

Inequities in Adolescent Sleep Health in Aotearoa New Zealand: Cross-sectional survey findings

Abstract

Objectives: To investigate ethnic inequities in, and social determinants of, adolescent sleep health in Aotearoa New Zealand.

Methods: Analysis of self-report data from a cross-sectional survey of secondary school students (12- to 18-year-olds). Analyses included weighted prevalence estimates of good and poor sleep health stratified by ethnicity, and multivariable logistic regression models concurrently adjusted for ethnicity, school year, gender, rurality, neighborhood deprivation, school decile, housing deprivation, sleeping elsewhere due to lack of adequate housing, unsafe environment, and racism.

Results: Inequities in social determinants of health were evident for Māori (Indigenous peoples of Aotearoa New Zealand; n = 1528) and minoritized (Pacific n = 1204; Asian n = 1927; Middle Eastern, Latin American, and African [MELAA] n = 210; and 'Other' ethnicity n = 225) adolescents. A greater proportion of Māori, Pacific, Asian, MELAA, and 'Other' adolescents had short sleep, compared to European (n = 3070). Māori, Pacific, Asian, and MELAA adolescents were more likely to report late bedtimes (after midnight), and Māori, Pacific, and 'Other' adolescents were more likely to report early waketimes (5 AM-6 AM or earlier), on school days. Rurality, neighborhood deprivation, school-level deprivation, housing deprivation, sleeping elsewhere due to inadequate housing, unsafe environments, and racism partially, but not fully, explained associations between ethnicity and short sleep, late bedtimes, and early waketimes.

Conclusions: Ethnic inequities exist in adolescent sleep health in Aotearoa New Zealand. Socio-political actions are needed to address racism and colonialism as root causes of ethnic inequities in adolescent sleep, to ensure all young people are afforded the basic human right of good sleep health and associated mental and physical well-being.