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A Mother's Hope

Pacific Teenage Pregnancy in New Zealand

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A thesis submitted in fulfilment of the requirements for the degree of Doctor
of Philosophy in Paediatrics

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ABSTRACT

Background: Following the mass migration in the 1970's a young urbanised Pacific population has emerged in New Zealand (NZ), with Pacific people now an integral part of the cultural fabric. Teenage pregnancy (births, terminations and miscarriages of women <20 years) is a topic widely publicised over the decades. In the literature teenage pregnancy is associated with belonging to a minority population, being a solo parent, economic deprivation, unemployment and lack of education. In the Industrialised world, New Zealand teenage births (33.4 per 1,000) are second only to the United States of America (U.S.A) (55.6 per 1000), with Pacific teenage pregnancy rates being twice as high as for European women.

While ethnic differences in teenage birth rates have been documented through the Pacific reports published by the New Zealand Child and Youth Epidemiology Services (NZCYES), little is known about the variations between Pacific groups and data on terminations or the father of the baby is sparse. Life experiences of Tongan adolescent mothers living in Tonga and New Zealand have not been documented, including what teenage mothers perceive to be the risk and protective factors for teenage pregnancy pre conception or how policy influences the decisions they make.

The aims of this thesis are to -

- Explore the demography of Pacific teenage births using different ethnicity classifications (prioritised, multi and sole Pacific ethnicity).
- Describe variations in teenage births by, level of deprivation, and paternal age and ethnicity in New Zealand.
- Identify variations in termination rates among Pacific adolescents (Samoan, Cook Island Māori, Tongan and Niuean).
- Use Tongan teenage mothers as a case study to understand the experiences of Tongan teenage mothers relating to conception, pregnancy and birth.

- Offer policy recommendations addressing the needs of Pacific (Tongan) teenage mothers.

Method: A mixed methods approach was used to maximise the information available on Pacific teenage (<20 years) pregnancy in New Zealand. Using the New Zealand Birth Registration Dataset (BRD) and the Abortion Supervisory Committee dataset, ethnic specific birth and termination rates were calculated. Multivariable analysis (BRD only) using SAS was also used in the quantitative part of this thesis. From 2000 to 2012 there were 146,860 births to teenage mothers. In addition there were 90,880 terminations to teenage mothers during the same period.

Outcomes of interest included Pacific teenage births and terminations with explanatory variables including maternal age socioeconomic deprivation (using the NZ Deprivation Index), paternal ethnicity and paternal age group. Older maternal age groups (20-24 years, 25-29 years, 30-34 years, 35-39 years and 40+ years) were also analysed to assess whether socio-demographic characteristics and birth outcomes varied by age.

Qualitative analysis was undertaken during 2009 involving 18 semi-structured face-to-face interviews with Tongan Teenage mothers in New Zealand and Tonga. Tongan literature including poetry by three eminent Tongan poets was used to shed light on variations in the experiences of participants, triggered by the influence of societal norms (religious, cultural and political beliefs) in shaping the way women perceive themselves and the situations that they find themselves in.

A unique model entitled the Mo'ui'anga Model (Life Source Model) was developed which weaves findings from the quantitative and qualitative components of the thesis using the analogy of the fetal and post natal infant life, intertwined with the mother's life to describe the holistic understanding of Pacific teenage pregnancy.

In this model facets in an individual's life (family, culture, physical, societal, mental,

spiritual) do not stand alone but are interrelated and relevant for the nurturing of both mother and child pre and post conception.

Results: Teenage (<20 years) birth rates were higher for Cook Island Māori and Niuean women, than for Samoan or Tongan women. Yet, teenage (<20 years) termination rates were higher among Samoan, Tongan and Cook Island Māori women compared to Niuean women. Trend analysis showed changes in teenage pregnancy rates in New Zealand over time, with a decline in teen birth and termination rates from 2008 to 2012.

When examining birth and termination outcomes by maternal age, findings were similar for women <20 years and 20-24 years. Using the Tongan population as a case study, a young women is considered a youth until she is married, raising questions around what we consider youth and the delivery of services for young adults.

The academic literature emphasises teenage mothers conceiving to older men. However when examining maternal and paternal age, across all age groups a similar pattern was shown with most partners being either in the same age group or the next age group up as the mother. Twenty percent of teenage mother's did not provide paternal details in the quantitative analysis.

Qualitative results show the importance placed on how anga fakatonga (Tongan way) influences the way expectant mothers view themselves and how they are viewed and treated by others.

Family was consistently mentioned as the most important support mechanism with a family (of the young woman) breakdown noted as a trigger for early onset of sexual activity in a number of cases. Noticeable lack of knowledge relating to both reproductive issues and sex was also associated with unplanned sexual intercourse and teenage pregnancy.

Discussion: Using the Mo'ui'anga Model the interplay of the quantitative and qualitative factors, including the fundamental aspects of a young woman's life were brought to light.

Reproductive differences between Pacific ethnic groups are revealed (birth and termination) that need further attention (policy, services, adequate resources). In the academic literature, Pacific people are largely identified as a homogenous group with an assumption that their experiences are shared. However through the quantitative and qualitative analysis of teenage pregnancy, unique new findings show that this is not necessarily the case, with differences found in births and termination rates between and within Pacific groups.

Focussing on one Pacific group (namely Tongan) the adolescents in the study noted exposure to significant socioeconomic deprivation, and a lack of awareness of where to gain financial assistance. A unifying theme in the qualitative analysis is the importance of family connection with those with adequate family support better adapted to becoming teenage mothers. This is a finding which has significant policy implications, if the on-going wellbeing of these young mothers and their babies is to be ensured.

From 2008, New Zealand has seen a decline in both birth and termination rates among teenage women. This is likely due to policy change around the availability of newer forms of contraception, and whether they are free for adolescents. Lack of knowledge, the need for improved access and adequate delivery of information are factors that could also be influenced by policy change.

In the literature there is also a focus on absent fathers. While the quantitative section provides statistics relating to the proportion of men who fathered babies to teenage mothers, the qualitative section shows that among the adolescents in the study, for some men, the option of being present in the lives of the child was denied. As well as having policy implications, using the Mo'uianga model, this

would also impact the overall wellbeing of the child in the future.

Limitations: Though this thesis provides unique findings, limitations highlight the need for further research involving other Pacific groups. The qualitative part of this thesis specifically focusses on the Tongan population. Whether findings can be generalised to other Pacific ethnic groups is not clear. A comparative study may clarify this aspect.

A limitation of the quantitative findings was the limited number of variables routinely collected in the Birth Registration dataset. A more detailed dataset would provide a better understanding of the determinants and impact of teenage pregnancy. For example, age at first birth, would be informative to understand the reproductive history of teenage mothers.

Within the termination data there is no information collated on the men who fathered babies to teenage mothers. This would have been helpful in comparing findings for births and terminations.

Recommendations: Exploration of the current sexual and reproductive health syllabus is urgent to address issues raised by teenage mothers ensuring information on sexual reproductive issues is age and culturally appropriate.

Exploration of financial assistance for younger teenage mothers (<18 years) need to be further investigated so that conditions do not take them away from their support system.

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At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us - Albert Schweitzer

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DEDICATION

Blessed are all who fear the Lord, who walk in his ways. You will eat the fruit of your labour; blessings and prosperity will be yours. Your wife will be like a fruitful vine within your house; your sons will be like olive shoots around your table. Thus is the man blessed who fears the Lord. May the Lord bless you from Zion all the days of your life; may you see the prosperity of Jerusalem, and may you live to see your children's children. Peace be upon Israel (Psalm 128 NIV version)

A product of my migrant parent's dreams, you continue to be my greatest teachers. Psalm 128 was the first memory verse we were taught as a family. I thank God that through your hardwork and faith in God, as a family we are now beginning to see these passages come to fruition.

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CHAPTER ONE: INTRODUCTION AND THESIS OVERVIEW

Introduction

Teenage pregnancy has been a part of society throughout history, but the level of teenage pregnancy and its acceptance vary from country to country. Defined as pregnancy in women under the age of 20 years, teenage pregnancy incorporates births, abortions and spontaneous miscarriages and is used synonymously with the term adolescent pregnancy. These are both commonly used in the academic literature referring to the same thing. (Kelly and Grant 2007)

A low rate of adolescent childbearing has been viewed positively among industrialised countries, with countries like the United Kingdom setting up policies aimed to reduce teenage pregnancy rates. (Paton 2009) Globally, while there has been a decline in teenage births among all Organisation and Economic Co-operation and Development (OECD) nations over the past three decades, New Zealand continues to have one of the highest teenage birth rates in the developed world, second only to the United States of America. (Woodward, Horwood et al. 2001, Adamson, Bradshaw et al. 2007)

What makes New Zealand distinctive from other countries is that New Zealand is the only country in the OECD whose indigenous population, despite being a minority group making up 15.5% of the population, influences the overall teenage birth rates of the country. (Darroch, Singh et al. 2001) In the international literature while comparative studies provide information on countries with high versus low rates of teenage childbearing, features of past studies have been problematic.

The way data has been collated is not consistent among countries, with some countries providing complete statistics and others partial. The fact that comparative

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studies are mostly dated over a decade ago demonstrates the importance of up-to-date information that validates whether rates and trends of teenage pregnancy have increased or decreased over the years and if so, why. They also display a lack of research in more conservative eastern countries or under developed nations, of which the Pacific Islands feature.

Within New Zealand, there is an ethnic diversity in reproductive behaviour. Data from the 2006 National Census show that both Māori and Pacific women have larger families than their European and Asian counterparts, also following earlier childbearing norms. (New Zealand Ministry of Social Development 2010)

In the 2001 national census the Māori teenage fertility rate was (70 per 1,000 women under 20 years) three times that of the general population. Though lower than the Māori teenage fertility rate, the Pacific teenage fertility rate (48 per 1,000), was 50 percent above the national level, and over twice the European rate (22 per 1,000). Pacific teenagers also had higher abortion rates, (26 per 1,000) in comparison to the national population (21 per 1,000), with Statistics New Zealand (2007) suggesting that fertility indices and ethnic classifications underestimate the overall pregnancy levels amongst Pacific teenagers.

In the 2006 New Zealand Census, Pacific people contributed to 6.9 percent of the population. (Statistics New Zealand 2006) Because of their younger age structure they have a lower crude death rate of 3.2 deaths per 1,000 people per year, compared with 6.6 per 1,000 for the total population. As a rapid growing population, (Statistics New Zealand 2007) information on their childbearing norms and their experiences (with family, peers, service providers and so forth) pre and post conception would be beneficial in better understanding their ability to cope as young mothers. It also allows planning for the future of Pacific people dwelling in New Zealand.

In the examination of the national literature on teenage childbearing, findings are

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largely based on results from the Christchurch Health and Development Study. The aim of this longitudinal study of largely palangi (NZ European) births beginning in 1977 was to describe the lifetime prevalence of teenage pregnancy, in addition to the psychosocial backgrounds and circumstances of young parents. The study consisted of a cohort of 1,265 young people born in Christchurch, who were regularly assessed up to the age of 21 years.

Results from the study suggest that teenage mothers are more likely to have high rates of conduct problems, poorer educational outcomes, higher sexual risk taking behaviour, dysfunctional relationships, unemployment and poorer housing conditions compared to mothers over 20 years of age. (Koshar 2001, Woodward, Fergusson et al. 2001) This imitates international studies associating elevated levels of deprivation, family breakdown and conduct problems with the likelihood of teenage women becoming teenage mothers. (Cooksey 1990, Olausson, Haglund et al. 2001)

While findings from these studies draw a link between ethnicity, socioeconomic deprivation and teenage pregnancy, it is not known whether the young women in the cohort represent Pacific young people, as only 3.6% of all Pacific people currently reside in Christchurch. (Statistics New Zealand 2006) This thesis recognises the need for both quantitative and qualitative research in areas like Auckland where there is a high percentage (80%) of Pacific people allowing for a more accurate interpretation of Pacific views in New Zealand.

In another publication based in New Zealand between 2002 and 2007, teenage birth rates for Pacific women (44.65 per 1,000) were compared to Maori women (77.64 per 1,000) and European women (16.43 per 1,000). Rates of teenage births were nine times higher for teenagers living in the most deprived (10%) areas in New Zealand compared to those (10%) in the most affluent areas. This is important to note, considering the large proportion of Pacific families that live in deprived areas.

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(Craig, Taufa et al. 2008)

While an analysis of birth rates for Pacific specific ethnic groups have been conducted in the past, (Craig, Taufa et al. 2008) this thesis intends to add to the academic scholarship, by providing an up to date analysis of teenage pregnancy rates in New Zealand by ethnicity (e.g. Pacific, Maori, Asian and European) as well as by Pacific Island Group (e.g. Tongan, Samoan, Cook Island Maori and Niue) and by level of deprivation.

It will go further by examining both the birth and termination rates of the four largest Pacific groups living in New Zealand (Samoan, Cook Island Māori, Tongan and Niuean) to determine if variations exist, and if so to present ideas as to why. This area is untouched in academic research.

This thesis will also compare teenage pregnancy to older maternal age groups (20-24 years, 25-29 years, 30-34 years, 35-39 years and 40+ years) to investigate whether variations exist by age groups in terms of level of deprivation, ethnicity and the characteristics of the men who fathered babies to women in New Zealand during 2000-2012. From a Tongan perspective, this is important when noting pregnancy outcomes and experiences, because in Tongan culture the concept of “youth” is not restricted to age, but incorporates any woman who is unwed. Hence, experiences shared by adolescents can emulate to middle-aged adults.

When interpreting the statistical numbers and attempting to place Pacific people within the context of the literature the initial question that should be raised is who are “Pacific”? Are experiences shared by young “Pacific” mothers’ universal? Or are there differences?

Pacific People

Traditionally Pacific groups have been categorised in academic research as a single ethnic group, neglecting to acknowledge the diversity of Pacific communities. Each

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Pacific ethnic group having their own unique characteristics, cultural protocols, beliefs and experiences that influence the health decisions that they make. (Franklin 2003)

This thesis pays special attention to teenage mothers of Tongan ethnicity. While the total Pacific population have high rates of unemployment, low income and low formal educational qualifications compared to the general population, - statistics paint an even harsher picture for the Tongan population living in New Zealand compared to the total Pacific population. (Statistics New Zealand 2007)

In New Zealand, the Tongan population is the third largest Pacific Islands group following Samoa and those of Cook Island descent. Between 1986 and 1991 the Tongan population increased by 70% and between 1986 and 1996 the growth of the Tongan population (131%) exceeded that experienced by the total Pacific population in New Zealand. In 2006, New Zealand -born Tongan accounted for 56 percent of the total Tongan population, up from 41% in 1991, with 80% residing in Auckland. In the 2006 New Zealand Census the median age of the Tongan population was 19 years, compared to 21 years and 36 years for the total Pacific and total New Zealand population. They are a young and a highly urbanised population. (Statistics New Zealand 2008)

Tongan academic Sitaleki Finau (p16) contends that, "if Pacific peoples are to be self-determining then they must be the custodians of knowledge and information about Themselves." (Finau 1995) This thesis recognises the relevance of moving beyond Pan-Pacific research to ethnic specific research in order to examine the intra-ethnic and inter-ethnic experiences of Tongan teenage mothers. Comprehensive research on Tongan women will help inform policy and service providers to improve the health and wellbeing of Tongan people. It also allows those who are part of research to be active participants in this process.

Wider societal views as well as those of the specific community influence teenage

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pregnancy and the decisions made by adolescents to become sexually active. (Scott-Jones 1993) Culture is said to shape the basis of identity and is strongly associated with acceptance. In some communities teenage pregnancy is considered normal, with early childbearing encouraged and support offered for mother and child. (Statistics New Zealand 2003) In others the social stigma attached to teenage pregnancy heightens the adverse outcomes of teenage childbearing. (Treffers 2003) Hence, the way society interpret teenage pregnancy can influence the likelihood of an adolescent mother to feel like she is an accepted member of society.

Teenage pregnancy is considered a controversial topic in most Pacific communities because it touches on deeply held religious convictions, cultural ideas around sex and sexuality and a women's control over her body and her fertility. (Whitehead 2001, Carothers, Borkowski et al. 2005) There is currently a lack of information on the intra-ethnic variations within Pacific groups. For example, Tongan scholars suggest that Tongan 'culture' is experienced differently by island-born Tongans and those living or born in the diaspora. (Lee 2003)

To date, no research has been conducted to explore in-depth understandings of what teenage pregnancy means to young expectant and current Tongan mothers in New Zealand and Tonga. While this thesis acknowledges the relevance of current rates and trends of teenage pregnancy, in order to understand what teenage pregnancy means to Tongan young mothers, it accepts that examining rates and trends on its own is not enough. Statistics need to go hand in hand with the lived experiences of Tongan women, allowing young mothers the ability to be the narrators of their own stories. Consequently, it is vital to examine the differences in the cohorts stated (Island born vs. New Zealand -born) in the context of teenage pregnancies, to identify issues and ways forward in dealing with adolescent childbearing.

As a Pacific woman, I believe Pacific people in New Zealand have been viewed as a homogenous group for too long. This thesis will show that while similarities exist, it

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is the differences that make each group unique. Understanding childbearing norms and perceived roles of motherhood by teenage mothers will help mainstream society, service providers and policy makers better understand this diverse population and factors they deem important for their personal wellbeing and that of their children. It will also bring to light factors that Tongan women believe is influential to their wellbeing.

Research objectives, aims and rationale

As a researcher, early on in this doctoral journey two conflicting ideas resonated with me that I knew needed further investigation. As a Tongan female and an academic I was receiving mixed messages from people I had approached for insight into why research in the area of Pacific teenage pregnancy would be of value. While all agreed research on Pacific teenage pregnancy would be beneficial, they presented different reasons why.

From fellow health colleagues, teenage pregnancy is an “issue” because the majority of the academic literature supports the idea that it is problematic for mother and child; for example scholarship associate teenage pregnancy with deprivation, lack of education and absent parents. From my Tongan community, while some shared views held by academics, others raised the question – why is it a problem, when a baby is a blessing?

When probed to elaborate on what they meant they noted that often the children of an unwed adolescent becomes the family Pele (favoured one) as the family rally around to support the child, not just financially but physically, spiritually, socially and emotionally. I found these views fascinating. While the scholarship puts a large emphasis on how teenage pregnancy influences socioeconomic outcomes, the Pacific people I spoke with placed more importance on relational support. Support for the young mother, her child and her family.

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In order to understand the impact of teenage pregnancy both nationally and internationally, chapter two of this thesis will provide a critical analysis of the literature by examining how the literature contributes to our interpretation of teenage pregnancy and our understanding of how young women cope as mothers.

The literature review will begin by examining how New Zealand's teenage pregnancy rates compare to teenage pregnancy rates overseas. If we perceive teenage pregnancy to be negative, we could learn from countries with high and low teenage pregnancy rates by examining their societal attitudes towards teenage pregnancy and how their policies and youth services influence the decisions made by adolescents post conception.

This thesis will investigate key factors noted by scholars that act as both determinants and consequences of teenage pregnancy. For example, a consensus among scholars is that those who live in the most deprived areas are more likely to become teenage mothers than those living in the most affluent areas. A critical analysis of the literature will allow us to determine whether the cycle of poverty is limited to woman under 20 years or whether it is consistent among women living in deprivation, irrespective of age. Consequently, the literature review will provide insight on the implications of being a teenage mother in New Zealand and abroad.

Chapter three (Quantitative analysis) will examine the current teenage pregnancy rates in New Zealand and the factors that contribute to teenage pregnancy. Using trend and multivariable analysis and variables such as maternal ethnicity (including Pacific Island group), maternal age, the deprivation index, paternal ethnicity, paternal age, preterm births and stillbirths, this thesis will endeavour to exhaust as much information from the available datasets as possible.

An analysis of rates and trends of teenage pregnancy will give us insight into differences between and within ethnic groups. Nonetheless, as a researcher I can only make assumptions about why rates and trends behave the way they do, based

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on what I interpret the figures to mean. As a result, chapter four allows those represented in the statistics the ability to describe for themselves the triggers that led to early childbearing and how they interpret their future.

This thesis will examine what it means to be a Tongan teenage mother living in New Zealand and in Tonga, pre and post conception. It will explore what expectant and currently pregnant Tongan teenaged mothers consider essential for the wellbeing of their child post-birth. This makes this piece of research unique because it gives voice to Tongan mothers, highlighting the fact that not all Tongans are the same, that while we know inter-ethnic variations exists it is equally important to understand the intra-ethnic variations.

Thesis outline

In this thesis, eight key questions are raised that will be explored throughout the subsequent chapters and summarised in the discussion. They are –

1. Have the teenage pregnancy rates (and specifically the Pacific rates) in New Zealand changed over time?
2. What is the demography of Pacific Teenage mothers in New Zealand?
3. What are the inter and intra-ethnic variations in teenage pregnancy rates for the different groups of Pacific women in New Zealand?
4. What are the differences in teenage pregnancy rates between older versus younger Pacific teenagers in New Zealand?
5. Using Tongan young women as case studies, what are the experiences faced by Tongan teenage mother's pre and post conception in New Zealand and in Tonga?
6. What are the types of support Tongan teenage mother's value and have access to in New Zealand and in Tonga?
7. What is the importance of paternity (teenage mother's partner, and

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- father) in the well-being of the teenage mother and child?
8. What are the youth health policies that have directly impacted on the lives of adolescent mother's pre and post conception?

In answering these questions, this thesis is divided into five chapters, each necessary for understanding the role teenage pregnancy plays in New Zealand, with special reference to the Tongan population. Each of these five chapters will begin with an introduction, followed by relevant sections that shape each chapter, and ends with a comprehensive summary of key findings. These five chapters are:

Chapter One: Introduction and Overview

Chapter One introduces the scope of the thesis. It begins by providing a brief background on teenage pregnancy and why research on teenage pregnancy in New Zealand would be beneficial for better understanding the changing dynamics of Pacific people. It provides information on the Tongan population residing in New Zealand and why ethnic specific research is necessary to better understanding factors that influence the adolescent childbearing outcomes of Pacific people residing in New Zealand. It also raises questions that will be explored in the remaining four chapters.

Chapter Two: Literature Review

Chapter Two is an expanded exploration and review of both the national and international literature relating to teenage pregnancy. It identifies a need to comprehend factors that are associated with adolescent childbearing amongst ethnic minority and indigenous populations. This chapter highlights gaps within a currently limited body of literature on Pacific teenage pregnancy. The lapse in literature provides evidence to support the need for an exploratory study on Pacific specific teenage pregnancy. Consequently, the literature review is divided into seven main

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sections.

Section One reviews trends and rates of teenage pregnancy in New Zealand and abroad. The aim of this section is to highlight countries with high rates of teenage pregnancy and countries with low rates of teenage pregnancy in order to see where New Zealand fits in comparison to the rest of the world.

Section Two give readers insight into why rates behave the way they do. It will evaluate the reasons for differences in teenage pregnancy rates between and within countries. It will begin by looking at societal attitudes towards teenage pregnancy and how they have changed over time. It will examine cultural perspectives of teenage pregnancy, the relevance of marriage and how religious views within society shape the way young mothers and their children are received. It will go on to describe the changing role of women within society, societal attitudes towards terminations and perceived benefits of teenage pregnancy. The purpose of doing so is to understand what influences adolescent childbearing patterns globally, and to provide an awareness of what young mothers go through in different parts of the world.

Section Three examines the socio-demographic distribution of teenage pregnancy in developed countries. This section considers the way socioeconomic status is framed and interpreted in the literature. It describes family composition and relationships as determinants of teenage pregnancy. For example how does parent child relationship or family structure influence teenage pregnancy. While this chapter acknowledges that in academia the determinants of teenage pregnancy are often the same as the consequences; it will deal with both determinants and consequences separately. The determinants that will be addressed include income, income inequality, family neighbourhood effect and education, in order to understand how they in turn become risk factors.

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Section Four evaluates the consequences of teenage pregnancy using the same sub-headings as section three. It will examine the consequences of teenage births on family composition and family relationships; it will go onto discuss the socioeconomic consequences of teenage births. For example how does it affect a young person's economic wellbeing, education or employment opportunities once they have had their child?

Section Five focuses on the biological and psychological risk factors and outcomes of teenage pregnancy. The biological risk factors of teenage childbearing that are examined include a) age at menarche and b) influence of substance abuse on the biological and psychological wellbeing of teenage mothers pre-conception. This is followed by an examination of the biological outcome of teenage pregnancy with attention placed on preterm births and Late Fetal Death (LFD). For instance, while the literature suggest that there is a relationship between preterm births and LFD with teenage pregnancy, those that are over 40+years are more likely to have preterm and LFD's and yet the burden of being a mother in this age group (40+ years) are rarely stressed. The purpose of this section is to understand why focus in the literature tends to be negative.

Section Six will review the available literature on the paternity of children born to teenage mothers. Both international and national research tends to focus on teenage mothers and their child with little emphasis on the role of the father of these children. This section acknowledges the need to know more about the characteristics of the partners of teenage mothers and their likelihood to help support these young mothers in raising their child. Within the literature absent father seems to be prevalent. Further exploration in the quantitative and qualitative analysis will provide insight into whether it is because they choose not to be present or whether other factors are involved.

Section Seven will complete the review by examining the implications of policy

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for teenage pregnancy and the extent to which New Zealand's current policy framework and welfare policies provide support for teenage parents. It will provide examples from overseas on how changes in policy (welfare, education, services) influence teenage birth rates (either creating an increase or decrease in teenage pregnancy rates) and the role of social norms in influencing policy makers. As noted early in this thesis, it was policies around migration that allowed many Pacific people in to New Zealand in the first place. This thesis does not take lightly the role policy plays on the utilisation of information and services that can help teenage mothers both pre and post conception.

These sections are all important because they give a comprehensive insight into factors that contribute to the way teenage pregnancy is viewed and interpreted. At the end of chapter two a summary will be provided noting key suppositions.

Chapter Three: Quantitative - What do the numbers tell us?

Once aware of how our interpretations of teenage pregnancy are shaped, it is important to understand the current teenage pregnancy situation in New Zealand, so that we are able to determine if teenage pregnancy is as big of an issue as it is made out to be in the literature. Chapter three is the Quantitative portion of the thesis. It uses the New Zealand Birth Registration Dataset and Abortion Supervisory Committee data to explore trends in teenage pregnancies (births and terminations) from 1980-2012. The purpose of doing so is to determine whether changes have occurred in New Zealand, and what ethnic groups are more likely to become teenage mothers. It is divided into two sections.

Section One outlines the methods used in compiling the quantitative findings by introducing the datasets and variables used in the thesis. It also describes the denominators used to calculate the rates and trends of teenage pregnancy in New Zealand. It thus allows readers the ability to note how rates and trends are

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generated and analysed.

Section Two provides results from the quantitative data analysis. It begins by comparing the way teenage pregnancy behaves in comparison to the pregnancy rates of older maternal age groups, in order to get a better understanding of how teenage pregnancy looks within the wider context of society. It goes on to examine the demographic characteristics of teenage mothers using variables such as maternal ethnicity, New Zealand Deprivation Index decile, paternal ethnicity and paternal age in regards to both teenage births and terminations.

This section also examines ethnic variations between Pacific women and other ethnic groups and within Pacific ethnic groups using the three ethnicity classifications currently used in New Zealand: Prioritised Ethnicity (e.g. Pacific, Maori), and the Sole Pacific and Multi Ethnic Level 2 (e.g. Tongan, Samoan) Classifications. It will also explore differences between younger teenage mothers in comparison to older teenage mothers and examine adverse birth outcomes such as preterm births and Late Fetal Death (LFD).

The analysis within this chapter is important for several reasons. Firstly, it is the most comprehensive and current analysis to date on teenage pregnancy in New Zealand. It is also important because it examines Pacific specific teenage pregnancy. As well as providing analysis alongside older maternal age groups, this thesis is the most comprehensive piece of work on the men who fathered babies to women in New Zealand. This will all be of value in better understanding pregnancy norms in New Zealand.

Chapter Four: Qualitative Section – Our Stories Told Our Way

Behind every statistic, there is a human voice that has a story to tell. Although

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chapter three provide rates and trends of teenage childbearing in New Zealand, we can only make assumptions as to what each statistic means. Chapter Four gives young mothers the freedom to express, in their own words, what it means to be a Tongan teenage mother in Tonga and New Zealand. It will be divided into two main sections.

Section one is divided into three subsections

Sub-section One will discuss Pacific methodologies and methods used in conducting this research. It endeavours to create an understanding of the concepts of indigenous epistemology. For example, how Pacific peoples make sense of the world, providing examples of published guidelines used to ensure that the research methods used are culturally appropriate.

Sub-section Two will provide information from the academic literature on anga fakatonga (the Tongan way). It will gather historical accounts found in the literature on the traditional roles of woman and the impact of colonisation in changing perceptions of reproduction and childbearing. It will go on to discuss sex and sexuality within the Pacific in order to understand what it means to be sexually active within the Tongan context.

Sub-section Three titled ‘Let’s Heliaki’ (Let’s speak indirectly) builds on the findings from the previous two sections. Heliaki is an art form that has been a part of Tongan history long before European contact. It is an effective means of communication and narration used by Tongan woman throughout history to discuss issues that, spoken directly would be considered inappropriate. Consequently, this section will explore the views of three Tongan female poets (Queen Salote, Konai Helu-Thaman and Karlo Mila-Schaaf) covering island-born, migrant and New Zealand -born Tongan perspectives of ‘being a Tongan woman.’ This is used to

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showcase the intra-ethnic variations that currently exist amongst Tongan people which may impact the views held by young Tongan woman and outline issues that exist but are rarely discussed openly in the academic literature.

The purpose of the first three sub-sections of section one is to set a framework of thinking when analysing the narratives in the study.

Section Two - Narrating Our Stories

Section two examines the results and analysis found within the narratives of this thesis which was based on a series of interviews undertaken with Tongan teenage women in Auckland New Zealand and Tongatapu Tonga. It will be divided into five sub-sections

Sub-section Four explores findings on participants' interpretation of 'anga fakatonga. It uses historical literature on 'anga fakatonga and missionary influence to contextualise what being a Tongan means to the three cohorts in the study.

Sub-section Five explores findings on important male and female relationships, particularly between father and daughter and brother and sister. Cultural insights and understandings of gender roles are used to highlight the significance of relationships (i.e. father and daughter, brother and sister, partner and teenage mother) and how they impact teenage childbearing.

Sub-section Six explores participant's knowledge of sex and reproduction leading to teenage pregnancy. It draws on policies that influences the type of information young women have access too. The results and analysis in this section will showcase weather the young women in the study felt they were equipped with sufficient information and assistance to make informed decisions both pre and post conception.

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Sub-section Seven is titled “A Mother’s Hope”, and examines what having a baby means to adolescent mothers. It goes against the popular academic perspective that teenage childbearing is undesirable or unwanted. The results and analysis show that for the mothers in the study, being a mother bought renewed motivation for a better life.

Sub-section Eight explores the support mechanisms considered most important by adolescent mothers. It uses findings from the academic literature to contrast what participants consider important compared to what the current academic literature considers important. This underlines the importance of documenting the reality of ethnic minorities that are not necessarily represented in academic literature.

Chapter Five: Discussion – Woven Thoughts

Chapter Five concludes the thesis and is made up of two sections

Section One will introduce the Moui’anga Model, a unique model of well-being developed in this thesis to better understand what young current and expecting mothers consider fundamental to their wellbeing. It will draw on findings from the previous three chapters (literature review, quantitative and qualitative chapters) to highlight key discoveries from each of the parts that may not have been recognised had this research not been conducted.

Section Two concludes the thesis with recommendations and a discussion on limitations. It discusses the implications of the research findings and analyses and offers recommendations for Government, and Public Health providers, with a focus on addressing factors that affect teenage childbearing amongst Tongan adolescent in Tonga and New Zealand. It also offers recommendations for future research that will enhance and continue to develop the knowledge base on teenage pregnancy amongst Tongan adolescents in New Zealand and Tonga. It also acknowledges the limitations that were encountered through my research journey.

CHAPTER TWO: LITERATURE REVIEW

Introduction

"there are no more suitable people on earth to be the custodians of the oceans than those for whom the sea is home...we seem to have forgotten that we are such a people...our roots...our origins are embedded in the sea...our ancestors were brought here by the sea...the sea is our pathway to each other and to everyone else, the sea is our endless saga, the sea is our most powerful metaphor...the Ocean is in Us... if we fail to create our own reality someone else will do it for us." (Hau'ofa 1994)

History of Pacific People in New Zealand

Throughout history Pacific peoples have moved within and across nations, expert navigators of the sea, exploring and migrating across oceans. Accordingly, their resource, culture and philosophies of the world were never restricted to Island boundaries but have been traced wherever Pacific peoples reside. (Kirch 2000) Hau'ofa (1994 p57) accentuates this by noting that the "Ocean is in us," emphasising the importance of the value system and knowledge that Pacific people hold. It is these values that are usually passed on from one generation to the next. (Hau'ofa 1994)

Pacific people have lived in New Zealand for over a century. Attracted by opportunities in employment, health care and education, New Zealand has been termed by early Pacific migrants as the land of plenty. (Otara Millionaires Club 1996)

Of Melanesian, Micronesian and Polynesian ancestry, the largest Pacific groups currently residing in New Zealand identify as being of Samoan, Cook Island Maori, Tongan, Niuean, Fijian and Tokelauan ethnicity. The growth of these communities in New Zealand has been so rapid that for some (Cook Island Maori, Niuean and Tokelauans) their communities in New Zealand exceed the size of the populations in their home island influencing their geographic perspective. (Hauofa 1993) In 1945, an

estimated 2,200 people in New Zealand were identified as being of Pacific origin. By 2006, it increased to 266,000 now contributing 6.9 percent of the total New Zealand population.

The history of migration into New Zealand varies amongst the Pacific nations, with entry easier for some than others. Since the beginning of the 20th century, New Zealand has administered the Cook Islands, Niue and Tokelau who all retain citizenship within New Zealand. Those from Samoa, Tonga and Fiji usually migrated through temporary permits, quota schemes and family reunification provision. (Bedford and Hugo 2012)

A pull-factor into New Zealand was the opportunity for migrants to provide for their families in their Island nations and to pave a path of greater opportunities for children born in New Zealand. As a result many Samoans, Tongans and Fijians on temporary permits, obtained semi-skilled work, often overstaying the extent of their permits. After the Second World War and up to the 1960s overstaying was accepted while demand for semi-skilled workers were high, but due to the economic downturn of the early to mid-1970s, policing of permits became strict, resulting in the dawn raids and random street checks for Pacific people throughout New Zealand. (Cook, Didham et al. 1999)

While the situation for Pacific people has improved greatly in New Zealand since the 1970's, Pacific people remain disadvantaged on a number of social and economic scales directly impelling health outcomes. Pacific peoples are still characterised by higher unemployment rates, lower levels of formal qualification, and lower skilled manual jobs. (Anae 1997) They are over represented in the most deprived socio-economic areas within New Zealand that have poorer health status and poorer access to health services. (Craig, Taufa et al. 2008) Accordingly, research based on the issues that affect Pacific people in New Zealand is fundamental if the gap of inequities is to be bridged.

In New Zealand, although there is a growing Pacific population, there is a scarcity of information considering their viewpoints, both in their home islands and overseas, inclusive of reproductive issues. Since the 1980's the majority of academic literature based on teenage pregnancy in New Zealand has focussed on the adverse consequences of being a teenage mother, with only a few articles published in New Zealand providing a positive perspective on teenage pregnancy. (Lawlor and Shaw 2002)

While there is extensive international literature on factors that influence teenage pregnancy (such as socioeconomic status, ethnicity, education and income), information is predominantly gained through questionnaires and quantitative analysis, with a lack of literature on the experiences of Pacific teenage mothers, the children of teenage mothers or the partners of teenage mothers.

The purpose of this literature review is to put teenage pregnancy into context both nationally and internationally and to grasp a better understanding of where Pacific people may fit in relation to teenage pregnancy. It will underline what the current literature says about teenage pregnancy, what teenage pregnancy means to minority groups (of which Pacific people in New Zealand feature), what topics have been reviewed in previous research and if there are any gaps within the literature.

At the beginning of the thesis key questions that were raised were:

1. How does New Zealand's teenage pregnancy rate compare to teenage pregnancy rates overseas, what are the key trends, and factors underlying these trends?
2. What are the reasons for differences in Teenage Pregnancy Rates in and within different countries?
3. What are the key factors that contribute to the likelihood of a woman

giving birth in her teenage years?

4. What are the familial, social, economic and psychological consequences of teenage pregnancy, both for the mother herself and for her children?
5. What are the physical/biological determinants and outcome of teenage pregnancy?
6. What is the role of fathers in the lives of teenage mothers and their children? And
7. What are the policy implications of teenage pregnancy and to what extent does New Zealand's current policy framework / welfare policies provide support for teenage parents?

In an attempt to answer these questions and put Pacific teenage pregnancy into context, the literature review of the thesis is divided into seven sections corresponding to these seven questions as follows:

Section One reviews available publications on the rates and trends of teenage pregnancy, nationally and internationally. This section begins by examining international teenage pregnancy rates in order to put New Zealand teenage pregnancy rates into context. By comparing rates and trends in New Zealand to those overseas, this review will identify key trends and underlying factors that may contribute to the differences in rates among the different countries. This section will go on to examine publications based on New Zealand's teenage pregnancy rates to determine if ethnic variations exist.

Section Two evaluates what shapes our views of teenage pregnancy. The purpose is to understand how our perceptions of teenage pregnancy are formed in the given environment that we are in and to provide insight into why the rates and trends illustrated in section one behave the way they do. It will review societal attitudes

towards teenage pregnancy and whether they have changed over time. It will examine different cultural perspectives of teenage pregnancy, the significance of marriage and the role of religion in shaping the way young mothers and their children view themselves and how they are received. It will go on to describe societal attitudes towards terminations and perceived benefits of teenage pregnancy in order to gain a comprehensive understanding of why people in society regard teenage pregnancy differently.

Section Three will review the socio-demographic distribution of teenage pregnancy in developed countries and what the literature deems risk factors for teenage pregnancy. It will consider family composition and relationships as determinants of teenage pregnancy. For example how does parent child relationship or family structure influence teenage pregnancy. This section acknowledges that in academia the determinants of teenage pregnancy are often the same as the consequences, however in order to understand how this is, this section will focus solely on identifying the risk factors of teenage pregnancy, such as income, income inequality, family neighbourhood effect and education, in order to comprehend how they in turn impact teenage pregnancy, covered in the following section.

Section Four follows on from the previous section and examines the consequences of teenage pregnancy using the same sub-headings in section three. It will examine the impact teenage births have on family composition and family relationship as well as the socioeconomic consequences of teenage births. This section will provide a greater understanding of how the determinants and outcomes of teenage pregnancy are intertwined.

Section Five will review the biological and psychological factors of teenage pregnancy. It will begin by examining the biological factors noted in the academic literature as risk factors for teenage pregnancy, for example early onset of menarche. It will also examine biological outcomes as a result of teenage pregnancy, for example

preterm births and still births. This section aims to provide greater insight on the physical implication of early childbearing and how the biological, psychological and socio-demographic variables are interwoven.

Section Six examines literature on the paternity of children born to teenage mothers. Both international and national research, tend to focus on teenage mothers and their child with little emphasis on the role of the father of these children. However, this review acknowledges the impact of a father's presence on the wellbeing of his children. This section recognises the need to know more about the characteristics of the partners of teenage mothers, variables that literature suggests makes a male more prone to become a partner of a teenage mother and their likelihood to help support these young mothers in raising their child.

Section Seven will complete the literature review by examining policy implications on teenage pregnancy and the extent to which New Zealand's current policy framework and welfare policies provide support for teenage parents. It will offer examples from the international literature on how changes in policy (welfare, education, services) were perceived to influence variations in teenage birth rates (either increasing or decreasing teenage pregnancy rate), the implications of sexual education and the role of social norms on influencing policy or the way teenage pregnancy is framed.

Each section will conclude with a summary to determine whether research on Pacific specific teenage pregnancy is both timely and relevant and where gaps in knowledge persist.

Search Methodology

The literature review involved the searching of the international medical databases Medline, Embase, the Cochrane Library, ERIC and Psychinfo for peer-reviewed journal publications using the key words:

1	Teenage Pregnancy/or Adolescent pregnancy or teen pregnancy
2	Pacific islands/ or exp Melanesia/ or exp Micronesia/ or exp NZ/ or exp Polynesia/ or exp Hawaii/ or exp Pitcairn island/ or exp Samoa/ or exp Tonga
3	NZ plus Pacific Islands/ or Oceanic Ancestry Group/ or pacific people plus minority groups
4	Rates and/or trends and risk factors
5	Income
6	Education
7	Employment
8	Psychosocial factors or psychology/biological factors
9	Exp public policy/or exp family planning policy/or policy/or services
10	Teen mother/or adolescent mother/or teenage mother
11	Teen father/or adolescent father/or teenage father
12	Baby or babies or children
13	Abortion/or termination
14	Preterm/or premature birth
15	Stillbirth/or late foetal death/or late fetal death
16	Policy

Two separate searches were conducted, with the key words matched against one another. The first search did not limit the key words to a specific date, allowing for all publications up to 2014, and the second which limited the search to '2000-2014', 'humans' and 'English language'.

Grey literature from appropriate Ministries, other governmental agencies and District Health Boards were also accessed and reviewed using their internet websites. In the combined search findings of the academic databases 106 references

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were identified, of which 45 were relevant to this research. The search was then re-executed in Embase which retrieved two extra papers plus 21 duplicated from the Medline search. A further two searches in the ERIC retrieved two extra papers, the Cochrane Library and PsychInfo which accessed no further papers.

The literature search strategy also involved accessing a number of governmental and other organisational websites such as the Ministry of Health and Statistics New Zealand website using key the terms Teenage Pregnancy, Pacific Health, Pacific Population and Tongan population. Other websites searched included the New Zealand Health Information Service (NZHIS), the Ministry of Pacific Island Affairs and the UNICEF website.

The literature review strategy also included hand searching of hard covered published books, in particular for the Pacific section of the literature search as well as the JSTOR academic website which produced Pacific related readings. Literature identified for the review was accessed either by direct electronic download or requested by inter-campus and inter-loan library document delivery service of the University of Auckland. A record was kept of the results of each search. Papers and other resources were assessed regarding their relevance and either included or excluded in the review. All accessed references were entered into an endnote bibliography.

A number of other documents were found through hand-researching the reference lists of key documents. This included a report presented by the University of Suva titled Teenage Pregnancy in Tonga. Pacific focussed research, thesis and books published and kept within the University were also reviewed in order to grasp an understanding of Pacific procedures and appropriate methodology used in Pacific research. Using the key words relevant to the chapter headings, resources were ordered depending on relevancy. Through critical examination of publications, key findings from the literature review are summarised at the end of each section with

key findings from each section noted.

1 Rate and Trends

A literature review analysing birth rates and abortion availability is valuable for interpreting the way rates and trends behave over time. It allows the identification of countries that have exceptional rates and trends of teenage childbearing and where New Zealand fits in relation to the rest of the world. Consequently, the primary objective of this section is to discover what the trends of teenage pregnancy are both overseas and in New Zealand over time.

1.1 International rates and trends of teenage pregnancy

Since 2000 only four studies were found with international comparisons on teenage pregnancy. Of these, New Zealand was included in three which will be discussed in this thesis.

In 2000, Singh and Darroch published an extensive international report showcasing a cross-country analysis of birth and abortion data to identify developed countries that had exceptional teenage birth rates. Trend data on teenage birth rates were taken from 46 developed countries during the years 1970-1995 and abortion rates were gathered from 25 of the 46 countries over the same period using national vital statistics reports and the birth registration systems available from each country. To work out the teenage birth, termination and pregnancy rates, denominators were acquired directly from the countries governmental websites and reports, and from the publications of international organisations. (Singh and Darroch 2000)

To describe the variations in birth and terminations rates, the study grouped OECD countries into five categories from a) very low (<10.0 per 1,000 births a year), b) Low (10.9-19.9 births a year) c) Moderate (20.0-34.9 births per year), d) High (35-49.49 births per year) and e) Very high (50+ per 1,000 births per year), (table 1). By doing so, a distinction could be made between countries leading to another important

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question – what is it about these countries that make them either prone to have higher rates versus lower birth rates?

Teenage mothers were divided into younger teenage mothers (15-17 years) and older teenage mothers (18-19 years) for the purposes of comparing birth, termination and pregnancy rates between the two adolescent groups. For both age groups detailed birth data was available for 25 countries, while detailed abortion rates were available for 18 of the 46 countries.

Through examining both age groups, the birth-rate for 15-17 year olds was higher than the average 20 per 1,000 in the United States (34 per 1,000) and Georgia (35 per 1,000). The birth rate was low (10-19 per 1,000) in Australia, Canada, England and Wales, Estonia, Hungary, Latvia, New Zealand and the Slovak Republic and very low (less than 10 per 1,000) in the remaining 15 countries. (Singh and Darroch 2000) For the older adolescent group (18-19 year olds) The United States (86 per 1,000 18-19 year olds) and Georgia (102, per 1,000 18-19 year olds) also had very high birth rates, with New Zealand, England and Wales also featuring. This shows that differences exist between younger and older adolescents that should be acknowledged.

When looking at teenage childbearing as a whole (15-19 year old mothers) during 1975 to 1990 teenage childbearing declined for majority of the countries in the study. In 14 countries, pregnancy rates decreased by at least 50% within the 25 year span, this being the norm amongst the industrialised nations. However the exception was seen in the teenage birth and pregnancy rates of Eastern Europe countries (Armenia and the Russian Federations) where teenage birth and pregnancy rates increased. For example, by 1995, one in five births in many Eastern Europe countries was to a teenage mother.

Amoros, Callister, Sarikisyan (2010) conducted a qualitative study with Armenian women on their experiences giving birth and found that within the sociocultural context of Armenia, huge value is placed on family where pregnant women

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are provided with plenty of support not only from family members but from Armenian society in general. (Amoros, Callister et al. 2010) This may reflect the way teenage pregnancy rates behave in comparison to other countries.

In the very low category, statistics from Japan remained consistently low from 1970-1995 (4 births per 1,000 woman 15-19 years). Scandinavian countries (Finland, Netherlands and Switzerland), and majority of western, northern and Southern European countries (Italy, Spain, Germany, Albania, Ireland) also fell into the low range categories, with the proportion of total teenage births estimated at 2-8% of total births as shown in Table 1. This demonstrates variations in acceptance of teenage pregnancy exist worldwide.

While this study provides comprehensive information on teenage pregnancy rates throughout the developed world, the lack of reliable information in 13 of the 46 countries, and the insufficiency of data from 10 of the countries restricted the ability of researchers to investigate the pregnancy rates of all the developed countries. For example, the abortion rates from France, Georgia, Ireland, Italy, Japan, Moldova, Romania, Russian Federation and Spain was less than 80% complete. In Northern Ireland and the Netherlands, abortion rates are documented for residents only.

Consequently, abortion rates provided are a minimum estimate of the true level of abortions within these countries, making it difficult to calculate the correct pregnancy rates within those countries. Data was also gathered over two decades ago elucidating a need for a replicated study to determine if the rates and trends remain the same or whether they have changed overtime.

Table 1: International Comparisons of Teenage Birth and Abortion Rates (1970-1995)

Category	Birth rate per 1,000 women 15-19 years, per year	Abortion rate per 1,000 women 15-19 years, per year
Very low	<10.0 per 1,000 per year Belgium, Denmark, Finland, Italy, Japan, Netherlands, Slovenia, Spain, Sweden, Switzerland.	<10.0 per 1,000 per year Belgium, Germany, Israel and the Netherlands, Ireland, Italy, Japan, Spain and Northern Ireland
Low	10.0-19.9 per 1,000 per year Albania, Austria, Australia, Croatia, France, Germany, Greece, Ireland, Israel, Norway	10.0-19.9 per 1,000 per year Czech Republic, Denmark, England, Wales, Finland, Norway, Scotland, the Slovak Republic, Slovenia and Sweden, France, Georgia and Moldova
Moderate	20.0-34.9 per 1,000 per year Czech Republic, Estonia, Hungary, Latvia, Poland, the Slovak Republic, the Federal Republic of Yugoslavia, England and Wales, Iceland, Northern Ireland, Portugal and Scotland, Canada, NZ	20.0-34.9 per 1,000 per year Australia, Belarus, Bulgaria, Canada, Estonia, Hungary, Iceland, Latvia, NZ and the United States of America, Romania
High	35-49.9/1,0000 per year Belarus, Bosnia, Herzegovina, Bulgaria, Lithuania, Macedonia, Romania and Russian Federation)	35-49.9 per 1,000 per year (None)
Very High	50+/1,000 per year Armenia, Georgia, The Republic of Moldova, Ukraine and U.S.A	50+/1,000 per year Russian Federation

(Singh and Darroch 2000)

In 2001, Darroch, Singh, Fros et al, reviewed differences in teenage pregnancy rates among five developed countries namely Canada, the United States, Sweden, France and Great Britain (table 2).

Table 2: Births, abortion and pregnancy rates and abortion ratio in five countries, according to age group (mid 1990's)

Country	Age 15-1b 9				Age 15-17				Age 18-19			
		Abortion per 1000	Pregnancies per 1000	Abortion ratio		Abortion per 1000	Pregnancies per 1000	Abortion ratio		Abortion per 1000	Pregnancies per 1000	Abortion ratio
Sweden (1996)	7.8	17.2	25.0	68.8	2.7	13.7	16.4	83.5	15.5	22.6	38.1	59.3
France* (1995)	10.0	10.2	20.2	50.5	3.5	6.8	10.3	66.0	20.0	15.2	35.2	43.2
Canada (1995)	24.5	21.2	45.7	46.4	13.6	13.8	27.4	50.4	40.0	32.2	72.2	44.6
Great Britain† (1995)	28.3	18.4	46.7	39.4	14.8	13.8	28.6	48.3	49.8	25.6	75.4	34.0
United States (1996)	54.4	29.2	83.6	34.9	33.8	19.0	52.8	36.0	86.0	44.9	130.9	34.3

*Rates are adjusted to the young woman's age in completed years when the event occurred, to be comparable with other countries. Rates are not inflated for the underreporting of abortions. †Rates for Great Britain (which comprises England, Wales and Scotland) are calculated by combining data for these administrative areas. Notes: Pregnancy rates include births and induced abortions but do not include spontaneous abortions or miscarriages. The abortion ratio is the number of abortions per 100 pregnancies, excluding miscarriages (Darroch, Singh, Fros et al, 2001)

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While data was collated from governmental reports and website, this study put together research teams, following a common outline and approach in data collection to ensure consistency in the way data was collated and analysed. (Darroch, Singh et al. 2001)

The pregnancy rates for France and Sweden were 20 and 25 per 1,000 women aged 15-19 years, respectively. The pregnancy rates were approximately twice that level in Canada and Great Britain (46 and 47 per 1,000, respectively) and four times that level in the United States (84 per 1,000). When analysis was further divided into younger teenagers (15-17 years) versus older teenagers (18-19 years) further differences were found. The birth rate for young mothers 15-17 years in the United States was five times that in France (rates of 53 and 10 per 1,000) compared with less than a fourfold difference among 18-19-year olds (rates of 131 and 35 for the United States and France, respectively) (Table 2).

During the mid-1990's the abortion ratio for the United States were 35 abortions per 100 pregnancies, 39 per 100 pregnancies in Great Britain, 46 per 100 pregnancies in Canada, 51 per 100 pregnancies in France and 69 per 100 pregnancies in Sweden. When abortion ratio's where conducted for younger teenage mothers (15-17 years) compared to older (18-19 years) teenage mothers the abortion ratio was considerably higher for younger teenage mothers than older teenage mothers. For example the abortion ratio for younger teenage mothers in Sweden is 83.5 per 100 pregnancies, compared to 69 amongst older teenagers. This proposes that younger teenage mothers are less likely to carry on with pregnancy compared to older adolescents. (Darroch, Singh et al. 2001)

While this illustrates difference in teenage pregnancy rates among the five countries, it does not provide information on reasons why rates where high for the United States and low for Sweden, or what influenced the abortion ratios amongst these five countries.

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The United Nations Children's Fund (UNICEF) also published a report in 2001 documenting comparisons of teenage birth rates in OECD nations (Adamson, Brown et al. 2001). The series gathered data from 28 of the 30 members of the OECD, the group of countries that produce two thirds of the world's goods and services. Here the proportion of women aged 15 to 19 who gave birth each year varied from under three per 1,000 in Korea, to more than 50 per 1,000 in the United States. At the time of the report, New Zealand had a birth rate of 29.6 per 1,000, the third highest rate amongst OECD nations (Table 3).

Although similar to the work conducted by Singh and Darroch (2000), rather than focus on a time period (1970-1995), the UNICEF publication takes a snapshot of births and abortion rates per 1,000 15-19 year old women in a single year. Like the Singh and Darroch (2000) study, while this publication provides useful insight on teenage pregnancy rates worldwide, the same barriers exist. For example, an inconsistency in data collection, particularly in relation to terminations, and a lack of insight into reasons why the rates behave the way that they do was clearly evident.

Finally, in 2007, the "Child Poverty in perspective: An overview of child well-being in Rich Countries" report by UNICEF was released. This report assessed the lives and well-being of children and adolescents in the most economically advanced nations comprising of 24 OECD countries, and seven non-OECD countries. The report noted that in 2003 the fertility rate was still lowest for Asian and Scandinavian countries with birth rates ranging from 4 births for every 1,000 young women (15-19 years) in Japan, to 45 births per 1,000 young women (15-19 years) in the United States. New Zealand went from having the third highest pregnancy rates, as shown in table 2 to having the second highest pregnancy rate in the industrialised world. (Adamson, Brown et al. 2001, Adamson, Bradshaw et al. 2007)

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Both UNICEF reports allows us to place the teenage pregnancy rates of New Zealand along other OECD countries which is beneficial, however methods of data collection is still problematic. For example, Korea is noted as having the lowest birth rate, but nothing is recorded on Korea's termination rate which contributes to the overall adolescent pregnancy rates. There are also no suggestions as to why countries (like New Zealand) jumped up the ranks in relation to increased childbearing and though they focus on industrialised countries, no mention of underdeveloped nations are made, of which Pacific Islands are inclusive.

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Table 3: International Comparisons of Teenage Birth and Abortion Rates in 19 countries for the year 1998

Countries	Birth rate, women 15- 19years, per 1,000 15-19 year olds.	Births during 1998 per, 1000 women aged 15-17 years old	Births during 1998 per 1000 women aged 18-19 years	Abortion rates, women 15-19 years per 1,000 15-19 year olds.
Korea	2.9	n/a	n/a	n/a
Japan	4.6	1.4	9.2	7.1
Switzerland	5.5	1.5	11.6	n/a
Netherlands	6.2	2.2	12.0	3.9
Sweden	6.5	2.2	13.0	17.7
Italy	6.6	2.9	11.6	6.7
Spain	7.9	4.2	12.8	4.9
Denmark	8.1	2.5	15.6	15.4
Finland	9.2	2.6	19.4	5.3
France	9.3	3.4	18.6	13.2
Luxembourg	9.7	3.0	19.7	n/a
Belgium	9.9	3.4	19.6	5.2
Greece	11.8	5.3	20.4	1.3
Norway	12.4	4.0	24.7	18.3
Germany	13.1	5.3	25.2	5.3
Austria	14.0	5.1	28.2	n/a
Czech Republic	16.4	5.0	31.0	12.4
Australia	18.4	9.5	31.0	23.9
Ireland	18.7	8.2	34.4	n/a
Poland	18.7	5.8	38.4	n/a
Canada	20.2	10.8	33.9	2.1
Portugal	21.2	11.8	33.5	n/a
Iceland	24.7	11.2	44.6	20.8
Hungary	26.5	14.1	41.8	30.2
Slovak Republic	26.9	11.4	48.2	13.1
NZ	29.8	15.4	50.7	22.5
UK	30.8	16.6	51.8	21.3
United States	52.1	30.4	82.0	30.2

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1.1 Rates and trends in the Pacific

Very few Demographic and Health Surveys (DHS) have been conducted in the South Pacific and the development of a registration system documenting births, deaths and marriages remain in its infancy. (Corner, Rissel et al. 2005) In the Pacific Islands policy makers and health workers rely on population census for information on childbearing to identify changing patterns of adolescent fertility. However, information provided can be misleading when attempting to compare data over a period of time.

Tonga, a sovereign state in the South Pacific is made up of 176 islands of which 52 are inhabited. In 2011 the estimated population was 103,000 with more than 70 percent of the Tongan population living on the main island of Tongatapu. (World Population Review 2013) While this small nation has a small population, it has a rather high population density of 139 people per square kilometre (360/sq. mi), which ranks 76th in the world.

Before 2006 place of birth in Tonga was recorded based on maternal village, however since 2006 place of birth is based on where the child is born. In Tongatapu there is only one main hospital where majority of births take place. If 90 percent of births are in the hospital then 90 percent of babies will be recorded as coming from the district whereby the hospital is located. This makes it difficult to differentiate birth rates between rural and urban villages. (Secretariat of the Pacific Community 2005) Reliance on registered births from incomplete hospital records across the region also produces misleading results with reported rates varying annually. These are issues that need to be considered when interpreting reports published from the Pacific. (McMillan and Worth 2011)

A study commissioned by the United Nations in the 1990's examined fertility patterns of adolescent and older women in Pacific Island countries taken from

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demographic data from past censuses in the Pacific region. Although it is hard to determine the reliability of the data due to the paucity of information on data collection, they are likely to be the best available. (House and Ibrahim 1999)

Results from the report revealed a decline in adolescent fertility rates in the Pacific island countries at a time when overall fertility was generally declining for all women. The lowest rates of adolescent fertility were found in Polynesia (Samoa 22 per 1,000 woman aged 15-19 years, and Tonga 28 per 1,000 woman aged 15-19 years) compared to Micronesia (Marshall Islands 162 per 1,000 woman aged 15-19 years in 1988) and Melanesia (Papua New Guinea 77 per 1,000 woman aged 15-19 years in 1996 and Solomon Islands 101 per 1,000 woman aged 15-19 years in the period 1984-1986) who had considerably higher rates of adolescent fertility.

Though Polynesian islands had lower adolescent birth rates compared to the rest of the Pacific region, this is not to deny that the lower rate of adolescent pregnancy might be influenced by self-induced abortions in the Pacific or births that may not be recorded. (Sio 2006) In the Pacific island countries terminations are illegal other than to save the life of the mother. (Jalal 1998) Hence, the unsafe methods of induced terminations may be used by teenagers as an alternative indicating the real possibility of under reporting. These studies raise the importance of reporting and having a consistent method of data collection that allows for comparisons with other island nations and patterns within an Island. It also raises the need for research into the area of youth reproductive health as there is currently a huge scarcity of information based on the Pacific.

1.2 New Zealand rates and trends of teenage pregnancy

In the literature search for publications based on rates and trends of teenage pregnancy in New Zealand, two peer reviewed studies were found that went beyond the overall teenage pregnancy rates of New Zealand, taking into account the

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different ethnic populations residing in New Zealand.

Dickson, Sporle, Rimene and Paul (2000) published the first New Zealand review article which made international comparison with other developed countries. They examined trends in birth and total teenage pregnancy rates in New Zealand from 1945 to 1997 comparing birth rates of teenage women (15-19 years) in other OECD countries to New Zealand. Results found that only the United States had a higher teenage birth rate than New Zealand, and although European/Pakeha teenage women were less likely than Māori or Pacific to become teenage mothers, the rates of teenage childbearing were still higher for European/Pakeha living in New Zealand compared to Western European countries. (Dickson, Sporle et al. 2000)

The findings from this study show an overall decline in birth-rates among the industrialised countries involved over the past 25 years. However, while birth rates declined, termination rates increased considerably where it appears as though adolescent pregnancy rates in New Zealand have not gone down, even though birth rates declined.

The most recent publication on the rates and trends of teenage pregnancy in New Zealand has been compiled by the New Zealand Child and Youth Epidemiology Services (NZCYES) who released a report on the health outcome of Pacific young people in New Zealand during 2002-2007 the teenage birth rates for Māori women were significantly higher than Pacific women in New Zealand, and birth rates for Pacific women were significantly higher than for European, Asian/Indian and other women, but lower than Māori women.

New Zealand teenage birth rates were also significantly higher for women living in the most deprived areas with rates increased with rising level of deprivation using the NZ Deprivation index. (Craig, Taufa et al. 2008) Both publications provide useful insight into variations among ethnic groups and probable risk factors of

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teenage pregnancy, however there is no explanation given on how adolescents fair in comparison to women with older maternal age groups.

As health professionals we are enabled to examine the situation of teenage pregnancy more effectively if we are given detailed up-to-date information. By breaking rates down by ethnicity, age and geographical location, we become better equipped to identify population groups that are most effected by teenage pregnancy.

1.3 Section one summary

Section one is divided into two parts. The first examines five studies that compared international teenage fertility rates, using data gathered by the United Nations on pregnancy, birth and termination rates of adolescents living in OECD countries. In these publications New Zealand is included in four of which three places New Zealand in the top three industrialised countries for highest teenage birth rates in OECD nations.

Although these publications are crucial in identifying the pregnancy rates and trends of different countries and where New Zealand fits in comparison, there is an inconsistency in data collection making accurate comparisons difficult. Of the five publications, only one was published within the last decade, underlining the need for up to date, current information that is relevant to the present societal settings.

The second part of this section focussed on the national rates and trends of teenage pregnancy taking into account the different ethnic populations residing in New Zealand and whether belonging to a specific ethnic group influenced teenage pregnancy rates. The findings show an overall decline in birth-rates in New Zealand over the past three decades. Nonetheless while birth rates declined, termination rates increased, contributing to the overall teenage pregnancy rates in New Zealand.

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Ethnic variations in birth rates are noted in the literature with birth rates highest for Māori > Pacific > European > Asian and though it allows academics, service providers and policy makers to detect differences between the ethnic groups, no mention is made on what teenage pregnancy means to these ethnic groups or possible reasons why rates are higher for Māori compared to Pacific, European and Asian.

The ethnic classifications are also broad. For example, Pacific incorporates Samoan, Cook Island Māori and Tongan to name a few, and Asian representative of Chinese, Japanese, and Indonesian people. Consequently, broad ethnic classifications do not tell us what the inter or intra-ethnic variations are among the groups.

Another limitation of the review is the lack of information on teenage pregnancy rates and trends in the South Pacific or how the Pacific Island nations compare to New Zealand and other industrialised nations. This would benefit those living in the Pacific region to become better equipped at dealing with reproductive issues. There are also no publications providing insight on how indigenous and minority populations influence the teenage pregnancy rates of industrialised countries and a scarcity on the rates and trends of teenage pregnancy in third world/under developed or more conservative (eastern) countries.

Henceforward, while questions are being answered relating to the distribution of rates and trends of teenage childbearing in OECD nations, the limitations noted raise new questions relating to factors that contribute to high teenage pregnancy rates versus low teenage pregnancy rates. For example, why is it considered normal in some areas while shunned upon in others?

2 What Shapes Our Views

Introduction

Before we can comprehend what teenage pregnancy entails for mother and child, it is important to understand what shapes our personal interpretation of teenage pregnancy. By doing so, we are enabled to understand factors that influence the decision made by young women to either proceed with their pregnancy or terminate. In order to do so this section will be divided into six key headings -

1 Generating Societal Attitudes towards Teenage Pregnancy

- Shifts in Societal Attitudes in the International Literature
- Reporting on Teenage Pregnancy within the Media
- Reporting on Teenage Pregnancy amongst Indigenous groups

2 Cultural/Traditional Attitudes towards Teenage Pregnancy

- Different Cultural Perspectives on Teenage Pregnancy.
- Cultural and traditional influence on marriage.

3 Religious Perspectives on Teenage Pregnancy

4 The Changing Role of Women in Society

5 Societal Attitudes towards Abortions

- Reasons for Abortions
- Abortions in New Zealand and

6 Perceived benefits of Teenage Pregnancy

Each heading will be discussed separately to apprehend how they influence attitudes or value systems towards adolescent childbearing and whether it influences the international rates of teenage pregnancy.

2.1 Generating societal attitudes towards teenage pregnancy

The processes by which we create ‘knowledge’ and make sense of the world are produced and sustained through historically and culturally specific social processes. (Coll, Hoffman et al. 1987, Luker 1996) Social attitudes refer to the idea that individuals reflect their conduct to other individuals or what is considered appropriate amongst groups in society. (Plotnick 1992, Hockaday, Crase et al. 2000)

Brigitte Jordan argues, “The power of authoritative knowledge is not that it is correct but that it counts.” (1997, p. 58) The opinions of professionals leave lasting impressions on societal views, driving political behaviour, influencing the types of services made available and the support received by members of society. (Jordan 1997) Consequently, if teenage pregnancy is framed negatively by ‘professionals’ than attitudes within society will most likely be negative.

2.1.1 Media influence

Globally the media has been a vehicle where information regarding adolescent childbearing is widely distributed and considered legitimate. In an analysis of national and international newspaper articles, headlines include “Big bellies don’t fit with school in Brazil,” “Precocious pregnancy diminishes quality of life,” “Teenage pregnancy has a cure” and “Needy people multiply frighteningly.” (Heilborn, Brandão et al. 2007) These demonstrate a lack of positive headlines on teenage pregnancy and provide little insight on whether relevant information on the use of contraception was available that would have helped inform decisions made by adolescent women, in relation to sexual activity and pregnancy.

Lessa (2006) examines the discourses of an agency in Canada servicing teenage mothers. She contends that due to dominant societal views of teenage pregnancy being a moral issue, teenage mothers are often marginalised in comparison to older single mothers. (Lessa 2006) An excerpt from a Canadian newspaper article

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(Kelly 2004) provide an example of how people teenage parent(s) believe she was perceived by the general public -

"DH looks little different from many other 16-year-olds, but the buggy she is pushing means she qualifies for special treatment from strangers. As she walks along the street, filthy looks and nasty comments are directed at her and her three-week-old daughter. She puts her head down and keeps walking. 'I pretend to them I don't care, but I just feel like running away and crying,' she says. 'They don't know anything about me, but they still think I'm a slag who doesn't care about her baby.' (Kelly, the Guardian, September 8, 2004)

Viewing young mothers this way represents a de-moralising of the issue as the teenage mother is constructed as 'parentally and socially "risky"', she is not held to be morally responsible for her behaviour', but rather 'vulnerable' to a number of risk factors and these may be ameliorated by carefully designed interventions. (Macvarish 2010 p. 316)

While articles are quick to point out the negative experiences tied to teenage pregnancy, it gives little attention to the good mothers who is resilient and who has changed her life for the better.' (Reeves, Gale et al. 2009, Macvarish 2010) An emerging body of literature is beginning to challenge the way media print treats adolescent mothers, based on a preoccupation with a young mother's inability to be self-supporting and responsible, avoiding a life of deprivation for herself and her child, taking away from young mothers who are effective and loving parents. (Bissell 2000, Aventin and Lohan 2013)

2.1.2 Shifting societal attitudes in New Zealand

In a review by Cherrington and Breheny (2005) articles based on teenage pregnancy were analysed, based on the way teenage pregnancy has been politicised in the New Zealand literature. However, because New Zealand is a country dominated by a history and a present of western ideas and processes, the authors also looked for international projects concerned with drawing attention to and politicizing local discursive formations produced through scientific, health, psychology and social

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policy activities about the adolescent mother. (Cherrington and Breheny 2005)

In New Zealand, perceptions of adolescent childbearing have changed over time. During the 1800's there was a focus on the concept of unwed women, inclusive of teenage childbearing. Attached to this title was the assumption that teenage pregnancy led to social disadvantage, reflecting the morals of the women concerned. During the early 1900's the emphasis shifted to a correlation with mental deficiency and then during the 1970's, the term teenage pregnancy was used to replace 'unwed mothers', shaped by changes in social attitudes that became more accepting of being an unwed woman, yet still placing teenage pregnancy in a separate category inclusive of the 'theories' previously tied to 'unwed mothers.' (Cherrington and Breheny 2005)

Over the past three decades a shift in ideologies has occurred in New Zealand, where adolescent childbearing has been framed in a way that makes it comparable to an illness, having an aetiology and requiring programmes to manage or reduce it and treatment to take care of it. (Woodward, Fergusson et al. 2001) Consequently, academic literature corresponded risky behaviour such as delinquency, deviant peer associations, disobedience, and defiance of authority with elevated risks of teenage childbearing. (Woodward, Fergusson et al. 2000)

The inclusion of scientific tools like the DSM-111-R diagnostic criteria is used as a way of labelling and managing risk behaviours. (Barker, Kirkham et al. 2013) While this is one way of classifying behaviour using a standard terminology, it can create stigma based on traits teenage mothers are supposed to acquire, intensifying stereotypes about teenage pregnancy based on connections to these adverse behaviours.

2.1.3 Reporting teenage pregnancy amongst Indigenous groups

Within academic literature, there is a noticeable paucity of information on cultural

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perspectives of teenage pregnancy amongst indigenous ethnic and minority groups. Accordingly, it's easy to assume that while teenage pregnancy rates are high amongst many indigenous and minority groups, it is also undesirable. In New Zealand, Māori are more likely to become pregnant and carry pregnancy to term compared to the rest of the New Zealand population. Here literature positions European as the societal norm, who considers how teenage pregnancy effects future aspiration and takes into consideration the option of termination (Dickson, Sporle et al. 2000)

This places Māori as "failing" to accept the appropriate solution to teenage pregnancy, which is to minimise teenage pregnancy. (Cherrington and Breheny 2005) Former Māori Party co-leader Turiana Turia, countered this theory by publically stating that teenage pregnancy in itself is not necessarily an issue. (Turia 2004) In Māori culture the female womb is called "Te Whare Tapu o Te Tangata" or "The sacred house of mankind" and although the mother is the primary provider for her child, her whanau, hapu and iwi are there to support them. (Rimene, Hassan et al. 1998) Here culture acts as a supportive mechanism to those who become pregnant. (Rawiri 2007) In this case, a pregnant young mother is considered 'tapu' or sacred and her unborn child having ties to her ancestors. (Rimene, Hassan et al. 1998)

Sir Mason Durie (1998) emphasises the importance of acknowledging different cultural perspectives between non-Māori and Māori which may or may not define teenage pregnancy as an issue. This reiterates the need to document ethnic specific interpretations of health related topics and to be aware of the type of support offered by different community groups, in order to determine if teenage pregnancy is considered problematic. If it is not, what can we learn from it (Durie 1998)

2.2 Cultural/Traditional attitudes towards teenage pregnancy

2.2.1 Influence of culture

While culture instils ideas and behaviours into people, tradition is the mechanism that transports these ideas and behaviours from one generation to the next. Respectively, culture and tradition will be mentioned synonymously throughout this section. (Simpson and Weiner 1989)

The influence of cultural and traditional attitudes on teenage pregnancy has not always been clearly understood. However, researchers have begun looking into changes in cultural and traditional attitudes towards teenage childbearing, reshaping attitudes towards family formation and its influences on teenage births within different ethnic communities. (Thornton and Young-DeMarco 2001)

Denner, Kirby and Coyle (2001) conducted a study on adolescent births and the protective role of social capital and cultural norms in Latino communities in California. A mixed methods approach was used focussed on eight communities with low or high birth-rates for 15 to 17 year-old Latinas. Quantitative data on birth-rates, demographics and the physical environment were obtained from government, hospital, and local sources, while qualitative data on the physical environment and social processes in the community were collected through interviews and observations in these eight communities.

The objectives of this study were (a) to identify Latino communities with adolescent birth rates that were either much lower or much higher than expected given their level of poverty, and (b) to interview adults and youth in the community to elicit possible explanations for the differing birth-rates.

Analyses focused on California zip codes that had more than 1,000 Latinas ages 15 to 17 years presiding over a 5-year period. The mean annual birth rate for this group of Latina women was 80 births per 1,000 for the years 1990 to 1994. In contrast, the four

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low birth rate zip codes averaged 50 births per 1,000, which was especially low when compared with the rate for high birth rate zip codes which averaged 131 births per 1,000 Latinas ages 15 to 17 years.

Results found that although poverty was higher in the zip codes with lower than predicted teen birth rates, these areas had strong connections to their homelands. Compared with the zip codes with high teenage birth rates. Two of the four low teen birth rate zip codes were located on the United States–Mexico border, and the other two had ethnic territories of families who had immigrated from Mexico or Central America.

Emphasis was placed on the importance of maintaining traditional values around commitment to family and community, respect for family and family reputation, close ties to religious institutions, and the control, close monitoring, and protection of girls. The proximity to the home country and the constant return or influx of immigrants helped maintain these values and decreased the rates of teenage pregnancy and sexual risk taking behaviours seen as culturally acceptable behaviour. (Denner, Kirby et al. 2001) While this study places importance on taking cultural factors into consideration, a limitation is that documentation did not come directly from adolescents living in these communities who became pregnant which would have added value to the research.

In another study focussed on Latina communities the interpersonal and personal factors influencing sexual debut among Mexican Americans living in the United States were documented, whereby 271 participants aged between 17-25 years were interviewed. Alignment of parent-child values and beliefs was noted as the leading predictor of abstinence and delayed sexual intercourse. (Abel and Fitzgerald 2006) The idea that their family would be proud of them for delaying sex played a role in their decision to delay intercourse. This research adds to the previous study mentioned in that it highlights the importance of culture in shaping decisions young people make.

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In a comparative study conducted through UNICEF (2001) it was suggested that countries with strong traditional values had lower teenage birth rates, while countries with the highest teenage birth rates had more contemporary values often failing to prepare adolescents for the outcome of teenage pregnancy. (Adamson, Brown et al. 2001)

In the United States, the percentage of all adolescents who have sex by the age of 18 has doubled since the 1950's. (Kahn, Brindis et al. 1999) In 2001, 85 percent of American males and 77 per cent of American females had sex by the age of 19 years, underlining a shift from the traditional norms that placed importance on virginity till marriage. Findings from this publication is supported in reviews which suggest that the more adolescents moved away from traditional norms, the more adolescents having sex, with elevated sexual risk taking behaviour and higher teenage pregnancy rates occurs. (Boonstra 2002)

In 1998 Widmer, Treas and Newcomb conducted a study on attitudes towards non-marital sex in 24 countries with data made available for Austria, Germany, Great Britain, Northern Ireland, the United States, Austria, Hungary, Italy, Ireland, the Netherlands, Norway, Sweden, Spain, the Czech Republic, Slovenia, Poland, Bulgaria, Russia, New Zealand, Canada, the Philippines, Israel and Japan, with a total sample of 33,590 respondents. (Widmer, Treas et al. 1998)

From these selected countries, those that participated were asked whether it was wrong for a man and woman to have sexual relations before marriage, followed by the question "What if they are in their early teens, say under the age of 16 years?," options given were a) always, b) almost always, c) only sometimes and d) not wrong at all.

The mean percent agreeing that premarital sex is not wrong at all is 61% across the 24 countries with majority of respondents in the 24 countries choosing "not wrong at all" as an option. However, there were exceptions to this option amongst countries

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characterised by a strong cultural and traditional foundation. For example, only 11% of those in the Philippians consider premarital sex to be not wrong at all. From respondents in Japan, 44% state that premarital sex is only sometimes wrong compared with a mean of 15% across all countries. The authors suggest that the remaining countries reflect two general patterns - either they demonstrate a strong consensus on the acceptability of premarital sex or, less commonly, they are divided between strong approval and strong disapproval, as in the cases of Ireland, Northern Ireland, and the United States. A weakness in this study is that it does not state whether the perceptions of minority populations were accounted for within a country.

The acceptance of premarital sex was limited to adults and while a majority see nothing wrong with sex before marriage, only 7% of respondents across countries feel this way when teenagers younger than 16 are concerned. From the respondents 58% noted that those under 16 years having sex were always wrong. The exception to this idea was found in the responses from Germany (East and West), Austria, and Sweden, who were more tolerant than other countries. At the other extreme, Bulgaria, New Zealand, Ireland, Northern Ireland, the Philippines, Poland, and the United States present very low acceptance for younger sexual activity at the time of this study.

The findings from Widmer, Treas et al (1998) study supported results from an earlier qualitative study that examined 37-countries and their views on sex. Buss (1989) found that non-Western societies (China, India, Indonesia, Iran, Taiwan and Palestinian Arabs) place a high value on chastity in a potential mate, emphasising the importance of virginity before marriage, stressed in their cultural practices. (Buss 1989) Both studies on pre-marital sex conclude that this (the influence of culture, tradition and religion on views) impacts a young woman's decision to be sexually active or carry through with a pregnancy. While they provide insight into differences in views among the countries included, a replicated study would be

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welcomed, as both studies were conducted over two decade ago. Also, further clarity into how data was collated would have been beneficial in determining the accuracy of data collection

These studies from the 1990's raise the importance of understanding what shapes our realities in order to understand why we view teenage pregnancy the way we do. It raises questions about how traditional and cultural views on childbearing can influence acceptability of teenage pregnancy. For instance, when examining teenage pregnancy in New Zealand, what are the cultural perspectives of teenage pregnancy amongst different ethnic group historically? And more relevantly in contemporary society? Do they influence the choices young mothers make to either keep or terminate? Does it influence the support that they are likely to receive? These are questions that the current literature does not answer and that future research can enforce. While the publications mentioned are comprehensive, they are outdated; accordingly ideas may have changed since then. This is what this thesis aims to address in the qualitative segment of this thesis.

2.2.2 The concept of marriage

The way marriage is portrayed in a given society also impacts the way teenage childbearing is viewed. The State of the World's Children (2011) report notes that every third young woman (aged 20-24 years) in non-developing countries, excluding China, was married as a child. Moreover, one in nine young women was married by age 15 years. (Unicef 2011) However, Santhya (2011) argues that these averages mask the huge variations within and between regions across the world.

In south Asia and sub-Saharan Africa, 46% and 38% of young women, respectively, were married as children; with the proportion as high as 55% and 50% in the rural areas of these two regions. (UNICEF 2011) In Bangladesh, Central African Republic, Chad, Ethiopia, Guinea, Malawi, Mali, Mozambique, Nepal and Niger, one-half to three-quarters of girls were married before the age of 18 years. In most settings

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where adolescents marry early, particularly in Asia and sub-Saharan Africa, women are expected to bear a child as soon as possible after marriage to secure them in the marital, home. The ability to conceive early is regarded positively by the families. (Santhya 2011)

In India, although the legal age for marriage is 18 years, majority of Indian women marry as adolescents. Recent data shows that 30 percent of girls aged 15–19 years are currently married compared to only 5 per cent of boys of the same age. Furthermore, three in five women aged 20–49 years were married as adolescents, compared to one in five men, with disparities found based on where girls reside. For example, while the prevalence of young adolescent marriages among urban girls is estimated at 29 percent, it is 56 percent for their rural counterparts where communities are more likely to keep to the traditional customs of arranged marriages for young women. (UNICEF 2011)

In Greece and Japan, over 80% of teenage births are to teenagers who are married. However, it is unclear whether this is pre or post conception as Singh and Darroch do not go into detail on the matter. Here, an association is found between the influence of pregnancy on marriage and its connection to the strong traditions in both these two countries. In Korea, the extremely low birth rate of 3 births per 1000 births (to young women 15-19 years) reflects the fact that pre-marital sex and teenage pregnancy is considered taboo. (Singh and Darroch 2000) There is also little known about the abortion rates in these countries because data is incomplete. This may be reflective of the influence of cultural norms on the decision to abort.

In Indonesia, literature draws a distinction between the different ways young mothers are received depending on whether or not they are married. Young unwed women are likely to be expelled from school, stigmatized and isolated from their friends and family. The exclusion of an unmarried pregnant girl extends to her family, especially her parents, who are seen in Indonesian society as people who have not reared their daughter properly. In contrast, the males in Indonesia who

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father these babies experience no stigma and are not shunned for his behaviour, while young mothers who are not wed, are often frowned upon with minimal support from government agencies or services. (Parini and Mudjajadi 1995)

More recently Utomo (2009) state that in Indonesia a married 16-year-old girl can have sex, become pregnant, and have access to reproductive health services without judgement. They are considered a responsible adult and mother-to-be. In contrast, consistent with traditional idealized morality, an 18 year old (of legal voting age) who is single and pregnant is considered, within the cultural context, a sinner and is shunned. (Utomo and McDonald 2009)

While the literature provides evidence that in communities where early marriage is promoted, childbearing is encouraged, (UNICEF 2011) UNICEF conclude by emphasising the adverse effects of early childbearing for these married women. For example, in the summary of the UNICEF report, at the global level girls aged 15-19 years are twice as likely to die from childbirth as are women in their 20's with girls younger than 15 years facing risks that are five times higher.

Though literature mentions cultural and marital norms as risks factors for child and adolescent marriages, publications are taken from the health professionals perspective not that of the young mothers belonging in these population groups. Do mothers (with higher maternal age) living in the same conditions as teenage mothers have similar or different outcomes? What are the implications on the children of these mothers if their mother is wed or unwed? These are questions that further research could answer.

Although conceiving once married is accepted within most societies, questions around the physical and psychological risks young mothers (particularly those under 15 years) face are often not addressed. There is also a lack of research on whether marriage was an option or compulsory and the implications this had on the decision to follow through with a pregnancy. While the western, academic literature sees it as

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an issue, do adolescents in eastern countries have the same concerns? These are ideas that this review has helped bring to surface.

2.3 Religious perspectives on teenage pregnancy

An adolescent's religious beliefs and their connection to religious institutions are often constructed within the family environment and can influence childbearing norms. (Smith 2003) It is assumed that adolescents with higher levels of religiosity will be more likely than other teenagers to avoid early sexual behaviour and the associated risks of pregnancy and STDs. (Manlove, Terry-Humen et al. 2006)

Indonesia is the fourth largest country in the world, with 20% of their population under 20 years of age. Although extremely diverse in ethnic make-up, 88% of those residing in Indonesia identify as having Islamic religious affiliations. (Nitisastro 2006) Utomo and McDonald (2009) examined the changing social and political context of adolescent sexual and reproductive health policy in Indonesia by describing the influence of religion on shaping policy, the way young mothers are perceived and the delivery of services available for teenage mothers.

Since the 1980's, the social environment of young people in Indonesia has noticeably changed from that experienced by their parents at the same age. (Utomo and McDonald 2009) Traditionally, marriages were arranged by parents. Women married very early to avoid shame of falling into premarital sex and their educational attainment rarely exceeded secondary school level. (Holzner and Oetomo 2004) With an increasing influence of Western ideology, a greater emphasis has been placed on education, leading to delayed marriage. (Hull 2003) In the area of sexuality, young people in Indonesia are said to face a confusing situation, where their knowledge of the nature of sexuality and of safe sexual activity is limited because sex education is not provided by schools due to the influence of religion on policy. (Situmorang 2003)

Indonesian parents rarely educate their children concerning sex because most

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parents of the current generation received no sex education from their own parents. (Butt and Munro 2007) Therefore, the delivery of messages by family members often cause feelings of discomfort and are inaccurate. In these examples from Indonesia, because sex is a topic rarely discussed, and the act of sexual intercourse is seen limited for husband and wife, tradition and religion affect the type of information adolescents receive about sexual related issues through the education system or from their parents. Religiosity can influence access to information and when adolescents are not given adequate information, they are disabled from making informed decisions.

In the United States, Manlove, Logan, Moore and Ikramullah (2008) examined whether religiosity is associated with adolescent sexual and contraceptive behaviour using data from the United States 1997 National Longitudinal Survey of Youth; a nationally representative longitudinal study of adolescents born in the United States in 1980–1984, aged 12–16 years at the time data was gathered. From the longitudinal study 3,644 face-to-face interviews were conducted with adolescents aged 12 to 16 years at the time of the interview.

Participants provided information on the timing and circumstances of their first heterosexual intercourse, on their contraceptive use at first sex and on family religious beliefs. The interviews were then limited to adolescents aged 12–14 years who reported in 1997 that they had not had sexual intercourse, by which each participant was interviewed again at age 17 on their reproductive health outcomes (i.e. sexual activity, number of partners and consistent contraceptive use). Results found that family religiosity was negatively associated with adolescent sexual activity, both directly and indirectly. The direct association was mediated by family cohesion.

Adolescents who came from families with strong religious affiliations were indirectly associated with having fewer sexual partners and delayed age at first sex.

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This was perceived to be connected with the values instilled through parent's religiosity. (Manlove, Ryan et al. 2010)

While this publication provide insight into the role religiosity plays on decisions made concerning adolescents sexual activity, it is important to recognise that those who were sexually active at age 12-14 years were not included in the study. Their input would have been of great value, because more sexual activity would lead to greater risk of teenage pregnancy. These studies also do not discuss how religiosity affects expecting or current adolescent mothers, and whether religiosity eases the barriers faced by adolescent mothers or acts as a burden.

2.4 The change role of women in society

Corresponding with the rise of the late twentieth century feminism in Meg Luxton's (1980) book titled "More than a Labour of Love: Three Generations of Women's Work in the Home", Luxton interviewed mothers on their roles as housewives over three generations. One participant noted -

"Sure things are easier today. Modern houses are much easier to keep up, no one is denying that. But the same is true of mining. Mining today with power drills and trains and all that is much easier than mining was in my grandfather's day. But no one ever says that modern mining isn't work anymore. So the people who say housework isn't full time, demanding, hard work are full of it. All that proves is they don't know what housework is really all about." (p20)

In this extract, while more and more woman are expected to generate income and still be there for their children, a woman's role at home is not just housework. It is 'domestic labour' - the production of both family subsistence and labour power and the responsibility of caring and maintaining the households. (Luxton 1980) Chase- Lansdale, Brook-Gunn (1997 p19) supports the importance of a mother's role at home by stating that "Home life is the highest production of civilisation, it is the great moulding force of mind and of character." (Chase-Lansdale and Brooks-Gunn 1997)

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At different times throughout history, women seeking employment were viewed as immoral and un-lady like. (Domenico and Jones 2007) Historically, males worked outside the house and females were expected to stay home and take care of household duties, where “working” was an option not necessarily expected. (Chase-Lansdale and Brooks-Gunn 1997) Traditionally, women who had careers were accused of being negligent mothers based on the perception that women would be unable to fulfil their role as mother and wife while trying to meet their professional responsibilities. In such cases women often experienced feelings of guilt or selfishness if they put their career interests first. (Heins, Hendricks et al. 1982)

With an increasing emphasis on education and employment, the role of women has taken a 180 degree turn since the 1980s, with women now expected to be able to conduct domestic household duties and generate an income, and to do both well. (Domenico and Jones 2006) Where guilt was once attached to working, guilt is now attached to an inability to work or gain employment, by which young mothers are prone to feature. (Troumpoucis 2004)

Within the literature, the rising average age at first birth is also linked to the changes in the role women play in society, remarkably within one generation. (Dorrell 1994) As more women enter higher level of education and establish more prominent careers, it is common throughout industrialised countries that for the first time birth rates have risen to the late twenties and early thirties. In 1998, the average age of New Zealand women giving birth was 28.9 years compared with 28.8 years in 1997 and under 28 years in 1991, and the proportion of women giving birth over the age of 30 is increasing. (Ministry of Health 2012)

The rises of opportunity for women in the workplace, the introduction of contraception, the changing attitudes towards sex before marriage and the rising levels of births to unmarried women are themes highlighted throughout the literature which points towards the idea of a socio-sexual transformation that has occurred in little more than one generation. (Boonstra 2002) But what implications do

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these societal changes have on the psychological wellbeing of women who are at home mothers? And how do they influence the way teenage mothers interpret their role as women? These questions highlight a gap in the literature that this thesis aims to fill.

2.5 Societal attitudes to abortion

The topic of abortion has created mixed feeling for centuries, with the pro-choice and pro-life debate still a current issue. While literature is quick to stress the adverse effects of adolescent childbearing, what does the choice of abortion mean to young women? And how does the literature portray adolescent terminations? This section aims to understand what influences a woman's decision to abort and the implications of terminations during adolescent age.

2.5.1 Policies on abortion

An important factor affecting decisions to either carry on with a pregnancy or terminate is access to legal terminations, largely influenced by dominant societal views. (Rai, Singh et al. 2012)

Prior to the passing of the Contraception, Sterilisation and Abortion Act (1977) women who wanted to abort in New Zealand travelled to Australia to terminate their pregnancy, which made it difficult to determine what the actual abortion rates in New Zealand prior to the 1980s were. (Contraception, Sterilisation et al. 1977)

Nationally, abortions are performed for pregnancies under 12 weeks in a licensed clinic. For pregnancies over 12 weeks, abortions must be carried out in a licensed hospital. However, the grounds for an abortion are not determined by the Contraception, Sterilisation and Abortion Act but in the Crimes Act 1961, which included two amendments passed in 1977 and 1978. These grounds include –

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serious danger to life, serious danger to physical health, serious danger to mental health, any form of incest or sexual relations with a guardian, mental sub-normality and fetal abnormality (added in the July 1978 amendment). In addition, other factors which are not grounds in themselves but which may be taken into account are extremes of age and sexual violation (previously rape). This differs to islands in the Pacific (Micronesia, Melanesia and Polynesia) that are legally only able to abort if it endangers the life of the mother reflecting the low recorded abortion rates in Islands throughout the Pacific. (Centre for Reproductive Rights 2013)

In International research based on young women seeking abortions, frequently given reasons for abortions include educational, economic and partnership consequences of unwanted or mistimed pregnancy. Broen (2005) interviewed women at three time points following an abortion in Norway, and found that concerns about the effect of having a child on education, career, finances and relationships were rated as important reasons for having an abortion. (Broen, Moum et al. 2005)

In the United States, Santelli and Melnikas conducted a review on historical teenage pregnancy trends in the United States and found that young women who had abortions felt unprepared for motherhood and cited interference with educational opportunities as a primary reason for choosing this option. (Santelli and Melnikas 2010) This is similar to findings in Sweden where 25 women aged 16-20 years were interviewed 3-4 weeks post abortion about their decisions to abort. Findings in this study suggest that the women felt responsible for falling pregnant as it is perceived to be the women's responsibility to provide contraception. Social norms relating to education opportunities and employment prospects and the negative attitudes of family and friends strongly influenced the decisions made by these young women to terminate their pregnancy. (Ekstrand, Tydén et al. 2009)

In a comparative study looking at global termination rates, commissioned by the United Nations, the legality, safety and accessibility of abortion services were analysed. Globally, 40% of women of childbearing age (15-44 years) live in countries

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with highly restrictive termination laws. Internationally, thirty-two countries do not permit abortions, not even in circumstances where the mother's health is at risk or where rape is involved. Thirty-six countries worldwide permit induced abortion only when it threatens the life of the expectant mother, and in some of these countries in the case of rape. Consequently, women mostly in developing countries with restrictive abortion laws often go to untrained providers, traditional providers or attempt to self-induce creating greater problems for themselves and their unborn child. (United Nations 2013)

Thirty six countries allow abortion to save a woman's life and for her physical health, twenty-three more to protect a woman's mental health. Singh and colleagues (2009 p.10) believe that "the abortion laws in these 59 countries are subject to variations in interpretation and implementation. For example, despite the legal restrictions, abortion is available virtually on request in Hong Kong, Israel, New Zealand, South Korea and Spain."

In India, termination is permitted on the grounds stated previously and also for socioeconomic reasons. Thus, those from the extremely deprived areas of India are permitted to seek legal terminations with a further eighteen other countries allowing legal abortions on the grounds of poverty. (Singh, Wulf et al. 2009)

Globally, 56 countries do not pose restrictions on abortions, including China. In contrast, countries like Bosnia, Herzegovina, Croatia, Cuba, the Czech Republic, Denmark, Greece, Italy, Macedonia, Montenegro, Norway, Portugal, Serbia, the Slovak Republic, Slovenia, Turkey and certain states in the United States, adolescents are not permitted to have an abortion without parental consent. In Turkey, married women cannot have an abortion without spousal consent, and China and Nepal ban abortions for purposes of sex selections. This publication shows that policy is shaped by the dominant societal views, influenced by cultural and religious beliefs held by those residing in those countries. (Singh, Wulf et al. 2009)

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In another comparative study, Sedgh, Singh, Henshaw and Bankole (2011) examined the statistics and estimates of legal induced abortions which were gathered for 64 of the 77 countries where legal abortion is available. In 2008, the abortion rates in 25 countries with complete records were analysed. All of which were from developed countries whereby the rates ranged from seven (Germany and Switzerland) to 30 (Estonia) per 1,000 women aged 15 to 22 years (Table 4).

Bankole (2011) suggest that where women have opportunities for education, employment and career development, younger and unmarried women are the most likely to want to postpone marriage or childbearing and to obtain an abortion when a pregnancy occurs. Consequently, differences exist between adolescents who chose to carry out the pregnancy and those who choose to abort. (Bankole, Biddlecom et al. 2011)

Between 1996 and 2008, the abortion rate declined in half of the 20 countries with complete statistics, with the rates declining the most for countries with the highest incidence of abortion in 1996. In this study (Table 4), the greatest cumulative decline in legalised terminations was in Bulgaria, where the rate fell by sixty-nine percent. However, the greatest increase was in New Zealand, where the rate rose by sixteen percent. From a national perspective, this fact needs further investigation.

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Table 4: Number and rate of legal abortions in countries with complete reports, by year; annual percentage change in rate, by interval; and percentage of pregnancies ending in abortion in 2008 - all according to country.

Country	Rate		Annual change in rate (%)		Pregnancies ending in abortion (%) 2008	
	2008	2003	1996	2003-2008	2003-2008	
Israel	13	14	14	-1.8	-1.8	10
Netherlands	8	9	7	-0.2	-0.2	11
Switzerland	7	7	U	-0.3	-0.3	11
Belgium	9	7	7	4.2	4.2	12
Germany	7	8	8	-1.3	-1.3	12
Finland	11	11	10	-0.4	-0.4	13
Iceland	14	15	U	-1.1	-1.1	14
Portugal	9	u	U	U	U	14
Italy	10	11	U	-1.4	-1.4	15
Czech Republic	12	14	21	-3	-3	16
Slovakia	11	13	20	-3.6	-3.6	16
Scotland	13	12	11	3	3	16
Spain	12	8	U	7.1	7.1	16
Slovenia	12	16	23	-5.5	-5.5	17
Denmark	15	15	16	0.6	0.6	18
England and Wales	17	17	16	0.4	0.4	18
France	16	17	15	-0.1	-0.1	18
Norway	17	15	16	2.3	2.3	19
United States	20	21	22	-1.2	-1.2	19
New Zealand	20	21	17	-1.2	-1.2	20
Bulgaria	16	22	51	-5.8	-5.8	21
Singapore	14	15	16	-0.6	-0.6	21
Sweden	21	20	19	0.6	0.6	22
Hungary	21	26	35	-3.8	-3.8	26
Estonia	30	36	56	-3.8	-3.8	30

2.5.2 Abortions rates in New Zealand

In the early 1980's, one in ten known pregnancies ended in abortion. In 2000, it had doubled to one in five with demographic literature suggesting that termination rates was relatively high among never married women, women who had no previous children and among minority groups. (Statistics New Zealand 2009) This is true for adolescents in New Zealand, where for every adolescent birth there is a recorded termination. (Craig, Taufa et al. 2008)

In New Zealand since 1980, the number of terminations has increased by 171 percent, with rates lowest for European followed by Pacific, Māori and Asian. In 2000, teenage abortions accounted for 19.8 percent of all terminations. In the same year, 75 percent or three in every four pregnant Asian women under 20 years aborted their pregnancy, compared to Māori teenagers who had the lowest ratio of 32 percent. (Statistics New Zealand 2001) While this is stated there is no further description as to why ethnic variations exist or where Pacific people fit.

In 2008 the NZCYES released a report titled "The Health Status of Pacific Children and Young People, with a segment dedicated to looking at terminations in New Zealand. During 2007, termination rates were highest in New Zealand for women 20-24 years, followed by those 15-19 and 25-29 years. However, abortion rates were lowest at the extremes of the age distribution (i.e. amongst those 11-14 years and 45+ years).

During 2002- 2007, termination rates were higher for Pacific, Asian and Māori women than for European women, with termination rates for Asian women declining during this period. Nevertheless, when viewed in the context of overall fertility rates, although Pacific and Māori women had higher termination rates than European women, they also had higher overall fertility rates, which taken into account, meant that the overall proportion of terminations to births was higher

for Asian women and European women in their teenage years than Māori and Pacific women. (Craig, Taufa et al. 2008) This is supported by Dickson and Sporle who describe Māori as being less likely to terminate in New Zealand due to an emphasis on the importance of whanau within Māori culture. (Dickson, Sporle et al. 2000)

In the Dunedin and Christchurch Longitudinal studies (mentioned in section one), those who had been pregnant but not sought an abortion tended to come from educationally and economically disadvantaged backgrounds. They had significantly lower intelligence scores and were significantly more likely to leave school without educational qualifications. In contrast, women who had not been pregnant had better outcomes than either of the other groups.

While these reasons are provided to explain why teenage women choose to abort, (i.e. better life opportunities) there is a growing body of literature on the adverse outcomes of teenage abortion. (Strahan 2000) In the academic literature, the association between abortion and negative medical or psychological consequences turns abortion into a new social problem, where abortion is depicted as having personal health and psychological cost which then transcends into social costs. For example, compared to women who abort at an older age, women who abort as teenagers are significantly more likely to report more severe emotional injuries related to their abortions. (Sobie and Reardon 1995)

When compared to women who have abortions in adulthood, adolescents who abort are two to four times more likely to attempt suicide, more likely to have troubled relationships and are nearly three times more likely to be admitted to mental hospitals than women in general. (Reardon 2006) Adolescents are also more likely to report having wanted to keep the baby, higher levels of feeling misinformed in pre-abortion counselling and less satisfaction with abortion services and greater post-abortion stress. (Frick 2006)

Due to the high rates of Asian abortions in New Zealand, majority of the literature written on teenage abortion in New Zealand is based on the Asian population. In New Zealand 78% of people who identify as being Asian are born outside of New Zealand, with the majority living in New Zealand for less than ten years. (Statistics New Zealand 2007) In New Zealand, the Asian population has the highest rates of abortion with a growing incidence of unsafe sex among adolescent Asians. Literature suggests that the relationship between migrant experiences and cultural factors contributes to the high rates of abortion and unsafe sex amongst Asian adolescents. (Simon-Kumar 2009)

Headlines such as 'Multi-abortions not uncommon for Asians,' 'Student troubles' and 'Asian shame' highlight the public image portrayed in relation to abortion amongst Asian women living in New Zealand. (Simon-Kumar 2009) This is emphasised by reports to the government which show that in 2003 the abortion ratio was 397 per 1,000 for Asian women compared to 214 per 1,000 for European women, 244 per 1,000 for Māori women and 252 per 1,000 Pacific Island women. (Statistics New Zealand 2012)

In an audit review of between 200 and 400 consecutive clients at an abortion clinic the number of Asian clients had increased from 12% in 1995 to 55% in 2002. What makes these figures noticeable is that there is a high representation of young Asian women in these overall statistics. (Goodyear-Smith and Arroll 2003)

In an extensive literature review on the way Asian sexuality is framed in New Zealand, Simon-Kumar (2009) sought the causes for the high rates of abortions amongst Asian women and found that 'culture' was an overwhelmingly reason given for the decisions made by young Asian women to have an abortion. Simon-Kumar found that the available literature integrate sexual practices of Asian female students with their identity as migrants in New Zealand, where abortion has become a negative consequence of young people confronted with

contrasting values of opposing cultures. (Simon-Kumar 2009) This is supported by Goodyear Smith and Arroll (2003 p7) who found that students are often without family support, and may take advantage of the relative sexual freedom they experience in comparison with the situation in their home country. (Goodyear-Smith and Arroll 2003)

There is currently no other ethnic specific publication in New Zealand, on issues ethnic groups have to deal with in terms of reproductive issues in New Zealand. However, publications as such highlight the stigma and cultural shame that can be connected to teenage pregnancy that directly influences the decisions to terminate pregnancy.

While these publications make reference to Asian termination rates, they do not breakdown Asian ethnic groups (i.e. south Asian such as Indian, Chinese, Japanese, and Korean) or note whether they were born overseas or in New Zealand. A differentiation would have provided better insight into ethnic-specific behaviours towards terminations. These publications underline the need to understand what abortion means to young woman, what they took into consideration when they chose to abort, and whether they felt the decision to terminate was the right one to make. It also underlines the influence of cultural and societal expectations on decisions made to continue with pregnancy or terminate.

2.6 Perceived benefits of teenage pregnancy

The view that teenage child-bearing, has adverse outcomes for teenage mothers, their children, or society is subject to debate. (Lawlor and Shaw 2002) Studies suggest that early childbearing among African Americans in high-poverty urban areas alleviates the consequences of the severe health risks they face during their reproductive and working age. For example, in these populations, early

childbearing may act to reduce rates of infant mortality and the risk of being widowed or orphaned, along with their adverse effects on family economies and caretaking systems and yet few people are aware of this. (Geronimus 2003)

Since the early 2000's, academics are beginning to note that motherhood can be viewed as an avenue of fulfilment and identity for poor and disadvantaged women. (Kirkman, Harrison et al. 2001, Seemark and Lings 2004, Coleman and Cater 2006) Although adolescent pregnancy is often discussed as a social problem, for some women pregnancy is seen as a way out of an already helpless situation. Young women growing up in difficult circumstances or with a lack of opportunity may view pregnancy as their last hope of a better life. (Rolle 2008)

Collins (2010) conducted interviews with 13 young New Zealand mothers in 2008 using snowballing technique and concluded that for these mothers early childbearing required them to grow up quickly, abandon destructive lifestyles, and focus on providing their children with a healthy environment. (Collins 2010) Aware of the negative stereotypes attached to being a young mother, those in this study noted that being a teenage mother acted as motivation for setting goals and achieving them.

In the book "Dubious conceptions: the politics of teenage pregnancy" (Luker 1996) an adolescent mother claims -

"Having a baby is a lottery ticket for many teenagers; it brings with it at least the dream of something better, and if the dream fails, not much is lost. Some young women say it was the best thing they ever did."

(Luker, 1996, p.182)

In the extract, having a baby is associated with new found hope and possibilities. While this extract is an example of the positive perceptions of teenage mother, further research is needed to ensure that these findings are applicable to different ethnic groups.

In a study on an ultraorthodox Jewish community living in Jerusalem, marriage and pregnancy at a young age is encouraged and the women strongly supported within the community. As a result good pregnancy outcomes and social support were found when examining teenage mothers. (Gale, Seidman et al. 1989)

In the Dawson and Hosie (2005) study on educational provision for pregnant and parenting young women in England, young mothers reported that while they had often been disengaged from education, their pregnancy resulted in a greater willingness to re-engage, especially when non-judgmental support was offered. (Hosie and Dawson 2005)

In the growing literature showcasing the benefits of being a teenage parent, teenage mothers speak optimistically about their lives, concerning motherhood as providing someone to live and care for, and wanting to do well for the baby's sake. (Lesser and Escoto-Lloyd 1999, SmithBattle 2000, Spear 2004) For some, mothering is described as "salvation" (Lesser et al, 1999, p 140), or "a catalyst that anchors the self, fosters a sense of purpose and meaning, and provides a new sense of future." (SmithBattle 2000 p 35) Some see their child as "reparation" providing hopes of a better life for the child, and a way for the mother to move on. (Lesser et al, 1999, p 139)

While positive views of teenage pregnancy is slowly becoming recognised in the scholarship, it is unclear whether the views of minority groups or Pacific people are included as the methods are unclear on the ethnic make-up of participants. This would have provided insight into the accessibility of services established for adolescents and the likelihood of those belonging to these communities to utilise programmes set up for teenage mothers; whether they perceived teenage pregnancy to be negative or positive.

2.7 Section two summary

Historically, national and international literature on teenage childbearing has been routinely portrayed as a social problem strongly influenced by the dominant population groups in industrialised countries. These views are relayed in the literature largely presented from a western perspective by academics and through the media. Yet, in none of the publications do authors reflect on what shaped their views, whether their findings were influenced by popular societal beliefs around teenage pregnancy.

The way data is collated also influences the type of information people gain access to. For example, in the Manlove et al (2006) study on whether religiosity is associated with adolescent sexual and contraceptive behaviour, 5,340 teenagers were excluded from the study because they admitted to being sexually active between the ages of 12-14 years. By neglecting to take into account their thoughts and experiences, the view of over 50 percent of adolescents in this population were not included. This creates a skewed, one sided interpretation of religion as a protective factor, without noting the realities of those who may not fit into the mould of doing what is religiously or culturally correct. As a reader, we often overlook the role of the author, what they choose to submit or omit, without realising the cause and effect cycle where popular societal beliefs can influence academic writing and vice versa. (Manlove, Ryan et al. 2007, Manlove, Steward-Streng et al. 2013)

Cultural, traditional and religious values impact acceptability of teenage pregnancy either promoting or dissuading the decision young women makes to carry through with a pregnancy or to terminate. They influence information given and gained, impact policies, services provided and community reaction to adolescent childbearing. While academic literature largely views teenage pregnancy as an 'issue' that needs 'dealing' with, when examining views of teenage pregnancy amongst indigenous populations, if the support is there,

teenage pregnancy is not necessarily considered problematic. Thus, childbearing experiences differ from population to population and the point of view of indigenous groups or minority groups is often not represented in the literature.

Marital norms in a given society also play a role in our interpretation of early childbearing. For example, in countries like Indonesia if there is an early marriage, teenage pregnancy is encouraged. However if an adolescent becomes pregnant out of wedlock and does not get married the stigma that follows is made evident in the way young women are treated by family members, service providers and society as a whole. Hence, section headings are not independent of each other but are all interrelated.

The expected role of women in society is something that influences our interpretations of early childbearing. Focus on social capital has resulted in delayed childbearing norms and heightening the perceived burdens of teenage childbearing addressed in the literature. While studies acknowledge the changing roles of women, research is written from a western perspective, with a lack of insight into the expectations placed on woman who belong to more traditional societies that are less likely to change their gender roles where being a teenage mother may be considered normal.

Societal views on abortion are also noted in this section. At one end abortion is seen as a solution to teenage pregnancy preventing the disruption of schooling and leading to better employment and higher income. On the other hand guilt and regret often resonate with young women who previously aborted.

While publications in New Zealand focus on the Asian population in an attempt to discover why they choose to abort, there is nothing recorded on Māori and Pacific populations and why they choose not to. Why do Māori and Pacific young mothers choose to keep their babies, despite the obstacles that 'society' links to being an adolescent mother? Answering this question will allow more accurate

interpretations of what abortion means to teenage women and factors that contributes to a women's decision to abort.

It has only been in the last two decades that researchers have begun to understand that labelling teenage pregnancy a problem neither does the child nor parent any good as it adds to the negative stereotypes fuelled within society. (Lawlor and Shaw 2002) Knowing this, why then are labels still put in place on young mothers and their children? Later child bearing has differently viewed advantages.

This section is important because it makes us aware of why we perceive teenage pregnancy the way we do and why others may comprehend it differently. As a Tongan researcher, this section highlights the lack of qualitative insight on how societal perceptions are shaped. Using the Tongan population as a case study, the lapse in the literature leads to posing the question: how do Tongans perceive adolescent pregnancy and in turn how do Tongan young mothers view themselves? This will be examined in the qualitative chapter of the thesis.

3 The Socio-Demographic Distribution of Teenage Pregnancy in Developed Countries

Literature suggest that the identification of factors that are predictive of later teenage pregnancy can assist in identifying young people at risk of becoming adolescent mothers and in developing programmes to reduce the incidence of teenage pregnancy. (Young, Turner et al. 2004) While teenage childbearing is linked with unfavourable outcomes for young mothers and their children, many of these consequences can be linked to the economically and socially disadvantaged situations that many adolescent mothers find themselves in before becoming pregnant.

Within the literature, the socio-demographic variables described as determinants of teenage pregnancy are the same variables labelled consequences of teenage pregnancy. This influences a young mother's ability to provide for herself and her child. For example geographical location is often used as a marker for deprivation, a component of an individual's socio- demographic profile, with those that reside in areas of deprivation more likely to become teenage mothers than those living in affluent areas. Here, deprivation is categorised as a determinant of teenage pregnancy. At the same time, once pregnant, deprivation contributes to a teenage mother's ability to make choices for herself as well as her child, often heightening the adverse consequences of being a teenage mother. (Craig, Taufa et al. 2008)

This section acknowledges that although under the same headings, the determinants and consequences of teenage pregnancy are separate issues. Therefore, they will be dealt with separately.

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In this section the socio-demographic determinants of teenage pregnancy will be reviewed by examining factors that influence the distribution of teenage pregnancy under the following headings -

1. **Family Composition and Relationships** which focuses on the internal influences of family by asking
 - a. What is family?
 - b. The significance of Parent and Child Relationship
 - c. The importance of Family structure (Sole parent vs. Two parent) and
2. **Family Socio-economic status** which focuses on the external influences of family. For example income, education and level of deprivation

This section will conclude with a summary of the socio-demographic determinants of teenage pregnancy, if there is an association between socioeconomic background and rates of adolescent childbearing and if the young mothers interviewed view their socio-demographic conditions as a burden.

3.1 Family composition and relationships

The family is a central and influential source of information for young people and has a strong influence on the attitude, decision-making, and behaviours of adolescents regarding life in general. (Miller, Benson et al. 2001, Jaccard, Dodge et al. 2002) Family influences range from hereditary or biological transmission of important characteristics such as early age of menarche, (Wellings, Nanchahal et al. 2001) to background features of family, such as parent's education and marital status, to everyday practices of parenting (e.g. parental support) and household compositions. (Bonell, Allen et al. 2006) All of which will have a bearing on the lives of young people. Internally family can influence the value systems that young people have; externally they can also influence the environment that a young person is born into.

3.1.1 Family composition

The term 'family' is loosely used on a daily basis. However, it has multiple meanings within society and in the academic literature. Our interpretation of the term family varies depending on whether it is being interpreted in a social, biological, cultural or statistical sense. For example, some refer to others as family irrespective of biological connection, whereas others require that a direct link to bloodline is established. (Hodgson and Birks 2002)

3.1.2 What is family?

In New Zealand family can be defined in several ways. Statistics New Zealand describes family as a couple, with or without child(ren), or one parent and his/her child(ren), all of whom reside in the same household. (Statistics New Zealand 2006) While this perspective focuses on the nuclear family, using the term whanau which is the Māori equivalent of family, views the family quite differently. In traditional Māori culture, the whanau was the place where initial teaching and socialisation of things Māori took place. More than an extended family social unit, the whanau is based on kinship ties where people shared a common ancestor, providing an environment where certain responsibilities and obligations were maintained. (Durie 1994)

Whanau incorporates more than the extended family, taking into account any ties that could be identified. The term used to describe family for Samoan communities is aiga and for the Tongan population kāinga where the concept of aiga and kāinga are similar to the Māori term whanau. (Markoff and Bond 1980, Helu 1999) The variations in definitions are important to understand when dealing with different populations because our interpretation of family may be different.

3.1.3 Parent and child relationship

Parent and child relationship is a central and influential source of information for adolescents, having a strong effect on a young person's sexual attitudes, decision-making and behaviour. (Miller 2002)

Stauss et al (2012) assessed parent and child relationship relating to adolescent childbearing in Rural Arkansas, United States of America. They examined predictors of frequency of sexual health communications through perceptions held by adolescents. In this study 252 adolescents (aged <20 years) were interviewed about their relationships with their parents. Multiple regression results suggests that being a female, of colour, lack of closeness with their father and spending less time with their father predicted increased frequency of sex related communication between parent and child. Those who suggested closeness with their parents were less likely to be sexually active or become an adolescent parent. This study is beneficial because it takes into account the experiences of young women in rural settings that may differ to those in urban settings. (Stauss, Boyas et al. 2012)

In 2011, Khalaj and Cleland published a paper on the associations between family factors and premarital heterosexual relationships among 1,378 college students in Tehran Iran. This paper was of interest because it is published outside the United States, giving voice to a more conservative and traditional population that may be more relevant to Pacific communities.

Though premarital heterosexual relationships were discouraged, especially for females, having had a boyfriend was positively related to parental income odds ratio, maternal educational attainment and liberal family values. On the other hand, having had a boyfriend was negatively associated with parent-child closeness. Very strict and very relaxed parental control during adolescence were both associated with having had a boyfriend, but only the former was associated with having had pre-marital sex.

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In the study, participants were more likely to engage in premarital intercourse if they did not live with both parents or if their family had more liberal values; with reduced odds of having had sex if they had a closer relationship with their parents. Consequently, parents who showed lesser or greater control encouraged more premarital relationships than parents who showed moderate parental control. (Farahani, Cleland et al. 2011)

In the United States, Rodgers (1999) examined the relationship of parenting processes to adolescent sexual behaviour by asking what parenting behaviours are related to sexual risk taking among sexually active adolescent males and females. A sample of 350 high school students were taken from a survey made up of 2,247 students from seven schools in two counties in a northern Midwestern state. In this study parental supervision and control influenced teen pregnancy with low levels of parental supervision associated with high levels of alcohol and drug use and with high-risk peer associations leading to increase sexual behaviours and decrease contraceptive use. In contrast, high levels of control led to concealed pregnancies and sexual risk taking behaviours. (Rodgers 1999)

Post 2000, two systematic literature reviews were conducted (Miller, Benson et al. 2001, Miller 2002) that spanned three decades (1970's - 1990's) of research based on parental influence on teenage pregnancy. In these reviews over 80 studies were included that found that parent and child closeness is associated with a reduced risk of teenage pregnancy whereby adolescents postpone sexual intercourse, remaining sexually abstinent and using contraception more consistently. It is interesting to note that throughout the span of the three decades, a close mother and daughter relationship related to a daughter's postponement of sexual intercourse and teenage childbearing. (Miller, Benson et al. 2001)

In an earlier study conducted in the early 1980's, Darling and Hicks (1982) collated data from 823 college students from a large mid-western university evenly divided

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by male and female. The purpose of the study was to determine variables that influence the sexual behaviour and contraceptive use of never married college students. This publication noted a double standard in the type of parental messages students received from their parents about sexuality. For example, messages for sons emphasised the positive aspects of sexual experiences (related to pleasure) and messages for daughters emphasising the negative side (related to pregnancy). Although the study was conducted several decades ago (and before highly effective contraception was available), it underlines the importance of understanding the type of information provided by parents in relation to sexual reproductive issues. (Darling and Hicks 1982)

A common finding in the international literature is based on the idea that open, positive, and frequent parent and child communication about sex is associated with adolescents not having sexual intercourse, postponing their sexual debut or having fewer sexual partners. (Upchurch, Aneshensel et al. 2001) Adolph confirm that among the Hispanic population in the United States, positive child and parent communication also results in effective contraceptive use, influencing the rates of teenage pregnancy. (Adolph, Ramos et al. 1995)

While these studies highlight areas that deserve further investigation in terms of the parent and child relationship, a limitation is the lack of insight into whether articles reviewed were differentiated by ethnicity, socioeconomic positioning or religious affiliation. When attempting to gather literature specifically on New Zealand, while there is ample literature on parent and child relationship, there was no literature directly on parent and child relationship, and teenage childbearing in New Zealand. This is a gap this thesis aims to fill.

3.1.4 Family structure (sole parent vs. two parents)

When examining research on the development of young people within solo parent or two parent homes the literature on the importance of family structure in relation

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to child development is extensive. (Moore and Buehler 2011, Daire, Turk et al. 2013) In 2004, Quinlivan, Tan, Steele and Black published the only study in Australasia focussed on the impact of demographic factors, early family relationships and depressive behaviour in teenage pregnancy. This prospective cross sectional cohort study was based at the Royal Women's Hospital in Victoria, Australia, where questionnaires were distributed amongst two cohorts. Females aged less than 20 years made up one subgroup (56 participants) and mothers older than 20 years who made up the control group (60 participants).

Participants were given three different questionnaires to list their experiences before becoming a mother. The first questionnaire asked about demographic variables such as their age, smoking, alcohol and illicit drug use before and during the pregnancy, ethnicity, level of education and family income. The second questionnaire asked questions about the subject's early interpersonal family relationships with their mother and their father, and the third questionnaire asked questions about the relationship between their parents. (Quinlivan, Tan et al. 2004)

Multivariate analysis and SAS was used, finding that the following factors had a significant independent association with younger age of motherhood listed by of magnitude of the effect:

- a) A history of parental separation/divorce in early childhood; b) Exposure to family violence in early childhood; c) Illicit drug use (ever or in pregnancy); d) Idealisation of the pregnancy; e) Low family income; and f) a low level of education.

The study found that teenage motherhood was highly associated with a childhood experience of parental separation or divorce influencing the likelihood of the participants partaking in sexual risk taking behaviour and leading to teenage pregnancy. (Quinlivan, Tan et al. 2004)

The finding is supported by retrospective and epidemiological studies from other countries. For example, in the United Kingdom, women who were raised in single

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parent families, due to parental separation were at increased risk of becoming teenage parents. (Wellings, Nanchahal et al. 2001)

A retrospective epidemiological study from the United States examined the national birth data for the years 1995–1996 and reported a strong positive relationship between single-parent households and teenage pregnancy, with a relationship between teenage mothers being children of a teenage parent established. (Blake and Bentov 2001)

The relationship between solo parent households and teenage pregnancy has also been reported in the New Zealand literature. In the Christchurch Health and Development Longitudinal Study, young woman who reported at least one pregnancy by age 20 were notably more likely to have been brought up by a single mother who had herself become a parent at a young age drawing an association between being a child of a teenage mother and becoming a teenage mother. (Ellis, Bates et al. 2003) This mirrors findings from the Dunedin Multidisciplinary Health and Development Study, where individual and family background variables increased the odds of teenage pregnancy by between three to seven times and increased the odds of giving birth in one's twenties by two to four times. (Dickson, Paul et al. 1998)

With respect to parents' marital status, living with a single parent is consistently noted as being related to adolescents having sexual intercourse at younger ages, as opposed to living with both parents. (Buhi and Goodson 2007, Raneri and Wiemann 2007) Literature suggests that living with a single parent or a step parent doubled adolescent risk of having sexual intercourse and single or divorced parents' are seen as having more permissive sexual attitudes. This suggests that parents' dating activity influences their children's decision to be sexually active. (LaFromboise, Hoyt et al. 2006)

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These studies provide insight on how family dynamics can shape adolescent decision making. While, there is an extensive amount of research focussed on parent child relationships, they generally focus on the type of information parents give to children relating to sexual activity, with minimal information on the types of information parents provide relating to pregnancy.

Studies conducted in New Zealand were also based in the South Island, which does not necessarily reflect the ethnic make-up of New Zealand as a whole. It also highlights the lack of publications related to Pacific specific research on parent and child relationships that would help inform the type of information young Pacific people have access too or whether family formation act as a risk factor for elevated childbearing rates.

3.2 Family socio-economic status (SES)

The term socioeconomic status (SES) is 'the social and economic factors that influence what position(s) individuals and groups hold within the structure of society.' (Lynch and Kaplan 2000, p 14) It is a complex concept made up of various dimensions such as economic ownership, community prestige and access to resources via family background lifestyle and social networks. (Lynch and Kaplan 2000, Lynch, Smith et al. 2000)

Deprivation refers to relative disadvantage; Townsend (1987 p125) defines deprivation as:

"A state of observable and demonstrable disadvantage relative to the local community or the wider society or nation to which an individual, family or group belongs."

Townsend distinguishes between "material" and "social" deprivation. Material deprivation refers to material apparatus, goods, services, resources, amenities and physical environment, and location of life. Social refers to the roles, relationships, functions, customs, rights and responsibilities of membership of society and its subgroups.

According to Townsend, material factors are inclusive of diet, physical and mental health, clothing, housing, household facilities, environment and work (conditions, security and amenities), while social factors are inclusive of family activities, social support and integration, recreation and education. (Townsend 1987)

Prior to the development of the New Zealand Index of Deprivation (NZDep), two concepts directly related to deprivation, namely socio-economic status and poverty. (Crampton, Salmond et al. 2000) Last (1995) defines socio-economic status as a descriptive term for a person's position in society which may be expressed on an ordinal scale using a criteria such as income, educational level obtained, occupation and value of dwelling place. (Last 1995) Townsend (1987) defines poverty as the lack of resources necessary to avoid material and social deprivation. It is the combination of the two that were taken into account when creating the New Zealand Index of Deprivation. (Salmond, Crampton et al. 1998)

It has been long established that socioeconomic factors are major determinants of health and mortality. (Townsend 1987) It is a complex concept made up of various dimensions such as economic ownership, community prestige and access to resources via family background lifestyle and social networks. As a result, a consistent and conceptually sound measure of socioeconomic status is rare in the current literature. (Oakes and Rossi 2003) Those undertaking epidemiological research have tended to use a small number of crude measures, each assessing a slightly different aspect of socioeconomic status. These measures include income, education, occupation and area of residence, each of which has been associated with adverse outcomes in a number of different studies. (Salmond, Crampton et al. 2007)

In order to gain a better understanding of the effects of SES on teenage pregnancy these subsequent paragraphs look at research published after the year 2000. This section will consider the determinants of teenage pregnancy by

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considering the determinants of teenage pregnancy (i.e. income, family neighbourhood effect and education). It will define the measures used and then review the available literature both internationally and nationally.

3.2.1 Income

Income is the single most important determinant of health, with a persistent connection world-wide between low income and adverse health outcomes (Sundborn, Metcalf et al. 2007) In the health literature, sufficient income is a pre-requisite for many other determinants of health. For example, income influences adequate housing and educational opportunities, with extremely low income classified as poverty. (The National Advisory Committee on Health and Disability 1998)

Despite the lack of academic research on the detailed relationship between income and teenage pregnancy, the relevance of socioeconomic disadvantage is likely to extend beyond the immediate family to affect subsequent generations of family members. For example teenagers residing in socioeconomically disadvantaged homes seem to be at increased risk of dropping out of school, engaging in risk-taking behaviour and early childbearing. (Scaramella, Neppl et al. 2008)

Earlier literature on teenage pregnancy focussed on adolescents who were economically disadvantaged and were based on studies that found higher birth rates among adolescents from lower socioeconomic areas who were more prone to suffer the adverse consequences of early childbearing. However, while they note income as an issue, there is no further elaboration on how income affects adolescent mothers in an ongoing way. (Zelnik and Kantner 1978, Jacoby, Gorenflo et al. 1999)

Rather than discuss how income or lack of influences teenage pregnancy, research has focussed on income inequality and its relation to the occurrence of teenage

pregnancy. Within the academic literature on teenage childbearing, when discussing income inequality, there is a tendency to merge elements of income inequality with the concept of poverty. One approach to understanding poverty has been to think of well-being as the command over commodities in general; thus people are better off if they have a greater control over resources, with the main focus on whether households or individuals have enough resources to meet their needs. As a result, articles analysed in this review will discuss income inequality and poverty together under the subsequent headings.

3.2.2 Small area measures of deprivation

In an attempt to track changes in income over time, New Zealand academics introduced the New Zealand Deprivation (NZDep) index (1991), using census data to derive it. The index combines nine census variables from the most recent census that reflect aspects of material and social deprivation, allocating a deprivation score for each mesh-block in New Zealand (table 5). Using the scale, each mesh-block is assigned a score which is based on the components in table 5. These scores are lined up in sequence from the smallest to the largest and then divided into tenths – with the 10% with the highest deprivation scores being awarded a decile of 10, the 10% with the lowest deprivation scores being awarded a decile 1.

The advantage of using small area indexes of deprivation is their ability to assign a measure of social class to the elderly, unemployed and to children, as well as providing proxy measures of socioeconomic status for large datasets when other demographic information is lacking. (Craig, Mantell et al. 2004)

Table 5: Variables used in the NZDep01 Index of Deprivation

No.	Factor	Variable in Order of Decreasing Weight in the Index
1	Income	People aged 18-59 receiving a means tested benefit
2	Employment	People aged 18-59 unemployed
3	Income	People living in households with income below an income Threshold
4	Communication	People with no access to a telephone
5	Transport	People with no access to a car
6	Support	People aged <60 living in a single parent family
7	Qualifications	People aged 18-59 without any qualifications
8	Living Space	People living in households below a bedroom occupancy Threshold
9	Owned Home	People not living in own home

(Salmond, Crampton et al. 2006)

In the "Health of Pacific Children and Young People in New Zealand Report" the NZDep Index scale was used as a tool to conduct an analysis on teenage birth rates for the time period 2002-2006. In this analysis the birth rate of those living in the most deprived 10 percent areas, were over nine times higher than those living in the most affluent 10 percent areas in New Zealand. (Craig, Taufa et al, 2008) This suggests that deprivation is a determinant of teenage childbearing.

In a study on the impact of small area measures of deprivation on rates of teenage pregnancy in Scotland, mothers in Scotland who gave birth during 1981-85 (62,338) or 1991-95 (48,514) and who were aged 13-19 at the time of conception were interviewed. (McLeod 2001) From 1985 to 1995 the pregnancy rates increased differentially according to levels of local deprivation, as measured by the Carstairs index. Among teenagers aged younger than 18 the annual pregnancy rate increased in the most deprived areas (from 7.0 to 12.5 pregnancies per 1000 13-15 year olds in the year 1991-1995 and from 67.6 to 84.6 per 1000 16-17 year olds in the year 1991-

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1995), but there was no change on average, among teenagers in the most affluent areas (3.8 per 1000 13-15 year olds and 28.9 per 1000 16-17 year olds in the year 1991-1995).

Among 18-19 year olds the pregnancy rate decreased in the most affluent areas (from 60.0 to 46.3 per 1000) and increased in the most deprived areas (from 112.4 to 116.0 per 1000). These publications support the idea that deprivation is linked to increased risks of teenage pregnancy both in New Zealand and abroad.

3.2.3 Family neighbourhood effect

The amount of income generated in a household can influence the socioeconomic make-up of a young person. For example, a two-parent family household, where more than one parent works, creates greater opportunities to break free from poverty compared to single-parent family households. (Lupton and Kneale 2010) These in turn influence the neighbourhood young people are exposed to.

Families usually live within a geographical zone, with residential location linked to a variety of social advantages and disadvantages. (Harding 2003) However, urban society differs from country to country. For example, in some countries families with high income can reside in the same residential area as families with low income in others the two are segregated. In neighbourhoods that are characterised by poverty and are perceived by the community to be dangerous, adolescents tend to have earlier onset of sexual intercourse, lower use of contraception, and higher teenage pregnancy rates when compared to those who do not. (Cauce, Cruz et al. 2011)

Wilson (1991) conducted a study in the United States looking at inner-city social dislocations relating to adolescents living in urban settings and argued that the presence of disadvantaged neighbours encourages premarital childbearing because high poverty areas lack “mainstream role models that help keep alive

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the perception that education is meaningful, that steady employment is a viable alternative to welfare and that family stability is the norm, not the exception.” (pg12)

According to this view, families who live in deprived areas can establish family routines that are not beneficial to the development of skills associated with school and work that act as protective factors against teenage pregnancy. Parents who feel that they lack personal control over their lives may also lack daily planning or organisation skills that are conducive to success in school or employment. In contrast, families living in more affluent areas where more parents have access to jobs are more likely to reinforce family practices conducive to future success. (Wilson 1991)

McCulloch (2001) examined teenage childbearing in Great Britain and the spatial concentration of poverty using the 1991 Census data as its denominator combined with area data from the 278 districts of residence identifiable in the Samples of Anonymised Records (SAR). While results claim deprivation is not an important explanatory factor in models examining rates of teenage pregnancy, they suggest that an undefined neighbourhood effect existed and that certain metropolitan areas characterised by deindustrialisation were predictive of teenage parenthood. (McCulloch 2001)

In the United States, South and Crowder (1999) constructed a neighbourhood poverty score that included the proportions of female-headed families, high school dropouts, males not attached to the labour force, and welfare recipients in the United States. They found that among black women, neighbourhood disadvantage has little impact on the risk of pre-marital childbearing and teenage pregnancy. However among white women, as neighbourhood disadvantage increases, premarital childbearing rates rose nonlinearly. (South and Crowder 1999)

In studies exploring the impact of living in places with different social networks and

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social capital on early parenthood, Driscoll and colleagues (2005) noted that community opportunity and efficacy influenced the transition to teenage birth, with higher levels reducing the likelihood of pregnancy. (Driscoll, Sugland et al. 2005) Building on the idea of collective efficacy and social control, Haveman, Wolfe and Peterson (1997) notes that the proportion of adolescents belonging to religious organisations in a census tract area was associated with a lower likelihood of teenage childbearing after controlling for individual and family level characteristics. (Haveman, Wolfe et al. 1997)

Dembo et al. (2009) support the relationship between neighbourhood effects and teenage pregnancy, arguing that neighbourhoods characterised by high levels of unemployment, income inequality and a high turnover of residents were unable to provide social organisations and support that would alleviate risky behaviour (Dembo, Belenko et al. 2009).

These findings suggest that neighbourhood effects influence the likelihood of adolescents becoming teenage parents, where the attitudes held within a geographical location can either encourage or discourage teenage pregnancy. The lack of literature on the neighbourhood effect in New Zealand makes it difficult to determine whether the findings overseas are relevant to the New Zealand or Pacific setting. This needs further exploration.

3.2.4 Education

There is sufficient evidence that educational attainment is strongly related to subsequent occupation and income level and that poor social circumstances in early life are associated with significant chances of low educational achievement. (Wellings, Wadsworth et al. 1999) The academic literature continues to advocate that educational achievement is not just a function of an individual's abilities and aspirations but is influenced strongly by socioeconomic circumstances. (Schaaf, Scragg et al. 2000)

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Studies that have considered the relationship between education and teenage childbearing have generally examined educational goals as a predictor of sexual activity, contraceptive use, pregnancy, and pregnancy resolution. These studies have found that teenagers with high educational goals, in contrast to their peers with low educational goals, tend to initiate sexual intercourse at later ages, engage in sexual intercourse less often and are more likely to use contraceptives when they do engage in sexual intercourse. (Bonell, Allen et al. 2005)

In a follow-up study of 3,433 young women in the United States in 1990, educational attainment had a strong delaying effect on parenthood, suggesting that women with good academic or career prospects were more likely to avoid an early pregnancy because of the greater personal costs they perceived to be associated with early motherhood. (Klepinger, Lundberg et al. 1995)

In a report released in the United Kingdom entitled "Teenage Pregnancy and Parenthood: a Review of Reviews," Swann, Bowe, McCormick and Kosmin (2003) conducted an extensive literature review on teenage pregnancy in the industrialised world and found that certain groups of young people were vulnerable of becoming a teenage parent. Among this group were students who felt excluded in school (social outcasts), truant and young people underperforming at school. (Swann, Bowe et al. 2003)

In the Christchurch longitudinal study, Fergusson and Woodward, (2000) examine the relationship between teenage pregnancy and education underachievement in a cohort of 520 young women studied from birth to 21 years. Results demonstrated that young women who became pregnant before age 18 had the odds of leaving high school without qualifications or of failing to enter the sixth form (Year 12) of approximately 10 times those of their non-pregnant peers. In addition, they gained an average of 2.5 fewer subject passes in the national School Certificate

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examinations. In this study the authors acknowledged that it is common for adolescences to leave school before becoming pregnant. (Woodward, Fergusson et al. 2001)

This is supported in the international literature which suggest that woman who experience early pregnancy are more likely to either have problems at school before becoming pregnant or left school before becoming pregnant. This means that it is not necessarily pregnancy that prevents young women from achieving further schooling but rather the fact that young woman leave school that leads to early childbearing. Thus, teenage pregnancy does not necessarily lead to a lapse in education, rather the other way around. (Plotnick 2007)

Publications from the Dunedin Longitudinal Study also shows that compared with women who delayed child bearing until after the age of 26, teenage mothers had significantly lower IQs, completed fewer years of school, and were more likely to reside in socioeconomically disadvantaged homes during childhood and adolescence. Once pregnant, their children were more likely to follow the same trend. Hence adolescent childbearing can be seen as a generational thing, as children of teenage mothers have a higher likelihood of being teenage mothers themselves. (Jaffee 2002)

These publications show that a break down in education can be viewed as an influencing factor towards teenage pregnancy. However, this review identifies the need for ethnic specific research that is currently lacking in the academic literature. Finally, this section recognises the need for more comprehensive studies on the impact of dropping out of school prior to pregnancy and needs further exploration.

3.2.5 Income inequality

Income inequality is defined as the difference between high income and low-income households. (Deininger and Squire 1996) It is considered an important determinant

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of health outcomes measuring the fairness of the society we live in; with academics suggesting that more democratic societies have better health and longevity. (Lynch, Smith et al. 2004) Within the literature there has been debate over what income inequality is and its effects on the health of the population. This section will discuss three concepts that will provide a more sound understanding of what income inequality is and how it would potentially influence an adolescent parent(s) and their child.

These theories are:

1. The 'individual income interpretation,' consistent with the absolute income hypothesis.
2. The 'psychosocial environment interpretation', attributed to Wilkinson and his support of the relative income hypothesis and
3. The 'neo-material interpretation' argues that income inequality affects people via its influence on the societal infrastructure.

Under the absolute income hypothesis, the higher an individual's income, the lower the risk of ill health or mortality. (Jen, Jones et al. 2009) This theory argues that any unit change in income between those with lower income groups and higher income groups should result in a greater change in health among lower than higher income groups. This suggests that if income were to be redistributed to favour the poor, the average level of health for those who are less well-off would improve more compared to a decline of health for those who belong to the higher end of the income spectrum. It also argues that after properly adjusting for individual income, there is no association between income inequality and health. Thus, if income were distributed evenly among households, one would expect to produce a higher life expectancy as a result. (Hanson and Chen 2007)

The 'relative income hypothesis' theory, largely attributed to Richard Wilkinson, claims that more equal societies have greater social cohesion, more solidarity, less stress and, as a result, are healthier. Wilkinson argues that -

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"the main material and behavioural determinants of health - diet, absolute poverty, unemployment, exercise, drug abuse, housing, tend to be more widely recognised...but that research increasingly suggests that many of the socio-economic determinants of health have their effects through psychosocial pathways." (Wilkinson 1999)

Wilkinson implies that 'what is important is not what your absolute level of material prosperity is, but how it compares, or where it places you, in relation to others in society.' (1999 p.258) In his publications Wilkinson provides evidence that the social environment becomes less supportive and more conflicting where income differences become bigger. (Wilkinson 2000, Wilkinson and Pickett 2007, Wilkinson and Pickett 2009)

Wilkinson argues that "if increased income inequality is closely accompanied by a weakening of **social bonds**, the combination of the two can hardly fail to have a potent effect on health, where low social status and poor social relations are probably two of the most powerful risk factors influencing population health." (Wilkinson 1999, p.262)

Consequently, the health of people in a deprived neighbourhood is worst, not because of inequalities within that neighbourhood but because they are deprived in relation to the rest of society. In his book, Wilkinson (2002) compares the average income and life expectancy of two cohorts. In 1996 the median income for black American males was \$26,522 with a life expectancy of 66.1 years, whereas in Costa Rica although the median for their men were \$6,410 their life expectancy was 75 years. (Wilkinson 2002)

Wilkinson suggests that to assume that income's relation to health is independent of the wider context is to forget that poor areas are poor in relation to their wider society. (Wilkinson and Pickett 2006) Wilkinson refers to the idea of "sense of control" as contributing to an individual's health and well-being where people are highly sensitive to feeling looked down on, being devalued and being

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treated as second rate.

In 2002, Gold, Kennedy, Connell and Kawachi conducted a national study in the United States analysing the relationship between income inequality, poverty and teenage birth rates. Rather than focus on individual income and its association with teenage conception or child bearing, the authors examine income inequality and its connection to social capital. Gold et al, (2002) hypothesised that the primary effect of income inequality on teenage pregnancy rates is mediated by social capital.'

The study analysed the relationship between birth rate for adolescents aged 15-17 years, social capital, income inequality, and poverty amongst states within the United States using data gathered by the National Opinion Research Centre. Indicators used to measure social capital included group membership, where group membership was described as the mean per capita number of voluntary social groups (such as churches, recreational organizations) to which state residents belonged and social mistrust which was the percentage of people who agreed with the statement: "Most people would try to take advantage of you if they got a chance (p326)."

Results from this study suggested that social mistrust and lower group membership led to higher rates of teenage births. For example, geographic locations that were characterised by poverty had lower social capital than areas that were not characterised by poverty. Consequently, income inequality appeared to affect teen birth rates through its impact on social mistrust with teenage birth rates higher in states with greater poverty and income inequality. (Gold, Kennedy et al. 2002)

This is supported by ethnic specific research based in New Zealand. Rawiri (2007) conducted a thesis on adolescent Māori mother's experiences with social support during pregnancy, birth and motherhood. The thesis suggests that social mistrust

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and lack of interaction with others (cultural groups, church groups, peer groups) led to increased risky behaviour and teenage pregnancy. (Rawiri 2007)

In 1988 Jim House reviewed five studies on the importance of friendship to health incomes and found that death rates among both men and women were higher among those who were less socially integrated. Wilkinson's theory on whether a sense of control would provide a framework for teenage mothers argued that if a teenage parent feels a lack of "sense of control", this would affect their overall wellbeing and their perceived ability to provide for their child. (House, Kessler et al. 1990)

While Wilkinson's work provides much of the literature supporting the relative income hypothesis, publications by Lynch et al (2000) set out a number of concerns about Wilkinson's theory and the psychosocial environment. Lynch argues that it is not the psychological effects of income inequality that has the greatest effect on health, but rather the lack of material resources (e.g. access to resources such as adequate nutrition, housing and healthcare), combined with an underinvestment in human physical health and social infrastructure that widens inequality (e.g. the types and quality of education, health services, transportation, recreational facilities and public housing available). (Lynch 2000) This fits into the neo-material interpretation' claims that income inequality affects people through its influence on the societal infrastructure.

The neo-material interpretation believes an unequal income distribution results from historical, cultural, and political-economic processes. Consequently, these processes influence the private resources held by individuals such as money to buy housing, healthy food, opportunities to exercise or medical care. It also shapes the nature and availability of a health-supportive public infrastructure or the types and quality of education, health services, transportation, environmental controls, food availability, recreational facilities, housing stock, occupational health regulations that forms the structural foundation of modern day life influencing health. (Galobardes,

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Lynch et al. 2007, Galobardes, McCormack et al. 2012)

Using this definition, income inequality is perceived to be a reflection of a cluster of structural conditions that affect population health. This suggests that a relationship between income inequality and health is not binding and that associations are dependent on the level and distribution of other social resources. (Lynch, Harper et al. 2005) Aspects of basic social values involving intolerance of inequality and greater trust in government may be responsible for the differences in income inequality among countries such as Canada, Sweden, Denmark, and Australia, on the one hand, and the United States and the United Kingdom, on the other. (Galobardes, Lynch et al. 2007)

The teenage pregnancy rate in Switzerland is amongst the lowest in the world (<10 per 1,000 birth) compared to the United States who has one of the highest teenage pregnancy rates in the world (>50 per 1,000 births). (Singh and Darroch 2000) While literature often use these two countries to compare differences in teenage pregnancy rates, these two countries are also widely used in the literature to compare health care systems, highlighting the importance of having the adequate infrastructure or resources to provide adolescents with access to information, services and knowledge needed to make informed decisions around sexuality and teenage pregnancy.

In Switzerland, the health care system is largely financed through compulsory health insurance premiums. In 1996 a revised health insurance law came into force, which meant that all permanent residents in Switzerland are legally obliged to purchase compulsory health insurance policies. Under this law, individuals or their legal representatives purchase insurance policies for which the premiums are community rated (i.e. the same for each person taking out insurance with a particular company within a canton or sub-region of a canton regardless of individual risk rating). (Wilkinson 2006)

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In order to ensure fairness amongst the residence, the government subsidises health care for the poor on a graduated basis, with the goal of preventing individuals from spending more than 10 percent of their income on insurance. As a result it is estimated that 99.5% of people in Switzerland have medical insurance, and are able to access resources and services for all age groups. (Wilkinson 2006)

The public sector is the main source of health funding in all OECD countries, except for the United States, Mexico and Korea. In the United States, 44% of health spending is funded by government revenues; well below the average of 72% in OECD countries. In the United States, an estimated 44 million people have no health insurance, and another 38 million have inadequate health insurance. Consequently, almost one-third of the population have no medical care available to them or their families. (Hwang, Weller et al. 2001) Thus, although the United States spend more on their health care system than any other country in the world, because of the way their infrastructure has been set up, rather than bridge the gap between the most affluent versus the most deprived populations, it widens it. Attempts to rectify this are underway.

In Switzerland, due to its infrastructure, despite social class, gender or ethnicity, everyone is able to receive adequate services, information and treatment. The information above supports Lynch's arguments that a lack of material resources and social infrastructure widens the gap in inequality and can potentially increase adolescent childbearing; however the limitation of these comparisons is that they make little reference to the influence of social bonds on income inequality.

Wilkinson and Lynch both have valid points that should be considered side-by-side when discussing the implications of income inequality on teenage pregnancy. However within the academic literature the authors usually present their cases as opposing views, when the reality is that both are needed to strengthen the other and to understand how income inequality influences adolescent pregnancy. Teenage pregnancy is both affected by the way teenage mothers feel about themselves and

the resources they have available to them.

3.3 Section three summary

This section is divided into two sub-sections that cover determinants of teenage pregnancy relating to the family setting. They are a) family compositions and relationships and family socio-economic status. The first question raised in this section is “what is family?” Emphasising the fact that interpretations of family can vary among ethnic groups is emphasised and should be better-understood when interpreting ethnic specific research.

In the academic literature being reared by a single or divorced parent(s) increases permissive sexual attitudes and lesser parental supervision, suggesting that parents’ dating activity creates loose attitudes towards sex that increases the risk of a child becoming a teenage mothers. However while ‘absent’ parents are noted the literature does not give reasons why a parent is absent.

Though there is an abundance of studies on the relationship between low income, deprived neighbourhoods and lack of education with teenage pregnancy, these variables are often only named, with little explanation on how they impact the mother or child’s life.

In this section, the theories developed by Wilkinson and Lynch provide contrasting ideas of the impact of income inequality on the lives of individuals. This thesis accepts that a combination of the two theories (emphasising the relevance of social bonds and adequate infrastructure and resources) would act as a greater protective factor for adolescents when dealing with teenage pregnancy, rather than view them as conflicting.

Drawing on Wilkinson and Lynch’s interpretation of income inequality this review sees value in understanding whether adolescents who become pregnant (in deprived settings) feel socially excluded in comparison to their peers (in affluent areas); or if they are aware of the uneven distribution of resources made available to them (in

comparison to teenage mothers in affluent areas) based on their socioeconomic condition?

Taking into consideration both Wilkinson and Lynch's theories, from a Pacific perspective it would be interesting to investigate the perception of disadvantage of adolescents living in New Zealand compared to those living in Tonga.

4 Consequences of Teenage Pregnancy

The developmental timing of a young woman's transition to parenthood is strongly influenced by her previous life experiences and behavioural adjustment. Young women, who are perhaps the least well equipped for parenting, both socially and psychologically, tend to become pregnant at a younger age. (Woodward, Fergusson et al. 2001) However, there is no one size fits all remedy when it comes to the effects or consequences of teenage pregnancy. Teenage mothers are individuals, varying in their circumstances, their behaviour and their wellbeing. In order to understand the needs of teenage mothers and their children, it is useful to describe the average effects of teenage childbearing, recognising that the average allows for underlying variations in both directions. (Hoffman 1998)

This section will analyse the consequences of teenage pregnancy on the lives of teenage mothers once they give birth, their children and their wider families. It will focus on the headings used in the previous section a) Family composition b) Education, c) Income and Poverty and d) Occupational outcomes of teenage pregnancy in order to understand the full impact of teenage pregnancy and to further illustrate how determinants and consequences are intertwined.

4.1 Family composition

Although there is a large body of research which focus on the mother, there is a

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paucity of insight on teenage pregnancy and subsequent outcomes for the child. (Chase-Lansdale, Gordon et al. 1999) one of the main issues when examining the implications of teenage pregnancy on family composition is the way in which unobserved family background factors are accounted or not accounted for. (Kelly, Sacker et al. 2011) Research on the children of teenage mothers, particularly when they themselves become adolescents is limited. However, there is growing recognition that the perspective of children should be central to public policy design, especially in view of the many attempts at reducing child poverty. (Kelly, Sacker et al. 2011)

Deleire and Kahil (2002) acknowledge four themes when describing how teenage pregnancy effects family structure and composition. They are economic deprivation, the impact of socialisation, and the effect of stress and availability of community resources on the child of adolescent mothers.

Economic deprivation refers to the economic burden faced in single parent households compared to two parent homes with an assumption in this study that a teenage mother is more likely to be a solo parent. Socialisation recognises that two parents are crucial for providing an optimal childrearing environment; children are said to benefit from having a male role model in a two parent home. Stress theory notes that change affects family structure and community resources underlines the characteristics of the family's neighbourhood and its implications the wellbeing of children. (DeLeire and Kalil 2002)

Research suggests that children do best when two parents who have a healthy marriage raise them. However, academics suggest that only 20 percent of teen births occur within marriage, and teen pregnancy itself is associated with lower likelihood of marriage. (Manlove, Steward-Streng et al. 2013) Teenage mothers are less likely to marry the fathers of their child, and those teenage mothers who are married often end up in unstable marriages. (Ryan, Franzetta et al. 2008)

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Using the 2001 Australia National Census, Bradbury (2011) analysed the family status of youth aged 16 to 19 years. Eighty percent of adolescents born when their mother was aged 30 or older were living with both their parents. Among those born when their mother was a teenager, 50 percent were with both their parents. For children of teenage mothers, a third was living with only their mother. (Bradbury 2011) Using census data, in an earlier study, Bradbury (2007) suggest that having a child as a teenager in Australia leads to a 24 percentage point reduction in the probability of being legally married at age 30. (Bradbury 2007)

In studies based in the United States, an analysis of the National Longitudinal Survey of Youth data in 1989 showed that early childbearing is more common among the daughters of adolescent mothers. In addition, daughters of adolescent mothers are more susceptible than their mothers to economic dependence and less likely to escape poverty. (Furstenberg Jr, Levine et al. 1990) In another study, Grogger (1997) examined the incarceration rates of the sons of 300 young mothers in the United States. His findings showed that 10.3 percent of those born to mothers age 17 and younger were incarcerated, compared to 3.8% of the sons born to older mothers. (Grogger 1997) These examples exhibit a cause and effect cycle, whereby the issues raised in the previous section on the family component of determinants of teenage pregnancy are replicated in the lives of children of teenage mothers.

4.2 Education

When discussing the socioeconomic consequences of teenage pregnancy, the significance of teenage pregnancy on educational attainment has been widely reported in the academic literature. The amount of education a woman obtains affects her occupation, her income, her chances of marriage, her risk of poverty and welfare dependence and, more generally, the quality of her own life and that of her children. (Waldenström, Bergström et al. 2010) Phipps, Salak, Nune and Rosengard argue that although educational achievement is lower for teen mothers, their aspirations do not necessarily differ from those of adolescents who do not become

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pregnant during adolescence. (Phipps, Salak et al. 2011)

In the United States, having a child before the age of 20 has been linked to lower rates of high school completion and post-secondary education and to significantly reduced educational attainment among white, blacks and Hispanics. (Doğan-Atç and Carrión-Basham 2007) Consistent with statistics reported for the general population of adolescents in the United States, when asked, nearly all teenage mothers express the desire to complete high school, and pursue post-secondary education. (Hodkinson, Hodkinson et al. 2013)

Nonetheless, literature from the United States suggest that adolescent mothers have significantly lower rates of educational achievement than women who delay childbearing, with only a minority returning back to school. (Lall 2007) Hofferth, Reid and Mott's (2001) study on the effects of early childbearing on schooling over time in the United States, found that teenage mothers completed 1.9-2.2 fewer years of schooling than women who first gave birth at a later age. (Hofferth, Reid et al. 2001)

A 12-year follow-up study of 2,795 women in the United States supports this notion by stating that teenage mothers completed fewer years of schooling than young women who did not give birth during this time. This association continued after differences in the women's personal and social backgrounds were taken into account using an instrumental variables approach. Given these findings, Klepinger et al (1995) concluded, that after control for both observed and unobserved differences among women, early childbearing reduced the educational attainment of pregnant young women by one to three years. (Klepinger, Lundberg et al. 1995) Similar findings are reported in the United Kingdom when younger mothers are compared with women who become mothers at older. (Allen, Bonell et al. 2007)

Associations between teenage pregnancy and participation in tertiary education

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were more rarely found in the literature search. However, pregnant teenagers had odds of failing to enter tertiary education in New Zealand that were nearly five times higher than those of their non-pregnant peers. (Fergusson and Woodward 1999, Fergusson and Woodward 2000) Fergusson (2000) suggest that young women who become pregnant during their teenage years represent an 'at-risk' population for educational underachievement, with disadvantages being evident up to the age of 21 years.

In both the national and international literature, failure to complete high school prevents young mothers from going on to post- secondary education and from participating in many vocational training programs that will equip them for the workforce. (Parkes, Wight et al. 2010) Hence, another factor affected by teenage pregnancy is the ability to gain employment after having a child as a teenage mother. This spiral effect is a re- occurring theme within the literature. (Benach, Muntaner et al. 2010, Muntaner, Borrell et al. 2010)

This has led to the development of a range of education programmes in New Zealand and abroad, aimed at minimising the perceived disruptive effects of pregnancy and childbirth on the educational progress of young women. In New Zealand, the programmes developed include Teenage Parent Units (TPU), which are school classes and services set up to meet the needs of teenage mothers and legislation that makes welfare support conditional upon teenage mothers' continuing their participation in education. This is now becoming widespread throughout high schools in Auckland, particularly those within lower socioeconomic deciles. (NZ Ministry of Education 2012)

Accordingly, as time proceeds the evaluation and publications based on TPU's in New Zealand will be crucial in understanding the effectiveness of these programme in assisting young mothers and fathers to be able to further their education and be better equipped for the workforce.

4.3 Employment

Employment has been shown to increase general health and wellbeing as it provides many opportunities for social interaction, community participation, and the development of social status and can increase levels of physical activity. (Sundborn, Paterson et al. 2011) Conversely, unemployment has been found to be detrimental to both physical and mental health. (Backhans and Hemmingsson 2011, Matthews and Gallo 2011)

In a New Zealand based study it was reported that lower age at first birth was strongly associated with increasing risks of poverty for women at age 27, with women who gave birth as adolescents more likely than older mothers to become welfare-dependent. (Raudino, Fergusson et al. 2013) Similarly in the United Kingdom, the likelihood of being a teenage mother is ten times higher for girls whose parents are unskilled manual workers than for girls whose parents are middle class professionals. Once adolescents become teenage mothers, they are more likely to become unskilled manual workers, emphasising the cause and effect idea often mentioned within academic literature. (Ermisch and Pevalin 2005)

Ermisch and Pevalin (2005) conducted an analysis of a British 1970 Cohort looking at various outcomes for women aged 30 who had a teenage birth compared with those who became pregnant as a teenager but who miscarried or had an abortion. Their results found little evidence of any differences between these two groups with relation to the woman's qualifications and employment or pay at age 30. However, they did find that at age 30, the teenage mother's partner, if she did have one, was more likely to be unemployed. Consequently, becoming a teenage mother does not necessarily result in worsening outcomes for the mother, rather women who become pregnant as a teenager remain on the same route whether they continue with the pregnancy or not.

In contrast, in New Zealand, analysis of data from the Christchurch longitudinal Study, establish that even after controlling for covariate factors, there remained a

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statistically significant association between early childbearing and higher rates of welfare dependence, lower rates of paid employment at age 25, lower personal income at age 25, and lower family income at age 25 suggesting that while some studies say there is no effect, others say there is. (Gibb, Fergusson et al. 2012) Thus further research is needed for clarification in this area.

Childcare availability is another area that is affected by employment. Within New Zealand child care subsidy can be offered to help families with the cost of pre-school childcare. However, in order to be eligible for the subsidy the main carer of the child must be either a New Zealand citizen or permanent resident and earn less than \$1,200.00 on a weekly basis. Their child must also be under 5 years of age and be attending an early childcare programme for three or more hours a week. If they meet the criteria, teenage parent(s) can receive a subsidy of between 9 to 50 hours a week at a maximum of \$3.91 per hour. (Work and Income New Zealand 2013)

While the subsidy offers support for adolescents to have time to look for and gain employment or further education, childcare responsibilities make full-time work problematic, forcing young mothers to accept lower paying part-time jobs or promoting welfare use. (Fergusson, John Horwood et al. 2001, Bradley, Cupples et al. 2002)

Current child care policies in New Zealand do not take into consideration cultural preference. Some mothers may leave their child in the care of a grandparent or kaumatua who is equally capable of teaching and showing a young child the affection and care they require. Current policies do not accommodate cultural views on who should look after a child during work hours. They also hinder chances of furthering tertiary education as child care subsidy does not accommodate for those wishing to further their education.

4.4 Poverty

Poverty is the factor most strongly related to teenage pregnancy in the academic

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literature. International comparisons of high poverty rates are demonstrated to correspond to higher proportions of non-marital births to adolescents. (Fahy 1995, Young, Turner et al. 2004, Larson 2007) Greater poverty and income inequality is said to lead to poor health behaviours and outcomes creating a greater vulnerability to stress, higher stress levels, and less access to health resources. (Scaramella, Neppl et al. 2008)

In a study titled “ecological analysis of teen birth rates: association with community income and income inequality,” using 1990 United States Census data, the research team measured income inequality using the 90:10 ratio. This is a ratio of the percent of cumulative income held by the richest and poorest population deciles in the United States. Personal income of teenage mothers was measured, where the research team hypothesised that as well as personal income, the result of income inequality affects the well-being of teenage parents and their children. Among older teens (18-19 years) only per capita income was significantly associated with birth rate. Once pregnant, these young mothers were more likely to stay in areas that were characterised with low income and poorer occupational status. (Gold, Kawachi et al. 2001)

In the United States it is estimated that 60 percent of teenagers who become pregnant are living in poverty at the time of the birth with more than 40 percent of teenage mothers living in poverty by age 27. (Bonnstra 2002) Similar findings are noted in New Zealand. (Woodward et al., 2001)

While there is an emphasis on numbers (i.e. rates and trends of poverty in relation to teenage pregnancy) there is no mention on what living in poverty means to adolescent mothers. For example, do young mothers view their living conditions as poverty? If so, how are their lives affected by poverty? What implications do this have on their child? These are questions that the literature does not address. This information would better equip policy makers and service providers to understand and deal with concerns around adolescent childbearing.

4.5 Section four summary

The literature in section four is dominated by theories that suggest teenage childbearing is associated with adverse consequences for young mothers and their children. In the previous section, growing up in a single parent household was said to increase the likelihood of becoming a teenage mother. Following from this, a pregnant teenage mother is less likely to marry the fathers of her child, and those teenage mothers who are married often end up in unstable relationships. Yet the literature does not state why this is? Whose preference is it to remain unmarried? Is it the adolescent mother or her partner?

As the teenage mother is likely to live in low socioeconomic area, the children of teenage mothers are likely to grow up and continue to live in the same poverty that their mother found herself in. Academics suggest that teenage pregnancy heightens the problems of poverty and family instability that many young women already face. However, if an adolescent woman was (at the time of giving birth) living in poverty, and her child is born into poverty, how much more different is her situation to an older women (at the time of giving birth) who lived in the same state of poverty? Is adolescent pregnancy the issue or is it poverty in general?

This section underlines the influence of teenage pregnancy on education, employment and poverty and vice versa with adverse effects strongly endorsed within the literature. While the academic literature acknowledges the impact teenage pregnancy has on these variables, there is a lack of in-depth information offered that could make the implications of teenage pregnancy on the socioeconomic surroundings of mother and child easier to understand.

This thesis recognises the need for literature based on quantitative findings to go hand in hand with literature on qualitative finding to provide a clearer understanding of the implications teenage pregnancy has on family composition, socioeconomic status and on the lives of adolescent mothers and their children. By separating the determinants and consequences into separate sections, this thesis

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illuminates the cause and effect nature of teenage pregnancy and highlights areas western society as detailed in the published academic literature tends to focus on.

For example, though the literature is quick to point out the negative implications pregnancy could have on education, there is no mention of the consequences of teenage pregnancy on family cohesion, whanau or ainga relationships or on a young woman's support system. Are these (lack of education, income, unemployment) issues if whanau or family support is present? These are important factors to consider that past research does not account for.

5 Biological and Psychological Factors of Teenage Pregnancy

While the academic literature advocates against teenage pregnancy, physically having a child in the late teens (18-19 years) is biologically one of the best times for a woman's body to both conceive and deliver a child. (Luttrell 2011) However, when discussing teenage childbearing and its relation to biological or psychological wellbeing, focus is often placed on the adverse biological and psychological consequences faced by teenage mothers and their child compared to older mothers. (Swann, Bowe et al. 2003) As well as the consequences of teenage pregnancy, important biological and psychological factors are said to be determinants of teenage pregnancy both of which, will be explored in this section.

Section Five will be divided into two sub-sections. The first will focus on the biological risk factors of teenage childbearing and will examine a) age at menarche and b) influence of substance abuse on the biological and psychological wellbeing of teenage mothers pre-conception. The second section will examine the biological outcome of teenage pregnancy on a) the mother and b) the child, with specific attention placed on preterm births and Late Fetal Death (LFD). This section will then conclude with a summary of key findings.

5.1 Biological risk factors

5.1.1 Age at menarche

Historical data from the United States and Europe show a trend to menarche at a younger age, with age declining at a rate of 2–3 months per decade since the 19th century, resulting in overall declines of three years. This is largely attributed to good nutrition. (Wyshack and Frisch 1982)

Early onset of menarche and early sexual development place early-maturing girls at higher risk of forming opposite-sex relationships at a younger age and becoming sexually active, at a younger age. These patterns of earlier sexual activity increase their risk for teenage pregnancy.

In a study based in Colorado United States in 2002, 1,030 pregnant adolescents aged 13 to 18 years, with an ethnic make-up of 31.4% White, 29.9% Black and 38.7% Hispanic were assessed. Young expectant mothers were asked questions about their age at menarche, age at coitarche and age at conception. Adolescents who became pregnant experienced menarche at an earlier age than the national average. Age at coitarche was the strongest predictor of age at first pregnancy among the three ethnic cohorts with gynaecologic age at coitarche being the strongest predictor of age at first pregnancy among Black and Hispanic girls. (Manlove, Ryan et al. 2004)

In the same study, the authors suggest that Black and Hispanic girls have a higher likelihood of conception than their white counterparts who engaged in the same level of sexual risk-taking behaviours. The former showed a longer period between menarche and coitarche, said to increase the likelihood of pregnancy. (Manlove, Ryan et al. 2007) As such, Black and Hispanic girls in the study were more fertile when they begin engaging in sexual activity, because it usually takes females 3 to 5 years to become fully fecund after menarche.

Although this study was limited by the size and selectivity of the study population,

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and by the self-reported biases bearing on age at menarche and coitarche, the findings are supported in other research claiming that interventions that focus on delaying coitarche may be counterproductive because they could unintentionally shift early sexual experimentation, which is disproportionately unprotected, into a more fertile period of the adolescent reproductive cycle. (Dunbar, Sheeder et al. 2008) Thus, rather than focus on age at first menarche or coitarche, there is a need for health care providers to provide reproductive education and contraceptive counselling to adolescents to inform their decisions.

5.1.2 Influence of substance abuse

Woodward and Fergusson (2001) findings from the 1977 Christchurch Longitudinal Study found that girls with aggressive and antisocial tendencies had increased risk of teenage pregnancy and parenthood. In the analysis of the longitudinal study, there is a link between conduct problems at age 8 years and later pregnancy risk, with girls in the most disturbed 10% of the cohort over five times more likely to become pregnant by age 18 than girls in the least disturbed 50% of the cohort. (Woodward, Fergusson et al. 2001)

Similarly, the rates of teenage pregnancy are heightened among illicit drug users, with a substantial proportion of young women who became pregnant in their teenage years having a prior history of, or currently engaged in, delinquent and substance-using behaviours. (Bana, Bhat et al. 2010, Phillips-Howard, Bellis et al. 2010) This is consistent with problem behaviour theory that maintains that early sexual risk taking is part of a broader constellation of adolescent problem behaviours inclusive of delinquency, early cigarette smoking, alcohol and illegal drug use, and deviant peer involvement. (Tsai, Floyd et al. 2010)

In the Dunedin Multidisciplinary Health and Development Longitudinal Study participants at age 13 and 15 were asked questions about their frequency of exposure to illicit substances during the past year. Response options were 0) never, 1) once

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or twice, and 2) multiple occasions. In total 11.2% of the participants reported having been exposed to substances on multiple occasions at age 13 years, 15 years or both. By age 30, participants who were exposed to substances use during their early teens were two to three times more likely to have a child as an adolescent. (Gibb, Fergusson et al. 2012)

The study found a causal effect of early substance exposure among adolescents with no prior history of conduct problems. Although they did not have an increased risk of failing to complete school in the study, participants were more likely than their non-early-exposed counterparts to develop substance dependence, test positively for a Sexual Transmitted Infection (STI), have an early pregnancy, and be convicted of criminal offenses.

The advantage of these studies is that they are large-scale longitudinal studies based in New Zealand, reflective of adolescents across the socioeconomic spectrum. However, a disadvantage is that both studies were based on population groups that are not representative of the current ethnic make-up of New Zealand as a whole being based only in the South Island with the South Island comprising less than 10% of the Pacific population living in New Zealand. Another disadvantage is that it asked the cohort studied about exposure to substances in 1984 through 1987, which meant that exposure was restricted mainly to alcohol and cannabis. With the introduction of a wide array of illicit drugs occurring late in the 1990's and early 2000's, accessibility to drugs and alcohol has widened. This is another example of why a replication of this study would be of value, with a representative sample of the cultural diversity of New Zealand as it is now.

5.2 Biological outcomes for mother

Research from developed and developing countries has consistently reported a connection for infants born to teenage mothers to elevated risks for pre-term delivery, low birth weight (LBW) and increased risk of neonatal mortality and small for gestational age (SGA). (Muganyizi and Kidanto 2009, Santos, Costa et al. 2014) Accordingly, in addition to the SES consequences, there are a number of biological consequences that influence the wellbeing of mother and child.

The majority of studies exploring the effects of teenage pregnancy compare the 15–19 year-old age group with an older maternal group. This can make comparisons difficult because it does not differentiate between younger (<18 years) and older (18–19 years) teenage women with different physical and psychological maturity.

In studies adjusted for smoking, ethnicity, body mass index, hypertension at booking and emergency caesarean, three publications reported that teenage mothers (<20 years) were approximately twice as likely to be anaemic (haemoglobin, 10.5 g/dl) than women >20 years of age, with the most common cause of anaemia being iron deficiency connected to poor nutrition. (Derbyshire 2012)

Earlier studies believed there was an increased risk of pregnancy induced hypertension (relative risk (RR) 1.7, 95% CI 1.3 to 2.4) for pregnant nulliparous teenagers compared to older mothers. (Konje, Palmer et al. 1992) However, recently studies examining the incidence of preeclampsia or proteinuria disorders among nulliparous teenagers, compared with women >20 years, found no difference between the two groups after adjusting for confounding factors such as cigarette smoking. This supports the idea that teenage pregnancy complications can be prevented with regular antenatal and postnatal care. (Ickovics, Reed et al. 2011)

While adolescents are 46% less likely to have an emergency or elective caesarean section compared with women aged 25–29 years, they are at higher risk of

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instrumental deliveries with teenage women <16 years twice as likely to have forceps delivery compared with women aged 20–24 years. (Hodnett, Fredericks et al. 2010) A possible reason for this is the physical immaturity of younger mothers or lack of cooperation in the second stage of labour signifying the importance of differentiating between younger teenagers and older teenagers because risks differ. (Haeri and Baker 2012).

A 1970 British Cohort Study examined the consequences of teenage parenthood and the pathways which minimise the long term negative impacts of teenage childbearing. The study found their parental socioeconomic background and their childhood characteristics prior to conception explain the health disadvantage suffered by teenage mothers. (Hoggart 2006)

In a London based study, data from 341,708 completed singleton pregnancies between 1988 and 1997 were analysed. Women under 18 years were twice as likely to be anaemic. The incidence of preeclampsia was also higher in women under 18 years old, but after controlling for confounding variables, the difference was not statistically significant. (Jolly, Sebire et al. 2000)

In a retrospective study based at the Royal London Hospital, 36 teenage mothers aged <20 years were interviewed, with 31.5% (n = 11) booking after 20 weeks gestation, a further 66% failing to access antenatal care once booked. Though the percentage of those who either booked late or did not attend seems large, the small recruitment number makes it difficult to determine whether this is a fair representation of adolescents in the London region at this time. For example, the higher proportion of young mothers booked after 20 weeks' gestation might be because teenagers are reluctant to seek medical advice due to fear of judgement and being patronised. (Rozette, Houghton-Clemmey et al. 2000) Concealed pregnancy is also related to delay booking in teenagers and may be a contributing factor to late bookings. (Beier, Wille et al. 2006) This is important because it can affect the kind of information young woman have access to, that could

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directly influence their physical wellbeing as well as their child's.

The Adolescent Reproductive Health project to date is the only study on adolescent childbearing in Tonga. (McMurray 2004) It used hospital records for 2001-2003 giving medical details about the mothers in Tonga (N=405) and providing qualitative data from focus groups made up of teenage parents, their parents and teachers. The analysis of hospital data for 2001–2003 shows that most teenage mothers in Tonga bear a baby with a healthy birth weight, and almost all bore a live baby. What is interesting, however, is that, for many teenage mothers, giving birth was not easy. Although there was little variation between younger and older teenage mothers in the risk of complications, more than half of teenage mothers overall had some form of complication and/or needed some type of intervention at delivery. (McMurray 2004)

In this study, the stigma associated with teenage birth, often prevents teenage mothers from receiving proper care, with a high incidence of complications. This points to the importance of adequate antenatal care and adequate service delivery for adolescents in Tonga. McMurray (2004) believes most teenage pregnancies occurred unintentionally because young people were not prepared or unable to deal with the circumstances in which they found themselves in. The majority of the teenage mothers interviewed stated that they regretted their actions and had a very difficult time dealing with the consequences.

In New Zealand, within the last decade there has been no publicised literature on ethnic specific differences describing experiences with antenatal or postnatal care.

5.2.1 Preterm births

Preterm birth is defined as delivery prior to 37 completed weeks of gestation. (Beck, Wojdyla et al. 2010) It is associated with over 75% of all perinatal mortality. Complications of preterm birth are the leading cause of neonatal mortality, accounting for an estimated 27% of the almost four million neonatal deaths every

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year, and act as a risk factor for many neonatal deaths due to other causes, particularly infections.

The recording of births and deaths, as well as the likelihood of medical intervention is affected by judgement of health professionals on the viability of the baby. Babies that are very preterm may be less likely to be recorded or even to receive care despite reasonable chances of survival in under developed countries. (Partington, Steber et al. 2009) In countries without neonatal intensive care, few babies below the gestational age of 32 weeks survive and at 30 weeks may be titled "abortions" and not recorded. (Yasmin, Osrin et al. 2001) This is very different to countries with intensive care, where although few babies born alive at 22 weeks may survive intact, by 25 weeks the majority survive. (Beck, Wojdyla et al. 2010) Hence, when examining preterm births it is important to be aware of how data is collated and recorded in research.

Preterm rates range from 5% in OECD countries to 25% in developing countries. In the United States, disparities between racial and ethnic groups in both preterm birth rates and outcomes exist. The most noticeable differences are between African American women and non-Hispanic white, Asian and Pacific Islander women. In 2005, the preterm birth rates among these groups varied from 18.4% among African American to 11.7% among non-Hispanic white women and 10.8% among Asian and Pacific Islander women. (Heron, Sutton et al. 2010) While this study acknowledges variations by ethnicity, data from the United States classify Asian and Pacific Island women into the same category. This makes it difficult to compare to findings in New Zealand that separate the two ethnic groups, recognising clear differences in birth outcomes between the Asian and Pacific ethnicities.

In the United States in 1994-95 the National Longitudinal Study of Adolescent Health was conducted of a nationally representative sample of teenagers in grades 7 to 12 (12-18 years). Outcomes of pregnancies were reported by participants when participants were 24–32 years of age and data was compared between female

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participants who reported a first singleton live-birth at less than 20 years of age (n = 1,101) and those who were 20 years of age or older (n = 2,846). Participants who were once teenage mothers were more likely to be black or Hispanic, to live in a single parent home, to have parents, with less than a high school education, to have an unemployed parent, and to be unmarried than were women who gave birth at older ages (ages 20–33 years). They were also more likely to smoke (26% vs. 19%, P < 0.01) when they got pregnant. These are all factors that influence preterm births. (Pell, Smith et al. 2004)

In New Zealand, Paterson, Percival, Gao and Carter (2008) examined the risk factors for preterm and SGA babies and explored the risk factors amongst Pacific populations using data gathered from the Pacific Island Families Study (PIF). In the PIF study, mothers of a cohort of 1398 Pacific infants born in South Auckland during 2000 were interviewed of which 52 had birth weights less than 2500g and 94 born less than 37 weeks of gestation. From this study there was an association with SGA and preterm birth with smoking and unplanned pregnancy among Pacific women. There was also a relationship between mothers whose pregnancies were unplanned and late access to antenatal care. (Paterson, Percival et al. 2008) Previous studies have suggested that uncertainty over the pregnancy and its outcome can delay a woman's decision making about whether to attend antenatal care; late attendance for antenatal care being a feature of teenage pregnancy. This is important because complications may not be undetected.

5.2.2 Stillbirth

Stillbirth has been defined consistently in the literature as "death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles." (Fretts 2005)

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In a large population based retrospective cohort study in the United States, 3,886,364 nulliparous pregnant women <25 years of age with a live singleton birth during 1995 and 2000 were interviewed. (Chen, Wen et al. 2008) Maternal age was categorized into 4 groups, those <16 years, 16 to 17, 18 to 19, and 20 to 24 years, with mothers aged 20-24 years used as a reference group because they had the lowest risk of adverse outcomes.

The study indicated that teenage pregnancy was associated with increased risks of very pre-term delivery, pre-term delivery, very low birth weight (LBW), small gestational age (SGA), neonatal mortality and with a tendency of poorer outcomes in younger teenagers. Being a younger teenage (<18 years) mother was associated with very low/low Apgar score at 5 min and infants born to the youngest group of <16 year olds showed an increased risk of SGA, which consistent with previous studies. (Gortzak-Uzan, Hallak et al. 2001) While this study places adolescents alongside other young women, it would have been beneficial to note rates of stillbirth of older women, particularly those over 40+ years who are said to be the most at risk of adverse birth effects. (Heffner 2004)

A large hospital-based retrospective study among the Latin American population supports these findings with the risk of early neonatal death increasing in teenage mothers <16 years of age as compared with mothers who were 20–24 years of age. (Conde-Agudelo, Belizán et al. 2005) This raises the importance of distinguishing the difference between younger versus older adolescents, with researchers suggesting that as well as young maternal age, the adverse outcomes observed in teenage pregnancies might be a result of socio-demographic factors. (Bukulmez and Deren 2000)

Within New Zealand, Sudden Infant Death Syndrome (SIDS) remains one of the leading causes of post-neonatal mortality for Pacific infants in New Zealand, with rates being intermediate between those of European and Māori infants. (Craig, Mantell et al. 2004) In 2008, 330 New Zealand infants died before reaching their

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first birthday. In spite of these relatively high numbers, New Zealand's infant mortality rates have decreased over recent decades, with rates falling from 18.2 per 1,000 in 1968, to 5.3 per 1,000 in March 2008. (Craig, McDonald et al. 2010) Possible reasons include improved antenatal care and maternal health services/strategies in New Zealand. (Tipene-Leach, Abel et al. 2000)

However, there is growing evidence to suggest that Pacific women have higher Late Fetal Death (LFD) rates than other ethnic groups (Craig, McDonald et al. 2010). One of the earliest studies conducted by Gunn et al (1981) compared Pacific Island stillbirths with European stillbirths at St Helen's hospital in Auckland during 1967-1978. Of the 71 Pacific stillbirths recorded in the 12-year period there were records for 65 (92%) available for review. During this time, there were five Pacific Island infants with ante-mortem intracranial haemorrhages compared to only one such haemorrhage in a European infant. (Gunn and Hayden 1981)

In 1984 another article published by Gunn, higher rates of intracranial haemorrhages in Pacific infants were again found. (Gunn and Becroft 1984) During 1966-1982, 20 stillborn Pacific infants were recorded as having unexplained intracranial haemorrhages. Becroft and Gunn (1989) also identified 47 cases of major intracranial haemorrhage in infants born to Pacific parents during the time period 1968-1986. It was suggested that a possible reason for these intracranial haemorrhages was due to traditional massage during pregnancy(Becroft and Gunn 1989) While this is recorded as a possible reason for the intracranial haemorrhages, to date, a similar study has not been repeated to determine if there is a connection.

In 2004 a series of articles were published looking at ethnicity and birth outcome in New Zealand. The aim of this study was to analyse trends in preterm and SGA births and fetal deaths during 1980-2001 in New Zealand, and to undertake ethnic specific analyses for each ethnic group. (Mantell, Craig et al. 2004) During 1980- 1994, LFD in New Zealand declined by 49% with the rate of decline similar for all ethnic

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groups. From 1996-2001, the rates of LFD was highest amongst Indian and Pacific woman, those living in the most deprived NZDep Index deciles and those 35 years of age. (Craig, Mantell et al. 2004)

In the analysis of the Māori data, from 1996-2000, perinatal mortality rates for Māori were equal to or lower than those of other ethnic groups despite the high rates of preterm birth and SGA amongst Māori woman. During 1980-1994, the preterm birth rate and SGA were highest among Māori women, both of which are risk factors for fetal death. (Mantell, Craig et al. 2004)

Mantell (2004) suggests that Māori women in general begin childbearing earlier than the other ethnic groups with Māori having the highest rates of teenage pregnancy. However for Māori women once socioeconomic status had been taken into account for both preterm birth and SGA, teenage pregnancy was not a risk factor for adverse outcomes. Adolescents did not appear to have any additional risk when compared to Māori women 30–34 years.

This is different from the experience of European and Pacific women who presented an additional risk, particularly in the case of SGA birth (OR 2.22 for Pacific and 1.71 for European women). (Craig, Mitchell et al. 2004, Ekeroma, Craig et al. 2004) Dickson, Sporle, Rimene and Paul (2000) suggest that the Māori environment can be more accepting of teenage pregnancy, leading to better outcomes. A hypothesis supported by the fact that once pregnant, Māori teens are less likely to have an abortion. (Dickson, Sporle et al. 2000)

In the analysis of pregnancy outcomes amongst European/Other women, during 1980–1994, rates of SGA for European/Other women were intermediate between those of Māori and Pacific women; however they were declining slower than the other two ethnic groupings. Risk for European/Other women were highest amongst those living in the most deprived NZDep areas and amongst teenagers. While the reasons for the socioeconomic and age related gradients are not clear, risk factors

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include those living in deprived areas and teenage mothers include higher rates of maternal smoking and nutritional factors. (Craig, Mitchell et al. 2004)

Ekeroma, Craig, Stewart, Mantell and Mitchell (2004) examined pregnancy outcomes for Pacific women in New Zealand, and proposed that those of Pacific ethnicity living in New Zealand have less complications associated with pregnancy than those who reside in the Pacific Islands as a result of socioeconomic development and better living standards. Overall Pacific pregnancy outcomes appear to be better than those of Māori and European ethnicity with lower rates of Caesarean section, induction of labour, epidural and instrumental delivery rates, preterm and SGA rates.

Amongst Pacific women, higher body mass index has been associated with fewer SGA and preterm births and in a cross sectional study looking at ethnic differences in perception of body size in middle aged European, Māori and Pacific people living in New Zealand, 72% of Pacific women had a BMI greater than 30 compared to 15% of European/other and 42% of Māori women. This explains why the birth-weight rates for Pacific are on average heavier. (Metcalf, Scragg et al. 2000)

Metcalf et al (2000) state that Pacific mothers have a larger caloric intake contributing to the high prevalence of obesity; thus a higher birth weight can explain the fewer SGA and preterm births in Pacific pregnancies. With the absence of ethnic specific fetal growth tables and birth weights, Ekeroma et al (2004) argue that it is possible there may be more Pacific SGA births; birth weights may be higher than those considered normal for gestational age for the other groups which would affect fetal death rates.

Since Ekeroma et al (2004) publication, another research group attempted to develop a customized centile calculator applicable to a New Zealand population, using data from 4787 births at National Women's hospital from 1993- 2003. Here, the mean birth-weight was greater in babies of Pacific Island compared with European mothers (3.54 vs. 3.43 kg) and was somewhat lower in babies of Māori (3.32 kg) compared with European mothers. (McCowan and Stewart 2004, McCowan,

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George-Haddad et al. 2007)

Gao, Paterson, Carter and Percival (2006) emphasised the need to develop centiles that incorporated up to 37 weeks of gestation when looking at SGA to better understand Pacific fetal death, arguing that Pacific babies have heavier birth weights yet higher rates of fetal death. They emphasised that Pacific infant morbidity and mortality that needs to be better understood. From 1996-2001, the risk of LFD rate amongst Pacific woman were 1.26 times higher for Pacific woman, higher than Māori and European/other population; this draw attention to a gap in the literature that needs further investigation if birth outcomes are to improve.

(Gao, Paterson et al. 2006)

5.3 Section five summary

While this section presents literature on the adverse effects of teenage pregnancy on biological and psychological well-being, the studies reviewed in this section discussed other confounding variables (such as deprivation, poverty, lack of education and income) which play a part in the overall adverse outcomes that affects a young mother or her child's physical or psychological wellbeing.

Although this section acknowledges the need for pregnant adolescents to access appropriate prenatal and antenatal care to prevent death and disability, there is a paucity of information on why adolescents are less likely to access maternal services compared to older women, or what the barriers are that keep them from seeking assistance?

This section raises the need to make clear distinctions between younger versus older adolescent mothers and what it means biologically and psychologically for a woman to be a teenage mother or for a child of a teenage mother. This is something the literature has not done well and that this thesis aims to better understand.

6 A Father's Role

The role that fathers play in their children's lives is of much interest to researchers, policy makers and professionals, with literature on the subject substantially expanding over the last three decades. (Ellis, Bates et al. 2003, East, Jackson et al. 2007, Dudley, Herring et al. 2012) The majority of research on fatherhood is based on a dichotomy between the role of the economic provider, following the male breadwinner family model and the role of the carer, referring to the nurturing male. (Bunting and McAuley 2004) The section focuses on key male roles in the lives of adolescent mothers. It will introduce the role of male father figures in the lives of teenage mothers and go onto discuss the partners of teenage mothers to better understand how relationships with either father or partner affects the wellbeing of teenage mothers and/or their child pre and post pregnancy.

6.1 Father of teenage mothers

Compared to children raised by both biological parents, children who are raised in households without their biological father are said to exhibit both an earlier age of first intercourse and are at greater risk of teenage pregnancy. (East, Jackson et al. 2007)

Having an absent father is viewed as a catalyst for a set of early destructive experiences that determine whether an individual's future mating and childrearing will be oriented toward a "quality or a quantity pattern." (Belsky, Steinberg et al. 1991) Research suggest that because children who grow up without a father figure present at home observe unstable, conflicted, or stressed parental relationships, they perceive people as being untrustworthy and relationships unstable, mimicking the behaviour. (Henderson, Butcher et al. 2008)

Hetherington (1972) associated an absent father with disruptions in their daughter's interactions with males. (Hetherington 1972) Singer (1995) described three defensive coping styles involved in adolescent promiscuity: (1) where the girl

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may hate men but uses heterosexuality as a defence against regression to the mother, (2) where it is a defence against the absent father, and the girl picks men with glaring personality defects, and (3) where the girl identifies with the rejecting father and chooses the mother as a sex object, who defies any man to conquer her. (Singer, Anglin et al. 1995)

According to Hetherington, pregnancy in an adolescent may also be an unconscious effort to effect a separation or an attempt to make up for the loss of the father figure (1972 p 32). Consequently, children who have an absent parent mature in ways that accelerate sexual onset with multiple sexual partners. In contrast, children from secure two-parent family environments are more likely to allocate reproductive effort to a single partner and delay onset of sexual behaviour.

The literature suggests that parents, both explicitly and implicitly, model sexual attitudes and behaviours for their children. (Kotchick, Shaffer et al. 2001) Because adolescents reared in single-parent households may have parents engaging in sexual behaviour with partners to whom they are not married, the children may be more likely to view non-marital sexual intercourse as normative. (Thornton and Young-DeMarco 2001) This is seen as a reason why, adolescents born to very young mothers are more likely to become teenage parents themselves. (Whitehead 2009)

Single-parent family structure may also facilitate adolescent sexuality due to reduced parental control. (Halpern, Joyner et al. 2000) In the cases where two parents closely monitor their children's activities and social networks, the opportunity for sexual activity decreases. Alternatively, it can also be more difficult for adolescents to challenge the limits set by two parents rather than one.

First sexual intercourse is an important developmental milestone, representing a meeting of personal, biological, and social factors. Children raised in father-absent households have earlier ages of first intercourse than those raised in father-present

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households. Many studies have identified the absence of the biological father from the home as a major risk factor for both early sexual activity and teenage pregnancy. (Furstenberg Jr and Harris 2009)

This is consistent with life-course adversity models of early sexual activity and teenage pregnancy, which posit that a life history of familial and ecological stress provokes earlier onset of sexual activity and reproduction. (Ellis, Bates et al. 2003) Competing theoretical perspectives attribute this association to various environmental devices, including a psycho-physiological adaptation that adjusts timing of sexual development and behaviour, parental modelling of non-marital sexual behaviour and reduced parental supervision in mother-headed households.

Alternatively, this association could be due to non-random selection of individuals predisposed for early sexual intercourse into father-absent homes. Other stressors associated with father absence that foster early sexual activity and pregnancy in daughters include divorce, poverty, conflictual family relationships, erosion of parental monitoring and control. (Nowak 2003, Moore and Buehler 2011) This is confirmed by Nowak (2003) in a study based in the United States titled, "Absent Fathers Linked to Teenage Pregnancies," which argues that teenage girls raised without fathers are more likely to suffer from depression, drop out of school, and have other behavioural problems" (Nowak 2003 p1).

In a descriptive phenomenological study of 10 teenage mothers aged <20 years, participants were asked open ended questions about their life at the time they became sexually active, about their environment at the time they became sexually active and the people and relationships in their lives that were significant at the time participants became sexually active. (Burns 2008)

All of the participants in this study expressed similarities in relation to growing up without a strong father or father figure in their lives. In this study population 1/10 grew up never knowing who her father was, 1/10 was reared by a single mother without a father or father figure present and the majority, 4/5 lived with their fathers,

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stepfathers, or other adult male relatives but lacked any sort of meaningful bond with these men.

Burns (2008) argues that the reality of living without a strong father figure had become a familiar one throughout the lives of the participants (p289). Each adolescent in the study made reference to “the way it had always been,” expressing a longing for what they referred to as “a real dad,” a “loving, honest daddy,” and “a father who could be a real friend.” These hopes became more pronounced as the young women reached puberty and began dealing with issues surrounding male-female relationships and sexual activity.

In the New Zealand literature, Ellis, Bates, Dodge, Fergusson, Horwood, Pettit and Woodward (2003) examined whether father absence placed daughters at specific risk for early sexual activity and teenage pregnancy in the United States (N= 5242) and New Zealand (N=5520) using longitudinal studies where samples of girls were followed prospectively from age 5 to approximately age 18 years. The findings were consistent with other international publications which showed that greater exposure to father absence was strongly associated with elevated risk for early sexual activity and adolescent pregnancy. It also drew a relationship between absent father and adverse socioeconomic outcomes, related with having one sole provider as opposed to two.

However, within this publication, this elevated risk was either not explained (in the U.S. study) or only partly explained (in the New Zealand study) by familial, ecological, and personal disadvantages associated with father absence. After controlling for covariates, there was stronger and more consistent evidence of effects of father absence on early sexual activity and teenage pregnancy than on other behavioural or mental health problems or academic achievement. Consequently, through the examination of the literature on the role fathers play in the life of teenage woman, the impact absent fathers have on the lives of young

woman is evident.

6.2 Partners of teenage mothers

In recent decades, there has been increasing interest in the partners of teenage mothers. In general, studies have shown that irrespective of maternal age, paternal involvement contributes positively to the physical, social and cognitive development of children. (Ekeus and Christensson 2003) Moreover, the involvement of the baby's father is important in the psychological wellbeing and quality of parenting of the mother and in the lives of the child. (Burns 2008)

While there has been mounting research on teenage mothers and the social and health outcomes of their children, there is a clear paucity of information relating to the men who father the babies. Seamount and Gray (1997) suggest that finding father's to participate in research is sometimes difficult with some adolescent mothers reluctant to identify the fathers. (Seamount and Gray 1997) Richter, Norris and Ginsburg (2006) assert that there has been no systematic enquiry into the characteristics of men who impregnate girls, thus research in this areas are usually gathered from opinions of professionals who claim to be the experts in the field. (Richter, Norris et al. 2006)

Males (1996) conducted research on the age of the men who fathered babies in California to adolescent women through an examination of birth records and found fathers of babies born to teenage mothers may be 5–10 years older than their teenage girlfriends. This takes many fathers out of the teenage years and raises issues of power within unequal relationships. (Males and Chew 1996)

While it may be common to have male partners who are not themselves adolescent, literature suggest that compared to partners of older women, males involved in teenage pregnancy have typically achieved a lower level of education, have higher rates of unemployment, are more financially dependent, lower socioeconomic status, have more behavioural problems such as smoking, drinking and illicit drug

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use, have more simultaneous sexual partners and sexually transmitted infections, engage in more aggressive behaviour and have more adverse early life experiences. Thus the partners of teenage mothers are also considered an at-risk group. (Wei, Loeber et al. 2002, Tan and Quinlivan 2006, Reeves, Gale et al. 2009, Venturini and Piccinini 2014)

Quinlivan and Condon (2005) examined anxiety and depression in fathers of teenage pregnancy in Australia through a cross-sectional cohort. The study had two cohorts, fathers in the setting of teenage (Teenage) and non-teenage (Control) pregnancy during the antenatal period. Questions were asked about common demographic variables, including specific questions on contact with psychiatric or counselling services, exposure to death of a parent and predicted age of death. (Quinlivan and Condon 2005)

The results found that partners under 20 years had a general impression of sadness, often rooted in an unhappy childhood compared to the control group. Men who fathered babies to teenage women were just as likely as the women to have been raised in a home environment where the childhood relationships with and between their parents were negative or absent and to have come from a background of low socioeconomic status compared to those who fathered babies of older women. This is supported by publications in the United States which prevent similar findings. (Bunting and McAuley 2004)

While these studies provide information on men that father babies of teenage mothers, a disadvantage is in the methods of these studies where consent or acknowledgement is usually required from adolescent mothers to identify the fathers before studies commence. This disenables men who young mothers do not wish to identify from the literature. There may be unique differences in the demographics and childhood familial characteristics amongst this group of fathers that are not accounted for. Similarly, like the concept of good teenage mothers, the

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interpretations of good, effective fathers not studied for in the literature, with the overall lack of publications showcasing an area of research that needs further investigation.

6.3 Section six summary

Section six has attempted to exhaust the available literature on important male figures in the lives of teenage mothers (father and partner). It underlines the importance of having a positive male figure in the lives of young people, with a lack of positive male role-model leading to adverse psychological and social outcomes. For example, having a father present is said to add stability and foster healthy relationships with other males.

Although absent fathers are listed as a catalyst for teenage pregnancy, there is no differentiation on how fathers are absent, for example whether through divorce, deceased parent or if they are present in the house but rarely interact with their daughter making them appear 'absent'. There is also a paucity of research on migrant populations, where parents may be legally married but living in different areas, or where career or work opportunities limit the interactions between the father and child.

In terms of males who father the babies of teenage mothers, literature tends to focus on the limitations of these men, either showcasing them as adolescents themselves, or if older, prone to come from disadvantaged backgrounds. These interpretations are written from a western perspective, with no information given on relationships maintained by minority groups or indigenous groups who have higher teenage pregnancy rates. This would be of value, because cultural beliefs around support for children have not been acknowledged in academic writing.

Another limitation in these studies is found in the methodology used, with details of the father provided by adolescent mothers. If these mothers choose not to identify the father of their child, a certain percentage of men are not accounted for.

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Information may be biased by the type of relationship the mother has with the father of their child.

With continual changes in gender role, the literature neglects to mention fathers of adolescent pregnancy who are responsible fathers. This is a clear flaw in the literature that adds to the stereotypes already present based on these fathers or the choices that adolescents make in choosing a male partner.

This thesis will add to the body of literature on the male relationships (father and partner) of teenage mothers, in both the quantitative and qualitative sections of this research. It will provide statistics on the men who fathered babies to teenage women in New Zealand and qualitative insight into perspectives held by young Tongan mothers on the importance of their relationship with their father and partner. This is something that is missing from academic literature, a void that this thesis aims to fill.

7 Policy Influence on Teenage Pregnancy

At the most elementary level, policy decisions can have implications on the resources available to support programmes and services tailored towards adolescents. Just as important, highly politicised public policy arguments determines the types of services available to youth and the setting by which it is carried out. The content of sexuality education curricula in schools, the presence of school-based clinics, and issues of parental notification are just a few examples which ultimately can have an effect on teenage pregnancy rates. (Kirby, Coyle et al. 2001)

As noted in section two, the policy process can result in changes in societal norms. It can influence the likelihood of a young woman becoming a parent in their teenage years, and also once pregnant, policies can play a significant role in supporting or hindering the wellbeing of teenage parents and their children.

The purpose of this section is to understand how policy influences teenage childbearing and the services made available to young women once they become pregnant. In order to do so this section will:

- a. Consider the role policy plays in influencing the likelihood that a young woman will become pregnant in her adolescent years.
- b. Consider the role policies play in supporting teenage parents and their children.

It will conclude by summarising the overall role of policy in teenage pregnancy.

7.1 Health policy

Heyman (2010, p59) suggest that 'the modern era will always associate the term "risk" with the identification of possible unwanted consequences' (Heyman 2010, p. 59). This is true with respect to teenage pregnancy with successive governments defining the phenomenon as a social problem that needed addressing, and an

undesirable outcome to be avoided. (Heyman, Alaszewski et al. 2010)

Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. An explicit health policy is important because it can achieve several things. Ideally, it defines a vision for the future which helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people. (Whitehead 2008, Whitehead 2009)

One of the most basic needs of adolescents, irrespective of ethnicity, age, and marital status, is accurate and complete information about their health, sex, reproduction, and sexual negotiation and refusal skills. Without information, adolescents are forced to make poorly informed decisions that may have profound negative effects on their lives (Connell, Gambone et al. 2001)

In the international literature, prior to 1999, the United Kingdom government policy on teenage pregnancy was largely based on moral judgements than evidence. (Burtney, Fullerton et al. 2004) However, in 1999 the Labour Government in the United Kingdom (elected in 1997) published the Social Exclusion Unit's (SEU) Teenage Pregnancy Report launching the Teenage Pregnancy Strategy (1999– 2010). The SEU report described teenage pregnancy as a major social problem, linked to social exclusion, and made a number of specific claims about future risk factors believed to be associated with teenage parenthood (such as comparative poverty, low educational attainment and poor employment prospects). The Report also claimed that the children of teenage parents had a higher risk of living in poverty, in sub- standard housing and having a poor diet than the general population. (Unit 1999)

The strategy is recognised nationally and internationally as being a turning point in a move towards a more evidence-based approach to the prevention of unintended teenage pregnancy. Under the strategy the government set a goal to reduce the rate of adolescent childbearing by 50% by 2010. This would mean reducing the teenage

birth rate from 46.6 births per 1,000 woman aged <20 years (as measured in 1998) to 23.3 per 1,000 woman aged <20 years per 1,000 woman by 2010. (Unit 1999)

The five key posts noted as important were a) sex and relationships education both in and out of school settings, b) supporting parents and carers to have open discussions about sex and relationships with their children, c) increased investment in high quality contraceptive services, d) access to sexual health services and e) supporting teen parents and providing a national information campaign to young people. (Bynner, Londra et al. 2004) The strategy recognised the relevance of a holistic framework, focussing on better understanding relationships with peers, family and services.

By 2007, the teenage childbearing rate in the United Kingdom declined by 10.7% compared to 1998, and in 2007 they also changed ranking, from having the second highest teenage pregnancy rate in the developed world, to the third, exchanging places with New Zealand. Although they did not meet their target of halving teenage pregnancy rate by 50 percent in 2010, the reductions have been substantial. Consequently, there is recognition that a change in policy, where greater attention is given to focussing on relationships, better communication and increased accessibility to sexual health services will possibly help decrease the rates of teenage childbearing. (Adamson, Bradshaw et al. 2007)

In New Zealand, adequate family planning has been identified as being at the core of good sexual and reproductive health services. However, currently, there is little policy focus on sexual and reproductive health among youth in New Zealand. (Bagshaw 2011)

Though family planning recognised the high teenage pregnancy rate in New Zealand compared to the rest of the OECD countries, they also identified a flaw in the current legislation. In regards to terminations, Bagshaw (2011) states that the

Crimes Act 1961, and the Contraception Sterilisation and Abortion Acts are both outdated, with elements that cause discomfort for young women. For example, in the case of termination, it has been argued that by repeating why a young woman wants to abort several times, maternal stress levels and feelings of guilt become elevated.

Family Planning Services in New Zealand are aware that in order for their services to be effective elements that must be taken into consideration are availability, accessibility, acceptability and quality where young people are able to access services that are acceptable to them. (New Zealand Family Planning 2014) Currently there are 30 clinics distributed across the North and South Island. Of the 30 clinics nine are based in the Auckland Region (Henderson, Highland Park, Manukau, New Market, Orewa, Panmure, Papakura, Takapuna and Wesley).

The nine locations highlight the issue of availability and accessibility for adolescents, particularly those from low socioeconomic settings. With only nine centres are adolescents aware of these locations, are they easily accessible for those who do not live in these suburbs and what happens to adolescents who do not hold New Zealand residency (will the fact that they have to pay to utilise services prevent them from seeking assistance?) If adolescents access these centres is delivery of information culturally appropriate?

While the SEU in the United Kingdom mentions risk factors that make young people prone to teenage pregnancy, the risk claims mask vagueness about the association. For example, does teenage pregnancy cause social exclusion? Or is teenage pregnancy a result of social exclusion? These are questions that the literature does not answer.

7.2 International polices

Since the beginning of the 20th century, contrasting views over sex education have been prominent in countries worldwide, with conservative views apprehensive that

talking about sex would promote it. In contrast liberal views suggest that to not talk about it leads to unsafe sexual practices and increased teenage pregnancy. (Stanger-Hall and Hall 2011)

In order to understand the different views, international policies on sex education will be reviewed, drawing on publications based on the United States abstinence only programmes, and the more liberal style sex education provided in the Netherlands. These two countries have been used because they are on opposing ends of a spectrum when discussing differences in the types of education policies delivered. They are also on opposing ends when examining childbearing rates with the United States having the highest in OECD countries and the Netherlands amongst one of the lowest. It will go on to discuss services available in New Zealand and conclude by drawing on policies on educational opportunities available for teenage mothers.

In 2006 the teenage pregnancy rate in the United States was 61.2 per 1,000 young women aged 15-19 years, compared to 14.1 per 1,000 young women aged 15-19 years in the Netherlands. The birth rate for adolescents in the United States was nearly eight times higher than the Netherlands, and the abortion rates 1.5 times higher with reports of STI's higher in the United States compared to the Netherlands. (Finer and Henshaw 2006, Kumar, Singh et al. 2007) Variations can also be seen regarding contraceptive use with 85% of adolescents in the Netherlands using condoms, compared to 75% of adolescents from the United States. (Brandão 2009, Currie, Gabhainn et al. 2009)

These figures reflect greater and easier access to sexual health information and services for adolescents in the Netherlands compared to those in the United States. However, how do policies differ between the two countries? What influences policies around sexual education and reproduction? What can we learn from these two infrastructures and consequently, what determines the kind of information teenagers have access to?

7.2.1 Sex education in the United States

During the 1960s, sex became more visible to youth through the media, and public discussion about sex was markedly different than it had been in previous decades. Adolescents were not formally learning about sex but rather gaining knowledge from the media. In response the (SIECUS), was formed in 1964. SIECUS believed that adolescents needed to be equipped with information about sex in order to make informative choices. (Laumann, Paik et al. 1999) By 1968 nearly 50% of all schools were offering some version of sex education. (Moran 2009) For the next two decades conservative groups fought to remove sex education from all schools accusing SIECUS of encouraging sexual activity amongst adolescents. (Irvine 2004)

With increasing fear over the AIDS epidemic in the 1980's, views within the United States on sex education changed. By 1990, 41 states encouraged or required sex education, and all either recommended or mandated AIDS education in public schools. (Campos 2002) Furthermore politicians responded by emphasising that sex education should be based on establishing chastity and asserting that sex should only be in response to marriage. Consequently, abstinence-only became an attractive alternative due to the fear that AIDS created.

At the turn of the 21st century, under the Clinton administration in 1996 the Temporary Assistance to Needy Families (TANF) Act was passed. The act included Title V of the Social Security Act and under Title V; the United States Department of Health and Human Services allocated \$50 million in federal funds every year to states for sex education programmes with abstinence-only guidelines. With the passage of Title V came an eight point federal definition of abstinence-only education which all programmes that receive funds had to adhere to.

The amount of money provided for these programmes become an incentive for states to promote abstinence only programmes within the schools. To date, every state has applied for the federal abstinence-only money at some point except for

California. Recent research examined national data on sex education policies and teenage pregnancy from all states in the United States and found that increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates. (Stranger-Hall and Hall 2011) After accounting for socioeconomic status, educational attainment, ethnic composition and the availability of Medicaid waivers for family planning services in each state the trend remains significant.

7.2.2 Sex education in the Netherlands

In contrast to the United States, while research continues to highlight the limitations of abstinence only programmes, industrialised nations have looked to the Netherlands which claimed to have an earlier and more open approach to sexual issues in schools and in families. This is associated with greater levels of discussion and forward planning between partners, later ages at first sexual intercourse, more effective contraceptive use, and lower levels of subsequent regret. (UNICEF 2001, Ingham 2005)

In the UNICEF (2001) report, comparing adolescent birth rates amongst rich nations, a chapter of the report was headed by the title “Dutch Lessons” which stated –

“The underlying reason for success has been the combination of a relatively inclusive society with more open attitudes towards sex and sex education, including contraception. This has paved the way for sexual relationships to be discussed at an early age – before barriers of embarrassment can be raised and before sex education can be interpreted as sending a signal that the time has come to start having sex.” (UNICEF 2001 p21)

From the 1970’s, public information campaigns about sexuality and contraception were conducted in the Netherlands. In the mid-1970’s sex education was gradually introduced in secondary school biology programmes as part of ‘human reproduction’ and by 1997 over 50 percent of primary schools and over 85 percent of secondary schools had a programme of sex education. (Kane and Wellings 1999)

In the Netherlands, there is no national curriculum for primary schools; there are

only ‘targets’ with primary and secondary schools allowed almost complete discretion in how they facilitate their sexual education programme. (Van Loon 2003) For example, sexual health experts can only enter schools (primary and secondary) if they have been invited by teachers, parents and/or governors, and only if all three parties agree. This means that schools tailor their sex education strategies to what they feel are the greatest concerns for parents and students.

In 1993 sex education in the Netherlands officially became part of the high school curriculum. Those teaching sex education were expected to establish working relationships with sexual health expertise, advocating the use of contraception in the hopes of minimising both pregnancy and Sexually Transmitted Infections (STI’s). (Lewis and Knijn 2003)

Although effective sex education is seen to lower STI rates and teenage pregnancy rates, Paton (2006) argue that greater access to contraception has a positive impact on rates of underage sexual activity. (Paton 2006) Consequently, as well as having adequate sex education and access to resources adolescents need to feel comfortable enough to talk and seek help on sexual reproductive issues if needed. (Loon 2003)

7.3 National policies

7.3.1 Sex education in New Zealand

Historically in New Zealand, sexuality education was never part of the education syllabus. In 1964, the Education Act incorporated a health element whereby schools in New Zealand were required to consult parents with regards to the treatment and delivery of the health information within the school setting. Yet it was not until 1985 that the syllabus was altered to incorporate provision for sexual health.

The development of comprehensive sexuality education did not emerge without

conflict, with academics at the time suggesting that if it had not been for the clauses relating to parental rights to withdraw their child from sexual health classes the development of comprehensive sexuality classes would not have been established during the time. (Barlow 1990)

Similar to the United States, the AIDS pandemic resulted in awareness that young people need access to knowledge, skills and services relating to sexual health. An example of the need for greater awareness was seen in the changes made to policies around contraception in New Zealand. Under the 1977 Contraception, Sterilisation and Abortion Act it was illegal to provide contraceptives or contraceptive advice to adolescents under 16 years. Nonetheless, the legislation included a number of people who were exempt from this restriction, for example parents, guardians, social workers, registered medical practitioners or by a principal after agreement with the board of governors or school committee. (Clark 2001)

In 1990 changes in the Contraception, Sterilisation and Abortion Act were made removing all restrictions on the advice and supply of contraceptives to those under 16 years of age. As a result, within New Zealand, young people have the right to access information about contraception and to be supplied with contraceptive products without parental consent. (Collins 2000)

The Contraception, Sterilisation and Abortion Act 1977 outline the procedure that must be followed in New Zealand when a woman of any age seeks an abortion. (New Zealand Royal Commission on Contraception Sterilisation 1977) The law requires two certifying consultants, who must be a registered medical practitioners and at least one of whom must be either a practicing obstetrician or gynaecologist, to consider each woman's case, and agree that her case fits the criteria for abortion outlined in the 1964 Crimes Act. Under the Act, the individual does not have to provide parental consent, and can choose whether others (i.e. a parent or a guardian) are consulted when providing information on why they choose to abort. This means that health professionals can only consult with the young woman's

parents if the young woman agrees.

In addition, the Ministry of Education introduced a new syllabus for primary and secondary school which included provision for sexual health education under the Health and Physical Education department. (Collins 2000)

While legislation provides young people with rights to make their own decisions on accessing contraceptive and abortion services without parental consent, a different view is accepted in legislation governing access to school-based sexual health education. In New Zealand, under the 1964 Education Act, adolescents can be excluded from health education classes via written notice, if their parents or caregivers choose to pull them out of classes.

This applies to all students of school age. Thus, if an 18 year old student has questions that the sexuality education classes could answer, they may not be given the opportunity to ask or listen. Also, even if written notice was given when the student was younger (i.e. 13 years old) unless the notice is withdrawn by the parent it will still be in force when the student is older because legally principals are required to follow the wishes of parents, as the Act contains no provisions for the needs or wishes of a young person of any age to be considered. (Collins 2000)

Currently, New Zealand schools can decide the type of sex education they want to teach, considering community consultation had taken place. In 2005, the Education Review Office (ERO) evaluated the effectiveness of sexuality education programmes in Year 7 to 13 in 100 public schools. (New Zealand Ministry of Education 2007) Their findings suggest that the majority of programmes were not effectively meeting student's learning needs, highlighting two areas of weakness. The first was seen in the evaluation of what is being taught and learned in the classroom setting, the second was an inability to meet the needs of diverse groups of students.

The report went on to acknowledge that sexuality education in New Zealand was characterised by a ‘one size fits all’ approach for all students, which does not take into account cultural diversity. There were also inadequate and/or inappropriate resources with teachers who were not well prepared to teach this subject. Finally the sexuality classes delivered in schools are only offered for a number of sessions which the ERO felt were not adequate enough to educate young people effectively.

This section provides insight into two ends of a continuum when discussing sexuality education using the United States and the Netherlands as examples. It discusses changes in legislation, shaped by events (i.e. the AIDS pandemic) that altered worldviews of the importance of awareness. This section has described changes in the health legislations in New Zealand that have directly influenced young people in New Zealand. It has also highlighted inconsistency in the current legislations. It shows the lack of structure in the syllabus relating to sexuality education in terms of the provision and delivery of information. And though, there are no restrictions to gaining contraceptives, there is little mentioned about whether young people are aware of their rights or access resources, and of those that do, which populations they represent.

7.3.2 Contraceptives in New Zealand

The use of contraceptives by adolescents in New Zealand has changed over recent decades with the acceptability and accessibility becoming more readily available over recent years. Before delving into the literature, it is important to identify the types of contraceptives made available to adolescents over the years.

Historically, traditional methods were encouraged within New Zealand. These included abstinence and the rhythm method. Literature suggests that barrier methods, including diaphragm, cap, vaginal sponge, spermicides and condom were introduced as early as WWI, where soldiers were given condoms to prevent STI's.

(Pool, Dickson et al. 1999)

New Zealand women were among the first in the world to use the oral contraceptive pill in 1961. However, it was on the condition that women were married and their doctor had approved. In 1969 the Depo-Provera injection method was introduced in New Zealand, also one of the first developed countries to allow this method of contraception. (Sparrow 2003) In the late 1970's and early 1980's, with the beginning of the HIV/AIDS epidemic, the use of condom's was encouraged, being the only method of contraception that provides significant protection from sexually transmissible diseases.

In a study conducted in an urban co-educational secondary school in the North Island region, 162 students were asked questions about their contraceptive use. Of the 39% who reported to having coital experience, only 42% stated that they always used contraception. (McEwan, Aukett et al. 1988)

In the Christchurch Health and Development Study in 1992 of 1000 students, 89 percent of sexually active 15-year olds reported using contraception at least once. (Fergusson and Lynskey 1993) Condom use was the most popular contraceptive (used by 82 percent of those who had sex), followed by the contraceptive pill (20 percent). However, it was estimated that, on average, these teenagers did not use any form of contraception about 13 percent of the times they had sex. In 1993, when the same cohort was studied at age 16, condoms had become a less popular form of contraception. The pill, by contrast, had increased in popularity. (Fergusson, Horwood et al. 1997)

In New Zealand, the Depo-Provera injection, estimated to have a 99% success rate (of preventing pregnancy) has been free to women under 22 years since 2007. For women with a Community Service Card the cost is \$5 per injection and for women over 22, without a Community Service Card, the cost is \$22.50 per injection. Access to Jadelle is also readily available, which requires the implementation of small rods

put under the skin in the inside of the arm restricting the likelihood of pregnancy for three to five years. They are most affordable for women <22 years of age (\$20) and those with a community services card (\$25) making utilisation easier and highlighting the increase in options of contraceptives in New Zealand. (New Zealand Family Planning 2014)

The New Zealand Youth 2007 study, randomly surveyed 12549 students in 96 high schools throughout New Zealand. In the study a third of those surveyed reported being sexually active. Of those who were sexually active, while 72 percent of students reported using condoms as a protection against STI's "most or all the time" only 64 percent had used a condom the last time they had had sex. These national publications show that while students are mindful of the adverse effects of unsafe sex, there is still a significant number who continues to practice unprotected sex. (Rossen, Lucassen et al. 2009)

7.3.3 Teen Parent Units (TPU) in New Zealand

TPU's were established in New Zealand as a means to provide support for teenage parents as learners and parents. (NZ Ministry of Education 2012)

The first TPU in New Zealand was established in 1994, hosted by Porirua College in Wellington where there is a high Pacific population. A TPU is established when a community group takes the initiative to set one up. While this has resulted in an uneven distribution of the units around the country, it has meant that TPU's are able to tailor their services according to the needs of the community that they belong too.

In 2010 there were 20 TPU's across New Zealand with each TPU attached to a base state school and linked to a readily accessible early childhood education provider. In 2010 the ERO reviewed the quality of education in 18 TPU's focussing on student's achievement, teaching and learning, governance and management and health and safety. Students who enrol into the TPU's were previously disengaged from school with minimal credits or entered with some National Certificate in Educational

Achievement (NCEA) qualifications. In their review, the ERO found that TPU's used their staff effectively, with individualised programmes put in place to match student's interests and abilities. For expecting and current teenage parents, learning was viewed holistically. As well as gain academic credits for NCEA, young mothers and fathers are taught time management, nutrition, budgeting and parenting skills to help them as parents.

Despite the individualised programmes and supportive environment offered, the review showed that there were still a group of students who did not maintain high levels of attendance, which influenced the outcomes of their studies. The review also highlighted that because it is relatively new, self-evaluations had not been published, and governance was needed in order to monitor the success of the TPU's.

7.3.4 Training Incentive Allowances (TIA) for Women

The TIA for women was introduced in New Zealand in November 1983 in response to the Wylie Review report which found female sole parents were disadvantaged with respect to re-entering the workforce. (Aimer, PokapÅ et al. 2003) Designed to encourage recipients of the Domestic Purposes Benefit (DPB) and Widows Benefit (WB) employment to undertake employment-related training that will enhance and improve their work skills, increase their prospects of obtaining full-time or part-time employment and gain independence from the benefit system. (Adamsen, Forbes et al. 2004)

The allowance provided up to \$3,862 a year for costs such as course fees, materials, transport and childcare for the duration of the course. (Aimer, PokapÅ et al. 2003) In 2004, a report was released by the Ministry of Social Development evaluating the success of TIA from the years 1996 to 2001. Beneficiaries who received it spent less time on the Domestic Purposes Benefit and accomplished a number of positive

outcomes other than employment, such as improved self-confidence, increased sense of well-being and increased interactions with others (Adamson, 2004 p.24).

In New Zealand as part of its 2009 Budget announcement the National government announced changes to the TIA making TIA available only for school-level or lower level courses.

While policy change is expected to save \$2 million by 2012, it is estimated that at least 4500 beneficiaries a year are likely to be affected. (Haines 2009) The debate over the implications of this policy change has been robust in parliament and through the media since 2009.

In an article published by the New Zealand Herald, the heading read – “**Govt axe destroys dreams.**” An excerpt of what the changes entail reads –

“Hundreds of mums and dads expecting to become teachers, nurses and other professionals have had their dreams dashed after the Government axed an allowance for sole parent beneficiaries going to university.... "I'm going to continue to be stuck on the DPB for a much longer time as there is nothing that I can do that is going to support my children," said one single mum.” (Haines July 19, 2009)

The chairman of the Association of Teen Parent Educator's committee Debbie Whiteley reaffirms this by stating "It will prevent them going on to further study after secondary school. It's a real barrier to them getting off welfare." (Haines, 2009)

This supports the literature that if alternatives (i.e. education, training, employment availability) are not offered, the cycle of poverty will continue leading to further dependence on welfare support.

7.3.5 Childcare for sole parents

The development of childcare policy was slow in New Zealand with support reflective of the ideologies of the time. For example, a survey of women in 1967-1968 found that 68% were against the employment of mothers with preschool children.

(Carmichael 1975, p93

In an excerpt from the 1975 Select Committee on Women's Rights the Labour government released a statement saying:

"The basic principle of Government's policy is that no measures should be adopted that might undermine normal family life. The aim was to ensure that as far as possible the family remained the primary source of childcare, and community assistance was extended only where the family could not itself perform this function or where because of special circumstances the child's best interests were served in day care apart from the family... (Select Committee on Women's Rights, 1975 p90)"

However, with the demand for employment and increased poverty within New Zealand, the need for adequate childcare has greatly increased. (Select Committee on Women's Rights 1975, Carmichael 1985)

In 1980 and 1993, two small-scale surveys of the factors affecting the employment of sole parents were conducted by the Department of Social Welfare. (Wylie 1980) Among the findings, these studies identified lack of childcare as a barrier to employment.

Currently in New Zealand, recipients of a domestic purposes or widows' benefit who have no children or a youngest child aged 6 or over are required to seek part-time employment, training, or education. As a result, two incentives were set up to assist sole parents. The Childcare Assistance scheme provides financial support for childcare and out of school care for sole parents. The level of support is based on a person's income and the number of children they have. This includes child care subsidy for pre-school children, and Out of School Care and Recreation (OSCAR) subsidy for children aged 5 to 13 years, each with its own criteria. For example, under OSCAR a person is eligible for childcare subsidy if they are the main carer of a dependent child, if they do not have a partner who can provide childcare, are a New Zealand citizen or permanent resident holder, or normally live in New Zealand and intend to stay here. (Work and Income New Zealand 2014)

The Child Poverty Action Group (CPAG) (2010) argues that the focus of social assistance for families must shift from parental work status to investment in children. (Casswell-Laird 2010) CPAG contend that the pressure to take menial low paid jobs will not alleviate the cycle of poverty for the sole parent or their child, which is why providing opportunities for higher education/training is crucial.

Currently, financial support for child care is only given to a registered child care provider. However, for Māori and Pacific, childcare within the family, for example, a grandparent who is able to provide their full attention to the child is often promoted. However, these sources are not considered legitimate under legislation.

7.4 The Domestic Purposes Benefit (DPB)

7.4.1 The development of the DPB in New Zealand

In 1972 the Royal Commission on Social Security, proposed the introduction of the Domestic Purposes Benefit (DPB) aimed at extending assistance to those raising children on their own and those caring for the sick. (Wilson 2000) This was

Goodger maintain that the DPB was established so that sole parents did not have to go out to work, reflecting a belief system at the time that full-time care by mothers was best for children and that sole mothers should have the same right as partnered mothers to provide this care. It also represented a pragmatic response to the lack of income security faced by sole mothers dependent on maintenance and the low wages typically paid to women. (Goodger 1998)

Historically, restrictions by the government were placed on single mothers, particularly teenage mothers. Although DPB extended coverage to all categories of non-widowed sole mothers, separated or divorced men, and widowed sole fathers, it did not eliminate private maintenance obligations. For example, in 1981 under the Liable Parent Contribution Scheme, the sole parents were required to name the liable parent. This policy was continued when the Child Support Act came into

effect in 1992. A failure to do so resulted in reduced benefit rate of \$22 per week (about 10% of the basic benefit rate for a sole parent).

In 1976 a review was commissioned and the Domestic Purposes Benefit Review Committee (known as the Horn Committee) was required to report on the cause of the increasing numbers, and to assess whether the provision of the benefit was influencing marital and reproductive behaviour. Their findings overestimated the amount of marriage breakdown and unmarried motherhood, as well as the impact of these trends on benefit numbers, by using incorrect and misleading statistics. (Swain 1977) Consequently, the Horn Committee recommended a reduced rate of benefit for up to six months to discourage couples from separating too readily and to reduce the incentive for single women to keep their children rather than have them adopted.

A later study by the Department of Social Welfare's Task Force on the Royal Commission on Social Policy (TORC) refuted the claims in their own study, arguing a lack of evidence on the extent to which they have an effect on decisions made by parents to separate (p36). However, by this time public opinion of recipients on the DPB had already been made, associating sole parent with welfare dependency. (Department of Social Welfare 1987)

7.4.2 Sole parenting in New Zealand

In order to understand what the DPB means to teenage mothers, it is vital to understand what being a sole parent means within the greater New Zealand setting. Sole parents are not a homogeneous group, but represent a range of people from different walks of life. Nor is sole parenthood an unchanging status; rather people move in and out of sole parenthood (sometimes on repeated occasions).

New Zealand literature suggest that spending time in a sole-parent family is quite a common experience where it is estimated that roughly one in two mothers have spent some time as a sole parent by the time they reach 50, and a third of children

have lived with a sole mother for some time by the time they turn 17 years of age. (Hallerod 2007)

In New Zealand, the 1960's and 1970's marked a rise in sole parents. Reasons given within the literature include changes in social norms and behaviour regarding premarital sex and childbearing, increased female employment after marriage; and a shift in values towards greater individual autonomy. (Boston, Dalziel et al. 1999)

Between the 1986 and 1996 NZ census, the growth in sole parenthood was linked to the effects on family formation and family stability of high unemployment and the associated structural changes in the labour market. During this time period, the New Zealand economy was dormant. For example, from 1991 to 1992 the unemployment rate rose sharply to 11 percent, with rates two and a half times higher for Māori and Pacific people who were concentrated in the industries and occupations most affected.(Perry 2012)

From 1992 to 2001 the poverty rate for sole parents and their children was estimated at 70 percent. In 2009 this fell to 43 percent. Literature suggest that the cut backs in benefit rates in 1991, together with the non-indexation of benefits in the preceding three years, were important drivers of the elevated poverty during the 1990's. (Perry 2012)

In a report released by the department of Social Development, based on sole parenting in New Zealand, it was suggested that a disadvantage in the literature is the lack of insight into the perspectives held by sole teenage mothers. In a follow up study based in Wellington, 18 young mothers were interviewed based on their resilience as young mothers. When discussing the DPB one interviewee stated:

"I think for me it was just about that stigma. There was already this whole teen parent thing going on, and the thought of being on the DPB for any length of time was just something I couldn't personally cope with. When I started here at (workplace), through several different reasons I was actually better off financially on the DPB than I would have been if I was working ... probably by about \$100 a week. So, a huge drop. That was for several reasons. It was because I didn't have registered childcare ... because there

isn't registered childcare in the evenings or weekends. So then, of course, there was no childcare subsidy available to me, because no registered childcare. Then, of course ... you know ... things like Training Incentives and all of those things; they don't exist when you are working. At the time I was on a fairly low wage as well and only working I think maybe 30, or just over 30 hours. So through really sheer stubbornness I worked. And from being still living at home as well, I was able to work, because otherwise I simply wouldn't have been able to afford to work ... which is a pretty crazy thing to say, but I can't afford to work. It just seems crazy. I think, now, from talking to various different people, that it's probably easier. The Government has made it easier. But at the time people would say to me, 'Why are you working?' It simply was that I couldn't bear the thought of being (a) a teen parent and (b) being on the DPB as well. It just didn't sit right with me." (Collins, 2010 p38)

This extract highlights the reality of some young people, who may want to work, and not be welfare dependent but see welfare as the best option ensuring financial stability. It also highlights a flaw in the current system, with young people required to be living away from the home setting before gaining any government assistance. For teenage mothers, this may influence their decisions to leave their family home, which may be the source of support that they need (i.e. childcare and adequate living conditions) when becoming first time parents. (Collins 2010)

7.4.3 Perceptions of the DPB

Decades after its implementation, conflicting views about the DPB still exists, influenced by who is in government. In New Zealand, some politicians have argued that the DPB provides an incentive for young females to 'choose' pregnancy putting a label on those who utilise the DPB. (Kelsey 1995, Kelsey 1997)

In 1988 National's Finance Minister Richardson publically stated:

"If the 16 year old engages in sexual adventure and there's an unintended pregnancy, she has to make choices. If she chooses to have and keep the child that must be a family decision. A 16 year old is a dependent child, not an independent adult. If her family doesn't want her and if she is not able to get her partner (who is liable to be the same age) to support her economically, she must look at other choices which is [sic] abortion. That is not a forced choice, it's the choice young women made before the domestic purposes benefit was available as of right (cited in Kelsey, 1995 p281-282)

In this statement, the DPB is portrayed as a moral hazard that previously did not exist, reinforcing adverse stereotypes about young women who become pregnant. Negative feelings towards the use of the DPB was reiterated in 1992 Jenny Shipley, claimed

"the welfare state itself, through its mechanisms, produces young illiterates, juvenile delinquents, alcoholics, substance abusers, drug addicts and rejected people at an accelerate speed." (Quoted in Kelsey, 1997 p333)

And in 2005 at the time National leader Don Brash stated –

"Our welfare system is contributing to the creation of a generation of children condemned to a lifetime of deprivation, with limited education, without life skills, and without the most precious inheritance from their parents, a sense of ambition or aspiration. Nothing can be more destructive of self-esteem." (Brash 2005)

Such statements are made on the premise that if restrictions are made on the DPB and through benefit cuts, those on the DPB would be encouraged to re-enter into the labour market by providing stronger incentives to earn an income. It also puts labels on people on the DPB that again, influences social perceptions of being on a benefit.

In a discussion paper titled "Saving the next generation," the National party stated that although teenage parents are a small chapter of the DPB roll (3-4% of the DPB roll at any one time) the total percentage of women receiving the DPB who became mothers in their teens is significant. (Rich 2002) In 1998, over 14.6% of current sole parent DPB recipients were granted the benefit as a teenage sole parent (enabling National to draw a link between dependency on welfare and teenage childbearing).

Menz (2006) argues that as a result, such views could stigmatise young mothers and influence the way they are received by services if they choose to utilise the DPB. (Daguerre and Nativel 2006) For example, in an article cited by Collins (2010) the caption read 'Cold' WINZ irks beneficiaries, with the words "cold and depersonalised" used to describe the way they (recipients) perceived workers treated them.

In contrast other politicians hold a different perspective. In 2002, the Labour party made the statement –

“Our social development approach recognises that, while for most families the best form of security is a well-paying job, many people need to gain additional skills to get that job and positive income support is required in the meantime... Our vision is of a social security system that supports people in times of need and helps them to improve their situation through skill development and employment or, if work is not currently an option due to childcare or disability, increases their ability to participate in their community and improve their future prospects.” (New Zealand Labour 2002)

While in government, the Labour party had an increased focus on motherhood by offering higher child benefits, facilitating the labour market participation of women by offering improved and more comprehensive child care facilities as well as subsidies for child care, and easing the financial burden for low income parents by negative income tax programmes (Family Support and Family Tax credits).

However, with a change in government from 2009 traditional conservative views that the DPB results in major fiscal costs resurfaced. Thus, this section of the literature review highlights the influence of dominant parties on the DPB and on popular societal views.

7.4.4 Who is eligible for social assistance?

At the end of December 2009 there were 4,169 teenagers (aged 16 to 19 years) receiving the DPB (includes those receiving the Emergency Maintenance Allowance (EMA). Of these, 52 percent were Māori, 30 percent were European, and 9 percent were Pacific. (NZ Ministry of Social Development 2010)

On the 27th February 2012, Social Development Minister Paula Bennett, announced the Government's aim to implement welfare reforms which would see changes to the DPB, youth benefits and Widow's and Women Alone Benefit arguing welfare in New Zealand generates a cycle of dependence, out of step with today's needs.

(Bennett, 2011)

Arden (2013) argues that if the government is serious about decreasing benefit numbers it needs to focus on the real issues preventing employment raising three fundamental questions a) do these parents have the training and education they need to move into work b) Are they able to set up care arrangements for their children and c) Are the jobs there? As a teenage parent in order to be eligible for the DPB, the parent must be 18 years or older, single or living apart without support from their partner (table 6). Adolescents, who are less than 18 years, are not eligible for the DPB unless they are legally married and if they are not, the responsibility of catering to the needs of the young women and her child falls on her parents who are expected to support until the age of 18 years. (Work and Income 2014)

Table 6: Assistance available to young parents in the New Zealand Benefit System

Type of Assistance	Who can Receive it	Requirements
Emergency Maintenance Allowance	16-17 year old sole parents Who have never been married or in a civil union	Cannot be supported by their Parents
Domestic Purposes Benefit (Sole Parent)	Sole parents 18+ 16 or 17 year old who is legally married	Single or living apart and lost the support of their partner
Sickness Benefit	16-17 year old parents who are married, in a civil union, or de facto relationship	Unable to work or losing earning due to a sickness or injury (includes women who are more than 27 weeks pregnant).
Unemployment Benefit	Anyone 18+	Unemployed or not employed full-time and seeking fulltime work.
Independent Youth Benefit	16 and 17 year olds without children or who are pregnant	Has lost the financial support of their parents (if single)
Training Incentive Allowance	People receiving DPB-SP, EMA and IB	Paid for employment related training costs (e.g. transport costs, childcare costs, and tuition and enrolment fees).
Young Parent Childcare Payment	Parents under 18	Participating in secondary education and not receiving other childcare assistance
Early Learning Payment	Parents with children aged 18 months to 3 years.	Childcare enrolled in Family Start or Early Start in a pilot location
Childcare Subsidy	Parents of any age	Available for 9 hours per week and up to 50 hours per week in some circumstances.

Resnick (2000) states that parental support helps young people develop knowledge and skills for healthy adulthood. Being with family can be protective against depression and act as motivators for continuation in education and employment and effectively care for her children. (Turner et al, 2000)

Consequently, the conditions for receiving the DPB, where adolescents under 18 years are not eligible for the DPB unless they are married, or living on their own, may be more detrimental for the young person, compared to the benefit of the financial assistance.

7.5 Section seven summary

Section seven highlights the role of policy in shaping the resources adolescents gain access to, the types of information made available and their entitlements as young mothers. It provides key dates in New Zealand, shaped by societal views that have had a direct impact on the quality of sexual education, training allowance and childcare subsidies to name a few.

The literature continues to show that sex education programmes grounded in evidence-based approaches and relevant to the community are pivotal in reducing adolescent sexual risk behaviours and promoting sexual health. However, in New Zealand these are largely shaped by public opinion and although it does not push for abstinence only programmes as much as the United States, it does not emphasise the relevance of personalised sexuality education like the examples in the Netherlands.

By contrasting the two overseas nations, there is a clear lapse in structure in terms of our delivery of sexuality education. This section goes on to emphasise how policy changes can alter the opportunity prospects of sole parents. For example, changes in TIA, has meant that the financially burden that was once removed for sole parents who wished to take on higher education, is now put back. With an abundance of academic literature emphasising the importance of educational training in getting out of poverty, changes in the legislation which limits a sole parents chances of furthering education is detrimental. Yet, there is an inability within the literature to clearly explain legislation changes occur.

Finally, this section highlights the implications of the DPB on sole mothers. By

reflecting on the historical context of social reforms leading up to the development of the DPB, this review enables readers to understand how social and national norms (of a given time) influence policy. It also highlights the outcome of having different political parties come into power.

A limitation within this review is the paucity of publications presenting information on the DPB and teenage childbearing, with most mentioning it as an issue but not going into any depth on why it is an issue. Another disadvantage is a paucity of research on how the criteria for the DPB affect different ethnicity. For example, one of the requirements is to be living away from home. From a Māori or Pacific perspective, this removes the mother and child from their support network. These are issues that will be discussed further in the discussion chapter (section 1.3).

8 Putting it all together: Chapter Summaries

The literature review is divided into seven sections with title headings that highlight key themes. This part of the thesis covered literature already published on 1) the rates and trends of teenage pregnancy 2) what shapes our views 3) the socio-demographic distribution of teenage pregnancy in developed countries, 4) the consequences of teenage pregnancy 5) the biological and psychological factors of teenage pregnancy 6) fathers role in teenage pregnancy and 7) policy influence on and of teenage pregnancy. With each section relevant literature was examined to better understand teenage pregnancy. Limitations were noted throughout the sections and each section concluded with a summary that posed questions that will be addressed in discussion (chapter five) – integrating the literature, the quantitative and qualitative analysis.

8.1 Key suppositions

Overall, the key suppositions that have been identified in chapter two are:

- While teenage pregnancy rates and trends are available from OECD nations, there is a paucity of information regarding reproductive health from developing countries of which the South Pacific feature, or how ethnic Pacific Island fertility rates compare to New Zealand and other industrialised nations. To date the academic research focuses on pan-Pacific or prioritised level one ethnicity. Ethnic classifications do not state if inter or intra-ethnic variations exist when examining rates and trends of teenage pregnancy. This would be useful in the planning and provision of services tailored towards Pacific communities living in New Zealand.
- It is important to be aware of cultural, traditional and religious interpretations of childbearing to understand what teenage

pregnancy means to the young women who become pregnant.

- There is a huge focus on the socio-demographic distribution of teenage pregnancy in the academic literature. Factors such as family composition, family relationships and family socio-economic status influence determinants and consequences of teenage pregnancy. The large body of literature paints a negative picture of teenage pregnancy; however there is limited information on what teenage childbearing means to young mothers or their families or descriptive information on how these factors are impacted. Whether the adverse implications are as bad as it is made out to be in the literature or if it is open for debate.
- There is a paucity of research on the men who father the babies of teenage mothers or the relationship between teenage mothers and their own fathers. While academic literature suggests these men (father and partner) are likely to be absent, the concept of absent is not clearly established.
- Policy is largely written for the dominant population groups. However, how aware are adolescent mothers of their rights? And do they (policy makers) take into consideration the needs of minority groups or indigenous populations when writing up and implementing policies that directly affect these communities?

These are key suppositions identified through lapses in the literature that this thesis endeavours to add to the academic literature.

CHAPTER THREE: WHAT DO THE NUMBERS SAY?

Introduction

Teenage pregnancy occurs in all societies, but the level of teenage pregnancy and childbearing and its views within society vary from country to country. Rates of New Zealand teenage birth are high in comparison to other westernised countries. In 2001, UNICEF published "A league table of teenage births in rich nations," which documented comparisons of teenage birth rates from 28 of the 30 members of the Organisation and Economic Co-operation and Development (OECD). At the time of the report, New Zealand had a teenage birth rate of 29.6 per 1,000, the third highest rate amongst OECD nations. (Adamson, Brown et al. 2001) The last comparative study was published in 2007 where the New Zealand rate (30 per 1,000) had overtaken the U.K birth rate (27 per 1,000) giving New Zealand the second highest teenage birth rate among the OECD nations (Woodward, Horwood et al. 2001, Adamson, Bradshaw et al. 2007) More recent New Zealand Child and Youth Epidemiology Services (NZCYES) data (2011) shows a teenage birth rate of 32.4 per 1,000 in 2008. (Craig, Adams et al. 2013)

In 2000 Dickson, Sporle, Rimene and Paul released a report titled "*Pregnancies among New Zealand teenagers: trends, current status and international comparisons*" which examined trends in birth and total pregnancy rates among teenage women in New Zealand, ethnic differences and international comparisons up to 1999. (Dickson, Sporle et al. 2000) Their results were consistent with international studies which found that ethnicity and socio-economic deprivation influenced the likelihood of teenage women becoming teenage mothers. In this study, teenage birth rates were higher for Māori and Pacific than for European and Other women. (Singh, Darroch et al. 2001)

Chapter Three: Quantitative Section

Since the early 2000's there has been little published information on teenage pregnancy in New Zealand. However, the NZCYES has published limited information on the distribution of teenage births by ethnicity and New Zealand Deprivation index decile. While this is of great value, data on overall fertility (births plus terminations) for women of different age groups is not included. The aim of the next section is to update the previously reported information and to add detailed analysis of the available data. For example, when publications are released in New Zealand, traditionally teenage pregnancy has been examined on its own, making it difficult to understand how it sits in relation to older maternal age groups.

In the previous chapter, key suppositions were made based on gaps in the literature, for example the lack of Pacific Island group specific information on teenage pregnancy. However, before gaps can be filled in the literature, we need to know what the current situation is in New Zealand in terms of rates and trends of teenage pregnancy. While we know that teenage childbearing is high in comparison to other industrialised countries, little is documented about the overall fertility rates of women from different Pacific groups in New Zealand or the impact ethnicity has on rates or trends of teenage pregnancy.

The aim of the next section is to update the previously reported information provided by the NZCYES and then to take this further with a more detailed analysis of the available data by comparing teenage pregnancy rates and outcomes to older maternal age groups, examining termination data and paternal data which has not been previously done. Chapter three will explore New Zealand's teenage pregnancy rates using routinely available data from the New Zealand birth registration dataset and the New Zealand Abortion Supervisory Committee data.

Chapter Three: Quantitative Section

Chapter three aims to:

1. Describe the datasets currently available in New Zealand that can be used to inform a review of New Zealand's teenage pregnancy rates.
2. Use New Zealand's national Birth Registration Dataset and the Abortion Supervisory Committee's data to explore trends in teenage births and terminations from 1980-2012.
3. Explore the demographic characteristics of the women giving birth in their teenage years by
 - a. New Zealand Deprivation Index Decile
 - b. Maternal Ethnicity
 - c. Single Year of Maternal Age
 - d. Paternal age
 - e. Paternal Ethnicity
4. Explore the distribution of terminations by
 - a. Maternal Age
 - b. Maternal Ethnicity
 - c. Levels of Deprivation
5. Explore the impact of teenage pregnancy on birth outcomes
 - a. Preterm Births
 - b. Late Fetal Death
6. Explore differences in teenage birth and termination rates using Pacific specific ethnic classifications
 - a. Sole Pacific Ethnicity
 - b. Multi Pacific Ethnicity

Chapter Three: Quantitative Section

Note: While enrolled as a doctoral candidate, I worked at the New Zealand Child and Youth Epidemiology Service (NZCYES) who report on teenage birth rates on a 3-yearly basis. I have utilised a similar methodology to that used by the NZCYES for some of the quantitative analysis in order to maintain consistency with other national sector reporting. However, this thesis aims to go beyond the analysis conducted by the NZYES in their overview summaries of teenage pregnancy. For example, this thesis places teenage pregnancy within the context of older maternal age groups. It also examines ethnic Pacific termination data and paternal data that have not previously been examined. Within this thesis I conducted all of the analysis found in this chapter, which was then checked by either a supervisor to ensure accuracy.

In achieving the aims above, the quantitative part of this thesis will be divided into two sections. The first will discuss the methods used within the quantitative portion of the study. It will describe the two datasets used in the analysis and define the variables used in each dataset. It will also describe how the numerators and denominators were developed for the analysis (i.e. maternal and paternal ethnicity, deprivation and maternal and paternal age). The second section will discuss the results based on births and terminations with specific emphasis on teenage rates. It will provide current information on the demography (e.g. age, New Zealand Deprivation Index decile, paternal characteristics) of teenage births in New Zealand and examine a number of different ethnicity classifications.

1 Method: Data Sources

This section discusses the methods used in calculating teenage birth and teenage pregnancy rates (including terminations). It begins by describing the Birth Registration Dataset and the Abortion Supervisory Committee's Data on terminations in New Zealand. It goes on to describe the variables available in the dataset and how they were used in this thesis. This section will also provide insight into how the New Zealand Deprivation (NZDep) Index was created, changes in ethnicity classification and the implications they have on analysing and comparing data within New Zealand. This section concludes by discussing the denominators used to work out rates and trends in this thesis.

1.1 Birth Registration Dataset (BRD): Births by Maternal Age

De-identified data on births used for analysis within this study were obtained from New Zealand Health Statistics, the group within the Ministry of Health responsible for the collection of health-related information. The Birth Registration Dataset is the dataset which collates birth registration data for babies born in New Zealand. Within New Zealand, all births of 20 or more weeks of gestation must be notified by the midwife or hospital within five working days of delivery. Information in the Notification of Birth Registration form includes maternal/paternal age, residential address, ethnicity, baby's sex, multiple birth status, birth weight and gestational age.

In addition, parents must also complete a Birth Registration Form, reproducing the information provided by the health professional. Both forms are sent to the Births, Deaths and Marriages section of the Department of Internal Affairs where the information is combined into a single entry. This process is thought to capture 99.9% of births in New Zealand, allowing for a

Chapter Three: Quantitative Section cross checking process and verification of the details provided by both the health professional and the parent(s). (Statistics New Zealand 2012) The variables in the New Zealand Birth Registration Dataset include New Zealand Deprivation Index decile, ethnicity, parental age, birth weight, gestational age and number of live births versus stillbirth.

1.1.1 The New Zealand Deprivation Index

An advantage of using the Birth Registration Dataset (BRD) is that, unlike the dataset on terminations, it includes the New Zealand Deprivation Index (NZDep). Therefore comments on New Zealand Deprivation in this thesis only refer to births.

The New Zealand Deprivation index was created within the Department of Public Health at the Wellington School of Medicine and Health Sciences (WSMHS). It was first released in 1997 and as a small area index of deprivation, is used as a proxy for socioeconomic status in this dataset. (Salmond, Crampton et al. 2006) In this thesis the NZDep2001 index is used which combines nine census variables from the 2001 census that reflect aspects of material and social deprivation. These variables are shown in Table 7.

This index is converted to a decile scale, with decile 1 representing the least deprived 10% of small areas and decile 10 representing the most deprived 10% of small areas. These deciles have also been grouped into quintiles, each quintile representing 20% of the population. Thus, quintile 1 equates to 20% of individuals living in the least deprived areas and quintile 5 highlights 20% of individuals living in the most deprived areas. Each birth in this dataset was assigned a Statistics New Zealand Area Unit code or Domicile Code based on the usual area of residence of the mother at the time of birth, allowing its linkage to the New Zealand Deprivation Index.

Table 7: Variables used in the New Zealand Deprivation Index (NZDep01)

No.	Factor	Variable in Order of Decreasing Weight in the Index
1	Income	People aged 18-59 receiving a means tested benefit
2	Employment	People aged 18-59 unemployed
3	Income	People living in households with income below an income threshold
4	Communication	People with no access to a telephone
5	Transport	People with no access to a car
6	Support	People aged <60 living in a single parent family
7	Qualifications	People aged 18-59 without any qualifications
8	Living Space	People living in households below a bedroom occupancy threshold
9	Owned Home	People not living in own home

(Salmond, Crampton et al. 2007)

1.1.2 Ethnicity

Ethnicity is another important variable used within the analysis of births.

Another advantage of the BRD is that the parents assign the ethnicity of themselves and the baby. The 2 step cross checking process (previously mentioned) allows for cross checking of the information supplied by the medical professional and the parent, hence the ethnicity data of the birth registration dataset is likely to be very reliable. In the dataset maternal, paternal and baby ethnicity is provided. However paternal ethnicity is not available in the Abortion Supervisory Committee data, therefore any paternal analysis conducted in this thesis will only refer to births.

When discussing ethnicity, for births prior to 1995, ethnicity was defined by ancestry, with those having half or more Māori or Pacific blood meeting ethnic group criteria. This resulted in three ethnic groups, Māori, Pacific and non-Māori non-Pacific based on the ethnic fractions supplied by the

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parents. (Craig, Taufa et al. 2008) Non-respondents under the ancestry classification were assigned to the Non Māori/Non-Pacific category, as a result numbers of missing respondents are unidentifiable in the original classification system.

A further problem with this classification system is that it required that people knew their ancestry. Since September 1995, collection of ethnicity data has changed. It is now based on ‘self-identification’ rather than percentage of blood-line or ancestry. This means a person can identify with more than one ethnic group, however only three ethnic groups are stored electronically in the Birth Registration Dataset. Within these datasets, each ethnic group is coded using Statistics New Zealand’s 4 Level Hierarchical Classification System as follows (Statistics New Zealand 2006)

1. Level 1 (least detailed level) e.g. code 3 is Pacific
2. Level 2 e.g. code 37 is Other Pacific Peoples
3. Level 3 e.g. code 371 is Other Pacific Peoples
4. Level 4 (most detailed level) e.g. code 37124 is Kiribati

With this process an expanded number of ethnic categories are now made available with parents able to tick as many options as they want to show which ethnic groups they belong too. For those reporting multiple ethnic affiliations, a single “Level 1 Prioritised” Ethnic Group can be assigned using Statistics New Zealand’s prioritisation algorithms, which assign Māori ethnicity precedence over Pacific > Asian > Other > European ethnic groups. (Callister, Didham et al. 2007)

In New Zealand, using the BRD 97% of women record 1 ethnic group, only 5% have 2 and 0.5 % have 3. Prioritisation means that each individual is counted only once and that the total sum of the ethnic groups equals the total New Zealand population. (Tobias and Yeh 2006) Yet ethnic variations are

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increasing with more mixed ethnic marriages and births that will have implications on this classification system.

The implication of prioritisation for Pacific groups is that outcome for those identifying as both Māori and Pacific are only recorded under the Māori ethnic group. In New Zealand Māori gain at the expense of Pacific peoples (approximately 31,542) and Pacific peoples gain at the expense of other groups (34,602) of which most are Pacific/European (30,018). (Leather 2009)

There are three classifications of ethnicity used throughout this thesis.

1. **Prioritised Level 1 Ethnicity** – Used when comparisons are made with other ethnic groups. This classification recognises 5 ethnic groups: Māori, Pacific Island, Asian (including Indian), European and Other. For those that report multiple ethnic affiliations, ethnicity is prioritised in the following order: Māori > Pacific > Asian > Other > European, so that each mother is only assigned to a single ethnic group. (Ministry of Health 2004)
2. **Level 2 Multi Pacific** – Includes anyone identifying as Pacific in any of their first three ethnic groups (e.g. Samoan, Cook Island Māori, Tongan, Niuean, Tokelauan, Fijian and Pacific Other).
3. **Level 2 Sole Pacific** – Includes only those identifying solely with one Pacific Island group (e.g. Samoan, Cook Island Māori, Tongan, Niuean, Tokelauan, Fijian and Pacific Other).

Due to the delay of the 2011 Census, level 2 Pacific denominators were only available from the 2001 and 2006 Censuses. I did not want to use linear extrapolations beyond 2010 because of concerns of their validity (refer to section 1.3). As a result data for multi and sole Pacific ethnicity is only analysed up until 2010. Where ethnicity is involved within this chapter, one

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or all of the above classification systems have been utilised.

1.1.3 Gestational age

Gestational age is the number of weeks between the last menstrual period and birth. In the Birth Registration Dataset this information is used to calculate preterm births (where gestation is less than 37 weeks then babies would be identified as preterm). Prior to September 1995, stillbirths or fetal death, were defined as babies born dead at or after 28 weeks of gestation. Under the current definition, babies are stillborn if they are born dead and weigh 400g or more at birth, or are born dead at or after the twentieth week of pregnancy. This change in definition means that stillbirths from September 1995 onwards are not directly comparable with earlier years.

Gestational age is also used to calculate the Fetal Death Categories. Fetal Death is divided into two categories, death from 20-27 weeks of gestation is termed Intermediate Fetal Death (IFD) and death of fetus 28+ weeks gestation is called Late Fetal Death (LFD). In this thesis IFD is not analysed because IFDs can include late terminations which may alter the rates of fetal death. This is less likely in the LFD category.

1.2 Abortion Supervisory Committee (ASC) Data: Terminations of pregnancy

Information on the number of legal terminations was obtained for analysis through clinicians' reports to the ASC. In New Zealand, the Abortion Supervisory Committee is appointed by Parliament, under the Contraception, Sterilisation and Abortion Act 1977 to monitor termination services provided within New Zealand. It has the responsibility of keeping under review all the provisions of the termination law in New Zealand, and the operation and effect of those provisions in practice.

The abortion supervisory committee has a legal responsibility to collect

Chapter Three: Quantitative Section statistics on termination. Statistics are collected anonymously from every termination patient by the termination provider, by completing a form called an "ASC4". Filling out the form is legally required and is compulsory for providers to return. These statistics are collated by Statistics New Zealand.

While the Birth Registration Dataset was available as a de-identified unit record, with one line representing one birth, termination data was only provided in the format of aggregated data. As a result the level of analysis permitted was much less detailed. Variables included are year, maternal age, maternal ethnicity, number of previous live births and the duration of pregnancy.

The ethnicity classification used in the ASC dataset is the same as the BRD dataset, however the type of data collated in the two datasets differ. For example, within the BRD, information is supplied based on the ethnicity of the mother, father and baby. Within the Abortion Supervisory Committee dataset, ethnicity is only supplied for the mother as prioritised level one ethnicity.

Questions based on ethnicity are only consistent in the BRD and New Zealand Census from 2002. For example, prior to 2002, while the New Zealand Census encouraged multiple responses, the termination notification form restricted women to a single ethnic response. The effect of these differences will be most noticeable in ethnic groups where the level of multiple ethnicities is relatively high, such as the Māori and Pacific populations.

1.3 New Zealand census: denominators

Age specific rates for the period 1980-2012 were calculated utilising denominators derived from census populations.

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Within New Zealand a national Census is conducted every five years. Using information since the 1981 Census, denominators were derived and used within this thesis. Rates of teenage births and pregnancy were calculated using Census information for women 15-19 years. This age group was used as the denominators for this thesis as this is what is generally done both nationally and internationally. (Kost and Henshaw 2012) Numbers for inter-census years were calculated by linear extrapolation.

In 2011 New Zealand was due for another national census, however as a result of the Christchurch earthquake in February of the same year the census was cancelled. With a disturbance in employment, income, housing and living conditions in Christchurch the results would have not been representative of New Zealand as a whole, with changes to the entire landscape of New Zealand society. Subsequently from the year 2006 to 2011 denominators were calculated by linear extrapolation.

Projections from Statistics New Zealand for the period 2008-2012 were used for prioritized ethnic group analysis.

1.3.1 Pregnancy denominators

Pregnancy denominators were also used within this thesis and calculated by adding up the births (live and stillbirths), terminations and miscarriages. This is beneficial for determining variations in childbearing and termination by ethnicity and age groups.

1.3.2 Calculation of teenage birth and teenage pregnancy rates

The numerators for analysis were gathered from the BRD and ASC datasets. For teenage births and terminations all women <20 years were used, as teenage pregnancy is defined as all pregnancies under the age of 20 years.

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Teenage birth rates were calculated by dividing the total number of births in women <20 years of age by the total number of women aged 15-19 years at the relevant Census. Total Teenage Pregnancy Rates were calculated by dividing (births in women <20 years + terminations in women <20 years + miscarriages in women <20 years) by Census denominators for the relevant periods.

The number of miscarriages was estimated as 10% of induced terminations plus 20% of live births. The number of terminations was based on termination supervisory committee data. This is consistent with the way Dickson et al. (2000) formulated teenage pregnancy rates when they examined pregnancies among New Zealand.

1.3.3 Binomial regression analysis

In this thesis I have used log-binomial regression to study the association between the numbers of births and maternal age, ethnicity and level of deprivation. The population data came from the appropriate censuses. The log link between the outcome and the explanatory variables allows the transformed regression estimates to be interpreted as relative risks.

1.4 Section summary

In summary, there are strengths and weaknesses found in each of the datasets. The strengths of the New Zealand Birth Registration dataset are that 99 percent of births are documented with accurate information relating to ethnicity and level of deprivation provided by the parent. There is a cross checking process (with a health professionals) adding to the validity of the data. (Statistics New Zealand 2012)

A disadvantage is the imbalance between maternal and paternal data, for instance while New Zealand Deprivation Index decile is provided for the mothers, very limited information is noted for the fathers with up to 20 percent of information on the baby's fathers missing. There is also no information regarding maternal educational attainment, religious affiliation, marital status and employment status. While mothers were asked if they have had any previous children to their current partner, there is no information provided based on babies to other partners. This would have provided insight into repeat pregnancies or the impacts of marriage or religious beliefs on pregnancy.

The benefits of the data provided by the Abortions Supervisory Committee are that it allows up to date analysis on terminations in New Zealand in relation to overall pregnancy. The data allows a differentiation between ethnic groups and maternal age groups in relation to terminations; however a disadvantage is that there is no information relating to New Zealand Deprivation decile, religious affiliation, employment or educational status. A further disadvantage is the lack of insight into those who fathered the babies because questions are not asked about the paternity of the baby. Added information would have provided a better understanding of why women choose to terminate.

2 Quantitative Results

Introduction

The following section presents an analysis of teenage births and terminations using data from the Birth Registration Dataset and the Abortion Supervisory Committee. In this thesis all analyses were conducted by the researcher. These analyses include a total of 1,928,638 births, of which 146,860 were to teenage mothers for the period 1980 to 2012 and a total of 434,816 terminations, of which 90,880 were for teenage women for the period 1980-2012. The analysis asked several key questions:

1. Have teenage pregnancy rates in New Zealand changed over time? And how do these trends differ from mothers with older maternal age at time of birth?
2. How do rates of teenage pregnancy for Pacific women compare to women of other ethnic groups in New Zealand?
3. Do the demographic factors in the data explain the differences in teenage pregnancy for Pacific women? And once pregnant, are there ethnic variations amongst Pacific teenage women in those who choose to carry on with the birth as opposed to terminate?
4. What can we learn about the teenage pregnancy rates of younger versus older Pacific teenage women, compared to teenage women of other ethnic groups?
5. What are the adverse birth outcomes (e.g. preterm, late fetal death) for teenage Pacific woman when compared to teenage women of other ethnic groups?
6. What are the demographic characteristics of men who father babies to teenage mothers?

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In order to answer these eight questions this section is divided into four main sections as listed below:

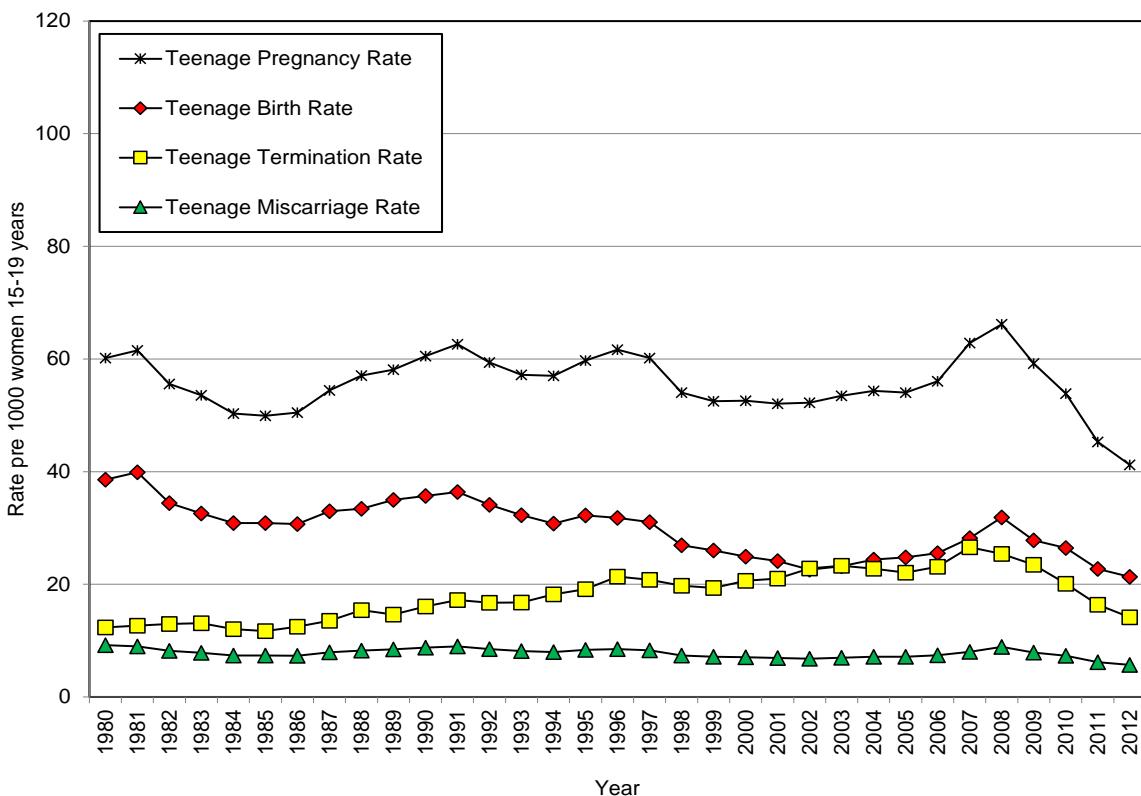
- **Pregnancy in New Zealand.** In this section comparisons are made between women <20 years and women 35-39 years to put teenage pregnancy into context.
- **Distribution of Births in New Zealand:** This section examines the distribution of births in New Zealand by maternal age, maternal ethnicity, level of deprivation and adverse birth outcomes (preterm births and late fetal deaths).
- **Terminations in New Zealand:** This section examines pregnancies that ended in termination by maternal age and maternal ethnicity.
- **Paternal data in New Zealand.** This section focusses on the men that fathered babies to teenage women during 2000-2012.

2.1 Pregnancy in New Zealand

2.1.1 New Zealand trends: changes over time

Figure 3.1 summarises the estimated teenage pregnancy rates for New Zealand women (<20 years) during the years 1980-2012. From 1980-2002, although the overall teenage birth rates declined (from 38.6 per 1,000 in 1980 to 22.6 per 1,000 in 2002), termination rates increased (rising from 12.4 per 1,000 in 1980 to 22.8 in 2002). As a result the overall pregnancy rate was relatively static during this period (being 60.2 per 1,000 in 1980 and 52.3 per 1,000 in 2002). By 2003 for every woman giving birth (23.2 per 1,000) in her teenage years there was one equivalent termination (23.3 per 1,000). However, from 2008–2012 the teenage birth rates and termination rates both declined, with teenage birth rates falling from 32.4 per 1,000 in 2008 to 21.3 per 1,000 in 2012. Terminations also fell from 25.4 per 1,000 in 2008 to 14.2 per 1,000 in 2012.

Figure 3.1 Teenage pregnancy rate in New Zealand 1980-2012



Source: Numerators – Birth Registration Dataset and Abortion Supervisory Committee, Miscarriage rates were estimated at 10% of induced terminations and 20% of live births; Denominator NZ Census projected denominators

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Figure 3.2 examines the estimated teenage pregnancy rates for New Zealand women during the years 1991-2012. It is included in the thesis so comparisons can be made with an older maternal age group.

Figure 3.3 examines the pregnancy rate for women 30-34 years and is used to put teenage pregnancy into context. Information is only taken from 1991-2012 because denominators for this age group were only available for this time period

From 1991 to 2007 birth rates for women aged 30-34 years increased (95.7 per 1,000 in 1991 to 123.4 per 1,000 in 2007). Rates then declined, reaching 116.8 by 2012.

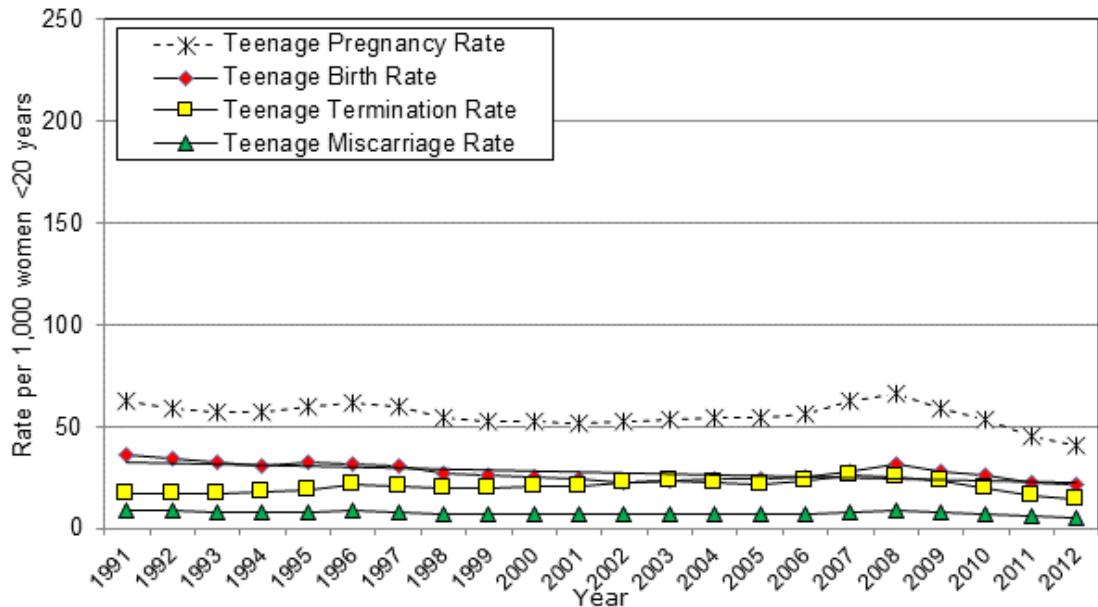
In contrast, for teenage women, during 1991 to 2012 birth rates declined (36.4 per 1,000 in 1991 to 21.3 per 1,000 in 2012), with the most noticeable decline noted between 2008 and 2012.

During 1991 and 2012 the termination rate for pregnant women 30-34 years increased slightly (12.0 per 1,000 in 1991 to 15.3 per 1,000 in 2012). For teenage women during 1991 and 2012 terminations rate declined (17.2 per 1,000 in 1991 to 14.2 per 1,000 in 2012) (figure 3.2).

In 2012, the birth rates for pregnant women 30-34 years (116.8 per 1,000) were much higher than for teenage women (21.3 per 1,000) while termination rates for women 30-34 years (15.3 per 1,000) were more even when compared with teenage women (14.2 per 1,000). However, when considered as a proportion of pregnancies, a much higher proportion of teenage pregnancies (34%) resulted in a termination than did the pregnancies of women 30-34 years (10%).

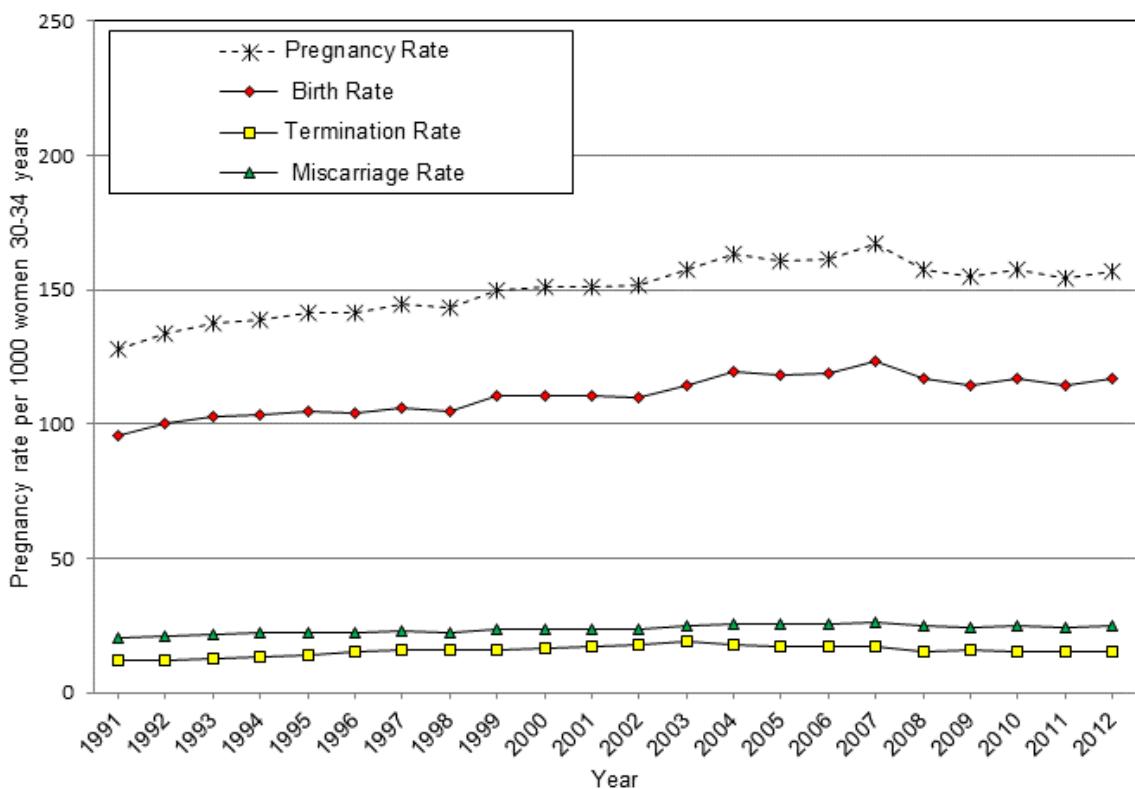
Chapter Three: Quantitative Section

Figure 3.19 Teenage pregnancy rate in New Zealand 1991-2012



Source: Numerators – Birth Registration Dataset and Abortion Supervisory Committee, Miscarriage rates were estimated at 10% of induced terminations and 20% of live births; Denominator NZ Census projected denominators

Figure 3.20 Pregnancy Rate for Women 30-34 years in New Zealand 1991-2012



Source: Numerators – Birth Registration Dataset and Abortion Supervisory Committee, Miscarriage rates were estimated at 10% of induced terminations and 20% of live births; Denominator NZ Census projected denominators

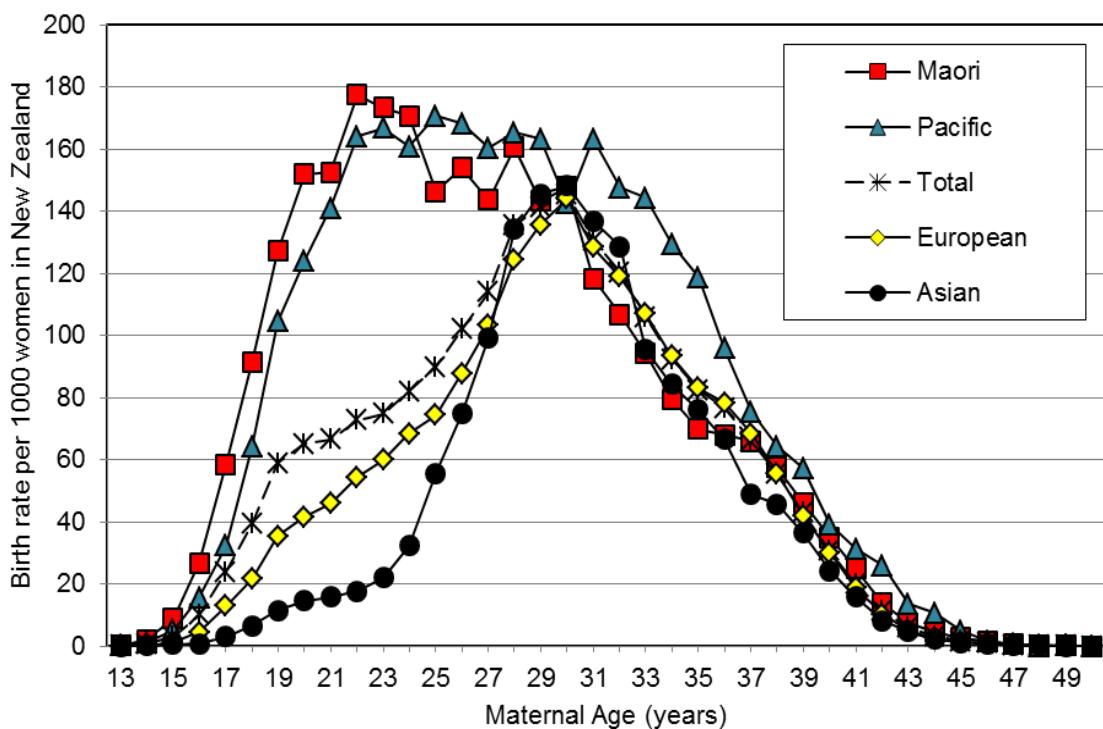
2.2 Distribution of Births in New Zealand

2.2.1 Births by Maternal Age

Birth by Maternal age and ethnicity

When looking specifically at live births in New Zealand, Figure 3.4 examines birth rates by maternal age and Prioritised Level One ethnicity for the years 2008-2012. During this period Māori and Pacific woman began childbearing at an earlier age than European and Asian women. In addition, Māori and Pacific women had higher overall fertility rates during this period. During 2008-2012, 9% of births in Pacific women and 16% in Māori women occurred prior to 20 years of age, as compared to 4% of European and 1% of Asian women.

Figure 3.21 Birth Rate by Maternal Ethnicity in New Zealand 2008-2012



Source: Numerator-Birth Registration Dataset; Denominator-Census; Ethnicity is Level 1 Prioritised

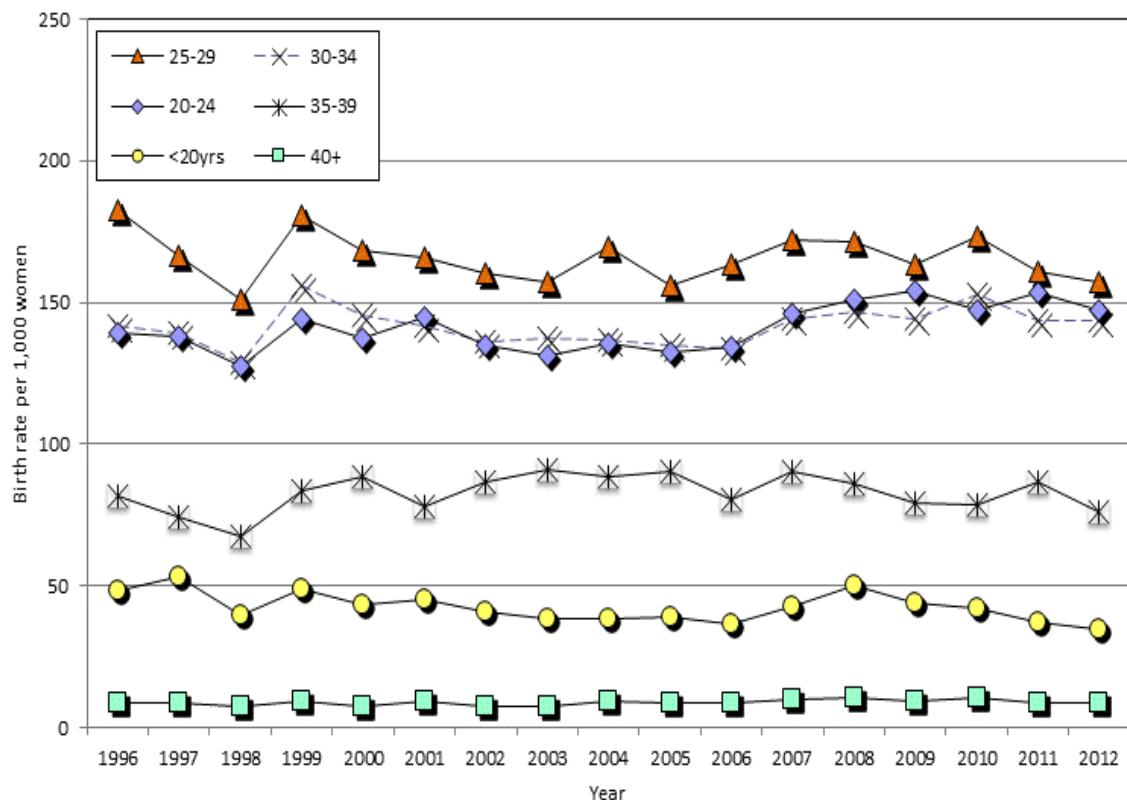
When examining Pacific birth rates by maternal age in New Zealand during 1996-2012 (Figure 3.5) those aged 25-29 years consistently have the highest birth

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rates, followed by those aged 20-24 years and 30-34 years. Those 40+ have the lowest birth rates, followed by women under 20 years.

In order to see how Pacific birth rates differ from the other ethnic groups, Figure 3.6 examines European birth rates in New Zealand during 1996-2012. European woman aged 30-34 years consistently have the highest birth rates, followed by those 25-29 years and 35-39 years. Those 40+ have the lowest birth rates, followed by woman under 20 years. Comparing figure 3.5 and 3.6 suggests that Pacific women have consistently had a higher proportion of women delivering at all the age groups than European women. However, the most frequent age for European women giving birth was older in comparison to Pacific women. For example, the highest birth rates for Pacific women were in the 25-29 year category compared to European women who were in the 30-34 year category.

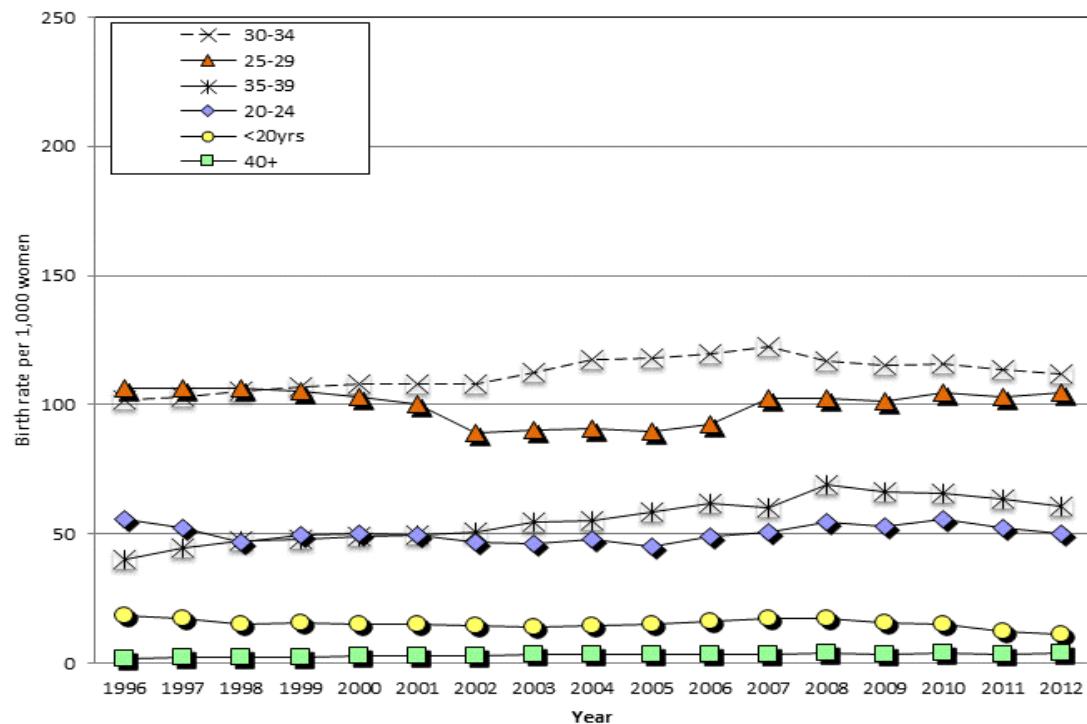
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Figure 3.22 Pacific Birth Rates by Maternal Age in New Zealand 1996-2012



Source: Numerator-Birth Registration Dataset; Denominator-Census; Ethnicity is Pacific Level 1 Prioritised

Figure 3.23 European Birth Rate by Maternal Age in New Zealand 1996-2012



Source: Numerator-Birth Registration Dataset; Denominator-Census; Ethnicity is European Level 1 Prioritised

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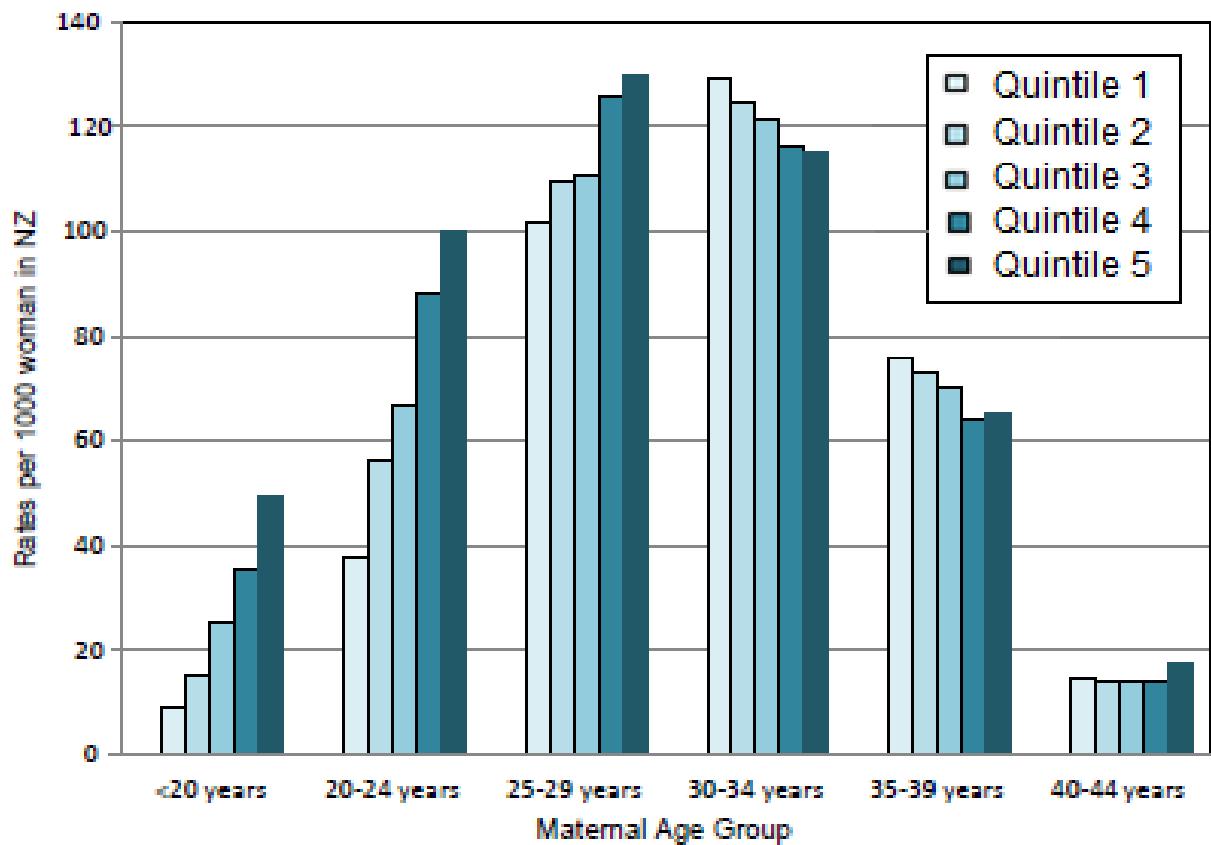
Births by Maternal Age and New Zealand Deprivation Index decile

Another variable provided in the BRD is the New Zealand Deprivation index decile which relates to the level of deprivation of the neighbourhood in which women live. Figure 3.7 examines the distribution of births by maternal age group and New Zealand Deprivation Index quintile using numerators from the BRD, and Census denominators. In Figure 3.7, quintile 1 represents the least deprived 20% of areas and quintile 5 represents the most deprived 20% of areas.

For babies born to mothers <20 years and 20-24 years, the rates of births increased in a stepwise manner with increasing New Zealand deprivation index quintile. In contrast, for women aged 30-39 years the trends were in the opposite direction with birth rates decreasing in a stepwise manner with increasing New Zealand deprivation index quintile. Of women giving birth <20 years, 43% lived in the most deprived quintile, compared to 18% of women aged 35-39 years. This shows that births to women of younger maternal age are more often associated with higher socioeconomic deprivation.

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Figure 3.24 Birth Rate by Maternal Age group and New Zealand Deprivation Index Quintile in New Zealand 2008-2012



Source: Numerator: NZ Birth Registration Dataset; Denominator: NZ Census Denominator Quintile is NZDep01

2.3 Teenage Births

2.3.1 Demographic profile of teenage mothers giving birth in New Zealand

This section explores the demographic profile of teenage mothers giving birth in New Zealand.

Table 8 summarises the teenage birth rates in New Zealand by prioritised ethnicity and New Zealand Deprivation decile from 2008-2012. During this period teenage birth rates were significantly higher for Māori women (RR 4.3 95% CI 4.1 – 4.4) and for Pacific women (RR 2.6 95% CI 2.5-2.7) than for European women. Teenage birth rates for Asian women (RR 0.3 95% CI 0.3-0.3) were significantly lower than for European women.

Although significantly lower than for Māori women, teenage birth rates for Pacific women were significantly higher than for European and Asian women. In addition, women living in the most deprived (New Zealand Deprivation decile 9-10) areas were significantly more likely (RR 5.4 95% CI 5.0–5.6) to give birth in their teenage years than women who resided in the least deprived (New Zealand Deprivation decile 1-2) areas. When the New Zealand Deprivation decile was analysed rather than New Zealand Deprivation quintile, teenage women in decile 10 (the most deprived 10% of areas) were 7.1 (95% CI 6.5–7.7) times more likely to give birth in their teenage years than women living in the least deprived (New Zealand Deprivation decile 1) areas.

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Table 8: Teenage Birth Rates in New Zealand by Prioritised Ethnicity and New Zealand Deprivation Index Decile 2008-2012

Variable	Rate	RR	95% CI	Variable	Rate	RR	95% CI
NZ Deprivation Index Decile				NZ Deprivation Index Quintile			
1	7.5	1.0		1-2	8.5	1.0	
2	9.5	1.3	1.1–1.4	3-4	14.1	1.7	1.6–1.8
3	11.8	1.6	1.5–1.8	5-6	22.8	2.7	2.6–2.9
4	16.2	2.2	1.9–2.3	7-8	31.8	3.7	3.6–400
5	19.5	2.6	2.4–2.9	9-10	45.5	5.4	5.0–5.6
6	25.7	3.4	3.2–3.8	Prioritised Ethnicity			
7	30.7	4.1	3.8–4.6	European	16.6	1.0	
8	32.6	4.3	4.0–4.7	Māori	70.3	4.3	4.1–4.4
9	38.0	5.1	4.6–5.4	Pacific	43.6	2.6	2.5–2.7
10	53.0	7.1	6.5–7.7	Asian	4.8	0.3	0.3–0.3

Source: Numerator-Birth Registration Dataset; Denominator-extrapolated denominators from Census data; Rate per 1,000 women aged 15-19 yrs. per year; Ethnicity is Level 1 Prioritised and NZDep01; RR: Rate Ratios are unadjusted.

Table 9 summarises the demographic characteristics of teenage women in New Zealand and their baby's fathers during 2008-2012. The variables include New Zealand Deprivation quintile, maternal and paternal prioritised ethnicity, paternal age group and annual average teenage births by year.

Table 9 presents rates per 1,000 population as well as the percentage of teenage births for each variable, in order to put the information into context. Of the total number of teenage mothers who gave birth during 2008-2012, 43.5% resided in the most deprived (New Zealand Deprivation deciles 9-10) areas in New Zealand, with a further 25.2% residing in moderately deprived areas (New Zealand Deprivation deciles 7-8) areas and 6.1% residing in the least deprived (New Zealand Deprivation decile 1-2) areas in New Zealand.

In terms of ethnicity, Pacific women accounted for 14.2% of all teenage births, Māori women accounted for over half (51.8%), and European/Other women accounted for a further 31.7% of births. In addition, young paternal age was common, with 36.5% of births being to fathers aged <20 years, and a further 35.5% to fathers aged 20-24 years. Of the men who fathered the babies of

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teenage mothers 39.4% were Māori men, 14.3% Pacific men, 23.7% European/Other men and 1.9% Asian. Interestingly, in over a fifth (20.7 %) the father's ethnicity was not stated.

Finally, while relatively few women gave birth prior to 17 years, numbers increased rapidly thereafter with almost 70% of babies born to teenage mothers being to women 18 years and over.

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Table 9: Demographic characteristics of teenage mothers in New Zealand 2008-2012

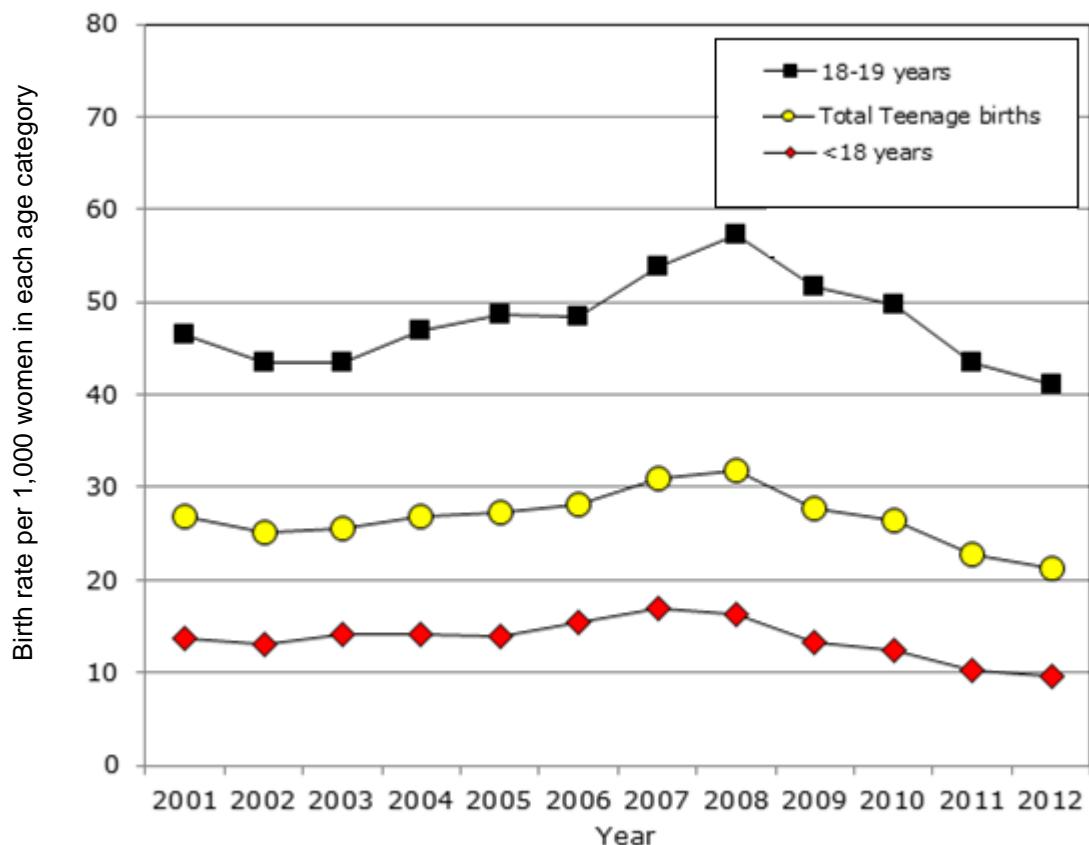
	Total Births 2008-2012	Rate per 1,000 population	Percentage of all Teenage births		Total Births 2008-2012	Rate per 1,000 population	Percentage of all Teenage births
NZ Deprivation Index Quintile				Maternal Prioritised Ethnicity			
1-2	1338	8.5	6.1	Māori	11408	70.3	51.8
3-4	2204	14.1	10.0	Pacific	3125	43.6	14.2
5-6	3299	22.8	15.0	Asian	422	4.8	1.9
7-8	5535	31.8	25.2	European	6982	16.6	31.7
9-10	9569	45.5	43.5	Details missing	71		0.3
Paternal Age Group				Paternal Prioritised Ethnicity			
<20 years	8263	9.3	36.5	Māori	8670	5.6	39.4
20-24 years	8090	3.1	35.5	Pacific	3144	4.6	14.3
25-29 years	1857	2.9	7.8	Asian	407	0.4	1.9
30-34 years	495	0.7	2.0	European	5225	0.9	23.7
35-39 years	183	0.2	0.7	Details Missing	4562		20.7
40+ years	118	0.0	0.4				
Missing	4172		17.2				
Year				Maternal Age			
2008	5020	31.1	21.3	15 years	631	3.5	2.68
2009	5280	32.0	22.4	16 years	2021	4.8	8.58
2010	4686	27.8	19.9	17 years	4412	7.2	18.7
2011	4557	26.5	19.4	18 years	6901	10.3	29.3
2012	4011	22.8	17.0	19 years	9426	13.1	40.0

Source: NZ Birth Registration Dataset. Denominator: Census NZ, (women 15-19 per 1,000 and men 15-44 years) in each of these categories.

2.3.2 Birth Rates for Younger versus Older Teenage Mothers

When examining birth rates for younger versus older teenage mothers, (Figure 3.8) teenage births were divided into three categories - younger teenage births (<18 year olds), older teenage births (18-19 year olds) and overall teenage birth rates (<20 years). From 2001-2012 the three categories follow the same pattern, with an increase in birth rates from 2003-2008, followed by a decline leading up to 2012. This graph underlines the difference between older and younger teenage birth rates, with the older category having rates around four times higher (44 per 1,000) than for the younger teenage women (10 per 1,000) in 2012.

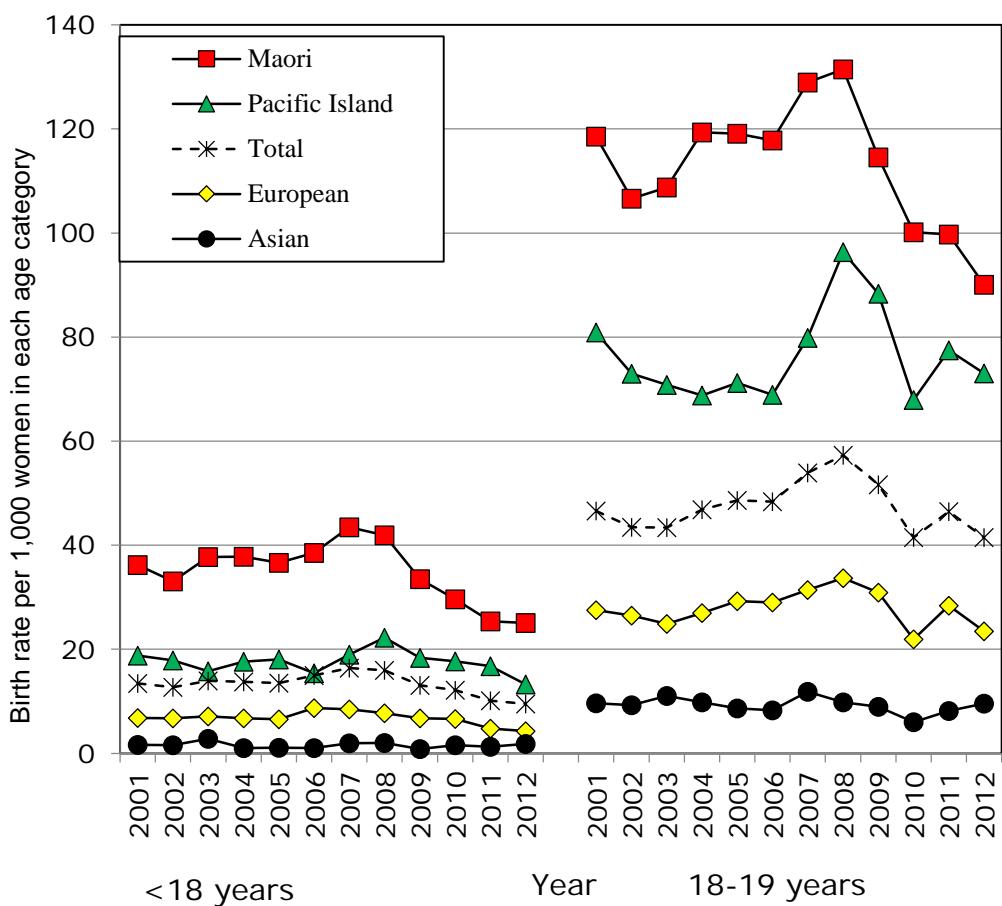
Figure 3.25 Teenage Birth Rates for Younger Teenage mothers versus Older Teenage Mothers in New Zealand 2001-2012



Source: NZ Birth Registration Dataset. Denominator: Census projected

Figure 3.9 reviews variations in teenage birth rates for younger versus older teenage mothers by prioritised ethnicity. In both age groups the birth rates were higher for Māori > Pacific > European > Asian women. While trends varied by ethnic group, Māori, Pacific and European women all experienced a decline in birth rates after the year 2008. This change was not as noticeable for Asian women.

Figure 3.26 Teenage Birth Rates for Younger Teenage mothers versus Older Teenage Mothers by maternal ethnicity 2001-2012

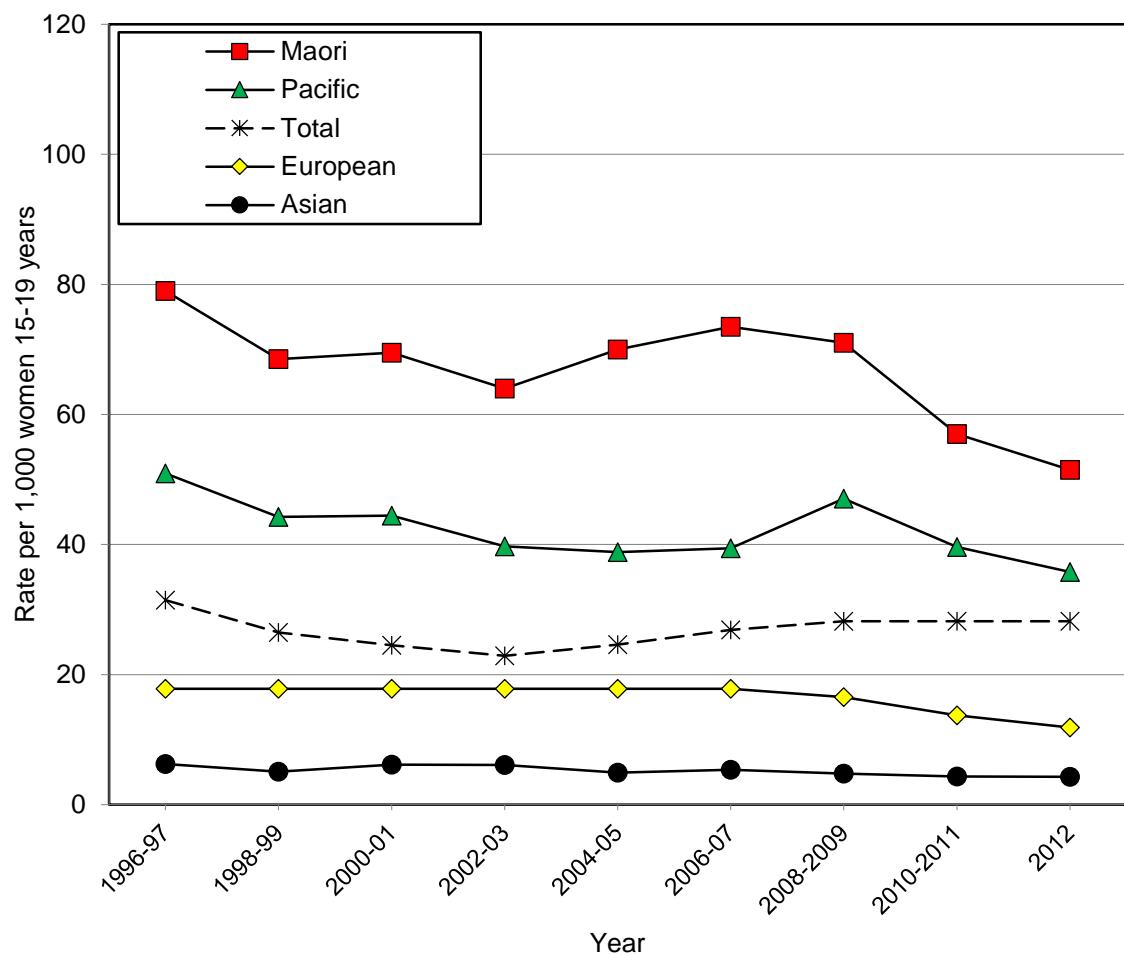


Source: NZ Birth Registration Dataset. Denominator: Census projected denominators i.e. (total female = population 15-17 years for <18 years and 18-19 years for older teenage category); Ethnicity is Level 1 Prioritised

2.4 Ethnic Specific Teenage Births

When examining teenage birth rates by maternal prioritised ethnicity in New Zealand during 1996-2012, rates for Māori women remained consistently higher than for Pacific, European or Asian women. Although lower than for Māori women, Pacific women had higher teenage birth rates than European and Asian women (Figure 3.10).

Figure 3.27 Teenage Birth Rates by Maternal Prioritised Ethnicity in New Zealand 1996-2012



Source: Numerator-Birth Registration Dataset; Denominator-Census; Ethnicity is Level 1 Prioritised

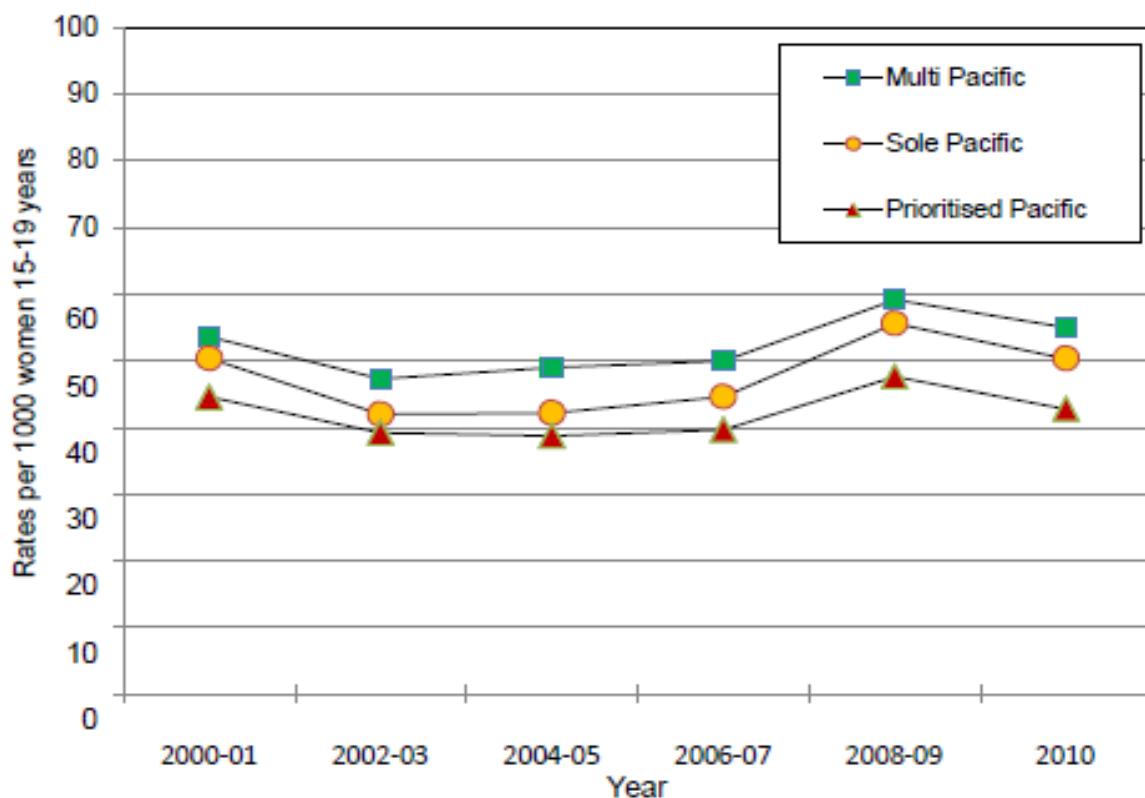
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The changes in teenage birth rates over the period from 1996 to 2012 were assessed using log-binomial regression. The model shows birth rates declined by 0.8% for Asian women (95% CI - 4.9% to 6.2%), by 1.26% for European women (0.01% to 2.51% C.I), by 2.49% for Māori women (1.53% to 3.44% C.I) and by 2.81% for Pacific women (0.74% to 4.84% CI). In the analysis, there was significance in the case of Asian women. There was a significance decline for both Māori and Pacific women, however the declines were not uniform across this period but were most rapid after 2008.

2.4.1 Sole and Multi Pacific

Figure 3.11 illustrates teenage birth rates by Pacific ethnicity in New Zealand during 2000-2010. During this time rates for Multi Pacific women (e.g. women who identified as Pacific in any of their first three ethnic groups) were higher than for Sole Pacific women (e.g. women who identified with only one ethnic group i.e. Samoan, Tongan).

Figure 3.28 Teenage Birth Rate by Pacific Ethnicity in New Zealand 2000-2010

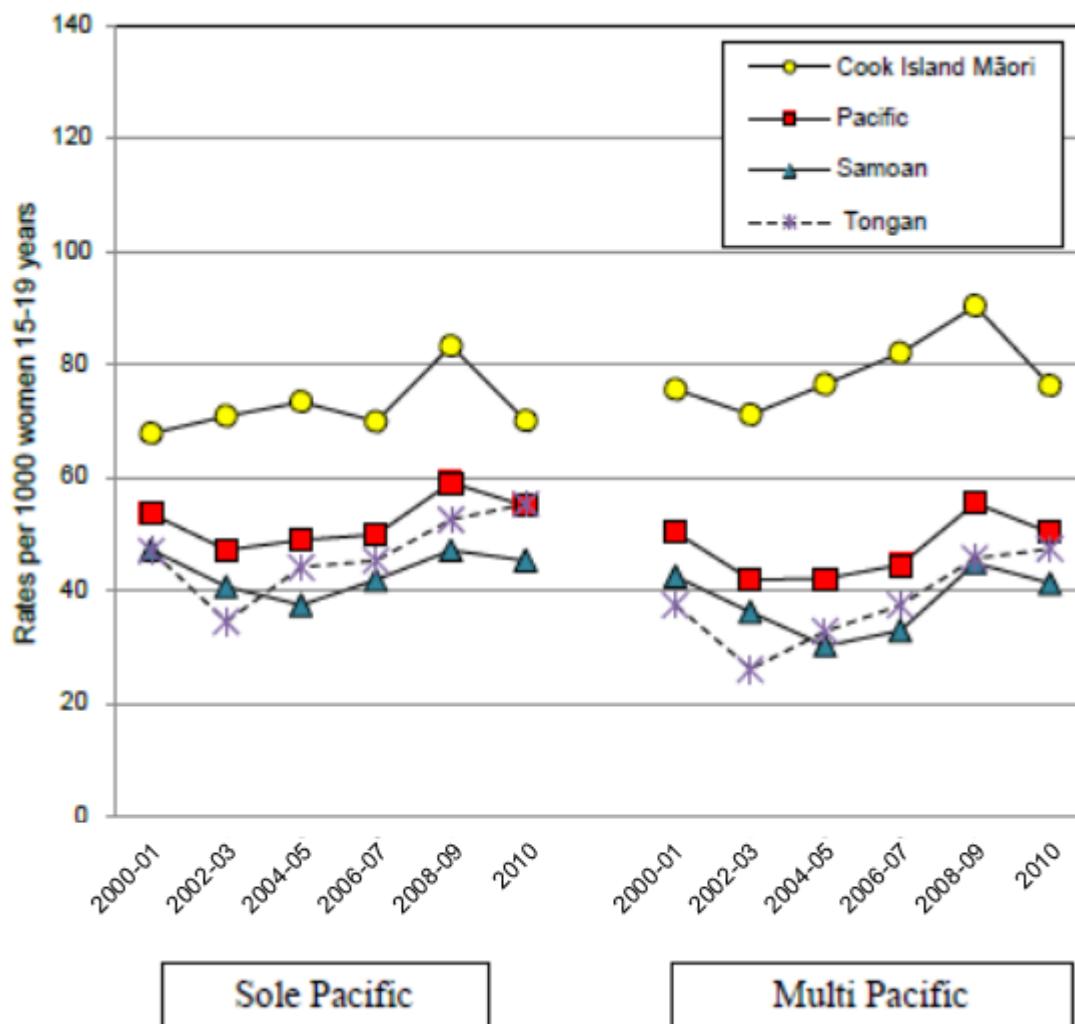


Source: Numerator - Birth Registration Dataset; Denominator-Census; Ethnicity assigned using Prioritised Level One ethnicity and Multi/ Sole Classification

During 2000-2010, 4098 teenage women identified as being Multi Pacific and 2206 identified as being Sole Pacific. Figure 2.12 depicts the rates of teenage births in New Zealand by Pacific ethnicity in 2000-2010 using the Sole and Multi Pacific classifications. As a result of the small numbers only the largest three Pacific groups are included.

Figure 3.12 shows that the teenage birth rates for Cook Island Māori women were higher in both the Sole and Multi pacific categories than Total Pacific, Tongan and Samoan women throughout the eleven year period.

Figure 3.29 Teenage Birth Rate by Pacific Ethnicity in New Zealand, 2000-2010



Source: Numerator - Birth Registration Dataset; Denominator-Census; Ethnicity assigned using Level 2 Ethnicity

When examining the rates and relative risks of teenage births amongst the Pacific groups, within the Sole and Multi category, teenage birth rates for Cook Island Māori and Niuean women were significantly higher than Samoan, Tongan and Fijian Pacific groups (Table 10). Consequently, the rates for all Pacific groups were higher than for non- Māori and non-Pacific women except for Sole Fijian women.

Table 10: Teenage Births by Multi and Sole Pacific ethnicity New Zealand 2000-2010

Pacific Group	Number: Total 2000- 2010	Rate per 1,000	RR	95% CI
Multi Samoan	1,667	44.9	3.0	2.9-3.2
Sole Samoan	872	39.7	2.7	2.5-2.8
Multi Tongan	671	50.6	3.4	3.1-3.7
Sole Tongan	398	43.2	2.9	2.6-3.2
Multi Cook Island Māori	1,328	75.5	5.1	4.8-5.3
Sole Cook Island Māori	679	84.3	5.6	5.2-6.1
Multi Niuean	484	80.0	4.8	4.3-5.3
Sole Niuean	127	72.1	4.8	4.1-5.7
Multi Fijian	79	28.8	1.9	1.6-2.4
Sole Fijian	16	13.4	0.9	0.6-1.5
Multi Tokelauan	102	51.1	3.4	2.8-4.1
Sole Tokelauan	39	55.3	3.7	2.7-5.0
Multi Other Pacific	120	57.6	3.9	3.2-4.6
Sole Other Pacific	74	81.1	5.4	4.4-6.8
Multi Pacific	4,098	54.9	3.7	3.5-3.8
Sole Pacific	2,206	50.3	3.4	3.2-2.5
Non-Māori Non-Pacific	8,307	14.9	1.0	

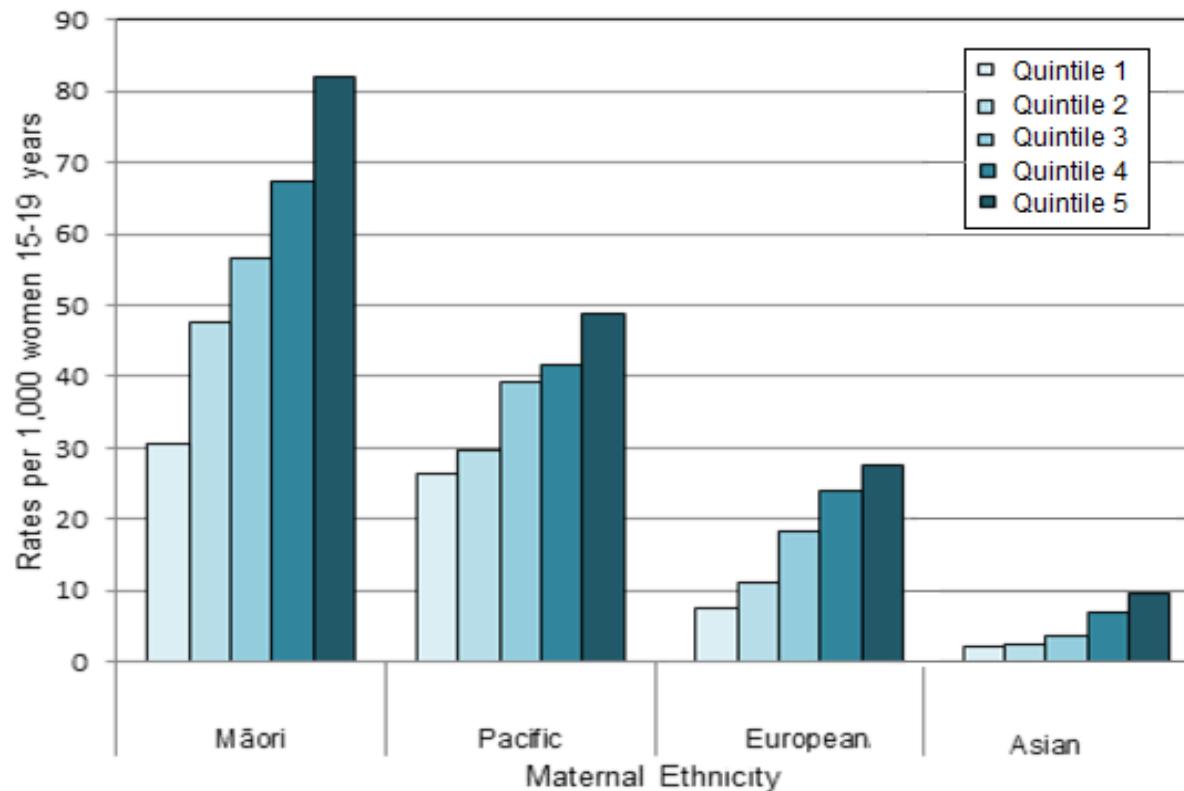
Numerator: New Zealand Birth Registration Dataset, Denominator: Census NZ

2.4.2 Teenage birth by New Zealand Deprivation index decile

Figure 3.13 illustrates teenage births by maternal ethnicity and New Zealand Deprivation index quintile during 2008-2012. For each ethnic group, teenage birth rates increased in a stepwise manner with increasing deprivation, with the highest rates found in women dwelling in the most deprived areas. When broken down by New Zealand Deprivation index decile, at each level of deprivation rates remained higher for Māori followed by Pacific, then European and then Asian women.

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Figure 3.30 Teenage Births by Maternal Ethnic group and New Zealand Deprivation Index Quintile New Zealand 2008-2012



Source: Numerator - Birth Registration Dataset; Denominator-Census;

2.5 Adverse Birth Outcomes

2.5.1 Preterm Births

Within this study an analysis was conducted on the impact of maternal age on the risk of preterm births in New Zealand. During 2008-2012, rates of preterm births were significantly higher in teenage women (RR 1.27 95% CI 1.19-1.34) and women 40+ years (RR 1.39 95% CI 1.29-1.50) than in women 30-34 years. When adjusted for other variables such as New Zealand Deprivation index decile and maternal ethnicity, rates were still significantly higher for women <20 years and 40+ years.

Variations were also seen by ethnic group. For example, using univariate analysis the rate for preterm births was higher for Māori (RR 1.2 95% CI 1.17-1.26) and Asian (RR 1.09 95% CI 1.03-1.15) women than for European women. There were no significant differences between preterm birth rates for Pacific and European women. However when rates were adjusted for maternal age and New Zealand Deprivation index decile, while rates for Māori (RR 1.14 95% CI 1.09-1.19) and Asian (RR 1.08 95% CI 1.02-1.14) women were still significantly higher than for European women, Rates for Pacific women became significantly lower (RR 0.92 95% CI 0.86-0.97) than for European women.

Preterm birth rates for women in decile 9-10 (RR 1.17 95% CI 1.11-1.23) were significantly higher than those in decile 1-2 even after adjusting for maternal age and ethnicity (Table 11).

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Table 11: Risk Factors for Preterm birth in New Zealand 2008-2012

Variable	Rate	Univariate RR	95% CI	Multivariate RR	95% CI
Maternal Age Group					
< 20 years	6.81	1.27	1.19-1.34	1.18	1.10-1.20
20-24 years	5.97	1.10	1.05-1.15	1.04	0.99-1.09
25-29 years	5.39	0.99	0.94-1.03	0.96	0.92-1.01
30-34 years	5.47	1.00		1.00	
35-39 years	5.95	1.09	1.04-1.15	1.10	1.05-1.16
40+ years	7.45	1.39	1.29-1.50	1.40	1.30-1.52
Ethnicity					
Māori	6.59	1.21	1.17-1.26	1.14	1.09-1.19
Pacific	5.36	0.97	0.92-1.03	0.92	0.86-0.97
Asian	5.96	1.09	1.03-1.15	1.08	1.02-1.14
European	5.50	1.00		1.00	
NZ Deprivation Index					
1-2	5.31	1.00		1.00	
3-4	5.28	0.99	0.94-1.05	0.99	0.94-1.05
5-6	5.78	1.09	1.04-1.16	1.09	1.03-1.15
7-8	6.07	1.15	1.09-1.21	1.14	1.08-1.20
9-10	6.15	1.17	1.11-1.23	1.14	1.08-1.21

Source: Birth Registration Dataset. Note: Rate per 100 singleton live births per year; Ethnicity is Level 1 Prioritised;

Table 12 examines the rate of preterm birth by prioritised ethnicity and maternal age in New Zealand for the year 2008-2012. In this table woman aged 30-34 years were used as a reference group.

For Pacific women once adjusted by New Zealand Deprivation decile, the risk of having a preterm birth was 1.12 times higher for teenage mothers (95% CI 0.92-1.37) and 1.28 times higher for mothers 40+ (95% CI 0.99-1.66) compared to Pacific women aged 30-34 years. These differences were not statistically significant.

For Māori women, once adjusted by New Zealand Deprivation decile the risk of having a preterm birth was 1.14 times higher for teenage mothers (95% CI 1.02-1.29) and 1.55 times higher for mothers 40+ years (95% CI 1.29-1.86) compared to Maori women aged 30-34 years. The differences were statistically significance.

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For Asian women once adjusted by New Zealand Deprivation decile, the risk of having a preterm birth was 1.34 times higher for teenage mothers (95% CI 0.92-1.96) and 1.96 times higher for mothers 40+ (95% CI 0.80-1.50) compared to Asian women aged 30-34 years. These differences were not statistically significant.

For European women, once adjusted by New Zealand Deprivation decile the risk of having a preterm birth was 1.34 times higher for teenage mothers (95% CI 0.92-1.96) and 1.21 times higher for mothers 40+ (RR 1.34 95% CI 1.18-1.53).compared to European women aged 30-34 years. These differences were not statistically significant for European women <20 years, however they were statistically significant for women 40+ years (RR 1.34 95% CI 1.18-1.53).

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Table 12: New Zealand Preterm Birth by Prioritised Ethnicity and Maternal Age Group, Live Singleton births 2008-2012

Variable	Rate	Univariate RR	95% CI	Multivariate RR*	95% CI
Pacific Maternal Age Group					
< 20 years	62.68	1.13	0.93-1.37	1.12	0.92-1.37
20-24 years	53.47	0.95	0.82-1.10	0.95	0.82-1.10
25-29 years	44.71	0.79	0.68-0.91	0.79	0.68-0.92
30-34 years	56.08	1.00		1.00	
35-39 years	58.06	1.04	0.88-1.22	1.03	0.88-1.22
40+ years	70.05	1.27	0.98-1.64	1.28	0.99-1.66
Māori Maternal Age Group					
< 20 years	71.20	1.16	1.05-1.29	1.14	1.02-1.29
20-24 years	63.66	1.03	0.94-1.13	1.00	0.91-1.10
25-29 years	60.98	0.99	0.89-1.09	0.97	0.88-1.07
30-34 years	61.85	1.00		1.00	
35-39 years	75.88	1.24	1.10-1.40	1.23	1.09-1.39
40+ years	92.84	1.55	1.30-1.86	1.55	1.29-1.86
Asian Maternal Age Group					
< 20 years	70.14	1.32	0.90-1.92	1.34	0.92-1.96
20-24 years	66.58	1.24	1.06-1.46	1.25	1.06-1.46
25-29 years	52.24	0.96	0.84-1.10	0.97	0.84-1.11
30-34 years	54.22	1.00		1.00	
35-39 years	67.30	1.26	1.09-1.45	1.28	1.11-1.48
40+ years	99.26	1.92	1.47-1.25	1.96	1.49-2.56
European Maternal Age Group					
< 20 years	64.41	1.23	1.11-1.37	1.21	1.09-1.34
20-24 years	57.24	1.09	1.01-1.17	1.07	1.00-1.15
25-29 years	53.40	1.01	0.95-1.07	1.00	0.95-1.07
30-34 years	52.84	1.00		1.00	
35-39 years	54.99	1.04	0.98-1.11	1.05	0.99-1.11
40+ years	68.94	1.33	1.17-1.51	1.34	1.18-1.53

Source: Birth Registration Dataset. Note: Rate per 100 singleton live births per year; Ethnicity is Level 1

Prioritised; * Multivariate – maternal ethnicity, NZ Deprivation index and maternal age.

Table 13 examines the rates of preterm births by prioritised ethnicity and New Zealand Deprivation decile in New Zealand from 2008-2012. In this table New Zealand Deprivation decile 1–2 is used as a reference group.

In this analysis, for babies born to Pacific women, once adjusted by maternal age

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those living in the most deprived 20% areas in New Zealand were 1.09 times more likely to have a preterm than those in the least deprived 20% (95% 0.80- 1.50). These differences were not statistically significant.

For babies born to Māori women, once adjusted by maternal age those living in the most deprived 20% areas in New Zealand were 1.38 times more likely to have a preterm than those in the least deprived 20% (95% 1.18-1.62). These differences were statistically significant.

For babies born to Asian women, once RR was adjusted by maternal age those living in the most deprived 20% areas in New Zealand were 1.06 times more likely to have a preterm than those in the least deprived 20% (95% 0.90-1.26). These differences were not statistically significant.

For babies born to European women, once adjusted by maternal age those living in the most deprived 20% areas in New Zealand were 1.07 times more likely to have a preterm than those in the least deprived 20% (95% 0.99-1.16). However there was a lack of statistical significance. Consistently for all ethnic groups, rates were slightly higher for woman living in the most deprived 20% areas in New Zealand, but statistical significance was only found among Maori women.

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Table 13: Preterm Births by Prioritised Ethnicity and New Zealand Deprivation Index decile, Live Singleton births in New Zealand 2008-2012

Variable	Rate	Univariate RR	95% CI	Multivariate RR *	95% CI
Pacific – NZ Deprivation Index					
1-2	49.20	1.00		1.00	
3-4	58.71	1.21	0.83-1.76	1.18	0.81-1.72
5-6	53.14	1.09	0.77-1.57	1.06	0.75-1.51
7-8	50.90	1.05	0.75-1.45	1.02	0.73-1.41
9-10	54.32	1.12	0.82-1.53	1.09	0.80-1.50
Māori - NZ Deprivation Index					
1-2	51.75	1.00		1.00	
3-4	56.87	1.11	0.92-1.34	1.12	0.93-1.35
5-6	60.72	1.19	1.01-1.42	1.19	1.00-1.41
7-8	68.28	1.34	1.14-1.58	1.36	1.16-1.60
9-10	68.96	1.36	1.16-1.59	1.38	1.18-1.62
Asian – NZ Deprivation Index					
1-2	57.92	1.00		1.00	
3-4	57.42	0.99	0.83-1.18	0.99	0.83-1.19
5-6	62.45	1.08	0.91-1.28	1.08	0.91-1.28
7-8	59.16	1.02	0.87-1.21	1.02	0.87-1.21
9-10	60.90	1.06	0.90-1.24	1.06	0.90-1.26
European – NZ Deprivation Index					
1-2	52.90	1.00		1.00	
3-4	51.04	0.96	0.90-1.03	0.96	0.90-1.03
5-6	56.32	1.07	1.00-1.14	1.07	1.00-1.14
7-8	59.08	1.12	1.05-1.20	1.12	1.05-1.20
9-10	56.93	1.08	1.00-1.17	1.07	0.99-1.16

Source: Birth Registration Dataset. Note: Rate per 100 live births per year; Ethnicity is Level 1 Prioritised; Multivariate – maternal ethnicity, NZDep index quintile and maternal age.

2.5.2 Late Fetal Deaths

Table 14: Risk Factors for Late Fetal Death in New Zealand 2006-2010

Variable	Rate	Univariate RR	95% CI	Multivariate RR	95% CI
Maternal Age Group					
< 20 years	3.83	1.30	1.01-1.68	1.34	1.02-1.73
20-24 years	3.28	1.11	0.91-1.37	1.07	0.87-1.31
25-29 years	2.95	1.00		1.00	
30-34 years	2.81	0.95	0.79-1.15	1.02	0.85-1.23
35-39 years	3.23	1.10	0.89-1.35	1.18	0.96-1.46
40+ years	4.46	1.52	1.10-2.08	1.63	1.09-2.10
Ethnicity					
Māori	2.89	1.11	0.93-1.3	0.94	0.78-1.13
Pacific	5.13	1.97	1.64-2.37	1.62	1.32-1.99
Asian	4.33	1.66	1.36-2.04	1.56	1.26-1.92
European	2.61	1.00		1.00	
NZ Deprivation Index					
1-2	2.03	1.00		1.00	
3-4	2.70	1.33	1.02-1.74	1.33	1.02-1.74
5-6	2.76	1.36	1.05-1.77	1.35	1.04-1.76
7-8	3.35	1.65	1.29-2.11	1.60	1.25-2.06
9-10	4.04	1.99	1.58-2.52	1.81	1.41-2.33

Source: Numerator-National Mortality Collection; Denominator-Birth Registration Dataset; Note: Rate per 100 births per year; Ethnicity is Level 1 Prioritised;

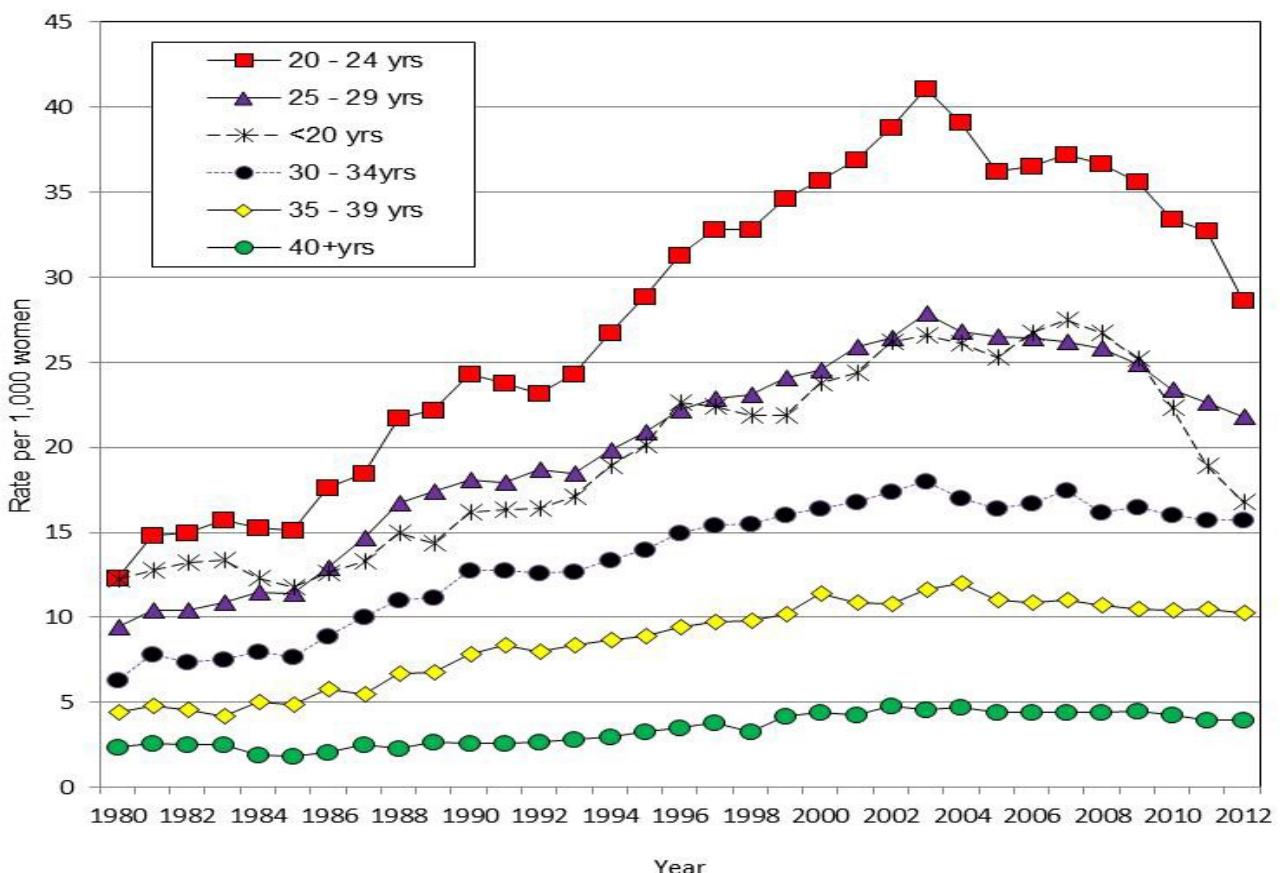
Table 14: Within this study an analysis was also conducted on the risk factors for late fetal death (LFD) in New Zealand. During 1996-2010, the rate for LFD was significantly higher for women <20 years (RR 1.30 95% CI 1.01-1.68) and 40+ years (RR 1.52 95% CI 1.10-2.08) compared to women 25-29 years. This remained statistically significant once adjusted by maternal ethnicity and NZDep decile (i.e. <20 years RR 1.34 95% CI 1.09-2.10 and 40+ years RR 1.63 95%CI 1.09-2.10). Rates were also significantly higher for Pacific (RR 1.97 95% CI 1.64-2.37) women than for Māori (RR 1.11 95% CI 0.93-1.3) and European women. This difference remained statistically significant after adjusted by maternal age and NZDep decile.

Women living in the deciles 3-4 (RR 1.33 95% CI 1.02-1.74), 5-6 (RR1.36 95% CI 1.05-1.77), 7-8 (RR 1.65 95% CI 1.29-2.11) and decile 9-10 (RR 1.99 95% CI 1.58-2.52) were significantly more likely to have a LFD then those living in the least deprived areas in New Zealand. This remained statistically significant after adjusted by maternal age and ethnicity.

2.6 Terminations in New Zealand

Having covered Pregnancy outcomes and adverse birth outcomes, this part of the thesis will now examine terminations of pregnancy.

Figure 3.31 Termination Rates in New Zealand by Maternal Age Group 1980-2012

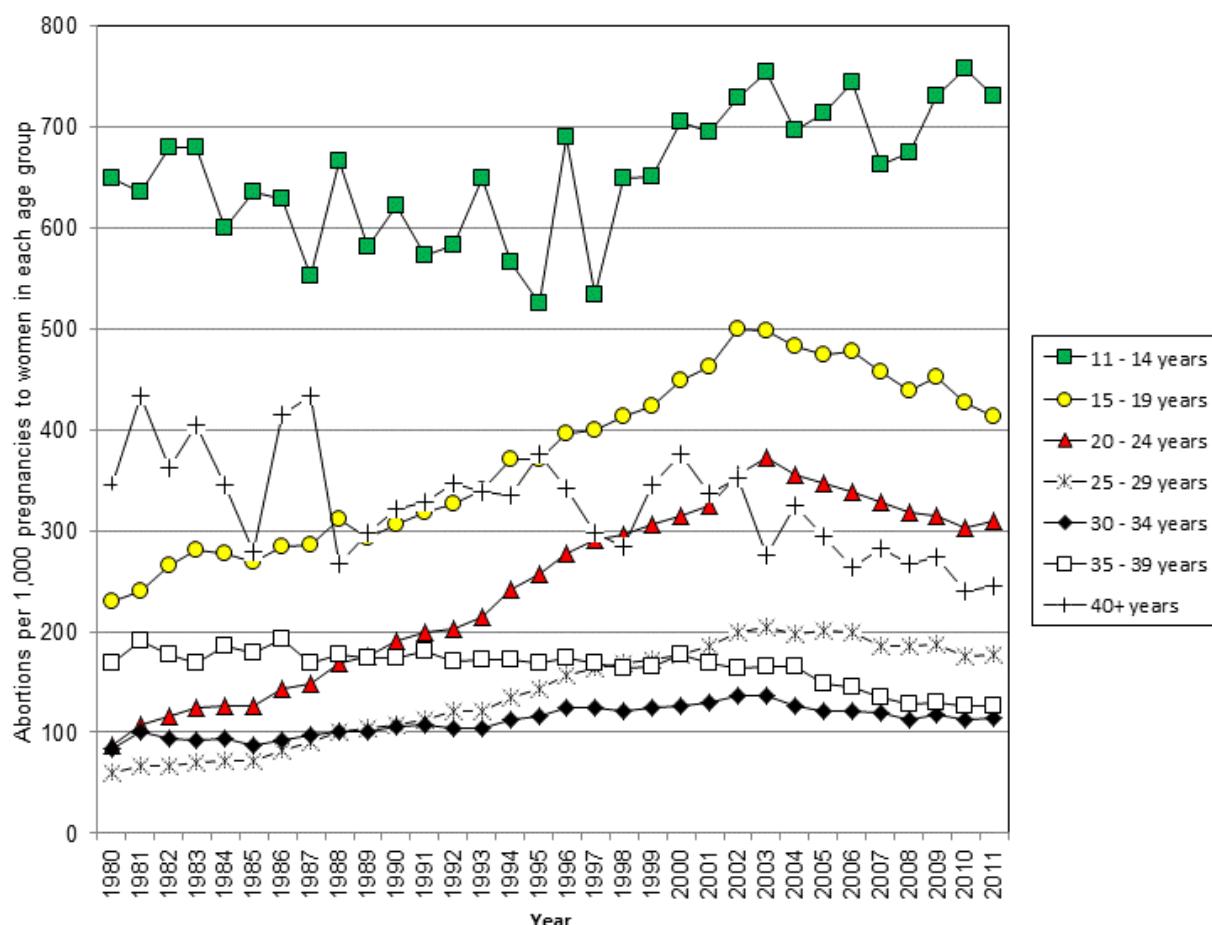


Source: Numerator-Abortion Supervisory Committee; Denominator-NZ Census

The above graph illustrates the termination rates by maternal age group in New

Zealand, with termination rates calculated per 1,000 women in each age category, from the period 1980 to 2012. Throughout this period termination rates were highest for women 20-24 years followed by women 25-29 years, <20 years, 30-34 years and 35-39 years, with the 40+ year category having the lowest termination rates in New Zealand. For women <20 years, termination rates rose from 12.4 per 1,000 women in 1980 to 27.5 per 1,000 in 2007 before declining to 16.2 per 1,000 in 2012. This follows a similar trend to the termination rates of women 20-24 years. For example, termination rates for women 20-24 rose from 12.3 per 1,000 women in 1980 to 37.2 per 1,000 women in 2007 before declining to 28.6 per 1,000 women in 2012. In the last four years there is a noticeable decline in termination rates for those 20-24 years and <20 years but not for the older maternal age categories (30-34 years, 35-39 years and 40+ years) whereby termination rates remained static (Figure 3.14).

Figure 3.32 Termination Ratios by Maternal Age Group in New Zealand 1980-2011

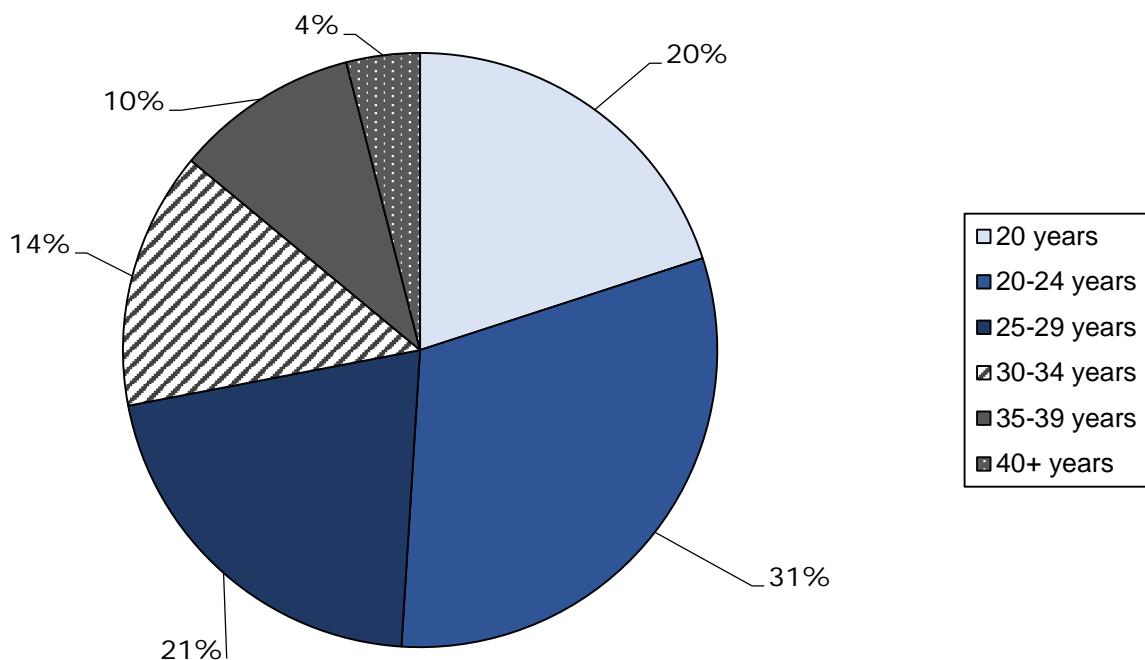


Numerator: Abortion Supervisory Committee, Denominator: Pregnancy Denominators⁵

Figure 3.15 illustrates termination ratios by maternal age group in New Zealand. In this graph the termination ratio is calculated as the number of terminations per 1,000 pregnancies (births, terminations and spontaneous miscarriages) by maternal age group, from the period 1980 to 2010. In this graph the termination ratio is highest for teenage women, both under 15 years (731 per 1,000 pregnancies in 2011) and 15-19 years (413 per 1,000 pregnancies in 2011), followed by those 20-24 years (310 per 1,000 pregnancies) and + 40 years (245 per 1,000 pregnancies).

When examining terminations by maternal age in New Zealand, during 2008-2012, 20% of women were <20 years, 31 percent were aged 20-24 years and 21% were in the 25-29 age category. Consequently, 72 percent of women who had an induced termination during this five year period were under the age of 30. This is compared to the 14 percent who were 30-34 years, 10% who were 35-39 years and 4% who were 40+ years (Figure 3.16).

Figure 3.33 Distribution of induced terminations by maternal age 2008-2012

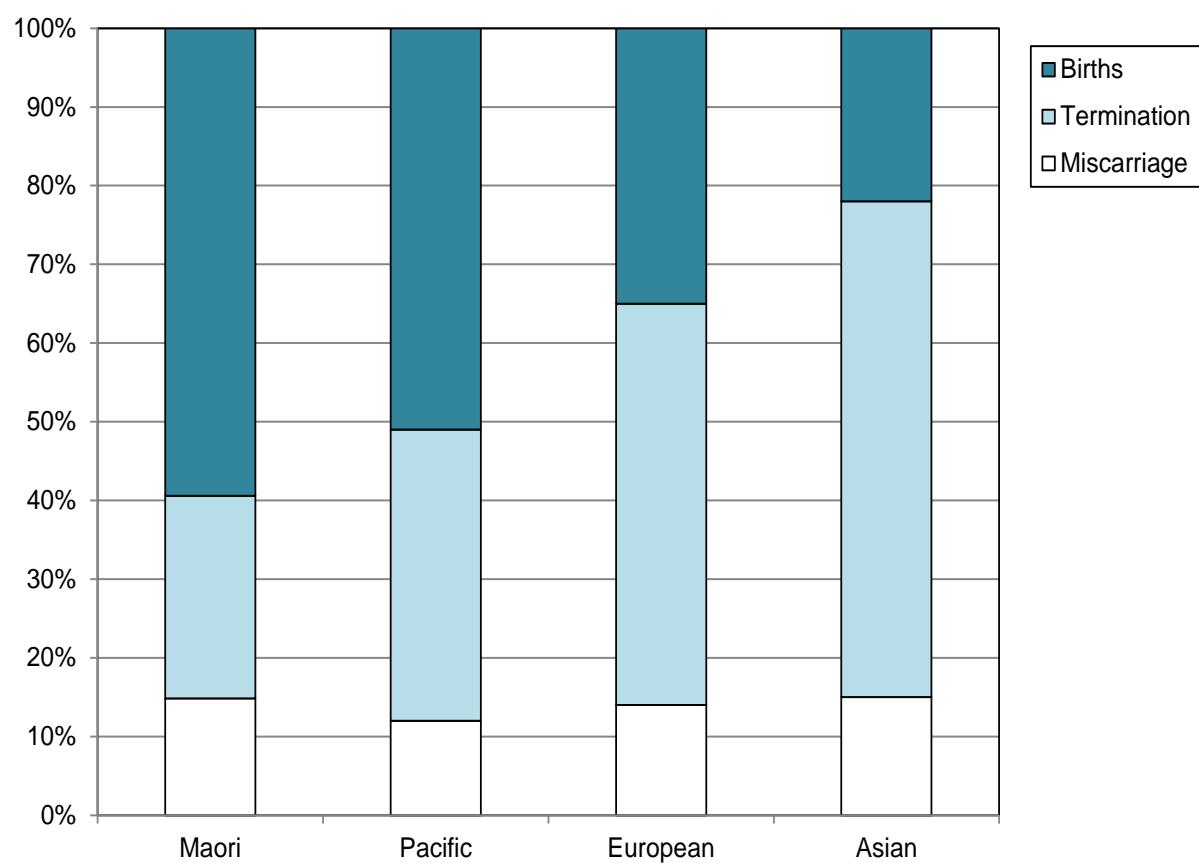


Chapter Three: Quantitative Section

Figure 3.17 illustrates the births, termination and miscarriage ratios for women <20 years in New Zealand in 2011 by ethnicity, where the termination, births and miscarriage ratios are calculated per 100 pregnancies (births, terminations and spontaneous miscarriages).

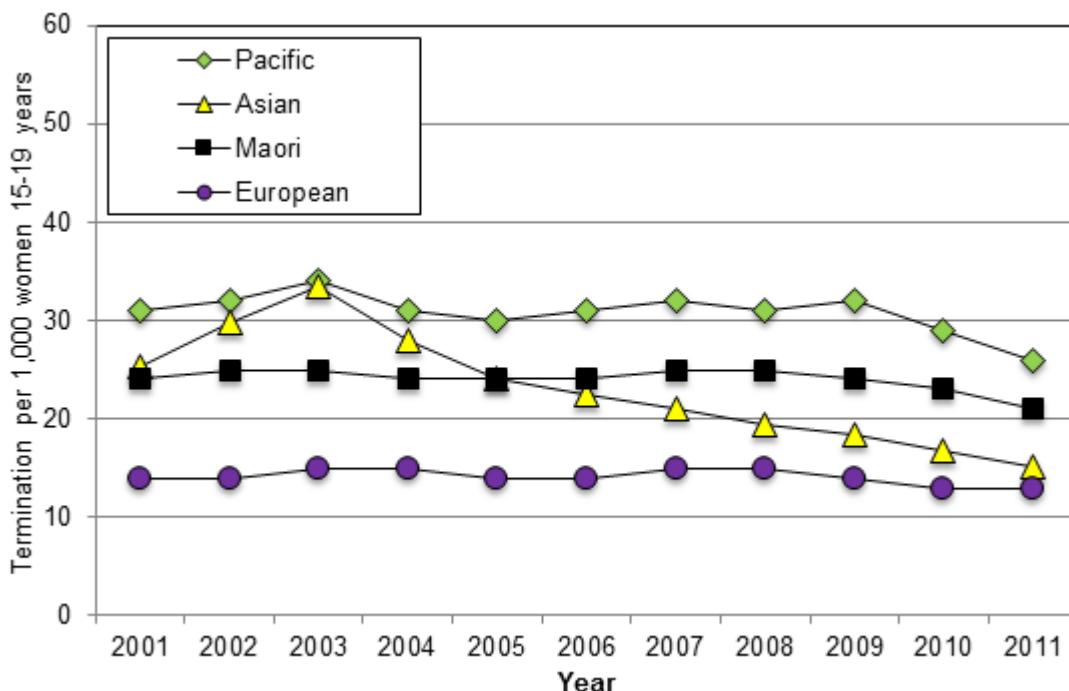
For the period 2011 Māori (60%) and Pacific (51%) teenage women were more likely to give birth as opposed to terminate their pregnancy, compared to European (32%) and Asian population (35%), who were less likely to carry on with their pregnancy and more likely to terminate.

Figure 3.34 Birth, Termination and Miscarriage Ratio for Women <20 years in New Zealand



Numerator: Birth Registration Dataset and Abortion Supervisory Committee Dataset; Denominator: Pregnancy Denominator for women <20 years.

Figure 3.35 Termination Rates for Teenage Women by Prioritised Level One Ethnicity, New Zealand 2001-2011

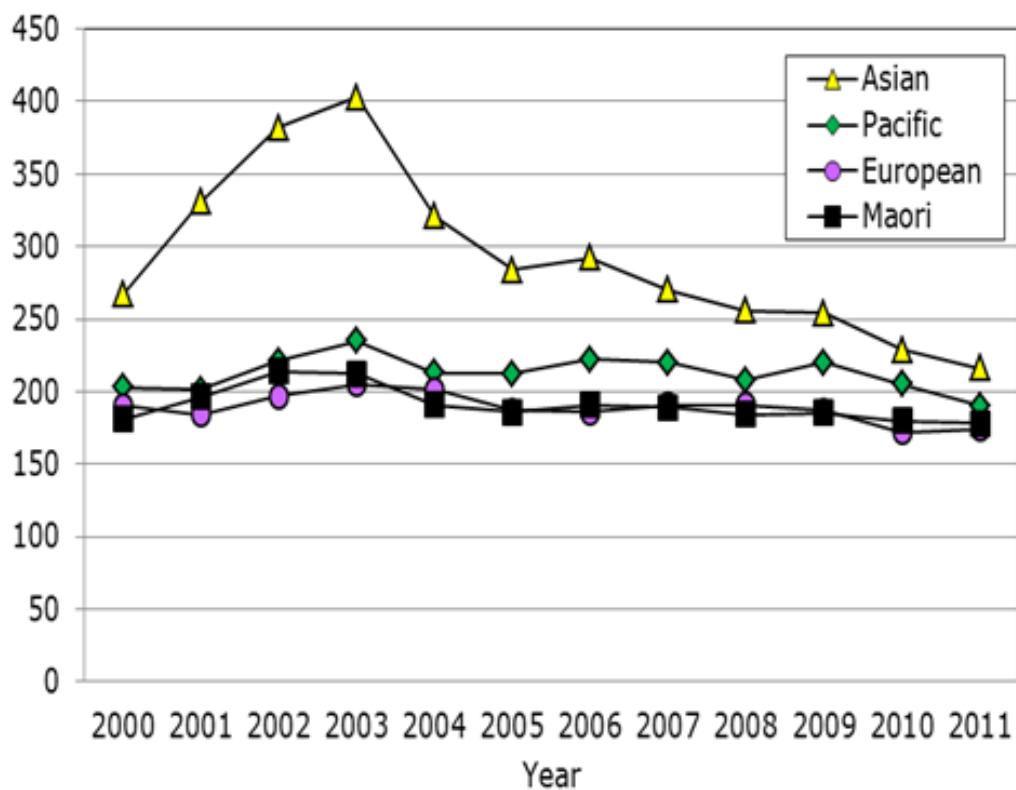


Source: Numerator: Supervisory Committee Dataset; Denominator: NZ Census Denominators

Figure 3.18 illustrates the termination rates by maternal ethnicity in New Zealand using prioritised level one ethnicity and young (15-19 years) maternal age, where the termination rates is calculated per 1,000 women in each ethnic category, from the period 2001 to 2011. In this graph the termination rate is highest for Pacific women, followed by Māori and Asian and then European women.

In contrast, when termination rates were calculated per 1,000 pregnancies (births, terminations and spontaneous miscarriages) results differed, with Asian teenage women having the highest termination rates followed by Pacific European and Māori women. However, over the last five years the gap between the Asian ethnic group and the other ethnic groups has narrowed (Figure 3.19).

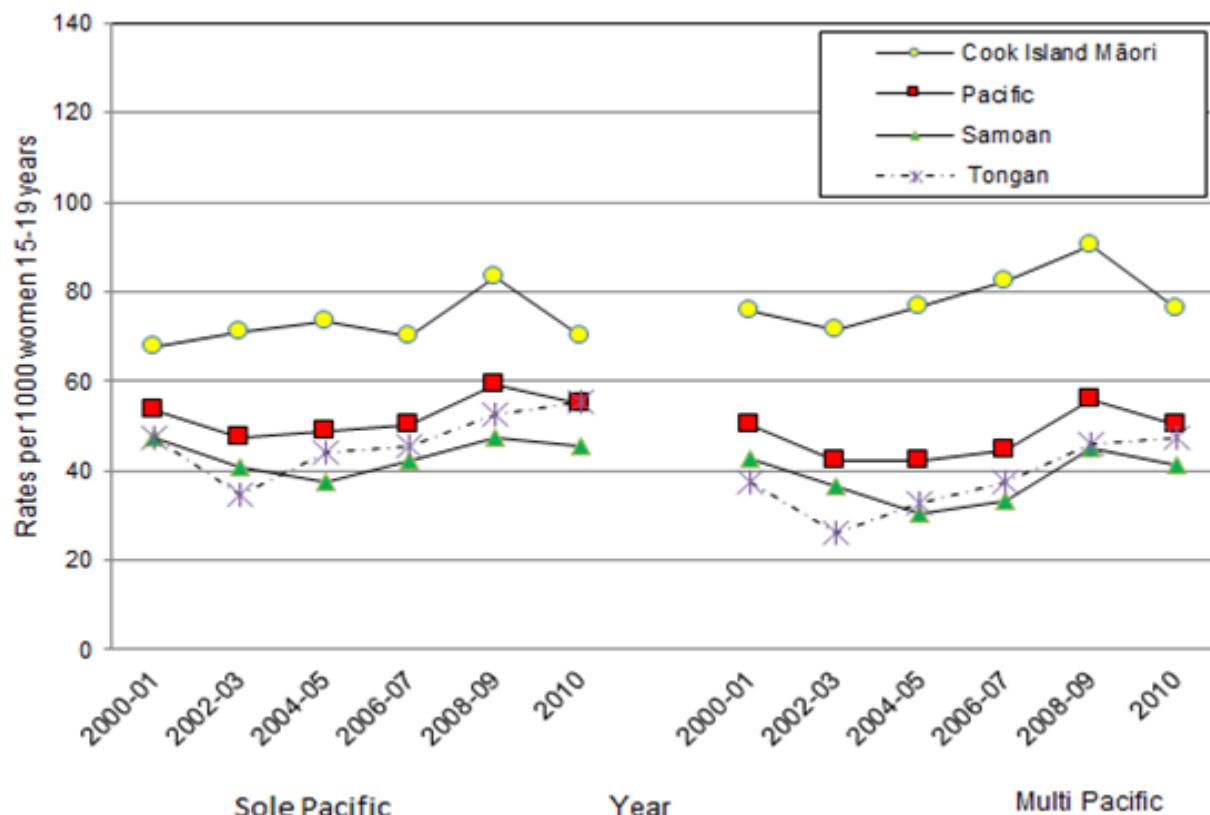
Figure 3.36 Teenage termination rate by maternal ethnicity in New Zealand 2000-2011



Numerator: Teenage terminations; Denominator: per 1,000 pregnancies

When examining the teenage birth and termination rates by Pacific level 2 ethnicity (Figure 3.20), teenage birth rates were higher for Cook Island Māori than for Samoan, Niuean and Tongan women. When examining terminations, the rates for Cook Island Māori were similar to Tongan and Samoan women. Rates were only calculated until the year 2010 as Pacific Island Group denominators were only available for those years.

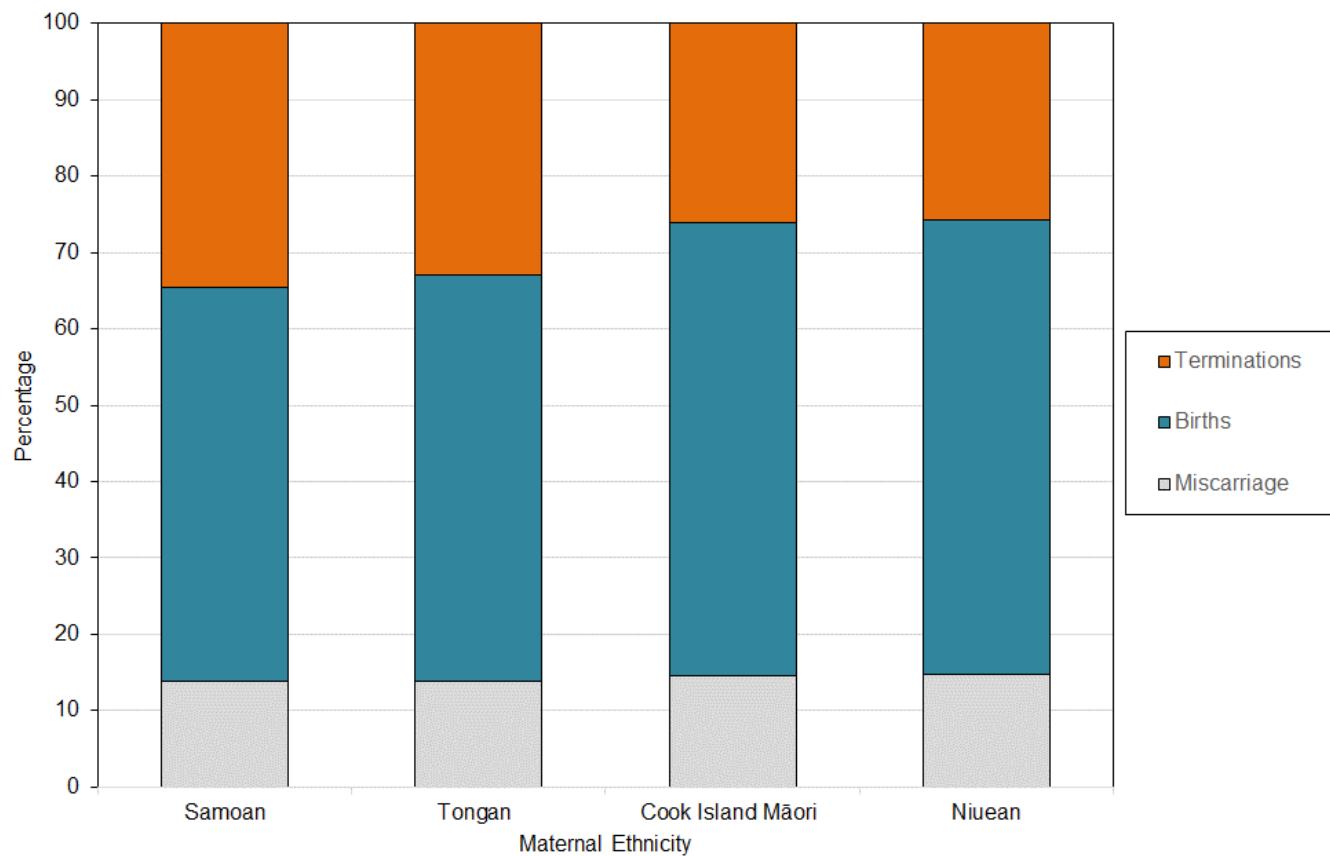
Figure 3.37 Teenage Pacific Birth and Termination Rates in New Zealand 2006-2010



Source: Numerator - Birth Registration Dataset and Abortion Supervisory Committee Dataset; Sole and Multi Pacific categories; Denominator-Census; Ethnicity assigned using Level 2 Ethnicity (Pacific Island group denominator)

Figure 3.21 examines the overall percentage of teenage births and terminations for the four largest Pacific groups in New Zealand during 2010. In 2010, 31% of Cook Island Māori women had a termination as compared to 38% of Tongan, 41% of Samoan and 28% of Niuean showing variations in the choices Pacific women make.

Figure 3.38 Percentage of teenage pregnancies for the four largest Pacific groups in New Zealand 2010



Source: Numerator - Birth Registration Dataset and Abortion Supervisory Committee Dataset; Sole and Multi Pacific categories; Denominator-Pregnancy denominator

2.7 Paternal Findings

When examining the demographic profile of those who fathered babies to teenage women, variables are scarce with only the paternal age group and paternal ethnicity provided in the New Zealand BRD.

Table 15: Percentage of births by maternal and paternal age group 2008-2012

Maternal Age	Missing (%)	Paternal Age Group %						Total Births (%)
		<20 years	20-24	25-29	30-34	35-39	40+	
<20years	17	37	36	8	2	1	0	100
20-24	11	4	41	29	10	3	1	100
25-29	6	0	7	41	32	11	4	100
30-34	5	0	1	10	46	29	9	100
35-39	9	0	0	3	16	46	25	100
40+	10	0	0	1	6	20	63	100

Table 15: When examining the percentage of births by maternal age and paternal age group from 2008-2012, those that fathered babies to women in New Zealand during 2008-2012 were most likely to be either in the same age category as the mother of their child or an age category older.

Table 16: The percentage of births to teenage mothers by paternal ethnicity in New Zealand 2000-2012

	Father's Ethnicity (%)						
	Asian	European	Māori	Pacific Island	Data Collected	Data Missing	
2000	2	24	37	13	78	24	
2001	2	25	39	13	79	22	
2002	2	27	37	11	78	23	
2003	3	23	39	11	77	24	
2004	3	24	39	11	78	24	
2005	2	24	39	12	79	23	
2006	2	23	39	11	78	26	
2007	2	24	38	11	79	25	
2008	2	22	37	13	79	25	
2009	2	24	39	14	83	22	
2010	2	25	38	15	84	20	
2011	2	24	41	15	85	18	
2012	2	23	42	15	85	18	

Numerators: Fathers ethnicity NZ Birth Registration Dataset; Denominator: Overall births for women <20 years, calculated using the NZ Birth Registration Dataset. Note: Denominator excludes missing

Table 16 - In this analysis the number of overall teenage births per year was used as the denominator for the analysis, while the numerator was taken from the paternal ethnicity information provided in the New Zealand birth registration dataset.

On average, from 2000-2012, 2 percent of teenage births were to Asian men (Asian men making up 11 percent of the total male population aged 15-64 years). Asian men consistently had the lowest percentage of males fathering babies to teenage mothers from 2000 to 2012.

This is followed by Pacific Island men who fathered 13 percent of total births to women <20 years during 2000-2012 (Pacific men making up 6 percent of the total male population age 15-64 years). European men fathered 24 percent of births to women <20 years during 2000-2012 (European men making up 67 percent of the total male population aged 15-64 years) and Māori men fathered 39 percent of births to women <20 years during 2000-2012 (Māori men making up 15 percent of the total male population age 15-64 years).

Chapter Three: Quantitative Section

Like their female counterparts, Māori men had the highest overall percentage contribution to teenage births.

A positive aspect of the data is that with each passing year the data provided was more complete. For example in the year 2000, 76% of registered teenage births provided information on the father of the baby's ethnicity. This is compared to 86% in 2012.

Table 17: The percentage of births to mothers in New Zealand by paternal (partner) ethnicity and maternal age group 2000-2012

Paternal ethnicity (%) [*]							
Maternal Age Group	Asian	European	Māori	Pacific Island	Not Stated	Data collated	Missing data
<20years	2	24	39	13	3	80	20
20-24	6	34	30	15	2	87	13
25-29	10	48	19	12	2	91	9
30-34	9	63	12	8	1	94	6
35-39	7	63	11	8	1	91	9
40+	7	58	13	10	2	90	10

Numerator: Maternal age group and paternal ethnicity NZ Birth Registration Dataset; Denominator: Annual Births in each maternal age category, NZ Birth Registration Dataset. * Percentage of all births (including where paternal information was missing).

Table 17 examines the percentage of births to mothers in New Zealand by paternal (the father of their baby's) ethnicity and maternal age group during 2000-2012.

The highest proportion of babies born to Asian fathers had mothers who were aged 25-29 years. In contrast the highest proportion of babies born to Māori fathers were born to women aged <20 years and women 20-24 years. The highest proportions of babies born to Pacific fathers were also to women <20 years and 20-24 years, while the highest proportion of babies born to European fathers were to women 30+ years.

2.8 Section Summary

At the beginning of this section several key questions were posed relating to teenage pregnancy in New Zealand. This summary will briefly consider the answers to these eight questions based on the analysis above. However, in order to understand the full implications of what these rates and trends mean, detailed discussion will be left until chapter five (discussion) which integrates findings from the literature review, the quantitative and qualitative chapters. This will give readers a clearer understanding of the importance of mixed methods when conducting research, highlighting the unique findings that have emerged from this thesis.

Have teenage pregnancy rates in New Zealand changed over time? And how do these trends differ from mothers with older maternal age at time of birth?

The findings in this chapter show that teenage pregnancy has changed over time. However, in order to put teenage pregnancy in New Zealand into context, the quantitative analysis was able to place teenage pregnancy alongside older maternal age groups.

In New Zealand, although the overall teenage birth rates declined during 1980-2002, rates of terminations more than doubled during this period. By 2003 for every teenage woman giving birth there was one equivalent therapeutic termination. As a result overall teenage pregnancy did not decline during this period because of the way teenage birth and termination rates behaved. However from 2008–2012 both teenage birth and termination rates declined among women <20 years living in New Zealand.

From 2008 to 2012, there was also a decline in overall pregnancy rates (both birth and termination rates) for women 20-24 years. This is different to the way birth rates behaved for women 30+ years, with birth rates increasing from 1991-2007 before remaining static from 2008-2012 (chapter 2 section 2.3.1).

When examining termination data, rates were highest for women 20-24 years followed by 25-29 years, <20 years, 30-34 years and 35-39 years with women 40+ years having the lowest rates of terminations. In contrast, when the denominator was not all women, but total pregnancies, the results were different. For example in 2011 women aged 11-14 years had the highest termination rates (73.1% of total pregnancies) followed by women 15-19 years (41.3%) and 20-24 years (31%). This shows that part of the reason why women 20-24 years had the highest population rates is because of their higher overall fertility rate. Although women <20 years figure less in these rates because of their overall pregnancy rates, when using total pregnancies as a denominator, young teenage women are the most likely to terminate their pregnancy.

This section sought to understand - what occurred during 2008-2012 that would have contributed to the decline in overall teenage pregnancy rates. The discussion considers the hypotheses that a reason behind the changes in teenage pregnancy rates and trends from 2008-2012 is related to policy changes in New Zealand making access to contraception more accessible as well as western societal norms influencing a preference for delayed childbearing. This will be further discussed in the final discussion. Section 1 of the discussion, page 386 raises the need to relook at how we define 'teenage or youth'.

How do rates of teenage pregnancy for Pacific women compare to those of women of other ethnic groups in New Zealand

When examining ethnicity using the prioritised level one ethnicity classification, the teenage birth rates for Pacific women remained consistently higher than for European and Asian women but lower in comparison to Māori women. Considered on its own, the findings suggest that Pacific teenage women have a higher risk of teenage pregnancy than European and Asian women. However, when examining the Pacific birth rates across all maternal age groups, Pacific women consistently

have higher birth rates compared to European and Asian women at all age groups, following earlier childbearing norms. This could contribute to the higher teenage birth rates for Pacific women.

Influence of NZDep Deprivation on Ethnic Differences

As noted throughout this section, teenage pregnancy rates are highest for Māori woman compared to Pacific women. However, when drawing on the association between deprivation and teenage births, the question needs to be asked why teenage birth rates higher are for Māori women than Pacific women, when a higher proportion of Pacific than Māori women live in the most deprived areas.

At each level of deprivation rates for Maori were higher than for Pacific (see figure 13) – and while a higher percentage of Pacific women live in the most deprived areas which would suggest they had higher teen birth rates, using the New Zealand deprivation index decile – rates at each level were higher for Maori. This thesis argues that, factors over and above the variables listed in the New Zealand Deprivation index influence the decisions made by teenage women to either become pregnant in the first place, to carry on with a birth or terminate their pregnancy. This thesis suggest that cultural variations between these ethnic groups play a role in the decisions made by young women to either continue with a pregnancy or terminate. This will be discussed further in section 3 of chapter five.

Do the demographic factors in the data explain the differences in teenage pregnancy for Pacific women? And once pregnant, are there ethnic variations amongst Pacific teenage women in those who choose to carry on with the birth as opposed to terminate?

As well as analysing teenage pregnancy using prioritised level one ethnicity classifications, this thesis analysed the teenage birth rates of women who identified as being Sole Pacific or Multi Pacific by Pacific island group from 2000-2010.

When examining the four largest Pacific groups, the analysis found that over a ten year period Cook Island Māori and Niuean women had higher teenage birth rates than Samoan and Tongan teenage women. In contrast, when looking at terminations during the same time period, rates were higher for Samoan, Tongan and Cook Island Māori teenagers than for Niuean teenagers. When examining the proportion of pregnancies that carry on to birth, while Cook Island Māori and Niuean have higher rates of teenage births compared to Samoan and Tongan teenage women, the proportions of pregnancy that result in terminations are higher for Samoan and Tongan teenage women.

This thesis also found that the rates and trends of teenage pregnancy for those who have constitutional ties to New Zealand (i.e. Cook Island Māori, Niue and Tokelau) are more similar to the rates and trends of Māori teenage women compared to women from Other Pacific groups. The discussion on page 388 considers the close relationship between the Cook Islands, Niue and New Zealand, their earlier migration patterns into New Zealand, and the impact this may have on the patterns of teenage pregnancy among the Pacific groups in this thesis.

What can we learn about the teenage pregnancy rate of younger versus older Pacific teenage women, compared to teenage women of other ethnic groups?

When examining younger (<18 year olds) versus older teenage (18-19 year olds) pregnancy rates, birth rates are higher for older teenage women than younger teenage women. Although women <18 years are less likely to become pregnant than women 18-19 years, once pregnant, younger teenage women (<18 years) are more likely to terminate (than older teenage women (18-19 years)). For example in 2010, 76 percent of women <18 years who became pregnant terminated their pregnancies compared to 42 percent of women 18-19 years.

For younger and older teenage women, ethnic differences that were identified in

prioritised level 1 ethnicity and by Pacific Island Group were noted in both groups. For example, birth rates were highest for Māori followed by Pacific, European and Asian when using the prioritised ethnicity classification and for Cook Island Māori and Niuean followed by Samoan and Tongan when using the Pacific level two ethnicity classification.

Though the quantitative analysis shows that choices to terminate or deliver differ between younger (<18 years) and older (18-19 years) teenage women, they do not provide information on why? What factors contribute to their decision to either carry on to birth or terminate? These are questions that can only be answered by asking teenage women directly and that will be examined in the discussion chapter (p386).

What are the birth outcomes for Pacific woman when compared to woman of other ethnic groups?

In this thesis adverse birth outcomes were also analysed. During 2008-2012, the rate for preterm births was lower for Pacific women compared to Māori, Asian and European women. When examining the preterm rates of Pacific women by maternal age group, the risk of having a preterm birth was 1.12 times higher for teenage mothers (95% CI 0.92-1.37) and 1.28 times higher for mothers 40+ (95% CI 0.99-1.66) compared to those aged 30-34 years. These differences were not statistically significant.

During 2006-2012 the rates of LFD for Pacific women were significantly higher than for Māori and European women. For Pacific women young and old maternal age (<20 years and 40+ years) increased the risk of LFD.

The literature suggest that preterm births and LFD is associated with late enrolment into antenatal care, (Paterson, Percival et al. 2008). However, a question that could

not be answered by the BRD was whether women attended antenatal care or whether there were differences by maternal age in attending antenatal care. When analysing the data on preterm births, teenage women had a slightly higher risk of preterm births compared to older Pacific women (table 12). For Late Fetal Deaths this section was unable to conduct analysis based on ethnicity and maternal age because of the small numbers, however teenage women had a higher risk of both preterm and LFD compared to women 20-24 years, 25-29 years, 30-34 years and 35-39 years. This raises the importance of adequate antenatal care for teenage women.

What are the demographic characteristics of men who father babies to teenage mothers?

Though the literature draw a relationship between teenage mothers and older partners (chapter 2 section 6.2), this thesis shows women in general, are most likely to become pregnant to men who are either the same age or slightly older (an age category up), and that men who fathered babies to teenage mothers were more likely to be Māori.

This chapter found that the number of paternal variables is extremely limited. There is a need to add variables such as marital status, religious affiliation and paternal level of deprivation, allowing a better understanding of family formation in New Zealand. There is also a need for consistency in the variables included in both the BRD and the Abortions Supervisory Committee data so that information on births and terminations are comparable. For example, while this thesis was able to draw from the limited information provided in the BRD, there were no paternal variables included in the abortion dataset.

In this chapter, 20 percent of teenage births had no information on the paternity of their baby. This makes it difficult to tell whether this meant they were unsupported during the pregnancy by the father of their baby or whether the data was just missing

Chapter Three: Quantitative Section
in the BRD. This will be explored in more detail in the following chapter

In summary the quantitative analysis raised a number of important questions which could not be answered by the datasets used alone. Consequently, this will be discussed in depth after the qualitative section and both quantitative and qualitative parts helped inform the Mo'ui'anga model used to summaries the key findings from this thesis.

CHAPTER FOUR: OUR STORIES TOLD OUR WAY

Introduction

Ethnic identity plays a vital role in the lives of individuals. (Manuela and Sibley 2013) It can influence the way people perceive their surroundings, their value system and the actions of others. From a political point of view, ethnicity has both structural and societal significance, with Pacific people featuring in socio-economic disparities and health inequalities. (Barnett, Pearce and Moon 2005)

As the Pacific population in New Zealand grows insight into the intra and inter-ethnic variations in Pacific childbearing norms become more relevant for understanding the growth of the Pacific population. Do teenage women feel prepared for motherhood? Do they feel accepted as young mothers in the societal settings they find themselves in? What areas of their lives are most affected by early childbearing?

These are questions that will help service providers become better equipped at working alongside young mothers, and if given the chance to speak on their own behalf, give Pacific women the opportunities to narrate their own life experiences in order to inform more effective service delivery.

While trying to prompt the Pacific mothers to discuss their lived experiences, their notion of well-being is intertwined with their sense of belonging. Suaalii-Sauni et al. (2009 p.23) refers to wellbeing as a Pacific philosophy where “there needs to be a balance in mind, body and soul if there is to be health and well-being.” This prompts a need to understand how mind, body and soul are inter-related. Correspondingly, a common theme within the Pacific models of health is its intrinsic holistic nature. (Suaalii-Sauni et al., 2009) This is a typical example of a holistic worldview that

many Pacific people hold inclusive of family, spirituality/religion, culture, social context, environment, body and mind moves away from the idea that topics such as teenage pregnancy are only felt socio-economically. (Pulotu-Endemann and Tu'itahi 2009)

1 Chapter four outline

Culture and tradition are factors influencing the decisions young women make concerning pregnancy, and once pregnant, the choice to carry to term or terminate. While the literature allows a broadening of our understanding of the complexities of teenage pregnancy, the scarcity of information on Pacific teenage pregnancy makes it difficult to understand whether experiences shared by Pacific groups in industrialised countries like New Zealand mirror those in the Pacific islands.

The quantitative section of the thesis underline variations in teenage birth and termination rate by ethnicity, with overall Pacific pregnancy rates different to those of Māori, European and Asian. Likewise, birth and termination rates differ among Samoan, Cook Island Māori, Tongan and Niuean teenage women.

Though the literature review and quantitative section provide evidence that differences exist, an analysis of the 'numbers' only allows us to hypothesise what contributes to teenage pregnancy. They cannot tell us what being a teenage mother means to the individuals themselves, the type of support they value most pre and post conception and whether policy added or hindered the ability of young mothers to be a productive parent. This can only be done by asking young mothers directly.

At the beginning of this thesis, objectives were set out to comprehend what being a teenage mother means to young mothers. While the literature review and the quantitative sections draw a connection between ethnicity, deprivation and early childbearing, the following questions can only be addressed through qualitative research – asking young expecting and current teenage mothers the

Chapter Four: Qualitative Section
following questions -

- What does it mean to be a Tongan teenage mother living in New Zealand and in Tonga
- What factors, (influencing their wellbeing), do adolescent Tongan expecting/current mothers take into account pre and post conception?
- What do teenage Tongan expecting and current mothers consider the most important factors for the wellbeing of their child post-conception?

Divided into two sections (Section one and section two), Chapter four will endeavour to answer these questions.

Section One: This consists of three sub-sections

Sub-section One discusses the Pacific methodologies and methods used in conducting the qualitative component of the research. It endeavours to create an understanding of the concepts of indigenous epistemology, i.e. how Pacific peoples make sense of the world, and provide examples of published guidelines used to ensure that the research methodology and methods used in this thesis are culturally appropriate.

This will provide a holistic Tongan view of the issues, processes and understandings involved in Tongan culture and family dynamics thereby contextualising pregnancy and childbirth so that we are able to better understand what it means to be a Tongan teenage mother in this era. It will conclude by reflecting on experiences I had as a researcher going into the field.

The next two sub-sections juxtapose two perspectives in order to amalgamate qualitative research findings with the literature which heavily emphasises the cause and effect of poverty on teenage pregnancy and has painted an adverse picture of absent fathers, with the assumption that those who fathered babies to teenage mothers are missing because they chose to be absent.

Sub-section Two contains historical accounts from Palangi (European/western) and Tongan scholars on Tongan culture and women, to understand how teenage pregnancy was traditionally interpreted in the Pacific in the context of the traditional role of women and the influence of western missionaries in shaping the modern concept of anga fakatonga (the Tongan culture). It will also examine how sex and sexuality in the Pacific is framed and how contemporary societal views in New Zealand influence policy, services and adolescents living in the present context.

Sub-section Three explores how ‘a good Tongan woman’ is defined given that the customary post-Christian (and also western) view of a ‘good woman’ is one that has children after marriage, not before, and not (usually) as an adolescent. It adds to the literature already examined by focussing on the poetry of three Tongan women who cover the wide spectrum of geo-spatial realities of Tongan women today. Firstly, Tongan women who are born in Tonga and are therefore encultured into anga fakatonga providing a ‘traditional perspective’; secondly, Tongan women who are born in Tonga but who migrate to other countries thus providing a ‘migrant perspective’; and thirdly, Tongan women born in the diaspora, thus providing a ‘diasporic perspective’ of being a Tongan woman.

The three distinguished Tongan poets are island-born Tongan Queen Salote Mafile’o Pilolevu Moheofo (Taumoefolau, 2013; Tupou III 2004; Hixon 2000) migrant Tongan Konai Thaman (Thaman 1993, 1999, 2000, 2003; Va’ai, 1997) and New Zealand - born (New Zealand - born) Tongan Karlo Mila-Schaaf (Mila 2005, 2008) who all provide their own perspectives of ‘being a Tongan woman’. Their perspectives will be used to trace the changing contours over space and time of Tongan perceptions of ‘Tonganness’ at various levels of being a Tongan woman and associated themes of family, reproduction and child-bearing.

Leading up to Section Two, the sub-sections dealing with participant voices, a summary will be provided on the key findings of Section One.

Section Two explores the findings and analysis that emerged from the focused life stories of expecting and current teenage mothers who identify as being of Tongan ethnicity. **Sub-section Four** – Provides participants' interpretation of 'anga fakatonga. What being a Tongan means to the three cohorts in the study who identify as either being island born, a migrant or New Zealand-born adolescent.

The findings are arranged according to the themes of male/female relationships (Sub-section five); knowledge of sex and reproduction (Sub-section six); the meaning of 'having a baby' (Sub-section seven); and support mechanisms considered most important by adolescent mothers pre and post conception (Sub-section eight).

1 Pacific Methodology and Methods

1.1 Pacific methodology

Sharing words, telling stories, and retelling histories and methodologies are part of a contemporary cultural revitalisation in the Pacific. Reclaiming orature through writing allows the healing of past silences and invisibilities to take place in the wake of colonisation (Marsh 1999 p169).

During the nineteenth century, belief amongst social scientists was that history was the product and possession of literate societies, while storytelling or 'myths' a record of the past amongst non-literate or primitive communities. Marsh stresses the need to 'reclaim' or take ownership of our realities. By generating knowledge of our history, we are enabled to better prepare for our future.

Throughout this thesis journey, I have learned that the way we generate knowledge, governs the way we view things in life. Questions often overlooked are how is knowledge created? Who provides it? Why is it important? How do we make sense of it? Who determines whether knowledge is legitimate or whether it is not? Or once armed with 'knowledge' how do we go about sharing it? These are questions that Pacific epistemology seeks to answer.

Epeli Hau'ofa (1993, p128-9) states:

Whatever we produce must not be a version of our existing reality, which is largely a creation of imperialism; it must be different, and of our own making. We should not forget that human reality is human creation. If we fail to create our own, someone else will do it for us by default' -

Hau'ofa believed in an individual's right to be custodians of their own knowledge, so that their realities are not only learnt and understood but shared. (Hauofa 1993)

Smith (2004) claims that historically, research conducted by "outsiders" often contributed to a history of exploitation, colonisation and hegemony that rejected non-Western forms of knowledge and indigenous ways of knowing and doing

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things. (Smith 2004; Thaman 2003)

In “Towards a New Oceania,” Wendt (1977) writes

“Oceania has been written by papalagi and other outsiders, much of this literature ranges from the hilariously romantic through the pseudo-scholarly to the infuriatingly racist; from the “noble savage” school through Margaret Mead and all her coming-of-age. Somerset Maugham’s puritan missionaries/drunks/saintly whores and James Michener’s rascals and golden people, to the stereotyped childlike pagan who needs to be steered to the Light.” (Wendt 1977)

At the time of Wendt’s publication, stereotypical constructions of Pacific people had already been formed by non-Pacific authors (Moors 1910; Beaglehole 1947) that were not necessarily a reflection of Pacific realities but rather changing trends in European thought. (Marsh 1999) Pacific academics have since argued that there is a difference between literature ‘on the Pacific’ and literature ‘of the Pacific.

1.1.1 Indigenous epistemology

Epistemology refers to both the theory of knowledge and theorising knowledge, including the nature, source, frameworks, and limits of knowledge. (Goldman 2007) It is a branch of philosophy that concerns the nature of knowledge and the justification of our beliefs.

Indigenous epistemology centres on the process where knowledge is moulded and validated by a cultural group, where the role of that process is to shape thinking and behaviour. (Arno, Watson-Gegeo and White 1990) It presumes all epistemological systems to be socially constructed – formed through socio-political, economic and historical context and processes.

Culture is identified as a variable personifying conflict and change, prone to manipulation and distortion by powerful interest. (Foucault 1980) This is important because indigenous groups and minority groups are able to assert the cogency of cultural ways of knowing and being that have previously been oppressed through

More recently, a growing number of Pacific academics contest that within Pacific cultures there is a wealth of knowledge that needs to be encouraged and developed. These academics have examined Pacific epistemologies, concepts and philosophy to legitimise indigenous forms of knowledge and learning that influence beliefs, behaviour and action. (Gegeo and Watson-Gegeo, 2001; Perese 2009; Thaman 2003; Watson-Gegeo 2004)

In her poem titled "Your words", Thaman (1999 p47) writes:

Today your words are empty, sucking dry the brown dust left by earth and sky patches politely parched, with no water flowing, from the mountain top, scars burn on my soft skin, you've cut a piece of me away, leaving my bandaged heart, to endure the pain, of you tying me, to yourself.

Thaman suggest that as Pacific researchers we produce 'knowledge' and 'truths' that we present and deliver to others. (Thaman 1999) However, we must be careful not to advocate something simply because our education is structured by it, or our jobs dependent on it (p5).

Epeli Hau'ofa (1993) also contends against the conjecture that Pacific Islanders live in small, isolated, remote communities separated by a massive ocean, with a dependency on larger nations for aid. (Hauofa 1993)

In A New Oceania: Rediscovering our sea of islands, Hau'ofa writes his interpretation of the Pacific, where he admits that as a Pacific academic, there was a time he agreed wholeheartedly with this perspective -

I began noticing the reactions of my students when I described and explained our situation of dependence. Their faces crumbled visibly, they asked for solutions, I could offer none. I was so bound to the notion of 'smallness' that even if we improved our approaches to production for example, the absolute size of our islands would still impose such severe limitations that we would be defeated in the end. I began asking questions of myself. What kind of teaching is it to stand in front of young people from

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your own region, people you claim as your own, who have come to university with high hopes for the future, and to tell them that their countries are hopeless? Is this not what neo-colonialism is all about? To make people believe that they have no choice but to depend? (Hau'ofa, 2008, p18)

This revelation was the beginning of Hau'ofa journey of decolonising his mind. Rather than viewing the Pacific as a collection of small Islands, he sought to amend these as a sea of Islands. The difference between the two is where one views small islands' with minimal resources; the other is connected to a vast ocean with its inhabitant's skilled navigators and voyagers with a limitless sea to explore. The author asserts that Pacific peoples continue to move within and across nations as did their ancestors, where resource, culture and notions of the world are no longer confined to Island boundaries, but are located wherever Pacific peoples reside; now inclusive of many main cities within New Zealand, Australia, and the United States of America to name a few. (Hau'ofa 2008) By decolonising epistemological ideas, a transition is made from belittlement to empowerment.

Within this thesis Pacific writers advocate the existence of Pacific ways of learning, knowledge, wisdom and intelligence. Whilst Gegeo (2001) maintains the need to recognise and integrate the development of rural communities, Meyer (2003) and Thaman (2003) stress the importance of indigenous epistemology in the education sector, particularly tertiary level. In line with Hau'ofa views, MacPherson, Anae and Spoonley (2001) shed light on the growth of diasporic Pacific societies internationally and stress that this has produced increasing diversity within Pacific populations.

Through the decolonisation of knowledge, this thesis will examine how knowledge has changed in the Pacific after European contact by focussing on Tongan historical events. It will then discuss Pacific attitudes towards sex and teenage childbearing to highlight the importance of being aware of epistemological beliefs held in society.

1.1.2 Pacific research guidelines

Pacific academic Anae et al (2001) states that if research is to make a meaningful contribution to Pacific societies, then its primary purpose is to reclaim Pacific knowledge and values for Pacific peoples. (Anae and Uniservices 2001)

In 2004 the Pacific Health Research Committee of Health Research Committee of the Health Research Council of New Zealand (HRC) published guidelines on Pacific Health Research. The document intended to inform the conduct of Pacific health research from a Pacific worldview and underlines several guiding principles which are premised on underlying epistemologies relevant to certain Pacific cultures.

Drawing on expertise from an advisory group consisting of key Pacific stakeholders from different disciplines, this document affirms that developing Pacific health research ethical guidelines requires using a Pacific worldview as the primary reference point. This ethics guidelines document begins with the premise that relationships are the foundation for all ethical practice (2004 p18).

These principles are first identified and then demonstrated in practice. Key concepts are –

Respect - whereby the relationship between the research and the research participant is based on respect for the inherent value of each human being (2004 p15). Adhering to this acknowledges the individual within a communal context and is more likely to ensure that individuals will engage in the research process.

Humility - as a researcher, requires giving priority to the needs of others before your own (2004 p15), it is awareness that although I may be the researcher, those involved in the study (teenage mothers) are acknowledged as the experts in the field. Respect and Humility is displayed through consulting with communities, prioritising their needs and through the use of appropriate language and behaviour.

Cultural Competency - This is another guiding principle which necessitates a level

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of cultural understanding and awareness (2004 p17). It is an awareness of the diversity of culture and religious beliefs. Cultural awareness is defined as having an understanding of one's own culture and biases towards other cultures. This comes about through self-examination and through the in-depth exploration of one's cultural and professional background. (Campinha-Bacote 2002) This is practised through the acknowledgement of cultural protocols and etiquette such as dressing in appropriate attire, respecting personal space and customary practices such as prayer and reciprocation. It is also important that information is available in the language that the participants feel comfortable speaking in.

Meaningful engagement is another necessity. It encourages to the conduct of ethical research with Pacific peoples as meaningful engagement. It is an acknowledgement that to understand an individual fully, one must understand how that individual is located as a 'participant' in their own world, which fundamentally means understanding how they belong (p18). To put this into practice it is being aware of one's strengths and limitations as a researcher, it understands the consultation process involved and giving people adequate notice and information about the issues that will be discussed.

Reciprocity acknowledges the kinship, exchange and interchange of gifts, goods or services which is essential to maintaining and sustaining relationships (page reference). In addition to the reimbursement of costs for participants, reciprocity can be displayed in attitude, spirit and through ensuring that the dissemination of research findings is accessible to Pacific communities. Gifting with food and/or vouchers (petrol/book/food/CD/movie) is considered a tangible form of expressing the Pacific principles of reciprocity, love and respect (Anae et al., 2001).

Utility is another guiding principle of Pacific research which indicates that research topics selected address Pacific health priorities and provide information which positively influences health outcomes (HRC 2004 p17). In practice, utility raises the issues around how the research will improve the health of the Pacific community.

Rights - is also acknowledged as a fundamental principle (p22). It ensures that participants are properly informed prior to consent and that they have the right to withdraw at any stage of the research without losing dignity or respect.

Balance – This principle addresses one of the essential questions for research that Tamasese (2005) asks “Who will benefit from this production of knowledge?” The Health Research Council (p33) go into detail on this and state that a balance must exist in regard to research publications, potential commercial profit, training opportunities, potential findings and knowledge generated by the research.

Protection - refers to the safe and responsible use of Pacific people’s knowledge and wisdom. This principle is displayed in acknowledging that the primary ownership of knowledge is that of the participants (p40).

Other guiding principles include, **Capacity building** (this represents reciprocation and contributes to the empowerment of the Pacific community) (p15) and **Participation** (this implies that the conduct of Pacific research requires the participation of Pacific peoples at all governance and decision-making levels of the research project).

The Pacific research methodologies and guidelines convey the interdependent principles, values and epistemological understandings of Pacific cultures, some of which were identified in the previous section, within the context of conducting research on, with and for Pacific peoples. This thesis contends that these Pacific methodological procedures and protocols that are based on Pacific values, knowledge and epistemologies provide the most favourable framework within which to explore and develop understandings of Teenage pregnancy. It argues that participants are the greatest experts in the field as they are the custodians of their lived experiences. These principles have guided me in the way I have carried out research with my Tongan female participants and communities.

1.2 Methods

This section will provide an overview of the research aims, design, and the process of data collection and the analysis used in the qualitative component of the study. It will justify the objectives of the study by describing how the research aims were developed and why they are important. This section will provide an outline of the research design by offering a description of the methods used in the in-depth face-to-face interviews with Tongan adolescent mothers under 20 years of age. It will go onto describe the process of data collection and analysis used in the study. It will conclude by drawing attention to components of this method that have been informed by Pacific research methodologies.

1.2.1 Consultation

In 2007 I was approached by the New Zealand Ministry of Health (MOH) about the possibility of conducting a doctorate degree at the University of Auckland looking at teenage pregnancy among the Pacific population. At the time, international data highlighted that New Zealand had the second highest Teenage pregnancy rate in the OECD nations, with Māori and Pacific people having higher adolescent pregnancy rates in comparison to the general population. (Craig, Taufa et al. 2008) In alignment with the by Pacific for Pacific concept, the MOH felt that it was necessary for a Pacific person to conduct the research.

Before agreeing to the topic of study, anecdotal evidence was sought from academics and community members. I spoke with Tongan community groups (church groups, youth groups, women's groups) within the Auckland region, about the research topic. This was done by visiting Tongan youth groups, Tongan churches of mixed affiliation as well as sports clubs and women clubs with a high a number of Tongan members. Within these discussions, questions were asked in relation to the views of Tongan people (both Tongan-born and New Zealand -born) about what they perceived to be the main health issues within their community and whether

adolescent pregnancy was one of them.

Consultation was also made with academics from the School of Population Health in Auckland. Mixed responses were given, with some suggesting it was a problem and others seeing it as a solution to depopulating minority groups. I asked whether conducting a study based on Tongan teenage pregnancy would be culturally acceptable, and whether these community groups felt that the results would benefit Tongan people.

It was only by gaining the support from the Tongan community, that I felt comfortable enough to commence the research. People were given the opportunity to ask questions relating to the prospective study and these discussions with the community helped develop the research objectives.

1.2.2 Aims

From the consultations with key stake holders and community groups, and through the extensive review of literature the key objectives for the qualitative section is to understand what it means to be a Tongan teenage mother living in New Zealand and in Tonga, and how participants perceive their lives pre and post conception. In order to do so, the key research questions were –

1. What role did culture play on the wellbeing of Tonga teenage mother's pre and post conception?
2. How did teenage mothers perceive the impact of their pregnancy on their family?
3. Do Tongan teenage women feel they received adequate and accurate information on sex and reproduction prior to becoming pregnant?
4. What factors (family, spiritual, cultural social, physical, economical) do young mothers take into consideration pre and post conception?
5. How involved are the men who fathered babies to Tongan teenage mothers in the lives of their child?

These research questions are important as the literature continues to show a paucity of in-depth information on what adolescent childbearing means to the adolescents themselves. There is also a lack of information on how teenage pregnancy impacts on a Pacific mother cultural, family and community setting.

By gaining an understanding on what it means to be a Tongan teenage mother, this thesis hopes to broaden our knowledge of what these young women go through and what factors they deem important pre and post pregnancy. It endeavours to show that there is no one size fits all solution to teenage pregnancy, those experiences will vary. This is important in order to ensure that adequate resources, services and policy is provided for adolescent mothers that acknowledges differences, and that resources are readily available.

1.2.3 Qualitative Research Design

The qualitative research methods used in this part of the thesis provide a greater awareness of issues young mothers deal with pre and post conception by using the life story approach in the interviews and analysis. Qualitative research is widely used in most social science disciplines and refers to a number of methodologies and research practices that are primarily concerned with naturalistic settings and the meanings that people attach to their experiences of the social world and how people make sense of that world. (Baum 1995; Denzin and Lincoln 2009; Perese 2009)

While quantitative research is aimed at reducing and measuring changes in rates and trends of teenage pregnancy, qualitative research methodologies explore different worldviews and interpret social phenomena (interactions, behaviours) through the meanings that people bring to them. For example, instead of counting the number of teenage mothers of Pacific ethnicity in a population, qualitative methodology aims to understand what it means to be a teenage mother within the Tongan population. Qualitative research allows an understanding of the intra ethnic variations amongst Tongan teenage mothers that quantitative research cannot

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provide.

Davidson and Tolich (2003) state “the approach to research is influenced by the view of the world into which one has been nurtured and raised … the process of enquiry is not only socially constructed but culturally biased and subjective… Often cultures have different ontological and epistemological beliefs, the ways we interpret and perceive things. Therefore, when conducting Tongan research, participants “values, beliefs, customs, philosophies and culture need to be considered.” (Davidson and Tolich 2003 p. 13) These elements form the basis of what participants identify as being ‘real’.

In Anae (2010) publication titled “Research for better Pacific schooling in New Zealand: Teu le va – a Samoan perspective,” the author highlights the relevance of Pacific methodology and of being mindful not to create more clutter when using Pacific theories or models. (Anae 2010) Efi (2005 p8) notes that while it is vital to stress that developments of Pacific indigenous research guidelines, models and competencies are needed and welcomed, we must be wary about how easily the object of an exercise, that is to develop understandings of cultural competencies, guidelines, can become befuddled and unnecessarily cluttered by competing unclear designs, as well as by gaps in the transference of customary knowledge across space and time. (Efi 2005)

Anae (2010) discusses the Samoan indigenous philosophical concept of ‘teu le va’ which means - to value, cherish, nurture and take care of the va, or the relationship. Here Anae describes the Samoan self as reliant on relationships that are occurring in the va, or space between. This is supported by other Pacific researchers who consider the idea of individualism or the nuclear family a western concept, only introduced to the Pacific.

This provides an essential and significant contribution to research praxis in highlighting the need for both parties (the interviewer and interviewee) in a relationship to value, nurture and, if necessary, ‘tidy up’ the physical, spiritual,

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cultural, social, psychological and tapu 'spaces' of human relationships. (Anae 2010 p12)

1.2.4 Life story approach

Focussed life story interviews are appropriate for sensitive topics like teenage pregnancy because it encourages a narrative style where the research participants set the pace, and the interviewer listens, clarifies, probes and eventually brings up any topic which needs to be covered in the interview. (Olson and Shope 1991) Unlike a general life story interview a focussed life story interview does not try to explore all aspects of a person's life. Emphasis is on the main point, while other aspects are seen as valuable context within which the focal topic is to be understood. Although this is a western methodology, it incorporates Pacific principles, such as those listed in section 1.1.2 and in abiding by these principles I was able to 'teu le va' with all my research stakeholders to maximise the research process, findings and analysis of data. (Anae 2010)

The role of the interviewer is of an active listener and asker of accompanying questions or prompts in the context of their life stories. An active listener hears what the interview is saying, attending to meanings and emotions, and makes mental (or written) notes of supplementary topics to bring up later, at an appropriate time. Bringing up prompts invites the interview to explore topics further, or to explore different but related topics, or different angles on topics used.

The type of methodology used within the research, involved qualitative, in-depth, open ended face-to-face life-story interviews where qualitative data is referred to as "empirical information about the world, not in the form of numbers, but words." (Punch 2005 p.56) The use of qualitative methods in this research is pivotal because it lets the researcher capture the subjective reality of the population group in the study. Qualitative research also allows the investigation of a small population in-depth, where people's involvement and partiality are valued. (Davidson and

The type of methodology used can also be described as interpretive methodology. This views social reality as something that is socially constructed and negotiated, supporting the idea of understanding the world from the point of view of the individuals participating in the study. (Afeaki 2004) An interpretive approach observes people in their natural setting. This is done in order to understand and interpret how they create and maintain their social world.

This methodology was also useful because I was given the opportunity to understand and describe meaningful social actions. It also takes into account people's everyday experiences, acknowledging the importance of their values by regarding values as an integral part of social life. Under this approach, there is a common belief that no group values are wrong, only different.

1.2.5 Ethical approval

Approval by the University of Auckland Human Participants Ethics committee was obtained for this research on Tongan teenage pregnancy in New Zealand. Once ethical approval was granted, interviews would commence. However, before the interviews were conducted participants were asked if there were any questions that they wanted answered, and consent had to be given in written form before interviewing could proceed. All participants were assured of anonymity. Therefore all names provided in the interview analysis are fictitious ones.

In New Zealand, participants were recruited with the assistance of social networks, radio, Pacific and mainstream health agencies and churches. A participation information sheet was left with the institutions (Appendix A) which described the purpose of the research. The participation information sheet outlined what the study would be based on. It provided reasons why the study would be

beneficial, and described what the results of the research would be used for.

The participation information sheet also offered the participant the option of choosing where the interviews would take place along with the scheduled time for the interviews. The aim was to create a setting where participants would feel safe and comfortable about talking about issues that may be sensitive, like their first sexual experience.

Upon approval to be contacted, the researcher followed up with a phone call providing additional information about the study. Snowballing was also used to reach additional participants. Snowballing is a qualitative strategy that identifies cases of interest through existing social networks and is commonly used for hard-to-reach populations. (Noy 2008)

In Tonga, as a researcher, I relied heavily on the snowballing effect through village nurses and personal contacts who discussed the research with expecting or current adolescent mothers. If participants were interested in participating or needed further information, their numbers would be passed on, in which I, as a researcher would contact perspective participants providing added information and answering questions. It was only upon agreeing to be interviewed that an interview time and date was schedule.

Consent to participate was offered both verbally and in writing (appendix B) in conjunction with a Participant Information Sheet in both the English and Tongan language and recruitment for participants was conducted from expecting and current Teenage mothers who were New Zealand-born Tongan living in New Zealand, Tongan-born Tongan living in New Zealand and Tongan-born Tongan living in Tonga.

Participants were gathered from within the Auckland Tongan community of youth groups, cultural groups, church members, and sports clubs and referrals. They were also gathered through personal contacts in Tonga and community nurses in the

Within the study, eighteen interviews were conducted from July 2009 to October 2009. The interviews took place in the homes of the participants in the study, at public libraries and medical centres. All the locations were chosen by the participants because it was a venue where they felt safe. Within the consent form and the information participation sheets (appendix A), an incentive would be given in the form of a \$50 gift voucher for taking part in the one-to-one interviews and providing their time. Vouchers were given at the end of each interview.

Participants were assured of confidentiality in both participation information sheet, consent form, and verbally throughout the interview process. Reassurance of confidentiality was also offered during the transcribing of the interviews as well as the write-up of the study. Interviewees were made aware that all information would be stored in a locked cabinet within the University premises for six years. To protect participant's confidentiality, names have been changed to preserve the identity of those who chose to participate in the study.

1.2.6 Placing myself in the thesis

While in the Kingdom of Tonga trying to recruit for this thesis, I was given advice that I have found valuable –

When you go anywhere, always begin by stating who you are, what village you come from and who your grandparents are.

This was the difference between being an outsider and an insider. Prior to commencing this PhD journey, I had been approached to conduct research by the Ministry of Health on Pacific teenage pregnancy; a likely candidate based on my Pacific heritage and gender. As a young aspiring researcher I was naive to think that my academic transcript was enough to gain assistance, with minimal reflection on my identity as a Tongan.

For some Tongans, because I am New Zealand-born I am considered an outsider. For others, irrespective of birthplace, I am Tongan by blood, therefore an insider. Consequently, as a researcher, I needed to know "who I am" because this shapes how I position myself within this thesis and more importantly in my interpretation of the data.

Normally, when I am among other Tongans I place myself appropriately in relationship to others; a knowledge of places, people and events build connections where I can say I know who you are and in the same context I know who I am. Within the academic world, my tertiary education makes me an insider. In this thesis I situate myself as a New Zealand-born Tongan female proud of my Tongan heritage, proud to be a product of my migrant parents dream.

1.2.7 Both an insider and an outsider

My father grew up in Tufuenga Kolomotu'a. He left school during his early secondary years to migrate to New Zealand where he would provide financially for his mother and siblings in Tonga. Migrating to New Zealand in the 1970's at the age of 15 years, he was able to fulfil a lifelong goal of providing financially for his family. Working in factories for minimum wage birthed a dream, of having a family of his own who would not have to labour as hard as he.

My mother is from the village of Kolonga, Tongatapu who grew up in a very large Wesleyan family, aware of Tongan traditions and protocols. She migrated in the 1970's working in factory jobs up until she married my father. Born during the Dawn Raid era, (Anae 2006) though they rarely talk about it, the impact of how Pacific people were treated during that time has left its mark on our family like it has other Pacific families. My father became the sole bread winner in the family, while my mother became an at home mother to 10 children.

Both my parents believed that for their children growing up in New Zealand, it was important for one parent to be at home, to teach us the Tongan and Christian way so that we would not lose our 'identity' growing up in a "foreign" country. The Tongan language was spoken at home, where we were taught Tongan protocol and the relevance of serving and addressing others. The ideas of reciprocity, doing what is best for the wellbeing of the greater group became ingrained in my identity.

By the time we reached primary school, my father's family had all migrated to New Zealand, while my maternal grandmother remained in Tonga. Consequently, our school holidays were spent in Kolonga, learning about our family heritage and what Tongans considered acceptable behaviour for boys and girls.

Equally proud of both sides of my heritage, I came to love the land and its people. However, it was not until I started research in Tonga that I realised the reality of the societal boundaries placed on people based on where you are from. I could have been a Tongan-born Tongan conducting research in Tonga – and still considered an outsider.

While recruitment for research participants in New Zealand was straight forward, Tonga had its own obstacles. As a researcher, I was inexperienced in thinking that academically, people will see the value of this thesis and want to help and that that combined with being a Tongan would be enough to gain assistance. Prior to leaving New Zealand for Tonga, I had sent information about my thesis to health organisations in Tonga and set up meetings with staff members.

Upon arrival, I was asked where I was staying, in which I replied "Kolonga", a village on the rural eastern end of Tonga, a 45 minute drive to the capital Nuku'alofa. Consequently, meetings would be arranged and cancelled; no one seemed willing to help. This was my experience for four consecutive weeks. On one occasion, while being told that the health professional who I was hoping to meet was

called to another meeting, I thanked the colleague, who saw physical features in me that resembled my father's siblings.

When asked if there were any connection, I said "yes". This individual called the rest of the staff, and reintroduced me as Seini Taufa, the granddaughter of Seini and Tevita Taufa from Kolomotu'a – "you're from town, why didn't you tell us, we would have helped you earlier." That one experience made me realise the importance of interconnection in Tongan society and the significance of geographical location in either promoting or disabling a cause.

Reflecting on the experience, I still question whether being treated like an outsider because of my geographical location was a 'one off' experience, or whether it was the reality of research in Tonga. Whether it was or was not, at that moment, while one part of me (coming from a rural village) made me an outsider, another part of me (coming from town) made me an insider. It was only upon becoming an "insider" that doors were opened and recruitment became successful.

Through this experience I reflected on how young mothers must be viewed based on the external factors beyond their control. If health providers were reluctant to help me based on where I was geographically situated, what about young mothers who were from similar places. It allowed me to be aware of my own assumptions coming into this thesis, and the importance of removing any judgement or preconceived ideas. Framing questions in ways that allowed mothers to tell their stories as honestly and as raw as they could without fear of judgement.

1.3 Participants

In this section aspects of the research regarding the participants are presented. It asks: Who was interviewed? How were participants recruited? How many were interviewed?

1.3.1 Sample size

Information gathered from the interviews was through the perceptions of eighteen Tongan teenage expecting or current mothers. This included twelve participants in the Auckland region and six in Tongatapu. The three cohorts were made up of a) those born and living in Tonga b) those that identified as Sole Tongan living in the diaspora, and c) those that identified as being Multi-Tongan (Tongan and another ethnic group). This related directly to the demographic profile of the three Tongan poets, as I was interested to see whether the actual experiences of 'being a Tongan woman' for these three cohorts matched the experiences of the three published poets. If they did, then it would provide a strong evidence-based case for the pervasiveness of a strongly shared profile of a Tongan woman.

1.3.2 Participant profiles

The following sections discusses profiles of all research participants and are divided into multi-ethnicity and sole ethnicity considerations in line with the profiles discussed in the Quantitative research and literature (see Chapter Three 2.4.1) All participants have been provided with fictitious names.

1.3.3 Multi-Ethnicity

Within this research the views held by young women who identified as being Multi-Tongan are taken into account as they represent a growing portion of the Tongan community. Other ethnicities include European, Niuean and Māori whereby the perspectives of five participants.

Betty is an eighteen year old New Zealand -born Tongan, expecting mother (8 months pregnant). She also identifies as being of Niuean descent, her mother being half Niuean. She lives in Central Auckland and is currently legally married living with her husband and his family at the family home. She is now of Catholic religious affiliation (through marriage), and her highest form of educational qualification is a secondary school qualification.

Sela is a nineteen Year old New Zealand -born Tongan who identifies as being of Tongan and European decent. She lives in South Auckland with her parents, is currently in a relationship and is four months pregnant. She is of Catholic religious affiliation and is currently studying at tertiary level and receives a student allowance.

Mele is an eighteen year old NZ-born Tongan/Niuean living in South Auckland, she is in a relationship, is five months pregnant, and is living with her parents. She is of Mormon religious affiliation, is unemployed and gains financial support from her family.

Lina is an eighteen year old NZ-born Tongan of Tongan and European descent living in Central Auckland. She is in a relationship and has a four month old baby. She is of Mormon religious affiliation, does not have any qualifications, and is currently on parental leave from work, living with her partner.

Ema is a nineteen year old NZ-born Tongan Māori, who is currently six months pregnant. She lives in South Auckland, lives at home with her family and is currently in a relationship. She is of Catholic religious affiliation, is currently working, and her highest form of qualification is at secondary school level.

1.3.4 Sole Ethnicity

NZ-born Tongan (Sole Tongan)

Seven participants from the study identified as being of Sole Tongan ethnicity, five born in NZ, two born in Tonga but migrated to NZ. The experiences of these young women living in NZ were also acknowledged through their stories.

Mele-siu is a sixteen year old NZ-born Tongan living in South Auckland. She is single and seven months pregnant. Mele-Siu has dropped out of school due to her pregnancy and gains financial support from her Parents. She did not identify with any religious affiliation and is unaware of any other type of support.

Alice is a nineteen year NZ-born Tongan mother. She is legally married and lives in East Auckland with her husband at a private rental home. She was working but is currently on maternity leave, and works as an at home mother with her 3 week old baby. She is of Methodist religious affiliation and has finished high school with secondary school qualifications.

Lola is a nineteen year old NZ-born Tongan living in South Auckland. She has an 11 month son and is currently living with her partner in a private residential home. She is an at home mother and gains financial assistance through family support. Lola states that it has been a while since she's been to a church, however views herself as being of Methodist religious affiliation. She also currently has a trade certificate.

Sally is a nineteen year old NZ-born Tongan living in West Auckland NZ. She is engaged with a six month old baby. Her religious affiliation is with the Church of Tonga, her highest form of qualification is secondary school level, and is on family support.

Silia is a nineteen year old NZ-born Tongan mother to a four month old baby. She currently resides in South Auckland, is engaged and identifies as being of Methodist religious affiliation. She is currently an at home mother living in her family home.

1.3.5 Tongan-born Tongan living in Auckland New Zealand

Pele is a seventeen year old Tongan-born Tongan living in South Auckland New Zealand. She identifies as being of Methodist religious affiliation, is currently single, five months pregnant and unemployed. She is reliant of financial support from family members and is unaware of any other financial support.

Nia is an 18 year old mother to a five month son. She is a Tongan-born Tongan living in South Central Auckland. She is legally married of Methodist religious affiliation and is currently a student who gains student allowance. **Tongan-born Tongan**

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teenagers living in Tonga

Finally, the views of those born and raised in Tonga are also taken into account within this research.

Ana is a Tongan-born Tongan, from Lapaha, 18 years old, single, five months pregnant, single of Catholic religious affiliation, lives with her parents and her siblings in their family home. Interview is being taken place at the community nurse's officer for privacy reasons

Barbara is a Tongan-born Tongan from Manuka Tongatapu. She is nineteen years old, single, of Mormon religious affiliation and is currently over five months pregnant. She lives with her aunty and brothers and did not finish high school, due to personal reasons. The interview took place at the Community Nurses' office for privacy reasons.

Luseane is a Tongan-born Tongan from Nomuka Tongatapu. She is seventeen years of age and four months pregnant. She became pregnant while staying in another village to be closer to school. She is of Catholic religious affiliation; she no longer has contact with the father of her child, has had to drop out of school, and has moved back to her village where her support is solely from her parents.

Meleane is a Tongan-born Tongan from Kolomotu'a Tongatapu. She is an eighteen year old mother who has been referred by a family friend, who has asked that she be interviewed at her home in Kolomotu'a Tongatapu, she is of Methodist religious affiliation, lives with her mother and her siblings, is a stay at home mother who is set to marry the father of her child in a few months.

Sita is a Tongan-born Tongan from Hahake Tongatapu. She is an eighteen year old family member, who has requested that she be interviewed at her family home. She is currently 7 months pregnant and of Methodist religious affiliation. She has completed her secondary schooling, and is now at home awaiting the arrival of her

child. Her family will not let her see the father of her child; however they still maintain contact secretly.

Sofia is a Tongan-born Tongan from Puke Tongatapu. She is a nineteen year old mother, to a 2 month baby, is legally married, living with her husband and her family at her family home. She is of Methodist religious affiliation, has no qualifications and is an at home mother. She has asked to be interviewed at the hospital in Vaiola.

It is the perceptions and experiences of all 18 women, around belonging, sex, pregnancy and support offered where taken into consideration within this thesis.

1.3.6 The Interviews

The focussed life story interviews contained prompts which focussed on research questions (see Appendix C). These prompts covered participant perspectives of culture, family, and knowledge of sex, pregnancy, partner factors and support across their life experiences.

All interviews were conducted using an open-ended format, with the interviewer using the prompts to direct the focussed life-story interview. This allows participants the opportunity to elaborate on ideas that they felt drawn to. The interviews were conducted in English and in Tongan depending on participant's preference. Interviews ranged from 60 to 90 minutes in duration, as time was taken to answer questions concerning the research that may have been raised by the participants at the beginning of the interview.

Once data had been collected from the interviewing process, interviews were transcribed by the researcher and given back to participants to check that the transcribed material reflected the ideas held by the participants in the face-to-face interviews.

1.4 Interview analysis

1.4.1 Analysis theory

Thematic analysis has been selected to interpret the focussed life story face-to-face interview data. It has been described in the literature as a way of seeing something that may not be evident to others. (Boyatzis 1998) In the thematic analysis process, data is collected, and interviews audio-taped in order to study the talk of a session or of an ethnographic interview. From the transcribed conversations, patterns of experiences can be listed and common themes emerge.

The perception of this theme begins the process of thematic analysis. It allows people to classify or encode the pattern. The theme is given a label or a description, and then analysed and interpreted. Thematic analysis enables researchers to use a wide variety of types of information in a systematic manner that increases the accuracy or sensitivity in understanding and interpreting observations about people, events, situations, and/or organisations. (Boyatzis 1998 p. 5)

In thematic analysis the research attempts to build a systematic account of what has been recorded. The initial identification of the themes is exploratory, and is usually referred to as open-coding. Strauss and Corbin (1990 p.62) describe open-coding as 'the part of analysis that pertains specifically to the naming and categorizing of phenomena through close examination of data' or looking in the data for codes. Here coding is the process of defining what the data are all about." (Charmaz 2011 p. 37)

Themes are interpreted out of the data, because the categories into which the themes will be sorted are not decided prior to the coding of the data. As the coding scheme becomes more developed new forms of coding, referred to as axial and selective coding, are used that enable the development of an argument, or central story around which the research report is organised. (Ezzy 2001)

In this study six themes which paralleled the prompts developed through the focussed life stories were identified. These include -

1. The Tongan way – the ‘good Tongan girl’
 - a. brother and sister relationship
2. The importance of chastity
3. Absent parent
4. Family support
5. Societal support
6. A mother’s hope

To provide yet another lens to analyse the interview data I have developed a model to summarise the relevance of these concepts to Tongan people titled the Mo’ui’anga Model which will bring the research together in the discussion (Chapter five) and acts as a tool to illuminate holistic Pacific worldviews that need to be better understood to ensure adequate care is given to adolescent mothers and their children.

1.4.2 Analysis process

Analysis of the interviews involved listening to the audio-tapes numerous times. It also involved close and repeated readings of the verbatim transcripts by the researcher to become familiar with the content. This was in order to develop an understanding of common ‘themes.’

The researcher manually looked for themes, through a process of dis-aggregation and re-aggregation, or a cut-and-paste method. Here common themes were highlighted and cut-and-pasted to match other similar quotes made by the other participants in the study.

The process begins when photocopies are made of the transcribed materials. The

copies are used to identify a classification system for the three headings that the interview questions were classed under. Themes are identified in the text by using highlighter pens to note their presence in the text. The recorded text is thoroughly re-read and all the marked relevant phrases, or sentences of recorded conversation, are checked by going over the audio tapes and transcripts and making sure that the highlighted material is true to the words and experiences of the participants in the study.

Once the colour coding is completed the researcher entered the marked text into the computer, saving each file under the different named themes. The themes will form the headings of the discussion of the findings. The process of re-aggregation begins by re-reading each file saved in the computer. By re-reading the narratives, ideas begin to emerge and discussion begins to take shape. Using thematic analysis themes from the interviews became more apparent and will be discussed in the results portion of the qualitative portion.

1.5 Summary

This section has outlined Pacific methodologies and methods used in conducting this research by understanding the concepts of indigenous epistemology i.e. how Pacific peoples make sense of the world. This thesis uses published guidelines to ensure that research methods used are culturally appropriate the researcher ensures participants are not taken advantage.

This thesis recognises the importance of decolonising the mind so previous assumptions about Pacific issues are not biased by societal opinions imposed on Pacific people. It recognises the role of educators and Pacific scholars in either empowering or disempowering Pacific communities through the delivery of information that they present. Hence, it is important to allow Pacific people to recount their own experiences, what they consider important rather than enforce our opinions as academics on them. As academics we need to realise that while we

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write up their stories, they are the authorities in the matter because they live it on a daily basis.

This section also provides information about the aims of the research methods and methodology, specifically the criteria for recruitment by specifying reasons why the researcher chose to focus on the population group sampled in the study. It provides participants profiles so that an understanding is created early on, of who were involved in the study. It concludes by describing a theoretical overview of the thematic analysis used in the research and also provides a description of the analysis process. This gives a comprehensive account of the methodological processes and methods accounted for throughout the duration of this thesis.

With an understanding of how knowledge is constructed, the following section will review academic literature on anga fakatonga, how it has changed overtime and how it influences the role of women within Tongan society. This will lead to a greater understanding of how Tongan woman are impacted by adolescent childbearing.

2 Anga Fakatonga (The Tongan Way)

Anga fakatonga is the Tongan way of life that is based on love and generosity which are expressed by helping the family and by altruistically assisting or giving of goods or time to help extended family members, friends and the community. Anga' fakatonga is a fundamental attitude and behaviour that is taught to Tongan children and is expected to be practiced and passed to their children as well. Anga' fakatonga is proclaimed as 'ulungaanga o e fonua or anga fakafonua: The way of the land and the people. (Morton and Lee 1996 p.20)

Anga fakatonga is a defining element of the Tongan identity, based on love, reciprocity and maintaining relationships with kin. It is the basis of identity and belonging. The Tongan word used to describe belonging is kau. Kau means "to side with, to be part of, or to take part in. To "*kau ki*" – to "belong to, to pertain or relate to, to be concerned or connected with, or to be favourable or conducive to." (Churchward 1959 p.591) Consequently, to be isolated from, disconnected or shunned by others will have detrimental outcomes on the wellbeing of Tongan individuals, of which adolescent mothers feature. (Morton and Lee 1996)

This section will be divided into two sub-sections.

Sub-section One describes factors that contribute to our notion of anga Fakatonga, how it was traditionally framed before missionary contact. It will go on to discuss changes based on missionary influence, changes in translations and ideas around virginity and courtship.

Sub-section Two - will discuss what sex and sexuality means within the Pacific literature. How current policies influence easier access to sexual reproductive services and information and how the idea of anga fakatonga impacts attitudes towards sexual activity among Tongan adolescents and consequently pregnancy.

2.1 Anga Fakatonga: Woman's Role

In order to understand how much the anga fakatonga is engrained into Tongan society, it is important to navigate through history to identify how knowledge of the “Tongan way” has been constructed, particularly the role of women.

Among the developments within Tonga, were the establishment of the Tu'i Tonga ‘empire’ and subsequently the hierarchical system built on respect and acknowledgement of one’s place within Tongan society.

During both sea and land migration, the building blocks were the kāinga or ha'a, **the extended family or clan**. In this system, the ha'a (**a federation of tribes**) is internally stratified and ranked against the whole societal backdrop. Within this system, the most important socio-cultural element is the concept of hierarchy. All social relationships were, and continue to be based on the concept of who is high ('eiki) and who is low (tu'a). (Kaeppeler 1999; Tupou III 2004) In the overall context of Tongan society, members of the royal family (who were once considered demi-gods) are the highest ranked, with their own unique language. This is followed by nobles who also have their own distinct language. Finally, the commoners are the lowest ranked of the three tiered class system.

Within these three tiers, there are three factors that further stratify people.

2.1.1 Tuofefine/Tuonga'ane relationship

The most important principle is the relationship between tuofefine (sister) and tuonga'ane (brother) where tuofefine is considered higher.

The earliest documentation by Europeans on Tonga, recognised the privileged status of Tongan women, and the esteem brothers showed their sisters and their sister's children. (Kaeppeler 1971) Males are taught and reminded that they must treat their sisters with respect, higher above themselves. They are directed to protect their sisters and the honour of their sisters is also their honour. (Rogers 1977)

Rogers (1977) conducted research in Tonga based on female/male relationships. In interviews with male participants, religious terms were used to describe relationships with sisters. A male participant used the term 'apasia', (inner feeling of reverence) when describing the relationship with his sisters. (p161) In response to a question about the greatest verbal insult that could be directed to a person, male respondents noted anything that reflected negatively on their sisters, for example – "if someone swears or speaks badly when my sister is there, I must hit him or go away" (p163), this is considered a direct attack on Tongan men themselves.

As well as a moral obligation to their sisters, the brother/sister relationship traditionally had a socio-economic purpose, to enforce on the descendants on the male side an attitude of assistance and protection towards the children of their female kāinga. (Collocott 1923) The concept of 'ilamutu ('sister's children') and their tu'asina ('mother's brother'), highlights the obligation of brothers to support their sisters.

During the birth of a sister's child ('ilamutu) an 'umu (food) is provided to his sister on behalf of the brother and his children. His 'ilamutu is said to *faiteliha* (be free of restraint) when dealing with a mother's brother's possessions, an example given to illustrate the traditional function of brother and sister relationship.

2.1.2 Paternal kinsmen and maternal kinsmen

The second factor influencing rank is expressed in the generation above, where an individual's paternal kinsmen are considered 'eiki (chiefly/higher) than oneself and the maternal kinsmen is tu'a (commoner/lower) than oneself. (Kaeppeler 1971)

There is a Tongan expression –

‘Oku te fānau kae pule tokotaha kehe,
‘Although you have children someone else has authority over them.

This expression is made in relation to the authority a father and his siblings have over children, supporting the fact that paternal side is superior to maternal side. The idea of superiority associated with paternal kāinga, is so significant that even illegitimate children raised by their maternal family are expected to know their paternal lineage in order to know their position in society.

The most revered person in the family, is the mehekitanga; (father's sister/paternal aunty), especially the oldest sister. As early as the 1700's, Captain Cook reported the superior rank of the late Kings sister (mehekitanga) and her children, over her nephew, the present king. Traditionally, if an individual wished to marry, the final decision was left to the mehekitanga. A mehekitanga extended control over her brothers, her brother's children and to some extend her brother's wife. (Bott 1981)

As well as gaining respect from brothers, the mehekitanga were thought to have mystical powers. Gifford (1985) mentions the power of a sister's curse in Polynesia. For example, if a title-holding brother becomes too arrogant for the good of the kāinga, their sisters could reduce them and their wives to sterility through a verbal curse. A father's sister powers were also noted to be positive, with a sister able to also bless her brothers off springs. This adds to the reverence given to the female member of the family in traditional Tongan settings.

2.1.3 Older outranks younger

The third factor affecting stratification is based on birth order, where older, outranks younger. (Kaeppeler 1971) This influences the respect and responsibilities given to people. For example while the younger son will spend a lot of time in the plantation, the oldest son being of higher rank will get more opportunities to learn about the intricacies of Tongan culture. Land is traditionally passed down the generations through the eldest son, who also inherits plantation allotment to feed his family. For females, the highest honour is given to the eldest sister, who outranks other sisters based on age, therefore shown the most respect. Like a perfectly oiled engine,

these three factors combined contribute to the functioning of Tongan society and anga fakatonga.

Adherence to these systems shows a respect and appreciation of the Tongan way. And while this has been a part of Tongan society for centuries, the influence of European contact has, to some degree, altered contemporary perception of what anga fakatonga entails. Consequently, the importance placed on living in accordance to the Tongan way will vary depending on exposure to anga fakatonga.

2.2 Missionary influence

In the beginning of the seventeenth century, Tonga was introduced to Europeans. The first were the Dutch followed by the English, the Spaniards and the French, however, of all, none had greater influence or created more controversy than the missionaries. From the onset of their mission, the Wesleyan church encouraged chiefs to convert, aware of a chief's influence over their respective ha'a and kāinga.

Tjibaou (2005 p.265) wrote –

On the Pacific island of New Caledonia, Kanak Chief Jean-Philippe Tjibaou relates tales of generations of Tongans, Fijians, Samoans, and Kanak in struggle against each other. Upon arriving in another territory, warriors would lay down a challenge, "We'll take this island and battle would ensue."

For Tjibaou, islands could not be detached from islanders. This meant that no places could be abandoned. Pacific warriors were not disinclined to violent means to gain political authority, but they gave recognition to and challenged their rivals. This differed from Europeans who disregarded their presence.

Europeans were different – with the mind-set of - we'll take this island because there's no one here. (Tjibaou 2005)

The decision of Taufa'ahau (King George I) to accept Christianity was the greatest advantage the missionaries gained in their struggle to establish Christianity in Tonga. King George I sailed from island to island, spreading Christianity by burning

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down the old temples, killing the priest and desecrating the gods. Although his methods were not Christ like, the missionaries did not oppose his action, feeling that they had gained a victory for the ‘true God’. By the end of his reign as King, George I had united Tonga and converted the people of the Kingdom to Christianity, with that the values and morals founded on Christianity. (Ledyard 1982)

Tongan scholar and theologian Jione Havea uses the biblical text Deuteronomy 22:13-22 to describe pre-missionary encounters with Tongan natives. In this text a man takes a woman, enters her [sexually] but then he lays charge against her and her virginity so she is put on trial and if found guilty will be killed by stoning. On trial, the woman makes her father look foolish by whoring while in his house and even though she may be innocent, she is to remain silent throughout the trial. (Havea 2011)

In this text, Havea likens the virgin to pre-missionary encountered natives. When the missionaries arrived in Tonga, the native (virgin), were yet to be influenced by their husband [the missionaries]. This represented the role of women who are expected post-contact to be submissive. In both cases the voice of the virgin [woman and native alike] is taken from her, she remains silent while others decide her fate. In the same sense, Havea argues that Tongan's were taught to be submissive and adopt western ways without questioning.

In Samoa, as Christianity became more common, Samoans separated themselves from many of their pre-European customs, also viewing their past as a time of darkness, (Shankman 2006) similar to experiences in Tonga. (Bhabha 1994) Consequently, pre-contact ideas and practices became lost or distorted as events were either romanticised to make things appear better than it was (positive towards the missionaries) or silenced if they were seen as reflecting negatively on their history. (Sugirtharajah 2002)

As a result, Pacific Island natives came to be seen as primitive savages who needed to be civilised and domesticated. (Hau'ofa 1993 p.3) Yet, memoirs from traders who

were in the Pacific during the same time described Pacific Islanders as perfectly harmless. (Macdonald 2001 p.23)

Reflecting on early western interpretations, Pacific scholars have raised questions around what it was that missionaries really wanted when they saw Pacific ancestors as primitive savages. (Zizek 2003; Hau'ofa 1993; Havea 2011) When examining Christian values in parallel to the anga Fakatonga and its kāinga system (the idea of love, generosity and reciprocity and supporting the extended kāinga) fell in line with Christian values, so why did the introduction of western ideologies shift the importance given to the kāinga to the nuclear family, weakening social bonds.

Fanon links the works of the missionaries to colonialism, not satisfied merely with holding a people in its grip and emptying the native's brain of all form and content but by a kind of perverted logic; it turns to the past of the oppressed people, and distorts, disfigures and destroys it. (Fanon 1990, p169) Havea (2011) takes a benevolent approach towards Pacific people that is not always considered in academic literature. He suggest because missionaries failed to initially convert them they branded them savages impacting the way Pacific natives viewed themselves.

While authors provide insight into the adverse effects of missionary encounter, (Havea 2011) there are recorded benefits of missionary contact. Missionaries worked hard to stop both premarital and extramarital sexual intercourse. This slowed down the spread of venereal diseases benefiting Tonga. (Ridgell 1995) They also bought about a stop to cannibalism, mediated tribal wars and head hunting.

Missionary influence also brought about the establishment of schools, hospitals and formations of relationships between foreign countries and Tonga which continues to benefit Tonga today. (Ridgell 1995) The Tongan Constitution written up in 1875 was largely influenced by a missionary Shirley Baker, which has helped protect the loss of Tongan land. (Latukefu 1975)

2.2.1 Impact of English translations

Tongan scholar Helu claims that inaccurate translations prevent an understanding of how society works because unless there are established ways of working, for instance an accepted patterning of the community of interest, there is no society. (Helu 1999)

Even the meaning of Tuofefine and Tuonga'ane, is not captured by its English translation of sister and brother, because it does not display the importance of individuals. For example, all brothers and all male cousins of any woman comprise her tuonga'ane, all sisters and female cousins of any man comprise his tuofefine.

Prior to European arrival, Tongan language did not have an equivalent for the European-Christian concept of the nuclear family. Sometimes the word 'api' ('home' or 'dwelling'), is used but this is further evidence for the absence of the concept in traditional culture. Post-contact Tongans have attempted to fill in where they believe Tongan culture was lacking.

One way was to 'Tonganise English' categories for example, famili (family), 'aniti (aunty), kasini (cousin) and 'angikolo (uncle) – categories which were absent from the traditional Tongan system. Words were also meddled with using the suffix - 'aki [meaning - in the role of] to the traditional categories to make up for the Indo-European ones thought to be missing from the Tongan system. For example, in addition to "Tamai" which in the traditional system relates to any member of the group that includes father inclusive of all paternal uncles and all male cousins of the father, contemporary Tongans now have Tamai'aki to serve for paternal uncles and male cousins of the father.

Prior to the use of the suffix 'aki aunties, uncles and cousins were no different to mother, father, brother or sister emphasising the closeness and support in relationships of kāinga prior to western influences. This sociolinguistic

accommodation to correct a supposed defect in the traditional system has been a continuous process and has played a large part in changing the form of kin relationships. (Helu 1995 p192) This has, to some extent watered down relationships between kin overtime and the support given to young people.

2.2.2 Impact on marriage

The spread of Christianity also transformed traditional views of marriages and appropriate behaviour among women. During pre-contact Tonga, there was no general term for 'marriage.' The English word for 'marry' has been adopted in the Tonganised form mali. Traditional 'marriages' were fluid arrangements, aimed solely at socio-political advantages. These 'marriages' did not last long and the parties broke up and went on to form other similar but new arrangements and for similar reasons. This character of the Tongan marriage, in pre-missionary times is borne out by the saying: "Koe mali koe kakala pe ia" (The spouse is but a garland of flowers') you wear it for a short time and then give it up for another person to wear. (Helu 1999 p.71)

Great chiefs often had numerous concubines; however it cannot be assumed that women were inferior in any way to men. Genealogies show that great ladies frequently had many lovers. The system was free and easy, and the women fared as well as the men. (Collocott 1923a) Although unions were marked by extensive ritual, the bond was easily terminable and no life-long guarantees were expected or given. (Collocott 1923a) This was considered the Tongan Way, and the actions of these women were seen in the best interest of the ha'a/ kāinga.

Before the arrival of missionaries in Tonga, women could improve the socio-political ranking of her kāinga in two ways. Firstly, low-born woman of phenomenal beauty were often married off or became concubines of high ranked chiefs, and secondly chiefly woman often married others of high rank. In this sense, a woman became an asset within the ha'a and kāinga system. (Helu 1999)

The first class is Va'epopua who used her beauty to ascend her tribes rank within society. Legend has it that 'Eitumatupu'a [a god] climbed down, but Va'epopua's kāinga climbed up, when 'Aho'eitu, the first Tu'i Tonga, ascended up the toa tree in search of his Godly father who fell in love with his mortal mother [Va'epopua]. (Helu 1995) It was considered an honour for a girl to attract the attention of a chief of high rank, and apart from marriages marked by the extravagant exchange of gifts; there were many less formal unions.

With this said, the unions between men and women were received differently amongst the ha'a. For a man to submit to the attraction of a girl of inferior rank was not uncommon as seen in the example of 'Eitumatupu'a and Va'epopua, but for a woman to give in to an inferior male was rare. A male of inferior rank aspiring to court a female who is considered of higher rank, was often resented by other men as offensively presumptuous, highlighting the esteem women received within this system. (Rivers 1910)

High-ranking women of prestigious lineages such as Tupou Moheofo were married into the more powerful lineages in order to raise the blood rank of the future male heads of the chiefly lines. (Afeaki 2004) The role of chiefly women was mobile where there was a push-pull function with male chiefs at the pulling. The tuofefine mobility was in fulfilment of powerful chiefly demands. During these times it was also not uncommon for the wife of a chief to obtain other wives for himself. The whole custom of fokonofo – the giving of a sister or sisters or female cousins of a chief's wife as concubines to the same chief reinforced this dynamic interpretation of tuofefine mobility and strengthened tribal relationships. (Helu 1995)

In the latter part of the nineteenth century, King George Tupou I enforced Christianity among Tongan people. Christian beliefs [values/morals] became engrained within Tongan culture, to the point where present generation assume it to have always been a part of the Tongan way of life. The introduction of Christianity

bought a shift in the traditional role of women, styles of courtship and marriage. Marriages changed, where bureaucratic administration, prompted both from the monarchical state established by King George Tupou I in 1875 and from older church organisations, enforced the requirements of legal registration and Christian monogamy on Tongan marriage. (James 1997)

Nevertheless, change did not occur instantly. At the end of the eighteenth century a craftsman in the party sent by the London Missionary Society (LMS) to Tonga fell in love with a Tongan girl, and a date was set for the marriage.

Previous to the ceremony the missionaries explained to the young lady the nature of the bond she was about to contract, but at the mention of a lifelong union she quickly refused to go on with the marriage. She was prepared for a union for as long as their mutual liking dictated but would not be bound "till death do us part." (Collocott, 1923a p.225) Here, the young lady was not willing to give up what she felt was her right as a woman, to be able to break free from unions she did not feel compelled to be in.

In 1923 Collocott describes a wedding in Tonga in the 1920's –

The bride is joined by her lover, and together they present themselves before the minister; friends and relatives crowd in after them. They hand over the permit to marry issued by the Government, without which Tongan citizens may not wed. The short Church marriage service is soon finished, certificates are signed, a small fee is collected, and the officiating clergyman. Usually no ring is given, but all the civil and religious procedure is essentially the same as marks the espousals of an English country youth and maid. All is in fact conducted under an English legal instrument which owes its being to the Western Pacific Commission. The civil and religious ceremonies have the same validity as in England, to confer legitimacy on offspring, and ensure rights of succession (p221).

This extract is used to show the changes in Tonga as early as the 1920's, which have become the norm within Tongan society both in Tonga and abroad; the idea that marriage is legitimised only when civil formalities are taken into account.

Missionaries also altered the role of woman with the introduced concept of "a good

Christian wife” who, as good Christians followed the head of the family, the husband. The characteristics of the good Christian wife can be mimicked in the interpretation of the good Tongan girl. Here, the role of woman changed, from the importance of “sisters” who were ‘above’ their brothers taking a back seat to the role of the obedient wife, submissive to husband.

In modern context, a Tongan girl is still expected to present herself with the utmost by remaining a virgin until marriage. Where rank was once the most significant element in Tongan society, perseverance of virginity now takes precedence. The inability to do so reflects negatively on a woman’s kāinga, particularly her male family members who are supposed to protect their female kin. This is an example of how post-contact interpretations of the bible influenced alterations in what is considered the “Tongan way.” Consequently the relational dynamics between male and female has changed in the span of a century. (Guttenbeil-Likiliki 2007)

2.2.3 Virginity

Havea (p12) uses the concept of virginity to describe the changes that occurred due to western contact -

If virginity signifies the purity of a subject who has not been penetrated, violated and invaded, what have Christian missionary positions done to native culture and the pacific Islands and beyond? Oh how our cultures have been turned into whores.

Havea (2011) argues that Tongan natives were stripped of their authenticity where the Tongan way, though given the title anga Fakatonga has been adulterated to the point that for a Tongan living pre-contact it would be unidentifiable. This raises the question – at what point of time did Tongan culture become Tongan culture? Did Tongans define their identity or was it something imposed on them by outsiders masked with a Tongan name?

In Tonga, pre-contact, virginity for chiefly women at first marriage was encouraged and prized, but was not insisted or tested as rank was always more crucial than past

sexual behaviours. (Ferdon 1987) Unmarried, non-chiefly women, and women of all ranks who were separated from their partners or widowed could make whatever sexual liaisons they liked, short or long term. At no level in society was marriage considered a permanent life-long commitment, and most partnerships, chiefly or commoner could be dissolved at will by either partner. (Ralston 1990)

Amongst the commoners no formal marriage ceremony was conducted, and the marital roles of husband and wife were not as consequential as blood related ties. Gordon (1996) argues that within traditional Tongan society, wives always stood in poor contrast to sisters who to their brothers always remain, in a sense, the unobtainable virgin.

When examining literature on the significance of virginity in Tongan history, findings from Samoa were also noted as the two Islands shared similar experiences. (Helu 1995) In Samoa the taupou (ceremonial hostess) system involved only the upper ranks of Samoan society where the taupou system governed the marriages of daughters of high-ranking chiefs, idealizing their virginity and protecting them from unwanted seduction. In pre-European Samoa, the daughters of chiefs fashioned political alliances with other chiefly families in a marriage system that was polygamous. This is similar to the Tongan system that encouraged virginity amongst chiefly women for first time marriages, but for political purposes to strengthen ties within and between villages.

With the introduction of the missionaries to both Tonga and Samoa, missionaries encouraged Christian marriages and virginity for everyone who was single irrespective of rank. Virginity became the religious and societal norm for all young women, with premarital and extramarital sex strongly condemned. (Schoeffel 1995)

In a study conducted in the 1970s, Viopapa Anandale (1976, p59), a Samoan researcher, noted that -

The attitude of the Samoans to sex is, like their religious attitudes, rather ambivalent. Strict moral codes are laid down and seemingly enforced.

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However, for a long time we wondered why it was that so many unmarried girls were getting pregnant in spite of frequent approaches by us [about family planning] until we discovered that these girls were far less ashamed of having an illegitimate child than to be known to be using a contraceptive. Using a contraceptive was an admission of her sexual activities, whereas a pregnancy was said to be caused by a chance encounter.

In this example, admission of not being a virgin is more condemning and shameful than falling pregnant.

This is best understood by making a distinction between shame and guilt culture. (Dodds 1963) Helu (1993) argue that Tongan culture fit into shame culture, where shame or loss of face is avoided like the plague. This is why it is not uncommon for young woman to hide sexual activity. In shame culture, cultural mishaps or shortcomings are fully concealed, while achievements are boosted. (Helu 1993)

Consequently, it was common to cover up the promiscuous past of our female ancestors out of shame, even though, living in their context, these young ladies acted in the best interest of the extended kāinga and would have been considered good Tongan girls in their time. Nowadays if a young woman had an ancestor who had multiple partners in the past, it is viewed a *mala*, a curse/embarrassment on the family. Bringing up loss of virginity is a topic that is avoided at all costs, only used to insult descendants of that person. This highlights what virginity once was and what it has become within contemporary Tongan society.

2.2.4 Courtship

As well as observing the changes in the importance given to virginity, differences in methods of courtship are also evident within the Island kingdom. From the 19th and 20th century religion had an impact on sexual and social behaviour. Practices such as polygamy, public ceremonies witnessing a bride's virginity, arranged marriages of young people; institutionalised homosexuality and marriage of close relatives were frowned upon and eventually eliminated through the influence of the church. (Rosenthal 2003)

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During the beginning of the 20th century, in western society a young person's family and community closely supervised his or her search for a suitable mate. Among the middle and upper classes, a young woman and her family would invite or accept a young man to call on her in her home. The young women had the power, and she and her family controlled the length of time and the environment of the visit. (Bogle 2008) While this has changed considerably over the decades in western society, within Tongan culture this has been readapted and merged into cultural practices. It is considered the norm when dealing with the good Tongan girl, largely influenced by principles set by the missionaries who shared these earlier courtship norms.

The most traditional method of dating recorded in Tongan literature occurred in night-time kava drinking sessions among adolescent unmarried boys better known as faikava eva. This involved a kava party of young men who go to a young woman's home and requests her parents' permission for their daughter to mix and serve kava for them in the girl's home.

The group of young men would either compete with each other in courting the girl or as a group they may let only one of them court the girl, while they all support his efforts by singing beautiful love songs and encouraging the young man, directing the interest of the girl to the young man concerned. Heliaki is used within the dating process, where the young man expresses his feelings through rich metaphors revealing his affection for the young woman. If the male and female come to an agreement, their respective families (most notable paternal family) are informed. Their decisions are binding and they determine date, the type of celebration for the wedding and if the marriage is to go on or not. (Helu 1993)

To be asked to make kava is a public measure of a girl's admiration and sexual desirability, and she does not refuse without good reason. While her father accepts and even encourages such references, the girl's brothers avoid being present where she is making kava, and in all social contexts they either leave or become angry when any sexual references are made to their sisters. (Marcus, 1979) This avoidance

extends to all of the male cousins, who are also classified as the girl's brother's underscoring the taboo nature of discussions of relationships amongst brothers and sisters. (Helu 1993)

Young people now conduct their courting and dating in dance halls and in night clubs, and the use of modern technology such as mobile phones and the internet has further expanded the networks of dating. (Morton 1999) These newer communicative means allow people to gather from all over the place, irrespective of rank and social status and though it may be disapproved by the family, young people do not require parental consent or including groups of people to utilise these mediums. (Franklin 2008)

These examples show that with the changing times, forms of dating and courtship amongst Tongans have changed also. In saying that, while some may adapt to the modern way of dating, there are still others who consider the traditional methods of courtship more appropriate and still very much relevant. This emphasises the fact that culture is not stagnant, that among Tongans the importance placed on anga fakatonga will not all be the same.

2.2.5 Summary

This section describes the significance of anga fakatonga and how it has been framed and altered over time. It describes the hierarchical system within Tonga and how no two people are ever considered the same. In traditional Tongan society, ranking and stratification set the basis for anga fakatonga, where ranking by gender, paternal lineage and age was the foundation of Tongan society. However, with the prestige given to Tongan woman in the kāinga, comes responsibility to act in the best interest of the kāinga and for males to provide for their female kin. Hence, an individual is tied to their kāinga, a young women's pregnancy directly affecting her kin.

The influence of missionary contact is documented in detail. Missionary contact reshaped language, ideas of virginity and courtship and policy reflective in the

Tongan constitution and the legalising of marriages. Consequently, conversion (which began by force) led to the adaptation of western ways, to the point where, what the missionaries initially taught natives is now considered anga fakatonga. This altered the dynamics of the hierarchical systems and the support given to Tongan woman who are now impacted by male dominated western views.

With a historical understanding of how the concept of anga fakatonga has been developed and an understanding of the role of women within the Tongan family the following sub-section will now discuss how ideas around sex and sexuality has been developed within the Pacific in order to understand how sexual related issues surrounding teenage pregnancy would affect adolescent Tongans.

The purpose of doing so is to better understand the experiences of young mothers who participated in this research. How their sense of Tonganness can influence the sexual activity of Tonga young woman and the way participants are received as young mothers.

2.3 Sex and sexuality in the Pacific

2.3.1 The concept of Sex in the Pacific

In "The Traffic in Women," Gayle Rubin writes

"Sex is sex, but what counts as sex is ... culturally determined and obtained" (1975, p165).

How sex is defined and how it contributes to knowledge is important in better understanding how Pacific adolescents interpret sex. Studies relating to "sex" and the "South Pacific" has predominantly come out of Samoa. Their findings are important because Mageo (2002) and Huntsman (1995) both note the similarity and adaptation of cultural norms amongst Tongans and Samoans.

Some of the earliest Pacific scholarship points to the changing classification of what is considered sex, showcasing the contradictions between the works of Margaret Mead's and Derek Freeman in Samoa. Cote (2013 p26-27) argues that the Samoa Mead studied was a society in transition, and that transition had advanced markedly by the time Freeman challenged Mead's findings. One of Mead's respondents described traditional sexual practices this way:

Women who desire men excite them by handling. Boys proceed from breast, navel, abdomen, clitoris, vagina, using hands and lips. Women have intercourse long after menopause. Desire is very strong and tries to entice boys. Desire is very strong. Boys who can't get girls go to them.... Boys will try to abort girls because otherwise everyone would know that he is a very bad boy. Boys like virgins and girls like experience. Hymen usually broken with fingers, occasionally bitten (Mead's transcribed field notes, Box N2, dated 29/3/28, p. 76-77)

In this extract, the normal practice of oral and manual sex along with the prohibition against intercourse could be primarily to protect virginity.

Within her study Mead asked

If a girl has a baby without being married, what is she called?" Her informant answered, "Toefale, and the boy is called tama toefale." Mead asked, "Even if the father and mother get married and the baby is born about five months later?" Her informant responded, "yes. And suppose it is a girl, then when she is grown up and someone is mad at her, they call her tama toefale... (Mead's transcribed field notes, Box N2, "Mead field trip 1925-26," p. 3).

Mead argues that sexual freedom was common in Samoa, however the idea of becoming pregnant had negative connotation attached to it, considered a disgrace for all involved.

By the time Freeman studied Samoa, what counted as sex had been radically transformed, largely due to the missionary influence, much to the detriment of women and girls. (Grant 1995) Decades after Mead's study, Bonnie Nardi (1984) asked mothers to describe the advantages and disadvantages of having girls versus boys. Mothers agreed that the chief problem with girls was boys. They worried about daughters getting pregnant and disgracing themselves in this manner, rather than about virginity.

In a study on suicide trends in Western Samoa (McPherson and McPherson 1987 p15) the seriousness of sex is taken to the extreme. The threat of discovery of sexual immorality are prominent causes of suicide and include cases of lost prenuptial virginity, adultery in prominent families, incest, elopement of a village virgin (taupou) and an 'inappropriate marriage' contracted without consent. In these cases the people involved believe that they have become, or will become objects of ridicule choosing to take their lives before the 'facts' become public.

The term for such acts fa'ato'ilalo aiga means, literally to '**cause the family to sink down**', and the more colloquial term toso i lalo le aiga, means, **to pull down the family**' and leaves no doubt about agency. What is consistent with these publications is the connection between an individual's action and her wider community (family both immediate and extended). Therefore the act of 'sex' can go beyond the

individuals performing the act; it has the potential to influence the rest of the family, ainga or kāinga.

In Samoa, by the 1920s although the taupou and many other aspects of Samoan tradition had changed significantly loss of virginity was still frowned upon but for religious purposes and though physical punishments may not have been as severe as it was for taupou's who were not virgins during the defloration ceremony (i.e. beating and head shaving), the shame of not being a virgin was still very much intact.

In a more recent examining the roles and responsibilities of some Samoan men in reproduction, Samoan men and women were asked questions about their perceptions of sex, sexuality and reproduction. Two words commonly used to refer to sex or sexual relations were fai ainga (forming a family) and feusua'iga (forming sexual relations). Almost all of the participants stated that they found it difficult to discuss sex or related matters with their children, where it was a topic left for them to discover for themselves. (Anae et al 2000)

Within this study participants acknowledged stigma attached to woman who had given birth to children out of wedlock. In many cases this ma or embarrassment led to woman attempting to abort their unborn child. The stigma and shame resulting from a pre-marriage pregnancy was echoed through the woman's stories with participants noting that -

"Having sex before marriage without falling pregnant is in itself shameful, as long as one is able to keep it out of public knowledge, not going to bring the family into intense shame." (Anae, Nite, Mariner, Park, Suaalii- Sauni, 2000)

Consequently, getting caught either through becoming pregnant, or in the act of sexual intercourse or developing a reputation as being promiscuous brings public and personal shame not only for the individual but also her family. In addition to the shame, comes the difficulty of finding a man who will respect you enough to marry you despite you having a child to another man.

In Tonga, there are important times within a young woman's life that act as a catalyst for change, in terms of the way young women are treated. For example, traditionally a young girl's first menstrual period is a celebrated event because it not only shows that the young girl is entering womanhood but extends further to the fact that she is able to biologically have children. It is usually at this time that security over a young woman is increased as parents become more watchful over the actions of their daughter. (Morton 1996)

This security or over protectiveness extends beyond the adolescent years. Guttenbeil-Likiliki (2007) explain that if a young Tongan girl gets pregnant prior to marriage irrespective of whether she is 17 or 27, she is still referred to by the family as finemotu'a vale, or stupid old female, because she has put herself in that situation. However if a brother has several illegitimate children, he is referred to in a more comical way and is not ridiculed as severely as his sister.

This underlines the doubles standard placed on male and female children that will be explored in detail in chapter five. Tongan mothers interviewed during a teenage pregnancy survey said that this is because they spend so much time taking care and showing full attention to their daughters—when something happens they feel as if they've wasted all that energy looking after their daughter. (Guttenbeil-Likiliki 2007 p161) If the same situation occurs with a son where he got a girl pregnant, the mother of the young girl is partially blamed for not playing their part in guarding their child's chastity. (Morton and Lee1996)

In a Pacific Youth Technical study by McMurray (2006) which comprised of discussions with Sexual Reproductive Health workers throughout the Pacific, it was discovered that teenage needs within the Pacific are often not clearly understood with existing Youth programs often excluding school dropouts, homeless adolescents, and teenage sex workers, who are at increased risk of teenage pregnancy.

Pacific adolescents in the Pacific Islands are said to lack accurate knowledge about

reproduction and sexuality and do not have access to reproductive health information and services, including contraception because of the taboo nature of the topic. It is something that is not openly discussed. (McMurray 2004)

In literature based on Pacific communities in New Zealand, it is considered culturally inappropriate for children to discuss sexual health with their parents. In both the national youth2000 and youth2007 studies, Pacific young people are less likely to access sexual health services compared to other ethnic groups; and are more likely to be concerned that others may find out that they are sexually active. (Denny, Grant, Utter, Robinson, Fleming, Milfont and Watson 2011) This shows that this is not just an issue in the Pacific Islands but transcends overseas also.

This thesis underlines a major scarcity of qualitative documentation on views held by Pacific adolescents on sex, marriage or teenage pregnancy; or on how their perceptions of these three things are shaped. This would be beneficial for understanding what Pacific adolescents know in relation to sexual reproductive issues, and how information and services can be better developed so that they will be accessed within Pacific communities.

2.3.2 Summary

This section describes the sensitivity of sex related topics within the Pacific. The academic literature suggests that sexual freedom once existed but due to a shift in societal norms and the emergence of western and Christian beliefs things changed.

There is a reluctance of parents to communicate with adolescents about questions relating to sex, and an equal discomfort among children to seek advice from parents or services. This can be related to the taboo nature of this topic, whereby sex is viewed as something that should be done within the realms of marriage.

Although sex is a taboo topic, young people are still very much sexually active. However, it is usually secretive and in settings that promote unsafe sex. In these

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cases adolescent pregnancy brings shame because it uncovers the fact that young woman are sexually active.

Pacific adolescents are less likely to access sexual health services (despite having higher STI and teenage pregnancy rates than other ethnic groups, except for Māori) in New Zealand however the literature is vague in determining why that is? While these studies provide useful insight into what sex entails for Pacific populations; the views of adolescents living in New Zealand, within the past decade have not been accounted for. This is something this thesis adheres to do.

3 Let's Heliaki (talk indirectly)

3.1 Introduction

This section examines the poetry of three Tongan women to showcase that while literature usually class ethnic groups as a single homogenous groups, intra-ethnic variations in the experiences of Tongan women exist that need to be acknowledged and better understood. It will cover island-born (Queen Salote), migrant (Konai Thaman) and New Zealand-born Tongan (Karlo Mila-Schaaf) perspectives of 'being a Tongan woman' used to trace the changing contours over space and time of Tongan perceptions of Tonganness at various levels of being a Tongan woman and associated themes of family, reproduction and child-bearing.

In Tongan society great importance is placed on oracy, and though historians continue to debate about its validity within Tongan culture, this cannot be ignored. (Daly 2009) Latukefu (1966) argues that it has only been in the last two centuries that written records have been documented, oracy was always present.

The use of Poetry has been a part of the historical makeup of Tonga throughout the ages. Prior to literate times, there were always rich traditions of oral poetry, chanting and songs within the Kingdom. Used as a basis for sharing stories, preserving history and genealogy and evoking emotions amongst the people these traditional forms were often marked, by a strong affiliation with the local environment, with meaningful places, with features of the landscapes, the names of places and a commemoration of local history and past people, with the use of metaphor adding to the richness of the message.

A Tongan word close in meaning to metaphor is heliaki. The anthropologist Adrienne Kaeppler (1993) writes of heliaki and Tongan society:

"The important aesthetic concept here is heliaki, indirectness (to say one thing but mean another), which requires special knowledge and skill to compose and understand. The composer manifests heliaki in metaphor and layered meaning, skirting a subject and approaching it repeatedly from

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different angles. Hidden meanings must be unravelled layer by layer until they can be understood, for one cannot apprehend the poetry by simply examining it. The most important Tongan arts are verbal, incorporating social and political philosophy and encapsulating the ideal of indirectness" (Kaeppeler 1993 p. 497)

Comparative research shows a preference for "indirect verbal interaction" among collectively oriented cultures, in contrast with the preference among individualistic cultures for "straight talk." (Ting-Toomey, Gao, Trubisky, Yang, Kim, Lin and Nishida 1988) When corresponding with the participants, the subconscious use of heliaki or speaking indirectly is echoed within the stories. Mila-Schaaf (2009) highlights the significance of metaphor and of poetry by asking –

"How do we speak our awkward truths, so raw that they glimmer and glisten, so painful that we cannot carry them inside us silent? We do this through metaphor (p5)."

Mila-Schaaf (2009) goes on to note that it is no accident that Pacific women, proliferate in poetry. She argues that for women, poetry becomes a means for saying the things that can't be laid bare, cloaked in the suggestive shimmy of simile. She summarises it by stating -

"We are mobilising the metaphoric ambivalence of the maybe. We are veiled in allusion. We dance, move, mimic with our words, suggestive and sensuous. We say nothing straight, but we say everything that needs to be said. Everybody hears us, which version they feel is dependent and multi-possible in the wonderful fluidity between fictions and truth-telling. This is where we speak ourselves. This is where we find each other" (p6).

These are reminders that Europeans did not discover poetry (Thaman 2000 p12); it has always been a part of the Tongan way of life. Traditionally Tongan history was passed on through the social classes and from one generation to another in the form of 'talanoa' (talks) of which Tongan poetry features.

Orality is a common feature of Tongan poetry where every poem was ultimately meant to be chanted, sung, or performed. It was how information was passed on and preserved. The ability to weave words together was and still is considered an art-form.

The significance of poetry to Tongan people is a reason why it is used in this thesis. It will highlight themes that as woman, we do not talk about directly, yet mask indirectly. Consequently, poetry of Queen Salote, Konai Helu-Thaman and Karlo Mila-Schaaf will be explored. These poets have been chosen because they are Tongan women with diverse contexts. The first is born in Tonga and is of noble bloodline. The second is born in Tonga but domiciled in Fiji (overseas), and the third is a NZ-born Tongan woman who was born and raised in the diaspora. Their contexts mirror the contexts of the participants and provide greater insight into the things they shared. In this thesis poetry provides deeper insight in addressing literature and answering the research questions. They also provide another perspective to elucidate the participant stories.

3.2 Queen Salote: The celebrated Tongan woman

The most renowned female in Tongan history is Queen Salote Mafile'o Pilolevu Moheofo. Reigning as Tupou III from 1918 to 1965, she personified Tongan values both pre and post contact and conveyed these values through her compositions of allusive poetry. (Kaeppeler 2004) Queen Salote maintained pre-contact values through her knowledge and perseverance of history, and the value she placed on the kāinga system. She also lived by the morals introduced by western missionaries playing the loyal Christian wife.

The most celebrated Tongan poet of the twentieth century, her poems reveal the depth and beauty of the Tongan language and preserve the history, customs and traditions of Tonga, personifying the good Tongan girl. In order to comprehend how she got there it is important to know how she started.

In 1899, King George Tupou II married Lavinia Veiongo from the Tu'i Tonga lineage, despite the wishes of the majority of his chiefs who wanted him to marry 'Ofa-ki-Vava'u - a member of the Tu'i Ha'atakalaua line. Inviting both women to dine at the palace each entered on separate occasions. The king placed a seat next to his own,

and asked his prospective wife to sit. 'Ofa-ki-Vava'u sat in the empty seat, however, Lavinia Veiongo, upon being in the Kings presence, chose to sit on the ground as a sign of respect. This is referred to as 'anga fakatokilalo', a sign of humility and humbleness. This was written down in history as the reason he chose Lavinia Veiongo as his bride. Consequently, Tupou II and his bride feared to leave the Palace, in case one of the rival groups attempted an assassination. In 1900 Salote was born, and although the second most important female in Tonga, she was not always welcomed outside palace grounds by 'Ofa-ki-Vava'u supporters.

In 1902, Queen Lavinia died, allowing King George II to marry Takipo a sister of Ofa-ki-Vava'u. A young Salote was sent to New Zealand for 'education' but also because it was the custom of Tonga that a defeated rival (the daughter of Queen Lavinia) should be sent into exile. (Wood-Ellem 1999) This is important within Tongan history, because these events explain her desire to be accepted and to unite Tonga as a Kingdom.

Though the king remarried, he did not produce a son, therefore Salote became the next in line to take the crown. Aware of the conflict that his choice of bride had made within Tonga, King George II knew the importance of choosing someone for his daughter that would be "acceptable" amongst the people. In her autobiography, Queen Salote states that she would have married whoever her father chose for her, however, she was fortunate in that she loved Tungi Mailefihi, whom she married in 1916. (Wood-Ellem 1981) This is an example of the obedient, traditional voice that Queen Salote represents, and personifies the Good Tongan Girl accredited to a female who maintains the *anga fakatonga*, doing what is considered best for the *kāinga* irrespective of how one feels. (Wood-Ellem 2007)

The Queen and her consort adopted the traditional functions of the sister-brother of the traditional hierarchy, aiming at creating a *kāinga* of the whole nation. They lived their lives with an emphasis on maintaining traditional gender role and preserving

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Tongan traditions. This would have influenced the rest of Tongan society, who looked up to royalty to lead by example. (Helu 1995)

The ability to heliaki was an art form in itself, of which Queen Salote was a master. Taumoefolau (2004) affirms that the predominant theme that Queen Salote is concerned with in her poetry is the celebration of her 'uhinga' or identity. Her knowledge of Tongan history and lineage is portrayed through her poetry and songs, illustrating a vivid understanding of the times, both pre and post European contact.

Morton and Lee (1996) studied the process of socialisation in Tonga, note that for females' chiefly behaviour is characterised by a display of reserve and control in terms of conduct and disposition. Control is displayed through the high value place on virginity, immobility (the idea that woman should sit or stay put within the confines of her home), social and emotional restraint (for example, controlling great anger), beauty and cleanliness (in both the physical and moral sense of the world). Tongan women are to behaving in a polite, humble and respectful manner - this is evident in the writing of Queen Salote.

Rather than describe connections directly, she referred to them using symbols. The two main types of symbols consistent throughout her writing are the use of flower symbols, and symbols for places where publically shared words are formal, translated in a way that does not question young ladies integrity. An example of using flowers as imagery can be seen in her poems dedicated to Prince Tungi. In this poem, her consort is likened to a gardenia, the Queen's favoured flower -

Gardenia, my favoured sei,
Your fragrance engulfs this love of mine,
Your ways are impressed on my mind
and tears stream down.
I surrender, fragrant huni,
I yield to you my loyal love
As stepping stones to your fale fataki
They are precious stones to me. (Tupou III p174)

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Written after her consort's death, she refers to Tungi as the gardenia and although she does not imply it directly, it is obvious that his memory was something that was deeply embedded within the life of the queen – like a sweet fragrance that always draws her back to the memory of her love, these are examples of Heliaki.

Queen Salote is conservative in the sense that she does not, in any of her poems, talk directly about intimate areas of her relationships or allude to direct sexual connotations. Yet the depths of her love are reflected in the richness of her imagery. She calls him loyal and makes mention of how much it meant to her, likening his love to precious stones. In the same poem she goes on to say -

Happy are the waves that wander
From the Ocean to the Harbour
Ships sail to and fro upon them
while I live useless and rejected.

Ah, promise gone astray,
Buried beneath the polar snow
Heart crying for forgiveness
Or some remaining recollection
Ah me, ah me, little did I think
Little did I know it would come to this?
Your ways are impressed on my mind
and tears stream down. (p176)

Queen Salote uses terms such as rejected, heart crying, and tears stream down to depict her grief over her loss. Mention is made of waves that wander from the ocean to harbour while I live useless and rejected, implying that while ships are able to sail to and fro and people are able to go here and there, she is confined to the boundaries of her land, her title, her role as Queen and custodian of her people, keeping her from taking a break or getting away, without saying there is an undertone of restriction. She writes "*little did I know it would come to this,*" alluding to the notion that she was not prepared for his death. Her use of metaphoric language is extremely beautiful, reflective of her proper manner yet showcasing the passion that she has for her consort hidden through the imagery in her poetry.

In another poem to her deceased consort titled *Oketi* translated Orchid, in some of

the stanza's she writes –

This body has become a thing of no worth
Overcome by all-conquering love
For your image of precious stones
I will string them for my garland
The shade of evening beckons
To which I direct my lamentations
If the magnitude were only known
Of the love (I bear) for the bouquet of langakali (p195)

Her love for Tungi is likened to precious stones of great worth similar to her *Gardenia* piece. It is his image, his memory that guides her deep mourning for her lost love. The poem goes onto say -

Alas that this body, sweet enticement to gossip
Is only poison to your mission
Yet do you not see, Gladiola
This love of mine may never end (p195).

While Tongan and non-Tongans scholars a like use this poem to epitomise Queen Salote's love for her late husband (Tupou III 2004), elders (commoners) informally talk of how it hints to the rumours of his extra marital affairs highlighted in the lines "Alas that this body, sweet enticement to gossip, is only poison to your mission." However, this is never documented in literature as it imitates the shame culture that is never openly spoken of. Despite these rumours and the obvious hurt it would have caused her if they were true Queen Salote remained the devoted wife, never making statements that put her husband down or insinuating that rumours were true, instead it talks of a love that never end. The same can be said of her considerations of Tonga.

In a poem based on her beloved Tonga, there is pride in being a Tongan. In an extract from her poem titled *Jewel of the Pacific* she writes:

Newspapers spread tales of Hawai'i
How enchanting the hula, how sweet the singing
Surfing place of the handsome locals
How my heart longs to march with the time
But my resolute love has anchored here
Ve'eve'e heilala the incense

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Untying the knots in a mind perplexed
Dear Tonga excels, jewel of the Pacific
(Tupou III 2004 p. 68)

In this poem, she talks about her desire to venture out and see different things. She praises the other Pacific Islands, however at the end of each stanza her memory is brought back to Tonga by a familiar fragrance or memory, which she concludes 'excels'. Reference is made to Tonga, the jewel of the Pacific, a jewel worn and admired not only by the individual who adorns it but by others. Through the poet's eyes, this evokes pride in the land and in her identity as a Tongan; jewel symbolic as the only surviving monarchy in the Pacific. In these examples, while there is a conscious 'wanting' to venture out, there is no resentment of things Tongan; matter of fact, things Tongan are considered sacred, the foundation of one's identity. This represents voices still very much present within Tongan society, of young woman who pride themselves in their Tonganness.

This section puts an emphasis on the responsibility that is attached with being a Tongan woman within the hierarchical system. Though she is regarded with esteem among her family, she is expected to first and foremost act in a manner that will not bring shame to her family or her husband. Hence, with great esteem comes greater responsibility. For a young woman living within this context, the ramifications of not fitting the mould would be great not only for the individual but also her family.

Nonetheless, this thesis will show that there is no one size fits all experience. Not every young Tongan woman would have been reared with these values or expectations. The influence of migration has redefined Tongan economy and polity and effected socio-cultural norms. Consequently, the following section will discuss the impact migration played in shaping views of Tongan women moving into the Diaspora.

3.3 Konai Helu-Thaman migration in search of milk and honey

When discussing migration, there are two main types. Firstly, internal migration, for example migration within one country, and secondly external migration, refers to the movement from one country to another. Throughout the literature, migration is divided into two main aspects, the so-called "push" and "pull" factors which will be discussed. (Dorigo and Tobler 1983)

Push factors occur when people are forced to move. They are seen in cases of civil wars, political or religious oppression, climate changes, and lack of jobs or simply poverty. Pull factors are factors in the target country that encourage people to move; these include peace and safety, employment opportunities, better education, social security, a better standard of living in general as well as political and religious freedom. People migrating out of Tonga are usually encouraged by pull factors.

Throughout the last half of the 20th century, internal and overseas migration has been part of a steady transformation. In the 1930s, the population within Tonga was estimated at 32,000. The residents were largely distributed across the three main island groups of Tongatapu, Vava'u and Ha'apai, with less than 50 percent of the population resided on the main island of Tongatapu. The capital city of Nuku'alofa housed less than 10 percent of the population, however after World War II, this distribution began to shift.

Due to the centralisation of important services such as higher education and employment opportunities – locality close to town became magnets that caused whole families and people to move and settle in urban areas, prestigious families from throughout Tonga would relocate, with high ranking usually having close ties to Nuku'alofa. In this sense, the geographical location of families influenced prestige. The effects of urbanisation within Tonga have led to over exploiting of resources, increased social problems, litigation and inefficient utilisation of resources in the places which people have moved from, however because locality

was linked with rank, the move was usually made. (Helu 1999)

With raw birth rates that often exceeded 35/1,000, the national population rapidly increased to 77,429 by 1966, more than double the 1930s level, and by 1976, the population, at more than 90,000, had almost tripled where central planners in Tonga were concerned about uncontrolled population growth. (Kaepler 1978) At the time, conflict regarding wages and educational opportunities intensified by the land shortage promoted overseas migration. Tongans moved to New Zealand, Australia, and the United States.

In the late 1960's the United States relaxed migration policies for non-Europeans, and Tongans' external migration increased rapidly. During the 1970s and 1980s, migration rates reached more than two percent annually in the United States. During this time, Tongans also migrated to New Zealand under a quota system, due to high demands for labour. (Voigt-Graf 2007) By the mid-1980s, more than 1,900 Tongans were leaving Tonga each year, slowing the natural population growth rate of 2.3 percent annually to only 0.3 by the census year 1996. (Statistics Department Tonga 2012)

The first Tongan migrants were young single men, who left home for a few years to make high overseas wages that would help improve family conditions back in Tonga. Many "temporary" migrants became permanent with a large amount overstaying in the different countries. Tongans who had settled overseas in the 1960s began sending for family members, providing housing and support for the new migrants until they could manage on their own. This "chain migration" led to geographical concentrations of Tongans in Auckland, New Zealand or Melbourne, Australia; San Mateo, California or Oahu, Hawaii - where the Tongan language and customs were retained and new migrants could find a dense network of social and financial support (Cowling 2002)

As a result of their potential for support and familiarity, these communities attracted

even more Tongans. Between 1980 and 1990, the United States population of Tongans rose 58 percent; in the five-year period between 1996 and 2001. (Cowling 2005) Within NZ the Tongan population increased by 30 percent, while the number of Tongans entering Australia each year tripled during the 1990s. (Statistics New Zealand 2008)

Tongan migration was fuelled by the wage differences between Tonga and the host countries, and still, in 2003, a Tongan migrant in the United States earned 10 times more than a Tongan living in Tonga. Nonetheless, compared to norms in their host countries, Tongans overseas earn much less than their non-Tongan counterparts. Tongans overseas have higher rates of underemployment and unemployment, and occupy jobs that are more vulnerable to the fluctuations of the economy. This made large and regular remittances home difficult, but like other Pacific people, the Tongan concept of connectedness, and their value of the extended family acted as an incentive to work minimum wage.

Konai Helu-Thaman poetry allows readers into the world of Tongan-born Tongans who migrated overseas with the intention of better opportunity. They also echo views held by both Tongan-born Tongan young mothers living in NZ and NZ-born Tonga mothers who identify as being Sole Tongans, strongly influenced by first migrant kāinga.

Thaman's work, in the context of Western Polynesian is said to be "the most internationally and regionally known" (Va'ai 1997 p4) with the use of traditional flowers significant in the Tongan context. Born in Nukualofa, Thaman was given the opportunity to complete high school and tertiary education within Auckland NZ. Her poetry in English extends from the Tongan tradition of the personification of Nature and its link with people.

In Va'ai (1997) publication, mention is made of Konai's strong traditional upbringing which stresses Christian values and familiarity with the Bible as well as the influence

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of living overseas. In one of her earlier pieces, her poem "*You the choice of my Parents*" there is noticeable conflict between a person's individual needs, values and aspirations versus those of a particular society. This poem highlight the tug-of-war that is felt when family needs and individual wants conflict. In this particular poem Thaman writes:

You, the choice of my parents.
You will bring them wealth and fame,
With your western-type education and second-hand car.
Yet you do not know me, my prince.
Save that I am first-born and have known no other man;
I fit your plans and schemes for the future.
You cannot see the real me.
My face is masked with pretence and obedience and my smiles tell you that
I care,
I have no other choice.

In this verse Thaman mentions the choice of her parents and provides reasons why he would be considered a good suitor. Western education and materialistic wealth is seen as a means of advancing status and increasing the prestige or rank of a family; education and materialistic wealth, an alternative to the traditional upgrade in status by blood.

To wed would be in the best interest of her kāinga. However, though she smiles on the outside, mention of wearing a mask of pretence indicates that she feels as though she has no other option but to accept the decisions made for her despite her wishes. Thaman goes onto say -

The priest has left the alter now, and the dancing has begun;
I see myself dying slowly, to family and tradition;
Stripped of its will and carefree spirit,
Naked on the cold and lonely waters of a strange family shoreline,
Alienated from belonging truly.
I love as a mere act of duty, my soul is far away,
Clinging to the familiar ironwood tree,
That heralds strangers to the land of my ancestors.

In this stanza, she makes reference to feeling as though she is in an unfamiliar place, alienated from "belonging truly," where her essence of identity is no longer her own

but is something imposed on her by family and tradition. While they celebrate she is slowly dying. She reiterates how her notion of love is tied to duty, however her soul is far away, pulled in opposing directions – on a continuum, what she wants is on the opposing direction to what her family wants.

I will bear you a son, to prolong your family tree,
and fill the gap in your genealogy.

But when my duties are fulfilled,
My spirit will return to the land of my birth,
Where you will find me no more,
Except for the weeping willows along the shore.

(Thaman 2000, p19)

In the final stanza she mentions filling the gap in her 'husbands' genealogy, and links it to the supposed duty as a woman, her ability to conceive. There is no mention of her aspirations as a woman or dreams growing up, only the ability to bear a male child. In the last three lines her spirit returns to the land of her birth, using the words weeping willows along the shore. There is reference made to Psalm 137; a lament written when the Israelites were separated from their homeland and bitter about their distress and persecution. In verse 1-4 of this Psalm the psalmist writes –

Beside the rivers of Babylon, we sat and wept as we thought of Jerusalem.
We put away our harps, hanging them on the branches of poplar trees for
our captors demanded a song from us. Our tormentors insisted on a joyful
hymn: "Sing us one of those songs of Jerusalem! But how can we sing the
songs of the Lord while in a pagan land? (Bible English New Living
Translation 1996)

Like the Psalm there is a hinge of resentment from being taken away from the homeland that provides familiarity. Thaman writes - my soul is far away, clinging to the familiar ironwood tree, relating to the Israelites hanging their harps on the branches of popular trees, their ability to sing freely, to open up their hearts the way they once did while in the freedom of their homes taken away from them. In this way, the freedom of the woman in the poem is taken from her, bound by tradition and duty.

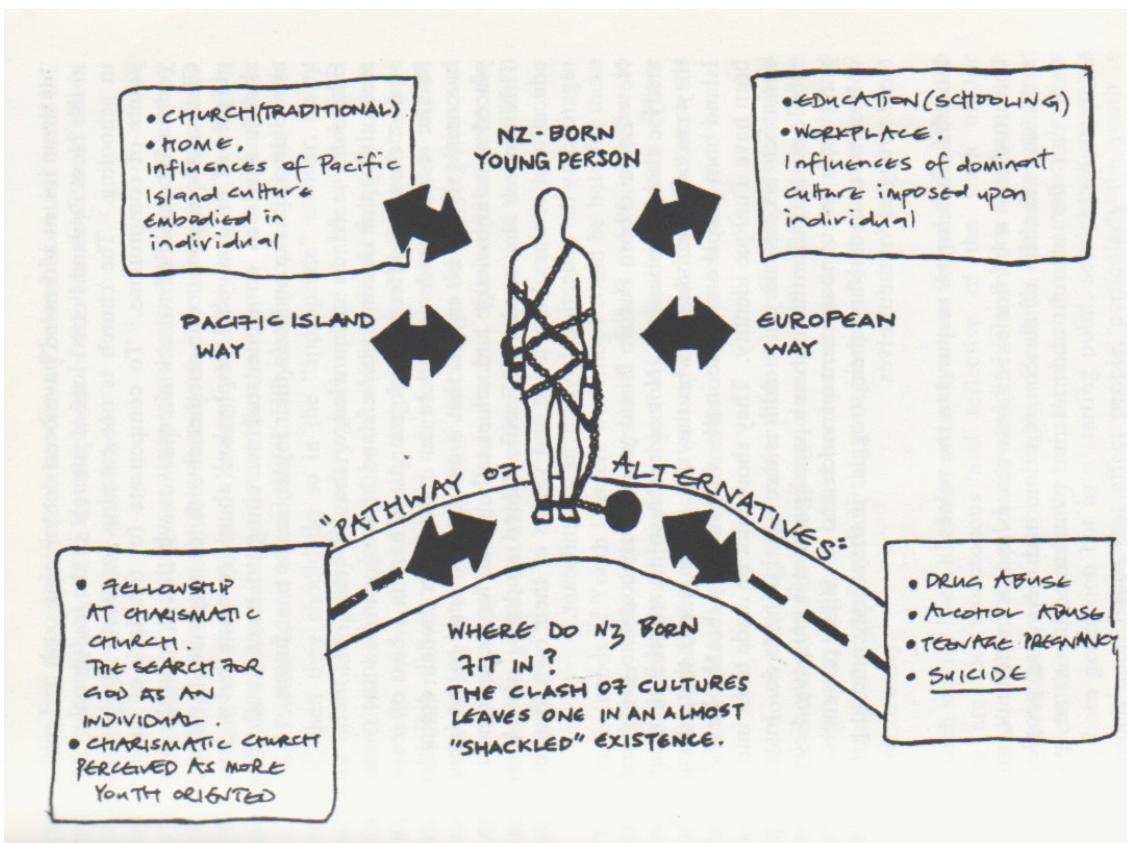
The link between biblical text and *You the Choice of my parents* shows the Christian influence on Thaman's upbringing and its influence on her writing. It also highlights the tug-of-war between cultures, young woman face living in host countries.

Lee (2004 p137) state that young Tongans who have moved to and between different parts of the Diaspora are more likely to experience confusion about their identities or to perceive themselves as 'stuck between two world' torn between two culture as echoed in Helu's poetry.

Tiatia (1998) refers to a "clash of cultures" as NZ-born Pacific people contend with both "Pacific ways" and "European ways". Tiatia recognises the influence of Pacific churches and family on Pacific culture and its contrast to the dominant European culture of New Zealand that are imposed on Pacific people through settings such as work and school.

In the figure below, Tiatia (1998) illustrates areas of well-being. A pathway of alternatives is portrayed as one finds their identity, or struggles with the conflicts of their identity. This can lead to negative behaviours such as alcohol, drug abuse, or suicide. Tiatia (1998) proposes that finding one's place in New Zealand, as a NZ-born Pacific individual can leave one in a "shackled existence" (p. 13) as they are pulled in a tug- of-war between cultures. As church is an important aspect of many Pacific peoples' lives, Tiatia (1998) explored Pacific peoples' identity and cultural conflicts through a church setting.

Figure 4.39 Identity and Cultural conflicts in church settings



Representation of a "Clash of Cultures" as experienced by some NZ-Born Pacific people (**Tiatia, 1998**)

In Tiatia (1998) publication, Caught Between Cultures: a NZ-born Pacific Island perspective, for the participants church was a very important feature of their lives in terms of moulding their sense of identity. Tiatia poses that church provided Pacific knowledge and experience for its members. Whereby, the church setting is likened to village life in the Islands. (Macpherson, Anae and Spoonley 2000)

This indicates how religion in Pacific societies is characterised by communal beliefs where the church provides a place where individuals are able to gain their cultural needs. However, what about the needs of young woman who were either not connected to a church or have fallen away from the church. Is support still offered or are they treated differently? These paragraphs provide examples of what Sole Pacific people either living or influenced by the diaspora, go through. It highlights the significance of identity, finding ones place in the world and the difficulties often

3.4 Karlo Mila-Schaaf: A kiwi-Tongan's take

The term “Pacific” was created as a means of convenience to describe and understand the various Pacific nations’ populations that were immigrating to New Zealand. (Gray 2001) Historically, earlier research on Pacific people was marked by grouping various Pacific nations together, often suggesting a single homogenous entity as shown in our current ethnicity classifications (prioritised level one ethnicity), traditionally used in health related research.

However, various identities can be utilised by Pacific people, ranging from an ethnic specific identity (Cook Islander, Samoan, Tongan, Fijian), to a New Zealander and mixed ethnic identities. (Manuela and Sibley 2013) To add to this, identity for Pacific people can be fluid with the way that one defines their self with their ethnic identity changing over time. (Carter et al. 2009)

With increasing numbers of second generation NZ-born Pacific people the use of “NZ-born” and “Island-born” categories are used to describe differences in emerging Pacific identities. Macpherson et al. (2001) asserts that these varying identifications are positioned within an emerging “Pacific Identity” which is an inclusion of common experiences of growing up as an individual of Pacific descent in New Zealand.

In this sense, the relevancy of the Tongan way – anga fakatonga also differs between those who identify as being Island born compared to those who view themselves as NZ-born. In order to comprehend how views vary, it is important to understand how emigrational moves shape the importance placed by individuals on the Tongan way.

New Zealand-Tongan populations

Tongan people in New Zealand make up 19 percent of the Pacific population,

Chapter Four: Qualitative Section comprising 50,478 of the 265,974 Pacific people recorded in the New Zealand 2006 census. In the year ending 2006, Tongans were the third largest Pacific group in New Zealand increasing in population size by 24 percent from the year 2001 - 2006. The Tongan population living in New Zealand is extremely youthful, with the median age of Tongans recorded in the 2006 New Zealand census being 19 years, compared to 21 years for the total Pacific population and 36 years for the national general population. Of the Tongans that were recorded in the 2006 Census 56 percent are New Zealand -born. (Statistics New Zealand 2007)

Within New Zealand, Tongan people are more likely to be found in the lower end of the socioeconomic spectrum. This population is characterised by high levels of unemployment across all ages (17 percent) double that of the National population and lower paid jobs. Although more Tongans are moving from blue-collared jobs to white collared jobs, the median annual Tongan income continues to be lower than the national population. In the year ending 2001, the median income was \$11,800 compared to \$14,800 of the Pacific population and \$18,500 of the general population markedly lower for Tongan women who on average received less than \$10,000 per annum. (Statistics New Zealand 2002)

In comparison to Tongan people living in New Zealand, the National population recorded in the Tongan National Census (2011) was 101,991 with 72,045 living on the main island of Tongatapu. From 1996-2006 the National Tongan population grew by 4.3% throughout the Island groups, of which 47.4% were under the age of 19 years. By 2016, it is estimated that the amount of Tongan people living in New Zealand will outnumber those living in Tonga with a key factor to the slow increase of the population in Tonga attributed to migration out of Tonga. This new generation of New Zealanders, Americans, and Australians with Tongan heritage has more tenuous ties to Tonga. Although their identification as Tongans is still generally strong, they have never lived in a village, felt the same loyalty to a local noble, or grown up with people who are living in Tonga. (Afeaki 2004)

With the increasing number of NZ-born Tongans, how will the role of women differ amongst those born in the Diaspora, to those living in Tonga or migrating out of Tonga?

Karlo Mila-Schaaf is an emerging Tongan poet, with Tongan, palangi and Samoan descent and in this thesis represents the voice of those born in the diaspora. Like Thaman her poems do not use as much imagery as Queen Salote, she is more direct and bold in the language used, breaking norms, unafraid to make sexual references within her poems. However, the use of heliaki is still there.

In *Virgin Loi*, one of her earlier pieces Mila-Schaaf, who at the time was teaching in Tonga draws a connection between the idea of being a good Tongan girl and virginity. Though she had always considered herself a “good” person, because she was not a virgin she felt automatically disqualified by Tongan society, from being perceived as a good Tongan girl. Here she writes:

Looking back,

Do I wish I had a Tongan mother
who guarded my chastity
With a bible in one hand
and a taufale in the other?
Instead of my pale, polite palangi mum,
who gave me the freedom to choose?
And understood that all the rest of the girls I knew used tampons.
(Mila 2005, p23)

Reference is made to her upbringing, with a palangi mother who gave her the freedom to make her own decisions. Raised in Palmerston North, her notion of being a good girl revolved around values pertaining respect, kindness and doing well, with minimal contemplation on chastity and its connection to the idea of being a good girl. In the first stanza, Tongan mothers are seen as caretakers of their daughters' virginity (noted in 2.2.3), guided by religion in one hand and an iron fist in the other. This emphasises how much chastity is drilled into being a good Tongan girl within Tonga, and the severity of losing it. Mila-Schaaf goes on to say –

Those Tongan girls I see them stare
See my skin half palangi fair
I watch your nostril flare I see you sio lalo
I know the coconut wireless
Is so efficient
That I cannot get away
With what's actually true
Let alone what is pure libel (p23)

Based on the fact that she was not a virgin, her experience as a young Tongan woman in Tonga made her feel as though, within the village context, her broken hymen discredited all her good works based on that single fact. Mention is made twice in this piece of the Tongan term sio lalo (being looked down on) because of loss of virginity. Mention is also made of the coconut wireless, how fast stories can travel fuelling gossip. Mila-Schaaf goes on to say -

Once I thought I had a choice and a right to choose
And I believed that ignorance wasn't bliss
And experience Led to wisdom I see you siolalo So what, I say
I won't wear white on my wedding day
Cream suits me better anyway I say
Laughing on the outside But on the inside
My hymen is broken (Mila-Schaaf 2005, p23)

In the last stanza, she notes the differences in what she had grown up believing in comparison to what she is now learning in Tonga. This is important because it gives insight into what shapes our views.

In writing this poem, Mila-Schaaf discussed the pretence of being a *Virgin Loi*, indirectly referring to the extremes that people go through to maintain the good Tongan girl image. When writing *Virgin Loi*, Mila-Schaaf noted that during her time in Tonga, though she was not a virgin, she was honest about who she was, while there were Tongan girls who were not virgins, but in an attempt to play the good Tongan girl faked being a virgin on their wedding day. It was written to highlight the extremes that people often go to in order to play the good Tongan girl within Tongan society.

There is reference made to "the fear of God," reflecting the role of Christianity in

shaping these traditional beliefs. However, unlike both the traditional and migrant voice, the voice given by Mila-Schaaf is a lot bolder, making sexual references like broken hymen otherwise considered taboo. Here, the poet puts a stake in the ground and unravels our shame culture.

When discussing gender roles and culture, Bourdieu (2002) argues that there are rewards for complying with what presents itself as legitimate and most authentic. In Tongan society this will mean protecting ones chastity which equates to protecting kāinga reputation. Nicole states (1999 p. 271), "Any deviation or departure from this stereotypical norm represents a threat to the legitimacy of the discourse and is greeted with unrestrained violence, physical or discursive." The experience of discursive violence is an interesting one which has resonance for the lived experiences of the participants interviewed for this thesis.

Butler (1988 p.524) goes onto say that what is privileged as authentic operates to serve as "a model of truth and falsity" which not only contradicts "performative fluidity" but also serves as a mechanism of "regulation and control".

Mila-Schaaf and Robinson (2010) supports this by stating when a particular version of Tongan-ness is privileged as representing its most legitimate manifestation. She argues that Tongans across the Diaspora must either comply with it or run the risk of being symbolically misrecognised or penalised as being inauthentic, Palangi loi, fie Palangi or not "real" Tongans. Otherwise, they create counter-narratives as Brown Pulu (2007) describes, bending and breaking rules and seeing what one can get away with.

Brown-Pulu (2007, p. 259) states that, "Newness carries the social burden of not 'fitting' with, or fettering, conventional markers of identity". She implies that there is real risk in resisting "categories" supposed to "define the 'truth' of an individual and group's actuality" (Brown-Pulu 2007 p. 259). Ofa-Makasiale et al. (2008, p. 79) also writes of this risk, contending: I think in this process, we have deified culture to

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the point that the people have become comatose... It's very painful to swim upstream in a culture where people get their identity from the collective. It's very risky: I could be turned out... You get disqualification messages: you're fie palangi; you're not a good Tongan or Samoan or whatever. You're showered with messages of shame.

In this thesis, this is echoed quite vividly by participants both in Tonga and in New Zealand who, due to being young mothers are seen as going against the norm; an important observation that needs further attention.

In Mila-Schaaf's publication titled "*A well Written Body*" the tone of her writing changes, which could be assumed to be a result of time passing, of growing as a person and of life experiences – being a mother, being a wife and learning more about her culture through experience. In *Duty is Joy* dedicated to the late King Taufa'ahau Tupou IV she writes.

Tu'i Tonga, a divine line to Aho'eitu. You too, son of Tangaloa surfing through the waves conquering the sea. You too, like Maui reaching for the sun defying gravity catapulting into the sky, Warrior kings of Ha'atakalau the throne of your bones, an empire in their eyes. Kings of Kanokupolu, ghosting your every move, legendary strategy, uniters of people, creators of a kingdom, ancient bloodlines course through your veins, Tu'i Tonga, Tu'i Ha'atakalaua, Tu'i Kanokupolu (2008, p42).

In the passing of King George IV, Mila-Schaaf pays homage to the king. She starts by acknowledging the ancient belief that the Tu'i Tonga were decedents of God's with an ancient bloodline that could not be questioned. (Helu 1999)

Poetry of Queen Salote, faithfully inscribes the path where you have found your feet, the strength of Tungi in your stride. You have travelled the world, and with strong and steady hands, plucked the best of what you've seen to make a kakala for your people as it has never been seen before. Musical notes, float at your bidding into the islands. The alphabet itself, bends at your will "b" arching into "p" to please you. Your crowning legacy will be the education of your people, minds blossoming like heilala in the sun.

There is recognition of Queen Salote's influence on the King and his education with

King George IV being the first Tongan in history to graduate from University with a Law and Arts degree from the University of Sydney, latter setting up the first teachers training college and Tongan government high school. (Rutherford 1977) The importance placed on education is reflected on the fact that per capita Tonga has the most PhD graduates in the world, which she acknowledges as being the crowning legacy of the deceased king. Mila-Schaaf goes on to say -

Koe Tonga Mo'unga ki he Loto, Tonga's strength lies in a mountainous heart, and you were Tonga's mountain – the pinnacle of its promise. How blessed are we that you were descended from divinity, yet you chose to serve a greater God. How blessed are we by your life service, we strive to climb the heights you've reached, Leading always by example, Res ipsa loquiter (p42).

Though the geographical make up of Tonga is quite flat, Mila-Schaaf uses a Tongan proverb – *Koe Tonga Mo'unga ki he Loto* – Tonga's strength lies in a mountainous heart, reflecting what is termed *loto'i Tonga* (to have a Tongan heart) to not give up, to strive for excellence in all that one does. There is mention made of the choice to unite the nation through Christianity and recognition of his achievements by leading by example.

In the above poem – Mila-Schaaf draws strength from the traditional view, evoking pride in being a Tongan and using more heliaki like that of the late Queen Salote. In this example, added years have led to more knowledge of Tongan culture and the richness of Tongan history. Consequently, this poem differs from *Virgin loi* because there is pride in being included in the Tongan fabric.

Through her poetry Mila-Schaaf gives voice to the NZ-born Tongans who either find themselves in the same situation as the young girl in the poem *Virgin Loi*, feeling judged because she does not fit into the mould of what is considered Tongan, or as one who, getting to know more about their Tongan self, finds pride in their identity. These examples are used to show the reality of Tongan girls. When it comes to identity, experiences will vary and though culture can act as a protective factor for young woman, if a young girl does not fit into what a given society considers

culturally appropriate, then the burdens are heightened. An analysis of Mila-Schaaf's writing also show that writing styles can change overtime. This is also the case with perceived ideas. Though this chapter highlights three voices representative of three cohorts, through lived experiences an individual can move between the three views. Culture is not stagnant.

3.5 Section summary

An interpretation of the poetry of the three Tongan poets provides insight into the variations that can exist amongst Tongan women. When analysing the poetry of the three poets, the development of writing style show that as woman, views can change over time, one is able to move from one perspective to another. In this section a cycle can be seen linking the views together, highlighting the fact that the diaspora influences home islands just as much as home islands influence the diaspora.

The 'traditional view' represents the experience and voices of women who are or were influenced by the traditional gender roles noted in the academic literature and portrayed through the poetry of Queen Salote. The importance of doing what is best for the standing of the family is evident in Queen Salote's writing, which is formal and very conservative in comparison to the other two poets. In all her pieces there is no direct mention of people, only imagery reflective of places and hierarchical ties, ensuring no-one is offended.

In the *Jewel of the Pacific*, she mentions key attractions in the Pacific and her wishes to embrace them (venture out), however there is never anything written that reflects negatively on Tonga or her personal life as a queen, a wife and a mother. Her loyalty to tradition and her kāinga gives the impression that she was content and happy with her role as a Tongan woman. And, even if she was not this was not the impression given. A 'traditional Tongan woman' always put the interest of her people above all else.

During recruitment for this thesis, the opinions of young woman of royal or noble blood on the topic area were extremely difficult to access. Even if there was an awareness of sexual activity, these are things that are not openly discussed because of their role within society. Consequently all participants are commoners, however many still represent the traditional Tongan women who lives for the collective body, particularly daughters of faifekau (minister), who are held in esteem within Tongan society.

The ‘migrant view’ represents those with strong connections to the Island nations, however living in the diaspora equipped with its own set of cultural norms and values. It is intermediate between the traditional view and the NZ-born view. In the poetry pieces, similar to the narrative that will be analysed in the subsequent section, there is a tug-of-war effect; a conflict between the two sets of cultures as shown in both the academic literature and the poetry pieces by Helu - Thaman. With migration, Thaman’s earlier poetry shows a struggle between adhering to traditional views and adapting to the western norms of one’s new country. In “*You the Choice of my Parent,*” there is conflict between doing what is considered right for the family and what is considered right by the individual; the impact of acculturation.

Like Queen Salote, Helu - Thaman also uses natural features as symbolic references to people and places. However, what differs is that in some of her poetry she refers to people and their experiences (as shown in *you the choice of my parents*), talking in third person which Queen Salote does not do at all.

As her poetry developed, a shift is made where Helu-Thaman points out the importance of decolonising the mind – underlining the beauty of indigenous ways of thinking. This shows that a person is never motionless; life experiences will cause movement between perceptions.

The ‘NZ-born view ’represents views held by Tongans living in the diaspora who either identify more with their host country or equally with their host country and

island nation. The academic literature shows a growing population of Tongans born outside of Tonga, at a rate that supersedes those living in Tonga. Consequently, this is a population that needs recognition. Using the poetry pieces of Karlo Mila-Schaaf, there is an obvious sign of development and growth.

From her earlier poems, a tone questioning aspects of Tongan ideals is shown, as illustrated in the poem *virgin loi*, connected to the differing value systems of those who are reared in a traditional Tongan setting compared to those who are not. However, the example of her more recent work show an appreciation of the Tongan way that comes from lived experiences and like Queen Salote's work, pride in her history, genealogy and identity is evident within her writing.

While intra-ethnic variations exist amongst Tongan women, there is value placed on identity irrespective of which cohort a person may fall into. In the examples of the Poetry a cycle is seen. With Queen Salote, (Tupou III 2004) there is pride in one's culture and history; however the desire to venture out is still there. With Helu-Thaman, the tug-of-war leads to going back and forth between being Tongan and being a member of one's host country. In Mila-Schaaf's poetry there is a rebellious nature towards being Tongan, however by the end, there is renewed pride in culture and Tongan history exemplifying the fact that importance placed on the Tongan way can change amongst people, which will be shown in the voices of the participants in this thesis.

Drawing on the variation between the voices highlighted by the poets, how are the experiences of adolescents who grew up in the Diaspora different to those in Tonga? The concealment of sexual intercourse, the inability to seek information may be reasons why young women unconsciously heliaki, to try and gain knowledge indirectly without asking the questions out loud. A study on views based on sexual related issues held by Pacific adolescents in New Zealand would be beneficial for understanding why health results (i.e. elevated STI rates, adolescent childbearing) behave the way they do and what we can do to create an awareness of what being a

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teenage mother means to young Tongan women.

It will allow a greater understanding of what support they require to become productive, good mothers. The analysis of the poetry provides a mechanism by which we as health professionals, policy writers and service deliverers can better understand the diversity among Tongan women and that context is pivotal for understanding their specific needs.

The following sections will provide the results and analysis for the perspective of young Tongan mothers on their experiences pre and post conception.

4 Findings and Analysis: Anga Fakatonga

Overview

There are five sub-sections within this thesis that cover analysis and findings. This sub-section introduces themes from the life story interviews that relate to the participants' interpretation of anga fakatonga. The participant stories in this section accentuates the influence family have on the importance placed on anga fakatonga (the Tongan way).

For those who grew up embedded in the Tongan way in Tonga, the guilt they connect to being pregnant is elevated compared to those who were not. Those living in the Diaspora who still maintains home island cultural values were likely to go through similar experiences as those in the home islands. In the narratives, participants highlight a breakdown in access to information and services and a double standard when dealing with gender roles. It also describes and analyses participant's experiences relating to their pregnancy, how they felt and the reaction from peers and family members. A summary is presented within each of the findings and analyses chapters in this thesis that will inform the discussion in the following chapter.

Introduction

Anga fakatonga is the expression of Tongan values, cultural beliefs, social conditions and life histories (Runarsdottir 2004 p.34). In an extract from Lee (2003 p138) book *Tongans Overseas: Between Two Shores*, when asked what it meant to be Tongan, a participant stated – “I think to be Tongan is a feeling more than anything. You can have the blood, but you need more.” I think it is an insightful thing. Every society or ethnic group has its own core values that are embedded in their reflections of self and society.

In the review of literature on anga fakatonga (see section 2) researchers have

associated *anga fakatonga* with love and generosity expressed through the altruistically assisting or giving of goods or time to help extended family members, friends and the community. (Morton and Lee 1996) Taufe'ulungaki (2003) supports this definition by stating that the underlying purpose of the lives of Tongan people is to maintain good relationships and strong communities. (Taufe'ulungaki 2003)

Rotheram and Phiney (1987) discuss the importance of the relationship between parents and children in the process of acquiring cultural identities. It is partly in the interactions between parent and child that the work of constructing and reconstructing identities occurs. Lee (1996) notes the influence of parents in shaping *anga fakatonga*; where the fundamental attitude and behaviour that is taught to Tongan children is expected to be practiced and passed to generations that follow. (Lee 1996 p.20)

This section is divided into two sub-sections. The first will present the results and analysis of participant's interpretation of *anga fakatonga*. Sub-section two will analyse results based on the 'Good Tongan girl' concept and attributes that 'good' Tongan girls are supposed to have.

4.1 Tongan identity

Within the context of this thesis, understandings of *anga fakatonga* were passed on to the participants by family members. The importance placed on it by elders determined the relevance participants placed on it also.

'I he 'emau tupu hake, na'e mahu'inga 'aupito kemau tauhi a e *anga Fakatonga*. Na'e ako'i mautolu kemau takitaha 'ilo 'emau tu'unga 'i he famili. Kia mautolu tamaiki gefine, na'e fakamamafa'a 'e he mau fa'e kemau nofo maau, kemau molumalu, na'a sio mai e kakai 'o lau. Na'e fa'a talamai pe 'e he' emau fa'e, 'o kapau temau fai ha *anga kovi*, ko 'emau tamai pe moe mau fanga tuonga'ane 'e ma lahi taha (Luseane, Tongan-born living in Tonga).

When we were growing up it was really important for us to live according to the Tongan way. We were each taught to know your role/place within the family. For us girls, our mothers emphasised the importance of keeping ourselves pure (virgins), for us to be dignified, before people start to gossip.

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Mum use to tell us, if we do things that are not good, our father and brothers would be the ones that would be most embarrassed. Yea, even today – it's important to me. (Luseane, Tongan-born living in Tonga).

'Oku mahu'inga 'aupito ke te tauhi a e anga fakatonga. Kiate au, especially now kuo 'osi fa'ele'i 'eku ki'i ta'ahine. Ko hoku faka'amu ke tupu hake 'o mahino'i 'ae anga fakatonga. 'Ae mahu'inga 'oe tauhi va, faka'apa'apa'i e kakai, ke angalelei ka e 'ofa'i. Kou sio kihe ngaahi me'a na'e ako'i kimautolu he mau fa'e, pea toki 'ilo 'ene mo'oni he'eku hoko koha fa'e (Meleane, Tongan-born living in Tonga).

It is very important for us to keep our Tongan way of life [values and morals]. For me, especially now, that I've had my little girl. My wish is that she grows up and understands the Tongan way, the importance of maintaining relationships, respecting people, to be a nice person so she can be loved. I look back on the things that our mum taught us, and I realise now how right they were now that I'm a mum (Meleane, Tongan-born living in Tonga)

Oh it [anga Fakatonga] is very important. It's important for all Tongan families because if you don't teach your kids to have those qualities then that would make you an outcast. (Barbara, Tongan-born living in Tonga).

In all these examples, Tongan way was 'taught' by the mothers or maternal kin. For participants in Tonga, anga fakatonga is a way of life. Barbara notes that if a child is not taught these values they will be considered outcasts. This supports Butler (1988) claim that to move away from the stereotypical norms represents a threat to the legitimacy of the discourse, leading to judgement of those who do not live within the parameters of what society deems acceptable.

During the interview process Meleane explains that as a mother, anga fakatonga is something she wishes to pass on to her daughter. Despite the treatment that she received from people within the village, there is no resentment towards the Tonga way; instead, there is an undertone of guilt and remorse for having put her families in a predicament of shame, shown in the shame culture. In the case of Meleane, even though she breached her idea of the anga fakatonga, there is still value given to maintaining relationships and respecting others. These are voices that would fit into the "traditional Tongan woman" echoed by Queen Salote.

Among participants living in New Zealand who identified as being Sole Tongan, there were struggles to adhere to the Tongan way, reflective of the earlier poetry

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pieces of Konai Helu-Thaman. In the interviews conducted in Auckland, New Zealand there are differences between those who have strong ties to Tonga and those who refer to themselves as “New Zealanders”, with those with strong cultural ties noting the struggle of living up to the Tongan way while living in the Diaspora.

The importance of being connected to family is evident amongst first time Pacific migrants in New Zealand reflecting geographical movements upon migration. In 2006, an estimated 80% of Tongans resided in Auckland. Although living in an urban city is expensive, the importance of being around family and close to the cultural centres (churches) has become a pulling force for Tongans in Auckland.

In the 2006 NZ Census 90% (42,813) of the Tongan population stated at least one religious affiliation. This is important in understanding the connections that participants in the Diasporas place between church and being “Tongan Tongan.” For example –

I had to know what to say, what to do, when to say it, when to do it. I was more Tongan than the Tongans back in Tonga (laughs) that's how important it was for me. I think my parents thought if I grew up Tongan Tongan, I'd know my place in the family, have a place in the church and marry a Tongan – do what they did, but yeah, didn't really go according to plan (Sally, 19 year old, NZ-born Tongan).

I was born and raised in NZ, but it might as well have been Tonga. It's funny though cause, when we went back to Tonga in 2005, I thought we acted more Tongan than the locals, you know – watching what you said around people, I'm sure other Tongans would disagree, but I think my family drilled this idea of being Tongan into us so much that we were more Tongan than they were (Alice, 18 year old Tongan-born Living in Tonga).

In the academic literature, the phrase More Irish than the Irish is used in Irish historiography to describe a phenomenon of cultural assimilation in late medieval Norman Ireland. (McNamara 1966) It is often used when discussing the relationship between the cultural heritage of the Irish Diaspora and the Irish in Ireland, to describe the maintenance of Irish heritage amongst Irish Diaspora where those immersed in the Diaspora considered themselves more Irish than the Irish.

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Sally and Alice both use the terms more Tongan than they were [the Tongans]. Despite the effects of acculturation, there was pressure to preserve their culture in all its purity, strongly influenced by family and church. The role that Sally's family had within the congregation [daughter of a minister] added pressure she put on herself to become "more Tongan," adhere to the anga fakatonga.

In the narratives, participants of mixed race, often felt as though they need to prove their cultural identity, supported by findings in academic literature. (Udry, Li and Hendrickson-Smith 2003) Carmen Braun Williams (1999) discusses experiences of being biracial, not being fully accepted as a white or black young women, she quotes

"People have given me advice on how I should talk, think, act, and feel about myself racially. Repeatedly, people have tried to define my existence for me. (p33)

In the narratives, Lina's mother feels that in order to belong within the context of her husband's environment, there is a need to prove herself to that community; this in turn influenced her children -

As you know, I'm hafekasi so for me and my sisters, we worked ultra-hard to try prove we were Tongan. I rep'd my Tongan side hard out and mum did everything to fit in. We grew up in the church, went to like a Tongan ward, and dad spoke to us in Tongan. It was real important, especially for mum because she was palangi, but really wanted to fit into the Tongan way of doing things. (Lina, 19 year old NZ-born Tongan)

In this example, Lina sees her mother's wish to belong within the Tongan culture that it fuelled in her a desire to follow suit.

4.1.1 “Tongan by Blood, Kiwi by Nature”

Acculturation is defined as those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups. (Redfield, Linton, and Herskovits 1936, p.149)

Although acculturation is a neutral term in principle (that is, change may take place in either or both groups), in practice acculturation tends to induce more change in one group than in the other. (Berry 1997) In the examples provided by the participants the dominant group is the host nation, influencing the relevance young woman growing up in the Diaspora placed on living the Tongan way.

In examples by Multi-Tongan participants, the importance of keeping the anga Fakatonga were not as strong, reflective of acculturation. When asked to give an example of the difference between the Tongan way and the Kiwi way Ema stated -

The Tongan way, you know the whole can't watch TV with your brothers or boy cousins; you have to be on your best behaviour, talk when you're spoken to kind of thing. Hard out traditional. With the kiwi way of life, I think it makes things easier for us girls to kick it with our brothers, me and my brothers talk about everything, we're really close and I think that's because my mum wasn't really strict on making us do the whole Tongan faka'apa'apa stuff

Ema likens being Tongan to rules and traditions. In contrast, Ema uses the word “easier” to describe the alternative kiwi way, of which she feels she belongs. Her views of being Tongan and Kiwi hang on a continuum, conservative (Tongan) on one end, and liberal (Kiwi) on the other reflective of the Kiwi Tongan perspective echoed through the writings of Mila-Schaaf.

4.1.2 The good Tongan girl Church influence

In the narratives, participants consistently mentioned the role of the church in shaping their cultural views. This supports previous publications where the influence of religion on culture has been widely documented. (McQuillan, Greil and

Shreffler 2011) In her life story interview Pele states -

You know all the girls at church – we forever get compared to *****. I can hear mums voice in my head now – why can't you be more like her ... you never hear her family complaining about her, ***** been a great role model sis, sorry I couldn't be more like ***** (Pele, Tongan-born living in NZ).

For Pele, the church became the breeding ground for constant comparison to other girls. The statement made about her [the good Tongan girl] family never complaining about her, reiterates the idea that she [the good Tongan girl] has ascended her family name, acting in ways that would not reflect badly on her kāinga. Pele apologises for not being able to live up to the expectation. To apologies gives the impression that she still feels as though she did something wrong by being pregnant.

I grew up in the church; I'm a member of the Church of Jesus Christ Latter Day Saints, so being a virgin was always important because I wanted to have a temple marriage. It was my dream when I was little. So I knew the importance of keeping myself clean, but I think the church influenced me more than my culture. (Mele, Multi-Tongan, Living in NZ).

In another example, Mele believes that the importance she placed on virginity was more a reflection of her religious beliefs than her cultural upbringing. There is still importance placed on virginity but it is more due to religious implications rather than cultural ones. Mele uses the term "keeping myself clean", thus to not be a virgin is linked to being impure. These are illustration of how much Christianity impact contemporary views of what is uniquely Tongan. It also highlights the influence of Christianity on Tongan culture and ideology, associating good Tongan girls with the virtuous wife as echoed by Queen Salote, however within the context of Karlo Mila-Schaaf's writing.

Additional common perspectives from participants on the Good Tongan girl encompass -

4.1.3 Virginity

When I was younger I thought a good Tongan girl is someone who is hard

out loved by her family, she's like the pele (favourite) – the one that gets everything cause she's so perfect. If you go to a Tongan church you can tell the good Tongan girls, because that's the one all the old ladies are telling the other girls to be like. A good Tongan girl is a girl that celebrates her 21st so that everyone can know she kept her legs closed. That's what a good Tongan girl was or is to me (Mele-Siu, NZborn Tongan living in NZ).

4.1.4 Putting the needs of her family ahead of her own

'O, ha ki'i ta'ahine nofomaau (virgin), taha talangofua ki he 'ene ongomatu'a, ki he ngaahi vaivai, ha taha 'oku mo'ui 'aki 'ene famili (Ana, Tongan-born living in Tonga).

Oh, a girl that remained pure (a virgin), someone who was obedient to their parents, to their elders, who became the life of her family (Ana, Tongan-born living in Tonga – English translation).

My idea of being a good Tongan girl was a girl who grew up looking after herself. You know, not easily influenced, a girl who could keep herself pure for her husband. I think everyone has grown up hearing the same thing – be angalelei [well-mannered], be polite, help out around the house, if the elders ask you to do something, and then do it. It's all those things that make up a good Tongan girl (Barbara, Tongan-born living in Tonga).

A good Tongan girl – acted in the best interest of her family, was pure, virtuous, a walking angel on earth (Alice, NZborn Tongan living in NZ)

That one's easy, for as long as I can remember, it's been drilled to us, that a good Tongan girl is someone who is obedient, virtuous and pure. A girl who puts her family needs a head of her own (Nia, Tongan-born living in NZ).

4.1.5 Commendation by others

'Oku 'ilonga'a pe tamaiki lelei he 'oku talanoa 'a e kakai kihe 'enau 'ulunga'anga, 'oku sai... mo ha taha 'oku molumalu, 'ikai ke 'alu noa'ia holo – 'oku mahu'inga... you know expensive.... mo ha taha 'oku nofomaau (Luseane, Tongan-born Tongan living in Tonga).

You can tell the good Tongan girls because everyone talks about how good their attitudes are... and someone who is dignified, who doesn't go around – someone who has value – you know expensive, a virgin (Luseane, Tongan-born Tongan living in Tonga – English translation).

4.1.6 Doing what is expected

Kiate au, ko ha taha nofo lelei. Tali akonoki. I think we all start off as good

Tongan girls, but then there's the process of elimination. Going against the norm disqualifies a person, and being pregnant is going against the norm

(Sita, Tongan-born Tongan living in Tonga).

I think, for me it's someone who doesn't go around. Who takes advice, I think we all start off as good Tongan girls, but then there's the process of elimination. Going against the norm disqualifies a person, and being pregnant is going against the norm (Sita).

4.1.7 Fluent in the Tongan language and culturally aware

A good Tongan girl is a girl who has it all together, she's fluent in Tongan, and she knows the Tongan ways so it's a girl who knows what to do during family stuff. She has to be a maa [a virgin]. Everyone always highlights that... so I don't count cause I'm a teenage mum, but yeah that's what a good Tongan girl is (Lola, NZ born Tongan living in NZ).

These ideas that have emerged within the participants narratives encompass what participants connect with being a good Tongan girl. The narratives can be classified into three categories – Virginity, Obedience and Respect. Throughout the narratives 6/6 of the Tongan-born woman living in Tonga echoed the importance of being a virgin, because intercourse out of wedlock reflected shame on the family. 5/6 directly mentioned obedience, doing what was expected by parents and elders and 4/6 mentioned respect for elders by doing what was expected. Interesting to note, all the Tongan based participants generalise their responses to include Tongan females as a whole, speaking in third language rather than directly.

Luseane asserts that a good Tongan girl is often commended by others. She uses the word expensive to illustrate the value attached to one's virginity. In the poem *Virgin Loi*, Mila-Schaaf emphasises the significance of being a virgin, and the lengths that people go to, to give off the facade of being a virgin to save families from embarrassment. As noted in section 2.3 for a Tongan female to keep her virginity is her showing respect and obedience for her elders. While she may be sexually active, public knowledge is what creates shame. Hence, pregnancy is revelation of loss of virginity.

Sita mentions being sexually active as something that eliminates an adolescent woman from being considered a good Tongan girl. In Mila's poem *Virgin loi*, the same sense of alienation is also felt because of loss of virginity. Consequently she disqualifies herself from fitting into the category. In the narratives, there is a viewpoint that young women start off being good – but through a process of elimination, or rebellion against the Tongan way, she eliminates herself from that category. This is supported by earlier findings by Brown-Pulu (2007) who discusses the impact of not conforming to the traditional Tongan ways and being treated as an outcast in response.

Among Multi-Tongan participants living in New Zealand, there is a connection between the idea of the Good Tongan Girl and unrealistic expectations. When asked about the Good Tongan Girl, Betty replied -

Oh, you mean the myth of the good Tongan girl (starts laughing) I don't know if they exist anymore Seini (laughs). The good Tongan girl, let's see (pause) someone who is talangofua [obedient] – does everything by the book, a girl who listens to her parents, who goes to church, and of course a virgin she has to be pure, otherwise it's a waste of time. (Betty, NZ born Multi-Tongan living in NZ).

In this example because of the expectations placed on women to meet the criteria, Betty likens it to a myth. An idea that is not realistic. In these narratives, there is a relationship between perfection and being a Good Tongan girl. For example, Alice likens good Tongan girls to walking angels.

Stirling (1989) once stated that perfection is unrealistic and unkind. If this is true, what does aspiring to be a Good Tongan Girl do to a person's sense of well-being? How do they view themselves as woman if they are not able to attain it?

4.2 Section Summary

In an attempt to understand what anga fakatonga means to the women in this thesis, the young expecting and current mothers were prompted to discuss their

While words pertaining to love, reciprocity and family are woven into the fabric of anga fakatonga, in this thesis, virginity is consistently mentioned. As a female, keeping ones virginity is a marker either to generate pride amongst her family [particularly father and brothers] or a cause for embarrassment if lost. Virginity is connected to obedience and respect, with the three interwoven in the narratives making up the 'good Tongan girl'. Amongst the Sole Tongan women living in New Zealand, acknowledgement of virginity, obedience and respect and the ability to maintain the three were considered a sign of respect for the Tongan way [anga fakatonga].

In agreement with the academic literature, the anga fakatonga has been strongly shaped by Christian values and beliefs, where a 'Good Tongan Girl' could be synonymous with a 'Good Christian Girl'. The influence of the church on forming interpretations of both the anga fakatonga and the idea of the good Tongan girl is reflective in the narratives of the participants, with the church becoming the site of learning and critiquing, likened to a village setting in Tonga.

For the multi-Tongan participants, the importance placed on Tongan identity varied. For some, there was a need to prove their Tonganness because being mixed-race. Consequently, participant's converse about how much more they felt they worked to prove their ethnicity. For other multi-Tongan, while there was an acknowledgement of being Tongan, they felt more comfortable being identified as a kiwi.

In all three cohorts (Tongan-born living in Tonga, Sole Pacific living in New Zealand and Multi-Tongan living in New Zealand), family had a pivotal role in shaping the importance participants placed on their Tongan identity. The more importance the family placed on the anga fakatonga, the more the individual noted it as being relevant to their sense of well-being.

5 Findings and Analysis: Importance of Male Family Relationships

Overview

In all the narratives, young mothers discussed the gender variations they experienced both pre and post conception and the relationships they have with their brothers and fathers. Consequently, this section will be divided into two sub-sections. Sub section one will analyse brother/sister relationships, sub section two will analyse the relationships participants had with their fathers. The purpose of doing so is to gain clearer insight into how these young women viewed themselves in relation to other people.

5.1 Brother/Sister Gender Roles

Within the interviews, the young women were prompted to discuss differences between the brother/sister roles [gender roles] within the family. For the young expecting mothers in Tonga the following explanations were given –

Na'e ngofua kenau fai kaume'a. 'Ikai ke talamai ha taha kiate au ka na'u 'ilo pe. Na'e 'ikai ke tautea'i kinautolu 'o kapau na'a nau foki mai ki 'api tu'a po. Koe fanga ki'i me'a ia na'a mau kehekehe ai, ka 'oku 'ikai ke pehe ko au pe, pehe pe kakai hono kotoa. Namau tauhi pe 'ae anga Fakatonga'ikai keu fehu'ia 'ae founga tauhi 'emau fa'e, I think she did the best. Koe me'a koe na'e hoko, koe vale peia 'a 'aku. 'Ikai keu tu'uaki'i kihe kehe 'a e tauhi 'ae tamaiki tangata, he koe founga tauhi pe ia 'i Tonga ni (Luseane, Tongan-born Tongan living in Tonga).

They were allowed to have girlfriends. No one told me about it but I knew. They weren't punished if they came home late, we were punished. Those are the differences, but it's not only me, it's like that for everyone. We kept the Tongan way. I don't question the way our mum raised me, I think she did her best. What happened was my fault. I don't blame it on the different ways my brothers/boy cousins were raised; because that's the way we're raised here in Tonga (Luseane, Tongan-born Tongan living in Tonga).

Kou 'ilo'i koe 'uhinga na'e ngaohi kehe ai kinautolu koe 'ushi koe me'a koe 'oku hoko he 'aho ni. Boys can't get pregnant, I can see... koe me'a ia na'e feinga ai 'eku ongo matu'a keu be a good tongan girl. Ka koe pango koe ta'etelinga. Kou fiefia pe he 'oku kei tali lelei pe au he'eku family (Meleane, Tongan-born Tongan living in Tonga).

I understand now why they raised them [her male relatives, brothers/cousins] differently from us, it's because of what's happening now. Boys can't get pregnant; I can see that's why my parents wanted me to be a good Tongan girl. But the problem is I didn't listen, I'm just happy my family still accepts me (Meleane, Tongan-born Tongan living in Tonga).

In both examples gender differences exist. Luseane contrasts the leniency given to her brothers compared to herself. Lee (2003) describes this difference stating that 'boys go and girls stay'. Here, boys are given freedom with minimal adult supervision. In contrast, there is a restriction placed of girls' movement outside the home, related to the protection of the young women's virginity and reputation, which usually continues until they marry. In the extract, Luseane does not complain about it, and says that the double standard was not a reason for her falling pregnant because everyone in Tongan is raised up with the same sets of core values and traditions. The participant does not question the cultural system but takes responsibility for her pregnancy.

In another example, upon falling pregnant, Meleane states that she understands it is because boys cannot become pregnant. Guttenbeil-Likiliki describes the double standard, where a female who becomes pregnant out of wedlock is labelled finemotu'a vale (stupid old woman) while boys are referred to in a more comical way. In both cases, the mother of the pregnant woman is questioned for the way she raised her daughter, while the mother of the male involved is not questioned (Guttenbeil-Likiliki 2007).

This brings to light the stigma behind being unwed and pregnant to Tongan families, their reputation of teenage mothers and that of their families. Meleane concludes by saying she is happy to be accepted, which may mean that for others who fall pregnant, acceptance may not be there.

In the analysis of the perceived difference in gender role in New Zealand, gender differences for those who were Sole Tongan living in New Zealand were similar to those in Tonga, For example -

The boys got away with murder, I use to complain to mum and she'd just tell me its cause boys can't get pregnant. Everything came back to my virginity. Being molumalu [dignified] and maau [a virgin]. We weren't allowed to be in the same room as the boys, watch TV with them. It was hard out when we were kids, but I think mum and dad got sick of telling us, so gradually they got over it (Nia, Tongan-born Tongan living in NZ).

Yeah, but that how things are aye. I've only got two brothers, no sisters so we were always close... I think because I'm the baby of the family, they always tried hard out to look after me. As the only girl, I always had to dress right, you know mum always growled me if I was doing anything that I wasn't supposed to. They were way stricter on me, but it's like that for all Tongan girls, I was ok with it. Now that I'm pregnant, I think about how things were before and I pray to God that it could be back to how it used to be, when they were strict, now I feel like I don't exist... no one really talks to me now and it hurts... I'd rather they treat me like before. But I know it'll take time (Pele, Tongan-born Tongan living in NZ).

In the example given by Nia and Pele the gender roles were related to a daughter's virginity and her ability to fall pregnant. The male family members were given freedom while a female was heavily protected because she was able to fall pregnant, therefore bring dishonour to the family name.

In Pele's extract, her pregnancy brought a realisation of how much she valued the way her parents had raised her in the past and how she wished that things could go back to the way they were. The family shame over the unwed pregnancy created a shift in the way she is received in the family from a once overly protected daughter/sister to a daughter/sister who feels neglected and ignored as a result of being pregnant. The feelings of isolation are reflective in the writing of Konai-Helu, where there is a need to belong, and a regret of how things are, because of the inability to openly share what one is feeling as shown in you the choice of my parents.

In another example Sally notes -

Being mum and dad's oldest girl, my aunts and uncles always spoiled me. I never really had to do much so the princess privileges was the bomb (laughs). When I was little I was a bit of a tomboy, I loved playing with my older brother and boy cousins, but as we got older, I wasn't allowed to because it was ta'efaka'apa'apa – disrespectful... that really sucked for me. When we got to high school, my older brother use to play up at school all the time... I tried pushing the boundaries at school too, I think I wanted to

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see how far I could get away with stuff, but it didn't fly with my parents, they always emphasised – "he can do that, he's a boy" you're a girl, it's different. I hated being "different" just because I was a girl, I mean – what is that? (Sally, NZ born Tongan living in NZ)

In this example, the gender difference was not necessarily felt until the onset of menarche, marking a transition from being a girl to being a woman. She mentions pushing the boundaries, to see if she would be able to get away with the same things that her older brother went through, which was not tolerated. The only explanation given was that he was allowed to because he was a male.

While the literature describes the respect and reverence brothers give their sisters, the high status ascribed to sisters and the protection given to young woman by their male female members, these examples illustrate how Tongan adolescent women respond to being treated differently. This sub-section highlights the frustration and confusion young woman (particularly those growing up in the Diaspora) often feel and a breakdown in communication between the adolescent and her guardians in stating why differences exist.

Within two of the narratives by young Tongan mothers born and raised in New Zealand, there were no gender differences in there upbringing.

Growing up, we were all treated the same. After having been with my boyfriend for four years I know that Tongan boys usually drop everything for their sister, I mean sisters rule in Tongan family's, but in mine, if I picked an argument with my brother and I was wrong, he'd argue back and I'd end up apologising, If I wanted something, I worked for it, if they wanted something, they worked for it. So it was really even at our place. I think I was spoilt more because I was the youngest, I don't think me being a girl made any difference (Ema, NZ born Tongan living in NZ).

Growing up, we were all treated the same. There are only three of us, I'm the typical middle child (laughs) always picking an argument but I have a great relationship with my brother and sister. I have a great relationship with my parents too. It was typical family life for us, if I did something wrong, I'd apologise and try and make things right, same went for the other two as well (Sela, NZ born Tongan living in NZ).

Both adolescents felt equal to their male siblings. Though Ema is aware of the traditional Tongan gender differences through observation (the relationship her

partner has his with his siblings), in her experience being a female did not restrict her or give her any special privileges. This echoes Karlo Mila-Schaaf's writing, despite being a commoner there is an authority or an equity that is carried. The same is said by Sela who noted that each member of the household was accountable for their actions with gender not an excuse. These examples presented varied experience between the different cohorts.

5.2 Absent parent

A theme that emerged from the interviews was feeling different from peers due to not being raised by parents or having an absent parent. Absent parents existed for several reasons

5.2.1 Absent due to migration

It was ok. It was hard because my parents weren't here. (Clears throat) I know my aunty loves us, but there are certain things that you can only ask your parents. I'm the oldest out of my brothers and sisters so I was really protective of my little brothers. I knew my sisters were alright because they were with my parents. I used to work hard at school, try and be a good example to them. I don't know why, but I pushed myself because even though they weren't here – I wanted my parents to know that I could still do good, I wanted them to be proud of me (Barbara, Tongan-born Tongan living in Tonga).

Barbara's parents moved to New Zealand for economic purposes. Barbara and her brothers were left under the supervision of their aunty who was unwed. In the extract Barbara mentions her desire to still make her parents proud of her despite their not being there. Barbara took it upon herself to play mother and sister. Her brothers gave her the respect that was given an older sister and she fulfilled her duty as nurturer of the household. The turning point in Barbara's life was a result of having been raped. In her narrative she states –

"At the time I kept asking why? Why me cause I'm a good person. I thought, if I kept on being a good person, studied hard and kept myself pure that I'd end up with someone good, a good Tongan guy who would respect me and love me. After that day, he stole something from me. I felt so dirty.... I think my brothers felt guilty because they couldn't protect me. I

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felt dumb, didn't know what to say to them because I felt weird about them knowing I was raped, so we ignored each other (Barbara, Tongan-born Tongan living in Tonga)."

In this example, virginity also mentioned as a marker for being good. Barbara states that she felt something was stolen from her and the dynamics of her relationship with her brothers shifted because they were not able to fulfil their role as brothers by protecting her. The brothers inability to keep her virginity safely guarded against an attack resulted in tension between Barbara and her brothers leading to Barbara isolating herself from her family members.

In another excerpt Meleane states -

'I he 'emau kei si'i – mahalo na'u ta'u 'e nima, na'e folau 'emau tamai ki 'Amelika ke ngae mai ma 'ae famili. It was good, ka 'alu pe taimi moe si'isi'i 'ene fetu'utaki mai. 'Alu pe taimi, pea toe mali ia ai, 'o ma'u 'ene famili fo'ou. Mau nofo koeni 'i Tonga, na'e fu'u faka'ofa 'aupito, mau falala lahi kihe fanga tuonga'ane 'eku mum 'i Niusila. Fa'a fale'i au he'eku fa'e keu hoko ko ha ta'ahine Tonga lelei, ke oua e lau mai ha taha kihe li'aki kimautolu he'emau tamai. Na'ane fai pe 'ene fatongia kiate au, keu hoko ko ha ta'ahine tonga lelei – na'e mau nofo pe mo'eku kui pea na 'ave au kihe lotu, akonaki'i au keu anga faka'apa'apa. Ko 'eku tupu hake, na'u fakalongolongo – 'ikai ke 'amanaki ha taha teu feitama (Meleane, Tongan-born Tongan living in Tonga).

When we were younger – I think I was five; our dad flew to America to work for the family. It was good, but as time went on he contacted us less and less. As time went on, he remarried there, and started a new family. The way we lived was really sad [hard]; we relied on my mum's brothers in NZ. My mum would tell me to be a good Tongan girl, so no one would mock us that my father left us. She (mother) fulfilled her duties to me, in order for me to be a good Tongan girl – We lived with my grandmother, she took me to church, taught me how to be respectful. When I was growing up, I was quiet – no one expected that I'd fall pregnant (Meleane, Tongan-born Tongan living in Tonga).

Meleane's father had migrated to the United States to support his family but remarried while overseas. She discusses the hardship that her family experienced and the added pressure she felt because her father had left, emphasising the stigma attached to children from broken homes. Her maternal uncles provide for her family, living up to the role of a brother in Tongan culture (see section 2.1). In the

following example, Meleane feels more comfortable mentioning "us" and "our" rather than "I", which is a feature of the participants speaking indirectly.

5.2.2 Absent due to being reared by another family member

In other examples, participants were raised by other people and came back to their biological parents when they became older -

Na'e faingata'a, he na'u tupu hake au he ongomatu'a kehe, na'u toki foki mai ki he 'eku ongo matu'a kou 'osi lahi hili e malolo hoku kui. Na'e faingata 'aupito 'eku fuofua fetaulaki mo nautolu, fanga tuonga'ane moe tokoua, koe uhi nau 'osi maheni nautolu, nau 'osi maheni moe ongo matu'a. 'U ngaahi to'onga moe feima'u 'a aku na'e fai kimu'a, 'ikai ke toe lava ia 'o fai 'i 'api. I feel alone (Ana, Tongan-born Tongan living in Tonga).

It was hard, because I didn't grow up with my parents. I came back to them when I was much older, after my grandparents passed. It was really hard for me when I first got to know them, my brothers and sisters, because they already had a bond, with each other and my parents. The way I acted and my wants before my grandparents died, weren't tolerated at home. I feel alone (Ana, Tongan-born Tongan living in Tonga).

I felt different, neongo na'u foki mai kihe 'eku 'ongo matu'a kou kei si'i, kana'u ongo'i pe 'e au 'ae ngaahi kehe au. My brothers were close to my other sisters, my sisters close to each other. Koe ta'ahine au, nau natulu fakalongolongo, na'u 'osi mahino'i pe 'e au 'ae ngaahi kehe 'ae tamaiki tangata mei he tamaiki fefine, ka na'e 'ikai keu ongo'i 'ae mamafa 'oe me'a na'u fai, 'a 'eku 'alu mo *****, until my brothers found out. Nau ma, pea na'a nau o 'o kumi 'a **** ke ta. Not for me, but because of my dad. He koe faifekau foki. That's why we're married now, koe sio 'ae kolo kihe tu'unga 'oku 'iai 'eku tamai pea fekau maua ke ma mali (Sofia Tongan-born Tongan living in Tonga).

I felt different, even though I came back to the family when I was little [was raised by other family members]. I'm a girl who was always naturally quiet. I understood the differences between the guys from the girls, but I didn't feel the heaviness of it until I did what I did, going with ****; until my brothers found out. They were embarrassed, so they went to look for **** to beat him. Not for me but because of my dad. He's a faifekau. That's why we're married now, the village saw the position my dad had and insisted on it (Sofia Tongan-born Tongan living in Tonga).

Ana was raised by her grandparents and came back to her parents following the passing of her grandparents. She discusses the difficulty she found in adjusting to her new environment because relationships between her other siblings had already been formed and the way she was treated by her grandparents [being spoilt] was not

tolerated at home. The disconnection from her parents and siblings led to feelings of loneliness.

Similarly, Sofia was raised by other relatives and felt a sense of inadequacy when she returned to her parents. She observed the gender differences in Tonga and understood why males and females were treated differently, but didn't feel the 'heaviness' of it until falling pregnant. When it became public knowledge that she was no longer a virgin, this created embarrassment for her male family members who sought to 'beat' her boyfriend for ruining their sister's reputation. The beating was not viewed as being out of concern for Sofia, but rather, reflecting shame on their father's role as a minister. To hide the shame and embarrassment Sofia and her boyfriend were forced to formally wed without mention of whether or not it was something that Sofia or her husband wanted.

5.2.3 Absent due to divorce

In the narratives of the Multi-Pacific participants Betty states -

When I was form 4 they split and everything changed... I stopped going to church, and that's when I stopped worrying about what people had to say because I knew they were already talking about me, cause of mum and dad splitting. I started doing things to try and get my mind off how screwed I thought my family was. I started going out with my friends, I started drinking. When mum tried to talk to me, I'd put the blame on her... I think she felt guilty cause when I'd talk about her and dad, she'd shut up (Betty, Multi-Tongan living in NZ).

Betty mentions changes in her life circumstances due to parental separation which was around the same time she started rebelling. When prompted to talk about how things would have differed if her parents stayed together, she stated-

I think I wouldn't be pregnant, or married. I might have even lived the legend of the whole good Tongan girl (laughs). When my dad moved to Aus., I hated my mum.... I blamed her for him leaving, so when she'd tell me to do something... yep I did the opposite. I feel real stink about it now, but that's how I was back then (Betty, Multi-Tongan living in NZ).

Ema also mentions parental separation. She talks about how her father treated his new family in comparison to the way she was raised by her mother, and in contrast to the way he treated her. In her narrative Ema does not mention whether she feels her upbringing would have been different if her father was present, but is thankful for her mother's support.

He gapped it when I was like two, I can't remember him much, but the older three reckon they use to argue quite a bit. I wouldn't have liked that, I mean, who would. I know when I visited him in Aus. that he's real Tongan, he's strict on the other kids, takes them to church programmes, they can all speak the language – you know stuff like that. When I was younger it kind of got to me, because I wanted him to at least acknowledge that he had other kids, but now I really don't care. I have the best mum, a great family and my boyfriend's been great. I'm happy now (Ema, Multi-Tongan living in NZ)

5.2.4 Absent due to Death

As well as having an absent parent due to separation. Two of the participants (who are siblings) spoke of losing their father through death. Throughout the course of both interviews, this was the theme that was discussed most frequently by the two participants from beginning to end. For example -

Things changed when my dad died.... it really rocked me and my family because he was the man... my superman.. I missed him like crazy (voice starts to shake) at first it was o.k. I tried to be strong for my sisters hold things together, and for the first like two years, I thought we were coping but my mum found a new boyfriend and I hated him, straight away the eats thought he could step in and play dad... I told him to get out of my dad's house, that's when mum blew up at me, we haven't been really close since she started living with him (Lola, NZ born Tongan living in NZ).

In another instance Lola again stated -

When dad died, it was like mum died too, she stopped caring and that rubbed off on us. We stopped going church, and after Sione (her boyfriend) we never went to any family things (Lola, NZ born Tongan living in NZ).

It is clear that the participant greatly admired and respected her father. Upon the introduction of her mother's new boyfriend things shifted for the participant because

of her belief that he was trying to replace her father, which according to Lola could never be done. This created conflict between Lola and Mele-Siu and their mother. The participants noted a change in her mother's behaviour which she considered embarrassing. In both instances the participants mentioned dissatisfaction with their life, influenced by a breakdown in the family dynamics.

Mum started trying to act young. It was embarrassing, after a while I stopped caring, it's not like she'd listen to me anyways. She got into mean arguments with ****cause **** (her sister) didn't like him coming over, with us girls at home. When he moved in that's when **** (her sister) gapped it, and moved in with my cousin. He was the meanest bots, trying to act like he was our dad.... mum told us to respect him... I was like – hell no, he never did nothing for me. My dad's family hated mum, and she knew it so she stopped us from going to his stuff. Honestly, I hated my life (Mele-Siu. NZ born Tongan living in NZ).

Mele-Siu's mother's new relationship led to no longer going to church or interacting with their paternal side of the family. A disconnection from spirituality and family is shown in these examples to have an adverse effect on these young girls. In both examples, a shift was seen in the relationship between mother and daughter.

In the extract, participants were prevented from seeing their paternal family. As noted in section 2.1.2, in Tongan culture, this can have detrimental effects on the young woman as the maintenance of family ties is essential. The changes in their lives added to Mele-Siu concluding I hated my life.

5.3 Section Summary

In all these examples family composition and relationship played a role in the way participants reacted towards gender roles and highlight the outcome of having an absent parent. This section draws on the cultural and family influence on adolescents growing up in both home islands and living in the diaspora.

This section highlight clear differences in perceived gender role by those living in Tonga compared to those living in Auckland New Zealand. Within Tonga and

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amongst the Sole-Tongans living in New Zealand there is still a huge emphasis on the brothers being the guardians of their sister's chastity and the sisters fulfilling their obligations and sustaining the family name by not doing anything that would ruin the family reputation. When examining the poetry, in conjunction with the literature on female gender roles, with a failure to adhere to the Tongan norms of childbearing post marriage, we are provided clearer insight into the traditional view (Queen Salote) which adds to the guilt of becoming pregnant.

In New Zealand participants from the more traditional families are also aware of gender differences. However, they question the way things are. This goes hand in hand with the poetry pieces of Konai Thaman, due to the influences of the societal beliefs of one's host nation. In all cases explanations are drawn to virginity and childbearing highlighting the stigma attached to the public revelation that the young women are sexually active and the impact unwed childbearing means within Tongan culture.

For some of the participants who grew up in New Zealand there are no apparent differences in gender roles underlining that intra-ethnic variations exist amongst Tongans living in Tonga, those migrating out and those born in the diaspora which should be acknowledged and taken into account when dealing with sensitive issues.

While the Pacific literature stresses Tongan woman being ranked higher than men within the family, for the participants, an expectation was placed on them to adhere to the Tongan way, live in accordance to the gender differences without an adequate explanation as to why this was important. A breakdown in communication between adolescence and parents is consistently said to be associated with teenage pregnancy where adolescence feel unsupported. (Upchurch, Aneshensel et al 2001) This is reflective in the narratives.

In these examples, parents were either lenient (as in the case of Mele-Siu, Betty and Lola) or extremely over protective (as in the case of Ana). In the literature parental supervision characteristic of being too lenient or too over protective is linked to high

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levels of alcohol and drug use, high risk-peer association (for too lenient) and concealed sexual activity, and decrease contraceptive use (too overprotective) characteristic of teenage pregnancy. (Rodgers 1999) This section concludes by stressing the importance of family composition and relationships in shaping the values and better understanding the behaviour and ramifications of the choices that young people make.

6 Findings and Analysis: Reproductive Health

Introduction

With the relevance of family composition and cultural ideologies both in the home Islands and in the Diaspora, this section will focus on the findings and analysis of sex and reproductive health. In this section participants were prompted to discuss issues relating to their sex and reproductive health. Participants were asked to reflect on three areas. The first was menarche; the second based on their knowledge of sex and third was their first sexual experience. These three areas will be discussed and analysed within this section.

6.1 Menarche

In the thesis all participants mentioned the age they experienced menarche (18/18) with participants beginning menstruation from as early as 9 years old to as late as 13 years old. Over half (10/18) of the participants who addressed the issue of menstruation noted limited knowledge beforehand, scared and perplexed by the flow of blood. Some participants were hesitant to tell older female family members because of fear that they would be treated differently to their male family members because of it. The subsequent paragraphs highlight themes that emerged during the narratives.

6.1.1 Menarche: A blessing

For all three cohorts, the association between first menstrual experience and a blessing from God was identified. This blessing is tied to good fortune marking the transition from a girl to a woman (see section 2.3).

I finished school, and when I got home I went to use the toilet and blood was on my uniform, man Seini, I was crying, I thought something was wrong with me, like I was going to die (laughs). I called Moana (aunty) and she came running in. She saw the blood and she hugged and kissed me. She told me to stop crying, that Heavenly Father had blessed me because I'm a

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woman now. She talked me through the changes that were happening in my body, how to wash myself, things like that (Barbara Tongan-born Tongan living in Tonga, aged 9 when she first had her period).

I got my period when I was (pause) I think 10, I got it at home, lucky aye, I would've died if I had it in public (laughs) When I had my period, my mum and aunty called all us girls into the room, and explained why I was lucky. I was now a woman and God had blessed me by allowing me to have kids. (Lola, NZ born Tongan living in NZ).

It was natural to bleed for woman, and that it was God's way of ensuring I'd have kids in the future. I knew girls had the packets of pads in the room, but didn't know what it was for, I just knew it was something the older girls used when they went toilet (laughs) it wasn't until I had my period that I knew (Sally, NZ born Tongan living in NZ).

Barbara's age of menarche was nine years old. Unaware of what it meant, her aunty referred to it as a blessing associated with becoming a woman. Nineteen-year old mother Lola and Sally also linked their first period with blessings in that it acts as a means for childbearing. Prior to having their period Lola and Sally had minimal awareness of what their period was, resulting in fear. It was not until menarche that they were given an explanation of what it entailed. There was no mention of the physical changes that would occur in a women's body, only that it was a means to childbearing, therefore a blessing.

The next lot of extracts where menarche was considered a blessing, a celebration occurred, highlighted by the Tongan-born participants who lived in Tonga and those who migrated to New Zealand. However due to the celebration, feelings of discomfort often resonated. For example -

I was 10, in primary school. I remember being really scared, I was at school and everyone was looking at me, they thought I was hurt cause I was bleeding. I started crying, I remember wanting mum. Someone must have contacted her, because she came to school and got me. She explained that I was now a woman. She told dad and we had a mean feed at home to mark me having my period (laughs), God I was so ma (embarrassed) it felt weird having my brothers there, knowing they knew I bled (Nia, Tongan-born Tongan living in NZ).

Ko 'eku fuofuo pukefakamahina 'i 'api. Kou 'a hake 'o 'ohovale he tau 'ae toto hoku vala, moe mohenga. Na'u ma au (lauhgs) he koe puke pe ha taha 'i he famili, 'oku hanga 'e he'eku mum, 'o ngaahi e ki'i me'akai ke fakamanatu 'aki 'emau hoko koe fefine (laughs). Na'e ui au he 'eku fa'e keu

tu'u 'o teuteu keu 'alu kihe ako, ka na'e 'ikai keu lava au 'o tu'u, kou ongo'i vaivaia, pea hu mai 'eku fine'eiki 'o sio ki he toto, 'o 'ilo ai (Luseana, Tongan-born Tongan living in Tonga).

I first got my period at home. I woke up and was shocked when I saw the blood on my clothes and on the bed. I was embarrassed (laughs) because when anyone first gets their period in the family, my mum makes food in remembrance of us becoming women. My mum called me to get up and get ready for school, but I couldn't get up, I felt too weak, so my mum came in and saw the blood and that's how she knew (Luseane - aged 12 when she first had her period).

A similarity between the participant's experiences during menarche is shown. In both scenario's there was a celebration to mark a transition to womanhood. Nevertheless, in both narratives there are clear feelings of discomfort at the idea of others (their brother's) knowing the topic of celebration. The reason for this discomfort can be understood when understanding gender roles (see section 2.2.3) where the girl's brothers avoid being present at anything where discussions about their sister occurred and understanding that within the context of the New Zealand environment that a young girl finds herself in, this may not seem normal (as reflective of the migrant view). (Helu 1993)

6.1.2 Different level of awareness

Another common theme is the different levels of awareness concerning menstruation between the different cohorts. In the interviews, the younger a female is at age of menarche onset, the less likely she is to receive any information or have any knowledge of it. However, in the case of Ana, who had the oldest age at menarche, although she was aware of others who had an early onset of menarche, she still felt as though she was ill prepared -

Ko 'eku fuofuo pukefakamahina, na'u hu ai ki kolisi, pe au 'ohovale he talamai he kaungame'a kuo toto hoku teunga aka, pe au poaki keu 'alu ki toilet. Na'u 'ilo pe au 'a e puke 'a e tamaiki fefine mei he tamaiki 'i 'api, ka na'e 'ikai ke talanoa mai ha taha, 'ae me'a ke fai, moe anga 'oe puke, 'aho 'pre fiha, me'a pehe (Ana, Tongan-born Tongan living in Tonga).

When I first had my period, I had just started high school, I was shocked when my friends told me I had blood on my uniform, so I asked if I could

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go to the toilets. I already knew about other girls having their period at home, but no one told me about what I was supposed to do, how long it would go for (Ana – 13 years old when she first had her period).

This emphasises the lapse in communication when dealing with issues relating to changes in a young girls body. In two cases (2/18) a lack of awareness of the changes that were occurring was seen as catalyst of fear -

I first got my period when I was 10. I was sitting in class, and the boys were pointing at my pants. My teacher sent me to the office and rang mum. I was so scared... I didn't know what was happening to me. Shucks, thinking back, even now, it was an out of it experience. Fakapapau atu [honestly] I didn't know anything. I heard the older girls at church complain about their "mate" but I didn't know what they meant (Pele, 10 years old when she first got her period).

I woke and there was blood on my bed. I thought I was dying (laughs) mum came in to wake me up for school, I was crying and she saw the blood. She gave me a hug and told me I was a woman. I remember being embarrassed. I don't know why though (laughs) I hated my period, but ask me why, when I missed my period, before I found out I was carrying – I was praying to have my period (laughs) (Silia, 10 years old when she first got her period)

Pele and Silia were both 10 years of age during menarche, which is considered younger than the average age of 13 years. (Ellis et al 2003) Both young ladies associated the experience with fear and Silia with embarrassment. These extracts stress a lack of understanding in connection to the biological and hormonal changes in their bodies. Silia concludes by exclaiming that though she hated having her period, the thought of not having her period was worst because of its link to pregnancy. These examples draw a need to better equip young girls with information relating to the biological and physical changes within their bodies.

It was only among 4/18 participants [who were based in Auckland], that advice was either given or sought from their mother or siblings –

It was my last year of primary school so I would have been about 10. Mum had talked to me about it before so I knew that eventually I'd get my period. The first time I had it was at home. The feeling was gross, but I was glad that I knew what it was. I just screamed for my mum and she came rushing into my room. (Sela, Multi-Tongan living in NZ)

I was 12 going on 13, I was in intermediate. I had a few friends that had

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their period so I kind of asked mum about it before I got mine. She told me about it, but still when I first got mine I remember thinking yuck. The idea of blood all over me wasn't nice (Ema, Multi-Tongan living in NZ)

**** had her period before I did, so she told me about it, I knew that girls had their period, but I didn't know what to expect till I got mine (Betty, Multi-Tongan - 10 years old when she first had her period).

I was 9, when I first got my period. It was the year before my dad died. **** Older than me and she got hers when she was 10 so I figured I'd get it round the same time. I wasn't scared or nothing cause I knew it was normal for girls to go through. When **** got hers mum explained it to all of us me, **** and my two little sisters. We were all there, when mum explained why a girl got her period, why it was important (Mele-Siu, NZ born Sole Tongan).

Interestingly to note, all participants who were given advice prior to onset of menarche were New Zealand born. Although mention is made about the discomfort they felt irrespective of having gained information, comments such as "I wasn't scared", "I was glad I knew what it was" were made. There was no mention of fear or being totally shocked as shown in the earlier abstracts.

6.1.3 Keeping it to herself

Finally, within Tonga 2/6 participants from Tonga stated that upon initial menarche, they kept the information to themselves.

Ko 'eku fuofuo pukefakamahina na'e 'ikai keu tala au kiha taha. Mahalo 'osi e mahina 'e 3, pea toki 'ilo he'eku fine'eiki. Na'u ma auia (laughs), ko 'eku 'ilo pe kou puke, kou fo pe au hoku vala. Na'e toki ma'u hake eku mum 'ae motesi na'e tuku he'eku kato ako 'o ne toki 'ilo ai kou puke (Meleane, Tongan-born living in Tonga,).

When I first got my period, I didn't tell anyone. I think it was three months before my mum found out. I was embarrassed (laughs), when I'd know it was period, I'd wash my own clothes. Mum found a pad in my school bag, that's when she knew I had my period (Meleane was 11 when she first had her period).

'I he'eku fu'ofu'a pukefakamahina na'e 'ikai keu fiema'u ke 'ilo ha taha. Na'e fa'a fekau au he vaivai keu 'alu ki falekoloa 'o kumi ha'ane motesi so I knew what it was. 'I he'eku 'ilo koe kou puke nau feinga ke 'oua 'e 'ilo ha taha. Neongo na'u kei ta'u 11, ka na'u 'ilo 'o kapau he 'ilo he vaivai tene ta'ofi au mei he va'inga moe kalasi tangata, I didn't want them to treat me different. Pea hange pe ha loi, koe momeniti pe na'e 'ilo ai, na'e fekau keu tokanga, I not a kid anymore (Sofia, Tongan-born Tongan living in Tonga).

When I first got my period I didn't want anyone to know. The oldies use to tell me to go to the store and buy their pads so I knew what it was. When I knew that I had my period I tried for no one to know. Even though I was only 11, I knew that if the oldies knew they'd stop me from playing with the boys. I didn't want them to treat me different. And as though I were kidding, the moment they found out they told me to be careful, I'm not a kid anymore (Sofia. 11 years old at time of menarche).

Meleane and Sofia (both Tongan-born living in Tonga) kept their menarche private out of fear of change; however Sofia provides an explanation as to why young girls may not want anyone knowing about their period. She claims that she did not want to be treated differently. Once it was made known that she had her period, changes were enforced because of the idea that she was now a women and had to be protected. This is supported by earlier statements found in the academic literature (see section 2.2.3) on gender roles. Sofia could no longer play with her male friends or relatives which she once enjoyed because of fears that something may happen. This brings to light the significance of gender roles within Tongan society and implies how fast things can change during the transition to womanhood amongst Tongan young ladies.

6.2 Let's talk about sex

All participants in this thesis discussed their knowledge of sex prior to conception. Participants provided a wide range of learning sites from where they either gained direct or indirect information about sex and sexuality. Participants noted that sex is a topic that is not readily discussed. This follows the lack of education and discussion given to young ladies about menarche.

However, of sites where information was accessed, the most commonly used site mentioned was a) the classroom, b) eavesdropping c) from their peers d) from a sibling and e) from a parent. This part of the chapter will examine how knowledge about sex is generated leading up to first sexual experience.

6.2.1 “You just don’t talk about it.”

Luseane’s excerpt below illustrates how sex is a topic that is not discussed openly because it leads to feelings of embarrassment and a sign of disrespect when questions are raised or attempted to be answered. In the literature (see section 2.3.1) parents rarely educate their children concerning sex related issues because most parents of the current generation received no education from their own parents because of feelings of discomfort. (Parini and Mudjajadi 1995; Utomo 1997) This notion is supported by Sita who relates sex (the discussion of it) to being taboo, a topic that should not be discussed.

The participant considers herself well educated, and yet assured that due to the taboo nature of discussing sex openly within Tongan society, she felt lost with minimal knowledge in the area.

I he ‘a takai koe ‘oku ou ‘iai na’e ‘ikai kemau fa’a talanoa kimautolu kiai. ‘A u kihe ‘aho ni, ‘ikai keu lava au ‘o talanoa’i he ‘oku ta’efaka’apa’apa, kou ma auia he talanoa kiai (laughs). Na’u fanongo pe he tamaiki fefine kuo ‘osi mali, ‘oku nau talanoa kihe fuofuo ma’u kinautolu he nau ngaahi hoa, fanongo pe he’enau toto, ka na’e ‘ikai keu toe ‘ilo au ha me’a (Luseane, Tongan-born Tongan living i Tonga).

In the environment that I’m in no one talks about it. Even now, I can’t talk about it because it’s disrespectful, and I’m embarrassed to talk about it (laughs). I would hear girls that were married, talk about their first time experiences with their husbands, I’d hear about how a girl bleeds, but that was it (Luseane, Tongan-born Tongan living i Tonga).

You already know, tapu ke talanoa’i [its taboo to talk about it]. The married women make rude jokes but it’s between them. Na’u aka ‘i kolosi fefine [I Went to a girls collage], we didn’t get taught anything about it. So I had no real knowledge of it. I prided myself on being a good student. But when it came to sex I was really lost, didn’t know anything about it (Sita, Tongan-born Tongan living i Tonga).

Information was also gained through the education system. In Tonga there is currently no sexual or reproductive health in the syllabus despite growing numbers of teenage pregnancy and STI. (Corner et al. 2005) This is reflective of the lack of sex education provided in schools due to the influence of religion on policy. (Utomo 1997) Consequently, when adolescents are not given adequate information,

they are disabled from making informed decisions.

6.2.2 “Who do you ask?”

Sofia goes on to ask “who are we going to ask?” in relation to accessing relevant knowledge and information on sexual related issues.

‘Ikai ko ha me’ā ia ‘oku talanoa’i. You just don’t and kapau ‘oku fai ha fakakakata ‘oku fai fakapulipuli pe, he ‘oku ‘ikai ke sai ‘ae talanoa’i. Plus, koe ‘ai kete fehu’i kia hai? Na’e ‘ikai ke kau ia ‘ihe silapa ‘o ‘apiako. Na’e fa’ā fakakakata pe tamaiki fefine moe tamaiki tangata, ka na’e ‘ikai ke totu’ā ‘a ‘enau talanoa faklielie... Most of the kapekape’s are about the parts of the body ‘oku kaunga kau he you know – me’ā koe ia that’s why – no respect (Sofia, Tongan-born Tongan living in Tonga).

You just don’t talk about it. You just don’t, if there are jokes (dirty) it’s done secretly because it’s not good to talk about it. Plus who are we going to ask? It wasn’t part of our school syllabus. The girls and the guys use to joke around, but not to a point where it was too dirty. Most of the swear words are about the parts of the body that’s involved in you know – that thing, that’s why – no respect (Sofia, English translation).

She begins by talking about the secretive nature of talking about sexual related issues, though young men and women talk about it [sex], it is often done privately. Sofia goes on to discuss crude Tongan words, to highlight how unacceptable talking about sexual issues is within Tongan context.

‘Oku ‘iai pe family clinic moe me’ā ka ‘oku taitaha pe ha ‘alu ha taha kiai, he kapau he hu ha taha, he lau’i ia, pea fa’u ha fo’i talanoa ke fakamatala ‘aki ‘ae ‘uhinga ‘oku ‘alu ai ha taha kiai. Manatu’i koe ki’i fonua si’isi’i, a’u ki ‘a pongipongi ‘osi ‘alu holo ‘ae talanoa ia (Sofia, Tongan-born Tongan living in Tonga)

There’s a family planning clinic and things like that but hardly anyone goes there, because if someone goes in, they’ll get mocked, and rumours will start based on why they went there. Remember this is a small country, by tomorrow the stories would have gone around (Sofia, Tongan-born Tongan living in Tonga).

Sofia raises another point around a reluctance to utilise services that may provide accurate information because of fear that rumours will develop and circulate throughout the Tonga. Drawing on Karlo Mila-Schaaf’s poem Virgin Loi, and comments made about the coconut wireless, there is a need to relook at the way

information and services are delivered so that adolescents feel safe to use them. This is based around issues of confidentiality, an area service providers need to look into.

6.2.3 Eavesdropping

Knowledge was also gained through eavesdropping on conversations from older peers in the school setting or in the village. Two participants, one in Tonga and the other in New Zealand mention eavesdropping as a source of gaining knowledge, yet no further mention were made on whether the information was accurate or the type of knowledge that was gained useful.

na'u fuofua 'ilo pe 'i 'apiako, (pause) na'e 'iai e 'u kalasi he lolotonga 'oe ta'u na mau ako ai kihe lelei koe sino 'oe tangata. Peau fanongo pe he ngaahi talanoa 'ae tamaiki fefine lahi hifo 'iate au. 'Ikai ke nau 'ilo 'e nau tolu 'eku fanongo ki he'enau talanoa (laughs) ka na'e ma'u 'eku 'ilo mei he 'u me'a pehe (Ana, Tongan-born Tongan living in Tonga).

I first learnt about it at school, they had classes during the year that kind of taught us about the differences between bodies (male and female) and I'd hear girls older than me talk about it. They didn't know I was listening in on their conversation, but I got most of my knowledge from stuff like that (Ana, English translation).

Sex was a taboo subject at home. We weren't allowed to talk about holding hands, let alone that. You know kissing scenes on T.V, the most awkward out, you should see everyone look everywhere except the T.V screen (laughs) so no didn't learn it from home. I only learnt about it at school, through other girls. They'd talk about it and I'd listen, but I never really paid any attention to it... to be honest, I didn't know much about it, till I did it (Sally, NZ-born Tongan living in NZ).

In addition to hearing about sex through her peers, Sally goes onto say that her knowledge came through the act of intercourse.

6.2.4 “Watching movies”

Watching movies was recognised as a location for indirect learning about sex and reproduction. Meleane mentions watching movies as her means of gaining information. Interestingly, she reiterates that the guilt she felt after having sexual intercourse is not portrayed on screen. Here there is an idea that Hollywood glamorises sex into something that it is not, with the emotional effects of sex [guilt]

It's not something we talk about. I learnt about the female and male body from bio at school, but that's it. And watching movies, but it's different when you watch a movie and when it happens. Te sio faiva, 'oku te pehe koe me'a ia he hoko, he fiefia 'ae ta'ahine moe tamasi'I, 'ikai ke asi 'ae mamahi koe'e hoko hili 'ae fo'i me'a. 'Ae ongo tautea koe 'oku hoko mai kia kita he 'osi 'ete nonofo mo 'ete kaume'a (Meleane, Tongan-born Tongan living in Tonga).

It's not something we talk about. I learnt about the female and male body from bio at school, but that's it. And watching movies, but it's different when you watch a movie and when it happens When you watch a movie, you think that's what happens, they'll be happy – the girl and the guy, they don't show the pain that follows after you do it. How guilty you feel when you've done having sex with your boyfriend (Meleane, English translation).

While the academic literature has a large body of literature relating adolescent sexual activity to STI's and teenage pregnancy, there is a paucity of publications on the emotional effects of sex on adolescents. Hence, as well as gaining minimal/inaccurate information about sex, participants are also ill prepared for the emotional/psychological outcome of loss of virginity.

6.2.5 In the classroom

In the narratives with the participants in Tonga and New Zealand, a common place to gain information was the classroom. However, the type of information differed between those living in Tongan compared to those living in New Zealand. In the quotes already mentioned by Ana and Meleane (living in Tonga) reference to learning about the body parts involved in reproduction is provided in biology class, where the human anatomy as a whole is discussed and nothing with sexual connotation is mentioned. In the narratives from the participants based in New Zealand, the most common site of information was gained from the sexual education messages taught in the physical education and health classes -

Puberty class when I was 3rd form in High school I think? I never really bought it up before that, because seriously I didn't want to know. I was still at the blushing at holding hands stage (Ema, Multi-Tongan living in NZ).

We never talked about sex at home. I can't even talk to anyone about boys, I always felt uncomfortable. I learnt about sex and stuff from school, at the

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health classes. But even then I wasn't really listening because they kept us in the same room as other boys from church, so we just talked because it was weird listening to the teacher talk about stuff like that. My friends at school were islanders too so we all learnt about it the same way (Pele, Tongan-born Tongan living in NZ).

Not from home, that's for sure (laughs). I always felt uncomfortable talking about anything to do with sex to my family. Even kissing and stuff. Even now, it feels off, I think cause we grew up knowing you don't talk about stuff like that, especially if there's boys around (pause). I learnt about it from school, those fourth form health classes. They gave us the chance to ask questions... I never did, but other kids did so I just listened in on what people said. But hearing about it and doing it are two totally different things (Silia, NZ-born Tongan living in NZ).

In the narratives participants mention an inadequacy in the way information is delivered –

- Ema makes a point about getting the information during a time where she felt she was not mature enough to process it.
- Pele, highlight information being delivered in ways that were culturally inappropriate. For example, in Tongan culture, it is considered inappropriate to discuss 'sensitive' issues like sex when male and female are together, at the risk of family ties. As a result, Pele and her Tongan peers would talk to avoid listening to the information.
- Silia discussed the discomfort of talking about sex because of her upbringing.

Therefore, knowledge was generated in the classroom through questions raised by other students not herself.

These examples highlight the role policy plays in shaping the type of information that young people have access to. It underlines the fact that there is no one-size-fits-all way of delivering information. However, like the examples gathered from the Netherlands, information should be provided in a way/time that is relevant to the audience who is receiving it. School could have been the only place where they

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gained accurate information regarding sex; however participants missed out on relevant knowledge because of a flaw in the delivery.

6.2.6 From a family member

Finally, of those that sought and received information, knowledge was gained from a trusted family member. Sela discussed how open she was with her mother, concerning reproductive issues. Although she had been told about sex at school, when she was ready to ask question she asked her mother explaining the feelings she now harboured for her boyfriend and how to best prepare herself should she decide to become sexually active.

I didn't really start asking questions till I was 17. First person I talked to was mum. I told her that I needed to talk to her, cause I knew she was the best person to talk to, I told her that when I was with ***** I started feeling things that I never felt before, and even though we hadn't had sex, I was seriously considering it, but wanted to know what she thought about it (Sela, Multi-Tongan living in NZ).

Another Multi-Tongan participant Ema goes on to say -

I started to really ask questions in my senior years of high school when I met my boyfriend. I talked to mum. I think she was a bit shocked. She asked me if we'd done anything before, I told her we hadn't had sex, just kissed and stuff and she sat me down and went over what happens during sex. She gave me some condoms and told me to think about it carefully, and if I do anything make sure we're safe. I think she knew that if it turned into an argument, I'd end up doing it anyways, I'm pretty strong headed but I get it from her. (Ema, Multi-Tongan living in NZ).

In an earlier example given by Ema, the participants noted feeling too immature to take information in during the fourth form sex education classes; however, once she was ready, the first person she talked to was her mother. Ema and Sela both felt the information given to them by their mother's made them feel better prepared for the experience as it was delivered when they were ready to take in the information, in a setting where they felt safe.

This section highlights the impact the home setting has on the participant's readiness to ask questions. Either discouraging participants to ask questions or in the case of Sela and Ema, encouraging them too. Through these excerpt a clear difference is seen in the experiences of those in Tonga and those in New Zealand with sexual education offered in the classroom setting in New Zealand and not in Tonga. However, within New Zealand, the participant's readiness to take about sexual health is also varied. From the differences in experiences, the voices coming through the poetry become more prominent.

The adequacy of information given and the methods of delivery are in question; whether they take into account inter-ethnic or intra-ethnic values and beliefs or not. The passages above give an insight into the knowledge that these young women had regarding sex, leading up to their first sexual experience. It also acknowledges the importance of accessibility and availability to information and resources and though these examples illustrate a lapse in services in the Islands compared to New Zealand, it underlines the shortcomings of information delivered in New Zealand that should be addressed.

6.3 First sexual experience

All of the participants were prompted and provided insight on their first sexual experience (18/18). The average age for first sexual experience was in the mid to late teens - 16 to 17 years. For four of the six Tongan participants their first experience of sexual intercourse happened while they were living away from home, either for school or employment purposes. For one of the participants it was a result of rape and for another with a male who had moved from another village.

In all cases public knowledge of being sexually active was not revealed until these young ladies became pregnant. For the majority (15/18) of the participants the site of sexual intercourse was at a concealed proximity. In all the narratives of the teenagers from Tonga living in Tonga, the unifying theme that emerged was the unplanned

nature of their first sexual experience. This was similar to views held by adolescents living in NZ (8/12), which may mean that it is not necessarily a Tongan based thing but rather felt amongst the cohorts universally. In the life story interviews, key statements stood out. These statements will be used as headings to emphasis what the participant was going through during their first sexual experience.

6.3.1 Lack of knowledge: “I wasn’t thinking”

Sita relates her unawareness of what is involve in relationships and the thrill of it as a reason for becoming sexual active. She says that at the time she wasn’t thinking, which may relate to how fast it all happened. Sita raises a rhetorical question about being a bad person, hinting at the guilt she felt as a result of being sexually active.

I didn’t plan on doing anything with him. But I was blank to relationship, he was my first everything, my first kiss even. It was all new to me, and it was like a thrill. There was a concert, we went for a walk, went to this area where we knew we could get privacy, one thing led to another and before I knew it, we were doing it (cries). At the time I wasn’t thinking. It hit me though when it was all over. I know I’m a bad person aren’t I (cries) (Sita, Tongan-born Tongan living in Tonga)

During the interview, while describing her first sexual experience Sita cried throughout the interview with the memory of past events, very much fresh in her mind. She also avoided eye contact, choosing to focus on the ground or a wall. Here, she was practicing the art of heliaki – speaking indirectly through her body language.

6.3.2 ‘Felt Guilty: I couldn’t stop crying”

Na’e kole mai ’eku kaume’ a ke ma o ’o lue. Na’e lolotonga fai ’a e hulohula ’i holo, ’ikai ke fakatokonga’i ha taha ’e ma pulia. I never knew... (quiet, cries), na’e ’ikai keu ’ilo teu lava ’o fai ’ae me’ a na’u fai. After that, ’ikai keu lava au ’o tuku ’eku tangi. Ka naane talamai kapau he ’ikai keu na’ a he ’ilo ’homau ’api. I feel different after that (Sofia, Tongan-born Tongan living in Tonga).

My boyfriend asked me to go for a walk. At the time there was a dance in the hall, no one noticed that we were gone. I never knew... (quiet and cries), I didn’t think I was capable of doing it. After that, I couldn’t stop crying. But

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he told me if I don't the people at home will know. I felt different after that (Sofia, Tongan-born Tongan living in Tonga).

Sofia mentions the guilt that came after losing her virginity. At the end of it, her boyfriend told her to stop crying before her household found out, emphasising how secretive it often is for adolescents in the Islands. Interestingly, both Sita and Sofia were at a village concert/dance, an acceptable social venues for adolescence during night times where male and female are able to interact.

6.3.3 “I moved location”

Another theme found in the narratives amongst the Tongan-born Tongans living in Tonga was a development in relationships that led to sexual intercourse due to migration from rural villages to urban villages for work and school opportunities.

‘Ikai ke ‘iai ha palani ia ki ai (pause). I he ‘eku hu koe ‘o kolisi, na’u ‘alu ‘o nofo moe famili hoku tamai ‘i kolo, ke ofi kihe ako. Na’e ‘i ai ‘ae ‘aho na’e tuku vave ai ‘ae ako, na’e tonu keu ‘alu hangatonu ki ‘api kanau poaki ki he’eku aniti keu ‘alu moe tamaiki fefine ke maketi. Na’u iku ‘alu au mo ‘eku kaume’ā ki tahi. Faka’ai’ai au he ‘eku kaume’ā, talamai ‘a ‘ene ‘ofa, ‘ikai keu ‘amanaki he ma’u au he’eku kaume’ā but it happened. Talamai pe teu lotolelei pe kene ma’u au, peau ‘io aipe. Toki tangi he ‘osi e fo’i me’ā kana’e ‘ikai keu palani ke hoko (Luseane, Tongan-born Tongan living in Tonga)

I didn’t plan it (pause). When I started high school, I went and lived with my dad’s family in town, to be closer to school... There was a day where we finished school early, I should have gone straight home, but I asked my aunty if I could go with the girls to the markets. I ended up going with my boyfriend to the beach. He started persuading me, told me he loved me, I didn’t think he would do it, but it happened. He asked if I would be ok with him taking me, and I said yes. I cried after it happened, but we didn’t plan it to happen (Luseane, English translation)

Na’e fai ‘ae koniseti he holo, peau ‘alu kihe koniseti, ‘o fetaulaki moia. Fai ‘e ma talanoa pea mau lue ki ***** (local school), na’e hoko ai. ‘Ikai keu ‘ilo ia ‘e au ‘ae me’ā koe na’e hoko, he na’e fu’u vave ‘aupito. I couldn’t think.... after it happened, he said he loved me and walked me home. Na’e hange ia ha misi, ‘ikai keu lava ‘e au ‘o, ‘o accept ‘ae me’ā ‘oku hoko. You know, my mum told me, you save yourself for your first, because you can’t get over your first... na’e pehe au, mei he momeniti koe naane ma’u au. Toe lahi ange ‘eku ‘ofa ai (Meleane, Tongan-born Tongan living in Tonga).

There was a concert in the hall, and I went to the concert, where I met up with him. We started talking, and we ended up walking to ***** (local school) it happened there. I didn’t know what was happening, cause it

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happened really quick. I couldn't think... after it happened, he said he loved me and walked me home. It was like a dream, I couldn't accept what happened. You know my mum told me, you save yourself for your first, because you can't get over your first... that's how it was for me, from the moment that he had me (sexual intercourse) I loved him more (Meleane, English translation).

Luseane migrated to the city for educational purposes. While explaining her first sexual experience she stated that her boyfriend asked if it would be ok if he "took" her. This referred to him physically taking her virginity through intercourse, implying that she gave something away.

In another example, Meleane moves to the capital city to be closer to work. She develops a relationship with a young man who also moved to Town. Similar to the quotes already made the event occurred after a social function, with minimal time to think about the decisions made. Meleane makes mention of not being able to accept it. At the end of it she remembers her mother's words – about the impact of initial sexual intercourse on a woman's psychological wellbeing. Consequently, a deeper emotional connection was made were she felt like she loved her partner more because he took her virginity.

With more independence, these two young girls were no longer under the watchful eye of their relatives or their village. This enabled the relationships with their perspective partners to develop to sexual intercourse because the protection they would have had from there brothers is not there.

In an example of a Tongan-born Tongan living in New Zealand, Nia states -

I was 16 years old, my first serious boyfriend. At the time I was going through the meanest dramas at home so I decided to be a big girl and move in with my cousin who's like the black sheep of the family. I so wasn't used to the freedom, my boyfriend comes over, we start fooling around and before I know it, he's on top of me. In my head I tried to tell him no, but when you're in that situation it's hard. By the time I could stomach words, he had already broken me. I felt guilty as. I felt worthless. I pictured my mum and dad's face, their disappointment. After that I tried to rebel as much as I could so if they found out, it wouldn't surprise them (Nia, Tongan-born Tongan living in NZ)

While the previous two examples illustrate internal migration in Tonga, this example refers to internal migration in New Zealand. Nia discusses the freedom she had received once she left that family home, of which she was not accustomed to. She goes onto mention how she felt afterwards (losing her virginity), she claims that in her head she wanted to say no, suggesting that she was not yet ready for her first sexual experience. She started thinking about the things she could no longer do as a young Tongan girl. The vivid picture she paints about seeing her mother's face, is powerful in depicting what being "broken" meant to her, going against what she had been advised to do growing up. Consequently, she rebelled so that if she became pregnant or if others found out it would have been expected.

6.3.4 Rebellious: "My don't give a damn stage"

In the interview with Silia she talks about going through a stage in her life where she was rebellious. The rebellious streak was attributed to the resentment of the double standard [gender differences] she felt was placed on her in comparison to her brother. Similar to the migrant's view of being pulled in a tug a war, the way she response mirrors the diasporic view which prepared to go against the cultural norm.

After losing her virginity to her boyfriend, Silia ran away from home which in Tongan culture, leads to assumptions that virginity is loss.

I went through my don't give a damn stage. I use to go out with my aunts, my parents never knew (laughs), and I always got in trouble when they found out. I'd meet up with ***** at the clubs, then I started cutting school to see him. One day we went back to his place, while his parents were at work and we did it there. We didn't plan it or nothing, but one thing led to another and before you know it, we were doing it. It wasn't planned but I didn't say no. After we finished I cried, cause I wasn't a virgin anymore. He started crying too, asked me what I wanted to do and I told him I can't go home, so I ran away (Silia, NZ-born-Tongan living in NZ).

Like the examples provided by the Tongan-born Tongans, the emotions that are tied to first sexual experience are evident by the "cries" of the participants. In the case of Silia, she felt that she couldn't go home because of what happened. No further

elaboration was made as to why she felt like she could not go home but the expression on her face and tone in her voice spoke volumes. As a Tongan woman, I knew why she could not.

6.3.5 “I was drunk”

Another common theme found within the narrative of participants in Tonga and New Zealand that matches what is commonly written in the literature is becoming sexually active while under the influence of alcohol.

‘Ikai ke iai ha palani ia ki ai Na’u feohi pe moe tamasi’i, pea ne kole mai ke ma o ‘o inu, i think koe tupuanga ia ‘ae palopalema. Na’u fu’u manako ai, pe au pehe ke ma o, ka na’e ‘ikai teu palani ke ma mohe fakataha. It just happened. Na’u fakatomala, he na’u ‘ilo kuo ne ‘osi ma’u au. Na’e ‘ikai ke ne liaki au, kae hoko atu pe ‘e ma kaume’ a mo ‘e ma nonofo. Ka na’e tautea hoku loto, taimi kotoa pe na ma o ai, ka na’e faingta’ a ‘eku ‘ikai ki ai, ha na’u tui koe tokotaha eni teu mali mo ia (Ana, Tongan-born Tongan living in Tonga).

No it wasn’t planed, I had been associated with this guy, and he asked me to go with him and drink, I think that’s where the problems started. I really liked him so I thought I’d go with him, but I didn’t plan to sleep with him. It just happened. I regretted it, because I knew that he had already got me. He didn’t leave me, we kept on being boyfriend and girlfriend, and we kept on having sex, but I felt guilty every time, but it was hard for me to say no to him, I believed this is the guy I’m going to marry (Ana, Tongan-born Tongan living in Tonga).

Some of my friends had done it before me, they use to talk about how good it felt, how much they loved it (pause) I was at a party, I had a few drinks, and me and my boyfriend at the time were fooling around. We went into one of the rooms, and did it there. I was half off my face, and it wasn’t like I went to the party planning it. It sought of just happened. I remember it hurting like hell. I bled quite a bit; I would hear the stories about how you bleed and ishhh, so it wasn’t that positive. If I could change it, I would’ve waited, you know – lose it to someone that I was actually in love with (Betty, Multi Tongan living in NZ).

In the examples above both participants stated that first sexual experience was unplanned, following alcohol consumption. There is regret among both participants. Ana uses the term “had me,” the idea of being tied to her boyfriend and being dependent on him to a certain degree because he broke her virginity. This may be

related to the Tongan [Christian] view that virginity/sexual intimacy should be reserved for your husband. In the example given by Betty, she wished she had waited until she found someone that she loved. This connects sex with emotions, the notion that it is not just a physical act, but attached to feelings. There is also mention of bleeding, which is extremely important for Tongan women - symbolic of first sexual experience.

6.3.6 "I got in trouble at home."

In two of the narratives, problems at home led to first sexual experience

That night, she yelled at me for not respecting her boyfriend, I got pissed off, and just left... got a text that there was a party, went there... got totally hammered and ended up losing it. I wasn't prepared... but I didn't care (Mele-Siu, NZ-born Tongan living in NZ).

I got in trouble at home the night before; mum was yelling to me about school, I cried myself to sleep (laughs). The next morning I got ready to go school, texted my boyfriend to pick me up, ended up wagging instead of going to school. He could see that I was crying, he asked me what was wrong and I just broke down. I think it was a mixture of the talk and me feeling sorry for myself (laughs), but yea, from there we started making out... and then we did it, when he got up there was blood all over his sheets... I sat up, grabbed the bottle of wine and started sculling it back. I knew I couldn't go home, not the way I was, half drunk and broken. (Sally, NZ-born Tongan living in NZ).

Due to a break-down in the family home, Mele-Siu felt the need to be away from home. To block out the death of her father, her mother's new partner and feeling like a target for domestic issues her extract ends with the statement – “but I didn't care”. Here alcohol is used as a stimulus to numb her feelings. Her anger at the volatile family situation and the volume of her alcohol consumption led to her first sexual experience.

Sally also dealt with issues at home before having her first sexual experience. She suggests that it was the combination of alcohol and feeling sorry for herself that led to having sexual intercourse. After the realisation that she had lost her virginity,

seen in the blood on the sheets she was afraid to go home – ‘half drunk and broken.’ [A powerful statement to make]. And while she loves her partner, if she could change it she would save her virginity to a time where she was not intoxicated.

6.3.7 Rape - “He stole something from me”

Barbara’s first sexual experience was different from the others because she did not give consent. In her narrative she gives information about the event that occurred -

We were on the road, going towards ‘Uta (rural area) and that’s where he raped me, dragged me outside the bus, and raped me. That was the worst day of my life. He got on top and forced himself on me, I tried screaming but he told me if I did, he’d kill me, I begged him to stop, because it was hurting me, but he wouldn’t. At the time I kept asking why? Why me cause I’m a good person. After that day, he stole something from me. I felt so dirty (Barbara, Tongan-born Tongan living in Tonga).

Barbara discussed feeling violated, and feeling as though he had stolen something from her (her virginity). The participant gives insight into how she felt during the course of the event by saying – if there was a rope I would’ve killed myself. While the interview proceeded, as a researcher I advised her that if she wanted to stop the interview she could. In which she proceeded to say that she was over it now refusing to be a victim. This exemplified the strength that many of these young women have and her preference to have her story told.

6.3.8 “I thought I was ready”

Two (2/18) of the participants noted that, at the time, they felt they were ready for their first sexual experience.

My virginity was what made me special, to my family, to every other Tongan. He started kind of ignoring me and I didn’t want to lose him, so I told him I was ready. I knew I was going to lose it that day... (Continues to look down) but I thought he loved me as much as I loved him. I was really nervous, I cried before he even put it in. I cried, because I knew what I was losing (starts to cry), I knew what I was giving up. As soon as he put it in, man I could just see my mum and dad’s face, and it tore me in pieces.... Never want to go through that again. I don’t know how I could’ve been so stupid (Pele, Tongan-born Tongan living in NZ).

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It was really emotional for me. He told me he'd wait for as long as I wanted, I thanked him. We were making out in his car, and I told him I was ready. He said no, he doesn't want me hating him but I kept saying I was ready. I kept pushing him, I got on top and before I knew it I could feel him, in me. He took me to the back seat and we did it. I didn't bleed and I couldn't understand why, I was blank, at the end of it he hugged me and kissed me, he told me that he loved me, and I cried. I didn't know what was wrong with me. Every girl is supposed to bleed, but I didn't. I remember being in his car and it hit me... I was not a virgin, I cried and I cried, I'd stop crying then cry again. I couldn't believe it. I walked home in my uniform, and you know I texted him to go find a good Tongan girl, told him he deserved better. (Alice, Sole Tongan living in NZ)

In the example provided by Pele guilt resonated with the idea of what she was going to give up. Pele mentions her boyfriend's gradual loss of interest because she was not ready to engage in sexual relations with him. As a plea to maintain their relationship Pele told her boyfriend that she was ready. Though she was aware that she was going to have sex, she became emotional because of what her virginity symbolised. With the idea that one's virginity should be kept till marriage, she experienced feelings of guilt and anxiety, triggered by thoughts of her mother and father at the time. It is clear that there is still remorse with her calling herself stupid.

Rather than discuss the physical implication of sexual activity, Pele only relates to what it meant for her emotionally. The participant avoided eye contact and cried throughout. The pain participants felt when discussing their first sexual experience was not necessarily spoken through their dialogue but in the expressions on their faces, through their tears and in their pauses.

In another example Alice also mentions thinking she was ready to have sex, when in retrospect she realised she was not. Alice acknowledges that sex is not only a physical act, that there are emotional factors that should be addressed. In the narrative Alice explains how she initiated things by telling her boyfriend that she was ready in which he believed she was not.

Alice talks about her persistence, which led to intercourse. Due to her inability to bleed she questioned what was wrong with her as she was told growing up that every virgin bleeds. (Collocott 1923) Consequently, traditionally the inability to

bleed in cases of marriage brought shame on the family as there is an assumption that every women bleeds and to not bleed means you were not a virgin. As mentioned in the narratives of anga fakatonga' there is an association between not being a good Tongan girl and not ending up with a good Tonga boy. As a result, she tells her boyfriend to forget about her and find himself a good Tongan girl. Through the act of sexual intercourse, she classifies herself as not being good. There are also undertones of regret, whereby she notes that no matter how much she tries, she can never get it back. Her distress in not bleeding reiterates the importance of in-depth education on sexual related issues.

6.3.9 “I was prepared”

To conclude, in four cases (4/18) amongst participants who were born and lived in New Zealand, in contrast to not being prepared, participants planned and were ready for their first sexual experience which was considered positive by the young ladies.

It's funny because I wasn't scared or nervous and he looked like he was a pro (laughs). We took our time, so it felt right, plus it was on our anniversary so to me it made it that much more special. Yea, I was ready. We planned it so I knew before he came over that I'd lose it to him. I see myself with him forever, so I have no regrets (Ema, Multi-Tongan living in NZ).

We planned it, had protection and everything so at the time it felt right. I have no regrets about it, what's done is done, and I'm still with him so that says something about the strength of our relationship (Sela, Multi-Tongan living in NZ).

I was prepared. We fooled around a lot at home. It's easy when you're not living with any old people; we had heaps of time to make out. A few times he was real tempted to, you know, put his thing in... but I wasn't ready. So yeah, me and him talked about it, and when I was ready we did it at home when my cousin was at work. He made me feel really comfortable, it felt natural as. (Lola, Multi-Tongan living in NZ).

I moved out of home because I wanted to see how it would be like to live on my own, my boyfriend would come around and we'd play around in the bedroom, and then we decided to just do it. We'd tried it before, but I couldn't go through with it, but then I thought to just get it over and done with. I love him and I didn't imagine anyone else breaking me. It wasn't

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negative or anything and I don't regret it (Mele, Multi-Tongan living in NZ).

In all four cases discussion had been made with their boyfriends several times before initiating in sex creating trust and a safe environment for all four adolescents, two who had already spoken to their mother about it (Ema and Sela) and two who were living on their own at the time (Lola and Mele). Unlike the other participants, these young ladies confirmed that it felt natural and rather than ruin the relationship the act strengthened the relationship. Interestingly, Mele mentioned that she hardly bled. The fascination with bleeding again recounts the significance placed on virginity within Tongan society.

In this thesis it is the ones who had either gathered advice from a relative, discussed it with their partner or had been in a long term relationship that a) planned it b) felt safe and c) had no regrets.

6.4 Section Summary

These extracts provide insight on the onset of menarche and whether participants had any prior knowledge of it. From the interviews it is clear that majority of the young mothers involved in the thesis study had experienced menarche at an early age, which the literature relates to early sexual intercourse and child bearing.

Information was usually gained from a mother or a female family member; however it was usually after the onset of menarche, with the participants stating that they knew very little about it prior to menarche. This raises the importance of educating young ladies about the changes that will occur in her body and what these changes will mean. Finally, within traditional Tongan settings the menarche was linked to blessings and commonly celebrated, often leading to feelings of discomfort, having others know that the transition to womanhood had been made.

This section highlights the impact the home setting has on the participant's readiness to ask questions about sex, either discouraging participants to ask

questions or encouraging them too. Through these excerpt a clear difference is seen in the experiences of those in Tonga and those in New Zealand with sexual education offered in the classroom in New Zealand. However, within New Zealand, the participant's readiness to take aboard information about sexual health is also varied. It goes on to question the adequacy of information given and the methods of delivery, whether they take into account inter and intra-ethnic values and beliefs or not.

The passages above give an insight into the mind frame that these young women had leading up to their first sexual experience. It also highlights the importance of accessibility and availability to information and resources that would better prepare young woman for sexual intercourse.

When discussing first sexual experience, (14/18) participants (6/6) from Tonga and (8/12) from New Zealand made reference to the unplanned nature of their first sexual experience. When talking about knowledge of sex, there was an emotional connection to the act of having sex that the participants were unaware of leading to sexual intercourse. This was most apparent amongst girls with strong cultural and family ties. With regret often linked to being sexually active.

Of those that were ready, communication was an important element in the choices made by these young women. The better the communication, the better these individuals felt about being sexually active. This section highlight the role information and accessibility to accurate information plays in preparing young woman for sexual reproductive issues. If young woman are given adequate information and given the opportunity to discuss and ask questions relating to sex, they are more likely to make more informed, safer decisions.

7 Findings and Analysis: A Mothers Hope

Overview

This section explores what it means for participants in this thesis to have a child, and is the third overarching prompt within this thesis. There are four sub-sections within this section. **Sub-sections one** will provide a detailed analysis of participant's reaction upon initially finding out they were pregnant. **Sub-section two** will provide reactions from the father of the baby, **Sub-section three** discusses family reaction towards pregnancy and **Sub-section four** will conclude by analysing what pregnancy/or being a mother has come to mean for these young ladies. At the end of these four sub-sections a summary will be given drawing the sections together

7.1 Pregnancy experience

When asked to describe their pregnancy experience, three themes emerged from the narratives. Those who had been away from home during first sexual experience were also away from home when they became pregnant. For other participants fear and numbness were reactions noted, each of which will be analysed in this section.

7.1.1 A way from home/added freedom

A considerable amount of participants (8/18) became pregnant while living away from their family home, including five out of the six participants interviewed in Tonga. Several examples are given below –

Ke 'ilo'i taimi koe na'u fuofua feitama ai, 'ikai keu 'ilo 'e au kou feitama. Kou puke... ta koe kamata ia 'eku feitama, kou pehe pe au koe ta'omahaki, 'ikai keu fiefie kai, ninimo, langa'ulu, tavaivaia, 'ikai ke lava 'e au 'o fai ha me'a, peau pehe keu foci ki homau 'api, koe 'uhinga na'u nofo au 'i Tofoa keu ofi ki he ako. 'I he'eku puke, na'u kole ke fakafoki au ki 'api, keu tokoto ai he kou puke, ko 'eku foki koe ki 'api, na'e sio pe 'eku kaungame'a 'o ne mahalo kou feitama. Ne talamai ke ma o ki falemahaki 'o Sivi, 'ilo ai kuou feitama (Ana, Tongan-born living in Tonga).

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You know when I first got pregnant; I didn't know I was pregnant. I was sick, turns out it was the beginning of my pregnancy. I just thought it was a seasonal tummy bug. I didn't want to eat, felt dizzy, headache and real drained, I couldn't do anything. When I got sick I asked to be taken to home, I wanted to be in my own house, when I got home, one of my friends visited and guessed that I was pregnant, she told me for us to go to the hospital and get tested. That's how I knew (Ana, English Translation).

Na'e 'ikai keu 'ilo 'e au kou feitama. Ko 'eku fuofua 'ilo ko 'eku ha'u kihe neesi. Na'u foki mai ki 'api ha na'u fa'a puke au he 'api hoko aniti peau kole keu foki mai ki 'api. Kou pasi tokotaha mai mei he'emaupi ki he neesi, 'ou fai ai 'eku talatala. Talamai he neesi keu sivi pe kou fo'ikete. Ma'u mai 'oku ou fo'ikete, kou mahamahalo leva ko 'eku mahina ia 'e 2. Koe 'uhinga ia 'oku ou fu'u trust ai 'e neesi, he ko'ene 'ilo koe 'oku ou feitama ai, na'e 'ikai kene talanoa holo (Luseane, Tongan-born living in Tonga).

I didn't know I was pregnant. I first found out when I went to the nurse. I came back home because I kept on getting sick at my aunt's house, so I asked if I could return home. I bussed by myself from my house to the nurse to tell her how I was feeling. The nurse suggested I take a pregnancy test to see if I was pregnant. The results came in and I guessed I was 2 months. That's why I trust the nurse, because when she found out, she didn't spread the news (Luseane, English Translation).

In both instances neither participant was aware of their pregnancy until they returned home because of their morning sickness. Ana believed that if she remained at home she would not have been pregnant because she would have been more mindful of her actions and her role within her family would have made her more cautious about the decisions that she made.

In the example below, the participant had run away from home because she had lost her virginity, when she returned she discovered that she was pregnant. Prior to finding out she was pregnant; upon realising that she was no longer a virgin, her parents disappointment is shown through her father crying and the description of the look on her mother's face. Again emphasising the importance placed on the chastity of young Tongan women.

After I ran away, my family came looking for me, my brother told my boyfriend that if he found out that he was hiding me that he'd kill him. He would've too, but I couldn't go back, I was too scared... Mum came around with dad, that's when ***** parents told me to talk to them... I couldn't look them in the eye aye. I actually didn't know if I was pregnant, but mum asked me if we had done it and I told her yes. She looked like she was going to kill me, dad started crying and hitting his chest... I wanted him to hit me,

do something to make me not feel so bad, but he didn't. When we got home, mum said for me to have a pregnancy test, see if I was pregnant that's when I found out I was pregnant (Sally, NZ-born Tongan-Tongan living in NZ).

The initial question asked by Sally's mother was whether or not she was pregnant. This underlines the importance of the matter for her family, and the connection between pregnancy and public admission that one is no longer a virgin. This is important considering Sally's father had a prominent role within the church in New Zealand and the stigma attached to being a Tongan mother out of wedlock within the church. It is also a significant question for her mother to make, seeing as she is regarded as the custodian of her daughter's virginity.

7.1.2 Fear

Six of the eighteen participants made a direct reference to how scared they were when they discovered they were pregnant. In the excerpts below there are different types of fear mentioned. Fear based on preconceived ideas of how their family and the father of their child would react. Fear of loneliness derived from not having anyone to confide in about the pregnancy, fear of what to do next and fear of not being a good mother. All these fears however are rooted in the secrecy of being sexually active and the stigma attached to public knowledge revealed through having to acknowledge pregnancy.

Na'u ilifia. 'Ikai keu 'ilo pe teu kumi fale'i mei fe. Taimi faingata'a 'aupito. 'Ikai keu lava 'o fakatatau 'ae ongo koia kiha me'a. Kou sio kihe ongo matu'a, mo fakaukau loto kihe ngaahi lau 'e fai (Sofia, Tongan-born living in Tonga).

I was scared. I didn't know who to turn to for advice. It was a very hard time for me. I can't compare the way I felt to anything. I thought about my parents, and thought about the gossip that would happen. (Sofia English Translation)

I was lost when I found out I was pregnant. I knew mum would flip, because my sister had a baby and she went crazy when she found out. You know what's cracked though, she was worried bout how ***** [mother's partner] would react knowing her daughter was a slut... that was her words... funny aye? I was scared, I'm still scared because I don't know if I'll

be a good mother or not. I pray to God I'll be good (Mele-Siu, NZ born Tongan living in NZ).

I didn't know how to feel, I think it was a mixture of panic and fear? What was I going to do? How was my family going to react to the news? I remember thinking not here [clinic]... you know life changing information and I'm alone. I had no idea what I was going to do, who I was going to turn too. I thought of how people I love would react, my parents, brothers, sister, boyfriend... but I put myself in that situation and I knew whatever their reaction, I would do everything to be a good mum to my baby (Alice, NZ born Tongan living in NZ).

Another interesting discovery in the narrative was the lack of knowledge that a woman could become pregnant after the first sexual experience. Pele likened this awareness to a nightmare, with the hopes of waking up.

I wanted to die, seriously. Me and ***** only did it that one time, so I didn't know that I could get pregnant. I started feeling sick, and I missed my period, so I went to the guidance counsellor at school and she took me to get my pregnancy test. When it came out positive, I spewed up.... I didn't know what to think... I thought it was a nightmare and I wanted to wake up (Pele, Tongan-born Tongan living in NZ).

7.1.3 Fear leading to termination

Within these interviews fear also led to the thought and attempt of an abortion. Living in Tonga, Sita was afraid of the ramifications of her pregnancy towards her family that she attempted to self-abort. By law the only way a woman can abort in Tonga is if it endangers the life of the mother. Her attempt was unsuccessful.

When discussing this the participant appeared motionless, crying throughout, she still harboured guilt for attempting to miscarry her baby, in retrospect Sita mentions how she thinks she would have felt if the attempt at miscarriage was successful by stating – it would live with me forever. This narrative expresses the desperation that young women often experience when they feel they have no one to confide in. Here, the emotions attached to attempting self-abortion are also highlighted as something that needs to be better understood.

Kou mate ha ilafia [I was scared to death]. That's why I was stupid and tried to kill my unborn baby. I panicked because I knew what this would do to

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our family. All the stories that would go around. I thought it would be easier if I wasn't pregnant. I could just carry on with school, no one would know (pause) but I would know, and if I lost the baby because of something I did, it would live with me forever. I felt my world was sinking in on me (Sita, Tongan-born Tongan living in Tonga).

Ana also contemplated abortion -

'Io, pea koe mo'oni nau ilifia aupito, lahi e taimi na'u fakakaukau keu to'o 'ae pepe, ka na'e fakalotolahi mai pe 'eku kaungame'a, talamai ke tuku, he 'e 'iai ha 'aho e aonga e ki'i pepe kia teau (Ana, Tongan-born Tongan living in Tonga).

Yes, the truth is i was so scared, a lot of time I was thinking of aborting my baby, but a friend told me not to, saying one day this baby will be of use to me (Ana Tongan-born Tongan living in Tonga).

While Ana has thoughts of a self-induced abortion, she is talked out of it by peers who emphasised the usefulness of children.

Though Luseane, did not attempt to self-abort she gives insight into why young woman choose to have self-induced abortions linking it to being disowned by the families. The isolation from family is a real fear.

Lahi e tamaiki 'oku nau feitama, pea nau 'ai pe 'e nautolu ke to, koe pehe 'e tu'usi kinautolu he'enau famili. Na'u manavasi'i na'a tu'usi au, peau faka'ofa ai mo'eku tama (Luseane Tongan-born Tongan living in Tonga).

There are a lot of young people that fall pregnant and they go and make themselves miscarry, because they think their family will disown them. I was scared I'd be cut from my family, and I'll be left alone, with my baby (Luseane Tongan-born Tongan living in Tonga).

7.1.4 “I didn’t know how to feel”

I didn't know how to react. I wasn't quite sure how my boyfriend would react. There were a lot of haters at the time, I don't think his family approved of me; I wasn't "Tongan" enough for their son, so it was hard. I was definitely stressed, but no way in hell was I going to give up my baby. It wasn't planned, but we weren't really safe so I should have expected it (Mele, Multi-Tongan living in NZ).

To conclude, one participant talked about not knowing how to react. Living away from home, she was not regarded as being Tongan enough for her partner's family.

Consequently, this influenced the way she felt during her pregnancy. At the end of the excerpt she stated that there was no way she was going to give up her baby. Highlighting how much her child meant to her.

7.2 Baby daddies

All the participants in the interviews made reference to the men that fathered their baby. Four of the six participants from Tonga were no longer with their partners, one of the participants in Tonga legally wed post-conception and the other engaged to be wed. Among the New Zealand based adolescents 3/12 were legally married post conception, 5/12 were still in relationships with their partner and 4/12 were single (8/12 – in relationships, 4/12 – single). Those in New Zealand were more likely to stay with their partners than those in Tonga. Their experiences are mentioned below.

7.2.1 His family sent him away

In the interviews two participants (1 in Tonga and 1 in New Zealand) noted that the father of their child was sent away by his family because of the pregnancy.

Ana was fearful of telling her partner about her pregnancy, because of how he would react. As a result of her pregnancy, her partner was sent away and communication with him was brought to a halt. Previous friends have also been barred from making contact because of the taboo attached to being connected to a young unwed mother.

Na ma fa'a alu pe 'o 'eva'i he'eku nofo ****, pea 'i he 'ene 'ilo koe na'u foki ki 'api na'a ne 'eke holo, mo'oni na'e faingata'a aupito keu tala ki ai, he na'u 'ofa aupito ai, Pea na'u ilifia he 'ikai ke 'ofa 'ia au mo 'eke pepe. Ka koe, kuo 'ave he famili ia ki Niusila, te'eki keu fanongo mei ai, ka kou 'ilo koe anga pe ia 'ae mo'ui. Lahi e tamaiki na ma fa'a 'alu holo, 'oku 'ikai kenau toe loko lea mai, fekau he nau ongomatu'a ke 'oua e 'alu holo mo au. Na'a nau faifaitaki kia te au (Ana, Tongan-born Tongan living in Tonga).

We use to go out when I was staying in ****, when he found out I went back home he started asking around. Truth is it was hard for me to tell him, because I really love him, and I was scared that he wouldn't love me or my baby. But his family have sent him to NZ and he hasn't contacted me, so I guess that's the way life is. A lot of the kids I use to hang around with don't really talk to me, they're parents have told them not to hang out with me

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before they start copying me [getting pregnant] (Ana, Tongan-born Tongan living in Tonga).

He cried, he was scared of how his family would react to the news. It made me stress even more, because I was ready to tell people but because of how he was feeling I had to keep it to myself. That was so hard, especially knowing it's because his family didn't like me. Makes a girl feel like crap, seriously. His family sent him out of Auckland. That took its toll on me cause I thought, friggen hell, he's over 20, and he's not a baby. He used to ring me every day, so we'd talk. But I found out later after baby was born that he didn't tell them about her. I wanted to kill him (laughs) I'm laughing now, but you should have seen how many nights I cried about it. Now that baby is born his family has accepted us both. I love it (Mele, Multi-Tongan living in NZ).

In the abstract above the New Zealand based participant explains how difficult her pregnancy was due to the partner's response and his family's reaction. In the previous sub-section Mele mentioned that she felt she was not Tongan enough for her partner's family. Consequently he was sent away which made things more difficult. It was not until after she had her child that she was made aware that the reason why his family reacted the way they did was because he denied the child. Her narrative provides an example of how emotionally difficult it can be for a young woman carrying when these issues come into play. It also showcases the influence of the family in the choices made by young men to either be present or absent.

7.2.2 Doesn't expect him to be there

In the narratives 3/18 of the participants talked about not expecting the father of their child to be there for them or their child. The reasons ranged from not being in a a) committed relationship, b) being too young and c) the female's family not allowing the father of the child to be with their daughter/sister.

We weren't officially together. It wasn't the first time we were together, but we weren't committed to each other. I told him and he knows it's his, but that's about it. I don't expect anything from him and he knows if he wants to see baby he can (Barbara, Tongan-born living in Tonga).

When I first found out I was pregnant, I was angry at him, so I was mean to him for weeks. I don't know why, but that made him like me even more. He kept bugging me, so I told him, after I told *****. I cried because I loved him, and I thought he'd be there for me, but he said he was too young, and

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his family would kill him if they found out. Ever since then he's denied being the father of my baby, but he knows it's his (Pele, Tongan-born living in Tonga).

The dick asked me if it was his. He knew full well that he was the only guy I was with for the past six months and he asked anyways – felt like grabbing a cricket bat and smashing him over the head (laughs). Its cause he's scared of how his family will be when they find out he's a daddy. I didn't even bother asking him if he wants to be around for our baby – a big fat NO. But it's cool; I've got my sister (Mele-Siu, NZ born living in NZ).

Barbara engaged sexually with a man who was in a committed relationship with someone else so did not expect him to be committed to anything, however was open to him being involved in her child's life if he chose to. Another participant (Mele-Siu) mentioned the fear she sensed in her former boyfriend because they were both young and his reluctance to tell his family. Pele also mentions her boyfriend claiming that he was too young, which led to his denying his baby. Interesting to note Mele-Siu (16 years) and Pele (17 years) are the youngest amongst the New Zealand based adolescent expecting mothers. In both cases the fathers of their child were also adolescents and both partners mentioned fear of telling their families.

This is similar to what Luseane, (also 17 years old) was going through at the time. Her narrative shows a lack of awareness on both their parts (her and her boyfriend) about the nature in which women can conceive (i.e. after their initial sexual experience together). She has since tried to change the way she feels about him emotionally because of preconceived ideas about what will happen when his family finds out. These examples acknowledge possible differences between the experiences of younger teenagers and older teenagers that should be acknowledged.

'Oku faingata'a, he 'oku ma kei si'i loua. Na'u 'osi talaange koau kou fo'ikete, pea tangi pe, 'o 'eke pe 'oku anga fefe, he na'e tu'otaha pe, peau talaange 'oku 'ikai keu 'ilo. Te'eki kene fakahoko ki he'ene famili (pause) kou ilifia, he kou 'ilo he fekau he 'ene famili ke ma mali. Kou feinga keu to'o hoko loto mei ai, he kou 'ilo koe me'a ia 'e hoko (Luseane, Tongan-born Tonga living in Tonga).

It's hard because we're both young. I've told him I'm pregnant, he cried, and asked how? Because we only did it once, I told him I don't know. He hasn't told his family (pause) and I'm scared, because I know his family will tell

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him to break up with me. I'm trying to let him go, because I know what will happen. (Luseane, Tongan-born Tonga living in Tonga)

While the above examples exemplify choices made by the father of the baby to be absent during and after the pregnancy [largely influence by their age], for some of the young men, their absence is not a reflection of what they want, or pressures from their family but rather enforced by the family of the adolescent woman in the thesis.

For example -

Koe mo'oni na'e 'ohovale. Na'e fiefia aupito he'eku foki vave ki Tonga ka na'e 'ikai ke ne 'ilo'i 'ae 'uhinga kou foki vave anga ai. Kou talaange hangatonu pe kiai. Pea na'e 'ikai ke lava ia 'o sio mai, pe lea mai. Hange 'oku 'alu hake a 'eku 'ita, pe au tu'u au keu lue, fiema'u keu mavahe mei ai. Na'e lele muimui mai, 'o puke hoku nima, pea ne talamai ke ma hola 'o mali. He 'oku 'ofa pe ia 'ia au moe pepe. Kou talaange ke 'oleva keu laki lea kia mum... Talamai ku mum she would look after me and my baby ka 'oku 'ikai ke ngofua keu toe sio kihe tamai 'oe ta'ahine (Meleane, Tongan-born Tongan living in Tonga).

The truth is he was shocked. He was really happy that I returned to Tonga early, but he didn't know why I went back early. I just told him straight. He couldn't look at me, or talk to me. I started to get angry, so i got up and started walking; I just wanted to get away from him. He ran after me, grabbed my hand and told me for us to take off and get married, because he loves me and baby. I told him to wait, let me tell mum... Mum told me that she would look after me and my baby but I wasn't allowed to have any contact with my daughter's father (Meleane, English translation)

He wanted us to go get married, ke ma hola 'o mali (for us to elope and get married), I told him I couldn't, look at what this will do to our families, he toe lahi ange 'e ma palopalema kapau tema hola (we'd have more problems if we ran away). He tried to tell me that my family wouldn't accept him, because of the pregnancy, but I didn't want to listen. It's hard because everyone is watching me now. That's why I live in my room (Sita, Tongan-born Tongan living in Tonga)

In the example provided above, 2/6 [Meleane and Sita] participants from Tonga were faced with raising their child without the father, not because it was what they wanted, or because their partners were reluctant to be there, but because it was what the family deemed appropriate. At first it appeared as though one of the partners was hesitant, but his reaction was in relation to his belief that her family would not approve. In response he suggests that they elope. However, after telling her family she was given instructions not to make contact with him.

Sita highlights the tug-of-war expecting mothers often feel, when they are made to choose between their family and the person they love. Although she wanted to elope she feels obligated to her family because of her pregnancy and the shame she feels she has bought on them by being an unwed adolescent mother.

7.2.3 Fear

He didn't say much aye, I think he was dropping his nuts cause he knew the boys would kill him (laughs). He asked me what I wanted to do, and I told him, I don't care what he wants, I'm keeping my baby. He started crying, said he doesn't know how to tell his parents... I felt like smashing him over the head aye (laughs). He asked me not to say nothing till he told his family, I told him, yeah but I have to tell mum, cause I knew if she found out after his family, she would've gone mental (Betty, Multi-Tongan living in NZ).

Fear is another reaction by the partners of these adolescent mothers. Through the narratives it is consistently clear that it is not only the young Tongan mothers who are weary of how their families would react, but also the young men who father the child. In the following illustration the participant's partner was fearful for two reasons. Firstly, how her male family members would react. This comes back to the idea of brothers being the guardians of their sisters and a violation of that an insult to the family. Secondly fear based on how his family would react. Both types of fears related to family.

7.2.4 Post-conception marriage

In two instances (1/6) in Tonga and (1/12) in New Zealand the adolescent was either required to marry the father of her child or be proposed to -

Na'e faingata'a, koe 'uhi koe lakanga 'oe tangata'eiki he siasi. My dad wouldn't speak to me. Hange ha taha liekina. Na'e ha'u 'ae famili 'a ***** 'o kole fakamolemole, pea nau lea mali. 'Ikai ke fai ha loto ha taha, kou 'ilo'i 'eku vale pea ma mali. Koe toki fiemalie ia ae tangata'eiki (Sofia, Tongan-born Tongan living in Tonga).

It was hard because of the position dad has at church. My dad wouldn't speak to me; It was as though I was an orphan. [Partner] family came and apologised, they asked that we get married. No one had a say, I knew I was in the wrong so we got married. That's the only time my dad became

In order to preserve her father's reputation as a faifekau [church minister] and take away the shame bought on her family because of the pregnancy, Sofia married her boyfriend. She states that no one had a say, implying that even if she did not want to get married she had no choice as the family had already decided and it was her wrong to be made right. In New Zealand one participant speaks of her partner's family's response in relation to finding out about the pregnancy. However the difference is that she was given the choice to say yes or no.

***** came over with his family and lea mali (asked for my hand in marriage). His mum was crying, asking the family for forgiveness... his family's hard out Tongan so they brought Tongan stuff home... there were quite a few of them aye. I got angry to be honest... I didn't want to get married because I was pregnant... I mean I love my husband, but when they did that, I was like – great, he's only marrying me cause I'm pregnant and his family's forcing him to marry me. Mum welcomed them in, told them it's ok, we're both vale (stupid) and that if we're not ready to be married then its ok, my family will still look after me and my baby. But then drama king (referring to husband) started crying saying he loves me and he wants to do right by me. So we agreed to get married before baby comes out (Betty, Multi-Tongan living in NZ)

Here, Betty makes reference to the importance of the anga fakatonga to her partner's family. The giving of mats as a peace offering went hand in hand with the apologies. Within the Tongan culture, to come empty handed is a sign of disrespect on behalf of the father to be. In the narrative of this participant, her mother conceived out of wedlock and forced to marry which ended in divorce. This is why her mother stated that if neither is ready to marry, the participant's family would cater to the needs of the mother and child. In the end both agreed to be married.

7.2.5 Supportive partner

To conclude, within the thesis half of the New Zealand based Teenage mothers (expecting and current) discussed having a supportive partner during the pregnancy; a feature that is rarely mentioned within both academic and Pacific literature. Several examples note -

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He was shocked, was quiet, so I thought he didn't want anything to do with me or the baby. We were sitting outside my place and I told him he was free to leave, that I'd be ok. He told me that we should get married, that he loved me and wanted to be there for baby. It was real emotional, but I'm glad I ended up with him, he's the nicest guy out. I'm really lucky (Nia, Tongan-born Tongan living in NZ)

I had already told myself, if he doesn't want anything to do with me after I tell him I'd understand – typical Alice – worst case scenario, I told myself – this is my baby, and I'd do whatever I can to be there for my child. When I told him, I expected him to panic but he was really good. He held me and told me I'd be alright, that he loved me and he's not going anywhere. He started talking about saving up, for when baby comes. I seriously couldn't help but laugh. It was a relief, I love him so much (laughs). He asked me if he could tell his family and I told him to give me time, I needed to tell mine first. But yeah after I got home, I got texts by the minute asking me how I was, if I needed anything (Alice, NZ born Tongan living in NZ).

I thought he'd like make a big deal out of it, but he was really good. He just hugged me and told me everything was going to be alright... shocking aye (laughs) He asked where we were going to stay. I didn't think that far ahead, but he said if I have his baby he wants to be there to help – so that our baby can grow up from get go with him around. Our families met, and they discussed it... Dad didn't want us living in sin, pretty late now, but we agreed to get engaged and then get married. We're actually due to get married after next week; you can come if you want (laughs) (Sally, NZ born Tongan living in NZ)

In the above excerpts the participants had already assumed that their boyfriends would want nothing to do with them or the baby. Instead, what they received was a supportive partner who was willing to take responsibility as a father. In all these cases these young mothers were adamant that they would keep their child irrespective of how their partners would response. This was decided prior to telling their partners

7.3 Family matters

Throughout the narratives the adolescent mothers spoke about how their family reacted to their pregnancy either made the pregnancy easier or harder; emphasising the role family has on shaping their wellbeing. The following examples will explore the family dynamics leading up to the pregnancy and how the family reacted upon discovering the pregnancy.

7.3.1 Suicidal thoughts

1/18 of the participants made reference to wanting to die because of her pregnancy. Meleane felt torn. The news had hurt her family, bringing shame and stirring gossip amongst the village people. Consequently, her reputation was tarnished. Accused of not loving her mother, it was presumed by the extended family that because she was an adolescent mother there was a total disregard, on her behalf, of how her family would be impacted by her actions. The tug-of-war was initiated out of guilt, to either please the family or be with her boyfriend who she was now banned from seeing. This led to her thoughts of dying.

I wanted to die, kou sio atu ki he'eku famili, peau lotomamahi, he na'u 'ilo 'oku nau mamahi he me'a kuo hoko. Kou lotomamahi he kou 'ofa hoko kaume'a. 'Ikai keu 'ilo pe koe ha 'ae me'a teu fai. (long pause... clears her throat). Kamata ke mafola 'ae ngaahi talanoa kehekehe. 'Osi katoa 'ae kolo he lau fokisi mai, kou lahi nofo pe 'i 'api he ko'eku lue pe kiha feitu'u kou fanongo kihe ngulungulu, moe sio lau. My family were mad, my aunties and uncles – said i didn't love my mum, things like that. Taimi faingata'a ia ki he'eku mo'ui. Ka na'u folo pe (Meleane, Tongan-born Tongan living in Tonga).

I wanted to die, I looked at my family, and I feel hurt, because I knew they were hurt over what had happened (becoming pregnant). I was hurt because I loved my boyfriend, I didn't know what to do (long pause.... clears her throat). The story started spreading, different versions. The whole village started calling me a slut. I mostly stayed inside the house because if i went anywhere, I'd hear people whispering or looking at me as if they're talking about me. My family were mad, my aunties and uncles – said i didn't love my mum things like that. It was a really hard time for my life, but I swallowed it (Meleane, Tongan-born Tongan living in Tonga).

This quote shows the importance of knowing what our young people are going

through and the pressures that they often feel because of things like teenage pregnancy. It shows the mental struggle and verbal abuse that is often taken and tolerated in silence by these young women, in this example Meleane's silence at the name-calling leads to the assumption that she may feel they have a right to say what they are saying. As well as being mentally beaten up by other people, these young ladies also beat themselves up.

Amongst the Tongan community, this is pivotal considering the high rates of teenage suicides over recent years. Thaman's poem *you the choice of my parents*, talks about a young girl wearing a mask of pretence, smiling on the outside, while dying on the inside which sums up Meleane's narrative. Though exposed to Western ways, she is still expected to live in accordance to the conservative Tongan ways (Queen Salote). Consequently, with the responsibilities come repercussions for failure to adhere.

7.3.2 A father's reaction

"Daddy's little girl," an expression commonly used to describe the close relationship between a father and his daughter. It also sets the scene for understanding the reaction of these fathers when they discovered that their daughter was pregnant. For example –

I knew the hardest part would be breaking it to them... Mum already knew before I told her. She came into my room, closed the door and asked me to tell her the truth. Peau talaange [so I told her]. She didn't make a scene, was just really quiet. She asked me what I planned to do. I think if I told her that I wanted to abort, she probably would have made it possible, but I told her I can't abort because it's not what God wills. She said ke ma lotu [for us to pray] she cried while she was praying asking for strength, for herself and for dad. She broke it to dad; he started screaming, yelled for me to come to the room. He told me he was going to die, do I know what that would do to our family. He hasn't really looked at me the same, ka 'oku fai pe 'ae lotu kiai [but I'm still praying about it] (Sita, Tongan-born living in Tonga)

Mahalo na'e mei 'osi ha mahina 'e 2 moe konga peau toki lava 'o lea. Kou 'ilo'i na'e 'osi mahamahalo pe 'eku fa'e, ka na'e 'ikai kene loto ke tui kiai. Sio 'eku fa'e 'oku 'ikai keu loko fieka, pea ne 'eke mai. 'Ikai keu lava 'e au 'o toe lea, kou tangi pe. She looked at me different, he 'ikai ngalo 'ae mata hoku fa'e, I knew I hurt her so much (weeps), she said to me – ta'ahine mo'ui siokita, ta'eofa, 'ikai keke 'ofa he mata ho tamai. Taimi na'e fakahoko

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ai kihe tangata'eiki, 'ikai ke lava ia 'o lea mai. Na'e toki lava pe 'o lea mai he ha'u 'ae famili 'o **** 'o lea mali (Sofia, Tongan-born living in Tonga).

I think I kept it to myself for over 2 months, and then I was able to say something. I know my mother already had an idea that I was pregnant but she didn't want to believe it. She noticed that I didn't really want to eat, so she asked me. I couldn't say anything, I just started to cry. She looked at me different, I will never forget the look on my mother's face, I knew I hurt her so much (weeps), she said to me – you're a selfish girl, no love, never did you think of your father. When they told my dad, he couldn't speak to me. He just started talking to me when **** family came and asked that we be married (Sofia, Tongan-born living in Tonga).

The two excerpts are taken from participants from Tonga. Sofia mentions not aborting because it is not what God wills, emphasising the influence of Christianity on decisions made. Her mother prays for strength for herself and her husband. This is in connection to what lays ahead in terms of the stigma, gossip and the shame associated with having a daughter who is both unwed and an expecting adolescent mother.

Sita's father questioned her loyalty to the family and their relationship remains on edge due to her pregnancy. In the case of Sofia, her narrative paints a picture of her parent's reaction. She talks about the look on her mother's face, the hurt that she felt, however her mother only mentions what this would do to her father. Here, her mother's concern is for the reputation of her husband. It underlines the strength of these maternal mothers, who putting their feelings aside continue to protect the male members of their family. Restoration was made only when her boyfriend's family asked for forgiveness and her hand in marriage.

Mum tried to hit me, but dad held her back, she started screaming at me, saying I'm nothing, a little slut who doesn't care about anyone by myself. Fakama, ta'ahine mala'ia – (embarrassment, cursed girl). I kept thinking, she's right, everything she's saying is right. I said "I'm sorry, I'm sorry, you're right I'm useless, you don't deserve this." Mum told me to chuck my sorry in the bin. Asked me what will people say? Dad was quiet, he told mum to sit down, man Seini I was so down I couldn't look at him. His voice was soft, He told me how much he loved me, how he worked to see me make something of my life. But now he couldn't do anything because I was pregnant. He said he tried to be a good father – I started crying hard out because he was and is. He told me to stop crying because it's not good for baby, to go rest. I got up and fell at his feet, begged him to forgive me, he kissed me and said it'll be ok. (Alice, NZ born Tongan living in NZ).

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In the excerpt from Alice, although her mother had called her names, she was more hurt by her father's reaction, when he said that he tried to be a good father. Here, her father feels as though he did not fulfil his role as father, to protect her chastity and prevent his daughter from becoming pregnant. Her hurt is shown by falling at her father's feet and begging for forgiveness. At the end of initially breaking the news to her family, though her father provided relief her mother continued to treat her with resentment. The transition to restoration of mother/daughter relationship occurred only after she had her son, who she refers to as the life of the family.

In another example, reaction from the parents was also mixed. While Pele's mother attempted to hit her, her father did not. She said she wanted her father to hit her because she thought she deserved it. While carrying her child, her mother continued to verbally abuse her while her relationship with her father changed. Pele was questioned about the ethnicity of her boyfriend and told to drop out of school. If education is seen as essential to the future of young people, what implications will being told to sign out of school have on her future and that of her unborn child?

Mum called me from my room, started screaming at me, like she was going to smash me. I walked in and I could see my dad looking down. Mum went to hit me and dad told her to stop (starts to cry), he looked at me, and said that they can't do anything else now, they raised me the best they could but I never listened. So all they can do is accept what's happened, and help me raise baby. Dad asked me who the father was, and I told him, he asked if he was Tongan and I said Samoan (voice goes quiet), he asked if he wants to be a part of the baby's life, and I said no... I wanted my dad to hit me; I wanted them to be angrier at me. I thought I deserved it. Dad told me to stay from school, so I signed out already, just at home now getting ready to have baby. (Pele, Tongan-born Tongan living in NZ)

In all four examples provided above, participants were either Tongan-born Tongan or identified as being of Sole Tongan ethnicity. This raises questions around the cultural influence on teenage pregnancy and what this means for the parents of adolescent mothers considering it is a topic connected with shame. The guilt that these young women felt; that they believed they deserved to be verbally or physically abused shows how stigmatised teenage pregnancy amongst Tongan communities both in Tonga and in New Zealand are tolerated.

7.3.3 A brother's reaction

In 3/18 separate instances, with three different participants, the expecting mothers discussed the anger that resonated amongst their brothers when they found out about their pregnancy.

I told my mum first, she started crying but I was surprised because she hugged me. I thought she was going to chuck something at me (laughs). My brothers were angry... they wanted to kill him, so I called him, told him to stay clear for a bit, give everyone time to calm down, because my brothers are pretty angus (Betty, Multi Tongan living in NZ).

My brothers were angry as. They've got kids too, so they asked if he was going to man up. I didn't know what to tell them, but I didn't want them hurting him so I said yes (Mele, Multi Tongan living in NZ)

The biggest shock for me was my brother's reactions; I've never seen my oldest brother cry! He smashed the wall and started crying. My other brothers asked where my partner was, I thought they were gonna kill him, they said what he was planning to do and I told them he wanted to marry me. That kinda calmed everyone down (Nia, Tongan-born Tongan living in NZ)

Betty warns her boyfriend to stay away because her brothers were looking to beat him. Mele is asked if he will take responsibility for the child. Mele states that even though she did not know if he would, she said yes to avoid her brothers looking for him. Finally, Nia mentions the shock she felt when her brothers reacted the way they did [smashing the wall]. This goes back to the importance of brother/sister relationship mentioned in section 2 and is consistent in all three cohorts. Similar to Mele, their anger only simmered down when they were told that the father of the baby would do the honourable thing and take responsibility.

7.3.4 Supportive parents

Although in general, it is easy to make presumptions that parents of adolescent mothers all react the same when they find out that their teenage daughter is pregnant. In some instances, young mothers are provided with support from the onset. When Ema lost her first child, she attempted to have her second with her partner, at the age of 19 years. The pregnancy was planned and as well as gaining

support from her partner, she also received support from her family as mentioned below.

They were happy as well. I think they were in the same boat as my boyfriend, I'm lucky with my family they're really understanding and they're support has been awesome (Ema, Multi Tongan living in NZ).

Another participant stated that she expected the reaction that she received from her mother whose major concern was how it would impact her future aspirations. Sela, adamant that she would keep her baby reassured her parents that she would continue studying. In this example a shift is seen, where the concern from parent is not based on how 'people' would react, but more a concern based on what the future held educationally and economically.

I told her abortion for me is not an option. I know being a mother will be different to anything I've ever been through, but she knows how determined I am, and I'm determined to finish my studies, get a degree and support my baby. She knew I meant it too. Her and dad are always on my case now about what I'm eating – if it's the right kind of food for baby or not, once they got over the "sela's pregnant" it was – my gosh, this will be our first grandchild mode (laughs) (Sela, Multi-Tongan living in NZ)

After initially finding out, Sela's parents made sure that she was eating the right foods, taking care of herself and their unborn grandchild. This shows that exposure and importance placed by parents on the "good Tongan girl" influences the psychological wellbeing and the stress that she places on herself because of the pregnancy.

7.4 "Something to hope for"

In all the instances where the participants in the study had already had their baby, the young women described how their child had changed everything. From mending broken relationships in the past to giving the young mothers something to aspire for – that being – to be a good mother.

While two of the six participants in Tonga considered or attempted to self-abort, with another one stating that she knew of others who self-aborted, among the

participants in New Zealand abortion was never an option. Fourteen of the seventeen admitted to concealing their pregnancy so that they would not be talked into abortion, emphasising how much they wanted to keep their child and their fears of abortion being an option imposed on them if their family found out.

In the excerpt below Sally mentions the loneliness and isolation she felt while carrying her child. However, in the final sentence of the passage (shown below) she talks about how her baby helped rebuild things with her family. This illustrates a relevant point, that while things may be difficult during the pregnancy, very often, after the pregnancy the child is seen as a blessing bringing joy and unifying family.

She [mother] asked me to think about what this would do to my dad. I know it must have been hard for them... sometimes I think I'm selfish for having done what I did, but I wish they walked in my shoes, felt the loneliness in me. In my own family, I didn't feel like I belonged. Dad was quiet, he hardly said anything. He tried to avoid me all the time. For me, that hurt more... feeling invisible when I know I used to have a special place in his heart.... when I had baby – it totally changed.... He helped me rebuild things with my family. He's my mum and dad's baby (laugh) (Sally, NZ born Tongan living in NZ).

In the passage below, Barbara who had been raped noted how things went downhill for her after the incident. Now pregnant, Barbara state that "*I feel like I've got something to live for.*" The participant viewed her pregnancy as something to look forward to, where she was no longer thinking about herself or past events that happened but could focus on another living being and the future. She states that it woke her up, where she had to get her life in line for the sake of her child.

I had a feeling I was pregnant, but I came into the clinic to be sure and the nurse confirmed it. When I found out it woke me up. I knew I wouldn't abort, I don't believe in that, but when I found out – I thought now I have to think about someone else. I feel like I've got something to live for now. You know Seini, I know people will talk more and more –but I don't care. This baby has given me something to look forward to (Barbara, Tongan-born Tongan living in Tonga).

I had mixed emotions, I was scared because I didn't know how I was going to support the baby, but I was happy. Nothing in my life seemed to be going anywhere, my studies went down, my family life sucked, and I

thought maybe this baby can give me hope, and he has, he's my little Angel (Nia, Tongan-born Tongan living in NZ).

I was OK with it. I was actually quite happy. We both wanted to be parents young. ***** [partner] reckons it's better to have kids when you're young so you're not tired when you play with them (laughs). My sons my life now... I tell everyone he's my hope... I love my partner, but before my son, I still wasn't fully satisfied with life, now though I'm happy... really happy (Lola, NZ born Tongan living in NZ).

In the narratives from the New Zealand participants, Nia also adds that although she was scared of the unknown her baby could and has given her hope. Now a mother she views her son as her angel, the hope that she had searched for. This is supported by Lola who did not feel satisfied with her life until the arrival of her son.

7.4.1 Planned pregnancy

My first baby died at birth (voice softens), not sure what happened, but it's the hardest thing I've ever been through. After that, me and my boyfriend talked about trying for another one (smiles) and here I am. I was happy because I felt like I was given my baby back. We planned to get pregnant, so me and my boyfriend were both happy (Ema, Multi-Tongan living in NZ).

When dealing with teenage pregnancy there is usually a preconceived idea that adolescent pregnancies are unplanned. However this is not always the case. One of the participants in the thesis had previously had a stillborn child. Ema viewed her pregnancy as a blessing because she felt as though she was given her baby back.

7.4.2 Mended relationships

In two other examples where the mother had already given birth, their child help mend relationships. For Lola, her son helped restore the relationship with her mother as well as her father's family who had been cut-off from the participant after the passing of her father. This excerpt highlights the significance of a name. Her son is named after her deceased father, thus he carries the memories of the man with whom everyone loved.

While I was pregnant, it didn't really change, my partner was still happy –

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my mum still hated my guts. After though it changed a little bit, cause Junior's named after my dad; I think that changed a lot of things. Mum came round to the hospital, when she saw baby, she cried, because of his name, plus he looks like me and I look like dad. My aunts were the same too... they spoil him, because he reminds them of him (Lola, NZ born Tongan living in NZ).

In Silia's excerpt she gives an example of her family's reaction to her pregnancy. The birth of her son restored her relationship with her brother, who was the most angry when he found out about the pregnancy. Silia's story further emphasises the importance of a name. Silia named her son after her brother. This helped mend the broken relationship they once had. In the following excerpt Silia discusses her family's reaction to finding out she was pregnant -

My brother told me to get out of his house, I wanted to yell at him but I didn't want to make things worse. There was a lot of crying and yelling before dad asked me to come back homes so they could look after me. Dad said he [partner] could visit, but we weren't allowed to do anything under his roof, cause of church. So yeah, I agreed. Mum was there with me when I had my son, so we asked her to name him. Mum named him after my brother, that helped rebuild things between us (clears throat) when he found out he started crying, and he spoils jnr hard out now (Silia, NZ-born Tongan living in NZ).

7.5 Section Summary

This section draws on the reactions to pregnancy by the young expecting and current mothers, their partners and family members. In the narratives of the Tongan-born mother(s), there was a hesitancy to confide in anyone, based on how they felt they would be treated by immediate and extended family.

For New Zealand Tongan-born Tongans who identified as being Sole Tongan and for the Tongan-born Tongan's living in New Zealand, feelings of fear and guilt were similar to those experiences of those living in Tonga. Again, fear generated from the ideas that they had developed in their minds about how the families would react.

In the case of Multi-Tongan living in New Zealand, feelings were mixed. For one

participant there was joy, as pregnancy was planned. For others, fear developed but for different reasons, for example, being a good mother and their partner's reaction. In most cases though, once the idea of being a mother sunk in, the biggest desire was to better oneself for the sake of their child, hence their babies became hope for a better future.

Findings from the interviews about the father of the baby show that amongst mothers in Tonga, the partners of 4/6 were no longer active in the participant's life. However, the cases are mixed with some making the choice to be absent and others forced, either by the partner's family members or the young women's family. In these cases, the young women had no input.

Marriage post-conception occurred with one of the participants because of the shame that her pregnancy had bought on the father's role as faifekau, and for another, it was not until her baby was born that the family became more lenient in allowing the father visitation and a proposal eventuated. With the participants in New Zealand, results were also diverse. Age became a reason for absent fathers with the two youngest participants stating that their boyfriends at the time denied fathering the babies out of fear because they too were adolescents.

In one instance, the father was sent away from the Auckland to keep a distance between him and his girlfriend, however, the difference between this young man and the young man that was sent out of Tonga is that he maintained contact with his girlfriend while the young man from Tonga did not.

The participants in New Zealand had preconceived ideas that their partners would not want to be part of the pregnancy process, or take an active role as a father. In the narratives, it is clear that this is not always the case. In majority of the cases the young men wanted to be part of the process and take responsibility for catering to the needs of the child and the mother. This is in contrast to what the literature says about young fathers, which will be explored in the last chapter (discussion).

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This section provide insight into how family composition influences teenage pregnancy. Through the narratives an absent parent, whether as a result of separation, migration or death acts as a turning point in the development of these adolescent woman. For the participants in Tonga who were adopted out and then returned back to their biological parents there were feelings of isolation, loneliness and inadequacy within the family. In generally however, there was guilt attached to family response in Tonga and the young mothers mentioned their hopes of making it up to their families, and rebuilding the relationships that they once had.

Amongst the New Zealand based participants, mixed reactions were received by the family. For some, the outcomes where similar to those experienced in Tonga, with guilt attached to what the pregnancy meant to the family reputation. The anger portrayed by the brothers highlight the significance of the gender roles within Tongan society, with the brothers prepared to act out their anger in violence because of what the pregnancy symbolised. For example, shame for the family name and also bruising of a brother's pride, who as a tuonga'ane are supposed to ensure that nothing happen to their sisters.

The narratives of the participants living in New Zealand highlight the fact that not all pregnancies are unwelcomed with two participants stating that her family was pleased with the news. These findings bring to light the intra-ethnic variations that are felt amongst Tongan adolescent mothers.

With an understanding of the teenage pregnancy experience, the following section will now examining the support received by expecting mothers and the support hoped for by participants in the study.

8 Findings and analysis: support mechanism

Introduction

The final prompt in the focused life stories revolved around the support mechanisms that participants thought was important while carrying their child and after giving birth. In this section two types of support was consistently discussed by all the participants. The first was support from family, the second financial support. Both of which will be discussed and analysed within this section.

8.1 Supports from family

8.1.1 Guilt for relying on family

Five of the six participants born and living in Tonga noted feeling guilty for relying on family for support. Ana mentions her inability to go back to school because there are no systems put in place to allow young mothers to study while they are pregnant. In Tonga, once pregnant, women are required, by family and state to leave school. As a result, she considers herself a burden to her family because she now has to rely on them to provide for her and her child in the future.

'ikai keu lava 'o foki ki he ako, he 'oku 'ikai ke ngofua, pea 'oku 'ikai ke toe iai ha tokoni mei ha tapa kehe. Koe falala pe ki he famili. Lahi 'a e taimi kou ongo'i tautea, tonu keu aonga kia nautolu, ka 'oku hoko 'eku vale ko ha me'a kenau hela ai. Ka kou lotu pe, ke 'iai ha 'aho teu aonga, pe 'e 'aonga 'a pepe kia nautolu. My family pay for everything (Ana, Tongan-born Tongan living in Tonga).

No, I can't go back to school because I'm not allowed to, and I don't get any support from anywhere else. I have to rely on my family. A lot of times I feel guilty, I should be of use to them, but my actions mean I'm a burden to them. I pray that one day I'll be of use or baby will be of use to them. My family pay for everything (Ana, Tongan-born Tongan living in Tonga).

'Ikai keu lava 'o foki ki he ako, he 'oku 'ikai ke ngofua, pea 'oku 'ikai ke toe 'iai ha tokoni fakapule'anga 'oku ou 'ilo kiai. Koe falala pe ki he'eku ongo matu'a. 'Oku mau lotu ma'u pe, kemau tali lelei 'ae ngaahi lau 'e fai mai. Lahi e taimi kou ongo'i tautea, na'e tonu keu ako, pe au ngaue keu ki'i 'aonga ki he famili, ka 'oku hoko 'eku vale ko ha me'a kenau hela ai. Ka kou

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lotu pe moe faka'amu teu aonga kia tekinautolu ha 'aho. Kihe kaha'u 'o 'eku tama, ha tokoni fakapa'anga. Kou 'ilo 'oku 'iai 'a e vahe 'ae fānau 'oku fa'ele'i 'i muli ', 'o kapau na'e 'iai ha me'a pehe ke tokoni kihe hela 'oe famili. Kou tui koe me'a lahi 'e taha, koe 'ikai ke palani 'ae ngaahi me'a koe na'e hoko (my first time). Kapau na'e fai ha fale'i, kapau na'u 'ilo 'oku lava pe fo'ikete he fuofua ma'u kita, I think I'd be more careful (Luseane, Tongan-born Tongan living in Tonga).

Right now I can't go back to school because I'm not allowed to, and I'm not getting any support from the government, I don't know if there is any. I'm just depending on my parents. We're praying always, for us to take whatever criticism comes our way. A lot of times I feel guilty, I should be studying, working to help my family, but my stupidity has made me a burden. But I'm praying and hoping I will be of use to them one day. For the future of my child, financial support. I know that kids born overseas get financial support, if that was the case here, it would make things easier for my family. I think another big thing is, I didn't plan the things that have happened (my first time). If I had been given some advice (education), if I had known that you could fall pregnant during your first time, I think I'd be more careful (Luseane, Tongan-born Tongan living in Tonga).

Luseane also emphasises not being able to go back to school. The mention of school suggests that both participants are aware of the importance of education in terms of setting up a person's future. She includes how there is no government support in Tonga for young mothers and as a result she also has to rely solely on her parents.

Luseane talks about the guilt she feels for not being able to help financially. Her level of self-esteem can be interpreted by her referring to herself as stupid a term often given to women who conceive out of wedlock. Consequently, she suggest that if she had been given relevant information about sex, she may have been able to avoid falling pregnant, suggesting a breakdown in the delivery of messages connected to sex in Tongatapu, Tonga. Prayers to God for assistance are also mentioned underlining the importance of spirituality.

When asked about the type of support they took into consideration when they became pregnant. Pele stated that the only support she was concerned with was support for her family to be able to deal with the criticism they were bound to receive from the community. Sally also made mention of how people would react

Chapter Four: Qualitative Section
towards her family and how her family would react towards her partner. This highlights the importance of maintaining relationships for these young mothers.

The only thing I've thought about is how my family would be, how people would treat them, things like that. I haven't really thought about anything else. I know the church must be saying – me'a faka'ofa mo'oni koe ongo matu'a (so sad for the parents), my parents raised me up right Seini, you know that. It was just me, I stuffed up (Pele, Tongan-born Tongan living in NZ).

I thought about how people would react towards my family, how my family would react towards *****. I thought about how we would manage. ***** wanted us to find our own place, we're living here – but his parents help us pay for everything – so I wonder how things will be when they stop helping. I'm on the DPB now, so that helps us a bit with money, and ***** is working, but I want to go back to school. I passed NCEA level 3, and I reckon I'll do ok at Uni (Sally, NZ born Tongan living in NZ).

In New Zealand, Sally mentions the Domestic Purposes Benefit (DPB) and aspiring to go back to school. This differs from the earlier examples provided by participants in Tonga who are not eligible for any government assistance and who never mentioned the idea of continuing education, because the educational infrastructure in Tonga does not allow it. What does this mean for the future of young Tongan mothers, and their children living in Tonga?

8.1.2 How would my child be affected?

As well as concerns over her family, Barbara raised concerns over how her child would be received within society. This raises the importance of not only family support but support from the village - gained by not taunting her daughter in the future, because she is 'illegitimate'. Again, this highlights the adverse connotations attached to being an unmarried young mother or a child of unwed mother.

I knew people would talk. Tonga is too small and ladies have too much time. I know they think I'm a fokisi, the village slut, but Seini, when you go through what I've been through, their words don't mean much. I think, I'll feel it if my baby gets older and they use it to mock, but right now I'm having this child and I'm going to do what I can to be a good mum. My

Chapter Four: Qualitative Section

family are supportive. I know financially I'll get a lot of help from NZ. It's probably the guilt of not being here (Barbara Tongan-born Tongan living in Tonga).

These examples show that often mothers do not want support for themselves but rather for those around them emphasising the relevance of belonging to a collective group.

Another key issue raised when discussing what types of support was important for the young mothers was how finances impacted the family. When asked where support came from and what type of support is needed most, Meleane responded by saying –

Mei hoku famili, moe famili hoku hoa. Koia pe. (In relation to government support) Ikai, i don't think they offer anything. 'Ikai ke hange a Tonga ia ko muli 'o tu'umalie. Malo moe ngaahi tokoni mei he famili. Kiate au, ha tokoni fakapa'anga ke tokoni mai kihe tauhi 'eku tama. I dunno, I'd like for people to stop talking, that was the hardest all the gossip, bout my family and me. I hate it. But yeah that (Meleane, Tongan-born Tongan living in Tonga).

From my family and my partner's family, that's it. (In relation to government support) no, i don't think they offer anything. Tonga isn't like overseas and rich. Thankful for my family support. For me, help with money to help me raise my child. I dunno, I'd like for people to stop talking, that was the hardest all the gossip, bout my family and me. I hate it. But yeah that (Meleane, English translation).

In the example provided, after having her baby, Meleane's main concern is how her family would manage financially, having to support her and her child because of the lack of any other financial support. She acknowledges the fact that Tonga does not provide any government support for young mothers by stating that Tonga is poor in relation to other countries, making her reliant on family. Again, there is concern about the gossip that circulates about herself and her family within the village, and the hopes that this would cease.

8.2 Financial support

Among all the participants in New Zealand, financial support was taken into

account. For example -

I took into consideration how expensive it would be. I don't have a job, but my husband works. I'm lucky my family and his family are there for us, but I know I can't rely on them to be there 24/7 so I've taken that into account too. As far as what people say – I really don't care, I mean as long as the people that I love are alright then it's all good. My dad sends money from Aus. To help so at the moment it's pretty good. I don't know how that'll change once bub comes in to the picture, she's due any day now... we're going to have to wait and see (Betty, Multi-Tongan living in NZ)

I considered everything. How me and my boyfriend would be able to support baby, give baby a good life. We're lucky that we have family support. At the moment, he's working, I was working but I'm on maternity leave which is good – it means moneys coming in. I've already been through WINZ before getting ready with my first bub so I know where services are. I think its ok. I had to go ask what was around, no one told me, it was a matter of me going and looking. I think for other mums in my situation, if they don't know about the services that NZ has on offer, it makes things so much harder (Ema, Multi Tongan living in NZ).

I took into consideration how expensive everything would be. That was the main thing for me. I've gone on the DPB, and my partner still works, so we make enough money. I'm not struggling or anything so we're coping. I didn't care about what people thought. People talk regardless, they don't pay my bills or feed me so their opinion don't mean jack to me. I was and still am just worried about how my son will be. So yeah, just the money – everything else I can deal with (Lola, Tongan-born Tongan living in NZ)

Financially, I'm thinking about how I'm going to support my baby. I know now day's education means so much, so I plan to continue studying while I'm pregnant. We've got semester two exams and I want to do summer school because I wouldn't have dropped by then. I've spoken about it to my parents, I'll only have a few papers to do next year, and mum works from home, so they're going to help me with baby – so that I can still go to my classes, try get my degree. I'll probably try getting some assistance from WINZ, but I think my main source of support will be my family (Sela, Multi-Tongan living in NZ).

As well as taking into account support from family, the participants mentioned Work and Income New Zealand (WINZ) so there is an awareness of services that are available that offer financial support in New Zealand. Ema makes a valid point about "going out there in search of assistance." She states that things are made harder for those who do not know where to go and for women who do not ask questions. This underlines the importance of accessibility to information and when comparing narratives to those in Tonga the relevance of availability of

After finding out I'm pregnant, it's the only thing I think about. How am I going to get money to support my baby – because I know damn straight my mums not going to help me? My sisters on the benefit, but she's already 18, I don't know if I can get it and I'm too ma [shy] to go in. Because I know how people will look at me. I went shopping once, and they just kept staring at my stomach... I felt like I had a big sign with Slut written on my forehead or something. So yeah I've thought about it, but don't know where to get help (Mele-Siu, NZ-born Tongan living in NZ).

Mele-Siu, who was 17 at the time of the interview, was not aware if she was eligible for financial assistance because of her age. In New Zealand mothers under the age of 18 years are not eligible for WINZ unless they are living away from family. Her mother is her guardian, but due to the nature of their relationship Mele-Siu does not expect any support. Consequently, money is the main concern for this participant because it will influence her ability to provide for her child.

8.3 Section summary

This section underlines the types of support offered and hoped for by the participants in the study. The two main sources of support that were both given and hoped for was acceptance for and from family and financial assistance.

In the narratives from participants in Tonga, while finance was important, the main concern was always for the family to deal with the pregnancy, with the young women mindful of the implications their pregnancy had on the lives and reputation of their family members.

The importance of the family is resonated from start to finish in the interviews. For one of the Tongan mothers living in Tonga, who does not expect to be with the father of her child, she is already worried about how being a teenage mothers would affect her child in the future. Consequently she desires future support for her child to be able to deal with whatever slander comes her way.

Amongst the New Zealand based mothers, financial support from family and

Chapter Four: Qualitative Section

government agencies was mentioned as a form of assistance. In comparison to the young women in Tonga there was more emphasis on seeking financial aid outside of the family, based on awareness that as a New Zealand citizen or resident support is offered, if young mothers seek it. Amongst the mothers living in Tonga and the younger teenage mothers in New Zealand, guilt resonated more by not having alternative means of income outside the family. This breakdown in infrastructure leads to feelings of remorse that transcends beyond the childbearing process. This influences the way young mothers in Tonga view themselves emotionally and how they view themselves as contributing members of society. There was little mention of government support in Tonga, only to say that there were none. The lack of services and resources again fuelled the dependency on family members to help provide.

While this section recites the stories of the young ladies involved in the thesis, it is important to further analyse their life stories in conjunction with the rest of the chapters in this thesis.

The following chapter will discuss the key findings from this chapter and will merge components of the previous chapters, i.e. literature review (chapter two) quantitative findings (chapter three) and Pacific findings (chapter four) to paint a clearer picture of what teenage pregnancy means in today's context and how adolescent mothers and their children can be better supported to adapt to their role as mothers. It uses themes in the Mo'ui'anga model to gain a better understanding of what it means to be a Tongan mother in the present context and how services and information can be better delivered.

CHAPTER FIVE: DISCUSSION - WOVEN THOUGHTS (CONCLUSION)

Overview

This thesis presents new and important findings supplementing the baseline knowledge available to understand and develop strategies to address teenage pregnancy amongst Pacific peoples, particularly those of Tongan ethnicity in this country. This thesis will act as a foundation to build on future research on teenage pregnancy in other ethnic Pacific and minority groups. This thesis provides in-depth exploration of factors that act as protective and risk factors for the health of Pacific mothers, especially Tongan adolescent mothers as well as for the health of their child.

The discussion offers an overview of this thesis and recognises critical points from the previous four chapters that will add to the prior limited knowledge of what Pacific teenage pregnancy in New Zealand entails, with special reference to the Tongan population. The quantitative findings suggest that differences exist between and within Pacific groups in New Zealand, but what does this mean?

Qualitative findings recognise the influence of societal, cultural and family expectations in shaping the way Tongan adolescent mothers, as a subset of Pacific adolescent mothers, view themselves as members of society pre and post conception. These understandings are used to explore the extent to which young mothers in this study feel they are supported by their peers, family and society in general.

Having completed the results and analysis phase of chapter three and four (quantitative and qualitative) in conjunction with the first two chapters of the thesis (introduction and overview and literature review) a unique model (the Mo'ui'anga Model) was developed that would best summarise what the participants considered important (the qualitative research) and weaving it into the supporting information coming out of the literature and the quantitative analysis part of this thesis.

The model underlines areas that are fundamental for the wellbeing of a Tongan adolescent mother and child as reflected in the literature review, quantitative and qualitative parts of this thesis.

Chapter five (the Discussion) of this thesis begins by describing the Mo'ui'anga model. It goes on to provide fundamental points of discussion woven from the literature, the quantitative and qualitative research findings which leads to an in-depth understanding of what it means to be a Pacific, specifically a Tongan adolescent mother living in New Zealand. Research questions previously asked throughout the thesis are used as a framework for the development of the discussion. These questions are -

1. Have the teenage pregnancy rates (and specifically the Pacific rates) in New Zealand changed over time?
2. What is the demography of Pacific Teenage mothers in New Zealand?
3. What are the inter and intra-variations in teenage pregnancy rates for the different groups of Pacific women in New Zealand?
4. What are the differences in teenage pregnancy rates between older versus younger Pacific teenagers in New Zealand?
5. Using Tongan young women as case studies, what are the experiences faced by Tongan teenage mother's pre and post conception in New Zealand and in Tonga?
6. What are the types of support Tongan teenage mother's value and have access to in New Zealand and in Tonga?
7. What are the youth health policies that have directly impacted on the lives of adolescent mother's pre and post conception?
8. What is the importance of paternity (teenage mother's partner, and father) in the wellbeing of the teenage mother and child?

1 The Mo'ui'anga Model

In the literature review, it was noted that within Māori culture the female womb is called "Te Whare Tapu o Te Tangata" or "The sacred house of mankind." (Rimene et al. 1998) In Tongan it is called taunga fanau. In an attempt to gain an English translation of the term, I sought the advice of elders and a Tongan lead maternal carer (LMC); all agreed that there is no literal translation, but likened it to a place that 'houses' a child.

As the oldest daughter, growing up (in New Zealand) I would often accompany my mother during the birth of my siblings. My mother would refer to the foetal life support system as a house, where an unborn child is sheltered and gains nourishment through the placenta, and support and protection while in the womb. During one delivery, a European midwife also made reference to the foetal life support being 'the baby's house', and gave a visual of how an unborn child is nested within the womb.

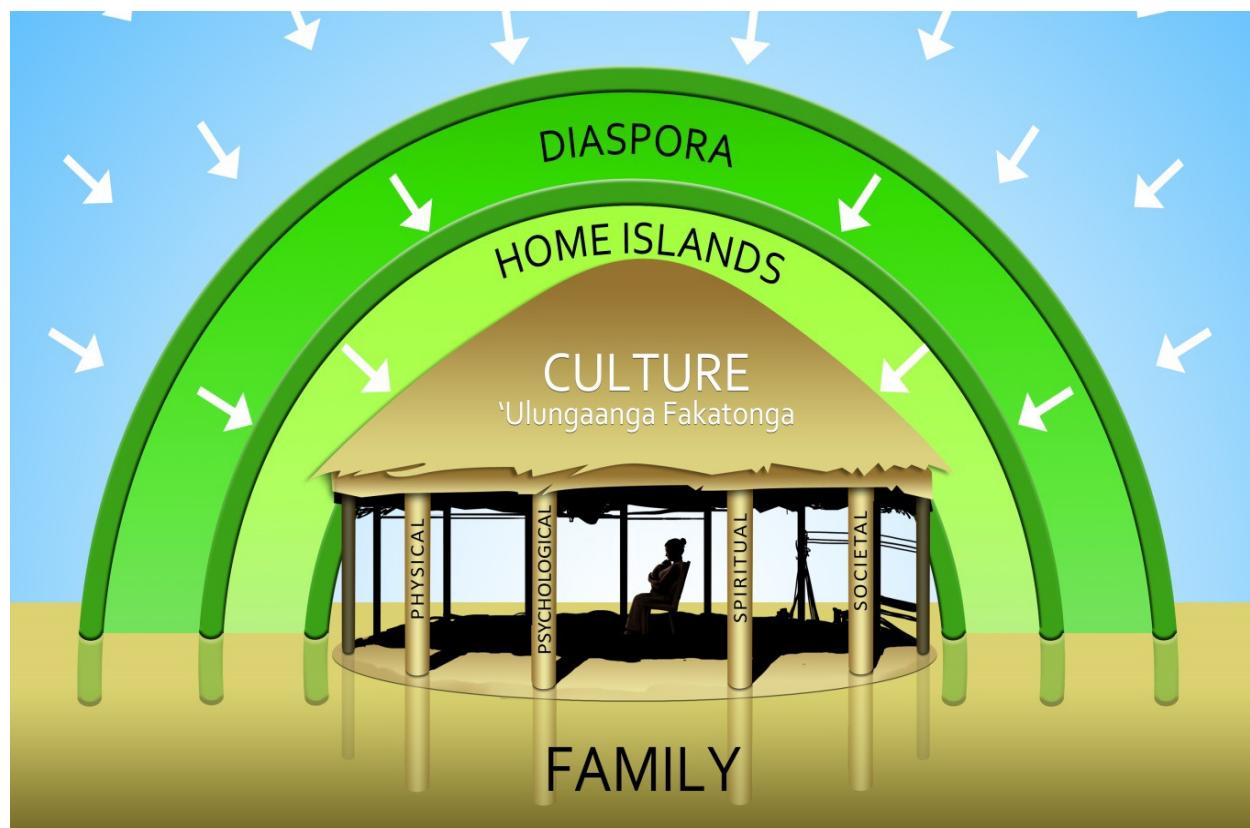
As a young girl, I was told without this protection, a baby cannot survive. We would take the placenta home, wrap it for warmth and bury it in the garden. Within my family, this would be accompanied with a bible and with other significant objects - symbolic of dreams that were hoped for the baby's life and growth. This memory birthed the idea of the Mo'ui'anga model. In an attempt to name my model in Tongan terms such as fonua (which has a double meaning referring to land and placenta) came to mind, but that only encompassed one element of what I wanted to capture.

Throughout my childhood, my father was our family's sole bread winner. He would refer to his work as our mo'ui'anga; however it was not just work (in the physical sense) but a symbol of his provision, his love and our means of survival. Mo'ui'anga is our source of life.

This model draws on previous Pacific models such as the fonofale model developed by Karl Pulotu-Endemann, which views health holistically. (Pulotu-Endemann and Tu'itahi 2009)

The Mo'ui'anga model uses an analogy of a house symbolic of the foetal life support system, each component of the model will be discussed and later used to better understand factors that are important for the wellbeing of a Tongan adolescent mother and her child.

Figure 5.40 the Mo'ui'anga model



In this model, the roof represents the placenta, the foundation signifies the umbilical cord, and the posts symbolise the amniotic sac containing amniotic fluids. This foetal life support system is encompassed in the mother's belly.

The belly (symbolic of the diaspora and home island) represents the external factors that a mother is exposed to during her pregnancy that either contributes or acts as a

risk factor for the firmness of the house. Hence, the healthy functioning of all parts [placenta, umbilical cord, amniotic sac and belly] influences the growth and development of the baby. In the centre of the house sits a mother holding her child, with the heart of the model being mother and child. The instability of one of these areas would directly impact the individuals sheltered within the model.

The functions of the Mo'ui'anga Model

Using the headings described in the model, the research questions previously mentioned will be used as a framework for the development of the discussion under key headings of the model.

The spheres/the Belly (home Islands and diaspora)

In the Mo'ui'anga model the outer most layer is made up of two layers representative of one's home island and the diaspora (the host country). These layers are likened to a mother's belly. In the diagram arrows are pointed towards the belly, recognising that external factors' (i.e. international and national influence) will directly affect the health (outcomes and choices) of young people. Question one asks - *Have the teenage pregnancy rates (and specifically the Pacific rates) in New Zealand changed overtime?* This question will be addressed under this heading because changes in rates and trends over time are not random events, but are shaped by changes in either the home island or diaspora.

The Roof/Placenta (Culture)

While in the womb the placenta feeds and nourishes the foetus, while disposing of toxic waste. It also performs the important function of protecting the baby from possible infection. It is a means of shelter. In the illustration of the model, the placenta is represented by the roof (culture). If the culture is stable (understanding) then the individual feels supported and secure, if it is unsteady, the individual will

feel isolated and insecure. In this model, it is the closest to the layers of the pregnant belly (home islands and diaspora) characteristic of the influence of the Home Island and diaspora (environment) in shaping cultural values and understandings.

Question two asks - *what is the demography of Pacific teenage mothers in New Zealand?* This thesis recognises that the demography of Pacific teenage mothers in New Zealand may differ to other ethnic groups in New Zealand, and while the literature will stress the socioeconomic relationship between early childbearing and teenage pregnancy, question two will showcase the relevance of culture in shaping demography.

Question three goes onto ask *what are the inter and intra variations in teenage pregnancy rates for the different groups of Pacific women in New Zealand?* This thesis is aware that inter and intra differences exist between Pacific women, but what are these differences and how do they impact the decisions young women make to carry on with a pregnancy or terminate? It recognises that when separated into ethnic Pacific groups, experiences will differ depending on whether an individual takes on board the “traditional perspective”, “migrant perspective” or “diasporic perspective.” The way she constructs knowledge or understanding will be shaped by what she is exposed to (culturally). Thus, intra-ethnic variations exists that need to be acknowledged.

Finally, under the umbrella of culture, question four asks *what are the differences in teenage pregnancy rates between older versus younger Pacific teenagers in New Zealand.* As well as having variations in experiences based on cultural interpretations of teenage pregnancy, experiences will also differ by age. Integrating findings from the literature review, quantitative and qualitative analysis, discussion will address these variations.

The Posts/Amniotic Sac (Physical, psychological, spiritual and societal wellbeing)

Another function in the mo'ui'anga model is the amniotic sac (or the walls that hold the house together). In the foetal life support system the amniotic sac is filled with amniotic fluid. It offers protection from outside knocks and external pressures. The amniotic sac gives the baby the freedom to move, build strength and resiliency. It also keeps the baby comfortable and warm. These are the functions of the posts that connect the roof to the foundation.

Under the heading of the amniotic sac (four posts), question five uses Tongan young women as case studies, to understand *the experiences faced by Tongan teenage mother's pre and post conception in New Zealand and in Tonga*.

In the model there are four posts representative of -

- *Physical* - this relates to one's biological or physical wellbeing. It comprises of the anatomy and physiological wellbeing.
- *Psychological* – relates to mental wellbeing, which involves thinking and emotions as well as the behaviours expressed.
- *Spiritual* - this dimension relates to a person's spiritual wellbeing. It includes religion, Christianity or traditional spirituality relating to nature and spirits.
- *Societal* - this relates to factors that can directly or indirectly affect health such as socio-economic status, education, employment, geographical location, policy and services.

Question six and seven will both be discussed under this heading examining *the types of support Tongan teenage mother's value and have access to in New Zealand and in Tonga? Further, what are the youth health policies that have directly impacted of the lives of adolescent mother's pre and post conception?*

The mo'ui'anga model understands that each post potentially influences the strength of the other. In the model, the posts touch both the roof (culture) and the foundation

Foundation/The umbilical cord (Family)

In Tonga, there is an expression – “me’ā ongo koe toto” it refers to one’s ability to feel their blood, to feel for their kin. In this model, everything is tied to family, for example, the posts are planted into the foundation. Without a stable foundation, everything else collapses. The foundation is likened to the umbilical cord – a lifeline that attaches the placenta to the foetus, the mother to the child; it is a means of support, sustenance and connection.

A foetus is genetically made up of his or her mother’s DNA and father’s DNA, underlining the attachment to both mother and father. At birth the umbilical cord is severed, this is significant as a person develops into an individual and ‘enters’ the world on his or her own. However, he or she spends the duration of life reconnecting (building va) with others, whereby family is not just family in the biological sense, but refers to important relationships that develop identity. Consequently, this section will address question eight, looking at *the importance of paternity (teenage mother’s partner, and father) in the wellbeing of the teenage mother and child.*

2 The Spheres (Mother's belly)

i. *Changes in teenage pregnancy rates (and specifically the Pacific rates) in New Zealand over time*

New Zealand has the second highest teenage birth rate in the industrialised world. Viewed as a cause for concern in the academic literature, it is unknown whether the paucity of statistical data from the Pacific and underdeveloped countries would have changed this international ranking. While teenage pregnancy is unfavourable in western countries, documentation on the childbearing norms of underdeveloped countries are scarce. To date, an inconsistency of data collection makes accurate comparisons of international teenage pregnancy rates difficult. This thesis recognises a need for a universal way of collating data that can be used globally, inclusive of the Pacific Islands.

In New Zealand, although the overall teenage birth rates declined during 1980-2002, rates of terminations more than doubled during this period. By 2003 for every teenage woman giving birth there was one equivalent therapeutic termination. However from 2008–2012 both teenage birth and termination rates declined among women <20 years living in New Zealand.

In 2007, new contraceptive policies meant the depo provera injection became free for women <22 years. This was extended in 2012 to include beneficiaries and their daughters over the age of 16 years. During this time access to Jadelle (a rod to prevent conception for up to five years) also became more affordable (\$20) for women <22 years.

Though nothing has been documented to explain why a variation in trends occurred, this thesis hypothesises that changes in contraceptive policies best explains why both birth and termination rates for women <20 years and 20-24 years have declined from 2008 onwards.

While the academic literature would suggest that a decline in teenage pregnancy rates is beneficial, others have argued that this is an extreme form of state violence against women, used as a form of social control of Māori, Pacific and those living in deprived areas. (McCleod 2012) This underlines the importance of taking into account the views of minority groups in the development and delivery of policy, because what may be seen as an advantage to one community may be deemed a disadvantage to another.

3 The Roof (Placenta) Culture

Cultural values and beliefs have been considered by Pacific academics as the housing for life. (Pulotu-Endermann and Tu'itahi 2009) In this model, it is the closest to the layers of the pregnant belly (home islands and diaspora) representative of the influence of the home island and diaspora (environment) in shaping perceptions held by young people. This thesis recognises the impact of culture in shaping the demography of Pacific teenage mothers.

ii. The demography of Pacific Teenage mothers in New Zealand

Belonging to a minority group

It has been widely documented that belonging to an ethnic minority group is globally a marker for elevated risks of teenage pregnancy. (Denner, Kirby and Coyle 2001) However, descriptive research into why is scant. Currently, New Zealand is the only country in the industrialised world whose minority groups (Māori and Pacific) influence overall teenage pregnancy rates. (Adamson, Brown et al. 2001) Although Māori and Pacific make up 15% and 7% of the New Zealand population, 52% and 14% of teenage births are to Māori and Pacific teenage women. While Pacific teenage birth rates are lower than Māori, they are almost three times higher than that of European teenage women.

When focussing on Māori and Pacific teenage pregnancy rates, (while from a western perspective) rates may seem alarming in comparison to European or Asian adolescents, when viewed alongside older maternal age groups (20+ years), the severity of these figures are weakened. In general, Māori and Pacific woman begin childbearing at an earlier age than European and Asian women, with higher overall fertility rates throughout the maternal age groups. Yet this fact is rarely stated in the academic literature making both Māori and Pacific teenage pregnancy seem worse than it is. This has been a benefit of analysing teenage pregnancy alongside older maternal age groups; a feature that has not been previously been done in studies conducted in New Zealand.

Level of deprivation

In the extensive literature review, an association is made between teenage pregnancy and low income, deprived neighbourhoods and lack of education. (See chapter 2 section 3 and 4) Though publications are accompanied by statistics to validate the relationship, variables are often only named with little explanation

provided on what living in areas of deprivation means to teenage mother(s) and their baby(s).

The quantitative analysis supports academic findings by suggesting that adolescent women who reside in the most deprived areas of New Zealand (quintile 9-10) are seven times more likely to be teenage mothers, compared to teenage women residing in the most affluent areas (quintile 1-2) across ethnic groups.

But what does this mean? For ethnic groups who are prone to socioeconomic disadvantage while levels of deprivation do have some impact on risk of teenage pregnancy, reflective in both the literature review and quantitative sections, they do not account for all of the ethnic differences seen. While there were higher rates of teenage births in the more deprived areas this thesis raises questions around whether the experiences of younger women and older women living in the same level of NZDep are the same.

While academics suggest that teenage pregnancy heightens the problems of poverty and family instability faced by many young women, if an adolescent women was (at the time of giving birth) living in poverty, and her child is born into poverty, how much more different is her situation to an older women (at the time of giving birth) living in the same state of poverty? Is adolescent pregnancy the issue or is it poverty in general? This gives way for further research.

iii the differences in teenage pregnancy rates between older versus younger Pacific teenagers in New Zealand

While there is a wide range of research based on teenage pregnancy (<20 years), the differentiation between younger (<18 years) and older teenage (18-19 years) pregnancy is scarce except to say that older teenage women have higher pregnancy rates than younger.

In the quantitative analysis teenage mothers were divided into two groups, those <18

years and those 18-19 years. While I was able to breakdown the birth rates for the two teenage age groups using the New Zealand birth registration dataset, I was not able to do the same with the abortion dataset because the ethnic specific breakdown was not available. However, when age was considered on its own, older teenage women had higher termination rates. Yet, when the denominator changed to pregnancies it was the younger women (once pregnant) who had the higher proportions of terminations.

As suggested in the literature older teenage mothers had higher birth rate than younger teenage mothers. In the quantitative analysis they also follow the same ethnic patterns. For example, Māori have the highest rates followed by Pacific, European and Asian for both younger and older teenagers. When looking at Pacific ethnic specific groups the same pattern is seen with Cook Island Māori having the highest birth rates in both age categories, followed by Niuean, Tongan and Samoan.

Relational differences

In the qualitative narratives variations are seen between the relationships of younger and older teenage mothers and their partners. For all the participants under 18 years the mothers were single at time of birth (due to the partner denying paternity), for those 18 years, eleven out of the fifteen participants were still in relationships with their partners. Although there may be only one or two year's difference, this thesis shows that their experiences can be extremely different with the adverse effects of early childbearing felt more by those <18 years. This is a point that policy makers and service providers need to be made aware of. The needs of younger versus older teenage mothers are different and they should not be addressed as a collective group. This finding may explain some of the differences in choices younger teenage mothers make to either keep their baby or terminate – reflective in their higher terminations when compared to older teenage mothers.

Who do we consider youth?

The academic literature defines teenage pregnancy as women <20 years. (Kelly and Grant, 2007) However in the quantitative analysis outcomes and fertility patterns are similar to women in the 20-24 year category.

Guttenbeil-Likiliki (2007) explain that if a young Tongan girl gets pregnant prior to marriage irrespective of whether she is 17 or 27, she is still referred to by the family as finemotu'a vale, or stupid old female, because she has put herself in that situation. Hence, within Tongan culture, you are considered a youth until you are married, consequently there are no differences in the way a women in Tongan society is treated if she is <20 years, pregnant and unwed or 20-24 pregnant and unwed.

The United Nations (UN) defines youth as those persons between the ages of 15 and 24 years, why are youth services in New Zealand restricted to women <20 years or delivered in ways that may not be appealing to young mothers 20+ years who go through the same experiences as women <20 years. Although continuation schools are available, how likely are 20-24 year olds going to utilise them?

Weaving findings from the literature review, quantitative and qualitative parts, and this thesis recognises the need to be aware of Pacific ethnic understandings of youth and how services can be better tailored to deal with youth issues that do not restrict people by age categories but extends cultural experiences. It also provides insight into why the demographic profile of women 20-24 years are similar to those <20 years.

iv. The inter and intra - variations in teenage pregnancy for Pacific women

Migration processes

To date, this is the only study to examine the inter and intra variations in teenage pregnancy for Pacific women in New Zealand. For decades, research has categorised Pacific people into a homogenous group and while Pacific people share commonalities, it is the differences that make each subgroup distinct. A pull

factor into New Zealand was the opportunities for migrants to provide for families in their respective home islands, and to create opportunities such as education for their children not afforded in their home islands. (Keller and Suzuki 1988)

The history of migration into New Zealand differs amongst the Pacific nations with entrance easier for some than others. Since the beginning of the 20th century, New Zealand has administered the Cook Islands, Niue and Tokelau who all hold citizenship within New Zealand. While those from Samoa, Tonga and Fiji migrated through temporary permits, quota schemes and family reunification provision. (Bedford and Didham 2001)

Consequently, Niuean and Cook Island Māori have generally been in New Zealand longer than other Pacific ethnic groups (i.e. Samoan and Tongan), further migrating back and forth from New Zealand to their Island's is more prevalent. Their close ties to New Zealand and their earlier migration patterns has meant that they have become more acculturated to New Zealand society than other island nations (Samoan, Tongan and Fijian) (Schluter, Tautolo and Paterson 2011).

As New Zealand citizens they (Cook Island Māori, Niuean and Tokelauan) have full access to New Zealand's health, education and welfare system, not afforded to other Pacific groups (Samoan, Tongan and Fijian) who may not have residency. For example, irrespective of whether a woman of Cook Island Māori ethnicity has a child in the Cook Islands or New Zealand; her child would still have citizen rights in both countries.

In contrast, if a child is born to a Tongan mother while her application for residency is still waiting for approval, her child (despite being born in New Zealand) would be considered a Tongan citizen, unless one of his or her parent(s) has gained residency or is a citizen. This creates variations in the availability and accessibility of services for Pacific groups in New Zealand, and can trigger a reluctance to seek help because of the way Pacific people feel they will be treated by service providers.

These differences can directly impact access to maternal health services and the lack of antenatal care, reflective in the low rates of maternal health service and antenatal care utilisation by Pacific women.

While the quantitative analysis was unable to shed light on migration patterns of Pacific people in New Zealand, the narrative patterns of migration into New Zealand were influenced by the geographical location of extended family, as well as close proximity to the churches (cultural hubs). Although urban areas, specifically Auckland are the most expensive to live in, the importance of family maintenance took precedence, emphasising the need for connection.

iv. Differences in births and termination rates between Pacific groups

The quantitative analysis provides examples of ethnic variations among the Pacific populations residing in New Zealand. When examining teenage birth rates (2000-2010) in New Zealand, Cook Island Māori and Niuean teenage women have similar rates of teenage births to Māori, higher than that of Samoan and Tongan teenage birth rates. This is supported by earlier publications from the NZCYES.

Although Cook Island Māori and Niuean teenage women have higher birth rates than termination rates, the proportion of teenage pregnancies that end in terminations are higher for Samoan and Tongan women compared to Cook Island Māori and Niuean women. In 2006, more Tongan teenagers (54 percent) chose to terminate their pregnancy, rather than carry on to delivery. If all four ethnic groups have similar socioeconomic backgrounds, a question that this research brings forth is; why do their 'choices' regarding births and termination differ?

When exploring Pacific health behaviour, the New Zealand Child and Youth Epidemiology Services (2008) suggest that when examining children's hospital admissions those who identify as being Sole Pacific, for example Sole Tongan,

generally have worst health outcomes than any Pacific (Multi Pacific). This is shown in the table below which examines the distribution of hospital admissions as a result of serious skin infection in Pacific children (<15 years) over a five year period.

Table 18: Distribution of Hospital Admissions due to Serious Skin Infections in Pacific Children 0-14 Years by Pacific Group, New Zealand 2002-2006

Any Pacific					
Pacific Group	Number: Total 2002-2006	Number: Annual Average	Rate per 1,000	RR	95% CI
Any Samoan	1,755	351.0	7.32	3.95	3.74-4.17
Any Tongan	789	157.8	7.99	4.31	4.00-4.64
Any Cook Island Māori	574	114.8	4.97	2.68	2.46-2.92
Any Niue	205	41.0	4.75	2.56	2.23-2.94
Any Fijian	62	12.4	4.37	2.36	1.84-3.03
Any Tokelauan	76	15.2	5.48	2.96	2.36-3.71
Any Other Pacific	132	26.4	9.34	5.04	4.24-5.99
Any Pacific	3,437	687.4	7.14	3.85	3.69-4.02
Any Māori	5,204	1040.8	5.24	2.83	2.72-2.94
Non-Māori Non-Pacific	5,447	1089.4	1.85	1.00	
Sole Pacific					
Pacific Group	Number: Total 2002-2006	Number: Annual Average	Rate per 1,000	RR	95% CI
Sole Samoan	1,383	276.6	11.12	6.00	5.66-6.36
Sole Tongan	624	124.8	10.71	5.78	5.32-6.28
Sole Cook Island Māori	416	83.2	9.80	5.29	4.79-5.84
Sole Niue	104	20.8	11.33	6.11	5.04-7.41
Sole Fijian	37	7.4	8.60	4.64	3.36-6.40
Sole Tokelauan	48	9.6	12.54	6.77	5.10-8.98
Sole Other Pacific	110	22.0	18.80	10.15	8.42-12.24
Sole Pacific	2,742	548.4	11.04	5.96	5.69-6.24
Sole Māori	4,316	863.2	9.95	5.37	5.16-5.59
Non-Māori Non-Pacific	5,447	1,089.4	1.85	1.00	

Source: Numerator-National Minimum Dataset; Denominator-Census; Ethnicity assigned using Any / Sole Classification (see page 11 for details); Rate ratios are compared to the Non-Māori Non-Pacific group and are unadjusted.

In this example, rates for all the Pacific ethnic groups are higher for those who identify as Sole Pacific compared to Any Pacific, which is the common behaviour when examining health outcomes. In this example, the determinants that affect hospital admission would largely be socioeconomic. (O'Sullivan, Baker and Zhang 2011) Yet,

when dealing with youth health issues, Multi Pacific groups have elevated rates of adverse health outcomes compared to the Sole Pacific groups. This accentuates the fact that in relation to teenage pregnancy, culture becomes a key determinant because the transition between childhood and adulthood is usually a time where individual seeks to establish his or her identity.

Greater insight is provided when examining teenage termination rates by prioritised level one ethnicity, which allows us to focus on groups categorised by one ethnicity alone (i.e. Māori, Pacific, European, Asian and Other). The quantitative findings in this thesis support the literature, which suggests that compared to the other ethnic groups (Māori, Pacific, European and Other) Asian adolescents are more likely to abort as opposed to carry on with their pregnancy.

This is despite having higher overall income than Pacific and Māori women throughout the maternal age groups. Interesting to note however, is that fact that the Asian population are the most recent migrants into New Zealand. Consequently, they would be greatly influenced by their traditional cultural upbringings from their home country. Having blended information from the three previous chapters, this thesis believes that decision made by teenagers to either keep the baby or abort is not only influenced by future education and employment endeavours, but also swayed by the cultural and societal expectations placed on them.

Societal and cultural attitudes

Changes in societal attitudes towards teenage pregnancy in New Zealand is evidence that societal and cultural attitudes are prone to change. However, change is at a pace that is so slow, it appears to not have changed at all. In any given society, there are minority groups and a dominant ethnic group that make up the majority. This research recognises that prior research in New Zealand, based on teenage pregnancy, and are largely influenced by views held by the dominant population, with attention largely given to the adverse socioeconomic demography

Chapter Five: Discussion
and consequences of being a teenage mother.

This can shape the way a young mother views herself within the context of society and the way she is treated by others. Having critically reviewed the academic literature (chapter two) I am mindful of the influence academic writers have in shaping our understanding of youth issues. This thesis calls for more accountability, for authors to note their personal take on the issues they write about, so that readers and writers alike become aware of personal biases that may influence results.

Historically, in the academic literature teenage pregnancy became synonymous with the concept of 'unwed mother' and with it the stigma attached to unwed women during Victorian times, in which women who fit the description of 'unwed mothers' were ostracised and considered immoral. (Imamura et al. 2007) The inclusion of scientific tools like the DSM-111-R diagnostic criteria in the 1900's put labels and identified 'risk behaviours' that women prone to becoming teenage mothers were supposed to have. In the 1970's, unwed mothers became more socially acceptable; yet the stigma and stereotypes previously attached to 'unwed mothers' in Victorian society pressed towards teenage mothers.

In the historical Tongan literature, western influence, mainly the missionaries, transformed the traditional 'Tongan way' (anga fakatonga), to the point where Victorian ideologies have become tantamount in contemporary times with 'Tongan culture'. This altered the role of women, with the esteem given to the sister becoming secondary to the role of the 'good wife.'

Traditionally in Tongan society, irrespective of whether a young women was legally wed to the father of her child; support for herself and her child would still be provided by her brother(s) and the extended family. Yet, introduced terminologies changed the dynamics of Tongan relationships, emphasising the nuclear family as opposed to the extended family and dismantling the added support that would have been there traditionally present, intensifying the shame culture. (Helu 1993)

This differs from the experiences faced by Māori teenage mothers, who have higher rates of teenage pregnancy, but within Māori culture are not considered 'at risk.' (Turia 2004) In the literature, support for mother and child is provided by the whanau (family) despite dominant mainstream views of teenage pregnancy. (Rimene et al. 1998; Rawiri 2007)

Only recently has researchers understood that labelling teenage pregnancy as a problem neither does the child nor parent any good, as it adds to the negative stereotypes fuelled within society. (Lawlor and Shaw 2002) Knowing this, why then are labels still put in place on young mothers and their babies? This thesis recognises the need to destigmatise teenage pregnancy and to learn from ethnic populations who support young mothers. This does not mean that teenage pregnancy is promoted, but that young mothers need to be empowered in order to provide for their baby without feeling judged.

The experiences faced by Tongan teenage mother's pre and post conception in New Zealand and in Tonga

The qualitative section used poetry pieces to describe the 'traditional perspective', the 'migrant perspective' and the 'diasporic perspective' and through this thesis demonstrates that variations in experiences and ideologies exist among Tongans, irrespective of whether they live in Tonga or overseas. As time proceeds, with ethnic inter-marriages and an increase in second and third generation New Zealand born Pacific people, these variations will widen, and while (for the sake of research) it would be easy to try and neatly place people into these three categories, I have learned that with lived experiences, people will not be stagnant but are prone to move between each of the three perspectives.

How would this impact an adolescent trying to mould their sense of identity, or sense of self? While the body of academic literature has not touched Pacific intra-

ethnic variations in health experiences, this thesis uniquely provides evidence that differences exist in both the quantitative and qualitative analysis.

Anga fakatonga

Although the Tongan literature relates terms such as - 'love, generosity and reciprocity' to define anga fakatonga, definitions provided by the women in the thesis associated anga fakatonga to their perceived roles as women to maintain purity (virginity), respect and obedience.

In the narratives, an inability to 'fit the description' of the good Tongan girl disqualified participants from fitting into the mould of anga fakatonga. This shows that female interpretations of anga fakatonga contrast what has previously been documented in the Tongan literature. Consequently, this thesis recognises that interpretations of anga fakatonga need to be reviewed to encompass contemporary understandings.

Geographical location and exposure to things Tongan

Academic literature on the relationship between teenage pregnancy and neighbourhood effects note that in neighbourhoods that are characterised by poverty lack of positive role models can be hazardous to the wellbeing of adolescents.

Geographical location has been proven to influence attitudes towards early childbearing, mainly related to socioeconomic aspirations. (Arai 2007) Those who live in affluent areas are said to have higher future aspirations (i.e. education, income and employment) therefore less likely to become teenage mothers or choose to carry on with their pregnancy if they become pregnant. Though this thesis does not discredit the importance of socioeconomic positioning in the decision to either carry on with pregnancy or terminate, this thesis recognises the importance of geographical location in shaping values and norms around sexual and reproductive health.

In a study on Latino communities in California, areas located on the United States-Mexico border and ethnic territories of families who had immigrated from Mexico or

Central America had the lowest Latino pregnancy rate in California. The importance of maintaining traditional family values, respect for family and family reputation, and the control, close monitoring, and protection of girls. In this sense, teenage childbearing was discouraged.

In the qualitative analysis, those living in Tonga appear to have the most pressure placed on them to live in accordance with the anga fakatonga fuelled by living within the village setting strongly exposed to the Tongan way of life. This is echoed amongst the New Zealand based participants, where connection and belonging as a Pacific person varied between those who identified as being Sole Pacific and those who identified as being multi Pacific depending on their exposure to anga fakatonga.

In the narratives from the Sole Tongan participants even at an early age, the importance of the Tongan way was drilled into them and their notion of the Tongan way linked to not becoming pregnant out of wedlock. Consequently, like the Latino study, close proximity to one's home country and exposure to ethnic territories of other Tongan migrants contribute to the relevance place on maintaining and implementing cultural values.

Having incorporated the three previous chapters into the discussion, this thesis recognises the significance of geographical location, not just in terms of exposure to deprivation but because it shapes adolescent identity and influences their resiliency. If teenage pregnancy or pregnancy out of wedlock is stigmatised in contemporary Tongan culture, then the severity (burden) of teenage pregnancy is more prominent amongst those in Tonga and those who have strong Tongan connections in New Zealand because of the dishonour attached to teenage pregnancy within Tongan culture.

4 Amniotic Sac

4.1 Physical

Menarche

Early onset of menstruation has been linked with early development, where the timing of sexual development place early-maturing girls at higher risk of forming opposite-sex relationships and becoming sexually active (Udry 1979). In the life story interviews menarche ages ranged from 9 years old to 13 years old which is still considered young. (Dunbar, Sheeder, Lezotte, Dabelea, and Stevens- Simon 2008) But what are the implications of early onset of menarche for Pacific women?

The narratives highlight a lapse in knowledge when discussing reproductive changes in their body. For ten of the eighteen participants, no information about menstruation was offered prior to menarche. As children the participant's experiences fear because they did not understand what was happening. Information was usually provided by their mother; however nothing was mentioned about the changes in their body or how they would feel, except to say that they were now women. For participants who had older female siblings, information was provided but participants describe it as being vague. This highlights the need for accurate information at an early stage.

Influence of Substance Use

In this thesis, the variables in the quantitative analysis do not supply information on substance use pre and post conception, though this would be of value for better understanding birth outcomes. However we can draw from the academic literature and qualitative analysis to better understand the relationship between substance use, sexual activity and teenage pregnancy.

In the academic literature early sexual risk taking and teenage pregnancy is part of a broader collection of adolescent problem behaviours that include delinquency, early cigarette smoking, alcohol and illegal drug use, and deviant peer involvement.

(Martino, Collins, Ellickson, and Klein 2006) For example, in both the Christchurch and Dunedin longitudinal studies, teenage pregnancy rates are elevated among illicit drug users, with a considerable amount of young women who became pregnant in their teenage years having a prior history of, or currently engaged in, delinquent and substance- using behaviours. (Fergusson, Boden and Horwood 2009; Fergusson, Horwood and Ridder 2007) Here, there is an assumption that teenage pregnancy is a result of unplanned choices influenced by risk taking behaviour, and though it may be true in some cases, this thesis has shown that for some teenage pregnancy is planned without the involvement of substances.

In the qualitative analysis none of the participants noted using illicit drugs, with only four of the eighteen of the participants associating their first sexual experience with being drunk. Being intoxicated usually resulted from problems in the home setting with the consumption of alcohol seen as a way of escaping everyday life. This highlights the importance of understanding why adolescents choose to undertake risky behaviour and what triggers adolescents to take on board these behaviours. It is only through identifying underlying factors to substance abuse that solutions be given to deal with youth health issues.

Concealed Pregnancy

Thynne and Gaffney suggest that higher proportion of young mothers booked after 20 weeks of gestation because of a reluctance to seek medical advice due to fear of judgement; preferring to conceal their pregnancy. (Thynne, Gaffney, Tonge, and Sherlock 2011) This affects the kind of information young women have access to, that could influence their physical wellbeing as well as their child. This is also important because if there are complications they may be left undetected.

Ekeroma et al. (2004) suggest while Pacific women who have strong cultural or family ties add to the success of their pregnancy, unsupported Pacific women with hidden pregnancies have poor pregnancy outcomes, of which teenage mothers

feature. This is supported by findings in the adolescent's reproductive health study in Tonga where there was a reluctance to seek care because of the stigma attached to teenage pregnancy leading to a higher incidence of complication. (McMurray 2006)

While the literature proposes that there is a pattern between teenage pregnancy and concealed pregnancy, neither the quantitative data nor the academic literature provide information specifically on the rates of concealed pregnancy among Pacific adolescents or insight into why Pacific adolescents choose to conceal their pregnancies. Though the literature suggest that open, positive and frequent parent/child communication about sex is associated with adolescents postponing their sexual debut, or having fewer sexual partners nothing has been documented on whether there is a relationship between communication breakdown between parent and child and an adolescent's choice to conceal their pregnancy. (Bonell et al., 2006)

In the focussed life story interviews, concealment [of sexual activity and pregnancy] was a feature commonly found among the participants in Tonga and those with a strong cultural awareness of what was acceptable [living in New Zealand]. An analysis of the narratives found a history (among the participants) of concealing information relating to sexual reproductive health. For example, the process of dating is often kept a secret from family members stressing what young girls feel they can talk about and what they feel is better left hidden within the environmental context that they are in.

For the majority (15/18) of the participants the site of sexual intercourse was at a concealed proximity (promoting unsafe sexual behaviours) and knowledge of being sexually active was not revealed until these young ladies became pregnant. This relates to the importance placed on virginity in Tongan culture. In an earlier study conducted in Samoa, Anandale (1976) noted that falling pregnant was not as condemning as the 'public' admission of not being a virgin or in this thesis – not

All the participants in Tonga admitted to concealing their pregnancy. Consequently, concealed pregnancy may be a reason why adolescents have low levels of antenatal use in Tonga, supporting academic findings relating concealed pregnancy and fear of ridicule. (Rozette 2000)

The need to hide what is societally considered wrong is reflected in the poetry pieces by Queen Salote where personal feelings or experiences are masked in heliaki and where the only things mentioned are topics that reflect positively on the family. This is also tied to the notion of shame culture, where sensitive issues are avoided at all costs because of the 'shame' it brings not only to the individual but also their family. (Helu 1995)

In the qualitative analysis, fourteen of the eighteen participants admitted to concealing their pregnancy however a reason for concealment that has not been documented was so that abortion would no longer be an option, emphasising how much they wanted to keep their child and their fears of abortion being an option imposed on them by family members if their family found out. This illustrates two facts a) that teenage women are aware of the termination policies in New Zealand and b) that the history of concealment begins long before pregnancy. As a result more needs to be known about why women choose to keep their pregnancies hidden and how decisions made relate to other people.

Preterm Births

In this thesis information is provided in the quantitative and literature review on preterm births, despite the fact that no qualitative information was provided on preterm pregnancy. During 2008-2012, rates of preterm births were significantly higher in teenage mothers compared to other women <35 years, however lower than women 40+ years. This is supported by the academic literature that relates elevated preterm births with younger and older maternal age. (Mantell et al. 2004)

Chapter Five: Discussion

The academic literature suggest that births to women living in the most deprived areas were also more likely to have a preterm baby than those living in the most affluent areas in New Zealand (This is supported by findings from the quantitative analysis of which Pacific people feature.

The academic literature goes onto propose that there is a relationship between unplanned pregnancy, concealed pregnancy and delay in a woman's decision to access antenatal care of which adolescents feature in the literature. This is important because if there are complications, they may be left undetected. (Alderliesten, Vrijkotte, Van Der Wal and Bonsel 2007) This thesis acknowledges a limitation in the qualitative findings in that nothing was asked relating to birth outcomes. It accepts that this is an area that needs to be further investigated if birth outcomes for Pacific women are to improve.

Late Fetal Death

Within New Zealand, foetal death remain one of the leading causes of post-neonatal mortality for Pacific infants in New Zealand, with rates being intermediate between those of European and Māori infants. (Craig et al, 2008) However, during 2006-2010, the rate for LFD was significantly higher for Pacific compared to Māori, European and Asian women. The quantitative analysis supports what has already been documented in the literature, associating LFD with women living in the most deprived and women belonging to minority groups⁵⁷.

Although no questions were directly asked about LFD, in the narratives one participant noted losing her first baby (LFD). This created deep feelings of loss which resulted in a planned pregnancy to fill the void of losing her first child. This thesis see's the need for the implementation of services to help families deal with losing their babies. In the example provided above, her sense of loss resulted in her desire for another baby despite her financial restraints. When dealing with LFD, this thesis acknowledges the need to set up services to help families deal with the grief of losing a loved one.

Terminations

There are differences in termination rates between Pacific ethnic groups and other ethnic groups (Māori, European and Asian) and amongst Pacific specific ethnic groups in New Zealand (Cook Island Māori, Niuean, Samoan and Tongan) addressed in the quantitative part of the thesis. However there is paucity of information as to why people choose to terminate or carry on with their pregnancy.

International research relate the decisions to terminate pregnancy with educational, economic and partnership consequences of unwanted or mistimed pregnancy. (Crane, and Hord-Smith 2006). In ethnic specific publications however, Dickson, Sporle, Rimene and Paul (2000) argue that Māori are less likely to have an abortion, because culturally they are supported. This indicates that the decisions made to either carry on with pregnancy or terminate are not just based on future aspirations but cultural acceptance.

While the literature makes it clear that abortion policies are shaped by the societal, religious and cultural norms of a given country – documentation is largely based on socioeconomic choices, with publications on the links between societal, religious and cultural expectations on women's decisions to abort is scarce.

Terminations - Policy differences

An important factor affecting decisions to either carry on with a pregnancy or terminate is access to legal terminations. (Sedgh, Singh, Henshaw, and Bankole, 2011) In New Zealand abortions are performed for pregnancies under 12 weeks in a licensed clinic. For pregnancies over 12 weeks, abortions must be carried out in a licensed hospital. The grounds for an abortion in New Zealand including serious danger to life, serious danger to physical health, serious danger to mental health, any form of incest or sexual relations with a guardian, mental sub-normality and fetal abnormality. (New Zealand Royal Commission on Contraception Sterilisation 1977)

Chapter Five: Discussion

This differs to abortion policies in the Pacific Islands who are legally only able to abort if it endangers the life of the mother. (Boland and Katzive 2008) This reflects the low recorded abortion rates throughout the South Pacific region. Interestingly, while two of the six participants in Tonga considered or attempted to self-abort, and one mentioned knowing of others who self-aborted, among the participants in New Zealand abortion was never an option.

In a report released by the United Nations (2013) titled "World abortion policies 2013" it was common for women in developing countries to access untrained providers, traditional providers or attempt to self-induce creating greater problems for themselves and their unborn child. Integrating findings from the three previous chapters of the thesis, this thesis argues that restrictive laws do not necessarily mean that rates of terminations are lower but that under reporting may be occurring due to unsafe attempts at self-induced terminations that are likely to cause more harm to the mother and/or unborn baby.

4.2 Psychological

The psychological implication of adolescent childbearing is something that is rarely documented in the teenage pregnancy literature and in chapter three (quantitative analysis) there are no variables that measure the psychological experiences of women during pregnancy. Yet, within the narratives the psychological effects of teenage pregnancy is resonated from the beginning to the end. Sofia noted -

It was hard, because I didn't grow up with my parents. It was really hard for me when I first got to know them, my brothers and sisters, because they already had a bond, with each other and my parents (Ana). I felt different, even though I came back to the family when I was little [was raised by other family members] (Sofia).

Feeling lonely and disconnected to family seemed to be a trigger for forming other relationships outside of the family. This is supported by literature that relates loneliness and low self-esteem to adolescent women who go onto become teenage

mothers. (Cronin 2003) Nevertheless the literature does not provide information on where loneliness or feelings of isolation stem from.

Emotion attached to loss of virginity

In section six of the qualitative chapter, women from all three cohorts consistently talk about the emotional effects of first sexual intercourse. Comments made about loss of virginity include -

My virginity was what made me special, to my family, to every other Tongan.... I don't know how I could have been so stupid...I could just see my mum and dad's face, and it tore me in pieces (Pele)

It was really emotional for me....I didn't know what was wrong with me. Every girl is supposed to bleed, but I didn't. I remember being in his car and it hit me... I was not a virgin, I cried and I cried, I'd stop crying then cry again (Alice).

While these women had previously been informed of the physical nature of being sexually active, they felt ill equipped to deal with the psychological (guilt) of losing their virginity, affecting their self-esteem, their confidence and perceived wellbeing.

MacPherson and MacPherson (1987) study on suicide trends in Samoa, acknowledged that the discovery of sexual immorality were causes of suicide and 'inappropriate marriage' contracted without consent. In one of the narratives in this thesis, a young lady described seeing her mother's face and the guilt that resonated because she was no longer a virgin. Hence, the act of 'sex' can go beyond the individuals performing the act; it has the potential to influence the rest of the family if others become aware.

The psychological attachment to 'guilt' for not being able to 'maintain the Tongan way' for the young women who identified more with the traditional and migrant perspective, created further isolation from their peers and greater risk taking behaviour. In the narratives more is stressed about the psychological implications of being sexual active as opposed to the physical outcomes. This is an aspect that needs

to be addressed within the education system so that young people are made aware of the full ramifications of being sexually active. This is so adolescents can be better prepared when they become sexually active.

Emotions attached to pregnancy

In both the western and pacific literature special attention is given to the mothers and their role in either discouraging or encouraging early onset of sexual activity. (Bonell et al., 2006) Here, close mother and daughter relationships related to daughters' postponement of sexual intercourse and teenage childbearing. (Miller 2001)

In the pacific literature and in the Tongan narratives a mother's duty is to ensure her daughter does not get pregnant, influencing the type of relationship the participants in the study had with their mothers. Bonnie Nardi (1984) interviewed mothers in Samoa and found that the reason why mothers worried about daughters getting pregnant was based more on disgracing themselves (the mother) rather than about their daughter's virginity.

While the quantitative analysis does not provide information on a mother's mental state, this research recognises that these young mothers view their pregnancy holistically. Hence when an individual becomes pregnant they are not only thinking about how it would affect them, but how it would impact other significant relationships (family). This raises questions around the mental and emotional stability of these young women when support is not offered by the village or extended family or when they have to think about financially providing for their baby.

4.3 Spiritual

An adolescent' religious beliefs and their connection to religious institutions are often constructed within the family environment and can also influence childbearing norms. (Smith 2003) While no information is provided in the quantitative dataset measuring religious affiliation, it is assumed that adolescents with higher levels of

religiosity will be more likely than other teenagers to avoid early sexual behaviour and the associated risks of pregnancy and STD's. (Manlove et al. 2006) However, in none of the publications are young mothers asked directly about how they related teenage pregnancy to their spiritual sense of wellbeing.

In the Pacific literature religion and spirituality are noted as fundamental aspects in the formation and maintenance of Pacific identities. (Tiatia 1998; Mila- Schaaf 2010) Tiatia (1998) associated church as a place where Pacific people learn about their culture living in the diaspora with spirituality identified in the Pacific models of health and well-being as a component of the holistic self. (Kupa, 2009) When the participants were asked questions relating to spirituality, they associated it with a Christian affiliated church. In New Zealand the Pacific church setting is said to provide knowledge of Pacific ways for its members, where the church setting is likened to village life in the Islands. (Macpherson 2004) Although living in urban areas in New Zealand are more expensive; the importance of being connected to other family and other Tongans is a pull factor for Pacific people in New Zealand cities, the church being the centre for interaction.

Church as a protective factor

In the narratives, examples provided by the New Zealand born Tongan women (both Sole and Multi) suggest a break down or a disconnection from the church setting led to a detachment from living the Tongan way (anga Faka-tonga). In the narratives participants stated that the church was where they learnt to be "Tongan" it is the site by which elders are able to pass on what they learnt in the village setting in the home islands to the generations growing up in New Zealand. Due to parental separation, Betty was removed from the church setting she grew up in, and acknowledges the detrimental effects it had on her identity and sense of belonging because it was the site where she formed her sense of identity as a child. In this example, church is seen as a supportive institute building resiliency against risk taking behaviour.

Judgement from church

The Pacific literature based on the influence of early missionaries describe not only the Christian ideals that were promoted throughout the kingdom of Tonga but also the norms enforced on Tongan people by the missionaries, from the dress attire, introduced language and changes to the traditional role of woman.

In Tonga religion heightened the importance of maintaining virginity and the significance being a good Christian wife which is still very much a part of Tongan society. This adds to the stigma of being sexually active out of marriage, intensifying the guilt attached to becoming a teenage mother, particularly women who identify more with the traditional and migrant perspectives.

While the church is supposed to be the grounds for support, this thesis shows that in Tonga it is often the site of ridicule and judgement. For Sofia, a minister's daughter, her pregnancy bought shame to her father. To honour his position, her partner's family apologised and a marriage was agreed upon irrespective of whether Sofia or her boyfriend wanted to get married.

In New Zealand church is also considered a site of ridicule once members of the congregation are made aware of the pregnancy. The adverse effects noted by the participants is similar to the burdens created by the "coconut wireless" in Tonga mentioned by Mila-Schaaf in her poem Virgin Loi. Because of the ridicule, participants noted praying that they (individual and family) would be able to accept the harsh comments made about them because of their pregnancy. In the study, young women felt they deserved the verbal abuse and gossip. This would have serious implication on a young mother's mental wellbeing.

4.4 Societal

vi. The types of support Tongan teenage mother's value and have access to in New Zealand and in Tonga

Wilkinson's (1999) 'relative income hypothesis' theory looks at the impact of inequality and argues that more equal societies have greater social cohesion, more solidarity, less stress and as a result, are healthier. Wilkinson refers to the idea of "sense of control" as contributing to an individual's health and well-being where people are highly sensitive to feeling looked down on, being devalued and being treated as second rate. (Wilkinson et al. 2006)

In chapter four the most important type of support mentioned by the young mothers in this thesis – was relational support where neither they nor their family are judged or discriminated against because of their pregnancy. Within the thesis there was a clear difference in the 'sense of control' felt by mothers in Tonga with those in New Zealand. Those who fit into the traditional and migrant perspective were less likely to feel in control, with weaker social bonds. The participants in this thesis noted that support to feel like accepted members of society, where neither they nor their child are discriminated against was the most important type of support.

Young mothers in New Zealand who had family or partner support, were better equipped to interact with other people and access services. Consequently, more needs to be documented on the influence of culture and societal attitudes on shaping the way teenage mothers feel and the type of support that they require.

vii. Youth health policies that have directly impacted the lives of adolescent mother's pre and post conception

Access to Education

In the findings from the Tongan based participants, once pregnant, there was a lapse in support from education providers, social and sexual related health services mirroring findings from the academic literature. (Lee 2009) For the young mother's growing up in Tonga, there are no other alternatives, once pregnant; going back to school is not an option. In New Zealand, TPU's are available if adolescent mothers

choose to go back to school. However, in the narratives the decision to go back to school is not always an easy one and is also dependent on whether support is given from the family.

In contrast to views held by Wilkinson, Lynch (2004) argues that it is not the psychological effects of inequality that has the greatest effect on health and wellbeing, but rather the lack of material resources (e.g. access to resources such as adequate nutrition, housing and healthcare), combined with an underinvestment in human physical health and social infrastructure (e.g. the types and quality of education, health services, transportation, recreational facilities and public housing available). This thesis argues that both are important when discussing teenage pregnancy.

Sexual Health

Through the narratives and the literature, it is clear that not talking about reproductive issues does not help the individual deal with the changes in their body. This thesis argues that accurate information provided throughout the stages of a young person's life (throughout primary to secondary school) better equips the individual to understand and adapt to changes in their body and provides children with the confidence to ask questions.

Amongst Pacific communities in Tonga and New Zealand topics connected to sexual health are considered inappropriate to discuss openly, as a result young people are ill equipped with the knowledge to make informed decisions concerning sexual health issues. (Bearinger, Sieving, Ferguson, and Sharma 2007) In the narratives with the participants in Tonga, the young ladies noted that sexual health was not a part of their school syllabus. Hence access to accurate information relating to sexual health was scarce.

In 1985 the high school syllabus in New Zealand was altered to incorporate provision for sexual health. However, in New Zealand parents are able to

withdraw their children from sexual health classes if they wish to, hence even if a child is 18 years of age (legally able to gain contraception and considered an adult), if parents choose to withdraw their child from participation, information is withheld.

Thaman (2003) acknowledges that educators pass on 'knowledge' and 'truths' to others. But if educators are not aware of their own views, of culturally appropriate ways to deliver messages they become oblivious to why young people are reluctant to take what they teach in.

In New Zealand, all the participants noted that they gained information through the secondary education system; however participants complained that the information delivered were culturally inappropriate creating feelings of discomfort. The timing was also addressed. For the participants sexual health was delivered in year 9 and 10 when the preference would have been to make it a constant part of the syllabus throughout year 9 to 13. Participants also noted that the syllabus focussed too much on the physical parts of sexual activity with a lack of insight on the psychological impact of sexuality.

In the United States the education system (excluding California) advocates abstinence only programmes. When examining the effectiveness of abstinence only programmes, one only needs to look at the rates of sexually transmitted infections (STI's) and teenage pregnancy in the United States (highest in the world). This is in contrast to the Netherlands who are often highlighted as the prototype for effective sex education with the outcomes evident in their low rates of teenage childbearing and STI's. (Weaver, Smith and Kippax 2005) In the Netherlands by 1997 over 50% of primary schools and over 85% of secondary schools had a programme of sex education (Kane and Wellings 1999)

The literature argues that sex education programmes grounded in evidence-based approaches and relevant to the community are pivotal in reducing adolescent sexual risk behaviours and promoting sexual health. However, in New Zealand these

are largely shaped by public opinion and although it does not push for abstinence only programmes as much as the United States, it does not emphasise the relevance of personalised sexuality education like the examples in the Netherlands. This thesis recognises that different groups of adolescents require different types of information regarding sexual reproductive health. This thesis advocates a collaborative redevelopment of our sexual health syllabus inclusive of cultural advisors and youth representative to better understand the challenges that our young people face and to answer the questions that they pose.

Welfare System: Domestic Purposes Benefit

In Tonga adolescent mothers are not eligible for any form of governmental support [financial support] post-conception; this often leads to a dependency on family for financial aid as noted in the narratives. This is in contrast to Pacific women (who have citizenship or residency) in New Zealand who are entitled to access the welfare support system. For women over 18 years, financially assistance can be gained through the emergency maintenance allowance and the domestic purposes benefit. However, women <18 years are required to be living away from home in order to access the welfare system.

If family support is the most valued by Tongan teenage mothers, how would this clause in the policy impact young women who require family assistance but want to be able to financially support their baby? These are questions that need to be raised and that need to be better understood if the support given to young mothers is to be effective.

For majority of the participants in NZ (9/12), young women were aware of governmental assistance; however even if participants were eligible for financial assistance, there was a reluctance to use services because of the fear of how they would be received. This thesis argues that as well as making young people aware of services they also need to be empowered to utilise them.

5 The Umbilical Cord (foundation) – Family

In Tonga, there is a proverb that reads -

Ko e masiva oku ongo taha, a e hala hā kāinga
The greatest poverty is to have no kin (Afeaki 2004)

Although this Tongan quote underlines how much family is valued within Tongan settings it can be interpreted another way where isolation from kin creates an internal sense of poverty.

In the quantitative chapter of the thesis, variables focus on the individual (mother) and the baby, with a lack of information regarding family dynamics, family compositions, whether she has other children or her relationship status. As a result, in this discussion, reference on family will be based on the literature review and qualitative findings. This is to underline the importance of family, what 'absent parent' means to the participants and the struggle between parent and child when values and norms are conflicting.

The importance of family

In the literature both pre and post European contact, family cohesion was always the building block of Tongan society interlinked with an individual's sense of well-being and support system. The Pacific literature in the qualitative chapter gives insight into Tonga's hierarchical system reflective in contemporary Pacific model of health (i.e. Fonofale Model, Fa'afalelui and Fonua Model).

This is supported by western literature where parent and child closeness is considered a protective factor against health issues such as youth suicide and substance abuse. (Miller and Benson 2001) In the Pacific literature, the concept of kāinga and identity are synonymous; whether relationships are good or bad, an individual cannot be separated from their kin, the idea of family is woven into the fabric of identity.

In the poetry pieces, through the use of heliaki, all three poets make references to family. Much of Queen Salote's songs and poetry have been inspired or dedicated to her immediate family or kāinga evoking pride in genealogy and heritage. Both Konai Helu-Thaman and Karlo Mila-Schaaf have poetry pieces dedicated to family, making mention of family influence on wellbeing. This illustrates the association their upbringing and kin have on their writing.

In the thematic analysis the influence of family is evident throughout the life story interviews with variations among the cohorts on relationship with parents. It is what participants discuss the most. Amongst the teenage mothers in Tonga, the young women made no direct mention of their closeness with their parents, however comments were made on the importance of anga faka-tonga; passed onto them by their mothers or maternal kin.

In the interviews with young mothers in New Zealand, participants were more direct about their feelings towards their parents. 3/18 participants blamed their mothers for the dysfunctional family dynamics [due to parent separation or mothers new relationships], 2/18 noted unrealistic expectations placed on them by their mothers and 3/18 noted good relationships with their mothers. This is supported by the literature findings on parental control and regulation where a curvilinear relationship was seen, with adolescents being at greatest risk if their parents were at either extreme of the very low or high control spectrum (Miller, 2002).

iix. the importance of paternity (teenage mother's partner, and father) in the well-being of the teenage mother and child.

When discussing paternity two male figures have been influential throughout this thesis. That is the role of the partner and the role of the grandfather (young women's father).

Partners

The partners of teenage mothers are usually presented in a negative light, having low income, high levels of unemployment and belonging to a minority group. In both the literature and the quantitative analysis a high percentage (17%) of partners detail is missing. This has financial and cultural implications and can create the idea that the men choose to be absent.

In New Zealand questions are asked when attempting to get financial assistance about the father of the child. An inability to answer the questions impacts the amount of money received. At the same time, because questions about paternity are asked, young girls may be reluctant to access services because they do not wish to answer.

In Tongan culture, if a child is not provided with information about their father – their sense of belonging within Tongan society is weakened because they are unable to situate themselves within the hierarchical system that makes up Tongan society. They are not provided with information about who is 'eiki' and tu'a. Consequently this will impact psychological implications on the baby and his/her decedents. An integration of the three parts (literature, quantitative and qualitative) illustrate the complexities of what it means to have an absent parent.

In the narratives the relationship teenage mothers had with their partners differed to the teenage mothers in New Zealand. Four of the six partners were no longer active in the participant's life; though some chose to be absent others were forced. This thesis shows that the choices the young women make to involve their partners in their baby's lives, can be influenced by other people. In this thesis it has been by either the partner's family members or the young women's family.

Among the participants in New Zealand, age was a determinant for absent fathers with the two youngest participants stating that their boyfriends at the time denied fathering the babies out of fear. The participants had preconceived ideas that their partners would not want to be part of the pregnancy process, or take an active role as

a father. In the narratives, it is clear this is not always the case. Examples were provided in this thesis where the young men wanted to be part of the process and take responsibility for catering to the needs of the child and the mother.

Fathers of teenage mothers

In the international literature, teenage mothers are usual products of solo parent homes. However, little mention is made of the father, except to say that he is absent. But why is he absent? There is no information provided based on the father of teenage women in the quantitative datasets. However, insight into what 'absent' means is provided in the qualitative chapter.

In the narratives, the emotion's shown by the young women when describing the absence of their fathers is noted from the start of the interviews to the end. While some fathers were absent due to separation, others were absent due to migration, death or long work hours. Hence, even if parents were still together (and legally married) the importance of a father's presence was strongly noted. In all cases, the absence of father figures is something that left a lasting impression on the lives of the young mother and needs to be further explored in detail.

Parent and Child Communication

In the interviews 16/18 participants noted communication or relationship breakdown with a parent or parents which is said to contribute to teenage pregnancy within the literature. Amongst the six participants in Tonga, two participants had a parent(s) migrate overseas and were raised without a parent(s). Two were reared by other family members and came back to their biological parents when they were older (noting feelings of disconnection) and two were living away from the family home when they became pregnant. Only one participant in Tonga openly admitted to having a troubled relationship with her parents, triggered by being raped which changed her family dynamics. The rest only made reference to their family when describing how guilty they were for being pregnant. This differed to experiences

held by New Zealand born participants who were supported by family and encouraged to further education. For young women who were supported, the mental distress of teenage pregnancy was not there.

Parents Value System

In sixteen of the eighteen participants in the thesis, there were conflicting tension at some point of their lives, between adolescents and parent(s). Of those living in Tonga, there was a reluctance to seek advice or talk to parents about sexual reproductive issues because it creates feelings of discomfort for both the adolescent asking and the parent attempting to answer. This mirrors literature from non-western countries addressing the intergenerational gap between parent and child influenced by westernisation. (Utomo and McDonald 2009) This made open communication difficult

Of those who identified as being sole Tongan living in New Zealand, the tug-of-war between cultures is evident within their narratives reflective of Helu-Thaman's poem "*you the choice of my parents*", showcasing the effects of acculturation and the struggle between adhering to the Tongan way or conforming to the norms of the host nations which are more liberal.

In the narratives, rather than deal with parental issues, one participant was sent away because her sibling was pregnant. This is similar to the experience of Queen Salote who was sent to New Zealand, due to a life altering event that was beyond her control (the marriage of her father with a rival ha'a). Lina states –

Dad sent me to Tonga to live, because he was scared that I'd be like my sisters and get pregnant too. It was hard aye, I cried my eyes out because I never been away from home, and I don't know, I thought it wasn't fair cause I was being sent away because of something my sister did. I didn't have anything to do with it.

The practice of sending children to Tonga to attend school can seem contradictory, given that one of the often cited motivations for migration is to access a better education system. (Lee 2003 p16) However, for some Tongans there is a fear non-

Tongan norm become too influential overseas. Young people sent to Tonga to attend school struggle with many of the difficulties other 'returnees' experience, but have the additional emotional difficulty of being there against their will. Often having to live with relatives they rarely know. (Lee 2003)

In the above example, because her two older siblings were pregnant out of wedlock, Lina was sent to Tonga which she felt was unfair treatment. This stresses the shame culture highlighted by Tongan academics. Rather than remain in New Zealand with her parents, a decision was made to send her away irrespective of how she felt.

In all the examples provided in the thematic analysis, the relationship between the participant and their parents influenced their sense of well-being and acceptance within the family. In relation to the types of support these young perspective mothers wanted most, support and acceptance for and from family took precedence above financial support. This is something that needs to be acknowledged and addressed when dealing with Pacific communities and re-emphasising Pacific holistic worldview, where an individual ceases to exist without the connections or va with others.

6 Bringing it all Together

The merging of the three main chapters (literature review, quantitative and qualitative chapters) of this thesis highlight the complex nature of teenage pregnancy and brings to light the importance of using a mixed methods approach to fully understand what teenage pregnancy means to Tongan people.

In the mo'uianga model the outer spheres relate to the external factors outside the control of the individual – be it in their home island or living in the diaspora. This thesis accepts the fundamental role policy plays in shaping Pacific peoples' behaviour. For Pacific people, its influence began at the onset of migration and affected the way Pacific people were received as migrants in New Zealand.

Following the dawn raids in the late 1970's, there was a heightened reluctance to trust and utilise services. This mistrust has (in some sense) been passed on to the subsequent generation, reflective in their low utilisation of health services including family planning services and antenatal care.

Policy in New Zealand also shapes fertility patterns, with the decline in both birth and termination rates influenced by policies which improved the availability of new contraceptives. When comparing termination policies between New Zealand and Tonga, although nothing has been published, restrictions placed on terminations in the Pacific trigger unsafe practices that direct impact the physical wellbeing of mother and child. Though this thesis understands the importance of respecting the cultural, traditional or religious views of a given country – leaders need to be aware that with the changing of times and influence of westernisation, youth policies around sexual health need to be re-examined to provide effective information and support for young people.

This thesis acknowledges the influence of Home Island and diasporic perspectives in shaping views held by young women. The ability to conduct mixed methods research strengthens the argument for more inter and intra ethnic research to understanding the changing cultural fabric of New Zealand society. Although classed as Tongans, Samoan, Cook Islands or Niuean's experiences differ and the old assumption that one size fits all when dealing with Pacific ethnic specific populations do not apply.

Within the mo'uianga model culture is viewed as the shelter for life; however this thesis argues that culture can be both supportive and toxic depending on how youth are received based on decisions that they make. This thesis has shown that for young mothers, who live in areas where (culturally) teenage mothers are supported by their wider community, resiliency is built and both mother and baby become better equipped to deal with day to day life. However, for young people who become teenage mothers in communities with strong religious or cultural

Chapter Five: Discussion

beliefs strongly advocating against teenage pregnancy, young mothers can feel stigmatised. This would affect a mother's mental state and her confidence to seek assistance if needed. This thesis also acknowledges the important role men play (partner and father of the teenage mother) in the lives of the young women in the study. This thesis raises the need to know more about these men in both quantitative and qualitative research.

Having integrated the previous three chapters of the thesis, my research acknowledges the interactions between all parts of the mo'uianga model. The physical, psychological, spiritual and societal never stand on their own and have to be understood as a collective whole in order to understand the types of support that young mothers need. This thesis sees the value of taking on board both Wilkinson and Lynch's theories on bridging the gap of inequality with a need to feel socially acceptable (increased social bonds) and to have access to resources (efficient infrastructure).

To conclude, when viewing the Mo'ui'anga model, situated in the centre of the model sits a mother and child. With all the unique findings highlighted in the discussion, ultimately this thesis is about understanding these young mothers so that through understanding we as a society become better equipped at providing services and writing up policies to help.

At the centre of this model is a mother holding (nurturing, feeding, protecting) her child in the fetal position. This is symbolic for two reasons. Firstly, within the womb, a baby lies in the fetal position, dependent on the ability of the life support system to function properly. Secondly, within the illustration of this model there is more than one person in the house (mother and child) to illustrate the interconnectedness between people, that the health outcomes of an individual do not only affect him/her but those closest to him/her.

This model views health holistically aware that structurally, each part needs to be stable. However, ultimately at the heart of it all – it is about people. Talking about

Chapter Five: Discussion

health will not change health outcomes, those living in the house (directly affected by a health issue) needs to be consulted; their interpretations need to be taken into account when examining health issues that directly affect them. It is the hope of this thesis that having read through the parts and the discussion, people become more aware of how elements are interconnected and the holistic nature of Pacific wellbeing.

LIMITATIONS AND RECCOMMENDATIONS

1 Research Limitations

Despite some important and ground-breaking findings and understandings on what Tongan teenage pregnancy entails, this research was not without a number of limitations.

Within the quantitative analysis, maternal and paternal variables were limited based on what the NZ Birth Registration Dataset and Abortion Supervisory Committee kept. Having more variables (i.e. religious affiliation, country of birth, prior births to any partners) would have allowed more comprehensive analysis. However, in this study, all variables were used to draw as much analysis as possible.

- Due to the natural disasters in New Zealand that prevented the 2011 National Census denominators from the year 2006 to 2011 were calculated by linear extrapolation, and hence they are only estimations. This also prevented the exploration of trends beyond 2011. However, in this thesis, denominators were checked against Statistics New Zealand's population projections which ensured the most accurate estimations were made
- Although interviews were conducted in both the English and Tongan language, interviews translated into English for the purpose of analyses may have resulted in a loss of cultural understanding because of words used in translation. Within the interviews, body language and pauses were significant, from a Tongan perspective, because they speak as much as words. However, in this thesis it was difficult to document what facial expressions, body language entailed.
- This study is premised on the perspectives of 18 Tongan women and therefore may not be generalised across all Tongan or Pacific adolescent

Limitations and Recommendations

mothers in Tonga or New Zealand. However, this small sample allowed in-depth qualitative analyses of the issues and themes that emerged. Also, no new findings emerged; therefore saturation was reached across these themes making it unlikely that additional interviews would have provided new information or variation to the findings and themes that have been presented in this thesis.

2 Research Recommendations

This thesis acknowledges the importance of being aware of Tongan understandings, knowledge and epistemologies when writing out policies relating to Tongan people. Within New Zealand, though Teenage Pregnancy has been highlighted as a health issue, the literature also highlight a connection between teenage pregnancy and being of Māori and Pacific ethnicity or of having low socioeconomic status. However, while this is stated (through statistics), there is a paucity of information on what teenage pregnancy actually means to these population groups. The research findings and limitations discussed above suggest that a number of changes that maybe required to New Zealand's policy and research agendas in the future. Five key recommendations in this area are outlined below.

Educational Policies

This thesis illustrates an inadequacy in the current sexual health syllabus. Rather than reinventing the wheel, this thesis recommends that we take a leaf from the Netherlands, who do not have a one-size-fit all programme, but take into consideration population demographics and reproductive issues that affect different groups. It advocates for the delivery of reproductive messages as early as primary school so that children are aware of the changes in their body and enabled to ask questions (i.e. relating to menarche). The syllabus also needs to incorporate the psychological changes that occur leading up to adolescents and the connection between sex and emotions needs to be stressed.

Limitations and Reccommendations

The syllabus needs to remove the parental lock on students who are seniors but cannot have access to information because parental consent was not given and the syllabus needs to be delivered at different stages and at different times so that it can become more affective. For example, if it is common practice in New Zealand to deliver sex education during year 1, then continue it on to year 12 and year 13 when teenagers are more likely to become sexually active. Adolescents will be given information that is relevant and accurate during the time when they need it most.

Financial Support

There is a need to look at the eligibility criteria for welfare assistance from the Domestic Purposes Benefit (DPB). The Literature stresses a cycle of dependency among adolescents on the welfare system; however this thesis recommends that the eligibility criteria for adolescent mothers be re-examined. Currently young mothers have to be 18 or over (or 16 - 17 if you were legally married) to gain financial assistance. From a Pacific perspective this means young mothers must either be removed from their source of support or become dependent on the assistance of family members, who statistically are also likely to be living in deprivation adding to further deprivation.

Policy /Academic research

Policy writers and future academic research need to incorporate the holistic nature of Pacific health when developing policies that directly affect Pacific youth. While inter-ethnic variations exist, intra ethnic variations also occur that need to be understood. In regards to teenage pregnancy if support is provided (culturally or socially accepted) the resiliency of young mothers increases. Academic research and policy makers need to be aware of their roles in adding to the stigma of teenage mothers through the terminology used to describe 'at risk' teenagers. Although adolescents are aware of services they are reluctant to use them because of fear of discrimination. This thesis acknowledges the importance of services working

Limitations and Recommendations

alongside families, as the effects of teenage pregnancy not only affect the mother from a cultural perspective, but also her family.

Service Provision

This thesis recommends that support be offered in terms of building social bonds (cohesion) where young mothers and their families feel like accepted members of society, and where access to services (develop infrastructure) are made easier for those most in need. For example having local antenatal classes or young mother's groups where they can gain advice and socialise.

Youth

This thesis recommends that the cultural interpretation of youth be considered when writing up policies, delivering services and interpreting research. Within Pacific culture youth incorporates all women who are unmarried, hence the experiences faced by an unwed 24 year old may mirror those faced by an 18 year old. If services specifically designed for 'youth' restricts the utilisation to women <20 years, than others also in need are excluded.

In conclusion this thesis has explored the experiences of teenage mothers in New Zealand, both from a quantitative and qualitative perspective. It suggest that the current datasets (though informative) need to be more consistent, in terms of the variables that they have so that comparisons can be made between births and terminations. This thesis recognises that inter-ethnic and intra-ethnic differences in childbearing norms exist that need to be acknowledged when developing and implementing policies and services that directly impact Pacific people. Moving forward New Zealand will need to relook at current youth policies that have been shown in this thesis to be inadequate in providing information to young people about sexual reproductive issues. Focus needs to not only cover the socioeconomic determinants and consequences of teenage pregnancy but also a young mother's social bonds if young Pacific mothers and their babies are to develop within the diaspora.

APPENDICES

Consent Form



Faculty of Medical and Health Sciences, School Of Population Health
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Medical and Health Sciences, The University of Auckland,
Private Bag 92019
Auckland, New Zealand
Phone: +64 (9) 373 7599
Fax: +64 (9) 373 7486

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title Pacific (Tongan) Teenage Pregnancy in New Zealand

Researcher name: Seini Taufa

To: _____

I have been given and have understood an explanation of this research project.

- I have had an opportunity to ask questions and had them answered.
 - I also understand that a copy of the final report will be given to the University.
 - I understand that I may withdraw myself or any other information given at any given time.
 - I understand that I will be given a \$100 gift voucher for my participation and time.
 - I agree/do not agree that I will be audiotaped.
 - I understand that the research data will be stored at the University for a period of 6 Years.
- I agree to take part in this research.

(Please print clearly)

Name:

Signed:

Date:

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COMMITTEE ON ... (date)... TO ... (date)...FOR (3) YEARS REFERENCE NUMBER

2008/183

Foomu Fakangofua



Faculty of Medical and Health Sciences
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Community Paediatrics, School of Population Health, Faculty of Medical and Health Sciences
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KOE FOOMU FAKANGOFUA KOENI 'E TAUHI IA 'I HE TA'U 'E ONO

FOOMU FAKANGOFUA

Hingoa 'o e Polokalama: Fanau Tonga 'oku nau feitama si'I hifo honau ta'u motu'a 'i he ta'u 'e uanoa pea 'oku nau nofo 'i Niusila

Tokotaha faka'eke'eke: Seini Taufa

Kia: _____

Na'e osi 'omai kiate au pea kuo mahino'i 'a e ngaahi fakamatala fekau'aki mo e polokalama fekumi mo hono ngaahi taumu'a.

- Na'a aku ma'u faingamalie ke 'eke ha ngaahi fehu'i pea ma'u foki mo ha ngaahi tali 'o 'eku fehu'i.
- 'Oku ou mahino'i 'e 'ave 'ae tatau 'oe fakamatala ki he 'Univesiti.
- 'Oku mahino kiate au 'e lava pe keu mavahe pe to'o 'a e ngaahi fakamatala kuou 'oatu 'i ha fa'ahinga taimi pe 'o a'u kihe 'aho 1 May 2009.
- 'Oku mahino kiate au 'e totongi \$50 'ae tokotaha 'e faka'eke'eke koe 'uhia ko hono taimi.
- Teu tali/He'ikai teu tali ke hiki tepi hoku faka'eke'eke.
- 'Oku mahino kiate au ko e ngaahi fakamatala kotoa pe 'oku ou oatu 'e tauhi malu ia 'i he 'Univesiti fe'unga moe ta'u 'e ono.
- 'Oku ou loto fiemalie keu kau 'ihe polokalama fakatotolo koeni

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Higoa: _____ (Tohi fakamata'i tohi)

Fakamo'oni Hingoa: _____

'Aho: _____

TALI 'E HE KŌMITI 'EFIKA KI HE KAU 'A E TANGATÁ, 'UNIVĒSITI 'O

'AOKALANÍ , 'I HE ('aho)... KI HE ('aho)...KI HE TA'U 'E (3)... FIKA NGĀUE

2008/183

Participation Information Sheet



Faculty of Medical and Health Sciences
School of Population Health Department of Paediatrics
Community Paediatrics,
School of Population Health, Faculty of Medical and Health Sciences,
The University of Auckland, Private Bag 92019 Auckland, New Zealand

Phone: +64 (9) 373 7599
Fax: +64 (9) 373 7486

Project title Pacific (Tongan) Teenage Pregnancy in New Zealand

Researcher name: Seini Taufa

To: _

My name is Seini Taufa. I am currently enrolled at the University of Auckland as a student doing a PhD in Paediatrics at the School of Population Health, (Community Paediatrics Section). You are invited to participate in this research project, which looks at Pacific (Tongan) Teenage Pregnancy in New Zealand with emphasis on the effects (social/cultural) of teenage pregnancy on Tongan teenage mothers and their families.

I will interview New Zealand-born Tongan teenage mothers living in New Zealand, Tongan born teenage mothers living in New Zealand and Teenage mothers living in Tonga between the ages of 15– 19 years based in the Auckland New Zealand region and in Tongatapu Tonga. Questions will be based around the effects of teenage pregnancy on the lives of Tongan teenage mothers. For these reasons you are invited to share your ideas on the topic, should you choose to participate.

This research is part of my thesis, for my Doctorate (PhD) degree, at the University of

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Auckland, funded by the Health Research Council of New Zealand. The final report will be submitted to the University of Auckland. Should you choose to participate a summary of the findings will also be provided to the participants at the end of the study.

As part of this research you will be audio-taped only once. The interview will be in English or Tongan depending on your preference, and will take an hour and a half to

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Two hours, at a time and place most convenient to you. You can withdraw from participation at any time and can withdraw any information traceable to you until 1 May 2009.

You will be audio-taped and the tape can be switched off at your request. The tapes will be stored at the Community Paediatrics Health department, Auckland University and will be kept in a locked cabinet. The tapes will be kept for 6 years and will be destroyed (shredded) after this period.

As compensation for your time you will be given a \$50 gift voucher. These interviews will then be transcribed by the researcher and you will also be given a copy of the transcripts to read and comment on.

As a participant you will not be given the tapes back, for research purposes, however, only the researcher will have access to these tapes. As a participant you will be given a summary of the study upon request, and you will be able to withdraw any comments you have made, which you feel do not represent your experiences. If the information you provide is reported or published, this will be done in a way that does not identify you as its source. All information in the interview will be treated in an anonymous way and your name will not be used. All names and identifiers will be changed. Transcripts will only be read by the research team.

Thank you very much for your time and assistance in making this study possible. If you have any queries or wish to know more please contact

Researcher name and contacts	Supervisor name and contacts	HOD name and contacts
Seini Taufa 021 072 7838 s.taufa@auckland.ac.nz	Dr. Melani Anae, (09)3737599 ext. 87436 m.anae@auckland.ac.nz	Richard Moyle, (09)3737599 ext. 88983 r.moyle@auckland.ac.nz

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For ethical concerns contact: The Chair, The University of Auckland Human Participants Ethics Committee, Office of the Vice Chancellor, Research Office, Level 2, 76 Symonds Street, Auckland. Tel: 373-7599 ext. 87830.

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON ...
(date)... TO ... (date)...FOR (3) YEARS REFERENCE NUMBER 2008/183

Ko e Pepa Fakamatala 'o e Kau ki he Polokalamá



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Hingoa 'o e Polokalamá (Ngāue): Ko e Feitama 'a e To'utupu (ta'u 13-19) Pasifikí (Tonga) 'i Nu'u Silá.

Hingoa 'o e Tokotaha Fekumí (Fakatotolo): Seini Taufa

Kia:_

Ko hoku hingoá ko Seini Taufa. 'Oku ou lolotonga lēsisita 'i he 'Univēsiti 'o 'Aokalaní ('Okalani), 'o fai 'a e polokalama ako ki he mata'itohi ko e PhD (Toketā Filōsefa) 'i he mala'e 'o e Tokangaekina 'o e Longa'ifānaú 'i he 'Apiako 'o e Mo'ui 'a e Kakaí (Va'a ki he Tokangaekina 'o e Longa'ifānaú ma'ae Komiunitī). 'Oku fakaafe'i koe ke ke kau 'i he polokalama fekumi ko 'ení, 'a ia 'oku tokanga ki he Feitama 'a e To'utupu (ta'u 13-19) Pasifikí (Tonga) 'i Nu'u Silá ni, 'o fakamamafa 'i he ngaahi ola (fakasōsiale/'ulungaanga fakafonua) 'o e feitama 'a e to'utupú (ta'u 13-19), 'oku fetaulaki mo e ngaahi fa'ē to'utupu (ta'u 13-19) Tongá, mo honau ngaahi fāmilí.

Ko e fekumí 'e kau ki ai 'a e ngaahi fa'ē to'utupu (ta'u 13-19) Tonga na'e fa'ele'i 'i Nu'u Silá ni pea nofo Nu'u Sila, mo e ngaahi fa'ē to'utupu (ta'u 13-19) Tonga na'e fa'ele'i 'i Tonga ka 'oku nofo Nu'u Sila, mo e ngaahi fa'ē to'utupu ta'u 15-19 ka 'oku nau nofo 'i Tonga. Ko e ngaahi fehu'í 'e fekau'aki pē mo e ola 'o e feitama 'a e to'utupú (ta'u 13-19) 'oku fetaulaki mo e mo'ui 'a e ngaahi fa'ē to'utupu (ta'u 13-19) Tongá. Ko e ngaahi 'uhinga ia 'oku fakaafe'i ai koe ke ke vahevahe mai ho'o ngaahi fakakaukau ki he kaveingá ni, 'o kapau te ke loto ke ke kau ki ai.

Ko e fekumi ko 'ení ko e konga ia 'o 'eku Pepa ki hoku mata'itohi Toketā (PhD), 'i he

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'Univēsiti 'o 'Aokalani, 'o ma'u tokoni fakapa'anga mei he Health Research Council 'o Niu Sila. Ko e līpooti faka'osí 'e fakahū ia ki he 'Univēsiti 'o 'Aokalaní. Kapau te ke loto ke ke kau ki he Polokalamá ni, 'e 'oatu 'a e tatau 'o e Fakanounou'i 'o e Ngāuē ni kiate kinautolu te nau kaú, hili 'a e fekumí. Ko e konga 'o e fekumí ni 'e fiema'u ia ke hiki tepi ho'o fakamatalá, kā 'e tu'o taha pē. Ko e faka'eke'eké 'e fai 'i he lea faka-pālangí pe lea faka-Tongá, ko e hā pē ho lotó, pea ko hono fuoloá ko e houa 'e 1½ ki he houa 'e 2, 'i ha taimi mo ha feitu'u 'e faingamālie kiate koé. 'E lava pē ke ke holomui mei he faka'eke'eké 'i ha fa'ahinga taimi pē, tatau aipe pe 'oku 'i ai ha totongi pe 'ikai, 'o a'u ki he 'aho 1 Mē 2009.

'E hiki tepi ho'o fakamatalá, ka 'e lava pē ke tāmate'i 'a e tepí 'o kapau ko ho lotó ia. 'E tauhi 'a e ngaahi fo'i tepí 'i he Potungāue ki he Longa'ifānaú ma'ae Komiunitī, 'i he 'Univēsiti 'o 'Aokalaní, pea 'e tuku 'i ha kōpate 'oku loka'i. 'E tauhi 'a e ngaahi fo'i tepí ni 'i ha ta'u 'e ono pea 'e toki faka'auha hili 'a e vaha'a taimi ko 'ení.

Ko e me'a'ofa 'e foaki atu ma'au koe'uhí ko ho taimí, ko e vausia \$50. Ko e ngaahi faka'eke'eké ko 'ení 'e hiki tohi ia 'e he Tokotaha Fekumí, pea 'e 'oatu ai ha'o tatau ke ke mamata mo fai ha'o lau ki ai.

'E 'ikai ke fakafoki atu 'a e ngaahi fo'i tepí kiate koe na'á ke kau maí, ki ha 'uhinga faka-fekumi, ka ko e Tokotaha Fekumí pē 'e 'atā ki ai 'a e ngaahi fo'i tepí. 'E 'oatu ha tatau 'o e Fakanounou 'o e fo'i Polokalamá kiate koe na'á ke kau maí 'i ha'o fiema'u, pea 'e lava pē ke ke toe fakafoki ha ngaahi lau na'á ke fai, 'o kapau 'oku ke ongo'i 'oku 'ikai ke ne fakafofonga'i lelei 'a ho'o a'usiá. Kapau 'e fiema'u ke fakahā pe pulusi 'a ho'o fakamatalá, 'e fakahoko ia 'i ha founiga 'e 'ikai ke 'ilo'i ai ko koe, pea 'e 'ikai foki ke ngāue'aki ho hingoá. Ko e ngaahi hingoa kotoa pē mo e ngaahi me'a kotoa pē 'e 'ilo ai ha taha, 'e liliu kotoa ia. Ko e hiki tohi 'o e ngaahi fakamatala na'e hiki tepí, 'e 'ikai 'atā ia ki ha taha, tukukehe pē 'a e fo'i timi 'oku nau fai 'a e fekumí.

Fakamālō atu 'aupito 'i ho taimí mo ho'o tokoní 'o lava ai ke fakahoko 'a e polokalamá ni. Kapau 'oku 'i ai ha'o ngaahi fehu'i pe 'okú ke fiema'u ha toe fakaikiiki

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ange, peá ke kātaki 'o fetu'utaki kia:

Hingoa 'o e Tokotaha Fekumí...	Ki ha ngaahi fehu'i felāve'i mo ha ngaahi hoha'a faka-'efika	Ki ha ngaahi fehu'i felāve'i mo ha ngaahi hoha'a faka-'efika: Hingoa 'oe Sea:
Seini Taufa 021 072 7838 s.taufa@auckland.ac.nz	Dr. Melani Aanae, (09)3737599 ext. 87436 m.anae@auckland.ac.nz	Richard Moyle, (09)3737599 ext. 88983 r.moyle@auckland.ac.nz

TALI 'E HE KŌMITI 'EFIKA KI HE KAU 'A E TANGATÁ, 'UNIVĒSITI 'O
'AOKALANÍ , 'I HE ('aho)... KI HE ('aho)...KI HE TA'U 'E (3)... FIKA NGĀUE
2008/183

Focused Life Story interviews

The life story approach gives the research participants the chance to recount the important aspects and processes of their lives with a focus on the research topic – in this case teenage pregnancy. The role of the interviewer is that of an active listener and asker of accompanying questions or prompts in context of their life stories.

An active listener hears what the participant is saying, attending to meanings and emotions, and makes mental (or written) notes of supplementary topics to bring up at a later, appropriate time. Bringing up these later, invites the interviewer to explore topics further, or to explore different but related topics, or different angles on topics.

Start with a general prompt about their family/ in general and the relevance of culture identity to their lives i.e. what their perceptions of being a 'good' Tongan girl, When did parents come to NZ and why? Was Tongan values/language a big part of their upbringing? The aim of doing so is to introduce at a general level the topic of being a teenage pregnancy and the significance of family and Cultural values to them.

During this part of the interview, as an interviewer it is common to be asked for guidance or reassurance. This is used to develop a rapport and a relationship with the participant and to maintain a focus on the interview, without interrupting the life story account. During the interview, prompts will be used to guide the participant and reflect back my understanding of what has been said to ensure accuracy.

Once the life story account is complete, a mental check of any areas which have not yet been discussed will be made. This will be explained to the participant who will be asked if there is anything else she would like to talk about.

Prompts within the life stories interview:

Cultural Prompts:

- What is your perception of being a 'good' Tongan girl?
- How important is "being a good Tongan girl" to you and family growing up? Why?
 - What was it like growing up as a Tongan in New Zealand? Was it a positive/negative experience/why?
 - Were things different for you, than they were for your brothers/male relatives?
 - If so how, why?

Family Prompts:

- When did your parents come to NZ and why? (Location)
- Who/Where did they stay when they came from Tonga and why did they choose to stay there?
- How important was being brought up “Tongan” to you and your family growing up? Why?

Knowledge of Sex prompts:

- When did you first have your period? Were you told anything about it? If so from who?
- How were you told or where did you learn about sex? Who told you?
- What was your first sexual experience? Were you prepared for it? Was it a positive/negative experience, why?
- How did this affect subsequent sexual experiences?

Pregnancy Prompts:

- What was your initial reaction to finding out you were pregnant?
- Was it planned? If so/if not why? Who did you first talk to on finding out that you were pregnant and why them?
- What was your partner’s initial reaction to the pregnancy? Has it change since you first told him? How/Why?
- What was your mother/father/family’s initial reaction to your pregnancy? Has it changed since you first told them? If so How?

What factors did you take into consideration the most on becoming pregnant?

And why?

- E.g. relationships with friends/peers
- E.g. relationships with family members E.g. your financial position
- Other factors?

Support Prompts: How has your pregnancy been so far?

- Has there been a lot of support
 - a. From friends and peers etc., if not/if so – why do you think that is?
What support have they given specifically?
 - b. From mother/father/siblings/other family members, if not/if so – why do you think that is?

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What support have they given, specifically?

c. From others? Who? What support have they given?

(For mothers who have already given birth) Since giving birth, has the reaction from your friends, peers, mother/father/family, and community changed? If -so how/why? Has it been negative or positive?

As soon as possible after the interview, notes will be written up which give the interview its context, my impressions of how it all went the sort of person your participant was, any subtexts or difficulties. Tapes will be listened to carefully when I am transcribing them. . I will note any places where I might have done things differently. If there is laughter or hesitation, these will also be accounted for in the transcript in brackets in order to note emotional context of that particular part of the interview.

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