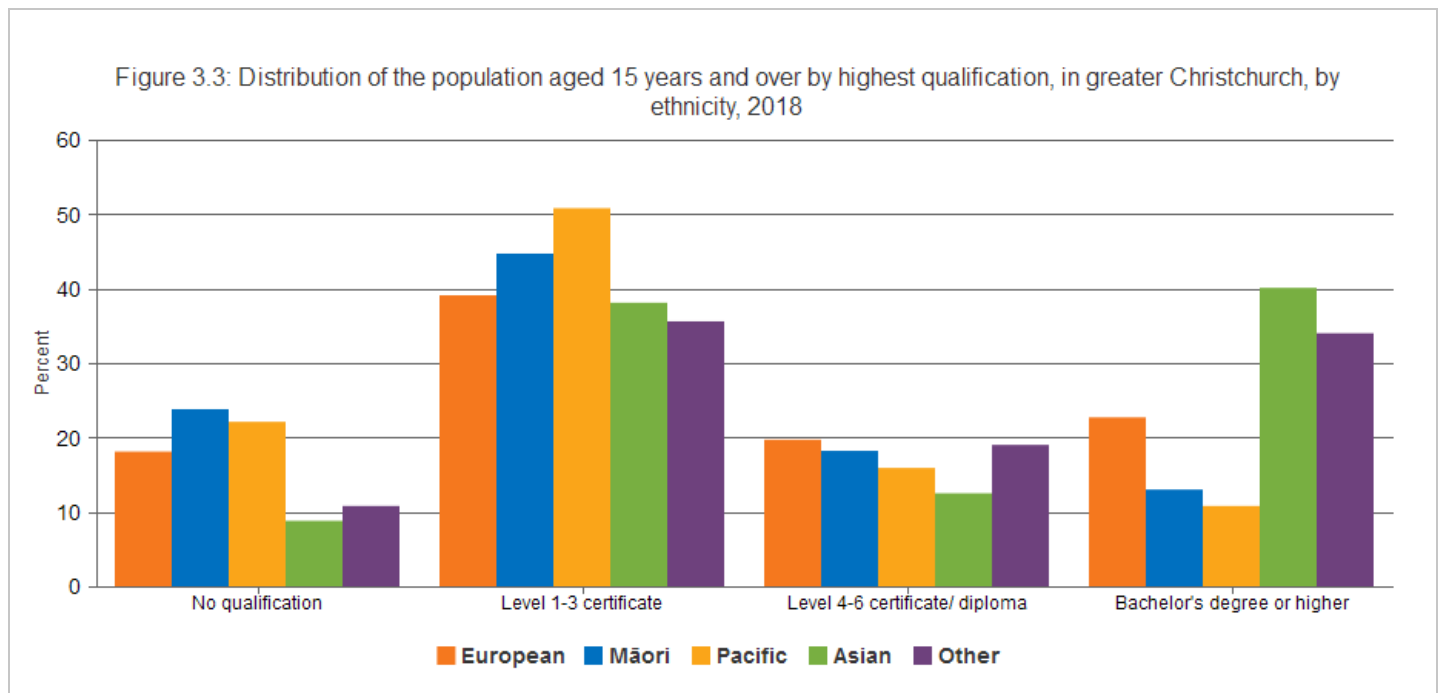


Highest qualification: Breakdown by ethnicity

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In 2018, the Asian ethnic group had the highest proportion of people with a formal qualification in greater Christchurch, at 91 percent. Just under 9 percent of the Asian population in greater Christchurch had no qualification compared to 18.2 percent of European/Pākehā and 23.9 percent of Māori. Further, the proportions of Māori and Pacific with qualifications at Bachelor's degree or higher were substantially lower than for the Asian and European/Pākehā ethnic groups.

Data Sources for Highest qualification

Source: Statistics New Zealand.

Survey/data set: Census of Population and Dwellings. Access publicly available data from the Statistics New Zealand website http://nzdotstat.stats.govt.nz/wbos/Index.aspx?_ga=2.74024852.706492025.1596487479-962330583.1594854687

Source data frequency: Census conducted every 5 years.

Metadata for the Highest qualification indicator is available at <https://www.canterburywellbeing.org.nz/index-data>

REFERENCES

This is the full reference list for **Education**.

- 1 Feinstein L, Sabates R, Anderson TM, Sorhaindo A, Hammond C (2006) What are the effects of education on health? Copenhagen Symposium: Measuring the Effects of Education on Health and Civic Engagement. Copenhagen.
- 2 Public Health England (2015) *Local action on health inequalities: Improving health literacy to reduce health inequalities*. London: Public Health England.
- 3 Hughes D, Lauder H, Robinson T, Simiyu I, Watson S, et al. (1999) *Do Schools Make a Difference?: Hierarchical Linear Modelling of School Certificate Results in 23 Schools: The Smithfield Project, Phase Three: Eighth Report to the Ministry of Education*. Wellington.
- 4 CSDH (2008) Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization.
- 5 Marmot M (2004) Social Causes of Social Inequalities in Health In: Anand S, Peter F, Sen. AK, editors. Public health, ethics, and equity. Oxford: Oxford University Press on Demand.
- 6 Marmot M, Bell R (2012) Fair society, healthy lives. *Public Health* 126: S4-10.
- 7 Mitchell L, Wylie C, Carr M (2008) *Outcomes of early childhood education: Literature review. A report by the New Zealand Council for Educational Research for the Ministry of Education*. Wellington: Ministry of Education.
- 8 Ross CE, Wu C-I (1995) The Links Between Education and Health. *American Sociological Review* 60: 719-745.
- 9 OECD (2013) *OECD Indicators: Education at a Glance 2013*. Paris: OECD.
- 10 Wylie C, Hodgen E, Hipkins R, Vaughan K (2009) *Competent learners on the edge of adulthood: A summary of key findings from the Competent Learners @ 16 project*. Wellington: Ministry of Education and New Zealand Centre for Education Research.
- 11 OECD (2017) *Education at a Glance 2017: OECD Indicators*. Paris: OECD Publishing.
- 12 Allen M (2014) *Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET)*. Nottingham: Department for Children, Schools and Families.
- 13 Statistics New Zealand (2011) *Introducing the youth not in employment, education, or training indicator*. Wellington: Statistics New Zealand.
- 14 International Labour Organization (2011) *Manual on decent work indicators (DWIs): Methodology and progress. How can DWIs and ILO's manual be used for quality of employment work?* Geneva: International Labour Organization.