YOUTH2000 SURVEY SERIES

# Negotiating Multiple Identities: Intersecting Identities among Māori, Pacific, Rainbow and Disabled Young People

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**Citation:** Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & 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.
This version published April 2021.

**About us:** The Youth19 research group is a collaboration of multidisciplinary researches from four universities, led by Associate Professors Terry Fleming and Terryann Clark. Dr Ritu Parna Roy has a PhD in sociology from The University of Auckland. As a minority-migrant woman and a sociologist, she is particularly passionate about researching intersectionality, ethnicity, migration, social mobility and community development. Dr Lara Greaves (Ngāpuhi, Ngāti Kuri, Pākehā, Tararā) holds a PhD in psychology from The University of Auckland and has around 50 academic publications in Māori identity, social psychology, sexual identity, health and mental health, and politics. This report is an output of the Youth19 Rangatahi Smart Survey research group and the named authors. You can find out more about us at www.youth19.ac.nz.

## Acknowledgements

Thank you to the rangatahi who took part in the survey and the schools and families who supported them – without all of you there would be no survey. We enormously appreciate your time, openness and energy. Thank you to the Youth19 investigators and researchers who ran the survey and contributed to this analysis, and to the Adolescent Health Research Group, who have carried out the Youth2000 Survey Series with thousands of students over 20 years. Thank you to the youth advisors who commented on these findings and shared their experiences to help inform this report.

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## Funding

This report was funded by The Ministry of Youth Development – Te Manatū Whakahiato Taiohi. The Youth19 Rangatahi Smart Survey is a collaboration between two Health Research Council Projects:

Clark, T., Le Grice, J., Shepherd, M., Groot, S., & Lewycka, S. (2017). *Harnessing the spark of life: Maximising whānau contributors to rangatahi wellbeing.* Health Research Council of New Zealand Project Grant (HRC ref: 17/315).

Fleming, T., Peiris-John, R., Crengle, S., & Parry, D. (2018). *Integrating survey and intervention research for youth health gains.* Health Research Council of New Zealand Project Grant (HRC ref: 18/473).

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# Contents

# Foreword

*Intersectionality provides us with a lens that assists us in understanding the overlapping of multiple identities and relations to more than one group. It helps us to see how our memberships to multiple groups shape us individually. The interconnectedness of culture, circumstance and sexuality plays a part in the way in which minorities are perceived, treated, and often disadvantaged.*

*As an intersectional rangatahi, I note the disparity within healthcare especially, where I find myself often withholding aspects of my identity – whether it is my sexuality, my Māori or my Pasifika whakapapa, in fear of differential treatment. I note that this behaviour is learned from the generational stifling of culture which I was raised to be cautious of, which I believe shapes many intersectional rangatahi. I also note the strong link which my culture has to the perception of my sexuality. I heed this particularly as a queer individual, whose culture is oftentimes at odds with my personal identity – a struggle which often leads to a domination of one intersectional categorization over another.*

*This report will shed light on the importance of understanding the way in which intersectionality impacts on the rangatahi of those across various intersectionalities – which, in turn can be used to better support future generations.*

*This report is a wonderful initiative by the Ministry of Youth Development towards understanding and adapting the way it caters to and supports priority groups of intersectional rangatahi. As an intersectional rangatahi and youth advisor, I welcome this initiative and the importance of this research.*

**Victoria Hawthorne**
Queer Rights Officer of Auckland University Students' Association
Co-chair of The University of Auckland Queer Student Council
Board member of RainbowYOUTH

# Summary

## What is intersectionality?

*Ko wai au? Who am I?*

All of us have multiple aspects of identity, who we are and how we connect with others.

A student might be young, for example, as well as Māori and a school leader. They might have several iwi affiliations as well as other ethnic identities, such as Samoan, Scottish or German. In some settings they might identify as Brown, Black or from a specific neighbourhood. In other settings, the fact that they are the child of a particular family or belong to a particular marae will be more important. And this doesn't even touch on other aspects of identity – their gender or sexual identity, whether they have a disability, their religious affiliation or beliefs, their family income, whether they were born in the 2000s, the styles of music or popular culture they identify with, and so on.

Each aspect of our identity can shape how the world treats us, how others see us, and how we see ourselves. Our lives are not determined by our identities, but many aspects of identity affect how we belong and connect, our life experiences, the opportunities afforded us and challenges we face.

When we seek to understand and empower groups of people, we often consider just one aspect of identity. For example, services might be for 'disabled people', without considering aspects of age, ethnicity, sex, sexuality, gender and so on. An 'intersectional' analysis or 'intersectionality' is a way of thinking that challenges assumptions that all people from a particular group face the same circumstances. People who have several marginalised identities might face extra challenges, such as multiple forms of discrimination, or always feeling on the outside or different. However, having many aspects of identity can be a source of strength, celebration and fundamental to our own life force and who we are.

# Purpose of this report

In this report we explore the wellbeing of Aotearoa New Zealand secondary school students with the following identities using data from the Youth19 Rangatahi Smart Survey:

- Rainbow rangatahi Māori
- Pacific Rainbow young people
- Rangatahi Māori with a disability or chronic condition
- Pacific young people with a disability or chronic condition
- Rainbow young people with a disability or chronic condition
- Young people who are both Māori and Pacific.

Rangatahi Māori includes all participants who selected Māori as their ethnicity or one of their ethnicities. Pacific young people includes all who selected a Pacific ethnic group as their ethnicity or one of their ethnicities (total ethnicity reporting), for the main analyses. 'Rainbow' includes sexual and gender minorities (i.e., those who identify as sexuality diverse, or are attracted to the same sex as themselves or more than one sex, and those who identify as gender diverse, non-binary or transgender). Those with disabilities or chronic conditions are young people who report having a disability, chronic illness, or chronic pain condition that impacts their day-to-day functioning.

While the term 'intersectionality' refers to multiple aspects of identity, and all of us have multiple identities, in this report we use 'intersectional' or 'intersectional groups' as a shorthand to refer to young people in the listed groupings.

We acknowledge that there are many other important aspects of identity, and that grouping people together in these clusters mixes diverse realities. For example, Māori young people from different iwi, different urban/rural settings, and different income levels will have differing experiences. Pacific young people are combined into one grouping, whereas this includes multiple unique identities. Sexual and gender minorities are combined, although these groups face different contexts, and gender minorities are often especially invisible. Those with disabilities and chronic conditions are a varied group, who again have different experiences. However, this approach allows sufficient people in each group to carry out robust statistical analyses. Other research should further enrich these understandings.

This report has been commissioned by the Ministry of Youth Development (MYD) – Te Manatū Whakahiato Taiohi, in order to inform their planning. The report uses Youth19 findings, further literature and youth advisory input.

## Previous research

We carried out a rapid review of local and international literature about intersectionality among young people. The research highlighted that youth with multiple minority identities face multiple experiences of stigma, exclusion and discrimination. They may have higher unmet health and wellbeing needs than young people who do not belong to several marginalised or oppressed groups. However, the literature also suggests that this is not always the case. As well as multiple challenges, young people with marginalised, minority or indigenous intersectional identities might also belong to multiple communities and develop resistance in the face of marginalisation.

## Methods

We used data from the Youth19 Rangatahi Smart Survey (Youth19). Youth19 is the latest in the Youth2000 series of New Zealand adolescent health and wellbeing surveys. Since 1999, the Youth2000 series has included over 36,000 young people in Aotearoa, with findings used widely to inform policy, practice, and research in New Zealand and globally.

Youth19 was conducted in 2019 in the Auckland, Northland and Waikato regions by researchers from The University of Auckland, Victoria University of Wellington, University of Otago and Auckland University of Technology. We surveyed 7,721 year 9–13 students in 49 secondary schools including four kura kaupapa Māori. Youth19 is a scientifically and ethically rigorous survey, funded by the Health Research Council of New Zealand and approved by The University of Auckland Human Participants Ethics Committee.

Particular strengths of this methodology include the rigorous sampling techniques; large, diverse, representative sample; and robust analytic and statistical methods. Youth19 is limited by its use of a regional, rather than national, sampling frame. Almost half of the country's high school students live in the area covered by the survey, and this is a highly diverse part of the country, but we acknowledge that students in other regions may have different experiences that are not captured here. The included intersectional groups included high proportions of female students – this should be considered in interpretation of the results.

For this report, we analysed the results for the named intersectional groups. This allowed us to address the research questions of the funder and allowed sufficient group sizes to generate reliable findings.

# Results

Youth19 results confirm that most Aotearoa New Zealand secondary school students report positive home, school and community environments. On most indicators, these findings are also true for those in the identity groups reported here.

At the same time, there are major inequities and health disparities for Māori, Pacific and Rainbow young people and those with disabilities or chronic conditions, compared to double majority youth (Pākehā non-Rainbow or Pākehā young people without a disability or chronic condition).

Generally, those who are Māori Rainbow, Māori with a disability or chronic condition, Pacific Rainbow, Pacific with a disability or chronic condition, or Rainbow with a disability or chronic condition face higher challenges again. These young people generally face a *greater total number* of inequities (more inequities) than those who belong to only one of their identity groups and, on some indicators, they also face *higher levels* of challenge (higher inequities) than those who belong to one of their identity groups.

In this report, we present detailed findings for each of the named intersectional groups using text and infographics (see the Results section), supplemented by detailed tables and figures (see the Appendices). Here we briefly summarise the findings, first for single aspects of identity, then for each intersectional group.

In this report we show that:

- Rangatahi Māori face greater poverty (i.e., housing instability, food insecurity) and ethnic discrimination than Pākehā students, which in turn impacts on their mental health, substance use, sexual health and ability to access services they need. Rangatahi Māori also report that these factors affect their relationships with whānau and can limit their hopes for the future.
- Pacific young people also faced greater poverty and ethnic discrimination than Pākehā students. These factors are strongly associated with health and wellbeing, thus Pacific young people also reported higher mental health, substance use, and sexual health than Pākehā young people and were more often not able to access services they needed.
- Rainbow young people often reported less positive family, school and community contexts than non-Rainbow young people, as well as some large health disparities, particularly in mental health.
- Young people with a disability or chronic condition reported less positive family, school and community contexts than those without a disability or chronic condition. They generally reported less positive health than those without a disability or chronic condition, particularly on indicators of mental health.

# Considering young people in each of the intersectional identity groups

## Rainbow rangatahi Māori

Most young people in this group reported positive family and school contexts. However, compared to those who were Rainbow and Pākehā, they reported higher food insecurity, higher housing insecurity and health discrimination and similar challenges in areas of health and mental health. Compared to those who were Māori and not Rainbow they reported poorer school environments, less positive hope for the future, poorer mental health and similar housing and food insecurity and discrimination. Overall, they faced major inequities compared to the most advantaged group (Pākehā non-Rainbow) and faced inequities across a greater range of areas than young people who shared just one of these identities.

## Pacific Rainbow young people

Most Pacific Rainbow young people reported positive family and school connections. However, they faced higher challenges than Pākehā Rainbow young people on some indicators (food insecurity, feeling part of school and experience of discrimination by healthcare providers) and greater challenges than Pacific non-Rainbow young people on others (several family and health indicators). Overall, they faced major inequities compared to the most advantaged group (Pākehā non-Rainbow) and faced inequities across a greater range of areas than either Pacific non-Rainbow or Pākehā Rainbow young people.

## Rangatahi Māori with a disability or chronic condition

Most rangatahi Māori with a disability or chronic condition reported positive contexts, however they faced multiple inequities. Compared to Māori without disabilities or chronic conditions, they reported less positive family, school and community environments, more cigarette and marijuana use, and considerably poorer mental health. They also reported higher socioeconomic challenges, more forgone healthcare (not being able to get healthcare when you need it) and more discrimination by health providers. Compared to Pākehā young people with a disability or chronic condition, they were worse off on indicators associated with socioeconomic status, racism, cigarette and marijuana use, and thoughts of suicide. Overall, they faced major inequities compared to the most advantaged group (Pākehā young people with no disability or chronic condition) and faced both a *greater number* of inequities and *higher* inequities than young people who shared just one of their identities.

## Pacific young people with a disability or chronic condition

Most Pacific young people with a disability or chronic condition reported positive contexts, however they also faced important inequities. They reported being less safe at school, more forgone healthcare, and poorer mental health than Pacific young people with no disability or chronic condition. They reported more food and housing insecurity, more forgone healthcare, and more discrimination by health providers than Pākehā young people with a disability or chronic condition. In contrast, Pacific young people with a disability or chronic condition reported better wellbeing than their Pākehā peers. In total, they faced major inequities compared to the most advantaged group (Pākehā young people with no disability or chronic condition) and they faced inequities across a greater range of areas than young people who shared just one of these identities.

## Rainbow young people with a disability or chronic condition

Youth19 data suggests major challenges in wellbeing and mental health for Rainbow young people with a disability or chronic condition. These participants did report mainly positive family and school environments, however they reported more challenging home environments, poorer school relationships, more cigarette use and very much poorer mental health than comparison groups. For example, only 27% reported good wellbeing and 71% reported clinically significant depressive symptoms. In total, members of this group faced a *greater number* and *higher* inequities than either Rainbow young people with no disability or chronic condition or non-Rainbow young people with a disability or chronic condition. They reported particularly high mental health needs.

## Young people who are both Māori and Pacific

Young people who are both Māori and Pacific reported generally positive family, school and community contexts. However, they were much more likely to have experienced food insecurity and housing instability, forgone healthcare and health discrimination than Pākehā young people. Compared to Pākehā young people they also had higher rates of cigarette use, marijuana use, and having had sex; lower rates of condom and contraception use; and higher rates of depressive symptoms and suicidal thoughts. However, on these indicators, proportions reported by young people who are Māori *and* Pacific were not significantly different from those reported by young people who are either Māori *or* Pacific. This group also reported strengths, such as high levels of family closeness, supportive friendships and community volunteering.

## Differences within the intersectional groups and domains of inequality

We tested whether there were particular characteristics associated with increased inequities within each intersectional group. Overall, the most common modifiable factor associated with increased risks was having had experiences of ethnic discrimination.

There were disparities between the intersectional groups and majority young people in almost every area that we measured. Areas of particularly high disparity included food and housing insecurity, forgone healthcare, discrimination by healthcare providers and mental health.

## Youth perspectives

We analysed open-text comments from Youth19 survey participants in the included intersectional groups and consulted youth advisors in the development of this report. Youth advisors highlighted that:

- Their identities were often a source of belonging and pride
- Connecting with others, developing support networks and addressing stigma could be areas of strength and empowerment.

Insights from both Youth19 participants and youth advisors highlight that:

- Not being heard, not being included, discrimination, disempowering assumptions and negative experiences cause problems
- Harmful assumptions, discrimination, lack of understanding and lack of access to resources must be eliminated
- Positive, inclusive, welcoming environments; support with specific challenges; and opportunities to connect must be provided for those with diverse intersecting identities.

# Recommendations

Detailed recommendations are presented in Chapter 5 and are summarised here for a general audience. Based on the findings of this report, we recommend that policy makers, leaders and decision makers should:

- **Retain a focus on priority groups.** Young people who are Māori, Pacific, Rainbow and those with disabilities or chronic conditions face major inequities and challenges.
- **Increase focus on young people who are Māori Rainbow, Pacific Rainbow, Māori with a disability or chronic condition, Pacific with a disability or chronic, or Rainbow with a disability or chronic condition.** Young people who are in these groups often face multiple challenges or particularly high challenges.

To effectively addresses inequities for young people in these intersecting identity groups will required sustained, multilevel actions. Key steps for effective long term change include:

- Create a shared vision and strategy.
- Engage in action at individual, community and whole of government levels.
- Elevate intersectional community voices and leadership.
- Facilitate community partnerships and multisector collaborations.
- Empower a skilled workforce.
- Make the case for prevention and equity.
- Gather and share data. In particular, look for collaborative opportunities to understand the needs of young adults in intersectional groups.
- Generate stable sources of funding for agencies working with intersectional youth.

The youth sector and those working with young people have specific opportunities to support the wellbeing of young people who experience multiple inequities. We recommend that the youth sector should:

- Prioritise developing strong relationships, family and peer connections, and positive futures with young people in these intersecting identity groups.
- Get the basics right: young people in these groups highlight the need for us all to avoid assumptions, check pronouns, offer accessible places, end discrimination and build positive connections.
- Ensure that young people in these groups have opportunities to connect with allies and those with shared identities for peer support and community action.
- Ensure that young people and their families/ whānau have adequate resources, support services and opportunities to enable intersectional youth to fully participate in society. This should include adequate income, information and access to health and wellbeing services.
- Be allies and advocates. Promote equity, inclusion and actively fight discrimination. Address the specific needs and build on the specific strengths of young people in intersectional identity groups.

# Chapter One
# Introduction and Literature Review

Young people in Aotearoa New Zealand have particular strengths and face unique challenges. Compared to those in other Organisation of Economic Co-operation and Development (OECD) member countries, Aotearoa New Zealand youth have high rates of suicide, unintended pregnancy and motor vehicle deaths (Clark et al., 2013). At the same time, New Zealand is a small country with specific opportunities to support better wellbeing among young people. Recent government policies have prioritised wellbeing and have a strong emphasis on young people (Department of the Prime Minister and Cabinet, 2019). Young people and adults in diverse communities and sectors are working hard and skilfully to enhance youth wellbeing.

There have been major gains or improvements in youth health and wellbeing in recent decades, with many positive changes in home and school contexts, reduced substance use and reduced risk behaviours. These gains have been reported for the overall youth population and for rangatahi Māori, Pacific youth and others (Ball, 2019; Ball et al., 2019; Clark et al., 2013; Clark et al., 2018; Clark et al., 2020; Fleming, Ball, Peiris-John et al., 2020; Fleming, Peiris-John et al., 2020; Fleming, Tiatia-Seath et al., 2020). However, major inequities and challenges remain. For example, mental distress has increased rapidly from 2012 to 2019, there are increases in mental health inequities for rangatahi Māori and Pacific young people, and there are major inequities for sexuality and gender diverse young people and those with disabilities (Clark et al., 2020; Fleming, Tiatia-Seath, Peiris-John et al., 2020).

This report seeks to support improved outcomes and equity by providing recent, high-quality data about the health and wellbeing of young people with the named intersecting identities. Other Youth19 reports explore mental health, substance use, healthcare access and other key indicators for the overall New Zealand secondary school population, with specific commentary for those of different age, sex, ethnicity and deprivation groupings. These reports are available via www.youth19.ac.nz.

## What is intersectionality?

'Intersectionality' is a term used to describe the converging effects of class, ethnicity, gender, sexuality and characteristics that contribute to marginalisation, social identity and wellbeing (Seng et al., 2012). An intersectional approach seeks to revise the long-held focus on a single social position and identity by considering the particular experiences of those living with multiple, converging forms of inequality (Huang et al., 2020). Intersectionality is used to examine the effects of multiple aspects of personal identity on health and wellbeing outcomes (Seng et al., 2012) and helps to explain why membership of multiple marginalised groups may put individuals at increased risk for some negative experiences, while membership of multiple privileged groups may increase the likelihood of positive experiences (Settles & Buchanan, 2014).

Intersectionality, however, also recognises that the effects of marginalisation are not simply additive, but that the unique intersections of identities can produce unique outcomes. At times, the intersection of multiple marginalised identities may also afford strengths and opportunities, such as resistance (see Penehira et al., 2014) and multiple communities of belonging (see Chiang et al., 2019; Jaspal & Williamson, 2017; Li et al., 2017).

Intersectionality frameworks are helpful in identifying the barriers people may face when accessing resources and services. Agencies that deliver services to minority groups often develop practices targeted to one specific identity group and the needs of its members (Hankivsky et al., 2014), which may result in an understanding of needs that ignores intersectional complexities. Consequently, those with intersectional identities may have to navigate several spaces to find support and resources, and are often excluded as a result (Roberston, 2020).

# Rangatahi Māori

We would like to begin by acknowledging the strengths, mana and dignity of rangatahi Māori (Māori young people). We would like to emphasise that most rangatahi Māori report positive home, family and community environments, with high levels of cultural connectedness (Borell, 2005; Clark et al., 2018; Clark et al., 2020). However our rangatahi are not invincible – they are also impacted by environments that expose them to racism, discrimination, social exclusion and poverty. These factors have systematically contributed to a breakdown of traditional cultural structures for Māori, leaving a legacy of hopelessness and loss of meaning for many contemporary rangatahi Māori (Health Quality and Safety Commission, 2020; Lawson-Te Aho & Liu, 2010).

Rangatahi Māori have poorer educational achievement strongly associated with poorer academic expectations by teachers and schooling systems (Berryman & Eley, 2017). The inequities rangatahi Māori face can also contribute to poorer mental health outcomes compared to Pākehā young people, including lower general wellbeing and higher rates of depressive symptoms and suicidality (Clark et al., 2018; Fleming, Tiatia-Seath, Peiris-John et al., 2020; Health Promotion Agency, 2018; Health Quality and Safety Commission, 2020). These environments give rangatahi Māori a sense that they don't matter, that their aspirations are not achievable, and ultimately contribute to poorer outcomes.

There is increasing acknowledgment that pushback against these damaging system-level factors is required to address equity for rangatahi Māori, rather than a deficits-based focus on the individual. For instance, there is growing evidence that kinship-based relationships and cultural identity factors are protective against suicidality and depression for Māori (Crengle et al., 2013; Lawson-Te Aho & Liu 2010; Williams et al., 2018). Similarly, for educational success, Mana Whānau (familial pride), Mana Motuhake (personal pride and a sense of embedded achievement), Mana Tū (tenacity and self-esteem), Mana Ūkaipo (belonging and connectedness), and Mana Tangatarua (broad knowledge and skills) are effective strategies (Webber & McFarlane, 2020). A focus on relational factors, cultural identity and the broader environments that support and enhance the mana and dignity of rangatahi Māori are likely to be effective.

# Pacific young people

Pacific young people are those whose ethnic identity includes one or more Pacific ethnicity group. In Aotearoa New Zealand, Pacific ethnicities are often homogenised under a common "Pacific" umbrella, despite significant diversity within this group, including Samoan, Cook Islands, Tongan, Niuean, Tokelauan, Fijian, and Other Pacific Peoples. Our population of Pacific people is youthful – 38% of Pacific people in New Zealand are younger than 15 years, whereas 22% of the general population fits this age band (Teevale et al., 2013).

Many Pacific young people in Aotearoa New Zealand grow up in relatively economically deprived neighbourhoods with housing pressures, lower-decile schooling, and fewer social and leisure facilities (Ministry of Health, 2008). Access to services is often particularly challenging for Pacific young people, who may face financial, cultural, logistical, physical, and linguistic barriers and systemic discrimination (Faleafa, 2020; Statistics New Zealand, 2011; Teevale et al., 2013). In the current Aotearoa New Zealand environment, Pacific youth experience high rates of symptoms of depression, suicidality, low wellbeing and mental distress (Faleafa, 2020; Fleming, Tiatia-Seath, Peiris-John et al., 2020). However, Pacific communities have unique strengths. Households are often intergenerational and family and community connections are often close and rich (Ryan et al., 2019). Pacific youth are vibrant, ambitious and contributing members of Aotearoa New Zealand society. The educational success of Pacific youth has increased rapidly in recent years (Ministry for Pacific People in New Zealand, 2016).

Cultural identity and sense of connection to family are essential foundations that foster wellbeing among Pacific youth (Teevale et al., 2016). Tautolo et al. (2020) found that four key factors supported success for Pacific families: a connection with God, practicing and embracing Pacific cultural identity, family connectedness, and communication. These factors point to the importance of collective wellbeing, spirituality and cultural identity. Strategies that seek to improve outcomes for Pacific youth and their aiga/kopu tangata/kāinga/magafaoa/matavuvale/kāiga[1] (families) must address these broader system-level factors that influence wellbeing and success.

1 Aiga (Sāmoan), kopu tangata (Cook Islands), kāinga (Tongan), magafaoa (Niuean), matavuvale (Fijian) and kāiga (Tokelau, Tuvalu).

# Young people with a disability or chronic condition

Approximately 11% of children under the age of 15 years are estimated to have a disability, with perhaps as many having chronic conditions. In Aotearoa New Zealand, the most common causes of disability are conditions at birth (49% of children with disabilities) and disease or illness (25%) (Statistics New Zealand, 2015).

Rates of chronic pain are also high among adolescents (King et al., 2011), with research showing that young people who experience chronic pain report higher levels of anxiety, depression, isolation and challenging friendships than their pain-free peers (Eccleston et al., 2004; Forgeron et al., 2010). They also report feeling stigmatised by teachers, friends and sometimes their own families (Wakefield et al., 2018).

Aotearoa New Zealand and international research indicates that young people with disabilities or chronic conditions also experience bullying and exclusion more frequently than their peers without disabilities (see Bourke & Burgman, 2010; Chatzitheochari et al., 2016; Kearney, 2009). In Aotearoa New Zealand, students with disabilities are also more likely to sustain injuries related to traffic crashes, falls, near drownings, assaults and self-harm (Peiris-John et al., 2016), and report problems accessing healthcare for injury.

Overall, young people in Aotearoa New Zealand with disabilities have lower levels of mobility and participation in physical, social, cultural and educational activities and employment than their peers without disabilities (Carroll et al., 2018), which may affect their health, wellbeing and life opportunities.

Lower participation rates do not mean that young people with disabilities and chronic conditions lack skills, strengths and aspirational thinking. Rather, barriers to participation are complex and include personal, social, environmental, policy and programme-related factors (Shields et al., 2012), and ableist environments can actively exclude these young people (Appleton-Dyer & Field, 2014).

The New Zealand Disability Strategy (Office for Disability Issues, 2016) emphasises that young people with disabilities can and do thrive if they are well supported in education; have economic security; have their rights respected and protected (especially in the justice and health systems); can access all places, services and information with dignity and ease; have choice and control over their lives; and have leadership opportunities to demonstrate their full potential.

# Rainbow young people

'Rainbow' is an umbrella term used to describe a range of gender, sex, and sexuality diverse people and identities (Ministry of Youth Development – Te Manatū Whakahiato Taiohi, 2020; RainbowYOUTH, 2020b), including those who identify as lesbian, gay, bisexual, transgender, queer, and with a range of other identities. The use of the term Rainbow is, however, contentious. Many young people who identify as takatāpui or with other diverse indigenous identities (e.g., mahu, vakasalewalewa, fa'afafine, etc.) may not identify with the term Rainbow, and members of these groups may have particular, unique experiences. Rainbow young people face prejudice and discrimination in a heteronormative, cis-normative and gender binary focused world. Those who are transgender, non-binary, intersex or have variations in sex characteristics face different and often additional challenges compared to other Rainbow young people (e.g., gender transition, securing and receiving gender-affirming healthcare, etc.) (Veale et al., 2019; Clark et al., 2014).

Rainbow young people are disproportionately affected by violence (Coker et al., 2010) discrimination and victimization (Hatzenbuehler et al., 2008), and homeless-ness and unstable living conditions (RainbowYOUTH, 2020a). Unsurprisingly, members of this group experience significantly high health and mental health needs compared to their non-Rainbow peers (Almeida et al., 2009; Clark et al., 2014; Janković et al., 2020; Lucassen et al., 2014).

Youth'12 research noted that Rainbow young people were significantly more likely than non-Rainbow people to report engagement in volunteering (Lucassen et al., 2014). Recent research indicates that Rainbow young people of colour, those who are transgender or gender diverse, and those living with financial deprivation are even more likely to participate in volunteering (Frost et al., 2019).

Rainbow young people thrive when they are well supported at home, school and in the community (Clark et al., 2014; Fenaughty et al., 2019). There is also increasing evidence that the disproportionate representation of Rainbow young people in various negative statistics is underpinned by structural issues, including stigma and discrimination (Shangani et al., 2020). It is important that Rainbow young people have the opportunity to develop in contexts that value and affirm their identities. Recent local research from the Counting Ourselves survey of transgender and non-binary people in Aotearoa indicated that, while discrimination was associated with mental health challenges, the impact of such stressors was significantly reduced when social support was present (Tan et al., 2020). Recent research also indicates the powerful role that school belonging plays in supporting academic achievement for Rainbow students (Fenaughty et al., 2019). Alongside these contexts, addressing homophobia and transphobia as well as improved access to healthcare – in particular timely provision of gender-affirming healthcare for transgender, non-binary, and other gender expansive young people – is critical to ameliorate disparities for this group (Veale et al., 2019).

# Intersectionality research with young people in Aotearoa New Zealand

There is little quantitative evidence considering intersectionality among young people in Aotearoa New Zealand. For studies focused on the intersection of migrant ethnic minority and gender-diverse identities, see Chiang et al. (2019) and Lewycka et al. (2020). To inform our review of the literature considering the following groups, we have consulted surveys and reports as well as academic research.

## Intersecting identities: Rainbow rangatahi Māori and Pacific Rainbow young people

Rainbow rangatahi Māori (Māori Rainbow young people) and Pacific Rainbow young people may experience particular challenges. A recent report issued by the New Zealand Human Rights Commission (2020) noted that Māori Rainbow individuals often experience dual stigma, where the systemic inequities of racial discrimination and colonisation are compounded by discrimination related to gender and sexual identities and orientations. The following quote illustrates this idea:

*As takatāpui [ancient Māori term meaning intimate companion of the same sex], we experience a unique combination of discrimination, based on being Māori and having diverse gender identities and sexualities... Even within Rainbow communities, the importance of being Māori to takatāpui and the appropriate use of tikanga or Māori protocols is not well understood.* (Kerekere, 2012, p. 22)

Le Va (2020) state that rates of suicide attempts and self-harm among Pacific Rainbow peoples in Aotearoa New Zealand are high, with proposed drivers including lack of acceptance, homophobia, transphobia, discrimination, shame, bullying, violence, and rejection by others (Le Va, 2020). New research aiming to redress the impact of stigma on Pacific Rainbow people has recently received funding (Scoop, 2020).

# Intersecting identities: Rainbow young people with disabilities or chronic conditions

Rainbow people with disabilities may encounter specific challenges relating to this intersection of identities. For example, members of this group report that they do not see themselves represented in resources and support systems (Roberston, 2020). Further, they often face prejudiced views, such as “people with disabilities should not have intimate relationships, sexuality or a gender identity” (Robertson, 2020, p. 60), and encounter difficulty accessing information about healthy sexual relationships and consent.

Gender diverse people with disabilities experience levels of hardship, discrimination, violence and isolation over and above those without disabilities. Counting Ourselves (Veale et al., 2019) was Aotearoa New Zealand’s first comprehensive national survey of the health and wellbeing of transgender and non-binary people. The researchers found that nine out of ten transgender or non-binary people with a disability experienced high or very high psychological distress over a four-week period, and two thirds had harmed themselves deliberately. Rainbow participants with disabilities were also more likely to have experienced discrimination in a 12 month period, either in a public place or when seeking medical care, compared to their Rainbow peers without disabilities (Veale et al., 2019).

## Intersecting identities: Rangatahi Māori and Pacific young people with disabilities or chronic conditions

Rangatahi Māori and Pacific young people with disabilities may face challenges unique to these intersections of identities. Disabilities and chronic conditions are more common among Māori than non-Māori New Zealanders, and rangatahi Māori with disabilities tend to have poorer outcomes than Māori without disabilities, in terms of both quality of life and material wellbeing, with material disparities the most marked (Statistics New Zealand, 2015). The socioeconomic marginalisation of Māori is strongly implicated as one of the causal factors in the disparities between Māori and non-Māori impairment profiles (Ministry of Health, 2004). For instance, Māori with a disability are more likely than non-Māori with a disability to live in the more deprived areas of Aotearoa New Zealand and in poorer quality accommodation (Ministry of Health, 2004).

There are persistent disparities in healthcare access and support for disabilities for Māori and Pacific peoples. These disparities are linked to discrimination and institutional racism in health services, a lack of economic resources, as well as powerlessness and stress among those facing the intersection of high health needs, poverty and lack of cultural privilege (Ryan et al., 2019). Services and professionals can and must proactively address these inequities (Ryan et al., 2019).

Broader social factors such as inter-dependence, and whānau relationships often play a central role in empowering, healing and enhancing the individual wellbeing of indigenous people with disabilities (Hickey, 2008). Young people's own rights as individuals must be attended to, along with family relationships, cultural identity, community, and rights at school and in health services.

## Intersecting identities: Young people who are both Māori and Pacific

Much research in Aotearoa New Zealand considers the wellbeing of and equity for young people categorised into Māori, or Pacific or other groupings. However, many young people belong to multiple groups and might have two or more identities, blended identities or 'third identities' (such as being 'Brown') (Borell, 2005; Rimumutu & Rodriguez, 2009; Ross, 2020). There is little youth research quantifying the wellbeing of Aotearoa New Zealand youth with both Māori and Pacific identities. This report considers the wellbeing of young people who belong to both of these groups.

# Does intersectionality mean double stress and challenges?

There are several hypotheses that attempt to explain the relationship between having multiple marginalised identities and challenges or stress. The 'double jeopardy' hypothesis suggests that members of multiple marginalised groups experience additional or compounding stress, over and above that experienced by members of a single minority group (Ferraro & Farmer, 1996; Hayes et al., 2011). They may face discrimination or stigma in multiple ways and be marginalised in multiple settings.

An alternative hypothesis posits that, although members of multiple minority groups face greater or different challenges, they may also develop resistance, specific strengths or coping skills, or have multiple communities and support networks. For example, someone who belongs to two or more marginalised groups might feel that they always walk in two worlds without ever being fully central in either. However, they might also derive strengths from each of these identities and have diverse communities to connect with and enjoy.

Some recent Aotearoa New Zealand and international research suggests that, for some groups in some settings at least, belonging to two minority identities does not appeared linked with significantly elevated rates of distress (see Chiang et al., 2019; Jaspal & Williamson 2017; Li et al., 2017) connected to belonging to two minority identities. For example, queer Asian young people reported that they often faced heterosexism in family settings, and racism in queer communities, meaning that it was hard to have their whole, integrated identity welcomed in either setting. At the same time, they belonged to families, broader ethnic communities and queer communities, each of which could be supportive and engaging in different ways (Chiang, 2019).

# Summary

This review of literature suggests that rangatahi Māori, Pacific young people, Rainbow young people and young people with disabilities or chronic conditions disproportionally experience issues such as social stigma, exclusion, discrimination, lack of access to healthcare, housing insecurity, poverty and bullying compared to their peers with mainstream identities. They often report higher rates of mental and physical health needs and risks. Despite these challenges, they also demonstrate considerable resistance and coping strategies and many have thriving family and community supports.

There is little research considering health and wellbeing for young people in the intersecting identity groups considered in this report. The next section provides an overview of the methods of the Youth19 survey and this analysis, followed by the results, discussion of these findings, and key recommendations.

# Chapter Two
# Methods

## Methods for Youth19

This section provides an overview of the Youth19 survey, as described in the *Youth19, Initial Findings: Introduction and Methods* report (Fleming, Peiris-John et al., 2020).

It then describes the methods used for this report, including the specific questions used to define the profiled groups, the outcome variables analysed and the processes used.

## Ethical considerations

The Youth19 survey was based on well-established procedures that were used to build the previous Youth2000 Series surveys. Ethical approval was granted by The University of Auckland Human Subjects Ethics Committee (application #022244). In each participating school, the principal or head of the board of trustees provided consent for the students to be invited to participate. Information sheets were then provided to the school for distribution to parents and caregivers of all students enrolled in year 9–13. These sheets were available in te reo Māori and in English, and in printed and digital formats.

Parents and caregivers were given two weeks to withdraw their students by contacting the school (an opt-out process). Once ineligible students were withdrawn, students were randomly selected from the school roll. Each selected student received an information sheet containing details of the survey methods, consent information, and contact details for further information. These information sheets were available in te reo Māori and English, and in printed and digital formats.

On the day of the survey, selected students were invited to the designated survey room. Students who did not wish to participate could choose not to attend. Upon arrival, students were welcomed by the researchers and given internet tablets, which displayed an introductory video in a choice of te reo Māori or English. After viewing the video, students were invited to ask any questions and could then choose either to leave or to provide consent to participate and begin the survey.

All survey questions were optional and the survey used branching logic to ensure that students were not asked questions that did not apply to them. All responses were anonymous and students' privacy during the survey was protected by ensuring adequate spacing between individuals. Each student was given a card printed on one side with a unique code that gave them access to the survey and on the other side with safety information. Safety messages were also displayed at the end of each survey section and following highly sensitive questions. As the survey was anonymous, it was not possible to remove individual participants' responses if they later changed their mind.

# Survey design and delivery

The survey was hosted using the cloud-based survey platform Qualtrics Core XM (Qualtrics, Provo, UT). Each participant completed the survey on a 7-inch mobile tablet with an Android operating system. All data transferred between the mobile tablet and the survey server were encrypted. Students also received headphones so that they could listen to the introductory video and choose to hear questions and answer options read aloud, either on-demand by pressing an on-screen icon or automatically as each question loaded. Students could switch between delivery method. The survey text and audio descriptors were available in both te reo Māori and English.

Schools provided the survey team with a large space, such as a school hall or gymnasium, in which to administer the survey and students were invited in groups.

All Youth19 questions, responses and survey descriptive text were translated into te reo Māori by a certified translator and voice recorded by a fluent te reo speaker.

# The survey

The Youth19 survey comprised 285 questions across 11 key areas: ethnicity and culture; home life; identity; school; health; emotions; injury and violence; sport, work and online time; sex and sexuality; addictive behaviours; and neighbourhood and spirituality. Survey items included previous Youth2000 series questions, validated measures, measures used in other surveys, and newly developed questions, including:

- Whanaungatanga variables developed from photo-elicitation work and kaupapa Māori qualitative interviews with rangatahi and their whānau, conducted by the Harnessing the Spark of Life team
- Questions about topical and emerging issues (e.g., gender identity, housing insecurity, period poverty and environmental issues), developed in consultation with content experts and youth advisors
- Open-text questions inviting young people to comment on important areas such as home life, school, the issues they face and potential solutions (these questions appeared at the end of relevant survey sections and were clearly marked as optional).

Participants could also opt in to receive digital help information on a range of health and wellbeing topics. This novel survey component was developed by the Smart Survey team through co-design sessions with students and input from digital service providers.

The full Youth19 questionnaire will be available from www.youth19.ac.nz.

## Geocoding

During the survey, each student was asked to enter the address of their usual place of residence into a custom web app that resolved and saved their 2018 census meshblock number without storing their specific address. Each student's meshblock number was coupled with their survey responses, allowing these responses to be considered in the context of their area information (e.g., NZ Deprivation Index decile and score, urban/rural data). No personal details were stored and it was not possible to identify any student's home address. The geocoding process was explained to students before they commenced the survey and students could opt out of this process.

## School participation

The Youth19 survey sampled schools from the Auckland, Waikato and Tai Tokerau education regions. This regional approach differs from previous Youth2000 surveys, which sampled schools from throughout Aotearoa New Zealand. In 2019, schools from the three included education regions accounted for 46% of all year 9–13 students in Aotearoa New Zealand, with sufficient representation of ethnic groups, urban and rural communities, and areas of differing socioeconomic deprivation to provide enough statistical power to extrapolate results to a national level.

At the time of sampling, there were 242 schools in the Auckland, Waikato and Tai Tokerau education regions with students in year 9 or above (Education Counts, 2018). Single sex, co-education, public, private and fully integrated schools were included. Schools with 50 or fewer students and schools where students were unable to participate were excluded. A further five small schools (<100 students) from Tai Tokerau were excluded through human error. Kura kaupapa Māori (state schools that operate within a whānau-based Māori philosophy and deliver the curriculum in te reo Māori) were excluded from randomisation and sampled separately.

Of the 161 eligible mainstream schools (excluding kura), we randomly selected 50% of the schools in each region (a total of 78 schools). Of these, 43 agreed to participate. A further two schools were invited to participate as pilot sites. Both agreed. No significant changes to methods were made between piloting and data collection from randomly selected schools, hence pilot schools were included in the final sample, giving a total of 45 mainstream schools. Of the 35 invited mainstream schools that did not participate, 31 declined, two initially agreed to participate and later declined, and two did not respond. In addition, from a total of eight kura kaupapa Māori across the three regions, two kura from each region (a total of six) were invited and four participated.

In total, 169 schools were eligible (161 mainstream and eight kura kaupapa Māori) and 86 were invited (78 randomised mainstream schools, two pilot mainstream schools and six kura). The final sample comprised 49 schools (45 mainstream and four kura). This gives school response rates of 56% for mainstream schools, 67% for kura kaupapa Māori, and 57% for all schools combined.

# Student participation

Students were selected for invitation to participate in various ways, depending on school size, type and preference. In participating mainstream schools with 150 or more students in years 9–13, 30% of students were randomly selected from the roll. In the two schools with fewer than 150 students, at least 30 students were randomly selected to reduce the risk that individual students would be identifiable in reports of school results. In two small schools, all students were invited as requested by school management as a condition of school participation. All year 9–13 students in participating kura kaupapa Māori were invited to participate.

A total of 12,359 students were randomly selected from mainstream schools and invited to participate, of which 7,374 (60%) participated. This number represents approximately 6% of all year 9–13 students in eligible schools. Of the 486 kura kaupapa Māori students invited, 347 (71%) participated.

Students could choose not to participate without having to say why. A total of 49 students arrived at the allocated survey room but declined to participate after receiving an explanation of the survey. Twelve students consented to participate but completed only three questions or fewer – their responses were removed from the results. In 16 schools, student participation was less than 50%. Non-participation in these schools was linked to 2019 teacher industrial action, the 2019/20 New Zealand measles outbreak, or the Ihumātao protest and occupation. Other non-participation was likely due to factors such as student assessments, illness, field trips, absenteeism or refusal to participate.

# Ethnicity

Students reported their ethnicity to Statistics New Zealand level 4 classification and were able to choose as many ethnicities as applied to them. Unless otherwise stated, the New Zealand Census ethnic prioritisation was utilised to allocate students with multiple ethnicities to a single ethnicity group when this was needed for analyses. This process is further detailed in the *Youth19 Rangatahi Smart Survey Initial Findings: Introduction and Methods* report (Fleming, Peiris-John et al., 2020), available from www.youth19.ac.nz.

# Methods for this report

## Health and wellbeing indicators

We selected indicators of important risk and protective factors and health and wellbeing from the Youth19 survey. The items were selected based on Youth2000 analyses and local and international literature. The indicators are displayed in Table 1 (overleaf) and in Appendix 1.

Wellbeing was measured using the World Health Organization Well-being Index (WHO-5; World Health Organization, 1998). The questions that make up the WHO-5 index are displayed in Table 1. Good wellbeing is indicated by a score of 13 or more.

Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF). Scoring over the cut off on this scale indicates 'clinically significant symptoms of depression' (i.e., symptoms of depression that are likely to affect the young person in their daily life, including at home and school). For further details regarding these measures and scoring, see the *Youth19: Hauora Hinengaro / Emotional and Mental Health* report (Fleming, Tiatia-Seath, Peiris-John et al., 2020).

We also included data from responses made by participants in the intersectionality groups to two open-text questions. Participants were asked about the biggest problems for young people today and what they think could be changed to support young people in Aotearoa New Zealand better, and could respond in their own words.

**Table 1**: Health and wellbeing indicators

| Short Name | Survey Question | Included Response Options |
|---|---|---|
| *Family acceptance* | "There is someone in my family/whānau who accepts me for who I am" | Agree/Strongly agree |
| *Family close* | "There is someone in my family/whānau who I have a close bond with" | Agree/Strongly agree |
| *Safe at home* | "Do you feel safe at home, or the place you live?" | Yes, all the time/ Yes, most of the time |
| *Housing instability* | "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)." | Slept in: Cabin, caravan, or sleep out/Garage/ Couch/ Another person's bed/Couch surfing/Motel, hostel, marae etc/Car or van/ Other |
| *Food insecurity* | "Do your parents, or the people who act as your parents, ever worry about… not having enough money to buy food?" | Sometimes/Often/All the time |
| *Part of school* | "Do you feel like you are part of your school, alternative education or course?" | Yes |
| *Teacher expectations* | "Do teachers/tutors expect you do well with your studies?" | Yes |
| *Safe at school* | "Do you feel safe in your school/course?" | Yes, all the time/ Yes, most of the time |
| *Positive future* | "I can see a positive future for me in New Zealand" | Agree/Strongly agree |
| *Volunteering* | "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)?" | Yes |
| *Safe in community* | "Do you feel safe in your neighbourhood?" | All the time/Most of the time |
| *Talk with friend* | "I have at least one friend who I can talk with about things that are worrying me" | Agree/Strongly agree |
| *Friend supports* | "I have at least one friend who will stick up for me and who has 'got my back'" | Agree/Strongly agree |
| *Accessed healthcare* | "When was the last time you went for health care (excluding looking online)?" | 0–12 months ago |
| *Forgone healthcare* | "In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to?" | Yes |
| *Health discrimination* | "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?" | Yes |
| *Cigarette use* | "How often do you smoke cigarettes now?" | Any other than "Never - I don't smoke now" |
| *Binge drinking* | "In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?" | More than once |
| *Marijuana use* | "In the last 4 weeks, about how often did you use marijuana?" | Any other than "Not at all - I don't use marijuana anymore" |
| *Had sex* | "Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted, or consented to - this does not include sexual abuse or rape." | Yes |
| *Condom use* | "How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex?" | Always |
| *Contraception use* | "How often do you, or your partner(s) use contraception (by this, we mean protection against pregnancy)?" | Always |
| *Good wellbeing* | WHO-5 Well-being scale (I have felt cheerful and in good spirits; I have felt calm and relaxed; I have felt active and vigorous; I woke up feeling fresh and rested; My daily life has been filled with things that interest me) | Total score indicates good or better wellbeing |
| *Depressive symptoms* | Reynolds Adolescent Depression Scale - Short Form (RADS-SF) | Total score indicates clinically significant symptoms |
| *Suicide thoughts* | "During the last 12 months have you seriously thought about killing yourself (attempting suicide)?" | Yes |

# Analytic approach

Coding and analysis has been carried out using standard statistical techniques in R software. The analysis for this report was completed by Dr Daniel Barnett, The University of Auckland.

Sample weights were calculated first as inverse probability weights to adjust for the unequal probability of each individual being invited to participate in the survey. Sample weights are used to accurately estimate parameters of the surveyed population using the sampled data. For this analysis, data were not adjusted (calibrated) to produce national population estimates.

For each binary outcome, a prevalence and corresponding 95% confidence interval was calculated for each of the intersectional groups. Comparisons of the prevalence of each outcome were made between participants belonging to one minority group (e.g. Māori and non-Rainbow, or Pākehā and Rainbow) and participants belonging to both minority groups (e.g. Māori and Rainbow). Differences were considered significant if the 95% confidence interval of prevalence for individuals belonging to both minority groups did not overlap with the 95% confidence intervals for individuals belonging to either minority group alone.

To adjust for covariates, a binomial generalised linear model with an identity link function was used. This model estimates risk (or prevalence) differences between identity groups while allowing for the inclusion of covariates (age, deprivation and sex).

# How to read this report

In order for this report to be accessible to readers less familiar with statistics, we now explain some of the statistical concepts in plain language. Please also see 'Reading results' at the start of Chapter 3.

A prevalence is the frequency or percentage of something in a given group. For example, the prevalence of ever having tried a cigarette refers to the percentage of people who have ever tried a cigarette. When we compare groups in our analyses, we are comparing groups across the prevalence of a behaviour or experience. Sometimes we asked questions along a multiple point scale, where people could answer with more graded options. The outcomes in this report have all been transformed into binaries, for example between good wellbeing and not, or between yes and no.

Because we did not survey all young people in our population group, the percentages we provide are estimates for the true rate in the population. When groups are large, we can be confident of that estimate and consider it to have a narrow margin of error. When groups are smaller the margin of error is broader. Statistical significance, and relatedly p-values, refer to whether we can confidently conclude that there is a reliable difference between groups in our analyses. If the difference between two groups is statistically significant, we have a high probability (95%)

that the difference between groups reflects a real difference. This does not mean that differences that are not statistically significant are not important, but it does mean we have to be very tentative about conclusions based on these. We should regard these as possible, rather than confirmed differences.

In Chapter 3, we summarise the results. For more detail see the appendices. The bar graphs included in the appendices show the prevalence of different indicators for each group. The black lines running across each of the bar graphs are confidence intervals. When the confidence interval of the bar for one group overlaps with the confidence interval for another, this means that the difference between the groups is not statistically significant. The data represented in these figures is provided in the tables in the appendices.

## Open-text thematic analysis

Participants in the Youth19 survey were asked: "What do you think are the biggest problems for young people today?" and "What do you think should be changed to support young people in New Zealand better?" Qualitative data for this report came from the open-text responses to these questions.

For this report, we selected data only from those who identified with two or more of the identities we are considering (Māori, Pacific, Rainbow, or with a disability or chronic condition). Responses to the open-text questions were then coded to identify the key themes. Key themes represent the most frequently cited responses by youth with intersectional identities.

# Defining the groups for this report

## Māori and Pacific ethnicities

Participants could select ethnic groups that they belonged to. All Youth19 participants who identified Māori as one of their ethnic groups were included as Māori. This was a total of 1,528 Māori students, approximately 20% of the Youth19 sample. All of those who identified a Pacific Island ethnicity as any of their ethnicities were included as Pacific. This was a total of 1204 students, 16% of the Youth19 sample. Note that using the Aotearoa New Zealand census ethnicity prioritization method for allocating students with multiple ethnicities to one ethnic group results in a lower total, of 945 Pacific students. For more detail see our *Introduction and Methods* report (Fleming, Peiris-John et al., 2020). For analyses of young people with both Māori and Pacific identities, students were allocated to one of the following groups: Māori and Pacific, Māori and not Pacific, Pacific and not Māori, or neither Māori nor Pacific.

## Rainbow identities

For this report, 'Rainbow' includes Youth19 participants who identified as trans, non-binary, Queen, fa'afafine, whakawahine, tangata ira tane, 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.

## Disability or chronic condition

For this report, 'young people with a disability or chronic condition' comprises young people who reported long-term (lasting six months or more) disabilities (e.g., sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties), long-term illness and/or pain (e.g., headaches, tummy pain, arms or leg pain), where these conditions impacted on their day-to-day functioning.

Youth19 participants were asked whether they had a "long term" ("lasting 6 months or more"): disability including "sensory impaired hearing, visual impairment, in a wheelchair,

learning difficulties" (this was 8.7% of the Youth19 sample; n = 652); chronic condition (such as "asthma, diabetes, depression", (22.9%; n = 1,734), or chronic pain including "headaches, tummy pain, arms, or leg pain" (22.8%; n = 1,720). A total of 41.3% (n = 3,104) of the Youth19 sample identified as having at least one of these. We narrowed the scope of this group to those whose condition(s) impacted on their day-to-day functioning, leaving a total of 24.0% of the sample (n = 1,854).

This grouping is consistent with the World Health Organization International Classification of Functioning, Disability and Health framework, which refers to disability as a limitation in activity and participation. It was also selected as a developmentally appropriate and inclusive definition. Previous work has highlighted that young people may not consider some conditions a 'disability' and that using self-reported disability alone may under include ethnic minorities and younger adolescents (Peiris-John et al., 2016).

## Intersectional identity groups

The numbers of young people who belonged the intersecting identity groups are shown in Table 2. As shown, there were:

- 154 Rainbow Rangatahi Māori (1.9% of the total Youth19 sample).
- 103 Pacific Rainbow young people (1.3% of the sample)
- 435 Rangatahi Māori with a disability or chronic condition (5.5% of the sample)
- 293 Pacific young people with a disability or chronic condition (3.8% of the sample)
- 333 Rainbow young people with a disability or chronic condition (4.3% of the sample)
- 259 young people who were of both Māori and Pacific ethnicities (3.4% of the sample).

The number of participants with three identities were as follows:

- Māori or Pacific and Rainbow and has a disabiling condition, 95 (1.2% of the Youth19 sample)
- Māori and Pacific and Rainbow, 23, (0.3% of the sample)
- Māori and Pacific and has a disabiling condition, 70, (3.3% of the Youth19 survey sample).

Nine participants identified with all four identities (Māori and Pacific and Rainbow with a disability or chronic condition).

## Groups for analysis

Taking into account sample size considerations (i.e., each group required a minimum of 100 participants), from these variables we confirmed six groups for analysis:

- Māori Rainbow young people
- Pacific Rainbow young people
- Rangatahi Māori with a disability or chronic condition
- Pacific young people with a disability or chronic condition
- Rainbow young people with a disability or chronic condition
- Young people who identified as both Māori and Pacific ethnicities.

The sample sizes and a breakdown of each group by age, deprivation, and gender are presented in Table 2.

**Table 2**: Characteristics of included groups

| Group | | Gender | | | Age | | | | | NZ Deprivation Band | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total % n | Female % (n) | Male % (n) | Gender diverse % (n) | 13 and under % (n) | 14 % (n) | 15 % (n) | 16 % (n) | 17+ % (n) | 1 % (n) | 2 % (n) | 3 % (n) |
| Māori Rainbow | 1.9% 154 | 69.5% (107) | 28.6% (44) | 1.9% (3) | 18.8% (29) | 18.8% (29) | 22.1% (34) | 16.9% (26) | 23.4% (36) | 13.0% (20) | 29.9% (46) | 40.9% (63) |
| Pacific Rainbow | 1.3% 103 | 62.1% (64) | 33.0% (34) | 4.9% (5) | 19.4% (20) | 25.2% (26) | 16.5% (17) | 15.5% (1) | 23.3% (24) | 5.8% (6) | 27.2% (28) | 53.4% (55) |
| Māori with a disability or chronic condition | 5.5% 435 | 60.9% (265) | 38.9% (169) | 0.2% (1) | 16.6% (72) | 21.8% (95) | 27.6% (120) | 18.9% (82) | 15.2% (66) | 12.4% (54) | 27.6% (120) | 43.9% (191) |
| Pacific with a disability or chronic condition | 3.8% 293 | 70.0% (205) | 29.0% (85) | 1.0% (3) | 12.3% (36) | 18.4% (54) | 25.9% (76) | 18.8% (55) | 24.6% (72) | 7.5% (22) | 17.4% (51) | 61.8% (181) |
| Rainbow with a disability or chronic condition | 4.3% 333 | 77.2% (257) | 20.1% (67) | 2.7% (9) | 12.6% (42) | 21.9% (73) | 18.3% (61) | 20.7% (69) | 26.4% (88) | 23.1% (77) | 40.5% (135) | 25.2% (84) |
| Māori and Pacific | 3.4% 259 | 62.2% (161) | 37.1% (96) | 0.8% (2) | 19.3% (50) | 24.7% (64) | 25.1% (65) | 13.1% (34) | 17.8% (46) | 8.5% (22) | 22.4% (58) | 52.9% (137) |

Notes:

Total % refers to the percentage of the total Youth19 survey sample, for example, there were 154 Rainbow Rangatahi Māori, 1.9% of the Youth19 participants.

NZ Deprivation Band 1, 2 and 3 refer to those living in NZ Dep areas 1-3, 4-7 and 8-10 respectively (often referred to as low, medium and high dep).

# Chapter Three
## Results

In the Results section we explore health and wellbeing indicators for each of the following groups:

- Rainbow rangatahi Māori
- Pacific Rainbow young people
- Rangatahi Māori with a disability or chronic condition
- Pacific young people with a disability or chronic condition
- Rainbow young people with a disability or chronic condition
- Young people who are both Māori and Pacific.

Key issues for each group and comparisons to others are presented in infographics and text. We then report results from logistic regressions for key indicators. In the next chapter, we report findings from open-text questions in Youth19, summarising challenges and opportunities for change in the words of participants from these groups.

# Reading results and interpreting data

We present the prevalence or percentage of each indicator for each group. For example, looking at Figure 2 (page 35), 76% of Rainbow rangatahi Māori reported that they felt accepted in their family. This figure is 86% for Māori non-Rainbow young people and 79% for Pākehā Rainbow young people. Although these numbers are quite different, the 95% confidence intervals overlap. Where confidence intervals overlap, there is a 5% or higher chance that the apparent difference is not real, but is due to sampling differences or chance. Where this occurs, the differences are regarded as 'not statistically significant'. This is similar to saying that the results are within the margin of error. It does not mean that the apparent differences are not important, it simply indicates that they are not definitive – they could be due to chance and so we must treat them with caution. The 95% confidence intervals are wider when a group is small. This means that when we compare two smaller groups the prevalence can be quite different yet not be statistically significant. In some studies, differences that are not statistically significant are not reported at all. To report them can be seen as misleading and overstating differences that may be due to chance alone. However not reporting such results, especially where groups are small, can also be seen as misleading as it may minimise and understate challenges (Amrhein et al., 2019), particularly where there are patterns or trends of differences that all go in similar directions.

We have taken a considered approach in this report. For each group we provide a summary table that highlights statistically significant differences and then an infographic providing the prevalence for each grouping. Where differences are statistically significant, a < or > sign is included to identify that this is higher or lower. The appendices provide more detail, showing tables with the prevalence estimates and 95% confidence intervals for each indicator and then representing these graphically, making it easy to see the size of differences. In the text for each grouping, we describe the statistically significant differences and then outline other distinctions more briefly.

# Results for Rainbow rangatahi Māori

There were 154 Rainbow rangatahi Māori in the Youth19 survey, approximately 2% of the total sample. Of these students, almost 70% were female and 2% were gender diverse. Most were aged 15 years or older and most lived in middle or high deprivation neighbourhoods, as shown in Table 2.

Compared to other groups and controlling for age and sex differences, Māori Rainbow young people faced inequities on many indicators. Differences were particularly large in areas of housing and food insecurity and healthcare discrimination (compared to Pākehā students) and mental health and wellbeing (compared to non-Rainbow students). Figure 1 lists the differences that are statistically significant. As this figure shows:

- Māori Rainbow young people faced many inequities compared to Pākehā non-Rainbow (i.e., cisgender heterosexual) young people, including greater challenges at home, at school, in communities, in accessing healthcare, in facing discrimination in healthcare, in substance use, and on indicators of sexual health. They faced particularly elevated food and housing insecurity, discrimination and high mental health needs.
- Compared to Māori non-Rainbow young people, Māori Rainbow young people reported greater challenges in school, seeing a positive future for themselves, support from friends, and especially in mental health.
- Compared to Pākehā Rainbow young people, Māori Rainbow young people reported higher housing and food insecurity. They were also more likely to have had sex, and more likely to have experienced ethnic discrimination in healthcare.

There were multiple other indicators where Māori Rainbow young people appeared to face higher challenges than others, but 95% confidence intervals overlapped in these instances, meaning that differences were not statistically significant and could be due to error. Data for all indicators are shown in Figure 2 and detailed in Appendices 2 and 3.

Overall, as shown in Figure 2, Māori Rainbow young people reported:

- *Positive family school relationships*, with 76% reporting that a whānau/family member accepts them for who they are, 79% reporting that there is someone in their whānau/family they are close to, and 94% reporting that they felt safe at home. That said, on each of these measures, Māori Rainbow young people were not as well off as Pākehā non-Rainbow young people (data shown in Figure 2). They also appeared to face more challenges than Māori non-Rainbow young people, although the differences were not definitive (95% confidence intervals overlap).
- *Particularly concerning levels of housing instability and food insecurity* (26% and 50% respectively, compared to 4% and 16% for Pākehā non-Rainbow). These proportions were higher than for Pākehā Rainbow and non-Rainbow groups and appeared higher than for Māori non-Rainbow, although this was not definitive.

- *Some positive school connections*, with most (72%) feeling part of school and 94% reporting that their teachers had positive expectations. However, the proportion who feel part of school is lower than for Pākehā non-Rainbow (86%), Māori non-Rainbow (85%) and may be lower than for Pākehā Rainbow (78%, non-significant difference).
- *Poor safety at school,* with 69% of Māori Rainbow young people reporting feeling safe at school, this was significantly lower than for Pākehā non-Rainbow (89%) and Māori non-Rainbow (85%) young people, and potentially lower than for Pākehā Rainbow young people (78%, non-significant difference).
- *Concerningly low levels of seeing a positive future for themselves in Aotearoa New Zealand.* This was endorsed by only 48% of Māori Rainbow young people, lower than the proportion for Pākehā non-Rainbow (75%) and Māori non-Rainbow (68%) young people and similar to that for Pākehā Rainbow young people (50%).
- *Similar rates to other groups of volunteering to help others in the community* (approximately half of participants).
- *Feeling safe in their neighbourhood* (87%), however, this was lower than for Pākehā non-Rainbow (95%) and appeared potentially lower than for Māori non-Rainbow and Pākehā non-Rainbow (differences non-significant).
- *Having supportive friendships* (a friend to talk to and a friend who sticks up for them), however these appeared lower than for other groups, with some of these differences being statistically significant.
- *Seeing a healthcare provider in the last year* (73%), however 33% had not been able to access healthcare when they needed to within the last 12 months and 9% reported being treated unfairly by a healthcare provider because of their ethnicity. These indicators highlighted disparities, with Māori Rainbow young people reporting more than twice as much forgone care as Pākehā non-Rainbow young people (33% compared to 15%) and three times as much ethnic discrimination from healthcare providers (9% for Māori Rainbow, 7% for Māori non-Rainbow, 3% for both Pākehā groups).
- *Concerning cigarette and marijuana use,* with these being approximately double the proportions for Pākehā non-Rainbow young people.
- *Higher proportions of having had sex* than Pākehā Rainbow and Pākehā non-Rainbow young people and *very low rates of condom and contraceptive use* among those who were sexually active. Contraception, and sometimes condom use, are less relevant for those not having heterosexual penetrative intercourse, however our Rainbow grouping includes young people attracted to the opposite sex and, regardless of identity, is likely to include young people who have heterosexual experiences.
- *Low rates of wellbeing and very concerning rates of depressive symptoms and suicide thoughts.* These were much more negative than for Pākehā non-Rainbow young people, more negative than for Māori non-Rainbow young people and similar to those reported for Pākehā Rainbow young people. Specifically, for Māori Rainbow young people, 42% reported good wellbeing, 53% reported depressive symptoms and 46% reported serious thoughts of suicide. For Pākehā non-Rainbow young people, 73% reported good wellbeing, 18% reported symptoms of depression and 15% reported serious thoughts of suicide.

**Figure 1**: Statistically significant differences: Rainbow rangatahi Māori compared with other groups

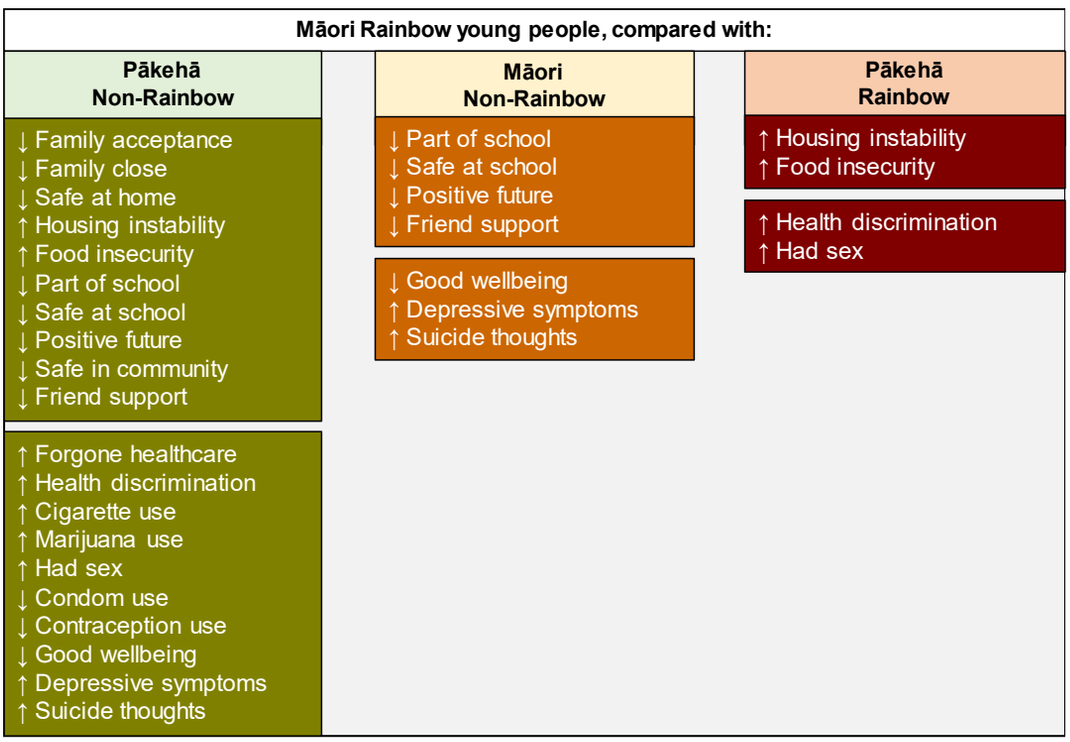



**Figure 2**: Health and wellbeing indicators for Rainbow rangatahi Māori

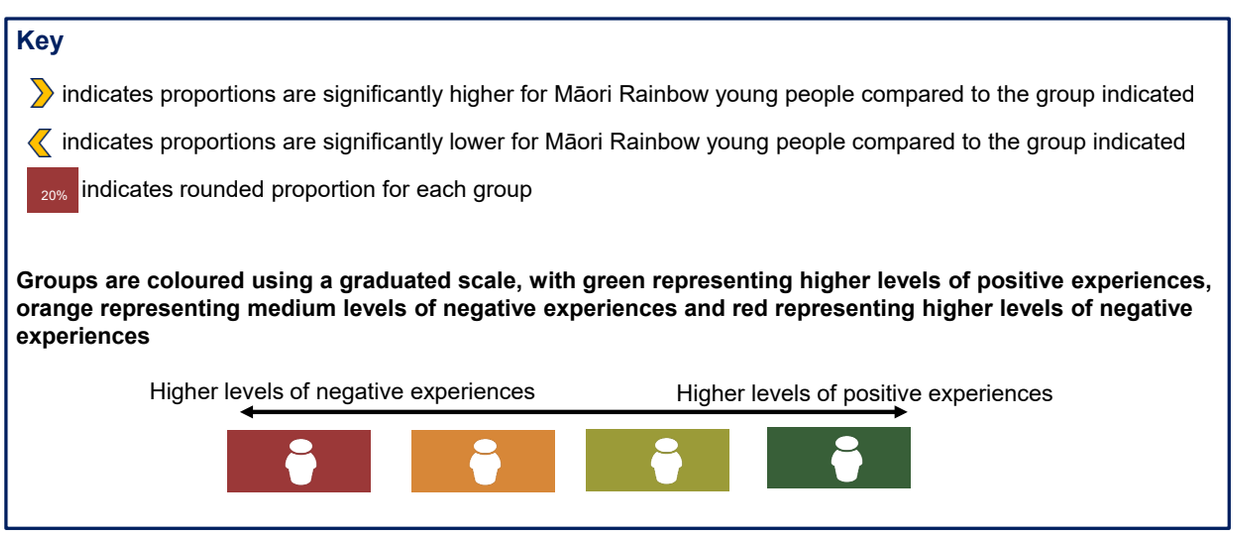


**Figure 2 cont**: Health and wellbeing indicators for Rainbow rangatahi Māori:
*Home and school*

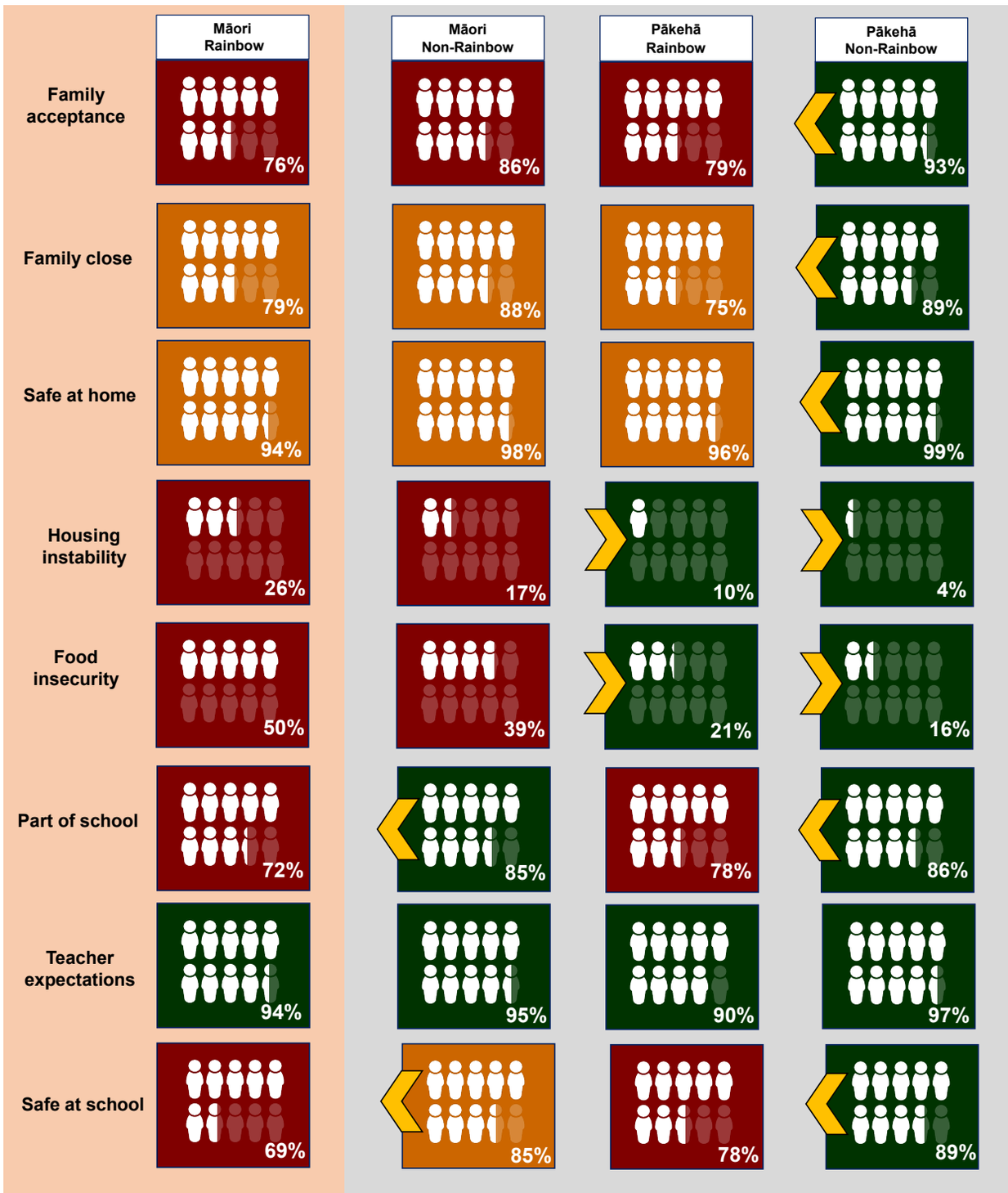


**Figure 2 cont**: Health and wellbeing indicators for Rainbow rangatahi Māori:
*Future, safety, friends and healthcare*

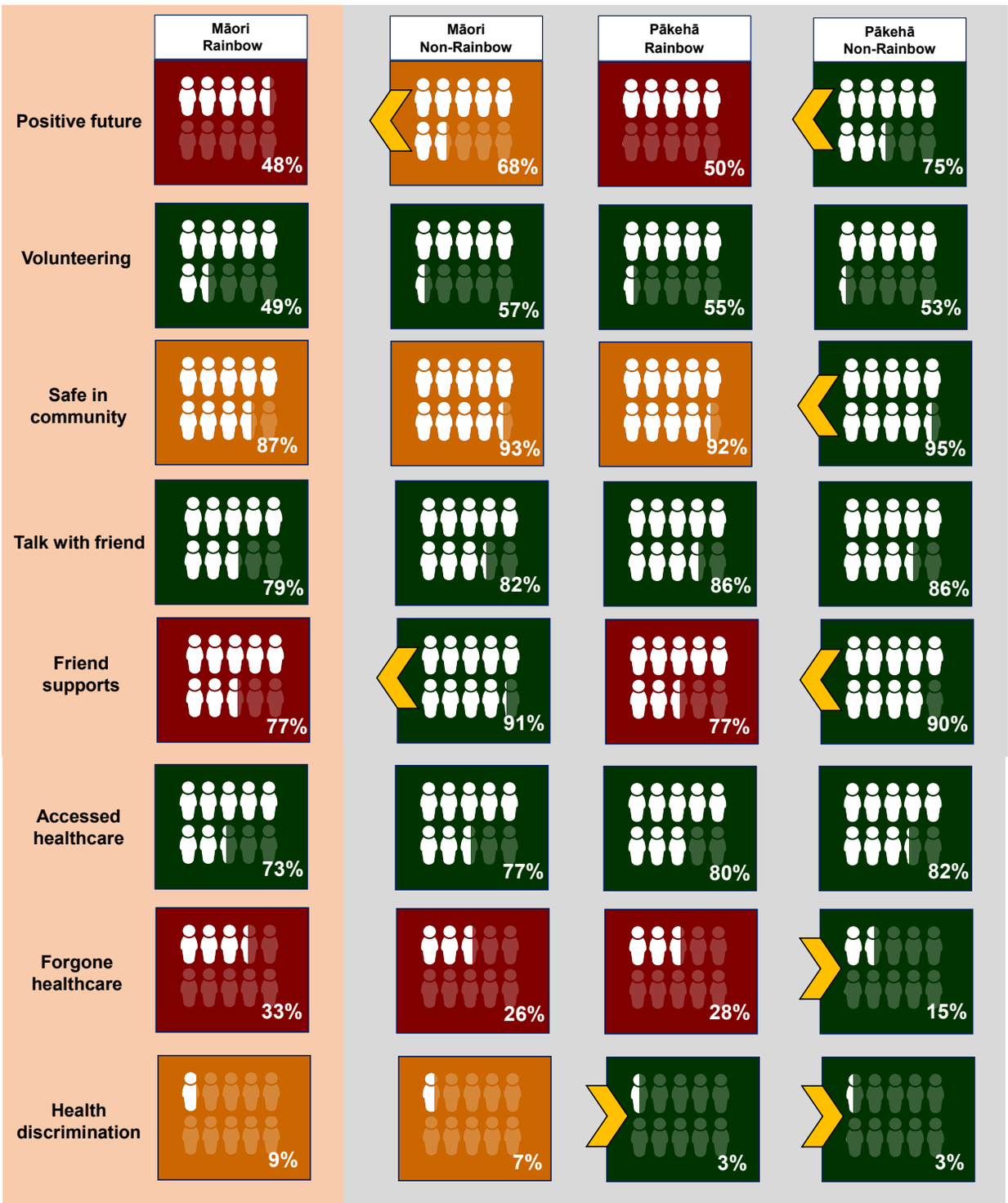
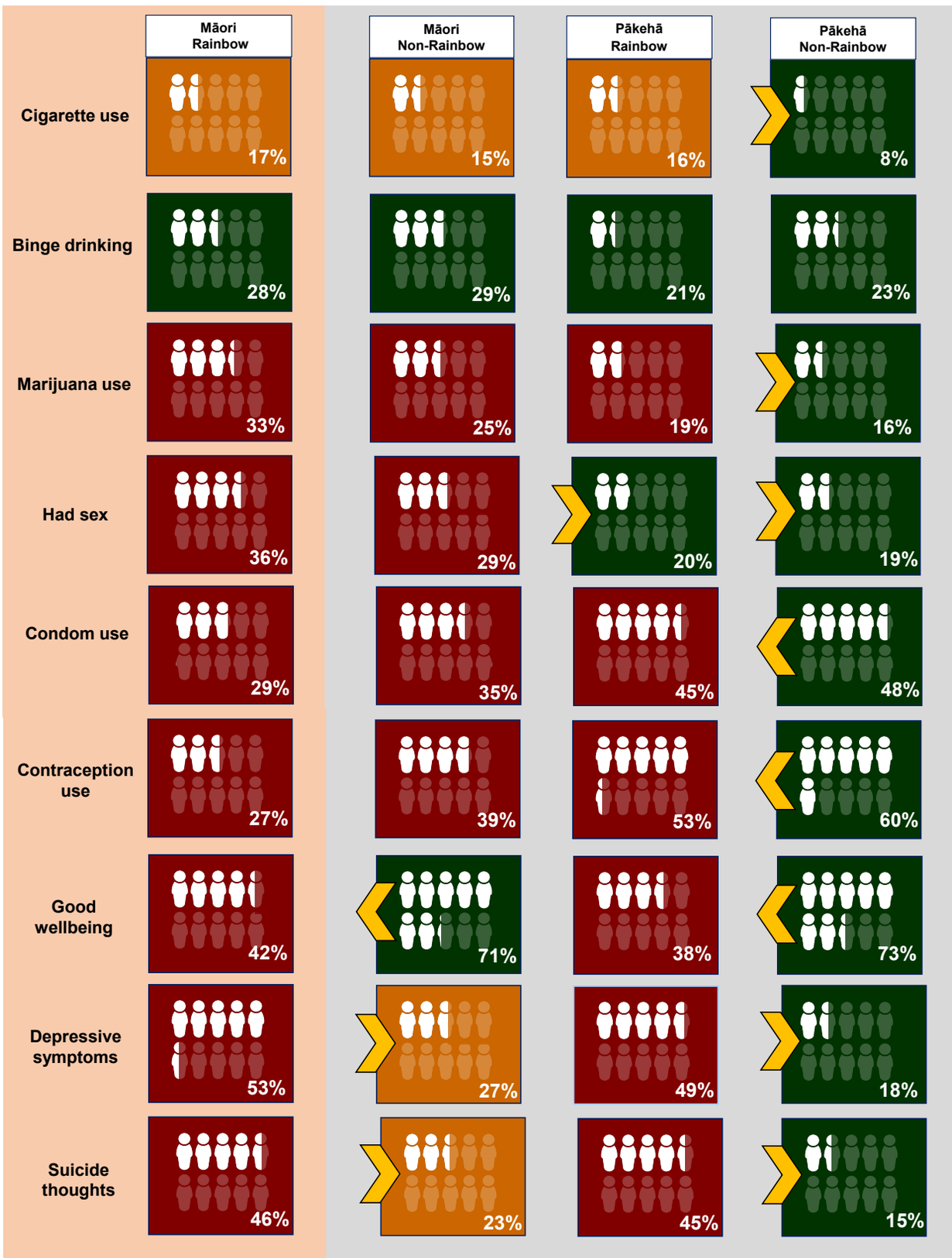


**Figure 2 cont**: Health and wellbeing indicators for Rainbow rangatahi Māori:
*Substance use, health and wellbeing*



# Results for Pacific Rainbow young people

There were 103 Pacific Rainbow young people in the Youth19 survey, comprising 1.3% of the total sample. Of these students, almost 62% were female and 4.9% were gender diverse. Most were aged 15 or older and most lived in middle or high deprivation neighbourhoods, as shown in Table 2.

Compared to other groups and controlling for age and sex differences, Pacific Rainbow young people faced inequities on many indicators. Differences were particularly large in areas of mental health and wellbeing (compared to non-Rainbow students) and on food and housing security and healthcare discrimination (compared to Pākehā students). Figure 3 (overleaf) lists the differences that are statistically significant. As shown in the figure:

- Pacific Rainbow young people faced many inequities comparted to Pākehā non-Rainbow (i.e., cisgender heterosexual) young people, including in relationships at home, food and housing insecurity, school safety, in accessing healthcare, discrimination in healthcare, in cigarette use, and on indicators of sexual health. These disparities were particularly large on socioeconomic indicators, forgone healthcare, discrimination and in mental health and wellbeing.
- Compared to other Pacific young people, Pacific Rainbow young people reported greater challenges in family relationships. They were more likely to have had sex, and to experience negative mental health
- Compared to Pākehā Rainbow young people, Pacific Rainbow young people reported higher food insecurity, they were more likely to have had sex, and more likely to have experienced ethnic discrimination in healthcare.

There were multiple other indicators where Pacific Rainbow young people appeared to face higher challenges than others, but these differences were not statistically significant. These data are presented in Figure 4 and detailed in Appendices 2 and 3.

Overall, as shown in Figure 4, Pacific Rainbow young people described:

- *For most, positive family relationships*, with 70% reporting that someone in their family accepts them for who they are, 76% reporting that there is someone in their family they are close to, and 93% reporting that they felt safe at home all or most of the time. While these are positive for the majority, on each of these measures Pacific Rainbow young people were not as well off as Pākehā non-Rainbow young people (data shown in Figure 4) and they appear to face more challenges than other Pacific young people (these differences are statistically significant for the first two indicators). Differences between Pacific Rainbow and Pākehā Rainbow young people are not statistically significant.
- *Particularly high housing instability and food insecurity* (23% and 42% respectively, compared to 5% and 16% for Pākehā non-Rainbow).
- *Positive school inclusion*, with most feeling part of school (85%, similar to each comparison group) and having positive teacher expectations (93%, relatively similar to the comparison groups).
- *Concerning levels of school safety.* Three out of four (76%) Pacific Rainbow young people reported feeling safe at school, this was significantly lower than for Pākehā non-Rainbow young people (89%) and appeared potentially lower than for all

other groups, although these differences were not statistically significant.

- *Low levels of seeing a positive future for themselves in Aotearoa New Zealand* (endorsed by only 52%). This was similar to Pākehā Rainbow young people, appeared lower than for Pacific non-Rainbow youth (although differences are not significant) and was considerably lower than for Pākehā Rainbow young people.
- *High forgone healthcare,* double that reported by Pākehā non-Rainbow young people, and potentially higher than for each other group (the differences appear large, however these are not statistically significant).
- *High discrimination by healthcare providers* (15%, compared to 3% among Pākehā Rainbow and non-Rainbow young people and 8% among Pacific non-Rainbow young people).
- *A mixed picture with substance use.* Smoking cigarettes was high among Pacific Rainbow youth, however marijuana use and binge drinking were not significantly different from comparison groups.
- *Potential sexual health needs,* 36% of Pacific Rainbow youth reported having had sex; this was higher than for other groups. Few of those who were sexually active used contraceptives or condoms. For some sexual activity these are not relevant indicators, however some Rainbow young people do have heterosexual sex and the sexual health needs of Rainbow young people should not be ignored.
- *Very concerning mental health needs.* Only half (52%) of this group reported good wellbeing. Depressive symptoms and suicide thoughts were more than double the proportions reported by Pākehā non-Rainbow, and nearly double those reported by Pacific non-Rainbow young people (47% and 42% respectively, compared to 18% and 16% for Pākehā non-Rainbow young people and 24% for both depressive symptoms and suicide thoughts for non-Rainbow Pacific young people).

**Figure 3**: Statistically significant differences: Pacific Rainbow young people compared with other groups

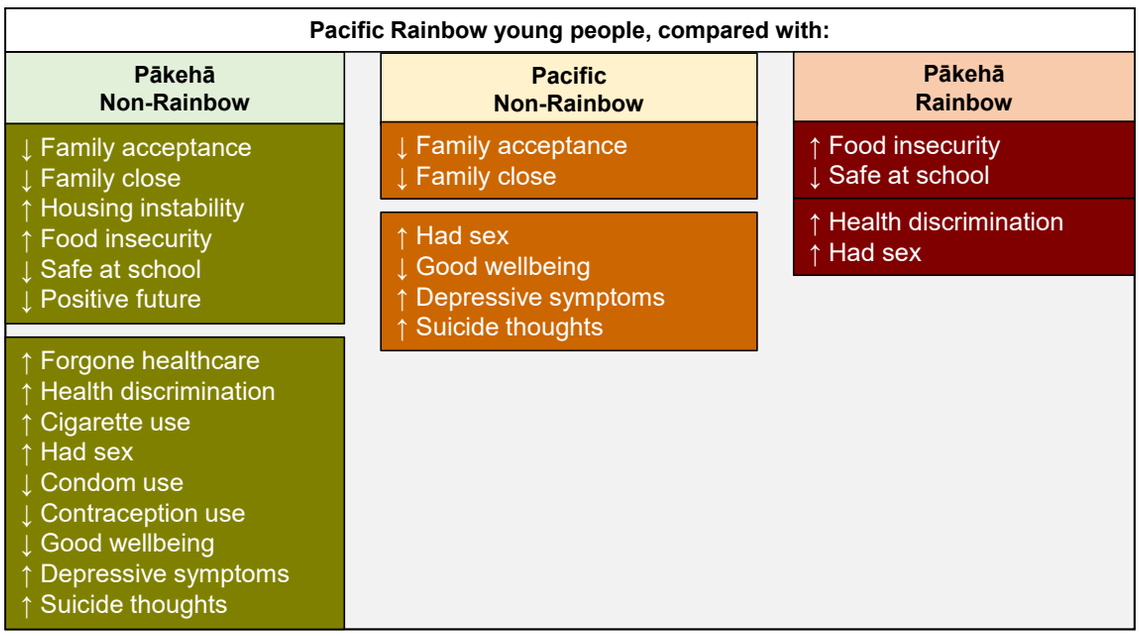



**Figure 4**: Health and wellbeing indicators for Pacific Rainbow young people

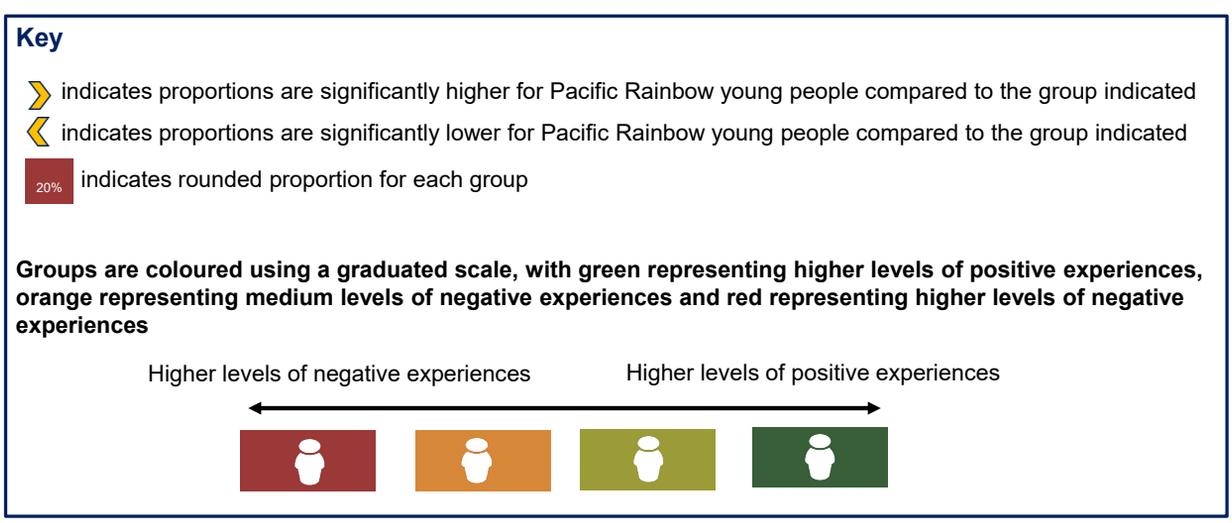


**Figure 4 cont**: Health and wellbeing indicators for Pacific Rainbow young people: *Home and school*

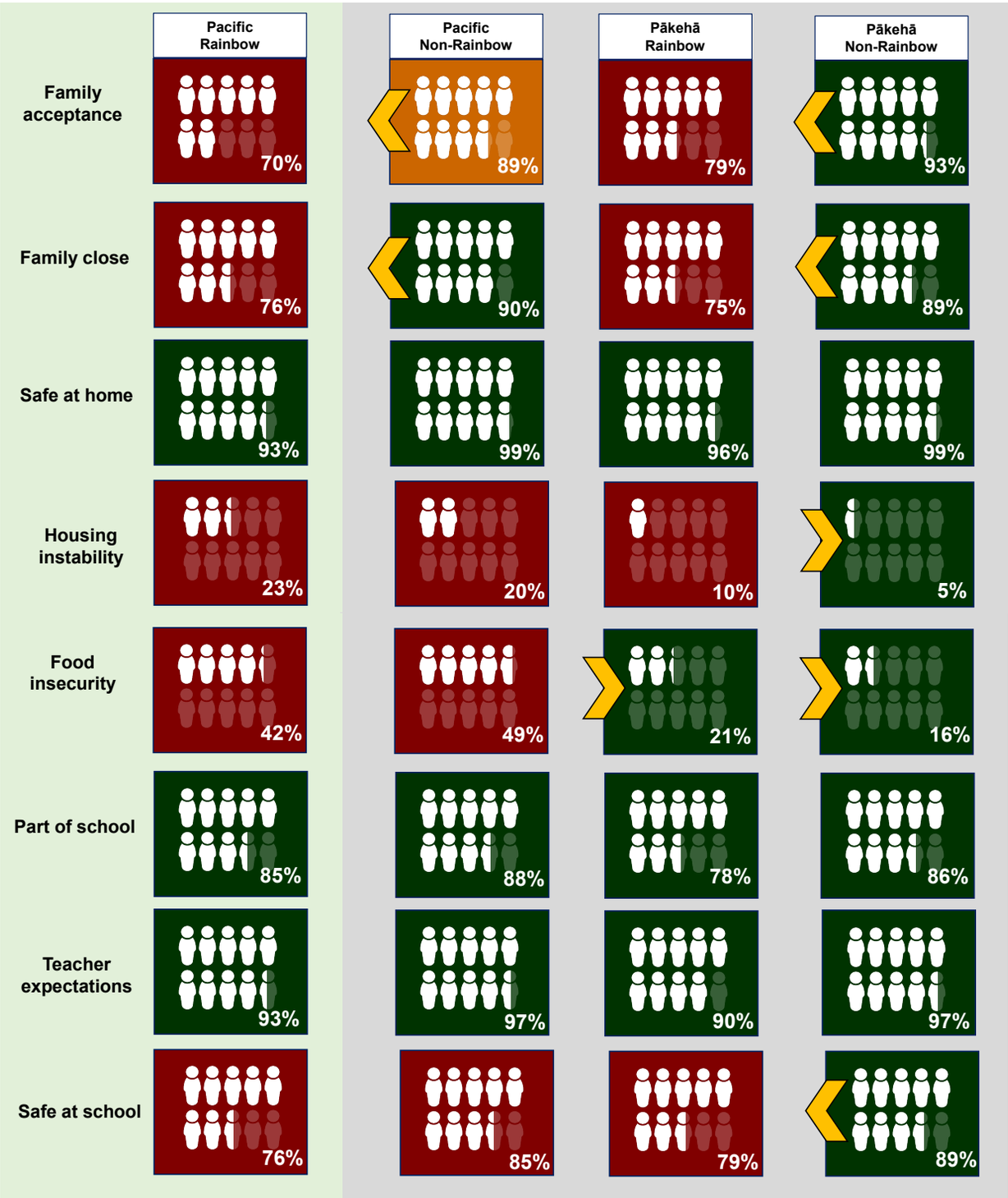
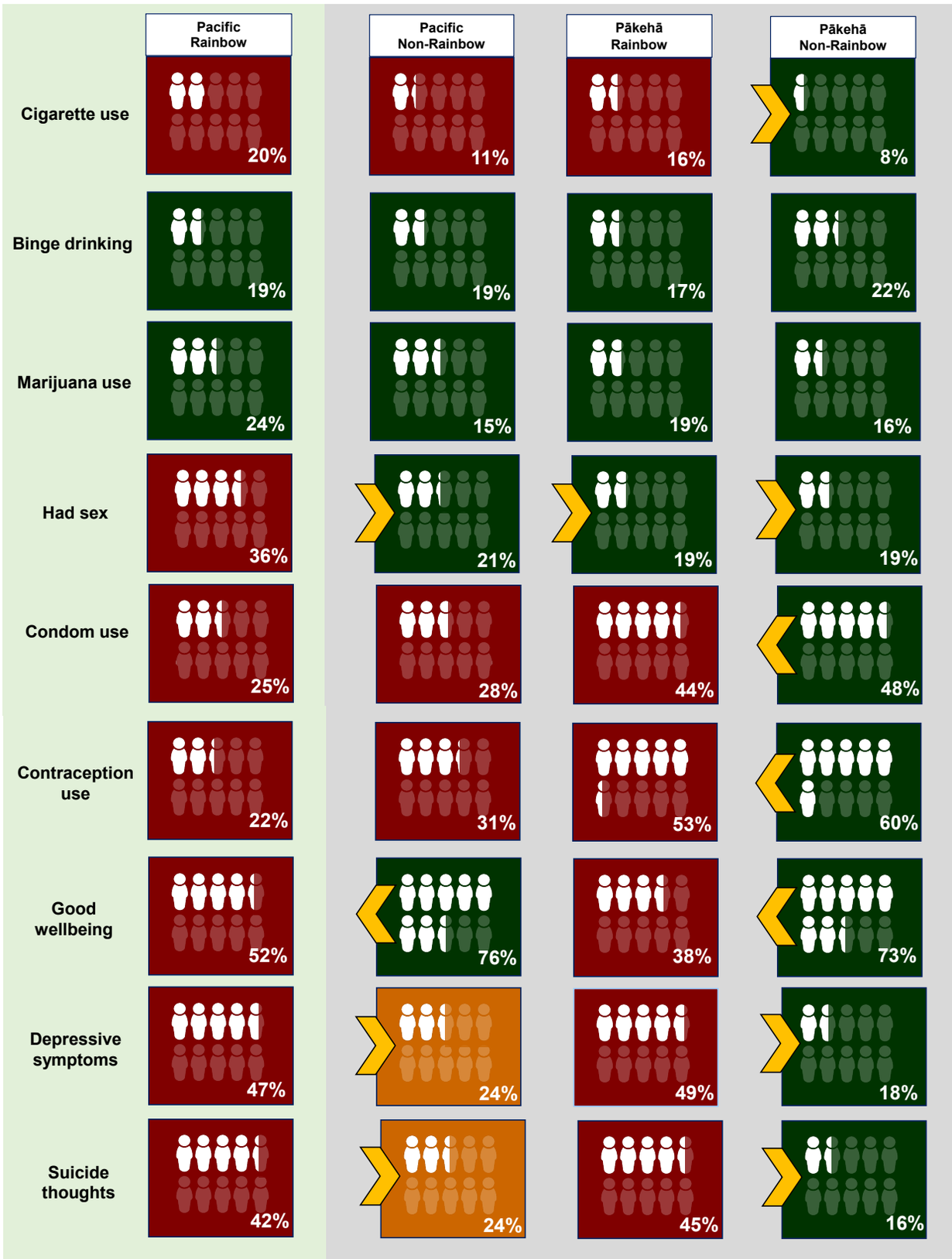


**Figure 4 cont**: Health and wellbeing indicators for Pacific Rainbow young people:
*Future, safety, friends and healthcare*

**Figure 4 cont**: Health and wellbeing indicators for Pacific Rainbow young people:
*Substance use, health and wellbeing*



# Results for rangatahi Māori with a disability or chronic condition

There were 435 rangatahi Māori with a disability or chronic condition in the Youth19 survey, over 5% of the total sample. Of these students, over half (61%) were female and one person was gender diverse. Most lived in middle or less well-off neighbourhoods (28% in Aotearoa New Zealand deprivation groups 4–7 and 44% in deprivation groups 8–10), as shown in Table 2.

Compared to other groups and controlling for age and sex differences, Māori young people with a disability or chronic condition faced multiple inequities. Figure 5 lists the differences that are statistically significant. As this figure shows:

- Rangatahi Māori with a disability or chronic condition faced many inequities comparted to Pākehā young people without a disability or chronic condition, reporting:
    - Much higher housing and food insecurity and greater challenges on all home, school and community indicators except for volunteering in the community
    - Inequities on all health access and health status indicators except having accessed healthcare in the last year and condom use (among those who were sexually active).
- Compared to Māori without a disability or chronic condition, Māori with a disability or chronic condition reported:
    - Greater challenges at home, in terms of relationships and feeling safe at home and higher housing instability and food insecurity
    - Being less likely to feel part of school and to feel safe at school
    - Being less likely to see a positive future for themselves in Aotearoa New Zealand and less likely to have a friend who supports them.
- Compared to Pākehā young people with a disability or chronic condition, Māori with a disability or chronic condition reported:
    - Greater family challenges on housing and food insecurity
    - Poorer access to health care and greater forgone care
    - Higher ethnic discrimination from healthcare providers
    - Higher cigarette and marijuana use
    - Being more likely to have had sex.

There were seven key indicators on which Māori young people with a disability or chronic condition faced definitively higher challenges than all three comparison groups. This is distinct from the pattern for many of the other analyses in this report, where those in the intersecting identity groups reported inequities on indicators compared to young people in one or two of the comparison groups, but differences were generally not statistically significant for all three groups on individual indicators.

The prevalence (%) for each of these indicators and the differences compared to other groups are shown in Figure 6. Overall, Māori with a disability or chronic condition reported:

- *Positive family relationships*, with 75% reporting that a family member accepts them for who they are, 80% reporting that there is someone in their family they are close to, and 95% reporting that they felt safe at home. That said, on these indicators rangatahi Māori with a disability or chronic condition generally appeared to face higher challenges than Pākehā or Māori young people without a disability or chronic condition and sometimes higher challenges than Pākehā young people with a disability or chronic condition (data shown in Figure 6 and prevalence, 95% confidence intervals shown in Appendices 2 and 3).
- *Very concerning housing instability and food insecurity* (29% and 51% respectively, compared to 4% and 14% for Pākehā without a disability or chronic condition).
- *Moderate school relationships.* Rangatahi Māori with a disability or chronic condition reported positive teacher expectations (93%), which was fairly comparable to other students. Of this group, 73% reported feeling part of school and 70% reported feeling safe at school. These proportions were significantly lower than for Pākehā young people without a disability or chronic condition (87% and 91% respectively) and appeared potentially lower than for all other groups.
- *Limited hopefulness,* 57% reported seeing a positive future for themselves in Aotearoa New Zealand. This was lower than for Māori and Pākehā young people without disabilities or chronic conditions (69% and 77% respectively, and 59% for Pākehā young people with a disability or chronic condition).
- *High engagement in volunteering*, 61% of Māori with a disability or chronic condition reported giving time to help others in the community. This was equal to or higher than all other groups.
- *Very high forgone healthcare*, at 45% this was markedly higher than all other groups (19% for Māori without a disability or chronic condition, 32% for Pākehā with a disability or chronic condition and 11% for Pākehā without a disability or chronic condition).
- *High discrimination by healthcare providers*. Over 1 in 10 (11%) of Māori with a disability or chronic condition reported discrimination in healthcare compared to 5% of Māori without a disability or chronic condition, 4% of Pākehā with a disability or chronic condition and 2% of Pākehā without a disability or chronic condition.
- *High cigarette and marijuana use* (21% and 32%, respectively), both higher than all other groups.
- *Very low rates of condom and contraceptive use among those who were sexually active* (37% each).
- *Very concerning rates of depressive symptoms and suicide thoughts,* with over half reporting depressive symptoms and nearly half reporting serious suicide thoughts in the last year (53% and 45% respectively, compared to 13% and 13% for Pākehā without a disability or chronic condition).

**Figure 5**: Statistically significant differences: Rangatahi Māori with a disability or chronic condition compared with other groups

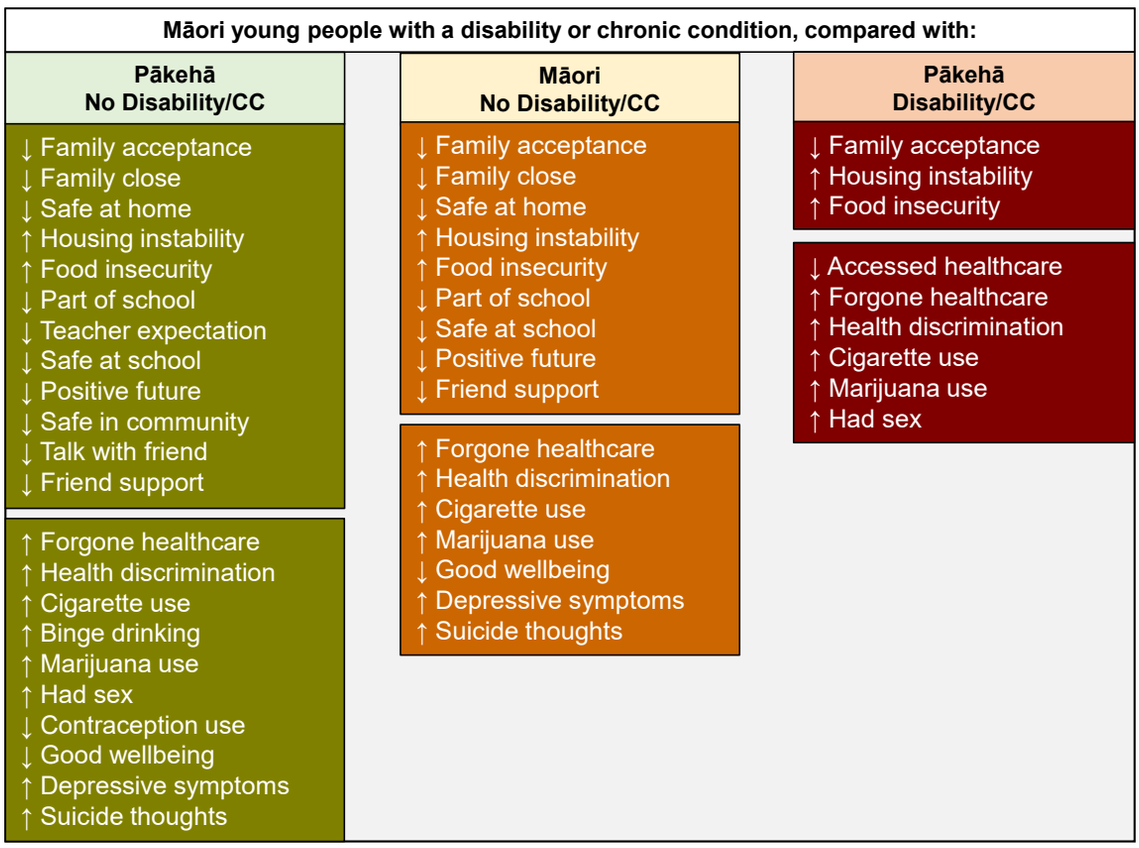



**Figure 6**: Health and wellbeing indicators for rangatahi Māori with a disability or chronic condition

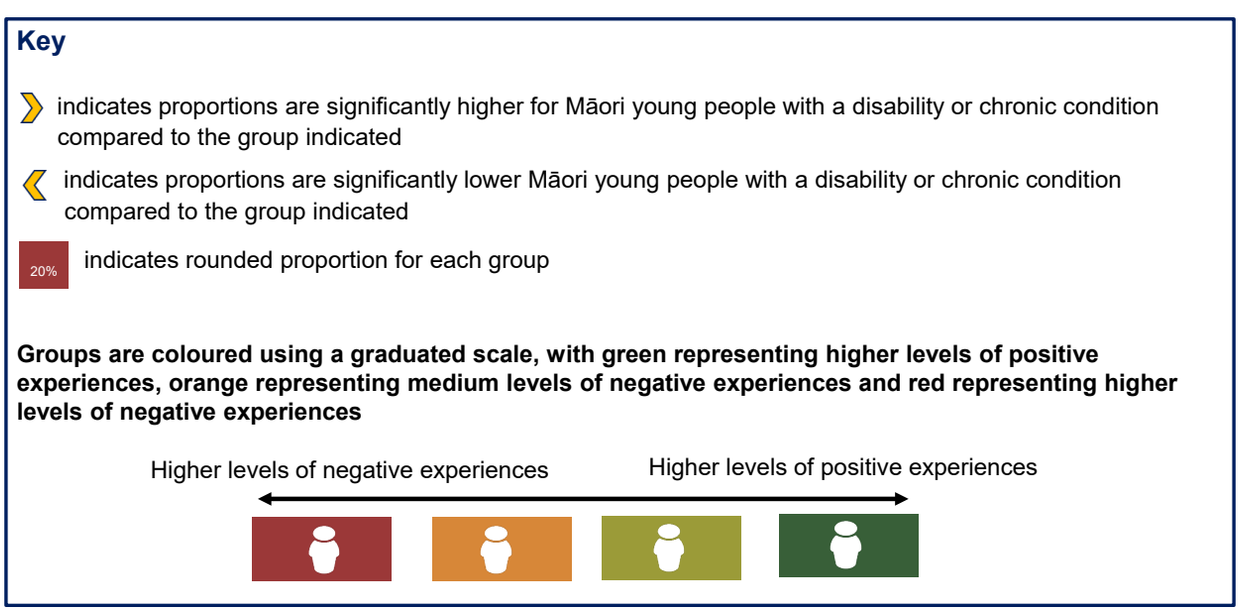


**Figure 6 cont**: Health and wellbeing indicators for rangatahi Māori with a disability or chronic condition: *Home and school*

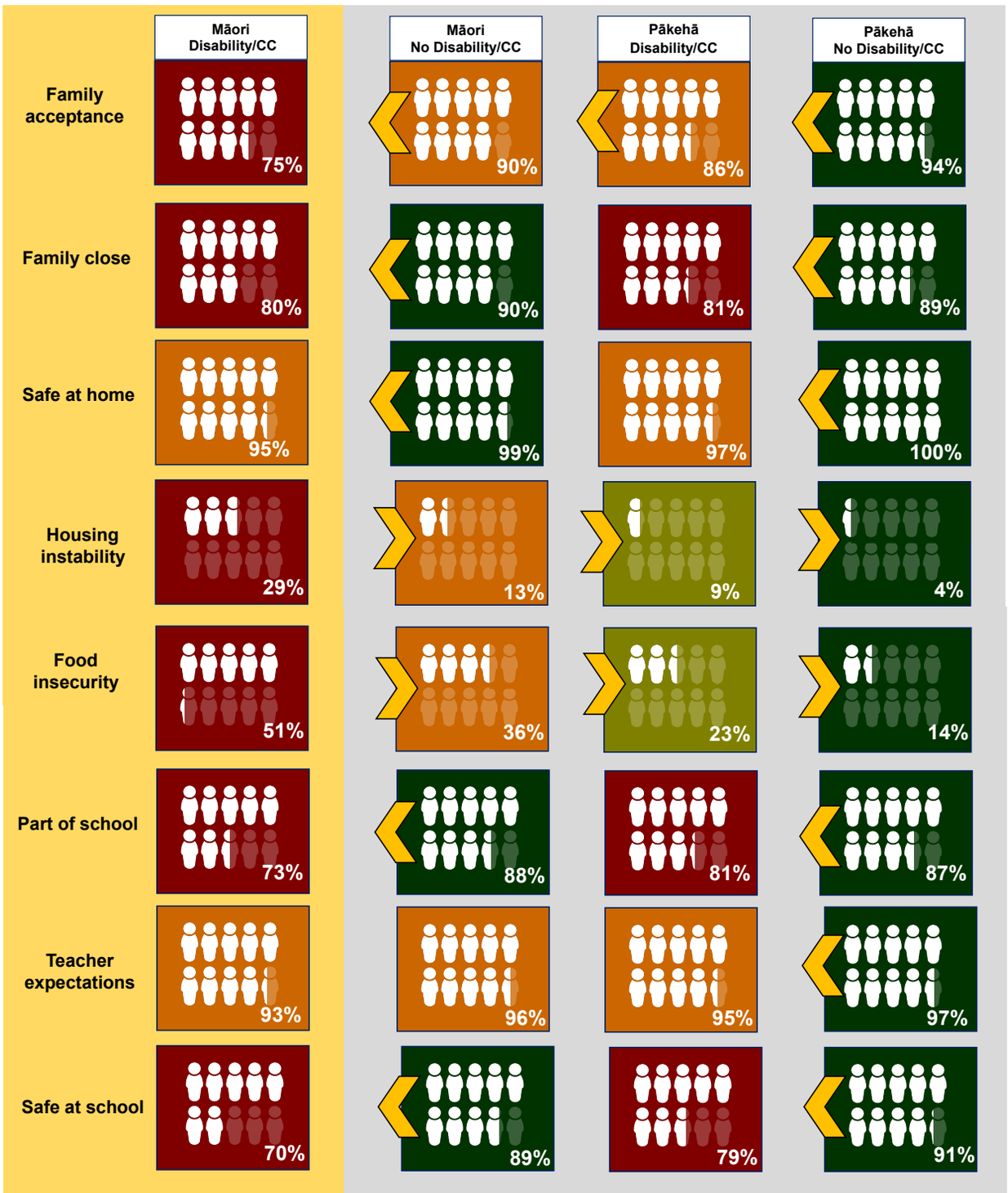


**Figure 6 cont**: Health and wellbeing indicators for rangatahi Māori with a disability or chronic condition: *Future, safety, friends and healthcare*

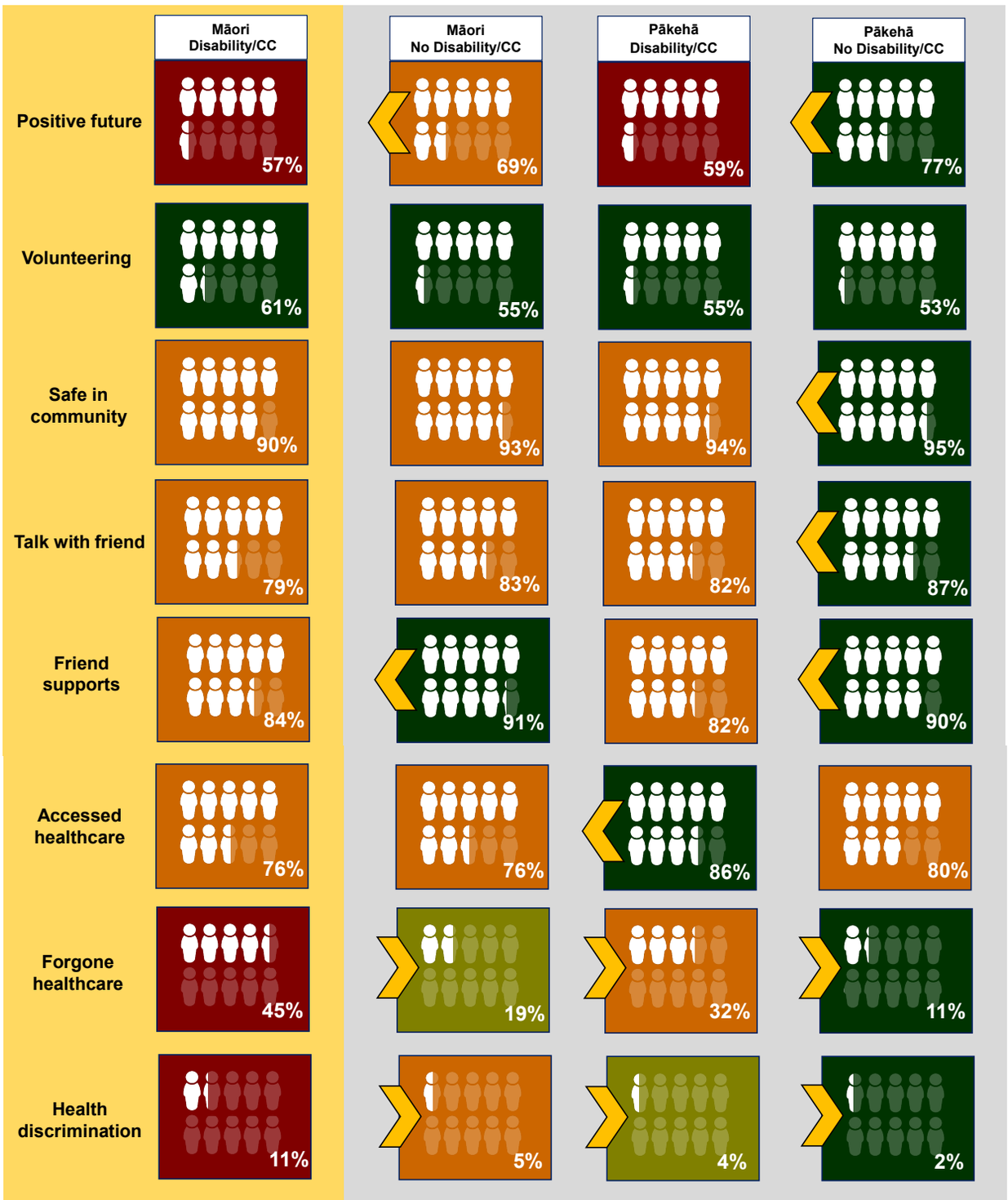
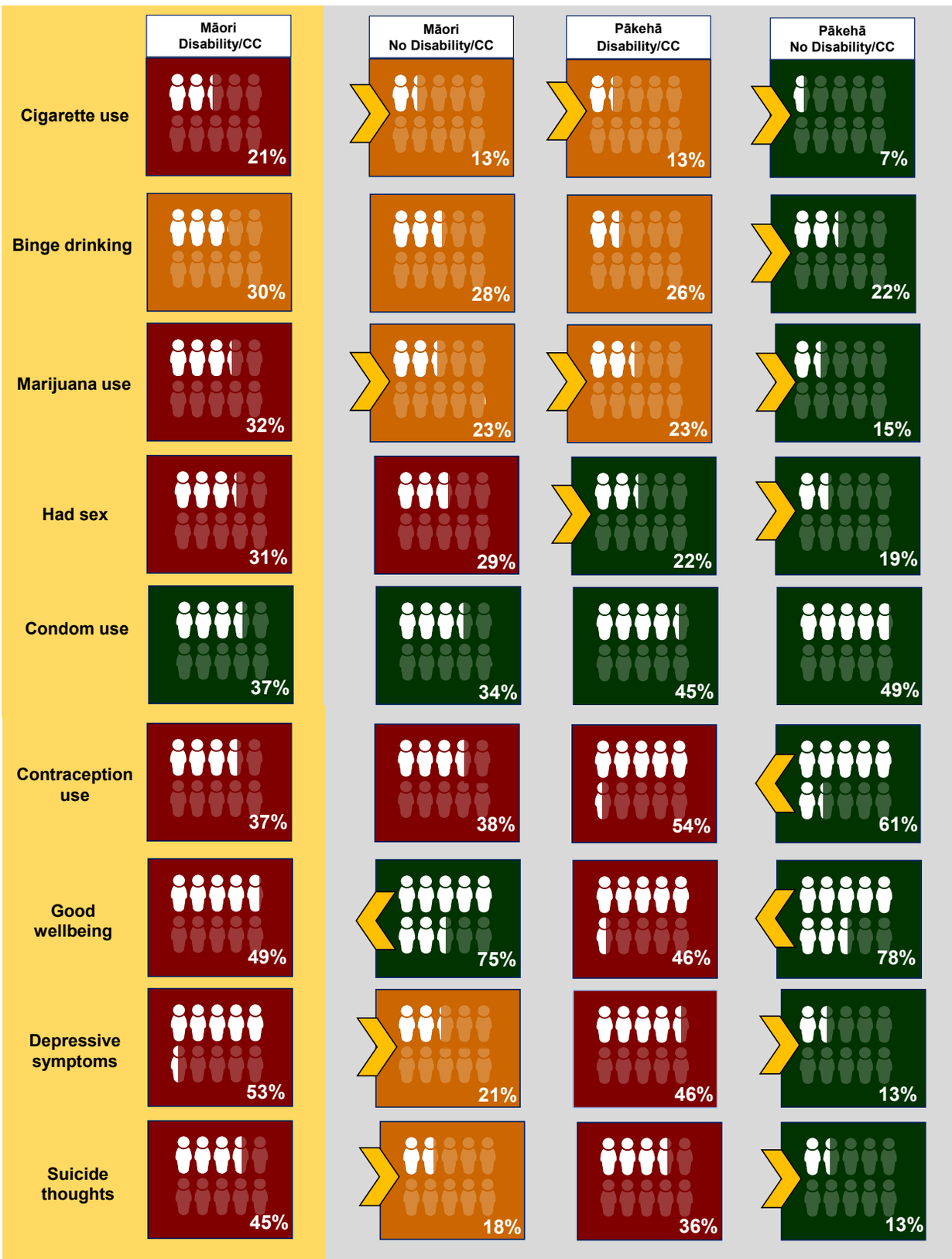


**Figure 6 cont**: Health and wellbeing indicators for rangatahi Māori with a disability or chronic condition: *Substance use, health and wellbeing*



# Results for Pacific young people with a disability or chronic condition

There were 293 Pacific young people with a disability or chronic condition in the Youth19 survey, approximately 4% of the total sample. Of these students, 70% were female and three people (1%) were gender diverse. Most (62%) lived high deprivation neighbourhoods, as shown in Table 2.

Compared to other groups and controlling for age and sex differences, Pacific young people with a disability or chronic condition faced inequities on many indicators. Figure 7 lists the differences that are statistically significant. As this figure shows:

- Pacific young people with a disability or chronic condition faced many more challenges than Pākehā young people without disability or chronic condition, including:
    - Much greater food and housing insecurity
    - Much higher forgone healthcare and discrimination by health providers
    - Greater challenges in mental health and in some other areas of health (cigarette use, and condom and contraceptive use among those who are sexually active)
    - A mixed pattern in areas of family, school and community contexts, as highlighted below.
- Compared to Pacific young people without a disability or chronic condition, Pacific young people with a disability or chronic condition reported:
    - Lower family acceptance
    - Poorer safety at school
    - More forgone healthcare
    - Poorer mental health and wellbeing.
- Compared to Pākehā young people with a disability or chronic condition, Pacific young people with a disability or chronic condition reported
    - Greater housing and food insecurity
    - Poorer access to healthcare and more forgone health care
    - Higher ethnic discrimination from healthcare providers
    - Being more likely to have good wellbeing.

The prevalence (%) for each of these indicators and the differences compared to other groups are shown in Figure 8. This figure highlights an overall pattern of disparities and unmet needs for Pacific young people with a disability or chronic condition.

Overall, Pacific young people with a disability or chronic condition reported:

- *Positive family relationships*, with 81% reporting that someone in their family accepts them for who they are, 85% reporting that there is someone in their family they are close to, and 97% reporting that they felt safe at home. That said, Pacific young people with a disability or chronic condition reported slightly less positive outcomes on these measures than some of the comparison groups.
- *High levels of housing instability and food insecurity* (26% and 55% respectively, compared to 4% and 14% for Pākehā without a disability or chronic condition).

- *Positive teacher expectations and feeling part of school.* (96% and 83% respectively, neither of which were significantly different from other groups).
- *Concerning safety at school.* Feeling safe at school was reported by 77% of Pacific young people with a disability or chronic condition. This was significantly lower than for those without a disability or chronic condition (87% for Pacific young people without a disability or chronic condition and 92% for Pākehā young people without a disability or chronic condition).
- *Low rates of seeing a positive future for themselves in New Zealand* (62% compared to 77% of Pākehā without a disability or chronic condition).
- *High engagement in volunteering*, 61% of Pacific young people with a disability or chronic condition reported giving time to help others in the community. This was equal to or higher than all other groups.
- *Poor access to healthcare*: 74% of Pacific young people with a disability or chronic condition reported that they had accessed healthcare in the last year. For Pākehā young people with a disability or chronic condition this was 86%. A very concerning 43% of Pacific young people with a disability or chronic condition reported not being able to access healthcare when they needed it. This was markedly higher than for all other groups (21% for Pacific young people without a disability or chronic condition, 32% for Pākehā with a disability or chronic condition and 12% for Pākehā without a disability or chronic condition).
- *High discrimination by healthcare providers.* Over 1 in 10 (12%) of Pacific young people with a disability or chronic condition reported this, compared to 7% for Pacific young people without a disability or chronic condition, 4% among Pākehā with a disability or chronic condition and 2% among Pākehā without a disability or chronic condition.
- *Very low rates of condom and contraceptive use among those who were sexually active* (26% and 35% respectively).
- *Very concerning rates of depressive symptoms and suicide thoughts*, with 43% reporting depressive symptoms and 41% reporting serious suicide thoughts in the last year (compared to 13% on both indicators for Pākehā without a disability or chronic condition).

**Figure 7**: Statistically significant differences: Pacific Rainbow young people with a disability or chronic condition compared with other groups

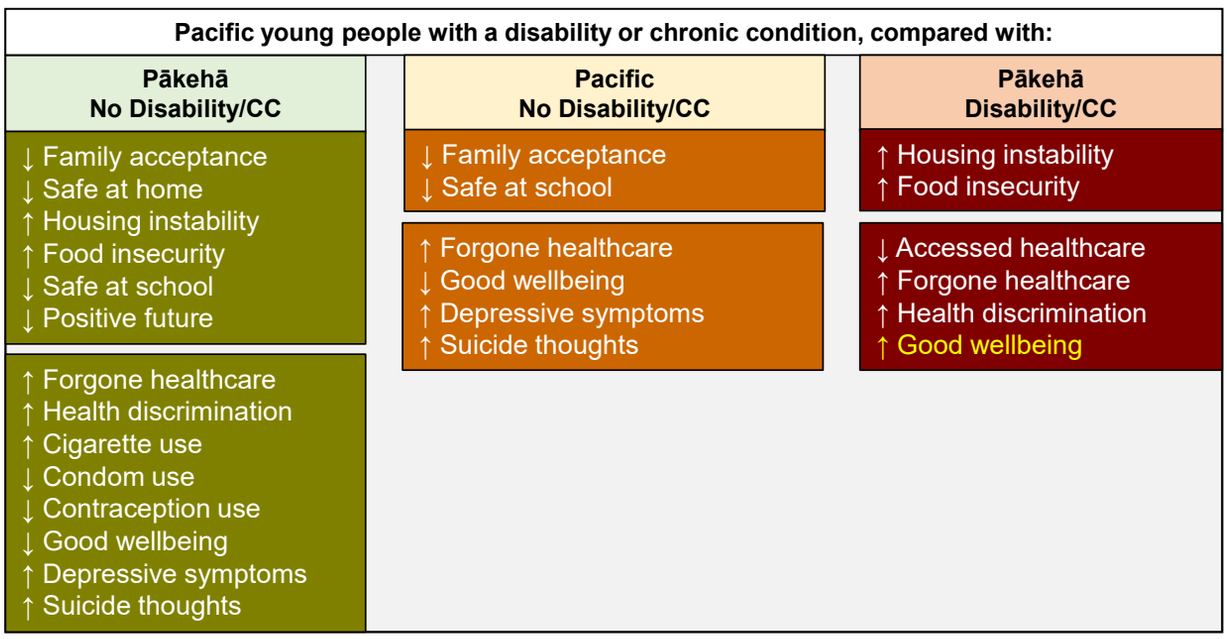



**Figure 8**: Health and wellbeing indicators for Pacific young people with a disability or chronic condition

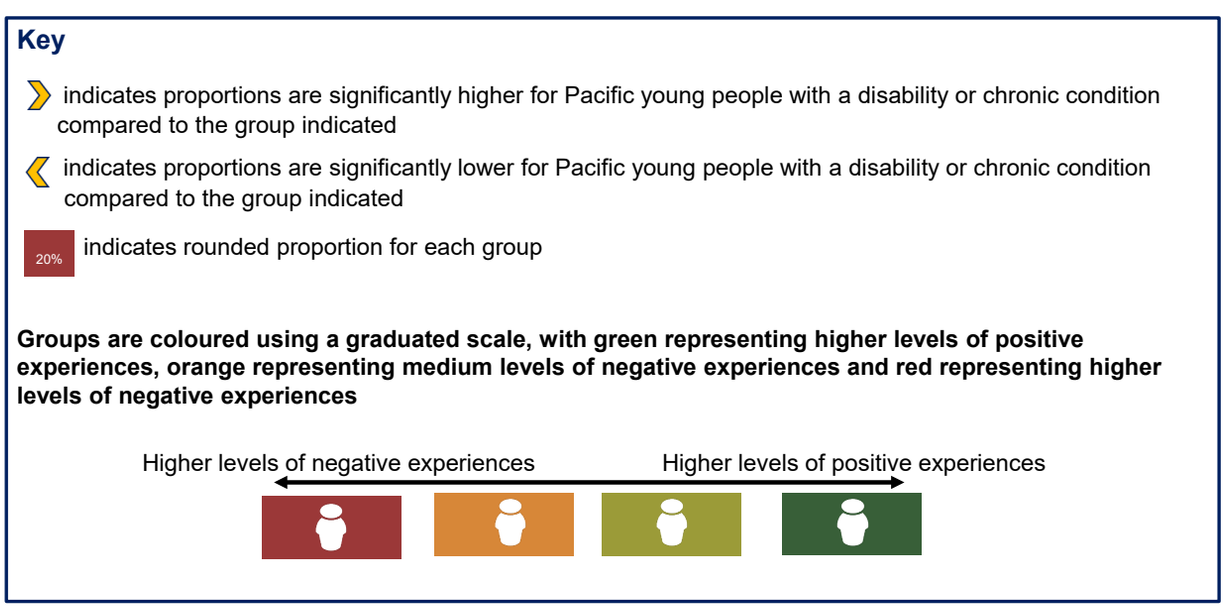


**Figure 8 cont**: Health and wellbeing indicators for Pacific young people with a disability or chronic condition: *Home and school*

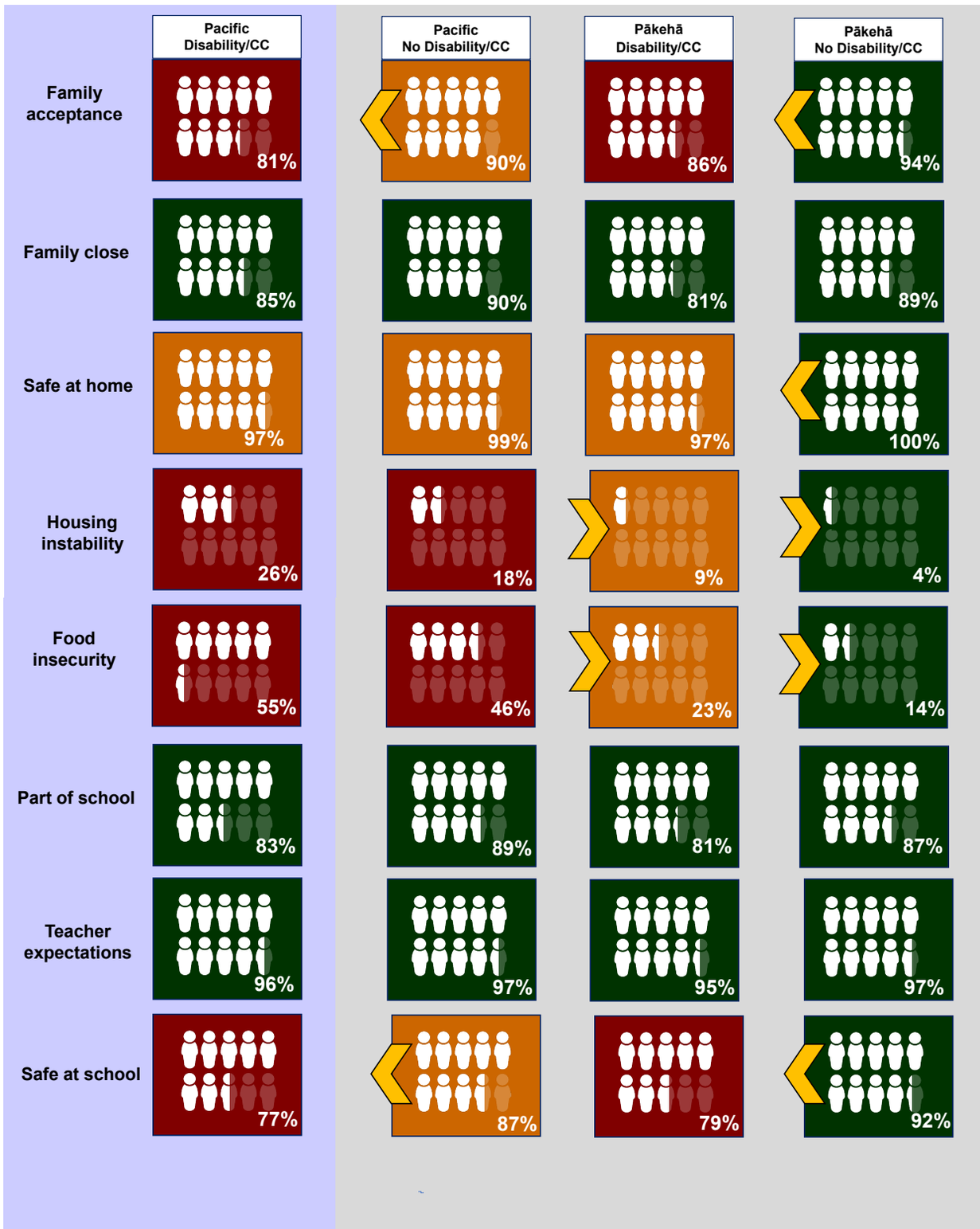


**Figure 8 cont**: Health and wellbeing indicators for Pacific young people with a disability or chronic condition: *Future, safety, friends and healthcare*

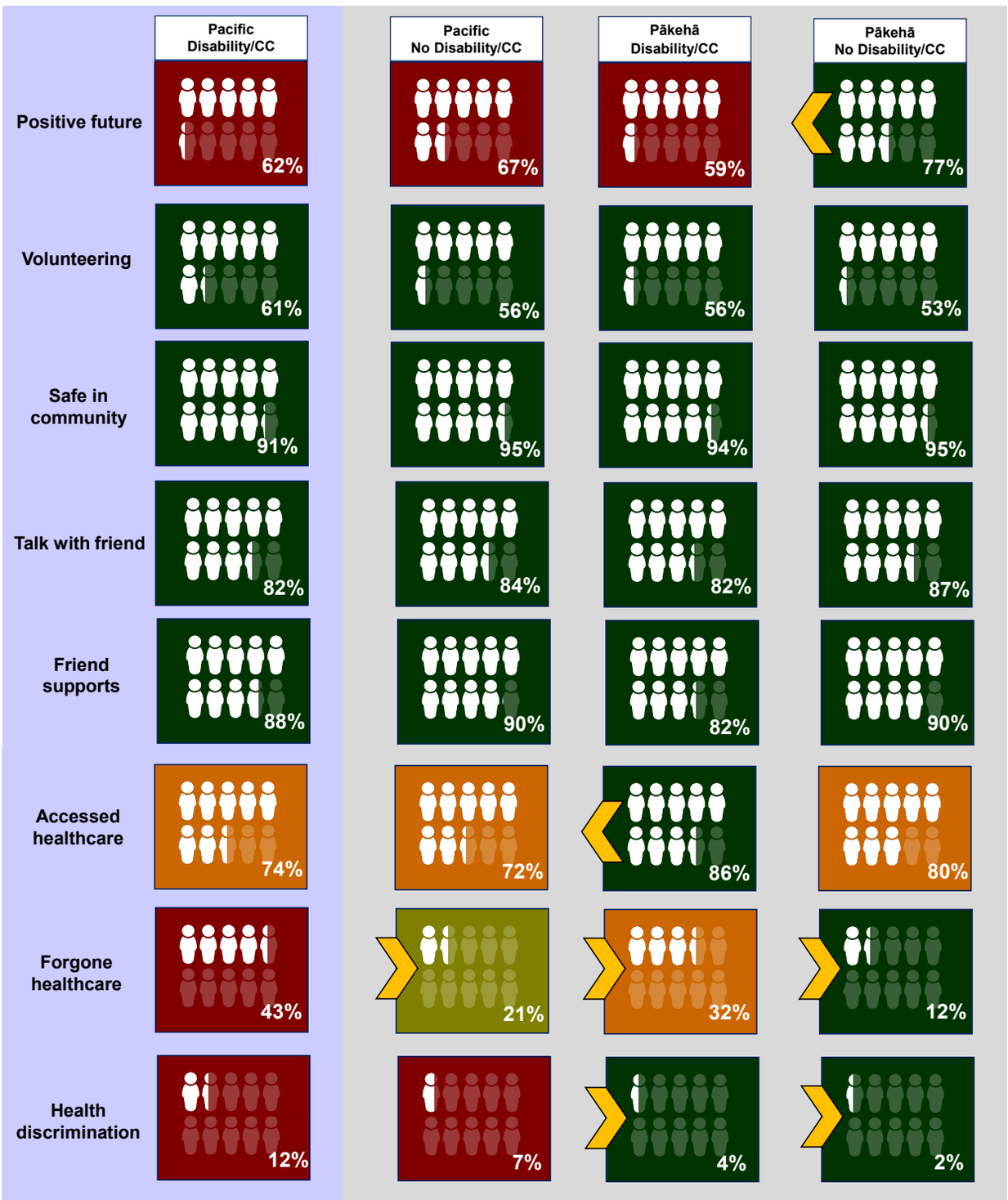
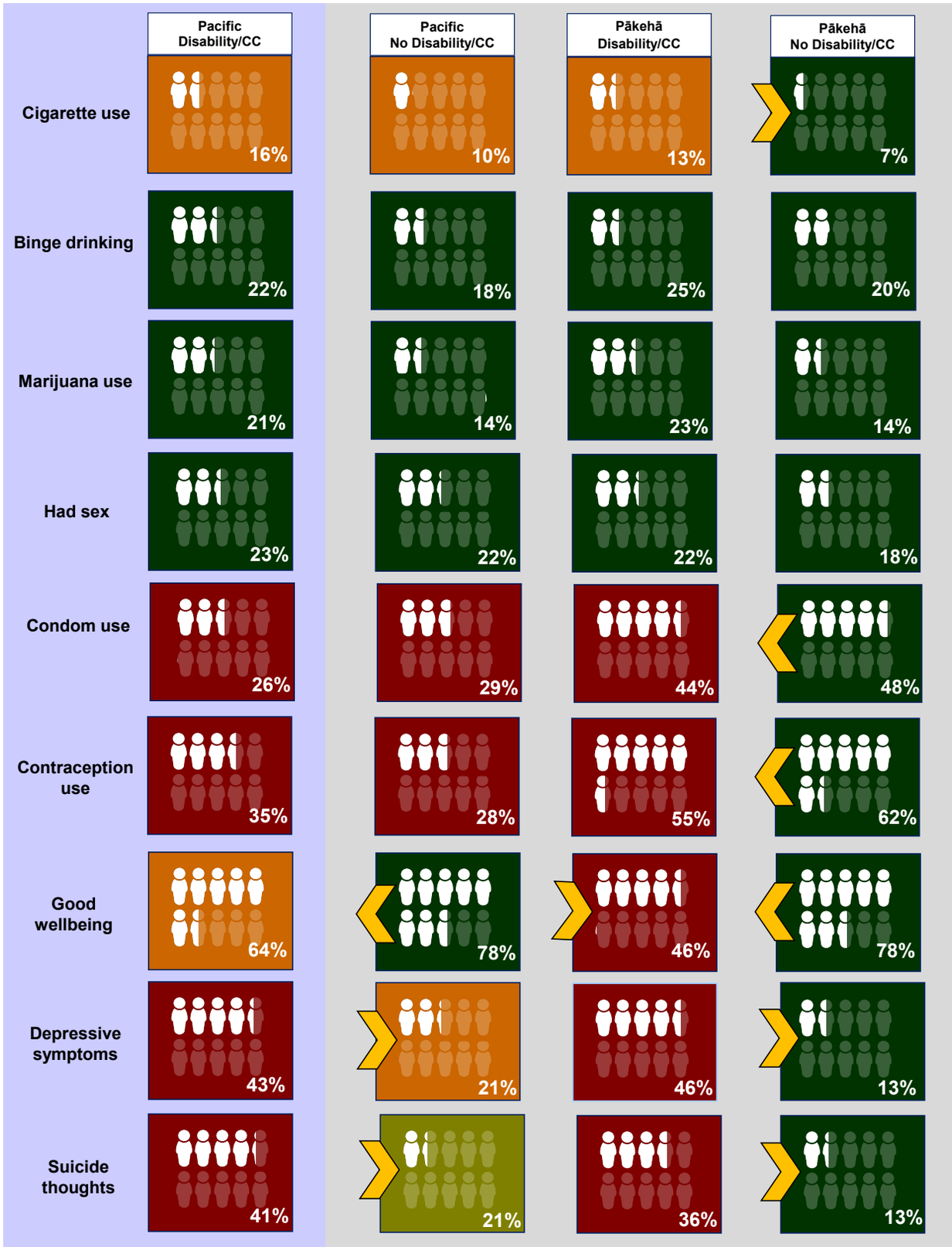


**Figure 8 cont**: Health and wellbeing indicators for Pacific young people with a disability or chronic condition: *Substance use, health and wellbeing*



# Results for Rainbow young people with a disability or chronic condition

There were 333 Rainbow young people with a disability or chronic condition in the Youth19 survey, slightly over 4% of the total sample. Of these students, more than three quarters (77%) were female and nine (3%) were gender diverse. Nearly half (47%) were aged 16 years or over. Forty percent lived in middle deprivation neighbourhoods and over 20% lived in each of low and high deprivation neighbourhoods, as shown in Table 2.

Controlling for age and sex differences, this group reported multiple inequities and challenges, including significant family challenges and extremely high mental health needs. Figure 9 lists the differences that are statistically significant. As this figure shows:

- Rainbow young people with a disability or chronic condition faced multiple inequities compared to non-Rainbow young people without a disability or chronic condition, reporting:
    - Greater challenges on family indicators (acceptance, closeness and safety)
    - Higher housing instability and food insecurity
    - Inequities on all school indicators (part of school, teacher expectations and feeling safe at school)
    - Greater challenges in terms of community and friendships (less likely to see a positive future, have friends to talk to or who support them, and feel safe in the community; note that members of both groups were equally likely to volunteer)
    - Being more likely to have forgone healthcare when they needed it and more likely to report discrimination by healthcare providers
    - Higher use cigarettes and marijuana
    - Higher proportions who have had sex
    - Very much poorer mental health and wellbeing.
- Compared to non-Rainbow young people with a disability or chronic condition, Rainbow young people with a disability or chronic condition reported:
    - Greater challenges on family indicators (acceptance, closeness and safety)
    - Feeling less safe at school
    - Being less likely to see a positive future, and lower rates of having a friend who supports them
    - Higher cigarette use
    - Being more likely to have had sex
    - Much higher challenges on wellbeing, depressive symptoms and having had suicidal thoughts.
- Compared to Rainbow young people without a disability or chronic condition, Rainbow young people with a disability or chronic condition reported:
    - Lower rates of being close to family member and being safe at home
    - Lower rates of feeling part of school or safe at school
    - Lower rates seeing a positive future for themselves in Aotearoa New Zealand
    - More likely to have forgone healthcare when they needed it

- Higher rates of cigarette and marijuana use
- Much poorer mental health and wellbeing.

The prevalence (%) for each of these indicators and the differences compared to other groups are shown in Figure 10. Overall, Rainbow young people with a disability or chronic condition reported:

- *Challenges in home and family environments*: 67% reported that they felt accepted by someone in their family, 68% had a family member they were close to and 93% felt safe at home all or most of the time. These are lower than rates for the comparison groups.
- *High housing instability* (17% for Rainbow young people with a disability or chronic condition, compared to 8% for non-Rainbow young people without a disability or chronic condition).
- *Moderate school relationships:* Feeling part of school was reported by 75% of Rainbow young people with a disability or chronic condition and only 69% reported feeling safe at school, which was significantly lower than for all other groups.
- *Very low levels of seeing a positive future for themselves in Aotearoa New Zealand* (endorsed by 43%).
- *Generally less positive indicators with friendships and community safety* than those who were not Rainbow and did not have a disability or chronic condition.
- *Very high forgone healthcare*. At 44%, this was markedly higher than all other groups (22% for Rainbow young people without a disability or chronic condition, 37% for non-Rainbow young people with a disability or chronic condition and 15% for non-Rainbow young people without a disability or chronic condition).
- *High discrimination by healthcare providers*, 9%, compared to 5% for Rainbow young people without a disability or chronic condition, 8% among non-Rainbow young people with a disability or chronic condition and 4% among non-Rainbow young people without a disability or chronic condition.
- *High cigarette and marijuana use* (21% and 24% respectively), each of which was equal to or higher than all other groups.
- *Low rates of condom and contraceptive use among those who were sexually active* (32% and 31% respectively). While these indicators are hetero-normative and will be less relevant to some Rainbow participants, some Rainbow young people will have heterosexual relationships and their sexual health needs must be considered.
- *The most concerning levels of mental distress of any group included in this analysis*:
  - Good wellbeing was reported by only 27% (compared to 54% for non-Rainbow young people with a disability or chronic condition, 55% for Rainbow young people with no disability or chronic condition, and 78% for young people who were not Rainbow and had no disability or chronic condition).
  - Depressive symptoms were reported by 71% (compared to 44% for non-Rainbow young people with a disability or chronic condition, 35% for Rainbow young people with no disability or chronic condition, and 16% for young people who were not Rainbow and had no disability or chronic condition).
  - Serious thoughts of suicide in the last year were reported by 61% (compared to 35% for non-Rainbow young people with a disability or chronic condition, 33% for Rainbow young people with no disability or chronic condition, and 14% for young people who were not Rainbow and had no disability or chronic condition).

**Figure 9**: Statistically significant differences: Rainbow young people with a disability or chronic condition compared with other groups

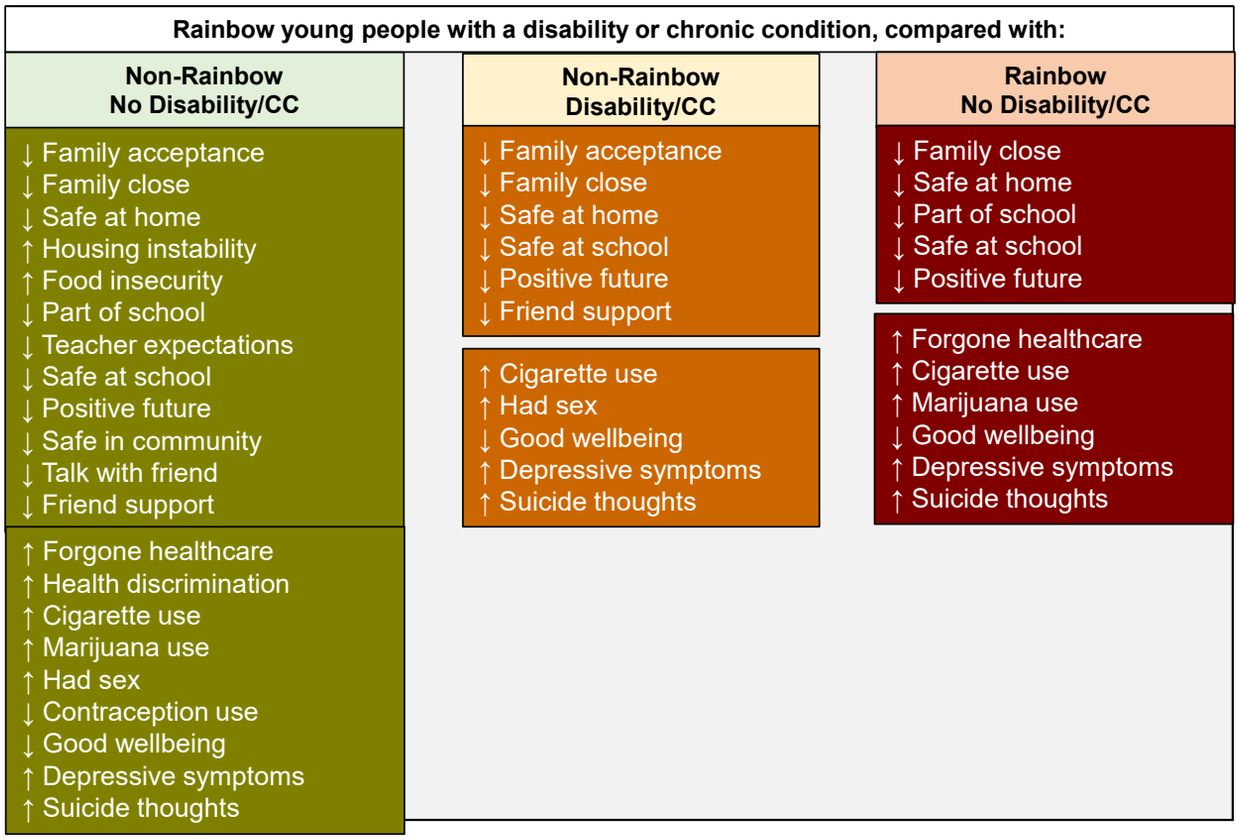



**Figure 10**: Health and wellbeing indicators for Rainbow young people with a disability or chronic condition

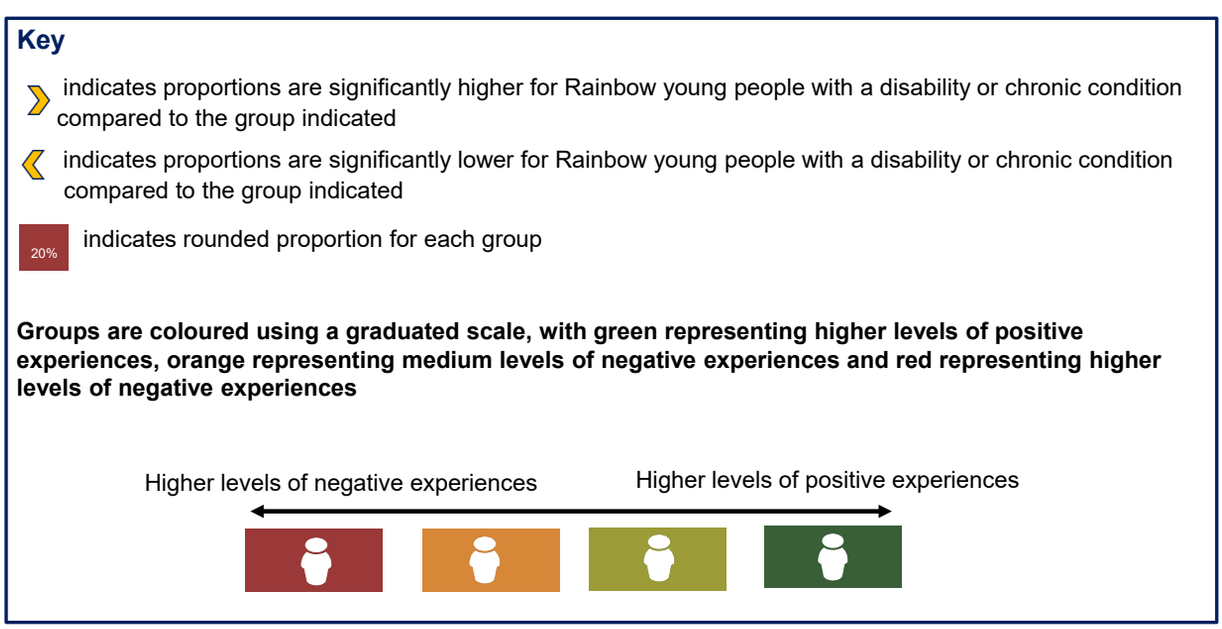


**Figure 10 cont**: Health and wellbeing indicators for Rainbow young people with a disability or chronic condition: *Home and school*

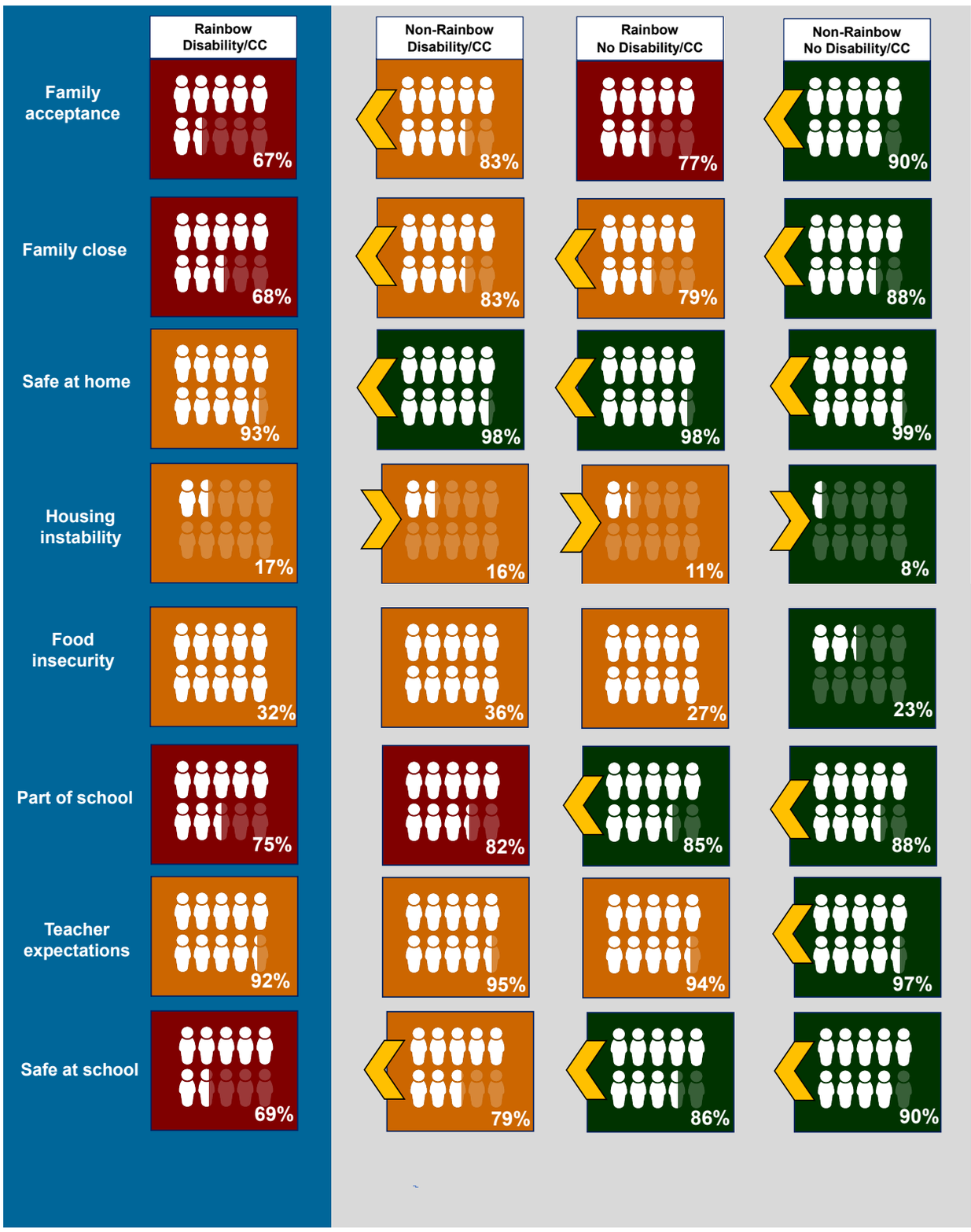


**Figure 10 cont**: Health and wellbeing indicators for Rainbow young people with a disability or chronic condition: *Future, safety, friends and healthcare*

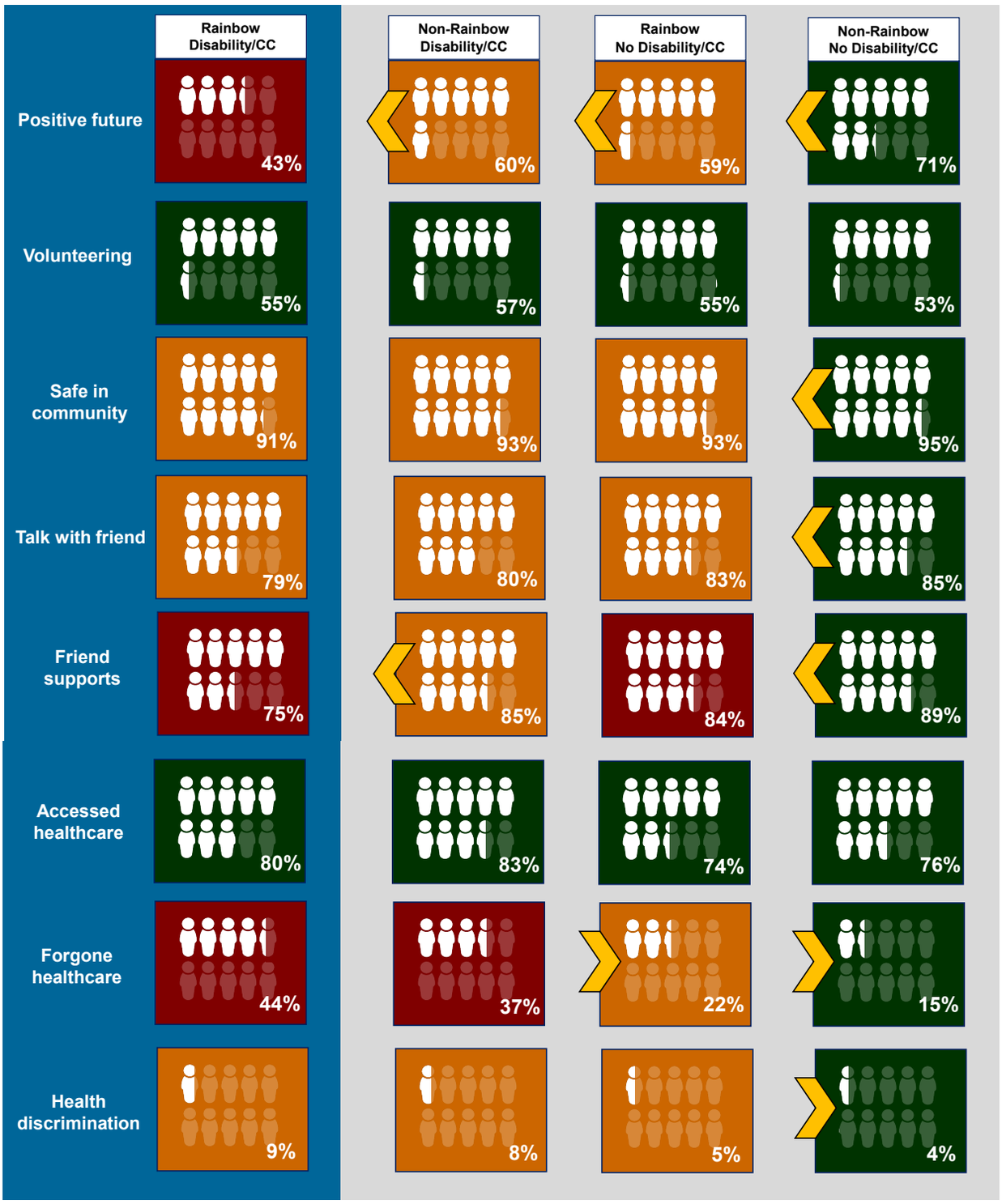
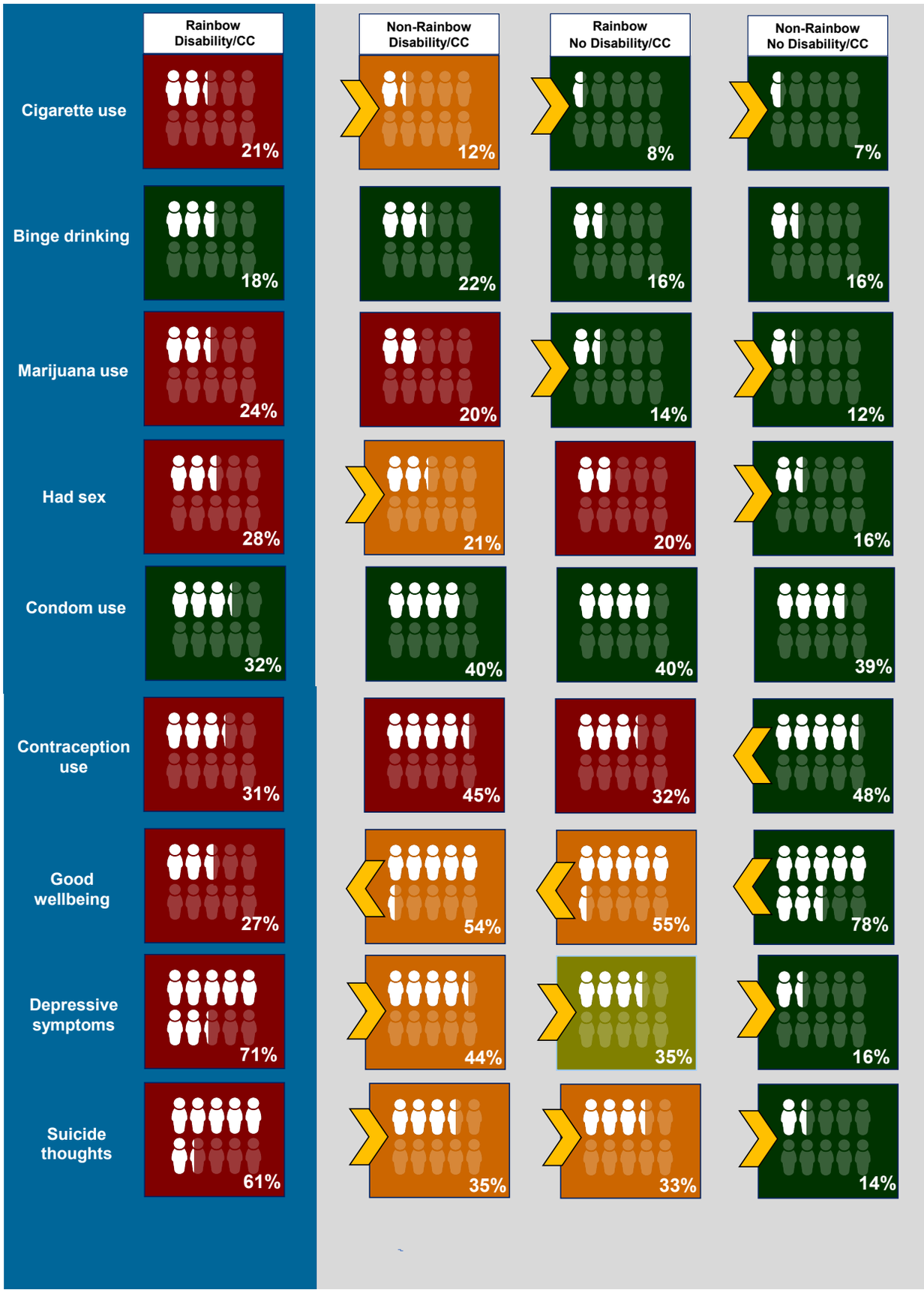


**Figure 10 cont**: Health and wellbeing indicators for Rainbow young people with a disability or chronic condition: *Substance use, health and wellbeing*



# Results for young people who are both Māori and Pacific

There were 259 young people who identified as both Māori and Pacific in the Youth19 survey, comprising 3.4% of survey participants. Of these students, 62% were female and 2% were gender diverse. Almost 70% were aged 15 years or younger and more than half (53%) lived in high deprivation neighbourhoods, as shown in Table 2.

Compared to other groups and controlling for age and sex differences, Māori and Pacific young people faced large inequities compared to Pākehā young people on food and housing insecurity, forgone healthcare and discrimination by health providers and on several health status indicators. Compared to their peers who were Māori and not Pacific, or Pacific and not Māori, there were significant differences in only one or two of the 25 indicators, respectively. Figure 11 lists these differences.

As shown in Figure 12, overall, Māori and Pacific young people reported:

- *Positive family relationships*, with high family acceptance, high family closeness (on this indicator the prevalence estimate was higher for Māori and Pacific young people than all other groups, however these differences were not statistically significant), and high safety at home.
- *High rates of housing instability* (26%, compared to 16% among those who are Māori and not Pacific, 19% among those who were Pacific and not Māori, and 5% among Pākehā) and *high rates of food insecurity* compared to Pākehā.
- *Positive school experiences*, with 86% feeling part of school, 95% reporting positive teacher expectations and 85% feeling safe at school. These rates were very similar across the different groups reported here.
- *Positive community characteristics,* with 71% reporting seeing a positive future for themselves in New Zealand (similar to each other group), 64% volunteering to help others in their community (significantly higher than Pākehā at 53% and potentially higher than for each other group, although these differences are not definitive as confidence intervals overlap), and 92% feeling safe in their community (no significant differences from any other grouping).
- *Positive friendships,* with 80% having at least one friend they can talk to about worries and 94% having at least one friend who supports them (significantly higher than for Pākehā young people).
- *Inadequacies in healthcare*, with Māori and Pacific, Māori and not Pacific and Pacific and not Māori young people all reporting higher forgone healthcare and higher discrimination by healthcare providers than Pākehā young people.
- *Generally similar on health indicators* in areas of substance use, sexual health and depression to young people who belonged to either the Māori or the Pacific ethnicity group and *marked inequities on the majority of these health indicators* compared to Pākehā young people.

**Figure 11**: Statistically significant differences: Young people who are both Māori and Pacific compared with other groups

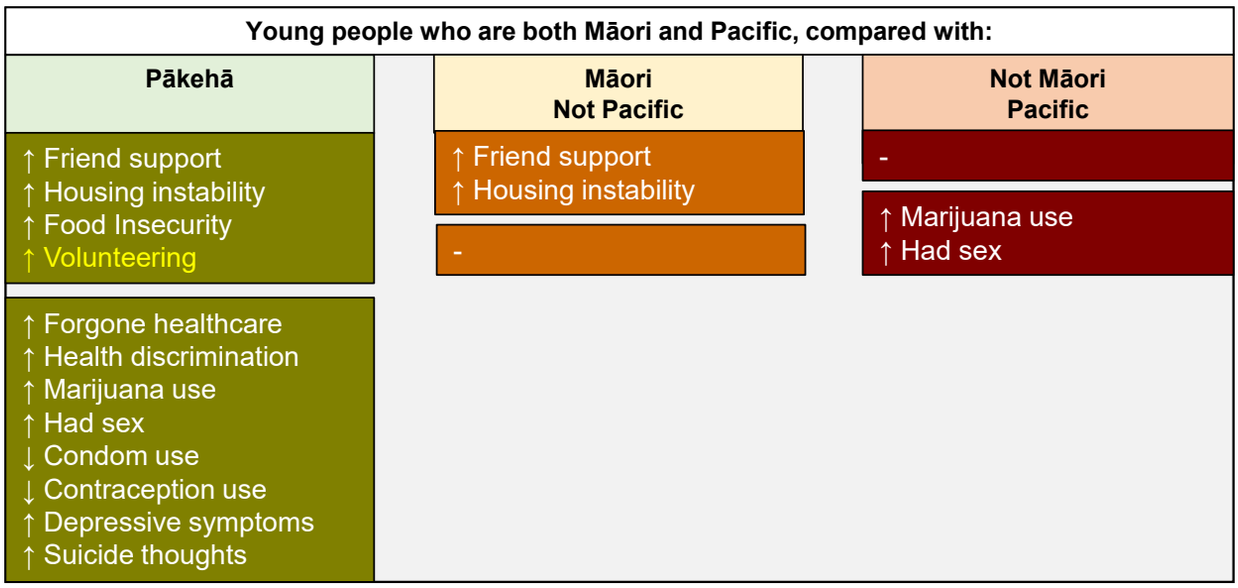



**Figure 12**: Health and wellbeing indicators for young people who are both Māori and Pacific

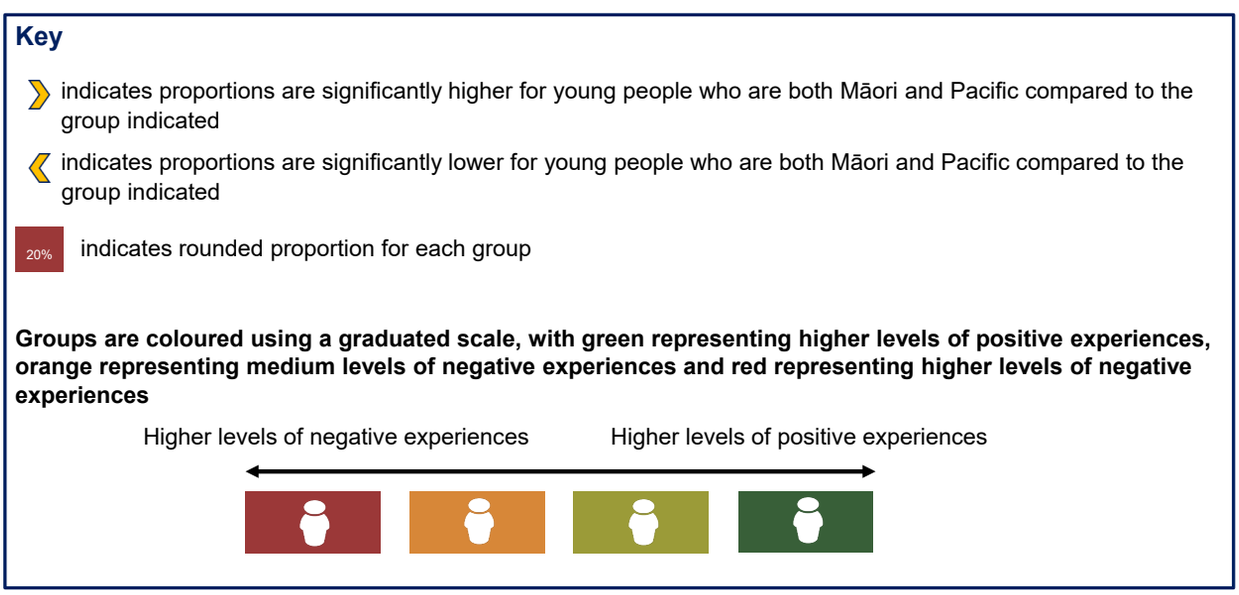


**Figure 12 cont**: Health and wellbeing indicators for young people who are both Māori and Pacific: *Home and school*

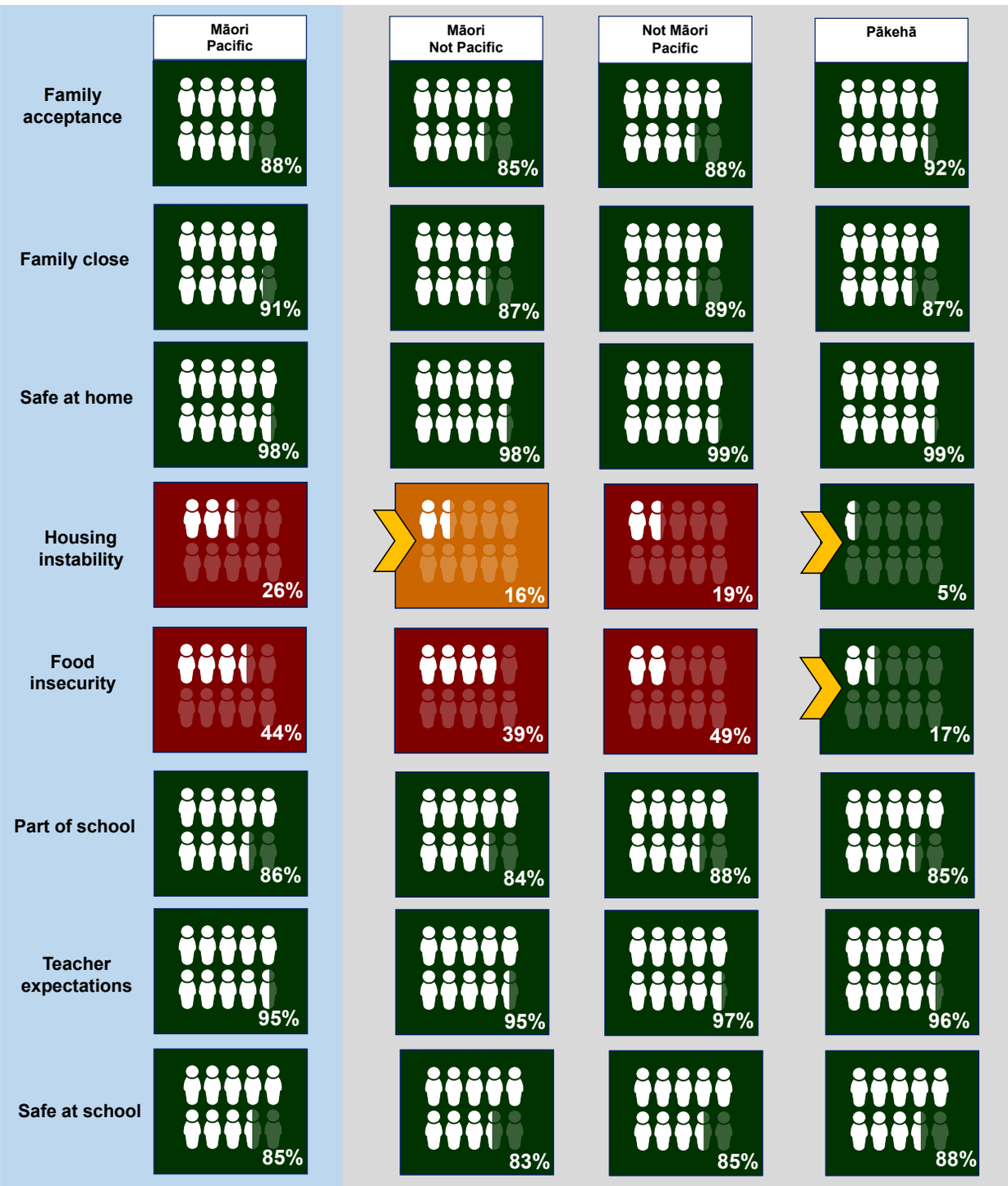


**Figure 12 cont**: Health and wellbeing indicators for young people who are both Māori and Pacific: *Future, safety, friends and healthcare*

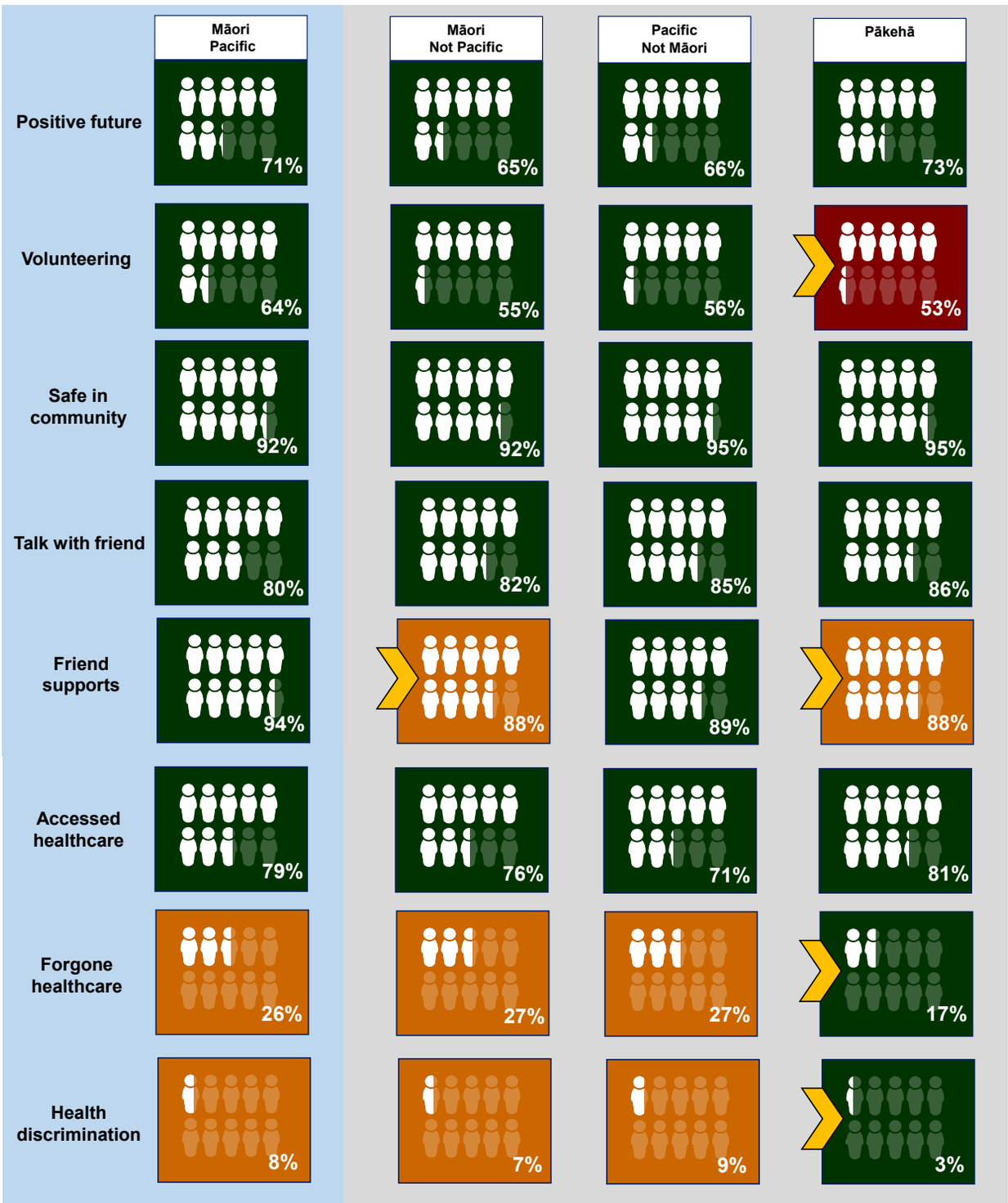
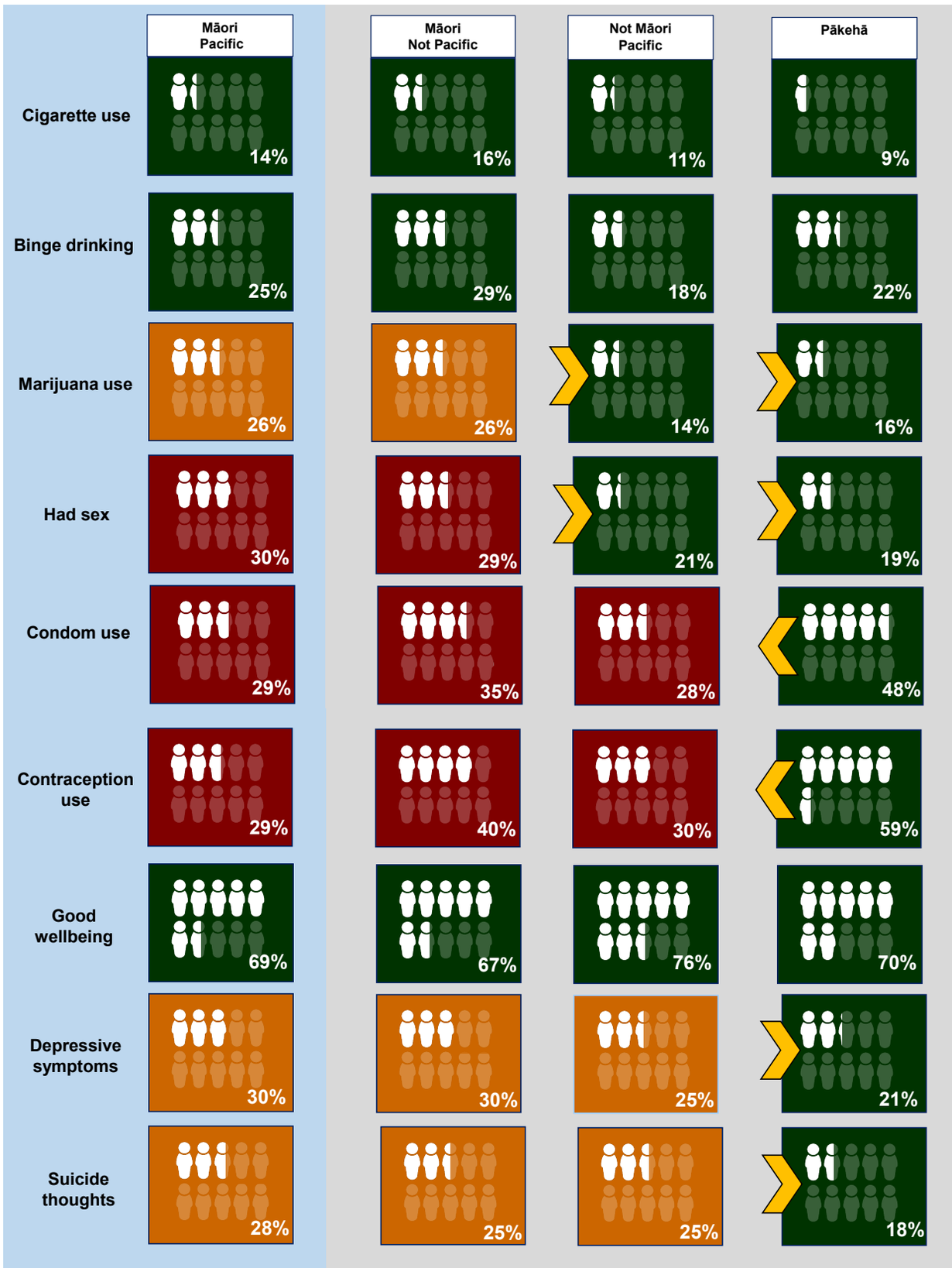


**Figure 12 cont**: Health and wellbeing indicators for young people who are both Māori and Pacific: *Substance use, health and wellbeing*



# Additional analyses

## Differences within included identity groups

We explored whether there are particular clusters of young people *within* the intersecting identity groups who face specific challenges. For example,

> *Do Māori Rainbow female students have higher rates of depressive symptoms than Māori Rainbow males? Do Pacific young people with disabilities or chronic conditions face higher challenges if they live in low income communities?*

We explored whether age, female compared to male sex, neighbourhood deprivation band, urban or rural setting, and experiences of ethnic discrimination were associated with higher or lower scores on the following key indicators: family acceptance, feeling part of school, forgone healthcare, healthcare when needed, symptoms of depression and thoughts of suicide. The definitions of each of these variables are explained in Appendix 1. We used logistic regressions to test each indicator. Because this involved multiple comparisons, we adjusted the p values using Bonferroni adjustment. This is a standard and well recognised method for reducing the risk of reporting differences that are due to chance alone. However, a disadvantage of being conservative in this way is that there is a higher risk of not reporting differences that may be important.

There were no statistically significant differences for Māori Rainbow young people by age, sex, neighbourhood deprivation band, urban/rural location or experiences of discrimination. This does not mean that there were no differences or effects linked to these aspects of identity, but that none were large enough to show up as definitive in the fairly small sample. Where the sample does not include a wide range of people in particular groupings, this is a particular risk. For example, higher neighbourhood deprivation does not show up as being associated with increased challenges in this analysis. In other analyses, we have found increased challenges for those in poorer communities (Fleming, Tiatia-Seath, Peiris-John et al., 2020). The lack of similar findings in this case may be affected by the fact that there were few Māori Rainbow young people from wealthier neighbourhoods in the survey.

With these limitations in mind, there were some distinctions as outlined below and highlighted in Table 3. The most marked patterns were that:

- Ethnic discrimination was associated with increased negative outcomes in several groupings
- Female students had higher rates of depression and suicidality than males in several groupings.

**Here are the findings in more detail:**
Among Pacific Rainbow young people:

- Depressive symptoms were higher among females compared to males.

Among Māori young people with a disability or chronic condition:

- Depressive symptoms were higher among females compared to males, and higher among those who had experienced discrimination compared to those who had not

- Suicidal thoughts were higher among females compared to males, those in medium deprivation communities and those who had experienced discrimination
- Being unable to access healthcare when needed was more common among 15-year-olds compared to other ages and among those who had experienced discrimination.

Among Pacific young people with a disability or chronic condition:

- Depressive symptoms were higher among females compared to males, higher among those in medium deprivation communities andhigher among those who had experienced ethnic discrimination.

Among Rainbow young people with a disability or chronic condition:

- Depressive symptoms were higher among those who had experienced discrimination
- Being unable to access healthcare when needed was higher among those who had experienced discrimination.

Among young people who are both Māori and Pacific:

- Depressive symptoms were higher among females compared to males
- Being unable to access healthcare when needed was higher among those who had experienced discrimination.

**Table 3**: Differences within included groups

| | | |
|---|---|---|
| Pacific Rainbow young people | Depressive symptoms | Higher among females compared to males (O.R. 1.67, p <0.01) |
| Māori young people with a disability or CC | Depressive symptoms | Higher among females compared to males (O.R. 1.42, p <0.01)<br>Higher those who had experienced ethnic discrimination compared to those who had not (O.R. 1.19, p = 0.001) |
| | Suicidal thoughts | Higher among females compared to males (OR 1.27, p <0.001)<br>Higher among those in medium dep neighbourhoods compared to those in low deprivation neighbourhoods (O.R. 1.2, p = 0.03)<br>Higher those who had experienced ethnic discrimination compared to those who had not (OR 1.364, p <0.001) |
| | Unable to access healthcare | Higher among those age 15 years (O.R. 1.26, p = 0.02)<br>Higher among those who had experienced discrimination compared to those who had note (O.R. 1.28, p <0.001) |
| Pacific young people with a disability or CC | Depressive symptoms | Higher among females compared to males (O.R. 1.19, p = 0.04)<br>Higher among those in medium dep neighbourhoods compared to those in (O.R. 1.39, p = 0.01) low deprivation neighbourhoods<br>Higher among those who had experienced ethnic discrimination compared to those who had not (O.R. 1.36, p <0.001) |
| Rainbow young people with a disability or CC | Depressive symptoms | Higher among those who had experienced ethnic discrimination compared to those who had not (O.R. 1.19, p <0.001) |
| | Unable to access healthcare | Higher among those who had experienced ethnic discrimination compared to those who had not (O.R. 1.34, p <0.001) |
| Young people who are Māori and Pacific | Depressive symptoms | Higher among those age 15 years compared to those aged 13 or under (O.R. 1.39, p = 0.02)<br>Higher among females compared to males (O.R. 1.29, p = 0.002) |
| | Unable to access healthcare | Higher among those who had experienced ethnic discrimination compared to those who had not (O.R. 1.3, p <0.001) |

Note: O.R. = Odds Ratio. Where there is no difference between groups, the Odds Ratio is 1.
Where p is smaller than 0.05, a difference is statistically significant.

# Areas of marked inequity

Finally, we graphed areas where distinctions between groups were especially marked: housing instability, forgone health care, discrimination by health providers and indicators of mental health.

As shown in Figure 13, housing insecurity was markedly higher for Māori and Pacific groups. Forgone healthcare was higher for the Māori and Pacific group, and higher again for all other included groups. Healthcare discrimination followed a similar pattern, and was particularly high for the Pacific Rainbow group (five times higher than the prevalence reported for Pākehā non-Rainbow).

As shown in Figure 14, mental health needs were elevated for all included groups. There were major inequities and concerning rates reported, especially for the Rainbow disability or chronic condition group (e.g., four times the rate of serious suicidal thoughts than that of the Pākehā non-Rainbow group).

See tables in appendices for more detail, including 95% confidence intervals.

**Figure 13:** Inequities in housing instability and healthcare

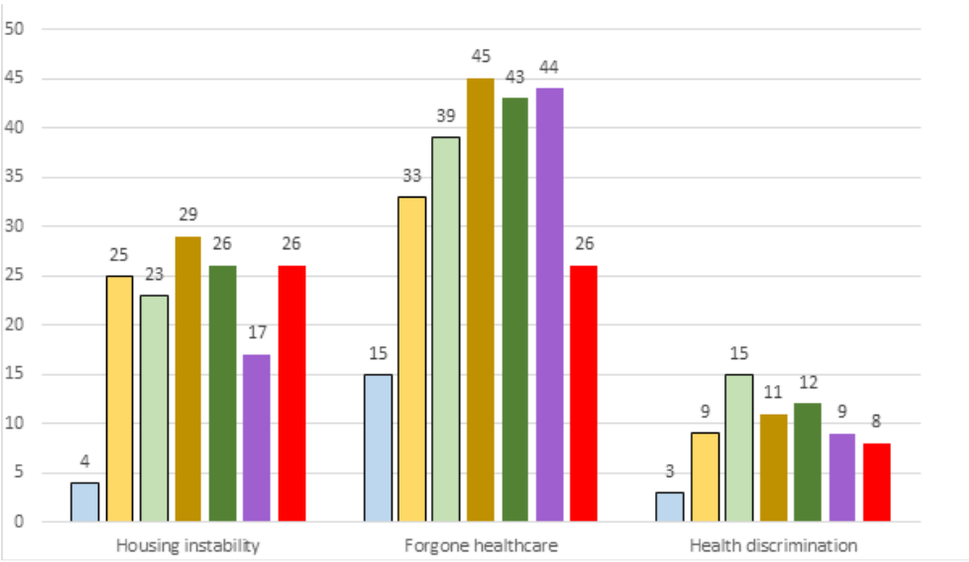
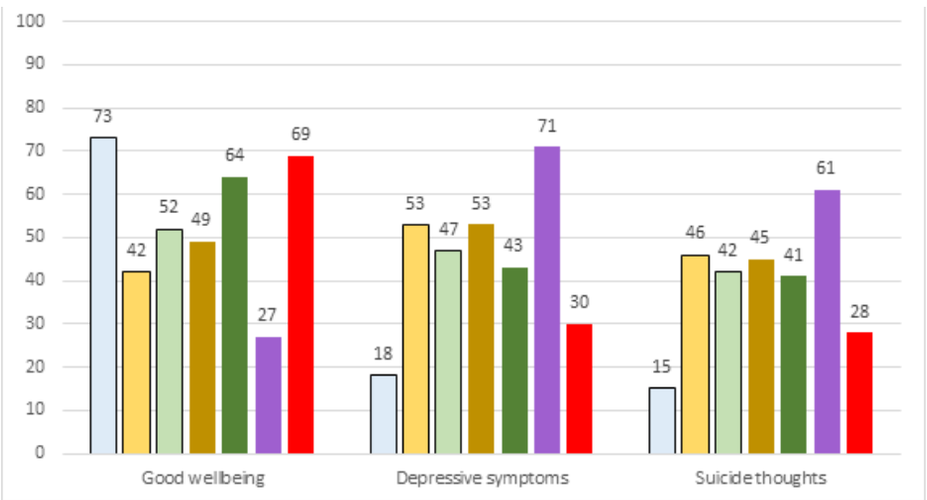
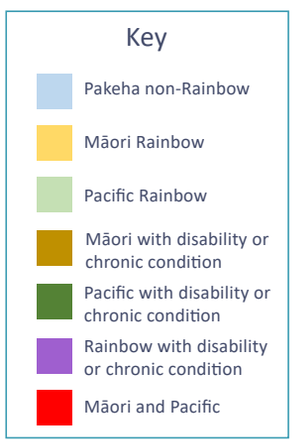



**Figure 14:** Inequities in mental health



# Chapter Four
# Youth Perspectives

## Youth19 participant voices

For the first time in a Youth2000 survey, Youth19 participants were invited to express their views about key issues using their own words via open-text questions. In this section we summarise responses to two key questions: 'What do you think are the biggest problems for young people today?' and 'What do you think should be changed to support young people in New Zealand better?'
We coded open-text responses to these questions from students from the identity groups included in this report and identified several key themes. A brief outline of these themes and example quotes are included on the following pages.

In the Youth19 overall sample, members of our team identified four key themes in the responses to this question: mental health and pressure, bleak futures and climate change, social media and technology, and risky choices (Fleming, Ball, Kang et al., 2020). Among students in the included groups, there were two major themes: (1) Lack of acceptance, understanding and support and (2) Mental health and pressure.

> "What do you think are the biggest problems for young people today?"

## Lack of acceptance, understanding and support

The most commonly expressed problem was lack of acceptance, understanding and support of participants' identities. Some reported that they did not feel accepted and understood by family members, friends and others close to them. Many participants mentioned the importance of having someone with whom they could discuss their feelings and emotions.

> *My mum will never fully get me, nor I her. She understands that I am gay and that won't change but it feels more like tolerance than genuine acceptance. She acts supportive of my relationship with my girlfriend but has gone on record saying she wishes I wasn't gay. It's not true acceptance, it's merely putting up with me.*
>
> – Rangatahi Māori, Rainbow

> *We don't get enough support of people... sometimes we just need someone to listen to and agree with us when things are going wrong in our lives.*
>
> – Rangatahi Māori with a disability or chronic condition

> *Not being accepted for who you are. Young people are always putting on a mask and being other people not who they truly are.*
>
> – Rangatahi Māori with a disability or chronic condition

## Mental health and pressure

Concerns about mental health, depression, suicide and pressure were another common response to this question. Many young people in the included groups described feeling under pressure due to expectations from parents, teachers, peers and society in general. A sense of not fitting in was widespread, and some said bullying was a major issue. Most participants mentioned feeling that support and resources to address their mental health issues were lacking.

> *I must admit, I myself feel depressed sometimes for my own reasons… but still try stick up for those and be a good influence and example to others.*
>
> – Pacific young person with a disability of chronic condition

> *Mental health not being promoted as well as it can be… We have one of the highest suicide rates in the world and it is upsetting to see this happen, as our youth numbers declining.*
>
> – Pacific young person with a disability or chronic condition

> *We have so much pressure and stress from school and also there is a lot of pressure from social media for posting cute photos or looking 'good' in a photo.*
>
> – Rainbow young person with a disability or chronic condition

## “ What do you think should be changed to support young people in New Zealand better? ”

In the Youth19 overall sample, members of our team identified five key themes in the responses to this question: save our future, update school, listen to us, connection and fun, and support us (Fleming, Ball, Kang et al., 2020). Among responses from students in the included groups, we identified three main themes: (1) Accept us and listen to us, (2) Update school, and (3) Support us.

## Accept us and listen to us

Young people with the included identities want adults to listen to them, try to understand their point of view and involve them in decisions affecting their future. They want to be heard and taken more seriously at home, at school and in society in general. Overall, there was a strong desire for young people’s views to be sought, valued and acted upon.

> *Make people feel loved and welcomed in their society. Make buildings for people that don’t feel safe and wanted in New Zealand build them in every suburb not just the popular ones.*
>
> – Rangatahi Māori with a disability or chronic condition

> *The system it needs to be more aware of the children. My view is that they don’t know anything about children. This is the 21st century.*
>
> – Rangatahi Māori with a disability or chronic condition

> *Most teenagers just need someone willing to listen and understand you when things are rough.*
>
> – Rangatahi Māori with a disability or chronic condition

## Update school

Young people from the included groups expressed a need for the school system to be 'updated and improved'. Many wanted to see schools modernised to better meet their current and future needs. In particular, they asked for more opportunities to learn relevant skills for life, such as financial literacy, tax returns, listening skills, relationship skills, health, stress management, how to manage emotions, and job seeking skills. Participants also suggested that school could be made less stressful by reducing the pressure of assessments that do little to enhance real understanding.

> *More opportunities to learn about adult life and how to succeed or what to do after leaving school etc*.
>
> – Rangatahi Māori with a disability or chronic condition

> *Educate me on things I actually will use in the future... Educate people on mental health, taxes, future pathways, politics, how to buy a home, job interviews, getting promotions etc etc. These are so much more important than things like Pythagoras theorem*.
>
> – Pacific, Rainbow youth with a disability or chronic condition

> *Something to put into school workshops to show young students what they could be or do in the future like sport.*
>
> – Rangatahi Māori and Pacific

## Support us

Participants from the included groups also highlighted the need for social, emotional and practical support, including better access to mental health support. Some suggested that support from family members, mentors and role models who understood and had 'been there' could provide a 'bridge to the future', showing the way. They wanted adults to reach out to young people, rather than relying on young people to seek help themselves.

> *Establishing things such as more teen parent units or educating us more about safe sex. There should definitely be more youth courses.*
>
> – Rangatahi Māori and Pacific

> *Better access and support for people who have mental health and identity issues, whether they are very serious or not as serious.*
>
> – Rangatahi Māori with a disability or chronic condition

> *Mental health care needs more funding, and it's kind of stupid we haven't already done that since we have the highest teen suicide rate in the world.*
>
> – Rainbow young person with a disability or chronic condition

# Youth advisor perspectives

We spoke with youth advisors from the identity groups included here about their perspectives on our findings and the experiences of young New Zealanders from these groups. The six advisors were aged between 17 and 24 years and were recruited from universities and youth advocacy groups. They identified as: 1) Māori, Rainbow with a disability or chronic condition; 2) Rainbow with a disability or chronic condition; 3) Māori, Pacific and Rainbow; 4) Māori and Rainbow; 5) Pacific and Rainbow; and 6) Rainbow with a disability or chronic condition. We conducted a one-on-one session of 40–45 minutes with each advisor.

They were invited to comment on:

- Strengths, challenges and opportunities for rangatahi from these identity groups in Aotearoa New Zealand
- A summary of the draft findings presented in this report
- What, in their view, could be done to improve service and resource delivery (e.g., education, healthcare) for these young people in Aotearoa New Zealand.

Key comments and suggestions are summarised on the following pages.

# Strengths and navigation strategies for intersectional groups

Youth advisors discussed the positive, strengthening aspects of belonging to the groups we consider here. Some commented that they found belonging to multiple identity groups offered connection and liberation, particularly once they had navigated societal difficulties (e.g., by challenging the status quo or existing social structure):

> *I wouldn't want it to be another way. I like being part of both groups, it gives me a lot of perspective. It gives me power to see what is going on... You have strengths from different communities… there is so much strength and pride and pride in particular groups. You can work together with others and contribute in different ways.*
>
> – Youth advisor: Pacific, Rainbow

> *Not always, but it can be liberating sometimes… in a sense that when your existence is not necessarily political, but upsets a lot of people, it could be liberating to navigating yourself and find joy for yourself in make meaning out of your identity.*
>
> – Youth advisor: Rainbow with a disability or chronic condition

> *I actually kind of love it. For instance, being Māori and queer, my queerness for me is a form of my Māori-ness… that is like decolonisation for me; that is the way for me to tap back into my tīpuna. Because it was super accepted and normalised in precolonisation to the extent that we did not have a word for it.*
>
> – Youth advisor: Māori, Rainbow with a disability or chronic condition

One key point related to navigating identity-related challenges. As young adults, advisors could reflect on the personal gains they had made through navigating processes such as self-disclosure, self-acceptance, establishing support systems, and dealing with exclusion, stigma and hostility. They noted that some people may not be supported by their biological family and may instead seek out like-minded people with shared identities. Advisors reflected that having multiple identities had helped them to develop broad, intergroup social networks and support systems:

> *I found my flatmates from queer housing New Zealand… some of them are intersectional in the similar that I am and there is just so much instant understanding and empathy for each and you feel safe enough to just be yourself. You do not have to self-explain things with them… such association and peer groups are amazing.*
>
> – Youth advisor: Rainbow with a disability or chronic condition

# Challenges and needs for intersectional groups

Youth advisors described challenges associated with belonging to multiple minority identity groups, including stress and discrimination. For example, some advisors noted that Rainbow young people with a disability or chronic condition may experience compounding stress while accessing healthcare. They reported discomfort with disclosing their gender or sexual identity while getting treatment for their disability, as healthcare providers may assume that their 'queerness' and their disability were linked:

> *I do not necessarily feel comfortable disclosing my queer identity while getting treatment for my disability. I am concerned that they are just gonna think like this is because of this… or this is what is gonna blamed on.*
>
> – Youth advisor: Rainbow with a disability or chronic condition

Similar challenges when accessing healthcare were reported by rangatahi Māori advisors with a disability or chronic condition. Most of the Māori advisors (with and without disability) reported unpleasant interactions with health professionals due to ethnicity-based discrimination. One noted:

> *The existence of medical trauma and the fact that so many Māori have it is an example of the issues within the health sector… Every time you go to a doctor they say, oh well, it is just diabetes … that kind of thing is damaging when especially you are disabled. With disabilities, you have to go there and advocate yourself which is not something that you should have to do to just receive medical help.*
>
> – Youth Advisor: Māori, Rainbow with a disability or chronic condition

Difficulty accessing stable housing was identified as an ongoing concern for Rainbow rangatahi with disabiling conditions. Advisors noted that factors such as family trauma, financial pressures and lack of acceptance around identity can interact to worsen such difficulties:

> *… housing/ finances, in particular, are really limiting and distressing for me. For example, I can't live in my parents' home because of family trauma as a direct result of my disability. Trying to find somewhere to live at the moment is really difficult. I'm limited by my Student Loan income, which barely covers rent - let alone food and transport costs. Within that budget, I need to find a flat that is Rainbow friendly (difficult) and that balances other disability needs. I can't work extra hours if I want to manage my health whilst studying full time (which I need to do to be eligible for different programmes at uni). I can't access other financial support through Studylink, because I'm considered still financially dependent on my parents as they cover medication/ GP expenses. It feels like there's a whole system that isn't made for people with multiple things going on.*
>
> – Youth advisor: Rainbow with a disability or chronic condition

As well as describing some increased and specific challenges for young people from our groups of interest, the youth advisors offered a more nuanced insight into the relationship between intersecting identities and related challenges. Drawing on their advocacy work and life experiences, they suggested that some individuals may not experience compounding stresses or difficulties as a result of their intersecting identities. To illustrate this complex dynamic, one advisor noted:

> *If you are already experiencing some sort of prejudice and difficulties in society, once you add another minority identity onto that – experiences sort of lessens in terms of the response from the society.*

*So, what that might look like, for example, if someone identify as Māori and already feeling suicidal I would say that they are already in that category of having increased risk of suicide and depression, so adding another minority identity does not necessarily double the risk of their suicidal tendency.*

– Youth advisor: Māori, Pacific and Rainbow

Another highlighted that, for some individuals, it may not be problematic to have different aspects of their identity celebrated in different settings.

*For some of my [Pacific Rainbow] friends, their families are really important, and they love their religion. They might not be fully out in all these groups but that is OK. You can draw strengths from different communities in different ways.*

– Youth advisor: Pacific, Rainbow

## Comments on findings

Advisors commented on two particular findings.

Finding 1: Māori Rainbow participants did not report significantly more distress than Pākehā Rainbow participants. One advisor suggested that this finding could reflect that Māori are no less accepting than Pākehā of Rainbow young people and that, in fact, homophobia among Māori may largely be due to internalised colonial assumptions and narratives (e.g., all Māori before colonisation were heterosexual and cisgender):

*There is a myth that Māori in particular are homophobic…and that is not necessarily the case. It is often that Māori are homophobic in different ways than Pākehā … Māori are homophobic … which is kind of they internalised a colonial narrative that all Māori before colonisation were straight, and Māori men are masculine and Māori women are feminine… when these are basically the colonial ideas that were ingrained into Māori ways of being. And so, I think that Māori do experience homophobia about the same rate within the family… So, I think that could be part of this that the variables not at a different rate for Māori-rainbow rangatahi compared to those who identify them as non-Māori Rainbow.*

– Youth advisor: Māori, Rainbow with a disability or chronic condition

Finding 2: There were few differences between those who identified as *both* Māori *and* Pacific and those who identified as *either* Māori *or* Pacific. Youth advisors were unsurprised by this finding. They noted that, although Pacific people are not indigenous, they are separated from their original homeland and culture and that members of both groups experience structural inequalities while navigating the dominant Eurocentric culture and structure of Aotearoa New Zealand.

*A lot of it comes from a cultural basis... as someone who has been raised under two separate households – one being Māori and one being Pacific – there were essentially the same values, same cultural norms from both. So, I can absolutely see why those two (Māori and Pacific) intersectionalities have similar experiences.*

– Youth advisor: Māori, Pacific with a disability or chronic condition

# Youth advisor recommendations

Advisors made several key recommendations when asked how services could be improved for young people from the identity groups included in this report.

For social services in general:

- Ensure that all are actively welcomed in communities, services and schools.
- Do not assume people's gender or other aspects of their identity.
- Provide an open-text option for gender identity on all forms. Binary or restrictive gender options exclude some Rainbow young people.
- Do not rely on young people reaching out and asking for help. Take responsibility to build relationships and check in and support them.

For healthcare providers:

- Educate healthcare providers about minority groups to address a lack of 'cultural competency'. Youth advisors commented that their healthcare providers were often racist, sexist or ableist.
- In particular, educate healthcare providers about sexuality and gender diversity to prevent default assumptions that the people they see are heterosexual and cisgender.

For schools and educational institutions:

- Support minority students and those with intersecting minority identities to connect with like-minded people of shared identities through peer support groups and role modelling. Advisors identified such support systems outside the family as particularly helpful in coping with identity-related challenges.
- Foster a positive learning environment for all students, rather than systems and environments that are 'Eurocentric', 'one-dimensional', and based on competition – such systems may disadvantage young people from our groups of interest.
- Teach more diverse subject matter (e.g., LGBTQI history) to offer a variety of perspectives to all students and affirm and validate all identities.
- Provide inclusive sex education that acknowledges sexual and gender diverse identities.

# Chapter Five
# Summary and Recommendations

## Introduction

***Poipoia to kakano kia puawai***
*Nuture the seed and it will blossom*

This analysis of Youth19 data confirms that, while most young people report positive home, school and community environments, we have strong patterns of systematic disadvantage among young people in Aotearoa New Zealand. This includes:

- Areas of high unmet needs among the secondary school population as a whole.
- Major inequities for rangatahi Māori, Pacific young people, Rainbow young people and young people with a disability or chronic condition.
- Multiple major inequities for Rainbow rangatahi Māori, Pacific Rainbow young people, rangatahi Māori with a disability or chronic condition, Pacific young people with a disability or chronic condition, and Rainbow young people with a disability or chronic condition.

The data highlights that inequities exist across a broad range social and health indicators and that the impact of ethnic discrimination is associated with increased risk on key outcomes for those in intersectional groups.

All young people deserve to be loved, accepted and able to access the services and opportunities they need – these are basic human rights. To improve equity, strategies that prioritise young people who are Māori, Pacific, Rainbow and those who have disabilities or chronic conditions must continue, and attention must be increased for young people in the named intersectional groups.

This chapter will summarise the findings for the groups examined in this report and provide recommendations to ameliorate harm and build strengths for young people in intersectional groups

## Summary of Findings

Most young people in Aotearoa New Zealand report positive family, school and community environments and good health. On most indicators, this is also true for the intersectional groups reported here. At the same time, there are major equity issues and challenges.

## Considering single aspects of identity

Overall, rangatahi Māori reported positive family and school environments and friendships. However, they reported more food insecurity and housing instability, higher forgone healthcare and higher discrimination by healthcare providers than Pākehā young people.

Overall, Pacific young people also reported positive environments and relationships at home and school. However, they too reported more food insecurity and housing instability, higher forgone healthcare and higher discrimination by healthcare providers than Pākehā young people.

Overall, Rainbow young people reported positive family and school environments and friendships. However, they often reported slightly less positive family, school and community contexts than non-Rainbow young people, and they reported some large health disparities, particularly in mental health.

Overall, young people with a disability or chronic condition also reported positive family and school environments and friendships, however they often reported slightly less positive family, school and community contexts than young people without a disability or chronic condition. They generally reported less positive health than those without a disability or chronic condition, particularly on indicators of mental health.

## Considering intersectionality theory

Considering intersectionality theory, there were no definitive indications of *compounding effects* in this analysis. For example, there were no indicators where the inequities for Rainbow rangatahi Māori were *significantly higher* than those for Māori *added to* those for Pākehā Rainbow young people. Effects look very close to compounding for health discrimination and cigarette use in some groups, but the confidence intervals overlap, so these are not definitive.

There were some indicators on which challenges looked *additive.* For example, the risk of discrimination by healthcare providers for Pacific Rainbow young people looked close to the risk for Pacific non-Rainbow young people (over those of Pākehā non-Rainbow young people), *added to* the inequities for Rainbow Pākehā young people (over those of non-Rainbow Pākehā young people). There were many areas where risks appeared to be somewhat additive.

There were multiple indicators where challenges appeared *parallel.* That is, where the inequities on specific indicators were not necessarily significantly higher for the intersectional group than for young people with one of the included identities, however those in the intersectional group faced a *greater number* of inequities than those in the single identity group. For example, Rainbow rangatahi Māori appeared to face the disparities faced by rangatahi Māori (e.g., high health discrimination) *and* the disparities faced by Pākehā Rainbow young people (e.g., high mental health needs). This pattern does not necessarily suggest 'double jeopardy' or large increases in challenge on *individual indicators*, but potentially 'double jeopardy' in terms of facing disparities on *multiple fronts*.

# Considering the included intersectional groups

## Rainbow rangatahi Māori

Most young people in this group reported positive family and school contexts, however they faced major inequities compared to the most advantaged group (Pākehā non-Rainbow) and inequities compared to the other groupings. Food insecurity, housing instability and health discrimination were higher for Rainbow rangatahi Māori than for Pākehā Rainbow young people. Compared to non-Rainbow rangatahi Māori, this group reported poorer school environments, less positive hope for the future and poorer mental health.

There were no indicators where Rainbow rangatahi Māori were significantly worse off than all of these comparison groups (there are areas where this appears to be the case although the differences are not statistically significant). However, they faced inequities on multiple fronts, meaning that they faced a *greater total number of inequities* than either non-Rainbow rangatahi Māori or Pākehā Rainbow young people.

## Pacific Rainbow young people

Most Pacific Rainbow young people reported positive family and school connections, however they faced major inequities compared to the most advantaged group (Pākehā non-Rainbow) and inequities compared to the other groupings. There were indicators on which Pacific Rainbow young people faced higher challenges than Pākehā Rainbow young people (food insecurity, feeling part of school and experience of discrimination by healthcare providers) and others on which they faced greater challenges than Pacific non-Rainbow young people (several family and health indicators). There were no indicators on which Pacific Rainbow young people were significantly worse off than both of these comparison groups, however they faced inequities on multiple fronts. This meant that members of this group faced a *greater total number of inequities* than either Pacific non-Rainbow or Pākehā Rainbow young people.

## Rangatahi Māori young people with a disability or chronic condition

Most rangatahi Māori with a disability or chronic condition reported positive contexts, however they faced major inequities compared to the most advantaged group (Pākehā young people with no disability or chronic condition) and faced inequities compared to the other groupings. Compared to Māori without disabilities or chronic conditions, they reported less positive family, school and community environments, more cigarette and marijuana use and considerably poorer mental health. They also reported higher socioeconomic challenges, more forgone healthcare and more discrimination by health providers. Compared to Pākehā young people with a disability or chronic condition, they were worse off on indicators associated with socio-economic status, racism, cigarette and marijuana use, and thoughts of suicide. Thus, in total, they faced both a *greater total number of inequities and higher levels of inequities* compared to Pākehā young people with a disability or chronic condition or rangatahi Māori with no disability or chronic condition.

## Pacific young people with a disability or chronic condition

Most Pacific young people with a disability or chronic condition reported positive contexts, however they faced major inequities compared to the most advantaged group (Pākehā young people with no disability or chronic condition) and faced inequities compared to the other groupings. They reported being less safe at school, more forgone healthcare, and poorer mental health than Pacific young people with no disability or chronic condition. They reported more food and housing insecurity, more forgone healthcare, and more discrimination by health providers than Pākehā young people with a disability or chronic condition. In contrast, Pacific young people with a disability or chronic condition reported better wellbeing than their Pākehā peers. In total, they faced a *greater total number of inequities* than either Pacific young people with no disability or chronic condition or Pākehā young people with a disability or chronic condition.

## Rainbow young people with a disability or chronic condition

Youth19 data suggests major challenges in wellbeing and mental health for Rainbow young people with a disability or chronic condition. These participants did report mainly positive family and school environments, however they reported more challenging home environments, poorer school relationships, more cigarette use and very much poorer mental health than comparison groups. In fact, only 27% reported good wellbeing and 71% reported clinically significant depressive symptoms. In total, members of this group faced both a *greater number of inequities and higher inequities* than either Rainbow young people with no disability or chronic condition or non-Rainbow young people with a disability or chronic condition. They faced particularly high mental health needs.

## Young people who are both Māori and Pacific

Young people who are both Māori and Pacific reported generally positive family, school and community contexts, however they were much more likely to have experienced food insecurity and housing instability, forgone healthcare and health discrimination than Pākehā young people. Compared to Pākehā young people they also had higher unmet needs on cigarette use, marijuana use, having had sex, lower rates of condom and contraception use and higher depressive symptoms and suicidal thoughts. On these indicators, proportions reported by this group were *not significantly different* for those from Māori young people who were not Pacific or Pacific young people who were not Māori. This group reported strengths, such as high levels of family closeness, supportive friendships and community volunteering.

## Differences within the intersectional groups

We tested whether there were particular characteristics associated with increased inequities or risks within the intersectional groups.

**Overall, ethnic discrimination and, for mental health indicators, female sex, seem to be the factors most strongly associated with increased challenges.**

However, some of the groups were relatively homogenous in terms of deprivation (i.e., the majority lived in poorer communities), so this analysis may have underestimated the impact of deprivation.

## Youth perspectives

We analysed open-text comments from Youth19 survey participants in the included intersectional groups. They described the largest problems affecting young people as a lack of acceptance, understanding and support, and mental (ill) health and pressure. They highlighted three key areas of opportunity for supporting young people in Aotearoa New Zealand better:

- Accept us and listen to us
- Update school to reduce pressures and be relevant to young people's lives
- Support us, with practical assistance, emotional support and mental health assistance.

During the process of developing this report we consulted six young adult advisors who belonged to the intersectional identity groups. They highlighted that:

- Their identities were often a source of strength, belonging and pride
- Connecting with others, developing support networks and addressing stigma could be areas of strength and empowerment
- There were specific challenge and stresses, e.g., discrimination and disempowering assumptions in accessing healthcare; challenges in accessing housing; and the impact of family trauma, financial pressure and lack of acceptance
- 'Double minority' may not necessarily mean compounding difficulties.

Insights from both Youth19 participants and the youth advisors highlight that:

- All young people need to be welcomed in communities, services and schools
- Harmful assumptions, discrimination and lack of understanding must be eliminated
- Positive, inclusive environments and support must be provided to young people.

# Conclusion

Youth19 data shows that there are inequities and health disparities for Māori, Pacific and Rainbow young people and those with disabilities or chronic conditions, compared to 'double majority' youth (i.e., those with two majority identities, such as Pākehā non-Rainbow or Pākehā without a disability or chronic condition). Some of these inequities are large and they span a broad range of indicators.

Generally, those in the intersectional groups face higher challenges again. Those who belong to two of these identity groups generally face a greater total number of inequities than those who belong to only one group and, on some indicators, higher levels of challenge or unmet need than those who belong to one group.

The results show that there are inequities across most health and wellbeing areas. Areas where inequities appear to be especially pronounced include those very clearly associated with social inequities and discrimination: food and housing insecurity, forgone healthcare and discrimination by healthcare providers, and mental health and wellbeing.

Finally, it is important to note that there are many areas where young people in these groups do well. Despite the inequities described, most report positive family environments, good school experiences, positive friendships and many areas of good health. These results speak to the strengths of diverse young people in a world that is not set up for their needs and interests. Youth input has highlighted the need for positive inclusive environments, safety, freedom from discrimination, and support for all young people.

# Strengths and Limitations

The Youth19 survey had a large and diverse sample, offering enough statistical power to explore the effects of intersectionality in various groups. Even so, some groups were small and differences that may be meaningful in real-world terms did not reach statistical significance due to wide confidence intervals. Limitations of sample size also meant smaller population groups such as gender diverse participants were not considered separately. A growing body of evidence strongly suggests that gender diverse young people face significantly more challenges than their cisgender peers, including Rainbow peers (e.g., Veale et al., 2019).

Youth19 used rigorous sampling techniques. Participants were randomly selected and not highly clustered in specific classrooms, schools or communities. As such, results are more representative of the general youth population than those obtained from more localised studies or non-random sampling methods such as internet surveys, youth panels and focus groups. However, Youth19 is not a national survey. It included participants from the Auckland, Northland and Waikato education districts. Almost half of Aotearoa New Zealand's high school students live in this area. It is the most ethnically diverse part of the country, and includes divergent socioeconomic groups, and urban, minor urban and rural settings, but we acknowledge that students from other regions may face differing challenges.

Research that aims to sample those in specific population groups can leave out people who do not strongly identify with those communities. For example, a study with disabled young people or with Rainbow young people may not attract a wide range of participants who do not identify strongly with that group, potentially missing those who are newer to an identity group, isolated from others or who are less confident about their identity. This is avoided in Youth19.

Youth19 uses robust analytic and statistical methods. Those used here have been reviewed by Aotearoa New Zealand experts. The data and interpretation provided is of high quality. The breadth of the survey allows us to consider multiple areas and domains. The depth and quality of the survey questions are also a strength. The measures included in Youth19 have been widely used and tested, and they allow local and international comparisons and comparisons over time.

Youth19 findings are generated from young people in schools and kura kaupapa Māori who were present on the day of the survey. This is likely to present a positive picture as bullied, excluded and lower income students are more likely to leave school early (McGuire et al., 2010). Older or younger young people and those who are not in education will have different needs, which should be considered in other research. Our analysis has included some intersecting identity groups only. Other aspects of identity and belonging are also important for equity and wellbeing and should also be considered. Youth19 is a survey; it is excellent for providing a reliable big picture or overview. Other methods such as in-depth interviews produce nuanced understandings from smaller numbers of people and add further insights and value.

Despite these limitations, this study is one of the first in-depth quantitative analyses exploring the wellbeing of young people in the intersecting identity groups considered. It highlights previously undocumented and important information that can be used to support wellbeing.

# Recommendations

Based on this research and the literature, we recommend that:

**Decision makers should retain a focus on priority groups.** Young people who are Māori, Pacific, Rainbow and those with disabilities or chronic conditions face inequities and challenges.

**Decision makers should include a focus on young people who are Māori Rainbow, Pacific Rainbow, Māori with a disability or chronic condition, Pacific with a disability or chronic condition, or Rainbow with a disability or chronic condition**. These groups are significant minorities, and most face inequities and challenges across multiple fronts.

Addressing inequity for young people in these intersecting identity groups (hereafter 'intersectional' for brevity) requires multiple actions. Sustained major improvements in health and wellbeing typically occur when we address determinants at multiple levels and create community conditions that support improved outcomes (Prevention Institute, n.d.; Sims & Aboelata, 2019). A systems approach offers one such framework:

1. Create a shared vision
2. Engage in multi-level action
3. Elevate community voices and leadership
4. Facilitate community collaborations
5. Empower a skilled workforce grounded in social justice
6. Make the case for prevention and equity
7. Gather and share data
8. Generate stable sources of funding.

## 1. Create a shared vision

A shared vision creates opportunities for action, collaboration and accountability. We recommend that:

- Visions and strategies explicitly include young people in intersectional groups
- Young people in intersectional groups are involved in creating visons and strategies. These might build on or link with existing frameworks such as the Child and Youth Wellbeing Strategy (DPMC, 2019).

## 2. Engage in multi-level action

Action across multiple levels is required for systematic change (Sims & Aboelata, 2019). Key areas should include community actions and policy frameworks and should include:

*Supporting young people and families/whānau*

- Ensuring that young people with intersectional identities have opportunities to connect with others with shared identities. This appears to be important for growing strengths, supports and purpose.
- Ensuring that young people and their families and whānau have sufficient resources to support their diverse young people to fully participate in society. Young people themselves also need resources to enable equitable participation in learning, social and community environments. This should include adequate income, accessible information and access to services.
- 'Family and whānau' may include multiple families; whānau, hapu and iwi groups; and broader aiga/kopu tangata/kāinga/magafaoa/matavuvale/kāiga[1] (family) groups.

*Promoting education*

The inequities in safety and belonging at school in this study highlight the need for inclusive practices and policies. Schools and institutions have a duty to ensure that all young people are safe and included. This should include:

- Addressing discrimination, harassment and bullying
- Including and valuing diverse identities as part of the enacted curriculum
- Ensuring bathroom, uniform, sports, social, pastoral and learning facilities are inclusive for all.

The Ministry of Education has a range of guidance on inclusive education via the Te Kete Ipurangi Inclusive Guides resources (TKI; n.d.). These detail a range of strategies for enhancing inclusion of minority students, including those with intersectional identities.

Inclusive relationships and sexuality education is important given that many intersectional young people have reported having had sex. The refreshed Sexuality Education Guidelines (Ministry of Education, 2020) specifically focus on a range of intersectional identities and provide a useful framework.

1 Aiga (Sāmoan), kopu tangata (Cook Islands), kāinga (Tongan), magafaoa (Niuean), matavuvale (Fijian) and kāiga (Tokelau, Tuvalu).

## 3. Elevate community voices and leadership

Equity across groups cannot be driven from a top-down, institutional approach alone (Sims & Aboelata, 2019). Young people and adults with intersectional identities must be included and visible at all levels of leadership and community engagement. This is important to role model futures and aspiration for diverse young people and to ensure quality inclusive decisions are made.

## 4. Facilitate community partnerships and multidisciplinary collaborations

Collaborations are needed to address the multiple areas of inequity for intersectional young people. For example, there are inequities in domains of family and community life, access to basic resources, freedom from discrimination and inclusive schooling and health care. These cannot be addressed by any one sector alone.

It is important for interventions to be strongly informed and empowered by the communities of interest. These relationships need to be bidirectional, formed over time and non-extractive. Consultation needs to take place early and often. This needs to include partnerships with Māori organisations and must recognise the funding and resource needs involved. There are multiple ways that decision makers and leaders can support collaborations, including creating pan-organisational groups or associations, supporting sustained funding for organisations, and facilitating or funding conferences and events.

Policy makers have a role to advocate across these areas and facilitate vision and collaboration.

## 5. Empower a skilled workforce grounded in social justice

Our results speak to the need to upskill the workforce to ensure that young people are not exposed to discrimination by providers and that providers understand the needs of diverse and intersectional communities.

Any workforce needs to heed the importance of Te Tiriti o Waitangi and understand the issues involved with Te Tiriti and the implementation of Mana Māori Motuhake (Māori self-determination) in the present day.

Similarly, upskilling the workforce in topics and issues relating to other priority and intersectional groups identified here is important. The sector should consider opportunities to offer or influence training to reduce discrimination and increase inclusivity.

The high areas of need identified for intersectional young people in multiple domains highlight that the sector must be able to respond to diverse and complex needs. Those working with young people need to have skills, or be able to access support, in engaging with young people around resistance to discrimination, accessing their rights, addressing sexual health and other health needs, and addressing mental health and wellbeing.

## 6. Make the case for prevention and equity

Aotearoa New Zealand has expressed alarm at child poverty, racism and lack of opportunities for young people. The results reported here highlight that these are highly concentrated among Māori and Pacific peoples, Rainbow young people, and those with disabilities or chronic conditions. Policy makers have important roles in highlighting these equity needs across the whole of government and in ensuring change.

Many of the findings reported here reflect socio-economic inequalities and social injustices. To improve the negative statistics reported for many groups here requires more than just supporting young people with contemporary challenges. We should also prevent problems before they develop and address structural determinants including the impacts of colonisation and systemic racism, social and financial inequities, ableism and heterosexism.

## 7. Gather and share data

A clear evidence base is critical for informing change. The current report uses survey data supplemented with some youth advisory input. Focus groups, workshops or interviews could grant further in-depth insights.

Given the centrality of whānau to supporting young people, and the disparities in whānau experiences that the intersectional young people reported in this analysis, further research is required to understand the experience of whānau of intersectional young people.

*Research among young adults*

The Youth19 survey is of young people in secondary schools. This is an important life stage for identity formation and establishing health and wellbeing habits. However, challenges such as pathways into work, independent living and housing are likely to be more profound among young adults. This is also an important age group for MYD.

To explore the needs of intersectional young adults, MYD could consider standalone research studies or co-ordinating with other groups. In-progress studies include:

- The New Zealand Attitudes and Values Study, which surveys around 50,000 New Zealanders each year
- The New Zealand Health Surveys, these are led by the Ministry of Health and collect in depth data from approximately 20,000 New Zealanders per year
- The HONOUR project Aotearoa (n.d.), which aims to explore the health and wellbeing of takatāpui Māori over qualitative and quantitative phases
- The Manaalagi project (Thomsen, 2020), which is focused on the health and wellbeing of Pacific Rainbow communities
- The Counting Ourselves Trans and Non-Binary Health Survey (Veale et al., 2019), which is producing rich data for gender minority communities.
- The Rainbow census project (led by John Fenaughty) for 14–26 year olds, which is taking a positive youth development focus to explore how inclusive whānau, education, employment and community experiences support health and wellbeing
- Disabled Person-Led Monitoring Research, carried out by the Donald Beasley Institute under appointment by the Disabled Persons Organisation Coalition (DPO Coalition), an ongoing multistage project
- Surveys by tertiary institutions of their students, for example the YOU survey at Victoria University of Wellington
- Research and insights by community and advocacy organisations, for example the Disabled Persons Assembly New Zealand, CCS Disability Action and IHC
- Compilations of data from multiple sources, e.g. by NZ.Stat.

We recommend first engaging with intersectional community groups and researchers to consider existing data and research currently in progress, and then tailoring plans based on this consultation.

## 8. Generate stable sources of funding

Many agencies working with intersectional youth rely on insecure funding. These agencies need sustainable funding and security in order to maintain activities and plan long term initiatives and programmes.

# Opportunities for Youth Workers and the Youth Sector

The youth sector and youth workers are uniquely placed to support the wellbeing of young people with intersectional identities.

The youth participants and advisors highlighted the importance of being listened to, being understood and being part of dynamic, strengths based and active communities. Relationships with others who could support, encourage and enable them in multiple areas were important. Youth workers and the youth sector often have unique skills and opportunities in these areas.

In the recommendations above, we have particularly considered recommendations for policy makers. For the youth sector, these themes remain important, and there are further priorities and opportunities:

**Prioritise developing strong relationships**, family and peer connections, and positive futures with young people with intersectional identities.

**Get the basics right.** Young people in these groups highlight the need to avoid assumptions, check pronouns, offer accessible places, avoid discrimination and build positive connections.

**Ensure** that young people with intersectional identities have **opportunities to connect with allies and those with shared identities** for peer support and community action or social change.

**Ensure that young people and their families/ whānau have adequate resources, support services and opportunities** to enable intersectional youth to fully participate in society. This should include adequate income, information and access to health and wellbeing services.

**Be an ally and an advocate.** Promote equity, inclusion and actively fight discrimination. Address the specific needs and build on the specific strengths of young people in intersectional identity groups.

# Summary of Recommendations

**Policy makers, leaders and decision makers should:**

- **Retain a focus on priority groups.** Young people who are Māori, Pacific, Rainbow and those with disabilities or chronic conditions face major inequities and challenges.
- **Increase focus on young people who are Māori Rainbow, Pacific Rainbow, Māori with a disability or chronic condition, Pacific with a disability or chronic condition, or Rainbow with a disability or chronic condition**. Young people who are in these groups often face multiple inequities and challenges.

To address inequities for young people in these intersecting identity groups requires sustained, multilevel action. A systems approach offers the following key steps:

- Create a shared vision and strategy to promote the wellbeing of young people with intersectional identities.
- Engage in multi-level action for systematic change.
- Elevate intersectional community voices and leadership.
- Facilitate community partnerships and collaborations.
- Empower a skilled workforce who can meet the needs of intersectional youth, act against discrimination and promote equity and inclusion.
- Make the case for prevention and equity.
- Gather and share data. In particular, look for collaborative opportunities to understand the needs of young adults in intersectional groups.
- Support stable sources of funding for those working with intersectional youth.

**The youth sector should:**

- Prioritise developing strong relationships, family and peer connections, and positive futures with young people with intersectional identities.
- Ensure all get the basics right: Young people in these groups highlight the need to avoid assumptions, check pronouns, offer accessible places, avoid discrimination and build positive connections.
- Ensure that young people with intersectional identities have opportunities to connect with allies and those with shared identities.
- Ensure that young people and their families/ whānau have adequate resources, support services and opportunities to enable intersectional youth to fully participate in society.

Be an ally and an advocate. Promote equity, inclusion and actively fight discrimination. Address the specific needs and build on the specific strengths of young people in intersectional identity groups.

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# Appendix 1: Variable Descriptions

## **Table A1.1.** Health and wellbeing indicators

| Short Name | Survey Question | Included Response Options |
|---|---|---|
| Family acceptance | "There is someone in my family/whānau who accepts me for who I am" | Agree/Strongly agree |
| Family close | "There is someone in my family/whānau who I have a close bond with" | Agree/Strongly agree |
| Safe at home | "Do you feel safe at home, or the place you live?" | Yes, all the time/Yes, most of the time |
| Housing instability | "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)." | Slept in: Cabin, caravan, or sleep out/ Garage/ Couch/ Another person's bed/Couch surfing/Motel, hostel, marae etc/Car or van/Other |
| Food insecurity | "Do your parents, or the people who act as your parents, ever worry about… not having enough money to buy food?" | Sometimes/Often/All the time |
| Part of school | "Do you feel like you are part of your school, alternative education or course?" | Yes |
| Teacher expectations | "Do teachers/tutors expect you do well with your studies?" | Yes |
| Safe at school | "Do you feel safe in your school/course?" | Yes, all the time/Yes, most of the time |
| Positive future | "I can see a positive future for me in New Zealand" | Agree/Strongly agree |
| Volunteering | "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)?" | Yes |
| Safe in community | "Do you feel safe in your neighbourhood?" | All the time/Most of the time |
| Talk with friend | "I have at least one friend who I can talk with about things that are worrying me" | Agree/Strongly agree |
| Friend supports | "I have at least one friend who will stick up for me and who has 'got my back'" | Agree/Strongly agree |
| Accessed healthcare | "When was the last time you went for health care (excluding looking online)?" | 0–12 months ago |
| Forgone healthcare | "In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to?" | Yes |
| Health discrimination | "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?" | Yes |
| Cigarette use | "How often do you smoke cigarettes now?" | Any other than "Never - I don't smoke now" |
| Binge drinking | "In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?" | More than once |
| Marijuana use | "In the last 4 weeks, about how often did you use marijuana?" | Any other than "Not at all - I don't use marijuana anymore" |
| Had sex | "Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted, or consented to - this does not include sexual abuse or rape." | Yes |
| Condom use | "How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex?" | Always |
| Contraception use | "How often do you, or your partner(s) use contraception (by this, we mean protection against pregnancy)?" | Always |
| Good wellbeing | WHO-5 Well-being scale (I have felt cheerful and in good spirits; I have felt calm and relaxed; I have felt active and vigorous; I woke up feeling fresh and rested; My daily life has been filled with things that interest me) | Total score indicates good or better wellbeing |
| Depressive symptoms | Reynolds Adolescent Depression Scale – Short Form (RADS-SF) | Total score indicates clinically significant symptoms. |
| Suicide thoughts | "During the last 12 months have you seriously thought about killing yourself (attempting suicide)?" | Yes |

# Appendix 2: Tables with Prevalence and 95% Confidence Intervals

**Table A2.1.** Prevalence with 95% confidence intervals across variables for Rainbow rangatahi Māori

| Variable Name | Māori Rainbow % (95% CIs) | Māori Non-Rainbow % (95% CIs) | Pākehā Rainbow % (95% CIs) | Pākehā Non-Rainbow % (95% CIs) |
|---|---|---|---|---|
| Family acceptance | 76.3 (68.1, 84.5) | 86.4 (84.1, 88.7) | 78.8 (72.7, 84.9) | 93.2 (92.1, 94.3) |
| Family close | 79.3 (71.5, 87.1) | 88.3 (86.2, 90.4) | 74.5 (67.7, 81.2) | 88.6 (87.2, 90.0) |
| Safe at home | 93.9 (89.0, 98.9) | 98.3 (97.4, 99.2) | 96.4 (93.9, 98.9) | 99.3 (99.0, 99.7) |
| 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) |
| 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) |
| Teacher expectations | 94.4 (90.2, 98.6) | 94.9 (93.5, 96.3) | 89.8 (84.4, 95.2) | 96.9 (96.2, 97.6) |
| 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) |
| Positive future | 48.0 (37.5, 58.5) | 67.7 (64.2, 71.1) | 50.2 (42.1, 58.3) | 74.7 (72.8, 76.7) |
| 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) |
| Safe in community | 86.6 (79.9, 93.4) | 92.5 (90.5, 94.5) | 91.7 (87.4, 96.0) | 95.4 (94.5, 96.3) |
| Talk with friend | 78.7 (71.2, 86.2) | 82.1 (79.7, 84.6) | 86.4 (82.1, 90.7) | 85.9 (84.4, 87.5) |
| 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) |
| Accessed healthcare | 73.0 (64.6, 81.4) | 76.8 (74.0, 79.5) | 79.8 (73.1, 86.5) | 81.5 (79.8, 83.2) |
| 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) |
| Cigarette use | 16.6 (9.9, 23.4) | 15.0 (12.6, 17.3) | 16.2 (9.5, 23.0) | 7.7 (6.6, 8.7) |
| Binge drinking | 27.6 (20.7, 34.5) | 29.0 (26.4, 31.6) | 20.6 (18.7, 22.5) | 23.3 (21.7, 24.8) |
| Marijuana use | 33.0 (24.2, 41.8) | 25.2 (22.5, 27.8) | 19.3 (13.6, 25.0) | 16.4 (14.9, 17.9) |
| Had sex | 36.0 (27.5, 44.5) | 29.1 (26.5, 31.7) | 19.7 (16.2, 23.2) | 19.2 (17.8, 20.7) |
| Condom use | 29.1 (16.5, 41.8) | 35.3 (28.4, 42.1) | 45.0 (26.9, 63.1) | 48.1 (41.9, 54.4) |
| Contraception use | 27.1 (12.7, 41.5) | 39.4 (32.7, 46.1) | 53.1 (34.8, 71.3) | 59.6 (53.4, 65.8) |
| 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) |

Note: Prevalence estimates adjusted for survey design and for age and gender

**Table A2.2.** Prevalence with 95% confidence intervals across variables for Pacific Rainbow young people

| Variable Name | Pacific Rainbow<br>% (95% CIs) | Pacific Non-Rainbow<br>% (95% CIs) | Pākehā Rainbow<br>% (95% CIs) | Pākehā Non-Rainbow<br>% (95% CIs) |
|---|---|---|---|---|
| Family acceptance | 70.2 (59.5, 80.8) | 89.2 (87.1, 91.2) | 78.7 (72.5, 84.8) | 93.1 (92.0, 94.2) |
| Family close | 75.8 (65.8, 85.7) | 90.3 (88.2, 92.3) | 74.7 (68.1, 81.4) | 88.7 (87.3, 90.1) |
| Safe at home | 93.4 (88.0, 98.9) | 98.9 (98.3, 99.5) | 96.4 (93.9, 98.9) | 99.3 (98.9, 99.6) |
| Housing instability | 23.0 (13.4, 32.6) | 20.0 (17.4, 22.7) | 9.7 (5.1, 14.3) | 4.5 (3.5, 5.4) |
| Food insecurity | 42.1 (30.5, 53.6) | 48.7 (45.2, 52.2) | 20.6 (14.6, 26.6) | 16.1 (14.5, 17.8) |
| Part of school | 85.0 (77.2, 92.8) | 87.5 (85.2, 89.8) | 78.4 (72.9, 83.9) | 86.1 (84.7, 87.6) |
| Teacher expectations | 92.7 (86.5, 99.0) | 96.9 (95.7, 98.1) | 89.8 (84.4, 95.2) | 97.0 (96.2, 97.7) |
| Safe at school | 76.2 (66.3, 86.1) | 85.4 (83.0, 87.7) | 78.7 (72.6, 84.8) | 89.4 (88.0, 90.9) |
| Positive future | 52.1 (38.1, 66.0) | 67.1 (63.6, 70.7) | 50.1 (42.0, 58.2) | 74.7 (72.7, 76.6) |
| Volunteering | 58.1 (46.2, 70.1) | 57.1 (53.6, 60.7) | 55.2 (48.0, 62.4) | 53.2 (51.0, 55.4) |
| Safe in community | 91.5 (85.2, 97.7) | 94.1 (92.4, 95.8) | 91.9 (87.6, 96.2) | 95.4 (94.6, 96.3) |
| Talk with friend | 90.6 (85.3, 96.0) | 83.2 (80.6, 85.7) | 86.4 (82.0, 90.7) | 86.0 (84.5, 87.6) |
| Friend supports | 84.1 (75.9, 92.3) | 90.1 (87.9, 92.2) | 76.7 (70.6, 82.8) | 89.6 (88.2, 91.0) |
| Accessed healthcare | 69.6 (57.6, 81.6) | 72.7 (69.7, 75.8) | 79.8 (73.0, 86.6) | 81.6 (79.9, 83.3) |
| Forgone healthcare | 39.4 (26.3, 52.4) | 25.6 (22.6, 28.5) | 27.5 (20.6, 34.4) | 15.4 (13.8, 16.9) |
| Health discrimination | 15.1 (6.2, 24.0) | 7.9 (6.1, 9.7) | 2.9 (1.6, 4.2) | 2.9 (2.2, 3.6) |
| Cigarette use | 20.1 (11.4, 28.8) | 10.8 (8.8, 12.8) | 16.3 (9.5, 23.1) | 7.9 (6.8, 9.0) |
| Binge drinking | 18.7 (12.5, 24.9) | 18.7 (16.7, 20.7) | 17.2 (15.2, 19.2) | 21.9 (20.4, 23.4) |
| Marijuana use | 24.4 (13.4, 35.3) | 15.3 (13.2, 17.5) | 19.1 (13.5, 24.7) | 15.9 (14.4, 17.4) |
| Had sex | 35.5 (25.4, 45.7) | 21.3 (18.9, 23.7) | 19.4 (15.8, 23.0) | 18.5 (17.0, 20.0) |
| Condom use | 24.6 (8.5, 40.7) | 28.3 (20.7, 36.0) | 43.6 (25.9, 61.3) | 47.5 (41.1, 53.8) |
| Contraception use | 21.5 (4.7, 38.3) | 31.1 (23.5, 38.6) | 52.5 (34.2, 70.8) | 60.1 (53.8, 66.5) |
| Good wellbeing | 52.1 (40.3, 63.9) | 76.4 (73.7, 79.2) | 38.1 (30.9, 45.2) | 73.1 (71.1, 75.1) |
| Depressive symptoms | 46.7 (35.0, 58.5) | 24.2 (21.3, 27.1) | 48.8 (40.9, 56.7) | 18.1 (16.4, 19.8) |
| Suicide thoughts | 41.8 (28.8, 54.7) | 24.3 (21.4, 27.2) | 44.8 (36.8, 52.8) | 15.5 (13.9, 17.2) |

Note: Prevalence estimates adjusted for survey design and for age and gender

**Table A2.3.** Prevalence with 95% confidence intervals across variables for rangatahi Māori with a disability or chronic condition

| Variable Name | Māori Disability/CC | Māori No Disability/ CC | Pākehā Disability/CC | Pākehā No Disability/ CC |
|---|---|---|---|---|
| | % (95% CIs) | % (95% CIs) | % (95% CIs) | % (95% CIs) |
| Family acceptance | 75.1 (70.0, 80.2) | 89.5 (87.3, 91.8) | 85.7 (82.6, 88.7) | 93.8 (92.6, 94.9) |
| Family close | 80.3 (75.4, 85.1) | 90.4 (88.4, 92.4) | 80.9 (77.5, 84.4) | 89.3 (87.8, 90.8) |
| Safe at home | 95.4 (92.3, 98.5) | 99.1 (98.5, 99.7) | 97.1 (95.7, 98.5) | 99.5 (99.2, 99.8) |
| Housing instability | 29.3 (24.0, 34.6) | 12.9 (10.5, 15.3) | 8.8 (6.1, 11.4) | 3.7 (2.7, 4.6) |
| Food insecurity | 50.5 (44.6, 56.5) | 36.0 (32.4, 39.5) | 23.2 (19.4, 27.0) | 14.3 (12.6, 16.0) |
| Part of school | 73.0 (67.8, 78.2) | 88.1 (85.9, 90.4) | 80.8 (77.7, 83.9) | 86.8 (85.2, 88.3) |
| Teacher expectations | 92.6 (89.4, 95.8) | 95.7 (94.4, 97.0) | 94.6 (92.5, 96.7) | 96.7 (95.8, 97.6) |
| Safe at school | 69.5 (64.3, 74.8) | 88.5 (86.3, 90.7) | 78.5 (74.6, 82.4) | 91.4 (90.0, 92.8) |
| Positive future | 56.8 (50.2, 63.3) | 69.4 (65.7, 73.1) | 59.2 (54.6, 63.8) | 76.8 (74.7, 78.8) |
| Volunteering | 60.7 (54.3, 67.1) | 54.6 (50.7, 58.5) | 55.1 (50.8, 59.5) | 52.6 (50.2, 55.0) |
| Safe in community | 89.9 (85.8, 94.0) | 92.8 (90.7, 94.9) | 94.3 (92.3, 96.3) | 95.2 (94.2, 96.2) |
| Talk with friend | 79.0 (74.4, 83.5) | 82.9 (80.2, 85.6) | 82.0 (78.8, 85.3) | 87.2 (85.6, 88.9) |
| Friend supports | 84.1 (79.8, 88.3) | 91.2 (89.1, 93.2) | 82.4 (78.9, 86.0) | 90.3 (88.8, 91.8) |
| Accessed healthcare | 76.3 (71.6, 81.1) | 76.4 (73.3, 79.5) | 85.7 (82.4, 89.0) | 79.9 (77.9, 81.8) |
| Forgone healthcare | 45.2 (39.3, 51.0) | 19.0 (16.2, 21.8) | 32.0 (27.9, 36.1) | 11.4 (9.9, 12.9) |
| Health discrimination | 10.5 (7.3, 13.7) | 5.1 (3.7, 6.5) | 4.3 (2.9, 5.7) | 2.4 (1.8, 3.1) |
| Cigarette use | 20.6 (15.8, 25.3) | 13.1 (10.7, 15.6) | 12.5 (9.5, 15.6) | 7.2 (6.0, 8.3) |
| Binge drinking | 30.0 (25.2, 34.8) | 28.3 (25.5, 31.1) | 26.3 (23.1, 29.5) | 21.9 (20.3, 23.5) |
| Marijuana use | 32.1 (26.8, 37.4) | 23.4 (20.5, 26.2) | 22.7 (19.3, 26.2) | 14.9 (13.4, 16.4) |
| Had sex | 31.4 (26.6, 36.1) | 29.0 (26.1, 31.9) | 21.9 (19.3, 24.6) | 18.5 (17.0, 20.0) |
| Condom use | 37.2 (26.7, 47.6) | 33.6 (26.2, 40.9) | 45.3 (36.1, 54.4) | 49.2 (42.0, 56.3) |
| Contraception use | 37.1 (27.0, 47.1) | 37.9 (30.4, 45.3) | 54.3 (44.6, 64.1) | 61.0 (54.1, 67.9) |
| Good wellbeing | 49.1 (43.5, 54.7) | 74.7 (71.7, 77.7) | 45.6 (41.3, 49.9) | 77.9 (75.9, 79.9) |
| Depressive symptoms | 53.3 (47.7, 58.9) | 20.5 (17.7, 23.4) | 45.6 (41.2, 50.0) | 13.2 (11.5, 14.8) |
| Suicide thoughts | 45.1 (39.3, 50.9) | 17.8 (15.0, 20.6) | 36.0 (31.7, 40.4) | 12.5 (10.7, 14.2) |

Note: Prevalence estimates adjusted for survey design and for age and gender

**Table A2.4.** Prevalence with 95% confidence intervals across variables for Pacific young people with a disability or chronic condition

| Variable Name | Pacific Disability/CC<br>% (95% CIs) | Pacific No Disability/CC<br>% (95% CIs) | Pākehā Disability/CC<br>% (95% CIs) | Pākehā No Disability/CC<br>% (95% CIs) |
|---|---|---|---|---|
| Family acceptance | 81.3 (76.5, 86.1) | 89.7 (87.4, 92.0) | 85.6 (82.5, 88.7) | 93.7 (92.5, 94.9) |
| Family close | 85.4 (80.7, 90.2) | 90.3 (88.0, 92.6) | 81.1 (77.7, 84.6) | 89.4 (87.9, 90.9) |
| Safe at home | 96.5 (94.1, 98.9) | 99.1 (98.5, 99.7) | 97.4 (96.0, 98.7) | 99.5 (99.2, 99.8) |
| Housing instability | 26.3 (20.8, 31.8) | 18.4 (15.6, 21.3) | 8.9 (6.3, 11.6) | 3.7 (2.8, 4.7) |
| Food insecurity | 54.8 (48.1, 61.4) | 46.2 (42.4, 50.1) | 23.3 (19.5, 27.2) | 14.3 (12.6, 16.0) |
| Part of school | 83.2 (78.6, 87.8) | 88.6 (86.1, 91.1) | 80.9 (77.8, 84.0) | 86.8 (85.3, 88.4) |
| Teacher expectations | 96.3 (94.1, 98.4) | 96.7 (95.3, 98.2) | 94.5 (92.4, 96.7) | 96.8 (95.9, 97.6) |
| Safe at school | 77.1 (72.0, 82.2) | 86.8 (84.3, 89.3) | 78.8 (74.9, 82.6) | 91.6 (90.2, 93.0) |
| Positive future | 61.8 (54.6, 69.0) | 67.4 (63.5, 71.3) | 59.0 (54.4, 63.6) | 76.7 (74.6, 78.8) |
| Volunteering | 61.4 (54.8, 68.1) | 55.8 (51.9, 59.8) | 55.5 (51.2, 59.9) | 52.7 (50.3, 55.1) |
| Safe in community | 90.8 (87.2, 94.4) | 94.9 (93.1, 96.7) | 94.4 (92.3, 96.4) | 95.3 (94.3, 96.3) |
| Talk with friend | 81.8 (77.1, 86.6) | 84.3 (81.5, 87.0) | 82.2 (79.0, 85.5) | 87.3 (85.7, 88.9) |
| Friend supports | 87.6 (83.4, 91.8) | 90.3 (87.9, 92.7) | 82.4 (78.9, 85.9) | 90.3 (88.9, 91.8) |
| Accessed healthcare | 74.1 (68.3, 79.9) | 72.1 (68.6, 75.5) | 85.7 (82.4, 89.1) | 80.0 (78.0, 81.9) |
| Forgone healthcare | 43.2 (36.6, 49.7) | 21.3 (18.2, 24.5) | 31.9 (27.7, 36.0) | 11.5 (10.0, 13.0) |
| Health discrimination | 11.9 (7.9, 15.8) | 7.2 (5.3, 9.1) | 4.4 (3.0, 5.9) | 2.4 (1.8, 3.1) |
| Cigarette use | 16.2 (11.6, 20.8) | 10.0 (7.9, 12.1) | 12.8 (9.7, 15.9) | 7.4 (6.3, 8.6) |
| Binge drinking | 21.6 (16.6, 26.5) | 17.9 (15.8, 20.0) | 25.4 (22.2, 28.7) | 20.1 (18.5, 21.7) |
| Marijuana use | 20.9 (15.5, 26.2) | 14.2 (12.1, 16.3) | 22.7 (19.2, 26.2) | 14.3 (12.9, 15.8) |
| Had sex | 22.7 (18.1, 27.3) | 21.7 (19.1, 24.3) | 21.9 (19.2, 24.6) | 17.8 (16.3, 19.3) |
| Condom use | 25.5 (14.2, 36.8) | 28.6 (20.3, 36.9) | 44.3 (35.1, 53.5) | 48.3 (41.2, 55.5) |
| Contraception use | 35.3 (22.3, 48.3) | 27.7 (19.8, 35.6) | 54.6 (44.7, 64.4) | 61.5 (54.5, 68.6) |
| Good wellbeing | 64.2 (58.3, 70.1) | 77.6 (74.5, 80.6) | 45.9 (41.6, 50.2) | 77.6 (75.6, 79.6) |
| Depressive symptoms | 42.5 (36.2, 48.8) | 21.1 (18.0, 24.3) | 45.6 (41.2, 50.1) | 13.1 (11.5, 14.8) |
| Suicide thoughts | 41.4 (34.8, 47.9) | 20.9 (17.8, 24.1) | 36.1 (31.8, 40.5) | 12.5 (10.8, 14.2) |

Note: Prevalence estimates adjusted for survey design and for age and gender

**Table A2.5.** Prevalence with 95% confidence intervals across variables for Rainbow young people with a disability or chronic condition

| Variable Name | Rainbow Disability/CC | Non-Rainbow Disability/CC | Rainbow No Disability/CC | Non-Rainbow No Disability/CC |
|---|---|---|---|---|
| | % (95% CIs) | % (95% CIs) | % (95% CIs) | % (95% CIs) |
| Family acceptance | 67.0 (61.1, 73.0) | 82.8 (80.6, 85.0) | 76.9 (72.1, 81.6) | 90.3 (89.4, 91.3) |
| Family close | 68.3 (62.3, 74.3) | 83.1 (81.0, 85.2) | 79.2 (75.1, 83.2) | 88.0 (87.0, 89.0) |
| Safe at home | 92.5 (88.9, 96.1) | 97.8 (96.9, 98.7) | 98.2 (96.9, 99.4) | 99.4 (99.1, 99.6) |
| Housing instability | 16.8 (12.0, 21.5) | 16.2 (14.1, 18.3) | 10.7 (7.4, 14.0) | 8.4 (7.6, 9.3) |
| Food insecurity | 31.9 (26.0, 37.9) | 35.5 (32.7, 38.3) | 26.7 (22.0, 31.4) | 23.4 (22.1, 24.8) |
| Part of school | 75.4 (70.4, 80.4) | 82.1 (80.0, 84.2) | 84.8 (81.4, 88.1) | 88.2 (87.2, 89.2) |
| Teacher expectations | 92.0 (88.4, 95.5) | 95.4 (94.2, 96.5) | 94.4 (91.6, 97.1) | 96.9 (96.4, 97.4) |
| Safe at school | 68.6 (62.8, 74.4) | 78.9 (76.6, 81.3) | 86.4 (83.2, 89.7) | 90.0 (89.0, 90.9) |
| Positive future | 43.0 (36.1, 49.9) | 60.2 (57.3, 63.2) | 58.7 (53.2, 64.2) | 71.2 (69.8, 72.7) |
| Volunteering | 54.6 (48.1, 61.2) | 57.4 (54.5, 60.3) | 54.5 (49.2, 59.8) | 52.7 (51.2, 54.3) |
| Safe in community | 90.6 (86.7, 94.5) | 93.4 (91.9, 94.8) | 93.3 (90.7, 95.8) | 95.3 (94.6, 96.0) |
| Talk with friend | 78.8 (74.0, 83.5) | 80.1 (77.8, 82.3) | 83.1 (79.6, 86.7) | 85.3 (84.2, 86.4) |
| Friend supports | 75.1 (69.6, 80.5) | 84.9 (82.7, 87.1) | 83.5 (79.9, 87.2) | 88.5 (87.5, 89.5) |
| Accessed healthcare | 79.6 (73.9, 85.2) | 82.6 (80.4, 84.8) | 74.2 (69.4, 79.0) | 76.2 (75.0, 77.5) |
| Forgone healthcare | 43.5 (36.9, 50.2) | 37.4 (34.6, 40.2) | 21.8 (17.4, 26.2) | 14.7 (13.6, 15.8) |
| Health discrimination | 9.1 (5.9, 12.2) | 8.3 (6.8, 9.9) | 4.7 (2.9, 6.5) | 3.9 (3.3, 4.5) |
| Cigarette use | 21.3 (15.4, 27.3) | 11.5 (9.8, 13.2) | 7.6 (5.0, 10.1) | 6.6 (5.9, 7.3) |
| Binge drinking | 18.2 (14.6, 21.7) | 21.7 (19.7, 23.8) | 15.7 (13.6, 17.7) | 16.4 (15.4, 17.4) |
| Marijuana use | 23.8 (18.4, 29.1) | 19.7 (17.5, 21.8) | 13.5 (10.5, 16.6) | 11.6 (10.7, 12.6) |
| Had sex | 27.7 (22.6, 32.8) | 20.5 (18.6, 22.4) | 20.4 (17.0, 23.9) | 16.2 (15.1, 17.2) |
| Condom use | 32.3 (22.0, 42.5) | 40.0 (33.5, 46.5) | 40.0 (26.4, 53.6) | 38.8 (34.1, 43.5) |
| Contraception use | 31.2 (20.3, 42.0) | 44.9 (38.5, 51.3) | 32.4 (19.3, 45.5) | 48.1 (43.4, 52.9) |
| Good wellbeing | 27.1 (22.3, 31.9) | 53.8 (51.0, 56.6) | 55.1 (49.9, 60.3) | 77.7 (76.5, 79.0) |
| Depressive symptoms | 71.3 (65.5, 77.1) | 44.4 (41.6, 47.3) | 35.2 (30.0, 40.5) | 15.7 (14.6, 16.8) |
| Suicide thoughts | 60.7 (54.5, 67.0) | 35.3 (32.6, 38.1) | 32.6 (27.6, 37.7) | 14.4 (13.3, 15.5) |

Note: Prevalence estimates adjusted for survey design and for age and gender

**Table A2.6.** Prevalence with 95% confidence intervals across variables for young people who identify as both Māori and Pacific

| Variable Name | Māori Pacific<br>% (95% CIs) | Not Māori Pacific<br>% (95% CIs) | Māori Not Pacific<br>% (95% CIs) | Pākehā<br>% (95% CIs) |
|---|---|---|---|---|
| Family acceptance | 87.5 (82.9, 92.1) | 88.0 (85.6, 90.3) | 84.9 (82.4, 87.4) | 91.8 (90.6, 93.0) |
| Family close | 90.6 (86.5, 94.7) | 89.0 (86.6, 91.3) | 86.9 (84.6, 89.2) | 87.3 (85.9, 88.8) |
| Safe at home | 97.5 (95.2, 99.8) | 98.8 (98.4, 99.3) | 98.0 (97.0, 99.0) | 99.0 (98.6, 99.3) |
| Housing instability | 25.6 (19.3, 31.9) | 19.0 (16.3, 21.8) | 15.9 (13.4, 18.4) | 4.9 (4.0, 5.9) |
| Food insecurity | 43.6 (36.2, 51.1) | 49.1 (45.4, 52.8) | 39.4 (36.1, 42.8) | 16.5 (14.9, 18.1) |
| Part of school | 85.9 (81.1, 90.6) | 88.1 (85.6, 90.5) | 83.6 (81.0, 86.1) | 85.4 (84.0, 86.9) |
| Teacher expectations | 94.6 (91.6, 97.6) | 97.0 (95.6, 98.3) | 94.8 (93.3, 96.3) | 96.2 (95.3, 97.0) |
| Safe at school | 84.8 (79.9, 89.6) | 84.8 (82.3, 87.4) | 82.9 (80.4, 85.5) | 88.3 (86.9, 89.8) |
| Positive future | 70.6 (63.2, 78.1) | 65.5 (61.7, 69.4) | 64.8 (61.1, 68.4) | 72.5 (70.5, 74.4) |
| Volunteering | 64.4 (57.1, 71.7) | 55.6 (51.9, 59.4) | 54.9 (51.2, 58.5) | 53.3 (51.2, 55.4) |
| Safe in community | 91.9 (86.5, 97.3) | 94.5 (92.9, 96.0) | 92.1 (90.1, 94.1) | 95.0 (94.1, 96.0) |
| Talk with friend | 79.7 (74.1, 85.3) | 84.5 (81.9, 87.2) | 82.2 (79.6, 84.8) | 85.9 (84.5, 87.4) |
| Friend supports | 94.2 (91.1, 97.3) | 88.8 (86.3, 91.3) | 88.0 (85.8, 90.3) | 88.4 (87.0, 89.8) |
| Accessed healthcare | 79.0 (73.0, 85.0) | 70.9 (67.6, 74.3) | 75.9 (73.1, 78.8) | 81.4 (79.8, 83.1) |
| Forgone healthcare | 25.6 (19.3, 32.0) | 26.7 (23.4, 30.0) | 27.0 (24.0, 30.1) | 16.5 (15.0, 18.1) |
| Health discrimination | 7.9 (4.2, 11.5) | 8.5 (6.5, 10.5) | 6.7 (5.1, 8.2) | 2.9 (2.2, 3.6) |
| Cigarette use | 13.6 (8.1, 19.0) | 10.6 (8.6, 12.7) | 15.7 (13.2, 18.1) | 8.6 (7.5, 9.7) |
| Binge drinking | 24.5 (19.1, 29.8) | 18.3 (16.5, 20.1) | 28.8 (26.1, 31.6) | 21.5 (20.0, 22.9) |
| Marijuana use | 26.2 (19.8, 32.7) | 14.2 (12.2, 16.2) | 25.6 (22.8, 28.3) | 16.3 (14.9, 17.7) |
| Had sex | 30.4 (24.1, 36.7) | 20.8 (18.6, 23.1) | 29.4 (26.7, 32.1) | 19.2 (17.8, 20.5) |
| Condom use | 28.6 (16.7, 40.5) | 27.8 (20.0, 35.7) | 35.3 (28.6, 41.9) | 47.6 (41.8, 53.4) |
| Contraception use | 29.1 (16.1, 42.0) | 30.0 (22.1, 37.8) | 40.0 (33.3, 46.7) | 59.3 (53.5, 65.1) |
| Good wellbeing | 69.0 (62.6, 75.3) | 75.9 (73.0, 78.9) | 67.1 (63.9, 70.2) | 69.8 (67.9, 71.8) |
| Depressive symptoms | 30.3 (23.8, 36.8) | 24.6 (21.4, 27.7) | 29.6 (26.6, 32.7) | 21.0 (19.3, 22.8) |
| Suicide thoughts | 28.0 (21.7, 34.3) | 25.0 (21.6, 28.3) | 25.3 (22.3, 28.3) | 18.2 (16.4, 19.9) |

Note: Prevalence estimates adjusted for survey design and for age and gender

# Appendix 3: Figures with Prevalence and 95% Confidence Intervals

**Figure A3.1.** Prevalence with 95% confidence intervals across variables for Rainbow Rangatahi Māori

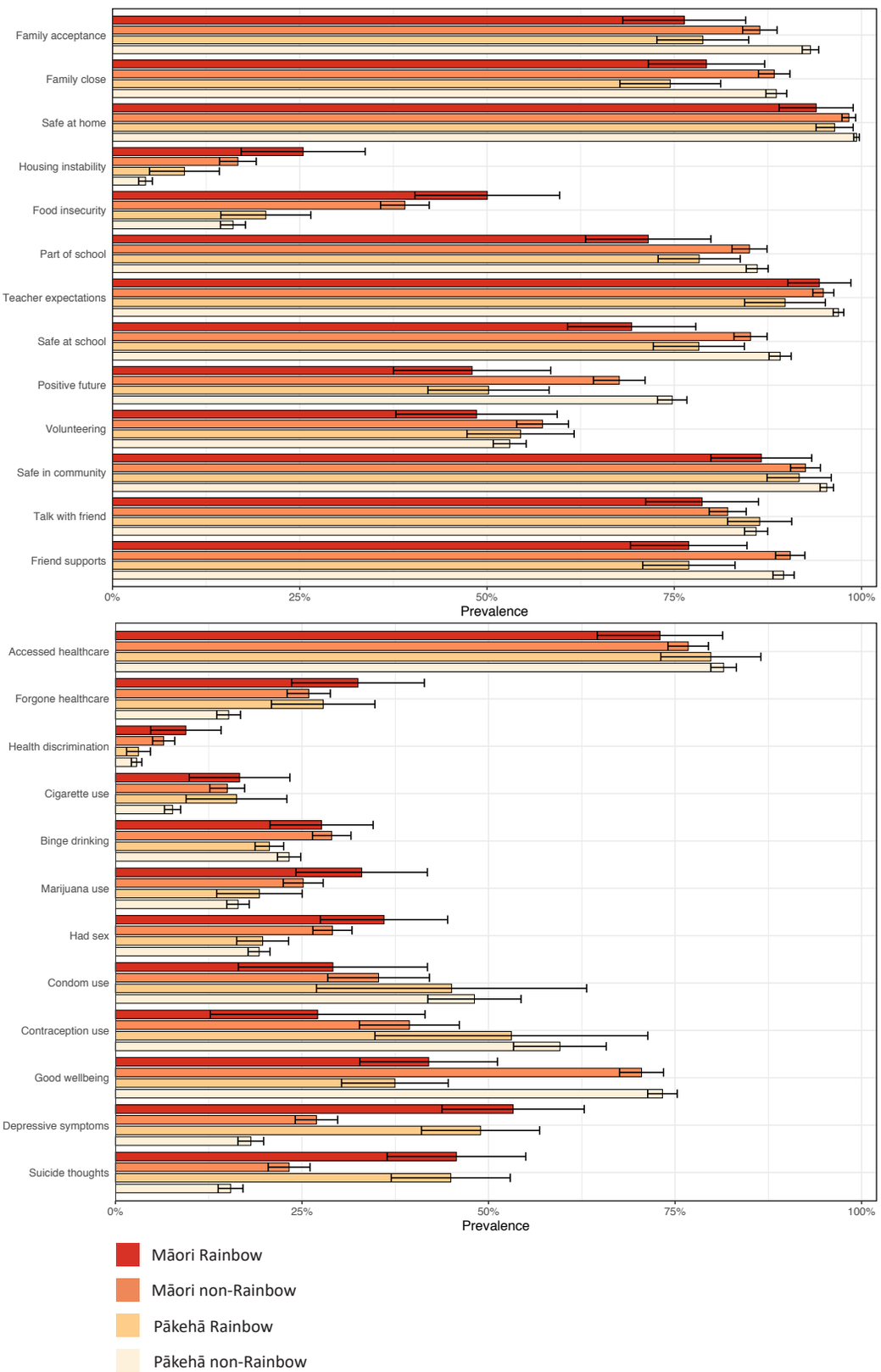


**Figure A3.2.** Prevalence with 95% confidence intervals across variables for Pacific Rainbow young people

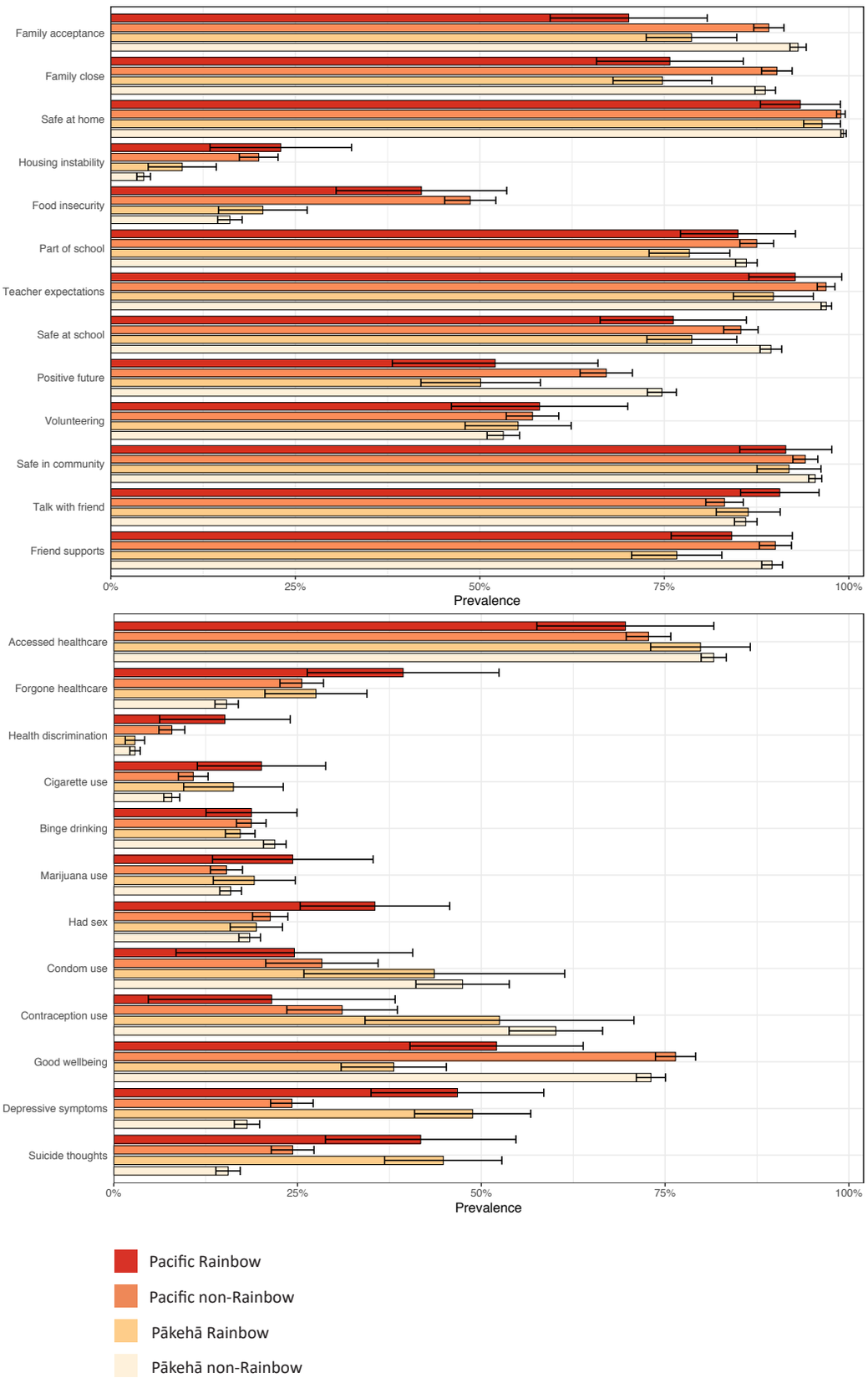


**Figure A3.3.** Prevalence with 95% confidence intervals across variables for rangatahi Māori with a disability or chronic condition

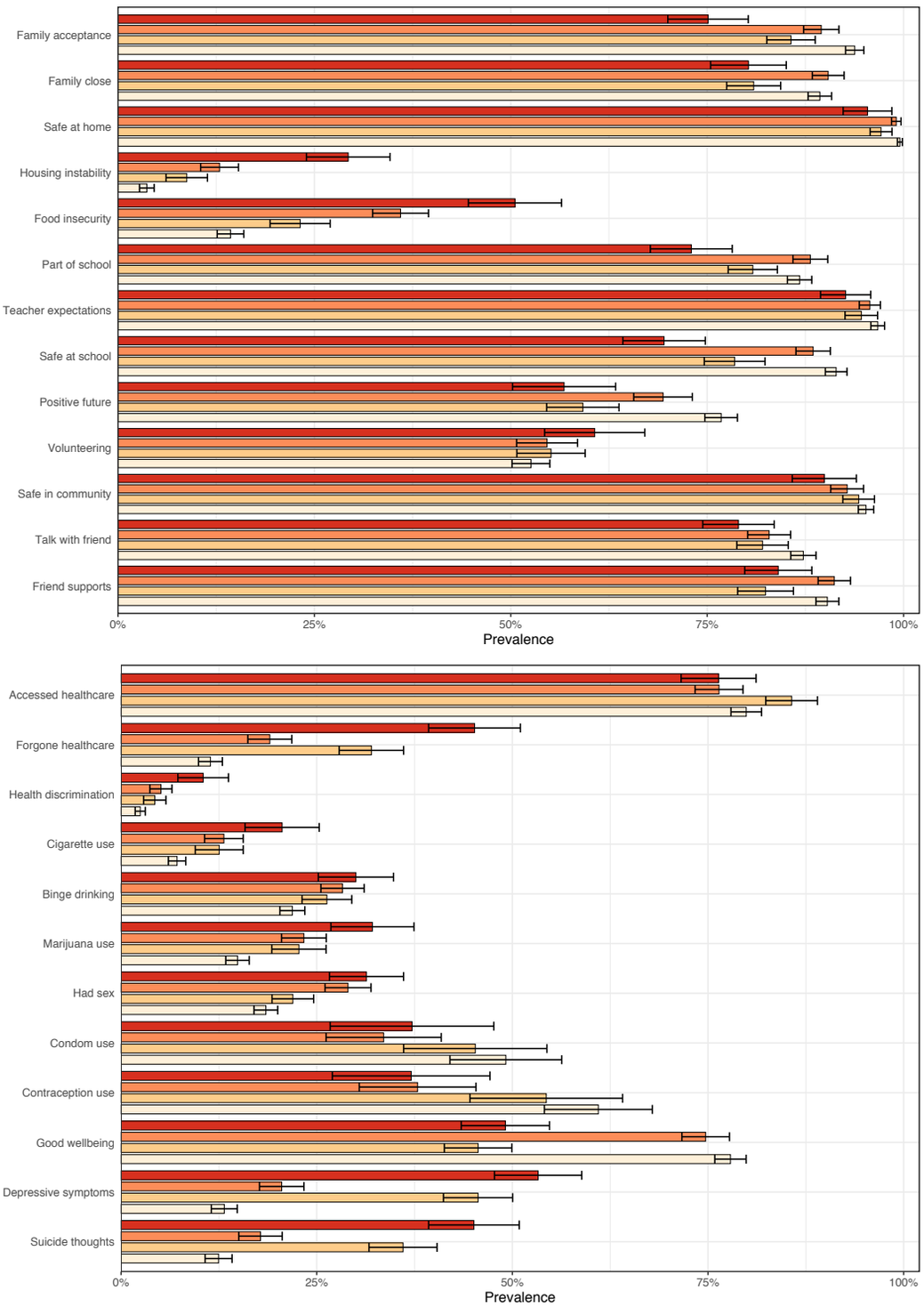


**Figure A3.4.** Prevalence with 95% confidence intervals across variables for Pacific young people with a disability or chronic condition

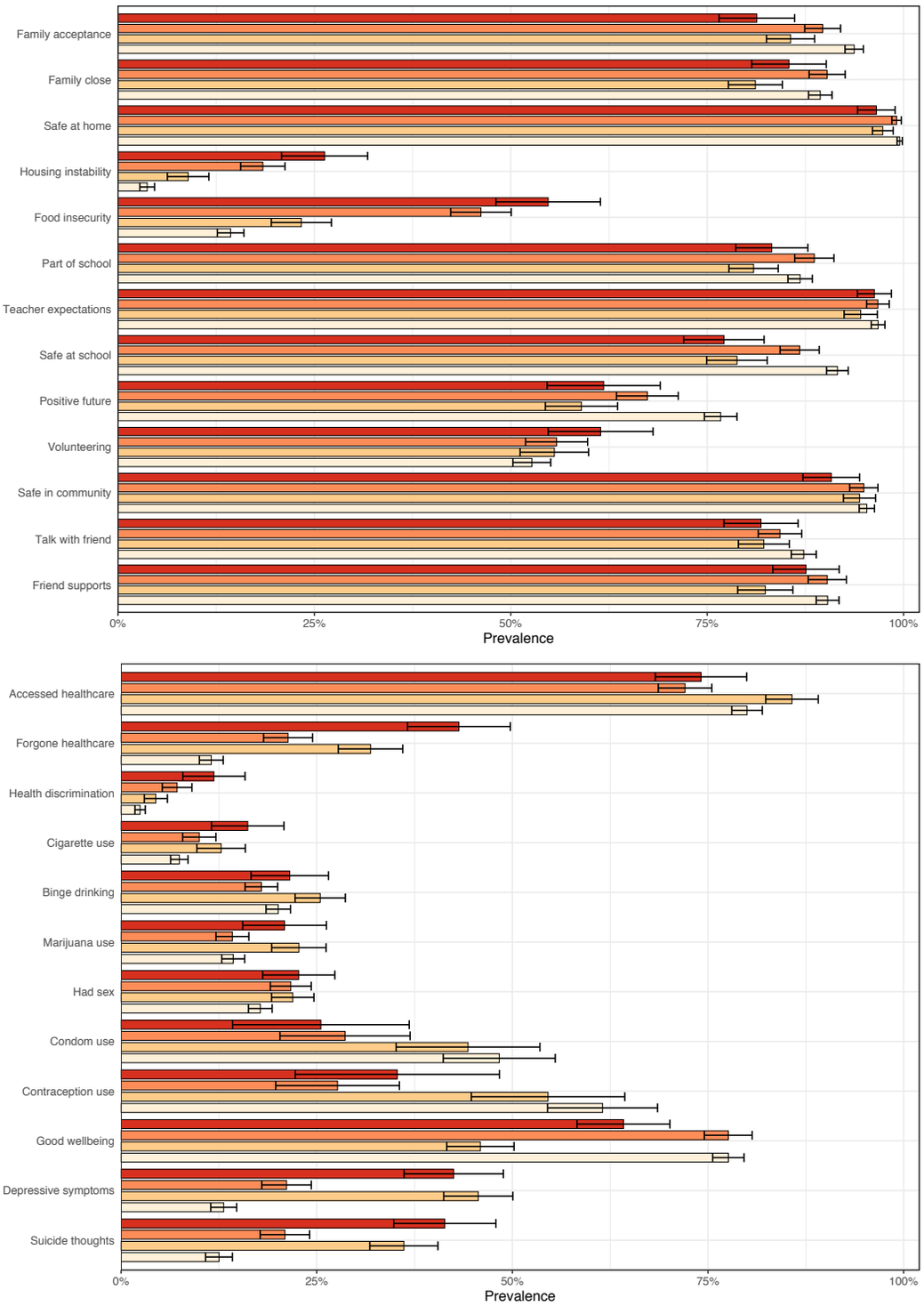


**Figure A3.5.** Prevalence with 95% confidence intervals across variables for Rainbow young people with a disability or chronic condition

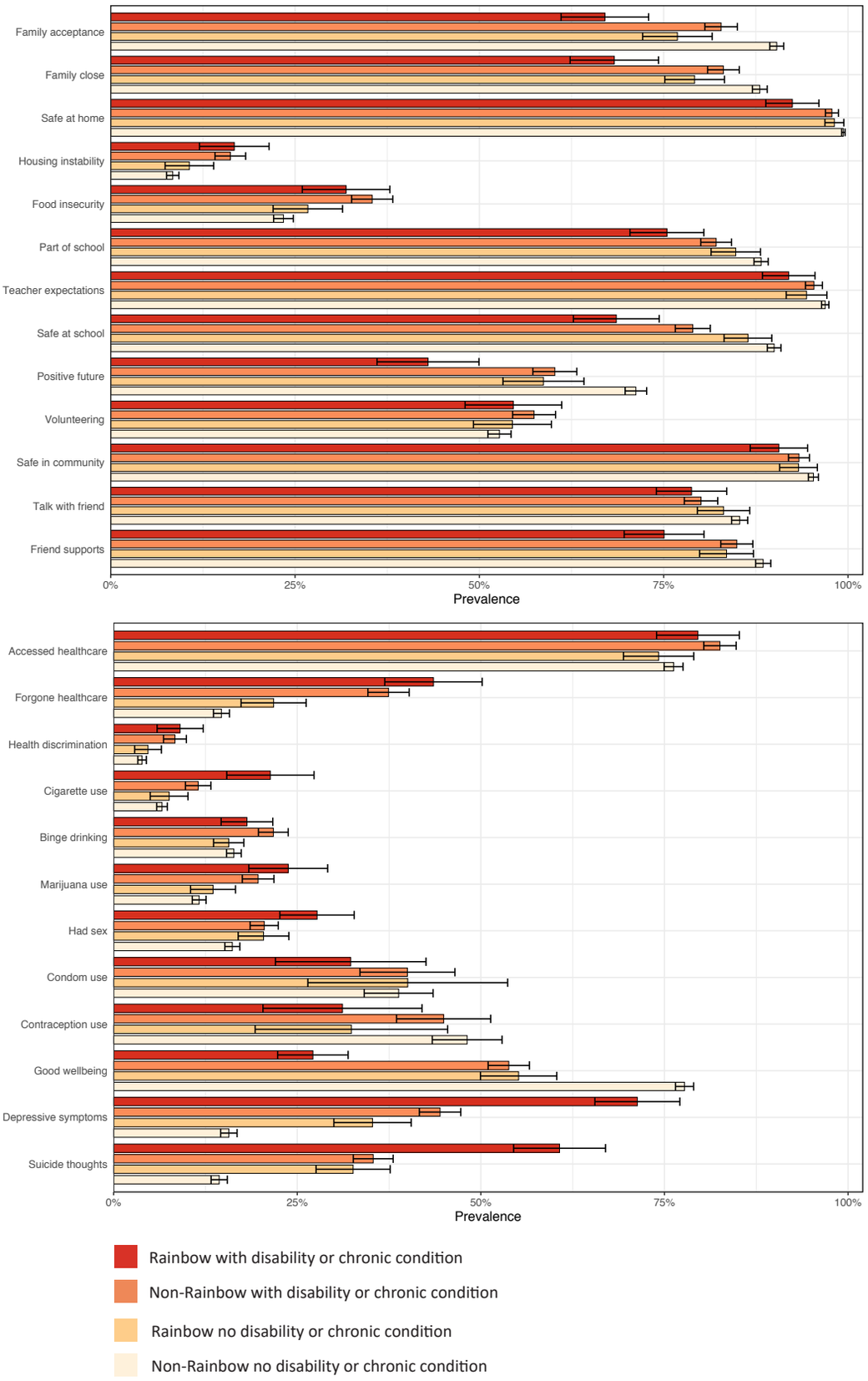
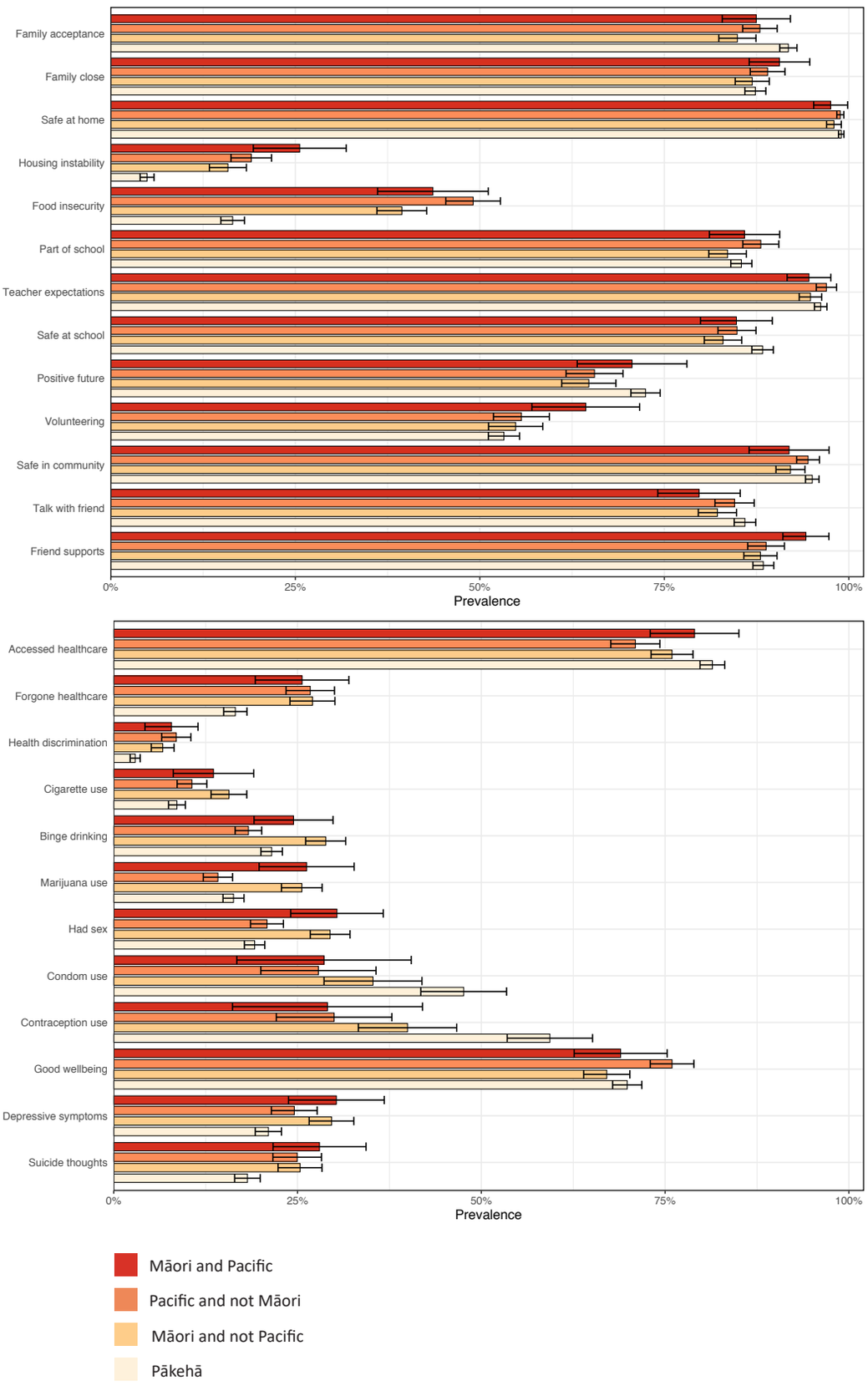


**Figure A3.6.** Prevalence with 95% confidence intervals across variables for young people who identify as both Māori and Pacific



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