

YOUTH2000 SURVEY SERIES

East Asian, South Asian, Chinese and Indian Students in Aotearoa

A Youth19 Report



www.youth19.ac.nz



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Further Youth19 publications are available at www.youth19.ac.nz

Further publications by the Adolescent Health Research Group are available at www.youth2000.ac.nz

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Foreword

This study tells a story about youth wellbeing that has been hidden in plain sight. A thousand stories hidden inside the dropdown box called “Asian”, a category which cannot hope to describe the multiplicity of identities connected to the world’s most populous continent. The beautiful thing about the growing number of young New Zealanders who name Asia as a place of origin is that they simply cannot be contained within the boxes that New Zealand often assigns to them – and their many special strengths, challenges, and experiences are mapped out in these pages. Their experiences of growing up provide us with a snapshot of the future, as New Zealand’s population shifts into the 21st Century, and our demographics increasingly embody the quality of superdiversity.

It’s a great honour to provide this foreword in support of this genuinely ground-breaking, important and timely report. Beginning in 1999, the Youth2000 series has included over 36,000 young people in Aotearoa, and its findings have been used widely to inform policy and practice, both here and overseas. Young people count, and so they should be counted. I want to offer a massive mihi to the Youth2000 team for their work, and to Dr Roshini Peiris-John in particular for leading this new evolution in the view of young New Zealanders’ wellbeing, with a focus on East Asian, South Asian, Chinese and Indian Students in Aotearoa New Zealand.

These young people’s connection to the mighty continent of Asia might stretch back generations or might stretch back months. For some young New Zealanders, the connection to their place of origin in Asia may be broken, or bent by forced migration, indentured labour or another form of displacement. For others, the lucky ones, it will be a source of pure strength and belonging to them as they grow up.

The mythologies, stereotypes and tropes associated with the category of Asian play out with particular force for young people as they figure out who they are in the world, their place to stand, and their unique and special voice. The racism that so many of them experience at school, either through the unfair treatment of their teachers, or bullying and harassment by their peers, stems back to the very real presence of the racist ideologies that lurk below the surface of our society in NZ. The impact of racism on young people’s mental health is something that we should all be concerned about. There’s much going on within our institutions and professions who work with young people to ‘unteach’ and unlearn racism, but racism is sticky, and everywhere, and it’s illuminated on many of these pages.

There is considerable diversity of experience within the categories of Asian. Poverty is a big challenge that young people from South Asia face, with 15% of respondents from India, Sri Lanka, Pakistan, Afghanistan, Nepal, Bhutan, Maldives and Bangladesh having parents who always worried about money for food. Students who identified as East Asian had higher mental health needs than other groups, and were less likely to get these needs met.

For me what stands out the most is the voices of the young people. Between the graphs, comparisons and numbers, the perspectives of young people and their thoughts about the world are points of light. Their strengths are many. Their challenges are as varied as their stories.

I therefore encourage you to read this report deeply, and use it to make positive change for the young people in your world.

Anya Satyanand

CEO Leadership New Zealand

Executive Summary

This report presents contemporary information on the health and wellbeing of secondary school students in New Zealand who have an Asian identity. The report is based on findings from the Youth19 Rangatahi Smart Survey, the fourth in a series of secondary school surveys conducted in 2019, 2012, 2007 and 2001.

The use of the term 'Asian' is problematic as this population is not a single ethnic category. Aggregating all Asian peoples in one group fails to celebrate the heterogeneity in the group and masks important differences with an averaging effect. Whilst aggregated data are extensively used for policy and planning, this aggregation can provide misleading information relating to individual Asian ethnicities. In separate sections of this report, we disaggregate Asian youth data to provide health and wellbeing data specific to East Asian students and South Asian students as two broader ethnic groupings, followed by information specific to Chinese students and Indian students (the two largest Asian ethnic groups among the survey respondents).

Overall, most Asian students had positive feelings about school and felt cared for by their teachers. Most perceived that they had good to excellent general health, most had good psychological wellbeing and were satisfied with life. Substance misuse was relatively low among Asian students.

Despite these positive findings, one in four Asian students reported being treated unfairly by a teacher because of their ethnicity, 10% reported being bullied in school because of their ethnicity or religion, and about half felt unsafe in their neighbourhood. They were also more likely to report witnessing or experiencing violence at home compared to their European peers. Many reported significant rates of emotional and mental distress. Mental health, particularly among female students, is of significant concern for this population. Overall, one in five students reported forgone health care.

Compared to their European peers, South Asian students in general, and Indian students in particular, were more likely to report household poverty (despite similar proportions reporting one or both parents working), a difference not evident for East Asian and Chinese students. Compared to their European peers, East Asian students and Chinese students were more likely to report not having enough quality time with family and not having an adult outside the family they can trust. They were also more likely to experience significant depressive symptoms and less likely to access health care compared to their European peers, differences not evident for South Asian and Indian students.

We highlight the importance of disaggregating youth data for the overall Asian group into East Asian and South Asian to gain a better understanding of the relationships between ethnicity and health, and to extract pertinent information that could be used for targeted interventions.

Recommendations

For schools and communities

- Create safe and inclusive spaces (physical and social) where young people of all ethnic groups can safely connect over issues of importance (i.e. climate emergency, bullying, social justice, racism, etc.) and discuss concerns and create solutions together.
 - Empower young people to have a voice in what the safe and inclusive spaces may look like.
 - Schools and communities should consider facilitating dialogue among youth about unspoken challenges (e.g., family harm, mental health, lower school clinic engagement).
- Establish or strengthen school policies on diversity and inclusion, anti-bullying, racism and discrimination.
- Address racism and biases
 - For adults in schools and communities:
 - Increase awareness of unintended or implicit biases (i.e., the unconscious association, belief, or attitude toward any social group).
 - Implement approaches that value the engagement and contributions of migrant communities in New Zealand society.
 - Increase awareness and responses to the challenges faced by young people who face discrimination due to multiple sources of difference, e.g., ethnicity, (dis)ability, non-binary gender, sexual orientation, etc.
 - For students:
 - Schools and communities should consider ways to better support students who feel the societal pressure of needing to succeed – including challenging the perception that they should always be accomplished and resilient and increasing awareness that it is OK if they are not.
- Strengthening professional development of educators, support staff in schools and members of the Board of Trustees
 - Professional development courses should consider creating a better understanding of East Asian and South Asian students, their migration journeys, traditions, values and the settlement challenges of students and their families.
 - Ministry of Education should consider additional funding for regular professional development training for all educators and school support staff to promote cultural competence when dealing with young people (similar to the eCALD training for health professionals).

- Bridge the gap between schools, parents and communities
 - Increase understanding of New Zealand’s education system, especially among new migrant and former refugee families.
 - Use interpreters for parent-teacher meetings to enable higher participation of parents/ communities in the schools
 - Develop resources in multiple languages about effective communications between youth and their parents, covering areas such as care, problem solving and relationships.
 - Reduce stigma and increase understanding around physical, emotional and mental health issues, in schools and among young people's families.
- Promote student fellowship and community networks
 - Ministry of Education should consider additional funding for schools to enable further opportunities to celebrate diverse cultures and raise the mana of Asian young people in schools and communities through cultural or religious events, sharing of food, dance, etc.
 - Enhance community networks for youth so that they are supported by peers and friends.
- Young people who have concerns or adverse experiences should be empowered and enabled to express these and get support as required. For example, youth should be supported to develop skills to be safe from bullying and to enable them to access health services independently and privately (building trusting relationships with service providers).

For service providers

- Create safe and inclusive spaces (physical and social) where young people of all ethnicities can safely access health and community services, outside of the usual health care settings.
- Empower young people to have a voice in what the safe and inclusive spaces may look like.
- Service providers could consider, if appropriate, a brief screen of presenting youth regarding experience of bullying, mental health, family violence, sexual health, substance use and gambling and other concerns with referral for appropriate support as required.
- All youth, including those who self-identify with an Asian ethnic group, should be assured of confidentiality at the commencement of clinical interactions and this could be reiterated by service providers to their employees and also emphasised as part of Continuing Medical Education for health professionals.

For the Ministry of Health

- Address the invisibility of Asian health in national health strategies and in planning
 - National strategic health planning is required for culturally and linguistically diverse (CALD) communities, and for CALD youth specifically, including communities who identify with an Asian ethnicity.
 - Develop a health strategy for Asian and ethnic minority health together with an implementation plan including Asian workforce at all levels.
 - Asian youth health should not be ignored and Asian health in general needs to be reflected in the health reform.
- Recognise the diversity of the Asian population and avoid the homogenisation of data relating to Asian ethnic groups, especially when there are likely to be important variations among Asian ethnicities.
- Foster health work force development
 - The youth health workforce should reflect the diversity of ethnicities in New Zealand, including increasing Asian youth.
 - Improve cultural competency and cultural sensitivity to ensure services (including health, mental health and addiction workforces, and school-based health service providers) being provided are culturally and linguistically responsive to the needs of all young people.
 - Meaningfully engage with Asian youth in designing cultural competency resources and training.
 - Cultural competency training could focus on, for example, migration journeys, cultural practices and values around sexual health, family dynamics, mental health, understanding the reluctance to seek support (e.g., fear of being judged or the entire community being stigmatised or that information provided will not be kept confidential), use of interpreters (suggest parents should not use children as interpreters), sensitivity around certain topics like sex education and mental health, and addressing own biases.
- Improve access to health care through, for example,
 - meaningful engagement with young people.
 - culturally appropriate services.
 - safe places accommodating confidentiality.
- Greater focus on mental health services for young people. For example,
 - Develop a comprehensive intervention package for improving mental health and wellbeing among all young people with a particular focus for young women.
 - Include Asian young people in He Ara Oranga.
 - More funding for professional health support (e.g., counsellors and psychologists) in schools and in the community.
 - Invest in digital interventions, for CALD youth, and meaningfully engage with young people in developing these.
- Strengthen national and local policies on substance use and gambling to address its exposure, availability and accessibility to young people.

For all funding agencies, policymakers and planners

- Apply the 'equity' lens to Asian and other ethnic minority population groups in the spirit of the Treaty of Waitangi.
- Take an interagency approach and strengthen collaboration to address gaps in services for young people.
- Meaningfully engage with Asian youth when planning research and interventions and developing policies.
- Increase funding for academic research (on scope, design, implementation, monitoring and evaluation of programmes that enhance the wellbeing of young people) and for services focussed on Asian health gain and aspirations.
- Recognise the diversity of the Asian population and reflect this in reported health statistics by presenting data for more specific Asian ethnic groups where possible.
- Address the absence of any strategic priority areas dedicated to Asian and ethnic minorities in the New Zealand Health Research Strategy 2017 – 2027.

For researchers and evaluators

- Recognise the diversity of the Asian population and reflect this in information reported in research and health statistics.
- Where possible, youth data for the overall Asian group should be reported for more specific ethnic groups (for example, East Asian, South Asian, Chinese and Indian ethnic groups) to avoid masking important differences between Asian ethnic groups.
- Disaggregated analysis of data for specific Asian ethnic groups should continue to be undertaken for future Youth Health Surveys.
- Increase research on health and wellbeing of ethnic minority youth (i.e., Asian, and Middle Eastern, Latin American and African (MELAA) young people). Important issues that require examining include the impact of migration and other drivers of health, mental health (including self-harm and attempted suicide), issues for female young people, intersectional minority young people (i.e. people with multiple aspects of identity – see glossary for description), refugee communities and international students.
- Investigate the potential benefits of a brief screen of youth (either in schools and/or presenting to health services) regarding experience of bullying, mental health, family violence, sexual health and other concerns coupled with intervention approaches including referral for appropriate support as required.

Introduction

People who identify with an Asian ethnicity are one of the fastest growing populations in New Zealand and projected to become the second largest major ethnic grouping during this decade.^{1,2} The Asian population in New Zealand is relatively young, accounting for almost one in five of those aged 15-29 years in New Zealand.^{3,4} Among people identifying as Chinese or Indian - the two largest Asian ethnicities in New Zealand, 28% and 29%, respectively, are aged 15-29 years.^{1,2}

Who is Asian?

The use of the term 'Asian' in and of itself is problematic as this population encompasses a broad range of ethnic groups. In New Zealand, the definition of 'Asian' includes people with origins in the Asian continent from Afghanistan in the west to Japan in the east and from China in the north to Indonesia in the south,⁵⁻⁷ although this differs from the term as understood in common parlance in New Zealand. The 'Asian' population is a highly diverse group with differences in culture, language, religion, migration and socioeconomic experiences.^{8,9} Diversity also exists amongst young Asian New Zealanders as they have differing levels of socialisation, ethno-cultural identities and connectedness to mainstream society.^{7,11}

When Asian peoples are included in health studies and surveys in New Zealand, their data are often reported for the aggregated group,⁵⁻⁷ which fails to celebrate the heterogeneity in the group and masks differences between 'Asian' ethnic groups.^{5,12,13} For example, compared to Chinese New Zealanders, people of Indian ethnicity have high levels of diabetes and cardiovascular disease,^{14,15} which may not be evident when health outcomes are aggregated to a singular collective Asian group.

Consequently, it may be unsurprising that there has been minimal attention to national policies relating to Asian health in general, and Asian youth health in particular.^{14,15} Underlying the seemingly positive findings often reported for the aggregated Asian group, there is a more complicated picture.

Asian youth health is likely to be influenced by the generation of migration. Many young Asian New Zealanders are migrants, and most migrants need to be in good health to immigrate. However, their health status may decline with the increasing duration of years lived in New Zealand. Asian youth are also likely to experience pressure to uphold the perception that Asian youth are successful, accomplished, and resilient to external stressors. These societal pressures and expectations could lead to adverse consequences to their mental health, which are often hidden as the stereotype also acts as a barrier to accessing mental health support.¹⁶ These and other emerging concerns draw attention to the need to investigate and address the health needs of this growing sector of the population in New Zealand.

This report examines the health and wellbeing of young people identifying with an Asian ethnicity and living in New Zealand in 2019. It is based on the findings from Youth19 Rangatahi Smart Survey, a survey of the health and wellbeing of secondary school students in New Zealand (<https://www.youth19.ac.nz/>).

What can be done to better support young people in NZ

"People need to listen to the voices of the youth."

Vietnamese female, ≥17 years

Purpose and objectives of this report

The overall goal of this report is to provide contemporary information on the health and wellbeing of Asian ethnic young people in Aotearoa New Zealand.

We argue that relying on data on an aggregated Asian ethnic grouping risks masking potentially important variations in health and wellbeing and its determinants, between Asian ethnic groups. We, therefore, disaggregate youth data for the overall Asian group to provide findings for East Asian and South Asian students in separate sections of this report. This report also challenges the uncritical use of aggregated data for Asian ethnicities by presenting information on the health and wellbeing of Chinese and of Indian students (the two largest distinct groups among the survey respondents) in separate sections of this report. We acknowledge that within these groups there is significant heterogeneity as well. For example, Fijian Indians have different strengths and challenges to those of other Indian ethnic groups, such as Bengali or Punjabi, all of whom are included as Indian in this report.

We present a wide overview of information to enable families, communities, schools, government and non-governmental agencies and who serve them. We hope this report increases awareness of the patterns and distributions of the findings for stakeholders to consider the implications in light of their own experiences. It is hoped that the issues and questions raised by the responses of the students surveyed will help current and future approaches to promoting the health of these young people, service planning and orientation, and further research into the issues identified.

It is also hoped that the report will be a useful reference document for families, schools, communities, agencies, and young people themselves, to use and advocate for responsive policy and practice, meeting the needs of Aotearoa's increasingly diverse youth population.

Survey design

This study uses data from the Youth19 Rangatahi Smart Survey (Youth19) administered to secondary school students in Auckland, Northland and Waikato regions in New Zealand, which accounts for approximately 47% of New Zealand's high school population.

Youth19 is a cross-sectional survey. The survey methodology has been reported previously.¹⁷ In brief, a sample of schools with over 50 students in Years 9–13 classes (aged 12–19 years) in the survey regions were randomly selected and invited to participate. Next, from each participating school, a sample of students were randomly selected and invited to participate. Participating students completed an anonymous self-report questionnaire using internet tablets. The Youth19 survey included a set of core questions used in the previous Youth2000 national surveys conducted in 2001, 2007 and 2012 along with additional questions responding to emerging health issues. The questionnaire consisted of 285 items, although the branching design of the questionnaire directed students to only those in-depth questions relevant to their experience, based on their responses to initial screening questions.

Students provided open-text comments to multiple survey questions, some of which are provided as quotes throughout the report to illustrate a range of perspectives.

Survey participants

Of the 80 invited mainstream secondary schools, 45 participated in the Youth19 survey. Of the 12,359 students who were randomly selected and invited to participate, 7,374 (60%) completed the survey, accounting for approximately 6% of students from the eligible schools. After data cleaning, the analyses included 7,311 participants, of which 26% (n = 1,911) identified with an Asian ethnic group, 55% identified as Pākeha and other European (referred in this report from this point on as European), 16% identified as Māori, 17% identified with a Pacific ethnic group and 3% identified with other ethnic groups (based on Total Response ethnicity reporting).¹⁸

Students reported their ethnicity at level 4 of the Statistics New Zealand classification¹⁸ (question: which ethnic group do you belong to?) and were able to choose as many ethnicities as applied to them. All options for level 4 reporting were provided.

We used the World Bank definitions of East Asia (that comprises Brunei, Cambodia, China, Hong Kong, Indonesia, Japan, North Korea, South Korea, Laos, Macao, Malaysia, Mongolia, Myanmar, Philippines, Singapore, Taiwan, Thailand, and Vietnam) and South Asia (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka).¹⁹ For identification of Chinese and Indian students, Statistics New Zealand's definitions were used.¹⁸ Please see glossary for a description of ethnic categorisation.

Asian students

Of the 1,911 students in the survey who identified with an Asian ethnic group, 1,272 were East Asian and 604 were South Asian. Within these two groupings, 734 participants

were Chinese and 494 were Indian. A small number of students (n=11, 0.6% of Asian students in our sample) identified in both East Asian and South Asian ethnic groups and were included in the analysis of both. There were 46 students (2.4%), who identified as Asian, but did not specify whether they were East Asian or South Asian. Thirteen percent of the participants that identified with any Asian ethnicity reported being international students.

Demographic characteristics of students who identified with any Asian ethnic group*

	East Asian	South Asian	Chinese	Indian
	%	%	%	%
Sex				
Female	55.3	50.8	53.0	50.8
Male	44.7	49.2	47.0	49.2
Age				
≤ 13 years	12.4	16.4	13.4	16.0
14 years	18.9	23.5	18.3	23.5
15 years	22.3	22.5	21.8	21.7
16 years	22.0	17.7	21.8	18.0
≥ 17 years	24.4	19.9	24.8	20.8
Migration Status				
1 st Generation [#]	34.4	38.0	24.2	36.1
2 nd Generation [#]	43.5	52.7	51.6	53.8
Non-migrant	5.3	3.7	8.6	4.1
International student	16.7	5.6	15.6	6.0
Neighbourhood deprivation (NZDep2018)[#]				
Low (richer)	28.8	18.6	31.9	20.0
Medium	50.0	48.9	47.7	46.9
High (poorer)	21.2	32.4	20.4	33.1

*If students indicated more than one ethnicity, they are included under each.

[#]See glossary for definitions.

The findings relating to key indicators of interest among East Asian, South Asian, Chinese and Indian students were compared with the corresponding findings among students identifying solely as Pākeha and/or Other European (referred to as European in this report).

Comparisons

Logistic regression analyses were conducted to compare responses to selected indicators (home and family, school, health and wellbeing, and community) between students from each Asian ethnic group and European (i.e., Pākeha and other European). Age and sex were included in the analyses to control for any differences between ethnic groups on these demographic variables. No statistical comparisons are made between Asian ethnicities.

Logistic regression analyses were also conducted to compare between male and female Asian students. Age was included in the analyses to control for any variation in age distribution by sex. Any significant differences between male and female Asian students are highlighted in the report.

Limitations

The survey findings must be interpreted with some limitations in mind. First, the sample is school-based, and findings may not apply to adolescents who are not in school. Secondary school students absent from school on the day of the survey are not included. Young people attending school generally have better health than those who have left school at younger ages or those who are frequently absent.

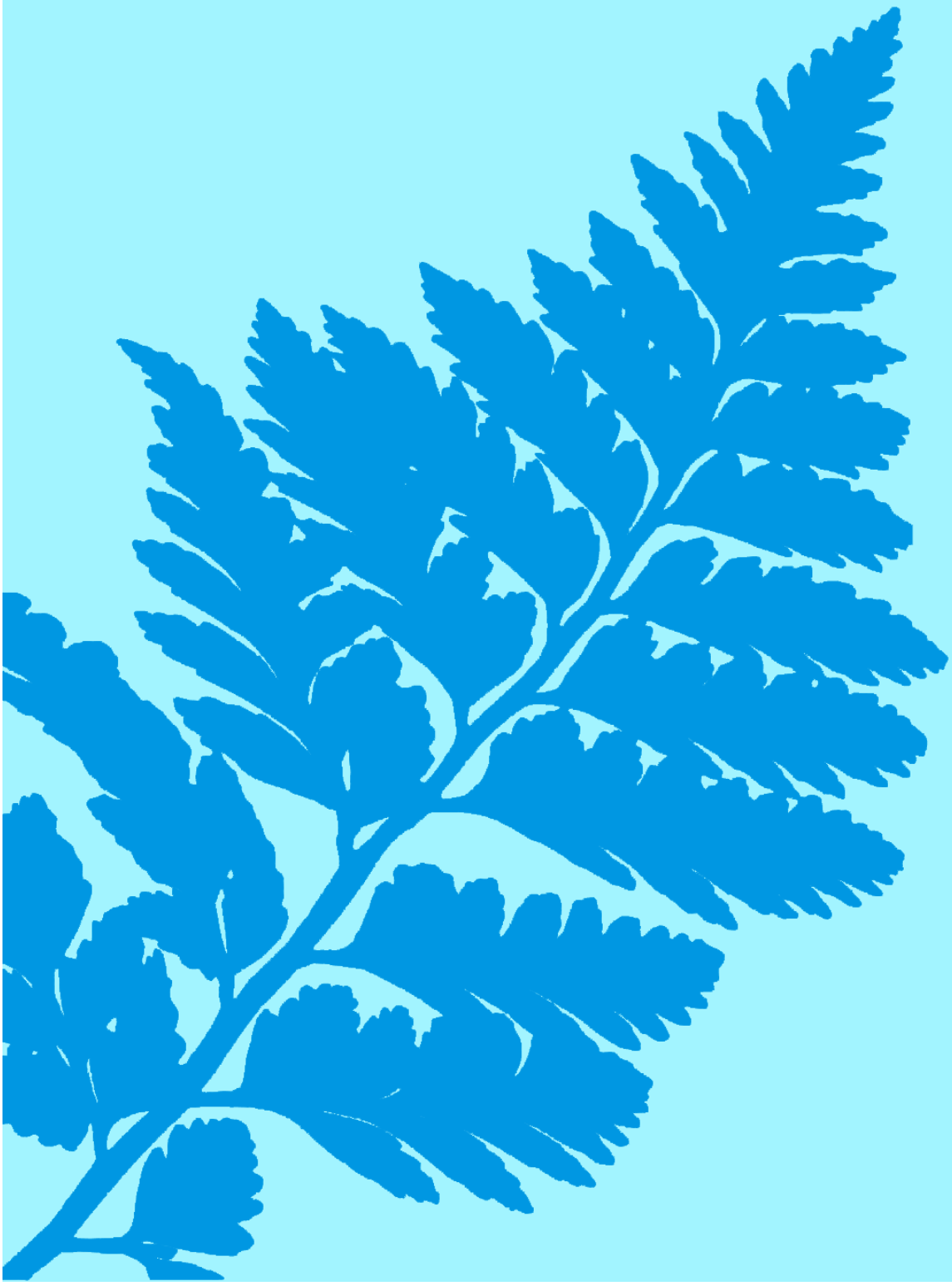
Additionally, only schools in the upper North Island of New Zealand were included. Although almost half of New Zealand's secondary school students live in this region, we acknowledge that Asian students from other regions in New Zealand may have different health states and experiences. For example, in some regions, Asian students make up a much smaller proportion of the overall population, which may enhance

adverse health outcomes due to social isolation.

Third, information from this survey is based on student self-report, where over-reporting and under-reporting cannot be excluded. The analyses do not take in to account the impacts of migration, migration generation or length of residence in New Zealand, as this was out of scope for this report. However, we acknowledge that experiences of positive health outcomes could be a result of the healthy migrant effect, particularly relevant to this population group. Nevertheless, this positive effect on health dissipates with increasing length of residence in New Zealand and through the process of adapting to a new environment. This report presents findings based on sex rather than gender, given the limitations in participant numbers.

Invisibility of some Asian young people in this report

The authors acknowledge the invisibility of minority and intersectional Asian young people in this report (see glossary for description of intersectionality). People who have several marginalised identities (e.g., Asian rainbow, Asians living with disability) 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 and celebration. There is little quantitative evidence considering intersectionality among young people in New Zealand. For studies focused on the intersection of ethnic minority (i.e., Asian and MELAA groups - see glossary for description of ethnic minority) and gender-diverse identities, see Chiang et al. (2019)²⁰ and Lewycka et al. (2020).²¹



East Asian



58% Chinese
18% Filipino
10% Korean
6% Japanese

49% Were born in NZ



3 in 5 students who were born overseas, feel they belong in New Zealand

76% Plan to do more training or study when they leave secondary school

90% Felt like a part of their school
84% Felt that their teachers cared about them

In Schools

23% Were treated unfairly by a teacher due to their ethnicity
9% Were bullied due to ethnicity or religion in the past year



At Home

Felt at least one parent cared a lot about them **90%**
Have a family member they can talk about their worries with **71%**



Live in high deprivation (poorer) neighbourhoods **21%**
Live in low deprivation (richer) neighbourhoods **29%**

Health & Wellbeing

91% were in good, very good or excellent health

73% Had accessed healthcare in the past year

➤ Only 1 in 3 were able to talk to a health provider in private

21% Were unable to access healthcare when needed in the past year

Good-Excellent Psychological Wellbeing



78% of Males



59% of Females

Significant Depressive Symptoms



22% of Males



33% of Females



2% Smoked cigarettes monthly
8% Binge drank at least once in the past month

6% had consensual sex in the past 3 months.

1 in 2 always used contraception to prevent pregnancy

1 in 2 always used condoms to prevent sexually transmitted infections

East Asian

This section presents the results for East Asian students. Ethnic classification is based on total response, so all students who identified with any East Asian ethnicity are included (see glossary for details), regardless of whether they also identified with another Asian or non-Asian ethnicity.

Of the 1,272 East Asian students, 58% identified as Chinese, 18% as Filipino, 10% as Korean, and 6% as Japanese. Seventy-seven percent of East Asian respondents reported being only of East Asian ethnicity. Among the remaining 23%, 0.2% reported being East Asian and a South Asian ethnicity; 22% reported being both East Asian and a non-Asian ethnicity; and 0.7% reported being East Asian, a South Asian ethnicity, and a non-Asian ethnicity.

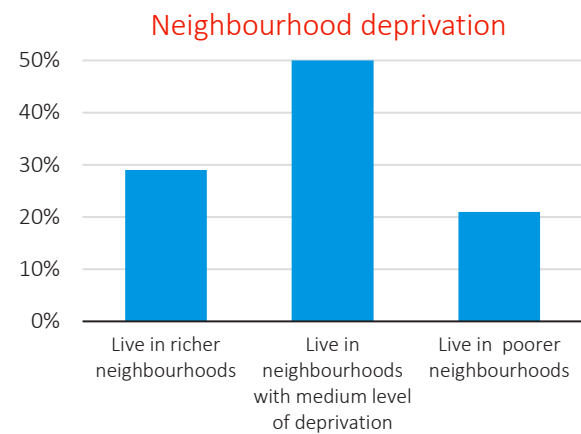
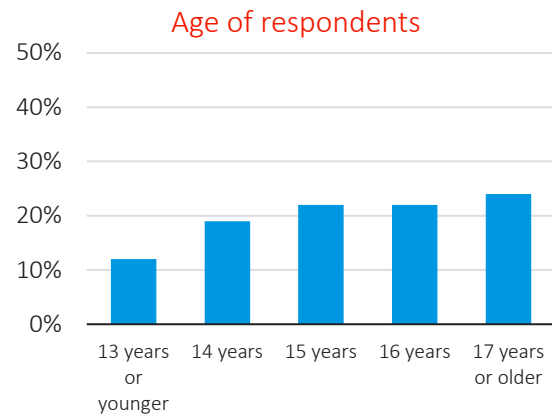
Demography

The age distribution of East Asian students in our sample was somewhat evenly distributed, apart from a higher proportion of older students (e.g., 24% aged 17 and over) than younger students (12% aged 13 and under). Our sample included slightly more females (55%) than males (45%).

Forty-nine percent of the East Asian students were born in New Zealand, 14% in China, 14% in the Philippines and 6% in Korea. Only 5% of students were non-migrants (themselves and both of their parents were born in New Zealand), whereas 34% were first generation migrants (born overseas) and 44% were second generation migrants (born in New Zealand, but one or both parents were born overseas). Additionally, 17% of the East Asian youth reported being international students.

Half of the East Asian students (50%) lived in neighbourhoods with a medium level of deprivation, while a smaller proportion lived

in low deprivation (29%) or high deprivation (21%) neighbourhoods.



Culture and belonging

Of East Asian students born overseas, only 58% feel like they belong in New Zealand. A further 27% reported that they didn't know, and 15% reported that they didn't feel like they belonged.

Nearly three in four East Asian students (73%) feel comfortable or very comfortable in European social settings.

One thing to make family life better

"Live with all my family members, because we are in two different countries now, so I miss them."

Chinese Female, 15 years

Home and family

Family background and circumstances

Nine percent of East Asian students reported that in the past 12 months they have had to sleep somewhere other than in their own bed because their family could not afford to get a home, or they did not have enough space. This proportion was higher than among European students (5%).

Ten percent of East Asian students reported that their parents often worried about having enough money to buy food. Nearly all the East Asian students (98%) reported that at least one of their parents was in paid employment. However, after controlling for age and gender, European students were more likely to have at least one parent in paid employment.

Family relationships

Most of the East Asian students reported that at least one parent cares a lot about them (90%), their family usually or always wants to know who they are with and where they are (89%), they have someone in their family they can talk about their worries with (71%), they have someone in their family they have a close bond with (82%), they have someone in their family they can have fun with (86%), and they get enough quality time with their family (65%). In comparison, higher proportions of

European students reported that at least one parent cares a lot about them (95%), their family usually or always wants to know who they are with and where they are (93%), they have someone in their family they can talk about their worries with (78%), they have someone in their family they have a close bond with (87%), they have someone in their family they can have fun with (91%), and they get enough quality time with their family (74%).

A significantly higher proportion of East Asian females than males reported that their family usually or always wants to know who they are with and where they are, and that they have someone in their family they can have fun with.

One thing to make family life better

"More money so they don't have to worry about not being able to pay of the rent."

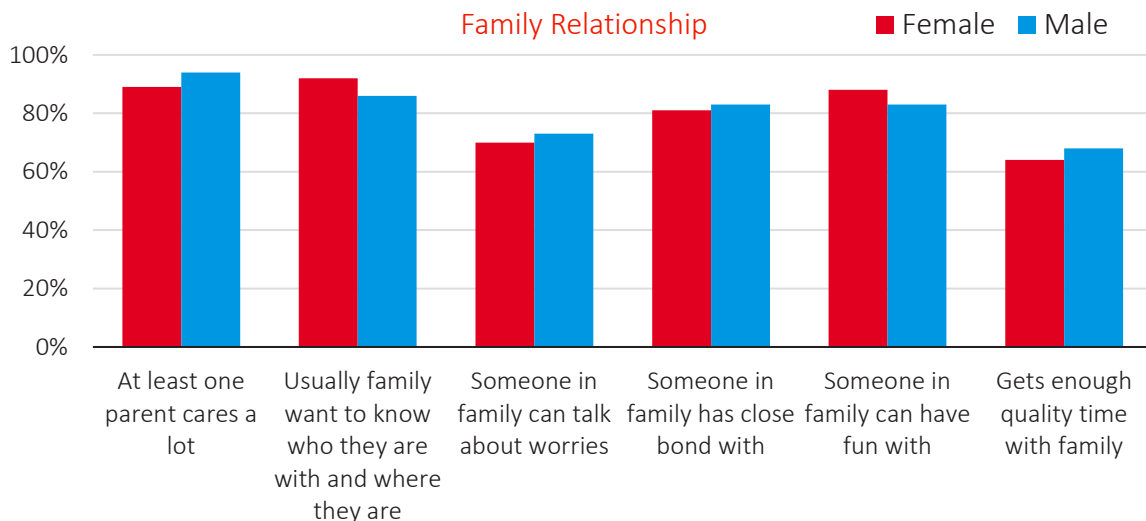
Indonesian Female, 14 years

"For everyone in my family to live under one roof."

Chinese Male, 15 years

"For my parents to understand mental health and the need for space and freedom."

Chinese Female, ≥17 years



School

School Relationships and Engagement

Feelings about school were positive for most East Asian students, with 90% feeling like they are part of their school – a higher proportion than among European students (85%).

Most East Asian students also reported that teachers or tutors cared about them (84%). East Asian students were less likely to report that teachers treat students fairly most or all the time (69%) than European students (74%).

Furthermore, East Asian students were more likely to report that they had been treated unfairly by a teacher or tutor at some time because of their ethnicity (23%) than European students (14%). A further 28% reported that they were unsure or didn't know, which was also higher than for European students (11%).

Nearly all East Asian students (96%) reported that their teachers expect them to do well with their studies, which did not differ from European students.

One thing to make school life better

"To be able to talk to my teachers more about how I am feeling because I often feel stressed especially because I am somebody that has always done well in all areas of school. All of my teachers are expecting me to achieve very highly."

Japanese Female, ≥ 17 years

School safety

Most East Asian students reported that they felt safe at school most or all the time (88%), which was the same proportion as for European students. Three percent reported that they were bullied weekly or more often – which was lower than for European students (6%).

Although East Asian students reported a low prevalence of frequent bullying, 9% reported being bullied in the past 12 months because of their ethnicity, culture, or religion, which was substantially higher than for European students (3%).

One thing to make school life better

"Be more accepting of the identity of people, whether that be religious beliefs, sexual orientation, etc. And teachers set an example of this acceptance rather than condoning something."

Filipino Female, ≥ 17 years

Plans after leaving secondary school

Three quarters (76%) of East Asian students plan to do more training or education – either in New Zealand or going overseas to study – when they finish secondary school. This is higher than for European students (65%).

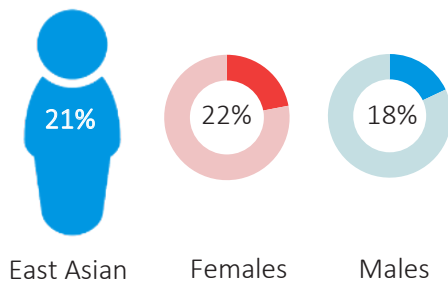
Health and wellbeing

General health and health care

Most East Asian students reported good, very good, or excellent health (91%).

One in five East Asian students reported having a long-term health condition (21%), which was lower than among European students (26%). A greater proportion of East Asian females reported having a long-term health condition (22%) compared to males (18%).

Long-term health condition



Six percent of East Asian students reported that they have a long-term disability, which was lower than the proportion among European students (11%).

Seventy-three percent of East Asian students reported that they had accessed health care in the previous 12 months; however, accessing health care was higher among European students (81%).

Around two-thirds (65%) of East Asian students had visited a family doctor, medical centre or GP clinic in the previous 12 months, 20% had visited a school health clinic, 10% a hospital A&E department, 8% an after-hours accident and medical clinic, and 1.4% a sexual health clinic. Higher proportions of European students had visited a family doctor or GP clinic (78%), a hospital A&E department (14%), an after-hours accident and medical clinic (14%), and a sexual health clinic (3.2%).

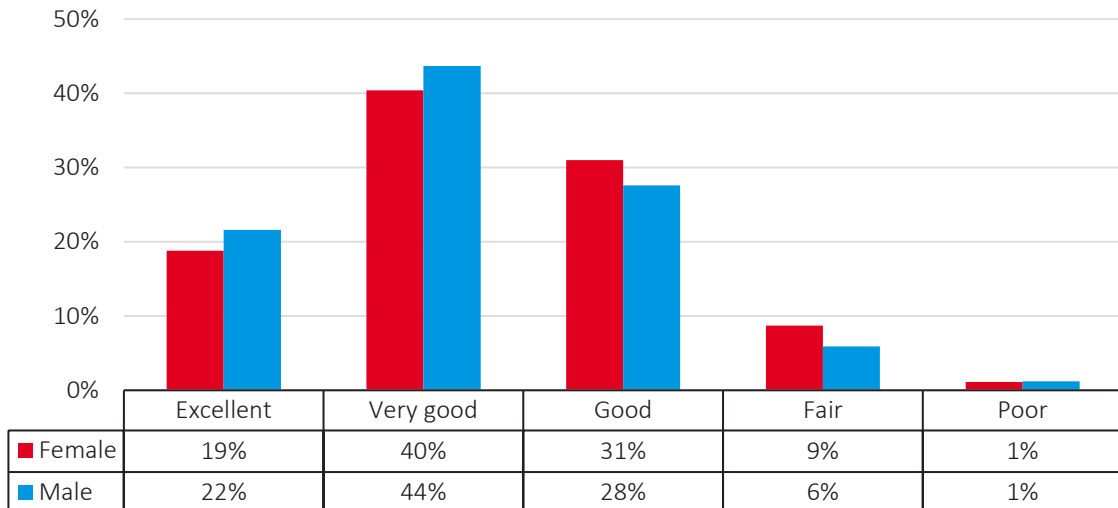
A higher proportion of East Asian females attended a sexual health clinic (2.2%) than males (0.3%).

What can be done to better support young people in NZ

"Better (anonymous) access to healthcare, counselling, advice - just general help."

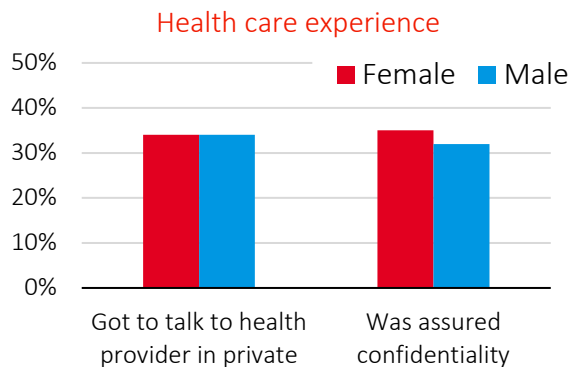
Chinese Male, 16 years

Perceived general health



East Asian

Of the East Asian students who had accessed health care in the previous 12 months, 34% had been able to talk to a health provider in private and 34% had been assured confidentiality. In comparison, higher proportions of European students had got to talk to a health professional privately and were assured confidentiality (39% and 44%, respectively).



East Asian students were more likely to report that they had been treated unfairly by a health professional in the past year because of their ethnicity (5%) than European students (3%).

One in five East Asian students (21%) were unable to access health care when they needed or wanted in the previous 12 months,

which was a higher proportion than for European students (18%).

Students were asked to indicate reasons they had not accessed health care when they needed at any time previously. The most common reasons were hoping that the problem would go away by itself or get better with time (35%), not wanting to make a fuss (30%), being too scared (15%), being too embarrassed (14%), not knowing how to access health care – such as, not knowing where to go or who to call for help or advice (14%), not being able to get an appointment (for example, the appointment times or service opening hours not being convenient - 13%), health care costing too much (12%), and having no transport to get there (10%).

Compared to European students, higher proportions of East Asian students reported the reasons of not knowing how to access health care (14% compared to (cf.) 8%), the health care costing too much (12% cf. 7%), having no-one else to go with (8% cf. 3%), and having no transport to get there (10% cf. 7%).

East Asian female students were more likely than East Asian male students to report that they had not accessed health care in the past

Reasons for not being able to access health care when needed

	Total	Female	Male
Didn't know how to	14%	14%	14%
Had no transport	10%	9%	11%
Couldn't get appointment	13%	14%	10%
Couldn't get in touch with provider	4%	5%	2%
Didn't want to make a fuss	30%	34%	24%
Didn't feel comfortable with person	8%	8%	7%
Was too scared	15%	19%	9%
Was too embarrassed	14%	16%	10%
Hoping problem would go away by itself	35%	40%	29%
Worried it wouldn't be kept private	6%	6%	5%
Had no one else to go with	8%	9%	5%
Cost too much	12%	11%	13%

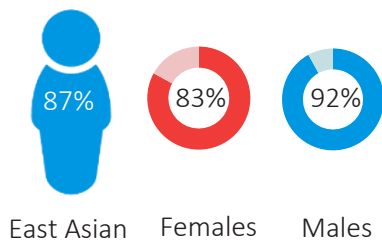
East Asian

when they needed because they had hoped the problem would go away by itself (40% cf. 29%), they didn't want to make a fuss (34% cf. 24%), they were too scared (19% cf. 9%), they were too embarrassed (16% cf. 10%), or they had no-one else to go with (9% cf. 5%).

Emotional health

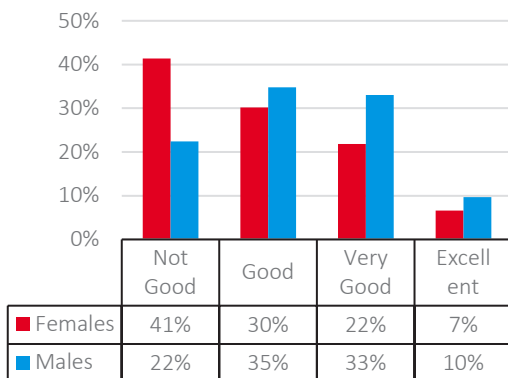
Nearly nine in ten (87%) East Asian students reported being okay/very happy/satisfied with their life; however, satisfaction with life was lower for females (83%) than for males (92%).

Okay or very happy/satisfied with life



Based on the WHO-5 Wellbeing Index, around two-thirds (66%) of East Asian students scored at a level indicating good, very good, or excellent mental and emotional health (positive psychological wellbeing) in the past two weeks; however, this was lower for females (59%) than for males (78%).

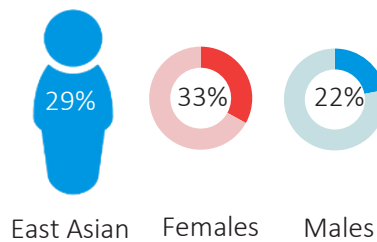
WHO-5 (Psychological wellbeing)



Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder, however it does indicate that they are likely to have 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). Scores on the RADS indicated that 29% of East Asian students experienced depressive symptoms, which was a higher proportion than for European students (23%).

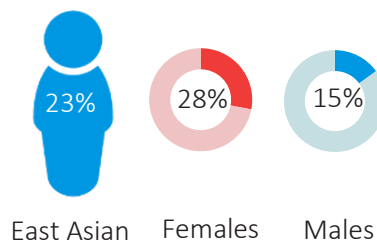
The prevalence of depressive symptoms among East Asian females (33%) was substantially higher than among males (22%).

Significant depressive symptoms



Self-harm in the previous 12 months was reported by 23% of East Asian students, that is, they had deliberately hurt or done something they knew might harm (but not kill) themselves. Reported self-harm was significantly higher among females (28%) than males (15%).

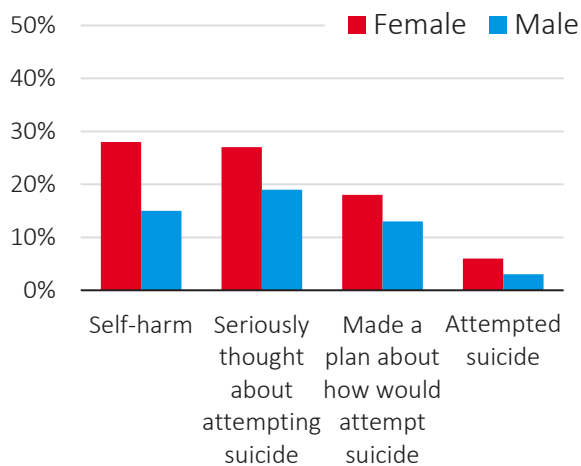
Self-harm in previous 12 months



East Asian

In the previous 12 months, 23% of East Asian students had seriously thought about attempting suicide, 16% had made a plan about how they would attempt suicide, and 5% had attempted suicide. In comparison, the proportion for making a plan to commit suicide was lower for European students (13%). There was a significant difference in proportions between East Asian male and female students for serious thoughts about attempting suicide (19% and 27%, respectively) and making a plan to commit suicide (13% and 18%, respectively).

Self-harm, suicide thoughts, plans and attempts in past 12 months



The biggest problems for young people

"Anxiety and depression, not having someone to talk to and being afraid to speak about it."

Chinese Female, 15 years

"I think mental issues of young students are rising and not many people are taking an action for it."

Korean Female, 14 years

Substance use

Two percent of East Asian students smoked cigarettes monthly, which was lower than for European students (3%). The proportion of East Asian students reporting binge drinking (five or more alcoholic drinks in one session) at least once in the previous four weeks (8%) was markedly lower than among European students (22%). The proportion of East Asian students who reported using marijuana at some time (7%) was also markedly lower than among European students (21%).

Gambling

Thirty percent of East Asian students reported they had gambled or bet precious things or money (i.e., scratchies, lotto, pokies, cards or coin games, TAB betting, gambling on the Internet or mobile phone for money or prizes, casino, or bets with family or friends) in the previous year, which was lower than reported by European students (37%).

Sexual health

Adolescence is a period of life when young people begin to experience sexual attractions and behaviours, which are a part of healthy and normal development. However, unsafe sexual behaviours place young people at risk of negative health outcomes such as sexually transmitted infections, unintended pregnancy, and distress. One in ten East Asian students (10%) reported they had consensual sexual intercourse at some time, which was lower than the proportion of European students (17%). Similarly, a lower proportion of East Asian students reported being currently sexually active (having had sex in the previous three months; 6%) than European students (12%).

East Asian

Of the East Asian students who reported having had sex, about half (53%) reported always using contraception to protect against pregnancy, which was a lower proportion than for European students (66%). Of the East Asian students who had sex at some time, 46% reported always using condoms to protect against sexually transmitted infections.

The biggest problems for young people

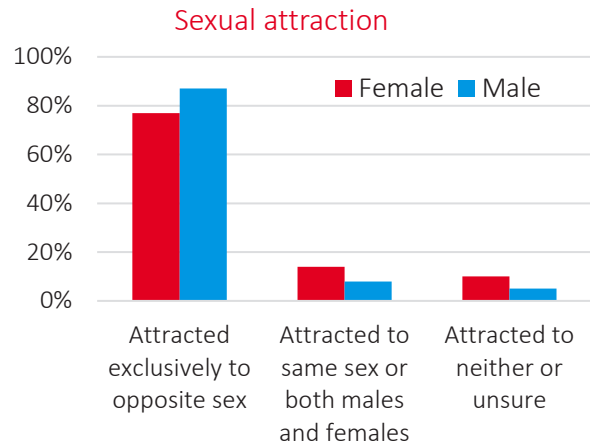
"Drugs, sex, alcohol. As they think that doing these kind of things make them seem cool."

Korean Female, 16 years

Sexual attraction

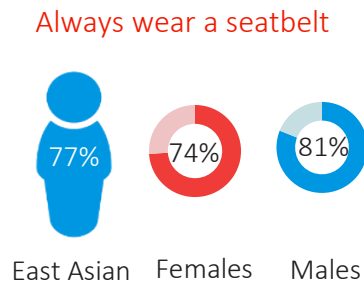
Most East Asian students (81%) reported being attracted exclusively to the opposite sex, 12% reported being attracted to the same sex or to both males and females, and 8% reported that they were attracted to neither sex or were not sure. A higher proportion of East Asian students reported being attracted to neither or being unsure (8%) than European students (5%).

A higher proportion of East Asian males reported being attracted exclusively to the opposite sex (87%) than reported by East Asian females (77%), whereas a higher proportion of East Asian females reported being attracted to the same sex or both males and females (14%), or being attracted to neither sex or not sure (10%) than East Asian males (8% and 5%, respectively).



Motor vehicle risk behaviours

A lower proportion of East Asian students reported they always wear a seatbelt when a passenger or driver in a car (77%) than reported by European students (84%). A higher proportion of East Asian males reported always wearing a seatbelt (81%) than females (74%).



In the previous month, 10% of East Asian students had been in a car driven by someone who had been drinking alcohol; however, this proportion was lower than among European students (14%). Similarly, 10% of East Asian students reported being a passenger in a car driven by someone dangerously (i.e., speeding, racing, burnouts) in the past month, which again was lower than among European students (17%).

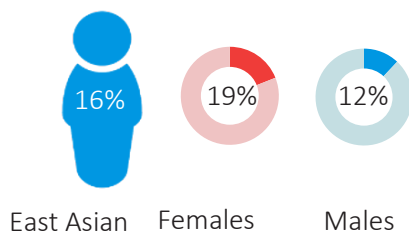
Violence at home

For young people, experiencing or witnessing violence, especially in their home, is associated with a range of other problems, particularly in their mental health. Twelve percent of East Asian students reported they had witnessed violence (an adult hitting or physically hurting another adult or child) in their home in the previous 12 months, which was a higher proportion than reported by European students (6%). Twelve percent of East Asian students reported they had been hit or physically hurt by an adult at home in the previous 12 months, which was higher than for European students (6%).

Unwanted sexual behaviour

Sixteen percent of East Asian students reported 'yes' or 'unsure' to having been touched in a sexual way or made to do sexual things they did not want to do at some time (including sexual abuse or rape); however, this was higher for females (19%) than for males (12%).

Experience unwanted sexual behaviour (reporting 'yes' or 'unsure')



Friendships and Community

Friendships

Most East Asian students reported having supportive friendships. Eighty-three percent agreed that they have a friend who they can talk about their worries with, and 82% agreed that they have a friend who will stick up for them and who has got their back. The proportions among European students were higher (86% and 88%, respectively).

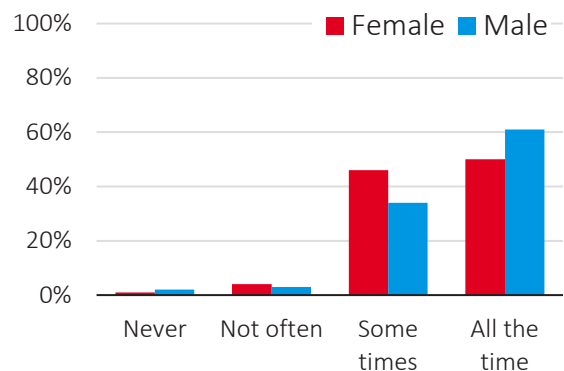
Other support and community

Two in five East Asian students (40%) agreed that they had an adult outside their family they can talk about their worries with, which was a lower proportion than for European students (49%).

Over half of East Asian students (56%) reported that they had helped others in their school or community at some time.

Only 54% of East Asian students reported feeling safe in their neighbourhood all the time, which was lower than among European students (61%). Always feeling safe in their neighbourhood was higher among East Asian males (61%) than among East Asian females (50%).

Feeling safe in own neighbourhood



What can be done to better support young people in NZ

"Giving young people a stronger sense of community and family that is bonded through beliefs, values and passion."

Chinese Female, ≥ 17 years

"Listen more to their worries of the future. e.g., global warming and other environmental things."

Filipino Female, ≥ 17 years

"To inform them and actually support them when they need it and have better systems which can help them."

Malaysian Chinese Female, 16 years

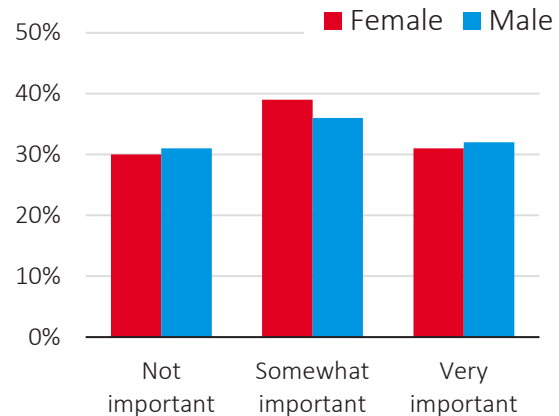
"More help and support from people other than their parents."

Filipino Female, 14 years

Spiritual beliefs

Spiritual beliefs or religious faith was rated as very important by 32% of East Asian students, which was markedly higher than among European students (14%).

Importance of spiritual beliefs or religious faith

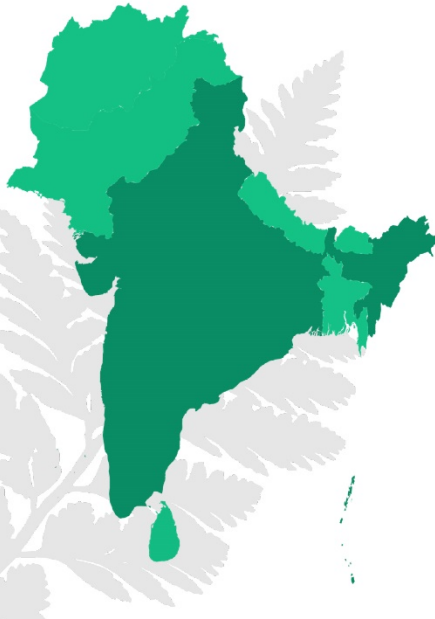


Employment

Thirty-five percent of East Asian students had worked for money or had a paid job (a regular part-time job or occasional work during the school term or work during the school holidays) in the past year, which was substantially lower than among European students (61%).



South Asian



82% Indian
 10% Sri Lankan
 4% Pakistani
 2% Afghani
 1% Bangladeshi

56% Were born in NZ



3 in 4 students who were born overseas, feel they belong in New Zealand

79% Plan to do more training or study when they leave secondary school

89% Felt like a part of their school
86% Felt that their teachers cared about them

In Schools

At Home

Felt at least one parent cared a lot about them **94%**
 Have a family member they can talk about their worries with **74%**

26% Were treated unfairly by a teacher due to their ethnicity
13% Were bullied due to ethnicity or religion in the past year



Live in high deprivation (poorer) neighbourhoods **32%**
 Live in low deprivation (richer) neighbourhoods **19%**

Health & Wellbeing

93% were in good, very good or excellent health

82% Had accessed healthcare in the past year

➤ Only 1 in 3 were able to talk to a health provider in private

18% Were unable to access healthcare when needed in the past year

Good-Excellent Psychological Wellbeing



84% of Males



59% of Females

Significant Depressive Symptoms



11% of Males



35% of Females



1% Smoked cigarettes monthly
6% Binge drank at least once in the past month

5% had consensual sex in the past 3 months.

1 in 2 always used contraception to prevent pregnancy

1 in 2 always used condoms to prevent sexually transmitted infections

South Asian

Ethnic classification is based on total response, so all students who identified with any South Asian ethnicity are included (see glossary), regardless of whether they also identified with another Asian or non-Asian ethnicity.

Of the 604 South Asian students, 82% identified as Indian, 10% as Sri Lankan, and 4% as Pakistani.

Eighty-one percent of South Asian respondents reported being only of South Asian ethnicity. Among the remaining 19%, 0.3% reported being South Asian and an East Asian ethnicity; 17% reported being both East Asian and a non-Asian ethnicity; and 1.5% reported being East Asian, a South Asian ethnicity, and a non-Asian ethnicity.

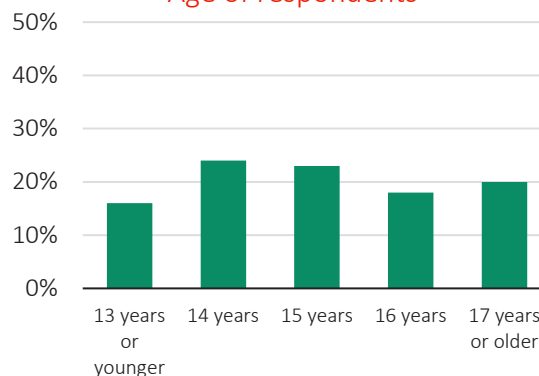
Demography

The age and sex (51% female and 49% male) distribution of South Asian students in our sample was somewhat evenly distributed.

Fifty-six percent of the South Asian students were born in New Zealand, 16% in India, 13% in Fiji, and 5% in Sri Lanka. Only 4% of students were non-migrants (themselves and both of their parents were born in New Zealand), whereas 38% were first generation migrants (born overseas) and 53% were second generation migrants (born in New Zealand, but one or both parents were born overseas). Additionally, 16% of the South Asian youth reported being international students.

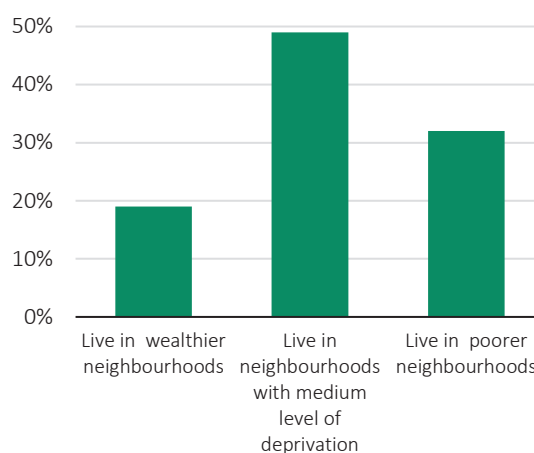
Nearly half of the South Asian students lived in neighbourhoods with a medium level of deprivation (49%), about one-third lived in high deprivation (32%), and a smaller proportion lived low deprivation (19%) neighbourhoods.

Age of respondents



Culture and belonging

Neighbourhood deprivation



Of the South Asian students born overseas, 76% feel like they belong in New Zealand. A further 18% reported that they did not know, and 6% reported that they did not feel like they belonged.

Most South Asian students feel comfortable or very comfortable in European social settings (82%); however, a higher proportion of South Asian males (88%) reported feeling comfortable than females (76%).

Biggest problems for young people

"Feeling like they have to fit into the image that society wants us to be like, e.g., skinny, pretty, have the best phone or have a boyfriend."

Pakistani Female, 15 years

Home and family

Family background and circumstances

Ten percent of South Asian students reported that in the past 12 months they had to sleep somewhere other than in their own bed because their family could not afford to get a home or they did not have enough space. This proportion was higher than among European students (5%).

Fifteen percent of South Asian students reported that their parents often worried about having enough money to buy food, which was higher than among European students (8%). Nearly all the South Asian students (99%) reported that at least one of their parents was in paid employment.

One thing to make family life better

“Being allowed to make decisions and the ability to make mistakes and learn from them if I want to.”

Indian Male, 16 years

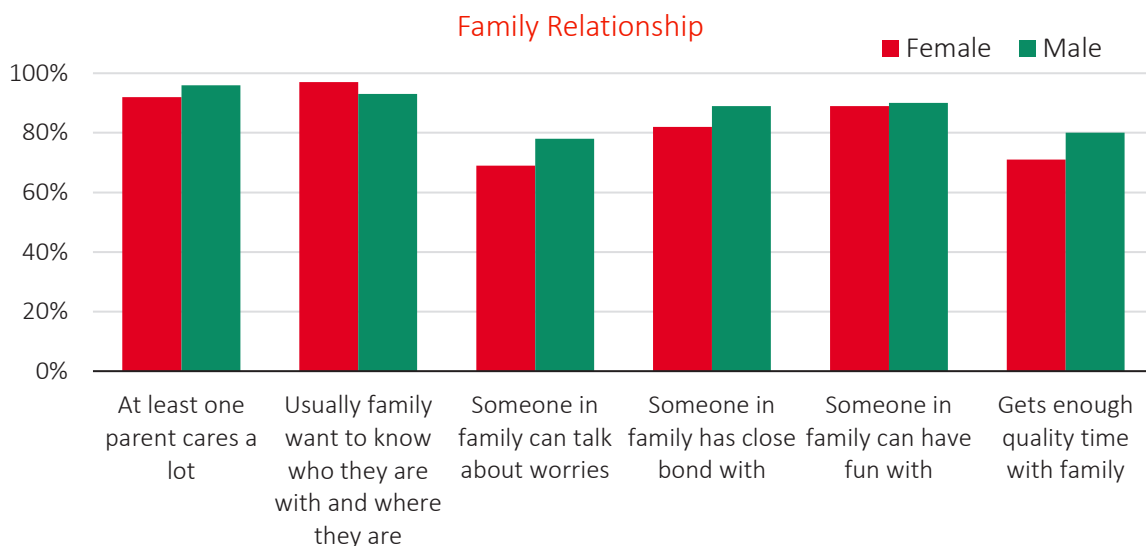
“Alone time to allow me to be able to reflect on my day.”

Indian Female, 14 years

Family relationships

Most of the South Asian students reported that at least one parent cares a lot about them (94%), their family usually or always wants to know who they are with and where they are (95%), they have someone in their family they can talk about their worries with (74%), there is someone in their family they have a close bond with (86%), they have someone in their family they can have fun with (90%), and they get enough quality time with their family (76%). In comparison, a lower proportion of European students reported that their family usually or always wants to know who they are with and where they are (93%), and a higher proportion reported that they have someone in their family they can talk about their worries with (78%).

A significantly higher proportion of South Asian females than males reported that their family usually or always wants to know who they are with and where they are. Conversely, higher proportions of South Asian males than females reported that at least one parent cares a lot about them, they have someone in their family they can talk about their worries with, and there is someone in their family they have a close bond with.



School

School Relationships and Engagement

Feelings about school were positive for most South Asian students, with 89% feeling like they are part of their school – a higher proportion than among European students (85%).

Most South Asian students also felt that teachers/tutors cared about them (86%), which was more commonly reported than among European students (80%).

About three-quarters of South Asian students reported that teachers treat students fairly most or all the time (74%); however 26% reported that they had been treated unfairly by a teacher or tutor at some time because of their ethnicity, which was higher than among European students (14%). A further 22% reported that they were unsure or did not know, which was also higher than for European students (11%).

Nearly all South Asian students (98%) reported that their teachers expect them to do well with their studies.

School safety

Most South Asian students reported that they felt safe at school most or all the time (91%), which was a higher proportion than among European students (88%). Five percent reported that they were bullied weekly or more often in the past year. Although South Asian students reported a relatively low prevalence of frequent bullying, 13% reported being bullied in the past 12 months because of their ethnicity, culture, or religion, which was substantially higher than for European students (3%).

Plans after leaving secondary school

Seventy-nine percent of South Asian students plan to do more training or education – either in New Zealand or overseas – when they finish secondary school. This is higher than for European students (65%). Plans to do more training or education – either in New Zealand or overseas – was reported more commonly by South Asian females (83%) than males (75%).

One thing to make school life better

“Changing the prices for clubs and sports. Right now, the prices are very high.”

Pakistani Female, ≤13 years

“Not having to hear racism disguised as “banter” and having to put on a face to adapt and go along with it.”

Sri Lankan Male, ≥17 years

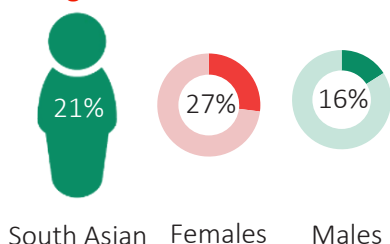
Health and wellbeing

General health and health care

Most South Asian students rated their health as good, very good, or excellent (93%). There was some variation between males and females, with more males rating their health as excellent than good, and more females rating their health as good than excellent.

One in five South Asian students reported having a long-term health condition (21%), which was lower than among European students (26%). A greater proportion of South Asian females reported having a long-term health condition (27%) or that they did not know (13%) compared to South Asian males (16% and 7%, respectively).

Long-term health condition

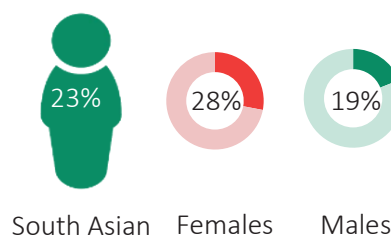


Five percent of South Asian students reported that they have a long-term disability, which was lower than the proportion among European students (11%).

Four in five South Asian students (82%) reported that they had accessed health care in the previous 12 months. Four in five South Asian students (79%) had visited a family doctor, medical centre or GP clinic in the previous 12 months, 23% had visited a school health clinic, 11% a hospital A&E department, 10% an after-hours accident and medical clinic, and 1.1% a sexual health clinic. A higher proportion of European students had visited a sexual health clinic (3.2%).

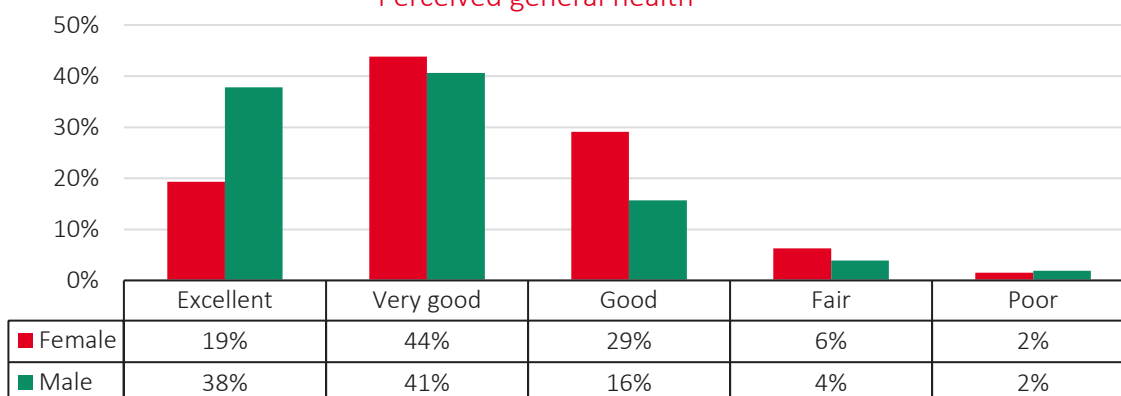
Of the South Asian students, a higher proportion of females attended a school health clinic in the previous 12 months (28%) than males (19%).

Attended a school health clinic (past year)

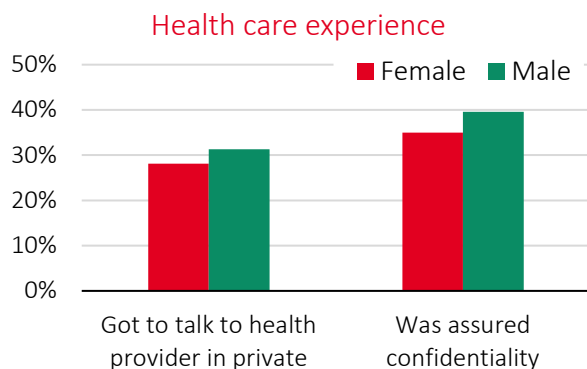


Of the South Asian students who had accessed health care in the previous 12 months, 30% had been able to talk to a health provider in private and 37% had been assured confidentiality. In comparison, higher proportions of European students had got to talk to a health professional privately and were assured confidentiality (39% and 44%, respectively).

Perceived general health



South Asian



South Asian students were more likely to report that they had been treated unfairly by a health professional in the past year because of their ethnicity (5%) than European students (3%).

Eighteen percent of South Asian students were unable to access health care when they needed or wanted in the previous 12 months.

Students were asked to indicate reasons they had not accessed health care when they needed at any time previously.

The most common reasons for South Asian students were hoping that the problem would go away by itself or get better with time (30%), not wanting to make a fuss (24%), not

being able to get an appointment (for example, the appointment times or service opening hours not being convenient - 15%), being too embarrassed (11%), being too scared (10%), not knowing how to access health care – such as not knowing where to go or who to call for help or advice (9%), and having no transport to get there (9%).

Compared to European students, lower proportions of South Asian students reported the reasons of not wanting to make a fuss (24% cf. 31%) and being too embarrassed (11% cf. 15%), and a higher proportion of South Asian students reported not being able to get in touch with the health provider (6% cf. 3%).

South Asian female students were more likely than male students to report that they hadn't accessed health care in the past when they needed because they had hoped the problem would go away by itself (36% cf. 23%), they did not want to make a fuss (28% cf. 20%), they couldn't get in touch with the provider (10% cf. 2%), or they were worried it would not be kept private (8% cf. 4%).

Reasons for not being able to access health care when needed

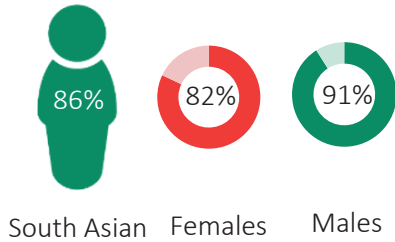
	Total	Female	Male
Didn't know how to	9%	9%	8%
Had no transport	9%	11%	6%
Couldn't get appointment	15%	18%	11%
Couldn't get in touch with provider	6%	10%	2%
Didn't want to make a fuss	24%	28%	20%
Didn't feel comfortable with person	5%	6%	4%
Was too scared	10%	11%	9%
Was too embarrassed	11%	12%	10%
Hoping problem would go away by itself	30%	36%	23%
Worried it wouldn't be kept private	6%	8%	4%
Had no one else to go with	4%	4%	3%
Cost too much	7%	6%	7%

South Asian

Emotional health

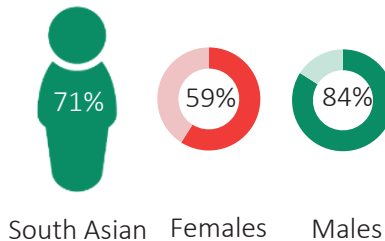
Eighty-six percent of South Asian students reported being okay or very happy/satisfied with their life; however, satisfaction with life was lower for females (82%) than for males (91%).

Okay or very happy/satisfied with life

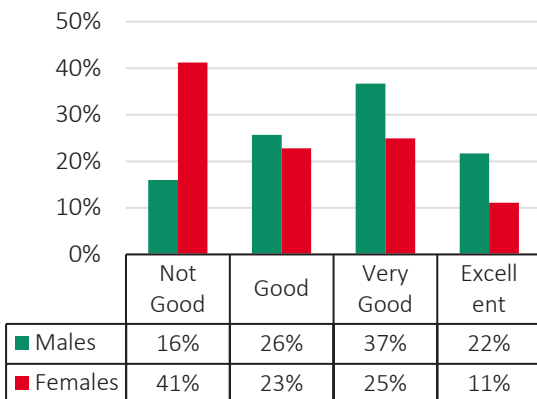


Based on the WHO-5 Wellbeing Index, 71% of South Asian students scored at a level indicating good, very good, or excellent mental and emotional health (positive psychological wellbeing) in the past two weeks; however, this was lower for females (59%) than for males (84%).

Positive psychological wellbeing



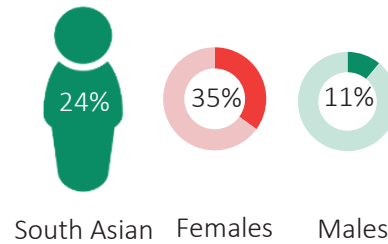
WHO-5 (Psychological wellbeing)



Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADs-SF). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder, however it does indicate that they are likely to have 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). Scores on the RADs indicated that 24% of South Asian students experienced depressive symptoms.

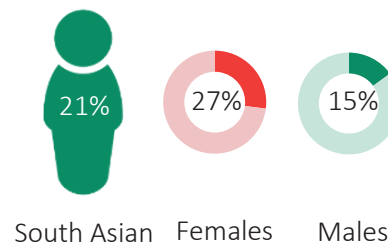
The prevalence of depressive symptoms among South Asian females (35%) was substantially higher than among males (11%).

Significant depressive symptoms



Self-harm in the previous 12 months was reported by 21% of South Asian students, that is, they had deliberately hurt or done something they knew might harm (but not kill) themselves. Reported self-harm was significantly higher among females (27%) than males (15%).

Self-harm in previous 12 months

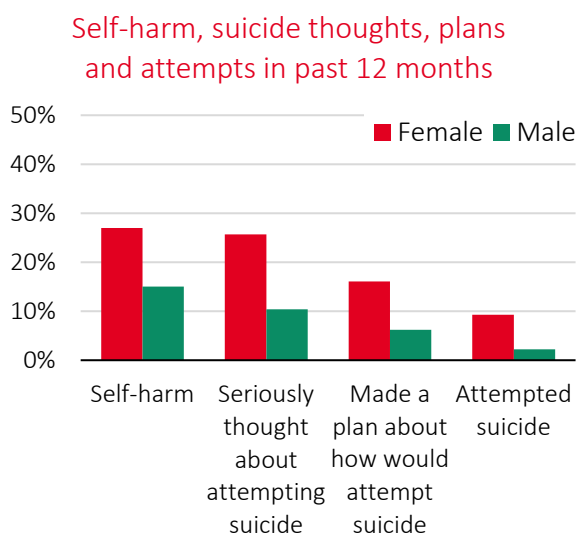


South Asian

Although self-harm was high among South Asian students, it was lower than reported by European students (25%).

In the previous 12 months, 18% of South Asian students had seriously thought about attempting suicide, 11% had made a plan about how they would attempt suicide, and 6% had attempted suicide. In comparison, attempting suicide was lower among European students (4%).

There was a significant difference in proportions between South Asian male and female students for serious thoughts about attempting suicide (10% and 26%, respectively), making a plan to commit suicide (6% and 16%, respectively), and attempting suicide (2% and 9%, respectively).



Substance use

One percent of South Asian students smoked cigarettes monthly, which was lower than for European students (3%).

The proportion of South Asian students reporting binge drinking (five or more alcoholic drinks in one session) at least once in the previous four weeks (6%) was markedly lower than among European students (22%).

The proportion of South Asian students who reported using marijuana at some time (8%) was also markedly lower than among European students (21%).

Gambling

Thirty percent of South Asian students reported they had gambled or bet precious things or money (i.e., scratchies, lotto, pokies, cards or coin games, TAB betting, gambling on the Internet or mobile phone for money or prizes, casino, or bets with family or friends) in the previous year, which was lower than reported by European students (37%).

Sexual health

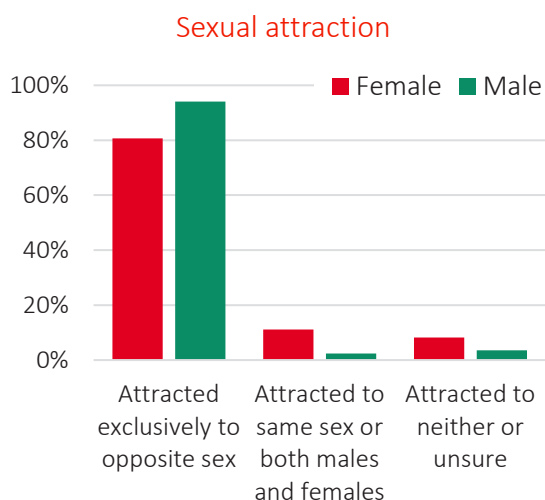
Adolescence is a period of life when young people begin to experience sexual attractions and behaviours, which are a part of healthy and normal development. However, unsafe sexual behaviours place young people at risk of negative health outcomes such as sexually transmitted infections, unintended pregnancy, and distress. Nine percent of South Asian students reported they had sexual intercourse at some time, which was lower than the proportion of European students (17%). Similarly, a lower proportion of South Asian students reported being currently sexually active (having had sex in the previous three months; 5%) than European students (12%).

Of the South Asian students who reported having had sex, 51% reported always using contraception to protect against pregnancy. Similarly, of the South Asian students who had sex at some time, 53% reported always using condoms to protect against sexually transmitted infections.

South Asian

Sexual attraction

Most South Asian students (87%) reported being attracted exclusively to the opposite sex, 7% reported being attracted to the same sex or to both males and females, and 6% reported that they were attracted to neither or were not sure. A lower proportion of South Asian students reported being attracted to the same sex or to both males and females (7%) than European students (11%). A higher proportion of South Asian males reported being attracted exclusively to the opposite sex (94%) than reported by South Asian females (81%), whereas a higher proportion of South Asian females reported being attracted to the same sex or both males and females (11%) or being attracted to neither or not sure (8%) than South Asian males (2% and 3%, respectively).



Motor vehicle risk behaviours

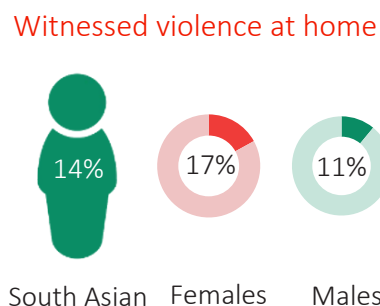
A lower proportion of South Asian students reported they always wear a seatbelt when a passenger or driver in a car (80%) than reported by European students (84%).

In the previous month, 11% of South Asian students had been in a car driven by someone who had been drinking alcohol. Similarly, 13% of South Asian students reported being a passenger in a car driven by someone dangerously (i.e., speeding, racing, burnouts) in the past month.

Violence at home

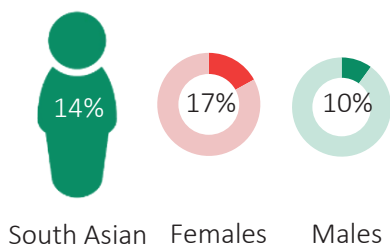
For young people, experiencing or witnessing violence, especially in their home, is associated with a range of other problems, particularly in their mental health. Fourteen percent of South Asian students reported they had witnessed violence (an adult hitting or physically hurting another adult or child) in their home in the previous 12 months, which was a higher proportion than reported by European students (6%).

A higher proportion of South Asian females witnessed violence in the home (17%) than males (11%).



Fourteen percent of South Asian students reported they had been hit or physically hurt by an adult at home in the previous 12 months, which was higher than for European students (6%). A higher proportion of South Asian females experienced violence in the home (17%) than males (10%).

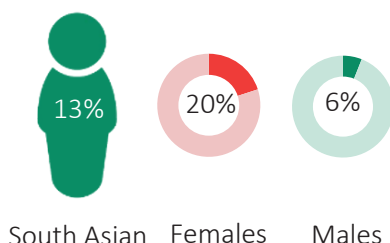
Had been hit or physically hurt



Unwanted sexual behaviour

Thirteen percent of South Asian students reported 'yes' or 'unsure' to having been touched in a sexual way or made to do sexual things they did not want to do at some time (including sexual abuse or rape), which was lower than among European students (17%). Unwanted sexual behaviour was reported by a higher proportion of South Asian females (20%) than males (6%).

Experience unwanted sexual behaviour (reporting 'yes' or 'unsure')

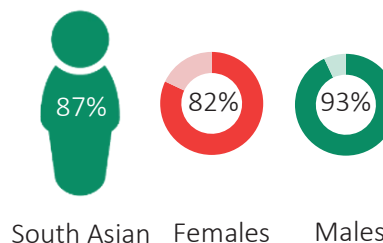


Friendships and Community

Friendships

Most South Asian students reported having supportive friendships, with 88% agreeing that they have a friend who they can talk about their worries with, and 87% agreeing that they have a friend who will stick up for them and who has got their back. However, a higher proportion of South Asian males indicated that they have a friend who will stick up for them (93%) than females (82%).

Have a friend who will stick up for them



Other support and community

About half of the South Asian students (51%) agreed that they have an adult outside their family they can talk about their worries with.

Over half of the South Asian students (53%) reported that they had helped others in their school or community at some time.

Only 55% of South Asian students reported feeling safe in their neighbourhood all the time, which was lower than among European students (61%). Always feeling safe in their neighbourhood was higher among South Asian males (62%) than females (49%).

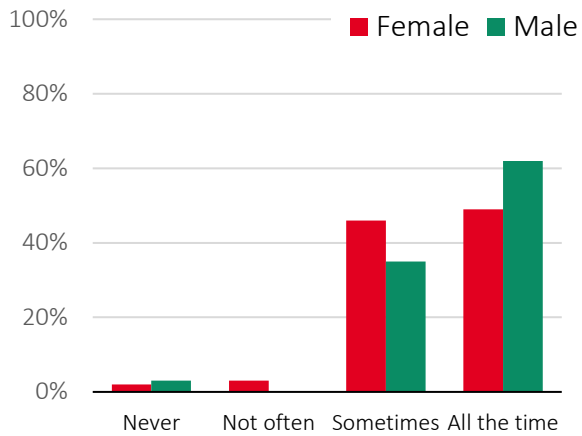
Biggest problems for young people

"Scared to go out and show their religion in public without getting hurt."

Sri Lankan Female, 14 years

South Asian

Feeling safe in own neighbourhood



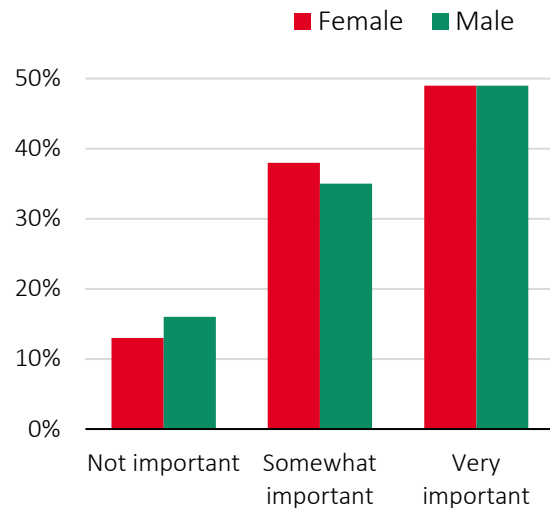
Employment

Thirty-four percent of South Asian students had worked for money or had a paid job (a regular part-time job or occasional work during the school term or work during the school holidays) in the past year, which was substantially lower than among European students (61%).

Spiritual beliefs

Spiritual beliefs or religious faith was rated as very important by 49% of South Asian students, which was markedly higher than among European students (14%).

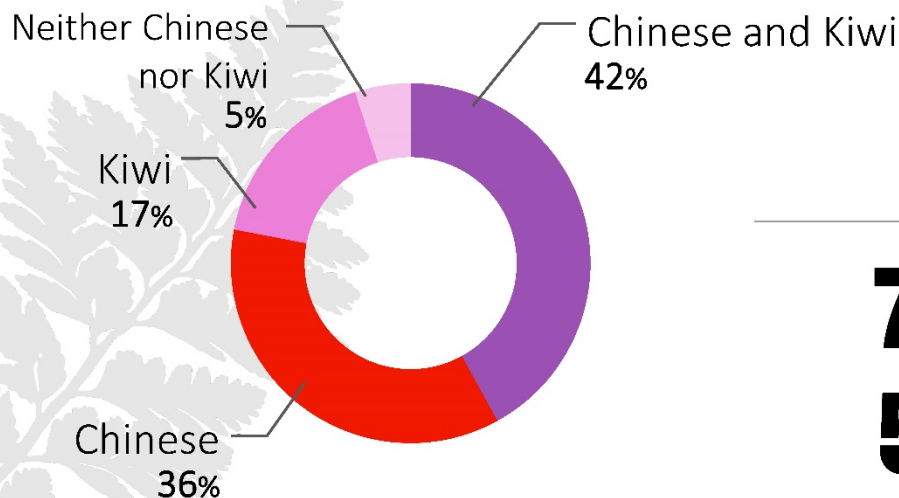
Importance of spiritual beliefs or religious faith





Chinese

Culture they identified most with



61% Were born in NZ



1 in 2 students who were born overseas, feel they belong in New Zealand

73% Speak Chinese dialect fairly to very well

52% Are very proud of their ethnicity

88% Felt like a part of their school

83% Felt that their teachers cared about them

25% Felt they were treated unfairly by a teacher due to their ethnicity

11% Were bullied due to ethnicity or religion in the past year



In Schools

At Home

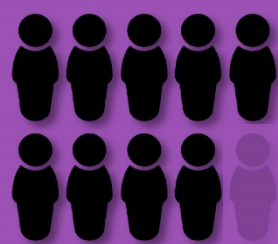
Have a family member they can talk about their worries with **73%**

Live in high deprivation (poorer) neighbourhoods **20%**

Live in low deprivation (richer) neighbourhoods **32%**



Health & Wellbeing



92%

were in good, very good or excellent health

73% Had accessed healthcare in the past year

18% Were unable to access healthcare when needed in the past year

Good-Excellent Psychological Wellbeing



78% of Males



56% of Females

Significant Depressive Symptoms



16% of Males



31% of Females



2% Smoked cigarettes monthly

9% Binge drank at least once in the past month

5% had consensual sex in the past 3 months.

1 in 2 always used contraception to prevent pregnancy

1 in 2 always used condoms to prevent sexually transmitted infections

This section presents the results for Chinese students. Ethnic classification is based on total response, so all students who identified with a Chinese ethnicity are included (see glossary), regardless of whether they also identified with another Asian or non-Asian ethnicity. A total of 734 students were categorised as Chinese and are included in the results for this ethnic group.

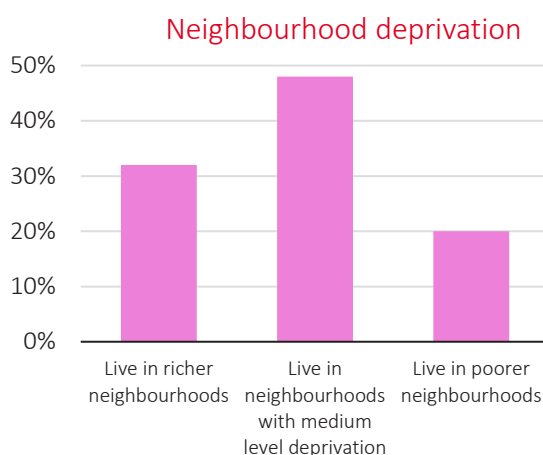
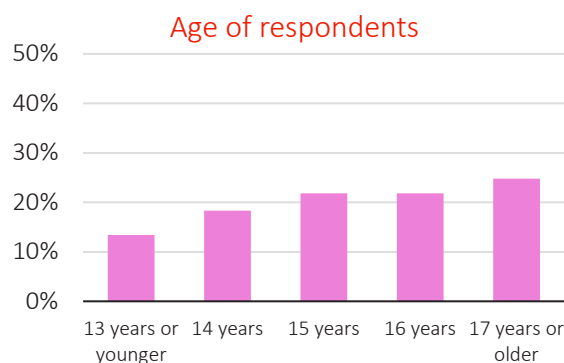
Demography

The age distribution of Chinese students in our sample was somewhat evenly distributed, apart from a higher proportion of older students (e.g., 25% aged 17 and over) than younger students (e.g., 13% aged 13 and under). Our sample included slightly more females (53%) than males (47%).

Seventy-five percent of Chinese reported being only of East Asian ethnicity. Among the remaining 25%, 0.1% reported being both Chinese and of a South Asian ethnicity; 24% reported being both Chinese and a non-Asian ethnicity; and 1% reported being Chinese, a South Asian ethnicity, and a non-Asian ethnicity.

Sixty-one percent of the Chinese students were born in New Zealand, 24% in China, and 4% in Malaysia. Only 9% of Chinese students were non-migrants (themselves and both of their parents were born in New Zealand), whereas 24% were first generation migrants (born overseas) and 52% were second generation migrants (born in New Zealand, but one or both parents were born overseas). Additionally, 16% of the Chinese youth reported being international students.

Nearly half (48%) of the Chinese students lived in neighbourhoods with a medium level of deprivation, 20% lived in high deprivation, and a larger proportion lived in low deprivation (32%) neighbourhoods.



Culture and belonging

Of the Chinese students born overseas, 51% feel like they belong in New Zealand. A further 23% reported that they didn't know, and 27% reported that they didn't feel like they belonged. About three in four Chinese students (73%) feel comfortable or very comfortable in European social settings.

About three in four Chinese students (77%) understand a spoken Chinese dialect fairly well, well, or very well. Similarly, about three in four students (73%) speak a Chinese dialect in day-to-day conversation fairly well, well, or very well.

One thing to make family life better

"I wish my mom can have perfect English, then she can get a job that she wants."

Chinese Female, 14 years

Chinese

About half of the Chinese students (52%) reported that they were very proud of their ethnicity (rather than only somewhat proud or not proud at all). When asked which culture they identify most with – Chinese, Kiwi, both, or neither – 36% reported they most identified with Chinese culture, 17% reported Kiwi culture, 42% reported both cultures, and 5% reported that they identified with neither culture.

One thing to make family life better

“Currently, my parents work long hours at the same job and are self-employed with low pay. So if my parents worked separate jobs that have normal hours I feel like they can spend more time at home and be happier.”

Chinese Male, 16 years

Home and family

Family background and circumstances

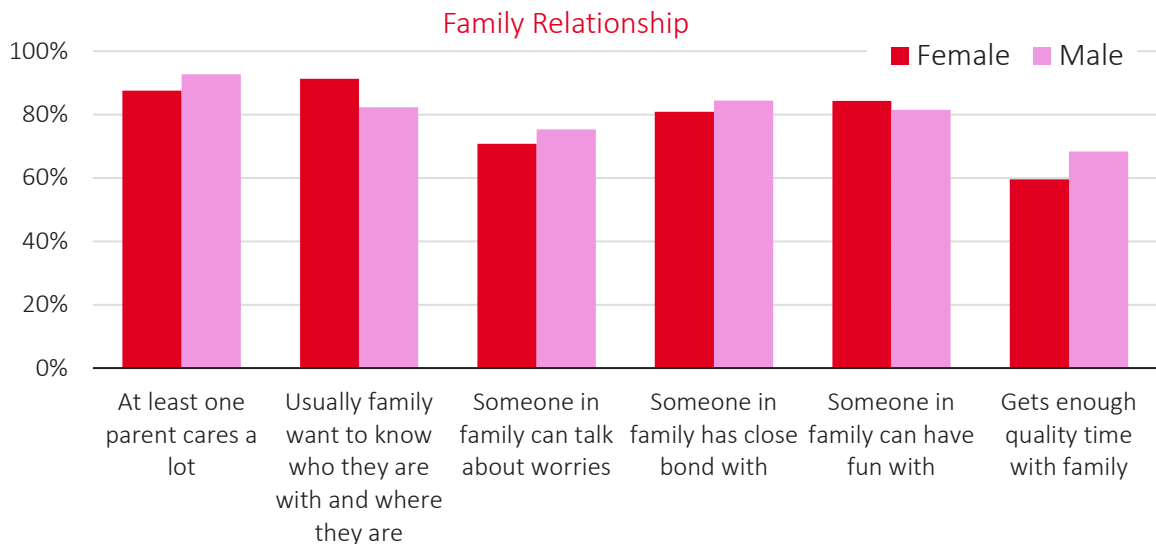
Seven percent of Chinese students reported that in the past 12 months they had to sleep somewhere other than in their own bed because their family could not afford to get a home or they did not have enough space. This proportion was higher than among European

students (5%). Eight percent of Chinese students reported that their parents often worried about having enough money to buy food. Although nearly all Chinese students (97%) reported that at least one of their parents was in paid employment, this was lower than for European students (99%).

Family relationships

Most of the Chinese students reported that at least one parent cares a lot about them (89%), their family usually or always wants to know who they are with and where they are (88%), they have someone in their family they can talk about their worries with (73%), there is someone in their family they have a close bond with (82%), they have someone in their family they can have fun with (83%), and they get enough quality time with their family (63%). In comparison, each of these family relationship indicators were more commonly reported among European students (95%, 93%, 78%, 87%, 91%, and 74%, respectively).

A significantly higher proportion of Chinese females than males reported that their family usually or always wants to know who they are with and where they are. Conversely, a higher proportion of Chinese males than females reported that they get enough quality time with their family.



School

School Relationships and Engagement

Feelings about school were positive for most Chinese students, with 88% feeling like they are part of their school – a higher proportion than among European students (85%).

Most Chinese students also felt that teachers/tutors cared about them (83%), and that teachers treat students fairly most or all the time (67%). However, 25% reported that they had been treated unfairly by a teacher or tutor at some time because of their ethnicity, which was higher than among European students (14%). A further 27% reported that they were unsure or did not know, which was also higher than for European students (11%). Nearly all Chinese students (95%) reported that their teachers expect them to do well with their studies.

School safety

Most Chinese students reported that they felt safe at school most or all the time (87%). Three percent reported that they were bullied weekly or more often in the past year, which was lower than among European students (6%). Although most Chinese students felt safe, and a relatively low proportion were bullied frequently, 11% reported being bullied in the past 12 months because of their ethnicity, culture, or religion, which was substantially higher than for European students (3%).

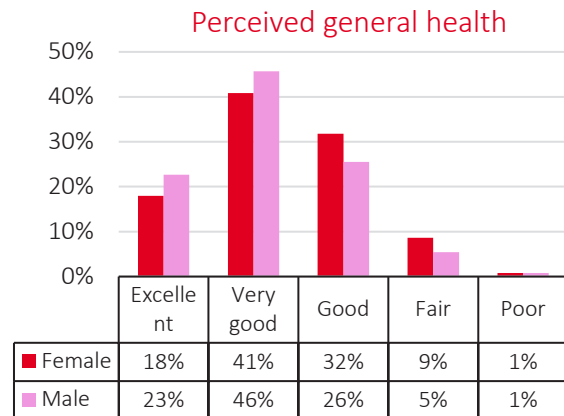
Plans after leaving secondary school

Eighty-one percent of Chinese students plan to do more training or education – either in New Zealand or going overseas to study – when they finish secondary school. This is higher than for European students (65%).

Health and wellbeing

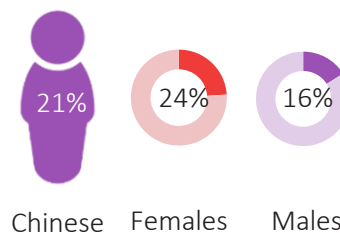
General health and health care

Most Chinese students rated their health as good, very good or excellent (92%).



One in five Chinese students reported having a long-term health condition (21%), which was lower than among European students (26%). A greater proportion of Chinese females reported having a long-term health condition (24%) or that they did not know (16%) compared to Chinese males (16% and 12%, respectively).

Long-term health condition



Seven percent of Chinese students reported that they have a long-term disability, which was lower than the proportion among European students (11%).

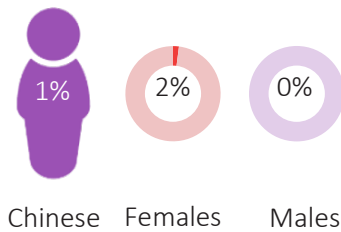
One thing to make school better

“Have more counselling around schools and have regular check-ups on students if they seem down that day.”

Chinese Female, 15 years

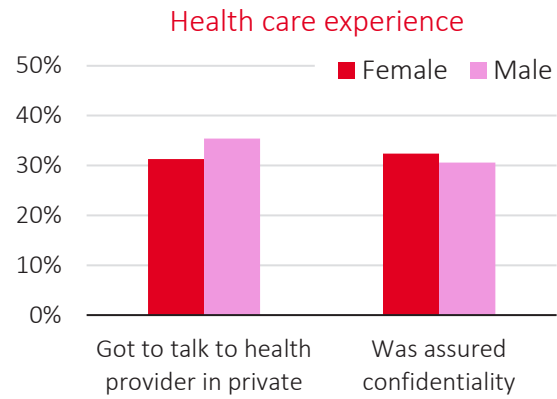
Nearly three-quarters of Chinese students (73%) reported that they had accessed health care in the previous 12 months, which was lower than among European students (81%). Sixty-four percent of Chinese students had visited a family doctor, medical centre or GP clinic in the previous 12 months, 20% had visited a school health clinic, 10% a hospital A&E department, 8% an after-hours accident and medical clinic, and 1% a sexual health clinic. A higher proportion of European students had visited a family doctor, medical centre or GP clinic (78%), a hospital A&E (14%), an after-hours accident and medical clinic (14%), and a sexual health clinic (3%). Of the Chinese students, a higher proportion of females attended a sexual health clinic in the previous 12 months (2%) than males (0%).

Attended a sexual health clinic (past year)



Of the Chinese students who had accessed health care in the previous 12 months, 33% had been able to talk to a health provider in private and 32% had been assured

confidentiality. In comparison, higher proportions of European students had got to talk to a health professional privately and were assured confidentiality (39% and 44%, respectively).



Chinese students were more likely to report that they had been treated unfairly by a health professional in the past year because of their ethnicity (5%) than European students (3%).

Eighteen percent of Chinese students were unable to access health care when they needed or wanted in the previous 12 months. Students were asked to indicate reasons they had not accessed health care when they needed at any time previously. The most common reasons for Chinese students were hoping that the problem would go away by itself or get better with time (34%), not

Reasons for not accessing health care when previously needed

	Total	Female	Male
Didn't know how to	12%	14%	11%
Had no transport	8%	6%	10%
Couldn't get appointment	10%	12%	8%
Couldn't get in touch with provider	4%	4%	2%
Didn't want to make a fuss	28%	30%	24%
Didn't feel comfortable with person	6%	6%	7%
Was too scared	12%	15%	7%
Was too embarrassed	12%	13%	10%
Hoping problem would go away by itself	34%	37%	28%
Worried it wouldn't be kept private	6%	5%	4%
Had no one else to go with	6%	8%	4%
Cost too much	9%	9%	9%

wanting to make a fuss (28%), not knowing how to access health care – such as not knowing where to go or who to call for help or advice (12%), being too scared (12%), being too embarrassed (12%), not being able to get an appointment (e.g., the appointment times or service opening hours not being convenient - 10%), costing too much (9%), and having no transport to get there (8%).

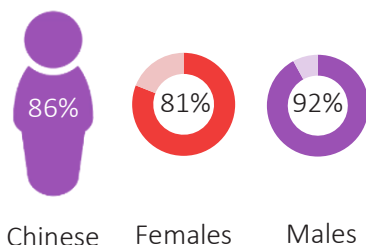
Compared to European students, higher proportions of Chinese students reported the reasons of not knowing how to access health care (12% cf. 8%) and having no one else to go with (6% cf. 3%), and lower proportions of Chinese students reported being too embarrassed (12% cf. 15%) and not being able to get an appointment (10% cf. 14%).

Chinese female students were more likely than male students to report that they had not accessed health care in the past when they needed because they had hoped the problem would go away by itself (37% cf. 28%) and they were too scared (15% cf. 7%).

Emotional health

Eighty-six percent of Chinese students reported being okay or very happy/satisfied with their life; however, satisfaction with life was lower for females (81%) than for males (92%).

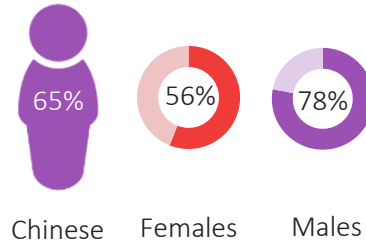
Okay or very happy/satisfied with life



Based on the WHO-5 Wellbeing Index, 65% of Chinese students scored at a level indicating good, very good, or excellent mental and emotional health (positive psychological

wellbeing) in the past two weeks; however, this was lower for females (56%) than for males (78%).

Positive psychological wellbeing

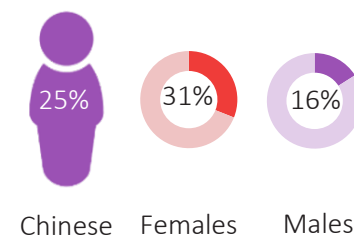


WHO-5 (Psychological wellbeing)



Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder, however it does indicate that they are likely to have clinically significant symptoms of depression. Scores on the RADS indicated that 25% of Chinese students experienced depressive symptoms. The prevalence of depressive symptoms among Chinese females (31%) was substantially higher than among males (16%).

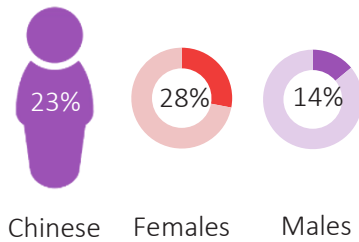
Significant depressive symptoms



Chinese

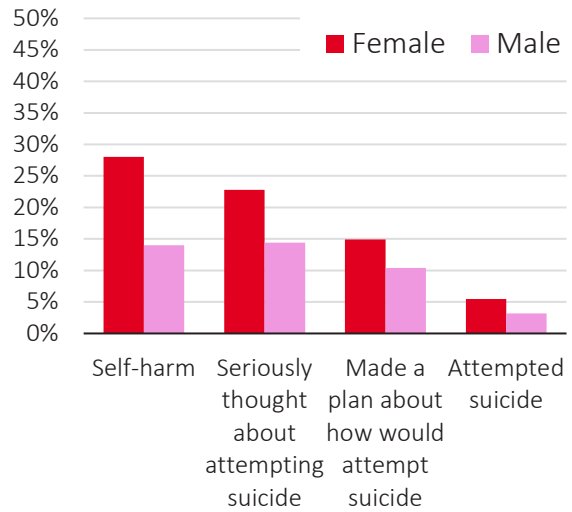
Self-harm in the previous 12 months was reported by 23% of Chinese students, that is, they had deliberately hurt or done something they knew might harm (but not kill) themselves. Reported self-harm was significantly higher among females (28%) than males (14%).

Self-harm in previous 12 months



In the previous 12 months, 19% of Chinese students had seriously thought about attempting suicide, 13% had made a plan about how they would attempt suicide, and 5% had attempted suicide. There was a significant difference in the proportion of Chinese male and female students reporting serious thoughts about attempting suicide (14% and 23%, respectively).

Self-harm, suicide thoughts, plans and attempts in past 12 months



Substance use

Two percent of Chinese students smoked cigarettes monthly. The proportion of Chinese students reporting binge drinking (five or more alcoholic drinks in one session) at least once in the previous four weeks (9%) was markedly lower than among European students (22%). The proportion of Chinese students who reported ever using marijuana (6%) was also markedly lower than among European students (21%).

Gambling

About one-third of Chinese students (31%) reported they had gambled or bet precious things or money (i.e., scratchies, lotto, pokies, cards or coin games, TAB betting, gambling on the Internet or mobile phone for money or prizes, casino, or bets with family or friends) in the previous year, which was lower than reported by European students (37%).

Biggest problem for young people

"Too scared to share the worry and problems they have in mind."

Taiwanese Female, 16 years

"Having a lot of pressure on them to do things that everyone else is doing like having sex or drinking alcohol.....To talk to boys and do stuff with them even if you don't want to. Peer pressure from our friends."

Chinese Female, 15 years

Sexual health

Adolescence is a period of life when young people begin to experience sexual attractions and behaviours, which are a part of healthy and normal development. However, unsafe sexual behaviours place young people at risk of negative health outcomes such as sexually transmitted infections, unintended pregnancy, and distress. Eight percent of Chinese students reported they had sexual intercourse at some time, which was lower than the proportion of European students (17%). Similarly, a lower proportion of Chinese students reported being currently sexually active (having had sex in the previous three months; 5%) than European students (12%).

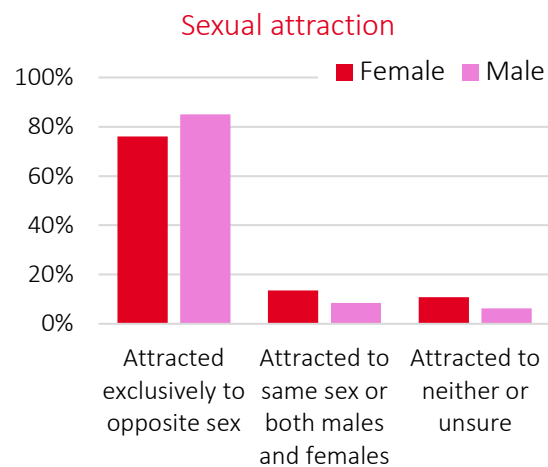
Of the Chinese students who reported having had sex, 51% reported always using contraception to protect against pregnancy, which was a lower proportion than for European students (66%).

Of the Chinese students who had sex at some time, 51% reported always using condoms to protect against sexually transmitted infections.

Sexual attraction

Four in five Chinese students (80%) reported being attracted exclusively to the opposite sex, 11% reported being attracted to the same sex or to both males and females, and 9% reported that they were attracted to neither or were not sure. A higher proportion of Chinese females reported being attracted to neither or that they were not sure (11%) than reported by Chinese males (6%), whereas a higher proportion of Chinese males reported being attracted exclusively to the opposite sex (85%) than Chinese females (76%). A higher proportion of Chinese students reported being attracted to neither

or that they were not sure (9%) than European students (5%).



Motor vehicle risk behaviours

A lower proportion of Chinese students reported they always wear a seatbelt when a passenger or driver in a car (75%) than reported by European students (84%).

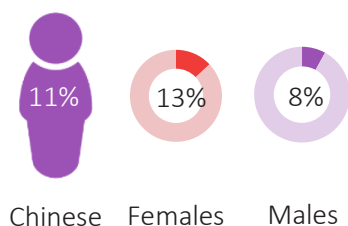
In the previous month, 10% of Chinese students had been in a car driven by someone who had been drinking alcohol, which is lower than the proportion of European students (14%). Similarly, 10% of Chinese students reported being a passenger in a car driven by someone dangerously (i.e., speeding, racing, burnouts) in the past month, which also was lower than among European students (17%).

Violence at home

For young people, experiencing or witnessing violence, especially in their home, is associated with a range of other problems, particularly in their mental health. Twelve percent of Chinese students reported they had witnessed violence (an adult hitting or physically hurting another adult or child) in their home in the previous 12 months, which was a higher proportion than reported by European students (6%).

Eleven percent of Chinese students reported they had been hit or physically hurt by an adult at home in the previous 12 months, which was higher than for European students (6%). A higher proportion of Chinese females experienced violence in the home (13%) than males (8%).

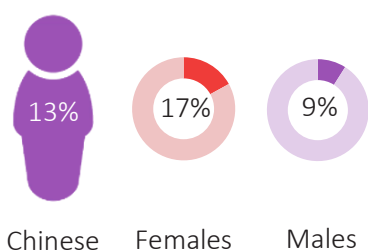
Had been hit or physically hurt



Unwanted sexual behaviour

Thirteen percent of Chinese students reported 'yes' or 'unsure' to having been touched in a sexual way or made to do sexual things they didn't want to do (including sexual abuse or rape) at some time. Unwanted sexual behaviour was reported by a higher proportion of Chinese females (17%) than males (9%).

Experience unwanted sexual behaviour (reporting 'yes' or 'unsure')



Biggest problem for young people

"Pressures from different things (e.g., school, parents, friends, coaches, yourself)."

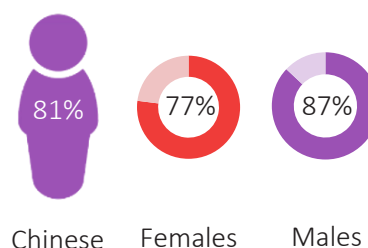
Chinese Female, ≥17 years

Friendships and Community

Friendships

Most Chinese students reported having supportive friendships, with 84% agreeing that they have a friend who they can talk about their worries with, and 81% agreeing that they have a friend who will stick up for them and who has got their back. However, a higher proportion of Chinese males indicated that they have a friend who will stick up for them (87%) than reported by Chinese females (77%), and the overall proportion for Chinese students (81%) was lower than for European students (87%).

Have a friend who will stick up for them



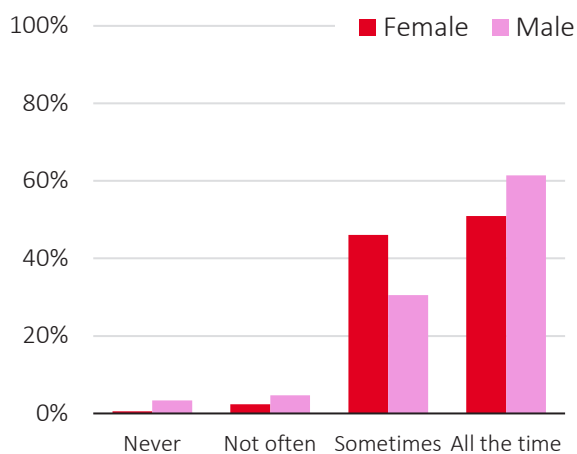
Other support and community

Thirty-nine percent of Chinese students agreed that they have an adult outside their family they can talk about their worries with, which was lower than among European students (49%). Over half of the Chinese students (57%) reported that they had helped others in their school or community at some time.

Only 55% of Chinese students reported feeling safe in their neighbourhood all the time, which was lower than among European students (61%).

Always feeling safe in their neighbourhood was higher among Chinese males (61%) than females (51%).

Feeling safe in own neighbourhood



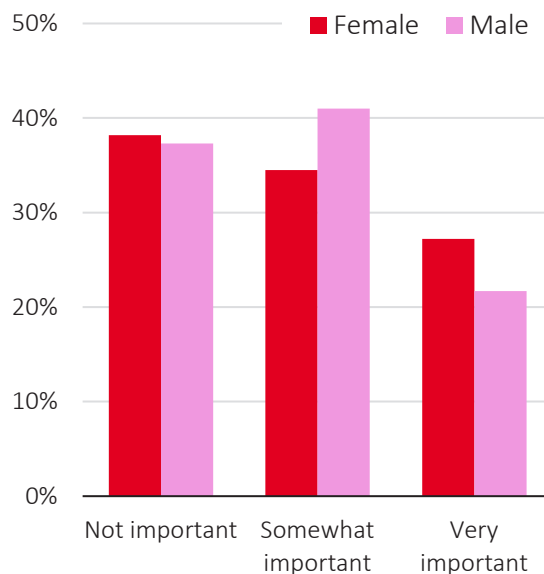
Employment

Thirty-six percent of Chinese students had worked for money or had a paid job (a regular part-time job or occasional work during the school term or work during the school holidays) in the past year, which was substantially lower than among European students (61%).

Spiritual beliefs

Spiritual beliefs or religious faith was rated as very important by 25% of Chinese students, which was higher than among European students (14%).

Importance of spiritual beliefs or religious faith



What can be done to better support young people in NZ

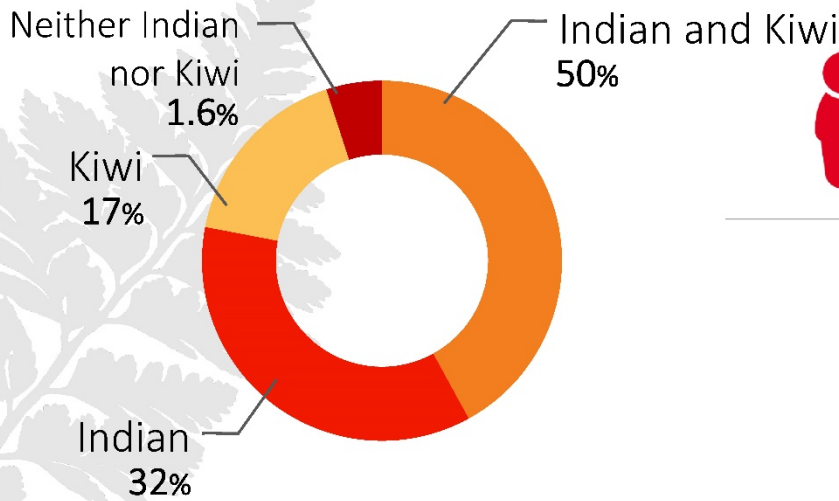
“Having more options whether it be on future plans or after school organisations where you can just have fun and be a kid with other people just a place where we feel we can connect and talk freely will others without being judged on age, size, believes, race, or orientation.”

Chinese Female, 15 years



Indian

Culture they identified most with



58% Were born in NZ



3 in 4 students who were born overseas, feel they belong in New Zealand

65% Speak an Indian language fairly to very well

56% Are very proud of their ethnicity

90% Felt like a part of their school

86% Felt that their teachers cared about them

26% Felt they were treated unfairly by a teacher due to their ethnicity

12% Were bullied due to ethnicity or religion in the past year

In Schools



At Home



Have a family member they can talk about their worries with **74%**

Live in high deprivation (poorer) neighbourhoods **33%**

Live in low deprivation (richer) neighbourhoods **20%**

Health & Wellbeing



93% were in good, very good or excellent health

83% Had accessed healthcare in the past year

18% Were unable to access healthcare when needed in the past year

Good-Excellent Psychological Wellbeing

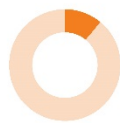


84% of Males



56% of Females

Significant Depressive Symptoms



11% of Males



34% of Females



1% Smoked cigarettes monthly

6% Binge drank at least once in the past month

5% had consensual sex in the past 3 months.

1 in 2 always used contraception to prevent pregnancy

1 in 2 always used condoms to prevent sexually transmitted infections

Indian

This section presents the results for Indian students. Ethnic classification is based on total response, so all students who identified with an Indian ethnicity are included (see glossary), regardless of whether they also identified with another Asian or non-Asian ethnicity. A total of 494 students were categorised as Indian and are included in the results for this ethnic group.

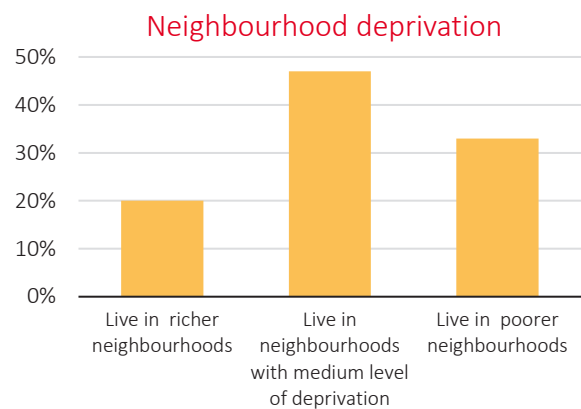
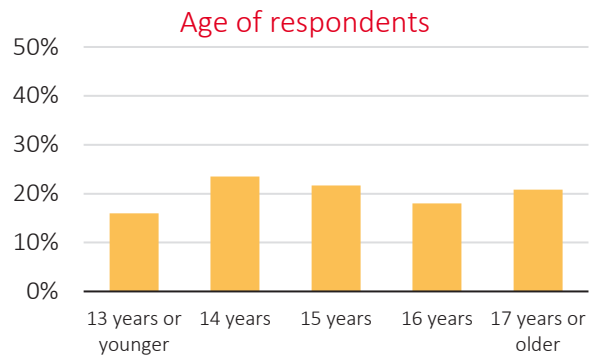
Demography

The age and sex (51% female and 49% male) distribution of Indian students in our sample was somewhat evenly distributed.

Eighty-one percent of Indian students reported being only of South Asian ethnicity. Among the remaining 19%, 0.2% reported being both Indian and an East Asian ethnicity; 18% reported being both Indian and a non-Asian ethnicity; and 1% reported being Indian, an East Asian ethnicity, and a non-Asian ethnicity.

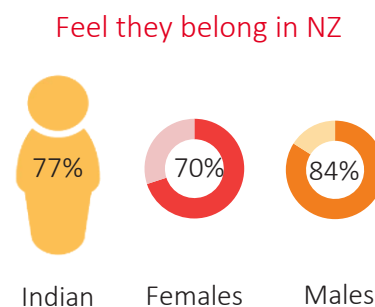
Fifty-eight percent of the Indian students were born in New Zealand, 19% in India, and 16% in Fiji. Only 4.1% of students were non-migrants (themselves and both of their parents were born in New Zealand), whereas 36% were first generation migrants (born overseas) and 54% were second generation migrants (born in New Zealand, but one or both parents were born overseas). Additionally, 6% of the Indian youth reported being international students.

Nearly half of the Indian students lived in neighbourhoods with a medium level of deprivation (47%), about one-third lived in high deprivation (33%), and a smaller proportion lived low deprivation (20%) neighbourhoods.



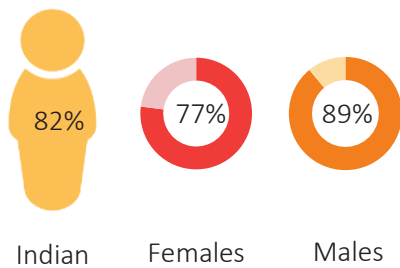
Culture and belonging

Of the Indian students born overseas, 77% feel like they belong in New Zealand. A further 16% reported that they didn't know, and 7% reported that they did not feel like they belonged. A greater proportion of Indian males responded that they felt they belonged (84%) than females (70%).



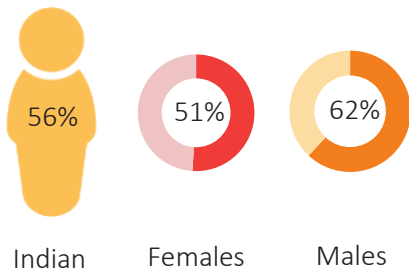
Most Indian students feel comfortable or very comfortable in European social settings (82%). However, a higher proportion of Indian males (89%) reported feeling comfortable than females (77%).

Feel comfortable in European settings



About three in four Indian students (75%) understand a spoken Indian language fairly well, well, or very well, whereas a smaller proportion (65%) speak an Indian language in day-to-day conversation fairly well, well, or very well. Over half of the Indian students (56%) reported that they were very proud of their ethnicity (rather than only somewhat proud or not proud at all). However, this was reported by a higher proportion of males (62%) than females (51%).

Very proud of their ethnicity



When asked which culture they identify most with – Indian, Kiwi, both, or neither – 32% reported they most identified with Indian culture, 17% reported Kiwi culture, 50%

reported both cultures, and 1.6% reported that they identified with neither culture.

Home and family

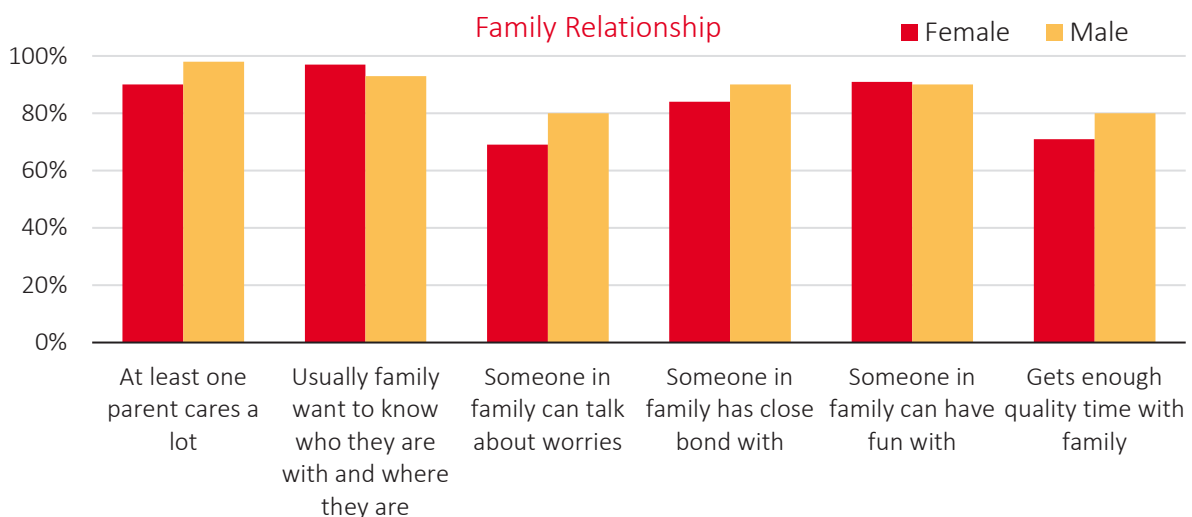
Family background and circumstances

Ten percent of Indian students reported that in the past 12 months they had to sleep somewhere other than in their own bed because their family could not afford to get a home or they did not have enough space. This proportion was higher than among European students (5%).

Sixteen percent of Indian students reported that their parents often worried about having enough money to buy food, which was higher than among European students (8%). Nearly all the Indian students (99.7%) reported that at least one of their parents was in paid employment.

Family relationships

Most of the Indian students reported that at least one parent cares a lot about them (93%), their family usually wants to know who they are with and where they are (95%); they have someone in their family they can talk about their worries with (74%); there is someone in their family they have a close bond with (87%), they have someone in their family they can have fun with (91%), and they get enough quality time with their family (76%).



In comparison, a lower proportion of European students reported that their family usually or always wants to know who they are with and where they are (93%).

A significantly higher proportion of Indian females than males reported that their family usually or always wants to know who they are with and where they are. Conversely, higher proportions of Indian males than females reported that at least one parent cares a lot about them, and that they have someone in their family they can talk about their worries with.

One thing to make home life better

“Accepting me for who I am, understanding me and accepting my choices instead of forcing it upon me.”

Indian/ Chinese Female, 16 years

“Having LGBTQ+ supportive parents.”

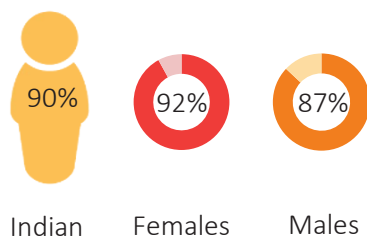
Fijian Indian Female, 14 years

School

School Relationships and Engagement

Feelings about school were positive for most Indian students, with 90% feeling like they are part of their school – a higher proportion than among European students (85%). Feeling part of their school was more commonly reported by Indian females (92%) than males (87%).

Feel part of school



Most Indian students also felt that teachers/tutors cared about them (86%), which was more commonly reported than among European students (80%). About three-quarters of Indian students reported that teachers treat students fairly most or all the time (73%). However, 26% reported that they had been treated unfairly by a teacher or tutor because of their ethnicity at some time, which was higher than among European students (14%). A further 22% reported that they were unsure or did not know, which was also higher than for European students (11%). Nearly all Indian students (98%) reported that their teachers expect them to do well with their studies.

School safety

Most Indian students reported that they felt safe at school most or all the time (91%), which was a higher proportion than among European students (88%). Five percent reported that they were bullied weekly or more often in the past year. Although Indian students reported a relatively low prevalence of frequent bullying, 12% reported being bullied in the past 12 months because of their ethnicity, culture, or religion, which was substantially higher than for European students (3%).

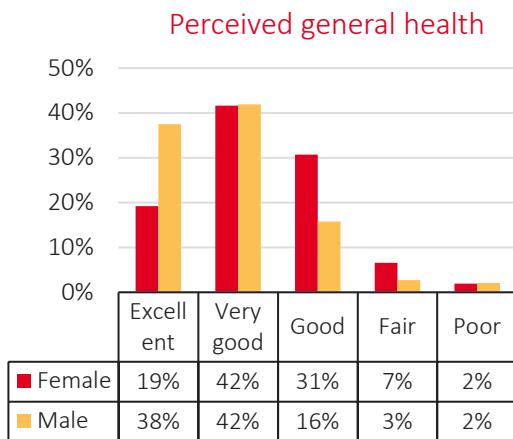
Plans after leaving secondary school

Four in five Indian students (80%) plan to do more training or education, or go overseas to study, when they finish secondary school. This is higher than for European students (65%). Plans to do more training or education was reported more commonly by Indian females (84%) than males (76%).

Health and wellbeing

General health and health care

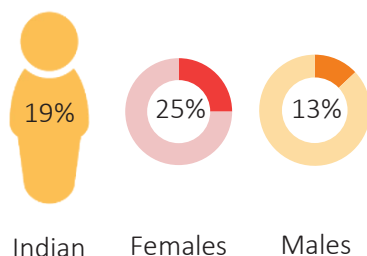
Most Indian students rated their health as good, very good, or excellent (93%). There was some variation between males and females, with more males rating their health as excellent than good, and more females rating their health as good than excellent.



One in five Indian students (19%) reported having a chronic health condition, which was lower than among European students (26%).

A greater proportion of Indian females reported having a long-term health condition (25%) or that they did not know (13%) compared to Indian males (13% and 7%, respectively).

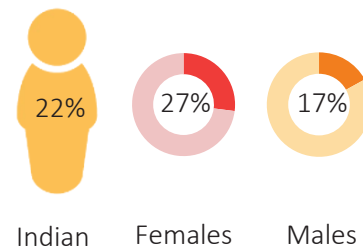
Long-term health condition



Six percent of Indian students reported that they have a long-term disability, which was lower than the proportion among European students (11%).

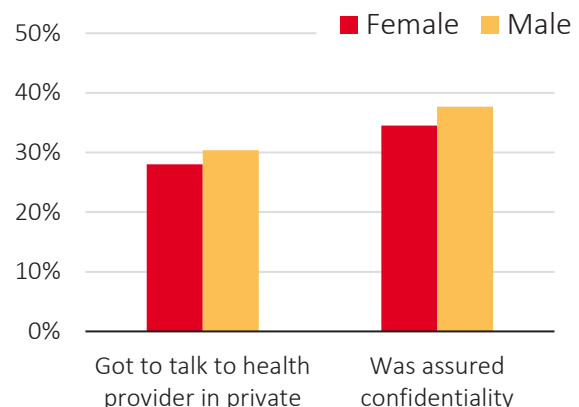
Eighty-three percent of Indian students reported that they had accessed health care in the previous 12 months. Four in five Indian students (79%) had visited a family doctor, medical centre or GP clinic in the previous 12 months, 22% had visited a school health clinic, 12% a hospital A&E department, 12% an after-hours accident and medical clinic, and 1.2% a sexual health clinic. A higher proportion of European students had visited a sexual health clinic (3.2%). Of the Indian students, a higher proportion of females attended a school health clinic in the previous 12 months (27%) than males (17%).

Attended a school health clinic



Of the Indian students who had accessed health care in the previous 12 months, 29% had been able to talk to a health provider in private and 36% had been assured confidentiality. In comparison, higher proportions of European students had got to talk to a health professional privately and were assured confidentiality (39% and 44%, respectively).

Health care experience



Indian students were more likely to report that they had been treated unfairly by a health professional in the past year because of their ethnicity (5%) than European students (3%).

Eighteen percent of Indian students were unable to access health care when they needed or wanted in the previous 12 months. Students were asked to indicate reasons they had not accessed health care when they needed at any time previously. The most common reasons for Indian students were hoping that the problem would go away by itself or get better with time (31%), not wanting to make a fuss (23%), not being able to get an appointment (for example, the appointment times or service opening hours not being convenient - 15%), being too embarrassed (12%), being too scared (9%), having no transport to get there (9%), and not knowing how to access health care – such as not knowing where to go or who to call for help or advice (8%).

Compared to European students, a lower proportion of Indian students reported the reason of not wanting to make a fuss (23% cf.

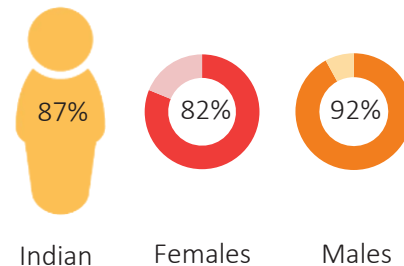
31%), and a higher proportion of Indian students reported not being able to get in touch with the health provider (6% cf. 3%).

Indian female students were more likely than Indian male students to report that they had not accessed health care in the past when they needed because they had hoped the problem would go away by itself (39% cf. 21%), they didn't want to make a fuss (27% cf. 19%), or they could not get in touch with the provider (10% cf. 1%).

Emotional health

Eighty-seven percent of Indian students reported being okay or very happy/satisfied with their life. However, satisfaction with life was lower for females (82%) than for males (92%).

Okay or very happy/satisfied with life



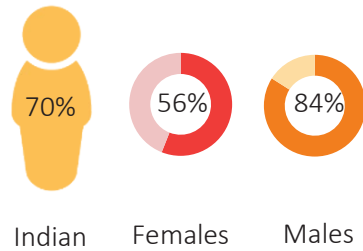
Reasons for not being able to access health care when needed

	Total	Female	Male
Didn't know how to	8%	9%	7%
Had no transport	9%	12%	6%
Couldn't get appointment	15%	19%	12%
Couldn't get in touch with provider	6%	10%	1%
Didn't want to make a fuss	23%	27%	19%
Didn't feel comfortable with person	5%	5%	4%
Was too scared	9%	10%	8%
Was too embarrassed	12%	13%	11%
Hoping problem would go away by itself	31%	39%	21%
Worried it wouldn't be kept private	6%	8%	5%
Had no one else to go with	4%	4%	4%
Cost too much	7%	6%	8%

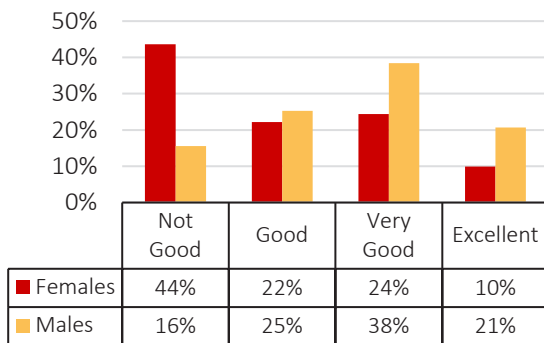
Indian

Based on the WHO-5 Wellbeing Index, 70% of Indian students scored at a level indicating good, very good, or excellent mental and emotional health (positive psychological wellbeing) in the past two weeks. However, this was lower for females (56%) than for males (84%).

Positive psychological wellbeing



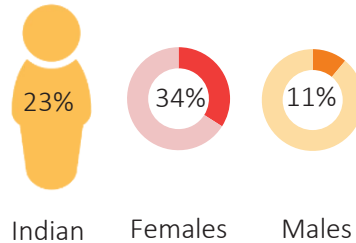
WHO-5 (Psychological wellbeing)



Depressive symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder, however it does indicate that they are likely to have 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). Scores on the RADS indicated that 23% of Indian students experienced depressive symptoms.

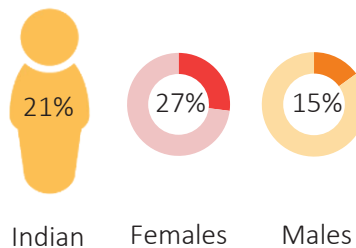
The prevalence of depressive symptoms among Indian females (34%) was substantially higher than among males (11%).

Significant depressive symptoms



Self-harm in the previous 12 months was reported by 21% of Indian students, that is, they had deliberately hurt or done anything they knew might harm (but not kill) themselves. Reported self-harm was significantly higher among females (27%) than males (15%).

Self-harm in previous 12 months



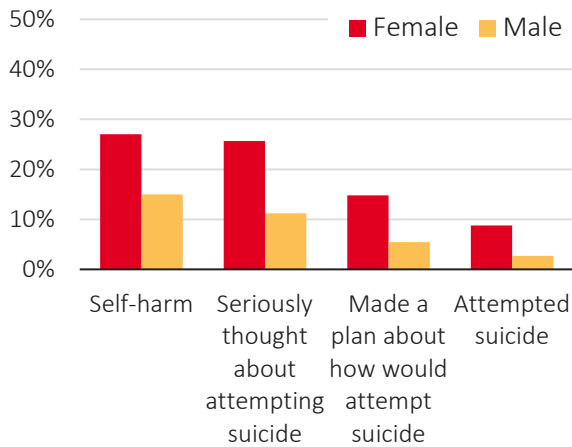
In the previous 12 months, 19% of Indian students had seriously thought about attempting suicide, 10% had made a plan about how they would attempt suicide, and 6% had attempted suicide. There was a significant difference in proportions between Indian male and female students for serious thoughts about attempting suicide (11% and 26%, respectively), making a plan to commit suicide (5% and 15% respectively), and attempting suicide (3% and 9% respectively).

Biggest problems for young people

"Not opening up about their problems and getting help before it's too late."

Indian Female, ≥ 17 years

Self-harm, suicide thoughts, plans and attempts in past 12 months



What can be done to better support young people in NZ

“Free online video call help with organisations like Youthline.”

Indian Male, 16 years

Substance use

One percent of Indian students smoked cigarettes monthly, which was lower than for European students (3%). The proportion of Indian students reporting binge drinking (five or more alcoholic drinks in one session) at least once in the previous four weeks (6%) was markedly lower than among European students (22%). The proportion of Indian students who reported using marijuana at some time (8%) was also markedly lower than among European students (21%).

Gambling

Thirty-one percent of Indian students reported they had gambled or bet precious things or money (i.e., scratchies, lotto, pokies, cards or coin games, TAB betting, gambling on the Internet or mobile phone for money or prizes, casino, or bets with family or friends) in the previous year, which was lower than reported by European students (37%).

Sexual health

Adolescence is a period of life when young people begin to experience sexual attractions and behaviours, which are a part of healthy and normal development. However, unsafe sexual behaviours place young people at risk of negative health outcomes such as sexually transmitted infections, unintended pregnancy, and distress. Nine percent of Indian students reported they had sexual intercourse at some time, which was lower than the proportion of European students (17%). Similarly, a lower proportion of Indian students reported being currently sexually active (having had sex in the previous three months; 5%) than European students (12%).

Of the Indian students who reported having had sex, 57% reported always using contraception to protect against pregnancy.

Similarly, of the Indian students who had sex at some time, 56% reported always using condoms to protect against sexually transmitted infections.

What can be done to better support young people in NZ

“Find more ways to make us feel safe and happy.”

Fijian Indian Female, 14 years

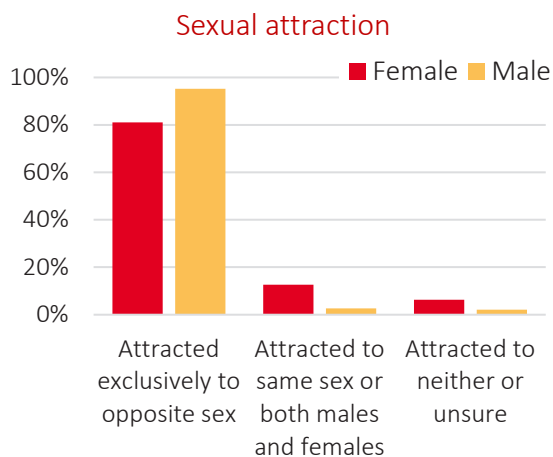
“Just understand us and our experiences. Just because we're young, doesn't make our experiences of any less important.”

Fijian Indian Female, ≥17 years

Sexual attraction

Most Indian students (88%) reported being attracted exclusively to the opposite sex, 8% reported being attracted to the same sex or to both males and females, and 4% reported that they were attracted to neither or were not sure.

A higher proportion of Indian males reported being attracted exclusively to the opposite sex (95%) than reported by Indian females (81%), whereas a higher proportion of Indian females reported being attracted to the same sex or both males and females (13%) or being attracted to neither or not sure (6%) than Indian males (3% and 2%, respectively).



Motor vehicle risk behaviours

Four in five Indian students (80%) reported they always wear a seatbelt when a passenger or driver in a car. In the previous month, 12% of Indian students had been in a car driven by someone who had been drinking alcohol. Similarly, 14% of Indian students reported being a passenger in a car driven by someone dangerously (i.e., speeding, racing, burnouts) in the past month.

Violence at home

For young people, experiencing or witnessing violence, especially in their home, is associated with a range of other problems, particularly in their mental health. Thirteen percent of Indian students reported they had witnessed violence (an adult hitting or physically hurting another adult or child) in their home in the previous 12 months, which was a higher proportion than reported by European students (6%).

Thirteen percent of Indian students reported they had been hit or physically hurt by an adult at home in the previous 12 months, which was higher than for European students (6%).

One thing to make school life better

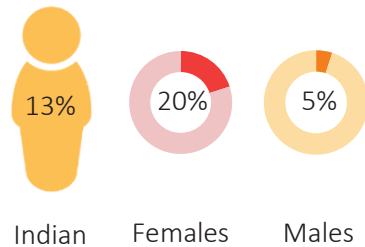
“Probably to teach us about ALL different sexualities and gender identities in health lessons because I didn't know asexuality existed until recently and I thought there was something wrong with me.”

Indian Female, ≤13 years

Unwanted sexual behaviour

Thirteen percent of Indian students reported 'yes' or 'unsure' to having been touched in a sexual way or made to do sexual things they did not want to do (including sexual abuse or rape) at some time. Reported proportion was lower than among European students (17%). Unwanted sexual behaviour was reported by a higher proportion of Indian females (20%) than males (5%).

Experience unwanted sexual behaviour (reporting 'yes' or 'unsure')

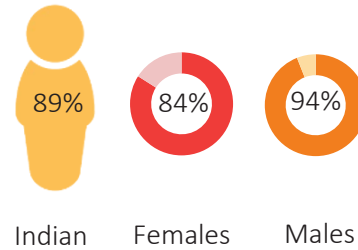


Friendships and Community

Friendships

Most Indian students reported having supportive friendships, with 89% agreeing that they have a friend who they can talk about their worries with, which was higher than among European students (86%), and 89% of Indian students agreeing that they have a friend who will stick up for them and who has got their back. However, a higher proportion of Indian males indicated that they have a friend who will stick up for them (94%) than females (84%).

Have a friend who will stick up for them



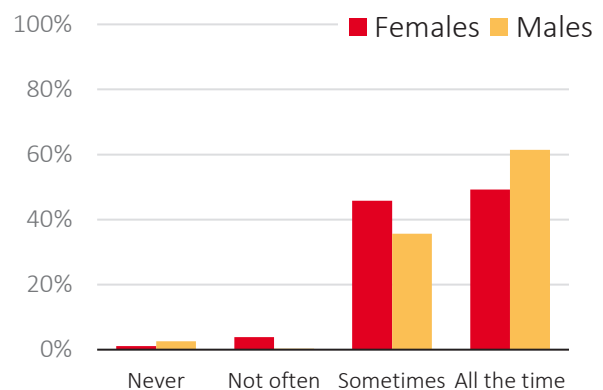
Other support and community

About half of the Indian students (51%) agreed that they have an adult outside their family they can talk about their worries with.

Over half of the Indian students (54%) reported that they had helped others in their school or community at some time.

Only 55% of Indian students reported feeling safe in their neighbourhood all the time, which was lower than among European students (61%). Always feeling safe in their neighbourhood was higher among Indian males (61%) than females (49%). Always feeling safe in their neighbourhood was higher among Indian males (61%) than females (49%).

Feeling safe in own neighbourhood



Employment

Thirty-six percent of Indian students had worked for money or had a paid job (a regular part-time job or occasional work during the school term or work during the school holidays) in the past year, which was substantially lower than among European students (61%).

Spiritual beliefs

Spiritual beliefs or religious faith was rated as very important by 48% of Indian students, which was markedly higher than among European students (14%).



Biggest problems for young people

"Climate change, racism, homophobia, sexism, war."

Indian Female, 14 years

"I think that young people in this generation face a large range of problems because it is an age of vulnerability. I think a good 2 words to sum these up is: expectations and standards. These could be academic, relating to body image, career pathways, life purpose and more!"

Indian Female, ≥ 17 years

Summary findings

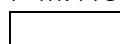
	East Asian	South Asian	Chinese*	Indian**	European
Home and Family					
Slept elsewhere other than own bed in past year because family can't afford or no space	9%	10%	7%	10%	5%
Parents worry about money for food often or always	10%	15%	8%	16%	8%
One or both parents work part or full time	98%	99%	97%	100%	99%
Feels at least one parent cares a lot about them	90%	94% (F<M)	89%	93% (F<M)	95%
Family usually or always wants to know who student is with or where they are	89% (F>M)	95% (F>M)	88% (F>M)	95% (F>M)	93%
Has someone in family they can talk about worries with	71%	74% (F<M)	73%	74% (F<M)	78%
Has someone in family with a close bond	82%	86% (F<M)	82%	87%	87%
Has someone in family they can have fun with	86% (F>M)	90%	83%	91%	91%
Feels that they get enough quality time with family	65%	76%	63% (F<M)	76%	74%
School					
Feels like they are a part of school	90%	89%	88%	90% (F>M)	85%
Feels that teachers/ tutors care about student	84%	86%	83%	86%	80%
Teachers treat students fairly most/ all the time	69%	74%	67%	73%	74%
Been treated unfairly by teacher/ tutor due to ethnicity at some time	23%	26%	25%	26%	14%
Teachers/tutors expect student to do well with their studies	96%	98%	95%	98%	97%
Feels safe at school most or all the time	88%	91%	87%	91%	88%
Bullied weekly or more often in past year	3%	5%	3%	5%	6%
Been bullied in past year due to their ethnicity or religion	9%	13%	11%	12%	3%
Had plans (including plan to get more education/ training) after leaving school	76%	79% (F>M)	81%	80% (F>M)	65%
Health and Wellbeing					
Good to excellent perceived general health	91%	93% (F<M)	92%	93%	91%
Has long-term health condition	21% (F>M)	21% (F>M)	21% (F>M)	19% (F>M)	26%
Has long-term disability	6%	5%	7%	6%	11%
Has accessed healthcare in the past year	73%	82%	73%	83%	81%
Places have accessed healthcare in past year					
– family doctor/ GP clinic	65%	79%	64%	79%	78%
– School clinic	20%	23% (F>M)	20%	22% (F>M)	21%
– Hospital A&E	10%	11%	10%	12%	14%
– After-hour clinic	8%	10%	8%	12%	14%
– Sexual health clinic	1% (F>M)	1%	1% (F>M)	1%(F>M)	3%
Been able to talk to a health provider privately in the past year (of those accessing health care)	34%	30%	33%	29%	39%
Was assured confidentiality by health provider in the past year (of those accessing health care)	34%	37%	32%	36%	44%
Been treated unfairly by a health professional due to ethnicity in the past year	5%	5%	5%	5%	3%
Unable to access health care provider in past year when wanted or needed	21%	18%	18%	18%	18%
OK to very happy or satisfied with life	87% (F<M)	86% (F<M)	86% (F<M)	87% (F<M)	88%

	East Asian	South Asian	Chinese*	Indian**	European
Positive psychological wellbeing in past 2 weeks (WHO-5)	66% (F<M)	71% (F<M)	65% (F<M)	70% (F<M)	68%
Significant depressive symptoms	29% (F>M)	24% (F>M)	25% (F>M)	23% (F>M)	23%
In past year, has deliberately hurt or done anything they knew might harm (but not kill) self	23% (F>M)	21% (F>M)	23% (F>M)	21% (F>M)	25%
Seriously thought about attempting suicide in past year	23% (F>M)	18% (F>M)	19% (F>M)	19% (F>M)	20%
Has made a plan about how would kill self (attempt suicide) in past year	16% (F>M)	11% (F>M)	13%	10% (F>M)	13%
Has attempted suicide in past year	5%	6% (F>M)	5%	6% (F>M)	4%
Smoked tobacco in the past month	2%	1%	2%	1%	3%
Binge drank in the past month	8%	6%	9%	6%	22%
Used marijuana at some time	7%	8%	6%	8%	21%
Has gambled at some time	30%	30%	31%	31%	37%
Had consensual sex at some time	10%#	9%#	8%#	9%#	17%
Had sex in the past 3 months	6%#	5%#	5%#	5%#	12%
Always uses contraception to protect against pregnancy (of those who had sex)	53%	51%	51%	57%	66%
Always use condoms to protect against STIs (of those who had sex)	46%	53%	51%	56%	45%
Sexual attraction - Opposite sex	81% (F<M)	87% (F<M)	80% (F<M)	88% (F<M)	84%
- Same sex or both	12% (F>M)	7% (F>M)	11%	8% (F>M)	11%
- Not sure or Neither	8% (F>M)	6% (F>M)	9% (F>M)	4% (F>M)	5%
Always use seatbelt when in a car	77% (F<M)	80%	75%	80%	84%
Been in a car driven by someone who had been drinking in past month	10%	11%	10%	12%	14%
Has been in a car driven by someone who was driving dangerously in past month	10%	13%	10%	14%	17%
Has witnessed an adult hit or physically hurt another adult or child at home in past year	12%	14% (F>M)	12%	13%	6%
Has been hit or physically hurt by an adult at home in past year	12%	14% (F>M)	11% (F>M)	13%	6%
Has been touched or made to do sexual things that they didn't want to do at some time	16% (F>M)	13% (F>M)	13% (F>M)	13% (F>M)	16%
Friendships and Community					
Have at least one friend to talk about worries	83%	88%	84%	89%	86%
Has a friend who will stick up for them	82%	87% (F<M)	81% (F<M)	89% (F<M)	88%
Has an adult outside family they can talk about worries with	40%	51%	39%	51%	49%
Has helped others in school or community	56%	53%	57%	54%	55%
Always feel safe in their neighbourhood	54% (F<M)	55% (F<M)	55% (F<M)	55% (F<M)	61%
Has worked for money in the past year	35%	34%	36%	36%	61%
Spiritual beliefs or religious faith is very important	32%	49%	25%	48%	14%

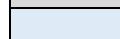
*Included in East Asian. **Included in South Asian.

F<M: Prevalence is lower for females compared to males within each Asian ethnic group

F>M: Prevalence is higher for females compared to males within each Asian ethnic group

 No significant difference between Asian group and Pākeha and other European

 Higher levels of negative experience (cf. Pākeha and other European)

 Higher levels of positive experience (cf. Pākeha and other European)

#Significantly lower prevalence cf. Pākeha and other European.

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Appendix 1: Glossary

East Asian students

Students who self-identified with one or more of the following ethnicities were identified as East Asian based on World Bank classification of East Asia: Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Lao, Malay, Thai, Karen, Chin, Chinese, Hong Kong Chinese, Cambodian Chinese, Malaysian Chinese, Singaporean Chinese, Vietnamese Chinese, Taiwanese, Japanese, Korean, Mongolian, Tibetan, Southeast Asian.

South Asian students

Students who self-identified with one or more of the following ethnicities were identified as South Asian based on World Bank classification of South Asia: Indian, Bengali, Fijian Indian, Indian Tamil, Punjabi, Sikh, Anglo Indian, Malaysian Indian, South African Indian, Sri Lankan, Sinhalese, Sri Lankan Tamil, Afghani, Bangladeshi, Nepalese, Pakistani, Eurasian, Bhutanese, Maldivian.

Chinese students

Based on Statistics New Zealand's definitions, students who self-identified with one or more of the following ethnicities were categorised as Chinese: Chinese, Hong Kong Chinese, Cambodian Chinese, Malaysian Chinese, Singaporean Chinese, Vietnamese Chinese, Taiwanese.

Indian students

Based on Statistics New Zealand's definitions, students who self-identified with one or more of the following ethnicities were categorised as Indian: Indian, Bengali, Fijian Indian, Indian Tamil, Punjabi, Sikh, Anglo Indian, Malaysian Indian, South African Indian.

Migrant generation

Students who were born overseas were classified as first-generation migrants.

New Zealand-born students with one or both parents born overseas were classified as second-generation migrants.

Neighbourhood deprivation: New Zealand Deprivation (NZDep) decile bands

Low deprivation (richer neighbourhoods), medium deprivation and high deprivation (poorer neighbourhoods) bands refer to those living in NZDep areas 1-3, 4-7 and 8-10 respectively.

Intersectionality

People are framed by their identity with multiple and sometimes shifting social markers. The term 'intersectionality' refers to multiple aspects of identity. More than any other generation before them, young people define themselves by their race and ethnicity, diverse gender identities and sexualities, abilities and disabilities, and socio-economic status, among other social axes.

Ethnic minority

Those who self-identify with one or more ethnic minority identities (i.e., Asian, Middle Eastern, Latin American or African ethnic origins)

Appendix 2: Variable Descriptions

Table 1: Demography

Variable	Survey Question	Variable Categories
<i>Age</i>	How old are you?	13 and under; 14; 15; 16; 17 and over
<i>Sex at birth</i>	How do you describe yourself? Are you or might you be transgender or gender-diverse? What sex were you at birth, even if it is different today?	Male; female
<i>Country of birth</i>	Where were you born?	Multiple country options
<i>Migrant generation status</i>	Where were you born? Where was your mother born? Where was your father born? Are you an international student?	First generation; Second generation; Non-migrant; International student
<i>New Zealand deprivation band</i>	Neighbourhood deprivation based off NZ Deprivation Index 2018	Low (NZDep 1-3); Med (NZDep 4-7); High (NZDep 8-10)
<i>Single or dual/multiple ethnicity</i>	Which ethnic group do you belong to? (You may choose as many as you need)	Only East Asian; Only South Asian; East Asian and South Asian; East Asian and non-Asian; South Asian and non-Asian; East Asian, South Asian and non-Asian

Table 2: Culture and Belonging

Variable	Survey Question	Variable Categories
<i>Speaks Indian / Chinese dialect</i>	How well are you personally able to speak Chinese dialect (Mandarin, Cantonese, etc.) / Indian language (Hindi, Gujarati, Marathi etc) in day-to-day conversation? By this we mean more than a few words or phrases.	Fairly well, well or very well; Not very well or a few words or phrases
<i>Understands spoken Indian / Chinese dialect</i>	How well are you able to understand spoken Chinese dialect (Mandarin, Cantonese, etc.) / Indian language (Hindi, Gujarati, Marathi etc) now? By this we mean more than a few words or phrases.	Fairly well, well or very well; Not very well or a few words or phrases
<i>Very proud of ethnicity</i>	Are you proud of being Chinese / Indian?	Very proud; Not at all proud or somewhat proud
<i>Feels comfortable in European social settings</i>	How comfortable do you feel in Pākehā or New Zealand European social surroundings, events or gatherings?	Comfortable or very comfortable; Slightly uncomfortable, uncomfortable or very uncomfortable
<i>Culture(s) identify most with</i>	Which culture do you identify most with?	Indian / Chinese; Kiwi; Both; Neither
<i>Feels belongs in NZ</i>	Most people feel that they belong in a particular country. Do you feel like you belong in New Zealand?	Yes; No; Don't Know

Table 3: Home and Family

Variable	Survey Question	Variable Categories
<i>Slept elsewhere other than own bed in past year because family can't afford or no space</i>	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 sleepovers for fun). (You may choose as many as you need)	Yes; No
<i>Parents worry about money for food often or always</i>	Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?	Often or all the time; Sometimes, occasionally, or never
<i>One or both parents work part or full time</i>	Does your dad, or someone who acts as your dad, have a job? Does your mum, or someone who acts as your mum, have a job?	Yes; No
<i>Feels at least one parent cares a lot about them</i>	How much do you feel the following people care about you: my mum (or someone who acts as your mum), my dad (or someone who acts as your dad)	A lot; Not at all, a little, or some
<i>Family usually or always wants to know who student is with or where they are</i>	Does your family want to know who you are with and where you are?	Usually or always; Sometimes or almost never
<i>Has someone in family they can talk about worries with</i>	There is someone in my family/whānau who I can talk with about things that are worrying me.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has someone in family with a close bond</i>	There is someone in my family/whānau who I have a close bond with.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has someone in family they can have fun with</i>	There is someone in my family/whānau who I can have fun with, who makes me laugh.	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Feels gets enough quality time with family</i>	I feel like I get enough quality time with my family/whānau.	Strongly agree or agree; Strongly disagree, disagree, or neutral

Table 4: School

Variable	Survey Question	Variable Categories
<i>Feels like are part of school</i>	Do you feel like you are part of your school, alternative education or course?	Yes; No
<i>Feels that teachers/tutors care about student</i>	Do you feel that teachers/tutors care about you?	Yes; No or doesn't apply to me
<i>Teachers treat students fairly most/all the time</i>	How often do the teachers/tutors treat students fairly?	All the time or most of the time; Hardly ever or sometimes
<i>Been treated unfairly by teacher/tutor due to ethnicity at some time</i>	Have you ever been treated unfairly (e.g., treated differently) by a teacher/tutor because of your ethnic group?	Yes; No; Don't know or unsure

<i>Teachers/tutors expect student to do well with their studies</i>	Do teachers/tutors expect you to do well with your studies?	Yes; No
<i>Feels safe at school most or all the time</i>	Do you feel safe in your school/course?	Yes – most of the time or yes – all the time; Not at all, no – mostly not, or sometimes
<i>Bullied weekly or more often in past year</i>	In the last 12 months how often have you been bullied in school/course?	About once a week or more; It has happened once or twice, or I haven't been bullied in the past year
<i>Been bullied in past year due to their ethnicity or religion</i>	What was the reason you were bullied? (You may choose as many as you need) Response: I was bullied because of my ethnic group or culture, I was bullied because of my religion	Yes; No or I haven't been bullied in the past 12 months
<i>Had plans (including plan to get more education/ training) after leaving school</i>	What do you plan to do when you leave secondary school?	Get more training or education; Start work or look for a job; Start a family; Go overseas to study; Go overseas to work; Go back to my country of birth; Do nothing; Don't know or Have no plans

Table 5: Health and Wellbeing

Variable	Survey Question	Variable Categories
<i>Good to excellent perceived general health</i>	In general, how would you say your health is?	Good, very good, or excellent; Poor or fair
<i>Has long-term health condition</i>	Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g., asthma, diabetes, depression)?	Yes; No; Don't Know
<i>Has long-term disability</i>	Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g., asthma, diabetes, depression)?	Yes; No; Don't Know
<i>Has accessed healthcare in the past year</i>	When was the last time you went for health care (excluding looking online)?	Yes; No
<i>Places have accessed healthcare in the past year</i>	Which of the following places have you used for health care in the last 12 months?	Family doctor, medical centre or GP clinic; School health clinic; An after-hours or 24-hour accident and medical centre; The hospital accident and emergency; Youth centre/youth one stop shop; Other; I don't go anywhere for healthcare
<i>Been able to talk to a health provider privately in the past year (of those accessing health care)</i>	In the last 12 months, did you get a chance to talk to a doctor or other health provider privately (meaning one on one, without your parents or other people in the room)?	Yes; No
<i>Was assured confidentiality by health provider in the past year (of those accessing health care)</i>	In the last 12 months, did a doctor or other health provider tell you that what you talked about with them was confidential (meaning it would not be shared with anyone else)?	Yes; No

<i>Unable to access health care provider in past year when wanted or needed</i>	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; No
<i>Reasons for not accessing healthcare when needed at any time</i>	Here are some reasons people don't get health care even though they need to. Have any of these ever applied to you? (You may choose as many as you need)	I didn't know how to (e.g., you didn't know where to go or who to call for help or advice; I had no transport to get there; I couldn't get an appointment (e.g., the appointment times or service opening hours were not convenient); I couldn't get in touch with the health professional or the person I usually see; I didn't want to make a fuss; I didn't feel comfortable with the person; I was too scared; I was too embarrassed; I was hoping that the problem would go away by itself or get better with time; I was worried it wouldn't be kept private; I had no-one else to go with; It cost too much
<i>OK to very happy or satisfied with life</i>	Are you happy or satisfied with your life?	Very happy or satisfied, or It's okay; Not very happy or satisfied, or Not at all happy or satisfied)
<i>Positive psychological wellbeing in past 2 weeks (WHO-5)</i>	WHO-5 Well-being Index (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)	Score of 13 or higher on scale – indicating good, very good or excellent psychological wellbeing (mental and emotional health)
<i>Significant depressive symptoms</i>	Reynolds Adolescent Depression Scale – Short Form (RADS-SF) – how generally feel	RADS-SF score signalling significant depressive symptoms requiring mental health assessment and intervention
<i>In past year, has deliberately hurt or done anything knew might harm (but not kill) self</i>	During the last 12 months have you deliberately hurt yourself or done anything you knew might harm you (but not kill you)?	Yes - once or twice, or Yes - three or more times; No - never
<i>Seriously thought about attempting suicide in past year</i>	During the last 12 months, have you seriously thought about killing yourself (attempting suicide)?	Yes; No
<i>Has made a plan about how would kill self (attempt suicide) in past year</i>	During the last 12 months, have you made a plan about how you would kill yourself (attempt suicide)?	Yes; No
<i>Has attempted suicide in past year</i>	During the last 12 months, have you tried to kill yourself (attempted suicide)?	Yes; No
<i>Smoked tobacco in the past month</i>	How often do you smoke cigarettes now?	Daily, Once or twice a week, Most days, or Once or twice a month; Never smoked a cigarette, Never - I don't smoke now, or Occasionally
<i>Binge drank in the past month</i>	In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session?	Once in the past 4 weeks, two or three times in the past 4 weeks, every week, or several times a week; None at all, or not a current drinker, or have never drank alcohol

<i>Used marijuana at some time</i>	Have you ever used or smoked marijuana?	Yes; No
<i>Has gambled at some time</i>	Have you ever gambled or bet precious things or money on any of these activities? (You may choose as many as you need) Options: Instant kiwi (scratchies), lotto (including Strike, Powerball and Big Wednesday), Pub or club (pokies), a casino (e.g. roulette, pokies), TAB betting (e.g. on track racing or sports), games and gambling on a cell/mobile phone for money or prizes (e.g. txt games), gambling on the Internet for money or prizes (e.g. internet casinos or poker), bets with friends or family, cards or coin games (e.g. poker), none of these	Yes (to any); None of these
<i>Had consensual sex at some time</i>	Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted, or consented to.	Yes; No
<i>Had sex in the past 3 months</i>	Have you had sex in the last 3 months?	Yes; No or never had sex
<i>Always uses contraception to protect against pregnancy (of those who had sex)</i>	How often do you, or your partner(s) use contraception (by this, we mean protection against pregnancy)?	Always; Never, sometimes, or most of the time ['Does not apply to me' assigned as NA/missing]
<i>Always use condoms to protect against STIs (of those who had sex)</i>	How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex?	Always; Never, sometimes, or most of the time ['I am female and my current sexual partner is female, so we do not use condoms' assigned as NA/missing]
<i>Sexual attraction</i>	Who are you attracted to?	Opposite or a different sex; Same sex, or both males & females; Not sure/ Neither [I don't understand this question' assigned as NA/missing]
<i>Always use seatbelt when in a car</i>	When driving or being driven in a car how often do you wear a seatbelt?	Always; Never, hardly ever, sometimes, or most of the time
<i>Been in a car driven by someone who had been drinking in past month</i>	During the last month, did you ride in a car driven by someone who had been drinking alcohol?	Yes; No
<i>Has been in a car driven by someone who was driving dangerously in past month</i>	During the last month, did you ride in a car driven by someone who was driving dangerously (speeding, racing, burnouts)?	Yes; No
<i>Has witnessed an adult hit or physically hurt another adult or child at home in past year</i>	In the last 12 months have adults in your home hit or physically hurt a child (other than yourself)? In the last 12 months have adults in your home hit or physically hurt each other?	Yes for either; No for both
<i>Has been hit or physically hurt by an adult at home in past year</i>	In the last 12 months have adults in your home hit or physically hurt you?	Yes; No
<i>Has been touched or made to do sexual things that they didn't want to do at some time</i>	Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do? (including sexual abuse or rape)	Yes or not sure; No

Table 6: Friendships and Community

Variable	Survey Question	Variable Categories
<i>Have at least one friend to talk about worries</i>	I have at least one friend who I can talk with about things that are worrying me	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has a friend who will stick up for them</i>	I have at least one friend who will stick up for me and who has 'got my back'	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has an adult outside family they can talk about worries with</i>	There is an adult outside of my family/whānau who I can talk with about things that are worrying me	Strongly agree or agree; Strongly disagree, disagree, or neutral
<i>Has helped others in school or community</i>	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 - within the last 12 months or Yes - but not within the last 12 months; No or Don't Know
<i>Always feel safe in their neighbourhood</i>	Do you feel safe in your neighbourhood?	All the time; Sometimes, not often, or never
<i>Has worked for money in the past year</i>	Over the last 12 months have you worked for money or had a paid job?	Yes - a regular part-time job (e.g., paper run), Yes - I worked during the school holidays, or Yes - I sometimes worked during the school term; No - I didn't work for pay in the last year
<i>Spiritual beliefs or religious faith is very important</i>	How important to you are your spiritual beliefs or religious faith?	Very important; Somewhat important or not important

Appendix 3: Tables with Prevalence and 95% Confidence Intervals

Table 1: Characteristics of included groups

	East Asian	South Asian	Chinese	Indian	European
Total students (N)	1,272	604	734	494	3,053
Sex (%)					
Male	44.7	49.2	47.0	49.2	45.3
Female	55.3	50.8	53.0	50.8	54.7
Age (%)					
13 and younger	12.4	16.4	13.4	16.0	18.9
14	18.9	23.5	18.3	23.5	22.6
15	22.3	22.5	21.8	21.7	21.4
16	22.0	17.7	21.8	18.0	19.8
17 and older	24.4	19.9	24.8	20.8	17.3
Neighbourhood socioeconomic status (%)					
Low deprivation (richer)	28.8	18.6	31.9	20.0	46.0
Medium deprivation	50.0	48.9	47.7	46.9	42.1
High deprivation (poorer)	21.2	32.4	20.4	33.1	11.9
Migrant Status (%)					
International student	16.7	5.6	15.6	6.0	1.5
First generation	34.4	38.0	24.2	36.1	14.1
Second generation	43.5	52.7	51.6	53.8	29.3
Non-migrant	5.3	3.7	8.6	4.1	55.1
Single or dual multiple ethnicity (%)					
Only East Asian or only South Asian	77.4	81.4	75.2	81.0	
East or South Asian and non-Asian	21.8	16.7	23.7	17.8	-
East Asian and South Asian	0.2	0.3	0.1	0.2	
East Asian, South Asian & non-Asian	0.7	1.5	1.0	1.0	
Country of birth (%)					
New Zealand	49.4	56.3	61.3	58.0	84.5
China	13.8	-	23.9	-	0.1
Philippines	13.9	-	1.1	-	-
Korea	5.6	-	0.1	-	-
Malaysia	2.7	0.5	3.9	0.6	-
Japan	2.5	0.3	0.1	0.2	0.1
Vietnam	2.0	0.2	0.3	0.2	-
Hong Kong SAR, China	1.4	-	2.4	-	-
Thailand	1.4	-	0.1	-	0.1
Indonesia	1.4	-	0.3	-	-
India	-	15.5	-	18.9	-
Fiji	0.2	13.0	0.3	15.8	-
Sri Lanka	-	4.6	-	-	-
England	0.2	0.8	0.3	0.8	5.0
South Africa	0.2	0.8	0.1	1.0	2.6
Australia	0.6	1.0	0.6	0.8	2.2

Note: 63 respondents excluded due to missing data for sex

Table 2. Prevalence with 95% confidence intervals across variables

	East Asian	South Asian	Chinese	Indian	European
Culture and Belonging ^					
Feel comfortable in European social settings	72.9 [71.0-74.8]	81.7 [77.6-85.8]	73.0 [70.0-75.9]	82.3 [77.9-86.8]	-
Feels belongs in NZ (of those born overseas)					
Yes	57.9 [53.2-62.5]	76.0 [71.9-80.1]	50.6 [45.8-55.3]	77.2 [72.3-82.1]	-
Don't Know	26.8 [23.7-29.9]	18.0 [13.3-22.7]	22.8 [17.6-28.1]	16.2 [10.8-21.7]	-
Very proud of ethnicity (Chinese / Indian)	-	-	51.7 [46.2-57.2]	56.0 [48.9-63.1]	-
Understands spoken Indian language / Chinese dialect fairly, well, or very well	-	-	76.6 [71.1-82.1]	74.8 [65.8-83.9]	-
Speaks Indian / Chinese dialect in day-to-day conversation fairly, well, or very well	-	-	72.6 [67.8-77.5]	64.7 [55.2-74.1]	-
Culture(s) identify most with					
Indian / Chinese	-	-	36.0 [32.0-40.0]	31.5 [21.9-41.1]	-
Kiwi	-	-	16.7 [12.3-21.2]	16.6 [9.9-23.3]	-
Both	-	-	42.4 [38.1-46.7]	50.3 [44.4-56.3]	-
Neither	-	-	4.9 [2.7-7.2]	1.6 [0.3-2.9]	-
Home and Family					
Slept elsewhere other than own bed in past year because family can't afford or no space	9.2*** [7.7-10.6]	10.2*** [7.4-13.0]	7.2* [5.2-9.2]	10.4*** [6.9-13.9]	5.2 [4.4-6.1]
Parents worry about money for food often or always	9.9 [7.4-12.4]	15.2*** [12.6-17.9]	8.3 [5.1-11.4]	15.7*** [12.3-19.2]	7.9 [6.1-9.7]
One or both parents work part- or full-time	97.9** [96.7-99.1]	99.2 [98.4-1.00]	97.0*** [95.4-98.5]	99.7 [99.2-100.0]	99.1 [98.8-99.5]
Feels at least one parent cares a lot about them	90.4*** [89.2-91.7]	93.7 [92.0-95.4]	88.9*** [86.8-91.1]	93.3 [91.3-95.3]	95.0 [94.3-95.8]
Family usually or always wants to know who student is with or where they are	89.2** [86.9-91.6]	95.0* [93.4-96.6]	87.6** [84.4-90.8]	95.0* [93.4-96.6]	92.9 [91.5-94.4]
Has someone in family they can talk about worries with	71.4*** [68.4-74.3]	73.5* [70.3-76.8]	72.6** [69.1-76.2]	74.2 [70.8-77.5]	78.1 [76.1-80.2]
Has someone in family with a close bond	81.5** [78.4-84.5]	85.5 [83.4-87.7]	82.3* [78.9-85.7]	87.0 [84.6-89.5]	86.8 [85.7-87.8]
Has someone in family can have fun with	85.7*** [82.7-88.7]	89.7 [87.8-91.6]	83.1*** [79.2-87.1]	90.6 [88.4-92.9]	90.9 [89.7-92.1]
Feels that they get enough quality time with family	65.2*** [62.5-67.8]	75.6 [71.9-79.3]	63.1*** [59.9-66.3]	75.6 [72.1-79.1]	73.7 [72.0-75.3]
School					
Feel like they are a part of school	90.2*** [87.4-93.1]	89.4* [85.7-93.0]	88.4* [85.6-91.2]	89.7* [85.5-93.8]	85.1 [82.6-87.5]
Feels that teachers/tutors care about student	83.5 [80.2-86.7]	85.7** [81.8-89.5]	83.1 [79.4-86.8]	86.4** [82.2-90.5]	79.5 [77.0-81.9]

	East Asian	South Asian	Chinese	Indian	European
Teachers treat students fairly most/ all the time	68.5** [64.3-72.7]	73.5 [70.2-76.8]	67.4 [59.6-75.1]	72.8 [68.5-77.1]	73.5 [71.2-75.9]
Been treated unfairly by teacher/ tutor due to ethnicity at some time					
Yes	23.4***[19.2-27.7]	26.3***[22.6-30.1]	24.7***[20.7-28.6]	25.7***[20.8-30.5]	13.6 [11.9-15.4]
Don't Know / Unsure	28.0***[23.3-32.7]	22.1***[17.8-26.4]	26.8***[22.5-31.0]	21.6***[17.5-25.8]	11.4 [9.8-13.1]
Teachers/tutors expect student to do well with their studies	96.1 [94.7-97.4]	97.9 [96.5-99.3]	95.4 [94.0-96.8]	97.4 [95.8-99.1]	96.5 [95.8-97.3]
Feels safe at school most or all the time	87.8 [84.4-91.1]	91.1* [88.1-94.0]	87.4 [82.5-92.4]	91.3* [88.8-93.7]	88.1 [85.9-90.2]
Bullied weekly or more often in the past 12 months	3.2** [2.1-4.3]	5.1 [3.5-6.8]	2.6** [1.0-4.2]	5.1 [3.4-6.9]	6.3 [5.1-7.5]
Been bullied in past year due to their ethnicity or religion	9.1*** [7.6-10.6]	12.6*** [8.3-16.9]	10.9*** [8.0-13.8]	11.8*** [7.4-16.2]	3.0 [2.1-3.8]
Had plans (including plan to get more education/ training) after leaving school	76.2*** [72.3-80.0]	79.3*** [74.2-84.4]	81.1*** [77.1-85.0]	80.1*** [74.2-86.1]	65.0 [61.5-68.5]
Health and Wellbeing					
Good to excellent perceived general health	91.3 [89.7-92.9]	93.1 [91.2-95.1]	91.9 [90.0-93.8]	93.3 [91.5-95.1]	91.1 [89.6-92.6]
Has long-term health condition					
Yes	20.5**[18.7-22.4]	21.3 [17.2-25.4]	20.6*[17.5-23.6]	19.2* [14.9-23.4]	25.5 [22.8-28.1]
Don't Know	16.2 [13.0-19.5]	9.6 [6.8-12.4]	14.4 [8.9-19.9]	10.1 [7.4-12.9]	12.6 [11.4-13.8]
Has long-term disability					
Yes	5.8*** [3.7-7.9]	5.0** [2.7-7.3]	6.7* [4.0-9.4]	5.5** [2.8-8.3]	11.0 [9.2-12.7]
Don't Know	7.0 [5.0-9.1]	4.3 [2.6-6.1]	7.1[5.1-9.0]	4.4 [2.3-6.4]	5.2 [4.4-6.0]
Health care accessed (past year)					
Any	73.1***[70.4-75.8]	82.2 [79.6-84.8]	72.6***[69.6-75.5]	82.8 [78.1-87.6]	81.1 [79.0-83.1]
GP	65.3***[62.5-68.1]	78.7 [75.7-81.6]	64.4***[60.3-68.5]	78.8 [73.4-84.2]	77.9 [75.5-80.3]
School clinic	20.4 [16.9-23.8]	23.4 [15.9-30.9]	20.3 [15.5-25.0]	22.0 [15.8-28.3]	21.4 [18.1-24.8]
Hospital A&E	9.6* [6.9-12.3]	10.9 [7.6-14.2]	10.0* [6.9-13.1]	11.5 [8.1-14.9]	13.7 [11.6-15.8]
After-hours clinic	7.5*** [5.8-9.3]	10.3 [7.4-13.2]	7.9*** [5.4-10.3]	11.6 [7.6-15.7]	14.1 [11.5-16.7]
Youth health centre	0.5 [0.1-0.9]	0.1* [0.0-0.4]	0.7 [0.1-1.3]	0.2 [0.0-0.5]	0.7 [0.4-1.0]
Sexual health clinic	1.4*** [0.7-2.1]	1.1** [0.4-1.8]	1.0** [0.1-1.9]	1.2* [0.3-2.0]	3.2 [2.3-4.0]
Other	3.2 [2.3-4.1]	3.6 [0.8-6.3]	3.5 [2.2-4.9]	2.9 [0.0-6.4]	3.3 [2.8-3.9]
Been able to talk to a health provider privately in past year (of those accessing health care)	33.8*** [31.0-36.6]	29.7** [23.6-35.7]	33.0*** [29.6-36.5]	29.2** [23.4-35.0]	38.6 [36.8-40.4]
Was assured confidentiality by health provider in past year (of those accessing health care)	34.0*** [30.4-37.5]	37.2* [32.3-42.2]	31.6*** [27.5-35.7]	36.1** [31.0-41.1]	44.1 [41.3-46.9]
Treated unfairly by a health professional due to ethnicity in the past year (of those accessing care)					
Yes	4.8***[3.5-6.0]	5.4*** [3.7-7.0]	4.5* [2.8-6.3]	5.1** [3.3-6.9]	2.8 [2.1-3.4]
Don't Know / Unsure	15.2*** [11.8-18.6]	13.8** [9.8-17.8]	14.8*** [10.4-19.3]	13.7** [9.4-17.9]	7.8 [6.4-9.2]
Unable to access health care provider in past year when wanted or needed	21.4* [18.3-24.5]	18.0 [15.0-20.9]	18.1 [15.3-20.9]	17.7 [14.6-20.9]	17.6 [16.4-18.8]

	East Asian	South Asian	Chinese	Indian	European
OK to very happy or satisfied with life	87.0 [84.5-89.4]	86.3 [81.3-91.3]	85.8 [82.1-89.4]	86.9 [82.3-91.6]	87.5 [85.8-89.2]
Positive psychological wellbeing in past 2 weeks (WHO-5)	66.3 [61.6-71.1]	71.0 [66.4-75.5]	65.2 [59.3-71.0]	70.0 [64.6-75.3]	67.9 [64.6-71.2]
Significant depressive symptoms	28.5** [24.6-32.3]	23.6 [18.4-28.9]	25.1 [20.3-29.8]	22.7 [17.5-28.0]	22.7 [19.6-25.9]
In past year, has deliberately hurt or done anything they knew might harm (but not kill) self	22.8 [19.4-26.3]	20.9* [18.4-23.4]	22.6 [18.3-26.8]	21.2 [18.7-23.7]	24.8 [22.0-27.6]
Seriously thought about attempting suicide in past year	23.4 [19.3-27.5]	18.3 [15.1-21.4]	19.4 [15.1-23.8]	18.6 [15.7-21.5]	19.9 [16.9-22.9]
Has made a plan about how would kill self (attempt suicide) in past year	15.6* [13.0-18.2]	11.3 [8.2-14.3]	13.1 [9.8-16.4]	10.2 [7.6-12.9]	12.6 [11.0-14.2]
Has attempted suicide in past year	5.2 [3.5-6.8]	5.8* [2.9-8.7]	4.5 [2.4-6.7]	5.8 [2.8-8.8]	3.6 [2.7-4.5]
Smoked tobacco in the past month	2.0* [0.8-3.1]	1.2** [0.4-1.9]	2.4 [0.9-4.0]	1.1** [0.3-1.9]	3.2 [2.5-3.9]
Binge drank in the past month	8.2*** [5.9-10.6]	6.2*** [3.3-9.2]	8.9*** [5.2-12.6]	6.2*** [3.6-8.8]	21.6 [18.8-24.4]
Used marijuana at some time	7.0*** [4.4-9.6]	7.7*** [5.7-9.6]	6.1*** [2.9-9.3]	8.1*** [6.0-10.1]	21.3 [18.6-23.9]
Has gambled at some time	30.1** [25.3-34.9]	30.3** [25.3-35.3]	30.9* [24.8-36.9]	30.6* [24.6-36.6]	37.0 [33.3-40.6]
Had consensual sex at some time	10.3*** [8.2-12.4]	9.0*** [5.5-12.4]	8.3*** [6.0-10.6]	8.9*** [5.2-12.6]	17.4 [15.6-19.2]
Had sex in the past 3 months	5.8*** [3.7-7.9]	5.1*** [2.7-7.4]	4.5*** [2.2-6.9]	4.7*** [2.0-7.4]	12.1 [10.0-14.2]
Always uses contraception to protect against pregnancy (of those who had sex)‡	53.1* [42.1-64.0]	51.4 [35.2-67.6]	51.1* [35.2-67.0]	56.8 [38.3-75.2]	65.8 [61.6-70.1]
Always use condoms to protect against STIs (of those who had sex)#	46.4 [32.9-60.0]	52.7 [42.4-63.0]	50.7 [29.5-72.0]	56.3 [47.6-65.0]	46.4 [41.2-51.5]
Sexual attraction					
Opposite or a different sex	80.7 [77.2-84.2]	87.2 [83.7-90.8]	79.6 [75.2-83.9]	88.0 [84.1-91.9]	84.4 [81.7-87.0]
Same sex, or males and females	11.6 [8.7-14.5]	6.9 [4.5-9.2]	11.5 [7.6-15.4]	7.8 [5.0-10.6]	10.7 [7.8-13.6]
Not sure / Neither	7.7*** [6.6-8.8]	5.9 [3.8-8.1]	8.9*** [6.6-11.3]	4.2 [2.3-6.2]	4.9 [4.0-5.9]
Always use seatbelt when in a car	76.9** [73.4-80.4]	79.6 [76.3-83.0]	75.4** [71.6-79.3]	79.7 [74.9-84.5]	83.6 [81.3-85.9]
Been in a car driven by someone who had been drinking in past month	9.7** [7.5-11.9]	11.2 [7.4-15.0]	10.0* [7.3-12.7]	11.6 [7.6-15.7]	14.1 [11.5-16.8]
Has been in a car driven by someone who was driving dangerously in past month	9.6*** [7.8-11.5]	13.2 [9.0-17.5]	10.4*** [7.8-13.0]	14.0 [9.3-18.7]	16.6 [13.8-19.4]
Has witnessed an adult hit or physically hurt another adult or child at home in past year	11.9*** [10.3-13.5]	14.3*** [10.7-17.9]	11.6*** [8.5-14.8]	13.2*** [9.1-17.3]	6.5 [5.7-7.3]
Has been hit or physically hurt by an adult at home in past year	11.5*** [9.6-13.3]	13.7*** [9.3-18.2]	11.0*** [8.3-13.7]	13.4*** [9.6-17.3]	6.3 [5.3-7.3]

	East Asian	South Asian	Chinese	Indian	European
Has been touched or made to do sexual things that they didn't want to do at some time	15.9 [12.7-19.0]	13.2* [10.2-16.3]	13.4 [9.3-17.5]	12.9* [9.5-16.3]	16.5 [14.2-18.9]
Friendship and Community					
Have at least one friend to talk about worries	83.4* [81.9-85.0]	88.0 [85.5-90.5]	83.5 [80.4-86.6]	89.2* [86.9-91.6]	85.5 [84.3-86.8]
Has friend who will stick up for them	81.9*** [78.7-85.1]	87.3 [83.9-90.8]	81.0*** [76.8-85.2]	88.8 [85.7-91.8]	88.4 [87.0-89.7]
Has an adult outside family they can talk about worries with	40.1*** [36.8-43.4]	51.1 [44.3-57.8]	38.7** [33.9-43.5]	51.2 [44.3-58.1]	49.3 [46.2-52.3]
Has helped others in school or community	56.2 [50.8-61.6]	53.1 [47.2-59.0]	56.8 [50.0-63.6]	53.6 [46.8-60.4]	54.5 [51.3-57.7]
Always feel safe in their neighbourhood	54.0*** [49.3-58.7]	55.2* [50.8-59.6]	55.2** [47.9-62.5]	55.1* [50.0-60.3]	61.3 [58.2-64.4]
Has worked for money in the past year	34.7*** [31.9-37.4]	34.1*** [30.6-37.5]	35.5*** [32.1-39.0]	36.0*** [31.4-40.5]	61.0 [58.1-63.9]
Spiritual beliefs or religious faith is very important	31.7*** [25.2-38.3]	49.1*** [40.5-57.7]	24.9*** [17.2-32.6]	47.9*** [39.1-56.7]	13.9 [11.6-16.2]

Note: Percentages have been adjusted to account for the unequal probability of each individual being invited to participate in the survey.

^ Logistic regressions comparing the Asian group to European were not conducted on Culture and Belonging indicators due to the nature of the questions (e.g., not asked of Europeans; only asked of those born in NZ).

* $p < .05$; ** $p < .01$; *** $p < .001$. Indicates a statistically significant difference between the Asian ethnic group and European students, after controlling for age and sex in a logistic regression.

‡ Students could respond that using contraception to prevent pregnancy does not apply to them. These responses were excluded.

Students could respond that 'I am female and my current sexual partner is female, so we do not use condoms'. These responses were excluded.

Useful Links:

Asian Specific Services		
Asian Family Services	https://www.asianfamilyservices.nz/	0800 862 342
Centre for Asian Health Research and Evaluations	https://cahre.blogs.auckland.ac.nz/	-
Chinese Lifeline	https://www.mindfitnz.co.nz/support-vendor/chinese-lifeline/	0800 888 880
Chinese Mental Health Consultation Services	http://www.cmh.org.nz/contactus.aspx	0800 56 76 666
Sahaayta	http://www.sahaayta.org.nz/	(09) 280 4064
Shakti Community Council	https://shaktiinternational.org/shakati-new-zealand/	0800 742 584
The Asian Network Inc (TANI)	https://www.asiannetwork.org.nz/	(+64) 21 274 7448
LGBTQIA+ Youth		
Inside Out	https://insideout.ry.org.nz/	-
Queer, Gender Diverse, Takatāpui and Intersex Youth – (Rainbow Youth)	https://ry.org.nz/	(09) 376 4155
Outline	https://outline.org.nz/	0800 688 5463
Youth with Disabilities or Youth in Care		
Recreate NZ – for youth with disabilities	https://www.recreate.org.nz/	(09) 638 5364
VOYCE – for care-experienced young people	https://voyce.org.nz/	0800 486 923
General Health and Wellbeing		
Family Planning – for young people seeking medical support	https://www.familyplanning.org.nz/	-
Heart Foundation – School Lunch Programme	https://www.heartfoundation.org.nz/educators/edu-resources/school-food-programme-guidelines	-
Sport New Zealand	https://sportnz.org.nz/	-
Youth Health Hub	https://www.healthwest.co.nz/our-services/the-youth-health-hub	(09) 839 7480
Youthline – for young people seeking health information	https://www.youthline.co.nz/	0800 376 633
YouthLaw – for young people seeking legal help	http://youthlaw.co.nz/	0800 884 529

Mental Health		
0800 What's Up	https://whatsup.co.nz/?kidsline-redirect	0800 942 8787
Anxiety NZ – for young people with anxiety	https://www.anxiety.org.nz/youth-wellbeing	0800 269 4389
Are You Ok?	http://www.areyouok.org.nz/	0800 456 450
Aunty Dee	https://www.auntydee.co.nz/	-
I Am Hope	https://www.iamhope.org.nz/	Free Call: 1737
The Low Down – for young people with depression	https://thelowdown.co.nz/	0800 111 757
Mental Health Foundation	https://mentalhealth.org.nz/	Free Call: 1737
Skylight – for young people struggling with grief	https://www.skylight.org.nz/	0800 299 100
Suicide Prevention – Lifeline Aotearoa	https://www.lifeline.org.nz/	0800 543 354

Alcohol and Drug Help		
Alcohol	https://www.alcohol.org.nz/	-
Alcohol and young people	https://www.alcohol.org.nz/young-people	-
Alcohol and Drug Youth Helpline	https://alcoholdrughelp.org.nz/helpline/services/youth-helpline/	0800 787 984
Community Action on Youth and Drugs	https://cayad.org.nz/	0800 787 797
Drug Foundation	https://www.drugfoundation.org.nz/	-
Quitline	https://quit.org.nz/	0800 778 778

Internet or Sexual Harm Help		
Netsafe – for young people and online safety	https://www.netsafe.org.nz/	0508 638 723
Icon	https://icon.org.nz/	-
Safe to Talk – for young people experiencing sexual harm	https://safetotalk.nz/	0800 044 334

Cover illustration is adapted from a poster by **Raymund Santos** titled "Unity in Diversity", which won the inaugural Aotearoa Poster Competition in 2020 (New and Emerging Artist category). The competition focus was on culturally diverse and inclusive Aotearoa.

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