# 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.