

Pasifika Women's Health

It's a Trust thing

New Zealand Women in Medicine Conference
May 2022



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ANALOSA YVONI VEUKISO-ULUGIA POST DOC

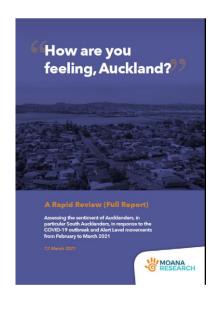


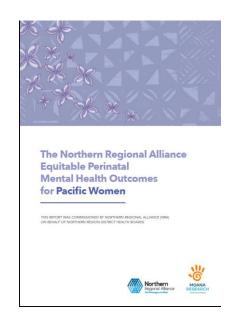
YVONNE FALEALILI COMMUNICATIONS LEAD (Tongan)

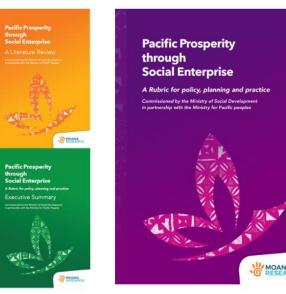


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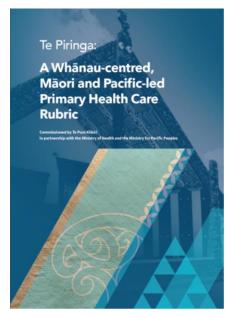


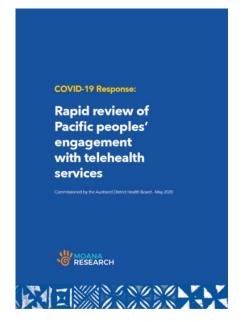






MANUKAU









HAVE YOUR SAY

If you're a mum and have given birth in the past year we would like to hear your feedback.

Attend one of our workshops at either
HIGHLAND PARK Community House - Thursday 6 September, 10-11.30am.
PAPAKURA Birthing Unit - Friday 7 September, 10.30-12pm.
OTARA Te Puke O Tara Community Centre - Tuesday 11 September, 5-6.30pm.
PUKEKOHE Plunket Rooms - Thursday 13 September, 5-6.30pm, 10-11.30am.

Please contact Amio 0211752087 or amio@moanaresearch.co.nz to attend. Koha and refreshments provided.



www.moanaresearch.co.nz

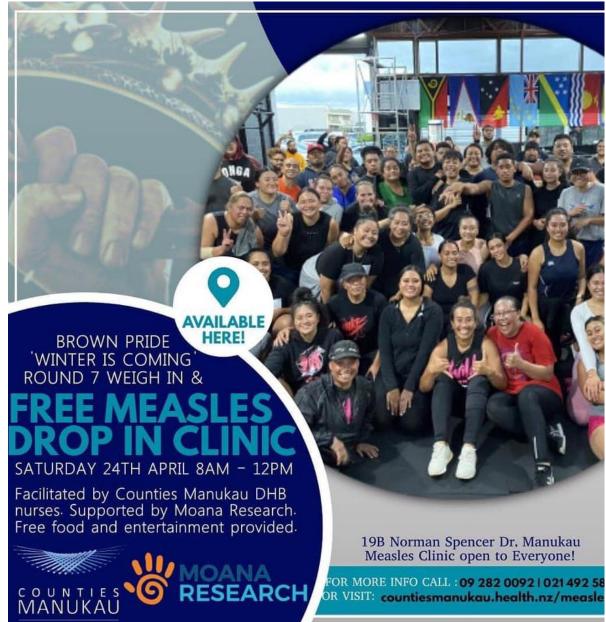
















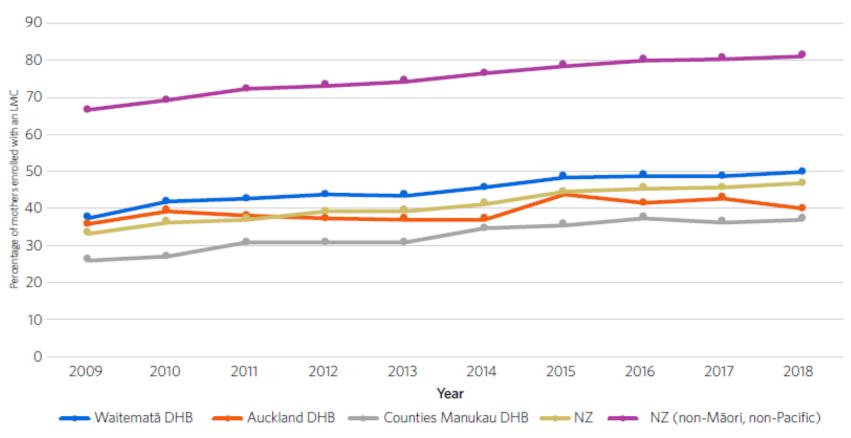




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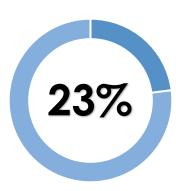
An intergenerational approach to increasing digital inclusion among Pacific communities to improve health and wellbeing

Pacific mothers enrolled with a Lead Maternity Carer

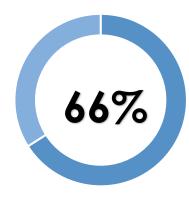


Source: Ministry of Health. 2020. New Zealand Maternity Clinical Indicators 2018: www.health.govt.nz/publication/new-zealand-maternity-clinical-indicators-2018.

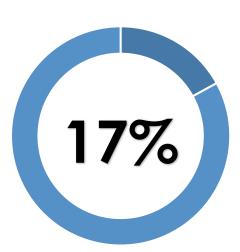
Perinatal Mental Health for Pacific Women



 Pacific women experienced symptoms of perinatal depression, compared to 8% European women & 14 % all other women combined (GUINZ, 2019)



 Pasifika women who had experienced unfair treatment by a health professional in their lifetime were 66% more likely to suffer from postnatal depression, compared with Pacific women who did not report these experiences.



Only 17% of people seen in the Counties-Manukau Health perinatal mental health service identify as Pacific despite Pacific women making up 34% of all births in CMH.

Pacific Protective Factors

PROTECTIVE FACTORS

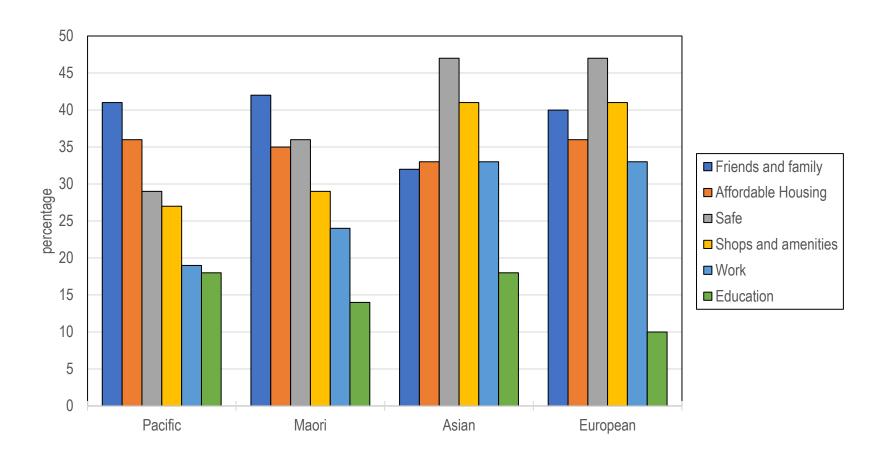
Stable, loving relationship	Higher nurturance rates among Pacific mothers - 2.7 times more likely to report being completely close to their infant compared to Europeans*
Family support	More than half of Pacific mothers lived with extended family/ other adults**
Social networks	Mothers prioritised proximity to family / community when deciding where to live**
Culture / Identity	Majority of Pacific mothers were fairly to very knowledgeable about their culture**
Immunisation	Pacific have the highest immunisation rates for vaccines before 4yrs***

^{*} Petersen E et al (2017): (in press). Infant Behavior Questionnaire-Revised Very Short Form: A new factor structures' associations

^{**} Taufa S (2016): Pacific pregnancy key facts sheet

^{***} Ministry of Health (2017): National Well Child Data 2016

Why mothers live in their current neighbourhoods – by ethnicity



Taufa, S. Growing Up in New Zealand Pacific pregnancy report

Barriers to access of Perinatal Mental Health Services by Pacific mothers & caregivers

Limited awareness of Perinatal Mental Health services

"I've experienced it with my first daughter I got into a state where I just felt alone, so you end up crying and just feeling alone because you don't have the support." (Cook Island focus Group) Families lacked understanding of mental health symptoms & often defaulted to their own beliefs

"... I think that's why people don't open up about it much or they just don't know the symptoms of it as well and it's just a one-off thing."
(Niuean focus group)

The negative stigma around 'Mental Health'

"...even people are experiencing this they won't come forth [if] they are suffering from prenatal or postnatal depression because it is the stigma, they think about what their family thinks; I'm putting my family down" (Caregiver/Grandparent focus group 2)

There were limited spaces for Fathers available

"Pacific men you know they say there are the head of the house, you have to be strong and mighty and not have not go through these changes, but our Pasifika men need some help with their needs to support them because they have depression." (Cook Island focus group)

Health professionals did not engage well with Pacific mothers & families

"...Yeah, and it's not really genuine and you don't want to be a burden to anyone if you're going through the motions."

(Tongan focus group)

"...we asked on many occasions, was there like a Pasifika birth class that we could go to? Where we could learn about? She said, there is not one that is just Pasifika". (Fathers focus group 1)

Approaches were medically focused

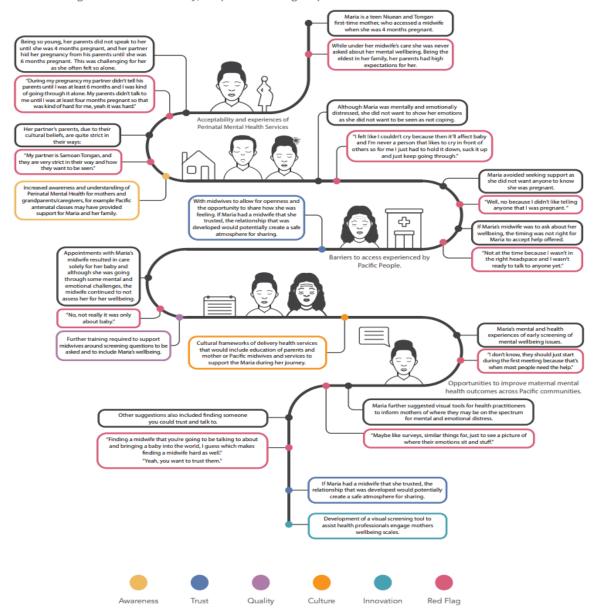
"Yeah, it's just like, how are you? But they're not really checking in on your mental side of things. For me, I had gestational diabetes and so most of the concern or care was for that, it was basically focused on the diabetes." (Tongan focus group)

Delivery of care was inconsistent

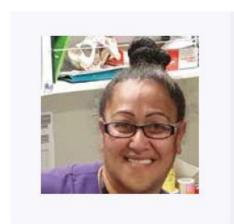
"I sort of bounced around a few times ...because the first one couldn't look after me because of my condition just using that as a community hospital midwife in the end so it wasn't constant care throughout. I didn't really develop relationships [with] any of the midwives I think so I think around 20 weeks I sort of found someone else. It wasn't constant care and I think it had something to do picking up my condition too late." (Cook Island focus group)

Maria's Story

Maria is a teen Niuean and Tongan first-time mother, who accessed a midwife when she was 4 months pregnant. While under her midwife's care she was never asked about her mental wellbeing. Being the eldest in her family, her parents had high expectations for her.



Case Studies



Fa'anana Temese, Pacific Midwives Wellington

Women do DNA ('did not attend' appointments) but people are voting with their feet. If they've had a bad experience, they're not going to tell someone about it, they're just not going to show up. If someone feels like they've back treated disrespectfully in that health service before, they don't want to be there and they don't want to access that service again.

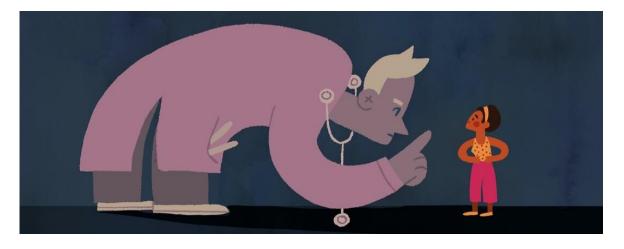
* self-gaslighting sounds like:

- -"I am being too dramatic/sensitive/emotional."
- -"I am not sick enough to be diagnosed with _____."
- -"Other people have it worse than me so I shouldn't feel upset."
- -"There must be something wrong with me. Normal people's minds don't work like this."
 - -"Am I making this up?"
 - -"This is all my fault and I am to blame."
- -"I know they love me and didn't mean it like that, so I shouldn't be hurt."

-@mayarichardsun-







Opportunities to improve maternal mental health outcomes across Pacific communities

Culture – Cultural approaches promotes maternal mental wellbeing for families

"Pacific people running the services, more Pacific midwives, good, find a midwife, making processes easier to find a culturally appropriate midwife, more engaged..." (Teen/Young Mothers focus group) Innovation – Flexibility & innovation provide wellbeing options for families

"Pacific community coming together celebrating all diversities coming together so that we understand each other and that we become under one family and we are able to reach out to one another and I think that's really important, that's what we need in our Pacific community."

(Samoan focus group)

Community – Communityled approaches seen as protective factors

"I feel safe enough to go to the church, as I know there are services in the church that I'd feel more comfortable to attend." (Pacific Mixed focus group Connections – Family & peers strengthens healthier living

"...um my mum is my go-to and then probably my sisters would be next. They're all mums and they have been mums for ages. And they're all different and they do different things. And so, if I felt like I needed help with or need to go to for something, my sisters would be next after my mum."

(Pacific Mixed focus group)

Trust – Authentic workforce enriches trusting relationships

"I reckon for mothers they would want somebody trustworthy to talk to, like I'm not going to meet my midwife and then open up my heart to her like she's probably going to be like okay yeah, note that down she's got mental health issues." (Teen/Young Mothers focus group)

Awareness – Enhanced awareness encourages acceptance through learnt opportunities

"I think the first step for someone like me, would be to accept that I need help rather than think I'm fine and everything is fine and thinking I don't need help and then leaving it to the point where I'm overwhelmed." (Cook Island Group

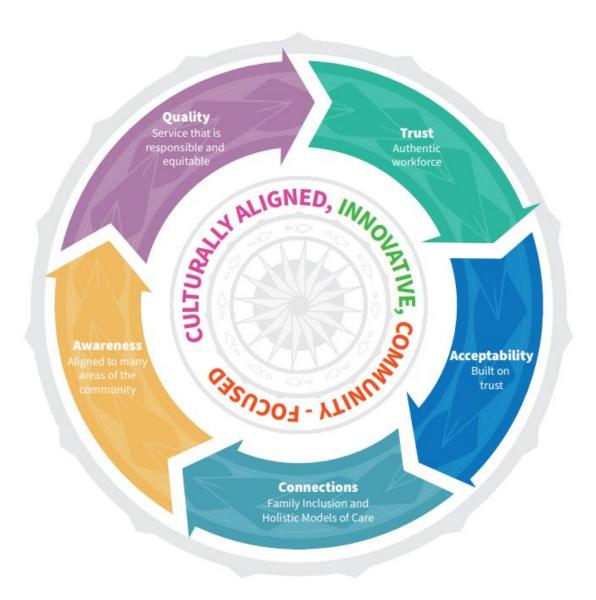
Acceptability of language used

"... Or me it's around Pacific service in terms of language barriers... A lot of the Pacific families English is not their first language so if we had a Pacific line where we could talk to them in Cook Island, Tongan, Samoan, Niuean, Maori someone who can talk the language at least you can get engage in a deeper sense and understand what the family Needs and how you can support that family so for me it's more the service of the mothers where the service was excellent as a mother and a mother to support our and Pacific people". (Cook Island focus group)

Quality services which include the consistency of care & processes to be fluid

"that's where the village comes into more even mental health, we need to build people's confidence in themselves so they can actually know that they're not doing it alone you just need to be there for each other." (Caregivers/grandparents focus group 2)

Improving Pacific access and equity









"... in my curren nurse specialis confidence, en trust in Pacific fo are fully equipp tools, knowled access the he

- **EMILY FU** Aucklan Healt









GOOD INTENTIONS

ARE NOT ENOUGH

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Special thank you to the NZ Women in Medicine Committee, Dr Orna McGinn and the MAS Foundation





