The sexual health of New Zealand’s young people

Results from a national secondary school youth health survey

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Young people are initiating sexual behavior and relationships

A time of experimentation in a number of health domains
Aims

How did we survey young people’s health?

What do we know about our young people’s sexual health?

What about same-sex attracted youth?

What about rangatahi Māori sexual health?

What are the things that support young people to have more responsible sexual behavior?

What are the implications for practice?
background

Aims

Methodology

Results

Same-sex Attracted Youth

Māori Youth

Summary

Implications

AHRG in 2001

Peter Watson
Shanthi Ameratunga
Fiva Fa’alau
Elizabeth Robinson
Vivienne Adair
Robyn Dixon

Terryann Clark
Simon Denny
Sue Crengle
David Schaaf
Andrew Sporle
Sally Merry

(University of Auckland)
Schools and students were randomly selected from throughout New Zealand.

Response rates: school 86%, students 75%

Final total of 9570 student surveys

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maori</td>
<td>2325</td>
<td>24.7</td>
</tr>
<tr>
<td>Pacific</td>
<td>769</td>
<td>8.2</td>
</tr>
<tr>
<td>Asian</td>
<td>679</td>
<td>7.2</td>
</tr>
<tr>
<td>NZ Euro</td>
<td>5200</td>
<td>55.3</td>
</tr>
<tr>
<td>Other</td>
<td>437</td>
<td>4.6</td>
</tr>
</tbody>
</table>
National youth health study was replicated in 2007 with the addition of
- school climate study
- kura kaupapa study

Results to be published October 2008 (technical report, health status report, Māori report)
Results

Most students report they get most of their sexuality information from school, friends and family.

Māori youth

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>91%</td>
</tr>
<tr>
<td>Friends</td>
<td>60%</td>
</tr>
<tr>
<td>Family</td>
<td>59%</td>
</tr>
<tr>
<td>Magazines/books</td>
<td>51%</td>
</tr>
<tr>
<td>TV</td>
<td>48%</td>
</tr>
<tr>
<td>Doctor/nurse</td>
<td>20%</td>
</tr>
</tbody>
</table>

(AHRG, 2002)
Results: Sexually active youth

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had sexual intercourse</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Currently sexually active</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>
Results: Initiating sexual activity

- Male
- Female

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 &amp; under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 &amp; over</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results: Condoms & contraception

- Used a condom to protect against STI at last sex:
  - Male: 77%
  - Female: 69%

- Always use contraception:
  - Male: 63%
  - Female: 60%
Results: Used a condom the last time they had sex

![Graph showing the percentage of male and female participants who used a condom the last time they had sex. The graph illustrates a trend where the percentage decreases as the age group increases from 13 & under to 17 & over.]

- Male
- Female
diversity
92.2% attracted to opposite sex
0.7% same-sex only
3.1% both sexes
2.3% not sure
1.7% neither

(Le Brun, Robinson, Warren & Watson, 2004)
Most students reported that they knew they were attracted to the same sex before the age of 13 years.

Two thirds of students have not come out to people close to them.

High rates of emotional distress and substance use.

(Le Brun, Robinson, Warren & Watson, 2004)
Māori same-sex attracted youth (Takataapui)

Almost twice as likely to be sexually active (47 % vs. 61 %, OR 1.9) as other Māori youth.

More likely to not use contraception last time they had sex (Females: 34% v. 55%, OR 2.1 M: 24% vs. 51%, OR 3.2) compared to other Māori youth.

More likely to report ever being involved in a pregnancy (Females: 17% vs. 40%, OR 3.0. Males: 9% vs. 32%, OR 4.1) than other Māori youth.

(Saewyc, Barney & Clark, 2006)
3 x more likely to be bullied weekly (6% vs. 15%, OR 3.1) than other Māori youth

Almost twice as likely to experience several types of bullying (OR=1.9) compared to other Māori youth

More likely to have stayed away from school because felt unsafe (4% vs. 7%, OR=1.7) than other Māori youth

More likely to report a history of sexual abusive situation (20% vs. 34%, OR 2.3) than other Māori youth

(Saewyc, Barney & Clark, 2006)

*Resource: Safety in Our Schools (NZAF, Rainbow Youth, Out there)
partnership
Māori youth (53.8%) are less likely to report always using contraception compared to NZ European students (70.9%) even after controlling for differences in age, gender and socio-economic factors (OR 0.6, 95% CI 0.48, 0.74).

Māori youth (24.6%) are more likely to report sexual abuse and coercion compared with 17.6% of NZ European students even after controlling for differences in age, gender and socio-economic factors (OR 1.47, 95% CI 1.28, 1.69).
connect
Those Māori students who report that teachers care about them (OR 1.8 p<0.0102), they get enough time with parents (OR 1.7 (p<0.0063), have an absence of depressive symptoms over the previous 4 weeks (OR 0.6 p<0.0345), and do not report weekly marijuana use are more likely to consistently use contraception OR 0.5 (p<0.0004)

Consistent contraception use is complicated by multiple psychosocial factors
# Multivariate logistic regression for suicide attempt

<table>
<thead>
<tr>
<th></th>
<th>DF</th>
<th>Chi</th>
<th>Walds CI</th>
<th>OR</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1</td>
<td>17.4730</td>
<td>1.687</td>
<td>4.245</td>
<td>2.676</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>1.2952</td>
<td>0.841</td>
<td>1.920</td>
<td>1.271</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1</td>
<td>7.3353</td>
<td>1.261</td>
<td>4.242</td>
<td>2.312</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>25.7448</td>
<td>2.460</td>
<td>7.639</td>
<td>4.335</td>
</tr>
<tr>
<td>Witness adults hit someone</td>
<td>1</td>
<td>10.7700</td>
<td>1.271</td>
<td>2.584</td>
<td>1.812</td>
</tr>
<tr>
<td>Friend/ family member suicide</td>
<td>1</td>
<td>52.5049</td>
<td>2.855</td>
<td>6.214</td>
<td>4.212</td>
</tr>
<tr>
<td>Uncomfortable in Päkehä (NZ Euro) surroundings</td>
<td>1</td>
<td>8.2918</td>
<td>1.184</td>
<td>2.435</td>
<td>1.698</td>
</tr>
<tr>
<td>Family connection</td>
<td>1</td>
<td>13.6972</td>
<td>0.927</td>
<td>0.977</td>
<td>0.952</td>
</tr>
</tbody>
</table>

(n = 1835)
Family connection does not moderate the relationship between depression and suicide attempt ($df = 1, \chi^2 = 2.8, p = 0.09$)
Results: compensatory process

Risk of suicide attempt

With promotive factor
Without promotive factor

Protective factors ‘kick in’ when exposed to adversity

0
high

suicide risk factors
Limitations

Directionality of these findings is uncertain, cannot infer causality

Results do not reflect all youth

Recall bias/Measurement error
Most young people in secondary schools are not sexually active

Those who are tend to be inconsistent condoms users

Those who are most vulnerable are more likely to be taking risks

Connections to caring adults makes a difference to sexual behavior and other health-related behaviors
Single focused strategies are unlikely to be effective.

Substance use assessment

Primary mental health screening

Screening for bullying and violence at home and school

Consistent safe and caring environments

Keep the doors open

Support youth to have good relationships with their parents and other safe adults
Acknowledgements

- Young People & Schools who Participated
- Adolescent Health Research Group
- Māori and Youth Advisory Groups
- Funding support in 2001 from Health Research Council, Portables Plus, Starship Foundation
For more information and to download reports and articles please go to www.youth2000.ac.nz