



“The sexual health of Māori secondary school students in New Zealand”

Results from the national secondary school and Wharekura youth health surveys



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Background

methodology

Adolescent Health Research Group 2009

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sexual health

access to healthcare

risk and protective
factors

summary

(University of Auckland)



methodology

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summary

Health
Food & Activities
Substance use
Sexual health
Injuries & Violence
Ethnicity & Culture
Home
School
Neighbourhood
Spirituality

Questionnaire



National Sample

Gender

	N	%
Male	4911	54.0
Female	4187	46.0

Ethnicity

	N	%
Maori	1702	18.7
Pacific	924	10.2
Asian	1126	12.4
NZ Eur	6871	75.7
Other	817	9.0

Age

	N	%
≤ 13	1860	20.3
14	2101	23.0
15	1973	21.8
16	1743	19.2
≥ 17	1423	15.7

Two-stage random sample of schools and students throughout New Zealand

In total, 96 (83.5%) of the 115 schools selected took part in the survey

Three-quarters (9,107) agreed to take part out of 12,549 students who were invited to participate in the survey

Overall response rate 62.6%

Wharekura Sample

Gender

	N	%
Female	366	54.5
Male	306	45.5

All Wharekura invited to participate, 26/37 agreed (76% school response rate)

All students invited to participate 672/921 agreed (74% response rate)

Age

	N	%
≤ 13	169	25.1
14	201	29.9
15	152	22.6
16	93	13.8
≥ 17	57	8.6

14 urban and 12 rural and semi-rural schools

*Wharekura participated on the agreement that their information was not for public access – we can report part of this data as a total sample of Maori students



Maori Sample

methodology

- All mainstream students with school roll > 50 who reported Māori ethnicity (n=1702)

sexual health

- 10 Wharekura with a school roll > 50 who reported Māori ethnicity (n=357)

access to healthcare

- A total combined sample of 2059 Māori students

summary

- Inclusion criteria : attending a secondary school with a roll > 50 students, 12–18 years old and Māori ethnicity
- Adjustment for complex sampling design between the 2 survey designs



Liefde & Veet

AMOR

BAISER

amore

Love

Liebe

BESO

AMOUR

KISS

Bacio



Currently sexually active

methodology

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access to healthcare

risk and protective factors

summary





4% same/both sex attracted

80% males and 65% females enjoyed sex

methodology

Males (14%) more frequently reported more sexual partners (>3) in the past 3 months compared to females (6.8%)

sexual health

Females (76%) more frequently reported talking with a partner about preventing pregnancy compared to males (61%)

access to healthcare

5% report ever having an STI

risk and protective factors

15% report they or their partner have ever been pregnant

summary



Condoms & contraception

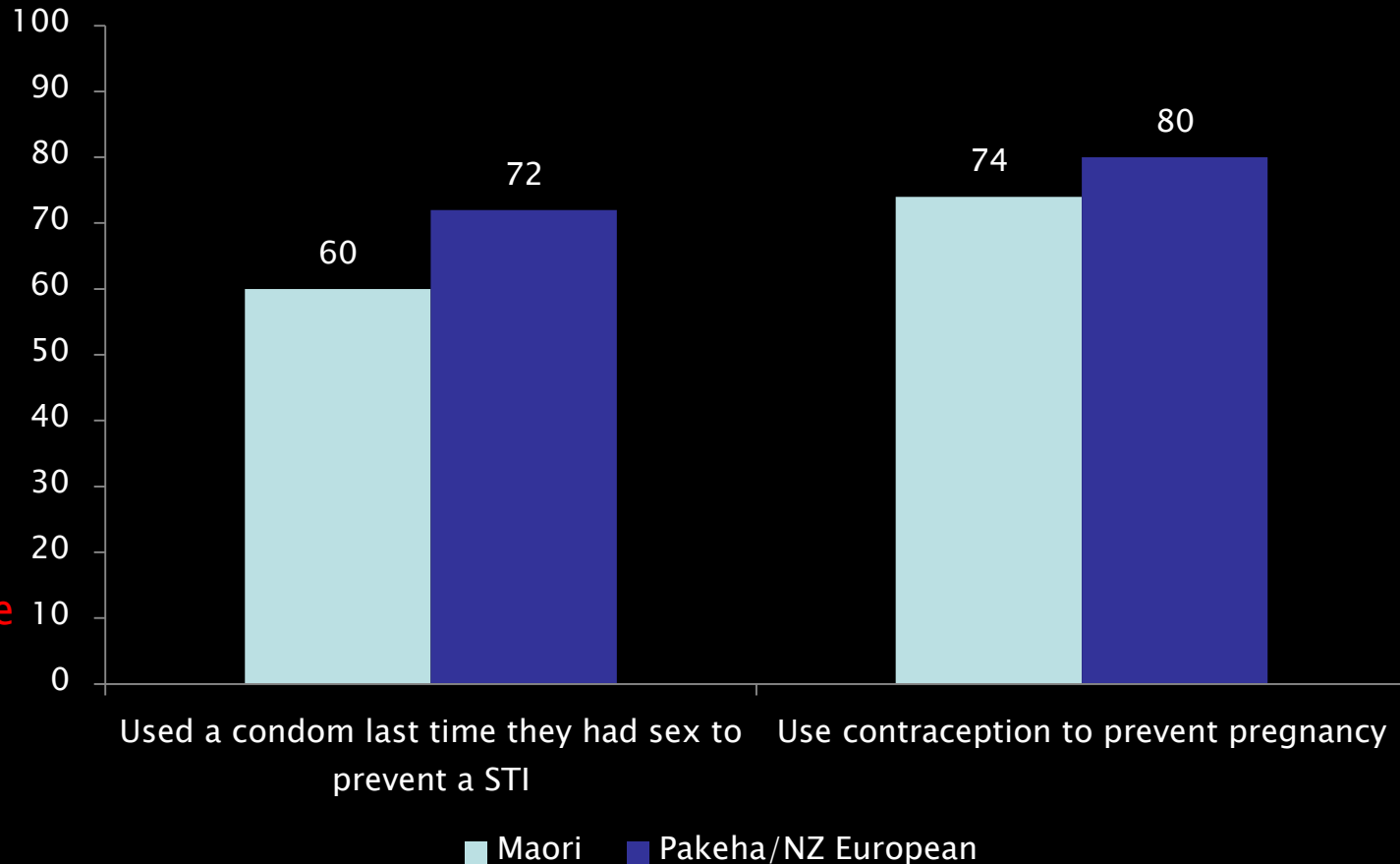
methodology

sexual health

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risk and protective factors

summary



Māori youth (53.8%) are less likely to report always using contraception compared to Pakeha students (70.9%) even after controlling for differences in age, gender and socio-economic factors ($p < 0.001$)



Sexual abuse

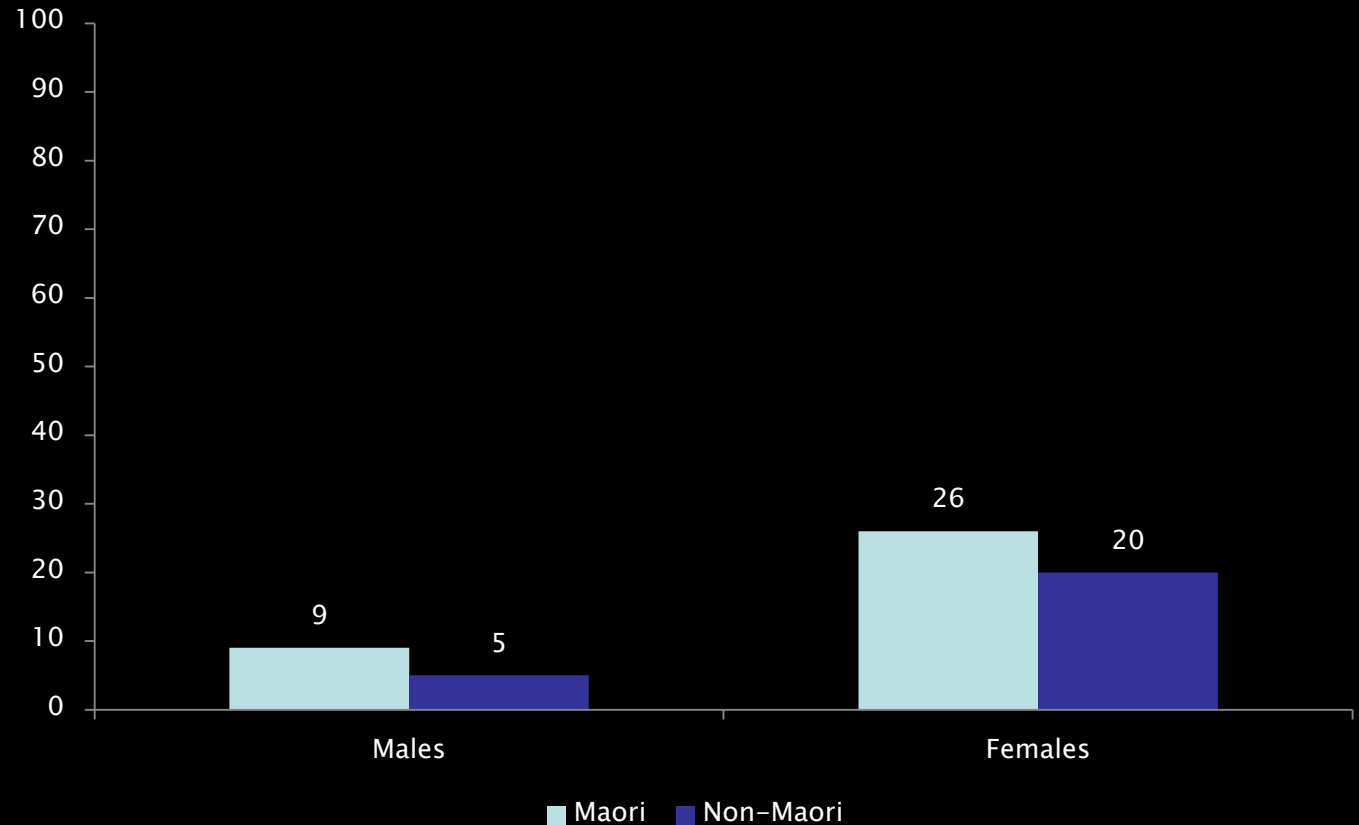
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Māori youth (24.6%) are more likely to report sexual abuse and coercion compared with 17.6% of Pakeha students even after controlling for differences in age, gender and socio-economic factors ($p < 0.028$)



Youth'09: The health and wellbeing of young people in Alternative Education

Clark, T.C; Smith, J; Raphael, D; Jackson, C; Fleming, T; Denny, S; Ameratunga, S; Robinson, E. (2010). *Youth'09: The health and wellbeing of young people in Alternative Education. A report on the needs of Alternative Education students in Auckland and Northland.* www.youth2000.ac.nz



AE Health risks

methodology

sexual health

access to healthcare

risk and protective
factors

summary

“...the health issues for kids in AE are drug and alcohol. Are definitely the top of the list. But I understand though that underneath those major headings are actually deeper issues to do with mental health and self esteem, that sort of stuff.”

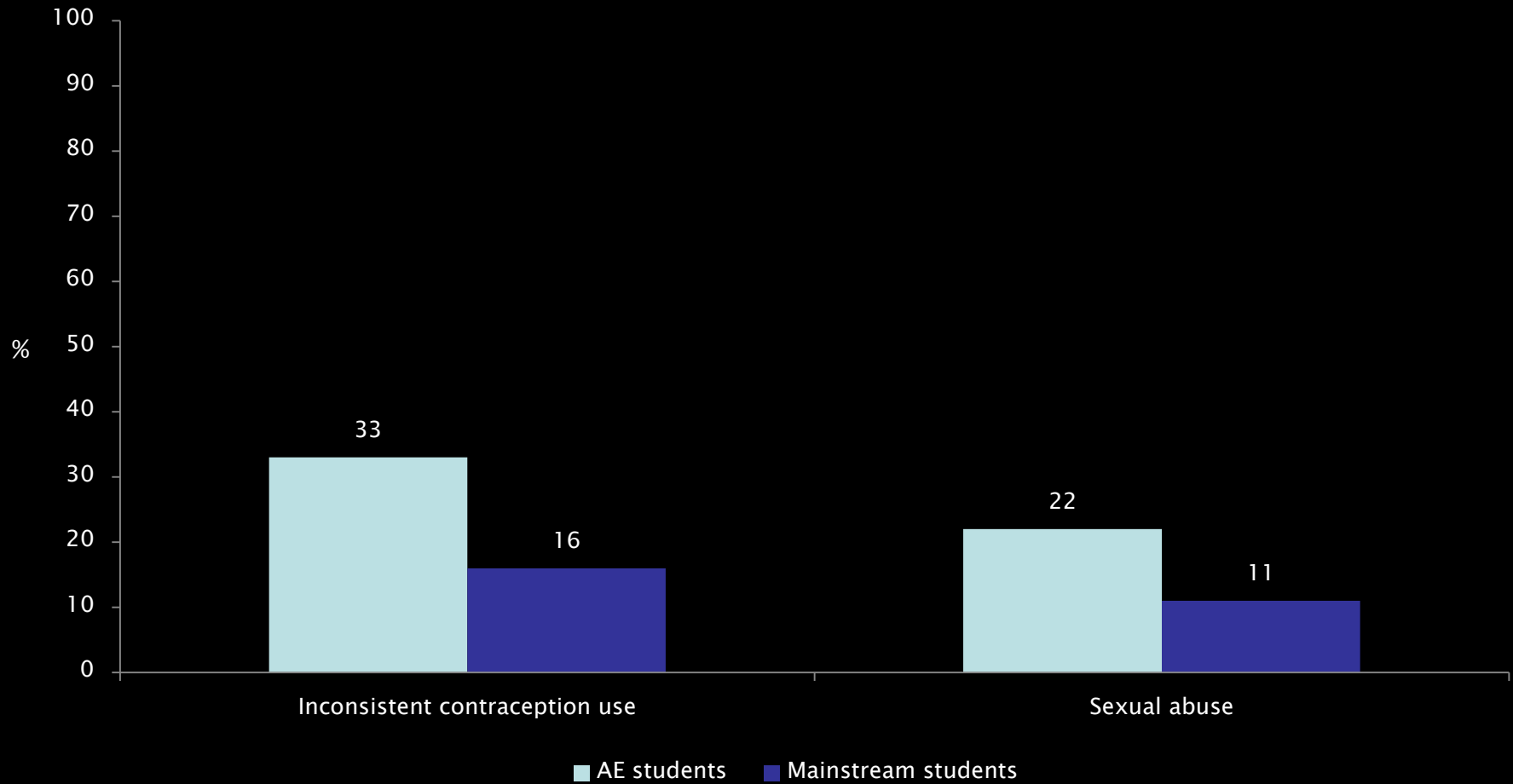
(AE tutor)

“At present I've got one of my girls which has come back to me, she's bloody pregnant, and she's pretty shattered about it cause the other guy's gone- and never coming back again. As much as we try and enforce the importance of contraception and the way things are, as soon as they leave here they get home and back to their same home lifestyle and things that they're surrounded by, they just don't care anymore.”

(AE tutor)



AE Sexual health



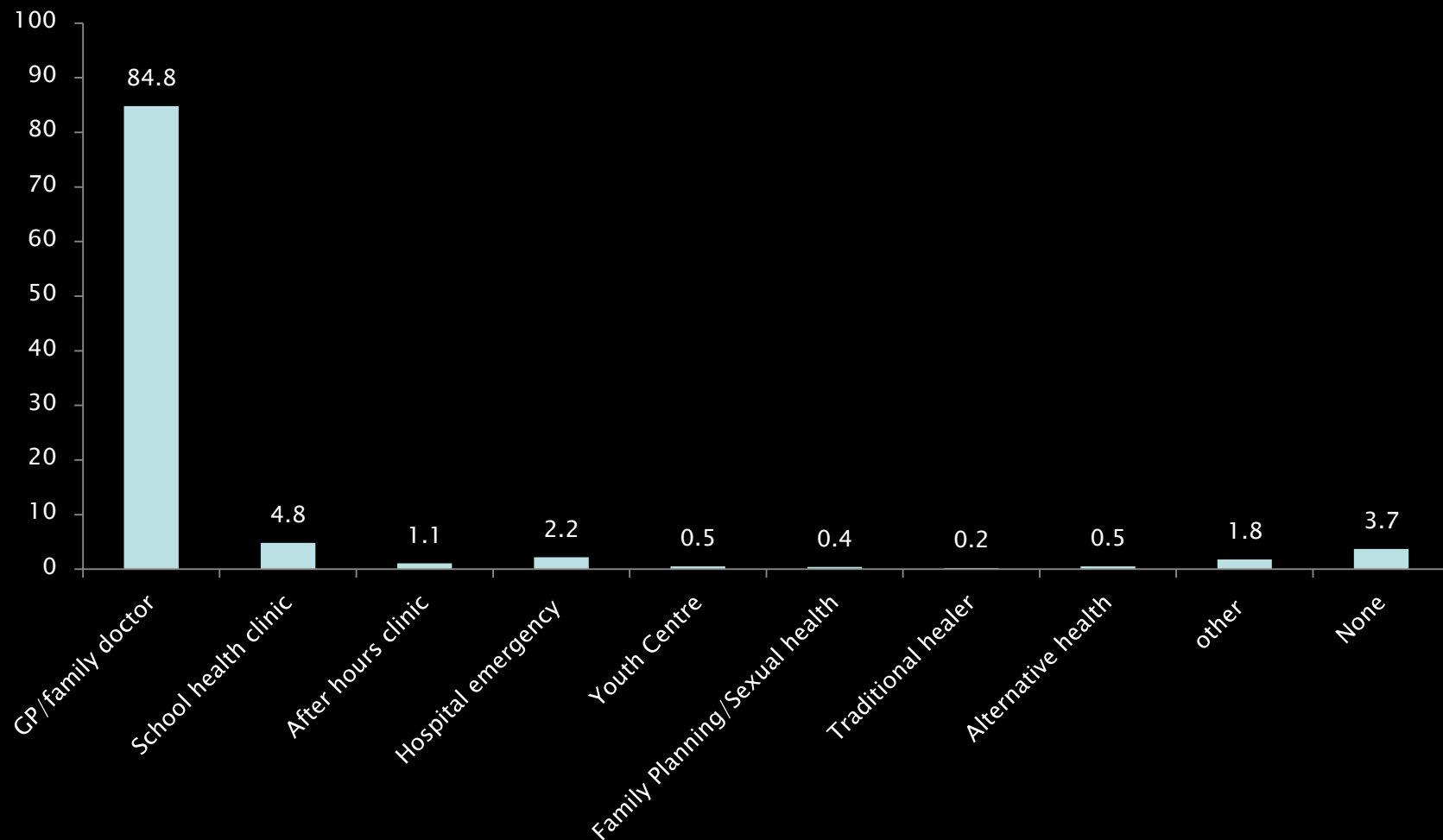
(OR 2.1 $P < 0.0001$ and OR 1.8, $p < 0.0001$)

Access to healthcare





Health care services accessed in the last 12 months



Source: 2007 National Youth Survey



Not able to access health care when needed

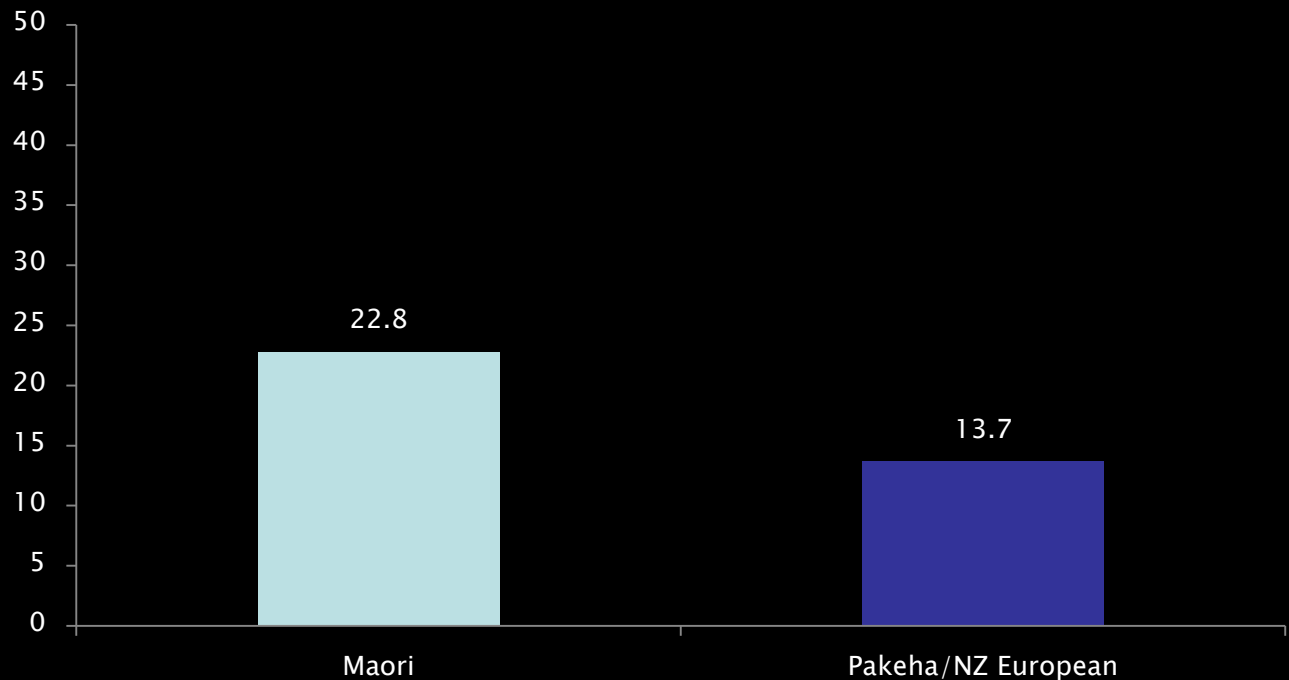
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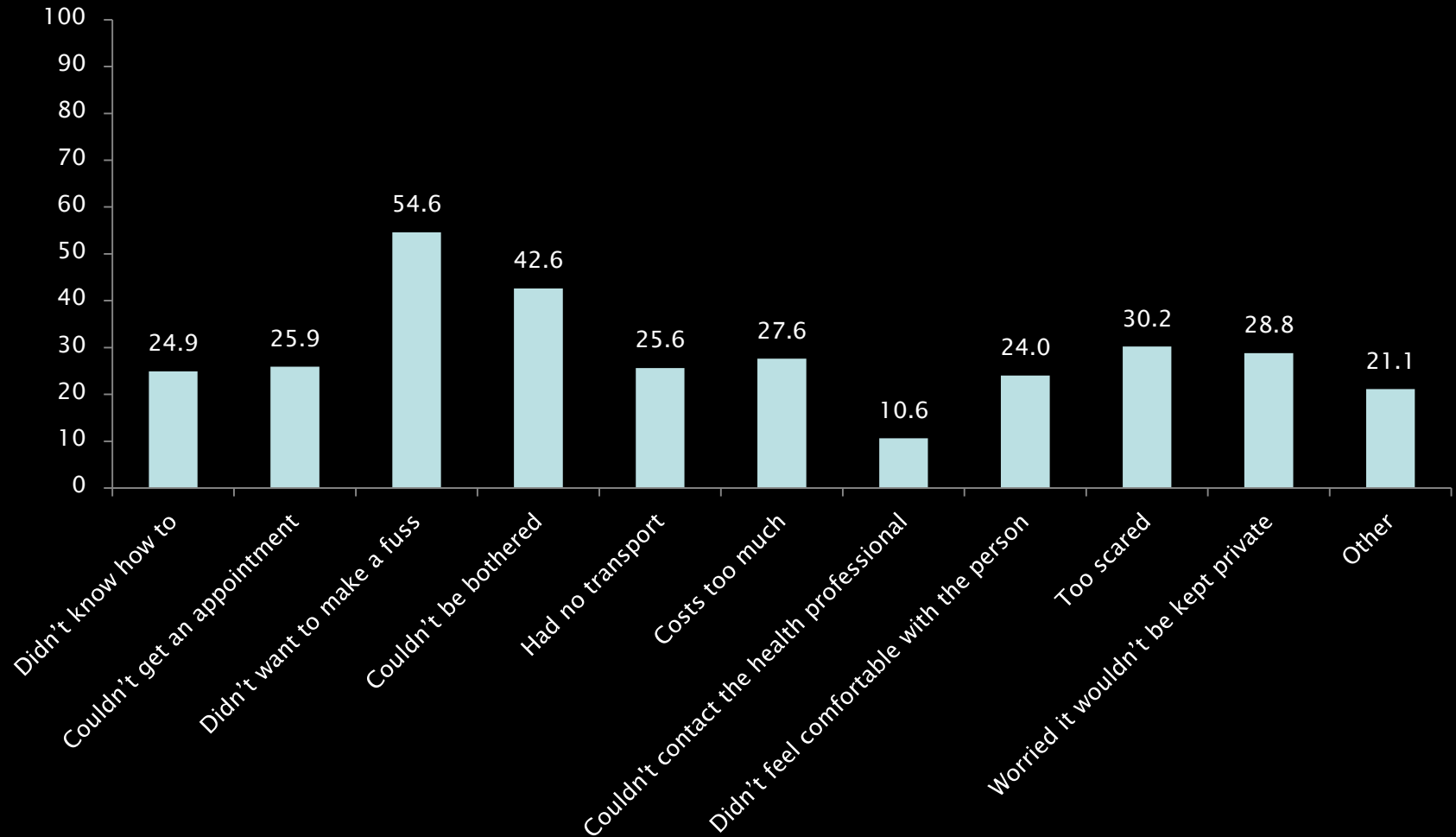
summary



Māori youth (22.8%) are more likely to report not being able to access the healthcare they required compared with 13.7% of NZ European students even after controlling for differences in age, gender and socio-economic factors ($p < 0.04$)



Reasons why Maori students didn't access the healthcare they required





Discrimination by health professional because of my ethnicity

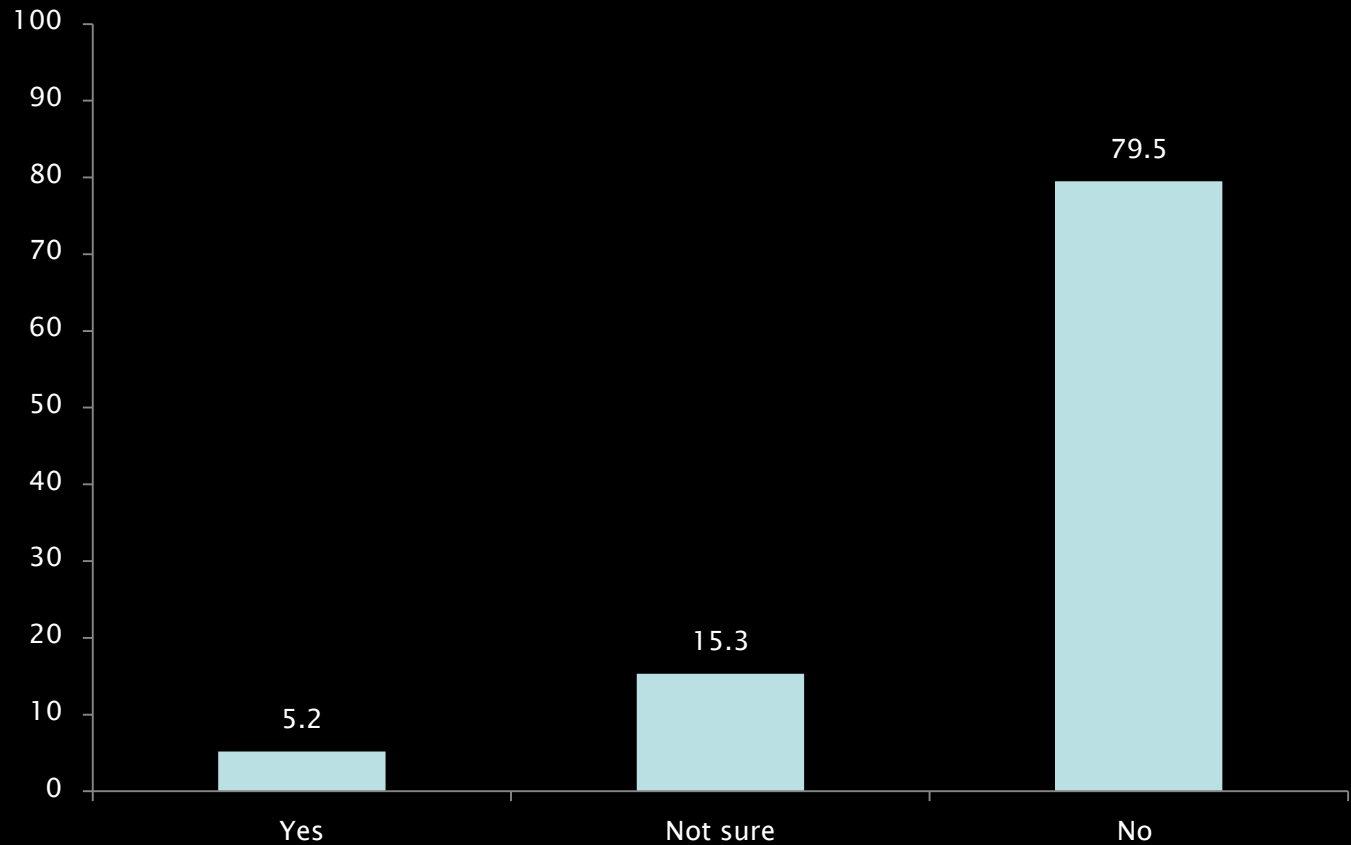
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Difficulty accessing sexual health care

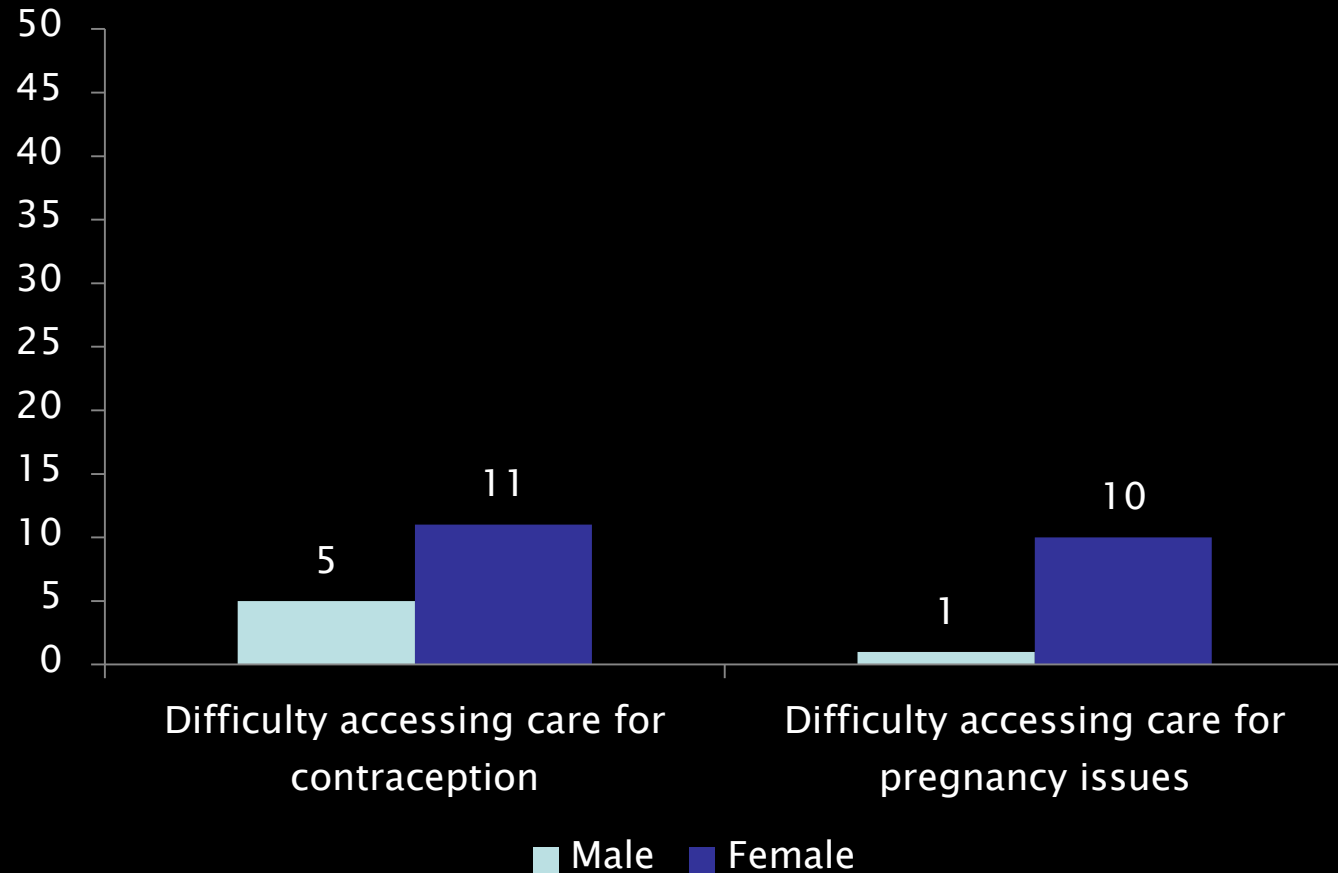
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Youth appropriate quality health care

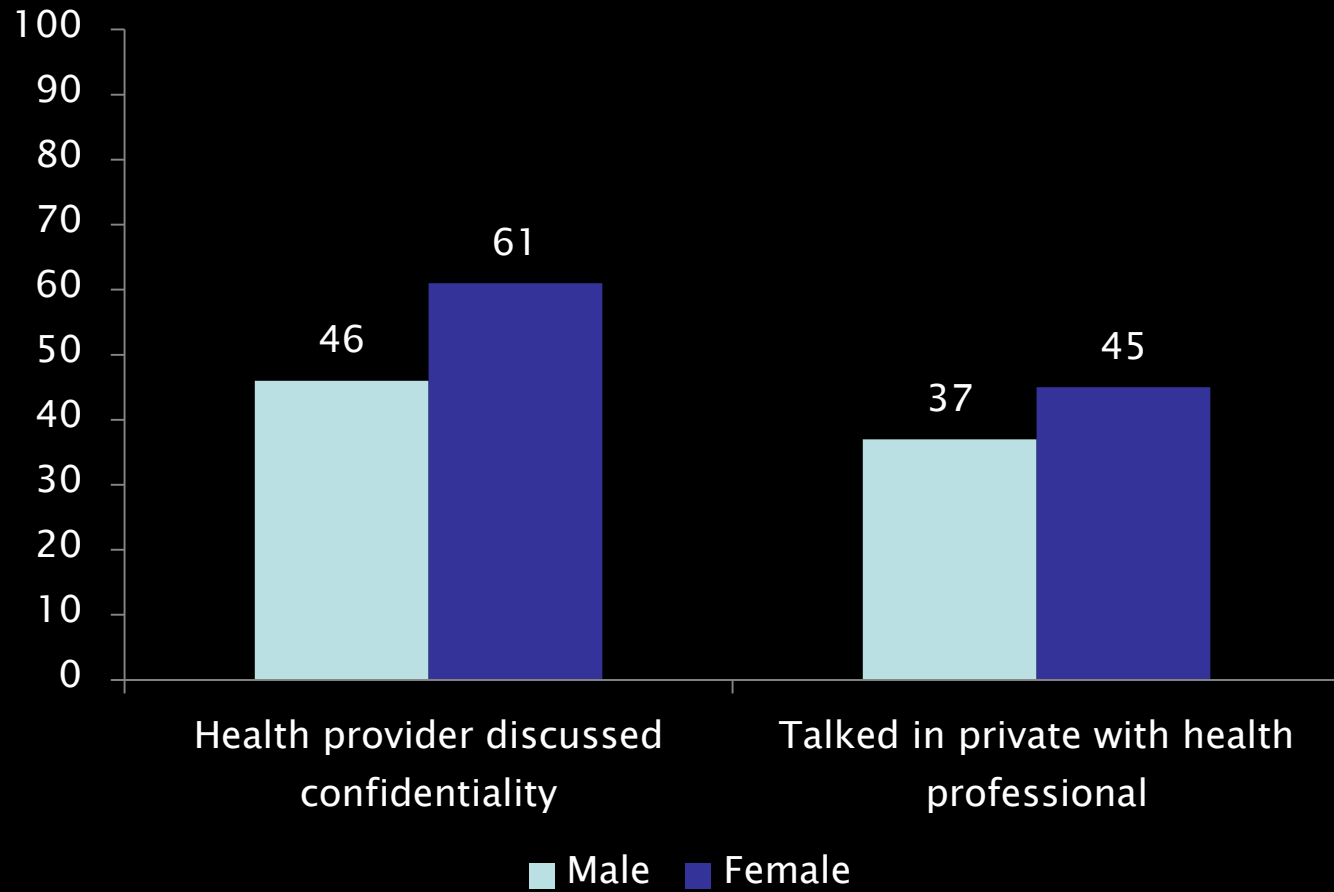
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connect





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Risk focused prevention?

Traditional: Adult models – no developmental focus, typically risk and individual focused

Most young people, perhaps up to 80%, try one or more health risk behaviours with potentially negative health consequences within their environments. Young people need positive connections to be healthy

New: Programmes with the largest positive impacts on behaviour were those that emphasised adult–youth relationships and life skills development (Catalano et al., 1999)

Risk factors for consistent contraception/condom use

Risk factors	OR	p value
RADS above cut off	0.7	0.09
Depressed 2 weeks in a row	0.8	0.2
Depressed 2 weeks in a row within the past 4 weeks	0.6	0.004*
Suicide ideation in the last month	0.7	0.04*
Suicide ideation in the past 12 months	0.9	0.64
Attempted suicide	0.6	0.01*
History of sexual abuse	0.7	0.1
Drink alcohol at least weekly	0.9	0.8
Smoke cigarettes weekly	0.9	0.4
Use marijuana at least weekly	0.5	<0.0001*
Currently use other drugs	0.7	0.3
Conduct problems	0.6	0.1
Victim of violence	0.9	0.9
Have a chronic illness	0.9	0.9



Protective factors for consistent contraception/condom use

Protective factors	OR	p value
Important to attend school	1.2	0.6
Parents care about you	1.2	0.3
Spend enough time with parents	1.7	0.002*
Extended whanau care	1.1	0.4
Can talk about problems with whanau	1.1	0.5
Have family meals together	1.5	0.03
Teachers care about you	1.6	0.02
Teachers get to know you	1.0	0.6
Friend to talk to about a serious problem	1.4	0.2
Other caring adult to talk to	1.7	0.005*
Feel neighbourhood is safe	1.9	0.008*
Spiritual beliefs are important	1.9	0.4
Comfortable in Maori social surroundings	0.8	0.3





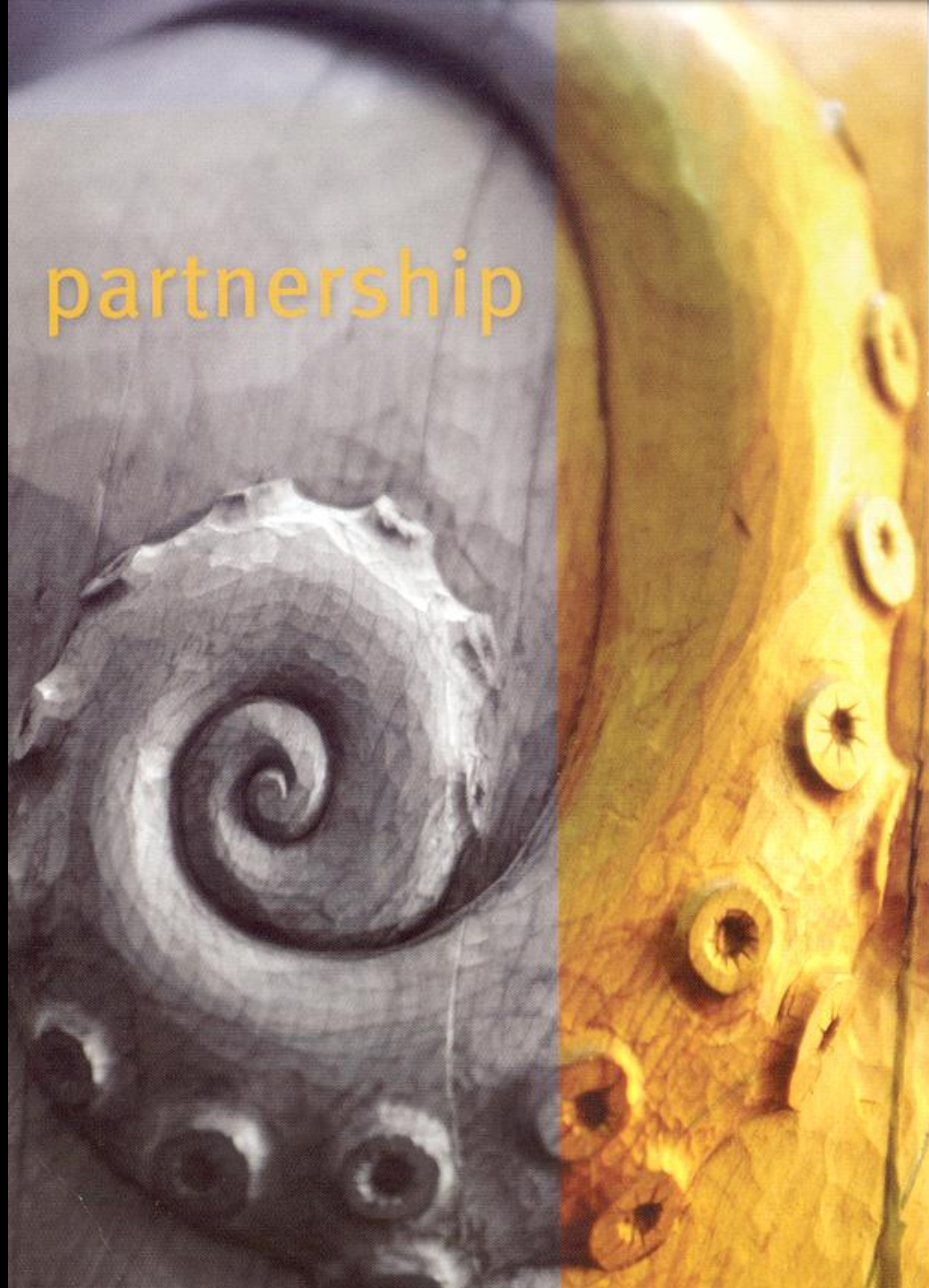
Risk and protective factors

Maori youth are more likely not to use contraception/condoms if they use marijuana weekly or more frequently (OR 1.5, $p = 0.03$), have depressive symptoms (OR 0.6, $p = 0.004$), suicidal ideation (OR 0.7, $p = 0.04$) and made a suicide attempt in the last 12 months (OR 0.6, $p = 0.01$)

Maori youth are more likely to use contraception/condoms (use contraception) when they get enough time with their parents (OR 0.5, $p = 0.0006$), have another caring adult to talk to (OR 1.7, $p = 0.005$) and feel safe in their neighbourhood (OR 1.9, $p = 0.0008$)

A sole sexual health or risk factors focus is unlikely to be effective in improving consistent contraception use among Maori youth

partnership





Limitations

methodology

Directionality of these findings is uncertain,
can not infer causality

sexual health

Results do not reflect all youth

access to healthcare

Recall bias/Measurement error

risk and protective factors

summary



Conclusions

methodology

Māori youth are disproportionately affected by poor sexual health outcomes compared to their peers

sexual health

Less likely to access the sexual healthcare they require

access to healthcare

A sole sexual health or risk factors focus is unlikely to be effective in improving consistent contraception use among Maori youth

risk and protective factors

New models of sexual health are required for Māori youth that do not separate sexual health from other aspects of wellbeing

summary

Address the structural barriers (discrimination, funding streams, policy, patch protection, training)

Acknowledgements

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