Research Group (AHRG) at the University of Auckland. This group has carried out nationally representative surveys of New Zealand secondary school students in 2001, 2007, and 2012. This report follows on from the previous Pacific reports from surveys conducted in 2001 (Mila-Schaaf, Robinson, Schaaf, Denny & Watson, 2008) and 2007 survey (Helu, Robinson, Grant, Herd, & Denny, 2009).

This report presents findings on the students who identified Pacific ethnicity from the Youth'12 survey, and compares them to Pacific students in 2001 and 2007 to look at trends over time. This report will also look at the differences between Pacific students compared to New Zealand European students to identify health disparity.

This report explores the health and wellbeing of Pacific young people in New Zealand. Wellbeing is a broad term that encompasses the physical, mental and emotional, social, and spiritual dimensions of health consistent with the Whare tapa Wha model (Durie, 1994) and the Fonofale Model (Pulotu-Endermann, 2009). In addition, the Adolescent Health Research Group supports the underlying concept of Healthy Youth Development that acknowledges the contextual nature of young people's wellbeing (MYD, 2002).

## Pacific People in New Zealand

In 2013, Pacific people made up 7.4% of the New Zealand population and was the fourth-largest major ethnic group behind the NZ European, Māori and Asian ethnic groups. The median age of people who identified with at least one Pacific ethnicity in 2013 was 22.1 years which reflects a younger age structure for Pacific people compared with the total New Zealand population. Just under half (46.1%) of Pacific people are under the age of 20 years old (compared with 27.4 percent for the total New Zealand population). Pacific people had the highest proportion of children (0-14 yrs) at 35.7% compared to other major ethnic groups, with the majority of Pacific people (54.9%) being 24 or younger. Most Pacific people reside in the North Island and are highly urbanised with 65.9% living in Auckland and 12.2% living in the Wellington region. New Zealand-born Pacific people make up 63.2% of the Pacific population with the highest proportions of New Zealand-born among Niuean ethnicities (78.9%) and the lowest among Tongan (59.8%) (Statistics New Zealand, 2014).

## Who are Pacific students?

Pacific students are a diverse and growing population. In this report, 'Pacific' is utilised as an inclusive term that refers to people who are indigenous to any of the islands, nations and territories of the Pacific region (Polynesia, Melanesia and Micronesia).

The six main Pacific ethnic groups in New Zealand (ordered by size of population) are Samoan, Cook Island Māori, Tongan, Niuean, Fijian and Tokelauan. Among these groups are considerable ethnic, cultural and linguistic diversity.

This report highlights the results for the Pan-Pacific student population, but where the number of students is high enough, we report some issues by the larger Pacific ethnic groups, namely Samoan, Tongan and Cook Island Māori.

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 for Pacific young people from Youth'12: The National Health and Wellbeing Survey of New Zealand Secondary School Students (Youth'12 Survey). It is our intention that this report be utilised to highlight the important health and wellbeing issues for Pacific youth and to enable our communities, schools, churches, service providers and policy makers to make informed decisions and take action on important issues. This report is complemented by other Youth2000 peer-reviewed journal articles which detail the health and wellbeing of Pacific students including:

- Teevale, T., Lee, A., Tiatia-Seath, J., Clark, T. C., Denny, S., Fleming, T., . . . Peiris-John, R. (in press). **Risk and Protective factors for Suicidal behaviours amongst Pacific Youth in New Zealand.** *Crisis: the Journal of Crisis Intervention and Suicide Prevention*.
- Teevale, T., Denny, S., Nosa, V., Sheridan, J. (2013). **Predictors of cigarette use amongst Pacific youth in New Zealand.** *Harm Reduction Journal*, 2013. 10:25. DOI: 10.1186 / 10.1186 / 1477-7517-10-25  
<http://www.harmreductionjournal.com / content/10/1/25>
- Teevale, T., Denny, S., Percival, T., Fleming, T. (2013) **Pacific secondary school students' access to primary health care in New Zealand.** *The New Zealand Medical Journal*, Vol 126, No 1375.  
<http://journal.nzma.org.nz / journal/126-1375/5680/>
- Teevale, T., Robinson, E., Duffy, S., Utter, J., Nosa, V., Clark, T., Sheridan, J., & Ameratunga, S. (2012) **Binge drinking and alcohol-related behaviours amongst Pacific Youth: a national survey of secondary school students.** *New Zealand Medical Journal*, 125(1352), 60-70  
<http://journal.nzma.org.nz / journal/125-1352/5132/>
- Fa'alau, F., McCreanor, T., Watson, P.D. (2006) **Samoan youth and family relationships in Aotearoa.** *New Zealand Pacific Health Dialogue*, 13(2), 17-24.  
<http://www.pacifichealthdialog.org.fj/Volume%2013/No2/Original%20Papers/Samoan%20Youth%20and%20Family%20Relationships%20ANZ.pdf>

## 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 all New Zealand youth through scientific research that delivers high quality useable data to 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: [www.youthresearch.auckland.ac](http://www.youthresearch.auckland.ac).

### The Pacific Advisory Group

The Pacific Advisory Group provided leadership, guidance and support in the development of this report. They represent a diverse and exceptional range of expertise, knowledge and skills within the Pacific health and wellbeing community. The members are committed to ensuring the report is constructed and disseminated in a manner that will lead to positive and practical applications for Pacific youth.

### 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 2012 (Clark, Fleming, Bullen, Denny, et al., 2013). The 2001 (Youth'01) and 2007 (Youth'07) surveys are similar to the 2012 (Youth'12) survey and selected comparisons of 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 in 2007 the AHRG

also surveyed students in Teen Parent Units (Johnson & Denny, 2007). The Youth'07 and Youth'12 surveys of secondary school students were supplemented by surveys with school staff members about school characteristics. All of these surveys together make up the Youth2000 Survey Series.

The results of the Youth2000 Survey Series have been presented internationally and are listed on our website: [www.youthresearch.auckland.ac.nz](http://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 criteria<sup>1</sup> and invited them to participate in the survey. For schools which had a roll of more than 150 Year 9-13 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 or higher 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](http://www.youthresearch.auckland.ac.nz)

Of the 125 schools invited, 91 took part in the survey (73%). The majority of participating schools were state funded, co-educational and large schools (at least 350 Year 9 or higher students). Of the 34 invited schools that did not participate, 26 schools declined, a further two schools initially agreed to participate but withdrew during 2012, and six did not respond to the invitation to participate. School participation was lowest for state-integrated schools (59%), boys' schools (40%), Decile 6 (50%) and Decile 7 (64%) schools, rural schools (60%), and schools in the following regions: Wellington (50%),

Nelson Marlborough, Tasman and West Coast (60%) and Otago or Southland (54%).

Within the 91 participating schools, 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

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

The survey was delivered using handheld digital 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 tablet 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](http://www.youthresearch.auckland.ac.nz). Most of the questions and measurements were the same as those used in previous Youth 2000 surveys.

Students were also 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.

## 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, access to a 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 might contend with quite different levels of hardship than is suggested by their meshblock.

Household deprivation was measured using nine socioeconomic indicators: family ownership of a car, telephone, and a computer / laptop; residential mobility; parental employment; perceptions of level

of family worry about not having enough money to buy food; having family holidays; living room or garage used as a bedroom; and living in an overcrowded home. Students who reported two or more indicators of household deprivation were classified in the household deprivation group (Denny, Lewycka, Bullen, et al., 2014). It is important to note that indicators of deprivation may vary by cultural context.

## Funding

The Youth2000 Survey Series has had a different set of funding bodies in 2001, 2007, and 2012. Without the support of these organisations it would not be possible to undertake the youth health and wellbeing surveys nationally or to analyse and publish the results. 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 behalf of young people.

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. This report was contracted by the Ministry of Youth Development and the Ministry of Social Development.

## 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. However, caution needs to be taken when interpreting the results, especially in relation to whether the findings reflect the wider youth population, and in interpreting differences between groups of students. The sample of students surveyed does not include young people who were absent from school on the day of the survey, those who have left school, or those in Alternative Education settings; hence findings are likely to represent a slightly more positive view of the health of Pacific students who attend secondary schools.

### How reliable are these findings?

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.

### Interpreting the results

This report and associated appendices presents findings about students who identified as having Pacific identity (either sole Pacific ethnicity or Pacific ethnicity with one or more other ethnic groups) from the Youth'12 Survey carried out in 2012. When we report statistics in this document a number of parameters are provided.

In the tables, for each question / item from the survey, we report 'N' which refers to the number of students who answered that particular question / item. The 'N' will vary by question as students could choose not to answer questions, and students were not asked detailed questions which did not apply to them. For example, only students who said that they had smoked a whole cigarette were asked how often they smoke cigarettes now.

The 'n' refers to the number of students who chose the particular response of interest for a question / item. For example, in the question regarding whether a student felt as though their parents (or someone who acts like a parent) care about them, the number of Pacific students who answered whether they thought their father cared about them question was 1318 (N), and 1015 (n) Pacific students responded that they thought their father cared about them a lot.

Table 3g. Family relationships for Pacific students in 2012 continued

	Mother cares a lot		Father cares a lot	
	n/N	% (95% CI)	n/N	% (95% CI)
Total	1205/1394	84.5 (84.8-88.2)	1015/1318	77.0 (74.0-80.0)

The percentage (%) refers to the proportion of the students who reported that particular response or behaviour for a question / item. This can be regarded as an estimate of the true proportion of the population. For example, 16.4% of the Pacific students reported to have eaten fast food at least 4 times in the last 7 days. The percentage shown may be different from the numerated denominator percentages due to weighting.

Figure 5c. Poor nutrition for Pacific and New Zealand European students in 2012

	Pacific		New Zealand European	
	n/N	% (95% CI)	n/N	% (95% CI)
Fast food eaten at least 4 times in the last 7 days	226/1373	16.4 (13.9 - 18.9)	123/3980	3.1 (2.3 - 3.7)

The confidence intervals (95% CI) indicate the precision of the percentage estimate by providing an interval within which we are relatively sure the true value lies (i.e. we are 95% confident that the actual prevalence of that particular behaviour or response lies between the two bounds given). For example, statistically speaking we are '95% certain' that between 26.9% and 33.6% of Pacific students had some kind of employment in 2007.



Table 12a. Neighbourhood and spirituality for Pacific students in 2001, 2007 and 2012

	2001		2007	
	n/N	% (95% CI)	n/N	% (95% CI)
Any employment over the past 12 months	277/1009	27.1 (22.6 - 31.6)	315/1037	30.4 (26.9 - 33.6)

Wide confidence intervals indicate more uncertainty in the associated percentage estimate. The 95% CI are provided in the relevant tables and they have been included in the bar graphs (visually displayed as a black line towards the top of each bar). The percentages and 95% confidence intervals are adjusted for weighting and clustering, because the Youth2000 Survey Series utilise a complex sampling design. The percentages and 95% confidence intervals were used to compare responses between Pan-Pacific students and New Zealand European students. Also confidence intervals are used to compared differences between pacific ethnic groups (differences between Tongan, Samoan and Cook Island students).

As a 'rule of thumb', if the 95% confidence intervals around two percentage estimates do not overlap then the differences are more likely to be real or statistically significant. For example, with regards to not having gone on a holiday in the last 12 months the 95% confidence intervals associated with Pacific students (95% CI, 33.0% - 40.3%) and New Zealand European students (95% CI, 14.7% - 18.4%) do not overlap (i.e. 18.4% is considerably lower than 33.0%, indicating that Pacific students are more likely to have not gone on a holiday in the last 12 months than New Zealand European students. However, it is important not to place too much emphasis on apparent differences when the numbers of students reporting on a specific issue is small (i.e.  $\leq 30$ ). Where the number of students who selected a particular option is very small, the anonymity of the participant may be at risk and the precision of the estimates becomes less reliable. At the researchers discretion small n and N's may not be reported.

Table 3a. Economic hardship for Pacific and New Zealand European students in 2012

	Pacific		New Zealand European	
	n/N	% (95% CI)	n/N	% (95% CI)
No holiday	528/1439	36.8 (33.3 - 40.3)	670/1419	47.2 (44.7 - 49.6)

## Comparisons between 2001, 2007, and 2012

Key comparisons for Pacific youth between the 2001, 2007, and 2012 survey findings are presented in this report, where items are directly comparable. 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.

It is possible to compare findings across the surveys as similar methods were utilised in all three surveys. For example, the 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.

## Using the data as an advocacy tool

We encourage people to use the information in this report to advocate for the health and wellbeing of Pacific young people. However, there is a tricky balance between advocacy and contributing toward the stigma associated with health disparities between Pacific and New Zealand European young people. We urge all those who utilise this data to be mindful of not stigmatising Pacific youth, as these

young people are an important and contributing members of our community. There are also diverse experiences of Pacific young people with most being healthy and well.





# The Results

## 1. The Participants

### Pacific and New Zealand European student demographics in 2012

In the Youth'12 questionnaire, all students were asked the question "Which ethnic group do you belong to?". Students could select as many of the 24 ethnicities as needed, including the 'other' ethnic group. Of the responding students, 1,445 or 17.1% identified as having Pacific ethnicity (either sole Pacific ethnicity or Pacific ethnicity with one or more other ethnic groups). For the remainder of this report, the term 'Pacific students' refers to this group of students. As the reference group, New Zealand European students demographics are included in this table.

**Table 1a. Pacific and New Zealand European student demographics in 2012**

		Pacific		NZ European	
		n / N	% (95% CI)	n / N	% (95% CI)
<b>Total</b>		1445 / 8500	17.1 (10.5 - 23.7)	4024 / 8500	47.2 (40.8 - 53.7)
<b>Sex</b>	Female	818 / 1445	56.6 (48.2 - 65.0)	2232 / 4023	55.4 (47.1 - 63.6)
	Male	627 / 1445	43.4 (35.0 - 51.8)	1791 / 4023	44.6 (36.4 - 52.9)
<b>Age</b>	12-15 years	988 / 1444	68.3 (65.6 - 71.1)	2542 / 4019	63.2 (61.0 - 65.3)
	16-18 years	456 / 1444	31.7 (28.9 - 34.4)	1477 / 4019	36.8 (34.7 - 39)
<b>Urban / Rural</b>	Major urban setting (>10,000 people)	1318 / 1445	91.4 (86 - 96.8)	2656 / 4024	66.3 (57.1 - 75.5)
	Minor urban (1,000 - 10,000 people)	72 / 1445	5.0 (1.3 - 8.7)	549 / 4024	13.5 (6.8 - 20.3)
	Rural (0 - 999 people)	55 / 1445	3.6 (1.2 - 6.0)	819 / 4024	20.1 (15.4 - 24.8)



School decile	Low	867 / 1445	59.9 (38.5 - 81.3)	311 / 4024	7.5 (2.9 - 12.1)
	Medium	372 / 1445	25.9 (8.0 - 43.8)	1744 / 4024	43.4 (28.9 - 57.9)
	High	206 / 1445	14.2 (4.9 - 23.5)	1969 / 4024	49.1 (34.4 - 63.8)
Neighbourhood deprivation	Low	92 / 1420	6.5 (3.3 - 9.7)	1663 / 3946	42.3 (37.1 - 47.4)
	Medium	316 / 1420	22.3 (14.2 - 30.4)	1640 / 3946	41.6 (38.4 - 44.7)
	High	1012 / 1420	71.2 (60.7 - 81.7)	643 / 3946	16.2 (12.1 - 20.2)
Household deprivation	Household deprivation	710 / 1445	49.1 (43.8 - 54.5)	388 / 4024	9.5 (8.2 - 10.9)
	No household deprivation	735 / 1445	50.9 (45.5 - 56.2)	3636 / 4024	90.5 (89.1 - 91.8)

### Pacific students' main ethnic group in 2012

Of the 1445 Pacific students, two thirds (977 or 67.6%) selected a Pacific ethnic group as their main ethnic group. One third of students selected a non-Pacific ethnic group as their main ethnic group. This indicates that the majority of Pacific students discussed in this report identify most strongly with a Pacific ethnic group. The most frequently reported main Pacific ethnic groups were Samoan, Tongan and Cook Island and the most commonly identified main ethnic groups that were non-Pacific were New Zealand European and Māori.

**Figure 1b. Pacific students' main ethnic group in 2012 (N=1445)**

	Samoan		Tongan		Cook Island		Niuean		Tokelauan		Fijian		Pacific Other		Māori		European		Asian		MELA / Other <sup>1</sup>		Can't Choose	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total	434	30.1	241	16.7	161	11.1	44	3.1	22	1.5	41	2.8	18	1.2	129	8.9	239	16.6	77	5.3	8	0.5	31	2.1

MEELA is an acronym for Middle Eastern or Latin American.

## Student demographics by Pacific ethnic groups in 2012

Across the Pacific ethnic groups, a slightly higher proportion of females participated than males and a higher proportion of younger students aged 13-15 years also participated; this is reflective of the overall sample. The vast majority of Pacific students reported living in cities or major urban areas and most attended schools with a low or medium decile rating. The majority of Pacific students live in neighbourhoods with high levels of deprivation and about half live with household deprivation. Due to the small number of students who identified as Niuean, Tokelauan and Fijian, these students have been grouped together into 'Other Pacific People'.

**Table1c. Student demographics by Pacific ethnic groups in 2012**

		Total Pacific		Samoan		Tongan		Cook Island		Other Pacific People	
		n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)
<b>Total</b>		1445 / 1445	100.0	434 / 1445	30.1 (24.6 - 35.6)	241 / 1445	16.7 (12.0 - 21.4)	161 / 1445	11.1 (7.2 - 15.1)	125 / 1445	8.7 (6.6 - 10.7)
<b>Sex</b>	Female	818 / 1445	56.6 (48.2 - 65.0)	272 / 434	62.7 (48.9 - 76.4)	139 / 241	57.7 (46.7 - 68.7)	89 / 161	55.5 (49.1 - 61.9)	63 / 125	50.2 (42.0 - 58.5)
	Male	627 / 1445	43.4 (35.0 - 51.8)	162 / 434	37.3 (23.6 - 51.1)	102 / 241	42.3 (31.3 - 53.3)	72 / 161	44.5 (38.1 - 50.9)	62 / 125	49.8 (41.5 - 58.0)
<b>Age</b>	13 or less	337 / 1444	23.3 (21.5 - 25.2)	87 / 434	20.0 (15.7 - 24.4)	50 / 241	20.7 (15.8 - 25.7)	39 / 161	24.3 (18.6 - 30.0)	33 / 125	26.3 (19.0 - 33.7)
	14	333 / 1444	23.0 (20.4 - 25.7)	100 / 434	23.1 (18.8 - 27.4)	63 / 241	26.2 (22.6 - 29.7)	40 / 161	24.9 (18.0 - 31.9)	19 / 125	15.1 (8.3 - 21.9)
	15	318 / 1444	22.0 (20.2 - 23.7)	97 / 434	22.3 (19.1 - 25.6)	54 / 241	22.4 (17.1 - 27.7)	32 / 161	19.6 (13.6 - 25.7)	26 / 125	20.7 (15.6 - 25.8)
	16	253 / 1444	17.6 (14.3 - 20.8)	77 / 434	17.7 (12.7 - 22.8)	41 / 241	17.0 (11.5 - 22.5)	32 / 161	19.9 (10.6 - 29.2)	29 / 125	23.5 (16.6 - 30.4)
	17 or older	203 / 1444	14.1 (12.5 - 15.7)	73 / 434	16.8 (14.1 - 19.5)	33 / 241	13.7 (9.9 - 17.5)	18 / 161	11.2 (7.0 - 15.4)	18 / 125	14.3 (8.3 - 20.4)
<b>Urban / Rural</b>	Major urban setting	1318 / 1445	91.4 (86.0 - 96.8)	421 / 434	97.0 (93.5 - 100.0)	233 / 241	96.7 (92.5 - 100.0)	151 / 161	94.1 (88.1 - 100.0)	118 / 125	94.3 (88.0 - 100.0)
	Minor urban	72 / 1445	5.0 (1.3 - 8.7)	11 / 434	2.5 (0.0 - 5.8)	8 / 241	3.3 (0.0 - 7.5)	8 / 161	5.0 (0.0 - 10.2)	5 / 125	4.0 (0.0 - 8.5)

	Rural	55 / 1445	3.6 (1.2 - 6.0)	2 / 434	0.5 (0.0 - 1.2)	0 / 241	-	2 / 161	0.9 (0.0 - 2.4)	2 / 125	1.8 (0.0 - 4.3)
<b>School decile</b>	Low	867 / 1445	59.9 (38.4 - 81.3)	306 / 434	70.5 (49.1 - 91.8)	173 / 241	71.8 (47.6 - 95.9)	125 / 161	77.5 (59.1 - 95.9)	71 / 125	56.6 (31.1 - 82.1)
	Med	372 / 1445	25.9 (8.0 - 43.9)	86 / 434	19.9 (1.4 - 38.4)	40 / 241	16.6 (0.0 - 37.6)	28 / 161	17.5 (1.3 - 33.6)	39 / 125	31.5 (8.2 - 54.7)
	High	206 / 1445	14.2 (4.8 - 23.5)	42 / 434	9.7 (1.9 - 17.4)	28 / 241	11.6 (1.5 - 21.7)	8 / 161	5.0 (0.0 - 10.0)	15 / 125	11.9 (2.0 - 21.8)
<b>Neighbourhood deprivation</b>	Low	92 / 1420	6.5 (3.3 - 9.7)	10 / 427	2.3 (0.3 - 4.4)	3 / 239	1.3 (0.1 - 2.4)	5 / 160	3.1 (0.4 - 5.9)	8 / 124	6.6 (0.8 - 12.3)
	Medium	316 / 1420	22.3 (14.2 - 30.4)	59 / 427	13.8 (7.3 - 20.3)	28 / 239	11.7 (4.5 - 18.9)	21 / 160	13.2 (4.0 - 22.3)	34 / 124	27.5 (13.9 - 41.2)
	High	1012 / 1420	71.2 (60.6 - 81.8)	358 / 427	83.9 (76.2 - 91.5)	208 / 239	87.0 (79.7 - 94.4)	134 / 160	83.7 (73.9 - 93.5)	82 / 124	65.9 (50.8 - 80.9)
<b>Household deprivation</b>	Household deprivation	710 / 1445	49.1 (43.7 - 54.5)	256 / 434	58.9 (53.8 - 64.2)	142 / 241	58.9 (52.8 - 65.1)	86 / 161	53.6 (47.3 - 59.9)	58 / 125	46.4 (34.9 - 58.0)
	No household deprivation	735 / 1445	50.9 (45.5 - 56.3)	178 / 434	41.0 (35.8 - 46.2)	99 / 241	41.1 (34.9 - 47.2)	75 / 161	46.4 (40.1 - 52.7)	67 / 125	53.6 (42.0 - 65.1)

Of the 1445 Pacific students who identified as having at least partly Pacific, 484 did not identify a Pacific group as their main ethnic group and so have been excluded from this table. This means that the n's for the Samoan, Tongan, Cook Island or Other Pacific People columns totals do not add up to 1445.

## Demographics of Pacific students between 2001, 2007 and 2012

The demographic profile of the Pacific students who participated in the Youth2000 survey is similar in 2001, 2007 and in 2012.

**Table 1d. Demographics of Pacific students between 2001, 2007 and 2012**

		2001		2007		2012	
		n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)
<b>Total<sup>1</sup></b>		1138	11.6%	1178	13.1%	1445	17.1%
<b>Sex</b>	Female	631 / 1138	55.2 (44.6 - 65.7)	630 / 1178	53.5 (44.7 - 62.3)	818 / 1445	56.6 (48.3 - 64.9)
	Male	507 / 1138	44.8 (34.3 - 55.4)	548 / 1178	46.5 (37.7 - 55.3)	627 / 1445	43.4 (35.1 - 51.7)
<b>Age</b>	12-15 years	800 / 1135	70.6 (66.4 - 74.9)	799 / 1178	67.8 (64.4 - 71.1)	988 / 1444	68.3 (65.6 - 71.1)
	16-18 years	335 / 1135	29.4 (25.1 - 33.6)	379 / 1178	32.2 (28.9 - 35.6)	456 / 1444	31.7 (28.9 - 34.4)
<b>School decile</b>	Low	495 / 1138	42.1 (23.4 - 60.9)	579 / 1144	50.6 (30.0 - 71.2)	867 / 1445	59.9 (38.7 - 81)
	Med	479 / 1138	44.5 (26.1 - 62.9)	438 / 1144	38.3 (19.4 - 57.1)	372 / 1445	25.9 (8.3 - 43.6)
	High	164 / 1138	13.3 (6.1 - 20.5)	127 / 1144	11.1 (3.8 - 18.5)	206 / 1445	14.2 (5.0 - 23.4)
<b>Neighbourhood deprivation</b>	Low	-	-	101 / 1128	8.9 (5.5 - 12.3)	129 / 1427	9.1 (4.8 - 13.4)
	Medium	-	-	283 / 1128	25.1 (18.9 - 31.3)	287 / 1427	20.1 (13.1 - 27.1)
	High	-	-	744 / 1128	66.0 (57.2 - 74.8)	1011 / 1427	70.8 (60.4 - 81.2)

Neighbourhood deprivation was not measured in 2001

Urban / Rural indicators have not been included in this table as meshblock data was not collected in 2001

## Number of ethnic groups

About one third of Pacific students reported identifying with one ethnic group and another third identified as belonging to two ethnic groups. The remaining third of students identify as belonging to three or more ethnic groups, with a slightly larger proportion identifying with three ethnic groups than four or more ethnic groups. This pattern does not appear to vary greatly across gender or age. Students who identified with four or more ethnic groups were more likely to report living in rural areas, attend high decile schools and live in areas characterised by low levels of neighbourhood deprivation (wealthier neighbourhoods) than students who identified with only one or two ethnic groups.

**Table 1e. Number of ethnic groups that Pacific students identified with in 2012**

		1 ethnic group		2 ethnic groups		3 ethnic groups		4 or more ethnic groups	
		n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)	n / N	% (95% CI)
<b>Total</b>		475 / 1445	32.9 (27.7 - 38.0)	524 / 1445	36.3 (33.0 - 39.6)	259 / 1445	17.9 (14.0 - 21.8)	187 / 1445	12.9 (9.5 - 16.4)
<b>Sex</b>	Female	262 / 475	55.2 (44.4 - 66.0)	301 / 524	57.3 (48.3 - 66.3)	151 / 259	58.4 (50.6 - 66.2)	104 / 187	55.7 (44.1 - 67.2)
	Male	213 / 475	44.8 (34 - 55.6)	223 / 524	42.7 (33.7 - 51.7)	108 / 259	41.6 (33.8 - 49.4)	83 / 187	44.3 (32.8 - 55.9)
<b>Age</b>	12-15 years	305 / 475	64.2 (59.9 - 68.5)	373 / 523	71.3 (67.4 - 75.2)	177 / 259	68.3 (62.7 - 74)	133 / 187	71.1 (64.6 - 77.6)
	16-18 years	170 / 475	35.8 (31.5 - 40.1)	150 / 523	28.7 (24.8 - 32.6)	82 / 259	31.7 (26 - 37.3)	54 / 187	28.9 (22.4 - 35.4)
<b>Urban / Rural</b>	Major urban setting	455 / 475	95.8 (91.4 - 100.0)	483 / 524	92.3 (87 - 97.7)	224 / 259	86.9 (79 - 94.8)	156 / 187	83.8 (75.1 - 92.6)
	Minor urban	17 / 475	3.6 (0.0 - 7.8)	26 / 524	4.9 (1.0 - 8.9)	22 / 259	8.5 (2.3 - 14.7)	7 / 187	3.8 (0.7 - 6.8)
	Rural	3 / 475	0.6 (0.0 - 1.3)	15 / 524	2.7 (0.7 - 4.7)	13 / 259	4.6 (1.1 - 8.0)	24 / 187	12.4 (4.7 - 20.2)
<b>School decile</b>	Low	351 / 475	73.9 (54.9 - 92.9)	325 / 524	61.9 (39.3 - 84.6)	111 / 259	42.5 (21.3 - 63.8)	80 / 187	42.6 (22.7 - 62.5)
	Med	81 / 475	17.1 (1.3 - 32.9)	136 / 524	26.1 (6.2 - 46.1)	91 / 259	35.5 (15.9 - 55)	64 / 187	34.5 (16.2 - 52.9)
	High	43 / 475	9.0 (1.8 - 16.2)	63 / 524	11.9 (3.5 - 20.4)	57 / 259	22.0 (9.3 - 34.8)	43 / 187	22.9 (9.4 - 36.5)



<b>Neighbourhood deprivation</b>	Low	5 / 466	1.1 (0.0 - 2.1)	32 / 518	6.1 (2.3 – 10.0)	30 / 256	11.9 (6.2 - 17.6)	25 / 180	13.9 (6.8 - 21.1)
	Medium	66 / 466	14.2 (6.6 - 21.7)	124 / 518	24.0 (15.1 - 32.8)	79 / 256	30.9 (21.6 - 40.3)	47 / 180	26.3 (16.9 - 35.7)
	High	395 / 466	84.8 (76.9 - 92.6)	362 / 518	69.9 (58.4 - 81.4)	147 / 256	57.2 (46.1 - 68.3)	108 / 180	59.7 (47.3 - 72.2)
<b>Household deprivation</b>	Household deprivation	281 / 475	59.3 (54.0 - 64.6)	236 / 524	44.9 (39.6 - 50.3)	112 / 259	43.1 (35 - 51.2)	81 / 187	43.3 (33.7 - 52.9)
	No household deprivation	194 / 475	40.7 (35.4 – 46.0)	288 / 524	55.1 (49.7 - 60.4)	147 / 259	56.9 (48.8 – 65.0)	106 / 187	56.7 (47.1 - 66.3)

## 2: Culture and Ethnicity

Culture and ethnicity are integral to a young person's sense of identity, the latter which has a strong correlation to overall health and wellbeing (Manuela & Sibley, 2014). These factors are shown to be protective and can provide greater resilience for Pacific youth with high risk profiles (Sanders & Munford, 2015). However a young person's perceived sense of identity and pride in their culture does not always correlate with their ability to comfortably navigate cultural practices, protocols and settings or speak their Pacific language (Mila-Schaaf, 2011).

### Place where student was born

Close to three quarters of the Pacific students were born in New Zealand. Of the Pacific students who were born overseas, most were born in Samoa, then Tonga and the remaining overseas born students came to New Zealand from other unspecified Pacific Islands. Pacific students who were born in New Zealand were more likely than Samoan, Tongan or other Pacific born students to report living in neighbourhoods with low deprivation.

**Table 2a. Place where Pacific students were born**

		New Zealand		Samoa		Tonga		Other Pacific	
		n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI
<b>Total</b>		1055 / 1445	73.0 (69.1-76.9)	148 / 1445	10.3 (8.2-12.3)	61 / 1445	4.2 (2.6-5.8)	122 / 1445	8.4 (5.8-11.0)
<b>Sex</b>	Female	616 / 818	75.3 (71.8-78.8)	85 / 818	10.4 (7.9-12.9)	28 / 818	3.4 (2.1-4.8)	60 / 818	7.3 (4.3-10.4)
	Male	439 / 627	70.0 (64.7-75.3)	63 / 627	10.1 (7.3-12.8)	33 / 627	5.3 (2.8-7.8)	62 / 627	9.8 (6.9-12.7)
<b>Age</b>	12-15	751 / 988	76.0 (72.0-80.0)	88 / 988	8.9 (6.9-10.9)	36 / 988	3.6 (2.2-5.1)	71 / 988	7.2 (3.9-10.5)
	16-18	303 / 456	66.5 (61.8-71.2)	60 / 456	13.1 (10.3-16.0)	25 / 456	5.5 (2.3-8.6)	51 / 988	11.1 (8.6-13.6)
<b>Neighbourhood deprivation</b>	Low	76 / 92	82.9 (74.3-91.5)	3 / 92	3.2 (0.0-6.9)	0 / 92	-	9 / 92	9.5 (2.3-16.8)
	Medium	220 / 316	69.5 (63.8-75.2)	26 / 316	8.2 (4.5-12.0)	9 / 316	2.9 (1.4-4.3)	41 / 316	13.1 (7.4-18.7)
	High	740 / 1012	73.1 (68.7-77.6)	118 / 1012	11.7 (9.8-13.5)	50 / 1012	5.0 (3.0-6.9)	70 / 1012	6.9 (3.9-9.8)

<b>Household deprivation</b>	Household deprivation	515 / 710	72.5 (67.4-77.7)	93 / 710	13.1 (10.6-15.7)	44 / 710	6.2 (3.3-9.1)	32 / 710	4.5 (3.0-6.0)
	No household deprivation	540 / 735	73.5 (69.3-77.7)	55 / 735	7.5 (4.2-10.7)	17 / 735	2.3 (1.4-3.2)	90 / 735	12.2 (7.7-16.7)

Of the Pacific students, 59 said that they were born in countries other than Samoa, Tonga or Other Pacific. This number of students was too small to include.

Other Pacific includes Cook Island, Fijian and Niuean students.

The majority of Cook Island Māori students were born in New Zealand, making the number of Cook Island born students too small include.

As no Tongan students reported that they live in neighbourhoods characterised by low deprivation it was not possible to calculate the confidence interval for this statistic.

## How old when came to New Zealand (if not born in New Zealand)

Of the Pacific students who were born overseas, most (40.0%) came to New Zealand before primary school age with about 15% coming before they were one year old and about one quarter coming when they were aged between two and five years old. Over one third of Pacific students came to New Zealand during their primary school years when they were between six and ten years old. One quarter reported coming when they were aged eleven or older. (It is possible that this older group of overseas born Pacific students is under-represented in this survey due to potential language barriers with completing the survey which was only provided in English and Te Reo).

**Table 2b: Age when overseas born Pacific students came to New Zealand**

		<1 year old		2-5		6-10		11+	
		n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI
<b>Total</b>		55 / 385	14.3 (9.9 - 18.7)	99 / 385	25.7 (21.8 - 29.5)	137 / 385	35.6 (29.5 - 41.7)	94 / 385	24.4 (19.6 - 29.2)
<b>Sex</b>	Female	42 / 232	18.1 (13.0 - 23.2)	66 / 232	28.4 (23.1 - 33.8)	86 / 232	37.1 (28.3 - 45.9)	38 / 232	16.4 (10.0 - 22.7)
	Male	13 / 153	8.5 (3.4 - 13.5)	33 / 153	21.6 (14.1 - 29)	51 / 153	33.4 (25.8 - 41)	56 / 153	36.6 (30.2 - 43.0)
<b>Age</b>	12-15	42 / 232	18.1 (13.0 - 23.2)	66 / 232	28.4 (23.1 - 33.8)	86 / 232	37.1 (28.3 - 45.9)	38 / 232	16.4 (10.0 - 22.7)
	16-18	13 / 145	9.0 (3.6 - 14.3)	33 / 145	22.7 (14.6 - 30.9)	51 / 145	35.2 (27.8 - 42.6)	56 / 153	36.6 (30.2 - 43)
<b>Neighbourhood deprivation</b>	Low	1 / 15	6.8 (0.0 - 18.3)	8 / 15	54.1 (26.5 - 81.7)	5 / 15	33.8 (2.9 - 64.7)	1 / 15	5.3 (0.0 - 16.1)
	Medium	11 / 96	11.4 (4.4 - 18.5)	23 / 96	23.8 (13.1 - 34.6)	41 / 96	42.7 (31.1 - 54.4)	21 / 96	22.0 (12.0 - 32)
	High	43 / 268	16.0 (11.3 - 20.8)	67 / 268	25.0 (20.8 - 29.2)	88 / 268	32.8 (25.6 - 40)	70 / 268	26.1 (21.1 - 31.2)
<b>Household deprivation</b>	Household deprivation	22 / 193	11.4 (7.3 - 15.6)	56 / 193	29.1 (24.3 - 33.8)	67 / 193	34.7 (29.5 - 39.9)	48 / 193	24.8 (20.3 - 29.4)
	No household deprivation	33 / 192	17.1 (11.0 - 23.3)	43 / 192	22.3 (16.9 - 27.7)	70 / 192	36.5 (27.8 - 45.3)	46 / 192	24.0 (17.5 - 30.6)

Of the 390 Pacific students who were born overseas, 5 did not report the age that they came to New Zealand.

## Comfort in Pākehā / New Zealand European and Pacific social surroundings

Overall the majority of Pacific students reported feeling comfortable in Pākehā / New Zealand European social surroundings as well as Pacific social surroundings. About 10% more Pacific students reported feeling comfortable in Pākehā / New Zealand European social surroundings than they did in Pacific social surroundings.

**Table 2c: Pacific students comfort in Pākehā / NZ European and Pacific social surroundings in 2012**

		Comfort in Pacific social surroundings		Comfort in Pākehā / NZ European social surroundings	
		n / N	% 95% CI	n / N	% 95% CI
<b>Total</b>		846 / 1445	58.6 (53.6 - 63.6)	963 / 1437	67.1 (64.8 - 69.4)
<b>Sex</b>	Female	504 / 818	61.6 (56.5 - 66.8)	568 / 815	69.7 (65.8 - 73.6)
	Male	342 / 627	54.6 (48.1 - 61.2)	395 / 622	63.7 (60.5 - 66.9)
<b>Age</b>	12-15	590 / 988	59.8 (54.7 - 64.9)	661 / 981	67.5 (64.7 - 70.3)
	16-18	256 / 456	56.1 (48.7 - 63.6)	302 / 455	66.4 (59.9 - 72.9)
<b>Neighbourhood deprivation</b>	Low	37 / 92	40.4 (29.1 - 51.6)	67 / 92	72.9 (64.1 - 81.7)
	Medium	146 / 316	46.0 (38.9 - 53.1)	220 / 315	69.8 (65.2 - 74.5)
	High	655 / 1012	64.9 (60.7 - 69.0)	665 / 1006	66.3 (63.4 - 69.2)
<b>Household deprivation</b>	Household deprivation	468 / 710	66.0 (61.0 - 71.1)	445 / 707	63.0 (60.5 - 65.5)
	No household deprivation	378 / 735	51.4 (45.2 - 57.6)	518 / 730	71.1 (67.9 - 74.3)



## Students' languages

Pacific students were more likely to report that they could understand the spoken language of their family's culture than speak the language. When utilising students' main ethnic group (main ethnic group as the denominator) their ability to understand and speak the language of their main ethnicity was strong (e.g. a student who chose Tongan as their main ethnic group was able to understand Tongan 96% of the time and speak Tongan 87% of the time). Compared to Samoan and Cook Island students Tongan students were the most likely to report that they were able to understand and speak the language of their family's culture. Whereas Cook Island students were significantly less likely than their Samoan and Tongan counterparts to report that they could understand or speak in their native tongue.

**Table 2d. Languages Pacific students can understand in 2012**

		Samoan		Tongan		Cook Island Māori	
		n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI
<b>Total</b>		386 / 434	88.9 (84.6 - 93.2)	232 / 241	96.3 (93.9 - 98.6)	100 / 161	62.3 (51.5 - 73.1)
<b>Sex</b>	Female	246 / 272	90.4 (85.5 - 95.4)	136 / 139	97.8 (94.8 - 100)	58 / 89	65.2 (53.0 - 77.3)
	Male	140 / 162	86.3 (80.7 - 92)	96 / 102	94.1 (90.6 - 97.6)	42 / 72	58.7 (45.9 - 71.5)
<b>Age</b>	12-15	248 / 284	87.3 (82.1 - 92.4)	160 / 167	95.8 (93.2 - 98.4)	66 / 111	59.7 (48.7 - 70.8)
	16-18	138 / 150	92.0 (87.9 - 96.1)	72 / 74	97.3 (93.9 - 100)	34 / 50	68.0 (54.1 - 81.8)
<b>Neighbourhood deprivation</b>	Low	6 / 10	60.0 (29.6 - 90.5)	3 / 3	100 (100 - 100)	2 / 5	39.8 (0.0 - 85.3)
	Medium	52 / 59	88.1 (79.9 - 96.3)	26 / 28	92.9 (82.2 - 100)	8 / 21	38.1 (22.3 - 53.8)
	High	322 / 358	89.9 (85.3 - 94.5)	202 / 208	97.1 (94.3 - 99.9)	90 / 134	67.4 (55.9 - 78.9)
<b>Household deprivation</b>	Household deprivation	235 / 256	91.8 (87.7 - 95.9)	137 / 142	96.5 (93.6 - 99.3)	57 / 86	66.3 (52.8 - 79.7)
	No household deprivation	151 / 178	84.7 (79.1 - 90.4)	95 / 99	96.0 (92.7 - 99.2)	43 / 75	57.7 (43.9 - 71.5)

**Table 2e. Languages Pacific students can speak in 2012**

		Samoan		Tongan		Cook Island Māori	
		n / N	% 95% CI	n / N	% 95% CI	n / N	% 95% CI
<b>Total</b>		338 / 433	78.0 (72.7 - 83.4)	209 / 240	87.1 (82.9 - 91.3)	63 / 158	40.0 (31.6 - 48.4)
<b>Sex</b>	Female	212 / 272	77.9 (72.0 - 83.9)	121 / 139	87.0 (80.3 - 93.8)	39 / 89	43.8 (34.6 - 53.0)
	Male	126 / 161	78.2 (69.6 - 86.7)	88 / 101	87.1 (81.5 - 92.7)	24 / 69	35.0 (24.8 - 45.2)
<b>Age</b>	12-15	214 / 283	75.6 (69.6 - 81.5)	144 / 167	86.2 (81.4 - 91.0)	39 / 109	35.9 (27.1 - 44.8)
	16-18	124 / 150	82.7 (77.5 - 87.8)	65 / 73	89.0 (81.2 - 96.9)	24 / 49	48.9 (36.9 - 60.9)
<b>Neighbourhood deprivation</b>	Low	5 / 10	50.0 (25.1 - 74.9)	3 / 3	100 (100 - 100)	2 / 5	39.8 (0.0 - 85.3)
	Medium	48 / 59	81.4 (71.9 - 90.8)	26 / 28	92.9 (82.2 - 100)	5 / 21	23.8 (7.3 - 40.2)
	High	279 / 357	78.1 (72.2 - 84.1)	179 / 207	86.5 (82.1 - 90.8)	56 / 131	42.9 (34.5 - 51.3)
<b>Household deprivation</b>	Household deprivation	207 / 255	81.2 (74.9 - 87.5)	126 / 141	89.4 (83.3 - 95.5)	35 / 85	41.2 (31.5 - 50.8)
	No household deprivation	131 / 178	73.5 (66.1 - 80.9)	83 / 99	83.8 (76.8 - 90.9)	28 / 73	38.6 (29.1 - 48.0)

### 3. Home and Families

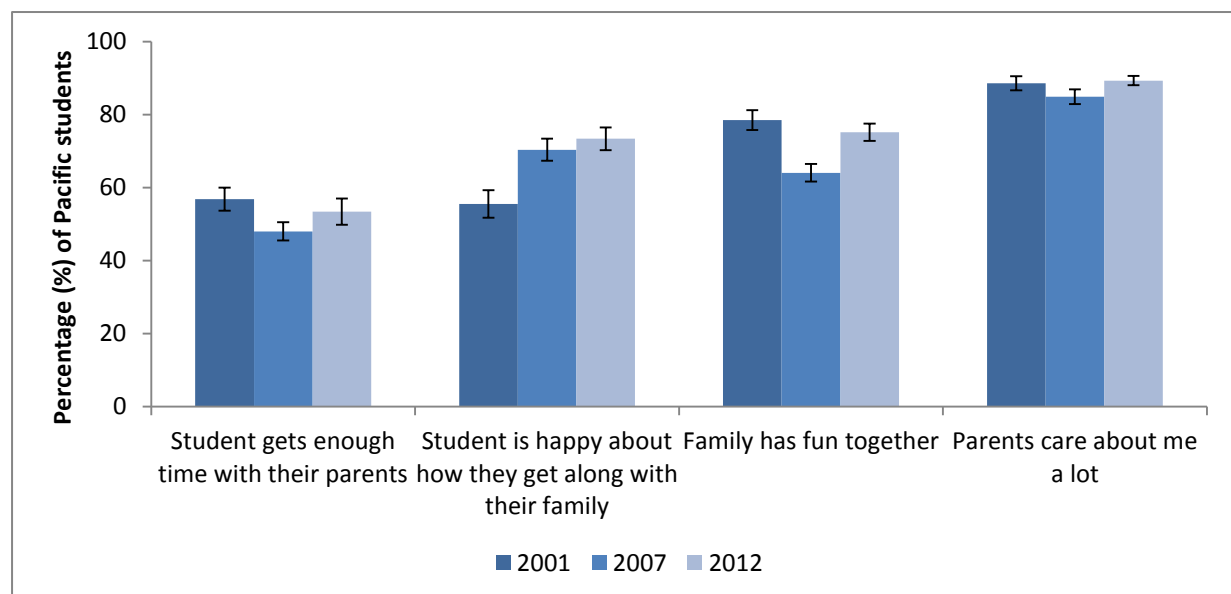
#### Family relationships

In New Zealand, the generic use of the term family describes family as a couple, with or without child(ren), or one parent and his / her child(ren), all of whom reside in the same household (Statistics New Zealand, 2006). The term used to describe family for Samoan communities is aiga and for the Tongan population kāinga where the concept of aiga and kāinga are similar to the Māori term whanau (Markoff & Bond, 1980; Helu, 1999). While some refer to others as family irrespective of biological connection, others require that a direct link to bloodline is established (Hodgson & Birks, 2002). Regardless of how family is defined by young people, family connectedness characterised by closeness and warmth with family has been linked to overall health and wellbeing and has been shown to provide protection against risky behaviours such as smoking and alcohol consumption (Jose, Ryan, & Pryor, 2012).

#### *Comparisons between 2001, 2007, and 2012*

In each of the survey waves, the majority of Pacific students reported good family relationships. Compared to 2001 and 2012 there was a dip in the proportion of Pacific students who reported that they get to spend enough time with their parents and those who thought that their family has fun together in 2007, but overall these variables seem to be fairly stable over time. In comparison there appears to have been a steady increase between 2001 and 2012 in the proportion of Pacific students who report that they are happy about how they get along with their family. For more detail see Table 3a in the appendices.

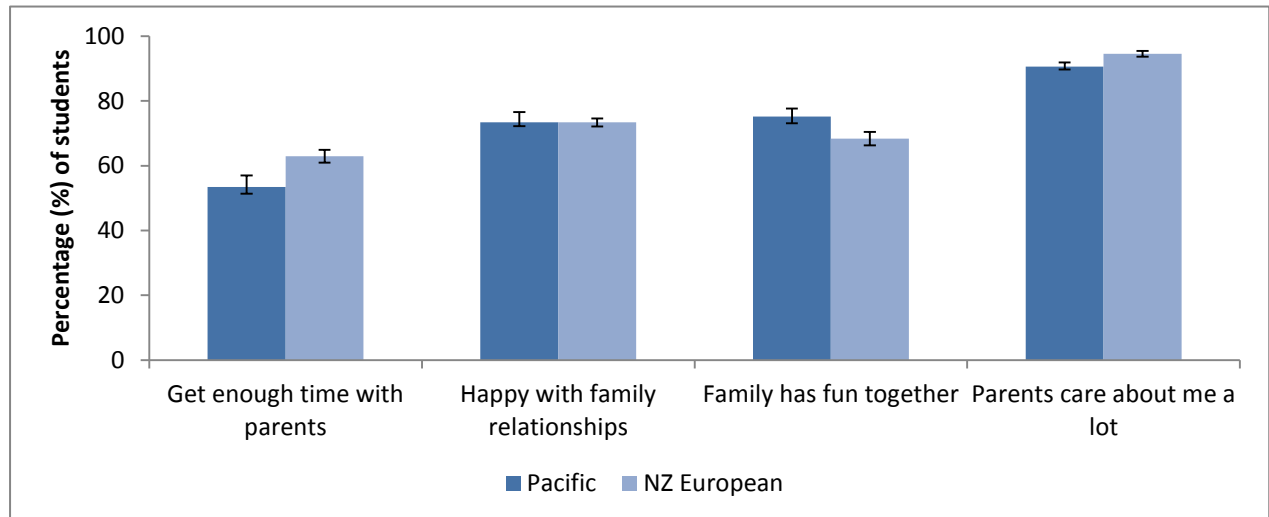
**Figure 3a. Pacific students family relationships between 2001, 2007 and 2012**



### Comparisons between Pacific and New Zealand European students in 2012

The majority of Pacific and New Zealand European students reported to have positive family relationships across each of the variables. Three quarters of both Pacific and New Zealand European students reported that they were happy with their family relationships. Compared to Pacific students, New Zealand European students were slightly more likely to report that they get enough time with their parents and that at least one of their parents cared about them a lot. In contrast Pacific students were more likely than New Zealand European students to report that their family has fun together. For more detail see Table 3b in the appendices.

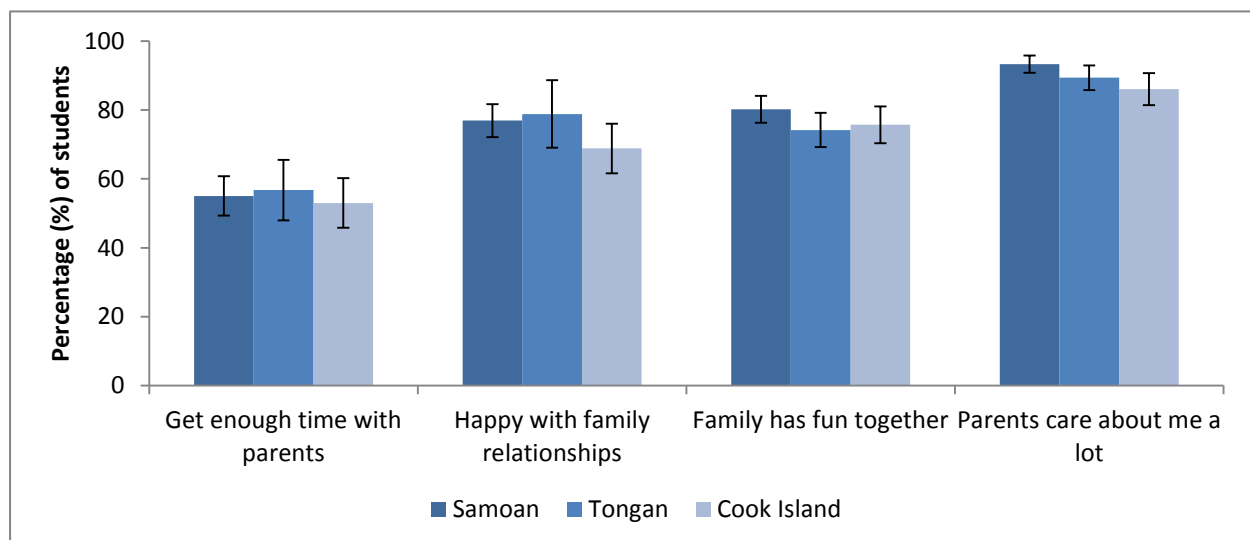
**Figure 3b. Pacific and New Zealand European students family relationships in 2012**



### Comparisons between Samoan, Tongan and Cook Island students in 2012

In 2012, the majority of Samoan, Tongan and Cook Island students reported to have positive relationships with their families. Overall, there was no difference between Samoan, Tongan and Cook Island ethnic groups for family relationships. For more detail see Table 3c in the appendices.

**Figure 3c. Samoan, Tongan and Cook Island students family relationships in 2012**



## Economic hardship

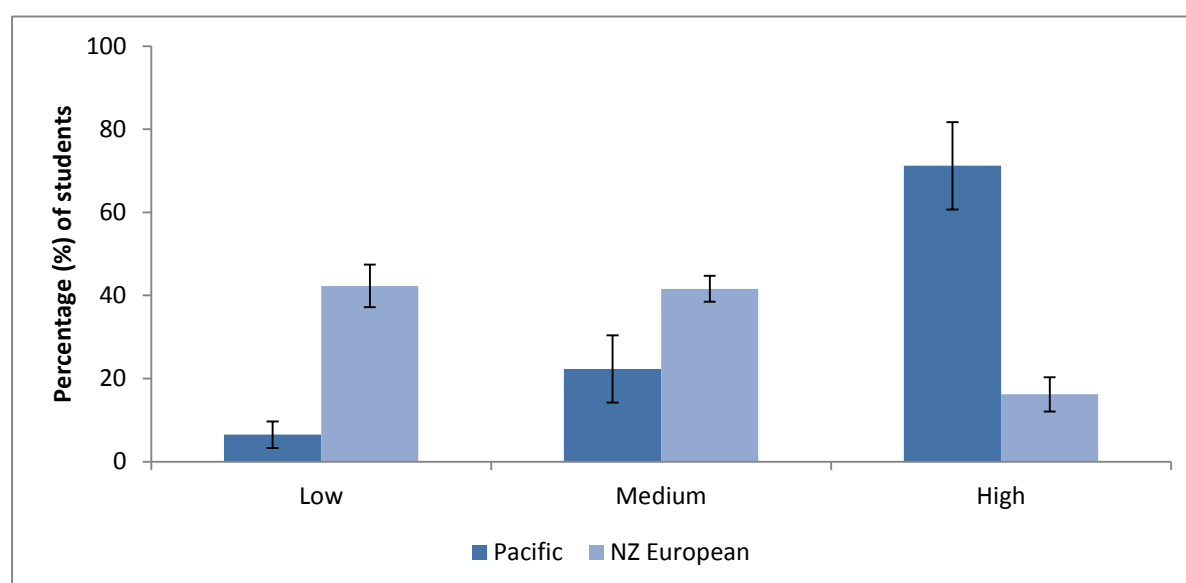
At the last census, approximately 56% of Pacific people lived in the most deprived areas of New Zealand (Statistics New Zealand, 2013). Between 2003 and 2013 there was an increase of incomes across all ethnicities, however the increase was smallest among Pacific people. Pacific people continue to have the lowest average personal income at \$19,700 per year (compared with \$30,900 per year for New Zealand European families) and a high unemployment rate (13% in 2014 compared with a total population unemployment rate of 6.2%). The Pacific youth unemployment rate is 30% compared with the 16% national youth unemployment rate (New Zealand Institute of Economic Research, 2013).

Home ownership is the lowest among Pacific people with only 32% of Pacific people living in a home they own compared with 69.6% of Europeans (Statistics New Zealand 2013). Over 23% of Pacific people experienced overcrowding compared with 2.7% of European households.

### *Neighbourhood deprivation for New Zealand European and Pacific students in 2012*

New Zealand European students were more likely to report living in comparatively wealthier neighbourhoods than Pacific students. New Zealand European students were six times more likely to report living in neighbourhoods characterised by low levels of deprivation than Pacific students. Pacific students were more than four times as likely to report living in areas with high levels of deprivation than their New Zealand European counterparts. For more detail see Table 3d in the appendices.

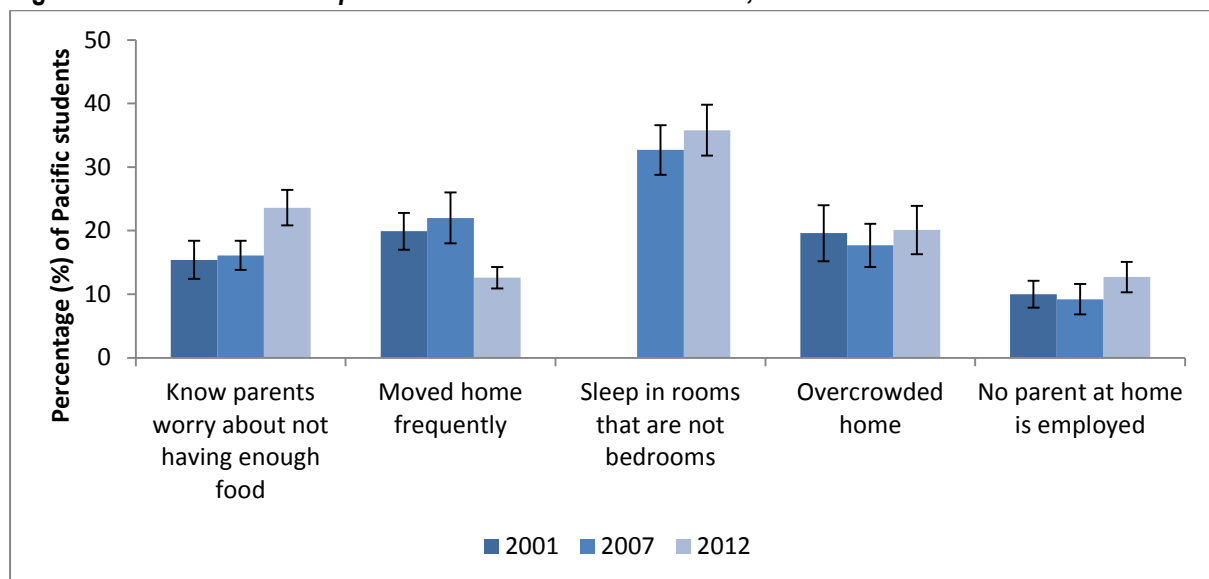
**Figure 3d. Neighbourhood deprivation for New Zealand European and Pacific students in 2012**



## Comparisons between 2001, 2007 and 2012

Across the three survey waves, there appears to be both some positive and negative movement with regards to how Pacific students experience economic hardship. Between 2001 and 2012 there has been an 8% increase in the proportion of Pacific students who report that their parents 'worry often or all the time about not having enough food'. Over this time period there has been little change or improvement in Pacific students reporting of living in overcrowded houses, sleeping in rooms that are not bedrooms and not having an employed parent / caregiver. In contrast, it appears that Pacific students in 2012 may be experiencing greater housing stability and access to cars and computers than their 2001 counterparts. For more detail see Table 3e in the appendices.

**Figure 3e. Economic hardship for Pacific students between 2001, 2007 and 2012**



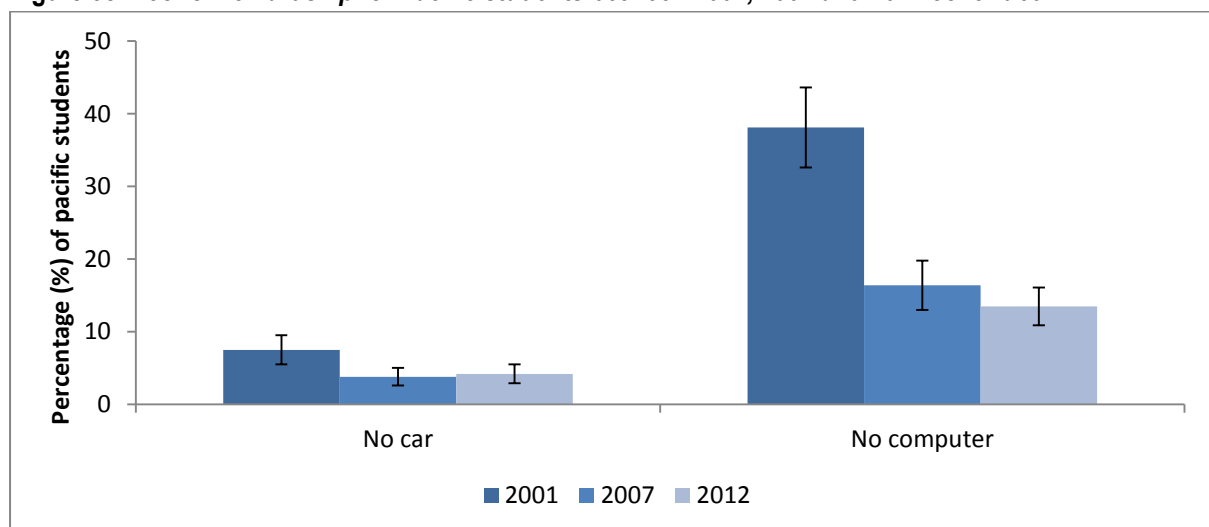
The question about sleeping in rooms that are not bedrooms was not asked in 2001.

Data for 'no holidays in the last 12 months' was only collected in 2012 and so cannot be compared over time.

Parental employment was explored through two questions, separately for mothers and fathers: "Does your dad (or someone who acts as your dad) have a job?", with response options: "Yes – full time"; "Yes – part time"; "No"; 'I don't know'; and, 'Does not apply to me'.

Students were also asked who they lived with in their home, with response options including their mother and/ or father. Students who responded that both parents were not in fulltime employment or that the single parent they lived with was not full-time employment were classified as having "No parent at home with full-time employment".

**Figure 3e. Economic hardship for Pacific students between 2001, 2007 and 2012 continued**



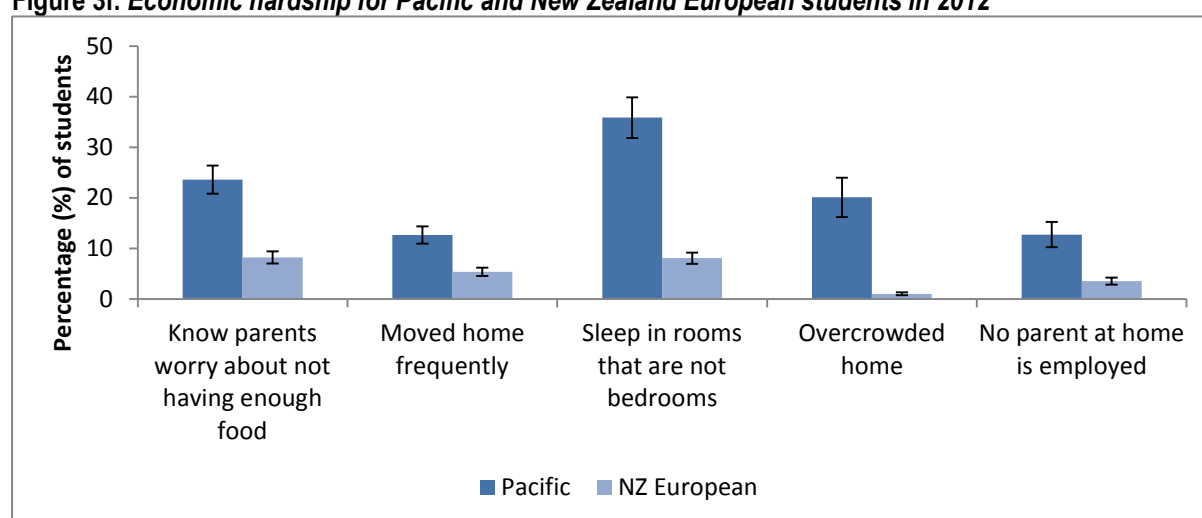


## Comparisons between Pacific and New Zealand European students in 2012

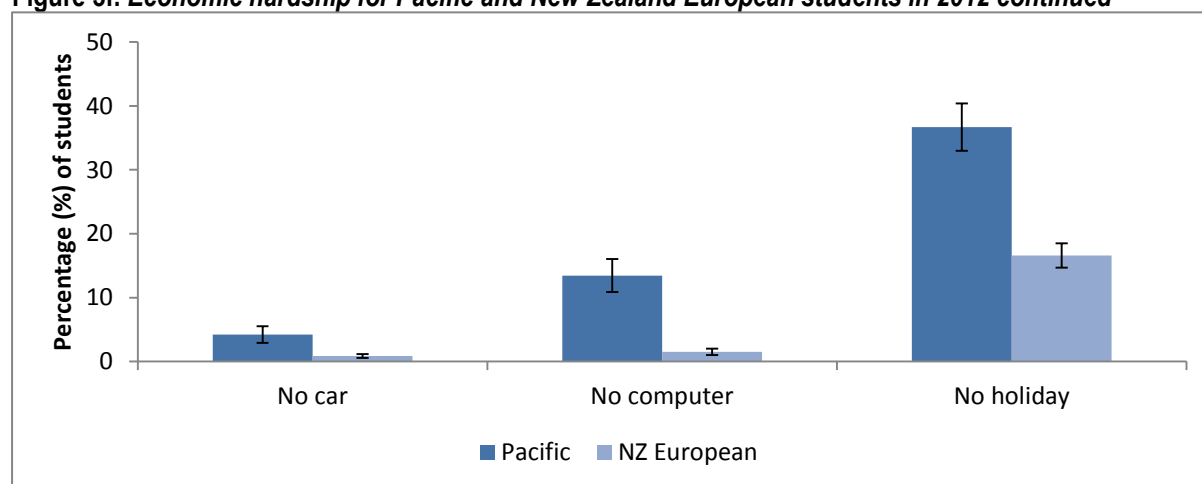
In 2012, Pacific students reported experiencing comparatively greater economic hardship than New Zealand European students. Compared to New Zealand European students, Pacific students were about twenty times more likely to report living in an overcrowded home, four times as likely to have someone in their home who slept in a room that is not a bedroom in the last 12 months and twice as likely to report that they have moved home frequently.

Pacific students also reported less access to household items. Compared to New Zealand European students, Pacific students were nine times as likely to report not having a computer or lap top at home, four times as likely to report not having a car and twice as likely to report not having gone on holiday in the last 12 months. Pacific students were also three times as likely to report that neither of their parents or caregivers were employed and that they worry about not having enough food. For more detail see Table 3f in the appendices.

**Figure 3f. Economic hardship for Pacific and New Zealand European students in 2012**



**Figure 3f. Economic hardship for Pacific and New Zealand European students in 2012 continued**



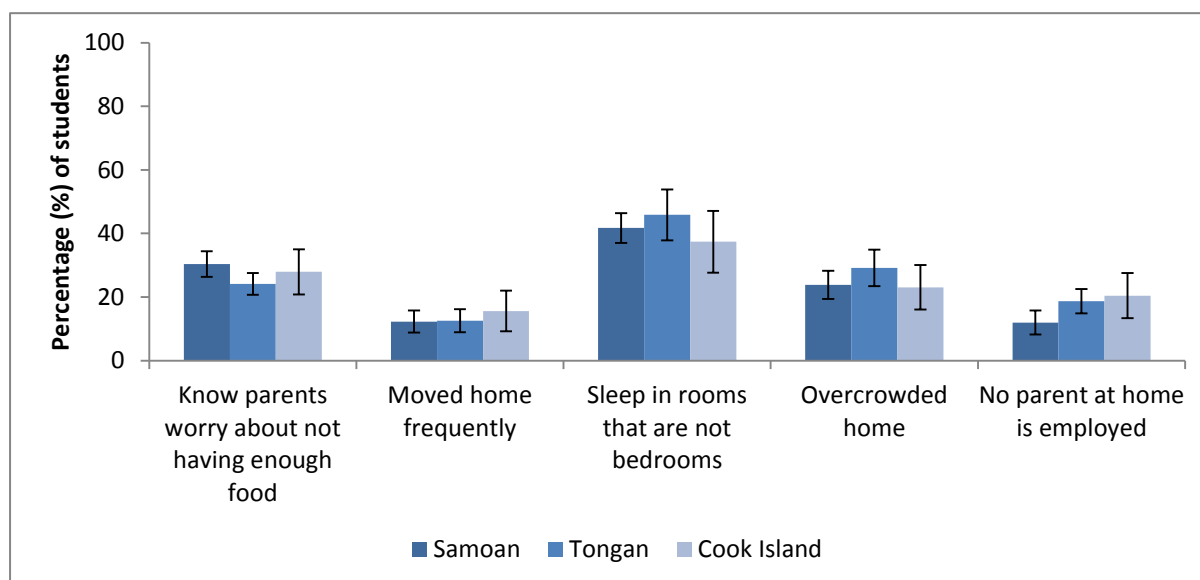
Parental employment was explored through two questions, separately for mothers and fathers: "Does your dad (or someone who acts as your dad) have a job?", with response options: "Yes – full time"; "Yes – part time"; "No"; "I don't know"; and, "Does not apply to me". Students were also asked who they lived with in their home, with response options including their mother and/ or father. Students who responded that both parents were not in fulltime employment or that the single parent they lived with was not full-time employment were classified as having "No parent at home with full-time employment".

The 'No holiday' variable is based on the question 'During the past 12 months, how many times did you travel away on Holiday with your family?'. This question is based on the literature coming out of US studies on the poverty of children (Boyce, Torsheim, Currie & Zambon, 2006).

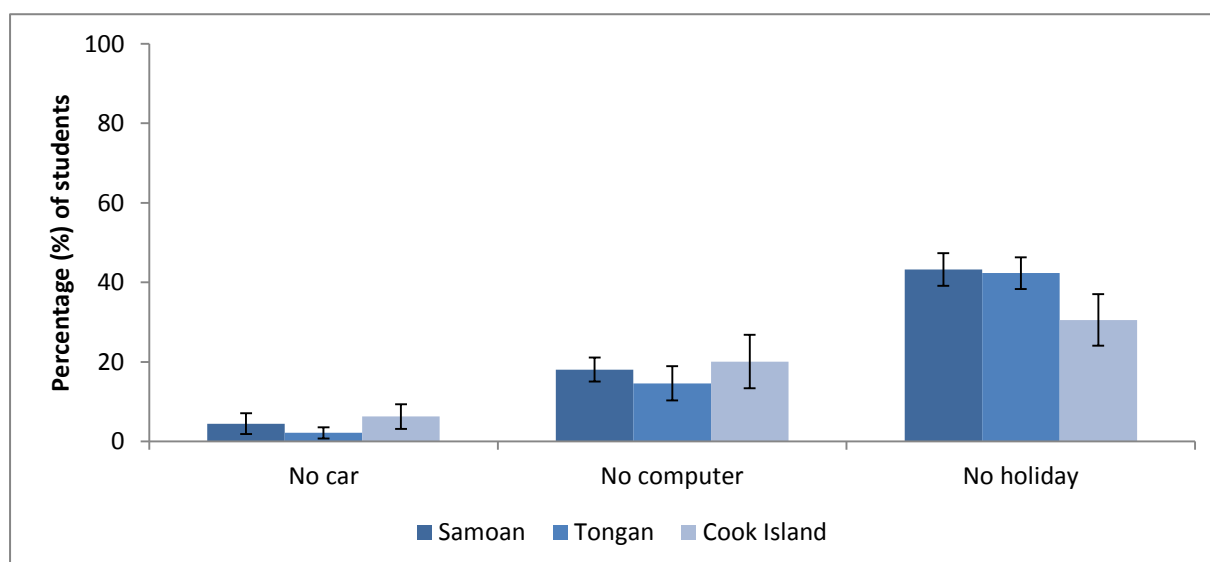
### Comparisons between Samoan, Tongan and Cook Island students in 2012

Across the nine economic hardship variables Samoan, Tongan and Cook Island students tended to report similar results. Compared to Cook Island students, Samoan students were more likely to report that they had not gone a holiday in the last 12 months. Apart from this, there are no statistical differences between Samoan, Tongan and Cook Island students. For more detail see Table 3g in the appendices.

**Figure 3g. Economic hardship for Samoan, Tongan and Cook Island students in 2012**



**Figure 3g. Economic hardship for Samoan, Tongan and Cook Island students in 2012 continued**



Parental employment was explored through two questions, separately for mothers and fathers: "Does your dad (or someone who acts as your dad) have a job?", with response options: "Yes – full time", "Yes – part time", "No", "I don't know", and, "Does not apply to me". Students were also asked who they lived with in their home, with response options including their mother and/ or father. Students who responded that both parents were not in fulltime employment or that the single parent they lived with was not full-time employment were classified as having "No parent at home with full-time employment".

The 'No holiday' variable is based on the question 'During the past 12 months, how many times did you travel away on Holiday with your family?'. This question is based on the literature coming out of US studies on the poverty of children (Boyce et al., 2006)

## 4. School Environment

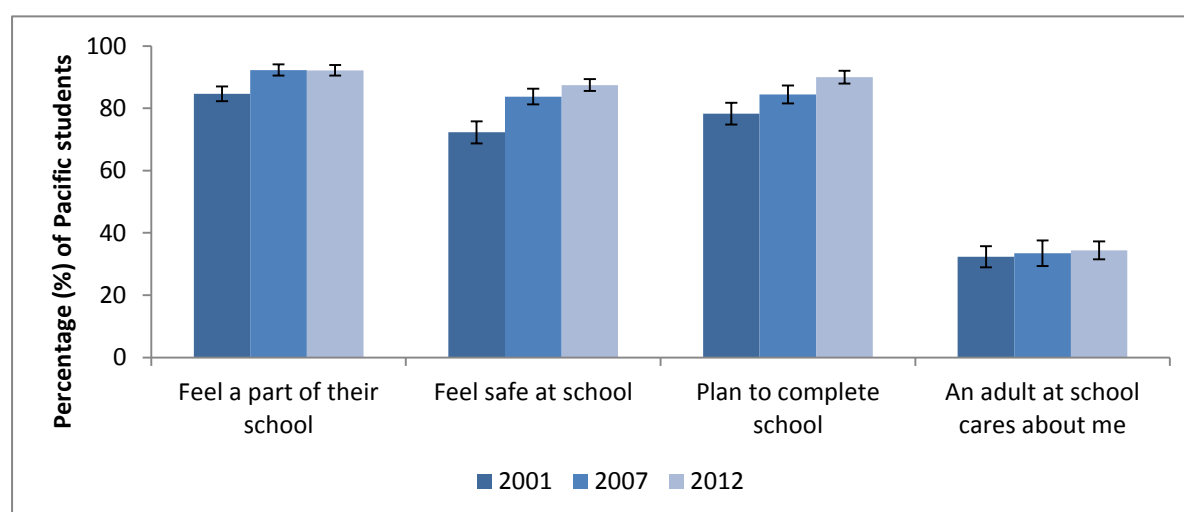
Schools are important for the health and wellbeing of young people. Studies have shown that underachievement by able pupils from deprived settings are largely influenced by stereotypes around identity, motivation and the cultural framing of career choices than with low levels of knowledge or ability (Greenhalgh, Seyan & Boynton, 2004). Evidence suggests that students need to feel positive and comfortable with their own identity, and to believe they have choices about their future. School connection is characterised by close affective relationships with people at school; and commitment is described by an investment in school and doing well in school (Catalano, Haggerty, Oesterle, Fleming & Hawkins, 2004).

While most New Zealand secondary schools aim to provide a safe learning environment for their students, schools are not always a safe place for students (Carroll-Lind, 2009). Six percent of Pacific high school students reported that they did not go to school because of bullying in the last month (See Table 4e in the appendices). This is consistent with international literature, for example, the Trends in International Mathematics and Science Study (TIMSS 2006 / 07) of year five students in 60 different countries rated New Zealand schools among the worst category in the world for bullying, with rates more than 50 percent above the international average (International Association for the Evaluation of Educational Achievement, 2008). International findings have drawn an association between bullying and suicidal ideation. Changing technology has also opened up new avenues for bullying using electronic contact from texting on cell phones to videos on websites that need to be further understood (Patchin & Hinduja, 2006; Smith et al., 2008).

### *Comparisons between 2001, 2007 and 2012*

School environments have improved for Pacific young people since 2001. Between 2001 and 2007 Pacific students were more likely to report 'feeling a part of their school' and 'feeling safe at their school'. There were no significant changes in these areas between 2007 and 2012. In contrast there has been a steady increase of Pacific students reporting that they plan to complete Year 13 between 2001 and 2012, particularly among younger students. There has been no changes in reporting about whether students think an adult at school cares about them between 2001 and 2012. For more detail see Table 4a in the appendices.

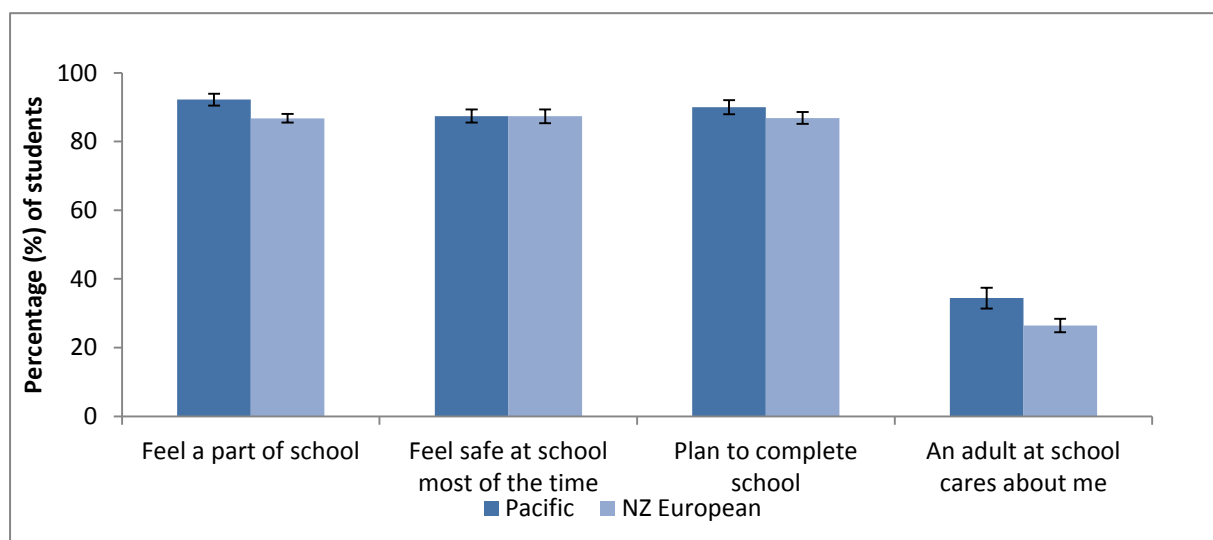
**Figure 4a. School environments for Pacific young people between 2001, 2007 and 2012**



### Comparisons between Pacific and New Zealand European students in 2012

Over 85% of Pacific and New Zealand European students reported feeling part of their school, feeling safe at their school and that they planned to complete Year 13. Pacific students were more likely than New Zealand European students to report that they feel part of their school and that an adult at school cares about them. For more detail see Table 4b in the appendices.

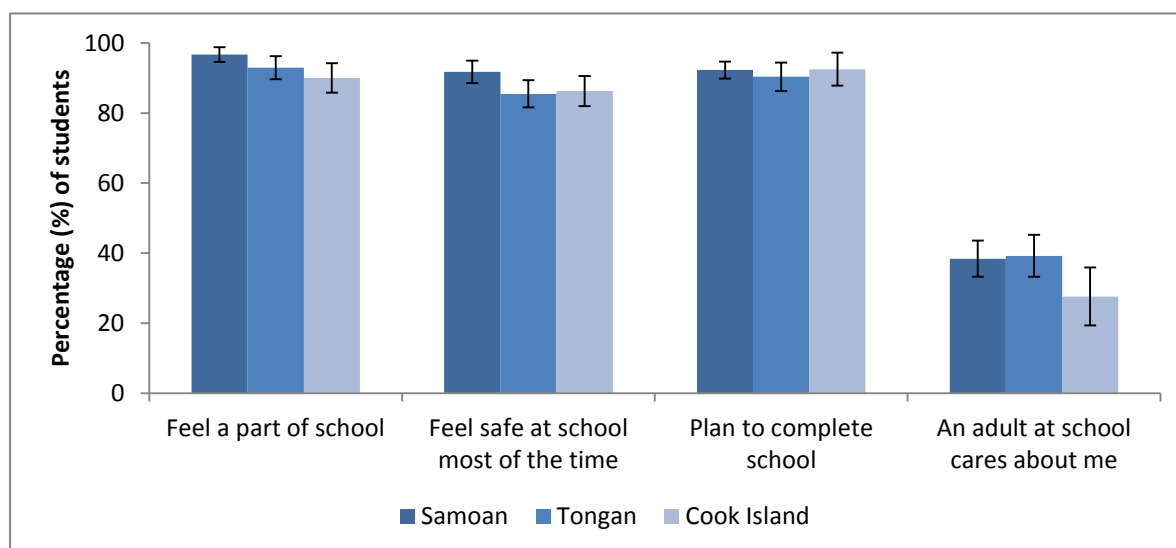
**Figure 4b. School environment for Pacific and New Zealand European students in 2012**



### Comparisons between Samoan, Tongan and Cook Island students in 2012

The majority of Samoan, Tongan and Cook Island students reported experiencing positive school environments. There were no significant differences between the proportion of Samoan, Tongan and Cook Island students who reported that they feel a part of their school, feel safe at school, plan to complete school or that an adult at school cares about them. For more detail see Table 4c in the appendices.

**Figure 4c. School environment for Samoan, Tongan and Cook Island students in 2012**



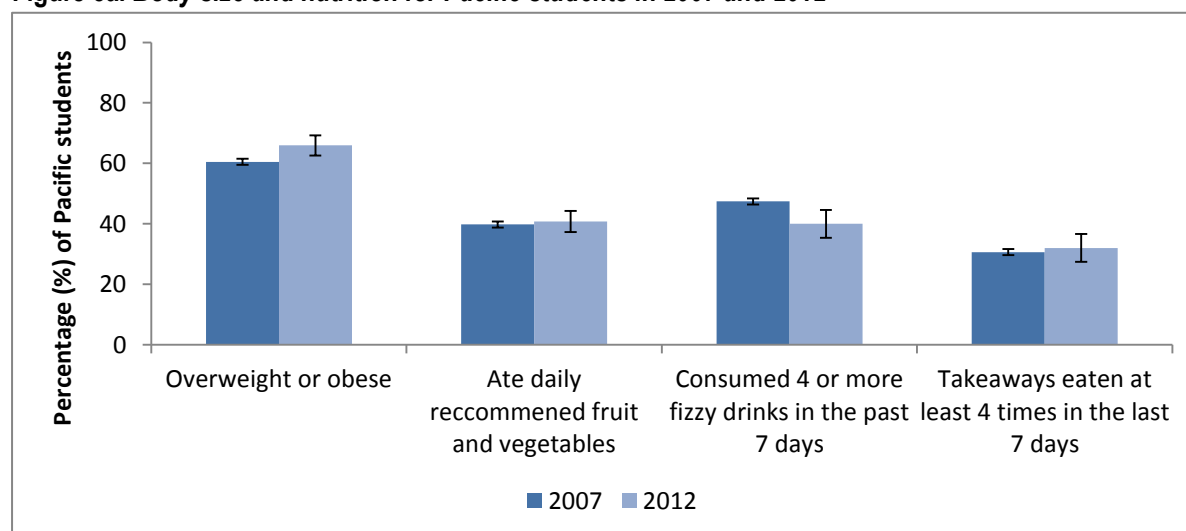
## 5. Nutrition and Exercise

Improving nutrition, increasing physical activity and reducing obesity levels are a public health priority in New Zealand (HEHA Strategy Evaluation Consortium, 2009). While we know that Pacific young people currently have higher rates of obesity compared to non-Pacific young people (Utter et al., 2012), studies have generally focussed on individual eating behaviours rather than the structural barriers to eating nutritious meals and engaging in exercise. Please note BMI height and weight measurements were taken by trained research staff following standardised protocols. The percentages of students who are underweight, overweight and obese have been determined using age and sex-specific BMI definitions for children and adolescents as recommended by the International Obesity Taskforce (Cole & Lobstein, 2012). These definitions of underweight, overweight and obesity are based on pooled data from large international datasets and provide nationally and internationally comparable data.

### *Comparisons between 2001, 2007, and 2012*

The body size and nutrition of Pacific students has remained stable between 2007 and 2012. There have been no significant increases or decreases in the proportion of students who were measured as being overweight or obese, or the self-reported nutritional intake. Over 60% of Pacific students were recorded as being overweight or obese in 2007 and 2012. It should be noted that when combining overweight and obese students there is no increase in the weight for Pacific students, however further more detailed analyses conducted by Utter et al. (2015) found that Pacific youth are significantly more likely to be obese and severely obese than other ethnic groups in New Zealand (e.g. severe obesity increased from 9% in 2007 to 14% in 2012). For more detail see Table 5a in the appendices.

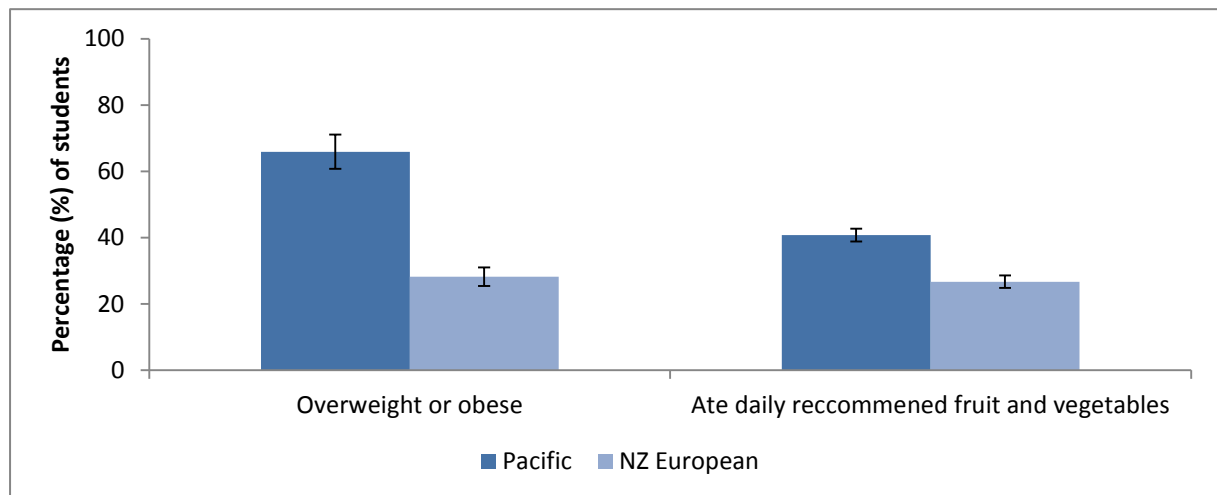
**Figure 5a. Body size and nutrition for Pacific students in 2007 and 2012**



### Comparisons between Pacific and New Zealand European students

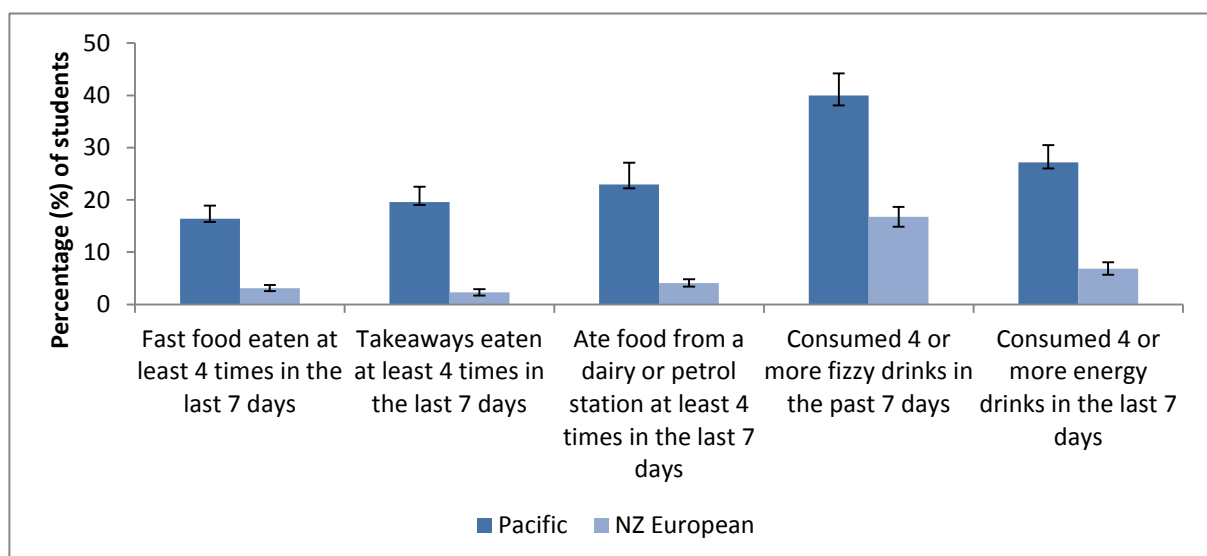
Across the body size and nutrition variables, Pacific students were twice as likely to be overweight or obese and consume unhealthy food and drinks (e.g. takeaways and fizzy drinks). Pacific students more frequently report eating the daily recommended amount of fruit and vegetables compared to New Zealand Europeans. For more detail see Table 5b in the appendices.

**Figure 5b. Body size and healthy nutrition for Pacific and New Zealand European students in 2012**



Pacific students are more likely to report poor nutrition compared to New Zealand European students. Compared to New Zealand European students, Pacific students were eight times more likely to eat take out, six times more likely to eat food from a dairy or petrol station and five times as likely to eat fast food at least four times within the past week. Similarly Pacific students were nearly four times as likely to drink at least four fizzy drinks or energy drinks within the past week compared to their New Zealand European counterparts. For more detail see Table 5c in the appendices

**Figure 5c. Poor nutrition for Pacific and New Zealand European students in 2012**

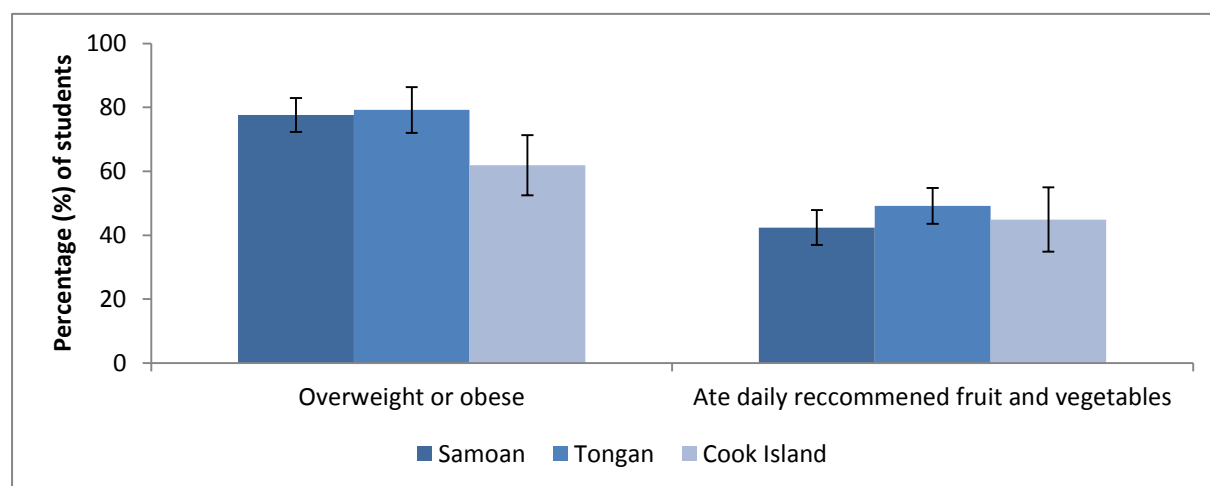




## Comparisons between Samoan, Tongan and Cook Island students

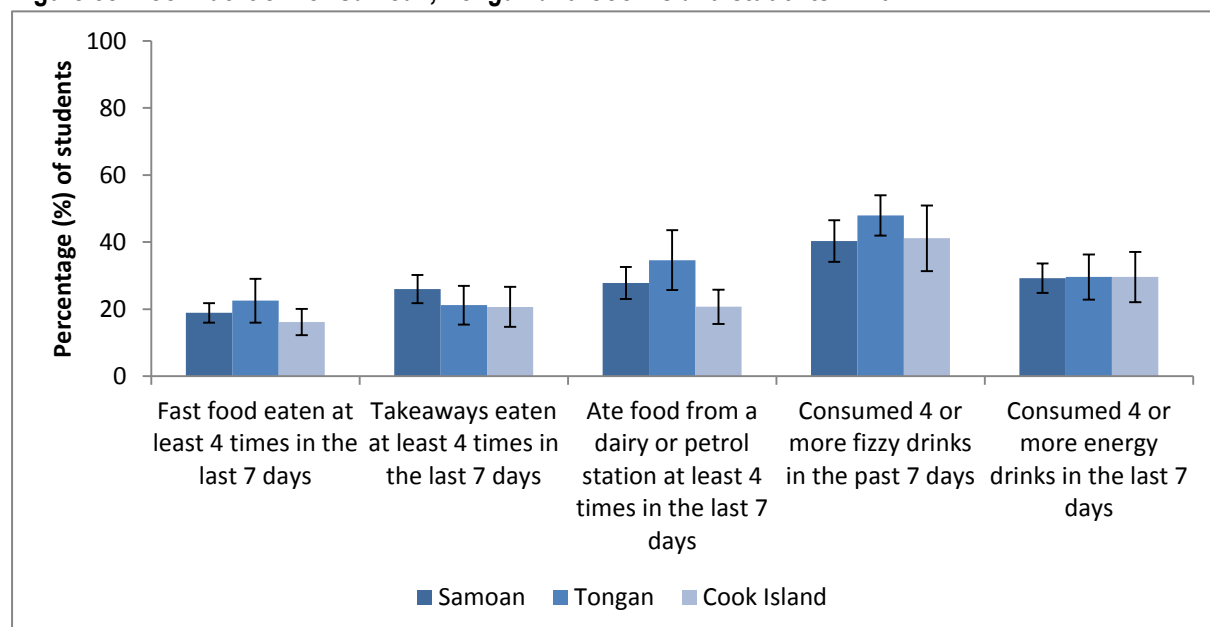
Overall there was little difference in the body size and nutrition of Samoan, Tongan and Cook Island students. Over three quarters of Samoan and Tongan students and just over 60% of Cook Island students were overweight or obese. Cook Island students were less likely to be overweight or obese than their Samoan counterparts. There was no difference between Samoan, Tongan and Cook Island students for eating the daily recommended amount of fruit and vegetables. For more detail see Table 5d in the appendices.

**Figure 5d. Body size and healthy nutrition for Samoan, Tongan and Cook Island students in 2012**



Across the poor nutrition variables there were no significant differences between Samoan, Tongan and Cook Island students. For more detail see Table 5e in the appendices.

**Figure 5e. Poor nutrition for Samoan, Tongan and Cook Island students in 2012**



## 6. General Health and Access to Healthcare

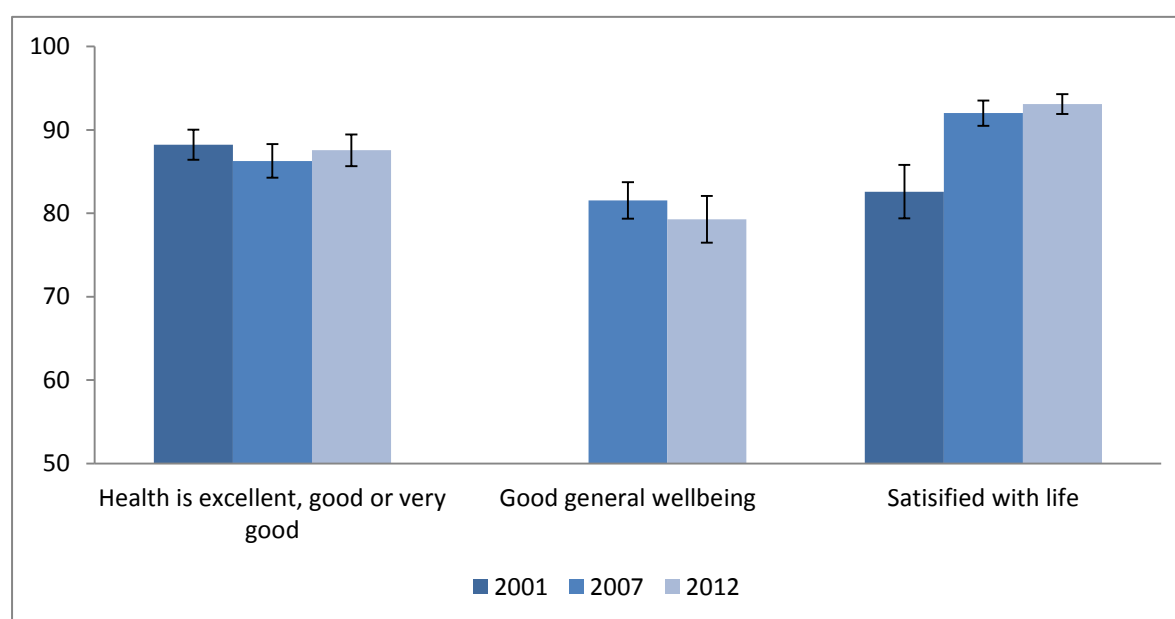
### Health and wellbeing

The health of a young person is influenced by the social, cultural, economic and environmental contexts in which they live their lives; often referred to as the determinants of health (Marmot & Wilkinson, 2005). These can be influenced by a number of factors beyond a student's control, such as government policies or access to health (Taufa, 2015). Wellbeing describes how people think and feel about their lives, the quality of their relationships, their positive emotions and resilience, the realisation of their potential and overall satisfaction with their life (Park, 2004). In New Zealand Pacific people are more likely to be exposed to adverse health determinants than the overall New Zealand population. They are also the least likely to benefit from health services (Tiatia, 2008). These can influence a student's general health, access to health care and perceived wellbeing.

#### *Comparisons between 2001, 2007 and 2012*

Since 2001, about 85% of Pacific students have reported good or excellent health and about 80% reported good general wellbeing since 2007. Between 2001 and 2007 there was a 10% increase in the proportion of Pacific students who reported to be satisfied with their life. This proportion of Pacific students reporting that they are satisfied with their life has remained at about 92% since 2007. For more detail see Table 6a in the appendices.

**Figure 6a. Health and wellbeing of Pacific students between 2001, 2007 and 2012**



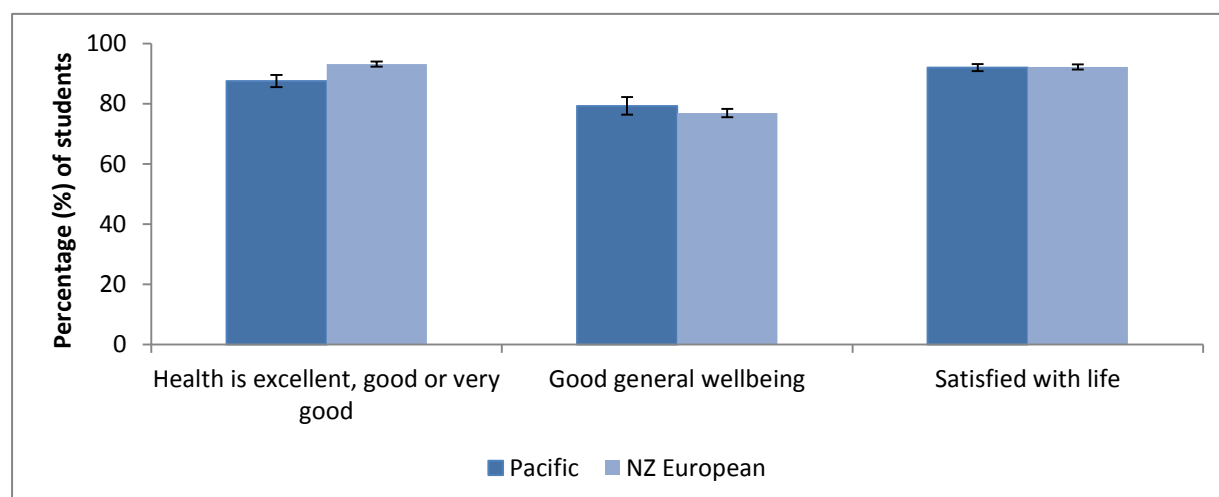
Good general wellbeing question was not asked in 2001

The question that relates to being 'satisfied with life' is 'Are you happy or satisfied with your life?', this question has been widely used in international child and youth health surveys (Huebner, 1991).

## Comparisons between Pacific and New Zealand European students

A slightly smaller proportion of Pacific students than New Zealand European students reported that their health is excellent, good or very good but there was no difference in reporting of good general wellbeing in 2012. More than three quarters of Pacific and New Zealand European students reported to have good general wellbeing and about 90% reported that their health is excellent, good or very good and that they are satisfied with life. For more detail see Table 6b in the appendices.

**Figure 6b. Health and wellbeing of Pacific and New Zealand European students in 2012**

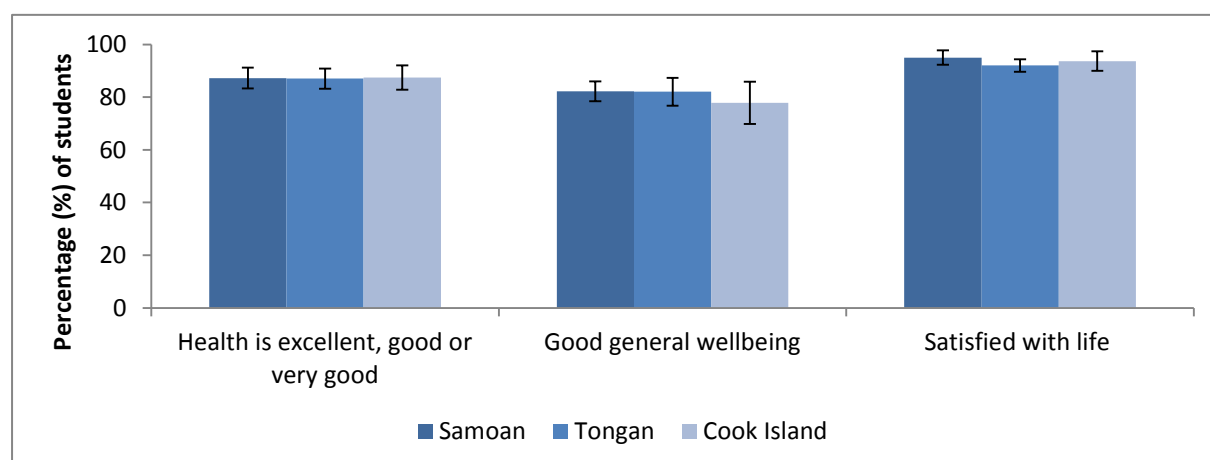


The question that relates to being 'satisfied with life' is 'Are you happy or satisfied with your life?', this question has been widely used in international child and youth health surveys (Huebner, 1991).

## Comparisons between Samoan, Tongan and Cook Island students

In 2012, the vast majority of Samoan, Cook Island and Tongan students reported that they had excellent or good health, good general wellbeing and were satisfied with their life. There was no difference by ethnic group across these variables. For more detail see Table 6c in the appendices.

**Figure 6c. Health and wellbeing of Samoan, Tongan and Cook Island students in 2012**



The question that relates to being 'satisfied with life' is 'Are you happy or satisfied with your life?', this question has been widely used in international child and youth health surveys (Huebner, 1991).

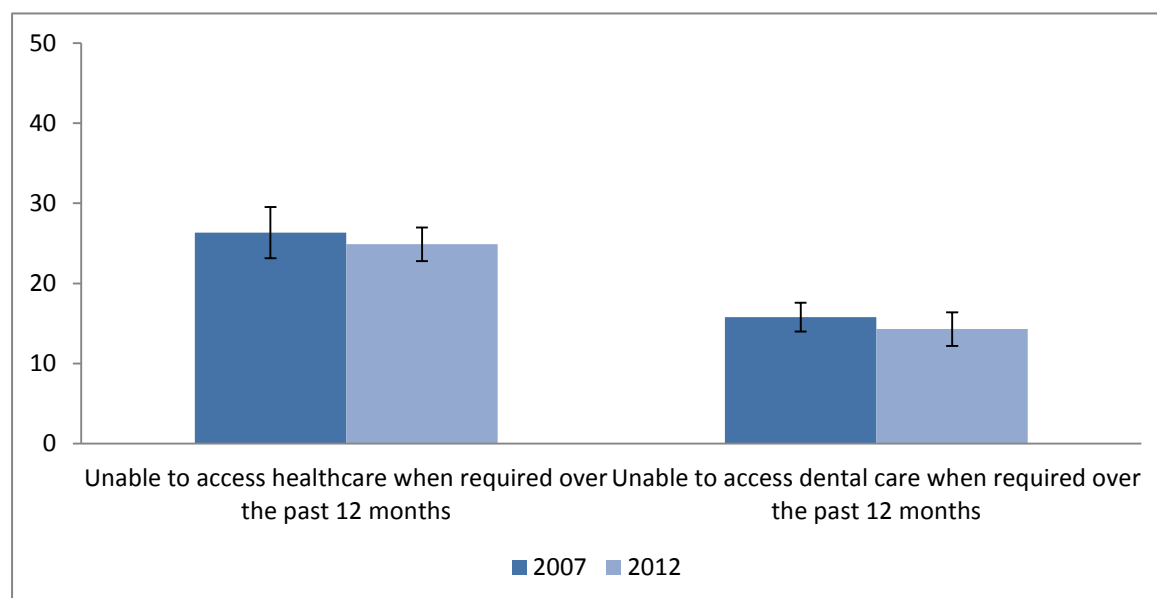
## Access to health and dental care

Pacific youth report poorer access to healthcare compared to their peers (Teevale et al., 2013; Statistics New Zealand and Ministry of Pacific Island Affairs, 2011). In addition, Pacific children have higher rates of admission for dental issues than any other ethnic group however for young people, European youth have higher rates of admission than Māori, Pacific and Asian youth (Craig et al., 2009).

### *Comparisons between 2001, 2007 and 2012*

Between 2007 and 2012 there does not appear to be a change in Pacific students' ability to access health care and dental care when required. In both 2007 and 2012 about one quarter of Pacific students reported that they were unable to access health care and 15% could not access dental care when it was required within the last year. For more detail see Table 6d in the appendices.

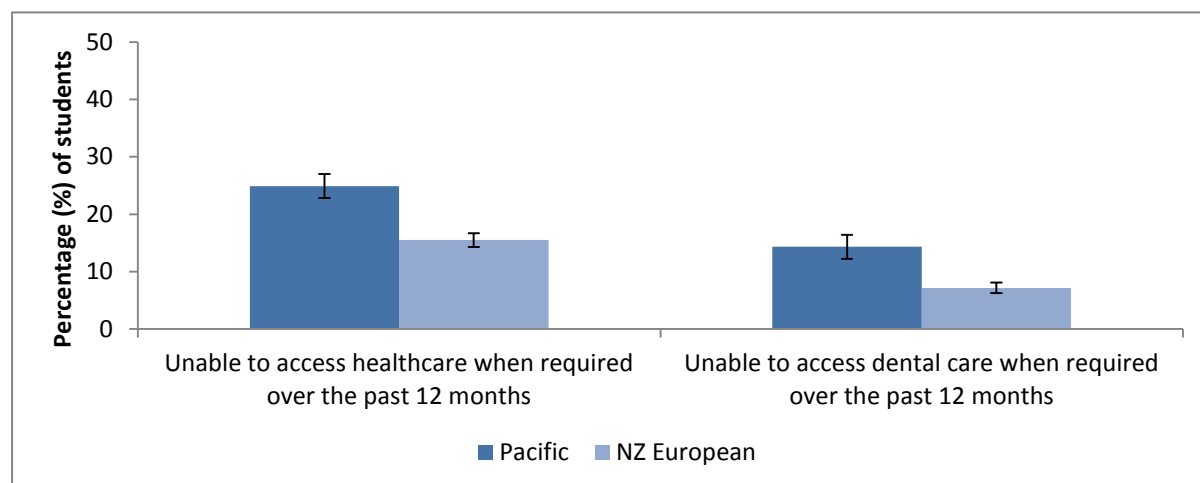
**Figure 6d. Access to health care for Pacific students between 2007 and 2012**



### *Comparisons between Pacific and New Zealand European students in 2012*

Compared to New Zealand European students, Pacific students were almost twice as likely to report being unable to access the health or dental care that they required within the last 12 months. For more detail see Table 6e in the appendices.

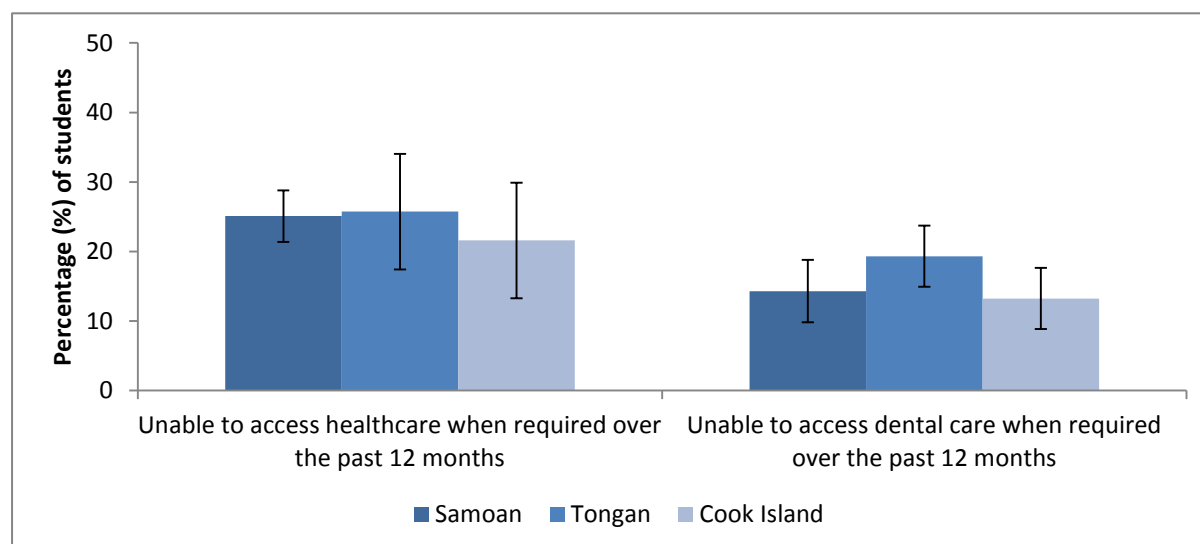
**Figure 6e. Access to health and dental care for Pacific and New Zealand European students in 2012**



### *Comparisons between Samoan, Tongan and Cook Island students in 2012*

There were no significant differences by ethnic group in accessing health or dental care. For more detail see Table 6f in the appendices.

**Figure 6f. Access to health and dental care for Samoan, Tongan and Cook Island students in 2012**



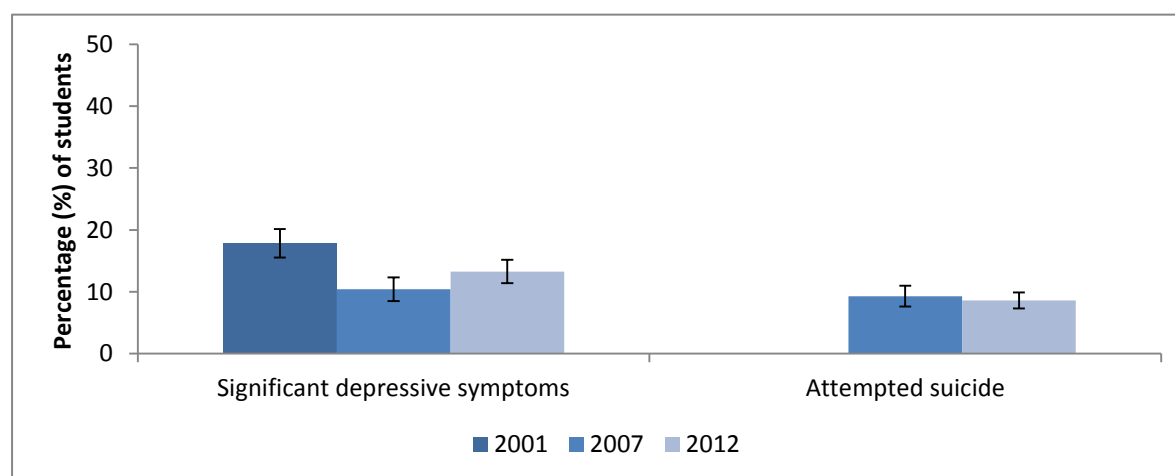
## 7. Mental Health

Mental health and wellbeing among youth continues to be a priority for the health sector. The Te Rau Hinengaro results (Oakley Browne, Wells & Scott, 2006) indicate that younger Pacific people are more likely than older Pacific people to experience a 'serious' mental disorder. In addition suicide and suicidal behaviours are of greater concern among Pacific young people than older people; although New Zealand national data shows that the age-adjusted rate of completed suicides is slightly lower among Pacific people than non-Pacific people (8.3 per 100,000 population compared with 13.5 per 100,000) (Oakley Browne, Wells & Scott, 2006), Pacific youth are at greater risk as they are significantly more likely to report a suicide attempt compared to New Zealand European students and less likely to access the healthcare they needed (Helu et al., 2009). In addition, engagement with mental health services for Pacific youth and their families is often seen as challenging (Tiatia-Seath, 2014).

### *Comparisons between 2001, 2007 and 2012*

Between 2001 and 2012 there was a 4% decrease in the proportion of Pacific students reporting significant depressive symptoms. The proportion of Pacific students who reported making a suicide attempt in the previous 12 months has remained stable at about 9% between 2007 and 2012. For more detail see Table 7a in the appendices.

**Figure 7a. Emotional wellbeing of Pacific students between 2001, 2007 and 2012**



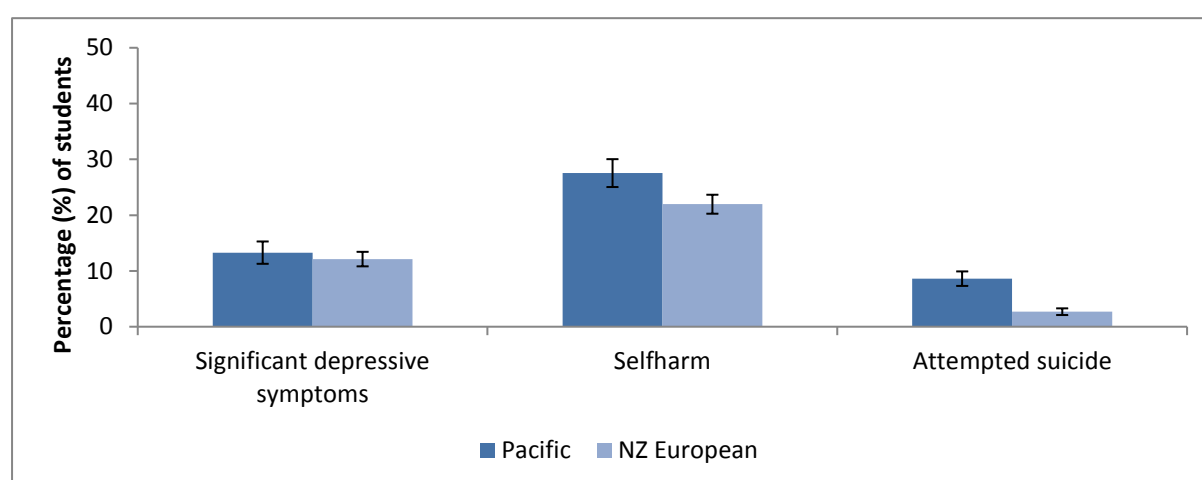
The information about significant depressive symptoms was assessed using the Reynolds Adolescent Depression Scale / RADS – Short Version. This is a well validated 10-item questionnaire that measures depressive symptoms among adolescents. Based on previous analyses, students with a score greater than 28 were classified as having clinically significant depressive symptoms (Milfont 2008; Szabo 2013).

The question about suicide attempts was phrased differently in 2001 and so the data for 2001 has not been recorded here. In 2007 and 2012 the question was 'During the last 12 months have you tried to kill your self (attempted suicide)?'.

### *Comparisons between Pacific and New Zealand European students*

In 2012, very similar proportions of Pacific and New Zealand European students reported to have experienced significant depressive symptoms. However Pacific students were slightly more likely to report self-harm and about three times more likely to have attempted suicide within the previous 12 months than New Zealand European students. For more detail see Table 7b in the appendices.

**Figure 7b. Emotional wellbeing of Pacific and New Zealand European students in 2012**



The information about significant depressive symptoms was assessed using the Reynolds Adolescent Depression Scale / RADS – Short Version. This is a well validated 10-item questionnaire that measures depressive symptoms among adolescents. Based on previous analyses, students with a score greater than 28 were classified as having clinically significant depressive symptoms (Milfont 2008; Szabo 2013).

The question about self-harm was 'During the last 12 months have you deliberately hurt yourself or doing something that you knew might have harmed you (but did not kill you)?'.

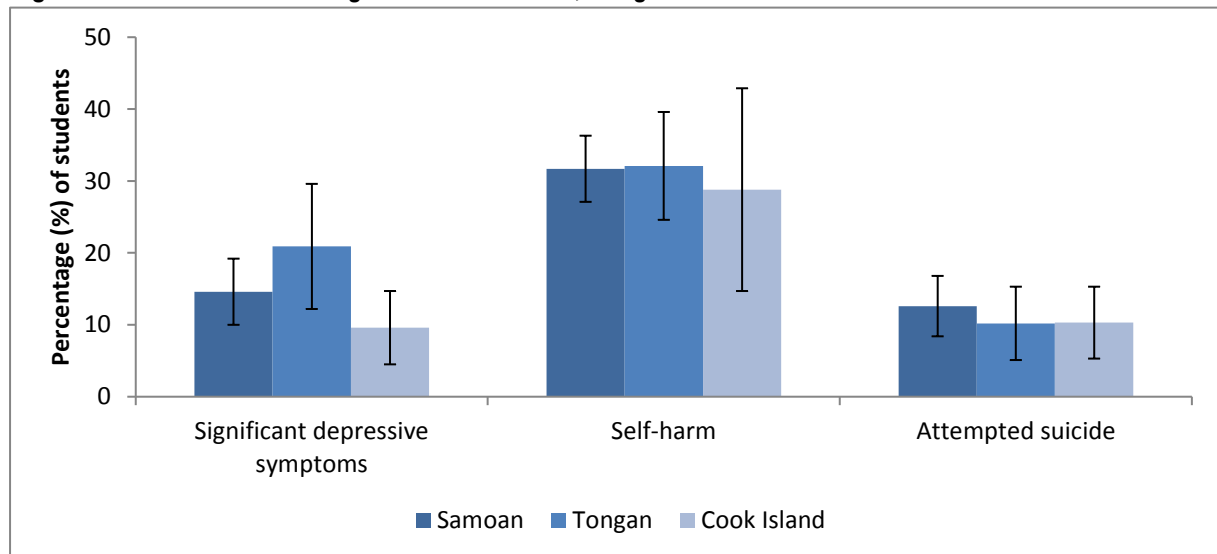
The question about attempted suicide was 'During the last 12 months have you tried to kill your self (attempted suicide)?'.



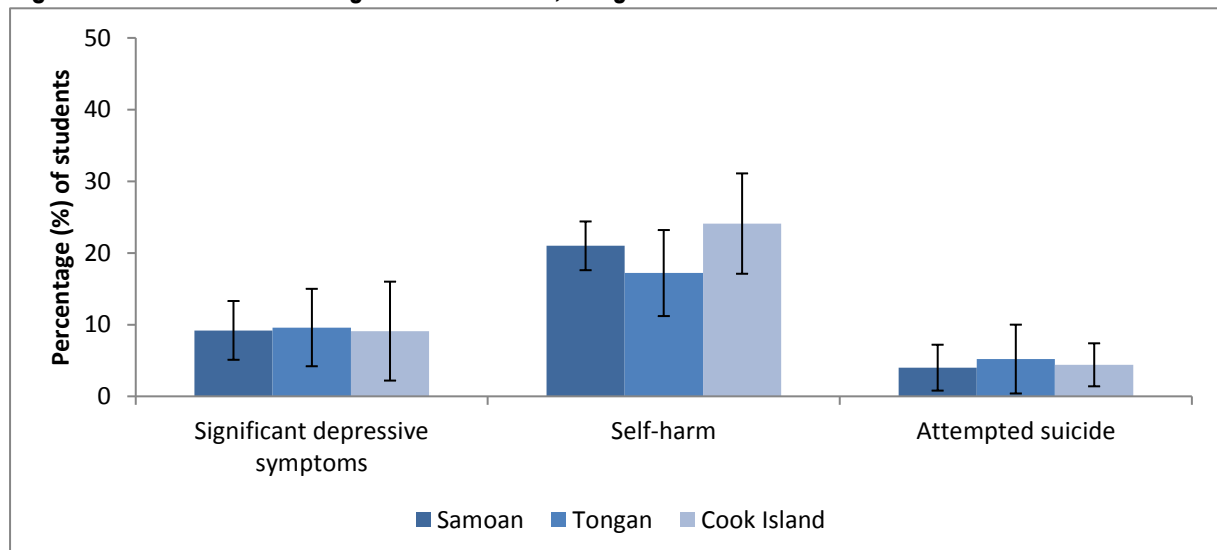
### Comparisons between Samoan, Tongan and Cook Island students

There are well known gender differences for mental health outcomes, these were most evident between Samoan, Tonga and Cook Island females and males. In 2012, female Samoan and Tongan students were significantly more likely than their male counterparts to report having engaged in self-harm and Samoan female students reported higher rates of attempted suicide than Samoan males. There was no difference between Samoan, Tongan and Cook Island students' reporting of depressive symptoms, self-harm and attempted suicide. For more detail see Table 7c and 7d in the appendices.

**Figure 7c. Emotional wellbeing of female Samoan, Tongan and Cook Island students in 2012**



**Figure 7d. Emotional wellbeing of male Samoan, Tongan and Cook Island students in 2012**



The information about significant depressive symptoms was assessed using the Reynolds Adolescent Depression Scale / RADS – Short Version. This is a well validated 10-item questionnaire that measures depressive symptoms among adolescents. Based on previous analyses, students with a score greater than 28 were classified as having clinically significant depressive symptoms (Milfont 2008; Szabo 2013).

The question about self-harm was 'During the last 12 months have you deliberately hurt yourself or doing something that you knew might have harmed you (but did not kill you)?'.

The question about attempted suicide was 'During the last 12 months have you tried to kill your self (attempted suicide)?'.

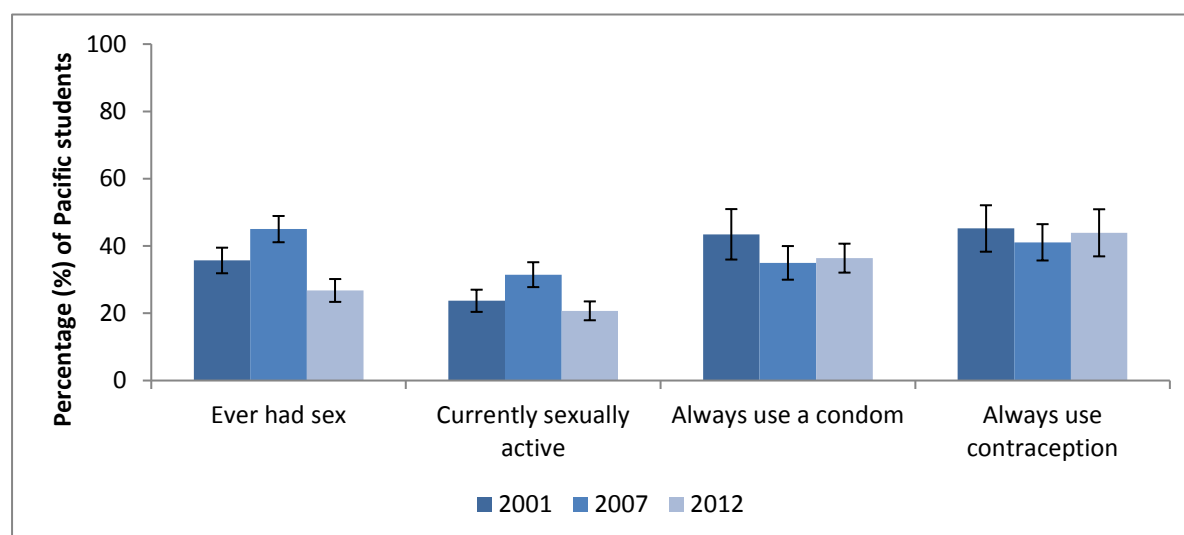
## 8. Sexual Health

The WHO defines sexual health as “a state of physical, emotional, mental and social well-being in relation to sexuality. It is not merely the absence of disease, dysfunction or infirmity” (WHO, 2006). While this is a working definition of sexual health, for Pacific adolescents growing up in the Pacific region and in New Zealand talking about issues relating to sexual health can be uncomfortable or culturally challenging (Taufa, 2015). As a result Pacific young people can be ill equipped with the knowledge and resources to make informed decisions concerning sexual health issues (Bearinger, Sieving, Ferguson & Sharma, 2007). In New Zealand, Pacific youth were significantly more likely to report difficulty accessing sexual health care and pregnancy tests compared to New Zealand European students (Clark, Moselen, Dixon, The Adolescent Health Research Group, & Lewycka, 2016; Clark, Lucassen, Fleming et al., in press; Helu et al., 2009; Teevale, Denny, Percival, & Fleming, 2013). Similarly, students who are transgender, or are attracted to people of the same sex or both sexes have poorer access to healthcare (Clark et al, 2014; Lucassen et al, 2015). Consequently, addressing the sexual health issues of Pacific students require a positive and respectful approach to sexuality and sexual relationships, free of coercion, discrimination and violence (WHO, 2006).

### *Comparisons between 2001, 2007 and 2012*

Between 2001 and 2012 there has been an overall decrease (of approximately 9%) in the proportion of Pacific students who reported ever having sex. Similarly, the percentage of Pacific students who reported being currently sexually active (had sex within the past 3 months) has remained fairly unchanged at about one quarter of all Pacific students. Of the Pacific students who were sexually active, a third always used a condom and a half reported always using contraception and this has not changed significantly between 2001 and 2012. For more detail see Table 8a in the appendices.

**Figure 8a. Sexual health of Pacific students who have ever had sex between 2001, 2007 and 2012**

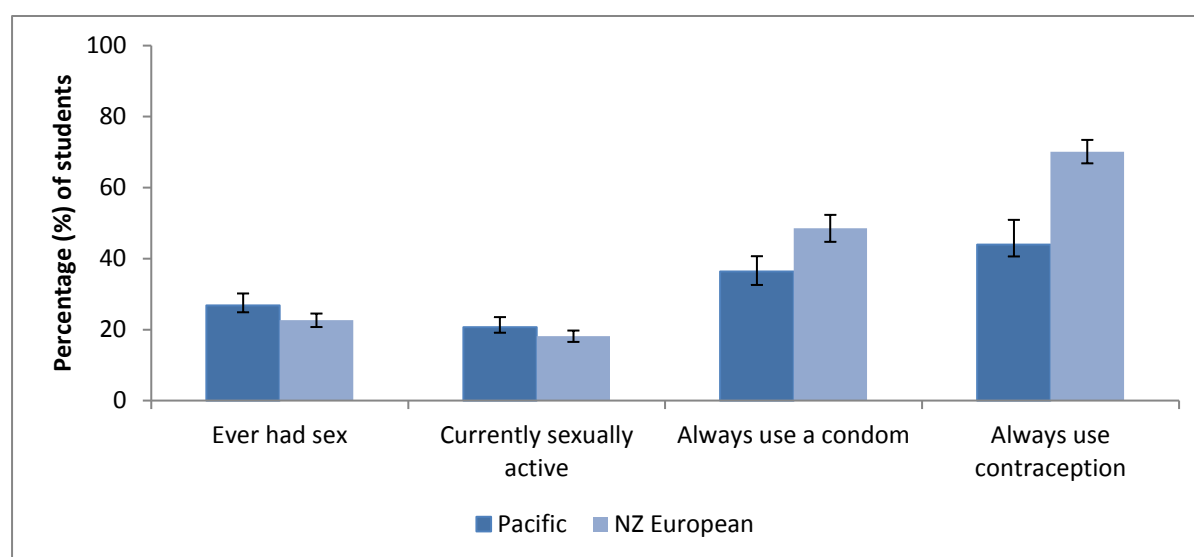


Currently sexually active refers to students who reported to have had sexual intercourse within the last three months. Questions about regular condom and contraception use were only asked of those students who were currently sexually active. In 2012 students were asked, 'Have you ever had sex? (By this we mean sexual intercourse) Do not include sexual abuse.' In 2001 and 2007, sexual abuse was not explicitly excluded. This may partially account for the change in numbers. Question differed between 2001 / 2007 and 2012. In 2001 and 2007 students were asked, 'How often do you use condoms as protection against sexually transmitted disease or infection?'. In 2012 students were asked, 'How often do you (or your partner) use condoms as protection against sexually transmitted disease or infection?'.

### Comparisons between Pacific and New Zealand European students

In 2012, similar proportions of Pacific and New Zealand European students reported ever having sex (about one quarter) and being currently sexually active (approximately one fifth). New Zealand European students were more likely than their Pacific counterparts to report having always used a condom or another form of contraception once they were sexually active. While just over one third of Pacific students reported always using a condom and nearly half reported always using contraception; close to one half of New Zealand European students reported that they always used a condom and three quarters reported using some form of contraception. For more detail see Table 8b in the appendices.

**Figure 8b. Sexual health of Pacific and New Zealand European students who reported to have ever had sex, in 2012**

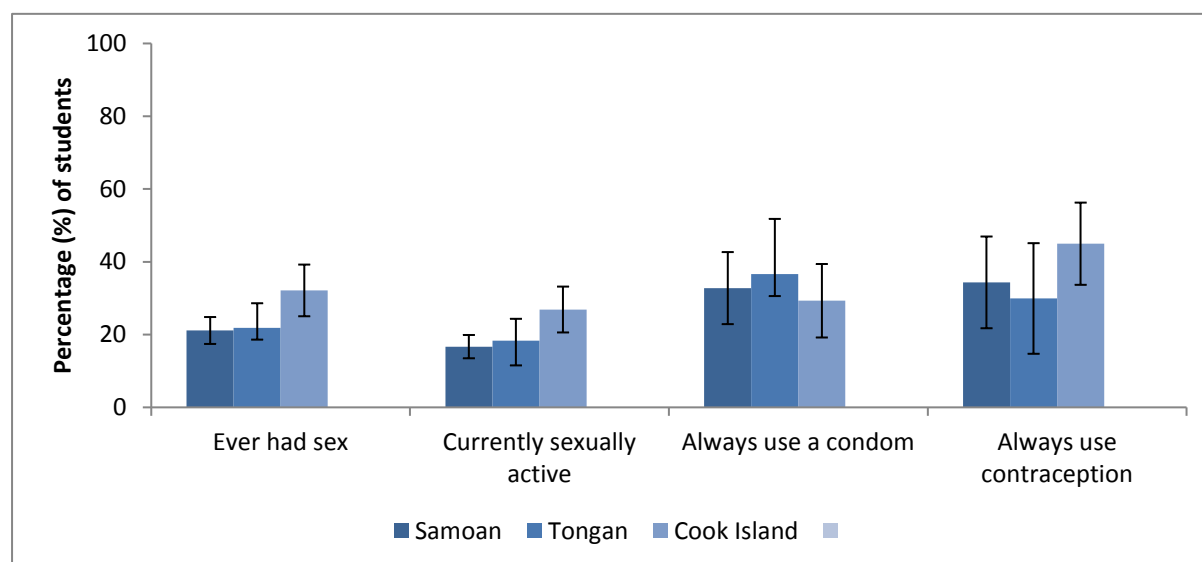


Currently sexually active refers to students who reported to have had sexual intercourse within the last three months. Questions about regular condom and contraception use were only asked of those students who were currently sexually active.

### Comparisons between Samoan, Tongan and Cook Island students

The vast majority of Samoan, Tongan and Cook Island secondary school students reported that they had not had sex. Cook Island students were more likely than Samoan students to report that they have ever had sex and that they were currently sexually active. There was no difference by ethnic group with regards to reporting consistent condom or contraception use. For more detail see Table 8c in the appendices.

**Figure 8c. Sexual health of Samoan, Tongan and Cook Island students who reported to have ever had sex in 2012**



Currently sexually active refers to students who reported to have had sexual intercourse within the last three months.

Questions about regular condom and contraception use were only asked of those students who were currently sexually active.

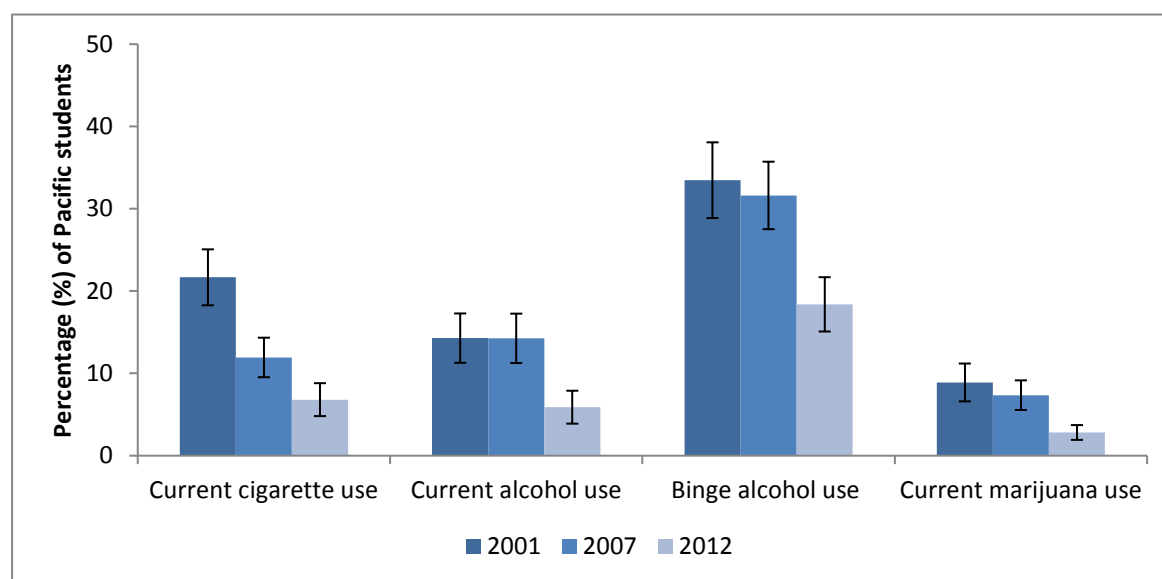
## 9. Substance Use

Adolescence is a time of risk taking and health behaviours are often established during this developmental stage (Carter, McGee, Taylor & Williams, 2007). For example smoking as an adolescent is a key predictor of adult smoking behaviour (Statistics New Zealand, 2013). For Pacific students, the cultural and societal use of alcohol and gambling can have a direct impact on their lives (Lima, Studies et al., 2005). While fewer Pacific people drink alcohol when compared with the general population, the amount of alcohol is often excessive (Kalafatelis, McMillen, Palmer & BRC Marketing & Social Research, 2003).

### *Comparisons between 2001, 2007 and 2012*

Most Pacific students do not use alcohol or other drugs on a regular basis and this is improving over time. Between 2001 and 2012 there have been significant decreases in the proportion of Pacific students who frequently use cigarettes, alcohol and marijuana (figure 9a). By 2012, half as many students reported to use alcohol weekly or to binge drink alcohol as those who did in 2001. Similarly, the proportion of students who reported to use cigarettes or marijuana in 2001 had dropped down to a third of what it was by 2012. For more detail see Table 9a in the appendices.

**Figure 9a. Substance use among Pacific students between 2001, 2007 and 2012**



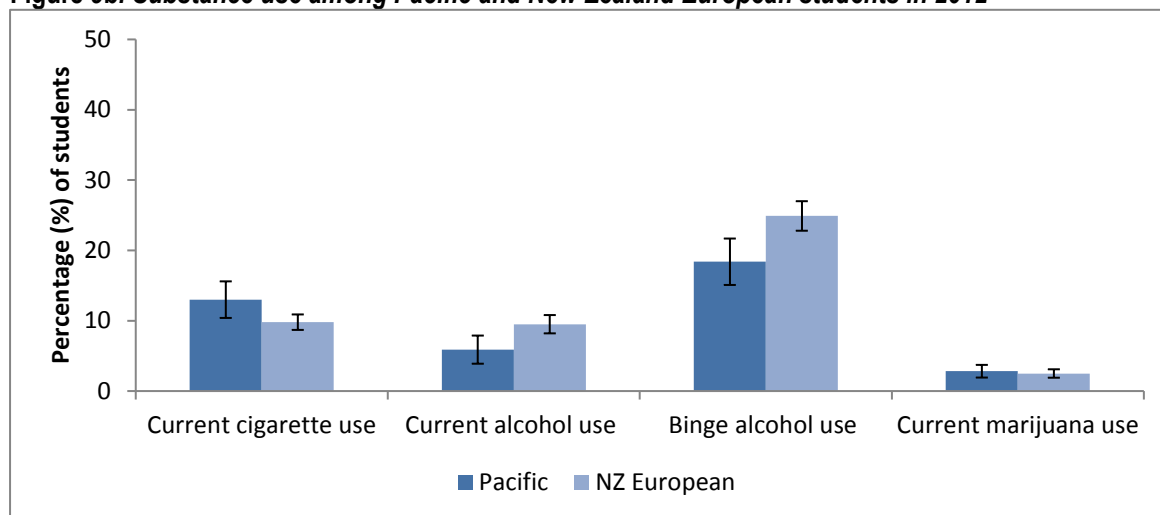
Current drinkers were defined as students who continue to drink (at the time of the survey), beyond their first experience with alcohol.

Binge drinking refers to five or more alcoholic drinks in one session (within 4 hours)

### Comparisons between Pacific and New Zealand European students

In 2012, New Zealand European students were more likely than Pacific students to report that they currently drink alcohol and that they binge drink. While it appears that a greater proportion of Pacific than New Zealand European students engage in weekly cigarette smoking, this is not statistically significant. There was no difference between Pacific youth and New Zealand European youth with regards to current marijuana use. For more detail see Table 9b in the appendices.

**Figure 9b. Substance use among Pacific and New Zealand European students in 2012**



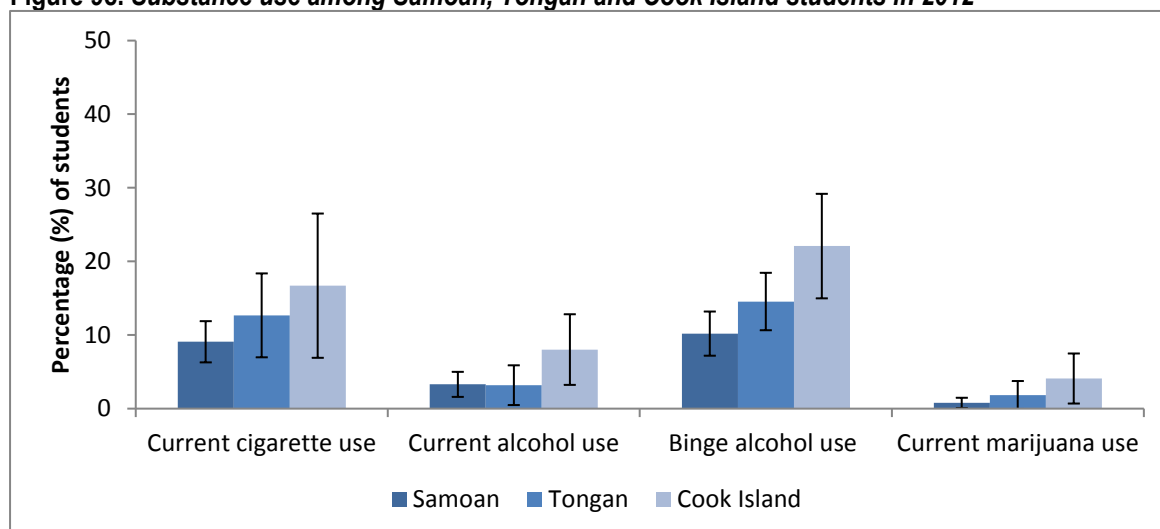
Current drinkers were defined as students who continue to drink (at the time of the survey), beyond their first experience with alcohol.

Binge drinking refers to five or more alcoholic drinks in one session (within 4 hours)

### Comparisons between Samoan, Tongan and Cook Island students

Most Samoan, Tongan and Cook Island students do not use alcohol or drugs on a regular basis. A small but significant difference was found for binge drinking between groups. Samoan students (10.2%) less frequently reported binge drinking than Cook Island students (22.1%). For more detail see Table 9c in the appendices.

**Figure 9c. Substance use among Samoan, Tongan and Cook Island students in 2012**



Current drinkers were defined as students who continue to drink (at the time of the survey), beyond their first experience with alcohol.

Binge drinking refers to five or more alcoholic drinks in one session (within 4 hours)

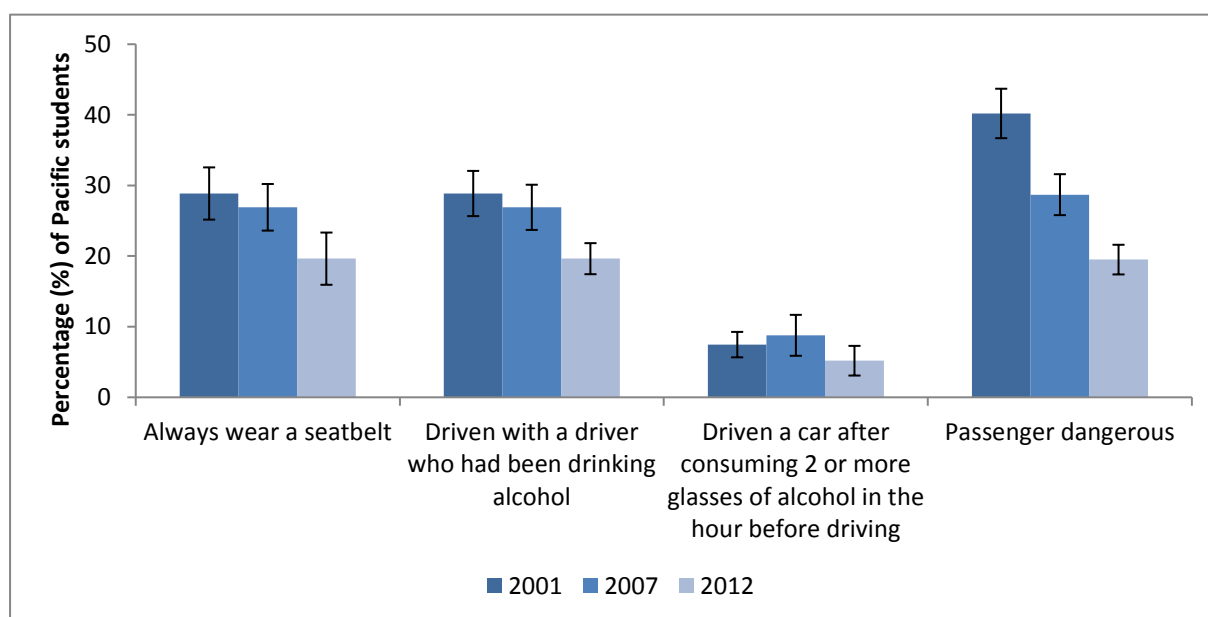
## 10. Driving Behaviours

Motor vehicle crashes are among the biggest causes of death among young people in New Zealand. Adolescents are thought to be at higher risk because of inexperience, alcohol use, fatigue, reckless driving and non-seatbelt use (Harré, Brandt & Dawe, 2001; Weiss, Kaplan, & Prato, 2014). For example, alcohol, drugs, losing control and speed are the major contributing factors for young drivers involved in fatal crashes. In 2014, the social cost of the crashes in New Zealand in which 15–24 year-old drivers had the primary responsibility was \$718 million; 22% of the social cost associated with all injury crashes (Ministry of Transport, 2015). Pacific youth have lower rates of death and hospitalisation resulting from road traffic injuries than the national average for young people (Ministry of Health, 2008). Consequently, drink-driving and road-safety are important injury prevention issues in New Zealand, with special attention placed on those aged 15–24 years.

### *Comparisons between 2001, 2007 and 2012*

Between 2001 and 2012 the proportion of Pacific students who reported to have been driven dangerously by someone within the last month has halved, from 40% to 20%. Over this same time period there was a 9.3% decrease in the proportion of Pacific students who said that they had been driven by someone who had been drinking alcohol. There have been no significant changes in the proportion of Pacific students who reported to always wear a seatbelt (approximately 60%) and those who reported to have driven a car after consuming two or more alcoholic drinks within the hour before driving (about 7%). For more detail see Table 10a in the appendices.

**Figure 10a. Risky driving behaviour among Pacific students between 2001, 2007 and 2012**



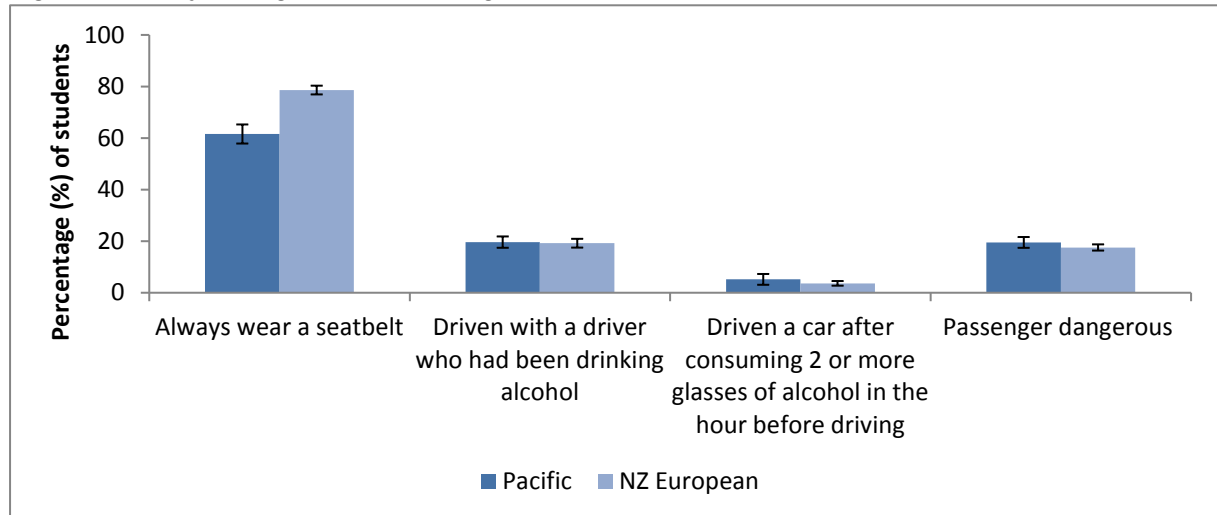
Passenger dangerous refers to the question whether “in the last month has been driven by someone dangerously”. For the items “driven with a driver who had been drinking alcohol”, ‘driven a car after consuming 2 or more glasses of alcohol in the hour before driving’ and ‘Passenger dangerous’ students were asked whether they engaged in that activity within the past month.



### Comparisons between Pacific and New Zealand European students

Compared to Pacific students, New Zealand European students are significantly more likely to report always wearing a seatbelt. There was no difference between New Zealand European and Pacific students in their reporting of risky driving behaviour. Less than 20% of Pacific and New Zealand European students reported that they had been driven by a driver who had been drinking alcohol or that they had been a passenger in a car being driven dangerously, while less than 6% reported that they had driven a car after consuming two or more glasses of alcohol within an hour before driving. Across these risky driving variables there was no difference in reporting between Pacific and New Zealand European students. For more detail see Table 10b in the appendices.

**Figure 10b. Risky driving behaviour among Pacific and New Zealand European students in 2012**



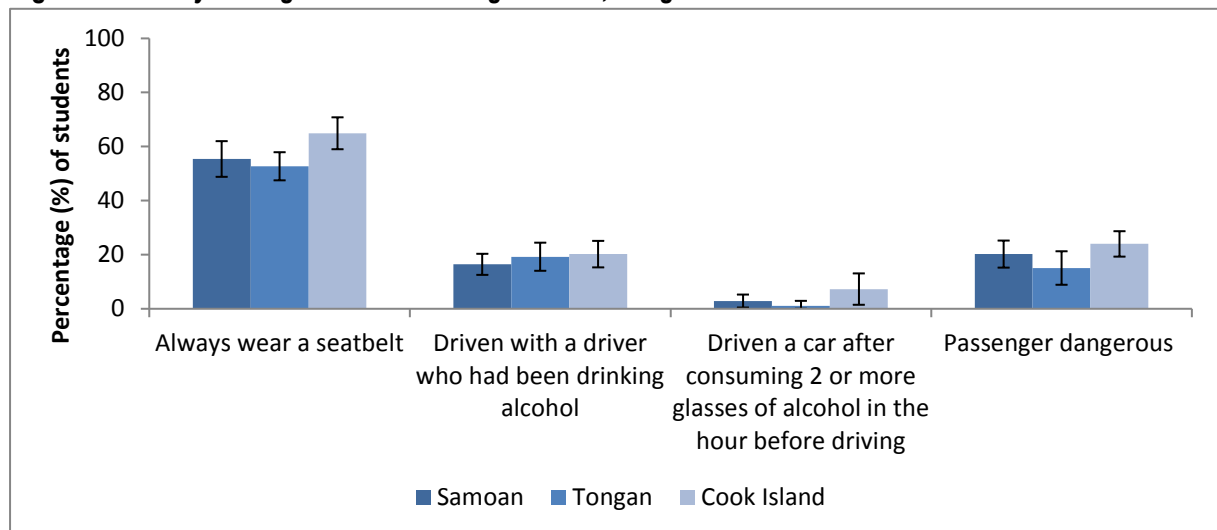
Passenger dangerous refers to the question whether "in the last month has been driven by someone dangerously".

For the items "driven with a driver who had been drinking alcohol", 'driven a car after consuming 2 or more glasses of alcohol in the hour before driving' and 'Passenger dangerous' students were asked whether they engaged in that activity within the past month.

### Comparisons between Samoan, Tongan and Cook Island students

Similar proportions of Samoan, Tongan and Cook Island students reported engaging in risky driving behaviours, with no statistical difference between groups. For more detail see Table 10c in the appendices.

**Figure 10c. Risky driving behaviour among Samoan, Tongan and Cook Island students in 2012**



Passenger dangerous refers to the question whether "in the last month has been driven by someone dangerously".

For the items "driven with a driver who had been drinking alcohol", 'driven a car after consuming 2 or more glasses of alcohol in the hour before driving' and 'Passenger dangerous' students were asked whether they engaged in that activity within the past month.

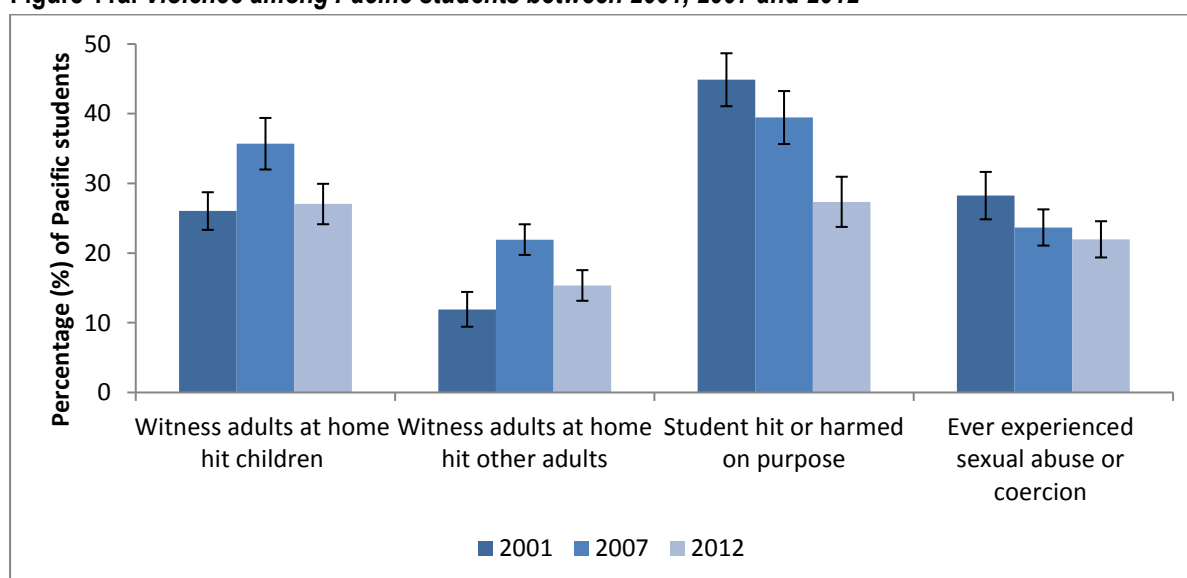
## 11. Injuries and Violence

For violence and abuse against children, the Ministry of Social Development data shows that of the 61,074 notifications in 2011 / 12 evaluated as requiring further action by CYF (Child Youth and Family Services), about one in ten (11%) were for Pacific young people compared with nearly half (47%) for New Zealand Māori and about one third (32%) for New Zealand / Pākehā (Office of Ethnic Affairs, 2013). Police family violence investigations are not available by ethnicity, however it is believed that police reports make up approximately 10% of family violence cases (Fanslow, 2002) and is therefore only the “tip of the iceberg” in terms of understanding the problem (Craig, 2009).

### *Comparisons between 2001, 2007 and 2012*

In 2012, the proportion of Pacific students who reported witnessing violence in their home is fairly similar to what was reported in 2001. However there was a peak in 2007 where a greater proportion of Pacific students reported witnessing adults hitting children or adults than in 2001 or 2012. In contrast there has been a relatively steady decrease of Pacific students reporting that they have been hit or harmed on purpose since 2001. For more detail see Table 11a in the appendices.

**Figure 11a. Violence among Pacific students between 2001, 2007 and 2012**



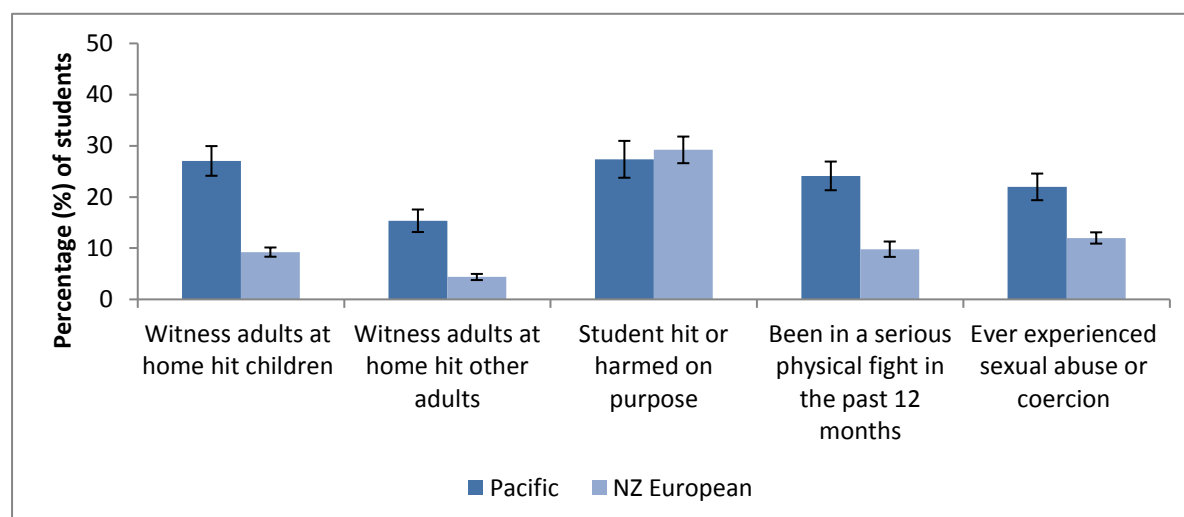
Student hit or harmed on purpose can occur within their home or in public place such as at school.

For the items “witness adults at home hit children”, “witness adults at home hit other adults” and “Student hit or harmed on purpose” students reported whether this had happened within the last 12 months. Whereas the question about sexual abuse or coercion referred to whether this had occurred at any time.

### *Comparisons between Pacific and New Zealand European students*

In 2012, Pacific students reported much greater exposure to violence than New Zealand European students. Pacific students were three times as likely than New Zealand European students to report witnessing adults hit children in their homes and three and half times as likely to report witnessing adults hitting other adults in their home. Pacific students were also two and half times as likely to report having been in a serious fight within the last year and twice as likely to report having experienced sexual abuse or coercion than their New Zealand European counterparts. Pacific students were just as likely as New Zealand European students to report that they were hit or harmed on purpose. For more detail see Table 11b in the appendices.

**Figure 11b. Violence among Pacific and New Zealand European students in 2012**



Student hit or harmed on purpose can occur within their home or in public place such as at school.

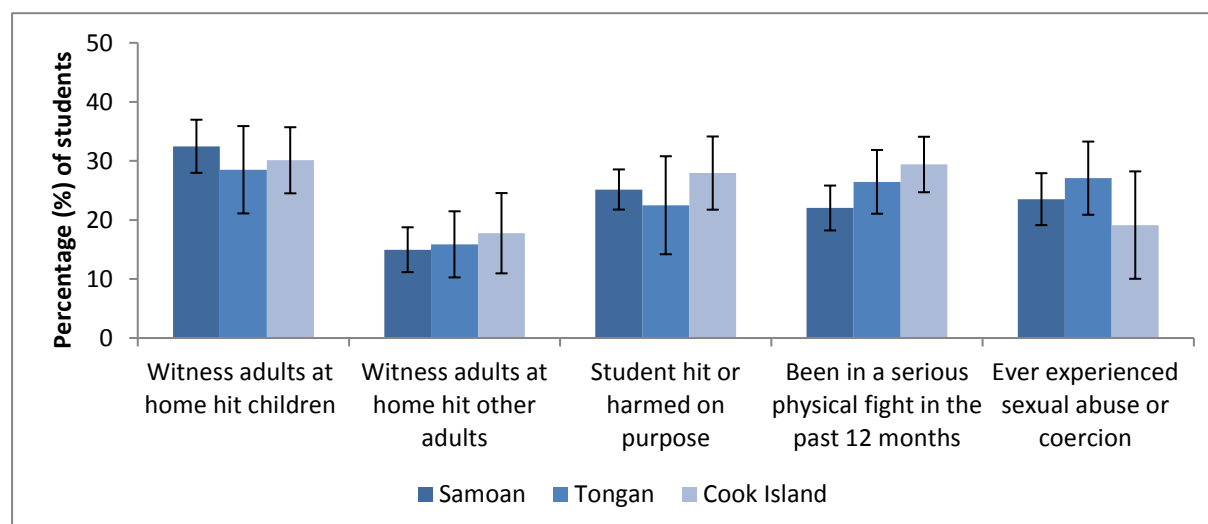
In 2012 the question was 'In the last 12 months how many times have you been in a serious physical fight?'. Serious fight was self-defined by students.

For the items "witness adults at home hit children", 'witness adults at home hit other adults' and 'Student hit or harmed on purpose' students reported whether this had happened within the last 12 months. Whereas the question about sexual abuse or coercion referred to whether this had occurred at any time.

### *Comparisons between Samoan, Tongan and Cook Island students*

When reporting about their experience of violence, there was no difference between Samoan, Tongan and Cook Island students. For more detail see Table 11c in the appendices.

**Figure 11c. Violence among Samoan, Tongan and Cook Island students in 2012**



Student hit or harmed on purpose can occur within their home or in public place such as at school.

In 2012 the question was 'In the last 12 months how many times have you been in a serious physical fight?'. Serious fight was self-defined by students.

For the items "witness adults at home hit children", 'witness adults at home hit other adults' and 'Student hit or harmed on purpose' students reported whether this had happened within the last 12 months. Whereas the question about sexual abuse or coercion referred to whether this had occurred at any time.

## 12. Neighbourhood and Spirituality

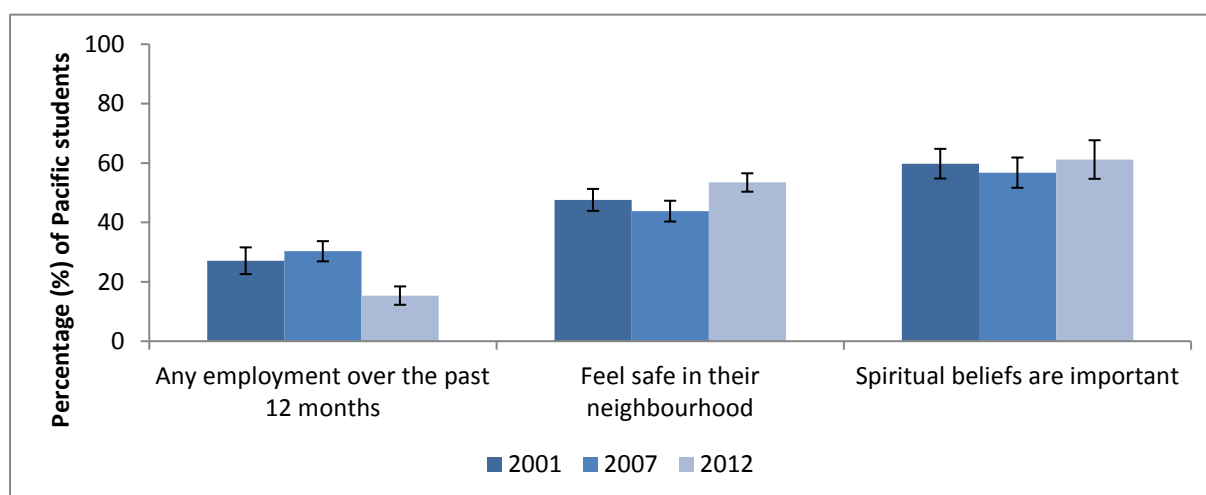
Families usually live within a geographical zone, with residential location linked to a variety of social advantages and disadvantages (Harding, 2003). In New Zealand, compared to the general population, Pacific students are more likely to live in neighbourhoods characterised by insufficient infrastructure (education, employment and health opportunities) and weakened social bonds. Hence, although services or resources may be available, students may not necessarily trust them (Taufa, 2015).

For many Pacific students religion and spirituality are fundamental aspects in the formation and maintenance of Pacific identities (Tiatia 1998; Kupa 2009; Mila- Schaaf 2010). Although living in an urban city is expensive, the importance of being connected to family and close to the cultural centres (churches) continue to be reasons why Pacific people reside in urban settings. While spirituality can be a protective factor, strengthening the resilience of Pacific adolescents (Taufa, 2015), there is a recognition that the influence of Pacific churches and family on Pacific culture can contrast with New Zealand mainstream culture.

### *Comparisons between 2001, 2007 and 2012*

In 2012, Pacific students were half as likely to report having had any employment within the last year compared to Pacific students in 2001 and 2007. Over this same time period there has been no significant changes in how safe Pacific students feel in their neighbourhood, or in how important their spiritual beliefs are. For more detail see Table 12a in the appendices.

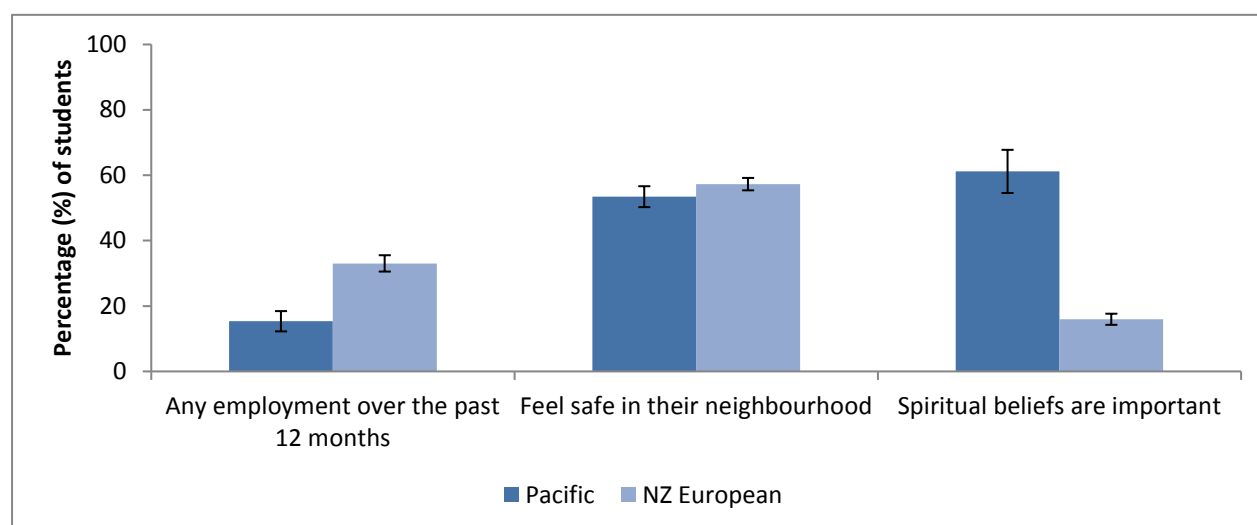
**Figure 12a. Neighbourhood and spirituality for Pacific students between 2001, 2007 and 2012**



### *Comparisons between Pacific and New Zealand European students*

In 2012, New Zealand European students were twice as likely than Pacific students to report having any employment within the last year. Pacific students were close to four times as likely than New Zealand European students to report that spiritual beliefs were important to them. In 2012, there was no difference between Pacific and New Zealand European students for perceptions of safety in their neighbourhoods. For more detail see Table 12b in the appendices.

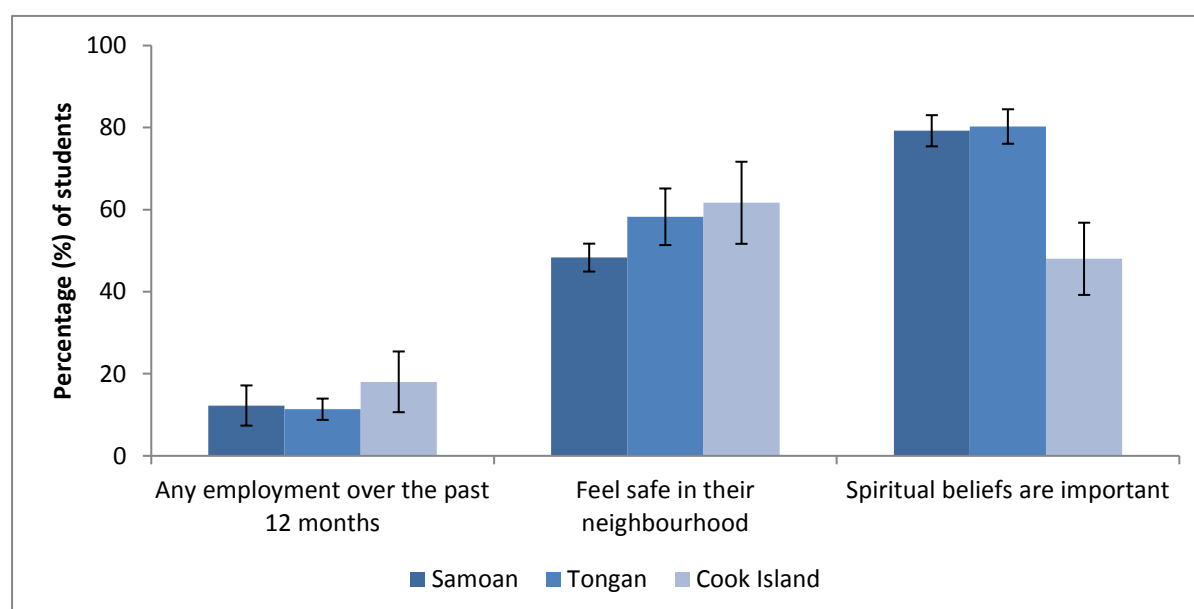
**Figure 12b. *Neighbourhood and spirituality for Pacific and New Zealand European students in 2012***



### *Comparisons between Samoan, Tongan and Cook Island students*

In 2012 Samoan, Tongan and Cook Island students reported similar rates of any type of employment within the last year. Tongan and Cook Island students were slightly more likely than Samoan students to report feeling safe in their neighbourhood. Samoan and Tongan students were significantly more likely to report that spiritual beliefs were important to them compared to Cook Island students in 2012. For more detail see Table 12c in the appendices.

**Figure 12c. *Neighbourhood and spirituality for Samoan, Tongan and Cook Island students in 2012***



# Summary and Concluding Remarks

This report presented the Pacific findings from Youth'12, the third national health and wellbeing survey of secondary school students in New Zealand. The information in this report was provided by a representative sample of 8,500 students from New Zealand secondary schools throughout New Zealand in 2012, of which 17% identified with at least one Pacific ethnic group.

## **Characteristics and cultural factors for Pacific youth**

Three quarters of Pacific students were born in New Zealand. Of those who were not born in New Zealand, 40% came to New Zealand before the age of 5 years and 36% between the ages of 6 and 10 years. Overall, there were high levels of cultural connection; with two thirds of Pacific students identifying a Pacific ethnicity as their main ethnic group and high levels of Tongan and Samoan students understanding and speaking their languages. The finding that a greater proportion of Pacific students feel comfortable in New Zealand European social surroundings (67%) compared to Pacific social surroundings (59%) is interesting and requires further investigation.

## **Socio-economic environments for Pacific youth**

Pacific students were significantly more likely to live in low socio-economic neighbourhoods and attended low decile schools than their New Zealand European peers. In addition, they reported a range of worse socio-economic indicators compared to New Zealand European students including; greater food insecurity, less family access to a car or a computer, less likely to take a family holiday, poorer housing stability, overcrowding, and parental unemployment. There was no change for Pacific students between 2001 and 2012 with regards to overcrowding, parental employment and access to a phone. Compared to Pacific students in 2001, there were improvements for Pacific students in 2012 reporting housing stability (not moving home frequently) as well as family access to a car and a computer. This improvement in housing stability may be due to the current lack of housing availability in urban areas like Auckland and Wellington, with Pacific families being reluctant to leave their housing. Pacific students reported poorer family food security in 2012 compared to 2001. Overall, Pacific students report socio-economic conditions that can negatively affect their healthy youth development – and there has been little improvement over the past decade or so.

## **Family relationships for Pacific youth**

Compared to Pacific students in 2001, Pacific students in 2012 reported that family relationships were positive for them, with high levels of parental caring and improving levels of being happy with family relationships. Getting enough time with your parents and having fun together have remained stable over this time period, with slight dips in 2007. Compared to New Zealand European students, Pacific students were less likely to report spending enough time with their parents, and slightly less likely to report their parents care about them a lot.

## **School connection and aspirations for Pacific youth**

Compared to Pacific students in 2001, Pacific students in 2012 were more likely to report feeling part of their school, feeling safe in their school and that they plan to complete Year 13 before they leave school. There have been no changes in Pacific students reporting that an adult at school cares about them over the past decade or so. Compared to New Zealand European students Pacific students appear to be more connected to their schools with higher proportions stating they felt part of their school and that an adult at school cared about them. Overall, school connection was strong for Pacific students.

### **Nutrition and weight issues for Pacific youth**

Over 60% of Pacific students were overweight or obese and this had not changed between 2007 and 2012 (students were not weighed in 2001). Pacific students were twice as likely to be overweight or obese compared to New Zealand European students. Pacific students were also more likely to eat fast food, takeaways, eat food from a dairy or petrol station and consume fizzy or energy drinks. However Pacific students were more likely to eat the daily recommended fruit and vegetable allowance than their New Zealand European peers. Cook Island students were less likely to be overweight or obese compared to Samoan students.

### **Wellbeing and access to healthcare for Pacific youth**

Compared to Pacific students in 2001, Pacific students in 2012 have seen little change in their levels of health and wellbeing. Satisfaction with life improved significantly for Pacific students over time. A slightly smaller proportion of Pacific students than New Zealand European students reported that their health was excellent, good or very good but there was no difference in reporting of good general wellbeing in 2012. It is interesting to note that while 88% of Pacific young people reported they were in excellent, good or very good health, measures of BMI showed that 66% of them were overweight or obese. Access to healthcare had not improved between 2007 and 2012 for Pacific students, with 25% of Pacific students reporting they were unable to access healthcare and 14% unable to access dental care when required. Pacific students were close to twice as likely not to be able to access the healthcare or dental care they required compared to New Zealand European students.

### **Mental health and emotional health for Pacific youth**

Between 2001 and 2012 there was a small decrease in reporting of significant depressive symptoms for Pacific students. There was no change in the suicide attempts over that period, remaining stable at about 9%. Pacific students were more likely to report self-harm and make a suicide attempt in the previous 12 months compared to New Zealand European students. Samoan and Tongan females are more likely to report self-harm compared to Samoan and Tongan males. Samoan females were more likely to report suicide attempts than Samoan males.

### **Sexual health and Pacific youth**

Compared to Pacific students in 2001, Pacific students in 2012 were less likely to report 'ever having sex'. Approximately a quarter of Pacific students were sexually active (had sex within the previous three months) and this remained fairly stable since 2001. Over a third of Pacific students always used a condom and just under half reported always using contraception – this has also not changed over time. Similar proportions of Pacific students and New Zealand European students had 'ever had sex' or were currently sexually active, however Pacific students were less likely to always use contraception or condoms once they were sexually active. Cook Island students were more likely to report 'ever having sex' or being sexually active compared to Tongan and Samoan students.

### **Substance use and Pacific youth**

Compared to Pacific students in 2001, Pacific students in 2012 were significantly less likely to report using cigarettes, alcohol and marijuana. Pacific students were less likely to drink alcohol and binge drink than New Zealand European students. There was no difference between Pacific and New Zealand European students for smoking cigarettes and marijuana use. Cook Island students were more likely to binge drink than Samoan students.

## **Driving behaviours of Pacific youth**

Between 2001 and 2012 there was a decrease in the proportion of Pacific students who said that they had been driven by someone else who had been drinking and who had been driven by someone dangerously within the last month. There were no changes in the proportions of students who always use seat belts or who drive after drinking alcohol. Compared to New Zealand European students, Pacific students were less likely to use seatbelts, but there was no difference for other risky driving behaviours.

## **Injuries and violence of Pacific youth**

In 2001, 2007 and 2012 similar proportions of Pacific students reported experiencing family violence, however there was a peak in 2007 with students reporting higher levels of witnessing adults hit other adults and children in their home in the previous 12 months. There have been decreases in the proportions of Pacific students reporting 'being hit or harmed on purpose' or reporting ever experiencing sexual abuse or coercion. Compared to New Zealand European students, Pacific students reported much greater exposure to violence including witnessing family violence, being in a serious physical fight and experiencing sexual abuse and coercion. They were just as likely as New Zealand European students to report being hit or harmed on purpose.

## **Neighbourhood and spirituality**

Compared to Pacific students in 2001, Pacific students in 2012 were almost half as likely to report having part time employment within the previous year. Pacific students reported no change in the safety of their neighbourhoods and their spiritual beliefs over time. Compared to New Zealand European students, Pacific students were half as likely to have part time employment but four times more likely to report that their spiritual beliefs were important to them. There were no differences between perceptions of neighbourhood safety between Pacific and New Zealand European students. In 2012, Samoan and Tongan students were significantly more likely to report that spiritual beliefs were important to them compared to Cook Island students.

## **Conclusions**

There have been some significant and important improvements in the health and wellbeing for Pacific youth, demonstrating that change is possible – both at the individual and societal level. These improvements must be maintained and continue to be resourced to ensure that we do not see a reverse in these trends. There are significant issues that have not improved or have worsened over the 11 year period for Pacific youth including healthy lifestyles, mental health, sexual health and areas of family violence. The persistent health, social and educational disparities exposed in this report for Pacific youth, require urgent attention. The Pacific population is a youthful one, with over half (55%) being 24 years or younger. Our Pacific youth require investment and the Adolescent Health Research Group and the associated Pacific Advisory Group hope this report will be used to advocate for appropriate and accessible health, social and educational support.

There is increasing evidence that health outcomes for Pacific youth can be improved. Our young people's behaviour is influenced by their environment – family, school, churches, communities and wider political environments. Interventions, programmes and services that address these broader contexts as well as building individual skills within a cultural framework are likely to be more successful. It is also our belief that the Pacific community has the knowledge and skills to create their own solutions - to ensure that all Pacific youth can be proud of who they are, can actively participate and contribute their many skills to society.



# Useful Links & Contacts

General youth health information and support		
Youthline – for information and support 24/7	0800 37 66 33 Text: 234, 8am – 12pm	<a href="http://www.youthline.co.nz">www.youthline.co.nz</a> / <a href="mailto:talk@youthline.co.nz">talk@youthline.co.nz</a>
Urge –Information service for teenagers overcoming sex, drugs, drink, emotional wellbeing (stress) and body issues	(09) 360 9531	<a href="http://www.urge.org.nz">www.urge.org.nz</a> <a href="mailto:urge@xtra.co.nz">urge@xtra.co.nz</a>
Health Services		
Talk with local family doctor or GP if you have any health concerns	Google name of your doctor/GP practice	
Kidz First Centre for Youth Health in Counties-Manukau area	(09) 261 2272	
Youth Health Hub – HealthWEST in West Auckland	(09) 836 2329	
Youth One Stop Shops around New Zealand	<a href="http://www.health.govt.nz/our-work/mental-health-and-addictions/youth-mental-health-project/youth-mental-health-project-initiatives/youth-one-stop-shops">http://www.health.govt.nz/our-work/mental-health-and-addictions/youth-mental-health-project/youth-mental-health-project-initiatives/youth-one-stop-shops</a>	
Income & Employment		
Pacific Youth Multi-Service – Inwork	<a href="http://www.inwork.co.nz/Programmes/Pacific+Youth+Multi+Service.html">www.inwork.co.nz/Programmes/Pacific+Youth+Multi+Service.html</a>	
Solomon Group	0800 SGROUP (747687)	<a href="http://www.solomongroup.co.nz">www.solomongroup.co.nz</a>
Strive Community Trust	(09) 255 0144	<a href="http://www.strive.org.nz">www.strive.org.nz</a>
Pacific Youth Multi-Service – Inwork	<a href="http://www.inwork.co.nz/Programmes/Pacific+Youth+Multi+Service.html">www.inwork.co.nz/Programmes/Pacific+Youth+Multi+Service.html</a>	
Mental Health, Suicide Prevention & Addiction Services		
Depression Helpline	0800 111 757	
Faleola Pacific Mental Health Services Counties-Manukau	(09) 270 9994	
VakaTautua	<a href="http://www.vakatautua.co.nz/">www.vakatautua.co.nz/</a>	<a href="http://www.vakatautua.co.nz/">www.vakatautua.co.nz/</a>
K'aute Pasifika Trust	<a href="http://www.kautepasifika.org.nz/">www.kautepasifika.org.nz/</a>	
Isa Lei Pacific Mental Health Services Waitemata	(09) 822 8777	
Le Va	(09) 261 3490	<a href="http://www.leva.co.nz">www.leva.co.nz</a>
Lotofale Pacific Mental Health Services Auckland	0800 623 468	
Suicide Crisis Helpline	0508 828 865 (0508 TAUTOKO)	
Tupu Pacific Alcohol & Other Drug & Gambling Service	<a href="http://www.cads.org.nz/Pacific.asp">www.cads.org.nz/Pacific.asp</a>	
SPARX – free self-help computerised gaming programme to develop skills to help with feeling down, stressed or depressed	<a href="http://www.sparx.org.nz">www.sparx.org.nz</a>	

Sexual Health Services		
Village Collective – Pacific sexual health information and advice	<a href="http://www.villagecollective.org.nz">www.villagecollective.org.nz</a>	
Rainbow Youth - information and support for queer, same-sex attracted or gender diverse youth	<a href="http://www.ry.org.nz">www.ry.org.nz</a>	
Family Planning – contraceptive and sexual health advice and services	<a href="http://www.familyplanning.org.nz">www.familyplanning.org.nz</a>	
Sexual health services – free sexual health testing and treatment	<a href="http://www.ashs.org.nz/nz-sexual-health-clinics.html">www.ashs.org.nz/nz-sexual-health-clinics.html</a>	
Sexually transmitted infections and safer sex advice	<a href="http://www.justthefacts.co.nz/">www.justthefacts.co.nz/</a>	
Social Services		
Affirming Works	(09) 636 1393 027 258 6065	<a href="http://www.affirming.org.nz/">www.affirming.org.nz/</a>
Genesis Youth Trust	<a href="http://www.genesisyouthtrust.org.nz/">www.genesisyouthtrust.org.nz/</a>	
Fonua Ola	(09) 270 2089	<a href="http://www.fonuaola.org.nz/">www.fonuaola.org.nz/</a>
Pacific People's Wellbeing Trust	(04) 577 0394	<a href="http://www.pacifichealthhutt.co.nz/">www.pacifichealthhutt.co.nz/</a>
Pacific Trust Canterbury	(03) 366 3900	<a href="http://www.pacifictrust.co.nz/">www.pacifictrust.co.nz/</a>
Taeaomanino Trust	0800 345 345	<a href="http://www.taeaomanino.org.nz/">www.taeaomanino.org.nz/</a>
Tuilaepa Youth Mentoring Services	(09) 917 4726	<a href="http://www.tyms.org.nz/">www.tyms.org.nz/</a>
Vaka Pasifika	<a href="http://www.vakapasifika.org.nz/">www.vakapasifika.org.nz/</a>	
Violence and Family Violence		
For immediate help and if you or someone else is in danger	Call 111	
HELP provides professional and specialised support services to sexual abuse and assault survivors	<a href="http://helpauckland.org.nz/">http://helpauckland.org.nz/</a>	
2 Shine - Making homes violence free	<a href="http://www.2shine.org.nz/">http://www.2shine.org.nz/</a> Free helpline 0508 744 633	

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