YOUTH2000 SURVEY SERIES

Youth19 Rangatahi Smart Survey Initial Findings

Sexual and Reproductive Health of New Zealand Secondary School Students

www.youth19.ac.nz

THE UNIVERSITY OF AUCKLAND Te Whare Wānanga o Tāmaki Makaurau NEW ZEALAND
VICTORIA UNIVERSITY OF WELLINGTON TE HERENGA WAKA
UNIVERSITY of OTĀGO Te Whare Wānanga o Otāgo
AUT
YOUTH19 A Youth2000 survey

Citation: Clark, T.C., Lambert, M., Fenaughty, J., Tiatia-Seath, J., Bavin, L., Peiris-John, R., Sutcliffe, K., Crengle, S., & Fleming, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Sexual and reproductive health of New Zealand secondary school students.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

Acknowledgements

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

The Youth19 Researchers: Associate Professor Terryann Clark[1] and Associate Professor Terry (Theresa) Fleming[2] (co-principal investigators), Dr Roshini Peiris-John[1], Associate Professor Sue Crengle[3], Dr Lara Greaves[1], Dr John Fenaughty[1], Professor Dave Parry[4], Dr Sonia Lewycka[1]

The Adolescent Health Research Group: Dr Jude Ball[3], Dr Pat Bullen[1], Associate Professor Terryann Clark[1], Associate Professor Sue Crengle[3], Dr Kelsey Deane[1], Associate Professor Simon Denny[1], Lovely Dizon[1], Dr Bridget Farrant[1], Dr John Fenaughty[1], Associate Professor Terry (Theresa) Fleming[2], Dr Lara Greaves[1], Kristy Kang[1], Dr Sonia Lewycka[1], Dr Mathijs Lucassen[1], Associate Professor Melody Oliver[1], Dr Roshini Peiris-John[1], Kylie Sutcliffe[2], Dr Jemaima Tiatia-Seath[1], Dr Jennifer Utter[1]

1 The University of Auckland, 2 Victoria University of Wellington, 3 University of Otago, 4 Auckland University of Technology

Report design and layout: Bo Moore, www.bomoore.net
Illustrations: Yasmine El Orfi, www.yasmineelorfi.com

Funding

The Youth19 Rangatahi Smart Survey is a collaboration between two Health Research Council projects:

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

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

Contact

youth19@auckland.ac.nz or terry.fleming@vuw.ac.nz
Further Youth19 publications are available at www.youth19.ac.nz

Contents

Summary

This report highlights the sexual and reproductive health findings from the Youth19 Rangatahi Smart Survey (Youth19). It is designed to be read with the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report (Fleming, Peiris-John et al., 2020), which explains how the survey was conducted, who was included and how to interpret the results. The prevalence estimates for 2001, 2007, 2012 and 2019 are national estimates (i.e., the data reported has been calibrated to adjust for differences between the national population of students and those who took part in the surveys, as outlined in the *Introduction and Methods* report). We have highlighted in the text where there are significant differences between groups, however, when confidence intervals overlap, differences are within the margin of error and are not statistically signficant. While it may appear that there are differences between groups, if the confidence interval intervals overlap we will highlight that there are no substantial differences. The *Introduction and Methods* report and other Youth19 outputs are available at www.youth19.ac.nz.

Sexuality is normal part of life and young people should be equipped with the knowledge, skills and services that support them to make healthy informed decisions, now and in their future relationships. As part of Youth19, secondary school students answered questions about their sexual and reproductive health. Before answering the questions in this section, students were reminded that their answers were confidential and asked if they wanted to answer questions about their sexual health. Students who responded 'no' went straight to the next section, while those who agreed were asked questions about whether they had been sexually active and the use of contraception and condoms.

In summary, Youth19 sexual health data shows that:

- Sexual activity among youth has significantly reduced between 2001 and 2019
- Senior students are more likely to be sexually active than junior secondary school students
- Students are waiting longer to have sex compared to those in previous surveys
- Condom use has not improved significantly among students in 18 years; a smaller proportion of sexually active students always used condoms in 2019 (41%) compared to 2001 (49%)
- Contraception use has not improved for sexually active students; compared to 2001, 2007 and 2012, sexually active students in 2019 are less likely to always use contraception.

There are differences by ethnicity for sexual health:

- Fewer Māori students have ever had sex and fewer were sexually active in 2019, compared to previous surveys. Sexually active Māori students are less likely to use contraception consistently (42%) compared to Pākehā and other European students (61%)
- Fewer Pacific students have ever had sex and fewer were sexually active in 2019, compared to previous surveys. Sexually active Pacific students are less likely to use condoms (29%) and contraception (30%) consistently compared to Pākehā and other European students (44% and 61%, respectively)
- Asian students are less likely to be sexually active and more likely to use condoms (52%) compared to Pākehā and other European students (44%)

- Pākehā and other European students are less likely to be sexually active in 2019 compared to 2012 but, among those who are sexually active, there has been no improvement in condom and contraception use since 2001.

The sexual and reproductive health of students is strongly influenced by healthcare access, discrimination and poverty:

- Sexually active students in low decile schools are significantly less likely to use condoms or contraception compared to those in medium and high decile schools.
- Concerningly, Family Planning and sexual health services are more accessible to students from high income areas, high decile schools and urban areas, and to female and senior secondary school students.
- Our latest healthcare access report shows that access to high-quality, private and confidential healthcare for students is poor (Peiris-John et al., 2020).
- Another of our recent reports, *Negotiating multiple identities: Intersecting identities among Māori, Pacific Rainbow and Disabled young people* (Roy et al., 2020), found that ethnic discrimination, ableism and homophobia were key barriers to healthcare access for Māori and Pacific students.
- Our analysis also shows that poverty is a significant factor in limiting access to healthcare. Students in communities that are poorer, low decile schools, and smaller towns are at significant disadvantage (Peiris-John et al., 2020).
- Finally, students who participated in the survey are calling for easier access to services, better sexuality education and non-judgmental families, communities and services.

These findings highlight some major changes in the sexual behaviour of secondary school students over the last 20 years, with declining sexual behaviour and students waiting longer to start having sex. They also highlight lost opportunities to provide quality sexual and reproductive healthcare for young people who are sexually active. The data presented in this report shows that we have made little progress on these indicators of contraception and condom use for New Zealand's youth.

'Mainstream' models of sexual healthcare persistently underperform for young people, and new models and strategies that serve youth in convenient and appropriate ways are required. Māori face additional health inequities, despite having greater healthcare needs. Healthcare services must prioritise safe and culturally safe care if taitamariki Māori are to engage with sexual and reproductive health services. Pacific youth, youth with disabilities and Rainbow youth similarly require specific health services that acknowledge and address their unique needs. There are some strong examples of services providing youth-appropriate care that is culturally safe and responsive to young people's diverse and complex needs. Increased resourcing is required to improve the reach of these services.

Finally, the significant and persistent impacts of socioeconomic disadvantage, poverty and deprivation on the sexual and reproductive health of young people must be addressed. Lack of financial resources is a significant barrier to sexual and reproductive healthcare, particularly for students in low decile schools. These findings support the provision of school-based health services, particularly in lower decile schools, and free and accessible sexual healthcare. While the sexual and reproductive health sector work hard to provide quality services, this inequity in healthcare speaks to much broader issues of systematic underinvestment and undervaluing of sexual and reproductive health over many years. Ultimately, New Zealand's young people require quality care that supports them to talk to non-judgmental health professionals with confidence. Without such care, we will continue to underserve this population.

More in-depth analyses exploring youth sexual healthcare access and quality are underway, and will be available via www.youth19.ac.nz.

Findings

These findings are an overview of sexual and reproductive health issues for New Zealand secondary school students. Of note, this is not a comprehensive report, rather a brief, plain language overview to ensure that some sexual health data is available to the public. More detailed information, papers and reports will be available in future via our website. This report does not contain specific analyses highlighting the sexual behaviour and health of Rainbow participants. These findings will be included in a Rainbow report, where the nuances of sexual and reproductive health for these groups can be fully explored. Reports of findings for young people living with disabilities and a number of ethnic-specific analyses are also underway.

In this report, we present findings for the whole population (all students combined) for sexual activity (ever had sex and currently sexually active) and then for condom and contraception use. We then report these indicators for Māori, Pacific, Asian, and Pākehā and other European (Pākehā, for brevity) groups. We then describe healthcare access issues for sexual and reproductive health and share some qualitative youth quotes from the survey regarding the sexual health needs of students. Finally we highlight ways to support the sexual and reproductive health of young people in Aotearoa, with links to resources and further information.

Survey design and delivery

We asked students whether they had ever had consensual sex: “Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted or consented to - this does not include sexual abuse or rape”. They could choose to answer this question or skip it.

Overall, 21% of secondary school students report they have ever had sex, with males more likely to report ever having sex than females. As would be expected, senior students were more likely to have had sex (e.g., 41% of those aged 17 and over) compared to junior students (e.g., 6% of those aged 13 and under). Students from low decile schools and high deprivation neighbourhoods were more likely to report having had sex compared to those from high decile schools and low deprivation neighbourhoods. Ever having sex has declined significantly between 2012 (26%) and 2019 (21%) and the age of initiating sexual activity has increased (i.e., students are older when they start having sex compared to 2001).

‘Currently sexually active’ refers to young people who report they had sex in the previous 3 months. Overall, 13% of students report being sexually active, with no significant difference between males and females. Senior students were more likely to be currently sexually active (29% of those aged 17 and over) compared to junior students (2% of those aged 13 and under). Students in low decile schools were more likely to report being currently sexually active compared to those in high decile schools. There were no differences in being currently sexually active by neighbourhood deprivation. Students being sexually active in the previous 3 months has also significantly declined over time, from 21% in 2001 to 13% in 2019.

Table 1: Sexual activity, 2019

	Ever had sex*		Currently sexually active#	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	1,285 (7,215)	20.7 [19.6-21.8]	766 (7,064)	13.1 [11.8-14.4]
Age				
13 and under	69 (1,283)	5.6 [4.7-6.4]	25 (1,269)	2.0 [1.4-2.8]
14	131 (1,622)	8.1 [6.2-9.9]	58 (1,610)	3.4 [2.4-4.5]
15	269 (1,583)	18.9 [17.0-20.7]	159 (1,555)	11.3 [9.5-13.2]
16	328 (1,397)	24.9 [21.9-27.9]	201 (1,353)	15.4 [12.9-17.9]
17 and over	488 (1,330)	40.5 [37.5-43.4]	323 (1,277)	29.2 [26.1-32.2]
Sex^				
Male	657 (3,236)	23.6 [21.8-25.4]	324 (3,105)	13.8 [11.5-16.0]
Female	628 (3,979)	17.9 [16.8-19.1]	442 (3,959)	12.4 [11.4-13.5]
School year				
Year 9	95 (1,643)	5.6 [4.8-6.3]	34 (1,627)	2.2 [1.5-2.8]
Year 10	149 (1,584)	9.6 [7.7-11.6]	78 (1,570)	4.7 [3.4-6.0]
Year 11	296 (1,578)	20.4 [17.9-23.0]	176 (1,549)	11.9 [9.7-14.0]
Year 12	342 (1,347)	27.8 [24.7-30.9]	212 (1,299)	17.9 [15.1-20.8]
Year 13	385 (1,016)	41.7 [38.4-45.0]	253 (973)	30.1 [26.9-33.4]
School decile**				
Low	324 (1,338)	27.5 [22.4-32.6]	200 (1,330)	17.9 [13.6-22.2]
Medium	562 (3,017)	21.8 [19.3-24.3]	359 (2,987)	14.4 [12.5-16.3]
High	394 (2,819)	17.0 [14.3-19.7]	203 (2,706)	9.8 [7.2-12.4]
Neighbourhood deprivation##				
Low	312 (2,045)	18.7 [16.3-21.1]	185 (1,988)	12.6 [10.1-15.1]
Medium	424 (2,667)	19.9 [17.5-22.3]	249 (2,612)	11.6 [9.6-13.7]
High	360 (1,782)	23.0 [19.8-26.1]	215 (1,758)	14.7 [12.1-17.4]
Urban / rural^^				
Urban	752 (4,917)	19.1 [17.5-20.8]	431 (4,809)	11.9 [10.2-13.7]
Small towns	131 (520)	24.9 [20.2-29.5]	79 (510)	15.0 [11.9-18.0]
Rural	213 (1,058)	21.9 [19.3-24.5]	139 (1,040)	14.6 [12.3-16.9]

* 'Ever had sex' is taken from the question "Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted, or consented to - this does not include sexual abuse or rape."

'Currently sexually active' is taken from the question "Have you had sex in the last 3 months?" i.e., students who report having had sex in the last 3 months.

^ The sexual health of gender diverse youth is not reported here and will be described in a Rainbow-specific report at a later time.

** School Decile: Low (1-3), Medium (4-7), High (8-10).

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

^^ Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999), Rural (population less than 1,000).

Table 2: Sexual activity trends

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex*								
Total	2,847 (9,053)	31.5 [30.3-32.6]	2,931 (8,064)	37.6 [36.0-39.2]	2,008 (8,236)	26.0 [24.8-27.1]	1,180 (6,907)	20.6 [19.5-21.8]
Sex								
Male	1,342 (4,128)	32.3 [30.4-34.2]	1,610 (4,282)	38.7 [36.4-41.0]	925 (3,725)	25.8 [23.8-27.9]	603 (3,101)	23.5 [21.7-25.3]
Female	1,505 (4,925)	30.6 [28.9-32.3]	1,321 (3,782)	36.6 [34.2-39.0]	1,083 (4,511)	26.1 [24.7-27.5]	577 (3,806)	17.9 [16.7-19.0]
Currently sexually active								
Total	1,901 (8,945)	21.2 [20.3-22.2]	2,017 (7,715)	27.4 [26.2-28.7]	1,546 (8,234)	20.1 [19.1-21.0]	700 (6,758)	13.0 [11.8-14.3]
Sex								
Male	843 (4,080)	20.3 [18.9-21.7]	1,056 (4,059)	26.9 [25.2-28.7]	678 (3,720)	19.0 [17.2-20.8]	291 (2,971)	13.7 [11.4-15.9]
Female	1,058 (4,865)	22.2 [20.5-23.8]	961 (3,656)	27.9 [25.9-29.8]	868 (4,514)	21.1 [19.9-22.4]	409 (3,787)	12.4 [11.4-13.5]

* In 2012 and 2019 students were asked if they had ever had sexual intercourse, excluding sexual abuse. In 2001 and 2007, sexual abuse was not explicitly excluded, which may partially account for the change in numbers.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Sexual and reproductive health of secondary school students

We asked students who reported that they had ever had sex, about condom and contraception use: "*How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex?*" and "*How often do you, or your partner(s) use contraception (by this, we mean protection against pregnancy)?*". They could choose to answer these questions or skip them.

Overall, 41% of students who have ever had sex report always using condoms to protect themselves or their sexual partners from sexually transmitted infections. More males than females report using condoms with their sexual partners, with no substantial differences by age (i.e., confidence intervals overlap). Students in low decile schools were significantly less likely to use condoms (25%) compared to those in medium (46%) and high decile schools (43%). There were no significant differences by neighbourhood deprivation. Fewer sexually active students in 2019 reported always using condoms (41%) compared to 2001 (49%).

Overall, 52% of sexually active students report that they or their partner always use contraception to prevent pregnancy. There was no difference by sex, but those aged 17 and over were more likely to always use contraception compared to younger secondary school students. Students in low decile schools were significantly less likely to use contraception (33%) compared to those in medium decile (54%) and high decile schools (60%). Fewer sexually active students in 2019 reported always using contraception compared to those in previous waves of the survey.

Table 3: Condom and contraception use, 2019

	Always uses condoms		Always uses contraception	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	**486 (1,208)**	**40.5 [37.0-44.1]**	**614 (1,247)**	**51.5 [48.8-54.3]**
Age				
13 and under	21 (56)	40.7 [27.2-54.2]	22 (60)	41.7 [31.0-52.4]
14	46 (121)	39.2 [29.9-48.6]	49 (123)	40.8 [29.6-52.0]
15	113 (249)	48.9 [40.3-57.6]	113 (262)	46.2 [38.7-53.8]
16	133 (309)	42.7 [38.1-47.3]	164 (322)	48.3 [42.8-53.8]
17 and over	173 (473)	36.4 [31.6-41.1]	266 (480)	58.0 [54.3-61.6]
Sex				
Male	278 (613)	44.9 [39.4-50.4]	304 (632)	50.6 [45.1-56.1]
Female	208 (595)	35.0 [31.0-38.9]	310 (615)	52.7 [48.9-56.6]
School year				
Year 9	29 (81)	38.7 [28.9-48.4]	27 (83)	36.1 [28.0-44.2]
Year 10	51 (134)	36.5 [28.3-44.7]	52 (143)	36.0 [27.1-44.9]
Year 11	114 (275)	44.0 [36.8-51.2]	124 (287)	44.1 [38.3-50.0]
Year 12	143 (326)	40.9 [35.5-46.4]	190 (337)	51.6 [47.2-56.0]
Year 13	141 (376)	38.4 [33.1-43.8]	213 (380)	61.0 [56.7-65.3]
School decile*				
Low	73 (292)	25.0 [20.1-29.8]	102 (311)	33.1 [28.8-37.3]
Medium	229 (533)	45.8 [40.1-51.4]	280 (545)	54.3 [49.5-59.2]
High	181 (378)	42.6 [36.0-49.3]	230 (386)	59.5 [56.0-62.9]
Neighbourhood deprivation#				
Low	312 (2,045)	18.7 [16.3-21.1]	185 (1,988)	12.6 [10.1-15.1]
Medium	424 (2,667)	19.9 [17.5-22.3]	249 (2,612)	11.6 [9.6-13.7]
High	360 (1,782)	23.0 [19.8-26.1]	215 (1,758)	14.7 [12.1-17.4]
Urban / rural^				
Urban	752 (4,917)	19.1 [17.5-20.8]	431 (4,809)	11.9 [10.2-13.7]
Small towns	131 (520)	24.9 [20.2-29.5]	79 (510)	15.0 [11.9-18.0]
Rural	213 (1,058)	21.9 [19.3-24.5]	139 (1,040)	14.6 [12.3-16.9]

*School Decile: Low (1-3), Medium (4-7), High (8-10).

#NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

^Urban (population of 10,000 or more), Small towns (population between 1,000 and 9,999), Rural (population less than 1,000).

Table 4: Condom and contraception use, 2019

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Always uses condoms*								
Total	898 (1,844)	48.6 [46.4-50.9]	903 (1,995)	45.3 [42.9-47.7]	683 (1,505)	45.8 [43.4-48.3]	465 (1,118)	40.9 [37.3-44.5]
Sex								
Male	453 (814)	55.8 [52.7-59.0]	532 (1,042)	51.0 [47.9-54.1]	337 (649)	52.4 [49.0-55.8]	264 (566)	45.4 [39.9-50.9]
Female	445 (1,030)	42.2 [39.2-45.3]	371 (953)	40.1 [36.6-43.7]	346 (856)	40.1 [36.5-43.7]	201 (552)	35.1 [31.2-39.1]
Always uses contraception								
Total	1,099 (1,846)	61.8 [59.6-64.1]	1,126 (1,871)	62.1 [59.7-64.5]	870 (1,495)	59.5 [56.8-62.2]	584 (1,151)	51.7 [49.0-54.5]
Sex								
Male	486 (800)	63.0 [59.6-66.5]	567 (955)	61.4 [57.8-65.0]	359 (644)	56.4 [52.4-60.5]	287 (582)	50.9 [45.4-56.4]
Female	613 (1,046)	60.8 [57.6-64.1]	559 (916)	62.8 [59.2-66.4]	511 (851)	62.2 [58.6-65.8]	297 (569)	52.8 [48.9-56.7]

* Question differed between 2001/2007 and 2012/2019. In 2001 and 2007 students were asked, "How often do you use condoms as protection against sexually transmitted disease or infection?". In 2012 and 2019 students were asked, "How often do you (or your partner) use condoms as protection against sexually transmitted disease or infection?"

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Sexual and reproductive health of rangatahi Māori

For Māori students, overall, 31% have 'ever had sex', with no substantial differences between males and females or by neighbourhood deprivation. Ever having sex has declined significantly between 2001 (50%) and 2019 (31%), and the age of initiating sexual activity has increased (i.e., students were older on average when they started having sex in 2019, compared to 2001).

'Currently sexually active' refers to rangatahi Māori who report that they had sex in the previous 3 months. Overall, 20% of Māori students report being currently sexually active, with no substantial differences between males and females or by neighbourhood deprivation. Students being sexually active has also significantly declined over time, from 28% of Māori students in 2012 to 20% in 2019.

Overall, 37% of sexually active rangatahi Māori report always using condoms to protect themselves or their sexual partners from sexually transmitted infections. There were no substantial differences on this indicator between males and females or by neighbourhood deprivation (i.e., confidence intervals overlap).

Overall, 42% of sexually active rangatahi Māori report that they or their partner always use contraception to prevent pregnancy, with no substantial differences between males and females or by neighbourhood deprivation (i.e., confidence intervals ovlerap).

Table 5: Rangatahi Māori sexual activity, 2019*

	Ever had sex		Currently sexually active	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	405 (1,351)	31.4 [27.5-35.3]	243 (1,326)	20.0 [16.7-23.3]
Sex				
Male	207 (613)	33.8 [28.1-39.5]	116 (593)	20.9 [15.8-25.9]
Female	198 (738)	28.7 [25.1-32.4]	127 (733)	19.1 [15.9-22.4]
Neighbourhood deprivation#				
Low	44 (189)	26.6 [19.4-33.7]	26 (184)	19.3 [13.0-25.5]
Medium	110 (378)	33.4 [28.6-38.2]	62 (368)	17.2 [12.8-21.6]
High	165 (540)	30.2 [23.8-36.5]	105 (535)	21.6 [15.6-27.7]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 6: Rangatahi Māori sexual activity trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex								
Total	1,046 (2,198)	49.7 [47.1-52.2]	827 (1,484)	56.4 [53.3-59.6]	583 (1,637)	37.7 [34.4-40.9]	306 (1,063)	31.2 [27.2-35.3]
Sex								
Male	501 (1,015)	51.3 [48.2-54.5]	426 (748)	57.9 [53.2-62.5]	279 (766)	38.5 [33.9-43.1]	158 (489)	33.6 [27.7-39.5]
Female	545 (1,183)	47.9 [44.5-51.3]	401 (736)	55.2 [51.3-59.2]	304 (871)	36.8 [32.9-40.8]	148 (574)	28.6 [24.9-32.3]
Currently sexually active								
Total	713 (2,135)	35.0 [33.0-37.0]	587 (1,394)	42.7 [39.6-45.7]	432 (1,630)	27.8 [25.2-30.4]	182 (1,040)	19.9 [16.5-23.3]
Sex								
Male	326 (987)	34.6 [32.0-37.2]	294 (695)	43.0 [38.7-47.2]	198 (763)	26.8 [23.5-30.2]	88 (470)	20.7 [15.5-25.9]
Female	387 (1,148)	35.4 [32.5-38.2]	293 (699)	42.4 [38.3-46.6]	234 (867)	28.8 [25.4-32.3]	94 (570)	19.1 [15.7-22.4]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Table 7: Rangatahi Māori condom and contraception use, 2019*

	Always uses condoms		Always uses contraception	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	124 (366)	36.6 [30.9-42.2]	152 (386)	42.0 [36.9-47.0]
Sex				
Male	75 (188)	40.1 [32.9-47.4]	83 (197)	41.5 [32.3-50.7]
Female	49 (178)	32.0 [24.4-39.6]	69 (189)	42.5 [35.3-49.7]
Neighbourhood deprivation#				
Low	15 (39)	45.1 [32.5-57.6]	20 (42)	53.2 [37.5-68.8]
Medium	44 (103)	38.7 [29.3-48.0]	54 (105)	43.6 [32.9-54.2]
High	42 (148)	29.1 [23.3-34.9]	56 (159)	38.7 [31.4-46.0]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 8: Rangatahi Māori condom and contraception use trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Always uses condoms								
Total	319 (692)	46.0 [42.1-50.0]	209 (580)	36.0 [32.4-39.6]	182 (417)	43.5 [38.0-49.0]	104 (281)	37.1 [31.2-43.0]
Sex								
Male	169 (315)	53.3 [47.2-59.4]	124 (290)	42.3 [37.8-46.8]	95 (186)	51.6 [43.5-59.7]	62 (145)	40.7 [33.1-48.3]
Female	150 (377)	38.5 [33.9-43.1]	85 (290)	30.6 [25.2-36.0]	87 (231)	35.9 [28.5-43.2]	42 (136)	32.5 [24.7-40.4]
Always uses contraception								
Total	352 (691)	50.6 [45.6-55.7]	278 (534)	52.0 [47.0-56.9]	204 (419)	47.8 [41.9-53.7]	123 (296)	42.3 [37.1-47.5]
Sex								
Male	171 (308)	55.5 [48.7-62.2]	132 (256)	51.7 [46.5-56.9]	95 (188)	49.4 [40.8-58.1]	67 (152)	41.8 [32.3-51.3]
Female	181 (383)	45.8 [40.0-51.6]	146 (278)	52.2 [44.2-60.2]	109 (231)	46.3 [38.3-54.2]	56 (144)	42.9 [35.6-50.3]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Sexual and reproductive health of Pacific youth

For Pacific students, overall, 22% have 'ever had sex', with males more likely to report having had sex compared to females. There was no difference on this indicator by neighbourhood deprivation (i.e., confidence intervals overlap). Ever having sex declined significantly between 2012 (29%) and 2019 (22%), particularly among females. The age of initiating sexual activity has increased (i.e., students were older on average when they started having sex in 2019, compared to 2001).

'Currently sexually active' refers to Pacific youth who report that they had sex in the previous 3 months. Overall, 12% of students report being sexually active, with males more likely to report being sexually active compared to females. There was no difference on this indicator by neighbourhood deprivation (i.e., confidence intervals overlap). Being currently sexually active has declined significantly between 2001 (20%) and 2019 (12%).

Overall, 29% of sexually active Pacific youth report always using condoms to protect themselves or their sexual partners from sexually transmitted infections. There were no substantial differences on this indicator between males and females or by neighbourhood deprivation (i.e., confidence intervals overlap). Condom use among sexually active Pacific males decreased between 2001 (54%) and 2019 (29%).

Overall, 30% of sexually active Pacific youth report that they or their partner always use contraception to prevent pregnancy, with no substantial differences between males and females or by neighbourhood deprivation (i.e., confidence intervals overlap). Contraception use among sexually active Pacific males decreased between 2001 (52%) and 2019 (28%).

Table 9: Pacific youth sexual activity, 2019*

	Ever had sex		Currently sexually active	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	159 (832)	22.0 [18.6-25.4]	89 (815)	12.0 [9.4-14.7]
Sex				
Male	92 (326)	30.9 [27.8-34.0]	42 (310)	16.2 [11.9-20.5]
Female	67 (506)	14.6 [12.5-16.8]	47 (505)	8.7 [6.2-11.1]
Neighbourhood deprivation#				
Low	12 (67)	17.1 [11.9-22.2]	9 (65)	14.2 [10.1-18.3]
Medium	43 (201)	24.9 [17.5-32.3]	22 (195)	13.7 [6.5-20.9]
High	82 (482)	21.4 [16.2-26.6]	43 (475)	10.4 [6.4-14.4]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 10: Pacific youth sexual activity trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex								
Total	211 (668)	33.0 [29.0-37.0]	306 (734)	43.1 [39.4-46.8]	285 (1,124)	28.7 [25.6-31.9]	155 (823)	22.0 [18.6-25.4]
Sex								
Male	101 (273)	38.1 [31.5-44.8]	181 (389)	47.2 [42.3-52.2]	141 (477)	32.5 [27.8-37.1]	89 (323)	30.8 [27.7-33.9]
Female	110 (395)	28.9 [24.3-33.4]	125 (345)	39.2 [34.2-44.1]	144 (647)	24.9 [20.9-28.9]	66 (500)	14.6 [12.4-16.8]
Currently sexually active								
Total	126 (651)	20.4 [17.1-23.8]	207 (692)	31.9 [28.4-35.5]	224 (1,127)	22.8 [20.0-25.5]	86 (806)	12.0 [9.3-14.6]
Sex								
Male	65 (269)	24.9 [19.8-30.1]	119 (362)	33.9 [28.9-39.0]	110 (475)	26.0 [21.8-30.2]	39 (307)	16.1 [11.7-20.4]
Female	61 (382)	16.8 [12.7-20.8]	88 (330)	30.1 [25.6-34.6]	114 (652)	19.5 [16.2-22.8]	47 (499)	8.6 [6.2-11.1]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Table 11: Pacific youth condom and contraception use 2019*

	Always uses condoms		Always uses contraception	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	40 (143)	28.6 [21.1-36.0]	50 (155)	30.4 [22.4-38.4]
Sex				
Male	23 (80)	28.3 [18.6-38.1]	24 (89)	27.6 [17.6-37.6]
Female	17 (63)	29.0 [17.6-40.4]	26 (66)	35.3 [28.3-42.4]
Neighbourhood deprivation#				
Low	4 (12)	31.5 [10.9-52.1]	3 (12)	26.6 [8.1-45.1]
Medium	11 (41)	32.5 [15.2-49.8]	13 (41)	34.9 [16.9-52.9]
High	20 (72)	26.7 [18.4-35.0]	26 (80)	28.5 [19.6-37.5]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 12: Pacific youth condom and contraception use trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Always uses condoms								
Total	51 (120)	41.2 [33.0-49.4]	63 (204)	30.4 [26.1-34.7]	75 (217)	36.2 [31.1-41.3]	40 (140)	28.6 [21.2-36.1]
Sex								
Male	33 (59)	54.2 [43.1-65.3]	43 (117)	38.5 [30.4-46.7]	41 (109)	38.2 [32.0-44.4]	23 (78)	28.5 [18.7-38.2]
Female	18 (61)	27.2 [16.9-37.5]	20 (87)	22.0 [16.1-27.9]	34 (108)	33.5 [24.3-42.7]	17 (62)	29.0 [17.6-40.5]
Always uses contraception								
Total	49 (118)	41.6 [33.4-49.8]	73 (188)	35.9 [29.6-42.1]	91 (215)	42.9 [34.0-51.7]	50 (151)	30.5 [22.5-38.5]
Sex								
Male	30 (58)	51.8 [40.9-62.8]	51 (109)	47.6 [37.7-57.5]	42 (105)	40.2 [28.9-51.6]	24 (86)	27.7 [17.8-37.7]
Female	19 (60)	29.9 [21.1-38.8]	22 (79)	23.5 [14.5-32.5]	49 (110)	46.4 [35.4-57.4]	26 (65)	35.2 [28.2-42.3]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Sexual and reproductive health of Asian youth

For Asian students, overall, 12% have 'ever had sex', with no substantial differences between males and females. Ever having sex has declined significantly between 2001 (19%) and 2019 (12%).

'Currently sexually active' refers to Asian youth who report that they had sex in the previous 3 months. Overall, 5% of students report being sexually active, with no substantial difference between males and females. Students living in medium deprivation neighbourhoods were less likely to be currently sexually active (3%) than those living in high deprivation neighbourhoods (9%). Students being sexually active has also declined significantly between 2001 (11%) and 2019 (5%).

Overall, 52% of sexually active Asian students always use condoms to protect themselves or their sexual partners from sexually transmitted infections. There were no substantial differences on this indicator between males and females or by deprivation (i.e, confidence intervals overlap). There were no substantial changes in condom use between 2001 and 2019.

Overall, 46% of sexually active Asian students report that they or their partner always use contraception to prevent pregnancy, with no substantial differences between males and females or by deprivation. There were no changes in contraception use between 2001 and 2019.

Table 13: Asian youth sexual activity, 2019*

	Ever had sex		Currently sexually active	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	153 (1,690)	11.7 [9.5-13.8]	70 (1,661)	5.3 [4.1-6.5]
Sex				
Male	75 (782)	12.3[9.7-14.9]	24(758)	5.5 [3.3-7.7]
Female	78 (908)	11.0 [7.5-14.5]	46 (903)	5.1 [3.6-6.7]
Neighbourhood deprivation#				
Low	42 (416)	13.5 [9.6-17.4]	15 (404)	4.6 [1.9-7.2]
Medium	59 (787)	8.9 [5.6-12.2]	26 (774)	3.3 [1.6-5.0]
High	36 (356)	14.3 [10.2-18.4]	21 (354)	9.3 [5.7-12.9]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 14: Asian youth sexual activity trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex								
Total	108 (631)	18.8 [15.0-22.5]	174 (987)	18.5 [14.6-22.3]	124 (1,011)	12.9 [10.8-15.0]	153 (1,690)	11.7 [9.5-13.8]
Sex								
Male	47 (295)	18.2 [13.0-23.4]	95 (538)	19.0 [13.8-24.1]	60 (499)	12.7 [9.6-15.7]	75 (782)	12.3 [9.7-14.9]
Female	61 (336)	19.3 [15.2-23.5]	79 (449)	17.9 [13.8-22.1]	64 (512)	13.1 [10.1-16.1]	78 (908)	11.0 [7.5-14.5]
Currently sexually active								
Total	63 (629)	11.0 [8.5-13.5]	98 (945)	10.9 [8.3-13.5]	87 (1,011)	9.0 [7.4-10.6]	70 (1,661)	5.3 [4.1-6.5]
Sex								
Male	25 (295)	9.5 [5.7-13.3]	49 (512)	10.4 [6.6-14.2]	40 (498)	8.4 [6.0-10.9]	24 (758)	5.5 [3.3-7.7]
Female	38 (334)	12.6 [8.8-16.4]	49 (433)	11.4 [8.3-14.5]	47 (513)	9.7 [7.2-12.2]	46 (903)	5.2 [3.6-6.7]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Table 15: Asian youth condom and contraception use, 2019*

	Always uses condoms		Always uses contraception	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	76 (145)	51.7 [44.6-58.9]	70 (146)	46.4 [35.6-57.2]
Sex				
Male	41 (71)	55.2 [45.1-65.3]	30 (71)	43.4 [28.9-57.9]
Female	35 (74)	47.5 [36.2-58.8]	40 (75)	50.0 [31.8-68.1]
Neighbourhood deprivation#				
Low	25 (40)	56.7 [41.4-71.9]	22 (41)	55.2 [42.4-67.9]
Medium	33 (56)	61.2 [50.2-72.2]	25 (57)	38.3 [22.8-53.8]
High	14 (34)	42.6 [26.0-59.2]	16 (34)	47.7 [28.5-67.0]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 16: Asian youth condom and contraception use trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Always uses condoms								
Total	28 (57)	44.9 [31.8-58.1]	55 (98)	56.7 [47.9-65.6]	40 (86)	50.9 [39.2-62.5]	76 (145)	51.8 [44.6-59.0]
Sex								
Male	12 (22)	49.2 [28.6-69.8]	28 (49)	57.9 [44.3-71.4]	21 (40)	57.9 [40.9-74.9]	41 (71)	55.3 [45.2-65.4]
Female	16 (35)	41.8 [23.5-60.1]	27 (49)	55.7 [43.3-68.1]	19 (46)	43.6 [28.8-58.3]	35 (74)	47.5 [36.2-58.9]
Always uses contraception								
Total	33 (60)	50.7 [40.4-61.0]	52 (92)	58.2 [49.6-66.8]	41 (81)	55.4 [45.6-65.3]	70 (146)	46.4 [35.6-57.2]
Sex								
Male	15 (23)	61.4 [45.0-77.8]	24 (47)	52.3 [40.8-63.8]	19 (37)	57.5 [42.6-72.4]	30 (71)	43.5 [29.0-58.0]
Female	18 (37)	42.5 [30.3-54.7]	28 (45)	63.9 [52.2-75.7]	22 (44)	53.3 [38.1-68.5]	40 (75)	49.9 [31.7-68.0]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Sexual and reproductive health of Pākehā and other European youth

For Pākehā students, overall, 19% have 'ever had sex', with males more frequently reporting ever having sex. Ever having sex has declined significantly between 2001 (28%) and 2019 (19%).

'Currently sexually active' refers to Pākehā youth who report that they had sex in the previous 3 months. Overall, 13% of students report being sexually active, with no substantial differences between males and females or by neighbourhood deprivation. Students being sexually active has also declined significantly over time, from 19% in 2001 to 13% in 2019.

Overall, 44% of sexually active Pākehā youth report always using condoms to protect themselves or their sexual partners from sexually transmitted infections. Males more frequently report using condoms with their sexual partner/s compared to females. There were no substantial differences in condom use by neighbourhood deprivation or between 2001 and 2019.

Overall, 61% of sexually active Pākehā youth report that they or their partner always use contraception to prevent pregnancy, with no substantial differences between males and females or by neighbourhood deprivation. There was a decrease in contraception use among sexually active Pākehā youth over time, from 70% in both 2001 and 2007, to 69% in 2012, and 61% in 2019.

Table 17: Pākehā and other European youth sexual activity 2019*

	Ever had sex		Currently sexually active	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	524 (2,983)	18.8 [17.0-20.7]	336 (2,907)	12.5 [10.7-14.2]
Sex				
Male	256 (1,338)	21.7 [18.6-24.8]	127 (1,271)	12.8 [10.2-15.4]
Female	268 (1,645)	16.2 [14.8-17.6]	209 (1,636)	12.2 [10.6-13.7]
Neighbourhood deprivation#				
Low	205 (1,275)	18.4 [15.7-21.1]	132 (1,239)	12.8 [10.3-15.4]
Medium	194 (1,157)	18.0 [14.2-21.7]	126 (1,132)	11.3 [9.0-13.6]
High	68 (319)	21.3 [18.3-24.4]	40 (310)	13.3 [10.0-16.5]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 18: Pākehā and other European youth sexual activity trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Ever had sex								
Total	1,391 (5,248)	28.3 [26.9-29.6]	1,464 (4,384)	34.5 [32.4-36.7]	893 (3,960)	23.8 [22.3-25.3]	524 (2,980)	18.8 [17.0-20.7]
Sex								
Male	636 (2,379)	28.3 [26.2-30.4]	814 (2,370)	35.4 [32.4-38.3]	376 (1,750)	22.2 [19.7-24.6]	256 (1,336)	21.8 [18.7-24.8]
Female	755 (2,869)	28.3 [26.4-30.2]	650 (2,014)	33.7 [31.0-36.3]	517 (2,210)	25.4 [23.5-27.4]	268 (1,644)	16.2 [14.8-17.6]
Currently sexually active								
Total	942 (5,229)	19.2 [18.0-20.4]	1,024 (4,238)	25.3 [23.5-27.0]	713 (3,960)	19.2 [17.9-20.4]	336 (2,904)	12.5 [10.7-14.3]
Sex								
Male	392 (2,367)	17.4 [15.6-19.1]	540 (2,274)	24.5 [22.4-26.6]	284 (1,750)	17.0 [14.8-19.2]	127 (1,269)	12.8 [10.2-15.4]
Female	550 (2,862)	20.9 [19.0-22.8]	484 (1,964)	26.0 [23.5-28.6]	429 (2,210)	21.2 [19.3-23.1]	209 (1,635)	12.2 [10.6-13.7]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Table 19: Pākehā and other European youth condom and contraception use, 2019*

	Always uses condoms		Always uses contraception	
	n (N)	% [95% CI]	n (N)	% [95% CI]
Total	231 (512)	43.6 [37.9-49.3]	321 (518)	61.2 [57.5-64.8]
Sex				
Male	128 (247)	50.3 [42.5-58.1]	155 (250)	62.8 [58.0-67.6]
Female	103 (265)	35.5 [28.4-42.5]	166 (268)	59.2 [54.6-63.8]
Neighbourhood deprivation#				
Low	100 (202)	44.0 [36.0-51.9]	126 (202)	62.6 [58.1-67.0]
Medium	81 (188)	43.9 [35.1-52.8]	127 (192)	65.0 [56.6-73.5]
High	24 (66)	38.4 [23.9-52.9]	37 (68)	50.6 [41.0-60.1]

* Ethnicity is categorised using the NZ census ethnicity prioritisation method.

NZ Deprivation Index 2018: Low (1-3), Medium (4-7), High (8-10).

Table 20: Pākehā and other European youth condom and contraception use trends*

	2001		2007		2012		2019	
	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]	n (N)	% [95% CI]
Always uses condoms								
Total	482 (923)	51.2 [48.4-54.1]	512 (1,013)	50.1 [46.9-53.2]	339 (699)	47.7 [43.8-51.6]	231 (512)	43.6 [37.9-49.3]
Sex								
Male	226 (386)	58.9 [54.4-63.4]	298 (532)	54.9 [50.5-59.3]	154 (271)	55.7 [50.7-60.6]	128 (247)	50.3 [42.5-58.1]
Female	256 (537)	45.1 [41.1-49.2]	214 (481)	45.5 [41.2-49.9]	185 (428)	42.0 [37.1-46.8]	103 (265)	35.5 [28.4-42.5]
Always uses contraception								
Total	642 (923)	69.9 [67.2-72.6]	657 (962)	70.0 [66.6-73.4]	486 (694)	69.3 [65.7-72.9]	321 (518)	61.2 [57.5-64.9]
Sex								
Male	255 (379)	69.5 [64.9-74.0]	326 (494)	67.2 [62.1-72.3]	177 (270)	64.4 [59.3-69.5]	155 (250)	62.8 [58.0-67.6]
Female	387 (544)	70.2 [66.5-74.0]	331 (468)	72.5 [68.4-76.6]	309 (424)	72.9 [68.5-77.3]	166 (268)	59.3 [54.7-63.9]

*Ethnicity is categorised using the NZ census ethnicity prioritisation method.

When comparing survey years: 1) students from kura kaupapa Māori are not included in 2019 results, as previous years did not include kura kaupapa Māori students. 2) The data reported has been calibrated to adjust for differences between the national population of students and those who took part in surveys. See the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report for details (available at www.youth19.ac.nz).

Access to sexual and reproductive healthcare

As detailed in the Youth19 healthcare access report (Peiris-John et al., 2020), most students (74%) access healthcare from their primary care providers (i.e., GPs), followed by school-based health services (22%). There is a concerning increase in the proportion of young people who are unable to access healthcare when needed (18% in 2012 and 20% in 2019), particularly among Māori (22% in 2012 and 27% in 2019). The decline in condom and contraception use among young people who are having sex demonstrates that we as health providers need to do better.

For youth to get good sexual and reproductive healthcare, health providers and services must provide high-quality conditions for these consultations – including ensuring privacy and confidentiality. Young people will not disclose personal sexual behaviour when caregivers are present or when confidentiality has not been explicitly discussed. Despite this, only 40% of the students accessing healthcare in the previous year had talked with a healthcare provider in private and only 44% were assured of confidentiality. Talking with a health professional in private has not improved for females since 2012, but a greater proportion of males talked privately with a healthcare provider in 2019 (42%) than in 2007 (36%). There was no significant change between 2012 and 2019 for students being assured confidentiality by health professionals.

Family Planning or sexual health clinics were accessed by only 2.7% of students. These services were used more by students from high-income areas (4.3%) compared to medium deprivation areas (1.5%), high decile schools (4.3%) compared to low decile (1.4%) and medium decile (1.7%) schools, and urban areas (3.0%) compared to small towns (1.4%). These services were also used more by older students (e.g., 5.8% for those aged 17 and over compared to 0.9% for 14-year-olds and 1.8% for 15-year-olds) and female students (3.9% compared to 1.5% for male students).

Please see the Youth19 healthcare access report (Peiris-John et al., 2020; available at www.youth19.ac.nz) for more details.

Youth voice

In the open text parts of the Youth19 survey, we asked students about the biggest challenges facing young people today and what could be changed to support them. As shown in Table 21, 1500–2800 participants answered these questions (for more detail, see our [Fleming, Ball et al., 2020], available via www.youth19.ac.nz). Participants commonly reported that mental health issues, climate change and other factors affecting their futures (such as job insecurity and housing insecurity) were the most important issues. Smaller numbers identified issues such as abuse, restricted choices, sexuality and identity as important. A number of students called for improved support around sex or gender identity and sexual health education. Example quotes are given below.

Acceptance and support

In the area of sexual and reproductive health and sexuality, students highlighted the need for **more support**, particularly for those with poor access to quality sexuality education and health services.

> *Not having a voice in their future. Needing a larger support of sexual health.*
> – Pacific female, age 16, school decile 1

> *Support people to come out… by having more support groups in schools.*
> – Pacific female, age 13, school decile 1

There were also broader issues around sexual and reproductive health and young people wanting to **have a voice** and a hand in reshaping and improving our communities in Aotearoa.

> *The older generation not being accepting of the changes in today's society for the younger generation e.g. sexuality and that we are trying to help improve the environment but feel that our voice is not being heard.*
> – Māori female, age 14, school decile 1

What young people think should be done

There was a strong call to **improve sexuality education and information** that included safer sex, sexual wellbeing, relationships, and sexual and gender identities.

Better healthcare regarding mental and disability health, better education mainly concerning sexual well-being and better youth protection.
– Pākehā, gender diverse, age 16, school decile 4

More programs that teach people about sexualities and health.
– Pākehā female, age 15, school decile 4

Young people also expressed the need for accessible, appropriate and safe healthcare. There was a strong call for **relatable, well-trained health professionals** who were known to them – highlighting the importance of relationships and trust for young people before they will engage in care, particularly for Māori.

Trained professionals wandering around locations e.g. schools just talking to students without having an appointment and the professionals themselves go around and speak out as young people might be too shy to go to them to talk about their issues.
– Māori male, age 15, school decile 7

… free condoms and more support and recognition of mental health.
– Māori female, age 16, school decile 6

Students highlighted the need for **empowering and non-judgmental approaches to education and healthcare** that acknowledged their many pathways in life. They wanted to eradicate various types of discrimination, such as that based on ethnicity, sexuality, gender, religion or being a teen parent.

…to have more people empower the youth instead of bringing us down… Establishing things such as more teen parent units or educating us more about safe sex. There should definitely be more youth courses and it shouldn't be normalised that "to be successful you need to go to school and university".
– Māori female, age 17, school decile 10

More acceptance and trust towards youth. Also no discrimination against someone's ethnic group, religion, sexuality.
– Asian female, age 15, school decile 4

Please don't be a homophobic parent.
– Asian, gender diverse, age 13, school decile 1

Table 21: Open-text question response rate, by sex, school decile & ethnicity

	Q1 Biggest problem		Q2 Solutions	
	Number	%	Number	%
Total	**2763**	**36%**	**1579**	**21%**
Female	1515	37%	836	20%
Male	1226	35%	727	21%
Another gender	22	38%	16	28%
Low decile school (1-3)	533	34%	303	20%
Mid decile school (4-7)	1021	32%	570	18%
High decile school (8-10)	1198	42%	699	24%
Asian	657	37%	361	20%
European	1107	36%	639	21%
Māori	476	31%	285	19%
Pacific	382	40%	213	23%
Other ethnicity	136	35%	78	20%

What will improve the sexual and reproductive health of young people?

There are many things we can do in our homes, schools and communities to help support the sexual health, sexuality and relationships of young people. Things that help promote good sexual health include:

For families – facilitate conversations that start early about relationships, boundaries and safety by:

- Ensuring that young people have access to quality information
- Supporting them to access healthcare (of any kind) when they need it
- Preparing young people with conversations about porn, sexting and online sexual experiences (sending nudes, etc.)
- Talking about consent and setting boundaries
- Talking about difficult relationship issues and how to negotiate them (e.g., breakups, bullying, pressure to send nudes)
- Providing a safe and accepting space so that they will talk to you when they need to.

For schools – provide high-quality sexuality education through:

- Ensuring staff are well prepared to teach sexuality education through professional development opportunities
- Implementing the refreshed sexuality education guidelines (Ministry of Education, 2020), which provide updated guidance for sexuality education, including positive relationships, consent, pornography, culturally responsive sexuality education and inclusive sexuality education for Takatāpui and Rainbow students
- Providing high-quality school health services and ensuring that school nurses are included in wider school pastoral care and health education teams
- Developing and supporting student-led groups and movements, including gender-sexuality alliances, diversity and feminist groups, peer sexual support programmes (PSSP), environmental and disability action groups that foster a caring and inclusive society
- Addressing and critiquing restrictive and problematic gender roles that undermine many aspects of positive relationships
- Early childhood education and primary schools are key settings to explore more positive and expansive constructions of gender roles (e.g., men in carer roles) and bullying culture.

For health providers – provide high-quality confidential and culturally safe care by:

- Providing youth health training for GPs, doctors, nurses and other clinicians about how to deliver safe, confidential, culturally safe and non-judgmental care
- Providing high-quality, free primary care services designed to be accessible and youth friendly (i.e. GP services)
- Providing easy, non-judgmental and non-shaming access to free condoms and contraception for young people
- Ensuring that sexual health and Family Planning services are accessible to young people, particularly for Māori and those living in poorer communities
- Supporting and adequately resourcing youth services (i.e., youth one stop shops, school-based health services, youth services) to safely deliver sexual health care and support
- Ensuring that reception staff are welcoming, friendly and culturally competent.

For wider society and policymakers – create environments that are safe, non-judgmental and inclusive:

- Adequately fund and resource sexual and reproductive health services, youth services and Māori and community providers to provide high-quality, culturally safe and non-judgmental care to youth
- Create a safe and more inclusive society for youth to confidently talk about their sexual health and relationships
- Support violence prevention strategies that teach young people about gender roles, good quality relationships and coercive behaviours
- Eliminate racism, discrimination, ableism and homo-, bi-, and trans-phobia in healthcare so that youth feel welcomed and valued
- Implement poverty reduction strategies that improve access to healthcare in all forms.

More publications to come

We are in the process of analysing Youth19 data in more depth. Please note, this report provides an overview and we will publish more information about sexual health, Rainbow youth, youth with disabilities and healthcare access issues.

Please see our website for publications, or sign up to receive our newsletters that will alert you to new publications www.youth19.ac.nz

For young people: Getting the sexual and reproductive healthcare you need

Talking about sexual and reproductive health can be really uncomfortable and embarrassing when you don't know what to say or how doctors, nurses, youth workers and other professionals will react. You can ring up and make an appointment without having to give a reason. You can take someone to support you – a whānau member, a friend or someone else you trust.

There are a range of people you can see for sexual health issues:

- You can see your family doctor
- You can see your school nurse or doctor
- You can see a Youth One Stop Shop for youth friendly services: www.healthnavigator.org.nz/healthy-living/y/youth-one-stop-shops/
- You can go to Family Planning for a range of information, sexual health and contraceptive services for young people: www.familyplanning.org.nz
- You can go to sexual health services (NZSHS) for free information and sexual health screening clinics for young people: nzshs.org/clinics

There are a range of good quality websites if you want more information about sexual and reproductive health:

- www.justthefacts.co.nz
- www.healthnavigator.org.nz/healthy-living/s/sexual-health-help-for-young-people
- www.youthline.co.nz/advice-hub.html
- www.familyplanning.org.nz

References

Fleming, T., Ball, J., Kang, K., Sutcliffe, K., Lambert, M., Peiris-John, R., & Clark, T. (2020). *Youth19: Youth Voice Brief.* The Youth19 Research Group, Wellington. Retrieved from www.youth19.ac.nz

Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark,T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Retrieved from www.youth19.ac.nz

Ministry of Education. (2020). *Relationships and Sexuality Education: A Guide for Teachers, Leaders, and Boards of Trustees.* Ministry of Education, Wellington. Retrieved from https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education

Peiris-John, R., Farrant, B., Fleming, T., Bavin, L., Archer, D., Crengle, S., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey, Initial Findings: Access to Health Services.* Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Retrived from www.youth19.ac.nz

Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., & Fleming, T. (2020). *Negotiating multiple identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. Retrieved from www.youth19.ac.nz

YOUTH2000 SURVEY SERIES

www.youth19.ac.nz