

**WEAVING THE MAT:
ENABLERS FOR PASIFIKA MIDWIFERY
STUDENTS**

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A thesis submitted in fulfilment of the degree of Master of Midwifery
at Otago Polytechnic, Dunedin, New Zealand

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DECLARATION CONCERNING THESIS PRESENTED FOR THE DEGREE OF MASTER OF MIDWIFERY

I, Talei Vula Elaine Jackson, of 

solemnly and sincerely declare, in relation to the thesis entitled:

Weaving the Mat: Enablers for Pasifika Midwifery Students

- (a) That work was done by me, personally and
- (b) The material has not previously been accepted in whole, or in part, for any other degree or diploma

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Date: 13 November 2020

ABSTRACT

Background: Despite there being a large, and increasing, Pacific birthing population in Aotearoa, Pasifika midwives are a minority within the midwifery workforce. There are low numbers of Pasifika students entering and completing midwifery education, and consequently an under-representation of Pacific peoples in the midwifery profession. There is a very real need to attract, educate, and retain greater numbers of Pasifika midwifery students in order to grow the Pacific midwifery workforce.

Aim: This study investigates the sources of support for Pasifika midwifery students in Aotearoa that contributed to their academic achievement, enabling them to successfully complete their undergraduate midwifery degree.

Method: Using a qualitative approach, informed by the Pacific Talanoa Research Methodology (TRM), the sources of support that contributed to Pasifika midwives' successful completion of their undergraduate degree were investigated. *Talanoa*/informal interviews were conducted with 10 participants, who qualified between 2013 and 2019. *Talanoa* took place face-to-face, either individually or in small groups. Interview data were transcribed and coded using thematic analysis.

Findings: The findings of the research show that family and cultural support was paramount for student success. Having close connections with the Pacific community was enabling for Pasifika midwifery students. These connections included the sistership with other Pasifika midwifery students, 'Aunties' who offered pastoral and academic support, and Pacific midwifery educators who provided cultural support within the institution. Pasifika staff offered more personalised support and bridged the gap between Pasifika students and non-Pacific academic staff. Foundation courses were deemed beneficial for building

knowledge and skills prior to undertaking the midwifery degree. Successful Pasifika students also engaged with learning support services. Financial support, by way of scholarships and subsidies, relieved some of the significant financial pressure that Pasifika midwifery students faced.

Conclusions: Pasifika midwifery students are enabled by support from their family, close connections with the Pacific midwifery community, a Pasifika presence at their institution, and financial assistance. A wrap-around approach is recommended for providing culturally appropriate support for Pasifika midwifery students. The findings from this research will enable more tailored support for their needs. A growth in the number of Pasifika midwives will be positive for the midwifery workforce, and the health and wellbeing of all birthing communities in Aotearoa.

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DEDICATION

For my Nau, Sainiana Kumuwale Jackson

The strongest, kindest, and most beautiful Pacific woman I know x

OUR SEA OF ISLANDS

*Oceania is vast,
Oceania is expanding,
Oceania is hospitable and generous,
Oceania is humanity rising from the depths
of brine and regions of fire deeper still,
Oceania is us.*

*We are the sea,
we are the ocean,
we must wake up to this ancient truth
and together use it to overturn all hegemonic views
that aim ultimately to confine us again,
physically and psychologically,
in the tiny spaces that we have resisted accepting
as our sole appointed places,
and from which we have recently liberated ourselves.
We must not allow anyone to belittle us again,
and take away our freedom.*

Epeli Hau'ofa
(1994, p. 160)

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LIST OF ABBREVIATIONS

ESE	Ethnic Specific Equity
HRCNZ	Health Research Council of New Zealand
KMR	Kaupapa Māori Research
MCNZ	Midwifery Council of New Zealand
MFYP	Midwifery First Year of Practice
MOE	Ministry of Education
MOH	Ministry of Health
MPP	Ministry for Pacific Peoples
NZCOM	New Zealand College of Midwives
OPREC	Otago Polytechnic Research Ethics Committee
PMWA	Pasifika Midwives Aotearoa
TA	Thematic Analysis
TEC	Tertiary Education Commission
TRM	Talanoa Research Methodology
UNESCO	United Nations Educational, Scientific and Cultural Organization

KEYWORDS

Aotearoa	Participants
Aunties	Pasifika
Aunties Initiative	Pasifika Liaison Support
Barriers	Pasifika Student Leader
Coding	Peers
Connection	Polytechnic
Cultural Safety	Qualitative Research
Culturally-appropriate	Racism
Culture	Reciprocity
Education	Research
Enablers	Strand
Eurocentric	Student
<i>Fono</i> (Samoan terminology)	Sub-strand
Indigenous	Support
Institution	<i>Talanoa</i> (Fijian/Samoan/Tongan terminology)
<i>iTaukei</i> (Fijian terminology)	Talanoa Research Methodology
Kaupapa Māori Research	<i>Tangata whenua</i>
Māori	<i>Te Moana nui ā kiwa</i>
Mat	<i>Te Tiriti o Waitangi</i>
Methodology	Thematic Analysis
Midwifery	Theme
Nieces	<i>Tuakana-teina</i>
Pacific	University
Pacific peoples	<i>Vā</i> (Samoan terminology)
Pacific worldview	<i>Voivoi</i> (Fijian terminology)
<i>Pālagi</i> (Samoan terminology)	Weaving
Pandanus	Western Research

OPENING WORD

INTRODUCTION

Pasifika midwives are a small but important part of Aotearoa's midwifery workforce. Although small in number, we are passionate about what we do for the women, babies, and families for whom we care.¹ We have much to offer our Pasifika birthing communities and the midwifery workforce as a whole. We are a dedicated group and by working together much has been achieved; but, there is still work to be done. This will start with growing and sustaining our workforce, for which we need Pasifika midwifery students to be academically successful.

WEAVING THE MAT

For my thesis I have chosen to adopt the metaphor of weaving a mat. Mats are highly functional and valuable within my own Fijian culture, as they are in other Pacific Island cultures. They play a part in everyday life and are the most practical and basic item of property in a Fijian home. When you enter an *iTaukei* (indigenous Fijian) home, you are likely to find the floor covered with *coco*². We have many different mats (*coco*, *vakabati*, *kajivilivili*, *vakamalua*, *ibe va daligana*, *ibe duadua*, *kuta*) that are used for different purposes, including floor coverings, bedding, and surfaces for serving food. Mats are also highly revered within our celebrations, traditional ceremonies, and cultural events (Kivu Nature Inc., 2011-2020; Qounadovu, 2017; University of Connecticut, n.d.).

The process of weaving a mat is time consuming and laborious. In Fiji, *voivoi* (Pandanus) is used extensively for mat weaving, as it is in other Pacific Islands. After the *voivoi* is harvested, it must be properly prepared. This involves

¹ As a Pasifika woman, the terms 'we,' 'us,' and 'our' will be used throughout this thesis to indicate my place within the community with whom the research was conducted.

² Large, plain mats

removing the spiney midribs and spikey edges from the leaves. The cleaned leaves are then rolled into bundles before being placed in boiling water to soften. The *voivoi* is laid in the sun where it is left to dry and cure. Cured leaves are scraped with a sharp shell or bamboo stick to make them smoother and more workable for the weaver. Finally, the prepared *voivoi* is trimmed and rolled into large coils to store until it is ready to be woven (Fordyce, 2013; Guampedia, 2019).

Just prior to the commencement of weaving, the *voivoi* is divided into strips of the required size, dependent on the usage and size of the mat being produced (Fordyce, 2013). The weaver initially pulls the long strands into a rough pattern. This is built upon as more strands are introduced, with nimble fingers applying precisely the right amount of tension needed. Intricate locking methods are used to prevent the weave from spreading and ensure a neatly edged mat. At all times, the weaver must be careful not to break the dried *voivoi* in the weaving process (Kivu Nature Inc., 2011-2020).

The weaving of mats in Fiji is carried out by *iTaukei* women. The process of weaving the *voivoi* strands into something functional, aesthetic, and valuable within Fijian society, is time consuming. Women sit together socially and weave, sharing their stories and knowledge (S. Jackson, personal communication, June 8, 2020). This is largely analogous to midwifery. When conducting my research, I sat with Pasifika midwives and listened to them tell their stories about their respective journeys as student midwives. In the following chapters, I weave together these shared strands of knowledge to create a mat that embodies their collective wisdom.

RESEARCH QUESTION

My research question is 'What factors enabled Pasifika midwives to successfully complete their undergraduate degree?'

THESIS OUTLINE

Preparing for Harvest

In Chapter One, I begin the orientation to my study as I am *Preparing for Harvest*. Here we can familiarise ourselves with the steps needed in order for the harvest to proceed. The context of the study and my own personal context in relation to my study topic will be explored.

Gathering the Voivoi

In Chapter Two, the literature review is likened to *Gathering the Voivoi* and bringing together what is already known. Relevant literature on my subject area is highlighted and discussed. As research on Pasifika midwives and midwifery students in Aotearoa is scarce, broader research on Pasifika students in tertiary education in Aotearoa is explored. Tertiary education amongst indigenous groups in other countries will also be examined.

Preparing the Voivoi

In Chapter Three, I discuss my research design, which sees me *Preparing the Voivoi* for weaving. The Talanoa Research Methodology (TRM) will be discussed in detail, along with the reason why I chose to use TRM for my research. Indigenous research, Pacific research, my own positionality regarding my study, and how my research was conducted, will also be explored.

Weaving the Voivoi Strands

In Chapter Four, the findings will be examined as I begin *Weaving the Voivoi Strands*. This chapter is divided into three main parts. Part One discusses the 'Barriers' that Pasifika midwifery students face which can be likened to *Problems with the Weave Tension* when weaving commences. Part Two looks at 'Creating Enabling Environments' which I have compared to *Ensuring the Weave Tension is*

Right. Here the weave starts to take shape and I examine what an enabling environment looks like for Pasifika students in midwifery education. Part Three, is the *Unweavable Strands*, or the 'Others and Outliers'. These are the strands that do not tie in with the rest of the mat but still have value and significance.

Emerging Pattern as the Mat Grows

The fifth chapter is the discussion, where there is an *Emerging Pattern as the Mat Grows*. Here the findings from the study will be discussed in more detail. I will also make recommendations based on my findings.

Completion of the Mat

In Chapter Six, the conclusion will summarise the key points of my thesis, and thus enable *Completion of the Mat*.

ON MAT WEAVING

*we gather the leaves of the buri palm
sort them and cut them to desired
width and lengths and dry them
and in time
weave them into mats*

*we make the designs and
dye them in colors
like birds and flowers and
houses by the mountains*

*and then when we are finished
after such a delicate and
tiring work
we look at these mats
and then we use them like
other useful items*

*we spread them on the floor
inside the house
or we spread them on the grass
under the tree
and then we sleep on them*

*and then we make our big dreams
or the small ones even*

*we relax on our own creations
perhaps just like*

making poems

Ric Bastasa (2008)

CHAPTER ONE – PREPARING FOR HARVEST/ORIENTATION

INTRODUCTION

This chapter provides an overview of my research and how it is placed within midwifery, educational, and Pasifika spaces. I provide an orientation to my study as I begin *Preparing for Harvest*. Here, we can familiarise ourselves with the context of the study, along with my own personal context in relation to the topic of study. To prepare for the harvest, we will look briefly at Pacific peoples in Aotearoa—how they came to be here, where they are now, and where it is envisioned they are going.

PASIFIKA IN AOTEAROA

Pacific Migration

Pacific migration to Aotearoa has occurred in several waves. The first migration occurred around 1250-1300 when the ancestors of Māori arrived from Polynesia in great fleets of canoes (Fraenkel, 2012). This established the kinship ties between Māori and Pasifika.

Pacific peoples and *Tangata Whenua*³ are related and bonded culturally and genealogically through the *Moana Nui a Kiwa* (greater Oceania kinship connections). This relationship is embedded in history, mythology, and cosmological beliefs, and transcends state boundaries and legal jurisdictions. (Health Research Council of New Zealand [HRCNZ], 2014, p. 2)

Because of this history and kinship connection, Pacific peoples have much respect for Māori and their status as indigenous to Aotearoa (Ministry for Pacific Peoples [MPP], 2018).

³ People of the land. Māori with authority over a given area (Wall, 2016)

Although the first wave was the start of Pacific peoples settling in Aotearoa, there was little further migration until the 17th and 18th centuries. At this time, European ships re-established the link between the islands of the South Pacific and Aotearoa, enabling easier migration (Fraenkel, 2012).

Prior to World War II, the Pacific population in Aotearoa was very small. Following the war, young Pacific men were encouraged to come and work in forestry and agriculture, and women in domestic roles. The 1950s, 60s, and 70s, saw an influx of Pacific immigrants providing cheap, unskilled labour for manufacturing. Many overstayed the allowed period of their visas (Fraenkel, 2012; MPP, 2018). By the mid 1970s, immigration restrictions were put in place and overstaying Pacific peoples were targeted. The result of this was the Dawn Raids by police on the homes of overstayers (MPP, 2018).

Rates of Pacific immigration have risen and fallen over time with the immigration policies of the government in power and the state of the economy in Aotearoa. "Periodic amnesties allowed migrants to more easily acquire citizenship, but a stereotype developed of Pacific Islanders as troublesome, as school dropouts or as bearers of health problems. This stereotype was sometimes exploited for political gain" (Fraenkel, 2012, p. 2).

The 2000s saw increasing numbers of Pacific peoples born in Aotearoa. Although collectively grouped, Pacific peoples are ethnically diverse, with ancestral links to different parts of the Pacific (Statistics New Zealand, n.d.). One in every four babies born in Auckland today is of Pacific Island descent (Salesa, 2017). Some of the resident populations of Pacific ethnicities in Aotearoa today, exceed those in their original Pacific nations (Fraenkel, 2012).

Pacific Peoples in Aotearoa

Aotearoa, geographically a group of Pacific Islands itself, has strong ties to other states and territories within the Pacific. These ties are cultural, economic, and political (Fraenkel, 2012).

As a country, our identity has progressively become less defined by our ties with the British Empire. Other sources of cultural inspiration, including those introduced by migrants from the South Pacific, have become more influential and important over time (Fraenkel, 2012).

Pasifika in Aotearoa have unique lived realities (Vaioliti, 2006). They are a youthful and diverse population comprising cultures from a large number of Pacific Islands. Some identify with more than one Pacific ethnic group and nearly a third also identify with non-Pacific identities, including the values and cultural practices of contemporary Aotearoa (Ministry of Health [MOH], 2020). When compared to the rest of the population in Aotearoa, Pasifika are socio-economically deprived with a lower annual income, level of home ownership, health and life expectancy (MOH, 2014a; Pasifika Proud, 2016).

It is projected that Pacific peoples will make up 10 percent of Aotearoa's population by 2026 (MPP, 2020). Of the nearly 380,000 Pasifika currently living in Aotearoa, 60 percent were born here (MOH, 2020). For the large majority of these births, a Pasifika midwife would not have been an option, due to the low number of Pasifika midwives in Aotearoa. This highlights the need to increase the number of Pasifika midwives to reflect the population being served. The MOH (2020) reported that "the number of people of Pacific origin in the regulated New Zealand health workforce is well below the level it should be to achieve equitable health outcomes" (p. 20). Similarly, Crawford et al. (2016) highlighted the underrepresentation of Pacific peoples in the health workforce of

Aotearoa. This is certainly true in midwifery. Of the current 3,274 registered midwives in Aotearoa, only 47 of them identify as Pasifika (Midwifery Council of New Zealand [MCNZ], 2020).

The majority of Pasifika live in Auckland (largely South Auckland), but there are also significant clusters of Pacific communities in places like Tokoroa, Porirua, and Ōamaru (Salesa, 2017). Almost half of Aotearoa's Pacific population are Samoan. The other most populous groups are Cook Island Māori, Tongan, Niuean, Fijian, Tokelauan, and Tuvaluan communities (MPP, 2020).

As a group, Pasifika have a higher birth rate and a higher average number of babies when compared to Aotearoa's general population. This means that the Pasifika population will continue to increase in the future (Samu, 2015). Another factor that will add to the increase in the rate of Pacific peoples is ethnic intermarriage (Statistics New Zealand, 2016). The Pasifika population is young, with a median age of 22.1 years (Salesa, 2017). Salesa (2017) discussed how the importance of Pacific people and communities in Aotearoa will continue to grow in the future in line with the Pasifika population.

Pacific versus Pasifika

The term Pasifika is unique to Aotearoa and is used to describe people living here with connections to Pacific Island nations (Reynolds, 2016). This term of convenience was created by New Zealand government agencies to describe a diverse and multi-ethnic group of people (Airini et al., 2010; Reynolds, 2019; Samu, 2015). Pasifika is also used when referring to the educational experiences of Pacific peoples in Aotearoa (Burnett, 2012).

Pasifika in Aotearoa are made up of various ethnic groups with different languages, histories, customs, and perspectives that originated in the South

Pacific islands (Samu, 2015). The diverse Pacific Island ethnicities in Aotearoa have unique individual characteristics. They do, however, share cultural values which include family, collectivism and communitarianism, spirituality, reciprocity, and respect (MPP, 2018).

Depending on how it is used, and by whom, the term Pasifika can be used to bring together or divide Pacific peoples. Naepi (2019) explained her way of using Pasifika, noting that it is “not about homogeneity but about bringing our people together to better serve our own interests in a globalised world” (p. 221). I too use the term to bring our people together. For the purposes of my thesis, I use Pasifika and Pacific interchangeably.

Pasifika in Education

Pacific peoples in Aotearoa have historically been disadvantaged in education, and over-represented in statistics of poor achievement (Tertiary Education Commission [TEC], 2014a; Theodore et al., 2018). The educational disparities that are a reality for Pasifika begin in early childhood, last throughout their time in school and into tertiary education (Ministry of Education [MOE], 2014).

There is an under-representation of Pasifika within tertiary education in Aotearoa. As a result, Pasifika labour market outcomes are poorer, such as lower wages and under-representation in skilled professions (Theodore et al., 2018).

The government is committed to increasing the achievements of Māori and Pasifika learners in tertiary education (TEC, 2014b). Boosting the success of Māori and Pacific peoples will benefit both the individual and their communities and wider society. This, in turn, could potentially reduce ethnic inequities in Aotearoa’s labour market outcomes (Theodore et al., 2018). The United Nations Educational, Scientific and Cultural Organization [UNESCO] (2014) noted that

education can increase job prospects, prevent intergenerational poverty transmission, and promote healthy societies.

Pacific Health Inequities

“There are persistent and significant inequities in health outcomes for Pacific peoples” (Pacific Perspectives, 2019, p. 5). Pasifika have poorer health and a lower life expectancy when compared to the rest of Aotearoa’s population (Pacific Perspectives, 2019; Pasifika Futures, 2017). Pasifika have increased morbidity resulting from many factors, which include over-crowded housing, obesity, and the effects of smoking and alcohol consumption. As a group, Pasifika also have greater unmet need for health care (MOH, 2018, 2020; Pasifika Proud, 2016). Pacific peoples experience higher levels of racism in health care which has been shown to impact negatively on physical and mental health, health risk, and the utilisation of health care (Harris et al., 2018). There are disparities in our health system in Aotearoa, and structural racism operating within it is evident (Came et al., 2018; Chin et al., 2018; Pacific Perspectives, 2019).

The MOH (2019a) discussed how “in Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.” Maternal morbidity studies in Aotearoa have highlighted inequities in maternity care. Māori and Pasifika women are over-represented in terms of poor outcomes; yet, they have the highest birth rates (83.2 births per 1000 Pasifika females of reproductive age) (Dawson et al., 2019; MOH, 2019b). Corbett et al. (2014) found that Pasifika women often book late and do not engage in antenatal care. This lack of engagement increases the risk of problems in the pregnancy. Sociodemographic determinants, social deprivation, and a lack of adequate social support are barriers to early engagement with a maternity provider. Pasifika women largely

live in socially deprived areas and have the highest levels of obesity (MOH, 2019b).

The midwifery partnership model, unique to Aotearoa, enables individualised continuity of care (Guilliland & Pairman, 2010). This system should, theoretically, reduce inequities in maternity care (Dawson et al., 2019). However, when there is a marked power imbalance between the midwife and her client, it does little to reduce inequities. This is further affected when the midwife belongs to the dominant culture and her client to a culture which is vulnerable (Dawson et al., 2019; Freeman et al., 2004).

Dawson et al. (2019) discussed how Pasifika women often allude to wanting a Pasifika midwife who shares their ethnicity, language, and culture. This is due to cultural compatibility and a greater level of understanding which contributes to a better and more balanced partnership. If there were more Pasifika midwives to care for Pasifika women in Aotearoa, cultural birthing practices and rich Pacific traditions could be nurtured by practitioners with a shared worldview (Brown, 2018). Unfortunately, many Pasifika women do not have the option of being cared for by Pasifika midwives, due to the small Pasifika midwifery workforce in Aotearoa.

Pasifika Midwifery

Pasifika midwives are a minority in Aotearoa's midwifery workforce. They currently make up only 2.75 percent of the national midwifery workforce (MCNZ, 2020). This percentage is inclusive of primary, secondary, and tertiary ethnicity choices; and is skewed by the number of Indo-Fijian midwives who

identify as Pasifika⁴. In order to reflect and represent our birthing population, there is a need to grow the Pasifika midwifery workforce.

There is limited research on Pasifika midwives and midwifery students in Aotearoa. To attract, educate, and retain Pasifika midwifery students, we need to know more about their experiences. Identifying the enablers for academic success will give us insight into how to best support Pasifika students in midwifery education. This is why I am investigating the question ‘What factors enabled Pasifika midwives to successfully complete their undergraduate degree?’

PERSONAL CONTEXT

As a Pasifika midwife, I reflected on my time as a midwifery student where I was one of only a few Pacific peoples in my class. For over a decade since, when working as a midwife in different settings, I have remained a minority. My passion for our small Pasifika midwifery community in Aotearoa found me searching for literature on others similar to myself, which I failed to find.

For a number of years, I have worked alongside undergraduate Pasifika midwifery students as part of the Pasifika Midwives Aotearoa (PMWA) “Aunties Initiative.” This pairs me with Pasifika midwifery students, throughout their years of undergraduate study, to offer pastoral and academic support. My role as an “Aunty” has provided me with further insight into the unique journey of Pasifika midwifery students in Aotearoa. These experiences have ignited my passion for growing and sustaining the Pasifika midwifery workforce. My desire to research this topic warmed my heart. And, with no indication of other Pasifika researchers working in this field, I felt that I was the best person to take on the

⁴ Fijians of Indian descent. In the late 1880s and early 1900s around 60,000 workers from India were taken to Fiji to work in sugar cane plantations. Many settled in Fiji and developed their own cultural identity which has resulted in a significant and ethnically unique Indo-Fijian population (Leckie, 2015).

task. My sincere hope is that the findings of my research benefit my current and future Pasifika midwifery sisters and our Pacific birthing population in Aotearoa.

SUMMARY

We have now finished *Preparing for Harvest* and orientated ourselves to the context of the study, along with my personal context in relation to my research topic. Pacific peoples in Aotearoa have been briefly examined—their migration and arrival, education and health status, and place within the midwifery workforce. In the next chapter we will start *Gathering the Voivoi* and reviewing the current literature relevant to the topic of my study.

CHAPTER TWO – GATHERING THE VOIVOI/LITERATURE REVIEW

INTRODUCTION

This literature review summarises the works of relevance to my study topic. Here, I liken bringing together what is already known about Pasifika midwifery students in Aotearoa to *Gathering the Voivoi*. This is the start of the preparation phase, where the raw materials for weaving the mat are collected.

The literature review will examine the minimal research on Pasifika midwifery students in Aotearoa. I will also examine broader research on Pasifika students in tertiary education in Aotearoa, and studies on indigenous groups internationally.

LITERATURE

There is minimal research on Pasifika midwifery students and Pasifika midwives in Aotearoa. As discussed in Chapter One, the Pacific population is one of the fastest growing and is increasing around three times as fast as the rest of the population. Pacific peoples make up 8.1 percent of society in Aotearoa and also have a much younger age-profile. This brings youth and vitality to the aging population (MOH, 2014b; Statistics New Zealand, 2019).

The large and increasing Pacific birthing population in Aotearoa account for over 10 percent of births nationally (MCNZ, 2016, as cited in McAra-Couper et al., 2017). Despite this, there is a current shortage of Pasifika midwives. We are a minority group within the midwifery workforce, making up only 2.75 percent with combined first, second, and third identified ethnicities (MCNZ, 2020). There is a very real need to grow the Pasifika midwifery workforce to reflect and

represent our birthing population. Pasifika mothers deserve the choice of midwives who share and understand their culture (MOH, 2014a).

When women have the option of care by midwives from their own communities, they are more likely to access and engage with them (McAra-Couper et al., 2017). The care that midwives provide can positively impact the health of the woman, as well as her whanau and wider community. This potential for effecting long-term change puts midwives in a privileged position (Anonymous, 2016).

Although the last decade has seen an increase in the number of Pasifika university students in Aotearoa, they are still largely underrepresented in comparison to other ethnic groups. The educational disparities for Pasifika students are evident, when compared with New Zealand European and Māori students (MOE, 2015). This issue needs to be addressed as future Pasifika tertiary graduates have much to contribute to Aotearoa's diverse workforce (TEC, 2017b; Teevale & Teu, 2018).

Research on Pasifika education has predominantly identified and focussed on why Pacific peoples in Aotearoa are not achieving, rather than providing potential solutions or strategies to enable academic success (Perrot, 2015). There is a specific need to attract, educate, and retain greater numbers of Pasifika health workers to enhance community health literacy and cultural competency within Aotearoa's health sector (MOH, 2014a). Research shows that the workforce should reflect the ethnic profile of the community they serve for the best possible health outcomes (Pacific Perspectives, 2013).

Of the 3,274 registered midwives in Aotearoa, in 2020, only 47 identified primarily as being of Pacific ethnicity (MCNZ, 2020). Despite this underrepresentation of Pasifika midwives, there is currently little research that

focuses on this area. Literature on the journey of Pasifika midwifery students, their experiences whilst studying, and enablers for academic success, is also lacking. There is, however, an increasing body of research which focuses generally on Pasifika tertiary students in Aotearoa (Curtis et al., 2015; Dutton et al., 2016; Hunter et al., 2016; Mayeda et al., 2014; Nakhid, 2011; Perrot, 2015; Teevale & Teu, 2018; Theodore et al., 2017; Theodore et al., 2018). There are also studies on Pasifika students in specific regions or tertiary institutions (Leenen-Young, 2020; Luafutu-Simpson et al., 2015; Sopoaga, 2013; Toumu'a & Laban, 2014).

There is currently only one piece of research specifically on Pasifika midwifery students in Aotearoa. This recent study, by Beatson et al. (2018), looked to address the shortage of Pasifika midwives in the midwifery workforce, and investigated the experience of Pasifika students in a Bachelor of Midwifery programme. The research approaches used were *Talanoa* and *Kakala*⁵, in conjunction with a flexible participatory model "Spacifichology." Spacifichology accounts for the complex differences between Pacific learners and recognises four distinct groups based on where participants were born and raised (Aotearoa or the Pacific Islands) and how many Pacific parents they had (one or both) (Seiuli, 2013, cited in Beatson et al., 2018). The findings identified two broad areas: "the experience of being Pasifika" and "the student experience in the programme." The issues of competing demands from family, social responsibilities, financial issues, and unfamiliarity in the tertiary education environment were also highlighted. Although only three participants were involved in the research, the findings are valuable as it is current, utilised Pacific research approaches, and focussed solely on Pasifika midwifery students.

⁵ Tongan research framework developed by Thaman (1992) which uses a flower garland as a metaphor for research and teaching. It aligns the research process with the traditional cultural practice of garland making (Naufahu, 2018).

The need to improve the participation, retention, and success of Pasifika tertiary students in Aotearoa, in comparison to other ethnic groups, has been highlighted over the years (Benseman et al., 2006; Chu et al., 2013; Teevale & Teu, 2018). Three themes enabling academic success in Pasifika tertiary settings have been identified: appreciative pedagogy, teaching and learning relationships, and institutional commitment (Chu et al., 2013).

Appreciative pedagogy includes both family support and personal commitment to success (Chu et al., 2013). Similarly, Teevale and Teu (2018) found that students who were successful at university were from families where others had attended university. They also possessed different study habits, learning approaches, and expectations when compared to their unsuccessful peers. They had good time management, positive study habits, and would seek additional help in a timely manner when needed.

Teaching and learning relationships, includes respectful and nurturing teacher-student relationships, recognition of cultural identity and values, Pasifika physical spaces, high standards, relationships between students, and mentorship (Chu et al., 2013). Benseman et al. (2006) also highlighted how the presence of Pasifika culture within one's learning environment is important for academic success.

Institutional commitment includes solid institutional support, engagement with the Pasifika community, strong leadership, and Pasifika role models (Chu et al., 2013). Pasifika students who engage with available Pacific-centric support services have been found to have better academic outcomes (Sopoaga et al., 2013; Teevale & Teu, 2018). The interface between student and institution, and the institution and the community has also been found to directly influence the retention and success rates of Pasifika students (Benseman et al., 2006).

Theodore et al. (2018) investigated what helped and hindered Pasifika university students to complete their academic qualifications. The participants in the research took part in the 2011 Graduate Longitudinal Study New Zealand. Pasifika graduates self-identified external (e.g., family), institutional (e.g., academic staff), and personal (e.g., motivation) barriers or enablers to their success as students.

A comparison of outcomes for Māori and Pasifika students, with their non-Māori/non-Pasifika counterparts, found that both Māori and Pasifika students are unique when compared to other (dominant) ethnic groups (Wikaire et al., 2016). An unusual feature of the study was the use of quantitative analysis and a Kaupapa Māori methodology informed by a Pasifika methodology. This was an important aspect of the research, with the findings highlighting both Māori and Pacific perspectives. Although a quantitative approach was used, the aims and findings of the study were similar to other (qualitative) research, based both in Aotearoa and internationally. To meet the needs of Māori and Pasifika students, it was found that institutional changes, including the way that programmes are delivered, need to be implemented. Māori and Pasifika support—both academic and pastoral, a positive self-identity, and the overall learning environment—has also been deemed an important factor for student achievement (Cumming-Ruwhiu, 2015; Curtis et al., 2012).

Strategies for improving the experiences of Māori midwifery students in Aotearoa were recently explored (Patterson et al., 2017). The qualitative investigation gathered data about the experiences of, and suggestions for, a more culturally-aware learning environment. Similar to findings with Pasifika students in tertiary education in Aotearoa, the need for culturally appropriate support services, and visibility of their culture within the learning environment, were highlighted (along with programme structure/organisation, learning opportunities and assessment, and practical experiences). Researchers noted that

findings and recommendations from the study could be applied to other indigenous and minority ethnic groups.

There is a body of international research on ethnic minorities, and their place and experiences in tertiary education. These involve both students from ethnic minorities in general tertiary education (Cumming-Ruwhiu, 2015; Gore et al., 2017; Oliver et al., 2013), and within healthcare (Best & Stuart, 2014; Cech et al., 2011; Mills et al., 2014; Milne et al., 2016; Schulz et al., 2018; West et al., 2010). Success for indigenous nursing (and midwifery) students has been found to be the result of four factors: the availability of indigenous academics, indigenous health content in the curriculum, indigenous-specific recruitment materials, and individual mentoring and nurturing of indigenous students (Best & Stuart, 2014). Similar findings to these resulted from much of this type of research on ethnic minorities within dominant cultures in educational settings.

Although studies on Pasifika tertiary students in Aotearoa can be applied to Pasifika midwifery students to highlight their experiences, there is a need for research specific to midwifery. The low number of Pasifika midwifery students and resulting Pasifika midwives, together with the nature of midwifery education, adds to the need for specific research. The undergraduate midwifery degree in Aotearoa is unique in comparison to other tertiary qualifications. It is an intense four-year bachelor degree programme which, until recently, was only offered over an extended three year period (Gilkison et al., 2016). Some schools now offer the degree over a four year pathway, and others will follow suit in 2021.

Midwifery students completing the three-year pathway spend 45 weeks per year studying, in comparison to the more traditional 32 week university year (MCNZ, n.d.). Throughout their midwifery education, student midwives' theoretical learning time is interspersed with long periods of being on call and in clinical

placements. These settings include hospitals, birth centres, and independent midwifery practices in the community (Gilkison et al., 2016; NZCOM, 2018b). With such a demanding programme of study, the attrition rate of Pasifika midwifery students has been very high (Marsters, 2019). Pacific midwives recognised that there was a need for greater support for Pasifika midwifery students and midwives; hence, PMWA was formed.

THE AUNTIES INITIATIVE

PMWA was established in 2012 in response to the needs of the Pasifika community and the disparities they were facing. The aim of the group was to aid in the recruitment, retention, and nurturing of the Pasifika midwifery workforce; whilst promoting midwifery as a career for Pacific peoples (Anonymous, 2012/2013).

The Aunties Initiative was set up by PMWA in 2012. This voluntary, self-referring mentoring programme pairs undergraduate Pasifika midwifery students (Nieces) with PMWA midwives (Aunties). “The Aunties” offer pastoral care and academic support to their Nieces throughout their time in midwifery education (Nelson, 2016). The initiative, now in its eighth year, has been well received by both Aunties and Nieces.

Despite the success of the Aunties Initiative, there is still no formal research on the programme, and very limited research on Pasifika midwifery students and midwives in Aotearoa. My research will go some way to filling this identified gap in the literature.

SUMMARY

My review of the literature has highlighted a gap and, therefore, the need for research on Pasifika midwifery students in Aotearoa. By investigating and

identifying the enablers for academic success for Pasifika midwifery students, we can learn how to better support them during their time in midwifery education. In doing this, it is hoped that retention rates and rates of student success will improve. This, in turn, will enable us to grow our Pacific midwifery workforce.

Now that the process of *Gathering the Voivoi* is complete, we will begin *Preparing the Voivoi* – the final preparatory step before weaving can commence.

CHAPTER THREE – PREPARING THE VOIVOI/RESEARCH DESIGN

INTRODUCTION

The initial step in *Preparing the Voivoi* for weaving involves removing the spikey thorns on the sides of the leaves. Without the thorns being removed, the *voivoi* cannot be further processed and remains tough and unusable (University of Connecticut, n.d.). In order for the research process to proceed smoothly, the steps need to be planned and implemented. Without the research design being carefully planned and the steps implemented, as and when needed, my research would not have proceeded. If I had tried to progress forward, the outcome would have been inadequate, much like a mat that is woven when circumstances are unfavourable. This can be compared to what happens when the weaver fails to correctly prepare the *voivoi*.

This chapter describes the methodological framework, research design, and methods used in my study. It begins with a brief overview of Pacific research, the Pacific worldview, and indigenous research approaches. The Talanoa Research Methodology (TRM) is introduced and its appropriateness to this study demonstrated. Later in the chapter, the methods used in my study are outlined including details about recruitment, *talanoa*, data analysis, and ethical considerations.

Before beginning to weave together the knowledge that has been gained, we will first ensure that the *voivoi* strands are ready. Thus, when we start weaving our mat, the process will go smoothly.

RESEARCH & PACIFIC PEOPLES

Pacific Research Methodologies

“Pacific research methodologies are an act of decolonisation within research” (Naepi, 2018, p. 48). Research methodologies intended to identify and resolve issues for Aotearoa's dominant culture are not ideal for Pacific peoples. Pasifika have their own research needs, priorities, and approaches. Until recent times, research has been challenging for Pasifika educators as they were not free to carry out their own research or adopt their own ways of researching. Essentially, knowledge about Pacific peoples was created with minimal input from them (Vaioliti, 2006). Thaman (2003) discussed the need to “reclaim indigenous Oceanic perspectives, knowledge, and wisdom that have been devalued or suppressed because they were or are not considered important or worthwhile” (p. 2). The indigenous knowledge of Pacific nations is an integral part of their knowledge systems and “encompasses the skills, experiences, and insights of people, which are applied to maintain or improve their livelihood” (HRCNZ, 2014, p. 3).

Pacific Worldview

The foundation for my enquiry is that of a Pacific worldview. “Pacific signifies research relating directly to the Pacific region, while Pasifika refers to the experiences of Pacific peoples residing in New Zealand” (Burnett, 2012, p. 488). My research encompasses both terms; but is ultimately concerned with the educational experiences of Pacific peoples in Aotearoa.

The Pacific worldview is holistic, based on *Vā* or the relationships and spaces between entities (Tamasese Ta’isi, 2007, cited in Fairbairn-Dunlop et al., 2014; Wendt, 1996). It values cultural traditions and their place within Pacific society (Ponton, 2018). Pacific values include cultural competency, empowerment, family connections, sacred relationships, and connections to the land. These

values must be upheld in Pacific research designs (Tu'itahi, 2009). In contrast to western ways of being, Pacific peoples tend to focus on communal as opposed to individual responsibilities (Fairbairn-Dunlop et al., 2014).

It is important to recognise that Pacific knowledge is valid and valued in and of itself (Fairbairn-Dunlop et al., 2014). To acknowledge the Pacific worldview, research practices applied to Pacific peoples must be culturally appropriate for the group under study (Vaioleti, 2006). In recent years, there has been a move away from Eurocentric methodologies to Pacific-centred methodologies that are culturally appropriate (Naepi, 2015). Pacific knowledge has been influential with Pacific academics working hard to create Pacific-centred methodologies. These methodologies have evolved to address Pacific issues in Pacific communities, with cultural values and beliefs at their core (Fairbairn-Dunlop et al., 2014).

INDIGENOUS RESEARCH APPROACHES

Indigenous research can be perceived as being not rigorous, unreliable, and not valid by non-indigenous researchers, institutions, and organisations. This lack of acceptance has made indigenous research a highly political and, at times, threatening activity. It can be challenging for indigenous researchers to embrace indigenous research criteria, when the adopted methodologies are deemed invalid and illegitimate (Smith, 1999).

Western research assumes that the western or Eurocentric view is the only one that is valid. Smith (1999) when discussing western research said the following: "it is research which is imbued with an 'attitude' and a 'spirit' which assumes a certain ownership of the entire world" (p. 56). Complexity or progress is only measured by Eurocentric standards and indigenous peoples are seen as inferior or innately inferior, with problems resulting from their own actions (Smith, 1999). Western research, therefore, seeks to improve the simplistic way of being or solve

“indigenous problems” by bringing “progress” to their world. This progress can be intellectual, economic, social, or spiritual (Porsanger, 2004). This becomes a no-win situation when such narrow-minded, racist views about indigenous peoples are then reaffirmed in media and politics (Smith, 1999).

Western research methodologies often see cultural values as barriers to research (Smith, 2012). Cardinal (2001) asserted that “indigenous research methods and methodologies are as old as our ceremonies and our nations. They are with us and have always been with us. Our indigenous cultures are rich with ways of gathering, discovering and uncovering knowledge” (as cited in McGregor et al., 2018, p. 296).

Indigenous methodologies centre on an indigenous world view which offers different ways of knowing and insights to those that dominate western research approaches. Indigenous approaches are culturally appropriate and carried out in a way that is ethically sound (Porsanger, 2004). Cultural customs and values are embraced, as an essential component of the research methodology (Smith, 2012; Smith, 2017b). Porsanger (2004) stated that:

Epistemology, which deals with ways of knowing especially with reference to the limits and validity of knowledge, is indeed one of the most essential basic elements of indigenous methodologies. In indigenous research the use of indigenous ontologies, which deal with assumptions about the nature and relations of being, and of reality, may open new perspectives, which may differ from those that are familiar and “scientifically accepted” in western research. (p. 111)

It is only appropriate that research affecting ethnic minorities or indigenous peoples needs to be explored with an indigenous lens (Saini, 2012). Ponton (2018) stated that “if researchers are not willing to collaborate and build positive relationships with Pacific communities for Pacific research purposes, then

research should not be undertaken at all” (p. 6). A key feature of indigenous methodologies is the desire to form connections with indigenous communities and serve those who helped to create the research knowledge, as an expression of reciprocity (Smith, 1999).

Kaupapa Māori Research and Talanoa Research Methodology

Kaupapa Māori Research (KMR) has been articulated as part of indigenous challenges to the dominant western research paradigm. KMR is that which benefits Māori and is centred on Māori culture and paradigms. The aim of KMR is the liberation of Māori knowledge and strategies for Māori empowerment (Bishop, 2014; Smith, 1992, 1997). Smith (2011) expressed the following about KMR:

I see it really simply: it's a plan; it's a programme; it's an approach; it's a way of being; it's a way of knowing; it's a way of seeing; it's a way of making meaning; it's a way of being Māori; it's a way of thinking; it's a thought process; it's a practice; it's a set of things you want to do. It is a kaupapa and that's why I think it is bigger than a methodology. (p. 10)

This vision can similarly be applied to Pacific research and methodologies like TRM. It is more than just a way of conducting research. TRM requires the researcher to be subjective and deeply engage in the research experience. TRM acknowledges what it is to be Pacific and provides a culturally appropriate way of sharing this with non-Pacific people (Brown, 2018; Morrison et al., 2002).

Talanoa Research Methodology

Consistent with the Pacific worldview that underpins this study, and my commitment to ground this research in indigenous research approaches, I chose to use the qualitative TRM for my study. TRM is both a method and a methodology which uses *talanoa*—informal or unstructured chat or discussion—

for data gathering in Pacific research. It can be used in one-to-one or focus group discussions across different disciplines (McFall-McCaffery, 2010; Vaioleti, 2006). Given that my participants were Pasifika midwives, I wanted to use a Pacific methodology and felt that this was the most suited to my research question and methodological approach. The sharing of stories is very natural for both Pasifika women and midwives, which made TRM all the more appealing to me.

Talanoa is a generic term referring to a conversation, chat, sharing of ideas and talking with someone (Johansson-Fua, 2014; Tecun et al., 2018). The word can be interpreted in two parts, with “tala” meaning to inform or tell, and “noa” meaning “nothing in particular” (Vaioleti, 2006). Vaioleti (2006), explained the literal meaning of *talanoa* to be a “personal encounter where people story their issues, their realities and their aspirations” (p. 21). It embodies the “emotions, knowing and experiences” of both the researcher and participants (Vaioleti, 2006, p. 24). Given the spirit of this methodology, it was the ideal choice for my study.

Research methods that incorporate storytelling, like *talanoa*, are shaped by a Pacific worldview and produce research that responds to Pacific ways of knowing and doing. The nature of storytelling methods strengthens trust, warmth, and respect between the participant and researcher. This can also be beneficial for deciphering the meaning of research (Datta, 2018).

The knowledge gathered from storytelling is culturally appropriate and can help to bridge the gap between western and indigenous research. When used as a research method, traditional storytelling can connect indigenous worldviews with the more Eurocentric elements of research, such as theoretical and conceptual frameworks, methodology and ethics (Datta, 2018). Storytelling is a traditional practice in indigenous cultures and a central focus of their epistemologies, pedagogies, and research approaches. The custom has many

functions which are all positive in terms of sustaining the community, nurturing the relationships of the people in it, and validating their experiences (Iseke, 2013).

There is reciprocity between the researcher and participants as they share and honour each other's stories. This connectedness both uplifts and enlightens those involved, which can lead to further critical discussions or the generation of new knowledge. Most traditional research approaches overlook this co-constructed kind of new knowing (Vaiotei, 2006). When discussing the importance of the relationship between interviewer and interviewee, Vaiotei (2006) said "why hound me with a question when you don't care for an answer, why play for a pair when there is only one dancer ...?" (p. 21).

Talanoa establishes the *vā* between the participant and researcher. *Vā*, a Pacific term, is the space between people and places that connects them (Lilomaiava-Doktor, 2009; Mila-Schaaf, 2009; Wendt, 1996). It includes social and spiritual relationships, which enable open conversations and the exchange of ideas (Lilomaiava-Doktor, 2009). *Vā* is the in-between space that relates. It is not empty space but a space of woven connections (Wendt, 1996). It "connotes mutual respect in socio-political arrangements that nurture the relationships between people, places, and social environments" (Lilomaiava-Doktor, 2009, p. 12). A *vā*-centred approach, recognises that relationships are sacred, reciprocal, and mutually respectful (Mila-Schaaf, 2006). It fills the gap that is present in other research methods, provides context, and symbolises relationships between people, places, and environments. The social space has much importance, because the sense of self is ultimately relational or communal, rather than individualistic (Lilomaiava-Doktor, 2009).

The term *talanoa* is shared by Fijians, Samoans, and Tongans; however, the concept is recognised in many other island nations across the Pacific, including

the Cook Islands, Hawai'i, Niue, and the Solomon Islands (Farrelly & Nabobo-Baba, 2012; Johansson-Fua, 2014; Prescott, 2008). *Talanoa* can be formal, between chiefs and their people; and it can be informal, as between friends in a kava circle. *Talanoa* is also used for different purposes—the teaching of skills, sharing ideas, preaching, resolving issues, building and maintaining relationships, and gathering information (Fa'avae et al., 2016; Johansson-Fua, 2014). It is an inherent skill or concept for most Pacific peoples. Manu'atu (2002) talked of the way in which a good *talanoa* can elevate the spirits of people and enhance their happiness. The authentic knowledge created through *talanoa* can result in culturally appropriate solutions for Pacific issues. A cultural feature of *talanoa* is potentiality, where new knowledge can be generated through social interaction and conversation (Vaiotei, 2006).

Talanoa is the most well-known research methodology used across the Pacific (Farrelly & Nabobo-Baba, 2012; Tecun et al., 2018). It is “a holistic and embodied amalgamation of the emotions, knowledge, interests, and experiences between researcher and participant/s” (Farrelly & Nabobo-Baba, 2012, p. 1). In all parts of the world where the Pacific diaspora is located, variations of *talanoa* are used (Morrison et al., 2002). As all participants in my study identify as Pasifika, *talanoa* was an ideal choice of methodology (Otsuka, 2006).

There has been some dispute as to whether *talanoa* is a research methodology, a research method, or both. Tunufai (2016), conducted research on the validity of *talanoa* as a research methodology. His findings were that *talanoa* was a useful research tool but lacked the philosophical reasoning and processual legibility to elevate it to methodology status.

There have been different purposes and contexts of *talanoa* in research. Halapua's (2007) proposed application of *talanoa* in relation to economic development saw the research method/tool used in political and

mediation purposes for non-Pasifika. His focus was on expressing in words or open sharing of thoughts in a free and fluid manner. In comparison, Vaioleti (2006) hypothesised *talanoa* as an “appropriate approach to researching Pacific educational and social issues in Aotearoa” (p. 21).

I chose to use *talanoa* as both a method and methodology in the context that Vaioleti (2006) intended. This means that *talanoa* in this study is both a way of gathering research data as well as an ontological, epistemological, and methodological assertion of the Pacific worldview. The knowledge gained in this study is not just gathered from Pasifika participants but is grounded in our unique world view and represents solutions in our own culturally specific terms. Given that my research was on Pasifika in education in Aotearoa, it was an appropriate choice of methodology.

THE RESEARCHER

Connection

When *talanoa* is effective, “Tala” creates the connection between researcher and participant. The sharing of emotions, knowing, and experiences lead to positive connection and enlightenment. “Noa” creates the conditions and flexibility. In Pacific research, variables such as the researcher’s age, gender, rank or standing in the community, can affect the outcome of the research considerably (Vaioleti, 2006). All of the participants in my study were known to me. Some I knew well, others not very well at all. *Talanoa* allowed us to communicate safely and engage with each other in an empathetic way (Farrelly & Nabobo-Baba, 2012). The participants shared their experiences, some of which were highly emotive. I too shared parts of my own journey that I have not previously spoken of with midwifery colleagues.

Positionality

In the spirit of *talanoa*, and being known, I need to acknowledge my own positionality in relationship to the participants. I am a diasporic Pasifika midwife. I am a first-generation New Zealand-born, Fijian-British woman. I am in my forties, well-educated, and a mother, wife, daughter, and sister. I was raised to embrace my Fijian culture, to a degree. I do not fluently speak the language as this was discouraged when I was a child. I can, however, understand and speak basic conversational Fijian as I grew up listening to my mother speak the language.

The beauty of difference was embraced in our family, and I have always strongly identified with my Fijian heritage. My upbringing was largely rooted in Fijian values. As a teenager and young adult, I spent a lot of time in Fiji with family. I also spent time with Pasifika friends and visited other Pacific Island nations, which further cemented my Pacific cultural identity and sense of belonging.

Throughout my midwifery career, the lack of Pasifika midwives has been blatant to me. I chose to work in Counties-Manukau at the start of my career in order to work with Pasifika women, and with a larger number of Pacific midwives. From this time, I have been actively engaged with the Pasifika midwifery community, and have mentored Pasifika midwifery students and new graduates.

At the time that I conducted my research, I worked full-time as a core midwife in an urban primary setting. During the writing-up phase of my thesis journey I began a new role as a midwifery educator, working closely with Pasifika undergraduate students. This position has given me further motivation to better understand and claim Pacific research approaches within midwifery.

Familiarity

As a Pasifika midwife, I belong to the community that I am studying which has given me a unique perspective. I too have lived the experience that my participants discussed, albeit on my own journey.

Smith (2012), a Māori scholar, discussed how indigenous researchers face a number of issues that include ethical, cultural, political, and personal factors. This occurs when they work as both insiders, within their own communities; and outsiders, which can occur due to their western education and working across various cultural boundaries (clan, tribe, language, age, gender). Researchers working within indigenous environments are presented with many ways of being both insiders and outsiders.

During our *talanoa*, I could recognise and relate to aspects of my participants' experiences. There were also differences however. Some of these resulted from the changes that have happened in that time within midwifery education (i.e., with course structure and curriculum). There were also institutional differences as experienced by the participants compared to the culture where and when I studied.

My familiarity with the community I worked with put me in a privileged position for receiving insight into their experiences. It is unlikely that the midwives would have divulged their feelings in the same way to someone from outside of their community. The level of trust shared between us resulted from our commonality, shared values, and cultural similarities.

Using TRM and *talanoa* as a means of gathering data made the interview process less about interviewer and interviewee and more of a relaxed and easy exchange between familiar people. I feel that TRM worked very well with a group of

Pasifika women, as it stripped away the formality and any feelings of shyness and inadequacy from the participants. Ultimately, TRM allowed the participants to maintain autonomy over the research in which they took part.

DATA COLLECTION

Participants

My research participants consisted of 10 midwives ranging in age from mid-20s to early-40s. The midwives all identified as female, lived in Aotearoa, and worked in both self-employed and core settings. Two were part of the Midwifery First Year of Practice (MFYP) programme at the time the *talanoa* took place. For two of the participants, English was not their first language.

Sampling

Purposive sampling consists of selecting participants who are likely to provide “information-rich” data, based on their characteristics or experience (Patton, 2002, as cited in Braun & Clarke, 2013). My inclusion criteria included registered midwives who identified as Pasifika, had completed their midwifery education in Aotearoa, and qualified. I chose six years at the start of the study, knowing that the approximate number of new Pasifika graduates each year is small. I wanted to ensure that the population would yield enough recruits to enable my study to proceed and also allow participant anonymity.

Recruitment

Pasifika midwives were bulk emailed a poster (Appendix A) to recruit potential participants. During this process, they liaised with an intermediary, who provided detailed information about the study (Appendix B) and invited them to sign a consent form (Appendix C), if they wanted to participate. I chose to use an intermediary as I thought that I had an ethical obligation to do so. I believed

that getting participants to liaise with an intermediary would make them feel more comfortable when making enquiries about my study and minimise the risk of coercion (since they did not know the intermediary but did know me).

Initial recruitment was slow with only two midwives contacting my intermediary for further information and subsequently signing consent forms. A senior member of PMWA asked how I felt about midwives contacting me directly rather than going through my intermediary. She felt that some midwives found the process intimidating and would prefer to liaise directly with me, given that they already knew me.

Once I eliminated the intermediary, potential recruits felt more comfortable contacting me directly and I soon had 10 participants. This reinforced to me that using a Pacific methodology that removed the formality and enabled a personal relationship between participant and researcher was the right decision. Relationships are vitally important for Pasifika and at the core of their value system. In Pacific research, the centrality of relationships is a repeated theme (Naepi, 2018). TRM recognised and allowed for this.

Talanoa

Research data were collected using TRM (Vaiolleti, 2006). Eight *talanoa* (informal interviews) were conducted; six with individuals and two with small groups of two midwives each due to availability, participant preference, and location. Some *talanoa* initially meant to be in small groups ended up being individual due to participants' work commitments (e.g., midwives being called to births).

Prior to starting the interviews, demographic information was collected by way of a short paper questionnaire. This included details about the midwife's age, ethnicity, time working as a midwife, and work setting.

An interview question guideline with open-ended questions was used to initially start the *talanoa*. It also encouraged further discussion if needed. Essentially, however, the interviews were relaxed and free-flowing, with participants able to elaborate on questions and initiate their own chosen topics of conversation.

I had anticipated the *talanoa* would take between 60 and 90 minutes. In reality, they lasted from 25 to 80 minutes. Once the same themes repeatedly emerged, with no new material coming to light, I gave participants the opportunity to add additional information. If nothing was volunteered, the *talanoa* was deemed to be complete.

All *talanoa* were conducted in English, and audio recorded on two devices. Participants had the opportunity to decline to answer questions or talk about particular topics, or stop the recording at any time.

At some of the *talanoa*, kai was shared between myself and the participants. This was dependent on the location and circumstances of the *talanoa*. All participants were gifted with a *sevusevu*⁶ at the end of their *talanoa* which consisted of a card thanking them for their time and participation in the research. Within the card were grocery and movie vouchers.

⁶ Gift or donation

ETHICAL CONSIDERATIONS

Protection from Harm

The welfare of the midwives' in the study is very important to me. Their wellbeing and safety are of greater importance than the objectives of my research. To protect the participants, I am very respectful and have acted ethically in regards to them and the research being produced. I hold all the participants' in high esteem and want my study to honour their experiences. I have been made aware of their struggles, and their strength and humility in the face of this. I can also relate to their journeys as a result of my own.

Khaliza and Yaacob (2016) discussed how in a lot of cultures, harm can occur due to embarrassment, discomfort, or disrespect; as opposed to being material in its manifestation. In my experience, this is true for Pacific peoples. At all times when interacting with participants, I was mindful of how willing and comfortable they were with the *talanoa*. I emphasised that we could stop at any time and allowed them to lead the *talanoa* as they felt comfortable.

The HRCNZ (2014) has stated that "research must not threaten the way of life and wellbeing of the community, nor should it reinforce racial stereotypes that undermine their sense of identity and being as a group" (p. 12). My expectation is that the findings from my research will benefit the Pasifika midwifery community. Having some valid research by Pasifika and for Pasifika is long overdue.

Privacy and Anonymity

Due to the small size of the Pasifika midwifery community in Aotearoa, the limited numbers of those who had qualified in a six year time period, and their geographical distribution, anonymity is potentially an issue for my study. I have done everything that I can to maximise anonymity.

An intermediary initially liaised with midwives during the recruitment process. She was aware of the confidential nature of all material related to the study, including the content of consent forms, and only discussed this with me. All data in her possession were stored securely (in a locked location or password protected). A consent form outlining these conditions was signed by her prior to any work being undertaken.

Following recruitment, pseudonyms, chosen by myself, were assigned to all participants. Demographic information, that could potentially identify the participants, was removed from forms and data.

All transcripts, that I have kept, contain no identifying information. The forms and data with identifying information have been destroyed or deleted appropriately, as outlined in the 'Participant Information' (Appendix B) and 'Consent Form' (Appendix C).

Coercion

Because I belong to the community that I am researching, and have mentored Pasifika midwifery students for a number of years, I needed to minimise the potential influence that I may have had on midwives' willingness to participate. However, participants' felt uncomfortable engaging with the unfamiliar intermediary. When they requested to contact me directly, rather than go through the intermediary, our interaction, and consequently my participant numbers, grew quickly.

Informed Consent

The concepts of informed choice and consent are very familiar in midwifery and were naturally applied throughout the course of my research. Informed consent

was sought in writing from all research participants after the purpose and entire process of the study had been thoroughly explained to them. Participation was voluntary, and midwives were made aware that they could withdraw from the study at any stage prior to their transcript being checked/returned (HRCNZ, 2014). These conditions were outlined in my consent form.

Social and Cultural Sensitivity

My research focuses on Pasifika midwives—a community made up of different ethnicities, all unique in their own right, but sharing many common cultural values (HRCNZ, 2014; MPP, 2018). Ensuring that my participants were comfortable, respecting their feelings, and being sensitive to their needs during the interviewing process was a high priority for me. As I used the TRM, the participants essentially guided their interviews by choosing their discussion topics. There were also no timeframes which made it easy to be sensitive to their needs.

Knowingness was an integral part of my research journey. Central to *talanoa* is the concept of empathy which was essential when carrying out my research. Pasifika people are empathetic, as are midwives. Giving space to participants to freely share their thoughts and feelings, or even sit in silence, held a powerful space within my research. Halapua (2003) discussed the way in which *talanoa* involves “an open dialogue where people can speak from their hearts and where there are no preconceptions” (p. 18). Empathy is vital for decolonising Pacific research.

Prior to submitting my research proposal to the Otago Polytechnic Research Ethics Committee (OPREC), I contacted the Otago Polytechnic Kaitohutuhu office. They contacted me in September 2018 and were supportive of my project (Appendix D). OPREC granted ethical approval in January 2019 (Appendix E).

DATA ANALYSIS

As there is very little research on my topic, there is understandably minimal prior knowledge to bring with me when interpreting my data. I have a unique position in relation to the research as I have insight from shared or similar cultural values and life experiences with the research participants which allows me to be empathetic and respectful towards them and their stories; yet, minimises the amount of interpretation needed as I have a level of knowledge that someone unknown to the participants or study topic would lack.

All *talanoa* were transcribed by myself. Although this was a time consuming process, I felt that I needed to do so to immerse myself in the data and become familiar with it, thus beginning the process of data analysis. Transcribing data is recognised as being the first step in thematic analysis (Braun & Clark, 2006).

Following transcription, the typed transcripts were emailed back to participants to check for accuracy. They also had the opportunity to add or remove content. Only one participant clarified information in her transcript. I gave the participants a two-week time frame to check over and return the transcripts. I outlined in the accompanying letter that if I did not hear back from them within this time I would assume that they were happy with the transcript and would proceed with coding and analysis. At the end of the two weeks, I had heard back from seven participants.

At this time, I removed all identifying information and pseudonyms were applied. This was important for de-identifying the participants in my research, given the small size of the Pasifika midwifery community. I chose to use pseudonyms with four letters, which were typically Pacific in origin (Alea, Hana, Hiva, Kura, Lagi, Lotu, Mere, Miti, Sala, and Sina).

Inductive thematic analysis was used to “provide a rich and detailed, yet complex, account of the data” (Braun & Clarke, 2006, p. 78). Themes within the data were identified, organised (into a thematic map), described and interpreted to address the research question. Thematic analysis is flexible in that it is not tied to a specific methodology or theoretical perspective, so worked well with the TRM. It is also appropriate to use on both small and large data sets (Braun & Clarke, 2006; Clarke & Braun, 2013).

As *talanoa* were unrestricted in terms of time and subject matter, a lot of data were gathered throughout the course of the eight interviews. Although the conversation topics differed between participants, thematic analysis simplified the process of identifying similarities and differences regarding common sources of support. This meant that as each potential theme was identified, its prevalence, both within the individual participant’s *talanoa* and in comparison to others, became apparent. As a novice qualitative researcher, I appreciated the ease of conducting thematic analysis.

LIMITATIONS

Having more group *talanoa* compared to individual *talanoa* could have been beneficial as the interaction and dynamic within a group may have generated different conversation topics. This, however, was determined by participant availability which could not be helped due to the on-call nature of midwifery.

Midwives in the study completed their degrees at various institutions in Aotearoa which differ in terms of geographical location, type of tertiary education organisation, and curriculum. They also varied widely in attendance numbers of Pasifika midwifery students. Hence, some midwives had quite

different experiences based on which tertiary institution they attended. Overall, however, the broad strands were still the same.

The term “Pasifika” encompasses Pacific peoples sharing similar cultural values. It does not, however, recognise their various ethnicities, diverse cultures, and different languages (Chu et al., 2013). Pasifika does not acknowledge the richness of individual groups in their own right. There is significant diversity within and across cultures, so a one-size-fits-all formula is not ideal (Brown, 2018). All *talanoa* were conducted in English which was a limitation for participants for whom English was their second language.

A lack of prior research on Pasifika midwives in Aotearoa was a limitation for my study that I overcame by acknowledging research that could be more generally compared to my subject area. Research was included involving other indigenous and minority groups in health and other education settings, and also research on Pasifika tertiary students in other disciplines in Aotearoa. The absence of Pasifika research on Pasifika midwifery education did, however, provide me with the opportunity to address a gap in the literature. I have embraced this gap and identified opportunities for further investigation within Pasifika midwifery.

SUMMARY

This Pasifika qualitative research was informed by TRM. A paper questionnaire collecting demographic information and audio-recorded *talanoa* (with a question guide of open-ended questions for use as needed) were used as a means of gathering data from 10 Pasifika midwives in Aotearoa. *Talanoa* were transcribed before thematic analysis was conducted.

The preparation process for collecting data has laid the groundwork as we have been *Preparing the Voivoi*. Now that this stage is complete, we will start *Weaving the Voivoi Strands* as we undertake the task of making our mat.

TELL ME A STORY

*He vows I am planted beneath the Frangipani
Promises I am seeded beneath the Bua*

*He has his father's tongue,
Owns his mother's languages.
They sing honeyed songs together.
He has even tamed the pālagi one
It rides his tongue
And he is fertile with story.*

*Deftly, he weaves tales
Like the finest mats
Constructs memories
Tapa-tapestries
Stained in soil and
Coloured with song.*

*We store them,
Cultural currency for the next birth
Death and wedding.
We carry them
To make us
Real.*

He is a teller of tall tales, Talanoa

*But what are stories if not lies
Though sweet as vakalolo
Cleaved to our fingers
Floating our souls
In the fat of coconut?*

*What are memories if not construction:
The storyteller as tattooist
Marking,
And not marking,
Brown skin.*

*And They say
If your pito-pito is unplanted
You will wander*

*They say
If it is unplanted
Home will elude you*

*Well mine is buried in story
Planted in a tall tale
And I wander
Yes,
And home is a story
Home is a story where the Frangipani flowers.*

Tagi Qolouvaki (cited in Wendt et al., 2010, pp. 185-186)

CHAPTER FOUR: WEAVING THE VOIVOI STRANDS/FINDINGS

INTRODUCTION

This chapter outlines the findings from my research. This is where I begin *Weaving the Voivoi Strands* together and commence creating the mat. As I start weaving, the enablers for Pasifika midwifery students during their undergraduate degree will be revealed. However, before sharing what the supports and enablers are for Pasifika midwifery students, I first need to address the barriers for success that were disclosed. At the end of the chapter, I briefly examine the outlying strands that were not incorporated within the mat. *Weaving the Voivoi Strands* will be divided in the following way:

Problems with the Weave Tension: Barriers

High Hopes

- Family First
- Religious Responsibilities

Difference and Disconnect

- Being Brown
- Unfamiliar & Unaware

Funds and Finances

Getting the Weave Tension Right: Creating Enabling Environments

Culture and Customs

Shared Sisterhood

- Pasifika Peers
- 'The Aunties'

- Familiar Faces

Equitable Education

- Cultural Connection
- Planning & Preparation
- Helping Hands

Unweavable Strands: Others and Outliers

PROBLEMS WITH THE WEAVE TENSION: BARRIERS

If the right amount of tension is not maintained when the mat is beginning to be woven, the *voivoi* strands will unravel and fall apart. I liken this process to what can happen when Pasifika midwifery students encounter barriers while navigating their way through midwifery education. If the barriers are not addressed and overcome, forward progress is difficult, if not impossible.

My research question, and the opening question used to start the *talanoa*, focused on enablers and supports that the participants experienced as Pasifika midwifery students. In the *talanoa*, however, a number of midwives spoke about the barriers and hardships that they faced during their time as students. As they divulged these negatives, which were barriers rather than enablers, it became apparent to me that this part of their journey and their struggles needed to be discussed. By acknowledging the negatives, along with the positives, we can better recognise the ways in which current and future Pasifika midwifery students can be supported to achieve academic success.

In this section, the following three strands will be discussed: **High Hopes**, **Difference and Disconnect**, and **Funds and Finances**. High Hopes will include the sub-strands: Family First and Religious Responsibilities. Difference and

Disconnect will include the sub-strands: Being Brown and Unfamiliar & Unaware.

HIGH HOPES

The midwives spoke a lot about the expectations put on them throughout their time in midwifery education. Some of these were self-inflicted and came from a sense of guilt, from not being able to give as much of themselves to other people and commitments. They had expectations from their families and wider cultural communities, as well as institutional expectations.

Family first

During the *talanoa*, midwives spoke about the enormity of the degree and the effect that it had on both themselves and their family. They described the degree as a “mind-game” and talked about the impact that the pressure had on them during their time studying. Factors like assessment commitments, being on call for clinical placements, and long hours spent away from the family, that come with the territory, were intense. Over half of the midwives needed to take extra time to complete their degree. One of the reasons for this extended pathway was the need for time out from the pressure of the degree, for self-care. Kura, for example, spoke of the impact that the degree had on her personally: “*I wasn’t prepared for the psychological effects.*” Other midwives needed time away from their studies due to failing a paper or for family reasons, resulting in the degree taking longer to complete than initially intended.

For Pasifika students who undertake tertiary study, it is not only themselves who experience the highs and lows of the journey. Their family dynamics are often complex and also undergo change as the importance and demands of midwifery education become apparent.

Family relationships and kinship ties are very important for Pasifika. Families are often large, multi-generational, and include a wide variety of kin, when compared to what is typically considered a “nuclear family” (Brown, 2018). The western concept of the “nuclear” or “immediate” family generally consists of only two generations—parents and their biological children. However, Pacific peoples have quite a different view of what constitutes a family (Brown, 2018). What non-Pacific would likely consider “distant relatives” are generally very important to Pasifika within their family structure.

Pacific cultures are communal and individuals are valued as part of the collective group. Often, a person’s place in the family shapes their identity and comes with particular roles and responsibilities (MPP, 2018; Pacific Perspectives, 2019). Midwives involved in my study often discussed their families and their place within; as family is the cornerstone of personal life for Pasifika, it is difficult to separate oneself from their family.

Juggling family responsibilities while studying was discussed by most of the midwives who felt that their whole family made sacrifices in order for them to study, which was hard on all of them. Midwives spoke of the burden they felt having to, at times, prioritise one over the other, knowing that both were important. For Pasifika, however, family is almost always the first priority. As Sina described: *“if you’re choosing between a family thing and your studies, your family’s always going to come first.”*

Sala talked about needing to take time out from the degree due to her family responsibilities. She needed to support a family member who would be considered part of her “extended family” through a non-Pacific lens. For Sala, it was a family member who needed her support and that took priority over her midwifery education at that time. As Sala described: *“it takes a lot. Yeah. It takes a lot. Everybody around, everyone else... I wasn’t able to complete the degree in three*

years. I had to do it in the four, because of the added responsibilities and stuff.” She spoke of the way that being educated and having the knowledge that no-one else had, made her the person that her family looked to for making decisions. This meant that she had another duty that she fulfilled for her loved ones. Sala captured this powerfully: “in Pasifika culture... there are more responsibilities to the whole and not to the one.”

It was a constant juggle for midwives to give time to their studies and their many family commitments and responsibilities. Family obligations and traditional practices for Pacific peoples are eventful and time consuming. Hiva alluded to this by saying: *“we have family functions. We have all of these customs.”* Family birthdays, weddings, funerals, and other occasions are generally large affairs and there is an expectation to attend. They also often have responsibilities to care for children and elderly family members. Pasifika students have been known to have the legitimacy of their family obligations questioned by academic staff and non-Pasifika peers (Massey University, 2016).

In addition to this pressure, Pasifika midwives also felt a need to do well in their degree in order to serve both their family and Pacific communities in the future. Many participants spoke about wanting to work with Pasifika on completion of their education, for the betterment of their people. Although this served as motivation, it also added to the pressure they felt to succeed. As Sala described:

I wanted to have total understanding, like real comprehension of what I was learning. It’s really important because coming from where I’m coming from (laughs), everyone’s looking at you... And for the community that I was going to be looking after, they deserve to have people who are really, you know? Given it their all.

Religious responsibilities

Service—whether at home, in the community, or at church—is a significant cultural value for Pasifika (Massey University, 2016). Over 70 percent of Pasifika in Aotearoa consider themselves to be religious (Pasefika Proud, 2016). Christianity is an inseparable aspect of many Pacific peoples' identity and social structure (Ernst & Anisi, 2016).

Hiva spoke about how important her faith is in her life and the impact that studying midwifery had on her faith. She needed to make changes to her religious commitments and responsibilities in order to focus on her midwifery education. Hiva's family changed churches at the start of her degree and moved to a *Pālagi*⁷ church. They knew that the demands on their family's time, commitment level, and money would be less, when compared to the Pasifika church that they had previously attended.

Hiva wanted any spare time she had outside of the degree to be used as quality family time. She also knew that finances would be tight for a number of years and did whatever she could to save money. Brown (2018) talked about how many Pacific families are faced with financial burdens when finances are stretched as a result of family and church obligations.

Kura also spoke about the changes she had to make to her church commitments during her degree. Although she continued to attend church on a Sunday, she felt a lot of guilt not being able to give time to additional church commitments. Kura would work placements if she was rostered to do a shift on a Sunday but would not study on the Sabbath, as this day was kept for just church and family.

⁷ White or non-Samoan person

DIFFERENCE AND DISCONNECT

Being brown

Midwives discussed how simply being Pasifika made them very different from their non-Pacific classmates. Coming into the degree feeling like they had a sort of stigma attached to them, due to their cultural identity or ethnicity, did not enable them as students. At times they felt, as Pasifika women, alienated by their non-Pacific colleagues. For some, learning to accept who they were was a long journey. Miti's view about this was as follows: *"I think as Pasifika, we already come with baggage... Being an Islander, there's always baggage."*

Those who studied at institutions where they were one of only a few (or the only) Pasifika students, reported feeling alone and isolated from their peers at times. Despite trying to fit in, not having other Pasifika students with whom to align, made it hard to find where they belonged within the class. Hana described her experience as: *"I didn't fit in... They all have their own cliquey groups there and I didn't fit into any of those."*

Participants reported an "us and them" attitude displayed by some of their classmates. They spoke of racial tension in the classroom and shared the experiences they encountered as student midwives, and how difficult this was to overcome. The MOE (2020) noted that Pacific peoples in education should not be subjected to racism and discrimination. They have, however, been found to experience both institutional and interpersonal racism and be treated differently by their educators and peers (MOE, 2020). Sina described this powerfully:

There was blatant racism in our class... They said "Oh, Sina got in because she's Pasifika". So you kind of had those undertones through your journey as well. And it made you want to pass, because you didn't want it to look like you were getting special treatment.

Pacific tertiary students have also reported harassment from their peers for receiving "extra benefits" (MOE, 2020). DiAngelo (2018) wrote about the concept

of “white fragility” which can be seen in the defensive reactions from (usually) white students when they witness ethnic minorities benefitting from rewards that they are not entitled to (MOE, 2020).

Lagi spoke about how for Pasifika it is very natural to want to help others, to ensure that everyone is learning and progressing together. She thought nothing of sharing her knowledge and resources when she knew that it would help someone with their learning. She recalled a time when she had been away from some lectures and tried to access notes that she had missed. Of the multiple classmates whom she asked, no one was willing to share their notes. As an adult student, the competitiveness between her peers was both surprising and disappointing to her. Lagi commented: *“you should see some of the ugliness... It baffles me still to this day because we’re all women and we’re all adults.”*

Unfamiliar & unaware

Connectedness and a sense of belonging is important to Pacific peoples and links back to the centrality of relationships, which is a key cultural element (MPP, 2018). Weaving people together forms connections. Educational spaces where Pasifika do not feel connected are not enabling. These midwives who lacked Pasifika peer support felt additional pressures and expectations on them.

Studying at tertiary level was new for many of the midwives and they found adapting to the academic environment difficult. There was a lot to learn in terms of the processes and logistics involved in tertiary education, before even considering what they needed to know about midwifery.

Most midwives spoke about how hard the degree was for them academically. They did not comprehend prior to beginning the course how challenging it was going to be. The midwifery course was content-heavy, the assessment style was challenging and, for some, English was not their mother-

tongue. Sina described the course as *“sink or swim”* and said: *“first year, it’s so foundation. It’s a new language and you’re just swimming.”*

Pasifika in tertiary education have the lowest rates of participation in degree or higher qualifications, and lower completion rates than non-Pasifika (Pasifika Futures, 2017). The traditionally mono-cultural and non-Pasifika structure of tertiary institutions often does not work for Pacific peoples (Nakhid, 2006). Having to sit in lectures and classes and be spoken to in scientific and technical language can be challenging and confusing. When speaking about the language of midwifery, Alea said: *“the jargon that they use. We found it really hard.”*

Mere spoke about how a lot of her classmates failed the papers on human anatomy and physiology in their first year of study. These papers can be challenging for many students with the heavy, scientific content. For some of the midwives, learning how to navigate working online at home and having self-directed learning, was very challenging. Those without good support around them found this further isolating. Sina spoke about the times she spent doing online, self-directed learning at home: *“it’s really easy to sit in front of a computer and not get it.”*

She also spoke about the expectation on her to be a poster child for her school of midwifery, due to being an ethnic minority. She was often singled out because of this and felt the burden of having the spotlight on her. Sina said the following in the *talanoa*: *“knowing that I was the only Pasifika student was a hell of a lot of pressure because I knew that the statistics were literally 100 percent on me.”*

Sina talked about the assumptions that academic staff made about her based on the fact that she was Pasifika. When speaking about feeling singled out, Sina said: *“they’re just like ‘so because you’re from a different culture, you can work with this*

culture, and this culture, and this culture...’ And it’s like, yeah, but literally everyone should be able to do that.”

When speaking about the added pressure of being Pasifika and feeling the need to prove herself, Sala similarly shared these thoughts:

As women like of colour, I guess, we have added pressures. And not just from family but from expectations of those around us as well. So, going through, it was never a case of “oh I just need to get a good mark”. I’d always feel like I had to get the best mark in order to prove myself.

Midwives felt quite misunderstood by some academic staff because of their cultural differences. Sala spoke of an encounter she had with a senior academic staff member:

She said something along the lines of “This degree is really hard... We can’t be expecting you guys to support everyone along the way”. She didn’t get it... and I left it, because I was like, she doesn’t get it. She doesn’t understand that actually, that’s how we operate.

Although the staff member was trying to be supportive and encourage students to put themselves first, before supporting others, Sala was offended. She felt that this advice completely went against the Pacific way of thinking, where work done is for the benefit of the whole family or community, and not just the individual (MPP, 2018).

The absence of Pasifika academic staff was mentioned by the majority of midwives in my study. Not having Pasifika teachers to whom students could relate and see themselves in was a barrier. Midwives spoke about the lack of respectful and nurturing relationships between themselves and non-Pacific educators during their time studying. They encountered a lack of understanding and empathy from staff regarding their cultural needs. Were it not for navigating their way through and engaging with other enablers, this could have proved to be a barrier that was difficult to overcome.

Lotu, who has English as a second language, spoke of feeling misunderstood because of her culture and a lack of empathy from lecturers. She described feeling like she was looked down on by academic staff: *"sometimes they look at the Pacific students as the one who won't be successful."* Lagi felt that educators were unapproachable and that she could not ask for their help. Similarly, Mere described not asking for help, even when she knew that she needed it. Not surprisingly, feeling uncomfortable or unsafe to approach academic staff is a barrier for learning.

Sala spoke of the lack of understanding that non-Pasifika academic staff had of her culture and her needs as a result. Although she struggled with their ignorance, she was empathetic towards them and said: *"it's just because it's not their lived experience. I mean... you can't expect somebody to understand something that they haven't really lived themselves."* Sala did not always feel that they provided her the same respect however, commenting: *"maybe some more empathy would've gone a little bit further."*

Midwives found the amount of weeks of contact teaching very demanding with little break between semesters. Lagi discussed moving into a new semester with only a weekend in between the two. Often she had not received results from the previous semester's assessments and was unsure if she had passed; and, therefore, was even able to proceed.

Hana spoke about being quiet and not speaking up in class when needing help. Culturally, she had been taught to be respectful by not speaking up, and this was a difficult habit to break. She said the following about the negative implications of this: *"because I didn't speak out a lot for myself, you kind of become like the target."* A number of the midwives felt that there was already an expectation that they would not achieve. It is no secret that statistically, Pasifika have poor

outcomes in tertiary education (Pasifika Futures, 2017). It can be hard to feel like you belong in academic spaces when statistics constantly tell you otherwise.

FUNDS AND FINANCES

The financial struggle was very real for students throughout the degree, especially so for those who had contributed to family finances prior to studying. Not earning for three, and in most cases four, years created stress for midwives. Most could not work due to the nature of the degree and had to rely on their partners (where applicable) and families to support them and their children during this time. Sina discussed the magnitude of this barrier: *“that toll and the stress that you get with the financial burden. And then you come out of it, and yeah, you’ve got a degree, but you’ve got a 35,000 dollar student loan.”*

Sina spoke about being far away from home for a 14 week placement and the financial implications. During this time, she had to pay for both her accommodation where she was working, plus her rent in her permanent place of residence. While on placement she also could not see her family or usual support, due to her distance from home and the logistics of getting there. She summed up her time studying as being *“hard”* — academically and financially.

The financial burden of the degree impacts on midwifery students and their families. There are many costs associated with midwifery education; course fees and significant course-related costs including items like computers, mobile phones, a car, textbooks, uniforms, footwear, and petrol. Theodore et al. (2018) found that Pasifika graduates, along with Māori, had significantly greater financial burden in the form of student debt. They were also more likely to use their finances to support others in need, like their family. The majority of Pasifika midwives in my study had significant debt at the completion of their midwifery education.

Some Pasifika students applied for and received scholarships during their undergraduate degree. This relieved some of the significant financial pressure that they faced. Others, however, found the application process daunting. Mere likened filling out the form as being: *"like another assignment."* Not knowing how to tackle the application process proved to be a barrier for some midwives when trying to access financial support for their education. For others who were successful in their scholarship applications, needing to maintain a B-Plus average, as a requirement of the scholarship conditions, proved difficult and unnecessary added pressure.

Other barriers discussed by midwives, resulting from a lack of finances, included not having access to a computer or internet coverage at home. Even seemingly minor basics, like not having decent shoes to wear on clinical placement, were mentioned.

PERMISSION TO SUCCEED

*Don't put yourself down
Cos everyone else can do that
Think up! Look up and then you'll see
That you can do anything that your heart decrees*

*Don't give up or give in
Just keep tryin and keep on livin
To see the next day and do those things
That'll bring you closer to your goals and dreams*

*Let no one else tell you that you're dumb
Don't give them that permission – Cos you're not
and they need to know that they're the ones
Who need to change their perspectives
cos you're the one who's gonna make it*

*So give it heaps
Settle down and make it work
Ask for help, find good friends
And make it happen and it will be
with your permission*

Helen Tau'au-Filisi (2016, p. 23)

GETTING THE WEAVE TENSION RIGHT: CREATING ENABLING ENVIRONMENTS

To successfully begin weaving, the long *voivoi* strands will be pulled into a rough pattern. Once the weave tension is right, the *voivoi* will lock together and the formation of the mat will begin. From here, more strands will be introduced, whilst maintaining precise tension of the weave (Kivu Nature Inc., 2011-2020). I liken this process to overcoming the barriers that midwives face as students. Once these stressors are managed or surmounted, the student experience will improve and growth can begin.

When the *voivoi* interlocks, as a result of the right weave conditions, the mat will steadily grow. This is what can happen when we create enabling environments for Pasifika midwifery students. Mat weaving rewards a persistent and patient weaver, just as enabling environments can result in greater successes for Pasifika midwifery students.

In this section, the following three strands will be discussed: **Culture and Customs, Shared Sisterhood**, and **Equitable Education**. Shared Sisterhood will include the sub-strands: Pasifika Peers, 'The Aunties', and Familiar Faces. Equitable Education will include the following sub-strands: Cultural Connection, Planning & Preparation, and Helping Hands.

CULTURE AND CUSTOMS

The strand Culture and Customs encompasses the support that midwifery students received from their family and cultural communities. These were both mentioned frequently in the *talanoa*. Support from family was paramount for student success and was mentioned by midwives as one of their biggest mainstays during their midwifery education. Miti said: "*I think the number one support would be family. Good family support.*" Family provided emotional, pastoral, and financial support during the time that midwives were students.

Midwives relied on their families to care for both themselves and the needs of their children. Seventy percent of the participants were mothers when studying, so support with childcare was imperative and at the forefront of their minds. Support was provided largely by family—partners, parents, in-laws, and siblings. Many spoke of the way that had it not been for this kind of support, studying and completing the degree would have been impossible. Kura spoke honestly about the importance of having a good support network around you and the help that she received during her degree: *“I’m blessed because my husband was able to support me... financially and sometimes emotionally.”* Midwives found the degree emotionally tough and at times needed extra care to support them when they were struggling. Like Kura, Sala spoke of how caring and supportive her husband was: *“all he wanted me to do was succeed. He was there from the beginning until the end and he never once doubted me, even though I doubted myself.”*

This kind of belief helped midwives to focus and regain their own belief in themselves. They needed tenacity and determination to keep going and be successful. Hiva felt that if she kept focused on the bigger goal and remained motivated to study, she could get through and succeed. Although studying midwifery was challenging, completing the degree was immensely rewarding. Midwives described the process as being transformational. As Sala said:

I could do any degree now. Like honestly, after going through that. I look at a degree and I’m like “Oh, I could do that... I could do that”. Because of the time constraints, expectations, level of writing and everything that you have to attain to get through on the other side. It’s insane.

The midwives who successfully completed their undergraduate degree had a strong sense of self-motivation and strived for success both for themselves and their family and wider community. They were determined to get through and underwent great personal growth throughout the journey. When speaking about

how beneficial her midwifery education was, and the learning that came from it, Sala said: *“there’s so many positives that I can take away from that degree. I would do it again in a heartbeat because of all the things that I learnt, not only about myself but about other people.”*

Midwives divulged a lot about their commitment to completing their qualification, regardless of how difficult it got. They spoke about the negative statistics around Pacific peoples in education and how this was a driver for them to succeed. The midwives also discussed their commitment to their families and the desire to give them a better life by gaining a qualification and a good job in the future as a result. In the *talanoa*, midwives spoke about their commitment to the wider Pasifika community, and how they needed to do well in order to care for their own people. This gave them further motivation to succeed.

Participants talked about family being motivators for them to undertake midwifery education. As well as being a major source of support, for most Pasifika student midwives, family was also their reason to succeed, especially when they were feeling discouraged. Hiva said: *“the kids, you know - family... They are more like your motivators... If you fail, they all fail.”*

Many participants spoke about their own and their family’s faith and the influence in their lives. For the large majority of Pacific peoples, spirituality is an important cultural value (Pacific Perspectives, 2019). Midwives in my study reported receiving significant support from their church and cultural communities during their time as students. Often these communities were one and the same.

SHARED SISTERHOOD

The shared sisterhood was enabling for all Pasifika midwifery students in my study. This included support from their Pasifika peers, their engagement with

The Aunties, and the wrap-around support they received from Pasifika midwifery staff at their academic institutions.

Pasifika peers

When talking about their peers, all midwives spoke about the strong bond with their fellow Pasifika students. Pasifika students quite naturally flocked to each other and formed strong friendships early on in their midwifery education. In the cases where there were no other Pacific peoples in their class, Pasifika midwifery students tended to align themselves with Māori students. Alea said: *“it was kind of like us brown students stuck together. We stuck together and got through this and supported each other... I wouldn’t have done it without them, to be honest.”* Participants, without Pasifika classmates also spoke of the relationships they formed with Pasifika students studying other disciplines at the same institution.

The collective mentality was very evident in the *talanoa*. Midwives talked about all being on the journey together and how, as Pasifika, they shared a cultural connection. They felt a sense of responsibility for their Pasifika peers and talked about how as Pacific peoples they understood each other. The formation of study groups, sharing of resources, receiving advice or the offer of a listening ear were deemed beneficial by Pasifika students. Lagi noted the camaraderie between the Pasifika midwifery students: *“you’re all in it together sort of thing. It doesn’t matter if you’re first year or third year... You’re all on this journey together.”*

At some institutions, students could engage with Pasifika Student Leaders who would act as an additional academic support and bring Pasifika students together. Through this connection they established study groups, shared resources, received help with assignments or study tips—all things that were deemed helpful by Pasifika students. Sala spoke about how beneficial the group

was and the sense of belonging it gave to Pasifika students, who “*don’t tend to do too well isolated.*” Sala said:

we were supporting each other. Because it’s really important... You can’t do it by yourself, and those that think that they can - and there are some that get through and they’re really fine with it, but it’s really lonely.

Lotu also discussed how supportive the Pasifika Student Leader was and how much she engaged with her: “*I think without her, it would be really hard for me. Because when I study the notes, I don’t know what to study.*” She described the Pasifika Student Leader as being: “*more like a sister to me*” and spoke about how she always looked for her on campus.

Midwives who were engaged with the Pasifika midwifery community received support from both students and The Aunties. Lagi spoke of the struggles that she faced and what helped her overcome these: “*there were definite times that I wanted to give up. And had it not been for the encouragement of not just students, but actual midwives, I probably would’ve given up.*” Good relationships are a core value for Pasifika, and the establishment of close networks with peers was important for participants. Mere summed up her feelings about it in the following sentence: “*we just get each other.*”

Pasifika midwifery students found an ease in their relationships with their peers and did not have to adapt who they were for the benefit of others. Lotu said: “*when you’re around other Pacific people, I always just found that I really fit into the group and I always feel confident to ask them.*” Midwives spoke fondly about the support they received from their classmates and how this was a major enabler for them. For some, this went beyond the realms of just friendship and their peers became their family. As Alea described:

They pretty much housed me some weeks and actually helped me out with food and things like that. If I needed rides, or help to get to the hospital... They were always there for me. I’m eternally grateful to them.

Midwifery students relied not only on Pasifika students in their year, but those ahead of and behind them as well. They shared resources and supported those behind them with their guidance and wisdom, acting like big sisters. Sala spoke about the support extended between students in different years: *“that giving and helping others... Acts of service are really important.”*

They looked out for each other and selflessly did what they could to make each other's journey smoother. They would share or point each other in the direction of useful resources, give tips on assignments, and advice on how and where to save money. Kura discussed feeling a sense of responsibility to ensure that other Pasifika students got through the degree. This highlights the sense of collectivism and communalism that is so important for Pasifika (MPP, 2020).

Lagi also spoke about her positive connections with fellow Pasifika midwifery students as a result of being connected to the Pasifika midwifery community:

I felt really blessed to be part of the group. But yeah, especially having the camaraderie with the students. Knowing that there are students that are egging you on and encouraging you and stuff. But then, also students behind you that you can help.

In the past, PMWA have held national *fono*⁸ for Pasifika midwifery students allowing them to connect on a national level. Midwives spoke about how beneficial this was and how it would be good to continue. Forming nationwide networks of Pasifika midwifery students would be especially enabling for those without Pasifika peers alongside them.

⁸ Any type of meeting between people

'The Aunties'

Support from the Pasifika midwifery community was received by all the midwives and they described this as being a major enabler for them to succeed in their midwifery education. "The Aunties" were talked about by all participants.

PMWA operate the Aunties Initiative, a voluntary, self-referring mentoring programme that pairs Pasifika midwifery students (Nieces) with PMWA midwives (Aunties). The initiative began due to the high attrition rates of Pasifika midwifery students. Aunties offer pastoral care and academic support to Nieces throughout their undergraduate midwifery degree (Nelson, 2016). Relationships have been forged with midwifery schools and Pasifika midwives nationally. PMWA have received no funding for the Aunties initiative. It has been self-funded from fundraisers and *sevusevu*⁹ (Marsters, 2019).

Midwives spoke very highly of the Aunties Initiative. They described how supportive and caring the relationships were and the high level of support they received from their Aunties. Lagi said: *"if we needed something, they would go that extra mile to find out how they could get it."*

Hana spoke of a time during her midwifery education when she was struggling academically and emotionally, feeling isolated and alone. Prior to this time, she had not had contact with the Pasifika midwifery community and was then introduced to them. She recalled how the Aunties cared for her holistically and offered support that she was not getting from anywhere else. Hana spoke of the experience: *"I used them to be my voice mainly - to advocate for me... I started using them as a go-to, safe place for me. Through my years of being a student, the support from the Pasifika midwives was amazing."*

⁹ Gift or donation

When discussing how helpful the Aunties were, Sala spoke about the capacity they had to share what they knew and give of themselves so readily. She fondly remembered the “*shared sisterhood*” and how she also wanted to aspire to that. Sala said:

there was a lot of support but that was coming from our own community, and that's what helped me through... I saw Aunties coming and just being so supportive to every Niece that came along, and it didn't necessarily have to be their own Niece.

Only one of the midwives did not actively engage with her Pasifika Aunty regularly throughout the degree. She did not feel that she needed the support, so following their initial meeting, never met with her one-on-one again. She did, however, see her Aunty and have regular contact with other Pasifika midwives at their meetings and functions throughout her midwifery education. Lagi summed up the way in which Pasifika midwifery students benefited from their connection with the Aunties Initiative: “*we had the additional support of the Pasifika midwives... They offered so much more.*”

Kura got quite emotional when speaking about one of the Aunties who took her under her wing and how enabling this relationship was for her. She said: “*one of the biggest things that got me through, was another Pasifika midwife. Where she came in and she just repaired all the broken wings that had been just chipped away at.*” Kura talked about how kind and supportive the midwife was and how this relationship positively changed her journey as a student:

I never did anything wrong. And I might've done a gazillion things so wrong but according to her, I did it all right... Her encouragement... Her belief in me... Beyond what I felt I deserved. Because I had been so butchered and slaughtered by other midwives.

Having the support of the Pasifika midwives enables midwifery students. They see in their relationships with midwives, role models who they can aspire to be

like. The Aunties act as mentors who provide academic and pastoral support that is culturally safe. Although student midwives are allocated their own Aunty, they are overseen by the majority of the Aunties, who get to know them during their time as students. Aunties can also work alongside Nieces in clinical placements, support them with academic support, and run tutorials and practical teaching sessions to consolidate learning. Participants talked about Aunties offering them quiet spaces to come and study, or hold study groups at their clinic rooms. Aunties even advocated for Pasifika students in meetings with academic staff when needed.

Midwives talked fondly of their relationships with the Aunties, and how they could use them as a trusted space where they could be themselves. When describing the Aunties, Hana said: *“they were so supportive and loving.”* The success of the Aunties Initiative, and how much extra support the programme provides to Pasifika midwifery students, was recognised by the participants. Sala said: *“I think it’s really nice seeing students that have come through and are midwives now. It does work.”*

Lagi shared how lucky she felt as a Pasifika student because of the depth of relationships that she formed and the additional support this provided. This included both her relationships with Aunties and also with Pasifika students in other years:

In my third year, I had a definite study group, and I was the only Pacific student in my whole year. And I noticed that we were really close as a study group, and we would support each other but outside of that... You know what I mean? For my colleagues, the study group was sort of it...

Ultimately, there need to be more Pasifika midwives for students to work alongside, across all settings. Midwives mentioned in the *talanoa*, how few Pasifika midwives were available to work with during their midwifery education—none in some instances. When discussing what enabled

environments would look like, Lagi said: *“definitely more Pasifika midwives anywhere really. Core and LMC. ‘Cos sometimes just seeing (Pasifika midwife’s) face on the ward would be reassuring.”*

Familiar faces

Midwives who attended institutions with Pasifika midwifery educators, saw this as a major source of support. The MOE (2020) stated that “having teachers, educators and leaders who can easily relate to and empathise with diverse Pacific learners helps make them feel more comfortable, supported and secure in their place of learning” (p. 13). This is particularly true for educators of diverse Pacific heritages, who are unfortunately a small minority (MOE, 2020). Naepi (2019) reported that the proportion of Pasifika academics in universities in Aotearoa is only 1.7 percent. Numbers in Aotearoa’s polytechnics are unknown.

A Pasifika Midwifery Liaison offers a wrap-around service for Pasifika midwifery students. Marsters (2019) stated that the role identifies, and provides or sources “pastoral, academic, cultural and/or clinical support” (p. 2). The role can be a joint initiative between the institution and the District Health Board (DHB) in the location of the midwifery school, or supported solely by the institution. Six of the participants had access to this service for part, or all, of their time in midwifery education. Those who did realised how lucky they were as students. The Pasifika Liaison was able to offer them cultural support and bridged the gap between themselves and non-Pacific academic staff. This enabler was consistently mentioned by those who experienced it during their degree. Sala shared the following: *“when they hired one of the Pasifika midwives to be on site, it was actually one of the best things that they could’ve done, because she had a good understanding of like, what we were experiencing.”*

Lotu spoke of the way that she engaged with the Pasifika Liaison. She found her both approachable and easily accessible because there was no time limit placed

on their appointments. Lotu said: *“because she was Pasifika, she didn’t make you feel stupid.”* The Pasifika Liaison could deliver information in a culturally appropriate manner that Lotu understood. She spoke of the additional help the Pasifika Liaison would provide to support her, and how she arranged extra classes for Pasifika students to help with their learning. Lotu when describing her said: *“the person that I always go to. She was always there.”* She also recalled the experience of finding out that she had not passed one of her papers and would have to repeat this. Lotu said the following about the upsetting incident: *“I remember that day I failed. (Pasifika Liaison) was the only one. I cry on her shoulder...”*

Having a Pasifika member of staff in the midwifery department meant that regular meetings of the Pasifika midwifery student cohort took place. This allowed for closer relationships to form between students in different years of the degree. From this, they could form connections and then rely on each other for additional support. Midwives were very positive about these relationships.

Having Pasifika staff at all institutions would be beneficial and enabling for Pasifika students. With the Pacific population in Aotearoa continuing to increase, it would benefit all students, not just Pasifika.

EQUITABLE EDUCATION

Equitable education for Pasifika is that where their cultural needs are not an obstacle to fair and inclusive education (TEC, 2017b). This section will discuss the enablers for Pasifika midwifery students at their academic institutions. Enablers included the cultural connection midwifery students experienced, having solid foundations going into the degree, and the financial support that they received.

Cultural connection

For Pasifika, success is a largely collective concept that encompasses the achievements of the family and wider community, not just those of the individual. This reflects the Pacific cultural values of relationships, reciprocity, interdependency, humility, and service (MPP, 2018). In wider education systems, however, the mark of success has a much narrower, individualistic definition to which Pasifika fail to relate (MOE, 2020).

Where no Pasifika academic staff were available, midwives generally spoke of one or two particular staff members who offered them support that was either pastoral, academic, or both. These staff members, who were approachable and kind, would also advocate for them as needed. Students appreciated this more personal attention by attentive and caring midwifery educators and had an affinity for those members of staff. Alea described her experience: *“she always helped us... ‘Cos she knew that all the Pālagi students would get it. But she knew that it would take us a bit of time.”*

Where there were low numbers of Pasifika midwifery students at institutions, they were included alongside Māori students for certain lessons (which usually had a “cultural” component e.g., Cultural Safety). Alea discussed how this was preferable to being with non-Pasifika and non-Māori, but still not ideal. She did, however, find that learning alongside her Māori classmates was more supportive than the mainstream teaching. She divulged the following: *“we learnt in a way that’s easier for us... especially with the language.”*

Kura felt strongly about the need for greater diversity among teaching staff and said: *“let’s not make it so vanilla in the faculty. That in and of itself, does not really empower Māori or Pasifika... Especially when they’re mostly English.”* She also wanted to see more of herself in the content being taught. Not being able to relate to the teaching was non-inclusive and dis-enabling for Kura. She discussed how

hard she found it hearing about the negative statistics relating to Pacific peoples in lessons taught by non-Pacific staff. She felt targeted, unsafe, and that it was not the right way to present the information. She reacted in the following way: *“I decided to stand up a little bit for our culture. Whenever there was an opportunity that was appropriate, I would offer context to the information they were giving.”*

Kura made a conscious effort to put a positive spin on the way in which information about Pasifika was presented. She invited her family members to the class, talked about Pacific cultures and customs, and even provided island-style food for classmates to try. When talking about the need for this information to be freely and honestly shared with students, Kura said: *“they do need to have Pasifika content.”*

Midwives make up a significant part of the health workforce in Aotearoa and can substantially influence how healthcare is delivered. Since 1992, Cultural Safety has been a core component of midwifery education (Ramsden, 2002). Cultural Safety education developed from the recognition that health professionals can reduce barriers to equitable health care and, therefore, health outcomes. Educational institutions have a responsibility to enable individual students to change their way of knowing and attitudes, and to be empowered and advocate for change in systems where disparities are evident (Jones et al., 2019).

The spaces where learning takes place should be culturally safe for students also. Educational environments should feel welcoming and safe for Pasifika. Less Eurocentric learning environments that allow for interaction between teachers and students could enhance feelings of connection.

Pasifika students discussed how the classroom environment could be difficult for them culturally. They found it hard being spoken at and much preferred

interactive learning situations like simulations, as well as clinical placements. Miti said: *"I find with a lot of Pasifika, we learn differently compared to other ethnic groups. We're more hands-on learners and so we would do much better in placements compared to the theory."*

Most participants spoke about how learning happened for them when they were doing practical, compared to theoretical, work, and how much better this is for Pasifika. Lagi stated: *"I learnt so much more on placement."* Practical learning is especially effective when students out on placement work alongside kind and patient teachers.

For learning to be liberating for Pasifika students, solutions need to be both supportive of their cultural needs as well as pedagogically sound. Midwives did not want to receive "special treatment" per se, just "culturally-appropriate treatment" that enabled their learning. Sina said: *"I think of not making it easier academically but more accessible. At the moment it's not really equitable."*

Learning for Pasifika is both collective and communal, so this should be reflected in the way that knowledge is taught (MOE, 2020). An emphasis on group work, smaller interactive tutorials, and alternative means of assessment, could all benefit Pacific learners. Pasifika midwifery students need academic staff who are compassionate and understanding of their specific cultural needs. When discussing her view on what Pasifika students need, Miti said: *"we come from a nurturing kind of background. So we kinda need to be nurtured."*

It is important that Pasifika students feel comfortable and able to connect with academic staff and their peers. Having approachable and personable teachers significantly benefits Pasifika (Massey University, 2016). Staff members who can relate to Pasifika students and have some understanding of their unique cultures

and ways to support their learning, will better enable their academic success (MOE, 2020; Taleni et al., 2017).

Changes to the curriculum in some institutions have started to happen, with the increase from a three to four year degree programme. Kura spoke about how positive it is for midwifery students to now have more time off with these changes. Having more down-time between semesters and a longer break between years will potentially work well for Pasifika students. Giving them more time for their families and life outside of the degree is likely to be more sustaining. The slower pace of learning should also be easier for Pasifika midwifery students to manage. Sala alluded to the same: *“we just need a little bit of extra time... It’s the stuffing the degree into three years... It takes a lot.”*

The more students can work alongside different Pasifika midwives and clientele during their midwifery education, the better. Midwifery students feel a familiarity and ease when working amongst their own cultures, and the student, midwife, and client all benefit from this partnership. Partnership is a key concept associated with midwifery in Aotearoa. Midwives work in partnership with women and *whānau* to provide care, support, and advice. Midwives also work in partnership with midwifery students (Guilliland & Pairman, 2010; NZCOM, 2018a).

Working amongst Pacific communities as students provides familiarity for student midwives which makes the transition easier when establishing themselves as new registered midwives on completion of their degree. Most desire to work within Pacific communities, so the earlier they make those connections, the stronger they will be once they become qualified. The majority of the midwives in my study, who now work as LMCs, have caseloads largely consisting of Pasifika women. This is even in areas with smaller Pacific

communities. Sina revealed the following in her *talanoa*: “my first year I had a 70 percent Māori and Pasifika caseload.”

The aim is to increase recruitment and retention of Pasifika midwifery students and midwives for working within our Pacific communities. Lagi reflected when talking about the Pasifika midwifery community: “it’s growing. But we’re still such a small minority.” That these junior midwives are working in these settings and serving our people, is heart-warming. May this long continue into the future.

Enabling environments for Pasifika students are those where they are free to be proudly Pacific and feel accepted by those around them. They do not have to adapt to make others feel more comfortable about their cultural differences. As Hiva commented: “that’s our way and we don’t have to change into other people’s way.” Midwifery students need to be able to navigate fluidly between their cultural needs and their educational needs. These should be complementary to, and not conflicting with, each other.

Planning & preparation

Many of the participants completed a foundation learning course prior to beginning their midwifery education. They shared how they found it invaluable and felt that it was a great option for Pasifika, especially those without a strong science background. Mere praised this as an option for Pasifika students: “I always tell people to do that foundation course first.” Kura, who also completed a foundation course, spoke about how grateful she was to have done so. It helped her prepare for tertiary study and learn the knowledge and skills that she utilised throughout her midwifery education.

Some of the participants had a health science background which helped them with much of the course content. They could also use this knowledge to support their Pasifika peers learning.

Participants suggested the possibility of Pasifika students spending time with a practising midwife to see first-hand what their job entails. They felt that with the degree being so demanding, it is important that students are aware of what a midwife does. This could be done before, during, or after a foundation learning course, prior to the student making the personal and financial commitment to the undergraduate midwifery degree.

Helping hands

Accessing academic supports, like student learning services, is something that midwives learnt to engage with early on in their midwifery education. This was especially important for those who were not versed in academic writing. Sina said: *"I had to use learning services all the time... Literally every assignment that I got, I would go to them to proofread it with them."*

Kura spoke about having to be resourceful and engaging with support services. She recalled: *"I didn't rest on my laurels. I accessed as many services as the university could offer."* She also shared her findings with her Pasifika peers, so that they too would benefit from the information.

Midwives appreciated support in the form of additional tutorials and simulations which, when offered, helped to consolidate their learning. Lagi engaged in these and said: *"I'd go along to any additional tutorials."* Mere talked about going for a learning assessment and being given access to equipment and services that could help with her learning. This included a SmartPen that she used to record lectures. She found this additional support helpful.

The costs associated with midwifery education were significant for all participants. Course fees and related expenses were largely covered by student loans and allowances. Sina talked about how she was entitled to the full student

allowance because her family was poor. She joked about her student days being the only time in her life when it was beneficial to be poor.

Accessing grants and monetary support through their educational institutions was something that enabled Pasifika midwifery students. These lessened the costs associated with studying. Miti described the ways in which she and her peers supported themselves: *“there’s financial aids and stuff, so we just made use of those... Petrol vouchers, shopping vouchers... Just to tie us over sometimes.”*

Seven of the midwives were mothers during their time in midwifery education. They relied on childcare subsidies for some financial relief. Those who were eligible for subsidies and allowances found this a great support. Hiva was one of those students and said: *“having the WINZ¹⁰ subsidies, that’s very helpful for me.”*

Any financial aid that can minimise costs to Pacific families is enabling. Some midwives accessed scholarships which significantly helped them financially. Sina said: *“scholarships are always amazing. Anything that’s going to help financially is always going to relieve some stress.”* Participants spoke about how supportive it would be for there to be more financial support for Pasifika students during their midwifery education. They also felt that it would attract more Pasifika into the midwifery programme. Aotearoa needs Pasifika midwives and financial barriers should not prevent Pasifika from undertaking midwifery education (MOE, 2020). Kura expressed her honest feelings around how to build our Pasifika midwifery workforce: *“if they really want a workforce that is culturally appropriate, then you have to build the workforce, and the only way you can build them, is by dangling carrots.”*

¹⁰ Work and Income New Zealand

Kura suggested the possibility of a stipend in the final year of the degree when students are largely out in placement, and essentially a part of the midwifery workforce. Kura also suggested having childcare options on site; especially in year one when there is generally more theory time than clinical placements. Many Pasifika students have families with young children when they begin the degree. Support with ease of child care, in close proximity to campus, would enable Pacific mothers.

Sina spoke about motivators for attracting Pasifika into midwifery and retaining them in the degree programme: *“incentives are a huge one. And that doesn’t necessarily need to be financial.”* She felt that simple things like allowing students to choose where they wanted to do their long placements (which she did not experience), would be enabling. Sina also felt that it was important to have a Pasifika presence and be face to face in a classroom (as opposed to solo online learning) for retention of Pasifika students.

Reciprocity is a familiar value for Pacific peoples. For students to benefit in some way, whether financially or otherwise, could make midwifery a very attractive career option for Pasifika.

UNWEAVABLE STRANDS: OTHERS AND OUTLIERS

There were some unweavable strands that could not be incorporated within the mat. Although these strands were not used, they also could not be discarded and could potentially be of use in other weaving works.

A number of midwives discussed the transition from midwifery student to registered midwife and how big this experience was for them. They knew that theoretically and clinically they were capable and competent but struggled to find their feet during their time as new graduate midwives. Chapman (2018), when discussing the concepts of competence and confidence in new graduate

midwives, stated that the two do not always co-exist and this largely varies between individuals.

Some felt that they were much better supported as undergraduate students compared to as new graduates; despite taking part in the Midwifery First Year of Practice (MFYP) Programme. The MFYP Programme provides support for midwives as they transition from student midwife to registered midwife (Pairman et al., 2016).

Hana spoke in depth about her struggles in her first year of midwifery practice and said: *“I got bullied in my first year out as a new grad. That was horrible. I had to see it through with Pasifika midwives, that backed me right through to mediation.”* She was very affected by the events and the impact it had on her as a new midwife. She felt that during her time as a junior Pasifika registered midwife, more support was needed—beyond what was provided by MFYP. Hana was very happy with her choice of MFYP mentor. The programme allows mentees to self-select mentors who they feel will support their holistic needs as a new graduate midwife (Pairman et al., 2016).

Hana could not fault the support that she had throughout her midwifery education but wished that this level of support had continued. She did, however, feel that this may have already improved as the number of Pasifika new graduates has increased.

Sala also discussed her time as a new graduate Pasifika registered midwife. There were some aspects of midwifery practice that she and other midwives felt could have been covered in greater depth during their midwifery education. These were mainly around the logistics of being a midwife, including time management and the business side of midwifery for LMC midwives. When discussing the transition from midwifery student to registered midwife, Sala

commented: *"it's a huge, ginormous jump. Sometimes I think that midwives think it's a really good idea that they don't show us all the other bits and pieces. It's actually not. It's not doing us a favour at all."*

These strands could be investigated in future to see if Pasifika midwives would benefit from additional formal support during their MFYP year and beyond. Recent MFYP participants who identify as Pasifika have had the opportunity to apply for Pacific Peoples Support Funding. This is designed to be used for mentoring, cultural supervision, and cultural development activities (L. Nathan, personal communication, January 29, 2020). This funding may need to be extended beyond the MFYP year.

SUMMARY

Now that we are successfully *Weaving the Voivoi Strands*, the mat is starting to take shape. We have progressed through the initial, difficult stage where we encountered *Problems with the Weave Tension*. By addressing and overcoming these barriers we then worked on *Getting the Weave Tension Right* to create an enabling environment for successful mat making. Finally, we dealt with the *Unweavable Strands* that did not fit within our weaving. It was important to acknowledge these outliers, as they could potentially lead to other works in the future. For now, however, we will continue to weave our mat. In the following chapter, the meaning of my findings will be examined in order to see the *Emerging Pattern as the Mat Grows*.

UNTITLED

*an indigenous woman
with culture in her blood
and language on her lips
surrounded by aunties who have led
and aunties who will protect
is a formidable force
remember that when your shoulders bend
remember that when your steps falter
remember that when your heart skips
you are not alone*

Tenille K Campbell (2020)

CHAPTER FIVE: EMERGING PATTERN AS THE MAT GROWS/DISCUSSION

INTRODUCTION

Now that our weaving is underway, the interlaced *voivoi* is taking shape and we are starting to see the *Emerging Pattern as the Mat Grows*. This chapter continues to bring together the strands of knowledge so that the pattern within the mat becomes clear. This growing pattern can be likened to our learnings around the enablers for midwifery students during their time in undergraduate education. As the pattern emerges, we will get a sense of its scale and how it is placed within the weaving.

The strands that have been identified in the findings will be further discussed to decipher their meaning and significance. Interspersed throughout this chapter will be my recommendations, going forward, for supporting Pasifika midwifery students in undergraduate education. The meaning, significance, and limitations of my findings will be discussed, along with the use of TRM for my study.

ENABLERS FOR PASIFIKA MIDWIFERY STUDENTS

Aotearoa has a current shortage of Pasifika midwives. We make up only 2.75 percent of the midwifery workforce (with combined first, second, and third identified ethnicities) (MCNZ, 2020). To grow this workforce, there is a need to retain greater numbers of Pasifika students in midwifery education. The process of becoming a midwife is time consuming and laborious, not unlike the process of mat weaving. Retaining Pasifika midwifery students throughout the challenging degree programme is no easy feat, and the high attrition rate is a barrier to greater numbers of Pasifika midwifery graduates entering the workforce.

My research question was ‘What factors enabled Pasifika midwives to successfully complete their undergraduate degree?’ By answering this question, I wanted to know how we could better support Pasifika midwifery students to be academically successful, complete their undergraduate degree, and subsequently enter the midwifery workforce.

If we want to enable Pasifika midwifery students to succeed, and thus grow our Pasifika midwifery workforce, change is needed. The midwives in my study highlighted areas where greater, or different kinds of, support are needed for academic success for Pasifika midwifery students in Aotearoa. The findings from my *talanoa* highlighted the support that Pasifika midwifery students need on their journey to becoming midwives. The enablers for academic success came from various sources, which can be grouped into three major strands:

1. **Culture and Customs**
2. **Shared Sisterhood**
 - Pasifika peers
 - ‘The Aunties’
 - Familiar faces
3. **Equitable Education**
 - Cultural connection
 - Planning & preparation
 - Helping hands

I will give an overview of each of the strands and sub-strands. Recommendations based on my finding will be woven throughout the review of the enablers for Pasifika midwifery students.

Culture and Customs

Pasifika students are family and community oriented and their midwifery education needs to fit alongside their family and cultural commitments. Greater

understanding of the Pasifika world view and values from academic staff working with Pasifika students is needed. Empathy towards their cultural commitments and needs is enabling for Pasifika students. They will inevitably need time off for family events like funerals and religious commitments, and responsibilities like caring for children and elderly family members. This time commitment is often significant when compared to non-Pacific student family commitments. Meeting cultural needs is not just a nicety but should be understood by educators as a right of Pacific learners. The MOE (2020) noted that Pasifika learners' have the right for their cultures, faith, and beliefs to be valued in education.

Rather than impeding progress with their degree, the importance of family and cultural commitments should be acknowledged. It should be understood that offering flexibility to meet their needs helps to harness the support that Pasifika students in turn receive from their families and communities. This is supported by the literature. For example, Theodore et al. (2018) found that personal factors like motivation, and external factors like family, could help or hinder the success of Pasifika university students. For the participants in my study, personal factors like a strong sense of self-motivation and determination were evident. Support from family was also pivotal for participants succeeding in their undergraduate midwifery education.

Shared Sisterhood

Shared sisterhood comprised the relationships that midwifery students had with their Pasifika peers, Aunties, and Pasifika academic staff (where applicable). These positive relationships nurtured and supported midwives, and enabled learning throughout their midwifery education. In the presence of their 'sisters', the participants were confident to be themselves and felt empowered as Pacific women.

The Pasifika worldview is holistic and places much emphasis on connections and relationships (Tamasese Ta'isi, 2007, as cited in Fairbairn-Dunlop et al., 2014). Collectivism is valued and members of the community cooperate to achieve common goals. The Pacific value of reciprocity holds the obligation of care, and members of the group working together for the greater good, in high regard (MPP, 2018). This emphasis on valuable connections underpins the importance of the relationships between Pasifika midwifery students and their peers, Aunties, and Pasifika academic staff. It also accentuates the way that these connections enable academic success in midwifery education.

For different midwives in my study, sisterhood meant different things. In part, this depended on where and when they undertook their midwifery education. Those who studied alongside other Pasifika students, with access to Pacific staff members, could actively engage with and be part of the Pasifika midwifery community. In instances where the midwife was the only Pasifika student, or one of only a few, the sisterhood was more difficult to engage with. These students adapted and accessed the wider community outside of their institution. They had clinical placements with midwives who worked with their local Pacific communities, and elected to go to other regions to work with Pasifika midwives and women. In these occurrences, the relationship with their Aunty and the wider Pasifika midwifery community was crucial.

Pasifika peers

Peer relationships with other Pasifika midwifery students were fondly discussed in the *talanoa*. Midwives went so far as to claim that they would not have gotten through the degree without these connections and the support they provided. Most midwives aligned themselves with other Pasifika midwifery students. Peers in their class became much more than just friends. Together they formed study groups, shared resources, fed each other, and provided

accommodation and transport. A number of midwives went on to form working partnerships with their peers on the completion of their midwifery degree.

In the case where there was only one Pasifika student in a cohort, they aligned themselves with Māori midwifery students. Participants spoke of also being placed with Māori students, for certain classes. As a consequence of Crown obligations under *Te Tiriti o Waitangi*¹¹, Māori rights differ from those of Pasifika. However, by systematically addressing and implementing solutions to meet one group's needs, the other group's needs are also likely to be met (Te Pōkai Tara, 2018). Pacific peoples support *Te Tiriti o Waitangi* and use this to underpin relationships with *Tangata Whenua* (MPP, 2018). Dutton et al. (2016) discussed how "it is important that Māori and Pacific students are grouped together for meaningful reasons. As *ngā iwi o Te Moana Nui ā Kiwa*¹², Pacific students share numerous cultural values with Māori and with each other" (p. 11).

It was also noted that in higher education settings, the forms of racial discrimination that the two groups face are similar (Mayeda et al., 2014). Allen and Webber (2019), noted how Pasifika students, like Māori and other ethnic minorities globally, are more susceptible to unfavourable stereotypes. Pacific students are generally thought of as 'academically disengaged' compared to their non-Pacific peers, as well as 'less able' and 'less engaged' (Hunter et al., 2016). Consequently, to enable academic success, it is important to cultivate *whanaungatanga*¹³ between Māori and Pacific students (Dutton et al., 2016).

Participants who lacked Pasifika peers also formed relationships with Pasifika midwifery students in other years of study, or with Pasifika students studying other disciplines at the same institution. They also formed friendships with

¹¹ The agreement between Māori and the Crown that is considered to be the founding document of Aotearoa

¹² Pacific peoples

¹³ Kinship or close connection between people

Pasifika students at other schools of midwifery. On occasion, there were national *fono* that brought together Pasifika Aunties and Nieces from around Aotearoa. This provided an opportunity for Nieces to connect with those from other regions.

‘The Aunties’

Midwives spoke about the relationships they had with “The Aunties” and how much they valued this support while studying. They spoke not only of support from their allocated Aunty but from The Aunties as a whole. The Aunties worked collectively as a network to offer help and encouragement when needed. It was very clear from the *talanoa* that engagement with the Aunties Initiative was enabling for participants. Aunties offered both pastoral and academic support, would advocate on behalf of students when needed, and provide study space and additional tutorials. They selflessly did what they could to fulfil the additional needs of Pasifika midwifery students, outside of support from their family, community, and institution.

The rates of Pasifika student retention and completion have improved since the Aunties Initiative began. The number of “Nieces” who have been mentored since the start of the initiative has ranged from 12-32 annually, and “Aunty” numbers have ranged from 9-13 annually, throughout Aotearoa (T. Tobeck, personal communication, July 4, 2019). The initiative has been influential in the support that Pasifika midwifery students receive but there is still a long way to go.

The support for Pasifika student midwives from The Aunties is invaluable. As an Aunty to a number of midwifery students over the past seven years, I have been able to give pastoral and academic support to my Nieces outside of that accessed through their tertiary institution. I have seen Pasifika midwifery students thrive with the support received from the Pasifika midwifery community. They have completed their midwifery degree, and are now working

as part of our Pasifika midwifery workforce. Most are now Aunties themselves also.

The connection and sense of belonging that students get from this network is reflective of the core Pacific values of collectivism, communitarianism, relationships, and reciprocity (MPP, 2018). Being part of the Aunties Initiative fulfils these cultural needs for both midwifery students and midwives and is, therefore, enabling for both. Chu (2014) discussed the value of mentoring for increasing academic achievement in Pasifika tertiary students. Although the aim of mentoring was to support students struggling academically, both parties involved in the mentoring relationship benefitted from the connection they shared.

Because the Aunties Initiative is self-referring, there will be students who choose not to engage, but an awareness of the service along with promotion of the Aunties Initiative by midwifery staff in the various schools (where Pasifika Liaison support is not available), would be beneficial. Presently, the midwifery schools are contacted by PMWA at the beginning of the academic year to enquire about Pasifika midwifery student numbers. Details are provided to pass on to students about the initiative and they can choose to make contact if they would like an Aunty. Due to the networking that takes place between PMWA, the midwifery schools, and Pasifika midwives throughout Aotearoa, there should not be any Pasifika midwifery students who are not informed about or aware of the initiative.

The Aunties Initiative is similar to the *tuakana-teina* mentoring approach. *Tuakana-teina*, meaning older sibling-younger sibling, is a *Te Ao Māori*¹⁴ initiative used for teaching and learning. *Tuakana*, typically the mentors, teach *teina*, by

¹⁴ The Māori worldview

sharing their knowledge and experiences (Smith, 2017a). Like the Aunties Initiative, *tuakana-teina* is more than a just a mentoring approach and both participants benefit greatly from the relationship. Although the senior *tuakana* is the source of support and guidance for the *teina*, the *teina* can also teach the *tuakana* (Smith, 2017a). Similar to the relationship between Aunty and Niece, *tuakana-teina* is underpinned by reciprocity which is important within Māori and Pacific cultural contexts (Wall, 2016).

Familiar faces

Participants stressed the importance of having a Pacific presence amongst their midwifery academic staff; someone with understanding of their culture and with whom they could easily relate. Dutton et al. (2016) noted the importance of “cultural visibility” and the way in which Pasifika educators can engage with students at a more personal level, counterbalancing the predominantly white teaching staff. Of note, however, is the large underrepresentation of Pasifika academic staff in Aotearoa’s tertiary institutions (Dutton et al., 2016). Matapo and Baice (2020) noted how “much of the responsibility of Māori and Pasifika student support initiatives rests upon the shoulders of a very few Māori and Pasifika academics, mentors and student support staff” (p. 3). The proportion of Pasifika academics in Aotearoa’s eight universities currently sits at only 1.7 percent (Naepi, 2019). Proportions in other tertiary institutions are not known.

Samu (2015) discussed how informed Pasifika educators are able to effectively respond to the needs of Pasifika. The holistic support that they offer bridges the gap between Pacific students and typically mono-cultural or Eurocentric tertiary institutions. Higher learning institutions, from the time they were first built, were designed with privileged people in mind. Unfortunately, to this day, this is still reflected in their subordination of women and people of colour (Osei-Kofi et al., 2010, cited in Naepi, 2019).

Chu et al. (2013) noted that

for Pacific people, learning is not confined to effective teaching strategies; successful learning sits on the pillars of the family, the community, cultural capital, collaborative relationships and institutional support. When Pacific learners are empowered as confident learners, they are successful. (p. 4)

Although it is clear that Pasifika midwifery students would be greatly advantaged from having Pasifika educators, non-Pacific students would also benefit from interaction with, and education from, staff with differing world views from their own.

In Aotearoa we do not currently have enough Pasifika midwifery educators to fulfil the number of these roles that are required. As we become more informed about what works for ethnic minorities in tertiary education, we can only hope that this situation will improve. Change within institutions may need to happen first however. Greater representation of Pasifika staff, and other ethnic minorities, is needed. When discussing the underrepresentation of Pasifika in tertiary institutions, Naepi (2019) wrote that “while there are Pasifika in the academy, the significantly low numbers suggest that there is still an ongoing culture of structural exclusion of Pasifika peoples” (p. 222).

Other changes in tertiary institutions could include the implementation of what has been deemed enabling for ethnic minorities in higher learning. Namely, foundation learning courses or bridging programmes, structured culturally-appropriate support, especially in the initial months of tertiary education, pastoral care, and academic support (Te Pōkai Tara, 2018). This would involve greater numbers and visibility of ethnically diverse academic and support staff to work alongside students.

Midwives who studied at institutions with Pasifika Liaison support described this wrap-around approach as being game changing (See Chapter Four for a description of the Pasifika Liaison support role). They felt very comfortable approaching a staff member who shared cultural similarities and values, and was empathetic to their cultural and learning needs. Participants found the presence of a Pasifika Liaison reassuring, and the support they offered to be more personalised. Having this greater level of support from someone who knew them well, during their time in midwifery education, was enabling for Pasifika midwifery students. Participants who were studying when a Pasifika Liaison was first employed, remarked on the distinct change prior to and after this happened. In this support, they found someone who had time to offer and provide pastoral and academic support when needed, and also liaise between students and non-Pacific midwifery staff. Having a staff member with a “familiar face” was an enabler for academic success.

When taking these findings into consideration, a “wrap-around” approach for Pasifika students in midwifery education is recommended. A wrap-around service would support the recruitment and retention of Pasifika midwifery students, and consist of a number of different supportive components. The first component would be Pasifika educators to support and work alongside Pasifika students. Roles like Pasifika Liaison support, specific to the midwifery schools, would be valuable for all Pacific midwifery students. These staff members could offer both pastoral and academic support to students across their years in the undergraduate midwifery programme.

Along with support from Pacific educators, Pasifika students would be provided with support from fellow students by way of peer mentoring and tutoring. Participants spoke about how valuable the Pasifika Student Leaders were during their time studying. Pasifika students are likely to be more engaged with their

peer mentors and tutors who are culturally similar to themselves. Paying the mentor or tutor for their services also supports them financially.

Ideally a wrap-around service would include financial support, throughout the time of study, to relieve some of the financial burden that can be a major barrier for Pasifika midwifery students. Financial support could consist of assistance with fees, but would be more wisely used for the ongoing course-related costs which will be discussed later in the chapter. Funding could easily be tailored to the needs of individual students.

Wrap-around services are deemed ethnic-specific equity (ESE) programmes, and allocate support services and resources in a way that enables equitable outcomes for minority groups like Pasifika (Dutton et al., 2016). Pacific students navigate between their own Pacific culture and the western culture that dominates tertiary institutions (Wall, 2016). It is vital that the needs of Pasifika are acknowledged and addressed by tertiary institutions—until this happens, student success will be hindered. Dutton et al. (2016) stated that having ESE programmes shows a strong and visible cultural commitment by tertiary institutions to minority groups like Pasifika.

A wrap-around approach would need to be tailored to individual institutions and their given situation. Those with greater numbers of Pasifika students would require more Pasifika staff to work alongside students, give additional cultural support, and organise appropriate student clinical placements. When discussing the influence of political and social contexts within tertiary education, Grudnoff et al. (2017) stated that the teaching responses designed to reduce educational inequities, will vary between regions and institutions. Therefore, the strategies for reducing inequity need to be customised to the realities, resources, and goals of given institutions.

Marsters (2019) noted the need for pastoral, academic, cultural, and clinical support for Pasifika midwifery students—all of which are provided by a wrap-around service. The midwifery degree programme is challenging and Pasifika students have unique needs to support their learning. For improved rates of success, they require support from academic staff who know them on a much more personal level and are empathetic to their cultural needs. These staff know about Pasifika students' home lives, and the situations outside of the degree that affect them and impact on their studies. Pasifika educators understand the core values of family, collectivism and communitarianism, because they too share those values as part of their own Pasifika worldview.

Equitable Education

Having educational support that is culturally safe for Pasifika learners is vital if we want midwifery students to complete their undergraduate education. Support, in the form of responsive teaching and assessment approaches, strong foundations prior to beginning the degree, and financial assistance throughout the time in midwifery education, are enabling for Pasifika midwifery student success.

Cultural connection

As the population of Aotearoa becomes increasingly diverse, so too does the student population in tertiary institutions. Ensuring that current disparities in educational opportunities and outcomes are addressed must be prioritised; especially pertinent for Māori and Pasifika students and for learners with particular educational needs (Grudnoff et al., 2017; Grudnoff et al., 2018).

The MOE (2014) predicted that “by 2030 30% of New Zealanders will be Māori or Pasifika, and as such it is essential that tertiary education improves its delivery to these groups” (p. 12). The New Zealand government is committed to improving academic outcomes for Pacific peoples in Aotearoa through research,

teaching and learning initiatives and student support activities (MOE, 2014; Te Pōkai Tara, 2020). To address such matters relating to Pasifika advancement and promotion in universities in Aotearoa, Komiti Pasifika has recently been established (Te Pōkai Tara, 2020). With targeted initiatives like these, it is hoped that we will see improved participation and achievement for Pasifika tertiary students in the near future.

Grudnoff et al. (2017) reported that for learners who have traditionally been disadvantaged, there is a need to focus on teaching practices that challenge inequity. This includes actions that enhance student learning opportunities and outcomes. Pasifika are diverse; so a one-size-fits-all teaching approach is unlikely to be effective. A culturally-appropriate pedagogy, however, can be based on Pacific cultural values and what has been deemed effective for Pasifika in other disciplines of tertiary education (Samu, 2015).

Participants recalled how much they enjoyed working in group settings, and how face-to-face interaction was conducive for their learning. Most spoke about how much more they learnt “hands-on” or out in clinical placement, compared to theory in the classroom. While out on placement, students enjoyed the opportunity to work alongside Pasifika midwives and women, and found this to be a supportive space in which to work.

When talking about assessments based on an exam format, some midwives felt that they were disadvantaged and their results did not accurately reflect their knowledge. It has been noted that academic assessments should not just measure learning but should support and improve knowledge (Grudnoff et al., 2017). Matapo and Baice (2020) stated that “academic success is seen as the fruit of a collective effort, in which Pacific students are supported heavily by peers, families and communities” (p. 31). For Pasifika midwifery students to be

successful, we have to be mindful of how their worldview impacts their experience of tertiary education.

Dutton et al. (2016) stated that “Pacific students often feel marginalised and alienated in mainstream university spaces” (p. 12). Participants discussed the need to feel connected in their classrooms. Their cultural and educational needs should be complementary, not conflicting. Culturally-safe learning spaces, where they had a sense of belonging, were appreciated by midwives in my study. They spoke about wanting a Pasifika presence in their place of study, so the environment felt welcoming and not so alien. Wall (2016) discussed the importance of cultural visibility for Pasifika students. This included building designs; for example, *Fale* roofs, cultural artworks including carving, weaving and tapa cloth, the naming of spaces, representation in visual media, flexible learning spaces with moveable furniture, natural light, and links between student learning spaces and the outside natural environment. The presence of Pasifika culture within one’s learning environment is important for academic success (Benseman et al., 2006; Chu et al., 2013; Dutton et al., 2016).

Where Pasifika midwifery students lacked access to Pasifika educators, they related to kind, attentive, and empathetic academic staff who taught them in ways that worked with their learning needs. Often, this meant just using simpler language and allowing more time for learning to take place. That Pasifika students do not feel comfortable approaching midwifery academic staff makes me very sad and is certainly not enabling for academic success. I feel that as midwifery student cohorts in Aotearoa become increasingly diverse, compulsory Cultural Safety education for all midwifery educators is necessary. There is an expectation that when midwifery students graduate and enter the workforce, they are culturally safe. Why do we not demand the same of the educators responsible for their midwifery teaching? The need for broader structural interventions to take place in midwifery schools is long overdue. Implementing

strategies like the aforementioned Cultural Safety education for staff and anti-racism policies would benefit not only Pasifika and other minority groups, but all midwifery students and staff.

Teacher quality has been found to be one of the most influential factors for enhancing student educational opportunities and outcomes (UNESCO, 2014). TEC (2015) similarly noted that in order for Pasifika to be successful in higher education it is fundamental that teaching is effective for them. Dutton et al. (2016), when discussing effective teaching for Pasifika students by non-Pacific tutors, stated that “tutors must have curricula knowledge, cultural knowledge and the skills to successfully facilitate classes” (p. 10). There is a need for educators to have an understanding of the worldview and values of the students they are teaching. A learning environment that values student diversity is pivotal to student success (Thaman, 2014). Radmehr et al. (2020) discussed how Pasifika tertiary students report “culturally knowledgeable” as an important characteristic of effective teaching when compared to non-Pasifika students.

In order to meet the cultural needs of Pasifika midwifery students, it is vital to move away from mainstream thinking. The MOE (2020) discussed how when the teaching and curriculum design and measures of success are defined by the historically dominant group, they will always remain a step ahead. Pasifika do not always easily relate to non-Pacific values and worldviews, that are vastly different from their own. They need cultural awareness, connection and access to alternative ways of learning and being assessed if needed. Would flexibility in the learning approach, and the option of individualising learning to meet specific student needs really be too difficult a task?

Flexibility also needs to be kept in mind as our Pasifika population in Aotearoa continues to rapidly grow and evolve. The MOE (2018) stated that

It is worth recognising that Pasifika cultures and ways of doing things are dynamic, constantly evolving and resulting in shifting cultural paradigms and nuances. The same is true with identity whereby the identities of Pasifika learners and even teachers are shifting and changing beyond traditional notions of identity. (p. 3)

A number of midwives spoke about needing more time in which to complete their undergraduate degree. They felt that the three-year time frame was too restrictive, with little time for their families and other cultural needs. Over half of the participants in my study ended up on an extended pathway from needing to take a period of leave from the degree. This resulted from either failing a paper, that they then had to repeat the following year before continuing, or for issues unrelated to their studies. These personal issues involved their families and the responsibilities they had to them that could not be fulfilled whilst studying midwifery full-time. As of 2020, some academic institutions in Aotearoa have implemented changes to their midwifery curricula to support a four-year degree programme. Others will be moving to a longer pathway in 2021. These changes to a four-year degree programme will allow more time off each year which, theoretically, should work better for Pasifika midwifery students.

Planning & preparation

Pasifika midwives acknowledged that completing a foundation course was pivotal in terms of the knowledge and skills that they gained. They found the courses beneficial and recommended them for Pasifika students, prior to beginning the midwifery degree. The courses provided general skills like academic writing and referencing, along with more discipline-specific knowledge (Henley, 2009, cited in Dutton et al., 2016; Pukepuke & Dawe, 2013). The human anatomy and physiology content provided a good foundation that was built upon in the midwifery degree. For those without a science background, the knowledge gained from the foundation course was enabling.

Pasifika Futures (2017) noted that Pacific high school students in Aotearoa have the lowest levels of science and maths achievement. They further elaborated saying that this is concerning, given that these subjects are a requirement for many high-level tertiary qualifications and potentially higher paying careers. Midwifery is a degree in an area of current and future demand. Having the option to complete a foundation course that provides potential midwifery students with the knowledge needed to succeed in the undergraduate degree is encouraging. Horrocks et al. (as cited in Dutton et al., 2016) discussed how many ESE programmes offer this type of academic support for students lacking adequate previous knowledge and skills for tertiary education.

Te Pōkai Tara (2018) noted that foundation or bridging programmes, prior to commencing tertiary undergraduate education, are highly effective for academic success amongst Māori and Pasifika students. Where students were mature, lacking University Entrance, or had gaps in either academic skills or core content of their programme of study, this was even more important. However, the costs involved in such programmes can be a barrier for Pasifika. A wrap-around service with financial support and a foundation learning component would remove this barrier.

Helping hands

The use of learning and support services was deemed to be enabling by Pasifika midwives. During the *talanoa* midwives talked about all of the services they engaged with, and strategies they adopted as a result of this, to maximise their success. Teevale and Teu (2018) found that academically successful students assumed different study habits, learning approaches and expectations, when compared to their unsuccessful peers.

Having the option to attend additional tutorials and simulation sessions was beneficial for learning and understanding. Pasifika students were grateful for additional tutorials from Pasifika staff where available, and also from the community of willing Pasifika midwives. At educational institutions without Pasifika academic staff, student midwives knew which staff to approach for extra help. Teevale and Teu (2018) found that Pasifika students appreciated the smaller and less-intimidating learning environments that additional group tutorials offered. They were more able to ask questions and have discussions in the more intimate setting, which was conducive to their learning. In the past, however, there has been opposition by university academic staff to offer extra tutorials for Māori and Pasifika as it has been deemed unethical (Nakhid, 2006). In response to this finding, Nakhid (2006) argued that not implementing a strategy to reduce educational inequality among these traditionally alienated groups was an obstruction of social justice.

Pasifika in Aotearoa have high levels of socio-economic deprivation (see Chapter One). More than half live in the most deprived areas of the country. This rate is significantly higher when compared to Māori, Asian, New Zealand European, and others. Pasifika are also at the greatest risk of material hardship of any ethnic group (Pasifika Futures, 2017).

Tertiary education and qualifications provide recipients with significant benefits—both private and social (Theodore et al., 2018). There is a close link between higher education, higher income, and better general wellbeing (Callister & Didham, 2008; Earle, 2009). Pasifika Futures (2017) noted that

the education system has a central role in enabling Pacific peoples to gain the skills and knowledge required to enter high-skilled occupations with a higher demand for growth, but of all ethnic groups in New Zealand, Pacific people have the smallest proportion with a degree and the largest proportion with no qualification at all. (p. 14)

Pasifika have lower completion rates in higher education, when compared to their non-Pacific equivalents. It has been noted, however, that the persistent inequalities that Pacific peoples face are narrowing, especially in relation to some educational aspects. In order to continue with forward momentum, and further development for Pasifika in Aotearoa, further work is needed (Pasifika Futures, 2017). The same is required to better enable Pasifika students in midwifery education.

Financial support in the form of scholarships, subsidies, and grants relieved a lot of stress for Pasifika students in my study. As the costs involved in midwifery education were a major burden for participants and their families, any monetary support was enabling. Salesa (2017) stated that “Pacific communities have had fewer opportunities than many others, and heavier burdens. If forced to follow in the footsteps of others “ahead”, Pacific people will start behind and often stay there” (p. 226). It is time to advance our Pacific communities for the benefit of our entire population. Pasifika Proud (2016) similarly stated that “investing in the success of Pacific peoples has significant benefits for all New Zealanders – both economically and in social wellbeing” (p. 26).

Looking ahead, Pasifika midwifery students need better financial support (Marsters, 2018). A large component of a wrap-around service would provide Pasifika students with greater financial support throughout their time in midwifery education. The current costs associated with the degree are a barrier to its completion. Students need assistance with the numerous costs associated with the undergraduate degree including, for example, costs for immunisations, uniforms and shoes, computers, petrol vouchers, mobile phone top-up vouchers, assistance with clinical placement costs (if needing to travel out of the area), hardship grants, grocery vouchers, and childcare costs. The list is long and the costs are substantial, which can create unneeded worry and financial strain.

Removing this burden from Pasifika midwifery students and their families, would be stress-relieving and, therefore, enabling.

How finances should be allocated to students was not a focus of my research. However, it was clear that financial assistance provided essential support to enable Pasifika students to remain studying, and complete their midwifery degree. Financial support could be in the form of scholarships, course fees, allowances, vouchers, earn as you learn strategies, stipends. The possibilities are as endless as they are empowering.

Dutton et al. (2016) noted that one-size-fits-all equity funding models are not the most beneficial for tertiary students, as they fail to provide the necessary incentives or resources where they can be of greatest benefit. Equity funding is designed to improve Māori and Pasifika student participation and achievement in tertiary education in Aotearoa. It is recommended that equity funding is supplemented with additional targeted funding (TEC, 2017a). Additional targeted funding, as a means of nurturing and enabling achievement amongst Māori and Pasifika tertiary students, has proved to be worthwhile. There is, however, still much room for improvement in the implementation of strategies for reducing disparities between different ethnicities in education (Dutton et al., 2016).

WHAT DO THE FINDINGS MEAN?

The findings from my study highlight the support that Pasifika midwifery students felt was the most beneficial during their undergraduate education. The pastoral, academic, and financial supports enabled their academic success, and, therefore, the completion of their midwifery degree.

There has been very little research on Pasifika midwifery students in Aotearoa. My study shared similarities with the one study on Pasifika midwifery

students carried out by Beatson et al. (2018). That study focussed on three Pasifika students at one institution and identified two broad *areas*: “the experience of being Pasifika” and “the student experience in the programme” (see Chapter Three). The sub themes within these two areas were similar to what participants spoke about in my *talanoa*, including competing demands from family, social responsibilities, financial issues, and unfamiliarity in the tertiary education environment. Beatson et al.’s study utilised various Pacific research approaches and tools, one of which was *talanoa*. Despite both studies incorporating *talanoa* and thematic analysis, there were differences in our approaches. Our findings, however, are largely complementary.

WHY DO THE FINDINGS MATTER?

In some regions of Aotearoa, the numbers of Pasifika midwives are beginning to improve. There is, however, a long way to go until Pasifika women can choose to be cared for by Pasifika midwives. This will be possible only when we have sufficient numbers of Pasifika registered midwives to work with Pacific women. We therefore need Pasifika midwifery students to be academically successful so that we can grow our workforce.

The Pasifika midwifery workforce shortage is valid and requires solutions to address it. Ideally, these solutions will start to be implemented soon. If we do not act quickly to improve the situation, ratios of Pasifika midwives to Pasifika women will only worsen as the Pacific population in Aotearoa rapidly increases.

There is currently very little research on Pasifika midwives and Pasifika midwifery students in Aotearoa. The findings from my study can be added to the small amount of research that we have currently, and used to strengthen understandings. Adding new research to this field with minimal literature is beneficial for midwifery education, Pasifika midwifery, and the midwifery

workforce in Aotearoa as a whole. In addition, having research on Pasifika midwives by Pasifika midwives is long overdue.

When discussing the way that Pacific peoples in Aotearoa are imagined and portrayed, Mila-Schaaf (2009) noted the following: “how we are imagined, inevitably can become the cage in which we become captured. How we are imagined, as well as *how we imagine* counts” (p. 3). It is time to re-write and tell our own stories, in the way that we want them to be told. For too long, the experiences of Pacific peoples have been told by non-Pacific researchers. I feel strongly that as a Pasifika midwife I am in an ideal position to tell the stories of those who are similar to me. Hau’ofa (1993) stated that “if we fail to create our own, someone else will do it for us by default” (pp. 128-129).

WHAT THE FINDINGS CANNOT TELL US

My study focused on “Pasifika” as a collective group and did not distinguish between the different ethnicities of the Pacific participants. Pasifika encompasses various ethnicities who are very different culturally and linguistically. Although we can appreciate our commonalities, we must also recognise and honour the diversity between us (MPP, 2018).

The difference between the institutions where participants completed their midwifery education could have impacted on the student journey quite considerably due to a multitude of variables which include the differences in curricula, teaching style, academic and support staff, clinical placement settings, social and political climate. The study by Beatson et al. (2018) focussed on Pasifika midwifery students from one tertiary institution only. Due to low graduate numbers, I chose a national focus for my research, to capture more voices around students’ lived experiences, to best fulfil the requirements of my study.

Because my research focussed on midwives who were academically successful and completed the degree, the reasons that midwives did not succeed were not investigated (although the barriers to success were alluded to by participants). Therefore, it is difficult to know, or make claims about reasons why Pasifika students did not succeed with any degree of certainty.

TALANOA RESEARCH METHODOLOGY

Vaiioleti (2006) stated that

for Pacific peoples, the historical pattern of data collection, knowledge collection and theorising has been established by outside researchers gathering Pacific peoples stories. They then try to make sense of the stories, and retell them from their own sense-making stances. (p. 22)

My study was informed by the TRM (Halapua, 2000; Vaiioleti, 2006). I chose to use a Pacific methodology because I am a Pasifika researcher. My study participants were Pasifika also, which made TRM culturally appropriate. There was an ease with using TRM which I appreciated as a novice qualitative researcher. *Talanoa* is a concept that I am very familiar with, as were the midwives in my study. This made our interactive process both natural and comfortable for all involved.

Because the *talanoa* was essentially guided by participants, the conversation topics were broader than if set questions had been asked. This meant that topics I had not anticipated encountering were shared. Those with the most impact were the barriers that midwives faced during their time as student midwives and new graduates. Not wanting to negate these experiences, I instead chose to acknowledge them due to their impact on participants. Despite my research question, I feel that these findings were as important as the enablers that midwives spoke about. The similarity of the findings in my study with previous

research on Pasifika midwifery students also highlights the validity of my study and my use of TRM.

SUMMARY

In this chapter, we have continued our weaving in order to see the *Emerging Pattern as the Mat Grows*. The meaning and the significance of the strands have been examined and discussed, along with recommendations as a result of the discussion.

As a Pasifika person, I navigated this journey, carrying out research that drew on my own culture and experience to interpret the experiences of my sisters with similar cultures and world views. As a result of this process, I want my findings to positively contribute to the intercultural conversations that allow our Pacific voices to be heard (Cram et al., 2013; Mila-Schaaf, 2006).

CHAPTER SIX: COMPLETION OF THE MAT/CONCLUSION

INTRODUCTION

This chapter sees the *Completion of the Mat*. We can admire the finished weaving and see the pattern in its entirety. My mat is now ready to be used. The time and effort that has gone into this labour of love, and the stories that have been told during its creation, are held within the interlaced *voivoi*. While taking one last moment to admire the mat, I will conclude this weaving journey by summarising the enablers for Pasifika students in midwifery education. Potential weaving projects to undertake in the future will also be considered.

SUMMARY OF THE STUDY AND FINDINGS

My study used the TRM to answer the following research question: ‘What factors enabled Pasifika midwives to successfully complete their undergraduate degree?’ *Talanoa* took place with 10 Pasifika midwives who had studied midwifery in Aotearoa and qualified since 2013. Thematic analysis was used to analyse the data from the *talanoa*.

The findings are that for Pasifika midwifery students to successfully complete their undergraduate degree, they rely on three broad enabling strands. These are *Culture and Customs* which encompasses support from their family and community; *Shared Sisterhood* which includes the relationships they form with their *Pasifika Peers*, ‘*The Aunties*’, and institutional staff with *Familiar Faces*; and lastly, *Equitable Education* which involves the *Cultural Connection* they feel with their institution and learning, *Planning & Preparation*, in the form of foundation and bridging courses, and *Helping Hands*, which comprises the learning supports and financial aid that Pasifika midwifery students engage with.

SIGNIFICANCE OF FINDINGS

The current body of literature on Pasifika midwifery students in Aotearoa is very small. My research findings complement what was previously known about the journey of Pasifika midwifery students. My findings are significant as the number of participants in my study is comparatively larger than the previous study on Pasifika midwifery students in Aotearoa. My research also involved participants from various midwifery schools, which has not previously been done. Additionally, my study used a Pacific research methodology and was carried out by a Pasifika researcher. The findings from my research can be used to modify the way that interactions take place between Pasifika midwifery students and academic staff members due to an awareness of supports that are beneficial and recommendations as a result of this.

FUTURE RESEARCH

There are some themes that came up in the *talanoa* that could potentially lead to future research projects carried out by myself or another researcher. The support received from the Pasifika midwifery community and, in particular, the Aunties Initiative, was repeatedly spoken about during the *talanoa*. Research on the role of The Aunties and their own perspective of their experiences of the relationships could be insightful.

Another theme that was evident was the midwives' feelings around the transition from student midwife to registered midwife and the reduction in support at this time. Although all Pasifika midwives engaged with MFYP, a number of participants felt that the level of support they had as a student was greater than what they had as a new graduate and junior midwife. Further investigation and what midwives feel could be beneficial for Pasifika new graduates could be investigated.

Because my research focussed on midwives who were academically successful and completed the degree, the reasons that midwives did not succeed were not investigated (although the barriers to success were alluded to by participants). Therefore, it is difficult to know, or make claims about reasons why Pasifika students did not succeed with any degree of certainty. There could potentially be an avenue for further research on barriers for academic success for Pasifika midwifery students.

An area that requires further research is how to attract and recruit Pasifika into midwifery education and what would enable this process. Now that we have greater insight into the enablers for academic success, we need to know how to attract and recruit students to the midwifery programme in greater numbers.

Since my *talanoa*, certain tertiary institutions have undergone changes to their midwifery curriculums and changed to a longer study pathway. A follow up in the future with midwives who have completed midwifery education since these changes have been implemented could make for an interesting comparison.

CLOSING WORD

As I conclude my study, I share my list of recommendations which will enable Pasifika midwifery students during their time in undergraduate education:

- Completion of a foundation course prior to commencing midwifery education
- A wrap-around service/ESE programme which may include:
 - Pasifika Midwifery Liaison support and educator roles
 - Pasifika peer support and tutoring
 - Participation in the Aunties Initiative
 - Financial assistance
 - An Aotearoa-wide Pasifika midwifery student network

- Structural interventions including:
 - Cultural Safety education for all midwifery educators
 - Anti-racism strategies and policies in midwifery schools
 - Alternative culturally-appropriate teaching and assessment methods
 - Access to culturally-appropriate learning support services

In order to address the Pasifika midwifery shortage, there is a need to ensure that research findings are translated into action. Research on its own is not enough. Recommendations in and of themselves are not enough. Working solutions are what is needed. Only by applying what we have learnt can we make a positive difference and enable Pasifika midwifery students to be academically successful.

To begin addressing the dire shortage that is our Pasifika midwifery workforce, we need to get to a place where the enablers for academic success consistently offset the barriers. Until this happens, we can harvest and prepare our *voivoi*, and even begin *Weaving the Mat*, but we still have a long way to go before our own mat will be complete...

REFLECTIVE POSTSCRIPT

My story has come to an end. What I have learnt from Pasifika women about their lived experiences as student midwives has been shared. From their stories and revelations, we can see what did and did not work for them as Pasifika women during their journeys through midwifery education.

The factors that enabled and supported them through their degree were similar to my own. Many of the experiences that they recalled, I too remembered and could relate to from my own time as a Pasifika midwifery student. It is apparent that some changes have already started to take place—both in the time since I completed my midwifery education, and during the time since some of the participants have completed theirs. There is, of course, much work still to be done.

We should be mindful of the way in which the past informs the present. We can always learn from what has come before. Sometimes when weaving the mat, emergent patterns do not evolve as anticipated. *Voivoi* can be unravelled, and aspects of the weave can be modified for a more satisfying and successful result. Weavers learn to be patient yet persistent.

The Pasifika midwives in my study possessed the strands of knowledge about what worked for them on their student journeys. We need to weave these together for better and more supportive learning environments for our Pasifika midwifery students. If our weave is successful, we can create new and improved patterns and make a mat that is strong and functional, as well as welcoming, comfortable, and safe. A space where our current and future Nieces feel safe to sit.

I hope that you have found this illuminating and possibly inspiring. Vinaka.

THE WAY AHEAD

*we cannot see
far into the distance
neither can we see
what used to stand there
but today we can see
trees separated by wind and air
and if we dare to look
beneath the soil
we will find roots reaching out
for each other
and in their silent intertwining
create the landscape
of the future*

Konai Helu Thaman (2005, p. 282)

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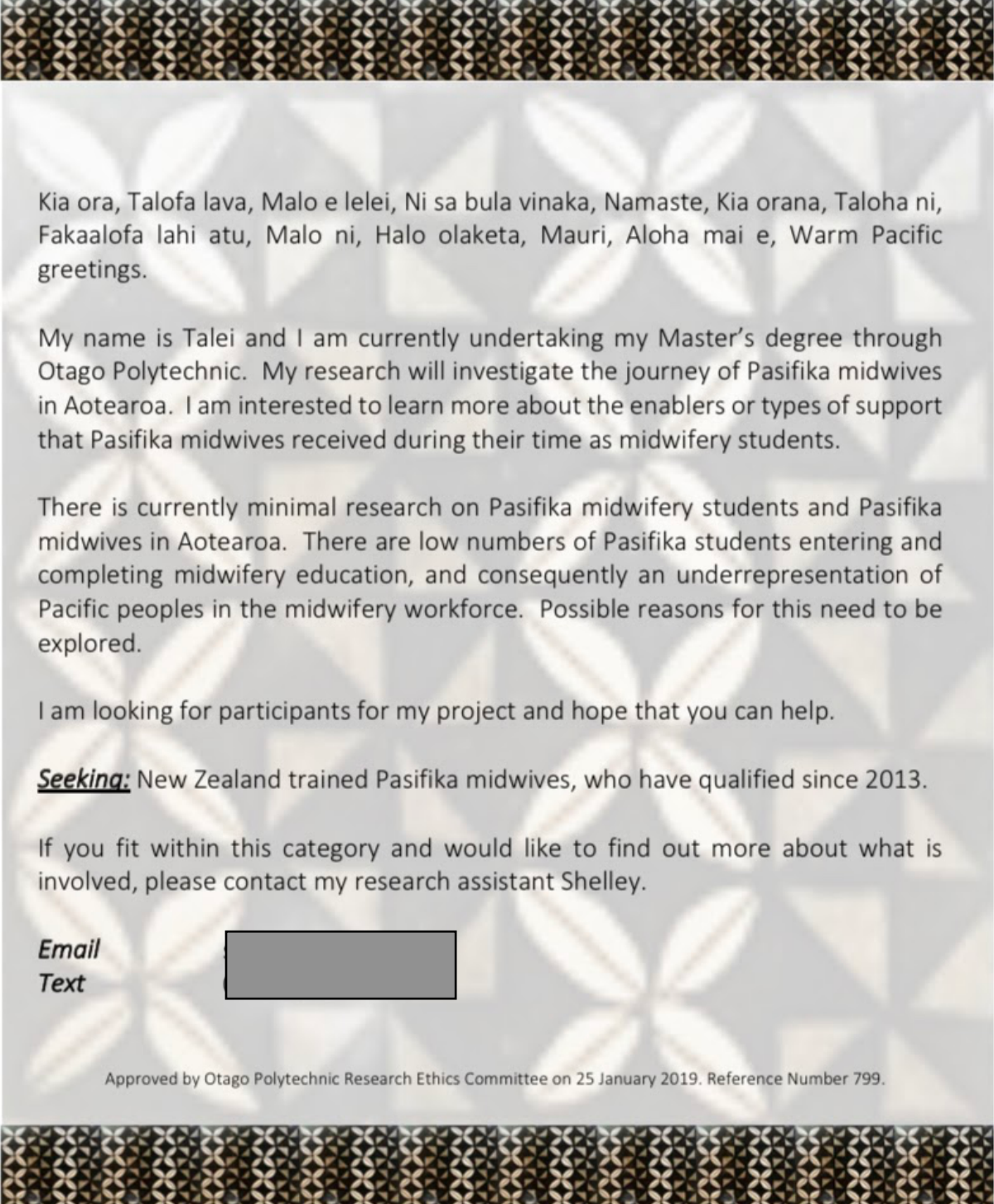
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APPENDICES

APPENDIX A: RECRUITMENT POSTER



The poster features a decorative border at the top and bottom with a repeating geometric pattern in shades of brown and gold. The background is a light grey with a faint, repeating pattern of stylized white leaves. The text is centered and uses a clean, sans-serif font.

Kia ora, Talofa lava, Malo e lelei, Ni sa bula vinaka, Namaste, Kia orana, Taloha ni, Fakaalofa lahi atu, Malo ni, Halo olaketa, Mauri, Aloha mai e, Warm Pacific greetings.

My name is Talei and I am currently undertaking my Master's degree through Otago Polytechnic. My research will investigate the journey of Pasifika midwives in Aotearoa. I am interested to learn more about the enablers or types of support that Pasifika midwives received during their time as midwifery students.

There is currently minimal research on Pasifika midwifery students and Pasifika midwives in Aotearoa. There are low numbers of Pasifika students entering and completing midwifery education, and consequently an underrepresentation of Pacific peoples in the midwifery workforce. Possible reasons for this need to be explored.

I am looking for participants for my project and hope that you can help.

Seeking: New Zealand trained Pasifika midwives, who have qualified since 2013.

If you fit within this category and would like to find out more about what is involved, please contact my research assistant Shelley.

Email
Text

Approved by Otago Polytechnic Research Ethics Committee on 25 January 2019. Reference Number 799.

APPENDIX B: PARTICIPANT INFORMATION

PARTICIPANT INFORMATION

PROJECT TITLE

What factors enabled Pasifika midwives to successfully complete their undergraduate degree?

GENERAL INTRODUCTION

Kia ora. My name is Talei Cummins and I am embarking on a research project for my Master of Midwifery through Otago Polytechnic. The project will explore the factors that enabled Pasifika midwives to successfully complete their undergraduate midwifery degree. There is currently minimal research on Pasifika midwifery students and Pasifika midwives in Aotearoa. There are low numbers of Pasifika students entering and completing midwifery education, and consequently an underrepresentation of Pacific peoples in the midwifery workforce. Possible reasons for this need to be explored.

If you are a currently practicing midwife (LMC or core) who has graduated within the past six years (since 2013), you can be a participant in this research. I will be asking you about your experiences whilst studying midwifery and the types of support you had which helped with your academic success.

If you are available to participate in this study, please contact my research assistant for more information at:

WHAT IS THE AIM OF THE PROJECT?

To identify enablers or supports that Pasifika midwifery students engage to successfully complete their undergraduate degree.

HOW WILL POTENTIAL PARTICIPANTS BE IDENTIFIED AND ACCESSED?

Pasifika Midwives of Aotearoa (PMWA) members will be emailed a recruitment poster with details about the study. Potential participants will liaise with a research assistant, who will provide them with the participant information sheet and invite them to sign a consent form, if they wish to participate.

WHAT TYPES OF PARTICIPANTS ARE BEING SOUGHT?

New Zealand educated Registered midwives who identify as Pasifika and have qualified within the past six years (since 2013).

WHAT WILL MY PARTICIPATION INVOLVE?

You will participate in a face-to-face *talanoa*/discussion/informal interview (either as part of a small group, or individually, depending on your preference and location), with myself, at a time and place that suits you. I am able to travel to your preferred location. You will be able to freely talk about your experiences during your midwifery degree – specifically the types of support that helped you achieve academic success.

It is anticipated that the *talanoa* could take between 60 and 90 minutes but flexibility will be applied. The *talanoa* will be audio recorded, before being transcribed by myself (or a transcriber). Following this, the transcript will be returned to you to check it for accuracy.

HOW WILL CONFIDENTIALITY AND/OR ANONYMITY BE PROTECTED?

Given that Aotearoa is a small country with a very small population of Pasifika midwives, maintaining the confidentiality of participants in research outcomes is of utmost importance to me. All personal details will only be used during the recruitment process. Following this, names will be replaced with pseudonyms and any identifying information, including the location of participants, will be removed from transcripts.

A transcriber, who has signed a confidentiality agreement, may work with me to transcribe interview recordings. These transcripts may be reviewed by my two supervisors through Otago Polytechnic. No-one else will have access to the data.

WHAT DATA OR INFORMATION WILL BE COLLECTED AND HOW WILL IT BE USED?

Recordings of the *talanoa* session will be transcribed. Themes emerging from the data will be reported and analysed in my thesis. Results of this project may be published, or used at a presentation in an academic conference, but any data included will in no way be linked to any specific participant. You will be emailed a copy of the research findings once it is completed.

DATA STORAGE

The collected interview data will be accessible by only myself and potentially a transcriber. It will be securely stored on my password protected computer and interview recordings will be stored in a locked cabinet in my home. At the end of the project any personal information will be destroyed. The transcripts will be retained in secure storage (in my home) for a period of five years, after which they will be destroyed (in line with what is stated on the consent form).

CAN PARTICIPANTS CHANGE THEIR MINDS AND WITHDRAW FROM THE PROJECT?

You can decline to participate without any disadvantage to yourself. If you choose to participate, you can withdraw from the project, without having to give a reason. You can also withdraw any information that has already been supplied until the stage agreed on the consent form (at any time until after you have checked the transcript from your interview and returned this to me). During the *talanoa* session, you can refuse to answer a question/discuss a particular topic and ask for the audio to be turned off at any stage.

WHAT IF PARTICIPANTS HAVE ANY QUESTIONS?

If you have any questions about the project, either now or in the future, please feel free to email me at cummitv1@student.op.ac.nz or ring/text me on [REDACTED]

Alternatively, you can contact my research assistant Shelley Sjaarda at [REDACTED] or my supervisor Karen Wakelin at karen.wakelin@op.ac.nz or [REDACTED]

Approved by Otago Polytechnic Research Ethics Committee on 25 January 2019. Reference Number 799.

APPENDIX C: CONSENT FORM

CONSENT FORM

What factors enabled Pasifika midwives to successfully complete their undergraduate degree?

I have read the information sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

- My participation in the project is entirely voluntary and I am free to refuse to answer any particular question/discuss any particular topic
- I am free to stop participating at any time
- I can choose to withdraw information provided without giving reasons and without any disadvantage
- I cannot withdraw any information I have supplied after I have checked the transcript from my interview and returned this to the researcher
- My data will be destroyed at the conclusion of the project, but the transcript will be retained in secure storage for a period of five years, after which it will be destroyed
- The results of the project may be published or used at a presentation in an academic conference, but my anonymity/confidentiality will be preserved
- I will receive a copy of the research findings

Additional information given, or conditions agreed to:

I agree to take part in this project under the conditions set out in the Participant Information Sheet.

Signature Participant:

Date:

Signature Researcher:

Date:

Approved by Otago Polytechnic Research Ethics Committee on 25 January 2019. Reference Number 799.

APPENDIX D: KAITOHUTOHU RESEARCH CONSULTATION FEEDBACK

Whāia te pae tawhiti kia tata whāia to pae kiā maua

Pursue the distant horizons so that they may become your reality

Office of the Kaitohutohu Research Consultation Feedback

Date: 21 September 2018

Researcher name: Talei Cummins

Department: OP Masters of Midwifery Programme

Project title: WHAT FACTORS ENABLE PASIFIKA MIDWIVES TO SUCCESSFULLY COMPLETE THEIR UNDERGRADUATE DEGREE?

INDIGENOUS INNOVATION: Contributing to Māori Economic Growth	
TAIAO: Achieving Environmental Sustainability through Iwi & Hapū Relationships with the Whenua & Moana	
MĀTAURAKA MĀORI: Exploring Indigenous Knowledge	
HAUORA / ORANGA: Improving Health & Social Wellbeing	This research focuses on the experiences of Pasifika midwives. The applicant will be engaging with potential interviewees through Talanoa (conversation, talk) a culturally appropriate method of gathering participant korero. It has been identified that there may be a small population of Pasifika midwives to invite to be part of this study, and the applicant may wish to consider ethnicity data of Pasifika and other (such as Māori and or Tau Iwi). Once the korero has been transcribed, the applicant is encouraged to consider how the transcribed data can be shared with the participants for verification of information and given the opportunity to add or change their personal korero. The applicant has demonstrated in her research proposal that she has a respectful appreciation for Māori as takata whenua and is aware that some of the cross cultural research findings may be significant and of interest to Māori. We would encourage the applicant to engage with Mereana Ropata Hanning on any

	such findings. We wish you all the best with your research Talei. Mauri ora ki a koe.
TO LIVE AS MĀORI: Kaitiaki to Ensure Māori Culture and Language Flourish	

**UNLOCKING THE INNOVATION POTENTIAL OF MĀORI KNOWLEDGE, RESOURCES &
PEOPLE**

Name: Kelli Te Maihāroa

Position: Tumuaki: Rakahau Māori | Director of Māori Research, Otago Polytechnic

APPENDIX E: ETHICS APPROVAL



25 January 2019

Talei Cummins



Dear Talei

Re: Application for Ethics Consent

Reference Number: 799

Application Title: *What factors enabled Pasifika midwives to successfully complete their undergraduate degree?*

Thank you for your application for ethics approval for this research project. This letter is to confirm approval for the project, following the response and subsequent revisions after the first Review Feedback report.

We wish you well with your work and remind you that at the conclusion of your research to send a brief report with findings and/or conclusions to the Ethics Committee.

All correspondence regarding this application should include the reference number assigned to it.

Regards

A handwritten signature in black ink that reads "Liz Ditzel".

Dr. Liz Ditzel
Co-Chair, Otago Polytechnic Research Ethics Committee

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