



Te Wero survey 2022 report

As part of the need to redesign online services for rangatahi in Aotearoa, the Te Wero survey was designed to understand the gaps and needs, behaviours and aspirations of young people, their friends and whānau. The survey was also used as an opportunity to promote the advisor roles for designing and developing the new digital platform.

The survey was aimed at rangatahi aged 13 to 25 and who were living in Aotearoa. The survey was conducted between 13th May 2022 and 8th June 2022. The survey was designed and delivered through the website QuestionPro. Various platforms were used to promote the survey including the Health Navigator website,

Appendix 1 provides details on the questions asked in the survey.

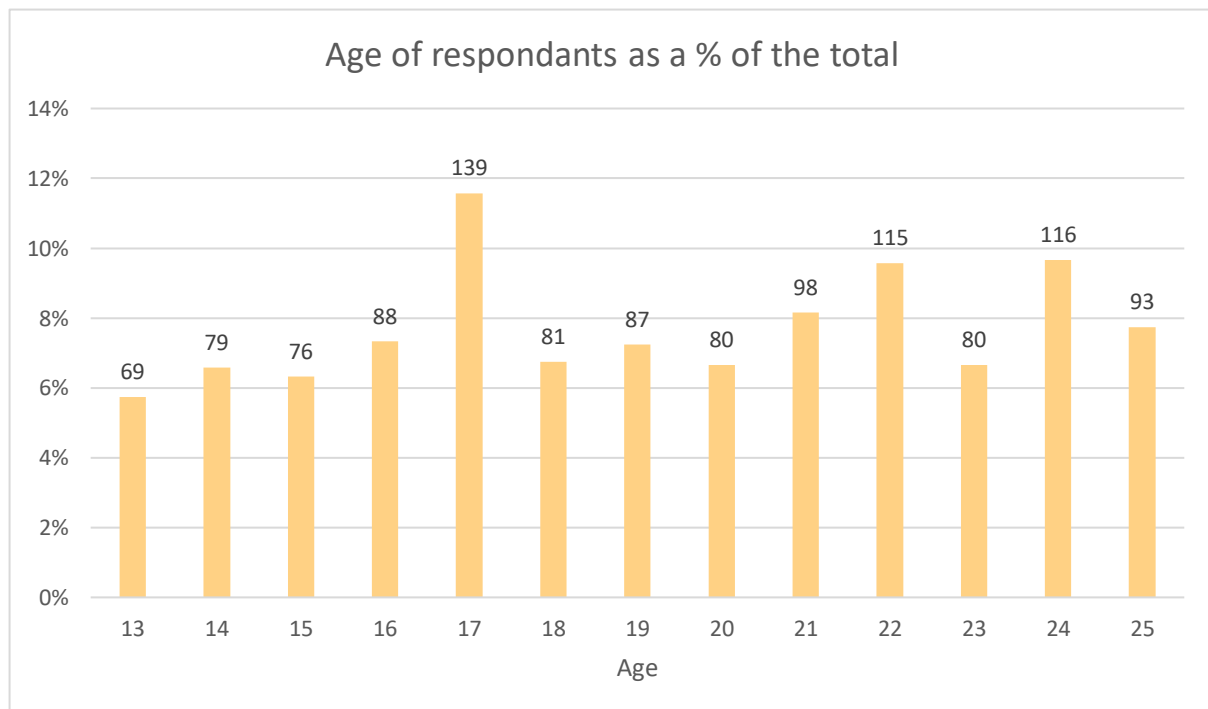
Initial findings

- We received a total of 3,085 responses and of these 1,215 responses were from rangatahi aged 13 to 25 who were living in Aotearoa New Zealand.
- Answering questions was not mandatory and a natural drop off rate was seen towards the end of the survey.

Demographics

Age

Below are the age groups of the respondents. The data is shown as a percentage of the total number of respondents with the number of the respondents on the top of the corresponding bar for that age





Gender

We asked respondents ‘How do you identify?’ Below are the responses from the 98% of people (1,196) that answered this question.

Gender	Number of people	As a % of the total number of people
Male	886	74%
Female	220	18%
Other	33	3%
Prefer to not say	57	5%
Total	1,196	100%

Those who chose ‘Other’ identified as (or a mixture of) the following: ‘gender fluid’, ‘gender diverse’, ‘non-binary’, ‘unsure’, ‘transquernonlesbianary’ and ‘still exploring’.

Ethnicity

We asked respondents to select which ethnic group or groups they belonged to. We used a mixture of multiple-choice options and a free text box. Of the 99% of people that answered this question (1,197), 30% identified with 2 or more ethnic groups and 6% identified with 3 more ethnic groups.

Ethnic group	Number of people	As a % of the total number of people *
Māori	262	21.9%
NZ European/Pākehā	865	72.3%
Tokelauan	4	0.3%
Fijian	28	2.3%
Niuean	13	1.1%
Samoan	46	3.8%
Tongan	35	2.9%
Cook Islands Māori	18	1.5%
Chinese	52	4.3%
Southeast Asian	39	3.3%
Indian	56	4.7%
Middle Eastern	22	1.8%
Latin American	17	1.4%
African	25	2.1%
Other Asian	43	3.6%
Other European	94	7.9%
Other Pacific Peoples	12	1.0%
Other (Aboriginal Australian)	1	0.1%

Note: these responses are total response as a respondent could pick more than 1 ethnic group.

* The total % is greater than 100% as this question is counted as total response.



Background

To better understand certain areas of unmet need, we asked the question ‘Do you identify with any of the following roopu (groups)? Choose as many as you like’

Group	Number of people
LGBTQI	329
Living with a disability	225
Long-term health condition (eg, asthma, diabetes, depression)	444
Immigrant (in your lifetime)	114
Prefer not to say	52
None of the above	444

Note: these responses are total response as a respondent could pick more than one group.

It is clear that many of our rangatahi are ethnically diverse with many identifying with more than one ethnic group. Gender data collection shows that our rangatahi communities identify with a range of different gender identities.

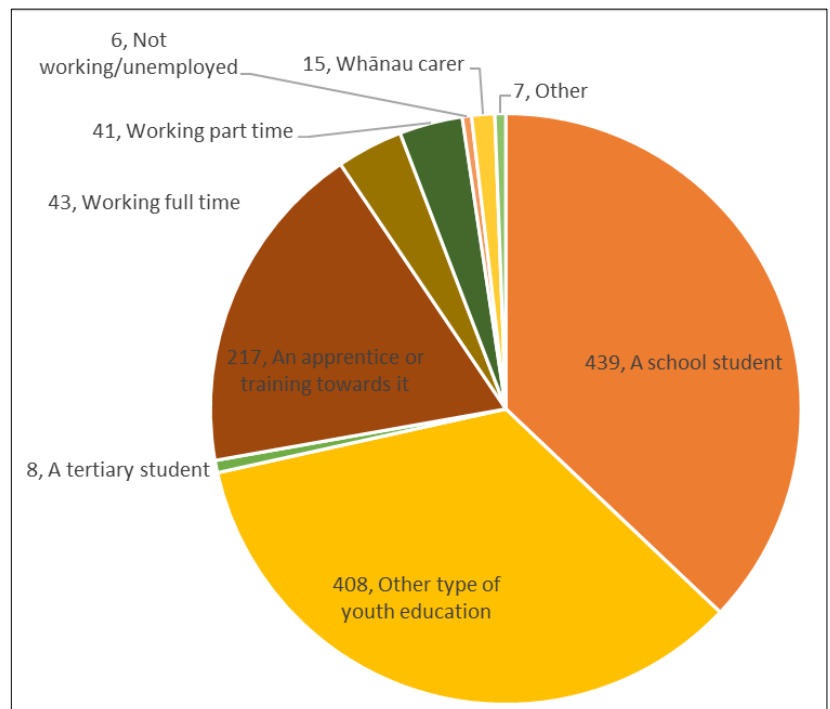
Culturally appropriate and safe care certainly needs to consider a broad range of areas including LGBTQI communities, migration history, disability status and long term-health conditions as a significant number of respondents identify within these groups.

Given what we know about youth health needs, age and self-identified identity is vital for informing how resources are allocated to effectively target key issues such as youth mental health.

Workforce / education status

We asked a question on workforce /education. Below are the responses we received from the 1184 people that answered this question.

Other includes not at school but waiting for colleague acceptance, stay at home parent, maternity leave, or volunteer.





Who to go to for help

We wanted to know where youth went to if they wanted help with health.

Below are the responses we received by person (table below) and phone/online (second table on the page).

Person	Number of people
An adult family/whānau member or adult friend	684
A friend/young person	485
Your girlfriend, boyfriend, partner, or spouse	338
A health professional like your doctor or nurse	647
A health service (e.g. Youth One Stop Shop)	130
A youth worker	49
A school counsellor or nurse	144
A counsellor or mental health professional	381
None of the above	45
Other	18

Note: health professional includes Rongoa practitioner

Note: these responses are total response as a respondent could pick more than group.

Other responses includes iwi member, Rongoa practitioner, teacher (existing or previous)/lecturer, church leaders or members, coach, mentor, manager at work.

Below are the phone or online services that were listed and chosen.

Service	Number of people
A free phonenumber (eg, 1737, Youthline)	361
A social media account or chat room post	168
A blog where people don't know you personally	134
A website such as Youthline, The Lowdown or Health Navigator NZ	380
A health organisation on Facebook	43
An app or online programme like SPARX.org or Headspace	156
None of the above	216
Other:	14

Note: these responses are total response as a respondent could pick more than group.

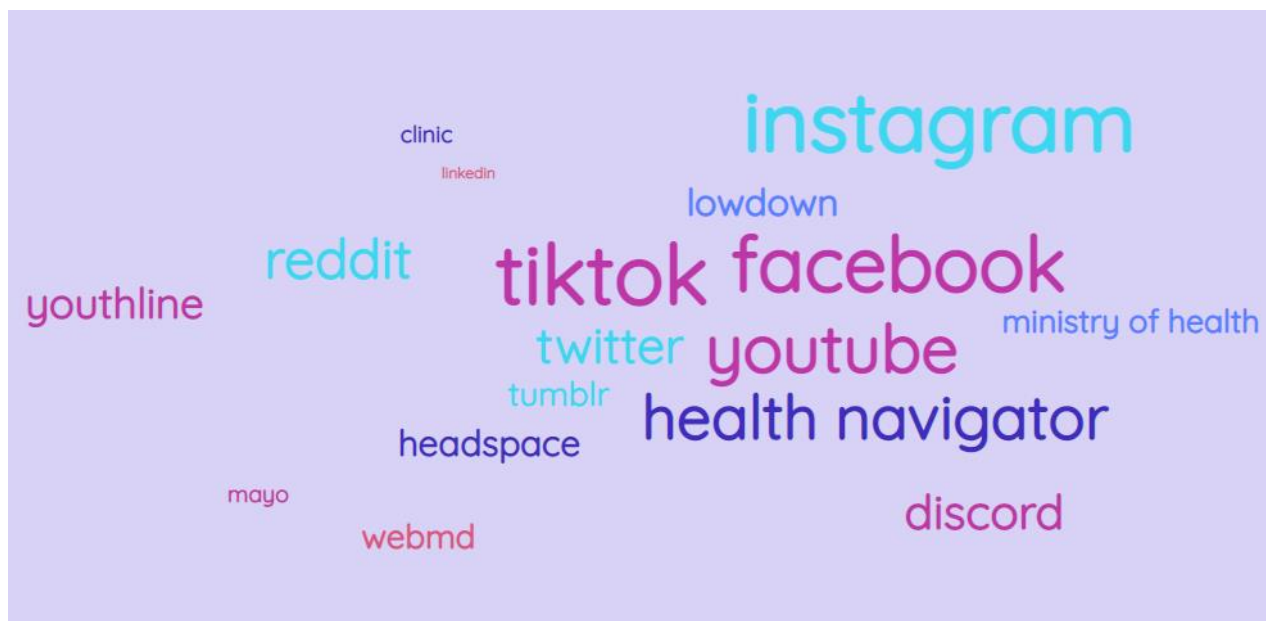
Other included: podcasts, videos, social media influencers, google scrolling.

We asked for further details on the types of websites, social pages, online groups, influencers, helplines or apps they may go to. Respondents were able to choose more than one service. Below the main responses we received as a word cloud.

Tiktok (337) and Instagram (420) were the highest listed services, followed by Facebook (228), YouTube (116) and Snapchat (123). Still popular but less common were Twitter (41), Discord (35), Reddit (58), Tumblr (14).



Health websites/services featured next popular: Health Navigator (82), Healthline (64), Youthline (24), Mayo Clinic (7), Ministry of Health (12).



When getting help with their health, we asked respondents to tell us which of the services they trusted. They were able to choose more than one service and also had the choice of filling out a free text option.

Source	Number of people
Info from a credible health website (eg, Health Navigator NZ, Ministry of Health)	826
Social media account of a well-known influencer	101
A humour or gaming site	33
A link or post someone sent you	67
Google search	344
Not sure	69
Other	68
None of the above	49

Other included: a trusted friend, whanau member or healthcare professional, members in online communities with similar conditions, textbooks, google scholar, credible resources from their place of learning, Māori and Pasifika influencers, trusted healthcare professionals, people with qualifications in a relevant field.

We asked what would help to improve their health right now. We received a mixture of responses. Below are the main themes.

- Access to physical activity: to keep fitness up
- Health: timely access to services, learning about treatments,
- Access to people: Counsellors are helpful but having more family and friends time
- Financial: The cost of services (eg, costs to see GP, mental health services, counselling, dental care, groups) and the (cost of living: cost of fruit and vegetables), cost of rent and public transport



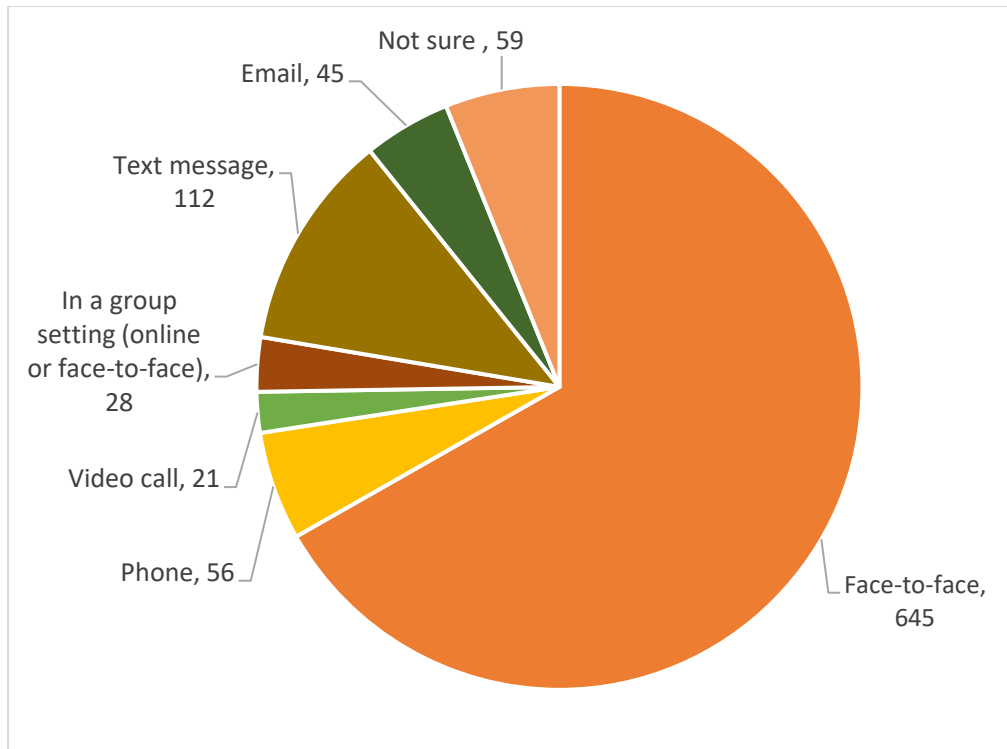
- More spare time: to exercise, to rest, to reflect,
- Societal changes: loss of faith, judgment for being a child of a single parent,
- Support: in schools for bullying and abuse, not being heard, from friends and family, being able to support others
- Mental health: was a very common theme through this question. It is clear that stressors from many parts of life play a big part in our respondent’s answers. This could include feeling overwhelmed with work, financial stressors, needing reassurance or validation

We wanted to know which 5 health topics were most relevant. Below are the topics chosen in order of most chosen.

Service	Number of people
Mental health	697
Stress/anxiety	508
Physical fitness	386
Food & nutrition	303
Depression	277
Self-care	276
Self esteem	236
Self-image	229
Sexual health	159
Painful/problem periods	152
Acne	151
Relationships & dating	142
Mindfulness	138
Long-term health issues	134
Finances/debt	130
Suicide	103
COVID	103
Contraception/Pill/condoms etc	102
Smoking/vaping	91
Sexual orientation	80
Employment	72
Physical or emotional abuse	70
Allergies	64
Gender issues	61
Vaccines/immunisations	58
Alcohol	49
Bullying	45
Pregnancy	43
Drugs	41
None of the above	22
Violence	19
Abortion	17



We asked which method was preferred when help with health. Below are the responses chosen.



Digital health

We asked respondents how useful they would find all the health info you needed in ONE place online (eg, app, website, channel). Below are their replies.

Usefulness	Number of people	As a % of the total number of people
Not at all useful	24	3%
Slightly useful	93	10%
Neutral	90	10%
Not bad	340	36%
Great	400	42%
Total	947	100%

We asked what they wanted this one place would be. Below are their replies.

Online service	Number of people
A website	428
An app	307
A social media account	38
A YouTube channel	31



An online health coach or health service	73
Not sure	55
Other	3

Responses to other included: not having easy access to the internet therefore was unable to answer this question, or not being able to choose one due to cancelling all social media profiles while studying or limited phone space.

Within the place respondents chose in the last question, we asked what type of information they wanted to find. Respondents were able to choose more than one response. Below are their responses

Type of information	Number of people
Short videos	477
Simple top tips	558
Factsheets	566
Forums/group chats	314
Links to other wellbeing websites or apps	378
Live chat from a doctor, nurse or other support person	578
Cartoons or pictures	203
'How to' guides	576
Other _____	
None of the above	17

Other responses included:

- A list of health professionals/organisations in the local area
- Absolutely necessary information at the top and detailed sections that followed
- Free or low-cost services that can be accessed or that they were eligible for
- Inspirational quotes
- Real life experiences
- Information that involved parents
- Tests and surveys



We wanted to know which barriers (if any) were faced when accessing support online. Respondents were able to choose more than one response.

Barriers	Number of people
No access to data	53
Limited access to data	134
No home internet	15
Limited access to the internet	44
No access to a device (smartphone, desktop, laptop or tablet)	16
Limited access to a device (smartphone, desktop, laptop or tablet)	37
No private space you can be in when going online	194
Not confident using technology	26
No barriers	558
Other	61

Other included: worries and anxiousness of interactions with people online, misinformation, unsure who to trust, shyness, bad connection, concerns about being misdiagnosed, embarrassing, unable to understand, time, lack of information for their specific condition, difficulty understanding words, worries about being judged, lack of connection and engagement, difficulty navigating, services targeted at just Pakeha, accessing online services being tiring after being at work online, concerns about confidentiality, motivation to work out which information is good vs bad, unable to see social queues such as body language

Barriers and challenges in health

We asked for information on the level of access to health support when it was needed. Below are the responses.

Level of access	Number of people	As a % of the total number of respondents
Extremely hard	103	11%
Slightly hard	238	26%
Neutral	223	24%
Okay	223	24%
Easy	141	15%
Total	928	100%

When trying to get help for their health, we asked about what challenges or barriers they may have faced. Respondents were able to choose more than one response and also had the option to provide a free text response via the other section.



Challenge or barrier	Number of people
I didn't know how (eg, didn't know where to go or who to call)	261
I had no way of getting there	102
I couldn't get an appointment (e.g. the times or opening hours didn't suit me)	392
I couldn't get in touch with the person I usually see	134
I didn't want to make a fuss	402
I didn't feel comfortable, I was too scared	350
I was too embarrassed	274
I was hoping that the problem would go away by itself or get better with time	486
I was worried other people might find out	159
I had no one to go with	59
It cost too much	403
No barriers	79
Other	57

Other included

- Health conditions of anxiety, depression, ADHD
- Being dismissed, blamed, not feeling comfortable, mistrust, not listened to, not being taken seriously
- Subpar quality of care
- Confidence
- Previous negative experiences
- Medical professionals who were willing to change their methods to new information
- Too stressful and time consuming to make an appointment
- Long waiting lists for appointments or diagnosis especially in mental health
- Cost
- Privacy concerns (family, teachers)
- Being busy and difficult get time off to attend appointments
- Discriminated for ethnicity and gender identity
- Did not feel they received the right support including lack of resources to help
- Noe being eligible for services
- Staff changes meaning repetition of conversations
- Feeling that services did not care
- Feeling they might be worrying about something trivial



Promoting the new online tool

We asked for ideas about how we could promote the new online tool when it's developed. Below are the main themes of the responses we received (in no specific order).

- Ensure that rangatahi are involved/leading the design and development process and then they can share organically to their communities.
- Ad campaign on Facebook, TikTok, twitter, TV, news, snapchat, Instagram, radio
 - Indigenous influencers such as Maaori or Pasifika that regularly korero about health topics
- Talks, posters at schools, universities, places of healthcare
 - Promotion by school nurses, counsellors or health committees
- Prizes
- Endorsements by healthcare professionals to show that it is a Emphasise trusted source of health information
- Provide the information in Te Reo Māori and other non-English languages
- Advertisements through posters, bus stops, workplaces, billboards, university
- No adds on the website or little ads which have been vetted
- Catchy and respectful. Don't sugar coat it. Get straight to the point.
- Not just videos (use a large amount of data)
- Promotion online and in person
- Has the ability to capture the attention of politicians and older people



Te Wero.