



Dr Radilaite Cammock

## Modern Family

**A new study shows that indigenous Fijian women living in New Zealand are not benefitting from the higher level of resources available. In fact, they are worse off in terms of their awareness and practice of family planning.**

Dr Radilaite Cammock, postgraduate programme leader for Public Health at Auckland University of Technology (AUT) has been studying the reproductive health of indigenous Fijian or iTaukei women for five years.

Her latest research compares the family planning patterns of iTaukei women in different cultural and socioeconomic contexts – New Zealand and Fiji – a developed country and developing country.

More than 350 women participated in the study – 140 in New Zealand and 212 in Fiji.

“We assume that Pacific peoples living in New Zealand would have improved health outcomes. But, the idea that moving to a country with greater resources will provide better access to healthcare is not true,” says Dr Cammock.

The study found that iTaukei women in New Zealand have lower awareness of family planning methods compared to women living in Fiji.

This is significant, given the relative wealth of resources in New Zealand, and raises questions regarding the accessibility of family planning services among Pacific minority groups.

Barriers to access and cultural sensitivities, including a lack of female providers, are pronounced in New Zealand.

Lower awareness among iTaukei women in New Zealand may be due to lower engagement with mainstream society, resulting in limited exposure to information on family planning. Their ability to make sense of this information can also be hindered by language barriers.

Dr Cammock says that organisations like New Zealand Family Planning are doing a good job of providing translations across their resources, but that itself is not enough.

“The focus seems to be on translation, but we need to transform the way that we think and act. It’s an issue of communication rather than language. It goes beyond your mother tongue,” she says.

“As a health professional, what you’re saying and the way that you say it needs to reflect the complexity of the decision being made. Family planning can be a complicated process for women with traditional values and belief systems around reproduction, and who makes the decisions.”

Delivering information in a more culturally sensitive way can be as simple as shifting the emphasis from ‘not wanting to have a baby’ to ‘choosing when is a good time to have children’.

“If we can change the way that we approach and discuss family planning, we can get to the core of what Pacific people respond to and really need,” says Dr Cammock.

In New Zealand, Pacific peoples are a diverse group with the fastest growing young population and a median age of 22 years. They also have high rates of teenage pregnancy, which are often double that of the

general population.

The study shows that iTaukei women below the age of 24 years had significantly lower odds of being aware of family planning compared to women 25 years and over. More than 20 percent of the former group had reported a previous unplanned pregnancy.

“For younger women, the likelihood of using contraception is lower, which has serious implications when we consider the statistics for teenage pregnancy,” says Dr Cammock.

During the focus groups, many women admitted that they didn’t receive any information about family planning at home and weren’t sure how to make sense of the information that they received at school.

“Participants told us that it is very different talking about reproductive health in Fiji, where the guidance is always abstinence,” says Dr Cammock.

“There are a lot of negative connotations and stigma associated with family planning. For young people coming here, they are often trying to balance traditional ways of thinking with the new norms they are exposed to in New Zealand.”

The study also revealed a strong correlation between marital status and the use of family planning. iTaukei women who are married or in a relationship are 10 times more likely to use contraception compared to those who are single. The average age at which they began practicing family planning methods was 24 years.

Similarly, education is an important factor in raising awareness of family planning. The higher the level of education, the greater the exposure to information. And, having a tertiary education significantly increased the odds of iTaukei women ever having used contraception.

“Education opens your mind to different ways of thinking. It’s important, because – if you come from a traditional culture that is hierarchical and dominated by men – finding autonomy can be a challenge,” says Dr Cammock.

Her dedication to reproductive health and women’s issues could be described as hereditary. Born and raised in the Fijian town of Nausori, she grew up with seven sisters and a mother who worked as a midwife. Pregnancy and childbirth are constants throughout her life.

“I have a strong mother and strong sisters. And, I grew up surrounded by the experiences of all these women. When I started thinking about research topics, reproductive health felt like the natural choice, because I could see the impact it would have on the people around me,” she says.

Dr Cammock’s current research is part of a larger body of work on family planning among iTaukei women. Other papers published from her research examine unmet need and access, while this study delves into awareness and practice. It is the first country comparative study of family planning patterns among any Pacific peoples.

“The next step is to report on the social and cultural aspects found in my research, which required a qualitative approach – letting women just tell me their stories,” she says.

“The findings will hopefully help us clarify what we mean when we refer to social and cultural barriers. It’s something that is seldom explored sufficiently. Most people are aware that a problem exists, but they don’t fully comprehend what that problem is.”

Dr Cammock is calling for a wider multi-sector approach to make family planning services more accessible to Pacific minority groups.

“We can’t look at health or health services as something that only the Ministry of Health is responsible for. Education plays an important role, especially sex education in secondary schools. But, we need to ensure that the information being provided is responsible and help teachers deliver the content in a way that is culturally sensitive,” she says.

Dr Cammock joined AUT as part of the Maori and Pacific Early Academic Career Programme, which provides an opportunity for new scholars to take on permanent roles as research-active lecturers. She currently lectures on public health at AUT’s South Campus.

From the outset of her research, it became apparent that there was little information regarding the reproductive health of Pacific peoples in New Zealand and next to nothing written about indigenous Fijians on the topic.

“A lot of research is dominated by other Pacific cultures, so I am bringing the perspective of a smaller Pacific group,” says Dr Cammock.

“Among the Pacific academic cohort that we have here in New Zealand, I would like to see more thought given to Fijian culture and the Fijian approach to health. This would also give us a better understanding of the differences between Pacific ethnicities.”