

14 YOUTH HEALTH

KEY FINDINGS

- The population projections for Waikato show a gradual decline in 15-24 year olds (from 15% in 2007 to 12.8% in 2024), followed by around 2% decline in 25-44 year olds by 2024. The population increase projected for 65+ age groups will have a significant impact on the delivery of health care services in the Waikato.
- Around 50% of total youth mortality was related to road traffic accidents, followed intentional self harm (suicide) at 35%.
- The proportion of Waikato children living in a household with a smoker during 2006, increased progressively from 17% amongst those living in decile 1 and 2 (Quintile 1) to 59.2% amongst those living in decile 10 (quintile 5).
- Data from Census 2006 showed around 24% of Waikato young people 15-24 years being regular smokers, as compared to 21.8% nationally.
- 67% of deaths to suicide occurred among Waikato Maori youth aged 15-24 years, but among Other ethnic group around 53% occurred in the 25-44 age groups.
- Of the total admissions for schizophrenia, 61% was of Waikato Maori aged 15-24 years.
- Admissions for severe stress related illnesses were high among 15-19 year old Waikato Maori and Other ethnic groups, and among Other the admission number exceeds the 20-24 year olds.
- Youth admissions for chronic dialysis care was highest among Maori at 52% when compared with Other at 38% for 2000 to 2006, demonstrating that the risk of chronic renal failure among Maori youth is nearly twice as high as for Other youth.
- The largest groups of alcohol offenders were 15-19 years, followed by 20-24 years.
- Alcohol level was highest among 20 years or older age groups at 121 to 200 (blood equivalent -mg/100ml).
- During 1996 to 2006, rates of preterm birth were highest amongst Maori babies and those in the most deprived areas, while rates of small for gestational age (SGA) were highest amongst Asians/Indian and Maori babies and those in the most deprived areas.
- Youth living in the most deprived areas (NZDeprivation quintile 4 and 5) are at a high risk of health and behavioural problems.

RECOMMENDATIONS FOR STRATEGIC CONSIDERATION

Shared Strategic Goals and Targets: It is essential to set overarching target/goals that span across the health sectors and other government agencies,

such as Ministry of Transport and Education etc. The primary focus of these targets is to reduce the current social and behavioural problems within the youth population, in areas such as: road traffic accidents, education, smoking etc.

Ethnic Specific Tailored Programmes/Projects for Youth: Programmes that are designed specific to attract the young people and that are tailored to meet the needs of the individual ethnic groups are essential to address the current problems with suicide and sexually transmitted diseases.

Programmes/projects to address the youth problem must focus on youth living in the highest NZDeprivation quintiles 4 and 5 (or deciles 7-8 and 9-10).

14.1 Introduction

Most young people aged 15-24 years are healthy, being at the peak of their physical health. However, from 12 to 24 years of age, the chances of being caught up in risk-taking behaviours are significantly high, with life-long negative consequences. While most young people appear to deal successfully with the developmental changes that occur during this period, there is evidence that many do not cope well resulting in following causes when compared with other age groups⁸⁷:

- high rates of mental illness
- high rates of alcohol and drug use and abuse, particularly among young men
- a higher rate of suicide and suicide attempts
- high rates of sexually transmitted infections

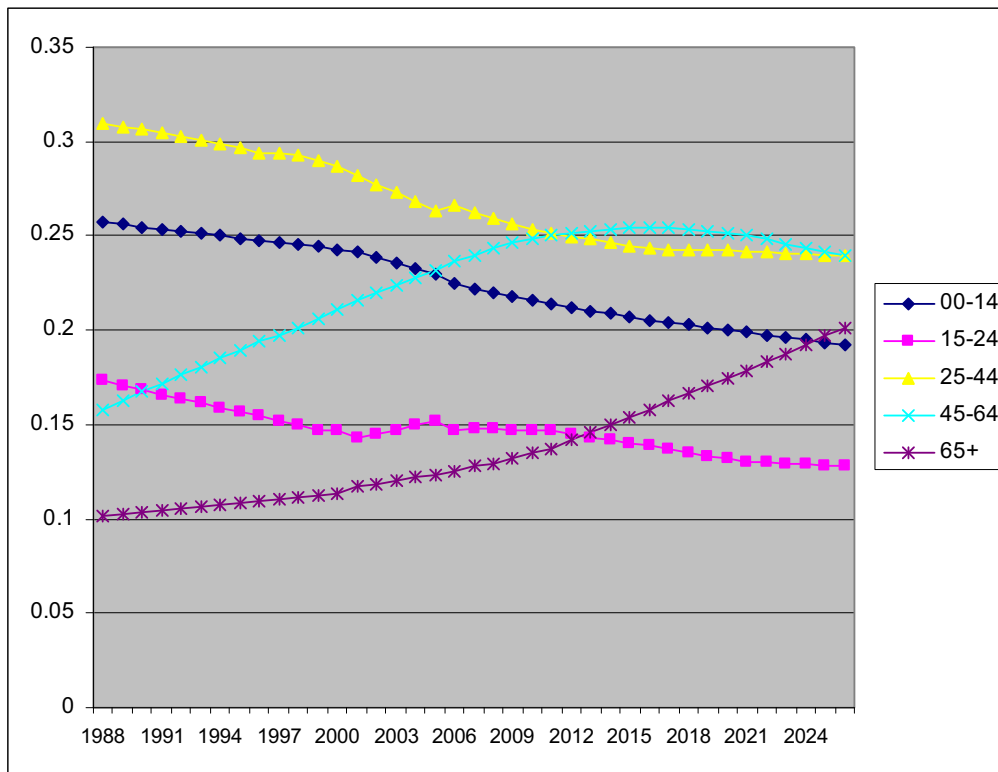
14.2 Regional Demography: Waikato at 2006 Census

At the time of 2006 census, there were 52,260 young people aged 15-24 years residing in the Waikato, comprising 15% of the total youth population (53,460). The population trends in the Waikato show a gradual decline in 15-24 year olds (from 15% in 2007 to 12.8% in 2024), followed by around 2% decline in 25-44 year olds by 2024.

⁸⁷ Ministry of Health, Youth Health, A Guide to Action, www.moh.govt.nz

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Graph 95: Population Projection for Waikato by Age Groups



The impact of projected reduction in youth population and the increase in 65+ age groups will have a significant impact on the future delivery of health services in the Waikato.

Table 241: Waikato population of youth 15-24 years by Ethnicity - 2006 Census

Age_group	Maori	Other	Pacific People	Grand Total
15-19	8150	18840	890	27880
20-24	6410	17220	750	24380
Total	14560	36060	1640	52260

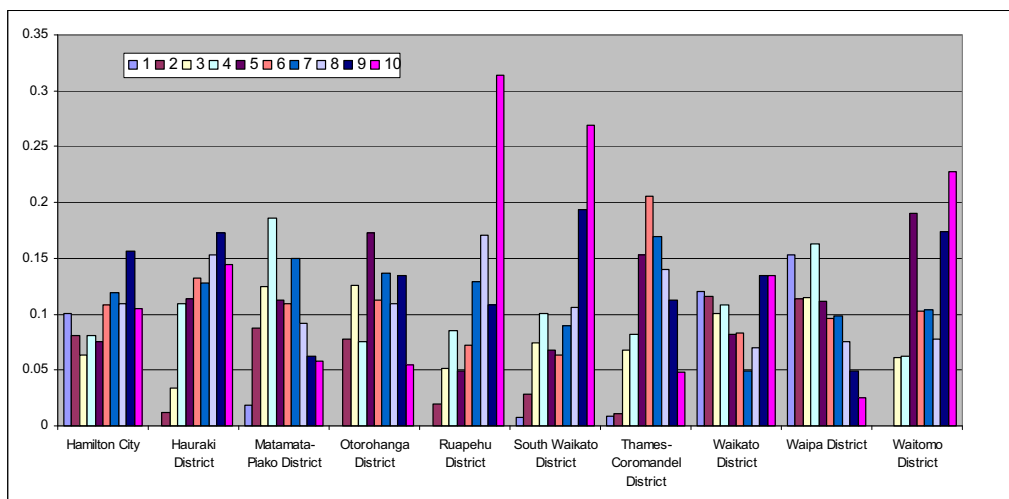
Table 242: Waikato DHB vs NZ Total Youth (15-24) Population Estimate for 2007 by Ethnicity

	Maori	Other	Pacific People	Total
Waikato DHB	14,560	36,060	1,640	52,260
New Zealand	119,390	443,580	48,925	611,895
% ratio	12.2%	8.1%	3.4%	8.5%
<i>Source: Statistics NZ Population Estimates for 2007 completed for the MoH</i>				

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The proportion of Waikato population across all age groups living in the most deprived area (quintile 5, NZDEP decile 10) was only marginally above the New Zealand average.

Graph 96: Deprivation of Waikato population by NZDeprivation Decile



The prevalence of deprivation is high in south Waikato, Waitomo and Part Ruapehu Districts. Within the Waikato region Part Ruapehu (95%), South Waikato (90%) and Hauraki (82%) have the highest percentages of pupils attending a low decile (high quintile) school. Collectively, these three TLAs accounted for almost 14% (8,918) of the regional total attending a low decile school, which is equivalent to the percentage of students in Hamilton City and Waipa combined (9,130). With the exceptions of Matamata-Piako, Waipa and Thames-Coromandel Districts, at least 50% of Maori pupils were attending a low decile school, and for six of the ten TLAs it was more than 75% of the respective populations. Around 61% of Pacific pupils attend a low decile school, although the rates varied from 46% (Hamilton City) to 98% (South Waikato)⁸⁸.

14.3 Determinants of Youth Health⁸⁹.

The children and youth population in the Waikato share the same socioeconomic determinants outlined in Child Health Chapter of HNA 2008, in addition to the following:

14.3.1 People Reliant on Benefits In Waikato

At the end of April 2007, there were 19,909 children aged less than 18 years who were reliant on beneficiaries and/or received benefits. The majority were reliant on Domestic Purpose Benefit (DPB) with smaller proportion on unemployment, sickness and invalid's benefits and other forms of income support.

⁸⁸ Population Health Planning Resource 2007 - 2012, Population Health Services, Health Waikato, Waikato DHB

⁸⁹ The Health of Children and Young People in the Waikato, November 2007, Elizabeth Craig, Catherine Jackson and Dug Yeo Han on behalf of the New Zealand child and Youth Epidemiology Service,. The report was commissioned by the Waikato DHB.

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Table 243: Number of young people 16-24 years Reliant on Benefits by Type for Service Centres in or Adjacent to the Waikato Region April 2000-2007

Benefit Type	2000		2001		2002		2003	
	No.	%	No.	%	No.	%	No.	%
Unemployment	3,964	51.9	3,695	49.4	3,323	47.8	3,095	45.0
Domestic Purposes	2,078	27.2	2,038	27.2	2,002	28.8	2,020	29.4
Sickness	366	4.8	383	5.1	366	5.3	431	6.3
Invalids	488	6.4	573	7.7	616	8.9	626	9.1
Other	745	9.8	795	10.6	652	9.4	700	10.2
Total	7,641	100.0	7,484	100.0	6,959	100.0	6,872	100.0
	2004		2005		2006		2007	
	No.	%	No.	%	No.	%	No.	%
Unemployment	2,080	35.6	1,489	28.6	1,104	23.0	705	16.5
Domestic Purposes	1,999	34.2	1,980	38.0	1,949	40.6	1,846	43.3
Sickness	487	8.3	489	9.4	579	12.1	572	13.4
Invalids	660	11.3	678	13.0	689	14.4	712	16.7
Other	616	10.5	572	11.0	479	10.0	425	10.0
Total	5,842	100.0	5,208	100.0	4,800	100.0	4,260	100.0

Service Centres Included: Cambridge, Dinsdale, Five Cross Roads, Glenview, Hamilton, Hamilton Super, Hamilton East, Huntly, Matamata, Morrinsville, Ngaruawahia, Paeroa, Taumarunui, Te Awamutu, Te Kuiti, Thames, Tokoroa, and Waihi.

As information on benefit recipients is not linked to domicile code, it was not possible to provide information on the number of young people resident in the Waikato DHB who were reliant on benefits during 2000-2007. Information was available however, on the number of young people receiving benefits from Service Centres in or adjacent to the DHB's boundaries, although lack of a clearly delineated denominator precluded the calculation of rates.

In the Waikato region during 2000-2007, there was a rapid decline in the number of young people receiving unemployment benefits, although the numbers receiving domestic purposes benefits declined much more slowly and the numbers receiving

sickness and invalid's benefits increased. Thus while in 2000, unemployment benefits were the most frequent form of income support received by Waikato young people, by 2007 domestic purposes benefits were the predominant benefit type in the region (Table 3.) These trends were very similar to those occurring nationally and may in part be due to changes in the labour market and the greater employment opportunities available for young people in recent years.

14.3.2 Educational Attainment - Waikato Distribution and Trends

Highest Educational Attainment in the Waikato

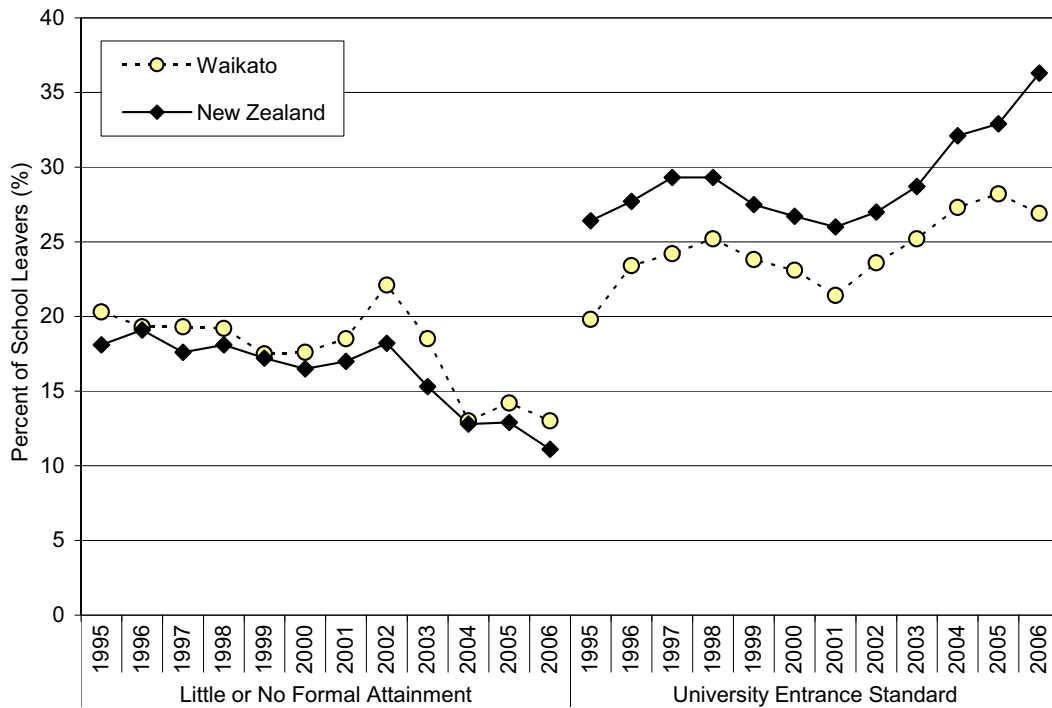
In the Waikato during 1995-2006, the proportion of young people leaving school with little or no formal attainment was higher than the NZ average, while the proportion leaving school with a University Entrance Standard was lower. While there was a decline in the number of Waikato young people leaving school with little or no formal attainment and a corresponding rise in the number leaving with a University Entrance Standard, care must be taken in interpreting these figures, as the staged introduction of the NCEA which began in 2002, means that the qualification structures before and after this date may not be strictly comparable. (Graph 90 Below).

Ethnic Specific Trends in the Waikato

In the Waikato during 1995-2006, there were marked ethnic differences in educational attainment at school leaving, with the proportion of young people leaving with little or no formal attainment being higher for Māori > Pacific > European and Asian / Indian young people. In contrast, rates for acquiring a University Entrance Standard were higher for Asian / Indian > European > Māori and Pacific young people. Again interpretation of time series data must take into account the staged introduction of the NCEA, which began during 2002 (Graph 90 Below).

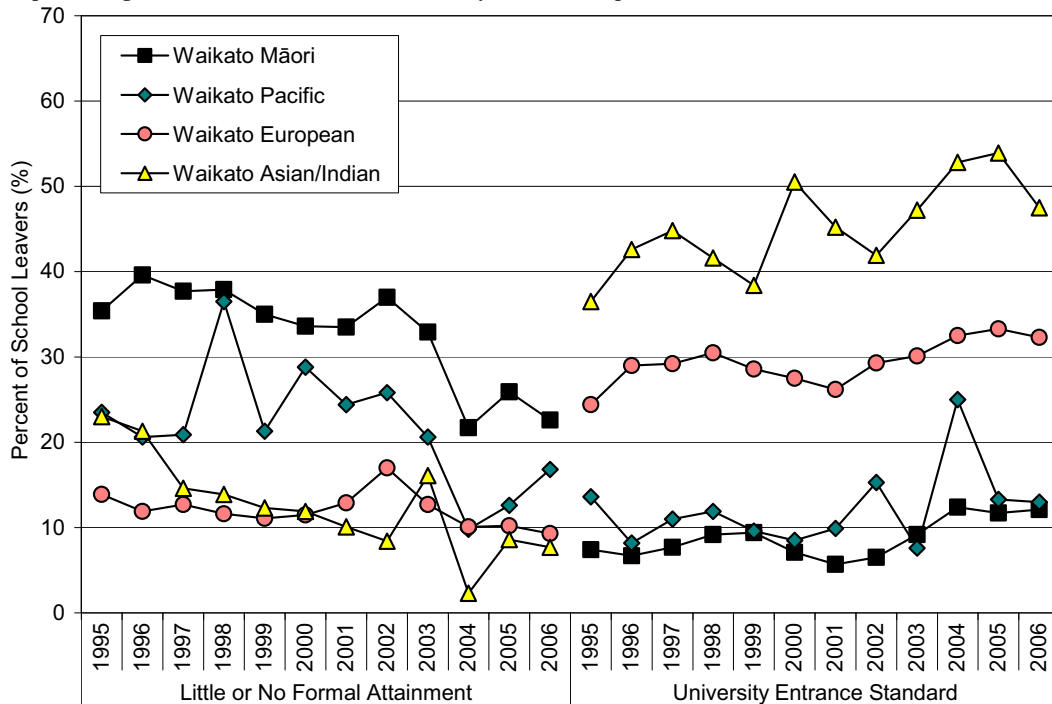
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Graph 97: High Attainment of School Leavers, Waikato vs. New Zealand 1995-2006



Source: Ministry of Education

Graph 98: Highest Attainment of School Leavers by Ethnic Group, Waikato 1995-2006

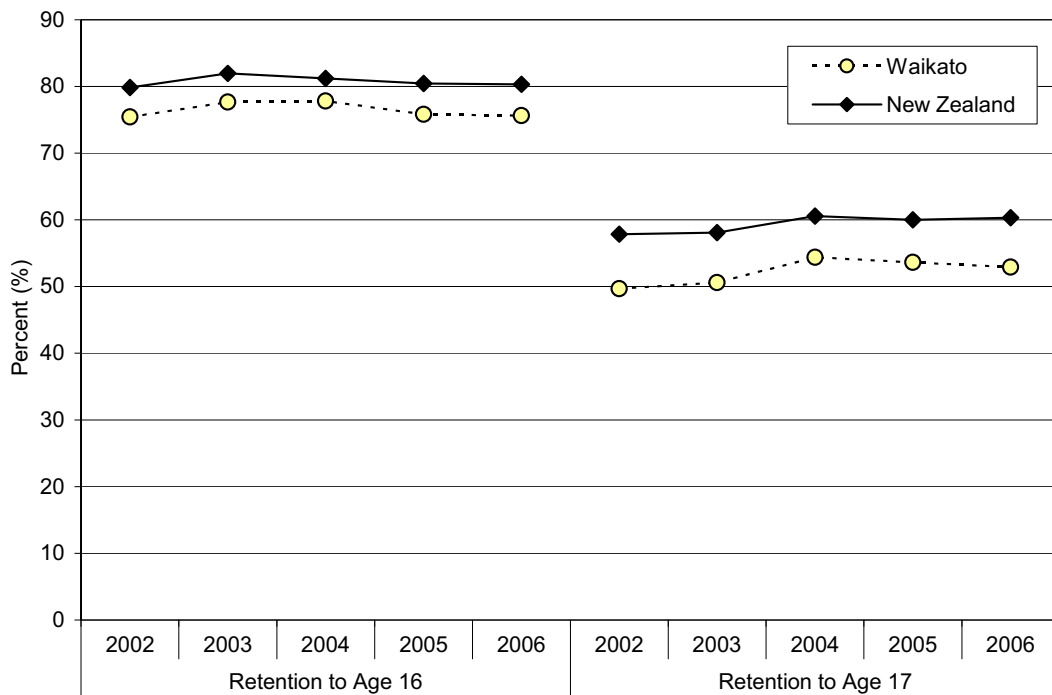


Source: Ministry of Education

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In Waikato during 2002-2006, the school retention rates at 16 and 17 years were lower than the New Zealand average.

Graph 99: Apparent Senior Secondary School Retention Rates at Age 16 & 17 yrs, the Waikato vs. New Zealand, 2002-2006

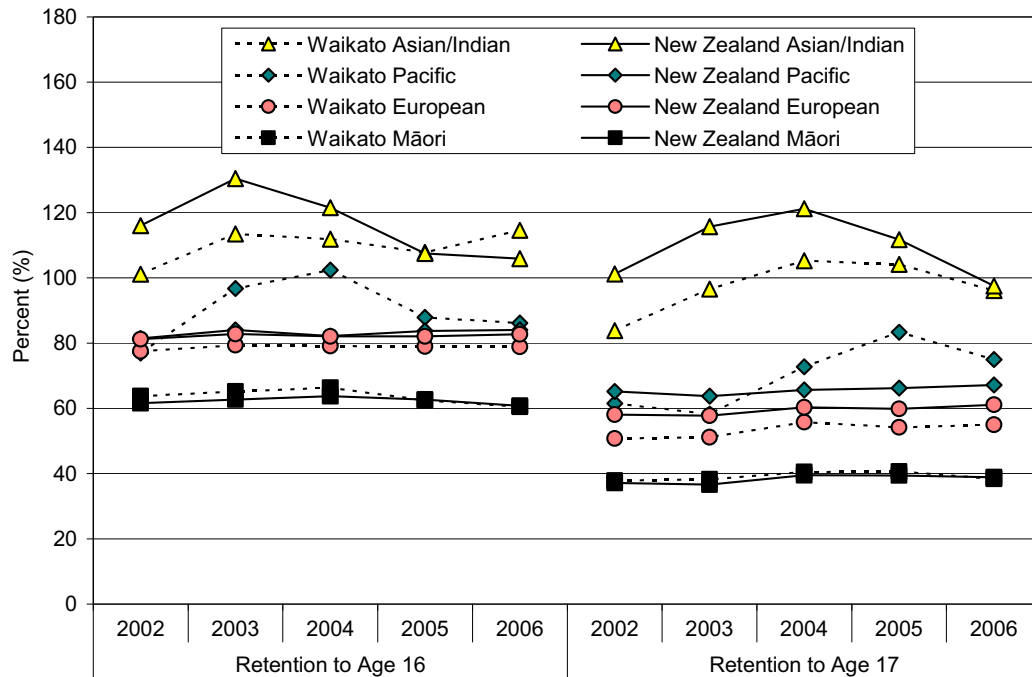


Source: Ministry of Education.

Once the retention rates were broken down by ethnicity, marked differences were noted with the retention rates at both 16 and 17 years being lower for Maori > Pacific and European > Asian / Indian students.

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Graph 100: Apparent Senior Secondary School Retention Rates at 16 & 17 yrs by Ethnicity, the Waikato vs. New Zealand 2002-2006



Source: Ministry of Education

Care must be taken when interpreting both ethnic specific and total population school retention rates, as these figures may become artificially inflated in areas or populations with large migratory inflows.

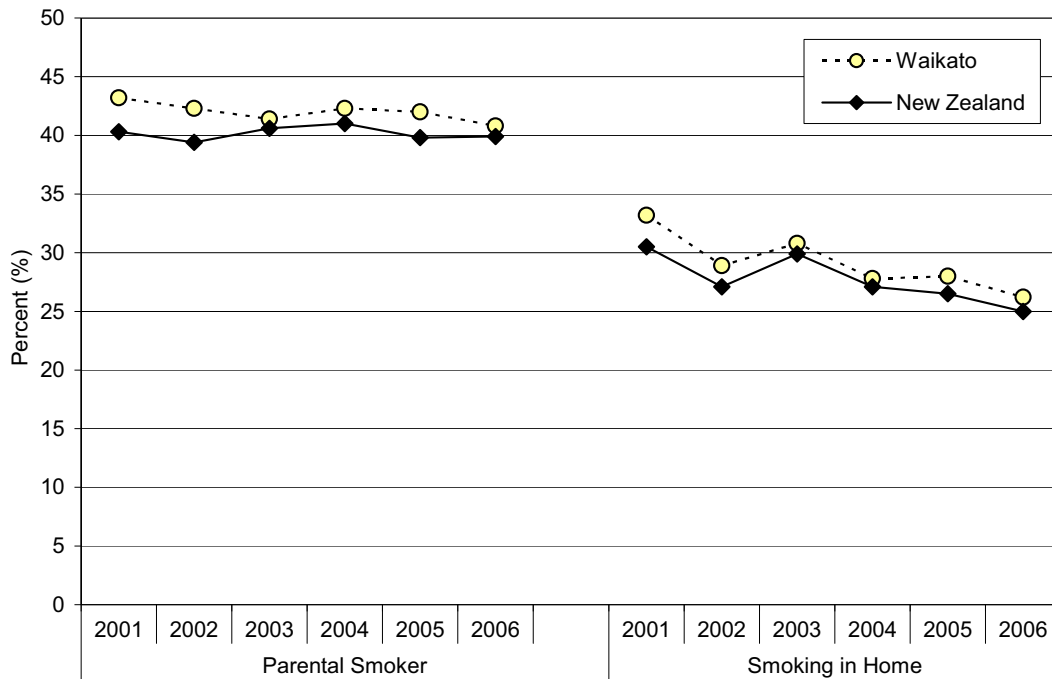
14.4 Lifestyle Factors⁸⁹

Parental and Household Smoking Behaviour in the Waikato

In the Waikato during 2001-2006, the proportion of Year 10 students who reported at least one parent smoking declined (43.2% in 2001 → 40.8% in 2006), as did the proportion who reported living in homes where people smoked inside (33.2% in 2001 → 26.2% in 2006). Both parental smoking rates and exposure to household tobacco smoke were slightly higher than the NZ average during this period.

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Graph 101: Proportion of Year 10 Students with Parents Who Smoke and Who Live in Homes with Smoking Inside in the Waikato vs. New Zealand, ASH Surveys 2001-2006

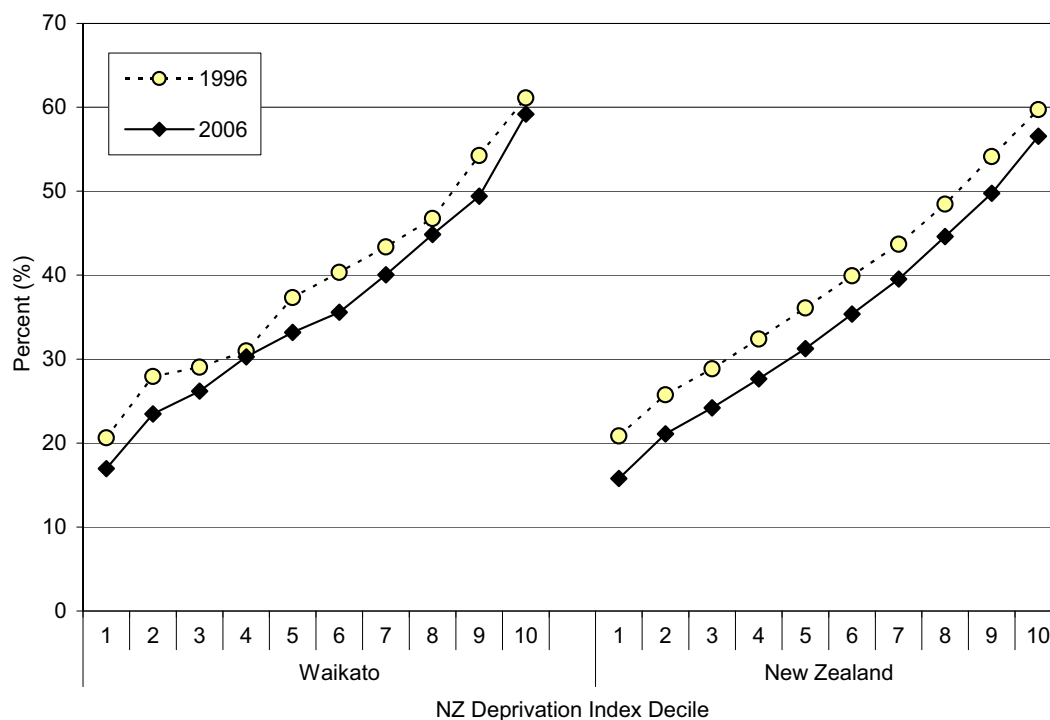


Socioeconomic Differences

There were also marked socioeconomic differences in the proportion of Waikato children living in a household with a smoker during 2006, with rates rising progressively from 17.0% amongst those living in the most affluent (Decile 1) areas, to 59.2% amongst those living in the most deprived (Decile 10) areas. These disparities were similar to those occurring in New Zealand as a whole (NZ Decile 1, 15.8% vs. Decile 10, 56.6%).

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Graph 102: Proportion of Children 0-14 Years Living in a Household with a Smoker by NZ Deprivation Index Decile, the Waikato vs. New Zealand at the 1996 and 2006 Censuses



Data from the Census 2006, demonstrated that around 24% of Waikato young people (15-24 years) were regular smokers, as compared to 21.8% nationally. Rates were higher for Maori than Pacific People, followed by Europeans, then Asian and Indian young people.

14.5 Mortality in Young People aged 15-24 Years - Waikato

During 1998 to 2004, in the Waikato area there were 266 deaths among 15-24 year olds. Around 85% of the total deaths related "External Causes" which includes:

- Road traffic accidents - 50% of total deaths
- Intentional self harm and assaults - 35% of total deaths
- Remaining causes includes: Falls, drowning, accidental poisoning etc.

Of the total deaths related to intentional self harm both Maori and Other were equally represented (at 50% each) for 1998-2004. Of the total deaths related to road traffic accidents, around 73% were among Other ethnic group, followed by Maori at 27%.

Around 58% of deaths among Waikato Maori youth occurred in the highest NZDeprivation quintile 5, followed by 25% in quintile 3 and 17% in quintile 4 for 2004. Among Other ethnic group, the prevalence spread across quintile 3 to 5 (quintile 3 at 33%, quintile 2 at 29% and quintile 5 at 21%). The prevalence among Waikato Pacific youth spread equally across quintile 4 and 5 at 50% each for 2004

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Year, (this may be attributable to the low volume).

The age proportion of mortality by ethnicity showed that a higher proportion of death occurred among 15-19 year olds in Other ethnic group and the reverse was noticed among Maori in the Waikato. As the numbers for Pacific People and Asians were too small, it is difficult to draw any meaningful conclusion.

Table 244: Total Number of Deaths among Waikato youth aged 15-24 from 1998 to 2004 years by Ethnicity

Waikato - Age Proportion of Mortality - 1998-2004						
Year	Maori Aged 15-24 Years		Other - Aged 15-24 Years		Pacific People - 15-24 Years	
	15-19	20-24	15-19	20-24	15-19	20-24
2000	20%	80%	45%	55%	67%	33%
2001	46%	54%	67%	33%	50%	50%
2002	56%	44%	54%	46%		
2003	50%	50%	56%	44%		
2004	33%	67%	67%	33%		

In the Waikato approximately 67% of Maori mortality to hanging\suffocation\strangulations in 2004 was of people aged 15-24, however among the Other ethnic group 53% of this mortality occurred in the 25-44 age group. In general suicides occurred among younger age groups across the population.

Table 245: Mortality to Intentional Self Harm among Waikato youth aged 15-24 by gender and NZDeprivation quintiles

Ethnic Groups - Waikato	No. of Deaths to Hanging, Stangulations and Suffocation 1998-2004		Age Proportions (2004)		Deprivations - 2004			Waikato Age Standardised Rate 2003 and 2004 - Per 100,00 Population	
	Female	Male	15-24 Year Olds	25-44 Year Olds	Quintile 3	Quintile 4	Quintile 5	DHB	NZ
Maori	9	40	67%	33%		22%	78%	18.87	25.61
Other (Incl.Asians)	17	71	35%	53%	35%	29%	29%	12.48	9.93
Pacific People	1	4	Too low number		Too low number			11.75	12.04

Approximately 78% of Maori deaths to hanging\suffocation\strangulation were concentrated in the highest deprivation quintile 5. Among Other ethnic group deaths were spread across the deprivation quintiles 3 to 5.

14.6 Youth Mortality - Territorial Local Authorities

Some of the key findings at the Territorial Local Authorities (TLAs) were⁸⁸:

Note: That the mortality numbers and the rate per 100,000 people were calculated for 1999-2003 years.

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- Waikato and Matamata-Piako TLA areas have the highest death rates per 100,000 people for both the under 15 age group (75 and 68 respectively) and the 15-24 year age group (121 and 129 respectively).
- Part Ruapehu has the highest rate overall for deaths in the 15-24 year age group per 100,000 people, reaching 133.
- Thames-Coromandel and Otorohanga communities have the lowest death rates per 100,000 people for those under 15 years (41 and 25 respectively)

14.7 Hospitalisation in Young People aged 15-24 Years - Waikato

In Waikato, there were 56,181 admissions among 15-24 year olds from 2000 to 2006.

Table 246: Number of hospitalisation among 15-24 year olds - by Ethnicity - in Waikato - 2000-2006

Year	Maori	Asian	Other	Pacific People	Total	National Total
2000	2255	117	4875	252	7499	72850
2001	2437	156	4899	207	7699	78374
2002	2572	200	4798	197	7767	75782
2003	2833	265	4925	188	8211	76952
2004	2586	252	4625	213	7676	77746
2005	2842	247	5360	244	8693	83265
2006	2935	213	5242	246	8636	87946
Grand Total	18,460	1,450	34,724	1,547	56,181	552915

Approximately 62% of the admissions in the Waikato were among Other ethnic group, followed by 33% among Maori and 3% each among Asians and Pacific People.

Around 35% of the hospitalisations were related to pregnancy complications which includes normal child birth. Excluding pregnancy complications, the two leading causes of hospitalisation among 15-24 year olds where preventable measures could be considered were: Injury and poisoning and mental health.

Table 247: Leading Causes of Hospitalisation among Waikato Youth aged 15-24 years by ethnicity - 2000-2006

Leading Causes of Hospitalisation 2000-2006	Maori		Other		Pacific People	
	15-19	20-24	15-19	20-24	15-19	20-24
Injury & Poisoning	1191	1202	3217	2695	94	98
Mental Health	332	629	645	731	17	66

Further analysis of the mental health data showed a high number of admissions for schizophrenia among Waikato Maori and Pacific People, but the admission

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numbers among Other ethnic group was high for depressive episode related illnesses.

Table 248: Leading Mental Health admissions by Ethnicity among Waikato youth aged 15-24 years - 2000-2006

Ethnicity	Leading Mental Health Illnesses for Hospitalisation - 2000-2006	15-19 Year Olds	20-24 Year Olds	Total Admissions
Maori	Schizophrenia	65	253	318
	Reaction to severe stress	49	65	114
Other	Depressive episode	101	108	209
	Reaction to severe stress	103	86	189
	Schizophrenia	46	133	179
Pacific People	Schizophrenia	3	19	22
	Depressive episode	2	8	10

Of the total youth admissions for schizophrenia in the Waikato District Health Board area, 61% was Maori. The admissions in 15-19 and 20-24 year olds were equally high when compared with Other and Pacific People. Admissions for severe stress related syndromes were high among 15-19 year old Maori and Other ethnic groups, although among Other ethnic group, the admission numbers among 15-19 year olds exceeded the 20-24 year olds.

The admissions related to injury and poisoning was 15% of the total hospitalisation which may correlate to the high number of road traffic accidents involving 15-25 age groups. The hospitalisation due to head injury was highest, spread almost equally across 15-19 and 20-24 year olds, followed by fractures. For further detail on road traffic accidents, refer to HNA 2008 External Causes, chapter.

In the Waikato, admissions for chronic dialysis care among 15-24 year old Maori was highest at 52% when compared with Other at 38% for 2000 to 2006.

Based on the detailed analysis on the prevalence of diabetes in the Waikato, it is evident that the renal complications are not prevalent among 15-24 age groups with diabetes (Refer to HNA 2008 Diabetes Mellitus, chapter). It is difficult to establish a major underlying cause for the dialysis care among this age group, as illness, such as obesity, hypertension, repeat renal infections, kidney malformation and external causes eg. road traffic accidents are indicated as contributing to renal failure requiring dialysis care.

Care must be taken when reading these figures, as the data represent the number of admissions for dialysis and not the number of patients requiring dialysis.

Table 249: Admissions for Incentre Dialysis Care among 15-24 year old Waikato youth by ethnicity - 2000-2006

Ethnicity	15-19 Year Olds	20-24 Year Olds	Total	% of Total Admissions for Care Involving Dialysis
Maori	79	746	825	52%
Other	118	478	596	38%
Pacific Peo	81	81	162	10%

14.8 Statistical Findings from the Ministry of Transport

Some of the national health statistics from the Ministry of Transport, “Yearly Report 2007”⁹⁰ on “Motor vehicle crashes in New Zealand for year ending 31 December 2006”, that are specific to 15-24 year olds are:

- The highest number of deaths from motor vehicle crashes was in the 15-24 age group (approximately 35% of male deaths and 30% of female).
- 15-19 year olds and 20-24 year olds had the highest number of hospitalisation days at 6238 and 5099 respectively.
- The total volume of alcohol offenders was 21,279. When split by age and sex, the largest groups of offenders were 15-19 year olds at 6556 (5018 males and 1538 females) and 20-24 year olds at 5134 (4097 males and 1037 females).
- The alcohol level was the highest among 20 years or older age groups at 121 to 200 (blood equivalent -mg/100mls).

14.9 Sexually Transmitted Diseases

Sexually Transmitted Diseases (STIs) are discussed in detail in the Sexual and Reproductive Health, chapter of the HNA 2008. The summary of findings that are specific to 15-24 year olds are extracted and presented below. In order to fully understand the magnitude of the problem, it is essential to read the full chapter.

Summary of findings on STIs, specific to 15-24 year olds are:

- Around 90% of genital warts infection diagnosed belongs to human papillomavirus (HPV) Types 6 and 11 strains and it remains the most common viral infection diagnosed. In Sexual Health Clinics this rate was highest in the 15-19 years age group.
- Young people were confirmed as being at the greatest risk of Chlamydia and gonorrhoea with the highest rates being in females aged 15-19 years (excepting Chlamydia in Auckland which was 20 to 24 years) and in males aged 20 to 24 years.
- Infections in infants due to sexually transmissible organisms continue to be diagnosed, reinforcing the need for effective STI screening during pregnancy.
- In the Waikato, 66% of avoidable hospitalisations for STIs were 15-24 year olds at 66% followed by 25-44 year olds at 21%.
- At a national level, the majority of HIV cases (85.3%) were aged between 20 and 49 years at time of diagnosis, with 17% in the 20-29 age group, 40.2% in the 30-39 age group and 28% in the 40-49 age group.
- In 2006, those aged less than 30 years and non-Europeans were disproportionately burdened with STIs.
- Young people with mental illnesses and/or in trauma tend to get trapped in the cycle of sexual and reproductive health problems.

⁹⁰ Prepared by Transport Monitoring Strategy & Sustainability, Ministry of Transport

14.10 Teenage Pregnancies and Terminations

During 2006 and 2007, there were 2128 teenage pregnancies (676 among 14-19 year olds and 1452 among 20-24 year olds) delivered in Waikato hospitals, excluding Taumarunui, Tokoroa, Te Kuiti and Thames hospitals.

Table 250: Number of teenage pregnancies by age group - Waikato DHB, excluding rural hospitals - 2006-2007

Ethnicity	No. of Teenage Pregnancies by Age group and Ethnicity - Waikato 2006-2007											
	14	15	16	17	18	19	20	21	22	23	24	Grand Total
African		1		1		3	3		2	2	5	17
Asian not further defined								1	2			3
Chinese									1	3	4	8
Cook Island Māori				1	4	7	3	2	2	5	4	28
European not further defined							3			2	3	8
Fijian							1	2	1	4		8
Indian						1	5	2	3	7	12	30
Māori	1	14	48	71	100	117	137	106	106	130	104	934
Middle Eastern					1	1	2	4	1		1	10
Not Stated				1	1	1	2	2		3	6	16
NZ European	1	8	26	55	78	103	108	110	151	126	155	921
Other			2	1	1		1	2	4	6		17
Other Asian			1		4		1	1		1	4	12
Other European				1	2	6	8	13	7	10	13	60
Other Pacific						2	2	2				6
Pacific Island not defined							1					1
Samoaan			1	2			1	5	1	4	7	21
South East Asian				1	1		2	2	1	3	4	14
Tokelauan					1	1						2
Tongan			2	1	1		1	1	1		5	12
Grand Total	2	23	80	135	194	242	281	255	283	306	327	2128

Summary of findings are:

- Around 92% of the total teenage pregnancies in 14-19 year olds was either Waikato Maori (52%) or NZ Europeans (40%). (Note: Maori excludes Cook Island Maori). It must be noted that Maori and Pacific People population in the Waikato tend to be younger than the Non Maori / Non Pacific population group.
- Among the Pacific People aged 14-19, there were 11 teenage pregnancies recorded from 2006 to 2007 (Including Cook Island Maori).
- Around 85% of the total pregnancies in 20-24 year olds were among Maori at 40% and NZ Europeans at 45% (excludes Other Europeans).

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It is identified⁹¹ that young maternal age has been associated with a number of adverse birth outcomes like low birth weight, perinatal mortality, the potential for under-developed parenting skills, eventual behavioural problems and educational under-achievement. The adverse effect of this coupled with the impact on the determinants of health of the parent(s), i.e. lower educational achievement, which flows on to limited labour force options, can combine to produce significant inequalities in health for these people. There is also an impact on the aspirations and the opportunities available to the child or children.

The following table presents the termination of 1st trimester pregnancies by the age of the mother and by ethnicities:

Table 251: Number of trimester pregnancy terminations by age of mother - 2006 and 2007

Ethnicity	No of 1st trimester pregnancy terminations by age of Mother 2006 and 2007												Total
	13	14	15	16	17	18	19	20	21	22	23	24	
African					1	1	2		1	1			6
Asian not further defined					1		2	3	1	2	4	3	16
Chinese						2			1	4	3	6	16
Cook Island Māori							4	1		1	1	2	9
European not further defined					2			2			1		5
Fijian					1				1	4		2	8
Indian			1		1	1	1	1	2		2	1	10
Māori	1	6	15	23	37	43	55	61	43	46	38	36	404
Middle Eastern									1	1	1		3
Niuean							1	1		1			3
Not Stated		1	1	3	2	8	9	13	9	7	10	4	67
NZ European	3	4	23	68	70	95	91	72	62	57	62	49	656
Other			1	3	5	3	1	11	2	1	3	3	33
Other Asian				1		1		1	1		3	1	8
Other European			1	4	6	5	3	2	12	2	4	2	41
Other Pacific						3			1		1		5
Samoan		1		1		2	3	1		2	3	1	14
South East Asian				1						1	1	1	4
Tongan						1							1
Grand Total	4	12	42	104	126	165	172	169	137	130	137	111	1309

In total there were 1309 (625 among 13-19 year olds and 684 among 20-24 year olds) first trimester pregnancy terminations among 13-24 year olds in the Waikato DHB hospitals.

Some of the key findings from the above data are:

- Of the total first trimester terminations among 13-19 year olds, 85% of the terminations were split across Māori(29%) and NZ Europeans (57%).
- Similarly among 20-24 year olds 84% of the first trimester terminations were shared among Māori (36%) and NZ Europeans (48%).

In the Waikato there were 55 second trimester terminations among 15-24 year olds from 2006 to 2007. At times the patients are referred to Auckland for termination and the numbers presented below excludes terminations carried out in Auckland.

Table 252: Number of second trimester terminations by age of mother - Waikato - August 2006 to May 2008

⁹¹ The Health Status of Children and Young People in the Waikato (2005), Elizabeth Craig, Catherine Jackson and Dug Yeo Han

Waikato Youth Health

Second Trimester Terminations - Waikato August 2006 to May 2008	
Age of Mother	Number of Terminations
15 Years	5
16 Years	8
17 Years	6
18 Years	3
19 Years	7
20 Years	7
21 Years	5
22 Years	6
23 Years	2
24 Years	6
Total	55

The serious causes for concern raised by this data are:

- Of the total second trimester terminations, around 35% of the terminations occurred in school going teenagers between 15-17 years of age, as the consequences of the termination could have considerable impact on their social, educational, economic, health and financial surroundings.
- Overall the second trimester terminations were spread equally across the 15-24 age groups.