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# Youth'07: A SWOT analysis

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## **Youth'07: A SWOT analysis**

Youth'07 is a survey of the health and wellbeing of 9,107 secondary school students in New Zealand. This paper is a critique of the survey data according to the SWOT dimensions of strengths, weaknesses, opportunities and threats. Youth'07 provides baseline information about adolescent behaviour, and about the effects of gender and of socio-economic status. Findings are restricted, however, to young people who attend secondary school and who were willing to participate in the survey, and it is probable that many teenagers who are at risk were not included. A large scale research project of this sort offers opportunities to investigate developmental processes and to publicise known risk and protective factors. The absence of some standards of personal competence associated with this investigation is a threat to the meaning and utility of the findings. It is suggested that an understanding of the interrelationships of protective influences is a practical response to the challenge of defining standards of functioning in human development studies.

We now have the results of the second national survey of teenage health and wellbeing in New Zealand undertaken by the School of Population Health of the University of Auckland (Adolescent Health Research Group, 2008a, 2008b). The present survey, like its predecessor (Adolescent Health Research Group, 2003), sampled more than 9,000 young people attending high schools about their family life and experiences at school; their nutrition, exercise, general health, emotional wellbeing, sexual health; and their engagements with various risk behaviours. However, the recent study (hereafter referred to as Youth'07) also differed from the previous investigation (Youth2000) by including physical examinations of the participants (height, weight and waist measurements), and in assessing the socioeconomic status of each of them according to the New Zealand Deprivation Index (Salmond, Crampton, & Atkinson, 2007).

The overall conclusion of Youth'07 is that most young people in this country continue to possess the health and vibrancy that were evident in the findings of Youth2000. There are some areas of public health concern, such as physical and sexual abuse and binge drinking; but the new survey results do also contain signs of progress and, specifically, these are in mental health, nutrition, physical activity, and in relation to the use of some substances. Youth'07 is high stakes research because it aspires to complement our major longitudinal studies of human development (Christchurch Health and Development Study, Dunedin Multidisciplinary Health and Development Study), and since it has attracted funding from numerous official sources. Most important, however, is the intention of this cross-sectional study (and Youth2000 before it) 'to improve the health and wellbeing of New Zealand youth' (Adolescent Health Research Group, 2008b, p. 6). In the analysis that follows, the Youth'07 survey results are considered according to the SWOT dimensions of 'strengths' and 'weaknesses'; and in relation to the 'opportunities' and 'threats' that pertain to the research project.

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## Strengths

The Youth'07 investigators worked hard to obtain accurate information, and the questionnaire document itself can be viewed online at <http://www.youth2000.ac.nz/survey-tools-1106.htm>. The data were gathered using hand-held computers called internet tablets with a stylus to indicate responses. In addition, the survey questions were orally presented through headphones. The methods and survey were piloted in 2006, and they were also peer, community and ethically reviewed. Almost 59 percent of all of the participants said that the questionnaire was okay, and another 25 percent enjoyed it 'A lot' (Adolescent Health Research Group, 2008b, p.15). Obviously, caution must be exercised with any self-report data but these researchers did do their best to produce an accessible and comprehensible device, and to reduce 'faking good' and 'faking bad' among the adolescent respondents.

The Youth'07 investigators also endeavoured to obtain representative information. They randomly selected 115 secondary schools (with 50 or more students), and within the schools about a fifth of the Year 9 to 13 students were randomly invited to take part. Of the secondary schools that were approached, 96 schools participated in the survey, and of the 12,355 students who were selected, 9,107 took part. This meant that 3.4 percent of all secondary students in 2007 were surveyed. Nevertheless, because of the predominant characteristics of secondary schools, most of the participants came from large, co-educational, middle-decile, and state-funded high schools (Adolescent Health Research Group, 2008b).

Youth'07 provides useful overviews of some physical health matters, alcohol use, sexuality and the leisure time activities of the teenagers it surveyed. With respect to physical health, approximately one third of all students are overweight or obese according to body/mass indices. What is more, many of them (and especially the young women) are worried about gaining weight and have dieted in the last 12 months. Putting on weight, and being concerned about it, is paralleled by falloffs in good eating and physical activity across the adolescent years. Nonetheless, in terms of their general physical wellbeing, over 90 percent of the sample considers that they have good, very good or excellent health. There are 16 percent of adolescents who report a chronic health problem and five percent who indicate that they have a chronic disability.

The Youth'07 results show that there is a steady increase in the consumption of alcohol during adolescence. Four matters are of particular note. Firstly, 53 percent of students who are 14 years of age describe themselves as people who currently drink alcohol. Secondly, 34 percent of young people attending secondary school have engaged in binge drinking (five or more drinks in a four hour period) in the last month. The third point is that youth report risk behaviours, such as driving and unsafe sex, as well as injuries associated with alcohol use. Lastly, parents, and brothers and sisters, provide a lot of the alcohol that teenagers drink. The Alcohol Advisory Council, which is the alcohol 'watchdog' in this country, has a banner slogan on its website which says, 'It's not the drinking. It's how we're drinking.' (<http://www.alac.org.nz>). It is, of course, both aspects of this behaviour amongst young people that are concerning.

In New Zealand, many people learn to drink at an early age and a group of students also become sexually active at the start of the teenage years or before. Amongst those who are 13 years or younger, 20 percent have had intercourse and about 11 percent say that they

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are currently sexually active. Of the group of youngsters who have had sexual intercourse 65 percent say that they enjoy having sex very much or a lot. It is most likely that these early starters were also early physical maturers, and it is probable that they have antisocial peer affiliations as well, since these two factors are the strongest predictors of early-onset sexual intercourse and of the number of partners at 15/16 years (Dishion et al., 2000, cited by Dishion & Patterson, 2006). Arguably, there are some intervention leads here regarding New Zealand's international standing in terms of teenage parenthood (Ministry of Social Development, 2008a).

Another Youth'07 topic that provides some interesting and useful overall conclusions concerns the place of electronic media in young people's lives. Electronic devices are indisputably significant pastimes as evidenced in the percentages of secondary school students who engage with each of the following media for at least an hour every day: television (73 percent), texting (50 percent), computer games (62 percent), and the internet (51 percent). Apparently there has been a big lift in television and internet use between 2001 and 2007, and we might see this as representing assaults on social engagement and social capital as some sociologists do (see Giddens, 2006). More simply, youth who are doing one thing are not doing another, and it is not surprising that most of them do less than an hour of homework each day and many of them (and 45 percent of males) do not read for pleasure.

Of special interest are the male and female data, and the recorded behaviour of young people from different social backgrounds. Young women students are nowhere near as happy as the young men and this is shown over a number of indices. Generally, females are much less likely to report being in a good mood (41 percent) compared to males (64 percent), and they describe their moods as being changeable more often (females, 54 percent; males, 32 percent). Almost twice as many female students say that they have been depressed for two weeks in a row in the last year (females 35 percent; males 20 percent), and exactly twice as many females (22 percent compared to 11 percent for males) have seen a health professional for emotional issues in the previous year. Most significant, however, is the finding that 19 percent of young women have had serious thoughts of suicide in the last 12 months (males nine percent).

We know that adolescence is a sensitive period for depression, and that the 2:1 gender ratio evidenced in the Youth'07 data is a constant across much of the life span (Schulenberg & Zarrett, 2006). Nevertheless, depression that has an early onset is more likely to be associated with other problem behaviours such as substance abuse, eating disorders and early parenthood, and it can continue in adulthood (Fergusson & Woodward, 2002; Jaffee, Moffitt, Caspi, Fombonne, Poulton & Martin, 2002). It is suggested that depression in female secondary school students is a second access point for interventions that aim to address multiple, and continuing, problem behaviours. Societies such as our own are prepared to respond to overt behavioural problems, like aggression in children and youth, but there is much less readiness to intervene in a systematic way with the anxiety and depression that often underlie and produce the more obvious behavioural issues (Luthar and Zelazo, 2003). The particular significance of female adolescent depression is that, like early sexual relations, it has a heightened probability of being associated with the perpetuation of problem behaviours into the next generation.

The socioeconomic data in Youth'07 are intriguing because they contain divergent subsets of information. Some young people and their families who are living in poverty are clearly

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experiencing difficulties and engaging in health compromising behaviours. For instance, poor youth are more likely to smoke tobacco and marihuana. It is also more probable that they are sexually active; but they enjoy sex least, and it is less likely that they will use contraception to prevent pregnancy or sexually transmitted infections. In addition, people living in an ecology of poverty have a greater likelihood of being uncertain of their sexual orientation, and of being victims of sexual abuse. There are further worrying statistics that pertain to witnessing violence in the home, to criminal offending, to the perilous use of motor vehicles, to problems in accessing health care and to the negative ways in which poor neighbourhoods can be seen by their residents.

There are, however, many people in disadvantaged circumstances who appear to be leading healthy and rewarding lives. Participants in the Youth'07 who were classified as 'highly deprived' are more likely to eat a daily diet of fruit and vegetables, and they are least likely to currently drink alcohol. Moreover, it is just as probable that these youth will do an hour or more of homework each day as other young people, and they lead the way in their participation in music, arts, dance and drama. There is also evidence that there could be greater social capital and connectedness in some socioeconomically disadvantaged settings. Students from these backgrounds more often belong to church and cultural groups; they attend their places of worship more regularly, and they feel greater attachment to them. The findings also suggest that young people living in poverty more frequently help other people in their community.

Youth'07 makes a major contribution in the gender and socioeconomic data that it provides. The information shows us aspects of growing up in New Zealand which can be diverse and difficult, and it also makes us sceptical about stereotypical thinking associated with social address. This research project has clarity of focus in that the research team was true to its purpose of presenting both risk and protective factors, and avoided a possible preoccupation with personality factors and traits. There are several issues with personality dimensions, like self-esteem. The first of these issues is that aspects of personality are themselves shaped by forces in the environment (Luthar, 2006), and the second concern is that these individual characteristics have been found to explain only a small proportion of variance in human development (e.g., Sameroff & Rosenblum, 2006).

## **Weaknesses**

The central problem with the Youth'07 data is that it provides an incomplete picture of adolescence in New Zealand. A quarter of the students who were approached to take part in the research project declined to do so, and we also have no information about the young people who no longer attend secondary school. It is possible that the non-participating high school students are distinctive in important respects. For instance, this group contained absentees and some of these will have been truants. Truancy is common among secondary students in this country, and the Youth'07 data show that about 25 percent of both males and females had been absent without leave from school in the year of the survey. But we also know from the Christchurch longitudinal study that amongst the truants there would likely have been representatives of some of our society's most troubled and troublesome youth (Fergusson, Lynskey, & Horwood, 1995). Simply, because Youth'07 did not follow up all of the young people, we cannot know about the participants we do not have.

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With respect to the school leavers, Ministry of Education (2008) data show that 35 percent of young people leave high school before Year 13. It is probable that the young people who have left school are distinctive in important respects, and an obvious aspect is that they do not have as many years of secondary education as the study sample. Some of the school leavers will be 'school dropouts', and we know that academic failure can associate with other personal issues and challenges including poor mental health (Fergusson, Poulton, Horwood, Milne, & Swain-Campbell, 2004). The authors of Youth'07 admit 'that the results are likely to be skewed towards a slightly 'healthier' picture of the youth population in New Zealand' (Adolescent Health Research Group, 2008a, p. 9) but, arguably, data about the less 'healthy' in our community has a special significance, and not having it is a serious omission.

It might be asked why a second survey of adolescent health and wellbeing (Youth'07) was undertaken six years after the first national study (Youth2000). It is almost possible for some secondary students to have participated in both the Youth2000 and Youth'07 surveys, and the odd individual may have actually done so. Six years is generally too short a period of time for two separate cohorts to arise and so, effectively, the second survey could have been assessing much the same group of youth as the first survey. This is not problematic, but it does mean that the investigators have to be really hesitant in what they say about the impact of any normative events, such as societal influences, and in discerning trends in the data. With respect to the latter matter, the authors of the Youth'07 Technical Report make the following cautionary observation: 'It is important to note that any change between 2001 and 2007 does not signify a trend until a further national health survey is conducted and a similar direction of change is observed' (Adolescent Health Research Group, 2008b, p. 19).

The problem is that the Youth'07 investigators do make comparisons between the two sets of findings (2001 and 2007) and they contend that progress is discernable across a number of adolescent behaviours. A contrary position might be assumed, and it could be suggested that the comparisons that are made are untenable because of the number of differences that exist between the two samples. For instance, the more recent investigation has greater ethnic diversity, with approximately 40 percent of participants now saying that they belong to more than one ethnic group, whereas 30 percent of the previous sample had made this claim. Moreover, Youth'07 did not work in the same percentage of disadvantaged schools and neighbourhoods as its predecessor and, as the present study so clearly shows, socioeconomic status is highly significant for human development. There are also differences in the percentages of males and females in Youth2000 and Youth'07, although the second study stratified by gender for the comparisons it includes (S. Denny, personal communication, November 2009).

The deficiencies of Youth'07 (and of Youth2000 before it) limit the potential contributions of the research to public policy and programme initiatives. The missing data, in particular, is a problem because it would have contained important information about our most at-risk youth. These young people do totally disproportionate amounts of harm to themselves and other people, and the magnitude of their impact in criminal offending, for instance, was demonstrated over 35 years ago by West & Farrington (1973) who showed that five percent of the families in an urban London sample accounted for 50 percent of the crimes. The missing data are also a problem because they can contribute to a false impression of health and wellbeing among our teenage population, and this would be a misleading and counterproductive outcome given this country's continuing prominence in international

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comparisons of adolescent problem behaviours such as youth suicide (Ministry of Social Development, 2008b; OECD, 2009).

## **Opportunities**

Youth'07 contains significant opportunities to deepen our understanding of salient processes in adolescent development and to publically disseminate what we now know about prominent risk and protective factors. The present research study is essentially a comprehensive catalogue of promotive influences and stressors, and in this regard it can be characterised as first wave (or iteration) resilience research. Masten and Obradovic (2006) distinguish three subsequent research phases, and the second of these is a continuing quest to identifying the processes that underlie behaviour and development. On this issue Doll and Lyon (1998) observe that 'The identification of critical risk or protective factors represents only the preface to the story of resilience – it is the mechanisms by which those factors shift the developmental trajectory away from or toward problem outcomes which excite our present attention' (p. 347). Phases three and four of resilience research have been concerned, respectively, with intervention studies and the integration of biological dimensions into human development investigations (Masten & Obradovic, 2006).

Qualitative research methods have a special capacity to elucidate developmental processes, and future surveys of teenage health and wellbeing should be accompanied by qualitative investigations. A pressing area of research interest is the dynamics of families who are socioeconomically disadvantaged and who are doing well, because we know that relationships and parenting are much more difficult for them (Karney & Bradbury, 2005; Taylor, 2007). Moreover, it is probable that divorce, poverty, neighbourhood and other stressors mostly impact on children through the parenting relationship (Dishion & Patterson, 2006). How do parents bring about good child outcomes in striated and stressed circumstances, and what are the consequences for the parents themselves of raising children in adversity? Parenting as a dependent variable (as it is defined in quantitative terms) is a neglected study (Stanley, 2004), but it is a topic of considerable significance given that 60 percent of mothers seeking psychological services for their children have been found to have major problems with anxiety and depression (Swartz et al., 2005, cited by Luthar & Brown, 2007).

One of the recommendations of Youth2000 is that families should be made aware of risk behaviours so that they can keep their children safe. With 60 percent of the Youth'07 students currently drinking alcohol, this substance is unquestionably a leading risk factor for young people in our society. Yet it is often the family who supplies the alcohol that places teenagers at risk, and it is also interesting that most students would prefer to go to friends or parents for help with alcohol and drug problems than to any form of professional assistance. In a supplementary Youth2000 report on youth and alcohol, it is suggested that teenage drinking reflects adult patterns of risky drinking and adult acceptance of intoxication (Adolescent Health Research Group, 2004). The avenue for intervention seems remarkably clear and, as with other aspects of child compliance, adults who want young people to behave with alcohol must first behave themselves.

The importance of parents to teenage wellbeing is a strong message of Youth'07, and it is a message that needs to be repeatedly broadcast throughout our community. It may not be generally appreciated, but the critical constituents of effective parenting (warmth and

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support, and control and discipline) have been known for many years now (Luthar, 2006); and over time this knowledge has continued to be corroborated from numerous sources. For instance, a benefit of the intervention studies that took place during the third 'wave' of resilience research was that they 'provide some of the most compelling evidence for the power of the family environment for individual resilience' (Masten and Obradovic, 2006, p. 16). Quite simply, quality parenting is the single most robust protective factor (Luthar, 2006), and effective parenting is the most powerful response to problem behaviours in adolescence (Kumpfer & Alvarado, 2003).

## Threats

Youth'07 is subject to a significant 'threat' that often applies more generally to human development data, and it is that we do not really know what 'good' or 'bad' functioning actually is. A reasonably common response to this dilemma in resilience studies is to rely on developmental tasks (Masten & Obradovic, 2006). This means, for instance, that we measure adolescent adjustment according to such criteria as doing well at secondary school, belonging to a teen peer group and having positive self-esteem. The developmental tasks approach can be criticised, however, since it is tied to time and place, and because it is fundamentally a mechanism for making determinations about individuals rather than about person and context relationships. Moreover, developmental mores provide no guidance on many of the complexities of life. And with respect to the latter matters, for example, should it be a concern that one third of teenage girls text for three hours a day, and that a quarter of teenage boys have been in at least one serious physical fight in the last year, as is shown in the Youth'07 data?

As researchers, there is an ever-present possibility that we will make prejudicial judgements about other people's behaviour and development. This peril comes in a number of forms, and a fairly well known example is when one social group (and usually the middle class) is set up as the standard for positive or normative development (Lerner, 2006). The consequence for people from different social backgrounds is that they are seen as having deficits. Nonetheless, prejudicial outcomes may also arise when behaviours are 'normalised' which are actually indicative of disturbance. For instance, Deschesnes, Fines and Demers (2006) employed a self-report survey with a sample of 2,180 students aged 12 to 18 years and found that tattooing and body piercing were mostly adopted by participants who were engaging in multiple risk behaviours such as polysubstance use, criminal offending and gang affiliation. The authors recommend that body modifications may serve as clinical markers for health professionals who work with adolescents.

The present writer would like to suggest a response that reduces the possibility of prejudicial judgements and outcomes, and which also tends to confirm the Youth'07 conclusions about the health and wellbeing of New Zealand secondary school students. The viewpoint arises from a small investigation (the Whatuora Longitudinal Study) that I have been conducting for 10 years in a socioeconomically disadvantaged neighbourhood. The 12 young people in my sample were identified by primary schools when they were 11 and 12 years of age as being at risk, and as exhibiting contrasting degrees of resilience (Stanley, Rodeka, and Laurence, 2000). The participants are now emerging adults, and they are capable of describing for themselves the influences and events that have contributed to their competence and adjustment.

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Some members of the Whatuora group are distinguished by the presence of multiple protective factors and, furthermore, these influences appear to coalesce into consistent and coherent systems of support. An especially intriguing aspect is that many of these promotive factors can actually come later in development and, when systematically applied, they have the capacity to realign a trajectory from demonstrably difficult beginnings to a positive and productive present. 'John' is an illustrative case, and until he was 11 years old this participant was repeatedly subject to abuse and neglect. Today, he is a purposeful and pleasant young person who is actively pursuing career and leisure interests. What happened for John was that he was placed with a family that was completely committed to good outcomes for him, and who immersed him within a particular composite of positive influences that included religion, culture, whanau, friends, sport and work.

The Youth'07 data show that many teenagers in this country are likely to be the beneficiaries of systems of support. It is clearly significant that 90 percent of secondary school students feel that their parents care a lot about them. It is also really important that over 96 percent of teenagers have friends who will help them and who look out for them. Family and peers are of pivotal importance to adolescents, and Dishion & Patterson (2006) describe the contributions of these two social systems as a layered process. Researchers also discuss the significance of spirituality and religious attendance as protective factors (e.g., Luthar, 2006; Oser, Scarlett, & Bucher, 2006), and the fact that about a third of high school students say that spiritual beliefs are very important to them is one of the surprising findings, perhaps, of both Youth'07 and Youth2000. The surveys also show that other protective influences are operating in our society, such as schools, neighbourhoods and health care, and the differential impact of these factors is likely to be related to the ways and extent that they connect with other promotive influences.

## Conclusion

Youth'07 has contributed a great deal to our understanding of adolescence in New Zealand. As I said in my review of the Youth2000 survey (Stanley, 2005), we now have baseline knowledge about teenage health and wellbeing, and the second national investigation has consolidated and enriched the data base. The next youth survey might address the weaknesses and threats that have been discussed in this paper, and also take the opportunities that could accompany a further study. Fundamentally, human development research can benefit from having a clear appreciation that the causes of development are the associations among social systems rather than risk factors and protective factors in isolation. More specifically, as Dishion and Patterson (2006) observe, the challenge 'is to think systematically about the joint influence of multiple relationship contexts on social behaviour' (p. 525). A particular advantage of this perspective is that it can provide detailed insights which might optimise the benefits of social service engagements.

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