KATOA LTD.

Sexual Wellbeing Aotearoa

Wāhine Māori and Contraception.

A COLLABORATIVE RESEARCH STUDY.

Mihi

E ngā mana, e ngā reo,
Tēnā koutou katoa
He mihi whanui tēnei ki a koutou e āwhina nei i tēnei kaupapa
He putanga tēnei mahi arotakenga nā koutou
Nō reira e rau rangatira mā
Tēnā koutou, tēnā koutou, tēnā koutou katoa.

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Many thanks to Jordy and Aneta for organising us to undertake this research.

Credit Cover Illustration Artist: Josie Selkirk (Ngāti Whātua)

Kia ora koutou.

Disclaimer

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A Māori Creation Story – Ranginui and Papatūānuku[1]

The cosmic creation narrative is fundamental to Māori social constructs and whakapapa, where Papatūānuku (Earth Mother) and Ranginui (Sky Father) are primal ancestors. This creation story is told here because any decision of contraception is a whakapapa (genealogical) decision, so we begin with the first whakapapa decision.

In the beginning, the world was shrouded in darkness as Ranginui and Papatūānuku lay locked in a tight embrace. Their love, confined between them, lived in a cramped, dark world. Among these primordial beings were their children, including: Tāne Mahuta, the atua (deity) of forests; Tangaroa, the atua of the sea; Tāwhirimātea, the atua of winds and storms; Haumia-tiketike, the atua of wild foods; Tūmatauenga, the atua of war.

As time passed, the children grew restless. The confined darkness became unbearable, and they longed for more space and light. Tāne Mahuta, the atua of forests, rose to his feet. "Our mother and father confine us," he declared. "We need to push them apart to create space for us to live and grow."

The other atua gathered to discuss their situation. They debated possible solutions, wondering whether to kill their parents or find another way. Tāwhirimātea, the atua of winds, strongly opposed the idea of killing their parents. "They are our father and mother," he argued. "To kill them would be an act of shame." The other brothers agreed, recognising their deep love and respect for their parents.

It was then that the atua came up with a solution that could work: "Let us push our father away and stay close to the heart of our mother." As the atua of forests, Tāne Mahuta desired to remain close to Papatūānuku, whose soil nourished his trees. Despite Tāwhirimātea's objections, the brothers decided to proceed with Tāne Mahuta's plan. One by one, they attempted to separate their parents. Rongomātāne, the father of cultivated foods, tried first, followed by Tangaroa, Haumia-tiketike, and Tūmatauenga. Each effort failed.

At last, Tāne Mahuta, the mighty father of forests, rose to his feet. Gathering his strength, he stood firm and planted against Ranginui. Slowly, he began to push. The earth trembled as Papatūānuku felt the strain and Ranginui's arms loosened their grip. The groan of his parents grew louder until it became a roar. At last, Ranginui was hurled far into the sky, and the first light crept into the world, revealing Papatūānuku's lush green body. Ranginui's tears, falling as rain, nourished the land below, symbolizing his enduring love for Papatūānuku.

With fresh air for the first time, the atua began to plan their new world. Despite the separation, Tāne Mahuta revered both his parents dearly. He adorned his mother with trees and vegetation, and soon the forests teemed with life. Tangaroa filled the oceans with fish and marine life. Rongomātāne and Haumia-tiketike brought forth the crops and wild plants, while Tūmatauenga instilled strength and valour in the people.

Hine-tītama brought forth the balance of light and darkness, her beauty reflecting the serene transitions between night and day. Her gentle touch soothed the world, making it a place of harmony and peace. Together, the atua created mountains, rivers, forests, and seas, and populated the land with animals and plants. Each atua contributed their unique skills, forging a world of beauty and balance.

[1] This is a shortened version of the story written by Beverly Te Huia (Te Huia, Pohatu, & Cram, 2020, pp. 4-6).

Executive Summary

In the first half of 2023, funded by Sexual Wellbeing Aotearoa (formally Family Planning), Katoa Ltd worked with a group of wāhine Māori (Māori women) from around Aotearoa New Zealand, a Rōpū Manaaki, to collaboratively design a research study on wāhine Māori and contraception. After four on-line and one in-person wānanga, a Kaupapa Māori methodology for focus groups and one-to-one interviews was agreed upon. Once ethical approval was gained, Rōpū Manaaki members were invited to undertake the research with wāhine aged 16 years and over, recruited from their networks. The result was 60 wāhine participating in focus group interviews and 31 wāhine being interviewed individually. The youngest wahine was 17 years old and the oldest was 70 (average age= 39.1 years). Eight tāne in their twenties also participated.

Findings

The findings of this study are organised in five themes, which are summarised below.

1. Learning About Contraception

Wāhine most often learned about contraception from their whānau (extended family) and/or friends during their teens. Not all wāhine said they had had school-based sexual health education, but for those who had, it was criticised it for being badly timed and often confusing. Some wāhine who had not had access to information about contraception said they learned about contraception from health practitioners. Some wāhine did not get a choice about what contraception they initially went on, with this decision being made by others for them. If they were able to make their own decision about contraception, wāhine called upon a range of information, including the opinions and experiences of those close to them.

2. Accessing Contraception

Wāhine identified structural barriers to accessing their contraception of choice, including the cost of contraception services, the distance from these services (especially for those living rurally), and the waiting times to get appointments. These barriers were especially acute for those who were whakamā about attending health services. Some wāhine got others to phone up health services to book their appointments, while others would have liked a friend or their partner to attend appointments with them, highlighting the importance of relational support.

When they got to an appointment, wāhine reported difficulties with their interactions with health practitioners that included feeling bullied or coerced to accept contraception that was not their first choice, feeling judged, and being denied access to contraception. These barriers have structural roots, with wāhine contending with racism, sexism, and ageism.

The impressions wāhine had of accessing contraception through school-based health services, or Family Planning indicated that there is not one size that fits all. Some wāhine said their engagement with services was positive, whereas others reported feeling judged and uncomfortable and like the services they had attended were not culturally responsive. In speaking specifically about Family Planning, wāhine identified several positive characteristics, including that it is private, inexpensive, informal and friendly.

3. Perceptions and Experiences of Contraception

Wāhine had a range of experiences with a wide variety of contraception. A lack of information about contraception, especially about the side effects of hormonal contraception, undermined the decision-making autonomy of wāhine, especially young wāhine.

The option of using condoms did not seem to appeal to wāhine, and the option of opting out of using prescribed contraception was only considered by some wāhine because it also meant being comfortable with getting pregnant.

While some wāhine found the pill to be an effective form of contraception, many described difficulties with remembering to take the pill at the same time daily. For some wāhine, forgetting to take the pill had led to pregnancy.

Many wāhine were reluctant to use hormonal contraception because of the side effects they experienced, with these side effects often not taken seriously enough by the health practitioners wāhine engaged with.

Some wāhine shared feelings of frustration about being expected to carry the burden of contraception alone. There were mixed feelings expressed about vasectomy. While some wāhine were happy that their partners had undergone the procedure, others were initially uncomfortable with the idea but grew to accept it.

4. Wider context

The wider context considered here included the experiences of wāhine who were put on contraception when they were young as a way of regulating their menstrual cycle, or because a parent thought they were sexually active when they were not. The life experiences of older wāhine included a wider context of life events that included miscarriage, learning about contraception after the birth of their baby or after they had had a termination, menopause, cancer and difficult relationships.

The views of the small number of tāne involved in this study were also included as part of the wider context. Tāne also said they had not learned much from their whānau or from school about sexual and reproductive health. Generally, though, these young men were supportive of their partner's contraception choices.

5. Suggestions for Sexual Wellbeing Aotearoa (Family Planning)

The following suggestions were made for strengthening access for wāhine Māori to Sexual Wellbeing Aotearoa:

- Making services more widely available
- Destigmatising conversations about sexual and reproductive health
- Being welcoming and inclusive of tāne Māori
- Expanding services to support wāhine Māori experiencing miscarriage or termination of pregnancy
- Making Sexual Wellbeing Aotearoa services and clinics more culturally welcoming and safe for wāhine Māori, including the provision of Kaupapa Māori services and mātauranga (Māori knowledge) based contraception options

Conclusion

Understanding health care utilisation and retention in care is crucial to improving health outcomes for wāhine Māori. Structural barriers, including affordability, location, poor care experiences, and extended travel times, significantly affect access to health care services. These barriers can prevent young wāhine Māori from receiving the care they need, leading to disparities in health outcomes.

It is essential to address these barriers by providing culturally appropriate and accessible health services. Cultural competence among health care providers is critical to ensure that wāhine Māori feel

welcomed and respected in health care settings. This involves understanding and respecting Māori values, beliefs, and practices, and incorporating these into health care delivery.

Reproductive health care is a fundamental right that includes the ability to decide if and when to have children and to control reproductive decision-making. For wāhine Māori, this right is often compromised by barriers to accessing contraception and other reproductive health services. These barriers can include concerns about side effects, safety, ease of use, frequency, impact on sexual relationships, hormonal issues, fertility, cost, privacy, and bodily autonomy.

To improve health outcomes for wāhine Māori, it is crucial to listen to their experiences and incorporate their feedback into health care planning and delivery. Ensuring that health services are culturally safe and responsive to the needs of wāhine Māori is key to promoting their wellbeing and self-determination.

Introduction

The reproductive and bodily autonomy of wāhine Māori is often undermined by barriers to them accessing contraception, exacerbated by structural inequities (Te Karu et al., 2021). As Huria and colleagues (2023) note,

> A body of research has identified many barriers to accessing contraception in Aotearoa, including: cost; a lack of primary care providers trained to provide a comprehensive range of contraceptives; a lack of youth-friendly services; poor referral pathways; and inadequate health literacy amongst both patients and practitioners (Huria et al., 2023, p. 137).

These inequities in reproductive care for wāhine Māori are rooted in Aotearoa New Zealand's colonial history (Wimsett et al., 2022) and the racist stereotypes propagated about the sexuality, reproduction and mothering of wāhine Māori (Huria et al., 2023; Le Grice & Braun, 2018).

While eliminating cost as a barrier improves access for wāhine Māori to contraception, these other barriers remain and disparities in reproductive health outcomes for wāhine Māori persist (McGinn et al., 2021; Messenger et al., 2021a,b; Murray & Roke, 2018). Further research into the lives of wāhine Māori—how they found out about contraception, how they decided about contraception, and their success or otherwise in obtaining their contraception of choice—can inform quality contraception care and facilitate the further reduction of disparities.

In 2023 Katoa Ltd was contracted by Sexual Wellbeing Aotearoa (formerly Family Planning)[2] to undertake research about wāhine Māori and contraception. The methodology for this study was collaboratively designed and implemented by our Rōpū Manaaki, a group of wāhine Māori from around Aotearoa New Zealand who were interested in sexual and reproductive wellbeing and who wanted to be involved in this research. Two broad, inter-linked assertions framed our deliberations about this research. First, that whakapapa is central to understandings of Te Ao Māori (the Māori world) and therefore the sexual and reproductive wellbeing of wāhine Māori. Second, that wāhine Māori are all imbued with mana (authority), a birthright inherited from tūpuna atua. Contraception services must recognise and uphold mana wāhine in order to deliver quality care to wāhine Māori. After a brief discussion of these assertions, the present study is introduced.

Whakapapa

The concept of whakapapa is foundational within Te Ao Māori, representing the continuity and transmission of values, practices, and institutions. It signifies a genealogical framework that ties together various aspects of existence, from atua to the present time, and is fundamental to Māori identity and belonging (Barlow, 1991). Whakapapa encompasses more than lineage; it extends to the land, whānau, and relationships, encapsulating roles, responsibilities, and status within the community.

> Whakapapa for Māori continues to be a fundamental form of knowing and being in the world. Whakapapa identifies the genealogical descent of Māori from the celestial conception of the universe to the existing world (Rameka et al., 2023, p. 246)

The saying, *Ko te wāhine te kaitiaki o te whare tangata*, speaks to the role of women as the guardians of the house of humanity. Wāhine Māori are described as imbued with the "creative potential to facilitate the transition of past ancestral qualities to present human form" (Le Grice & Braun, 2016, p. 153). Similarities have been drawn between wāhine and Papatūānuku, with birthing practices and

[2] In this report we use Family Planning and Sexual Wellbeing Aotearoa interchangeably in recognition that our participants were asked about and described their engagement with Family Planning, but their suggestions for changes to strengthen the service's responsiveness to Māori are being made to Sexual Wellbeing Aotearoa.

traditions strengthening the connections between wāhine, pēpi (babies) and the whenua (land). This relationship embraces the intergenerational connection wāhine Māori have to atua and tūpuna (ancestors)—as wāhine Māori are the recipients of mātauranga wāhine (Māori women's knowledge) passed down to them from their tūpuna—and the anticipatory connection wāhine Māori have to generations to come. This intergenerational connection reinforces the self-determination and kaitiakitanga (guardianship) roles of wāhine Māori, and of wāhine Māori being part of a caring and nurturing relationship with Papaßtūānuku (Le Grice & Braun, 2016).

An important mātauranga Māori cultural practice is *whenua ki te whenua*, burying the umbilical cord and afterbirth in the land to honour and maintain the whakapapa connection of a pēpi to the whenua (Rameka, Berryman, & Cruse, 2023). This land then provides a tūrangawaewae, a place where that pēpi can stand and claim tribal identity (Higgins & Meredith, 2017; Rimene et al, 1998). The importance of decolonisation is reflected in the historic example of some Māori women being unable to take their placenta home to return to their land. The reinvigoration of this practice was supported by the Māori Women's Welfare League in 1980s to ensure the continuation of this cultural practice in contemporary times and is now commonplace (Le Grice & Braun, 2016).

The autonomy of women to make their own contraception choices, based on their life circumstances and personal values, is widely seen as important (Bateson, 2019). Le Grice and Braun (2016, p. 156) write that the structure of a wharenui, the traditional meeting house on a marae, depicts "te whare tangata, as exposed internal beams depict a backbone and ribs, and the entrance represents the vagina. Visitors are welcomed into this space in a formalized process that mirrors sexual and reproductive consent." The bodily autonomy of wāhine Māori is therefore informed by and upheld within traditional Māori architecture, where rituals of encounter inscribed in tikanga (custom) dictate that wāhine Māori have authority over their own sexual and reproductive health and decision-making. Le Grice and Braun (2016, p. 153) also write, "within traditional mātauranga Māori, the process of human reproduction is interwoven with biological, social, spiritual and ecological elements." It is within the context of this relationship that the discussion of contraception and more broadly, of the reproductive autonomy of wāhine Māori, needs to take place.

Mana Wāhine Māori

Mana is defined by Moorfield (2024) as "a supernatural force in a person, place or object…the enduring, indestructible power of the *atua*…inherited at birth." Mana is authority, spiritual power, status and control. Barlow (1991) defines mana tangata as "the power acquired by an individual according to his or her ability and effort to develop skills and to gain knowledge in particular areas." Mana is therefore the power and authority of individuals. Mana wahine makes explicit a gender and race-based analysis of this power and authority. It is the preferred name for what is otherwise known as Western feminism, situating wāhine Māori in relation to one another and to other, Indigenous women (Pihama, 2019). As Kathy Irwin has written,

> We need to actively honour, to celebrate the contributions, and affirm the mana of Māori women: those tūpuna wahine who have gone before us; those wahine toa who give strength to our culture and people today; and those kōtiro and mokopuna who are being born now, and who will be born in the future to fulfil our dreams (Irwin, 1992, p. 1).

In the area of contraception, phrases such as reproductive justice (Huria et al., 2023; Le Grice et al., 2022), reproductive and bodily autonomy (Huria et al., 2003), and reproductive authority (Raucher, 2020) speak to the notion that people have the right to exercise control over their reproduction and reproductive health and wellbeing. This control, this authority, is an expression of mana wahine, mana tangata. Morrison and Le Grice (2023) write that reproductive justice has two key components: human rights and social justice. This two-pronged approach moves discussion beyond one centred on

individual choice-making to the analysis of the negative structural barriers people face when they try to understand and exercise their reproductive choices (Morison & Le Grice, 2023, p. 421).

To promote reproductive justice and uphold mana wāhine, Māori immersion schools are integrating sexual education that highlights the impact of colonisation and counters negative discourses about sexual health. This approach empowers wāhine (and tāne) Māori to advocate for their rights, informed by mātauranga Māori. For example, promoting condom use focuses on safety and mutual respect, and fostering ethically sound relationships. This positive sexual agency approach considers sexuality as a taonga, encouraging safe practices like contraception usage (Le Grice & Braun, 2018).

Culturally responsive sexual health services are also crucial for reproductive justice. The right of wāhine Māori to their traditional medicine, health practices, and non-discriminatory access to health services is affirmed by te Tiriti o Waitangi and by the United Nations Declaration of the Rights of Indigenous Peoples, Article 24(1) (Dudgeon & Bray, 2019). Sexual and reproductive health services, including Sexual Wellbeing Aotearoa, are funded by Te Whatu Ora | Health New Zealand to provide access for wāhine Māori to contraception. These services provide low or no cost health care and are at various stages of their journeys to being fully responsive to the contraception needs and aspirations of wāhine Māori.

The Present Study

A Kaupapa Māori methodology was employed in this study. This methodology sees being Māori as normal, thereby avoiding a victim-blaming mentality and promoting a structural analysis of the barriers to and facilitators of Māori wellbeing (Cram, 2017). The principles of Kaupapa Māori research embody self-determination, cultural preservation, socio-economic mediation, and the honouring of Te Tiriti o Waitangi (the Treaty of Waitangi). Central to these principles are the roles of whānau and the collective aspirations of Māori communities (Smith G. H., 1997). Kaupapa Māori research therefore respects and seeks to advance Māori interests, contributing to positive social change and the wellbeing, vitality and sustainability of Māori (Smith G. H., 2012; Smith L. T., 2021).

By exploring how inequitable access to contraception plays out in the day-to-day lives of wāhine Māori, Kaupapa Māori research can advise about how access to contraception can be improved for wāhine Māori. The Kaupapa Māori study described in this report explored the views of wāhine Māori about contraception, their contraception decision-making, the facilitators of and barriers to them accessing the contraception of their choice, and their advice for Sexual Wellbeing Aotearoa. A goal of this study was to provide Sexual Wellbeing Aotearoa with evidence and practical recommendations for increasing wāhine Māori access to a full range of contraception options. The collaborative design of this study is described next, followed by a description of the methods employed in the study.

Collaborative Study Design

Early in 2023 we set out on a journey to collaboratively design and implement a research study about wāhine Māori and contraception. We began with a small research team of Fiona Cram (Ngāti Pāhauwera) and Anna Adcock (Ngāti Mutunga), with administrative support initially provided by Jordanna Hermens (Ngāti Toa, Samoan) and then by Aneta Cram (Ngāti Pāhauwera). We then invited wāhine Māori to join our Rōpū Manaaki and collaborate with us on this project (see Figure 1). These were wāhine we had worked with previously, who we had interviewed as research participants, who we had met on our research travels, or who had been recommended to us by colleagues.

Figure 1. Names and connection of Rōpū Manaaki members with Katoa Ltd.

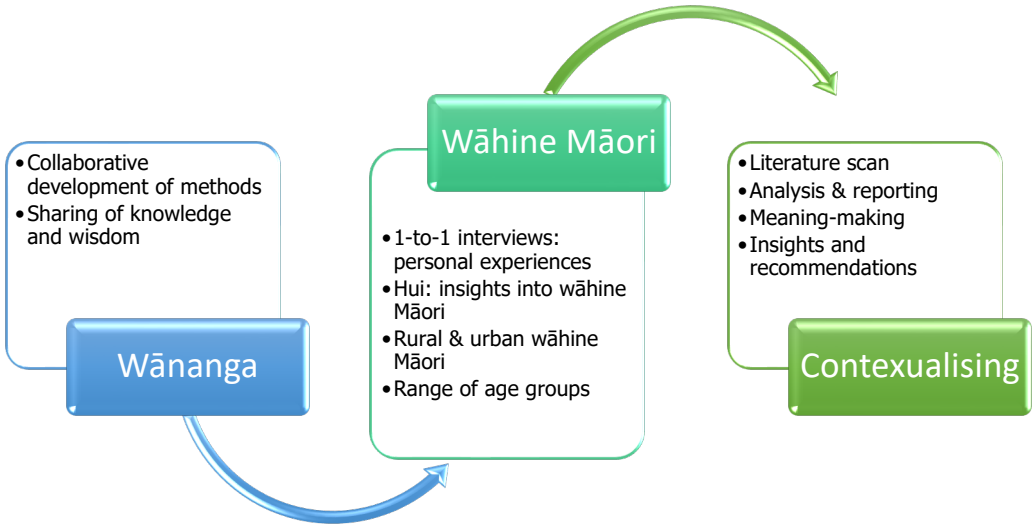
Name	Bio
Dame Areta Koopu	Dame Areta (Te Whānau-ā-Apanui, amongst other Tairāwhiti and Waiariki Iwi affiliations) has supported our research for many years. She recently took a lead role in our research for Auckland Council on the quality of life of older Māori in Auckland.
Ngaroimata Reid	Ngaroimata (Te Rarawa, Ngatiwai, Ngati Kahungunu, Rangitane Te Tau Ihu o te Waka a Maui) PhD candidate and President, Te Atatu Branch, Māori Women's Welfare League. The Branch collaborated on our 2022 study of the quality of life of older Māori in Auckland, with members, Ngaroimata included, interviewing older Māori.
Beverly Te Huia	Beverly (Ngāti Kahungunu) Māori midwife and researcher based in Hawke's Bay. Beverly's projects include an HRC project on hapūtanga (pregnancy and birthing). She recently collaborated on our study for MSD about Māori mothers and income support.
Louise Were	Louise (Ngāti Rongowhakaata, Ngāti Tūwharetoa) is a strong Māori advocate for the disability community as she raised a daughter with a disability. She recently advised on our study for MSD about costs and income support for Tāngata Whaikaha Māori.
Awhina Henry	Awhina (Ngati Porou, Te Whānau-ā-Apanui) has been a rongoā practitioner for 7 years and strongly advocates for Māori rongoā healing. She is also studying towards completing a Bachelor of Laws degree and has been an advisor on our research with young Māori whānau.
Deni Tipene	Deni (Te Āti Awa) is an Enrolled Nurse with 10 years' of in-depth health experience. She is completing a Bachelor of Nursing Māori degree. She has been a participant in our research as a young wāhine mama and has been an advisor on other studies.
Jillian Scammell	Jillian is Best Practice Lead-Māori at Ko Taku Reo Deaf Education New Zealand. She has a Masters in Māori and Indigenous Leadership from the University of Canterbury, and was recommended to us by a Kaupapa Māori research colleague.
Andrea Fox	Andrea (Te Whānau-ā-Apanui) is a health worker and Māori healer from Te Kaha. While this is her first research study, she brings a wealth of community and personal experience to this mahi. We met Andrea at a housing wānanga.
Matariki Makoare	Matariki (Ngāi Te Whatuiāpiti, Ngāti Kahungunu, Ngāti Porou) came to the project after the design wānanga, as she wanted to be involved in research with wāhine Māori. Matariki is a Kura Kaupapa Māori kaiako and advocate for whānau Māori in Hawke's Bay. We met Matariki during housing research.
Tania Huria, Sexual Wellbeing Aotearoa	Tania (Ngāi Tahu, Ngati Mutunga o Wharekauri) has been born and bred in Te Waipounamu.Tania is the proud mum of two boys, a Registered Nurse and a health research. She has just recently taken up the position of Director Hauora Māori and Equity at Sexual Wellbeing Aotearoa, and she sat with us in that role.

At the start of May 2023, we held a series of three on-line design wānanga (with the second one held twice to include everyone). At the behest of our kuia, Dame Areta Koopu, we then met in person in Wellington at the start of June to continue our deliberations. At the end of this wānanga we had planned our study methodology, which we confirmed at a final on-line wānanga toward the end of June 2023. Key points from the initial collaborative sessions shaped the study protocol and helped ensure it would be culturally responsive and inclusive:

1. Emphasising autonomous choice in contraception decisions.
2. Considering the influence of relationships, including partners and whānau.
3. Recognising trauma experiences among Māori in the system and hospitals, and ensuring safety when discussing consent.
4. Highlighting Te Tiriti o Waitangi's role in equitable services for wāhine Māori, normalising women's tino rangatiratanga over their bodies and whakapapa.
5. Accounting for the historical impacts of colonisation and harmful policies.
6. Ensuring cultural safety and protecting shared whakaaro (thoughts) and mātauranga.
7. Creating a safe space to appreciate the beauty and excitement of wāhine.
8. Acknowledging the Māori collective whānau perspective versus the Western individual viewpoint, emphasisng responsibility to future generations.
9. Allowing flexible group discussions, including friendship and whānau groups.
10. Using pūrākau (storytelling) in discussions to explore themes and implications.
11. Offering one-to-one interviews for convenience or preference.
12. Involving tāne (men) as led by wāhine, recognising the importance of both in protecting and expanding mātauranga.

When we had ethics approval from the Aotearoa New Zealand Ethics Committee, many in our Rōpū Manaaki became our interviewers. They spent August through January 2024 collecting stories, insights and advice for service improvement from wāhine Māori and a small number of tāne Māori in interviews and focus group discussions (see below). Although the analysis and report writing were then undertaken by a core group, members of our Rōpū Manaaki have been engaged in meaning-making and have had the opportunity to provide feedback the report. It is from this collaborative foundation that the present report has emerged (Figure 2).

Figure 2. Collaborative development of research methodology



Method

Participants

Participants were recruited through Rōpū Manaaki networks, with invitations to wāhine Māori to be involved in one-to-one interviews or focus groups. Some invitations were also issued to tāne Māori, when they expressed an interest in being involved and talking about contraception and wāhine Māori. Of the 99 participants involved in interviews and focus groups (see Table 1), eight were tāne Māori.

Overall, 31 wāhine participated in one-to-one interviews and 60 participated in focus group interviews. Wāhine ranged in age from 17 to 70 years, with an average age of 39.1 years (std dev=14.6 years).

Table 1. Interview and focus group participant numbers by age group, including average age

Age Group	Interviews	Focus Groups	Total
Under 20	0	5	5
20-29	13	7	20
30-39	10	19	29
40-49	3	10	13
50-59	2	8	10
60-69	3	10	13
70-79	0	1	1
Tāne Māori			8
TOTAL	31	60	99
Average Age (yrs)	36.4	41.1	39.1
Std Dev (yrs)	14.6	14.4	14.6

Interviews

Interview scripts were developed for the one-to-one and focus group interviews (see Appendix C). Interviewers were instructed to follow the method in the scripts, but they did not have to use the exact wording if they preferred other wording that reflected how they spoke.

Piloting

In order to achieve a conversational 'feel' in the interviews, the individual interview script was pilot tested with two wāhine. After their pilot interview, the wāhine were asked for their feedback on the individual interview process and the questions asked (e.g., whether they understood the questions and were able to answer them, whether the way they were asked was good for them more generally). Some minor revisions of the questions and instructions to interviewers were made based on this feedback.

Building Rapport

At the start of an interview or focus group, time was taken to build rapport through whakawhanaungatanga, giving an overview of the purpose of the research, reviewing the participant information sheet (Appendix A), and seeking participants' informed consent (Appendix B). Recording

of the interview or focus group began after this rapport building, and with participant permission. Seven tāne did not want their discussion to be recorded so the researcher took notes.

Interview Topics

In their interviews and focus group discussions, wāhine were asked about:

1. Learning about contraception
2. Obtaining contraception for themselves
3. Their experiences of contraception
4. Advice for Sexual Wellbeing Aotearoa

In the focus groups, wāhine were asked to share a story about their experience of contraception with the group. Once everyone who wanted to share had told a story, there was general discussion about the messages wāhine had picked up from the stories – both about wāhine and contraception and advice for Sexual Wellbeing Aotearoa.

Ending the Interview

The interviews took 25-45 minutes, while the focus groups took 50-90 minutes.

At the end of the interviews and focus groups, participants were thanked and reminded about the process of the research that would happen once everyone had been interviewed.

All participants received a $75 grocery voucher as a thank you/koha for their involvement in the research. If their participation had been supported by a friend or whānau member (e.g., minding children), that person received a $50 koha.

Ethics Approval

Ethics approval was gained from the Aotearoa Research Ethics Committee – Te Roopū Rapu i te Tika, 28 August 2023, AREC application 2023_37.

Analysis

The audio-recordings of the interviews and focus groups were transcribed verbatim and analysed using Clarke and Braun's (2019) thematic analysis, a method which closely examines the conversations recorded. This approach takes into account personal perspectives and the context of the narrative captured to shape and interpret the data into key themes. First, participants statements were organised into common themes, then these were organised and re-organised until key themes or main topics were identified. This enabled the research to uncover common and important insights and conflicts across the data collected.

Privacy

The information collected was confidential to the core research team (Fiona, Anna & Aneta) and prior to analysis focus group and interview data were de-identified. Contact lists, transcripts, audio-recordings, notes, and consent forms were stored in password protected Dropbox Cloud storage and on one local desktop computer that was also password protected, in Fiona's office. Passwords were held in 1Password, which is accessible by fingerprint or facial recognition.

The use of ChatGPT to support the development of composite stories was done with a subscription-based ChatGPT service that does not share or learn from any uploaded files.

Wāhine Journeys with Contraception

Before we move to the findings of this research, we present three composite stories of wāhine journeys with contraception to set the scene. These have been developed from interview transcripts and with the help of first drafts prepared by ChatGPT. They do not represent all the variations of the stories wāhine told, but they help illustrate some of the challenges wāhine faced and where they got support from to overcome these challenges.

Hana's Journey with Contraception

Hana, a 38-year-old wahine Māori, reflects on her challenging and often disheartening journey with contraception, a path marked by confusion, side effects, and a lack of culturally sensitive support.

Hana first encountered the topic of contraception in college. Her initial introduction to contraception came through brief and awkward lessons in health class, which left her feeling embarrassed and confused. The information provided was basic and often glossed over the complexities and side effects of various contraception methods. Hana's friends also shared their limited knowledge, but this often led to misinformation and anxiety.

At 14, Hana's mother took her to the doctor to discuss contraception. Hana was prescribed the pill, but she found it challenging to remember to take it consistently. The responsibility felt overwhelming, especially as she was still grappling with understanding her own body and menstrual cycle. The pill caused her significant side effects, including mood swings and irregular bleeding, which made her feel disconnected from her own body.

Hana's experience with the pill was fraught with difficulties. She frequently forgot to take it, leading to anxiety about potential pregnancy. When she did take it regularly, she suffered from severe mood swings and weight gain. Her doctor suggested switching to the contraception injection, but this too came with its own set of challenges. The injection caused Hana to experience bloating, increased appetite, and continued weight gain, which affected her self-esteem and mental health.

Throughout her journey, Hana felt a significant lack of support and understanding from healthcare providers. Appointments were often rushed, and doctors did not take the time to explain the full range of side effects or alternative options. Hana felt that her concerns were dismissed, and there was little acknowledgment of her cultural background and the unique needs of wāhine Māori.

Hana also struggled with the stigma and lack of open conversation about contraception within her community. She felt isolated in her experiences, unable to discuss her struggles openly with friends or whānau. This isolation was compounded by the predominantly Pākehā healthcare system, which did not provide culturally sensitive care or recognise the importance of traditional Māori knowledge and practices.

The ongoing challenges with contraception took a significant emotional and physical toll on Hana. She experienced multiple miscarriages, which she believed were linked to the long-term use of hormonal contraceptives. These losses were devastating, and Hana felt a profound sense of grief and frustration. She often questioned whether the contraceptives had caused irreversible harm to her body.

In her late 20s, Hana decided to stop using hormonal contraception altogether. She sought out natural family planning methods and traditional Māori practices, hoping to find a solution that felt more aligned with her values and less harmful to her body. However, the transition was not easy, and Hana continued to struggle with finding reliable and culturally appropriate information and support. Hana’s journey with contraception highlights the significant gaps in the healthcare system, particularly for wāhine Māori. Her story underscores the need for better education, more comprehensive support,

and culturally sensitive healthcare services. Hana's experiences serve as a powerful reminder of the importance of listening to and addressing the unique needs of all women in the realm of reproductive health.

Mere's Journey with Contraception

Mere, a 62 year old wahine Māori, grew up in a small town in the North Island, deeply embedded in the vibrant traditions of her Iwi. Her early years were filled with the warmth of whānau gatherings and the teachings of her elders. However, topics like sex and contraception were rarely, if ever, discussed openly.

Mere first learned about contraception in her early twenties, after the birth of her first child. Raised in a whānau where such matters were considered tapu, she had little knowledge about sexual health and pregnancy prevention. She recalls, "There was no real kōrero about it growing up. My mother never spoke of it. I thought it was tapu, but she never prepared us girls for it." Her introduction to contraception came from a nurse at the maternity home where she delivered her baby. The nurse casually mentioned the ease of getting pregnant again and recommended she visit a doctor to get on the pill. Mere took the advice, feeling the weight of her new responsibilities and the desire to avoid another unplanned pregnancy.

Despite the initial advice, Mere found the journey with contraception challenging. The pill was the primary option available, and missing a dose often led to anxiety about potential pregnancy. "I had to be very vigilant with it, or it didn't work," she explains. She stayed on the pill for a few years, diligently following the regimen, but the lack of alternatives and education left her feeling unsupported.

Mere's experiences with healthcare providers often felt impersonal and disconnected from her cultural values. During one visit to a Family Planning clinic, she recalls feeling judged and misunderstood. "The doctor was very clinical, and there was no connection. It was just her doing her job, and I felt like just another number."

Over time, Mere sought out different methods. She tried the injection but discontinued it due to significant weight gain. Eventually, she settled back on the pill despite its side effects of constant spotting. She also faced the challenge of ensuring her children were better informed than she had been. "I've always gone to the free clinics and taken my girls with me to get them on contraception as soon as they started getting their period," she says. However, the clinics often lacked cultural sensitivity, making the experience uncomfortable for her daughters.

Throughout her journey, Mere's resilience and determination shine through. She emphasises the importance of culturally appropriate care and the need for more comprehensive education on sexual health within Māori communities. "We need more Māori voices in healthcare, more people who understand our ways and can provide the care we deserve. It's not just about the pills or the injections; it's about feeling seen and respected."

Mere's story encapsulates the diverse experiences of wāhine Māori with contraception, underscoring the intersection of cultural values and healthcare. It calls for a more inclusive approach that honours Māori traditions while providing essential health services. Her journey is a testament to the strength and resilience of wāhine Māori navigating the complexities of modern healthcare.

Awhina's Journey with Contraception[3]

Awhina, a vibrant and spirited 23-year-old wahine Māori, looks back on her journey with contraception with a sense of empowerment and gratitude. Her path was filled with learning, growth, and ultimately, control over her own body and future.

Awhina first encountered the topic of contraception during a lively conversation with her older sisters. She was curious and eager to understand more. Formal education on the subject came through health classes at Kaitaia College, where she learned about the different methods available and their effectiveness. These classes were interactive and engaging, helping her feel confident about making informed decisions.

At 16, Awhina decided to visit the youth health clinic at her school. The staff there were friendly and approachable, making her first experience with contraception comfortable and positive. After discussing her options, Awhina chose to start with the combined pill. She appreciated the control it gave her and felt reassured knowing she was taking steps to prevent unwanted pregnancy.

Over the next few years, Awhina explored different contraception methods to find the one that best suited her lifestyle. She tried the contraception injection, which she found convenient as it required only a quarterly visit to the clinic. However, after some time, she decided to switch to an IUD for its long-term benefits and minimal maintenance.

The transition to the IUD was smooth, thanks to the supportive healthcare professionals at Family Planning. Awhina was pleasantly surprised by how easy the process was and how it fit seamlessly into her life. She enjoyed the peace of mind that came with knowing she had reliable protection without daily reminders.

Awhina felt a strong connection to her Māori heritage throughout her journey. She was delighted to find that her local health clinic offered information about rongoā Māori alongside modern contraception methods. This holistic approach resonated with her, blending her cultural practices with contemporary healthcare.

Awhina also became an advocate for better sexual health education in her community. She volunteered to speak at local schools, sharing her positive experiences and encouraging other young women to take control of their reproductive health. Her efforts helped create a more open and supportive environment for discussing contraception.

Awhina's journey was made brighter by the support of her friends and whānau. Her mother, initially hesitant, became one of her biggest supporters, attending clinic visits with her and learning about contraception alongside her. This strengthened their bond and opened up important conversations about women's health within their whānau.

Her friends were also a crucial part of her support network. They often discussed their experiences and tips, helping each other navigate the various options and side effects. These candid conversations fostered a sense of solidarity and empowerment among them.

Today, Awhina feels empowered and confident in her choices. She knows that contraception has given her the freedom to plan her future on her terms. Whether she chooses to focus on her career, travel the world, or start a family, she feels prepared and in control.

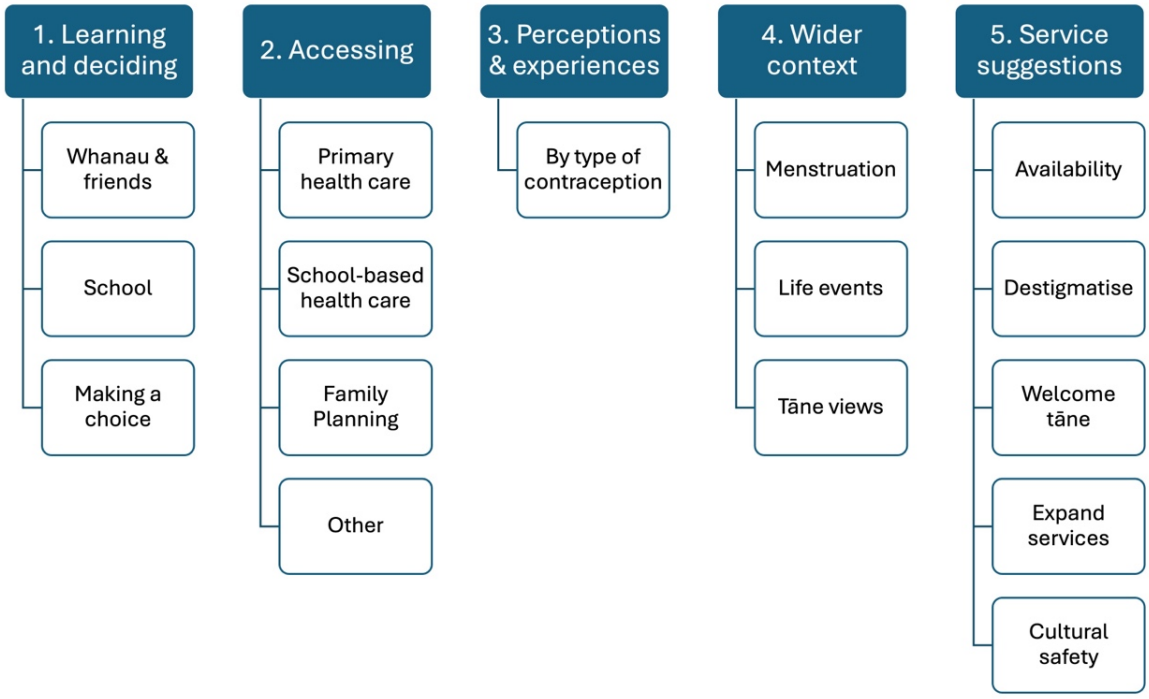
Awhina's journey with contraception is a testament to the power of education, support, and cultural connection. Her story is one of empowerment, highlighting the positive impact that accessible and culturally sensitive healthcare can have on women's lives.

[3] This final composite story was developed using instructions to ChatGPT to tell a happier story. It therefore represents an aspirational contraceptive journey story.

Findings

The korero captured in this study fell into five themes (see Figure 4). The first theme explores the experiences wāhine had of learning about contraception from whānau, friends and at school, and then making their initial choice of contraception. The second theme details their experiences of accessing (or not) contraception, while the third theme describes their perceptions and experiences of different types of contraception. The fourth theme then picks up on the wider context for their experiences, exploring the importance of timing and the views of tāne collected during this study. Finally, the fifth theme captures participants' suggestions for Sexual Wellbeing Aotearoa services. While the themes have been organised in this way, it is important to note that there are often overlaps and connections across and within the themes and subthemes.

Figure 3. Overview of themes and subthemes



The themes and subthemes are described below, with illustrative quotes from participants. We have included a lot of quotes because it is important to hear what the wāhine and tāne shared with us in their own words. We have also chosen not to use the pseudonyms given to participants when their transcripts were de-identified, as we were concerned that some participants may be identifiable if quotes from them were matched. Rather, if a quote has been drawn from the one-to-one interviews, we have included the label 'Wahine' (or 'Tane') and the age group of the participant. If the quote has been drawn from the focus group interviews, we have included the label 'Rōpū' and the age range of the focus group participants.

1. Learning and Deciding About Contraception

Wāhine talked about learning (or not) about contraception from their whānau and friends, and at school. The information they gathered from these sources then informed their initial decision-making about contraception.

Whānau & Friends

Many wāhine said they did not receive any information about contraception from their parents or grandparents (if they were raised by grandparents). Some simply said their mother did not explain sexual and reproductive health to them, including information about contraception. A participant (Rōpū, 20-39 years) explained (in the first quote below) that older wāhine in her whānau needed to shake off the stigma they had learned during their own upbringing and education. Like the wahine (Rōpū, 30-49 years) in the second quote below, she was determined to do this herself so she could parent differently. This was a common sentiment that was shared.

> My mum came from the era of when she got her first period she was bleach-bathed and made to feel like she was paru [unclean]. Then, after having a mum like mine, I've gone the totally different direction. I would come out of the bath and be like, 'Mum, I've got this discharge coming out of my vagina'. She'd be like, 'What the fuck?' – Rōpū, 20-39 years

> I'm going to make sure we celebrate and I'm going to make sure they know, and the love's going to be there, this is a proud moment, and not going to make it so not talked about, because that was just real sad; it's actually stuffed me up, I don't want to stuff my girls up, because then the generation will just keep going down… I'm going to make it normalised to have a kōrero to my girls…we say the words vagina, penis. Obviously, I'll learn to do it in te ao Māori; the conversation and the kōrero behind that, be in te reo Māori, because I feel the wairua. – Rōpū, 30-49 years

Other wāhine were also able to rationalise about why their parents or grandparents did not actively raise the topic of contraception, saying it was not a priority or it was off-limits – "really tapu" (Rōpū, 40-69 years). As the comments below hint at, a lack of knowledge by those bringing them up them may have also driven this lack of discussion.

> I'm not going to blame anyone, like my mum and my dad not educating me or telling me about anything really, because it wasn't really a thing; you can just feel your parents, like it's awkward, they don't want to bloody talk about it. – Rōpū, 30-40 years

> Well, you're talking about my dad who had 13 bloody children, so contraception definitely wasn't on the top of his priority list and my mum had six children of her own… she was young when she had babies, she was a baby having babies. – Wahine, 50-59 years

> I was brought up by my nan, and my nan's old school, and she never had children of her own. I'm actually whāngai'd [fostered], so we never, I can't ever recall having conversations with her around sex education, safety, all that sort of stuff. It was that taboo sort of thing. – Wahine, 50-59 years

Some wāhine were clear that they had not wanted to talk about contraception with their parents, and at least one wahine had actively avoided sex education at school because it would have involved her parents, and she did not want to talk about sex with them. Whether the avoidance of contraception talk was on the part of parents or young wāhine, the context was set for it not being discussed, even for some wāhine in their twenties. Those who knew a lot about sexual and reproductive health (e.g., because their mother was a nurse), then became information sources for these wāhine because, as one said,

> I wasn't a prude and I'm really open and okay with this, but when I went to school a lot of my friends were very frightened and vulnerable; didn't have access to contraceptives, couldn't talk about it with their parents… They would ask me questions: how to get on contraceptives, how can they get the pill?

> ... Actually, our year before and after were one of the lowest pregnancy rates…and I reckon that was due to my knowledge [about where they could go to get contraception help] – Rōpū, 20-39 years

Some wāhine learned about contraception after they became sexually active and were able to talk with their mother.

> I was lucky. I had a mum that told me everything – what was right and what was wrong. She was my go-to point. I was telling her, 'Mum, I'm really having heaps of sex'. She said, 'Well get onto something'. She made that my choice. – Rōpū, 20-39 years

However, for some this conversation about contraception had been embarrassing or simply too late to prevent pregnancy. In the first quote below, a young wahine says her mother acted quickly when she learned she was sexually active at 13 years of age, even though this participant was not keen to have her mother involved. In the second quote, another young wahine says her mother thought she could wait until she was 16 before they talked about contraception, but this was too late to prevent her becoming pregnant.

> I think she just said I should just go on the pill. *How did you feel about your chat with her about the contraception?* I was like, 'Oh shut up, why are you telling me this? Why are we having this conversation?' – Wahine, 20-29 years

> [My mother] always thought that she had until I was like 16 before she really had to start telling me about things like that… By the time I got to school, and it was brought up and we were doing stuff around it, I was already pregnant. – Wahine, 20-29 years

For at least one wahine (Rōpū, 20-59 years), there continued to be no conversation about contraception with her mother, even though she said her mother must have known she was sexually active as her mother let her boyfriend stay at the house sometimes. It was actually her father who started a conversation with her, which she said she found very embarrassing. She then went on to have her babies young.

> It was actually my dad who was like, 'You know when it does become time, tell me'. I said, 'Yeah, yeah, yeah'. I thought, I'm not telling him, oh, my god, that's so embarrassing, like my dad, oh my god. I was like, 'I know what I'm doing', as you do when you're a teenager. You're like, 'I know what I'm doing, I'm grown.' I thought I had a handle on things, which I did not. – Rōpū, 20-59 years

Other wāhine said they had been the one to start the conversation with their mother. For example, a wahine (20-29 years) who acknowledged her mother's experience and nursing training, as well as her forgetfulness, said she approached her mother when she was in college (secondary school).

> Mum, she was already a nurse by then, but I think maybe she had quite a few tamariki and she had a lot of things, too much things on her mind. I don't think she would have remembered or thought to have those kōrero with me. But in college I actually approached Mum rather than her giving me the talk. I approached her to give me the talk because I wanted to know more about contraception. – Wahine, 20-29 years

When wāhine reported having a conversation about contraception with their mother, most recalled this happening when they were around 12-14 years of age. This talk was often accompanied by their mother taking them to get contraception. For older participants in their 30s and 40s, this initial contraception was likely to have been Depo Provera or the pill, while younger wāhine also had the option of a LARC. A few wāhine said the talk they had with their mother scared them into steering clear of becoming sexually active for many years afterwards, so they did not need contraception at the time (see second quote below).

> I learnt about contraception when I got into my first serious relationship, from my mum. She had a talk to me about going on to the pill and I did get on to the pill; I was on it for six months, I was sixteen. I was talking with my mum. I didn't learn much about it, I just knew it was the pill and it was going to help me not get pregnant, that's literally all I knew. – Rōpū, under 20-29 years

> When I was older my mum scared the shit out of me about having kids… I didn't have sex with anyone until I was like 21… she literally scared the shit out of me, like, if I had a kid, that was going to be the worst thing in my life… [I was] 23 when I went on the pill. – Wahine, 20-29 years

Wāhine of all ages also said they learned about contraception informally from, for example, their brother's girlfriend, from older siblings, from friends who had older siblings, and/or from classmates who were on contraception. These discussions about sexual and reproductive health (e.g., pregnancy prevention, side effects of contraception) were also most likely to have taken place when wāhine were 12-14 years old. According to one wahine (Rōpū, 20-39 years), their siblings, cousins and peers were a neglected opportunity for education because of the belief that young people got contraception information from their parents.

> It was my friends with older siblings that spoke about how their sisters were on the pill and they basically talked about weight gain and change of, like, the mental health. Like, those are the two main things they talked about, how all these siblings were going through that, and so that was really like the first time I found out [aged 14] what they [contraception] were and I think it honestly like scared me. – Wahine, 20-29 years

> *So, what kind of things did [your brother's girlfriend] share with you?* So, like contraception, what she was on at the start, things she was doing and how the Mirena kept falling out, and the pill and how she wasn't taking them at the right time, so she got pregnant and had an abortion – Wahine, 30-39 years

If they had older siblings or cousins, a few wāhine learned about contraception when they were quite young, and their learning continued as they grew older.

> I learned about contraception when I was really young, like probably about eight years old, just from having older cousins and family members and they would just like talk about it casually around me, during conversations that I used to listen into. So, that was the likes of condoms and stuff. And then when I was probably 12, that's when I learned about more contraception, like the rod and what's another one? And getting your tubes tied. Those ones. But it wasn't until I was older, about 16, that I learned about the Mirena or the IUD. – Wahine, 20-29 years

Other wāhine said that they learned more about contraception from their work colleagues.

> I used to work in the shearing sheds when I was a teenager, and the women that worked in the shearing sheds were the ones that taught me the most probably, about actual contraception. I couldn't talk to the girls at school about it because they knew I came from this conservative background… I feel like I got taught a lot from people who were willing to be open, frank, and honest – Rōpū, 30-79 years

> What I didn't know, that a colleague of mine actually told me is… it can be either [end of the] spectrum. It's not just if you weigh too much, if you're underweight, that… can affect the effectiveness of the pill. – Wahine, 20-29 years

And there was one wahine who said her first boyfriend taught her about contraception, and that she was very thankful he had been well-taught about it by his mother.

> Anyway, I went off to uni at 18 in the 90s and had my, I guess, intercourse, at 19 with my actual first boyfriend from when I was 13. So, in a funny way it was kind of lovely that he was my first intercourse experience. His mother was my PE teacher who was the health teacher at our school. She was an amazing lady actually. She was just one of those rare teachers of the time who believed that if you gave kids more information they would do better, that you could trust, you know, they're gonna try things anyway, just teach them as much as you can. So, she had taught her boy about condoms, about all sorts, and safety. So I felt like I was really fortunate to have had someone who was taught well but also taught me. – Rōpū, 30-79 years

School

Wāhine had a range of experiences at school. Older wāhine talked about either not having any formal sexual health classes or having more anatomically focussed education.

> I suppose the generation was we didn't get the education in school. So, for me, when you became sexually active there was the pill, but it wasn't something you really thought about taking, so hence, when I did have children, I had four children boom, boom, boom, boom, one after another, and then my husband decided to get a vasectomy. – Wahine, 50-59 years

> When I was at boarding school, we had sexual education about the male and female anatomy, and what it was for and all that… I'm lucky I didn't get pregnant at high school really. – Wahine, 60-69 years

Some education that wāhine recalled included information about sexually transmitted infections (STIs), which may have been shocking and off-putting for them in the way it was presented (for their level of maturity). For example, one wahine said, "that really grossed me out of it" (30-39 years). Other wāhine said the contraception education they received did not include information about STIs as the focus was on avoiding pregnancy. This was blamed by one wahine for her getting an STI when she was 14, which left her feeling "so disgusted" (20-29 years).

Some wāhine said they had sexual health classes when they were too young (at 13 years old), because they were not sexually active and had not yet thought about this part of their lives. As a wahine (20-29 years) said, "I wasn't like doing all that stuff. So, I really wasn't listening back then." Even when they were listening, wāhine said that abstinence messages often delivered at religious schools, like "the best contraception is don't have sex" (Rōpū, 30-49 years), were not helpful. It was more helpful to actually learn about contraception options. Other wāhine said the formal sex education classes came too late as they were already sexually active.

> I just think that if we're gonna start talking about sex, like, I know realistically people are like, 'But our legal age is 16', but the reality is that kids aren't waiting until they're 16… the conversation kind of needs to start, in my opinion, around 12… I have a friend who had a baby at 12. – Wahine, 20-29 years

> We learnt about all of those, and a few of mates were on birth control, but that made them get chubby, and I didn't want that because I was already fat as it is, I'm being honest. No, I didn't want that, and then a couple of my mates got pregnant. – Rōpū, 20-69 years

Generally, wāhine of all ages talked about not really processing what they were taught at school. They said they had not listened, they were confused, embarrassed and/or not confident enough to ask questions, or that there was just too much information. They also said there was a tendency not to take things seriously if the classes were coeducational.

> I'm quite a curious person and I want to know about it, but it didn't feel. In the classroom I was also quite bullied as well, and so at that time I was curious, and I think wanted to know, but didn't want to ask. Didn't feel like I could ask around those students, in that space. – Wahine, 20-29 years

> If I remember correctly, lots [of information was given at school]… because some [contraception] might make you tired, lethargic, erratic periods, all those types of things. So yeah, I think there was enough information, but does a 16-year-old take it all in? No. – Wahine, 50-59 years

Some wāhine described their classes being split up so that the girls could learn by themselves. This may not have resulted in them being any less confused, with some then turning to their friends for more information.

> I first learned about it when I was 14 years old… the school nurse came to our class and asked for all the girls to come with her into the nurse's office, and we all went there, and that's basically where she briefly skimmed over like what contraceptions are. I only really learnt about condoms and the pill… and so I was just really confused in that moment, and that's when I started talking further with my friends. – Wahine, 20-29 years

Finally, some wāhine talked about learning about contraception at school. Even though their teachers may have been awkward or embarrassed, they helped fill a knowledge gap.

> The only reason I got educated was through school and in high school it was compulsory, and even the teachers were awkward. – Rōpū, 30-49 years

Making a Choice

Wāhine said that deciding about contraception involved a combination of a number of factors. It was important for them to know about the different types of contraception, with information coming from formal sources (e.g., school, health care practitioners) and informal sources (e.g., mothers, sisters, cousins, peers) (see above). Wāhine tended to trust in contraception options that others had used and recommended. Even so, many wāhine said their choice of contraception remained a personal one, as only they would know about how any side effects or other reactions impacted them. Some wāhine knew from the beginning that the choice of contraception was theirs to make.

> It was me actively seeking that out [information about different forms of contraception]. Being given, like, condoms as contraception just came from school… but for me [knowledge came from] actively questioning it and asking my mum about it, and she goes, 'Oh, okay, well here's this this this… you can go when you want to go'. – Wahine, 20-29 years

> For us, seeking contraceptives came from having a real stable and safe home environment where Mum and Dad taught us to respect our bodies, that if you had sex, you could get pregnant, and the threats of the baby getting chucked on the rubbish heap. That was Mum's favourite saying. – Rōpū, 30-49 years

Other wāhine, however, did not get the opportunity to make decisions around contraception because of the way they were brought up.

> I'll tell you another contraceptive. Another contraceptive was, now this is the old school contraceptive, and this was, 'You're not allowed to go out at all'. That's a whānau contraceptive. 'You're not allowed to go out at all. You're not allowed to be around boys'. – Wahine, 50-59 years

Some wāhine described their decision-making as "like a process of elimination" (20-29 years) as they considered and discarded various contraception options. Their mothers were often pivotal to this decision-making process.

> I remember my mum distinctly suggesting the pill, but at the time I was also taking other medication for like migraines and stuff like that. That was already a lot when I was like 15... I didn't want to take another pill. My mum was like, 'Well you can get the rod'. I didn't want someone to cut my arm open at that time. Then she's like, 'Well then there's also the Depo'. I was like, 'Oh, that's not so bad'. I wasn't scared of needles, so it was like, yeah, that's fine. – Wahine, 20-29 years

> I started having sex at the age of 15… and then my mum found out and she was worried I was going to get pregnant at a young age and didn't want me having a baby at 15, obviously. My mum took me to the doctor's, and I just sat in there with my doctor and we talked about why I wanted to get on contraceptive. – Wahine, 30-39 years

A wahine described her aunt making the decision for her. She had sought her aunt out for the morning after pill after the boy involved in her first sexual encounter had refused to wear a condom.

> I was never comfortable talking with mum about this, or any of that stuff. It was my aunty, 'Miss, come and see me if you need anything for that'. Then the first time I had sex, I didn't use condoms, but I had them. [He] was, 'Nah, don't want to do that, I don't like it'. So, I was like, 'Okay then, all good'. So, the next day I went and saw aunty and she gave me the morning-after pill, and then booked me into get a Depo. She was like, 'You can't just be coming here every time you have sex and getting a pill off me'. – Rōpū, 20-39 years

Other wāhine took into consideration the contraception that worked well for their female relations and friends.

> Other positive conversations I've had is hearing others' positive experiences of their types of contraception - Wahine, 20-29 years

> My brother's ex. My nephew's mum, she used to get the jab. I was like, 'What should I go on?' and she goes, 'Just get the jab. They just inject your bum every three months'. I was like, 'Okay, sweet'. I just went in and asked for that. – Wahine, 30-39 years

One wahine talked about being on the same contraception that her mother was using, which made her feel more confident about her choice and meant she had someone close that she could talk with about side effects.

> I know someone really close to me that has it [my mum]. She said that her experiences haven't been that bad compared to all other contraceptives she's tried. So yeah, I feel like a lot safer knowing that she's had it. – Wahine, 20-29 years

For another wahine (Rōpū, 30-79 years), it was her father who had vital information related to their family medical history that influenced her choice of contraception. Another young wahine (20-29 years) also described a similar condition that influenced her contraception pill choice.

> In my dad's side of the family, the women, or men [as well] I suppose, have a blood clotting issue called Factor V. So, when I was about 13-14, Dad rather than Mum pulled me aside, and he said, 'Look, I'm not encouraging anything, but when you decide to go on the pill or when you decide to start doing those things, you need to tell the doctor or the nurse that you have Factor V because a lot of women who don't know that they have this go on oestrogen based birth control then a blood clot can be pretty fatal'. – Rōpū, 30-79 years

> I decided to go on the combined contraceptive pills, the progesterone pill, because I couldn't be on the other one because I've got too many risk factors for that one, with my history of migraine and with my mother's history of deep vein thrombosis, so there was just too high of a risk for stroke and clots and all that stuff, so I went on the progesterone pill. – Wahine, 20-29 years

Some wāhine felt coerced or bullied into choosing a certain form of contraception (see below, Accessing contraception). Other wāhine tried different contraception options and/or took time out from using contraception as they learned how they reacted to them (see below, Perceptions & experiences).

> *I know you said the Depo didn't work for you because you gained weight and you were always hungry. Did they give you any other options?* Nope, they didn't give me any other options. I just had to stick it out and when I was 16 I came off it and was on nothing. Then I started having sex and then got pregnant at 19, lost the baby. After that they asked if I wanted to be on anything and I said no. Then went to 21, got pregnant again, had the baby and then they told me that I could jump on a contraceptive. I went on the pill for a bit. – Wahine, 30-39 years

Lastly, a few wāhine aged from their twenties to their sixties described how their contraception journey did not begin until after the birth of their first pēpi, or after they had a termination of pregnancy. An older wahine learned about contraception when she was in a maternity home, far from home, to give birth to her baby (when she was a young unmarried wahine). Another wāhine in her age group also said that no-one had talked to her about contraception. After her first baby she trusted her doctor and waited on Depo until her first baby was at school before she and her husband had a second baby.

> I didn't really find out about it until after I had my first baby, very young, and it was talked about in the maternity home, and that was in the South Island… A lot of us young ones [there], there was no sex education, no talk of what can happen when you have sex, and my mother never spoke of it. I thought it was tapu, but she never prepared us girls for it. – Wahine, 60-69 years

> Nowhere in my entire life had ever anybody talked to me about my contraceptive needs... I had a baby at 20 and [the] Māori doctor… said to me, 'You are not getting out of this hospital until you have a Depo', and I thought, what's a Depo? He said, 'Because too many of you young Māori girls go home and have another baby before you can afford to have another baby, and before you can look after them

> properly'. I thought, he must be right, he's a doctor. I believe him… three months, you go back - bang, next Depo in your arse. – Rōpū, Wahine, 60-69 years

Younger wāhine also talked about learning about contraception after the birth of their babies when they were still young, suggesting the lack of information made available to them had impacted their decision-making abilities. A wahine (30-39 years) became pregnant the first time she had intercourse, which was a shock to her and her whānau, and she lamented not having been better informed beforehand. Similarly, another wahine (20-29) said her mother had "never been open with anything with periods or anything like that" and that she had found it difficult to pay attention when it was talked about at school. Consequently, she learned about contraception from the father of her oldest son and only used contraception after her son was born.

> I was a little taken back, a little bit embarrassed or ashamed I think because I am a woman and I should have been able to take care of my own self in that way, and it was a little bit embarrassing that a man knew more than I did about things like that. But then again, they do have the same kind of responsibilities but…I felt embarrassed I think overall. – Wahine, 20-29 years

> I wish someone had done that with me [taught about contraception]. I didn't know anything, and I got pregnant. Everyone was saying I had Baby Jesus. It was bullshit. I didn't know anything. No-one told me about anything. – Wahine, 30-39 years

For another wahine, it took being taken aside by health practitioners following her second pregnancy termination in a short time span to learn about contraception.

> I got pregnant at 17 and I had a termination. Then I got pregnant again not long after and it wasn't until the second termination within a short period of time they sat me down and talked about, well we need to think about your contraception. That was the beginning of my contraception story. – Wahine, 40-49 years

Summary

Wāhine most often learned about contraception from their whānau and/or friends during their teens, with their whānau and friends often influencing their choice of contraception. Some wāhine had been more reliant on their friends and wider whānau for contraception information as their parents or grandparents had not talked to them about the topic. Not all wāhine said they had had school-based sexual health education, but most of those who had criticised it for being badly timed and often confusing. For many wāhine, the advice and experiences of their whānau and friends influenced their initial decision-making about contraception. A few wāhine, some older and some younger, only found out about contraception after the birth of their first baby or the termination of a pregnancy when they were still young.

2. Accessing Contraception

Wāhine talked about seeing general practitioners (GPs) and nurses in three settings that are described in this theme. The first setting is primary care that they have accessed directly. The barriers to accessing contraception in this setting are discussed first in terms of structural issues, including cost and waiting times for appointments. Wāhine also talked about being whakamā, or hesitant, about engaging with GP services. Once cost and waiting times were navigated, many wāhine then faced negative interactions with health practitioners. Many of these barriers were exacerbated for deaf wāhine and for wāhine living rurally. The two other settings described below are school-based primary health services (including referrals to primary care), and Family Planning services.

Primary Care

- Cost, Waiting Time & Distance

Access to their contraception of choice was limited when wāhine were unable to go to a free service and were not able to afford a GP appointment plus contraception costs. When these restrictions were in place, wāhine often reconsidered their contraception decision. When a young wahine (20-29 years) found herself in this position and unable to get an IUD, she said she "didn't bother [with contraception] and I had my daughter instead." Another young wahine had done her research with her whānau about the most suitable contraception for her to use and had settled on the Mirena. However, she described herself as naïve, as she hadn't realised what it would cost. When she found out, she started weighing up her options again.

> [My doctor] was like, 'It's $270. You need to take a day off…' I didn't even realise the amount of money that you had to pay to get these done, all these procedures. I think I was just a bit naïve... I have to be really sure I really want this, because it's like quite pricey. – Wahine, 20-29 years

Another young wahine (20-29 years) did not want to book an appointment with her GP for contraception because then she would have to pay. Her preference (which she described as "disorganised thinking") was waiting for it to be offered during a consultation for something else, which it never was.

The cost barrier limited access for young wāhine as well as older wāhine. As a wahine said, "The barriers are it costs when you are over a certain age" (Rōpū, 20-49 years).

> I went to go and see my doctor and she suggested that I go on Mirena, and I was like, 'Oh…I can't afford the $380', and she was like, 'Oh it's not $380'. Then she looked it up, she said, 'So, if you're under 40, it's free but 40 plus it's $75.00', which I'm paying. – Rōpū, 20-49 years

Wāhine who lived in remote locations talked about the need for them to have options to access health services that did not always involve them driving for hours to get to and from a health practice. These options included online consultations, having all their needed appointments on the one day (and not having to book again to come back to get birth control), having a hauora pop up or branch at the local school or market, or having a mobile service visit close to them. It was also important to them that any service be non-judgemental.

> I also lived in a really small town, like 300 people, so going to the doctor also wasn't an option for me and I knew that it would get back to my family if I did. But also, in my mind I was like, 'No, no. I'm not going to have sex before I'm married. Not real sex'. – Rōpū, 30-79 years

Wāhine said that the implication of limited access was that rural living wāhine Māori would have a low chance of leaving high school without a baby. Because, as explained by a young wahine (20-29 years), in rural areas "there's nothing to do… You have sex, get drunk, or smoke weed."

> I feel they really need to target rural. You look at our high school kids, from ----; how many have made it without being pregnant, in high school, how many, including guys. – Wahine, 20-29 years

Those rural wāhine who had the option of a free clinic near them were clear that this, "Promotes looking after ourselves as women, has been helpful for us" (Rōpū, 30-49 years).

Cost and distance barriers to seeing a GP about contraception were exacerbated by not being able to enrol at a GP practice or, if they were enrolled, not being able to get an appointment for days if not weeks. Even having to go to a pharmacy to get a Mirena was seen by a wahine (30-39 years) as inconvenient, with her suggesting that health care practices should "have it there, on site." Waiting was seen by another wahine as difficult because sex happens in the moment rather than to the schedule of planned contraception consultations.

> If you want to get contraception easy, like fast, because when you have sex it's kind of like in the moment. It's not like, 'Oh, I'm going to go out, and I'm going to go and have sex tonight', it'd be good if Family Planning… [was available] right after work… It's all that stuff, and then, you know, how much money you pay to see a doctor!… It's very expensive, everything's really expensive, and it's just a lot of process, so I feel [it'd be better] if it was more readily accessible, like [available in] pharmacies - Wahine, 20-29 years

Another wahine (20-29 years) described how her midwife asked her about contraception when her baby was three weeks old. When she said she wanted a Mirena, her midwife said she should ring Family Planning, but she found that the there was a long wait before she could get an appointment. While she had to be careful in the meantime, some people queried why she wanted to have sex so soon after having baby.

> It was such a long time to wait and be careful. And… like people would be like, 'Why are you having sex so soon after you had a baby?'… well, because I'm still human and I still have needs. And… I shouldn't feel bad for having those needs – Wahine, 20-29 years

- Whakamā

Some wāhine talked about their choice of health service being about who they could see about contraception without feeling ashamed. One wahine (Rōpū, 20-49 years) described how she was even uncomfortable making phone calls to her GP and got someone else to do this for her. She also said she would be far more comfortable answering the questions on an on-line survey before she went to the clinic.

> I don't feel comfortable making phone calls. I think it's just, a, like, it's not anything to do with them… *So you're uncomfortable with ringing them and making the appointment?* Or even just going there. Just going there. Talking about our situation. I don't know, it's nothing to do with them. I feel a bit ashamed. – Rōpū, 20-49 years

A young wahine (20-29 years) described Pākehā GPs as judgemental and intrusive when she inquired about contraception, even though she knew they had to ask questions. Another young wahine (20-29 years) who went to an appointment by herself reflected that it would have been nice to have someone go with her.

> Another Pākehā doctor that's just going to look me up and down, because here's another Māori that needs… that sort of stuff. And they always ask you those horrible, I know they need to do that… but I always feel like it's so rude when they ask you, 'Oh, do you have a current partner', and if you say yes, 'Oh, how long have you been with that partner? And are you sure that they have just been exclusively sleeping with you?' – Wahine, 20-29 years

> I wish I had someone to go with… if [I] took someone who would that have been like a female or baby daddy or friend, probably baby daddy, I think at the time yeah, I would have liked [that], but he didn't [go with me] yeah. – Wahine, 20-29 years

- Health Practitioners: Coercion / Bullying / Poor Practice

Some wāhine had good experiences with their GP. For example, a wahine (Rōpū, 40-69 years) said her family doctor was "really good" and agreed with her decision to go on the pill. In many ways, he made up for the absence of conversation about contraception she had experienced at home. Other wāhine also made positive comments about the primary healthcare they accessed.

> I ended up going to the doctors because I was of an age to go and find out a bit more about contraception, and I went on the pill. My doctor was really good, we had a family doctor, and he thought that's a good idea, you're nineteen, and then what I did learn… So, I got all my learning through the doctor really, because my mum was pretty staunch and not present to say anything about anything… Contraception, heck no, that was tapu, even sex, the word sex was tapu. – Rōpū, 40-69 years

> I do go to our local clinic in [place]. I've been there two times now to get on contraceptive and they've given me really good information to make the choice on what contraceptive I wanted to go on. I've had a good experience with them. They've been quick, make it easy, and supporting the decision that I make. – Rōpū, 30-49 years

More often, however, wāhine described a yawning gap between their expectations about visiting a health practitioner and the treatment they received. As a wahine (20-29 years) explained, she wanted "a health professional that I could just be really, really open with and go maybe just really in-depth and talk" to about contraception; someone who would listen to her and value the background knowledge she had gained from her whānau and other sources. Wāhine also described the importance of a health practitioner not being judgemental. However, some wāhine described experiences of health practitioners not being receptive to their contraception decision-making. This left them having to accept what their health practitioner said, having to be assertive about what they themselves wanted, or even having to find another health practitioner who would give them their contraception of choice.

> I felt like I was really discriminated against because of my age and because I was Māori. The way he spoke to me. He started talking about statistics for Māori are so much higher with teen pregnancy, you should have been aware of contraception… so I ended up after that I didn't want to go back to my GP, so my friend ended up taking me to hers. – Rōpū, 20-59 years

> Also respect, because sometimes they don't listen, the doctors, and this sort of sounds judgmental, but do you respect yourself because it feels like you're disrespecting me. – Rōpū, under20-29 years

At the age of 20, a wahine (20-29 years) had only recently had an appointment with her GP to talk about contraception options. This talk was very important to her as she had struggled for a long time with her mental health, and was "terrified" about the impact contraception might have on her mental health and on any weight gain. She ended up feeling like her GP was not listening to her, and she felt pushed by him to choose the pill when she had all but decided on a LARC. She said she would now have to find another health practitioner to insert a LARC for her as she did not think she could talk to her regular GP about her decision.

> My doctor was really nice, I mean he talked about all these different options, but it felt like he was pushing more for the pill, especially for the fact that I've, you know, never been sexually active. He was saying, he was more pushing [that] the pill would be a bit easier, because it's something that I can stop if I'm not comfortable with it. Whereas, if I went ahead with all these other options it's… put into my body and I'll need like a medical procedure to take it out. – Wahine, 20-29 years

A wahine (30-39 years) described how she went on contraception when she got her first period at 14 years old. However, the Depo she was put on made her hungry and she put on weight so she asked her health provider if she could switch to another form of contraception. Her request was denied without her knowing exactly why. Her mother had accompanied her to this visit but, "She didn't really help either." Another wahine had similar experiences when she decided to come off contraception.

> I was on the jab for a few years, I decided to come off it because they said when you come off it, it will take you a while to get pregnant. Because I wanted to… start trying to have a baby… at a young age… I was in love, I wanted a baby to my man… When I told my doctor I was coming off the jab… he was just like, 'No you're not'. You know, he wasn't accept[ing] of my decision. – Wahine, 30-39 years

Some wāhine were very aware that they had been coerced or bullied by health practitioners. Two wāhine (30-39 years) said that in their era they had the pill "pushed on us." Another wahine (50-59 years) explained that she was put on the pill without an explanation for using it that she could understand. As she did not trust it or know how to use it, she did not take it and became pregnant.

> There wasn't like, do you want this, or can I give you something else or there's other things that you can have. It was just like do this or you get pregnant again and you'll be back here again. – Wahine, 30-39 years

> [I was] 17 or 18, and I'm [in my 50s] now. And you know what? Back in the day she was putting me on the pill and the pill was a bit more complicated to take. Came in a little round thing that you opened up, you had to go around this way until you got a period and then you have to come back around this way or something like that. She explained that to me and it didn't make any sense, and obviously I looked like, 'What?' So, she told it to me again, exactly the same way. She goes, 'You get it now?' I'm like, 'Yeah'. I didn't get it. And the only thing that was going on in my head was, 'You didn't tell it any different. How the fuck do you think I'm gonna get it now?'… I walked away with my pill in my handbag, and do you know what? I was so afraid. I was so afraid of it. I didn't get it. I had no intention of using it. About eight months later I was pregnant. – Rōpū, Wahine, 50-59 years

Another wahine (30-39 years) was told by a nurse that she could not have Depo unless she got a cervical smear, which she did not want to do. She then did not go on Depo until a couple of years after this, when she shifted primary health practices and was no longer subject to this stipulation.

> Obviously, I didn't want anybody down there looking at my nanas wear, so I refused to get a smear, so they wouldn't give me my Depo. So, that's when they put me back on the Noriday… then one day we stayed in town. I'd missed a pill, missed two pills, and I fell pregnant… so there goes another baby… then after that I went on the Depo again. – Wahine, 30-39 years

For another wahine, the bullying came in the form of health practitioners insisting she have an IUD rather than an implant LARC inserted after she gave birth to her baby.

> Well, I originally went into the appointment asking for the rod. And they were, because I just had my baby, it was like a couple weeks later. They're like, 'Oh, you shouldn't go on the rod, because you'll gain heaps of weight for it and you've just had a baby'. So I was like, 'Oh, okay'. But I was like quite adamant on having the rod. But they were… really like pushing for the IUD. So then, eventually, I just like agreed to it – Wahine, 20-29 years

Wāhine reported other affronts that had occurred at their GPs, including encountering a judgemental receptionist or nurse, being denied contraception in a bid to stop them having sex when they were 17 years old, and a practice getting them mixed up with someone else and disclosing her medical records to them. A wahine also described health practitioners' lack of mātauranga Māori.

> [The nurse] was nice, but I felt like she was just really judgy as well. So, I wouldn't like visit her as much as I would want to. I would only visit if I needed to, because I wasn't going to talk to my parents about it at home - Wahine, 20-29 years

A young deaf wahine's (20-29 years) use of contraception coincided with her increasing ability and confidence to communicate using sign language. She was then able to have conversations about sexual health with her peers. Even with her increased confidence and sense of her identity as a member of the deaf community, she described her experiences with doctors as "bad." This meant she would rather be in and out quickly, getting what she needed, than engaging through an interpreter with health practitioners who she said lacked empathy and gentleness. Like other wāhine, her example of the bad practice she received was related to her weight.

> That moment [at the GPs] is for me to get my health needs out of the way before [the doctors] need to satisfy their own curiosity about interpreters and sign language… I already feel quite vulnerable with those doctors that I have those bad experiences [with]. So, I don't really feel like being more vulnerable about my access needs to people who already don't necessarily care to inform you in a more gentle way or in a more empathetic way than just going, 'Oh, you're overweight, Oh, you're obese'. – Wahine, 20-29 years

Another deaf wahine described how her first experience of contraception was being provided with the pill when she was in her twenties, without it being fully explained to her. No interpretation service was offered. Rather, when they knew she was deaf they just spoke louder. This left her feeling very uncomfortable and lacking the information she needed to make an informed decision. As a result, she came away without contraception.

> It was strange. I never had the pill or anything, nothing. I had it in my hand, but I did not feel comfortable taking it because I didn't know what the outcome will be. They never explained to me what it was. It'd stop me from getting pregnant, but how long do I have to take it? Forever. No thank you. – Wahine, 60-69 years

Several wāhine had stories of experiencing physical pain and discomfort at the hands of health practitioners. A wahine (20-29 years) sought the removal of 'the rod' around six months after getting it inserted, as she was moody and gaining weight. The doctor who removed it left her with three scars from "digging around trying to find it." An older wāhine (30-39 years) said that the nurse she saw had to pull the IUD out and reinsert it a couple of times to get it in, so it was uncomfortable, while another wahine described the pain of IUD insertion as "insane", something she was not prepared for.

School-Based Contraception Services

Some wāhine described positive experiences of school-based contraception services. An older wahine (50-59 years) talked about going on contraception when she was 14 or 15 years old and becoming sexually active, after a conversation with the school nurse. Another seemingly positive experience was of a boarding school organising a van so girls could to the doctors.

> It was just myself and the nurse and then she referred me through to the, I can't remember what it was called, but it was like the Family Planning clinic, and that's where I was prescribed [the pill] I think it was, and condoms. – Wahine, 50-59 years

> [At boarding school] we used to go to the doctors all in one van, but if there'd be like eight of us, or ten of us in one van, and you knew if the girl had a brown paper bag there was condoms in there, or she's just had her jab, or she's just got on the pill or something, because there was something around contraception, so is that brown paper bag, and then we used to just play with them, the condoms, and taste them. – Rōpū, 30-49 years

One wahine (30-39 years) said she felt awkward seeing the GP at her school at first, but she got used to it. A younger wahine also described how she was referred to a Youth One Stop Shop – Vibe – by her school and was treated well, although she remained upset about getting an STI.

> I just kind of got used to seeing her, so it was good. She, because she was a woman as well, made me feel way more comfortable than any man doctor. Like anything to do with my womanly things, I'd always go see a lady doctor.– Wahine, 30-39 years

> I think it was the Vibe, and that I just knew something wasn't right, like discharge and the smell, and I was like, this is not normal at all, like what the fuck is going on? And I obviously didn't want to talk to my mum about it, so I just went straight there. So, obviously felt comfortable enough to go there… the [doctor] I was dealing with, she was real lovely. But I think I was, yeah, really upset when I found out I actually had something [an STI]. I was like, 'What the fuck?' I just felt so disgusting - Wahine, 20-29 years

Wāhine also talked about sexual health services visiting their school to talk with them about contraception.

> And they would come. I do remember when I was like 17 in high school, they came and it was like a counselling thing and they told me all about their service and what they do - Wahine, 20-29 years

Younger wāhine, however, shared experiences of their school nurse being judgemental, uninformative and/or not supportive of their contraception choices. They had also worried about other students knowing they were visiting the nurse for sexual health reasons. In one case, the nurse gave a young wāhine contraception without her consent.

> When I visited the nurse in school, it was so, like, I would get anxious kind of thing. Because our school nurse office was in the front office. So that's where, like, students will come through to get to the other side of the building. And so, when you're like waiting there for your appointment and students will come in and they'll be like, 'What are you doing?' And I'll just be like, 'Ooh, I'm just waiting for reception'. – Wahine, 20-29 years

> I [was 12 years old and had started college] and had gone into the nurse's office because I got really bad periods…I think it was just for a heat pack and some Panadol. She was like, 'Let's just chuck you on the jab'… I had no idea what it was, and she stuck a needle in me, in my butt cheek, and every few months or so, she would call me into her office, and I'd get those injections, but I didn't know what it was for. She got fired. – Rōpū, under 20-29 years

While some wāhine were able to access health services through their school (e.g., Vibe), wāhine were critical that these services were largely delivered by Pākehā, from within a Western health worldview.

> It always comes from White people, White doctors, White people, White studies, White everything… but do we have any Māori health services that deliver stuff like that? – Wahine, 20-29 years

> I was sort of wrapped around by te ao Māori, and everything that we were doing was tikanga Māori, and that was what we sort of [were] wrapped around [in]. And then we kind of had to step outside that to learn about sexual health and puberty, and then like contraception. – Wahine, 20-29 years

Family Planning

When wāhine talked about Family Planning services, they fell into three groups: [1] those who had not been to Family Planning, [2] those who had been to Family Planning and appreciated the care they received, and [3] those who had been to Family Planning and were distressed by the treatment they received. These groupings are explored below.

❖ Have not been to Family Planning

Wāhine who had never been to Family Planning either did not know about the service or knew about the service but had not gone to it because there was no Family Planning clinic near them and/or they had access to other services and/or supports.

> Just that there needs to be, I think, more Family Plannings, or, like, yeah, more information about them, because I literally didn't even know that they were still around. – Wahine, 20-29 years

> I've never used Family Planning before, but again, I guess it's because of my whānau support that I've had, I haven't had to go to Family Planning. And mum, she was going through midwifery; she went to study midwifery, and she missed out on her last year because she got hapū with our baby sister. We're very blessed in that way that mum knows a lot about the contraception and that stuff. – Wahine, 40-49 years

- Have been to Family Planning and appreciated the care they received

Older wāhine recalled going to Family Planning when they were young because they could access contraception there without others needing to know. Other wāhine described wagging off school to go to Family Planning to get contraception.

> Because Family Planning was the place that you could go to without your parents knowing that you were going to be there, because the, you know, the Privacy Act and all that sort of thing… So yeah, that was probably sufficient information at that particular time, back when I was 16. – Wahine, 50-59 years

> We'd wag school and would actually go to family planning, they'd actually sit down with you one on one and talk to you about it, they'd give you these packs, they'd give you contraception, like the pill and all that kind of stuff. So, that was quite good. – Rōpū, 30-59 years

Some wāhine said that Family Planning was an alternative to going to their family doctor as they did not want their family doctor to know about their "sex life" or the decisions they were making about their reproductive health and wellbeing.

> The first time I went to a Family Planning [for contraception], it was easier. They did everything. I was too ashamed to go to my doctor… that's your family doctor and you don't want to talk about your sex life to your family doctor. – Wahine, 30-39 years

> I had originally gone to Family Planning about the termination. Because I didn't feel comfortable going to my doctor at the time. I was embarrassed that I was a 19-year-old... child that was about to... You know, that was having a child. – Wahine, 30-39 years

For other wāhine, going to Family Planning provided some relief from the shame they felt about going to their GP.

> The first time I went to a Family Planning. It was easier. They did everything. I was too ashamed to go to my doctor – Wahine, 30-39 years

> For me, it's been way better. Because I just go to Family Planning now. And I feel like they're really cool up there – Wahine, 20-29 years

> Because I got sick of the old White guys I think, I started going to, they started these Family Planning type clinics, and you could go and get your smear test there. But then the doctor asked me if I wanted a mirror so I could have a look at myself. I'm like, 'No'. It's like, that's so weird. Oh my god, that's very weird. – Rōpū, 20-49 years

Although she appreciated the care she received, one wahine described how she always looked around her before ducking into Family Planning as she did not want people in her small town to know her whānau was using the service. Another wahine described how the receptionist at the Family Planning service she visited knew her and reached out afterwards to see if she was okay. Even so, this wahine said she did not want to talk.

> You sort of walk past there, walk back, you know, and 'cause I was like that too when we went there. It was like, oh my gosh, someone's going to see me walking out with my daughter and dah dah dah. If it was in like a building where there's lots of other offices or something, like that would actually be better. – Rōpū, 20-49 years

> She reached out to me privately, to see if I was, like, alright and that sort of thing, where I wasn't prepared to. You know, it was a confidential situation for me, that I wasn't prepared to talk to anyone else [about]. – Rōpū, 20-49 years

Family Planning was also described by some wāhine as a cheap option for getting contraception. This was important for young wāhine who often had other expenses that took up whatever income they had. Wāhine said they also liked Family Planning because it was informal and friendly.

> I think it [Family Planning] was free. Yeah, that's always good. That was the main indicator, because when you're a teenager, you're pretty broke. Yeah. And I know I was… That's when I had my first flat and, you know, I struggled to pay my rent. So, free contraception - I was down there. Yeah, I was down for it. – Wahine, 30-39 years

> I find Family Planning… it's not as formal, it doesn't feel so sterile. Quite often the staff are women, they understand… That's why I like Family Planning. Because actually a male GP, I did find that the GPs can be male dominated whereas Family Planning tend to be more female [and you get to] talk with a female as opposed to a male. – deaf Wahine, 40-49 years

Older wahine told stories about going to Family Planning for contraception because they wanted to delay getting pregnant. This proved to be effective for them.

> My best friend was sexually active, this is at school. I wasn't. She wanted to go on the pill and Family Planning was around in those days. I'm 56 now, so I have no idea how long ago that was, but it must have been in the 80s. We were still at school, may have been the third form and so I went with her… We had a school reunion, I used to hang out with a bunch of girls, and we got together again when we were in our 20s, early 20s, and out of the six of us, we were 21. Out of the six of us, only two of us didn't have children. So, I thank [my best friend] for leading the way to Family Planning. – Rōpū, 30-79 years

> I had a conversation with a healthcare worker and then I was referred on to Family Planning because I didn't want to be like the rest of my whānau and end up pregnant. That was my motivation, you see, because everyone around me was either working at the freezing works or getting pregnant, and I didn't want to be like that. – Wahine, 50-59 years

- Distressed by treatment at Family Planning

A few wāhine were adamant they would not go to Family Planning again because they felt like they were being judged, or because they felt the service they received was not culturally responsive.

> I kind of felt a bit judged, like I know I was young, but I didn't get the kindest nurse. She was in a little bit [of a] bad mood, and for a teenager, I'd only get contraception for the first time. I remember talking about, like I didn't want an unplanned pregnancy, or yeah, she was rude and grumpy, and I felt unwelcome. But I was okay with it. I just wanted to get done and get out of there. – Wahine, 30-39 years

> I know talking to my aunty she used to talk about birth control and things with me, so she explained to me about your body is tapu, look after it. So, I'm like, I need that. That's what we need, Family Planning needs that but they don't talk to us like that. It was cold. I don't think I'll go back there ever. – Deaf Wahine, 60-69 years old

Another wahine described the negative reaction of Family Planning nurses to her decision to remove her rod, with a plan to instead use condoms.

> I got the rod, and then that didn't feel good in me. Mentally, physically, it didn't agree with me, so I had to get it removed. It was actually a bit of an ordeal. I… would have been 28 or so and going to Family Planning. I was a teacher, I had a boyfriend, all this stuff, and I got it removed and I remember the pressure. They were almost angry that I didn't have a plan after that. I kept telling them, 'I'll just wear condoms. We'll use condoms. I don't like what it's doing to me emotionally. I don't like this'. I really remember almost arguing with these Family Planning nurses that I didn't [want] something more permanent. – Rōpū, 30-79 years

Lastly, a young wahine (20-29 years) said that while she appreciated the affordability of an IUD at Family Planning, her experience was very painful. She contrasted this with her sister's experience of going to her GP and having an injection (presumably for pain) before her IUD was fitted. All this wahine reported getting at Family Planning was paracetamol and ibuprofen beforehand. This wahine also became pregnant after this and attributed this to the mistakes made with the insertion of her IUD.

> I just think, man, if I was one of the people that handled it well, I think about the other women that may have a lower pain tolerance… I was just thinking, man, it's a little bit barbaric going in there and opening up your cervix like that and then you can feel it going in. – Wahine, 20-29 years

Summary

The cost of contraception services, the distance from these services (especially for those living rurally), and the waiting times to get appointments were structural barriers wāhine faced when attempting to access their contraception of choice directly from their primary care provider. These barriers were especially acute for those who were whakamā about attending health services. When they got to an appointment, wāhine reported challenging interactions with health practitioners that included feeling bullied or coerced to accept contraception that was not their first choice, feeling judged, and being denied access to contraception.

The impressions wāhine had of school-based contraception services, and Family Planning services indicate that there is not one size that fits all. Some wāhine said their engagement with services was positive, whereas others reported feeling judged and uncomfortable and said that the services were not culturally responsive. The positive characteristics of Family Planning that wāhine identified included privacy, and being inexpensive, informal and friendly.

3. Perceptions and Experiences of Contraception

The opinions wāhine expressed and the experiences they had had about different contraception options are canvased below. These past experiences included contraception side effects and contraception failure. Sharing responsibility for contraception with a male partner, termination of pregnancy, and wāhine deciding to decline contraception altogether were also discussed and are included below.

- Condoms [dislike of condoms]

Wāhine said they did not like condoms, regardless of their colour or texture, describing them as feeling fake or of interfering with their partner's pleasure. A latex allergy meant at least two young wahine were reluctant use condoms. At least one wahine said that she and a friend had been given a lot of condoms when they went to the school health clinic but, "we didn't know how to use them" (20-29 years). Some wāhine persisted in using condoms while others switched to other forms of contraception or just went without using contraception.

Some wāhine said they did not like condoms but were currently using them, even if they felt they were "a pain in the ass" (20-29 years).

> But I, you know, and I really can't stand condoms. I feel like I'm being attacked by a paper bag, or by a plastic bag. I can't think of anything worse than condoms. – Wahine, 20-29 years

> I don't like them, I never have done. I just don't like the whole, I don't know, just don't like the whole plastic thing, I don't like the feel of them. I don't like him to stoppy stoppy halfway, yeah, just one moment please, cool I'll hang on just one minute, I know, let me just put this on. I don't like them, I think they're a passion killer, but then I have always thought that, but they have worked for me. – Wahine, 50-59 years

While many of those who did not like condoms used other forms of contraception, a wahine described condoms as feeling "fake" and said since trying them and finding she did not like them, she had not tried anything else (30-39 years).

> We didn't use condoms. I just didn't like the feel of them, or the look and I was like take that off… It's better skin on skin than condoms. – Wahine, 30-39 years

An older wahine said she had been put off condoms by the 'aunty' nurse she saw at a rural health clinic.

> I was in my first relationship, stable relationship, and she gave me the sex talk, she gave me the options and the pill, which I didn't like the pill because of the hormone mucking with my natural rhythms. I think we settled on the diaphragm because I was in this stable relationship, but I'll never forget her saying, 'Condoms are the safest, but frankly my dear, it's like showering with a raincoat on'. – Rōpū, 40-69 years

The detrimental impact of condoms on sexual pleasure was also related to their impact on the pleasure of male partners. One wahine talked about never considering condoms as a contraception option, because they would have interfered with her male partner's pleasure – an attitude that she now had a gender-informed analysis of.

> I don't even remember considering that as a form of contraception because it wouldn't feel good for [him], and how dare I take away any pleasure from a man. That's me thinking in hindsight of that attitude that pervaded… quite a lot of my view of sex and birth control for many years after that. I was with him for five years and he was lovely, but there was never the thought of, 'I wonder what this is doing to my body', because it was all about him and his pleasure, and it was just what you did – Rōpū, 30-39 years

Even when wāhine were not put off by the feeling of condoms for themselves or their partners, some had concerns about their effectiveness. A wahine recalled getting pregnant while using them and being on the mini pill.

> One of my children was conceived through a strained condom with spermicide and on the mini pill, so you tell me - Wahine, 50-59 years

- The pill

Wāhine talked about their forgetfulness or otherwise inability to regularly take the pill at the same time every day, with this being a key reason for them not wanting to use this form of contraception. If they were on the pill, their own "inconsistency" (20-29 years) left them feeling "anxious" (20-29 years) or, in some cases, resulted in them becoming pregnant.

> I actually started off on the pill so I had to take a pill every day, but then as time went on I kind of would just forget to take it. 'Cause you've got to remember every time, every day, pop your pill, and they recommend doing it around the same time every day, which I wasn't keeping up with. – Wahine, 30-39 years

> One day we stayed in town, I'd missed a pill, missed two pills, and I fell pregnant. – Wahine, 30-39 years

Other wāhine also commented that the pill was not a viable option after giving birth, simply because it was "tedious" (20-29 years) and/or there was so much else going on it was even more difficult to remember to take it. They, therefore, often opted for other forms of contraception, like Depo or LARC.

> There's not enough hours in the day, plus, you know, the days blur together. And, you know, I don't remember half of what's happened in the last six months, let alone what happened in those two months that I was waiting for contraception. – Wahine, 20-29 years

> I was 22 or 21 and I was pregnant, and I went to Family Planning, and they put me on the pill. And I had my abortion, and they just pretty much gave me the pill straight away and I wasn't taking them. And then I got pregnant with my child. And then straight after that I was introduced to the Jadelle because it was better for me at the time. I didn't have to think about it or anything, it was just in my arm. – Wahine, 30-39 years

Although some wāhine described themselves as "useless" at remembering to take the pill, they stayed on it. A wahine (20-29 years) said her decision to do this was influenced by her mother's bad experience with IUD insertion. Another wahine (Rōpū, 30-59 years) said she stayed on the pill until she decided to have a baby.

> So, [Family Planning] did suggest the IUD. But my mum's had a really bad experience with that, with the insertion of the IUD at our GP services. And I remember her coming home and she was like real upset. It kind of traumatised me from ever using that. I would never use it - Wahine, 20-29 years

> I was on the pill until I had my son. That was…a long time, about 10, 11 years…Because when you're young…you think, 'no, I want to make it to 18', and I made it to 18, I was like, 'cool, I want to make it to 21', yeah, I made it to 21, and then it was like, 'well, let's try for 25', and I made it then too, and I was going, 'okay, why don't we try to have a baby before 30'. – Rōpū, 30-59 years

An older wāhine (60-69 years) said her commitment to taking the pill when she was young was about her not wanting to have another baby. She stayed on the pill for two years, then she fell pregnant again because she forgot to take it. She said she never felt out of place being young with two babies "because it was happening to a lot of young women." After her second baby she went back on the pill and there was a ten-year gap before she thinks she must have missed taking the pill again and become pregnant with her third baby. A younger wahine (20-29 years) expressed similar commitment to taking the pill after her first pregnancy.

> I did pop out pēpi smack bang halfway through my degree. I was just more adamant about not getting pregnant again, and getting pregnant was the one thing my dad said not to do, he goes, 'I don't care when you get pregnant just don't get pregnant during your course'. I went and done that of course. My only concern was finish[ing] the degree without popping out any more kids, without any more detours, just focus on getting to that finish line. – Wahine, 20-29 years

The decision of another wahine (20-29 years) to avoid the contraception pill was multifaceted. She initially wanted to avoid hormone based contraception because she had had cysts on her ovaries. She said she then made an alternative contraception decision after she had her son, based on her forgetfulness and the nature of her relationship.

> I found out that I had like cysts on my ovaries. So, because of the cysts on my ovaries, I was like, I'm not having extra hormones pumping through me. And so, I never took anything up until after I had my son. And that was about seven years ago. And then six years ago, I decided to get the Depo because I know I was going to be useless at taking a pill every morning. And at the time, I wasn't in a healthy relationship - Wahine, 20-29 years

Other wāhine also did not want to take the pill because it meant putting hormones into their body. A reaction to the pill, along with other hormone-based contraception, was not unusual among the wāhine and is described by one wahine (Rōpū, under 20-29 years) in the second quote below.

> Because I was on it for quite a while, by the time it fucked… It fucked up my ikura [menstrual flow]. I stopped getting my ikura completely for like four years. Because I was on [the pill] for so long… because then I started believing I couldn't conceive, because I wasn't getting my ikura, and then I thought I was in menopause. *You thought you were having menopause?* Well, wouldn't you if you didn't get your period for four years? And I had taken myself off the pill at that point. – Wahine, 40-49 years

> The first time I went on contraception I went on the pill, and I would have been about 15. My nana took me. I remember it not working for my body. I used to get really bad periods and things like that. I've also had the Jadelle, the thing in your arm. I think that's what they're called. That moved from the top of my arm; it slid down my arm. I didn't like that, but I feel like that also did things to my body, like my periods just were not right while I was on that. I've also been on the jab. I gained a lot of weight, my body again. I had a lot of things that my body didn't like. Every time I'd go on contraception. –Rōpū, under 20 to 29 years

Another wahine (20-29 years) couldn't be sure if her 'side effects' were from the pill or just part of being a teenager, and if there was any link to her being diagnosed with depression when she was young. Another wahine said the pill had made her feel like a "zombie".

> I don't know, like I was just a teenage girl, I don't know if it was because of that or the pill or... I'm not sure. And umm, around the same time I got diagnosed with depression. I'm not sure if that linked in any way. – Wahine, 20-29 years

> The pill made me turn into a zombie. Not in my 20s, it wasn't till my 30s and I started staring at walls and really bad PMT. I was a bit of a tiger. I changed pills and in the end I just went off it and so went off sex, which affected my relationship. I stayed off the pill for many, relationship ended actually, and stayed off the pill for many years and then was having sex, wasn't using contraception, and got pregnant. Had an abortion. It was the right decision for me at the time. – Rōpū, 30-79 years

- Hormonal LARC[4] options

Wāhine sometimes reported reactions to hormonal LARC options. These reactions were mostly about weight gain and becoming "quite moody" (20-29 years), although some wāhine reported very heavy bleeding.

[4] "Current LARC options include the non-hormonal copper intrauterine device (IUD) with a five-to-10-year lifespan, the hormonal IUD Mirena with a three-to five-year lifespan, the subdermal implant Jadelle with a lifespan of three to five years, and

> That [Jadelle] was good for a little while, but then it sent my hormones crazy. I gained so much weight. I think I had it in for two years. They went to take it out and they couldn't find it. It had moved in my arm. It wasn't where the scar was, from where they put it in. – Wahine, 30-39 years

> I was not one of the lucky ones, and I bled every two weeks, for a week, every two weeks, for eight months. I had this thing in for eight months, and I was constantly bleeding. – Wahine, 20-29 years (Jadelle inserted age 15)

Other wāhine talked about issues with the strings on their IUDs[5] being too long and that they or their partner felt them. One wāhine (Rōpū, 30-49 years) said she had her IUD removed because it "was just no good; it felt strange." Two wāhine also said they became pregnant while using an IUD. While one was sure her IUD was not inserted correctly, the other wahine said that her IUD had been checked and it was just that the strings were too long.

> But, then I remember, we were having sex one time and he actually felt it. I don't know if it was where it should have been. I'm sure you're not supposed to feel it… I remember he goes, 'Ah, something is in there'. I was like, 'Yeah, that's my thing'. He goes, 'Look, here'. He put his finger in and flicked it. I could feel this like duh-duh'. It was like this metal thing… I was like, 'Is that even in?' Then not long after that I got pregnant, so mustn't have been. – Wahine, 30-39 years

> I don't know if you're supposed to be able to feel it or, you know, if someone else is supposed to feel it. It just made me worry, like shit; was this improperly [inserted]? Or, you know, is it gonna damage me if it's not in properly? You know, things like that. Yeah, maybe I just over thought it. – Wahine, 20-29 years

Another wahine recounted how she became pregnant with a Jadelle and said that this had also happened to six of her friends around the same time and within a year of them getting a Jadelle inserted. Other wāhine reported similar experiences.

> With my Jadelle and all that bleeding and stuff like that [for the first eight months, then] I stopped bleeding towards the end, and I was like, yes, this is amazing, fantastic, love it now. I stopped bleeding because I was pregnant… apparently, they say [there's] less than a one percent chance – Wahine, 20-29 years

> That's the rod in your arm, after having my second. I had that for five years then I got a new one; it was in two years, and I got pregnant…but we miscarried that one, and then I got pregnant straight away again, with my girl – Rōpū, 30-49 years

Older wāhine who had had LARC fitted were getting different information about whether or not they needed to have them removed. A wahine in her early sixties described how she had taken advice and gotten her Mirena taken out, even though others had told her it wasn't necessary.

> I had a Mirena for years, and [a colleague of mine] kept raving on, 'Oh you're gonna get cancer, you're gonna get this, you're gonna get… The copper in that is gonna cause you to get…' Anyway, one of the gynaecologists at the hospital, the female one… [I said to her], 'Can you take my Mirena out 'cause [my colleague] has been freaking me out telling me I'm gonna get this'. Anyway, she took it out at the hospital, and she said, 'You could have just left that in there'. I said, 'Well I was gonna leave it in there, but she [my friend] kept freaking me out'. – Rōpū, Wahine, 60-69 years.

Some wāhine had serious medical conditions that had to be factored into their contraception choices. A wahine (60-69 years) didn't stop bleeding after the birth of her first baby in the late 1970s and was kept in hospital for two months post-natal. She then tried different forms of contraception one after the other until she was given one of the first long-acting contraception implants in the 1980s. That lasted a

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the contraceptive injection Depo-provera which requires intramuscular injections every 12 weeks" (Mitchell, 2020, p. 16). LARC methods are highly effective in preventing unwanted pregnancies, significantly more so than short-term methods like the oral contraceptive pill (Murray & Roke, 2018).

[5] Note that these wāhine talked about generic IUDs and may have been describing either a copper IUD or a Mirena. When they were explicit about Copper IUDs their feedback is included in the next section.

year and a half and when it was removed, she became pregnant again and the same bleeding happened with her second baby. Her heavy bleeding depressed her and made it difficult for her to look after her tamariki. Finally, after many years and at the age of 60, she had had the "last Mirena that I'm gonna have" removed. Although she had not bled since, she remained anxious about it and carried a "big, fat pad" in her bag.

- Copper IUD

A wahine (20-29 years) had been worried she would not be able to have children if she used the pill or an IUD but found it reassuring that the copper IUD would not mess up her hormones. Other wāhine assumed their inability to conceive was due to infertility brought on by their contraception use. Even if they had been reassured this was not the case, they said they knew of others who had been impacted this way.

> I was always worried that I wouldn't – you know, there's always that scare you might not ever have kids if it changes you, especially on the pill, and then the IUD. Well, they said the IUD shouldn't mess up your hormones because it's the copper one that kind of makes the environment in your uterus uninhabitable, so the sperm can't move. – Wahine, 20-29 years

A wahine (Rōpū, 20-49 years) said she had not tried the "scary ones like that copper IUD." The scary part for her was what she had heard from other women, namely, that getting the IUD inserted was a painful and uncomfortable procedure, and that it then caused painful periods. An IUD also failed to prevent pregnancy for at least one wahine, although she (30-39 years) was suspicious that the nurse had inserted it incorrectly.

> The first one I had was hormones and that was like, 'Nah'. So, I went back, and I got the copper one. I was still getting my periods and stuff. But, then I got pregnant with [my son] with that copper one in… When I went to the doctors they were like, 'We have it take it out, we can't leave it in there while you're pregnant'. Pulling it out is like a 50:50 could miscarry, could not, kind of thing. They pulled it out. – Wahine, 30-39 years

Depo-Provera (Depo)

Wāhine of all ages described bad reactions to hormonal contraception, including mood swings, weight gain, headaches, acne, and constant bleeding or "long sore periods". For example, some wāhine reported that being on Depo meant weight gain and mood swings for them.

> Like I've been on and off it for years now. And starting at the first month or like month or two I'm fine. And then when it seems to come up to meeting the second shot after like the third month, it's like as soon as I get that second shot I almost have a low for a bit. Like I just get low moods for a week or two. And then I seem to kind of even out. And then every time I need to get another one it seems to be like, I don't know if it's like a false depression or, you know, but they just seem to be like a lot lower than they were previous. – Wahine, 20-29 years

> I got the Depo then I just started bleeding constantly, but yeah. So, I didn't get the Depo renewed and then I stopped bleeding. – Rōpū, 20-49 years

> I really struggled with headaches, and I had MRIs and all these appointments to figure out why these excruciating headaches 27 days out of 30. That was until two years of them, someone said it could be my contraception, I went off my Depo and my headaches stopped. – Wahine, 30-39 years

> [Going to the GP] was all good. They explained what could happen; what may not happen, and for me being on the jab, it was the putting on weight I didn't like, so I came off it… I only did it once… then later on I think I went onto the pill; went to the doctors, got the pill, and then with that I didn't really like it, because of the cycle with my period… that [I] was spotting right throughout the month – Wahine, 40-49 years

At least two wāhine also became pregnant with their first baby when they were on Depo. They both then found out they were not the only ones this had happened to.

> I would have been 17 by then. Obviously, I'd met my partner and just didn't see why I needed to be on it, except for not getting pregnant, and I always knew I wanted to be a young mum just from looking after people's kids when I was younger. I loved looking after people's kids. Then I actually went back onto the jab after getting with my partner and realising that, hang on a minute, I can actually get pregnant here because I'm not on anything. So, I went back on it, and we were doing alright and then about a year later I found out I was pregnant with my son, on the jab. So, my first baby I conceived on the jab… Then from there I actually ended up pregnant on the bloody jab again. By then that was number three. It wasn't till a few years later this time though. – Wahine, 30-39 years

> I had a very bad experience when I had my first jab, and the reason why I took it, because I was a heavy bleeder, I bled a lot, and I was losing too much weight at the same time, to the point where I haemorrhaged a lot; that was the point of me actually going on the jab due to haemorrhaging. I've been an over bleeder; I thought that would help slow my bleeding down not just because I didn't want to get pregnant, but because I was young too, I was very young. I was told it's meant to prevent you from getting pregnant. Well, when I had it, and probably about three weeks after that, I ended up being pregnant with my girl who's going to be 19 in two weeks. – Rōpū, 30-49 years

Pull-out method

Wāhine who talked about it were pretty certain that the pull-out method did not work as contraception.

> And I obviously don't believe in the pull out game anymore. – Wahine, 20-29 years

> I was on nothing. I was breastfeeding when I got pregnant with… pulling out. – Wahine, 30-39 years

> The first time that I ever got condoms was actually from my brothers funny enough, and I would have been 17 or 18 when my mum and my brother moved back to New Zealand and I stayed in Australia, with my boyfriend at the time, and my brother just gave me this bag full of fucken condoms. I'm like, 'cool'. *Did he give you any kōrero around them?* He just said, 'Don't be stupid like our sister and get pregnant so young'. I was like, 'Okay'. I just took them away, but rarely used them; I mean, we obviously used them a few times, me and my ex, but… he preferred the pull-out method. I mean, I didn't get pregnant. – Wahine, 20-29 years

Plan B, morning after pill

Some wāhine talked about relying on the morning after pill in the absence of other contraception or when a condom failed.

> Probably when I was like 18 and started, or like 17 and started to be sexually active, and like, because a few times I didn't even use contraception, and I was like, oh, maybe I just can't have a baby. But then eventually I was like, oh no, I'd better be careful when I use the Plan B as a contraception. – Wahine, 20-29 years

Having access to the morning after pill gave another wahine (20-29 years) peace of mind, while for another it was a back-up option if she had sex when she was ovulating (Rōpū, 20-49 years).

> I did have Plan B like three weeks ago, and then I had my period straight, like two weeks in a row. I genuinely thought I had a miscarriage, an early miscarriage or something, but I don't know what it was because I never have irregular periods. – Rōpū, 20-49 years

Visiting a pharmacy to request the morning after pill was nerve-racking for some wāhine as they had to ask in front of other customers and then get questioned by the pharmacist. Two wāhine said they found the experience of going to the pharmacy to get the pill "a little bit awkward" (20-29 years) and "really embarrassing" (30-39 years) because of the questions they had to answer.

> It was a little bit awkward going into there, because, like, you had to say in front of all the other people picking up their prescriptions, like, 'Oh, I need to get the morning after pill'. And then you've got to talk

> to them in the next room about it and stuff, which is, like, I don't know, it's kind of awkward, because they're asking like, 'Oh, when did you last have sex', and all this stuff. And it's like, oh, I just want the pill. I don't really want to answer all these questions. – Wahine, 20-29 years

Another wahine (30-39 years) said that she felt the person she saw at Family Planning did not really want to give the morning after pill to her, but she asserted herself and received it.

> She was just not really wanting to give it to me and saying, 'Oh, you shouldn't have had unprotected sex', pretty much… but… I was just persistent in saying I need it and I'm here to get it and I'm not going without it. – Wahine, 30-39 years

Another wahine explained that the reason she had a baby now was because the morning after pill, Plan B, that she had relied on for contraception, had not worked on one occasion.

> I knew like straight away, like after finding out that it didn't work and I'm like actually pregnant… I never actually thought about an abortion or anything. I was like, no, this is meant to be. But it felt like it was real. It was quite a scary time and it made me quite sad at the start because I knew like straight away I was going to be a single mum… [And now] I'm like, oh, she's just a blessing. She's just meant to be here - Wahine, 20-29 years

Tubal ligation

A decision to discontinue their use of contraception had led at least two wāhine to seek out tubal ligation. One of the wahine became pregnant while on the pill, even though "I was very dedicated, because I didn't want to get pregnant because I was studying, I was travelling" (20-29 years). After she gave birth to her baby she was given Depo in the hospital, and then after a couple of cycles she got an IUD inserted, but it failed, and two years after having her first baby she got pregnant. After her second baby she requested and received a tubal ligation. The second wahine (40-49 years) did not have good experiences of being pregnant.

> So, contraception didn't work for me, and then when I had [baby], I asked to get my tubes cut and removed, so now I can't have kids unless god's making it a sick joke, and he better not! – Wahine, 20-29 years

> I went to the doctors last year, even though I'm 43. I said, 'Look, I can't do this, I can't continue to keep taking contraception. I need to have my tubes tied. I just don't ever, ever want to get pregnant again. I don't know if I could survive another pregnancy'. It's been a really challenging journey for me. I guess it's really skewed my way of being, I don't know, I found it hard. – Wahine, 40-49 years

Another wahine (20-29 years) said she was very surprised to be offered a tubal ligation at the age of 20 when she was in hospital in 2022 for the birth of her baby by C-section. She was offended by the surgeon's offer, especially in the midst of what was a traumatic birth experience for her.

> And I was like… 'What the fuck?' Because it was during COVID times, no-one could be there. It was just me and my partner, and… having a C-section was so scary to me. Yeah, the surgeon actually said, 'I could tie her tubes if you want', and I was like, 'I'm fucking 20'. Like, I didn't say that; I was just saying, 'Hey, what the fuck, do they offer this to everyone?' ... I was like, is it because I'm brown? – Wahine, 20-29 years

Sharing responsibility for contraception

Some wāhine queried the limited male contraception options, as "men also need to have conversations about contraceptives" (20-29 years). Wāhine raised the issue of women having to bear any long-term impacts of contraception on their bodies, including being at fault if an unplanned pregnancy happened.

> I feel like in today's day and age, there's so much pressure around females. And if you look at all our options for contraception, it's all female-based. So, when are we ever going to get male-based…

> Because there's generally, what, three options for males? It is abstinence, condom, and a vasectomy. – Wahine, 20-29 years

> Men have one and that is a vasectomy, and those can be reversed. I feel that needs to be promoted more than female contraception, because all the choices are left on us to make those decisions for ourselves and for our partners … Most of us are single mums because that man has left us, and it's the man's fault, it takes two to make a kid…and if they had gone for a vasectomy that wouldn't have been a problem. – Rōpū, under 20-29 years

For another wahine (30-39 years), it was important for wāhine Māori to educate themselves about contraception and to be careful what they put into their bodies. At the same time, she was aware that nannies had had 20 children because they didn't have access to contraception. She advocated for both wāhine and tāne being informed and taking responsibility for contraception. The potential of apps to facilitate some shared responsibility was discussed by one of the Rōpū.

> As a Māori woman, what we produce in our bodies, you know, it's natural and then we're putting something that's not natural into our bodies. No wonder our bodies are getting all fucked up. Sorry, I didn't mean to swear, it's because of all these, you know, Pākehā medicine that we're putting into us… Probably the best form of contraception if you don't want to have kids is use a condom - Wahine, 30-39 years

> I use [the app] Flow…it can track my period. We tried before her, so that was good because then I could see when I was ovulating and go, 'Okay, baby time, let's go'… My husband, he can download it and that links ours up and it says, 'Ways that you can support [wahine]', like and the lead up to my period, 'During ovulation,' or whatever. He's like, 'Sign me up'. – Rōpū, 20-59 years

Some wāhine talked about their partners' having vasectomies, expressing mixed feelings about this form of contraception. One wahine (20-29 years) described how she was okay with contraception, except when it "goes up your vagina." She shared that since she had already had her babies, her partner had "got the snip," which worked for them. Other wahine were less happy about their partner's decision to get a vasectomy.

> I liked having babies and that's why [he] got his vasectomy, because I would still carry on having babies. So, for him it was like four is enough. – Wahine, 5-59 years

> No, I don't have to be [on contraception] now. My partner's got his nuts tied up… At first, I wasn't okay with it because I'm only 27, but I'm 27 and four kids later. It took me a little bit to get used to, because he made the decision pretty much all on his own. I begged him and begged him not to get it and he still went and got it. Then I wasn't happy for a long time. I was pretty cut up. *Why?* Because I was so young, and I've got three boys and I've got one girl, and I really wanted another girl. But I could have kept trying and having boys, so he made that point to me, and I was like, 'Okay, good point'.– Wahine, 30-39 years

The partner of another wahine had gotten a vasectomy when it became clear that she was at a high risk of dying if she became pregnant again. She emphasised that it was his decision. A similar decision was made by another couple.

> Because we had tried everything else, he was like… they said I would be able to get pregnant again, but it would be like a really high risk, and I'd probably not make it. So, he was like, 'Yeah, I don't want that to happen again', so he decided. – Wahine, 30-39 years

> I had a miscarriage, and [he] decided to have a vasectomy. It wasn't because he didn't want children, it's just that I had gone through so much and he didn't want me to go because that, and the specialist said I couldn't have children. – Rōpū, 40-69 years

Termination of pregnancy

For some wāhine, having an abortion was an expression of their bodily autonomy whereas for others, abortions were considered necessary in the face of contraception failure and had had a negative impact on their lives.

> I'd only just had a baby, he was only about, I would say about four or five months old, and I got pregnant again. Not happy, but my husband does not support abortions at all with his religion and whatnot. So, my poor dad had to come with me, even though it was not quite a place where he should have been at the same time, but yeah, dad supported me through that. – Wahine, 50-59 years

> I actually got pregnant when I was 14 and my nana took me to the doctors. I was really young, as well I had just lost my mum to cancer…and I got pregnant maybe two months later. Just not a very good. But my nan took me to the doctors; she was really supportive. I'd made my decision at that time not to have a baby at that age. She was also a Catholic, so they really didn't agree with that. She actually said that to me, 'This is something I don't agree with, but I agree with it because I don't want you to have your life ruined'. – Rōpū, under 20-29 years

Another wahine (40-49 years) described how no form of contraception had worked for her, and how the abortions she had had when she fell pregnant had impacted her mental health.

> For me I would try everything. I've tried it all you know, IUDs, the pill, Depo Provera, throughout my whole life. I've tried them all and none of them have really worked for me because they kind of interfered with my whole mind and weight gain, moods, it's been really problematic for me. As a result of that I've been on and off, on and off them, and unfortunately, I've had eight pregnancies… and seven terminations in my lifetime which has really, really affected my mental health. I've only had one child. – Wahine, 40-49 years

Deciding against contraception

Some wāhine had taken matters into their own hands and decided to give up using prescribed contraception. Some talked about using more natural rhythm methods to prevent pregnancy.

> I believe there is [a natural remedy], but it means that the woman has to keep a close eye on her cycle and take your temperature and all of that, and know when that fertile time of the month is, that's if they want to have a baby. Obviously and avoid having intercourse like we were discussing before; I feel confident saying seventy-two hours in a month that a woman can fall pregnant when she's ovulating. So, if you steer clear of that seventy-two hours and probably a day before and after, then that would be more effective than the withdrawal method, which I've heard some of our whānau have tried. – Wahine, 40-49 years

A wahine described how she had not used any form of contraception because she did not like what it did to her body. Instead, she said, "I'd just rather be, you know, natural and whatever happens, happens." For her and other wāhine, this meant accepting the possibility of getting pregnant.

> After I had baby… I just didn't bother with contraception full stop, to be honest. Not that I was trying to have another kid, but it was just keeping up with pills and stuff. I couldn't do that. I didn't want to get obese from having the jab and the rod. It was just like no, no, no. No deal for me. *And if you got pregnant you just – if you got pregnant you got pregnant.* Well, I love kids, so, you know, fuck, bring it on. – Wahine, 30-39 years

> I knew I wasn't going to get out of the office with nothing, so I said, 'Okay, I'll take that [injection] one'. That's the only contraceptive I've ever used in my whole life, and after the three months 'No, I'm never having that again', I said to my husband. He said, 'Well what are we gonna do?' I said, 'Over to you. It's over to you. Whatever you want to do but hear this and hear it once and for all, I do not mind having babies. I'm happy to have baby after baby', and he said, 'I'm not'. And I said, 'Well you better do something then about it', and he said, 'You can have a tubal ligation or get your tubes tied'. But I said, 'No, it's not me that wants to stop having babies it's you. If you want, you go and have one of those

> other things that men have'. And he said, 'Oh, I'm not doing that', and I said, 'Well find something else'. Anyway, he pursued the line of rhythmic method… I had eight children. – Rōpū, 30-79 years

Summary

When they made decisions about contraception, wāhine called upon a range of information and opinions as well as their own past experiences of contraception. Wāhine were forgetful when it came to taking the pill, they were reluctant to use hormonal contraception because of the side effects they experienced, and using condoms did not appeal to wāhine. However, the option of opting out of using prescribed contraception was only considered by a minority because it also meant being comfortable with getting pregnant. Not everyone reported negative impressions or experiences of the different contraception options, demonstrating the diversity of the wāhine in this study as they strove to find the contraception option that best suited them.

4. Wider Context

Although it was not a central focus of the present study, some wāhine talked about other events in their lives that provided a context for their decision-making and experiences of contraception. Chief among these was being put on contraception when they were young because of menstruation issues or misperceptions about their sexual activity. Some of the other fertility and relationship issues impacting the lives of wāhine Māori are then briefly canvassed, followed by the views of the tāne involved in this study – in recognition that their views are also part of the context for contraception decision-making.

Menstruation

Wāhine talked about when they were young and started menstruating. Their lack of knowledge about sex and contraception was positioned within a wider context of them knowing very little about puberty.

> I think I was 14, 15 when I got my period and I didn't really know what to do – Wahine, 30-39 years

> I remember the first time I got my period; I thought I was dying. She [my mother] had never spoken about anything and so I was like, I've got cancer, I'm dying, I'm bleeding from the inside. – Rōpū, under 20-29 years

Contraception was used by some wāhine to regulate their menstrual cycle, rather than for the prevention of pregnancy. An older wahine (50-59 years), for example, had gone on contraception to regulate her erratic and very heavy bleeding. She was supported in this by her father. Others said they wished they had known about this as all they heard was "contraceptives stop you having babies" (20-29 years).

> I went to the doctors. My dad took me to the doctors because my ikura was very heavy and sore, and they just put me on contraception when I was 13. That's how I learnt about it. I just got told, 'This is the pill. It will help with your period pains'. *And flow?* And it will make your flow lighter. And that's it. *And did it work for you?* Nah. No, it didn't… *Did you understand at the time that contraception is to stop having babies? Did she tell you that?* No. *Did your dad tell you that?* No. I don't even think he knew. – Wahine, 40-49 years

> I think it is interesting the way contraception is perceived because I originally went on it to help regulate periods, but I think I know a lot of people that will ask me what I'm on to be having safe sex. I'm like, well I'm on it to regulate periods not for that, you know. – Wahine, 20-29 years

Other wāhine were put on contraception because they were thought to be sexually active when they were not. This could be seen as a precautionary measure on the part of their mothers, but it was also a clear signal to these wāhine that their mother did not believe they were telling the truth.

> I wasn't sexually active when I was at 12, 13. I wasn't really sexually active until I was about 15, but [my mother] thought I was… so she [put me on contraception]. *What were your feelings about it?* I guess, I didn't have a choice, because I remember at the time, I had… come home with things on my neck and so she had instantly thought, she's sexually active, so she put me on it. I was just like, 'Okay'. I wasn't, but I couldn't tell her that because she obviously didn't believe it just by what she could see - Wahine, 30-39 years

> I'd just gotten a boyfriend and she's like, 'I need to take you to the doctor'. I was like, 'Why?' She's like, 'We need to get you on contraception' I was like, 'Mum, I'm not having sex. I'm not lying to you and I'm not, and I don't want to'. – Rōpū, under 20-29 years

Fertility and relationships

Conversations about contraception decision-making happened after some wāhine had given birth. These conversations were initiated by their midwife or a health practitioner. Sometimes this was timely, other times wāhine had other things on their mind, like just getting out of hospital. A wahine

(20-29 years) suggested that it was all about timing, and that perhaps there was a need for an after-birth parent package that provided contraception information and follow-up appointments for whānau.

> They asked me 50 million questions about what contraception I wanted and stuff like that. And again, I ignored them, because I was like, that's so low on the totem pole… I got preeclampsia, so my birth was pretty horrific. And I was kind of all over the place. So, like [contraception was] the last thing on my mind, my main concern was getting out of the fricking hospital - Wahine, 20-29 years

Another wahine (Rōpū, 30-49 years) described losing confidence and feeling uncomfortable in her body after having her first baby young, haemorrhaging, and then suffering post-natal depression. Contraception was the last thing on her mind.

> The doctor had told me that I had post-natal depression, I didn't know what that was, she wanted me to take these different pills each day just to help come back to earth. Yeah, that's a young age; pregnant at 14, and having her at 15. So that's quite young; I didn't know anything about it, didn't even know what they were talking about. So that was another thing with the haemorrhaging, and some women can go through that; they lose their self-confidence. Rōpū, 30-49 years

Some wāhine also talked about having miscarriages, with some attributing these to the types of contraception they were on before they started trying to conceive. For others, their miscarriage was a time marker as they waited to conceive again. A wahine (Rōpū, 40-69 years) also talked about having ectopic pregnancies.

> I was in a relationship for four years and I was only on contraception for the first six months of that relationship. I did get pregnant once about nine months after the rod came out, but I miscarried it around the eight-week mark and then I haven't been pregnant since. – Wahine, 20-29 years

> *So, you didn't use any contraception?* I did at first, but then no, I didn't, and nothing was happening, so I just gave up and then boom…and we had ectopic pregnancies, that's why I stopped. Yeah, so I would have about seven, eight kids by now; all your little nieces and nephews. Yeah, so I'm lucky to have my one. Rōpū, 40-69 years

Older wāhine talked about how menopause impacted them, with some expressing their sadness that they would no longer menstruate.

> Then I was quite sad when I struck menopause or when menopause struck me, because I knew that was the end of it, and it just kind of happened overnight. One minute I'm menstruating, next minute nothing's happening. – Rōpū, 30-79 years

> I got all of it; got the night sweats…I reckon it's worse than your period…I had a hysterectomy, and I thought, 'it won't happen anymore', and my doctor said, 'No, you're going to have a full life'. – Rōpū, under 20-69 years

Some wāhine put their contraception decision-making in the context of the unhealthy relationship they were in at the time. They were not questioned more about this, instead they were able to share as much, or as little detail, as they chose to.

Some wāhine had experienced illness (e.g., cervical cancer) and disclosed this as the context in which they were making decisions about their sexual and reproductive health.

Finally, wāhine who were bisexual or lesbian said that contraception did not concern them when they were in a relationship with another wāhine.

Tāne Māori Views

Although the number of tāne in the present study was small, it is worthwhile highlighting the issues they shared to both breakdown stereotypes about what young tāne Māori are like in terms of contraception and sexual and reproductive health, and to signal topics worthy of more research. All the tāne interviewed were all in their 20s.

A tāne described how his mother tried her best to talk to him about contraception, but he felt like he never learned properly until he was already having sex.

> I also never knew that contraception was not 100 percent accurate, so I became a father in my late teenage years, not that I have regrets or anything. But I do wish I was more informed, maybe at school rather than winging it. My daughter deserves a dad at his best and I was still navigating my way through. Now I'm a solo father trying to navigate what's what for my daughter and I know she'll be hitting these topics soon and I am scared. – Tāne, 20-29 years

A tāne (20-29 years) described sex education at school as "pretty standard" and "definitely Pākehā." He then said his mother would put condoms in his drawer for him.

> You could tell the guy [delivering the sexual health education] was uncomfortable talking about it. He sounded like he just had to get it over and done with. I think he did a decent job, even though half of us were fucking around. – Tāne, 20-29 years

This same tāne described his dislike of condoms and also having some "close calls" when condoms broke. He had not found himself in a position where a female partner became pregnant. He also reflected that contraception responsibility should be shared 50:50 and sounded encouragement for young wāhine to have bodily autonomy.

> I was going to say, just empowering wāhine – especially younger ones as well; to sort of step out of the shadow of their parents and take control of their own body I guess. – Tāne, 20-29 years

Another tāne said he never initially used condoms because he did not know how to put them on and it was not the sort of thing you asked your mates about, and his whānau did not talk about stuff like that. He said he felt he was invincible because the prevention of pregnancy had been stressed at school and he practised the pullout method. When he caught an STI, "I had no choice to go and get checked by my GP, because I was paranoid my dick was going to fall off." After this experience he began to take sexual and reproductive health issues more seriously.

Tāne did seek out contraception from health practitioners. One had had a good experience when his mother took him and his girlfriend to Family Planning, but when girlfriend had a bad reaction to the contraception she chose he said that as a teenager he did not really know how to support her. A second tāne said he felt judged when he went with his partner to see his GP.

> They [Family Planning] were really nice to my girlfriend at the time and explained all her options. We knew nothing and my mum wanted to make sure that we were safe from diseases and [not] having tamariki while we were still tamariki. – Tāne, 20-29 years

> It wasn't really inviting, it felt like we were judged and that I wasn't welcome. It also felt like 'Oh another Māori couple knocked up'. Even though we went in to see what her options are. – Tāne, 20-29 years

5. Suggestions for Sexual Wellbeing Aotearoa Services

Wāhine had suggestions for how Sexual Wellbeing Aotearoa could improve access to their services for wāhine Māori, tāne, and whānau. These suggestions encompassed strengthening the reach, care, inclusivity, scope, and cultural responsiveness of services for Māori.

Making Services Available

Wāhine made recommendations for making services more widely available. These included offering mobile services, drop-in clinics, remote / telehealth (e.g., phone, Zoom) services, and an App. These were posed as particularly important for reaching wāhine in rural areas where services are currently lacking and rangatahi who may find traditional clinic appointments unappealing.

> You know what they should do; you know how they have those buses that go around with smear tests, or they jab your boobies, they should do that for young girls… A bus for contraception, and not just for girls it could be boys too, and maybe just like half boy, half girl. – Wahine, 20-29 years

> You come to us; we don't go to you. Yeah, mobile clinics. Look, if we're really talking [rural areas], if you want to get regional – mobile units, engage with local providers. – Rōpū, 40-69 years

> I think if I was, like, 15 and wanting to get contraception, like, taking that call by phone would be more comfortable… being able to do it by phone, choose and discuss what contraception you wanted, and if it is something that can be just sent to the pharmacy, like, doing it that way, or organising an appointment and a time to just come in and get whatever contraception you are wanting. – Wahine, 20-29 years

> My daughter's been asking heaps of questions about the body and what it does, and I've given her books to read so that she can understand. But if there was an App for them to look at and get info from as well as getting information from us it would help with their learning. The same with the boys as well. App for boys and girls. – Wahine, 30-39 years

A wahine (20-29 years) also suggested it would be good to have a confidential web portal that young people could use to access information without their parents finding out. As part of this desire to see improved availability of services and information, wāhine also recommended that sexual and reproductive health issues be better publicised and services more widely advertised so whānau are better equipped to start conversations and know where to get support (further explored in Destigmatise Conversations below).

> It should be more focal, like there should be a lot more around it, like there's heaps of information and Ads and all that kind of crap on alcohol and drugs. Well, it should be the same for all that as well, and then it normalises it and it makes it something that people actually do talk about, because we talk about the drug use and we talk about drinking and we talk about I wouldn't say bad stuff, but the things that you do need to know, but you don't drive down the road and see a sign about contraception. You don't drive along the road and hear on the radio something about contraception; you don't see anything on the TV about it, the only place that you'll see it is in a Family Planning centre or at the bloody doctors, and who even goes to the doctors, it's too expensive, they go to A & E… like it should just be normalised that it should be a part of society and what gets talked about and what gets even presented or promoted. There needs to be a lot of promotion about it. – Rōpū, 30-59 years

Destigmatise Conversations

The stigmatisation and judgement wāhine Māori felt when they sought advice and contraception were felt to be the drivers of whakamā. Wāhine, therefore, suggested that Family Planning needed to ensure that conversations about contraception were destigmatised and in plain language so that wāhine Māori and whānau would feel safe and comfortable. In the words of a wahine, this would make the service "more like a normal thing and not like really taboo" (20-29 years).

> So, it needs to be delivered in a way that… the stigma around sex is gone, because… it needs to be delivered in a way that it's… positive… making sure that you're safe… You want to walk into a place and

> feel comfortable, that you're being listened to, but also the environment that you go in. And if all you can see when you walk through the doors is White, it's like, I [did not] want to be here. – Wahine, 20-29 years

> I just think, like them listening with an open mind and not judging the patient and why they're there would, like, be good. – Wahine, 20-29 years

> I guess just giving the right information about the contraception and what they can and can't do, but each to their own; people are different how they react to them. Yeah, just sharing that information with our wāhine I guess, giving them all the options, the pros, and the cons of the contraception, and if there's some kind of natural way of contraception that would be amazing. – Wahine, 40-49 years

Some wāhine said they would feel more comfortable talking with a female health practitioner.

> I think definitely with a female it probably would have helped me out a bit, just to be able to speak more open I guess more than anything, just maybe be a bit more open and know that the person across from me like gets it. – Wahine, 20-29 years

There was a suggestion that Family Planning could also support whānau to destigmatise conversations with one another. This was seen as especially important for wāhine who had no-one in their whānau they could turn to for information and support and who had to rely on their friends.

> They should make a parent package to educate for parents to be able to educate their kids if they feel comfortable enough. Some parents don't feel comfortable talking about their stuff. Or make a pack that helps parents be more comfortable to talk about sex and contraception. – Wahine, 30-39 years

> If I had whānau that were understanding, that were supportive, that were non-judgmental, supportive and non-judgmental, they could have walked with me when I was exploring, when I was becoming sexually active, or when I was considering contraception as an option. – Wahine, 50-59 years

> It's supposed to start at home. Opening a space for your daughters or sons, so that they feel safe enough to ask you. – Rōpū, 20-39 years

> How many of us have tried to talk to our kids, like I tried to talk to my son about it, and he like covered his ear said, "No, shut up mum, I know all about it." I was going, "I wasn't going to talk about the mechanics of it, I want to talk about the emotional aspects of it." – Rōpū, 40-69 years

Wāhine suggested that these conversations should cover contraception, STIs, pregnancy – a full range of sexual and reproductive health topics. It was also suggested that this information could be made more accessible for young people by presenting it on social media, especially TikTok.

Welcome Tāne

Wāhine suggested that Family Planning could be more welcoming of tāne, including the partners of wāhine who access their services because "it's not just females that need to be educated" (30-39 years).

> Make [tāne] feel more comfortable at their appointments. More catering to them as well, and having pamphlets for them as well, and not being judged that they have come in with their partners or come in by themselves or whatever. And giving them more. – Wahine, 30-39 years

> Maybe a male advocate as well as a female. They can choose if they want a female or a male to be present to actually explain to them what's happening, and like, do they understand? If not, this is what is going to happen. Do you guys need this? Do you need that? – Wahine, 30-39 years

> What are they doing to make it more accessible for men to do something about contraception? I think you need to really balance that. There's a lot of focus on women taking responsibility and I think it's a cultural thing as well, I think New Zealand, culturally. Maybe if we had a different approach to this, I don't know, social change around making men pick up more responsibility around contraception. And then that would really take some of the pressure off women. It would help women's mental health as well. – Deaf Wahine, 40-49 years

> Our boys. I think we're concentrating so much on contraception, so we don't get pregnant, but actually it takes two to have children, and our boys really need help going through that. – Rōpū, 40-69 years

Wāhine in one rōpū also discussed the need for Family Planning to offer gender-affirming care for trans tāne.

> So for the young people who are trans males, having their period can be really triggering, and really distressing. So using things like the boxes, like really helpful for gender affirming, when it's relevant. These are all things that you know, the world is changing… and these are things Family Planning have to keep up with – Rōpū, 30-39 years

Expanding Services

A wāhine (Rōpū, under 20-29 years) suggested that Family Planning should be given responsibility for sexual health education in schools. Other wāhine suggested that Family Planning could offer more supports were needed around terminations and miscarriages.

> I reckon they need to teach it more in the schools, definitely. Well, that's where our kids spend most of their time. I mean, I never had it in school. – Rōpū, under20-69 years

> It would be great if the Family Planning, all Family Planning clinics offered the abortion pill. – Wahine, 20-29 years

> We need more support around terminations and miscarriages. I didn't really have that much support. I had an abortion when I was 19, and I went in by myself. I was pretty much in and out. And I ended up, I didn't even tell my parents at the time. – Wahine, 30-39 years

> They need to give more information on... miscarriage. They don't really tell you anything… I mean, I lost a life. So, you know, it was traumatic… So, it was important, the follow-up calls. Yeah. Family Planning never ever followed up with anything. – Wahine, 30-39 years

Cultural Safety

Wāhine made suggestions for how Family Planning could be more culturally responsive for wāhine Māori and whānau. This included seeing more Māori staff, including Māori counsellors and advocates, as well as creating spaces that were more welcoming and inviting for Māori.

> My advice would be to be more culturally sensitive at the Family Planning offices… Offer a karakia before or after… Have more Māori artwork displayed around the place. Make it more warm, inviting, instead of cold and clinical. – Wahine, 30-39 years

> We're not just a number… got to earn their trust to be able to open up, a lot of people find it hard to open up. – Rōpū, 30-49 years

> Yes, more welcoming environments. I mean, if it means a smile, offer a cup of tea, have a flower or plants; take a look off your face, even though you might be feeling a type of way in your mind, don't. Tell your face not to look that way when you're talking to your people. – Rōpū, 40-69 years

> Also respect, because sometimes they don't listen, the doctors, and this sort of sounds judgmental, but do you respect yourself because it feels like you're disrespecting me. – Rōpū, under 20-29 years

> I think that thing there about being brought up in different homes; different backgrounds of homes needs to be thought about a lot more, in who's trying to educate these young girls, like not one story fits all kids. – Rōpū, 30-59 years

While wāhine wanted to have more Māori terminology used on posters and more use of tikanga Māori, they were not generally demanding that all Family Planning staff knew te reo Māori.

> Maybe like more like Māori words… even like on their posters and stuff, like have it in Māori as well as English… I wouldn't expect them all to be able to use the terminology, but if they could, then I feel like

> it would make me, as a Māori, more comfortable talking to them, because I'm like, 'Oh', [they're] accepting of who I am, as Māori. – Wahine, 20-29 years

> I don't know, I guess having services that are run by Māori and/or [include] Māori values or tikanga Māori wrapped around, stuff like that. But also, the way we talk about, like, the uterus, or like the vagina or like stuff like that, actually going, 'This is where the baby is'. – Wahine, 20-29 years

There was also a suggestion that Family Planning could run clinics specifically for wāhine Māori and/or employ more Māori health practitioners.

> Having Māori practitioners would be amazing because you can go in there and kind of, when I see… a Māori face, or Māori nose, I instantly feel a little bit more at ease, because I know that even though we won't have had the same kind of experiences growing up… as Māori people, we have very similar beliefs, beliefs, values and things that are important to us. – Wahine, 20-29 years

> It would be nice to have Māori women there, because they will understand how I feel. From a Pākehā perspective it was a little bit cold. You just get that. But then what do I do? After, I like to know what happens, I like to have some kind of connection, but there was nothing… In the future it would be nice to have Māori women in that service. I would probably encourage my friends to go there. I'd be warm and I'd sit down with them and explain, which is really important. – deaf Wahine, 60-69 years

> What about having an option to have a wahine Māori present, like an advocate. I've been a few times to Family Planning for check-ups and stuff like that, and every time there's always that question, you know, are you on contraception and would you like to try it? I guess it would be nice to have someone Māori to be present, just to be present. Just to sit there with you. – Wahine, 20-29 years

> I think for me it would be seeing a brown face at the Family Planning clinic. You know, even if I had to go in and see a clinician who was Pākehā, to at least have like an aunty kind of person on the desk saying, "Oh, kia ora dear, would you like a cup of tea while you're waiting?" That kind of thing… That manaaki, Āe, kia ora. – Rōpū, 40-69 years

It was suggested that this could lead to more discussion of traditional Māori methods of contraception.

> I think we need more of a Māori based kaupapa around contraception and what it is and how we can use other avenues, not just, you know, the stuff they provide you at the doctors. – Wahine, 30-39 years

> We need our own Māori healers, our own practitioners that understand a Māori world view, and a lot of us can use maramataka as a contraception. There's more information and more education around the maramataka now; why aren't we adapting that and putting it into our health systems? – Rōpū, 30-59 years

Summary

Wāhine had many suggestions for how Family Planning, now Sexual Wellbeing, could strengthen access for wāhine Māori and tāne Māori to contraception. These ranged from increasing the range of services offered, to ensuring that services were destigmatising and welcoming of tāne, to supporting Māori-centred services that were staffed by Māori and were inclusive of contraception choices from within Te Ao Māori.

Discussion

This study of wāhine Māori and contraception was collaboratively designed by a group of wāhine who then went on to interview wāhine and a small number of tāne from their networks, in one-to-one and focus group settings. Stories about the experiences of wāhine were gathered and, in the focus groups, examined for common themes and lessons that could be learned. Just over 90 wāhine were involved in these interviews, along with eight tāne Māori. Their whakaaro provided insights, a wealth of knowledge, and feedback about how the responsiveness of Sexual Wellbeing Aotearoa (formerly Family Planning) services can be strengthened. The intimacy of the interviews was also testament to our collaborative design methodology and the engagement with participants that our skilled researchers were able to foster.

The experiences wāhine shared showed that wāhine in different age groups and in different contexts were at times very similar and at times quite unique. In terms of service responsiveness, this study has demonstrated that one-size fits one wahine, as very few assumptions can (or should) be made about a wahine accessing a sexual and reproductive health service. Rather, services should seek to understand and respond to the lived reality of a wahine and share with her the contraception knowledge that supports her to make an informed decision. This decision then needs to be followed through with active service support to ensure that wāhine have good access to the contraception that they want. In line with this, this discussion looks first at contraception knowledge and then at access to contraception for wāhine Māori. This is followed by some reflections from the present study about what Sexual Wellbeing Aotearoa might do to strengthen access to its services for wāhine Māori.

Accessing Knowledge

The access wāhine had to knowledge about contraception when they were in their teens varied from none to knowledge gained from parents, whānau, friends, schools, health practitioners and/or work colleagues. While some wāhine did not learn about contraception until after their first or second pregnancy, knowledge about contraception did not necessarily mean that other wāhine avoided unplanned pregnancies.

For the young wāhine who said their parents had told them very little, it seems little has changed since Waetford undertook interviews in the 2000s. Waetford (2008) found that the young wāhine Māori felt their parents were reluctant to discuss topics of sexuality and sexual health. They also felt a strong need to learn more about sexual health. Despite the availability of information, the wāhine were deterred by feelings of shyness, embarrassment, and concerns about others' perceptions, which prevented them from actively seeking sexual health information. Waetford (2008) highlighted the importance of strategies that focus on collectives rather than individuals and support young people within the context of their whānau. Strengthening Māori communities to enhance young people's understanding of sexuality and sexual health may involve, for example, encouraging whānau to discuss relationships and sexuality with their young people in culturally and socially appropriate ways. In this context, whānau need to have greater access to accurate and high-quality information and resources that are culturally acceptable.

What Whānau Said or Left Unsaid

The relationships some wāhine said they had with their mother or with their father meant they were often supported to make their own contraception decisions, including decisions about whether to terminate an unplanned pregnancy. Parents who were conservative, who were not knowledgeable themselves, and/or who were time poor were reported as not discussing sexual and reproductive health with their daughters. And some wāhine were adamant they did not want to talk about such matters with their parents. Even so, parents' (or grandparents') sharing of contraception and

relationship knowledge and guidance can inform contraception choices that, in turn, can give wāhine Māori full control and choice over if and when she brings a child into this world (Bateson, 2019). In this way, whānau lay the foundation for the bodily autonomy of young wāhine (Morison & Le Grice, 2023).

Sexual Wellbeing Aotearoa (2024) have developed a whānau guide, *Ngā Kākano,* for talking about sex and sexuality, saying they "hope it provides an opportunity for you and your whānau to discuss what is important to you and what you want your child/tamaiti to know about who they are and their relationships with others." While encouraging parents and caregivers to find out about contraception, the advice given in the guide is for parents/caregivers to encourage rangatahi to talk about contraception with a professional before they are sexually active. Advice could also be given to whānau about respecting the bodily autonomy of young wāhine and tāne, as Oranga Tamariki does in its Practice Centre,

> However, as tamariki and rangatahi become older, they will want to make more of their own choices and decisions, including decisions about relationships, and this can be a challenging time for parents and whānau or family (Oranga Tamariki, 2024).

All this may be appropriate for wāhine in our study who said they would rather not talk with their parents about sex and contraception. However, for other wāhine who either value the advice of their whānau and/or who would like to be accompanied to health practitioner visits where contraception is being discussed, the guide's advice might fall short. Ways therefore need to be found to promote and guide collective, whānau-based discussions about these issues, as these discussions may contribute to the sexual wellbeing of several generations of whānau as they seek out and share learning together. Like many other topics, there is a wealth of information on the internet, and it may be important to also guide whānau and wāhine about what information is most helpful. This may also support wāhine to 'fact check' information that is passed on to them by a respected whānau member.

Le Grice, Braun and Wetherall (2017) describe the need to revitalise mātauranga Māori practices within relational processes. This revitalisation can occur within whānau, as well as be supported by others with skills and expertise (e.g., midwives, tohunga) who are known to whānau. Learning about contraception and topics within the context of their whānau, such as the expectations wāhine should have of intimate partner relationships, can strengthen whānau relationships. These moments can also become the cherished memories, like those Le Grice et al.'s (2017) participants recalled when asked about their reproductive histories. As the authors write,

> In addition to providing a system of support for children and a ready-made network of relationships to aid with developing identity and interactions, the dynamics of whanaungatanga ran deeper, providing a positive context for experiencing and teaching aroha, tiakitanga (guardianship, protection), and wairua (capacity for spirituality) (Le Grice et al., 2017, p. 92).

Learning or Not Learning at School

School-based sexual health education did not put wāhine in a knowledgeable position, either because it was not relevant for their lives because they were not sexually active, or it was too late because they were sexually active. In addition, the sexual health education they were offered was confusing for many and readily identified by some wāhine as very Western and White. No wāhine reported an experience of culturally responsive sexual health education.

Relationships and sexuality education is a key area of learning in Health and Physical Education in the New Zealand Curriculum. It became compulsory up to and including Year 10 (13-14 years) in 2001. The critiques raised by wāhine in this study about this education have been known for some time (Education Review Office, 2007; Waetford, 2008), and the guidelines that support schools in the delivery of the programme have been updated twice (2015, 2020) since they were published in 2002

(Lardies, 2024). Currently, relationships and sexuality education begins in years 1-3 (5-7 years), with the identification of body parts, hygiene, feelings and empathy, and appropriate touching. Year 7-8 students (12-13 years) learn more about puberty, menstruation, body development, and gender identities as well as contraception and its relationship to choice, consent, social norms and wellbeing (Lardies, 2024). When they reach years 9-11 (11-15 years) students learn more about interpersonal skills, desire and intimacy, among other topics. The curriculum the youngest of the wāhine in this study found difficult and confusing has therefore become more holistic, and identity and relationship-focused.[6]

In 2022, *Te Ira Tangata*, a relationships and sexuality education programme that whānau and kaiako could adapt to the needs of their community, was introduced for use in kura. The programmes consist of a suite of resources for years 7 and 8 and a second suite for years 9 and 10. All the resources are based in te Ao Māori, including being written in te reo Māori (Education Gazette editors, 2022).

> Feedback from kura and whānau has been very positive. Te Ira Tangata was developed in partnership with several Māori medium schools over a period of 18 months to two years. *Te Whāriki* Takapou worked alongside teachers, whānau, and Māori community experts to design, teach and evaluate each programme before releasing to the public (Education Gazette editors, 2022, p. 1).

Resources are also available for supporting Rainbow students within relationships and sexuality education (Mental Health Foundation, 2024).

Sexual Wellbeing Aotearoa (2024) also offer a range of resources to support relationships and sexuality education and have noted that it should also encompass "Te Ao Māori understanding[s] of sexual and reproductive health and relationships and strengthen Māori identity including connections to mātauranga Māori, te reo Māori and tikanga Māori." Jenkins and Pihama (2019) advocate for the teaching of Mātauranga Wāhine within an educational context, because this plays a vital role in providing a safe space to empower wāhine Māori by enhancing the mana of their cultural identity. They write that it is critical that such transmission of mātauranga wāhine emphasises the importance of not only academic knowledge, but also community-based knowledge being passed down from wāhine elders to the next generation. As described above for whānau, the educational responses to strengthen the access wāhine Māori have to sexual and reproductive health knowledge may therefore also be two- or three-generation (e.g., rangatahi, māmā, nan) educational strategies.

Contemplating Contraception

Wāhine had a range of knowledge about contraception that had been built up from a variety of sources (e.g., whānau, friends, school, work colleagues) as well as their own perceptions (e.g., their personal inability to comply with instructions for the pill) and experiences. Wāhine were also navigating explanations for their own experiences of becoming pregnant while on contraception, or of not being able to get pregnant after being on contraception. Their tendency to draw heavily on the explanations of wāhine who had had similar experiences to them may lead to shared misunderstandings of contraception and fertility. These shared experiences potentially then feed their reluctance to seek health practitioner advice.

Access to Services

This study has shown that when they were not listened to or felt bullied by a health practitioner about what contraception they should have, many wāhine simply accepted the outcome. Other wāhine. were insistent in the face of this opposition to their reproductive autonomy, with some seeking out a

[6] However, as Lardies (2024, p. 1) notes, "One of the promises in NZ First's coalition agreement with National reads, "Refocus the curriculum on academic achievement and not ideology, including the removal and replacement of the gender, sexuality, and relationship-based education guidelines."

different health practitioner who would listen to what they wanted. The poor treatment of wāhine seeking contraception by primary care health practitioners should not be surprising, given over 35 years of health research showing Māori receive poorer health treatment and have poor health outcomes (Graham & Masters-Awatere, 2020; Palmer, et al., 2019). In 2003, Cram and Smith (2003, p. 7) wrote that their interviews with urban wāhine Māori, "highlighted the need for culturally appropriate, safe and accessible health care delivery mechanisms that acknowledge the day-to-day realities of urban Māori women." They also highlighted that supporting wāhine to access healthcare includes resourcing support people to accompany wāhine and ensuring that they have childcare and transport. This led the authors to advocate for marae-based services as,

> marae-based health services are often accessible to Māori women for functional reasons (such as transport being provided to the marae and the health service being cheap if not free), and cultural reasons (such as children being welcome and that the marae is a meeting place for people) (Cram & Smith, 2003, p. 7)

The reason for including this study, that is now over 20 years old, is that wāhine Māori and Māori more generally have been asking for the same things from health services for a long time. From their systematic review of 54 qualitative studies of Māori consumer experiences of health services, Palmer and colleagues (2019) observed that clinical care is not aligned with tikanga Māori. This is potentially the source of Māori consumer discontent with patient-health practitioner relationships and communication. Like the wāhine in this study, Palmer et al. (2019) also reported barriers to access that included cost and internalised racism, with the latter possibly a better description of what we have termed 'whakamā' in this study. These barriers to access – in terms of both attending health care services and being treated well by those services – meant that many wāhine in our study did not have reproductive autonomy.

Adcock and colleagues (2023) talked with ten health care 'champions' (only one of whom was Māori) that were identified by whānau whose babies were receiving preterm care. The descriptions of whānau and of the champions themselves demonstrated that the respectful and culturally competent health care practices Māori wanted could and were being delivered by health care practitioners that whānau described as 'like whānau'. These practices included health care practitioners working collaboratively with whānau and encouraging whānau autonomy, practitioners building relationships with and being critical social support for whānau, and practitioners acknowledging and honouring the sacred space and time of childbirth and preterm birth trauma. The authors conclude,

> Champions were key connectors between health care teams and whānau, striving to work in partnership within a sacred space of birth and new life. They navigated, advocated, shared knowledge, and wrapped whānau with support and care. They undertook 'mahi aroha' – work done out of a love for the people (Adcock et al., 2023, p. 10).

When health care practitioners are champions and 'like whānau', whānau feel culturally safe and well-cared for. This is the context in which the contraception autonomy of wāhine Māori can flourish, especially if health practitioners also bring to their work an understanding of colonisation and the dual roles of racism and sexism perpetuating the health inequalities experienced by wāhine Māori (Te Aka Whai Ora, 2022). While this advice is targeted more at 'mainstream' health services we should bear in mind Irihapeti Ramsden's (2002) words, that wāhine Māori also need the cultural safety – Kawa Whakaruruhau – of 'by Māori, for Māori' services.

Strengthening Sexual Wellbeing Aotearoa (formally Family Planning) Services

Wāhine made five practical suggestions about what Sexual Wellbeing Aotearoa could do to strengthen access to its services for wāhine Māori.

- Making services more widely available

Many wāhine Māori face barriers such as geographic isolation, limited healthcare facilities, and a lack of culturally appropriate services. To address these challenges, a multi-faceted approach is needed. Wāhine in this study who lived in rural locations or at a distance from services suggested pop-up clinics, mobile clinics or, at the very least, being able to book appointments for different services on the same day if they had to travel.

Pop-up or mobile health clinics can bring essential services directly to rural communities, ensuring that wāhine Māori receive the care they need without extensive travel (Paterson et al., 2024). Wāhine suggested that these clinics be for whānau, including tāne Māori. Telehealth services, which were also suggested, can also offer a promising solution, allowing wāhine Māori to consult with healthcare professionals remotely. This can be particularly effective in providing education about contraception options and addressing any concerns (Minister of Health, 2023).

- Destigmatizing conversations about sexual and reproductive health

Wāhine wanted services that were non-judgemental, where health practitioners could effectively communication and provide appropriate information to allow for informed decision-making. This also involves respecting Māori values and perspectives, promoting informed choice, and upholding the rights of wāhine to bodily autonomy. This, in turn, requires health practitioners to understand and integrate the spiritual, emotional, and cultural dimensions of contraception, and practise Māori-centred relational health care as well as ensuring wāhine are provided with the necessary care to make informed decisions about their reproductive health (Wilson et al., 2021).

Outside of health care settings, community-based education programmes can empower wāhine Māori with the knowledge to make informed decisions about their reproductive health, promoting autonomy and wellbeing. If these programmes were done in partnership with kaumātua, and possibly held at marae (see above), then cultural knowledge can be at the heart of the discussions and people held safely to ask questions and seek knowledge (Gillies & Barnett, 2012; Rewiti, 2022).

- Be welcoming of tāne Māori

Wāhine and tāne wanted services that welcomed tāne Māori and saw them as partners in contraception decisions. This will become more important in the future as more contraception options become available for men.

Historically, sexual health services have often overlooked the specific needs and perspectives of tāne Māori. Creating a welcoming environment begins with culturally competent staff who understand and respect Māori values and traditions is a start to being welcoming. This can be augmented by training healthcare providers to communicate effectively and sensitively with tāne Māori. Community outreach and involvement are also crucial. Partnering with Māori organisations and leaders can support service design and delivery that resonates with tāne Māori, ensuring they feel respected, understood, and supported in their contraception choices (Clark, Robinson, Crengle, & Watson, 2006; Russell, 2013).

- Expanding services to support wāhine Māori experiencing miscarriage or termination of pregnancy

Wāhine talked about not being supported to heal after a miscarriage or termination of pregnancy and suggested that Sexual Wellbeing Aotearoa could offer these services. By offering holistic support,

sexual health services can foster a sense of dignity and respect, ensuring wāhine feel heard, validated, and cared for during vulnerable times. This comprehensive approach promotes healing, resilience, and overall health (Kenney, 2009).

Experiencing a miscarriage or pregnancy termination can be emotionally and physically challenging, often leaving wāhine with complex feelings of grief, guilt, or relief. Providing support helps address these emotional and psychological needs, offering a safe space for wāhine to process their experiences. Access to counselling and mental health services is crucial in helping them navigate these feelings and prevent long-term emotional distress. Additionally, follow-up medical care is essential to ensure physical recovery and prevent complications. Education on future contraception options and reproductive health can empower wāhine, helping them make informed decisions about their bodies and futures (Laurence, 2019).

- Making Sexual Wellbeing Aotearoa services and clinics more culturally welcoming and safe for wāhine Māori, including the provision of kaupapa Māori services and contraception options

Wāhine also wanted clinics and services to be more welcoming, with this including signage through to staffing through to offering contraception options sourced from te ao Māori.

Mātauranga Māori about contraception may well be shared by knowledge holders for the purpose of informing services for Māori. Contraception, in the context of Mātauranga Māori, is not merely a medical or practical concern but also a cultural and spiritual one. Traditional Māori approaches to health often emphasise balance and harmony within oneself and with the environment. Thus, decisions about contraception are likely influenced by a desire to maintain this balance, respecting both personal autonomy and the broader whānau and community dynamics. Moves to become more culturally responsive will therefore also require Sexual Wellbeing Aotearoa to shift to whānau-centred care, in acknowledgement that whānau is the building block of Māori society (Ministry of Health, 2002; Smith G., 1995).

These changes potentially need to come about through structural changes to governance and policies so that there is more Māori involvement and more recognition of te Tiriti roles and responsibilities.

Limitations

The personal networks used to recruit wāhine for the present study means that the sample was not random. However, a wide age range of wāhine were involved in interviews, from rural and urban centres. They expressed a wide diversity of opinions and shared a wealth of different experiences. The study involved kuia, deaf wāhine, and wāhine who hinted that their interpersonal relationships had not been healthy.

The number of tāne was small but they added an interesting ‘flavour’ to the findings and their views suggested the value of a tāne-centred study of contraception.

Future Research

When wāhine spoke about what else was going on in their lives, as a bigger context for explaining / understanding their experiences with contraception, they mentioned issues that could be ideas for future research. In addition to not receiving information about contraception from their whānau, some wāhine did not know about menstruation, suggesting that there is a gap in the intergenerational transmission of knowledge about women’s bodies, puberty and perhaps more broadly biology. There may also be a gap in mātauranga and tikanga related to puberty. Other topics mentioned that could be followed up included fertility, long-term conditions, menopause and intimate partner relationships, some of which potentially challenge bodily autonomy while others challenge sense of self and identity.

Conclusion

Understanding health care utilisation and retention in care is crucial to improving health outcomes for wāhine Māori. Structural barriers, including affordability, location, and extended travel times, significantly affect access to health care services. These barriers can prevent wāhine Māori from receiving the care they need, leading to disparities in health outcomes.

It is essential to address these barriers by providing culturally appropriate and accessible health services. Cultural competence among health care providers is critical to ensure that wāhine Māori feel welcomed and respected in health care settings. This involves understanding and respecting Māori values, beliefs, and practices, and incorporating these into health care delivery.

Reproductive health care is a fundamental right that includes the ability to decide if and when to have children and to control reproductive decision-making. For wāhine Māori, this right is often compromised by barriers to accessing contraception and other reproductive health services. These barriers can include concerns about side effects, safety, ease of use, frequency, impact on sexual relationships, hormonal issues, fertility, cost, privacy, and bodily autonomy.

To improve health outcomes for wāhine Māori, it is crucial to listen to their experiences and incorporate their feedback into health care planning and delivery. Ensuring that health services are culturally safe and responsive to the needs of wāhine Māori is key to promoting their wellbeing and self-determination.

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Glossary[7]

atua	ancestor with continuing influence, deity
kaitiaki	caretaker, guardian
kaitiakitanga	caretaking
Kawa Whakaruruhau	cultural safety
mana	status, authority
manaakitanga	hospitality
marae	courtyard in front of a wharenui; often used as the name of the complex of buildings around a marae
mātauranga	knowledge
Papatūānuku	Earth Mother
pēpi	baby/ies
rōpū	group
tāne	man, men
tikanga	custom, lore
tūpuna	ancestors
wahine	woman
wāhine	women
wānanga	forum
whakapapa	genealogy
wharenui	meeting house
whenua	land

[7] Moorfield (2024)

Appendices

Appendix A. Participant Information Sheet

He Tapu te Whare Tangata – Wāhine Māori & Contraception
An in-depth qualitative study for the Family Planning, 2023

Participant Information

Tēnā koe

This is an invitation to be part of an in-depth qualitative study for Family Planning about wāhine Māori experiences of contraception. We're inviting wāhine from all over the country to be part of this study.

This study is being led by Fiona Cram (Ngāti Pāhauwera) from Katoa Ltd., with the support of Dame Areta Koopu, Anna Adcock and Aneta Cram. We have a wonderful rōpū of wāhine Māori who have been working with us to collaboratively design the study, including Louise Were, Andrea Fox, Beverly Te Huia, Deni Tipene, Āwhina Henry, Jillian Scammell and Ngaroimata Reid. We are all going to be doing interviews and running focus groups.

What's the study about?

This study is about contraceptive decision-making, including the facilitators and barriers wāhine Māori encounter accessing the contraception of their choice.

A goal of the study is to provide Family Planning with practical recommendations about how they can help ensure that wāhine Māori have access to a full range of contraception options.

Why would I want to be involved?

What you have to say about your experiences will help Family Planning strengthen the contraception support they provide to wāhine Māori.

While you may not personally benefit, it is our hope that this study will be of benefit to wāhine Māori who want Family Planning support.

Where does the money for this study come from?

The study is being funded by Family Planning.

How long will it take?

The time it will take depends on whether you'd like to be part of a group discussion, or have a personal interview (by yourself or with a friend or whānau member if you'd like someone else there). You can choose which option works best for you.

Group discussion – You should set aside around two hours for a group discussion.

Personal interview – We suggest you set aside at 40-60 minutes.

What will I be asked?

In a **group discussion**, you'll be asked to share a pūrākau or story about wāhine Māori and contraception. This should be a personal account of something you have experienced or been part of. When everyone in the group has shared their story, the group will discuss the stories and the messages that come from them that can inform Family Planning's service for wāhine Māori.

In a **personal interview**, you'll be asked to share your experiences of contraception. This might include, for example, how you found out about contraception, how you feel about contraception, how you got hold of contraception, and what contraception worked or didn't work for you. What we talk about will also depend on what you'd like to share.

Before we talk, I'll ask you to sign a consent form. This is just for us to make sure that you understand what it means to take part in this study. Signing the consent form doesn't stop you from changing your mind if you want to withdraw.

I'll ask you if it's okay for me to audio-record our talk. If, during our talk, you want to say something "off the record" just tell me, and I'll turn the recorder off. If you don't want to be recorded just let me know and I'll take notes when we talk.

Where will we talk?

If you'd like to have an individual interview, we can talk wherever you feel most comfortable – even on-line. If you'd like to be part of a group discussion, we'll all gather somewhere that's good for us to talk.

Will I have to answer every question?

No, just tell me if you'd rather not talk or answer a question. And if you don't quite get what a question means, just tell me and I'll have another go at asking it.

If, after we've talked, you change your mind about being involved in this project, just let me know and I'll delete our conversation from my files. Because of our schedule, we ask that if you want to withdraw, please do so within a month after we talk.

What will happen with what I say?

The recording of the interview or discussion you're involved in will be transcribed but your name won't be put on this transcript. Only the research team will have access to this transcript and you won't be personally identified in any of our reports. We'll keep interview recordings and transcripts secure for 10 years, after which time they'll be destroyed.

If you participate in a one-to-one interview, you can get a copy of the transcript of your interview. If you are in a focus group discussion, we can send you a summary of the discussion. If there is anything incorrect in the transcript or discussion summary or anything you'd like to have removed or added, let us know within four weeks of receiving it and we'll make the corrections.

We'll be writing a report for Family Planning towards the end of the study, based on everything people tell us. This will include common themes or things that lots of people talk about as well as interesting ideas that might come from only one or two people. You won't be identified in this report. We can send you a copy of this report when it's completed so that you know what has gone back to Family Planning from this research.

We may also write about this project in other ways, for example, a booklet for wāhine Māori or an academic publication. If we do this, you will not be identified and we can also send you copies of any other things we write.

What if I still have questions about the study?

Please ask me any questions you still have. If you want to reach me, my contact details are:

Name of interviewer	*Mobile / phone number*	*Email address*

This research has been assessed and approved by the Aotearoa Research Ethics Committee (AREC22_XX). If you have any questions or concerns, please contact the Manager of AREC, Dr Keely Blanch, on manager@aotearoaresearchethics.org

What if being involved in this study brings stuff up for me?

We appreciate that being involved in research, especially if it's about a personal topic like contraception, can sometimes mean that people talk about difficult things they've experienced in their lives. When this happens, it can be good to talk to someone afterwards to debrief or to seek help and support. We've included details below for some of the organisations that can be called for support. Fiona can also be contacted, and her details are also included.

Available helplines:
Depression Helpline, free phone 0800 111 757
HELP - Support for Sexual Abuse Survivors, free phone 0800 623 1700 (24 hour confidential phone line)
Intimate partner violence or violence at home, contact SHINE, free phone 0508-744-633 (24 hour)

Fiona Cram, Katoa Ltd. Mobile: 021774690. Email: fionac@katoa.net.nz

Kia ora!

We really appreciate you taking the time to consider being part of this study.

If you choose to be involved, we'll gift you a small koha, as a thank you for taking the time to share. If someone supports you by looking after your tamariki or being there for you at your interview, we also have a small koha for them.

KATOA LTD.
Fiona Cram, PhD, Director
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Appendix B. Participant Consent Form

He Tapu te Whare Tangata – Wāhine Māori & Contraception

An in-depth qualitative study for the Family Planning, 2023

Research Consent Form

About this kōrero

We want to talk with you today about your views about contraception. What we talk about today will help inform Family Planning's work to better understand and provide services to wāhine Māori. We want to hear what you think. This is voluntary - you do not have to talk to us today if you do not want to. Saying no will not have any negative effects. Please see the information sheet for more details.

If you talk with us today, everything you say is private

1. We would like to record our discussion so we can focus on what you say. We will not write down your name on the recording. Only our research team will have access to the recording or the notes.
    a. Your recorded responses will only be used for analysis by our team.
    b. The person who types up what is recorded in your interview has signed an agreement to keep your information private and confidential.
2. You can choose not to answer a question if you don't want to. You can ask to finish at any point. You can withdraw at any time during this kōrero, or withdraw any information you share up to 1 month after the interview.
3. All your information will be password protected and securely stored for five years, after which it will be destroyed.
4. The results of this research will be published as a publicly available report. Findings might be shared at conferences and/or published in an academic journal.

Do you have any questions?

Are you OK to start talking?	**Yes / No**
Have you read or talked through the information sheet?	**Yes / No**
Are you OK for us to record our kōrero?	**Yes / No**
If you have participated in a one-to-one interview, would you like a copy of the transcript of your interview?	**Yes / No**
If you have participated in a focus group, would you like a summary of the focus group discussion?	**Yes / No**
Do you want a copy of the final research report?	**Yes / No**

If ‘yes’ please provide an email or postal address where we can send the report (and koha, if we talked to you online):

Please write your name in full:

Date: Signature:

Appendix C. Interview Guides

Introduction

These interview guides, including scripts (in non-italics), have been drafted for community researcher training in August 2023. It is anticipated that some changes may be made to the wording and additional instructions (in italics) may be added to fine tune the scripts and guidance so that the community researchers from our Rōpū Wāhine feel comfortable and confident. We are also considering translation of the finalised guides into te reo Māori.

Individual interview

The following is a suggested script and interview guide for running a focus group hui. These instructions follow on from any welcomes, karakia and whakawhanaungatanga.

Changing this script *While the language in this script may be modified to reflect a researcher's preferred phrasing, please keep the intended meaning so that those you are interviewing can understand we're wanting to know / learn from them.*

Participant consent

Before we get started, I'll take you through the participant information sheet in case you have any pātai. Then, if you're still happy to continue with an interview, I'll get you to sign the consent form and fill in the 'About You' form.

Read the participant information sheet out loud and check with wahine about whether they have any pātai.

And are you okay if I record our hui?

When they're happy, ask them to sign the consent form and to fill in the 'About You' form.

Asking about contraception knowledge and experience

As you know, our study is about wāhine and contraception. We'd like to hear about the experiences you've had of contraception. I've got a couple of questions to start off with, but you should feel free to start your story where you'd like to start it, and to talk about what you feel is important. My first question is,

a. When did you first learn about contraception?

   Follow-up questions:

   Can you tell me about this moment – who were you talking with? Was there a bigger kōrero that talking about contraception was part of?

   Where do you feel the information shared with you came from? (for example, from Pākehā health systems, mātauranga Māori, a mix of different sources)

   What were your feelings about this kōrero at the time?

b. When did you first go to get contraception for yourself?

   Follow-up questions:

   Where did you go? Did anyone go with you?

How did that appointment go for you? Were there parts that were particularly bad or particularly good?

Did you end up getting contraception? *If she got contraception* ask, Did the contraception work out for you?

c. What have your other contraception experiences been like since this first one?

Follow-up questions:

Have there been experiences that you feel should have gone better than they did? *Encourage them to talk about what was bad.*

Have you had other experiences that have gone well for you? *Encourage them to talk about what was good or what went well.*

d. Is there advice you'd like to give to Family Planning about how they can improve their contraception service for wāhine Māori?

If they're not sure about Family Planning in particular, ask about what advice they'd give to a service that wanted to provide a good contraception service to wāhine Māori.

e. Is there anything else that I should have asked you about but haven't?

This is an opportunity for wāhine to add other comments that are on their minds and/or talk about other topics that they see as related to contraception.

Ending the hui

At the end of this round, finish the hui in a way that works for you; for example, a big mihi to them for their time and kōrero and a closing karakia. This is probably a good time to also give them their koha for participating.

Focus Group Hui

The following is a suggested script for running a focus group hui. These instructions follow on from any welcomes, karakia and whakawhanaungatanga.

Whakawhanaungatanga *If the wāhine in your hui know each other well, you may want to take a different approach to whakawhanaungatanga. For example, asking wāhine to share something about themselves that others may not know. Give a light-hearted example such as, "my favourite colour is yellow even though I don't often wear it," so that wāhine will know that they don't have to share anything overly personal.*

Changing this script *While the language in this script may be modified to reflect a researcher's preferred phrasing, please keep the intended meaning so that those in the hui can understand what they are doing in each of the three hui components.*

Overview of the hui

This hui (use wānanga if you prefer) has three parts.

In the first part you'll be sharing your stories – pūrākau – about wāhine Māori and contraception. Hopefully you've had a chance to think about the story you want to share. If not, listening to others' stories is bound to give you an idea or two.

In the second part, you're going to talk about the things you heard in people's stories. You're going to pair-up and talk with your neighbour before we have a bit of a group discussion.

The third part continues the group discussion, with a kaupapa of the key messages you want us to pass on to Family Planning about how they might make their service more culturally responsive for wāhine Māori.

Then we'll finish up with a round of feedback about how this hui has gone for you. Kei te pai?

If wāhine have questions at this stage, it may be best to ask them to hold on to them as they may be answered in the participant information sheet. Make a note of the questions so you can come back to them before asking them to sign the consent form.

Participant consent

Before we get started, I'll take you through the participant information sheet in case you have any pātai. Then, if you're still happy to be involved in this hui, I'll get you to sign the consent form and fill in the 'About You' form.

Read the participant information sheet out loud and check with wāhine about whether they have any pātai.

And is everyone okay if I record our hui?

When everyone's happy, ask them to sign the consent form and to fill in the 'About You' form.

Sharing pūrākau – stories about contraception

Like I said earlier, this first part of our hui is about sharing stories – pūrākau – about wāhine Māori and contraception. Who'd like to start us off?

You may need to pick someone to start off with the storytelling. Alternatively, you may want to start things off by telling a story yourself if people seem hesitant to begin. Go around the group with everyone taking a turn to share a story.

If people want to break out into discussion, it may be easiest to ask them to hold on to their thoughts as the discussion will follow when everyone's had a chance to share. You can have post-it notes and sharpies on the table so they can write a note about what's come up for them.

When the round of storytelling has finished, thank everyone for their sharing.

Messages have we heard in the stories / pūrākau

Check whether people would like a 5min break to get a cup of tea or go to the wharepaku or just to stretch a bit. When people are back and settled, check in if there are any pātai before you carry on.

In this next part of the hui, I'd like you to talk to you neighbour about the messages that you've taken from the stories. This might be something that stood out for you in a particular story, or it might be a theme that ran across a couple of the stories.

I'll give you about 10 minutes to talk together. When you come up with a message that you heard can you write it on a post-it note. Each message or topic that you come up with should be jotted down on its own post-it note.

Any pātai about this next part?

Okay, get together with your neighbour and see what messages you can come up with.

Time this session to ensure it goes for around 10-12 min. When there's two minutes to go, give people a heads-up like: E rua miniti… *And then,* Okay, times up. Let's share what you've heard. *Pick a pair to start the sharing*, Would you like to share one of the messages you heard in the pūrākau?

As people share, ask them to put their post-it note on a sheet of paper in the middle of the table / group, Can you put your post-it note on the sheet of paper in the middle.

After a pair shares, ask others if they heard a similar message, Did anyone else hear something similar?

If there are others who heard something similar, ask them to share what they heard and to add their post-it note to the one that's similar, Can you tell us more about the message you heard, and add your post-it note alongside theirs.

As people add more post-it notes, they can be encouraged to arrange them – like messages with like messages – with the group chipping in about what they think the commonalities or groupings of messages is, If there are post-it notes with similar messages, let's see if we can keep them together.

Encourage group discussion – it may happen by itself, or you may have to chip in with some thoughts of your own about the message shared. Don't foreclose on group discussion. When there's a natural pause, then ask the next pair to share one of the messages they heard.

Spend about 20 minutes on this part of the hui – so around 30 minutes all up. But be careful not to shut the discussion down if people are really getting into talking about the messages and their commonalities.

When the discussion and sharing winds down, thank people for all their sharing and perhaps go over how the post-it notes have been groups, summarising some of the bigger, overarching themes (if you feel confident doing this).

Messages for Family Planning

We'll now move into the third part of our hui – thinking about the messages we'd like to pass on to Family Planning. What would you like us to say in our report about how Family Planning can strengthen its cultural responsiveness so that wāhine Māori feel more confident and comfortable accessing their services for contraception?

This could come from the messages on the post-it notes or other messages that you think Family Planning need to hear.

Encourage people to suggest messages. It may be useful to have another large sheet of paper that the messages are written down on so that people can discuss and perhaps agree on the wording and meaning of the message.

Ending the hui

At the end of the hui, it'd be good to have a final round – poroporoaki – where people are invited to say what they've thought of the hui and the discussion.

Before we finish up, we'll have a round of any final comments and perhaps you can say a little bit about how you've found this hui.

At the end of this round, finish the hui in a way that works for you and the group; for example, a big mihi to them for their time and kōrero and a closing karakia. This is probably a good time to also give people their koha for participating.