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Monitoring the health of New Zealand's young people: A decade of surveillance research

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Introduction

The Youth2000 survey series aims to improve the health and wellbeing of New Zealand's young people by providing accurate and timely information. Information that communities, schools, parents and policy makers can use to improve the health status of young people.

The aim of this poster is to describe major health trends for New Zealand's young people utilising the Youth2000 surveys undertaken at three time points.

Methods

Nationally representative surveys of New Zealand's young people attending secondary schools were carried out in 2001, 2007 and 2012. The questionnaires covered important health and wellbeing topics for young people in New Zealand. The anonymous surveys were administered via a Multi-media Computer Assisted Self-Interview (M-CASI) on internet tablets/laptops. Data are presented as prevalence and variation over time (adjusted odds ratio/aOR).

Results

Between 2001 and 2012, students reported reductions in:

- Monthly or more cigarette use (aOR 0.27, 0.23-0.32).
- At least one episode of binge drinking in the past month (aOR 0.39, 0.33-0.46).
- Monthly or more marijuana use (aOR 0.37, 0.31-0.43).
- Sexual abuse (aOR 0.52, 0.46-0.58).
- Fighting (aOR 0.63, 0.55-0.73).
- Risky driving behaviours (aOR 0.39, 0.33-0.45).

Students reported increases in:

- Seatbelt use (aOR 1.47, 1.31-1.65).
- Perception that people at school care (aOR 1.22, 1.10-1.35).
- Liking school (aOR 1.55, 1.33-1.82).
- Good family relationships (aOR 1.83, 1.70-1.97).

Students reported no change in:

- Using a condom last time had sex (aOR 0.77, 0.68-0.87).
- Daily physical activity (aOR 0.88, 0.78-0.99).
- Overweight/obese (aOR 1.09, 0.92-1.31).

Students reported poorer outcomes for:

- Exposure to family violence (aOR 1.37, 1.11-1.68).
- Depressive symptoms (aOR 1.03, 0.91-1.17).

Characteristics of schools and students in 2001, 2007 and 2012 surveys

	2001		2007		2012	
	n	%	n	%	n	%
Schools						
Invited	133		115		125	
Participated	114	85.7	96	83.5	91	72.8
Students						
Invited	12934		12355		12503	
Participated	95671	74.0	91071	74.0	85001	68.0
Year						
Year 9	2457	26.1	2176	24.3	2061	24.3
Year 10	2233	23.7	2090	23.4	1936	22.8
Year 11	2156	22.9	1933	21.6	1727	20.4
Year 12	1580	16.8	1669	18.7	1534	18.1
Year 13	978	10.4	1077	12.0	1227	14.5
Gender						
Male	4414	46.1	4911	54.0	3874	45.6
Female	5152	53.9	4187	46.0	4623	54.4
Age						
≤ 13	2050	21.5	1860	20.4	1838	21.7
14	2285	23.9	2101	23.1	1896	22.3
15	2178	22.8	1973	21.7	1755	20.7
16	1725	18.1	1743	19.2	1578	18.6
≥ 17	1308	13.7	1423	15.6	1422	16.8
Ethnicity²						
European	5219	55.4	4797	52.8	4024	47.4
Maori	2340	24.8	1702	18.7	1705	20.1
Pacific	768	8.2	924	10.2	1201	14.1
Asian	679	7.2	1126	12.4	1051	12.4
Other	417	4.4	531	5.8	511	6.0
NZDep³						
Low deprivation	-	-	3218	36.3	2718	32.4
Medium	-	-	3397	38.3	3001	35.8
High deprivation	-	-	2250	25.4	2674	31.9

¹ Totals for each variable (not shown) are different to the overall total number of participating students due to different numbers of missing data for each.

² Ethnicity was assigned on the basis of prioritised ethnicity, using the NZ Census ethnicity prioritisation method.

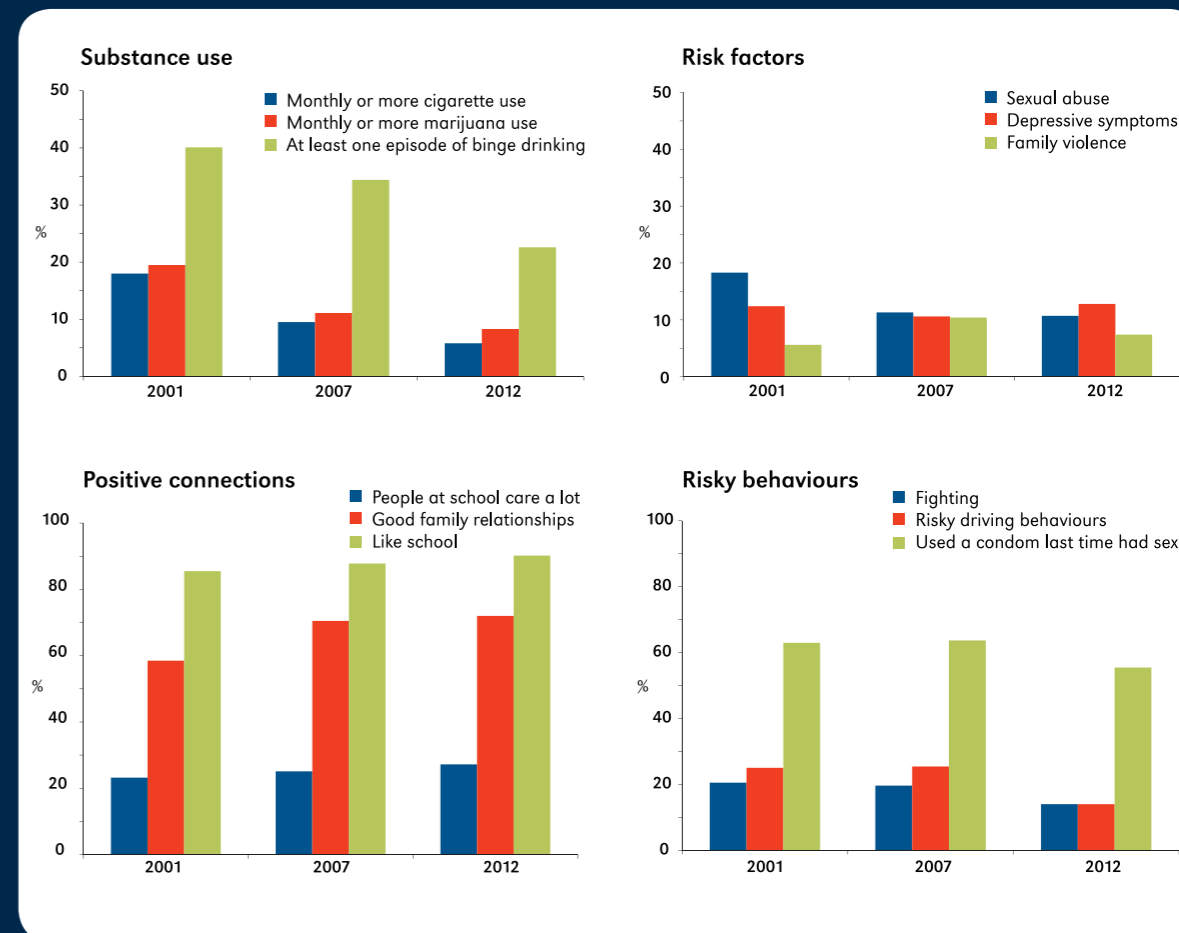
³ New Zealand Deprivation Index scores based on census areas, combined to form 3 categories.

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Further information: Additional Youth'2000 publications are available at
<http://www.youthresearch.auckland.ac.nz>



Conclusions

There have been important improvements in the health and wellbeing of New Zealand adolescents over a relatively short period. These findings demonstrate that population rates of adolescent risk behaviours are amenable to change. Current policy efforts should not lose momentum, whilst identified priority areas must be adequately resourced to ensure young people have opportunities to thrive now and in the future.