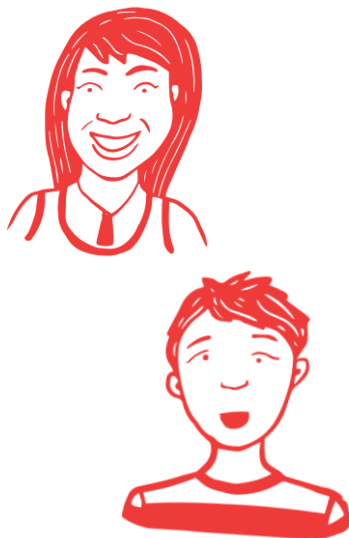


A Youth19 Brief: Rainbow rangatahi Māori

What is Youth19?

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



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

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

Rainbow rangatahi Māori

'Rainbow rangatahi Māori' refers to Māori Youth19 participants who are sexuality or gender diverse. This includes those who are attracted to the same sex as themselves or more than one sex; those who identify as lesbian, gay, bisexual or takatāpui; and those who are gender diverse, non-binary, transgender, whakawāhine or tangata ira tāne. The survey questions used to identify these groups are shown on page 5.

In total, there were 154 Rainbow Māori participants (about 10% of all Māori participants). Three of these students identified with a gender diverse identity. Of Rainbow Māori participants, 70% were female and most lived in middle or higher deprivation neighbourhoods – see our report for details.²

Summary

Most Rainbow rangatahi Māori reported positive family and school environments, high rates of volunteering and moderate or good health.

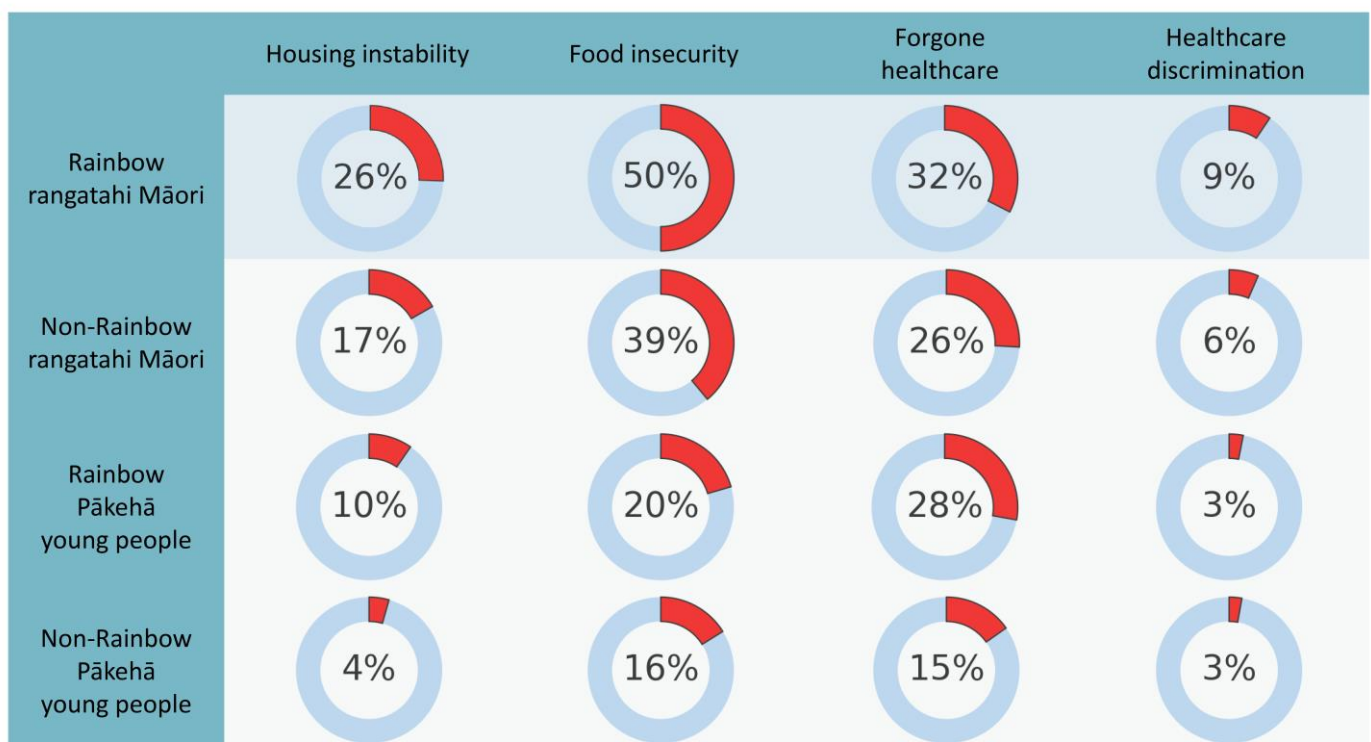
However, members of this group also reported major inequities compared to others, including high food and housing insecurity, poor healthcare access, and high discrimination by healthcare providers. They reported inequities in feeling part of their school and feeling safe at school, and high levels of mental health concerns. Overall, they reported more challenges than members of comparison groups.

We can improve wellbeing for Rainbow rangatahi Māori by ensuring that they and their whānau are free from discrimination and have the support and resources they need. We also need to ensure that Rainbow rangatahi Māori feel safe and belong in all settings, their voices are heard and acted upon, they have futures they can look forward to, and their health needs are met.

Housing, food and healthcare

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

As shown in the table, Rainbow rangatahi appear to face the highest challenges in multiple areas, but these differences are not definitive in cases where confidence intervals overlap. The statistically significant differences are that Rangatahi Māori report higher housing instability and food insecurity than Pākehā Rainbow and non-Rainbow young people. They also report more forgone healthcare than non-Rainbow Pākehā young people and more healthcare discrimination than either Pākehā group. For more information, see our report.²



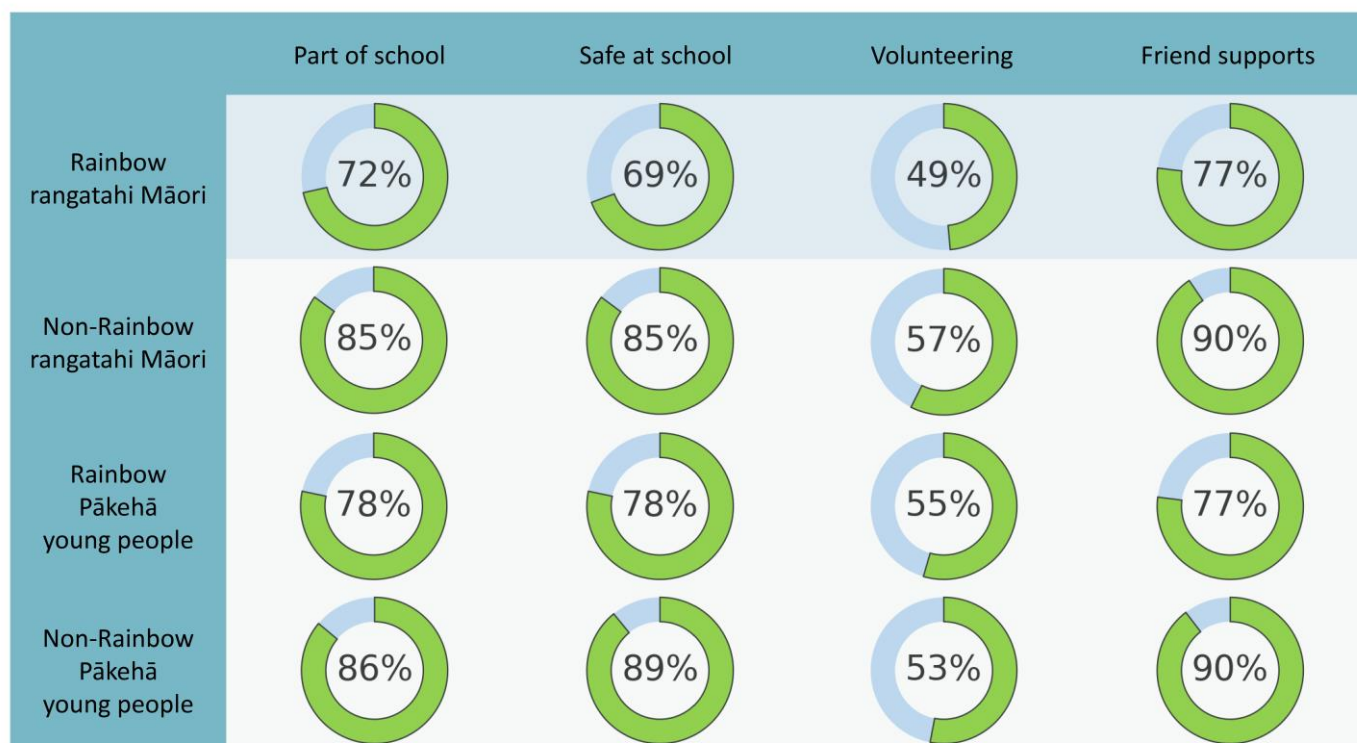
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates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

Variable name	Māori Rainbow	Māori non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	25.5 (17.2, 33.7)	16.7 (14.3, 19.2)	9.6 (4.9, 14.3)	4.4 (3.5, 5.3)
Food insecurity	50.0 (40.4, 59.7)	39.0 (35.8, 42.3)	20.5 (14.5, 26.5)	16.1 (14.4, 17.8)
Forgone healthcare	32.5 (23.6, 41.4)	25.9 (23.0, 28.8)	27.8 (20.9, 34.8)	15.2 (13.6, 16.8)
Health discrimination	9.4 (4.7, 14.2)	6.5 (5.0, 7.9)	3.1 (1.5, 4.7)	2.8 (2.1, 3.5)

School, friendships and volunteering

Most Rainbow rangatahi Māori report positive school environments. More than 70% feel part of their school and almost 70% feel safe at school all or part of the time. Around half volunteer to support others in their communities and more than 75% have at least one friend who supports them.

At the same time, members of this group face significant inequities and higher challenges than others. For example, almost 30% of Rainbow rangatahi Māori do not feel part of their school and more than 30% do not feel safe at school; these two proportions are significantly higher than for non-Rainbow students.



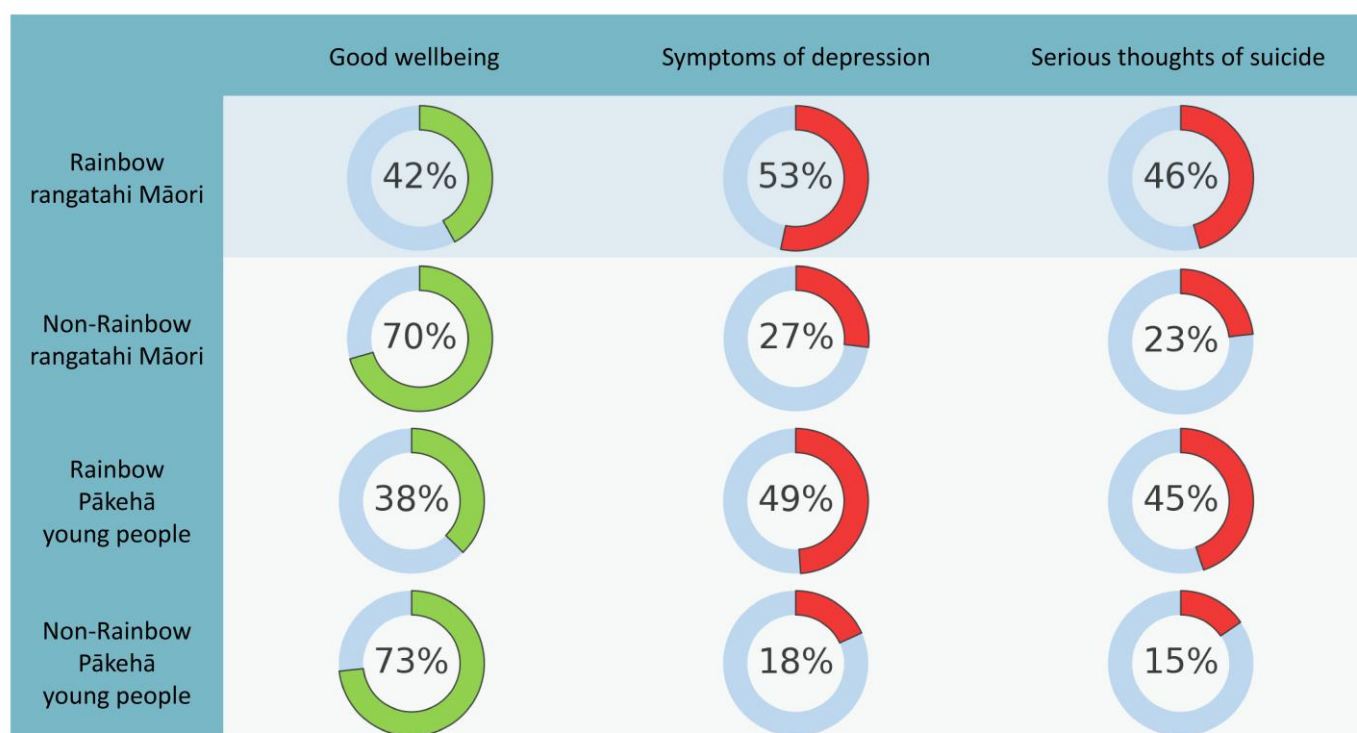
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates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

Variable name	Māori Rainbow	Māori non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Part of school	71.5 (63.2, 79.9)	85.0 (82.7, 87.4)	78.3 (72.8, 83.8)	86.1 (84.6, 87.5)
Safe at school	69.3 (60.8, 77.9)	85.2 (83.0, 87.4)	78.3 (72.2, 84.4)	89.1 (87.7, 90.6)
Volunteering	48.6 (37.8, 59.4)	57.4 (54.0, 60.9)	54.5 (47.3, 61.6)	53.0 (50.8, 55.2)
Friend supports	76.9 (69.2, 84.7)	90.5 (88.5, 92.4)	77.0 (70.8, 83.1)	89.6 (88.2, 91.0)

Wellbeing and mental health

Rainbow rangatahi Māori face major inequities and challenges in the area of wellbeing and mental health. Only 42% of rangatahi in this group report good wellbeing, more than half report symptoms of depression and close to half report serious thoughts of suicide in the last year.

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



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

Variable name	Māori Rainbow	Māori non-Rainbow	Pākehā Rainbow	Pākehā non-Rainbow
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	42.0 (32.8, 51.2)	70.5 (67.6, 73.4)	37.5 (30.3, 44.6)	73.3 (71.3, 75.3)
Depressive symptoms	53.3 (43.8, 62.8)	26.9 (24.1, 29.8)	48.9 (41.0, 56.9)	18.1 (16.4, 19.9)
Suicide thoughts	45.7 (36.4, 55.0)	23.3 (20.5, 26.1)	44.9 (37.0, 52.9)	15.4 (13.8, 17.1)

Youth19 questions and definitions

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

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

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

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

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

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

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

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

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

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

Good wellbeing was indicated by a score of 13 or more on the WHO-5 Well-being Index. This is a widely used scale that was developed by the World Health Organization. It asks questions about feeling cheerful, calm and relaxed, active and vigorous, waking up feeling refreshed and life being full of interest. You can find out more about this and other mental health measures used in Youth19 in our *Hauora Hinengaro / Emotional and Mental Health* report.³

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

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

Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what would make a difference. We also invited youth advisors aged 17–24 years to comment on the *Negotiating Multiple Identities* report. Both groups of young people highlighted the need for welcoming, inclusive school and community environments and better health and mental health supports. Youth advisors highlighted the need for using inclusive language, not assuming sex or gender identity, and providing opportunities for diverse young people to connect with others who share their identities. Advisors also identified the importance of being welcome and belonging in all aspects of life, having diverse subject matter and inclusive sexuality education, and being supported by culturally competent service providers.



What about other areas of wellbeing and other rangatahi?

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

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

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2. Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., & Fleming, T. (2021). *Negotiating Multiple Identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
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This factsheet was compiled by Greaves, L., Fleming, T., Roy, R., Fenaughty, J., Sutcliffe, K., and Clark, T. (2021), based on the *Negotiating Multiple Identities* report.² Illustrations by Yasmine El Orfi. Suggested citation: Greaves, L., Fleming, T., Roy, R., Fenaughty, J., Sutcliffe, K., & Clark, T. (2021). *A Youth19 Brief: Rainbow Rangatahi Māori*. The Youth19 Research Group, Victoria University of Wellington and The University of Auckland, New Zealand.

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