The health of young Maori

Te Ara Whakapiki 2007: Results from a national secondary school youth health survey in 2007

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Youth Research 2007
www.youth2000.ac.nz

• Youth’07: The Health and Wellbeing of Secondary School Students in New Zealand
• Te Ara Whakapiki Taitamariki, 2007
• Pacific young people
• Social climate of schools
• Young people attracted to same and both sexes
• Youth’07 Technical Report
• Youth’07 Research Bulletin
• Young people and violence

COMING SOON
• Asian youth
• Mental health
• Alternative education
Aims

What do we know about our Maori youth health status?

What are the implications for clinical practice and service provision?
2007 Māori Sample

**aims**

**methodology**

• Schools and students were randomly selected from throughout New Zealand

• Mainstream Response rates: school 83%, students 72.6%

• All Wharekura invited to participate

• Wharekura Response rates: school 60.0%, students 73.5%

• Combined all Māori students in mainstream (n= 1702) and Wharekura (n= 357) where there were more than 50 students on the school roll total n= 2059 students
Te Ao Maori

Methodology

Knowledge of their iwi
- 77% know iwi
- 11% don’t know
- 12% unsure

Results

- 97% proud to be Maori

Summary

- 78% important to be recognised as Maori

Discussion

- 68% of Maori report that they feel comfortable in Maori social settings
Te Ao Maori

methodology

Understanding of te reo
39% understand te reo Maori fairly well or better

results

Ability to speak
33.6% speak te reo Maori 34%

summary

Parents ability to speak
37% report their parents speak some Maori

discussion
60% live in one home:

- 75% live with 2 parents
- 20% live with one parent
- 5% live with extended whanau/others

40% live in more than one home:

- 40% live with two parents
- 42% live with one parent
- 19% live with extended whanau/others
Employment:

- Only 2% report that their parents are NOT in paid employment
- 27% reported that one parent worked
- 71% reported that two parents work
- 40% of taitamariki have part-time work

Socio-economic indicators of stress:

- 9% live in over-crowded homes
- 19% had moved home >2 in the past 12 months
- 10% report their parents frequently worry about not having enough food
Whanau resources

Taitamariki Māori (10%) are significantly more likely than Pakeha/NZ European students (5%) to report their parents worry frequently (often and all the time) about not having enough money to buy food.
Whanau relationships

methodology

results

Majority felt parents cared about them a lot (87%)

68% feel close to their mum and/or dad

50% regularly eat family meals together

summary

discussion

51% report that they get enough time with their parents

Compared to 2001, there has been no change for males, but fewer females reported that they got enough time with their parents (p<0.012)
Whanau and school

94% of taitamariki discuss how school is going with their parents

98% report that their parents think it is important that they attend school every day
School expectations

Most students (89%) say it is important or very important for them to be at school every day.

75% expected to stay at school until year 13 (form 7).

Most taitamariki report there is an adult at school who cares about them (90%).

Taitamariki (90%) were less likely to report that people at school had high expectations of them compared to NZ European students (93%) (p<0.001).
Bullying

Methodology

Results

Summary

Discussion

84% report feeling safe at school

5% report being bullied weekly or more

39% of taitamariki report that teachers were fair most of the time

80% report feeling safe all or most of the time in their neighbourhood

Younger Māori are more vulnerable
Health

Methodology

Results

Most taitamariki (89%) report they have good, very good, excellent health

57% reported an injury that required treatment in the past 12 months

19% reported a long-term health problem

6.4% had a disability

Discussion

Fewer taitamariki report good, very good, or excellent health status compared with Pakeha (93%) (p<0.001)
23% of taitamariki reported that they had not been able to access healthcare in the past 12 months when they needed to.

Taitamariki (23%) are less likely to be able to access healthcare services they needed than Pakeha young people (14%) (p<0.001).
Access to healthcare in last 12 months

Aims

Methodology

Results

Summary

Discussion

- Family doctor: 85%
- School health clinic: 5%
- Hospital accident and emergency: 2%
- Could not access healthcare: 23%
Nutrition and activity

Meals:
- 41% always eat breakfast
- 66% always have lunch
- 86% always have dinner

49% eat the recommended daily fruit intake
28% recommended vegetable intake

Activity:
- 54% participate in a school sports team
- Only 7% females and 16% males report 20 minutes of moderate to vigorous exercise at least 3 times in past week
81% reported they were satisfied with their weight (males 89%, females 72%)

54% had tried to lose weight in the past 12 months
The proportion of taitamariki who are obese (16%) is significantly higher than Pakeha students (7%) (p<0.001)
Emotional Health

Aims

Methodology

Results

50% report feeling in a good mood & 50% reported feeling ok or satisfied with their life

Females were more likely to report depressive symptoms (16%) than males (4.9%)

Summary

17% report suicidal thoughts

7% had made an attempt

Implications
Suicide attempt in the last 12 months

The proportions of Māori (males 4%, females 10%) who made a suicide attempt (7%) was higher than Pakeha (males 2%, females 5%) students (p<0.001).

Significantly fewer taitamariki reported a suicide attempt in 2007 compared to 2001 (p<0.001).
Tobacco, alcohol, drugs

Results summary

- Overall reduction in tobacco, alcohol and drugs (TADs) since 2001
- Taitamariki have significantly higher proportions of TADs use than Pakeha
Sexual health

56% report ever having sex

4.3% report same/both sex attraction

74% report they always use contraception most of the time or always

60% used a condom the last time they had sex
23% witness an adult hitting a child in the home

10% had witnessed adults hitting other adults in the home

64% of taitamariki report they have been deliberately hit by someone

17% taitamariki report being forced to do sexual things that they didn't want to do
Summary

Most Maori youth report they are healthy.

However, there are concerning numbers of Maori youth whose healthy development is at risk with substance use, emotional health, violence, and sexual health.

Health disparities are faced by many young Māori.

Providers and services are not meeting the needs of many young Maori.
connect
What does work?

The evidence for effective programmes
Risk focused prevention?

- Health risk behaviours occur together

- Most young people, perhaps up to 80%, try one or more health risk behaviours with potentially negative health consequences

- Programmes which are single risk focused (e.g. smoking prevention), single context (e.g. school intervention) and short term (less than 9 months) tend to be ineffective
Effective programmes

Involves multiple social domains (home, school, community)
Longer duration (2 years+) and sustained
Broad in their scope/curriculum
Health Youth Development (HYD) focus
Reinforces pro-social adult connections
Involves collaboration between multiple agencies and services
Involve young people
Culturally tailored for the population

(Denny, 2004; Blum, 1998; Catalano 1998)
Healthy Youth Development (HYD)

- Competence
- Skills building
- Participation
- Membership
- Pro-social norms & expectations
- Adult-youth relationships
- Recognition of positive behaviours
- Future/opportunities focus
- Family support
- Accurate information/services

(Catalano, 1998)
Dual focus: Reduce risk and increase positive factors

Review of the evidence found that Healthy Youth Development (HYD) programmes significantly:

- **Reduce**: problem behaviours, drug and alcohol use, school misbehaviour, aggressive behaviour, violence, truancy, high risk sexual behaviour, and smoking

- **Increase**: interpersonal skills, self efficacy, self control, problem solving, cognitive competencies, quality of interpersonal relationships, commitment to schooling and academic achievement
The challenge for us now is to listen to what young people are saying and improve access to health care, reduce violence in our homes, schools and communities and increase their opportunities to reach their fullest potential and aspirations for the future.
Won't you comment?

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