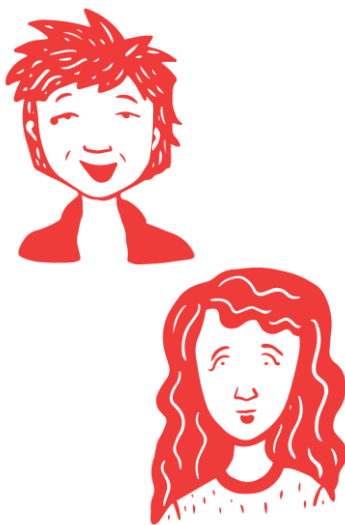


A Youth19 Brief: Pacific young people with a disability or chronic condition

What is Youth19?

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



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

Here, we report key data about the wellbeing of Pacific young people with a disability or chronic condition. For more detailed information, including other research, young people's voices and information about other areas of wellbeing, see our *Negotiating Multiple Identities* report.²

Pacific young people with a disability or chronic condition

'Pacific young people with a disability or chronic condition' refers to Youth19 participants who reported that they had any Pacific ethnic identity and that they had a long-term disability, illness and/or pain condition that impacts on their day-to-day functioning. The survey questions used to define this group are shown on page 5.

In total, 24% of the Youth19 sample and 24% of Pacific participants reported having a disability or chronic condition. This was 1,854 students, including 293 Pacific students.

Of Pacific students with a disability or chronic condition, 70% were female and most lived in higher deprivation neighbourhoods – for details see our *Negotiating Multiple Identities* report.²

Summary

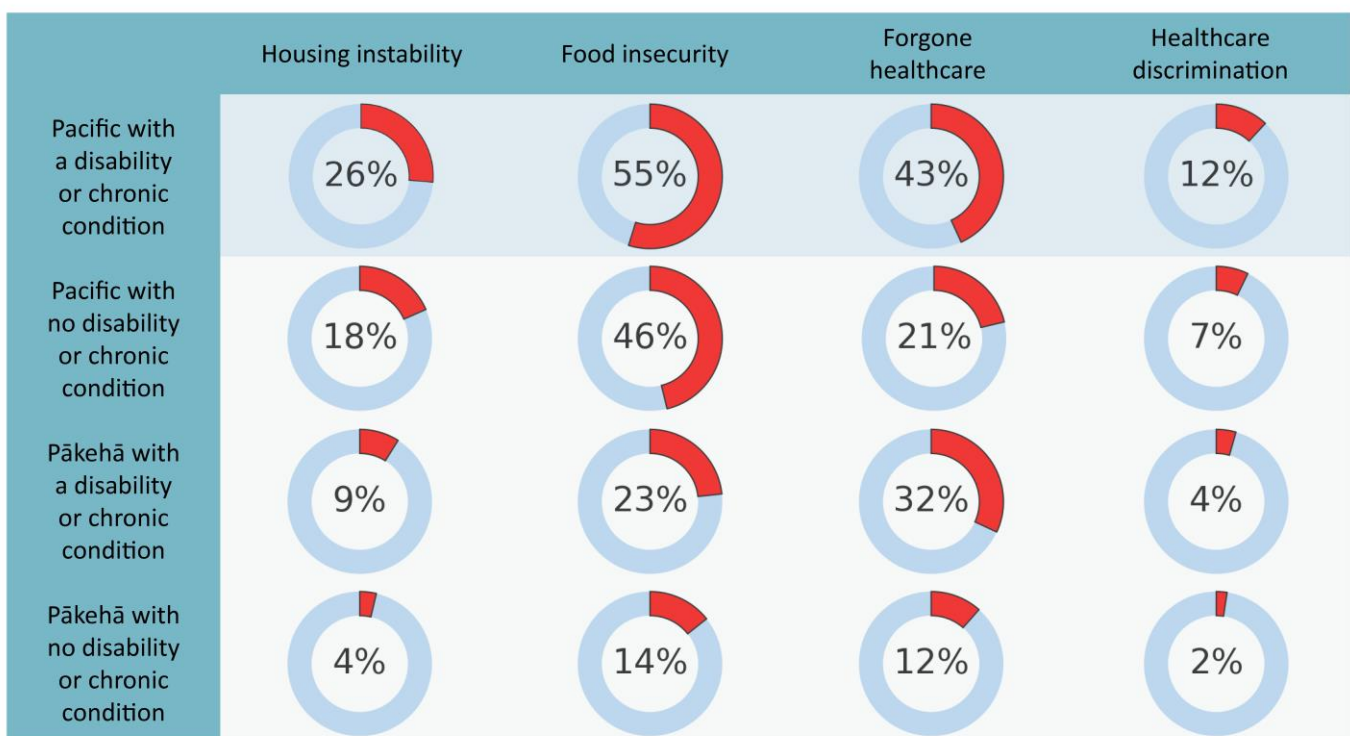
Most Pacific young people with a disability or chronic condition reported positive family and school environments, high levels of volunteering and moderate or good health. However, members of this group also reported major inequities compared to others, including significantly higher food and housing insecurity and poorer healthcare access than Pākehā young people and higher levels of discrimination by healthcare providers than all comparison groups. They also reported lower rates of feeling safe at school, lower wellbeing and higher levels of mental health concerns than Pacific or Pākehā young people without disabilities or chronic conditions.

We can improve wellbeing for Pacific young people with disabilities or chronic conditions by ensuring that they are heard and included in all environments, and that they and their aiga/kopu tangata/kāinga/magafaoa/matavuvale/kāiga (family), are free from discrimination and have access to the resources they need. We must also ensure that Pacific young people with disabilities or chronic conditions feel safe at school and that they have equitable access to high quality health, mental health and social supports.

Housing, food and healthcare

On this page and the following pages, we show how Pacific young people with a disability or chronic condition are doing on key indicators. The last two pages of this brief detail how we measured each indicator and give extra information. Overall, we found that Pacific young people with a disability or chronic condition face high housing instability, with one in four needing to sleep or live in challenging conditions due to housing costs. Over 50% reported food insecurity (parents worrying about money for food). Over 40% reported not being able to get the healthcare that they needed in the last 12 months (forgone healthcare) and 12% reported experiencing ethnic discrimination by healthcare providers.

Pacific young people with a disability or chronic condition face significantly higher housing and food insecurity than Pākehā young people. They report significantly more forgone healthcare than all comparison groups and significantly more healthcare discrimination than either Pākehā group. Further information can be found in our report.²



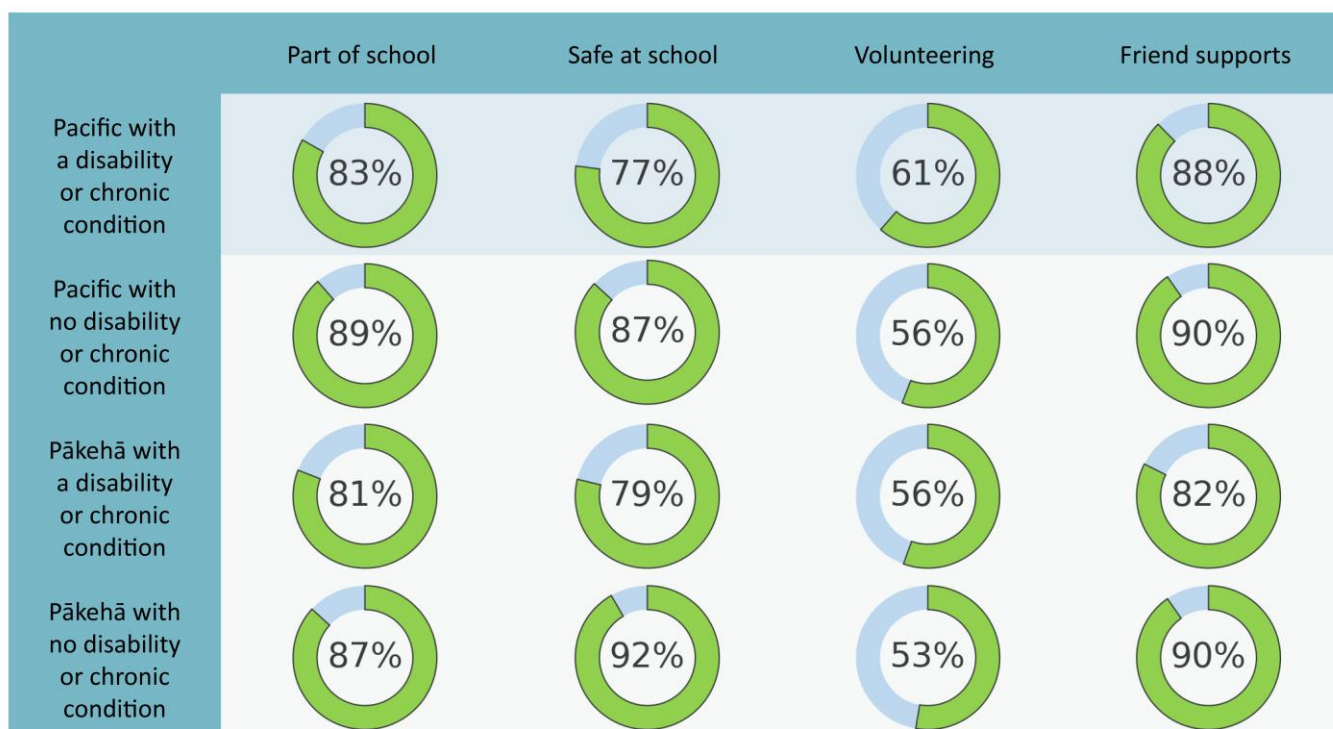
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates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

Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	26.3 (20.8, 31.8)	18.4 (15.6, 21.3)	8.9 (6.3, 11.6)	3.7 (2.8, 4.7)
Food insecurity	54.8 (48.1, 61.4)	46.2 (42.4, 50.1)	23.3 (19.5, 27.2)	14.3 (12.6, 16.0)
Forgone healthcare	43.2 (36.6, 49.7)	21.3 (18.2, 24.5)	31.9 (27.7, 36.0)	11.5 (10.0, 13.0)
Health discrimination	11.9 (7.9, 15.8)	7.2 (5.3, 9.1)	4.4 (3.0, 5.9)	2.4 (1.8, 3.1)

School, friendships and volunteering

Most Pacific young people with a disability or chronic condition report positive school environments. More than 80% feel part of school and 77% feel safe at school all or part of the time. Over 60% volunteer to support others in their communities and 88% have at least one friend who supports them.

Pacific young people with a disability or chronic condition report very similar levels of feeling part of school, volunteering and having at least one friend who supports them to comparison groups (differences between the groups shown here are not statistically significant). They are less likely to feel safe at school compared to students who do not have a disability or chronic condition.



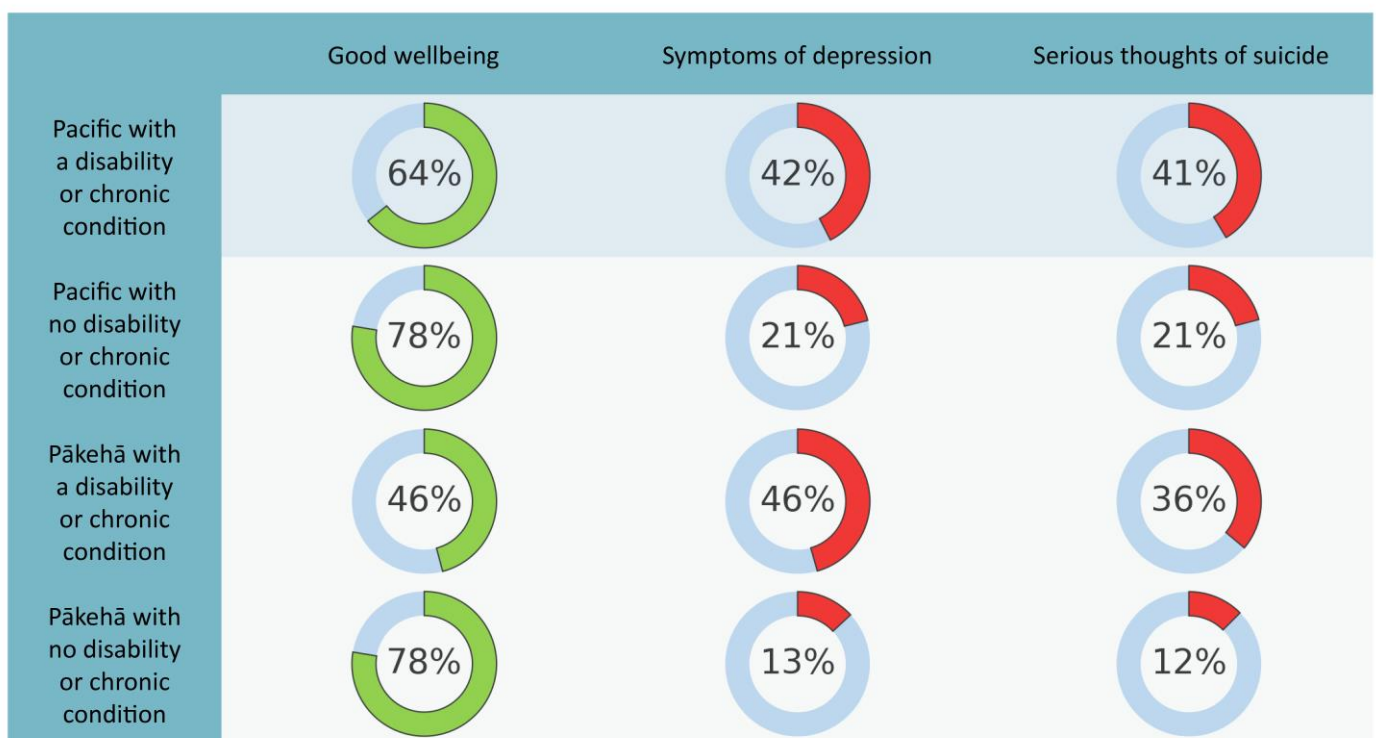
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates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

Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Part of school	83.2 (78.6, 87.8)	88.6 (86.1, 91.1)	80.9 (77.8, 84.0)	86.8 (85.3, 88.4)
Safe at school	77.1 (72.0, 82.2)	86.8 (84.3, 89.3)	78.8 (74.9, 82.6)	91.6 (90.2, 93.0)
Volunteering	61.4 (54.8, 68.1)	55.8 (51.9, 59.8)	55.5 (51.2, 59.9)	52.7 (50.3, 55.1)
Friend supports	87.6 (83.4, 91.8)	90.3 (87.9, 92.7)	82.4 (78.9, 85.9)	90.3 (88.9, 91.8)

Wellbeing and mental health

Pacific young people with a disability or chronic condition face inequities and challenges in the area of wellbeing and mental health. 64% of this group report good wellbeing, over 40% report clinically significant symptoms of depression and over 40% report serious thoughts of suicide in the last year.

Young people with a disability or chronic condition (both Pacific and Pākehā) report poorer wellbeing than those without a disability or chronic condition. Pacific and Pākehā young people with a disability or chronic condition also report higher depressive symptoms and more serious thoughts of suicide than Pacific young people without disabilities or chronic conditions, and all of these groups report higher depressive symptoms and more thoughts of suicide than Pākehā young people with no disability or chronic condition.



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

Variable name	Pacific with a disability or chronic condition	Pacific with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	64.2 (58.3, 70.1)	77.6 (74.5, 80.6)	45.9 (41.6, 50.2)	77.6 (75.6, 79.6)
Depressive symptoms	42.5 (36.2, 48.8)	21.1 (18.0, 24.3)	45.6 (41.2, 50.1)	13.1 (11.5, 14.8)
Suicide thoughts	41.4 (34.8, 47.9)	20.9 (17.8, 24.1)	36.1 (31.8, 40.5)	12.5 (10.8, 14.2)

Youth19 questions and definitions

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

A disability or chronic condition. Students were classed as having a disability or chronic condition if they reported that they had a long-term disability, health condition or pain that impacted on their life. The questions were: "Do you have any long-term disability (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?", "Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)?", and "Do you have any long-term pain (e.g. headaches, tummy pain, arms, or leg pain)?" Students who responded "yes" to any of these questions were asked if their condition caused them difficulty or stopped them doing activities that people their age can usually do. Those who said "yes" were counted as having a disability or chronic condition. This definition was selected as developmentally appropriate and inclusive. Previous work highlights that young people may not consider some conditions disabilities and that using self-reported disability alone may under-include ethnic minorities and younger adolescents.³

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

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

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

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

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

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

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

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

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

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

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

Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what could be changed to make a difference. We also invited youth advisors aged 17–24 years to comment on key issues. Participants highlighted feelings of stress and pressure and called for increased mental health support and more counselling or support people. They commented that schools needed to be up-to-date and relevant. Students also commented on racism, and the need to be heard and have a say in their futures. Example quotes are included here and more are available in our report.²

“[The biggest issues facing young people today are] *Racial Dysphoria, Mental wellbeing, the societal pressures to live up to the expectations of those around us, peer pressure*”

– Pacific Youth19 participant with a disability or chronic condition

“*Educate me on things I actually will use in the future... ..mental health, taxes, future pathways, politics, how to buy a home.... These are so much more important than things like Pythagoras theorem*”

– Pacific Youth19 participant with a disability or chronic condition

“*Just listen to us, we are your future*”

– Pacific Youth19 participant with a disability or chronic condition



What about other areas of wellbeing and other young people?

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

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

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This brief is based on the *Negotiating Multiple Identities* report.² Illustrations by Yasmine El Orfi.

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