THE PLACE OF CONTRACEPTION AND ABORTION IN THE
LIVES OF SAMOAN WOMEN

AUSAGA EPHO FAASALELE TANUVASA
THE PLACE OF CONTRACEPTION AND ABORTION IN THE LIVES OF SAMOAN WOMEN

by

Ausaga Epho Fa’asalele Tanuvasa

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ABSTRACT

This thesis presents a research study which explored contraception and abortion in the lives of forty Samoan women living in Porirua, New Zealand. The Samoan women were invited to share their stories based on reflection of their experiences both individually and in women’s groups. The study is grounded in *Samoanisi* (Samoan) ways of knowing. It was shaped by my position as an indigenous Samoan woman and nurse who trained in 1970 in nursing and is currently living in New Zealand.

A *Samoanisi* methodology has been developed in this research to tell Samoan women’s stories. The *tanoa/kava* bowl model emerged from initial discussions, as a medium of conversation and education, during the research. It was developed as a method which enabled the women to powerfully surface the deeper meaning of their ideas in their own language. A further development of the methodology occurred in model form termed ‘the eyes of the people’. This model enabled me to explore the process of thinking and exploring in images closely aligned to Samoan culture. The research project using this model enabled me to listen to Samoan women with an awareness of how they construct and reveal meaning in their lives.

Each Samoan woman’s story was maintained as a whole text in either the Samoan and/or English language. The stories have been edited and presented in the thesis in a readable style. Messages conveyed by the women were identified and grouped into key messages and analysed to draw out the main themes. The stories of four New Zealand born women were compared to four Samoan born women using an indepth content analysis.

The findings showed that the majority of the Samoan women in the study opposed contraception, as it is not part of Samoan culture. Samoan women do not use abortion as a method of fertility control. The study reveals how Samoan family infrastructure has a
great impact on Samoan women’s choices. However, the study also showed a tension is created by policies of the predominant Papalagi (Western) culture in New Zealand, which challenges many Samoan women’s way of including the family in the decision making in their health needs.

The main issue that emerged from this research was the need for discussion and education for the whole family related to sexuality which embraces contraception, abortion, Samoan values, traditional methods of birth knowledge, and the concept of Samoan whole being. There is a critical and immediate need for research into the efficacy of Samoan traditional/indigenous methods of contraception and women’s knowledge. There is a need for discussions between Samoan women/families and health professionals to develop policies that will sensitively consider the high abortion rate of Samoan/Pacific Island women.

The Samoan women indicated that they need to feel safe, secure, and supported by their own families and the community of Samoan people, to maintain their dignity. Further testing of the evolved methodology developed in this study could be used for research in other areas the women indicated affected their health.
PREFACE

I am proud to present this study in two languages. One language cannot hold the essence of another language.

"I am who I am - I was born Samoan
I think Samoan - I write Samoan
I read Samoan - I talk Samoan
I walk Samoan - I behave Samoan
I understand Samoan - My whole being is Samoan
And that is the best thing that I can ever be"

I have not created a direct translation of the Samoan document to the English document because languages have to be interpreted and understood in context. The two documents stand together, however, each document stands alone. One language cannot hold the essence of another language. A direct translation often omits the contextual meaning of the discussion and conversation that is valid and useful. No apology is made for the text being deeply, deeply personal as it adds to our ways of being together. Some people in both the Samoan and Papalagi community may consider the topic and conversations belong in the private realm. However, the very heart of nursing and family health involves discussions about human issues. I believe I have conveyed the peoples concerns and private stories with respect.

The following considerations have been made with regards to the shape of the texts. A decision was taken to not reduce the size of the documents so as to enable the story of the project to convey detail of the considerations and near to whole conversations. The text has been written with the following audiences in mind; the Samoan community primarily followed by Samoan scholars who are bilingual and understand the idiom of thinking in Samoan and speaking in English, or translating spoken or written English into Samoan
language. I will describe this development of the text fully in my own journey particularly in Chapter Two and Three. My decision to record this story in detail is due to the length of time it took me to discover my own standing in both communities, and my desire to prevent this trauma for other Samoan nurses and women.

Samoan scholars who speak and write both Samoan and English fluently will recognise both my journey, the dilemmas I encountered and my desire to present a document back to the community. I have yet to read a thesis that presents our thinking both personally, professionally and academically. I set a compass with my intuition and have been guided by my father, my family, the women, the difficult issues that have surfaced in the media throughout the time of the research and the community.

I acknowledge I also have a style of writing that is very similar to how I speak in my practice with the women. Generally I think in Samoan and then translate my thoughts into English in my head before I write. For the first draft of the thesis, I wrote it in Samoan and then translated it into English. When the women spoke with me, I translated their Samoan into what I term the idiom of English. Samoan English is a term I use to describe a text when the speaker/writer's first language is Samoan, and their second language is English. The look and sound of the text or speech is colloquial to an English speaker. I make this point to assist the reader to understand that the text may not be grammatically what you expect. Samoan English is a term for a particular idiom, not a pidgin Samoan or pidgin English. Samoan English is recognised by the New Zealand and Samoan communities who speak and write Samoan English in formal and informal settings, and used it in published articles such as this reference, "O le faamoemoe ua taunuu o le laau o le soifua", literally translated, "A hope receiveth is the tree of life" (Enoka, 1995, p. 45 ). Samoan text in this thesis uses the three levels of Samoan language and I translate some text into English where appropriate. The community document which is entirely in Samoan has
sections where I translated English sources into Samoan. I have directly translated from Samoan to English and this requires an indepth knowledge of the idioms of both languages. I am still learning the English idiom! I have been fascinated by the way language can and does work to reveal our different realities. I found great pleasure in the beauty of language as a human gift. This is what makes me want to translate proverbs.

There are a number of implications that are as a result of this style in the text. The first is that I do sound like a speech maker perhaps, because I am educating and sharing myself with the women simultaneously as they are seeking to share their problems, their stories, their history and their understanding of our place in this world. The second is that in Samoan, the ‘talk’ of our conversations naturally involves repetition. I was unaware of this idiomatic expression in our language until I worked with both languages. The consequence of this in the thesis for the reader is that if English is your dominant language, you may consider the text very repetitious. However, for the Samoan reader the text will flow. The English Chapters Two and Three in particular were written initially in Samoan as were all the models. They have been translated into English.

I have taken the liberty to decide what will be translated from Samoan into English, and English into Samoan throughout the texts. I found it is not possible to give an English translation of the Samoan language that reflects the true essence of the words. Often this is where the talk in proverbs is interesting in that they are like a song or prayer, and the meaning can be interpreted. Both English and Samoan readers need to recognise that it is my own translation.

Most of the translations are colloquial in that I sought to represent the closest voice for the speakers so they can recognise their story. I have also discovered in doing drafts of the thesis and in conversation that my natural style of writing can be seen as repetitive.
Everytime I make a new point, I think about it until I know it feels right for me and my people, and then I go back to it. The elders say in Samoan, “se'i moe le toa” meaning if they cannot decide on a point, they sleep on it and come back to it. Finally, when they have slept on it over and over, figuring it out slowly, they then tell the whole story of how they came to their understanding.

The summary at the end of Chapter One reveals this pattern of detailed interconnected thinking that lays the foundation, and is throughout the text. I considered that it must be revealed to make sense to the Samoan understanding. This also underpinned the decision to have the Chapter on Sacredness as a whole Chapter, rather than described as a single concept. The style I use in the family discussion in Chapter Eight is crucial. It is my response to the heartfelt request to help the women and families to talk about our own issues. The style of teaching I use in the community is expressed in the final Chapter which achieves a satisfactory conclusion. It gives an indication to the community of a way that we can proceed in detail to use the findings of the research.

Lastly, I made a decision when I shifted to the PhD project to focus less on primary philosophical writers to outline the methodology and research design in the study. I intended to focus more on searching for the literature on contraception and abortion particularly by the Samoan and New Zealand writers. The research design and methodology sources that I have used aim to locate my thinking on how I approached the consideration and development of the Samoanisi methodology, rather than presenting for instance a structural analysis about colonisation. An extensive review of the literature on contraception and abortion is presented from my being an indigenous Samoan woman, educator and researcher’s point of view. This may be a flaw in the study but a choice was made to focus on developing the Samoanisi methodology based on faa-Samoa. It is my
intention to revisit this area in the study at a postdoctoral level in order to position *Samoanisi* methodology within the world of research.
ACKNOWLEDGEMENTS

I am grateful for the assistance, support, contribution, and blessings of a number of people who have helped me with this research.

All you Samoan women who have shared your personal stories, as without you and your stories, this writing would not exist. I feel humbled and honoured by the challenge you have entrusted me with. You know that with God's help we will succeed.

This work would not be completed without Margi Martin my supervisor, who has encouraged and supported my efforts at MacDonalds nearly every Saturday morning while people are busy looking for bargains at the Porirua flea market. A wonderful meeting place to enjoy MacDonald's breakfast and a long discussion. Thank you.

My mother Kima Fa'asalele Tanuvasa (nee Taito) and family for their prayers. I offer my special appreciation to my children Kima, Lita and Le-Aliinuu for their tremendous support, encouragement and understanding. My grandchildren Ali, Baker, Wesley, Hawaikii and Mellenniumma, as well as Sam and Jason for their technical and computer support.

I acknowledge Glenn Flood's computer expertise in modifying the tanoa model. My dear friend and colleague Sesilia Maiava for your encouragement and providing me with afternoon teas. Debbie Smith for your artistic skill to draw the model in illustration 4.

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Afioga Leota Leulu’a’ialii Ituau Ale for your suggesting of *Samoanisi* and your contribution to the Samoan document.

I gratefully acknowledge the **Family Planning Association of New Zealand**, the **Health Research Council of New Zealand**, the **Faculty of Humanities and Social Science Research Fund Victoria University**, the **Pacific Health Research Centre Whitireia Community Polytechnic** for the financial assistance that has enabled me to undertake this study. Without the vision of these Organisation’s policy to support Pacific Islands research and to back this with funds, research such as this would not occur.

I acknowledge the **Faculty of Nursing at Whitireia Community Polytechnic** for the professional and financial support of this study which began as an MA thesis back in 1994.

I acknowledge the contribution of the **women in Samoa, Carmel Annandale and Staff of the Family Health Service in Samoa** for your support.

**Susuga Milo Fa’aleava, Susuga Tino Meleisea and Tupuola Malifa** for your letters of support to the Ethics Committee.

To all my **friends and colleagues** in New Zealand and Samoa, and the **Samoan community in Porirua** for your support and blessings, I offer my writing, my thinking and my love for our people. *Faafetai tele lava.*
DEDICATION

To my late father
Reverend Fa’asalele Tanuvasa
You are the strength of my soul
I wish you were alive
To witness
My life
and
my coming to recognise your wisdom

To my Mother
Kima Fa’asalele Tanuvasa
Thank you for your prayers

To my son Le-Aliinuu and daughters Kima and Lita
I am grateful for your encouragement, support and understanding
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INTRODUCTION

INTRODUCTION

This study is about the experience of Samoan women with regards to contraception and abortion. Samoan women tell the stories of their lives and how they share and use those experiences to form their ideas about life and health is the basis of this thesis. While I had been aware of the concerns Samoan women had already voiced in our community concerning contraception and abortion, such as access, compatibility, confidentiality, I was profoundly concerned by an article stating the high rate of abortion in Pacific Island women (Catherall, 1994).

For these reasons, I had to have the courage to tackle a sensitive issue in my community as an avenue for the women to also discuss their sexuality. Forty Samoan women, aged 18 to 70 years, born both in Samoa and New Zealand participated in the study by sharing their stories, and understanding that while we were talking about abortion and contraception we were also talking about our lives, families and health. The stories of these women form the basis of this thesis. The stories are many and varied and I have been struck by how the women used the opportunity to express themselves. I list the stories for emphasis as follows. Their stories are: happy stories; sad stories; humiliating stories; stories that have never been told or told for the first time; stories that heal the pain and guilt; stories that tell the truth of their Samoan beliefs and values; stories that present the sense of family responsibility; stories that reveal the place of contraception and abortion in their lives; and especially stories to safeguard the identity and the importance of protecting the family status.
As a result of knowing my identity, culture, being born in the culture and speaking the language of the culture, gives me a position to say such things, to open such a topic as abortion and contraception up for discussion. I consider I know and understand why single women abort their pregnancies. I was brought up in the same lifestyle as they were. I consider I know why they don’t take contraception. It is not a topic of discussion in the family. While this knowing occurs because I was born and have lived the experience and understand what it is like to be a Samoan woman whose heritage is Samoanisí, my desire to conduct research into this issue has developed out of respect for my culture and a desire to contribute to our people’s future well-being. I have entered into this sensitive part of our lives through a special project because it is about our future and my future.

The study is based on the premise that Samoan women are indigenous women and they hold on to their Samoan values and beliefs wherever they are in the world. They say nothing interferes with their Samoan beliefs including moving to Aotearoa New Zealand. This belief is grounded philosophically in the indigenous perspective while acknowledging the various types of beliefs which exist in the world, the beliefs held by Samoan women are Samoan women’s beliefs. I live as an indigenous woman, a mother and grandmother, and practice as a Samoan nurse in my own community, and this position is what gives me a unique voice and perspective. It gives me an opportunity to see the world I live in, in a particular way. Articulating our way of being is considered to be fundamental to our health. This is what I have discovered I mean when I consciously use the term ‘essence’ to describe or mean the deepest or total experience I might have as a woman. As an indigenous person, I consider the term indigenous means to me a person who speaks their own language, lives according to their own customs and beliefs, and is born and brought up in their people's land. This understanding is part of one’s heritage from birth. This is what creates a birthrite. This is what creates the basis of identity, pride and health.
The Western system of knowledge and research which dominates in New Zealand life, provides the basic structures for scientific and professional practice and simultaneously oppresses the indigenous knowledge that contributes to healing and health practices of indigenous people, both Maori and Samoan. My being a nurse is not and cannot just be confined to a system of western nursing practice and knowledge. The research has given me the opportunity to consider the relationship between Samoan nursing, healing based and health practices, knowledge and research and to understand and develop a total comprehension of Samoan women’s stories as they try to reveal how they experience their situation, and how they express their own meanings and understanding of their stories in their own language.

Leota Leulu’a’ialii Ituau Ale (1995) describes Samoanism as the integration of faa-matai (chiefly system) and faa-Samoa (Samoan way of life). He introduced the new word, ‘Samoanism’, to me, as a means of enabling us to speak for the two; faa-Samoa and faa-matai. One supports the other and the two always go together. Leota continues to say that “when Europeans of all callings set foot on Samoan soil, the country already had its own faa-matai, chiefly system and its own faa-Samoa - Samoan way of life based on customs and traditions and its one language” (p. 7).

Leota L.I. Ale’s (1995) definition has provided me with a foundation as described below. The term Samoanism which is translated to ‘Samoanisi’ or ‘faa-Samoa’ are used simultaneously in the context of the thesis, rather than Samoanism to provide a natural flow of the text from a linguistic context. In this thesis, I use Samoanisi to refer to the Samoan way of life, attitudes and behaviours; cosmology, philosophy, customs and culture; religion and language; models, frameworks and protocols; storytelling and translations; and a method and methodology. I made a decision to use the term faa-Samoa to refer to all the concepts I mentioned, but not as a method and methodology.
although I first thought of *faa-Samoa* as a methodology. I did this because I wanted to develop the language, ideas and thinking in my practice.

The principles that underpin *Samoanisi*, work together to complement one another, in order to make the study meaningful. For instance, the place of a Samoan woman in society cannot be meaningful without her family, parents, identity, language, culture and customs.

Culture in this study is described from a *faa-Samoa* perspective as ‘*o tu ma aganu'u fa'a-Samoa*’ (Samoan culture and customs) which encompasses ‘the whole of the whole’. The challenge has been to keep central the fact that, *Samoanisi* is unique in its own practices and no other culture will take its place. While this is true for each culture, this becomes lost when cultures are discussed from a point of integration or assimilation. As the dominant discourse in New Zealand is European, I have chosen not to use other peoples definition of culture unless a specific point is made of a culture’s position. Leininger’s (1991) definition of culture as ‘a particular group’s values, beliefs, norms, and life practices that are learned, shared, and handed down’, is understood in her writing as specific to her and her position in nursing as a elder and scholar is recognised, however, in order to create a unique body of knowledge in Samoan nursing, I have chosen to not compare and contrast or critique definitions of culture, and particularly not to position my work alongside Leininger’s for this reason. As an indigenous Samoan nurse, I am not referenced by others definition, but I seek to dialogue and debate and evolve our common humanity. This means that I do not presume to know or define another person’s cultural position, nor can they know my definition. This point is discussed further around the concept of cultural safety.

‘*O tu ma aganu'u faa-Samoa*’ (Samoan culture and custom) is not particular but unique and distinctive, and this is what gives me a unique position to articulate my voice about
the reality of Samoan culture. This is an inside view by an indigenous woman, rather than an outside view which I consider is based on a need for integration. I needed to clearly identify Samoan views in this thesis to primarily create a strong foundation. I consider I am now in a position to offer comments on being Samoan and living in New Zealand.

My position as an indigenous Samoan woman convinced me that in the search for identifying and exploring Samoan women's experiences about contraception and abortion, I had to use Samoan language and culture as a framework. This is the basis of an appropriate method to explore Samoan values, attitudes and customs. In indigenous people's lives, language and culture are the core and the heart beat of life. Tuiaatua Tupua Tamasese Efi (14/11/1996) presented a paper at Victoria University and said, 'o le gagana tautala e fesootai ai tala o le vavau ma talafaasolopito. E momoli e le gagana le suamalie ma le taua o tala ma upu i le gagana a le atunu tavai la a' (recorded oral speech). ‘Oral language links stories of the past and oral history. Language conveys the essence and symbolic meaning of stories and words in the language of the culture itself.’ When I heard this, I knew he was speaking the truth.

In a multicultural setting, where many languages are spoken, one's own language is considered to be ‘true’ and will powerfully hold the reality of one’s experience. This is readily understood by bilingual people and applies to Samoan language. This means that the women’s stories will not reveal the truth of their experience without using Samoan language. This gives me a voice to elaborate on what Tupua Tamasese Efi had said that oral language: ‘e fesootai ai mafutaga faa-le-aiga’, unites the family; ‘ose faafiapia loto’, inspires the soul; ‘e tuu taliga ai upu mai le tasi tupulaga i le isi tupulaga ma e taua ona ta’ui ma afifi’, and passes words from one generation to another and it is important to hold tight on to it (recorded oral speech, 14/11/1996).
Tuiatua Tupua Tamasese Efi went on to say: "E faapelea ona lagona e le Papalagi le tutu o mo ge ma le manitini t i o le tino pea faamatala se tala faa-Samo a?" (recorded oral speech, 14/11/1996). ‘How can a Papalagi feel the flickering of his/her hormones and shuddering of the body when a Samoan story is told?’ I must say that this inspired me and is the premise that underpins the philosophy of writing this thesis in the Samoan language.

One has to ask, how can a Samoan person feel the flickering of his/her hormones and shuddering of the body to feel the tone, sweetness, sorrowfulness and truth of the women’s experience if the thesis is written in English? I cannot. To use English doesn’t make me feel whole. I began to have courage and to know I was thinking clearly.

It took me a long time to develop the basis to explore this research topic due to many taboo issues that governs faa-Samo a. One has to have the courage to unravel a difficult issue that is hidden or not discussed openly. It is a topic that one has to have the mana and credibility to tackle in faa-Samo a, and most of all, the respect for the people and by the people. This thesis tells the story of the research, my own story, and my people’s story, particularly the story of women who shared their experiences with me.

The original purpose of the study in the proposal was based on five aims: to explore the place and attitudes of a small group of Samoan women to contraception and abortion; to analyse data to identify trends in attitudes of Samoan born women to contraception and abortion and relate these to attitudes of New Zealand born women; to explore a sensitive issue in my own Samoan community; to use Samoan language as a Samoan research methodology; and to develop Samoan methodologies as a guiding framework for nursing knowledge research.

As I was exploring the aims of the study, I became deeply connected to clarifying my theoretical understanding; to developing a model based on cosmological thinking; and
using the *tanoa* model to illustrate my place in the study, identity and walking between the two worlds. This then became equally as important and not separate from the real issue of a high abortion rate among Pacific Island women.

In the process of doing the project I found that I was unable to think or write in my own language and work for and in a Western health care system. I identified I was in the process of walking between the two worlds. I gradually realised that I was in fact clarifying how to nurse, as well as how to be clearly a Samoan woman and health worker. I was forcing myself to carefully and systematically clarify the correct and appropriate thinking required to heal and care for Samoan people in an extremely difficult situation in the New Zealand community. I have documented this transformation and offer some reflections and analysis on nursing models such as transcultural nursing and cultural safety. The study has forced me to be very clear about who I am and what I currently consider in my nursing practice. I will describe this process in Chapter Two.

I had to position myself to manage, carry through and to present the project with the women, and the conversations that evolved, very carefully as I will describe in Chapter Six. The *tanoa model* initially shaped the project, however, the model evolved over time as I allowed myself to reflect and write deeper and deeper. The process of doing the thesis has allowed me to elucidate the model in two steps with my thinking. I describe this process of discovering how to be and where to stand as the ‘eyes of the people’ and it evolved in discussions with women.

The very nature of doing practical research forced me to modify the order of the original aims. I am clear I have not changed the original purpose from the beginning of the project. I had to clarify my position and use of protocols and language in order to create an authentic, safe and honouring space for the women.
Why have I decided to explore an extremely and sensitive issue for both Samoan born and New Zealand born Samoan women? Firstly the statistics published in New Zealand highlighted that Pacific Island women do not use contraception and have the highest rate of abortion. Sparrow (1991) recorded in the ALRANZ National Newsletter in June, the high rate of abortion in Polynesian women. Sparrow (1991) reported that “in the 1985 report prepared for the Abortion Supervisory Committee “Induced Abortion in New Zealand 1976-1983”, Janet Sceats highlighted the problem as she saw it. “She concluded that the total abortion rates for Pacific Island women were almost three times that of European women” (p. 1). This trend continued to increase among Pacific Island women as observed by North and Sparrow (1991). They reported that “The proportion of Pacific Island and Asian women presenting for abortions is high and has increased disproportionately between 1981 and 1989”; and “A higher proportion of Pacific Island women (60.3%) were not using contraception” (p. 156-157) in the contraceptive practices of women seeking abortions in the 1980s at the Parkview Clinic of Wellington Hospital. I was shocked but knew there was a certain truth. The way the statistics were presented extremely troubled me.

In my eyes, religious and family values are important influences in the lives of Samoan people. Given these influences, sexuality is considered sacred and contraception and abortion are not topics of discussion among Samoan people. I am suggesting that there is a gap between these topics not being discussed openly and sensitively in a Samoan family life and the high rate of abortion among Samoan/Pacific Island women. The following questions arise. If women have limited knowledge of their own bodies, do they also have limited knowledge of contraceptive methods to avoid unplanned pregnancy? Is abortion possibly a last minute solution to protect cultural and family values?

My journey with these women began our relationship. It was obvious to me that Samoan women would talk to me honestly because I was a Samoan nurse, and when I used our
language and formality this affirmed how I identified myself. As I gained confidence in using my own language professionally as a nurse researcher, the women began to story to me, and to tell me their story in what we know to be our Samoan way, or women talking about women's issues. I discovered there is a way of talking about these issues that is both honest and symbolic. By this I mean that I understand the deep meaning expressed by the women. I have used the thesis as an opportunity to reveal the depth of feeling and understanding the women have and to bring out the truth as they understand the issues of contraception and abortion. This is at the core of this research. The truth telling extends to the protection of our language and culture in harmony within the family and community. The idea of harmony within the family is central to our well-being. It heals the pain. We consider we walk through the pain and heal it in a special way. This special way is expressing the truth in our own language. Talking to Samoan women in English will not heal the pain nor allow them to tell the truth of their stories. This talk is always in one's own language. I discovered that the women's blessings and prayers was the starting point to tell their stories.

In this study, I have used my position as a Samoan nurse living in a largely Samoan community to explore an issue that is close to my heart and of deep concern to me professionally. I have found I have constantly had to position the question, the study and my perspective to discover my voice. My storyteller's voice and my story of myself as a Samoan woman, mother and nurse both in terms of my role in my own community are governed by Samoan beliefs and customs known as faa-Samoa. I describe my role in the nursing profession of Aotearoa New Zealand as a Community Nurse Specialist and Samoan nurse educator and researcher who conducts research in my own community.

On this basis I considered I was in a position to explore the place of contraception and abortion in the life experiences of Samoan women. There is no other study on this topic by
a Samoan person or another person that I am aware of which explores a Samoan woman's perspective on her life, using Samoan language. I knew that by being a Samoan nurse researcher whose first language is Samoan and using the language, I would empower Samoan women to be strong in their cultural inheritance, to have ownership of their stories, to treasure the language they use to gain self confidence and to recognise their identity.

It then raised this question for me. Why should I change the women's stories from Samoan language into English, when I am a Samoan? This is the basis of the decision to why I began to use *Samoanisi* as a methodology. Samoanisi, as I understand it, is about acknowledging our culture and language. It is about advocating for women's voices in the language we inherit. Samoanisi became the method I used to claim our language in it's original form as a means to hold to the truth. To claim our basket of wisdom, the goal is to seek to understand, then to be understood. Only the truth as we know it will influence changes in policies and decision making that will impact on our women.

While the research journey with the women and their stories are the core of the thesis, I admit that the deepest journey in the thesis has been my discovery of a way to use my ability in both Samoan and English languages. I walked between the two worlds using both languages and I decided to create the thesis in two texts, for personal, political and cultural reasons. In the English text, I was determined to conduct the actual research in Samoan and to present the research findings in Samoan, then translate the text into English. It now reads as an English text which includes Samoan language. I am clear that a Samoan speaker might read the Samoan text first and then the English possibly. The thesis as a whole is inclusive of Volume One as an expression of my exploration and results, and Volume Two is written in Samoan particularly for the community where the research took place. It describes the research in the same way as Volume One, but is not a translation
from English to Samoan. Research is a practical endeavour for me as a nurse and I document the research as practice research. According to Roberts and Taylor (1998), "research is about looking for answers to puzzles" (p. 97). Robert and Taylor continued to say that "the basic reason for doing research is to find knowledge" (p. 98). This is what I am striving for. I do research to create awareness and change our consciousness and our lives.

This study is written in the English language for people whose second language is English, especially the older people and health professionals. My vision is that this study will influence Samoan students to use Samoan and English language in research in tertiary education. I believe that we are cultured with the language we speak. We were born rich with our culture and the knowledge that we own. Our knowledge is our visa to make us distinct from the rest of the world. Let's protect it by using it. I also believe in the power of culture and knowledge, we don't have to find it; it's in us; it's in our heads, our mouths and our hands; we were born with it; it's embedded in our blood; it comes from our culture, our land and flourish through our ancestors. I consider the Samoan language as finding knowledge through research, Roberts and Taylor referred to research "as a means of generating knowledge is to have you consider from the start the possibility that there may be many ways of finding knowledge through research that have merit, and that one kind should not necessarily be seen as being superior to another" (p. 98).

I decided not to translate the Samoan born women's stories in the English text first, as I considered it would omit the essence of the truth telling. I wanted their stories to remain in the Samoan language and then to translate it according to the colloquial talk and meaning the women bring with them. I decided to translate the women's stories in their colloquial talk in Chapter Six in this document, as it holds the essence of their being, their symbolic talk. I felt it wasn't right to present only the translation of the women's stories in the
English text as it will not tell the whole of the whole story. In a way, I am their translator, interpreter and advocate and this is another treasure I am carrying. I intend to continue to use the Samoan language to interpret the transcripts and to finalise reports for publication.

As a nurse, I use storying to explore the women's experience as this is the way we always share and tell each other things. An experienced chiefly orator or talking woman in a group is considered articulate, intelligent and an expert in the eyes of the people if she uses words with a sense of power. Stories are stored safely in Samoan people’s heads and told at appropriate times. Stories are told orally in most Samoan families. For instance, the gafa or genealogy of a family is passed down from generation to generation or stories are told through chant and fables. Handy called the phrases of the chants “words with power” (Forsyth 1983, p. 206). According to Forsyth (1983), chants recounted the origin and growth of the world, those which were performed to heal the sick and bring about a release from a tapu (taboo) condition or to perform a successful craft such as tattooing and so forth.

There is a method of interpreting and analysing problems within our traditional healing system, that is based on a form of storytelling, speeches, prayer and singing. Lumby (1992, p. 18) writes, “Another benefit of storytelling is that it can capture the richness and the reality of an experience as it is told and retold. Meaning is, accordingly, shared with others, as well as those involved in the primary experience. A truly meaningful collaboration is made possible as the meanings are transformed through the telling of our truths”.

My Storyline

This thesis is presented as a story in itself. I have considered that the story has four sections. The first section includes the introduction, my identity and my thinking and the theoretical framework that grounds the thesis; sacredness as a *Samoanisi* concept and the working literature search on contraception and abortion. The second section includes the research design and methodology. The third section is the actual project of interviews and discussion with the women, and the fourth section is the in-depth discussion and the model that has evolved and my final comments.

In real time, the “storyline” evolved around the Samoan women’s conversations. Equally the real sequence of my storyline has evolved with the people who have supported, blessed and watched me writing, walking and talking. My deep thinking on the methodology began to position me as the writer, the nurse and the woman as I talk with Samoan women in Samoan. They feel me still writing and tune into the project. I ask myself, what does this project mean for Samoan women? I believe it is about our reclaiming our voice, the truth, the reality of *Samoanisi*.

I began to let myself think in Samoan and to trust and value my own ways. Underneath was the deep thinking and I think more and more in Samoan. So I went back to Samoa. My horizon expanded. I felt the meaning of the women’s stories and the connection to the land and *faa-Samoa*. I was more tuned in to my own lineage. I felt I knew my ancestors were watching, causing or enabling my being to flourish with the language, wisdom and the courage.

In 1996, I made a case for a transfer from the Masters thesis to the doctoral level to explore the essence of women’s health as embodied in the two languages, Samoan and English, further develop *faa-Samoa* methodology as the underlying framework of the
study, consider the deeper meaning in the issues of contraception and abortion from the women's voices.

The response was positive. This opportunity had given me the freedom to explore and deepen my thinking, develop my ideas, language and develop the *tanoa* model and framework further. Illustration one below shows the first design of the *tanoa* model in 1994/1995. Further development of the *tanoa* model are in six steps I have documented from 1994 to 1998.

The Initial Development of the Tanoa Model

![Illustration 1](image-url)
In the early development of the *tanoa model*, I designed it as an only illustration to explain the meaning of identity and to explore the meaning of the women's stories in the three environments. I used the concept of three environments to show how I analysed the meaning of the women's stories according to the meanings the women bring with them in the Samoan environment, that is when the women say things that belong to Samoan culture; Samoan and English environment in terms of the things that women think that belong to Samoan and *Papalagi* people or thinking in between the two environments; and the Papalagi environment when the women say things that only belong to *Papalagi* people. The *first environment that is Samoan*, is illustrated by the numbers that are inside the tanoa model such as 1, 24, 19, 12, 2, 26, 28. The *second environment that is Samoan and English* is illustrated by the numbers that are placed just outside of the tanoa/bowl. For instance, number 17, 13, 14, 15, 5, 20. The *third environment that is the things that belong to Papalagi* people are illustrated by the numbers that are placed further out from the tanoa/bowl near the big circle such as number 16, 23, 26, 6, 9, 21 and so on. This is the initial model. But as I came to understand more about Samoanisi, myself and deepen my thinking, further development of the model evolved as will be illustrated in subsequent chapters.

**Summary Time Line Of The Project**

The original proposal was to explore the attitudes of a small group of Samoan women to contraception and abortion to meet the requirements of my MA thesis. Ethical approval was granted in September 1994 and we had discussions with Samoan women in Porirua from October to December. In 1995, the data from interviews were transcribed, transcripts were given to participants for verification and writing of Samoan and English volumes in draft forms. The time frame to explore *faa-Samoa* models was limited in the Masters level. I prepared a conversion report to make a case to upgrade to PhD level to continue exploring *faa-Samoa* in December 1995. January 1996 was my presentation to
the academic panel for transfer to PhD and it was granted. In April 1996, I upgraded to PhD officially as approved by the Victoria University PhD Coordinator. I visited Samoa to explore the attitudes of women living in Samoa. In 1997, I reworked the Samoan text specifically. I spent three months in Samoa to think and write in Samoan and I returned to New Zealand to continue writing and thinking in Samoan. The title of the project changed to ‘The Place of Contraception and Abortion in the lives of Samoan Women’ because in further discussion, it became clear that the women were not just talking about their attitudes, but how they place contraception and abortion in order of priority in their lives. In 1998, the title of the Project become more meaningful. I revisited the English text and fine-tuned ideas in both documents.

BACKGROUND TO THE STUDY

The background to this study began in 1988 when I supported two Samoan women having an abortion when I was a Plunket nurse. This study took six years of thinking and planning before I began the actual research. The methodology of the study did not evolve from the research topic of abortion and contraception, but was an idea I began to explore in 1989. I developed a statement in response to an analysis of the use of inappropriate research protocols for Pacific Island people in the Porirua community. I started to write protocols for research with Samoan people by non Samoan people and submitted it to the Wellington Hospital Ethics Committee for consideration.

My critical ear repositions a wrong stance of inappropriate research and how non Samoan people unethically overrule the decisions of Samoan protocols they know little about. I came in to rescue a study undertaken by non Pacific Island People on Pacific Island people in my community. Some parts of the protocols were inappropriate and humiliating in the ‘eyes’ of Pacific Island families. Diagrams of a man demonstrating the kinds of prostate problems in men were sent and addressed to the householder, and yet it was approved by
the Ethics Committee which at the time did not have a Pacific Island representative. No Pacific Island men responded until we intervened.

My proposal for this study was questioned by the Ethics Committee on whether it is ethical to use my research grant from the Health Research Council (HRC) of New Zealand to pay for the women who participated in this study. The protocols and rationales of compensating the women in the study was clearly articulated and yet they questioned and undermined my knowledge and challenged how I intended to work with my people. I will share the process of working with my people in the methodology. I quote the World Trade Organisation view in the Health Research Council (HRC) of New Zealand Newsletter, they say that “indigenous knowledge could not be treated as an intellectual property” (HRC 1997, p. 9). Our protocols are traditional, culturally appropriate and reciprocal as a symbol of deep appreciation and thanks giving.

Positioning is not either/or Samoan or western because I am Samoan. I am a woman who writes sensitively but strongly about what I feel and believe in without qualifying my statements all the time. For example, my generation who have been educated here in New Zealand, our ideas are that we limit our children to one, two or three to fit the western model. The western model is to limit families. Now the indigenous world is supporting each other to say no, ‘have more children’.

The issue of abortion has been kept hidden for years. Non Pacific Island people assumed that it wasn’t culturally sensitive to publicly advertise the high rate of abortion among Pacific Island women as it might disgrace the name of the Pacific Nations. Then it raises the question, how can the issue be healed if Pacific Island nations are not aware of it? Pacific Island families didn’t realise that many of our women were having secret abortions.
Which means that Pacific Island families are becoming small which is contrary to the Samoan belief of having large families.

So why have I reflected on these issues? Because my thinking within ‘the essence’ of being in my own space deals with the ‘solutions’ arrive not from intellectual/theoretical thinking, but from wisdom, contemplation, prayer, inner meditation, and seeing the underlying issues which are not visible in the ‘eyes’ of the onlookers.

As I became more aware of the ethical requirements of research and gained confidence with myself, I began to explore my own Samoaness, and to develop faa-Samoan research methodologies designed from within faa-Samoan. My 1994 MA thesis proposal was based on ‘phenomenology’ (the lived experience), with faa-Samoan ways of knowing as secondary, such as the use of Samoan language as a basis to interview Samoan women. I then realised after talking to the women that while the study of Van Manen’s (1990) methodology of ‘phenomenology’ and secondary sources such as Giorgi (1970); Langan (1970); Colaizzi (1978); Cohen (1987); Sarter (1988); Denzin and Lincoln (1994) had influenced my thinking, faa-Samoan should be developed as the core research methodology of the study. I conducted interviews and began the analysis. Suddenly the project was huge and I needed to think deeply. The conversations were great. I worked with the new term Samoanis to develop it as a methodology. I modified the tanoa model I had used in my practice and in the interviews and developed the ‘eyes of the people model’.

My understanding of Samoan health practices, culture, and the use of language grew deeper and I was able to identify the impact of colonisation on Samoan people/women. Taule’ale’ausumai (1996, p. 12) writes, “The Christian church became the power that ruled over both the village and the people. The hierarchy of the church was structured
in a way that perpetuated the subordination of women”. I was also able to see what belongs to me and what belongs to other people, such as the nursing theories known as ‘transcultural nursing’ and ‘cultural safety’ and their relevancy to Samoanisi. This knowledge encouraged me to explore the construction of the discipline of nursing.

I have always believed that nurses are healers who can make a huge contribution to shaping the health of the people. The discipline of nursing as a profession has a body of knowledge which is powerfully presented in nursing theory, however, I consider that the lack of understanding of cultures inherent systems of knowledge in health and healing has inadvertently led to a sense of oppression of knowledge.

Nursing in general internationally has not acknowledged or supported the voice of indigenous women, or the voice of those who have been colonised. Madeleine Leininger (1978) the founder of transcultural nursing has promoted a view that supports all nurses to acknowledge the importance of working with people from diverse cultures. During her research, Leininger has developed a theoretical position that is based on care concepts from more than eighty cultures. However, she does not identify or differentiate the place of indigenous people or nurses in her transcultural nursing theory.

I began to critically examine Leininger’s theory and its impact and relevance to Samoan culture. My response to Leininger’s work was that it was not relevant to the indigenous people of Samoa, who are migrant citizens and residents of New Zealand. Her transcultural theory has not been developed to address the impact of colonisation on indigenous people, nor does it consider their historical background.

Why have I said this? I experienced many situations where nurses nurse Samoan people from how they have been trained, rather than what the client and family knows. For
example, a health professional may think that giving contraception to a Samoan woman will prevent an unplanned pregnancy, rather than asking the woman if contraception fits in with her beliefs; or giving a woman an abortion under the New Zealand abortion and privacy act, in case the family will disown her, rather than involve the family with the decision making of mother and child.

The humanistic and scientific approach used in transcultural theory to educate nurses to provide or improve care to people of different cultural background, as 'external observers of other cultures' (Ramsden, 1993), does not comprehend the totality of improving care to a Samoan client. I realised the depth and extent of how Samoan people and in fact my culture have been colonised and oppressed. I consider I am a product of that oppression. I suggest that the colonisers impose negative thinking by educating our people to believe that sexuality is taboo. This is my suggestion for the way some Samoan men disrespect our women through incest, rape and single women who are pregnant and unsupported.

In pre-colonial times, Samoan women were leaders and held honorary positions but colonisation oppressed the status of Samoan women as observed by Taule'ale'a'asumai (1996). The matriarchy of Samoa was revered and honored throughout Samoa through the heroic work of Nafanua, Queen Salamasina, and the feagaiga (covenant). Nafanua became the first national god and heroine, she was also known for her prophesy: tali i lagi se ao o lou malo, "Wait on the heavens for a head of your government (power center)"; a prophecy that became interwoven with the arrival of the missionaries. Taule'ale'a'asumai observed that the result of this coincidence was the demise of Nafanua's status: she is no longer remembered as the victorious heroine of history but only as the prophetess who appears to have initiated the total demise of the matriarchy, or so the patriarchy would want the people to believe. In other words, a woman is used by men to subjugate the power of women and legitimate the power of the patriarchy. Women as leaders obviously
posed a threat to male sovereignty in pre-Christian Samoa. I consider that oppression has weakened the status of Samoan women in our own society, and yet, very little is done on the men's part to bring the women to alignment with the men in decision making.

I have reflected on my experience of the subtle culturally unsafe approach while working with nurses in the predominant Papalagi (European) culture in the New Zealand Health Care System. Discovering where to stand in my own place and to appreciate that being Samoan is the only way and the best thing that I can be, and to feel Samoan, has to occur for every Samoan living in New Zealand.

I suggest that the transcultural theory cannot be wholly applied to Samoanisi. You cannot apply something from another culture and impose it to another culture without knowing the cultural values of a person you know little about. Therefore, to apply the 'reality of a cultural theory' to a culture, is to be born and experience the cultural capital of your own culture from inside it.

I suggest to use a transcultural approach is to continue the process of colonisation as critiqued by Cooney (1994) and Ramsden (1993). Cooney writes, "Leininger is a member of the dominant culture and as such developed her transcultural nursing theory as an observer of diverse cultures" (Cooney, 1994, p. 9). Ramsden says, "from my position as an indigenous person, transcultural nursing assumes an external and observer position. Nurses are taught to observe people according to their culture specific behaviour from a multicultural model. Such a model does not allow for the diversity within cultures" (Ramsden, 1993, p. 5).

To study another culture does not necessarily make a person understand or appreciate the beliefs and values of a different culture. There is a difference between 'educating nurses to
learn to provide or improve care to people of different backgrounds’, and ‘educating nurses to understand their own cultural capital or the belief system and experience that they bring from their own culture to provide or improve care to their own people and see if other cultures accept it according to their norms and belief system’.

My observation is that the development of Cultural Safety as a concept in nursing in New Zealand has given the indigenous people the Tangata Whenua of Aotearoa, recognition in nursing education. According to Ramsden, the “nurse as a cultural bearer is the focus of cultural safety. The educational process is designed to alert nurses to their own behaviour and to the behaviour of colleagues which may place people at cultural risk” (Ramsden, 1993, p. 6).

My role as a ‘cultural bearer’ is to acknowledge our own ways of being and being culturally sensitive to the needs of our own people to involve our elders and community in this study. Being culturally safe is to ask our elders for their blessings, and to acknowledge our language as a methodology, to undertake this research by myself a Samoan nurse and indigenous woman. This is the reason why I bring to your attention the relevancy of cultural safety to Samoan people.

By this I don’t mean that cultural safety represents the voice of Samoan nurses in Aotearoa because we have our own ways of interpreting cultural safety in our language and what it means to us. For example, Samoanisi is a culturally safe method to reveal the reality of Samoan women’s stories. I have referred to cultural safety because it was the first time in nursing education in New Zealand that nurses are taught to examine their own behaviour which may place other people at cultural risk. Considering the theory of cultural safety opened a pathway for nurses like myself to critically consider my position to explore my woman centered and indigenous view based on being Samoan.
I realised that the trustworthiness and efficacy of the two theories depend on my being able to use them critically. To this end, I have made a critical examination of the value and limitation of transcultural and cultural safety nursing theories, and propose an indigenous Samoan woman's voice.

I can utilise my voice and my position as an indigenous Samoan woman who identifies with one ethnic culture to advocate for Samoan women in the Papolagi environment. The presentation of Western methods of family planning subtly marginalise our women in subtle ways. I can articulate the reality of our needs from a Samoan way of knowing and share my insights into how to empower our women, men and families to come together to discuss these issues that subtle social constructs position us from an outside view.

I suggest that the Samoan cultural structure which has strong family relations, needs to be responsible to support women and to challenge any thinking or power and control that disempowers some of our own men who put Samoan women at risk. Samoan women who secretly have abortion, commit infanticide, abandon their babies and conceal their pregnancies are oppressed through the way our 'eyes' position women in the Samoan society, and how some Samoan men neglect their feagaigasa which literally means 'sacred covenant.' The 'feagaigasa' refers to the respect between a brother and a sister. In other words, 'e sa' literally means, 'you are not allowed to cross the boundaries'. The women are unable to challenge the men's power and feel humiliated, shamed and disempowered. I humbly feel that the Samoan community needs to do a lot of talking and sharing through the men's groups, women's groups, church groups, youth's groups, family discussion and to be supported by the Ministers and elders of the community.
THE RESEARCH DESIGN

My own interest in designing a *Samoanisi* research methodology evolved from being exposed to what I call ‘an inappropriate research design’ in which a project was imposed on Pacific Island people through the use of telephone interviews and mailed questionnaires, rather than any personal contact. Samoan people are becoming more informed about health and education issues in New Zealand, and are also identifying the pressure of being over researched as a community with challenging health needs. This occurs when people realise they don’t have ownership and control over either the process and outcome of the research. They may give their time and stories and never hear or see the results.

It is not been my intention to describe the entire *Samoanisi* framework, rather, I intend to discuss how my thinking has evolved to this point where I believe I am writing and claiming the way I think about *Samoanisi* research. The term research is not easily defined in *Samoanisi* because of the complexity of the scientific approach. Research means creating the knowledge in a rigorous systematic way that can be observed, experienced and repeated. Science and the scientific approach is a tradition that was developed initially by Europeans but has been further developed by almost every nation of people. Research I suggest is a human gift that now simultaneously creates our culture and ways of thinking and being.

I, like most Samoans in New Zealand, have been educated and colonised into the ideology of science. Most research done on Samoan people is based on designs created or developed for situations that include other cultures by observers of other cultures. Samoan and Pacific Island people are becoming aware of the Declaration of Indigenous Rights which mandates a people’s rights to claim ‘what is appropriate research’ (HRC, 1997). There has been a shift in the way research is driven and regarded by Pacific Island and
Samoan people. The ‘appropriate way’ has been addressed in many workshops I have attended in the last five years and was suggested by the Public Health Commission (PHC) (1994) report and the report of the Pacific Island Women’s Workshop on Contraception in (1993). Finau reported in (1995) that “the control of research is ultimately fundamental to self determination. If the peoples of the Pacific are to be themselves then they must be the custodians of knowledge and information about themselves. The realities will be better reflected with Pacific control over research design, analysis and dissemination” (p. 16).

Aroha Mead in The Health Research Council (HRC) of New Zealand newsletter (1997), reported that “Indigenous people internationally have developed an alternative concept of intellectual property to Western legal definitions, and are particularly opposed to the patenting of life forms and human genetic material. Several international indigenous people’s gatherings have criticised the prevailing intellectual property rights system as a new form of colonisation”. She continued to report the 1994 COICA Statement, from a meeting of the Co-ordinating Body of Indigenous Organisations that “the intellectual property system means legitimisation of the misappropriation of our peoples’ knowledge and resources for commercial purposes.” (p. 9).

“Indigenous knowledge could not be treated as an intellectual property” (HRC, 1997, p. 9). A Samoanisi research design is not an intellectual property, but an indigenous right to design our own ideas from the intellectual world of faa-Samoa. This indigenous right has given us a unique position to articulate our voice to identify colonisation. I consider colonisation is one of the greatest crimes of all time. It robs indigenous people such as Samoan people of all our rights, particularly ownership. That is the sense of who we are, and the right to think and explore freely. I quote Mead in (HRC, 1997). She writes that “Intellectual property laws do not acknowledge existent customary indigenous
knowledge or.. ownership. Nor do they agree that indigenous knowledge and processes are scientific and technological...they consider (indigenous) knowledge as ‘common’ and define human intervention based on what non-indigenous peoples ‘add’ to what has existed for generations” (HRC, 1997, p. 9).

In *Samoanisi*, we have our own protocols and ways to redefine methodologies that non indigenous people do not acknowledge as scientific knowledge. *Samoanisi* methodology reveals our style and form of thinking that has existed as we understand it within our generation. It is not a ‘common’ knowledge, rather it is a ‘unique’ knowledge embedded in *fua-Samoa*, nourished by our language, land and culture. It identifies the way we think, what we are and who we are.

In studying for a Nursing Degree programme that was based on western concepts, I was exposed to western science and scientific methodologies. This included phenomenology. I was interested to read Giorgi (1970); Colaizzi (1978); Marton & Svensson’s (1979) Cohen (1987); and Sarter (1988) work on phenomenology and to discover how western philosophers used phenomenology to explore essences, the lived experience of individuals, and the experience of ‘being-in-the-world’.

Initially, when beginning my research, I said that phenomenological method informed the design of my study, because it was the first time I had seen ‘the essence’ expressed and I understood this concept and philosophy. However, this created a dilemma because it is a western model. I was interested in this idea. As I became more aware of myself, of knowing who I am, I realised then that we have our own ways of thinking about how to do research.
If phenomenological methodology says to take the themes from the stories, yes, there are ‘themes’. I could say from my inside view that if I take the words out of the women’s talk, it is wrong. The essence in Samoan understanding is that the truth of the talk is in language.

I reflected on why I didn’t think Samoan when I first developed the research proposal? My academic education had been in Western thinking and I had been assimilated into Western ways. It took away my way of thinking of who I am and what I am. I felt Samoan but was thinking in European styles. My research project has evolved. I have reclaimed my closeness to my culture, identity, and my people as I sought the authenticity that all research demands. I believe that in order for this research to be accepted, it has to be credible. For me, it has to be credible within my community. My community is considered to have a place in the world of higher learning in Universities in New Zealand. Rightful Maori and Samoan elders have positions of prestige and respect and advise, teach and examine research.

Further development of how the research design was created and steps taken will be discussed in the methodology section.

Real Time Story
I encountered difficulty thinking and moving in between my own space of Samoan thinking and the space of western thinking. I found the moving in between the two spaces a wonderful experience. I was caught in between the two cultures and languages. I walked back and forth, back and forth. I was frustrated. I wanted to write in Samoan but I couldn’t. English thinking overrode my Samoan thinking. I decided to go to Samoa to hear the language and to see the people and the land I had left previously. To my surprise it just came naturally. The thinking and writing just flourished. I was able to make the
connections and meaning out of the women's talk through the *faa-Samoa* model and extend it further. I discovered I write by ear, I learn by seeing. By this I mean, I hear the language spoken and seeing the lives and attitudes of the people in real life.

On my return to New Zealand I couldn't stop thinking and writing in Samoan. I ended up with Occupational Overuse Syndrome (OOS). It is an amazing phenomenon to find oneself reconnected to *faa-Samoa*. I was confident with using the language, and with the development of the notion of *faa-Samoa* to *Samoanisi*, developing models, analysing, criticising, synthesizing and so forth.

I revisited the shape of how to present the thesis many times because I didn't want to yet again create more issues by splitting my own thinking by writing in two languages. I asked myself: Are the two documents the same? No. How are they different? Some Samoan proverbs and women's talk cannot be literally translated to English. So how would I write it so that it shows the truth? My solution is that I acknowledge I am and will only ever be learning. The thesis, as I have presented it, is my thinking and story to date.

The thesis presents my story of the methodology which is a way of thinking and how I have worked. I felt the heartbeat of my work when I went to the community in the *faa-Samoa* way. I talked with the women. I didn't interview the women. I prefer to use the term 'talked with the women' because the notion of using 'interviewing' denotes that I was 'talking at the women'.

The term interview is a *Papalagi* (Western) word which I interpret as the person conducting the interview is more superior than the interviewees. It denotes an authoritarian role which disempowers the person being interviewed. In Samoan style we
talked with the women on an equal basis, eye to eye, ear to ear, nose to nose. What I heard when we talked was the deep deep stories, deep, deep pain.

In this research, I feel empowered to stand in my own space, the space I was born into. This results in my being able to undertake and write this research in Samoan. I also feel privileged to stand in the western space as a result of my being able to speak, write and think in the English language. What I have found very interesting in the two spaces is the way my mind controls my thinking. When I choose to stand in my space, I think Samoan, speak Samoan, dress Samoan, eat Samoan and affiliate with everything Samoan. When I decide to leave my space to enter the western space, I find myself entangled and yet able to retrieve my English thinking.

I have found this process humbling, interesting and fascinating, and I have chosen to share the way I walked the talk in this research. I decided that this journey is what makes me similar to the women participating in the study and also gives us a way to find our freedom. I decided to write out the thinking so the women could understand the indepth thinking I couldn’t put into words when we met. Living and contributing to the nursing profession in New Zealand for 25 years had given me a comfort zone to maintain my nursing position. When I undertook this research, I wanted it to be written in my indigenous language and English, but there was a problem. I consider I was trained by the English language and education in New Zealand, which I believe robbed me of my Samoan thinking and writing. It has taken me years of walking back and forth to retrieve my Samoan thinking.

I managed to free myself from the Papalagi space and started writing in Samoan. But it didn’t last. I went back to thinking in English and left the Samoan thesis with very little writing. I knew why this had happened to me because I was still living in the Papalagi
environment and using English language. I lost my willpower to think the way I used to think.

After developing the Samoan text, I recommenced writing the English thesis. In moving between the two spaces, I was not as frustrated as at first. I entered the English space with a feeling of freedom. That’s when I knew the process was right. I knew my late father and ancestors were happy. I felt their presence.

While writing the English text, I found myself moving in between the two spaces. I could see two people and two cultures. I felt good in both spaces. When I stand in my space, I know where I stand and can be articulate. When I stand in the English space, I know when to be articulate to advocate for the needs of Samoan women. This process is very challenging and rewarding; it convinced me that having to speak and write in two languages was the right medium, even perhaps is a necessary tool to walk in between the two spaces.

The process of moving in between the two spaces is a fascinating experience. By this I mean that at times I would be the only one who knows what I am talking about. I found myself talking and thinking Samoan when I talk to Papatangi people, and thinking and talking English when talking to Samoan people. I realise then that my world has two sides. I am one person who holds two languages and two kinds of knowing. I honour my culture and language which nurtures my whole being, and the western culture and language which academically nurtures the broader vision of my profession and being.

As I was analysing the meaning of Samoan women’s stories, the issues became so clear in my mind that I asked these questions. Is contraception and abortion an issue? If it is not, who is making it a problem? Is it historical? Is it a priority to Samoan women? How do
Samoan women place contraception and abortion in their lives? Is abortion a problem in relation to the law or in the 'eyes of the people'?

When the research was expanded, I found I had the opportunity to explore the deeper meaning of Samoan women's stories. They weren't just talking about their attitudes and how they place contraception and abortion in their lives, but how the 'eyes of the people' from within the families and communities and from the outside, place Samoan women in society.

I use the term the 'eyes of the people' to reveal how the position of Samoan women are distorted by what people say, do, and think of them. It reveals how the dignity of Samoan women's status is destroyed.

SIGNIFICANCE AND LIMITATIONS OF THE STUDY

This research presents the stories of forty Samoan women as they discuss the place of contraception and abortion in the lives of Samoan women. My aim was to elicit and maintain the truth of Samoan women's voices in Samoan language for the Samoan born women and in the English language for the New Zealand born women, and to write the thesis in both the Samoan and English language. Samoan women shared similar views about the research topic, and I was able to identify the key messages, themes and sub-themes that portrayed the meaning of the women's stories. It was from these key messages, themes and sub-themes that I was able to position Samoan women's stories in the different environments of the tanoa model as a theoretical framework. This process is discussed in Chapter Six and Seven.

It was my intention once I shifted into the PhD project to explore and use a Samoan methodology to undertake this study. As an indigenous Samoan woman, nurse and
researcher who speaks both languages, I wanted to explore Samoan ways of doing research. I have always wanted this process to happen as I was educated in the Western knowledge which dominated the way I think about doing things in the *fau-Samoa* ways. I was able to get closer to my own culture and I identified *Samoanisi* as the overall methodology, framework, model, theory, cosmology and philosophy to underpin the aims of this study. I realised that by being able to use *Samoanisi* in terms of the language and protocols to undertake this study that I empowered Samoan women to present their truth and reality.

In this thesis, I intended to maintain the women’s stories in Samoan language in the English document before I translated the stories into English, but I realised that it would create a huge text and perhaps considered too large for a doctoral thesis. I decided to present the translation of the women’s stories in the colloquial language their stories were told in, as the truth of their voices is documented in Samoan language. I have also decided to maintain the New Zealand born women’s stories in the colloquial language their stories were told in as I believe the style of their talk is meaningful to the women, and editing will alter their real voices.

What the women were telling me in the reality of their being, I believe, should be seriously considered to combat the problems that affect Samoan women. I hope the results of this study will influence policy decisions and lead to a review of the impact of policies on women and families. I would also hope that other researchers will further explore *Samoanisi* as a methodology to do research for our own people.

And finally, the stories of forty Samoan women who shared with me cannot be generalised for all Samoan women. However, their stories are useful to form a database for future research.
SUMMARY
This chapter provides an overview of the introduction, background, the research design of the thesis, my own story and my understanding as a nurse is central to the thesis. The method used in the research resulted in an educational framework being developed that will guide New Zealand health professionals in their understanding of Samoan women from a Samoan way of being.

This chapter concludes with an outline of the subsequent chapters and identifies the outcome of the study. The thesis is divided into four sections and arranged into chapters. Section 1 has the following chapters. Chapter 1, 2, 3 and 4. Section 2 has Chapter 5. Section 3 has Chapter 6 and 7. Section 4 has Chapter 8 and 9. The chapters are outlined as follows and I have developed an overview of each chapter as outlined.

CHAPTER CONTENT AND OVERVIEW OF THE THESIS
Chapter One: Introduction
Chapter One is the overall introduction of the thesis and subsequent chapters.

Chapter Two: My Place And Philosophical Position In The Study
Chapter two provides the story of my life journey. My story holds the key to being an indigenous Samoan woman born and bred in faa-Samoa. I explore in depth my personal knowing through encountering culturally unsafe practice in Aotearoa. By addressing my position as a colonised Samoan woman, my goal is to enable the reader to see the importance of acknowledging the past to develop education frameworks for future practice. I believe that if you don’t have a past, you don’t have a future. My place and identity in the research is clearly articulated as a basis of acknowledging my ancestors and Samoanisi. The tanoa (kava bowl) model is a symbol of Samoanisi and is the underlying theoretical and educational framework with a cultural basis of discussion of the study.
Chapter Three: Sacredness In Samoanisi

This chapter explores the concept of sacredness in Samoan culture. It discusses the impact of colonisation and the belief system that underpins why Samoan people consider the body to be sacred. The life and place of a Samoan woman in faa-Samoa and women’s attitudes towards sexuality and birthing is also discussed.

Chapter Four: Contraception And Abortion

Part One: Summary of my nursing practice search on Contraception

Part One presents the summary of my nursing practice search on contraception on research done on Pacific Island/Samoan women by Pacific Island and non Pacific Island researchers in New Zealand and Samoa. I also explored the attitudes of indigenous women to see if there are common patterns existed among indigenous women of the world.

Part Two: Summary of my nursing practice search on Abortion

Part Two presents the summary of my nursing practice search on abortion on research done on Pacific Island/Samoan women by Pacific Island and non Pacific Island researchers in New Zealand and Samoa. Patterns existed in attitudes of some indigenous women of the world. This part discusses the controversial views of many people about abortion.

Chapter Five: Methodology And Study Design

This chapter explores the processes of the research design and methodology in the two stages of the thesis. The first part discusses my thinking, the protocols, the processes and the issues I considered important to undertake this study in the initial stage, and how I evolved Samoanisi as a research methodology. The second stage positions the development and utilization of Samoanisi as a research methodology. I present for consideration my understanding of concepts in phenomenology, ontology, cosmology,
epistemology and philosophy in comparison and contrast to Samoanisi and to find commonalities in the ideas.

Chapter Six: The Project - Presenting The Samoan Women’s Stories
The translated stories of Samoan born women is presented in this chapter. The key element of this chapter is to present Samoan women’s translated stories as close to the meaning as their stories were told in, and to maintain the New Zealand born women’s stories with no editing.

Chapter Seven: Modification Of The Tanoa Model To Explore The Samoan Women’s Stories
This chapter explores the key messages that have been emerged from Samoan women’s stories. I drew out the conclusions from the messages to emphasise the meaning of the messages, and to select the themes and sub-themes of the study. The four Samoan born women’s stories were compared and contrasted to the four New Zealand born women using the twelve common patterns I selected according to the meaning of the women’s messages. Some examples of the women’s key messages, themes and sub-themes were analysed and positioned according to the meaning the women bring with them into the environments of relevance in the tanoa model.

Chapter Eight: More Talk - Furthering The Discussion
This chapter presents a discussion on what I think has evolved from the study. I have used the tanoa model as a tool and/or resource to further explore the meaning of ‘the eyes of the people’ on the women’s lives, to encourage government and non governmental organisations in New Zealand to collaborate with Samoanisi in developing policies that are appropriate and contribute to the well-being of Samoan women in this country. My
perception of differences in the two cultures is presented which enabled me to further develop the tanoa model as a framework for education and discussion.

This chapter provides the reader with a discussion of ‘The Samoanisi Family Model’ as a framework for education for the whole family starting from the pre-schoolers to adults. The model is in the very preliminary stage of development and I invite discussion from other Samoan people and health professionals to develop the model further.

Chapter Nine: Conclusion

This chapter presents a summary of the thesis and includes my reflections, the implications and significance of this research on Samoanisi and for Western nursing practice and health research. The limitations of this research are discussed and recommendations for future research is provided.

One language cannot hold the essence of another language. This thesis is comprised of two volumes which are one whole; a large thesis. Some people have suggested that one is large enough. Why not submit one? However, this would mean that the many Samoan people who are not confident speakers or readers of the English language would be disadvantaged. I believe in submitting two volumes, English and Samoan and one in completely in Samoan that I have done justice to the Samoan community, Papalagi community, Professional and Scholarly community.

The thesis has therefore presented in two volumes so as to convey the development and eventual depth of the project in Samoan and English. Volume One represents the scholarly text which reveals the development of two models, it holds educational framework-policy implications. Volume Two is in Samoan and written as a text for use in the community for feedback to the women to be used in association with verbal meetings.
CHAPTER TWO

MY PLACE AND PHILOSOPHICAL POSITION IN THE STUDY

INTRODUCTION

With all due respect, firstly, I acknowledge the presence of my people living in New Zealand and especially my beloved country of Samoa. Your blessings and support had encouraged me to undertake and write this thesis in our own mother tongue language, as an asset and treasure in nursing education and for the future generations of tomorrow. Thank you for your blessings, support, good will and prayers.

Secondly, I must acknowledge my ancestors who paved the way for the future of our people to retain our Samoan culture. That is our fa'a-Samoa which consists of a specialised knowledge held with a matai (chieflly) system, language, traditions, land, storytelling, fables, values, and attitudes towards our Samoan beliefs and customs.

Proverbs are born from language. Language conveys the meaning of a saying or speech. Samoan etiquette uses proverbs as a ‘saying’ to open and begin a speech or occasion. This saying is important to me. ‘Ave muamua mea i Matautusa’ which means ‘acknowledge ‘God’ before anything else is said or done’. The founding principle of Samoanisi, which governs the holistic approach to faa-Samoa says it all; ‘faavae i le Atua Samoa’. Samoa is founded on God.

In the words of Roberts and Taylor (1994, p. 100) “there are many philosophical traditions that have contributed to research, in that they have supplied theoretical assumptions about certain kinds of knowledge”. In this chapter, acknowledging my people first has always been the tradition in faa-Samoa to signify the knowledge of all present. By this I mean that without the support and knowledge of my people this research
would not have achieved its outcome. Knowing my culture is the basis which I have generated discussion in this nursing research.

Very little is written about Samoan nursing research practice and knowledge. I believe that knowledge and research ideas should seek a balance between the western and cultural approaches that enable people to become involved in their tradition of knowledge making. Chinn and Kramer (1991) cited in (Roberts and Taylor, 1998, p. 98) "contended that knowledge should not only be integrated, but that it should also be balanced, because too much of one way of thinking and knowing about things can cause distortions". This chapter tells the story of my place in the study and how I have generated knowledge that is personal, professional, philosophical and cultural. I show how I nurse, how I practice and how I think in my own place of faa-Samoan. The chapter also discusses the importance of identity in the lives of Samoan women and I have used the tanoa model to depict our origins and the value of being a Samoan woman.

THE ORIGIN OF MY STORY
I was born in the faa-Samoan. Samoanisi fed me with language, culture and customs. Faa-Samoan was my origin and the only world I knew before migrating to Aotearoa. I heard many stories of how my ancestors were killed to save our culture and land, and how religion was introduced in the 1800's by the missionaries. There was only one world I knew at the time, that was Samoa. Samoanisi was my world. The views I held and still hold are Samoan views.

My introduction to education was through religion and Samoan values of ‘respect’ and being a ‘good girl’. Sexuality was not a topic of discussion. It is considered to be a ‘No, No’. I did not ‘think’ beyond the meaning of ‘being a good girl’ until I was seventeen. Being a ‘good girl’ is to stay a virgin until marriage. This phrase was never explained by
older people. You were expected to know what it means. They say, ‘be a good girl’, but they never ever discuss its underlying meaning.

What really confused me was the fact that when you talked to a boy or man in day light, my mother or aunty or an older person would call to me to come inside the house. They would angrily say in a loud embarrassing voice, ‘e ese lou tautalaitiiti’; ‘you are very cheeky/naughty’. This attitude influenced my thinking that talking to a person of the ‘opposite sex’ is not accepted in the ‘eyes of the people’. You would be considered to be wanting to do adults things beyond your age. The older people would say, ‘o le fia teine matua ia, aua ne’i ou toe va’ai atu o e toe talanoa i se tama, ta’ino’ino e’.

Hence, I grew up with this negative thinking, and it stayed in my consciousness. The older people’s negative attitudes towards life led many girls to secretly have boyfriends, and because the body is not discussed, many girls enter into sexual relationships without knowing their bodies. I witnessed my older women relatives being beaten by my male older relatives when they were found talking to the boys on the roadside. That opened my eyes and I realised that is what older people meant by ‘teine lelei’; ‘being a good girl’.

We were called being ‘tautalaitiiti’ meaning cheeky by older girls or women when we talked about our bodies. Their attitudes made you feel that you are a ‘bad girl’. It made me not value the beauty of my body. I thought it was a bad thing to talk about your feelings and your body. I remember girls who were been teased about their bodies, especially girls with big breasts. I heard people saying, ‘ai ua pauteine, se’i vaai atu ua tautau mai susu’; ‘she may not be a virgin, her breasts are hanging down’.

It was not until I did my nursing that I realised that the growth and development of girls to women was called puberty. I recognised the natural process of growing up, but I did not
understand the physiological changes of my body. My mother never talked to me about it. She just said, 'fai faalelei ou ofu'; 'dress up properly'.

I knew girls menstruated when I was at school but I didn’t know why. They were mocked and laughed at by the boys. My first menstrual period was an unpleasant experience at fourteen years of age. I was so scared I hid under the bed. I am not alone in my experience. Many women of my generation shared the same experience.

When I came to New Zealand in the early 1970’s, I consider my journey into the Western world began. It has been a journey of transition, adaptation, finding opportunities and searching for a place in a culture that I do not consider to be mine. I found that I had to work to learn the system, language and lifestyle. I had to work to sustain myself due to the reality of culture shock. There were so many new things that I had to learn to fit into, such as the cold weather and the way the education system was structured.

I saw a lot of culturally unsafe practices not just in nursing but in other areas like immigration. Many Samoan overstayers were hounded by dogs and deported. Racism, assimilation and inequality were common. I heard a lot of nonsense that puts minority cultures into boxes such as low socio-economic, low health status, low achievers in education, you name it the list goes on. I had a dream when I left my home country and I was in culture shock when I discovered the unreal world that I had landed in.

I came to New Zealand when community leaders were signalling the way to find a place for minority cultures to fulfill their dreams in New Zealand. I have named some of the people who have paved the hard way for minority cultures to be recognised and acknowledged. They have influenced my ability to stand in my own space and I want to acknowledge them.
Louisa Crawley, a Samoan leader in many Pacific Island Organisations such as the PACIFICA (Women of the Pacific). I admired her for her strength to advocate for the health needs of Pacific Island people. She was a strong woman with a strong heart who worked hard to influence the policy makers to recognise our needs. I watched her with great pride. She influenced me to become involved with community meetings and consultations and to articulate my voice from a nursing perspective. Her legacy to me was that I began to critically analyse what was happening to Samoan people in New Zealand.

Fuimaono Karl Pulotu-Endemann, a Samoan Nurse and Educationalist is a leader and a role model for Pacific Island men in nursing. Karl is the first Samoan nurse to teach in nursing education in New Zealand. His leadership style had influenced me to strive for a lectureship position in nursing education.

Esera Aufa'i, a Samoan Nurse and Educationalist was a forefront leader in the Samoan Nurses Association. He was the captain of the Association who tried to convince the New Zealand Nurses Organisation to recognise the voice of Samoan nurses in New Zealand. As a Nurse Lecturer, he too influenced me into nursing education.

Margi Martin, Scottish and Irish and a Senior Lecturer at the Nursing and Midwifery Department at Victoria University supported me whole heartedly when I first started the BN programme. She encouraged me to talk and write about my own Samoan symbols and what they meant to me in terms of my practice and Samoan health concepts and healing practices. I salute her for her supervision and patience that has assisted me to articulate my voice in the academic arena.

Through the influence of these people I began to see a new reality and that in New Zealand I was living in a different space. I started to slowly say what I wanted to say.
about what I saw which was inappropriate. My position in the Plunket Organisation and the Health Department in the late 80’s allowed me to work with Pacific Island women and families. I started to speak in little groups and to articulate my own Samoan perspective, but it was very much on the surface. My knowledge of *Samoanisi* was not deep. I was thinking in English and feeling Samoan. I knew I had to go deeper, so I pulled back into myself and began to train myself.

My first taste of research was when I undertook a survey of the health status of Pacific Island people in Porirua in 1988. I conducted this survey without a planned methodology or design. My thinking was suddenly politicised. I went and asked the community for their views and wrote a report. I identified what the people needed. The report validated the knowledge of the community and influenced the policies of the two organisations, Plunket and the Health Department. Roberts and Taylor (1998, p. 100) state “*qualitative research uses thinking that starts from a specific instance and moves from ‘the ground up’ to make larger statements about the nature of the thing being investigated*”. When I look back, I realise that I was completely unaware of research methodologies, Ethics Committees for at this time, this style of research was very acceptable.

The report led to the development of a health promotion course for Pacific Island People, which started in 1989. It was funded by the Education Department and resourced by Whitireia Community Polytechnic, Plunket Society and the Health Department. I became more aware of what was going on within the community and I was in a position to identify the gaps in the health services and the underlying issues. I knew the research I did generated the issues for the policy makers and brought about change. I didn’t realise at that time that what I was doing was action research. I didn’t have the academic or research language at that level. With the exposure to policy, government documents,
conferences and contracts, I realised that I needed to learn the academic language in order to interpret documents and critically make a difference in the status quo.

I joined the PACIFICA (Pacific Allied (Women’s) Council Inspire Faith Ideals Concerning All) Organisation and saw the strength of Pacific Island Women in Aotearoa striving for excellence. Louisa Crawley was a dominant figure who voiced our concern in community consultation. She was articulate, eloquent and inspired me to want to be like her.

The more I became politicised, the more confident I was. I pursued my Bachelor of Nursing at Victoria University. The academic world encouraged me to clarify who I am, what I do and why I do it, how I think and why I think differently. A lecturer, Margi Martin inspired me with her willingness to make me open my eyes to the real me. The first time I met her she said, “when you walked in the room, what did you see outside the door”. We looked around and wondered what she meant. She told us a story of the stones by the steps and what it meant for her in her career. I clicked and another shift occurred in my thinking. I started to think symbolically. I saw how I could talk about the real me. I began to make connections between my practice for Samoanisi and from the Samoanisi world to my practice. I began to relate my own symbols to what was happening in the nursing work. I started to talk about the Samoan house as a symbol of health, and then to identify it as a symbol of our culture, healing, birthing, identity, language and a symbol of our voice or need to speak our truth. These symbols identify the Samoan cosmology and epistemology that was meaningful to our ancestors. In pre-colonial times, the Samoans had their own religion and God/s as observed by Forsythe (1983). People worshiped stones and/or sculptures as symbols of their relationship with their God/s. And when Christianity was introduced, Samoan people acquired a new knowledge of moral and religious beliefs based on Christian values, which they now worship and honour as a symbol of their service to God in heaven.
The Samoan radio came into action in the early 90’s. At this point, I acknowledge my dearest friend and colleague Mine Logovae Lavery who passed away in 1997. She was a leader, and forefront role model in Samoan nursing in the early 90’s. Her voice on air is not easily forgotten. She inspired many listeners. We have a saying in Samoan: "ua ma’imau toa"; 'the warriors are not easily forgotten'. We were in a position to speak, to talk out, to communicate in Samoan, and to dialogue with Samoan people on air. It was a time of transformation and reformation when our nursing voice was heard and accepted by the community. It was a time of celebrations when Samoan people could listen to health messages in their own language.

In 1994, the problem of abortion was a topic of discussion on the media. This was the beginning of open discussion among the Samoan community on our own radio station in Wellington. The discussion was focused on cultural shock and embarrassment that such a problem existed. There was a lot of blaming of the women. It raised these questions. Why did they blame the women? Was there any form of support from the community? I did not hear any support. I listened with a broken heart, mind and soul. Not one person supported the women. The comments were: ‘women who abort their babies are not Christians’; ‘they are murderers’; ‘they disgrace and humiliate our cultural values that children are gifts from God’.

I influenced my own children to pursue education as well as to honour our Samoan ways while living in the society that they were born into. I let myself think in Samoan and trusted and valued my own ways. At a deep level, I believe there are fundamental patterns of thinking and being that are healthy and healing, but they are different from the way we have been taught in nursing. These patterns, which the elders understand, are in the language and traditions.
MY JOURNEY AS A NURSE

Learning To Walk the Talk

I have been a nurse for more than 20 years in New Zealand hospitals, communities, and the education system. In the 1970’s and 1980’s, Samoan clients were predominantly cared for by all the nurses using Western values. Being a Samoan nurse and a minority among nurses of the predominant Papalagi culture, I was assimilated into the Papalagi way of thinking and practice.

Being culturally safe was not considered to be important. I observed many incidents where patients and clients were treated in what I would now describe as a culturally unsafe manner. I remained quiet. To Samoa nisi, speaking out is considered as disrespectful, demeaning, and devaluing of other people’s culture’s.

I worked with a few Samoan nurses in one of the public hospitals who were reluctant to talk in our own language in the presence of Papalagi nurses. They pretended not to hear me talking in Samoan and showed embarrassment. I didn’t blame them. I was also warned not to speak our language. We were disempowered to speak Samoan because the Papalagi nurses considered it rude to speak other languages in their presence when that they didn’t understand a language. When I spoke Samoan, the Samoan nurses replied in English so as not to speak in Samoan because the Papalagi nurses are offended by it.

My dreams of coming to New Zealand to seek educational opportunities turned into a challenge. I was forced to move out of my faa-Samo to participate in the world of nursing. However, I recognised that deep down I was pretending to be a Papalagi, in order to be in a comfort zone when nursing. I was ‘colonised’. The cost was huge. My actions paralysed my consciousness and deep inside, I was intimidated, hurt, powerless and patronised. It took time to build up my courage to voice my concerns. I realised
racism continue regardless of my contribution. I decided I wouldn’t win. I decided to move out of the *fau-Papalagi* zone to participate fully in *fau-Samoanisi*. This thesis expresses my return to full participation in *Samoanisi*, my place of security and comfort. I realised, I could not leave aside my culture, language and customs, because they are part of my heritage. I realised the implications for health in terms of not being true to who you really are.

Nursing in New Zealand in the 1990’s has begun to slowly consider the cultures of Pacific Island people which includes Samoans. It is an era of positive change in nursing attitudes and practice. Ramsden (1993, p. 1-2) in her development of the kwa whakaruru hau (cultural safety) article writes, “*Nursing has entered the last decade of the twentieth century and the time to review the philosophy which underpins the service we offer to our fellow human beings has well and truly arrived. The new century give nurses time to review the nursing story, to analyse the behaviours of people being nurses, to listen to the impact that those behaviours have on others and to adjust our service accordingly. We can no longer afford to think that nurses give service irrespective of nationality, culture, colour, age, sex, political or religious beliefs, or social status. One word needs to change, that word is respect. Our service delivery must be respectful of all those things. And the recipient of our service must be able to say that it is so*."

The introduction of ‘cultural safety’ as a concept and practice in nursing practice, education, policy and management in New Zealand has encouraged a new feeling of ‘being safe’ as an indigenous woman and nurse in this country. Although the debate and discussion is based on the Treaty of Waitangi, it has given me a unique voice to articulate what is ‘culturally safe’ to *Samoanisi*. I acknowledge the work and writing of Irihapeti Ramsden and the Working Party, who have opened a door for other minority ethnic
groups living in New Zealand such as Samoan people, to be cared for in a ‘culturally’ appropriate way by members of the nursing profession.

Despite the dilemmas I encountered, I believe that God and my late father guided me to discover and walk the pathway that would maintain my culture and identity as a Samoan woman and nurse. I also believe that the influence of my late father in my life has given me the strength to stand tall to care for my people, and especially to bring innovative changes to nursing education, research and practice.

The department of Nursing at Victoria University had encouraged me to use the pathway to explore my nursing philosophy and culture. It had taken me years to come to terms with my identity, and to know where I stand in the two cultures of faa-Samoa and faa-Papalagi. It was through my University education that I came to fully acknowledge my identity, and developed the desire to articulate Samoanisi concepts of health, philosophy, culture, customs, methodologies, protocols, models and framework.

THE CONTEXT

I consider why I am studying a sacred subject of abortion and contraception. The idea and challenge to do this research emerged from within my inner feelings as a nurse who has encountered many problems in the Samoan community. My interest in the topic of abortion and contraception started in 1989 when I supported two Samoan women having abortions. Their stories were important to me. I knew the specific reasons why women were seeking an abortion. It wasn’t because they wanted to limit their children or prevent unplanned pregnancies, but the contraceptive they used was ineffective. One woman was given the minipill because she was breastfeeding her three months old baby. She said she was reliable in taking the pill and was told by a health professional that there was less of a chance of getting pregnant if she continued to breastfeed and take the minipill. She also
suffered from hyperemesis (morning sickness) in the pregnancy and decided to have an abortion because she couldn’t look after her baby and two other pre-schoolers. The other woman got pregnant while using an IUD. Her situation was similar to the other woman. For these women, the failure of the contraceptive method led to their decision to have an abortion. As a nurse, it was important for me to listen and respect their decisions. I did not have the answers to make the decision for them. It was their choice. They knew their situation and I made it clear that my role was to support them. I discovered that many women secretly had abortions because of the fear of being judged in the ‘eyes of the people’.

People made statements such as: I am shocked that these women could do such an awful thing; they are murderers; and why have sex knowing the consequences of their actions? It was rare to hear the comment, 'I wonder if she needed help and support?' I began to wonder how many Samoan women were going through a lot of stress, and whether they were being supported? What were their reasons for seeking abortion?

A doctor at the abortion clinic knew I was a nurse. She told me that the number of Pacific Island women seeking abortion was very high. She asked if I knew the reason for this problem. I was shocked to hear her comment because it never occurred to me that Pacific Island women used the clinic regularly.

I also met a young Samoan girl I knew in the clinic on that day. I felt for the young woman when she saw me. She was suddenly flushed with embarrassment and fear and maybe she was shocked to see me. I approached her and said, "it is okay, don’t worry, I will not say anything to your family. It is confidential. I will support you, after I support my ladies". I encouraged discussions with other women who had had abortions.
I questioned myself over and over. These were my concerns. ‘Is my supporting the women appropriate?’ ‘Am I helping them to abort their babies since I took them to the clinic?’ I was upset by the accusing words of the anti-abortionists outside the clinic, as they tried to block us and call us names. They said ‘abortion is killing’. I tried to forget the incident, but somehow, it was like a reflection in a mirror. I recall the sad faces and wondered if anyone knew what was going on in the young woman’s mind that I met at the clinic that day.

In 1994 the high abortion rate among Pacific Island women was revealed in the media for the first time. The front page of the Dominion April, 1994 highlighted, “Pacific Islanders’ abortion rate high. Pacific Island women on average have at least one abortion in their lives, a rate almost three times higher than that for European women, according to the Health Ministry” (Catherall, 1994, p. 1). The figures had been hidden for many years. At the same time the community news discussed Pacific Island women committing infanticide, or abandoning their live newborn babies. Talking about these issues released some tension and the Samoan community started to talk about what was happening to Pacific Island women. Some men have asked me why I haven’t included them in the discussions and study. I knew the men felt a sense of responsibility to work with the women, but they were generally slow to respond.

I was involved with the women who had had abortions or women’s discussions in the community, but the media pushed me to reflect on the problem of abortion from a fa’a-Samoa and nursing perspective. I began to take this whole issue seriously and recognised the wider implications of how this affected the health of Samoan women. I initially determined that reason Samoan women were having an abortion was to do with the lack of knowledge at all levels this included their partners, children, family and community. I wanted to explore the attitudes of Samoan women to contraception and
abortion. At this point, I wanted to tell their story and develop educational tools that I believed would make a difference in women’s lives.

I reflected and journalled my own ideas of how my understanding of sexuality and being a woman had been shaped. Without personal knowledge, I knew a study could never reveal the truth about Samoan women’s beliefs, culture, customs and attitudes towards contraception and abortion. I wrote that my personal, nursing, professional experience, and knowledge of *faa-Samoa* would guide a study. When I look back at the way I have been shaped to think and act, I knew people needed education.

**ASKING QUESTIONS**

My role as a Samoan nurse and a mother in Porirua gave me the incentive to consider a way to help our women overcome the problem of abortion. I made the assumption that the women are the only ones who understand their feelings and problems, which are not always understood by men and the community at large.

Why did I decide to study contraception and abortion? Is it because I am a Samoan woman who understand our own women's needs, or is it because I am a nurse who is concerned about our women? It was difficult for me to decide the focus required on this topic because contraception and abortion is a taboo issue in *Samoanisi*, especially between parents and children, and in the community. Although it was a difficult decision, my inner feelings encouraged me to let the Samoan community in New Zealand recognise the problem of abortion that affects Samoan women.

I knew any research would start a discussion on a sacred issue that is not always talked about and would reveal more underlying issues. I also knew the problem was not a *Papalagi* (European) issue but a problem of Samoan women and the Samoan community.
It was particularly important to reflect on the fact that Samoan women value the identity of the family, and take great pride in protecting their family from risks of humiliation. A woman would do anything not to disgrace her family name.

My own beliefs are that Christian ways of thinking have perpetuated the thinking that women who abort are judged sinful in the eyes of God and a disgrace to their family. I wondered why we wouldn’t support the spirit of our women rather than allow Papalagi to put figures on them? The Samoan community did not understand or see the impact of colonisation or the impact of outside influences on our women. We did not have the ability to change or challenge these views.

I made a decision to use my nursing knowledge to explore the issues. In order to develop the project I had to first identify my journey as a nurse to clarify my position as a researcher in my own community.

THE PHILOSOPHY WHICH UNDERPINS SAMOANISI RESEARCH

To conduct the research, I developed a Samoan conceptual framework based on my nursing philosophy. This conceptual framework reflects my nursing knowledge in a woven design. I believed that authentic research would benefit Samoan people which includes both the Western knowledge system and Samoanisi and convey the truth of the stories that exist in and about the community.

I began to develop a basis for the research by writing the story of how I practiced in my culture. I developed the tanoa model to tell the story of my Samoan and nursing philosophy and this model enabled me to express how I work between Samoanisi and the faa-Papalagi system. I identified my role was to move back and forth between non Samoan and Samoan people to inform and advise them of the protocols that are
appropriate to Samoanisi. I continued to raise awareness among Samoan people of their rights and choices. I created places for discussion to take place in my own community to inform my people of the advantages and disadvantages of both worlds. I sought to inform Papalagi people of the importance of acknowledging Samoan beliefs and about the specialised intellectual knowledge owned by Samoanisi which is based on cosmologies and epistemologies which are still alive. I realised Western science has put little value on indigenous epistemologies and cosmologies. A person who is born and lives in the culture and ‘walks the talk’ of their culture knows their own reality and truth.

Symbols are linguistic and material expression of both the reality and truth of a culture. Symbols depict the meaning of something, or give an interpretation of how you feel and see the world. Any Samoan person would identify himself/herself with a Samoan symbol or image. For example, a Samoan house, the palm trees, the ‘ietoga (fine mat), Samoan images are also symbols. This awareness led me to believe that any Samoan woman would identify herself with a Samoan symbol and be able to interpret what it means for her. I recognised the basics of Margi Martin’s words, “symbols are about spiritual things, what the heart feels and we express them in soul talk” (Personal conversation with Margi Martin, 2 October, 1998). In 1989 when I began the BN programme, I chose the tanoa (kava bowl) as a Samoan symbol and treasure to illustrate my conversations with women and also to illustrate the symbolic significance of Samoanisi within my nursing philosophy and practice. As I became more aware of my cultural heritage and what it meant to me, I began to develop the tanoa model and framework to interpret health beliefs.

A model is a way of presenting a piece of knowledge. I used the tanoa model to explain health practices. As I shared it, I could see that it encouraged Samoan nurses to explore our own culture, and to consider nursing models and theories from within Samoanisi. I would encourage their discussion inviting challenge and critique of the model. I believe
within my heart that the development of this model has contributed to nursing education and research and can be a guiding framework for the young nurses of tomorrow.

My Samoan and nursing philosophy is discussed in the *tanoa* (kava bowl). The *tanoa* (kava bowl) is a model based on the cosmology which underpins my Samoan beliefs and identity. It illustrates the importance of *Samoanisi*. The model evolved throughout the study to address many issues, but requires others to use it, critique, and shape it. No model is an end point, it is a tool to enable us to more easily convey much of the knowledge in Samoan language proverbs. The model is based on my Samoan philosophy which says: "*Ou te ola auauna i o’u tagata ma lo’u atunuu pele o Samoa e ala i la’u galuega faatausima’i*”. "I live to serve my beloved country and the people of Samoa through my nursing service."

As I understood myself further, I developed drafts of the model. Developing the model forced me to think about deep thinking. The ontological thinking of my Being, expresses how I was born and have lived the experience of being a Samoan woman, moving in between two cultures. This exploration led to my writing about the multiple ways of knowing which create the knowledge system in *Samoanisi*. The knowledge system includes knowing the *faa-Samoan*, language, identity, ways of being, the spiritual voice, the intuition, the lineage, the people’s voice, and the cosmological belief that is based on land, religion, ancestors, and healing practices. The model evolved as a ‘philosophical’ framework to express the truth and reality of science and research that recognises indigenous, traditional and modern knowledge. I wrote the model initially to aid my discussions as a nurse with the women. I realised I had to understand myself in order to find the truth of the women’s stories.
I have chosen to present the model in the thesis in the form that I currently use in discussions in the community. In order to explore the meaning of identity and health practices in the life of a Samoan woman, I first must present the principles that form the basis of my Samoan and nursing philosophy in terms of my practice and beliefs.

THE PRINCIPLES UNDERPINNING THE PHILOSOPHICAL FRAMEWORK

There is an expectation that the role of a Samoan woman is to bear children, and not to abort. However, if a single unmarried woman is pregnant, she is faced with the negativity in 'the eyes of the people'. Thus, there is an assumption that unmarried women are the only ones who abort.

I hear discussion in the community especially in women's talk. The discussion is focused on 'blaming the women' and offers no spirit of community support. Many women experience these effects and feel disempowered with their decisions. I found in discussions that the women themselves who are unsupportive, gossip and point the finger rather than express support.

I consider the reasons why these attitudes exist in the Samoan community is because of the notion that a woman's safe place is inside her own house or home environment. This means that a girl is expected to stay inside the house when it is dark, and to conform to her dignity of being a 'good girl' to avoid getting into trouble (meaning getting pregnant). This means that if girls don't go out at night time, they will remain virgins until marriage or not have sex before marriage. There is an assumption by some Samoan people that girls only get pregnant at night time. These notions convince Samoan women to adhere to these expectations of, 'a malu lava le teine i fale, e malu foi i fafo'; if a girl is safe inside, she would also be safe outside.
I often heard women saying, ‘what a waste of human being, we need more people to populate our families. He/she might be a nurse or a doctor. It didn’t cross my mind that she would do such a thing of aborting her baby. She is not the sort of woman who would do it. She is so quiet and have a good reputation in the community. Do you know that I didn’t realise that she is a prostitute. That is why she is on the pill’.

I considered that these comments existed because of the expectation of Samoan society that women should conform to acceptable behaviours. These comments led me to identify a theme in the study; to explore the importance of identity in Samoan women’s lives to understand why Samoan women have abortions.

Any Samoan woman who conforms to good Samoan practices or does not conform to the expectation of fa'a-Samoa is either praised or mocked. People would ask, who are her parents? What is her religion? Where does she come from? Who is her family? These discussions are either to support or not to support the person. People would either degrade or praise her. In common practice and behaviour, a Samoan woman protects her pride and identity for the sake of her family. If she disgraces or downgrades her family, the mockery will remain in her family forever. There is a Samoan saying which says, ‘e pala ma'a ae le pala tala’. This means, stones rot but people will never stop talking about you. An analogy which coincides with this saying is that, ‘regardless of a woman’s beauty, her status, wisdom, and the wealth of her family, people will make a mockery of her and her family if she gets pregnant before marriage or aborts her pregnancy’. I know many women in my practice who have experienced these situations. They may be happily married but people do not stop talking about them. For instance, people would say; ‘do you know so and so...that’s the one...she aborts her pregnancy, or her eldest child is not her husband’s child, or her children have different fathers’. This mockery will be carried on from
generation to generation. Being described as ‘being good’ has a significant meaning in the life of a Samoan woman.

Having described the context of the above, I have used myself as an example to talk about the importance of identity in Samoan culture and it’s impact on the life of a Samoan woman. Identity is embedded within us, hence, no matter how much we neglect it, it is always within us. The discussion of my identity and its relationship to the study is significant to the meanings of the women's stories, and provides an overview of our place in *Samoa nisi*.

I describe a child’s upbringing experience is like a video camera in a child’s mind. You tend to follow the minds and thinking of your older family members. My upbringing and other Samoan women’s upbringing conformed to the thinking, teaching, and discipline of the parents. Their teaching, aims to teach you to be a ‘good girl’. For example, this means no boyfriends and no night outs. Most Samoan women are brought up with this notion of ‘being good’. Although ‘being good’ has a range of interpretations, I interpreted it as not to be seen in the dark with boys, or talking to the boys. In my own upbringing, I witnessed girls being labelled ‘tautalaitiiti’ (naughty) by older people if they were caught talking to the boys, and they might be beaten or had their hair shaved. This also happened to myself and my cousins. I was sixteen years of age. We were talking to the boys on the roadside in the evening. A male relative who was living with my parents stoned one of the boys, who required medical treatment. We were sent back to Apia on the first bus the following morning. These incidents left an important message in my mind at that age that ‘it was not acceptable for girls to talk to the boys’.

When I came to New Zealand, I recognised the belief that girls who conform to these certain ways of thinking and behaving are considered to being ‘good girls’. They are well
liked and praised. As an adult, I knew that if a girl gets pregnant, she will do anything to protect the humiliation of her family, which might include seeking an abortion, or to continue the pregnancy but with suppressed feelings of depression and the shame. I knew many girls and women completely concealed their pregnancies because they thought it would bring shame to the family identity.

My awareness of the issues were brought into sharp focus. I want to share my own family story. "I was really shocked when my older daughter Kima hid her pregnancy from me for four months, when she was in the 7th form. She said she didn’t want to tell me in case I encouraged her to have an abortion. Kima thought because of my status in my profession and pride in my culture that I would be very embarrassed in the eyes of the people. I said to her, the hell with the people. I’m so sad you thought like that". I shared our story in the Listener (February, 1998, p. 30-31) in an interview with Stirling so that I could use myself as an example to discuss the importance of identity in our lives. I consider my family story enabled me to talk about the issues and to open up discussion in our communities. I used the opportunity to develop my thinking in the model. I have chosen in my practice and in the thesis to use my own story to explore the value and consequences of identity in the life of a Samoan woman. Professionally, it was not culturally safe to reveal the identity of Samoan women.
My development and interpretation of the tanoa model are my own views which may not reflect the views of all Samoan women. I consider the 1999 version of the model to be a working statement. A philosophy is a living document and as my insights evolve I add to it further.

The interpretation correlates with the numbers shown in the tanoa. The circle of self identity is placed in the core of the tanoa to symbolise that the person’s identity is in the centre of her/his universe. The core of my identity is my universe as shown in number 1. Circle number two that surrounds the identity symbolises that the parents are the nearest kin to a person’s life as shown in number 2. The third circle which is divided into compartments as shown in number 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12, symbolises that
these concepts are more important in my list of priorities than the others on the outside circle. This is because I cannot look outside without examining my own philosophy, to consider the things that I hold true to my heart and this research.

The fourth circle as shown in number 13, 14, 15 and 16 symbolises the things that are important to fulfilling the meaning of identity. The small circles as shown in number 19 and 20 on the outside of the tanoa symbolise Western culture and English language. I placed the two circles on the outside to symbolise that these two things are part of my academic life, but do not belong to me. The usual upper legs of the tanoa as shown in number 17 symbolise the support of the community. The usual lower legs as shown in number 18 symbolise land. The legs of the tanoa are firmly placed on the ground symbolises the connection of the wood the tanoa is made of, to the land and trees.

1. Identity

I am who I am. I was born Samoan. I think Samoan. I talk Samoan. I write Samoan. I read Samoan. I walk Samoan. I behave Samoan. My whole being is Samoan, and that is the best thing that I can ever be. My name is Ausaga Fa'asalele Tanuvasa. I have been named by a Samoan name which gives me a strong sense of pride in my identity that has empowered me to see my own ways, to feel the real me, I see differently, I feel differently, I think and behave differently.

The number one signifies the core of my being. It is the centre of my universe and the beginning of human life. It symbolises the place of a Samoan woman as being the centre of the family. Samoan women have a special place in the aiga (family) and fa'a-Samoan. Samoan women value the identity of belonging to the family. The brother's role is to look after the sisters to ensure they are safe from risks of being pregnant before marriage. There is a Samoan saying that, “o le i'omata o le tuagane lona tuafine”; a sister is the
pupil of a brother's eye. This saying also applies to the sacred covenant between the brother and sister in terms of adhering to the 'respect'.

2. My parents

My father is the late Methodist Reverend Fa'asalele Tanuvasa from Mulifanua, Leulumoega, Nofoli'i and Salelologa. My mother is Kima Taito Tanuvasa from Malie. The number two is placed next to my being to signify the close relationship of the parents and the child. No human being is born without the two parents. The father and mother should be constantly interacting with each other, to maintain harmony and balance on both sides. That is why I place the number two equally on both sides of my being.

A Samoan woman would do anything in her power and pride to promote the status of her parents. Equally parents would do their best for the future of their daughter. If the daughter shames the status of her parents, disharmony occurs.

3. My Role and Responsibilities

I wear many hats. I am a mother, grandmother, nurse, educator and researcher. My role is to empower Samoan people with information to assist them to make healthy lifestyle choices. In this study, I advocate for our women's voices and am responsible to my community.

4. My Nursing Philosophy of the Health of a Person

'Health,' writes Finau (1994) 'is a concept related to the culture of a people' (p. 15), a quote I used in 1995 in New Zealand, where there are a number of different cultural groups, and many different cultural beliefs, attitudes and practices which exist to influence health and sickness. Each group has its own interpretation of health derived from its
particular body of knowledge, and the methods of healing used by that group are not static, but are related to its economic, social and cultural life (Fa'asalele, 1995).

Laing and Mitaera (1994) defined health from a Samoan perspective as *soifua maloloina*. They reported that *soifua* means 'life' or 'live'. *Maloloina* means 'a rest' or to 'recover from sickness', or 'keeping good health'.

I wrote a response saying that Samoan people do not talk about *soifua maloloina*, instead they use the term, *malo le soifua*. If you want to find out how someone is, you ask how are you? If you want to know if someone has recovered from a sickness, you ask how is your illness? The term *soifua maloloina* is an appropriate term to use when acknowledging the health of individuals. *Malo le soifua* is used in greeting people to acknowledge good living and good health, as each day goes by. *Malo le soifua* promotes a positive message of health and well-being. When greeting people by saying how are you, you might expect to receive a negative or positive reply: 'I am fine' or 'I am not well'. However, Samoan people would pose the question in terms of *malo le soifua*. The reply would be the same, *'malo le soifua'*; which means the two parties are acknowledging each other's health (Fa'asalele, 1995).

I continued to report that *malo le soifua* is 'embedded' in any Samoan person because it is a Samoan term. When the western concept of health was introduced, 'health' was translated as *'soifua maloloina'*.' *Soifua maloloina*, used in this context as keeping good health, is an integral part of *fa'a-Samoa* (the Samoan way of life or doing things). Good health and good living is demonstrated by: good eating, freedom from mental and physical stress; living in harmony within the family, God, land, and ancestors, meeting social obligations of the family and adhering to the *fa'a-Samoa* (Fa'asalele, 1995). As Macpherson observes, *health embodies the whole being, and involves 'connections*
between the health in a society and those in it' (Macpherson in Laing & Mitaera, 1994, p. 207).

I believe that for the Samoan people, health includes aspects of life not usually recognised by healers operating within the western model of medical practice. In traditional Samoan society, health has a broad holistic framework, and so any health intervention or treatment must be similarly holistic. Soifua maloloina is holistic and has nine dimensions of fa'a-Samoa beliefs which are: mafaufa/mental; le tino/physical; ma'i aitu/spiritual sickness; agaga/soul; fa'afiafiaga/social; aganu'u fa'a-Samoa/Samoan culture; aiga/family; Le Atua/God; fanua/land; tuaa ua maliliu/deceased relatives and ancestors.

Samoan people see these dimensions of soifua maloloina as interrelated and interwoven, and as constantly interacting to make a whole. For example, everything they think, do, believe in, identify with and feel is related to their physical form and the shape that form is, in relation to the above dimensions (Fa'asalele, 1995). If this harmony is disturbed, spiritual sickness and mental and physical illness occur, or (from the western view) are seen as medical disruptions of the body.

Laing and Mitaera state that "ill health is seen as inevitable and unpredictable and occurs when the relationship is disturbed or when there has been a disruption of the social order" (Laing and Mitaera, 1994, p. 208-9). This relationship disturbance occurs when a person does not adhere to his or her social obligations to the family and culture (Faasalele, 1995). As Laing and Mitaera write, 'it can, for instance, be attributed to a move from traditional lifestyles and values. It is often also be related to 'spirit sickness'. I consider that to heal this disturbance, the family gets together to re-establish the harmony through prayers, hymns, speeches and acknowledging the dead (Fa'asalele, 1995). As
Finau (1994) reports, healing then becomes a process of re-establishing spiritual wholeness, through being able to meet social expectations.

All the concepts that are discussed in the dimensions of faa-Samoa health beliefs influence the way women take care of their pregnancies. For instance, there is a belief that women who are infertile are cursed, or a malfunction in the body has occurred. These women seek advice and treatment from the Traditional Healers. Most of the women are treated and become pregnant after the treatment. Some of these stories will be discussed in Chapter Four in Part One in the treatment for infertile women. There is also a belief that pregnant women are not allowed to go out at night on their own, because they might be possessed by the spirits.

Samoan women are known to be Traditional Healers in their own right when ‘they use language as healing, talking as healing, chanting as healing, touching as healing, massaging as healing’. Forsyth observes that “from the healers perspective it appears the use of Samoa oil allows the therapists to concentrate intensely and thus enables them to feel intuitively and nonverbally the phenomenological world of their patients. The power of the sense of touch she felt, has been largely overlooked in the vision oriented western world” (Forsyth, 1983, p. 193). This affirmed to me that Western healing is a new phenomenon introduced in the colonisation period.

5. The Healing Hands

The healing hands in the model symbolise the healing hands of a caring nurse. It has to coincide with the nurse’s philosophy of nursing in terms of praxis. This means, the nurse’s theoretical knowledge, skills and practice must be congruent with her mind, heart, soul and hands.
In *faoa-Samoan*, the place of a girl/woman's hands in welcoming guests is vital to the well-being of visitors. A Samoan girl/woman's hands are used to squeeze the 'ava (shrub drink) in the *tanoa* (kava bowl). A girl's hands are washed before and after the procedure for hygienic reasons. This procedure is done cautiously and gently to avoid splashing and spilling of the 'ava, and to ensure the bits and pieces of 'ava is collected. A good drink is when the 'ava drink is pure.

I see an analogy which relates to the caring and healing hands of a nurse. When a nurse nurses people, it is done gently and lovingly so that the person feels the warmth and comfort of the healing hands. It also relates to the healing hands of *fofomai Samoa* (Traditional Samoan Healers). The Traditional Samoan Healers used their hands to massage the body to heal many Samoan ailments, before Western medicine. They continue this practice.

6. Ethical Consideration and Consent

The *tanoa* holds the truth of the women's stories. It symbolises confidentiality, consent and ethical consideration. The women's stories are kept with respect inside the kava bowl to protect their identity. Their stories which convey their beliefs form the basis and the authenticity of this study. I abide to the ethical consideration of this study in maintaining confidentiality. I put number six in this circle, to symbolise the trust relationship between Samoan women and myself. The women were reassured that their identity would be anonymous.

7. Superstition Knowledge and Beliefs

Superstitious knowing is not always understood and is a concept that needs exploring. I consider that only the one who has experienced this knowing can know about the experience. Quite often, when people talk about superstition, people react negatively with
disbelief, while others search for meanings. I was brought up in a very religious environment where talking about ghosts was a ‘no no’. It had to be discussed very quietly.

I understand superstitious as the imaginary thoughts and feelings of something that is unknown or unseen which becomes real to the person who experienced them. I recognise signs that reveal that something good or bad is going to happen to a family or person. During my childhood life, my parents were Ministers in a church compound. This compound was in a girl's boarding school which conformed to specific rules and practices. This compound was considered sacred. I vividly remember things that had happened and were silently talked about in this compound. For example, if a cat cried at night around the compound, it was considered to be a sign one of the girls was pregnant. Another warning sign was when Telesa, a spiritual aitu (ghost) was seen at night in the compound. Telesa literally means ‘very sacred’. According to Kinloch (1985), in Samoan genealogies, ancestral spirits such as Telesa has the power to possess any Samoan person.

If this happened, the matron would call all the girls in for questioning to validate this superstitious knowing. If the girls did not tell the truth, the visits from Telesa would not stop, and the cat wouldn’t stop crying. Until the truth was revealed, the visits would not stop. The meaning was attributed to the land being sacred and the rule that no girls should disgrace the reputation of the school.

I respect these beliefs as I have experienced such events. I regard this awareness maintains the harmony between myself and my late father. I feel his presence and I know we are communicating and that he is guiding me through my journey.

It has been many years since I last wrote in the Samoan language. It was difficult for me to write in the Samoan language because I have only used English in my career. When I had
a mental block and become frustrated in trying to find the appropriate saying or wording to write this study. I visualise the presence of my father. I do wish that he was still alive to protect and guide me. His principles and faith had guided me to believe that wisdom is gained through one's own work and the trust in God. At times of frustration, I take time out to communicate silently with God to help me fulfill the requirements of this study. But most of the time, I imagine my father's grave, and ask him for his support and assistance. There is always something new that comes to my inner self. I feel supported and the flow of information is such that I would be still writing at four o'clock in the morning.

This is not the only thing that had happened to me. When my father was about to leave this world for his journey to heaven, suddenly my body became weak for no apparent reason. I couldn't get out of bed. It was a strange feeling. I was thinking of him and wanted to talk and reach out to him but couldn't help myself. It was so strange. While I was experiencing the weakness of my body, he was dying. Everything I felt until he said goodbye, was physically witnessed and observed by my mother according to our conversation after his funeral. This happened when I was living in New Zealand, and he was dying in Samoa. While he was still conscious, he told my mother not to tell me that he was dying.

At 5 o'clock in the following morning, I was a new person. I could not figure out what had happened to me the previous day. It was a Sunday, my body was light and the weakness had disappeared. I felt good and perky to get ready for work. He began his journey to heaven at 5 o'clock in the morning. That is when he let go of me and said goodbye.

The phone rang at 6 o'clock in the morning. I knew it. Before my mother said anything, I said, "it is all right, I know he's gone". My mother was surprised. This kind of knowing reveals to me that there are many ways of knowing which include what is called
superstitious knowing. I recognise that this knowing happens only when you are close to someone who is dear to you, or when you are close to your cultural beliefs.

8. Ancestors - My Late Father's Grave

My ancestors are the living treasures of *Samoanisi*. They were the heroes of colonialism. Their struggle to retain *Samoanisi* is evident in my generation and is a reason for my being able to speak my language. Their soul is the living spirit in our culture. I feel their presence in my being and our world of *faa-Samoa*. Many of my ancestors died from new infectious diseases brought in by the foreigners (Annandale, 1985). My ancestors and my people lived the experience of pre and post colonialism, and yet, they managed to retain *fa'a-Samoa*.

I salute my ancestors as without them I would not have hold an indigenous view of being a Samoan woman researcher, nurse, and educator. Although I did not live the agony and harsh colonial experience, the colonial system has infiltrated through our people's consciousness. Annandale (1985) writes that Samoan tradition and culture are strongly upheld, although it is evident that outside influences, good and bad do have some effect.

There is a Samoan belief that our ancestors or the dead will always look upon or protect us. I believe in this notion because it is in us. As Finau writes, *"Samoan people believe that good health occurs because people live in harmony with the environment, the god/s and their deceased relatives"* (Finau, 1994, p.15). My father has a special place in my life. Whatever I do in my life is focused on his invisible 'being'. I believe that his influence in my upbringing has given me the incentive to pursue the importance of education. I also believe that my father is supporting me through this study. My belief is supported by Crawley, Endemann, and Finlay, in the Pacific Islands Mental Health Report.
My father did not want me to go nursing. He pre-programmed my life. His vision was that I would go to university to get a degree. I was a rebel and rebelled against the wish and vision of my father, that I left school before I sat school certificate and did nursing. His words were, "you are my only hope, I wish you were graduated from a University with a degree". I knew I would have coped with University education, but nursing won my heart. I like caring for people and healing their pain. He died before I started University education.

Throughout the years of my University education, working and looking after my young family, I felt the unseen support and blessings of my father. I knew he was pleased that I had fulfilled his vision. It is obvious that everything I do during my University education has always been successful. I gained higher grades and won many competitive scholarships. People would say, 'you are very lucky' (personal informant). I know why I am successful. I am harmonising with my father.

9. Samoan Language

I acknowledge the love and gift of God that he enriches me with the wisdom to speak and write in two languages. That is, faa-Samoa and faa-Papalagi (Western). I am the language I use. I am gifted to speak and write in two languages. My first language is the Samoan language. I express myself by the language I use. I must speak my language to identify myself by the language I use. I am both shaped by the language I use and I shape the language I use. There are times that I do not speak my language, but I think about my cultural inheritance in Samoan. Sometimes, I realise I am manipulated by the English language I use, and when this happens, I consider my consciousness sends my language to
my mind/brain that my body, soul and spirit need my own language. I need my own language to hear the reality of our women's voices. The language I use empowers our women to acknowledge their identity of their place in the world. We are the language we use, and that is the best that we can ever be.

Empowering Samoan language has given me a deepening understanding of my culture and identity. It also provides me with the closeness to my Samoan beliefs which creates bonds with my people, especially the women.

10. The Aiga - Family
My aiga (family) is my being. I can’t live without the support of my family. Samoan beliefs and values are formed by the way the aiga operates. The aiga provides love, respect, working together to help each other and looking after the welfare and safety of the whole family. I cannot live without my aiga and my aiga cannot live without me, which is saying the same thing. People need their aiga at the same time that they need one another. There is a Samoan saying “o uo i aso uma, a’o le uso i asovale” which means that 'friends are for everyday, but your sister or family helps you in times of crisis'.

11. Samoan Culture
The Samoan culture is the underlying philosophy of being Samoan. The Samoan culture determines the way people think, talk and behave. It determines the place of women in Samoan society. In the past, women were not allowed to hold matai (chiefly) titles until recently. This shift in the way faa-Samoa sees the place of Samoan women in society is a quantum leap in the status of women. I have been bestowed with an orator’s title in 1997 when I went to Samoa to write the community document in Samoan. I had my eyes opened into what faa-Samoa is all about. By this I mean the politics that disempower
some and empower others such as in any societies and their layers of systems and sub-systems.

Leota Leuluiaialii Ituaui Ale (1995) observed that Samoanism is projected as democracy which is more refined, because all heirs of a title have a say in the election of a chief or head of a family to become the trustee of Lands and everything Samoan. Until I sat in the village council meeting with all the male chiefs and two females including myself, I realised then that there is little space to apply academic knowledge and qualifications to the real faa-Samoan setting. You cannot just walk into faa-Samoan and say, ‘here I am, I am here with a basket of wisdom from the faa-Papaalagi world’. I found that I had to assimilate into faa-Samoan politics regardless of my academic status and find a way to be accepted by the people. This experience convinced me that for a woman to have a special place in faa-Samoan is a great privilege. Samoanisi is a very male dominated society. I felt I had not been exposed to the real faa-Samoan, living in New Zealand for many years. My accepting of the title was an opportunity to experience what Samoanisi is about. I have been born in it and been given an honour to live it.

12. Religion

I was born and baptised in the Methodist church. Spirituality from a Christian perspective plays an important part in any Samoan child’s upbringing. My introduction to reading, writing and the general knowledge of the scripture and the world was through the bible. Praying is a fundamental practice in every aiga and in the church service on Sundays. Prayer is used for healing the sick and forgiving of sins. I conformed to these practices before leaving my home country, but at present, I choose the practices that fit in with my current lifestyle.
I now will present my own religious beliefs which I have held for many years. I consider I have finally revealed personal aspects of my life as a living document. This enabled me to hear the truth in the women’s stories. My philosophy is not intended to offend anyone as it is the reality of my experience and reflections of my life.

I go to church when I want to or need to and not because I have to according to the expectation of my family and the ‘eyes of the people’. I believe that I don’t have to search for the church or be seen physically in the church to connect with God. The church is in me, in my soul. Therefore, my soul and body is my temple. God is everywhere and most of the times I feel connected with God in my own space.

There are certain aspects of the church I like such as when I am deeply connected with God through the singing and the application of the Bible to real life situations such as ‘do not rape’, or ‘avoid incest’. There is an expectation that you have to give some offerings to the church as a symbol of your service to God. There is a belief that your service in the church is the only way you can contribute to God. But I believe that people’s contribution to the community exists in many ways and whatever they are is another form of a service to God. By this I mean, if you are a lawyer or a mother and have honesty in your work, that this is your contribution to God. I see my role as a woman and my nursing contribution to the community as a symbol of my service to the church.

My personal philosophy is that I like going to church to feed my spirit for my own sanity, to balance up my life and I do this when I want to. I have always believed that the church has a special purpose in terms of ‘spirituality’, and is not just a place to be seen by people. I do not consider that ‘you are not a Christian’ if you don’t go to church. I don’t feel guilty if I don’t go to church because I am very clear about my intimate connection with God and I serve God to the best of my ability and belief.
I want to point out that being church goers does not necessarily make us perfect human beings as Stephen Covey expressed. He said that, "churchgoing is not synonymous with personal spirituality. There are some people who get so busy in church worship and projects that they become insensitive to the pressing human needs that surround them, contradicting the very precepts they profess to believe deeply" (Covey, 1989, p. 117).

Many women abort or secretly conceal their pregnancies if their parents are churchgoers. This is because their status in the church will be disgraced as discussed as follows. "It was a cause of real shame to my family name, because my dad is an elder at the church. We all had to carry the embarrassment, Dad more than anyone" (personal informant, cited in Stirling, 1997, p. 31).

I found that I am deeply, deeply connected with God when I choose to go to church. I live life to the fullest as I have choices. My religion is my spiritual connection with God. Stephen Covey continues to say that, "there are others who attend church less frequently or not at all but whose attitudes and behaviour reflect a more genuine centering in the principles of the Judeo-Christian ethic" (Covey, 1989, p. 117).

13. The Role of the Traditional Midwife in Pregnancy and Birthing

This description of the traditional midwife maybe applicable in a limited way in New Zealand if the law allows. When a woman becomes pregnant there is a transitional change in her life. The pregnancy is greeted with love and as a special gift to the couple and family. The Faatosaga (traditional midwife), is responsible for the antenatal care of the pregnant mother until she gives birth. This includes advising the mother: to refrain from doing the heavy chores to avoid injury to the fetus; to refrain from wrapping a lavalava (wrap around) around her neck to avoid the umbilical cord wrapping around the baby’s
neck; to massage her tummy gently to allow for stimulation and communication to the inner being; to have a good diet and so on.

I was born in one of the outback villages in Samoa during my parents missionary work. I was born naturally, free of medical intervention. At birth, the family unite to support the mother's labour and birth. They tapua'i (await) the birth of the child. Once the child is born, the child's soul is spiritually blessed with a prayer, and the body is introduced to the traditional spirituality of fa'a-Samoan medicine, through gentle massage with the coconut oil. To the family, it is a time of celebration and an addition to the heirs.

I was delivered by a Fa'atosaga (traditional midwife) in the village. Traditionally, Samoa had and still have their own Fa'atosaga before the introduction of Western medicine. The Fa'atosaga have a special place in fa'a-Samoan. They are the healers and saves many lives. They master and acquire the skill from our ancestors and pass it down from generation to generation. I honour and have great respect for our Fa'atosaga. Their traditional skill and knowledge will never be lost as we consider it belongs to them. In light of this, I salute them.

Once the child's placenta is delivered, it is returned to the earth as a sign of linking the person to their land. When the child's umbilical cord comes off, it is another time of celebration.

14. The Samoan House

I was born in a Samoan house. The Samoan house is a symbol of shelter. It was and still is our hospital. A symbol of a hospital means, a place to nurse and deliver people. It is seen as a place to empower the newborn with its culture, identity and a sense of self worth and belonging. It is a meeting place for the family to celebrate the birth. A Samoan house
symbolises: the unity of a family and community; support; culture; spirituality; religion; protection; identity and a sense of belonging; and empowerment.

15. The 'Ava Drink

The 'ava taumafa (‘ava drink) is drunk in a special ceremonial event, such as welcoming visitors to a village. The ‘ava root and water that is mixed in the tanoa symbolises: life; water symbolises the breath of life, if we do not drink we will die; the amniotic fluid (water) in the mother's womb symbolises the life of the fetus in the mother's womb where the baby grows.

The actual 'ava that is ground and mixed with water is a plant from the soil. The health of a person depends on food and water from the soil. Food provides minerals and vitamins to maintain and restore health. I often hear older people saying that, the ‘ava drink gives the body the strength. But its real purpose is to symbolise the fa'a-Samoa in terms of welcoming and accepting the other party in peace.

Before Christianity, the 'ava ceremony was a celebration in Samoan religion. The 'ava ceremonial practice is still part of the fa'a-Samoa, but the honour is given to God in heaven, the creator of Samoan people. When drinking 'ava during a ceremony, people show respect by saying, ‘this is your ava le Atua’ before they drink. This means, they are offering the drink to God by saying this is your drink God.

16. The fau (wringer)

The wringer is used to squeeze the 'ava so that the liquid is pure for drinking. The health of a person depends on pure water or liquid. The fau in its physical appearance is intertwined and interwoven. It symbolises that everything in the tanoa interacts. Samoan
nursing practice is based on the whole person. Everything must work together so that the holistic nursing philosophy is whole and not fragmented.

17. The Community Support

If someone is sick, the community prays and wishes the person well. The Samoan community in Wellington have their own radio station covering other areas such as the South Island and half of the North Island. In this radio, there is a program specifically for the sick either in the homes or hospitals. The program has prayers and hymns for the sick in the Samoan language. This is part of the community support. The number seventeen is placed in the upper part of the legs of the tanoa, to symbolise the community support.

The community support is showed in many different ways. For this study to go well, the community are supporting it. They encourage me to keep on going. It makes me feel good knowing that my community are supporting me. But this didn’t just happened. I involved the community in this study right from the beginning of the planning stage. This is very important to have the people’s blessings. The fact of life is that, we cannot work on our own without our people’s support.

18. The Land and it’s Relationship to the People and Heaven

I belong and identify with the land of Samoa. My placenta was blessed and buried in the land of Samoa. The land is the nurturer of my ancestors and my mother’s afterbirth. It is a sacred place to nurture the spirits of the dead. It is traditional and gives our people a sense of belonging and identity. People have a spiritual rapport with the land when there is disharmony between family members. We treat the land as a being with moral and great respect as it is the provider of water, food, medicine and shelter. It is the shelter and keeper of our soul, spirit and body. It is a meeting place to reunite with our forefathers.
The land links Samoan women to its country. Where ever in the world a Samoan woman lives, she will never let go of her culture and customs. When people lose the connection to their land, then they do not know their identity and become lost. The monthly menstrual period of a woman literally means 'ele'ele (blood). Another meaning of 'ele'ele is fanua (land). This illustrates the close relationship of a Samoan woman to the land. This is why I would never let go of my country, nor would any other Samoan woman. Our cosmological belief is that the vital elements in the life of Samoan people are: heaven; land; people and culture. The four elements are interrelated. The heaven is seen as the sky above and greater than all human beings. The people living on the land, and the land beneath the people. The land provides food and water for the people, and the people cultivate and harvest the crops to sell to get money to give to the church as a symbol of God.

Accordingly, Samoan people see the heaven above as almighty higher than earth and the people. Symbolically, heaven denotes a spiritual power and sacredness of God, the God that is honour and integrated to fa'a-Samoa. There is a Samoan belief which says; ‘ave au mea ma le Atua’. Give your offering to God as you will receive the blessing. 

Samoan people and Samoan culture are one and the same. The Samoan culture would die without its people, and the people would not be Samoan people without their culture. Samoan people and Samoan culture have a relationship with the heaven above and the earth below. If people have a good relationship with heaven and earth, then, they are healthy. If they don’t, they will become sick because of the disharmony between God (heaven) and the ancestors (earth).
Philosophically, the elements of land, people, and heaven must constantly interact to live harmoniously with each other, to care for each other, to respect each other and to appreciate that each element contributes to the well-being of the culture.

19. Western System

The Western system is my adopted lifestyle. My academic nursing education was undertaken in the Western system. I have lived in New Zealand longer than my country of birth. I move in between the two cultures, Samoanisi and Western culture to be the link between my people and the health professionals.

The Western system cannot work on its own to nurse our people, nor can we work in isolation from the Western system. Some sicknesses are cured by Western medicine if they are Western diseases. Western medicine cannot cure Samoan diseases. Samoan sicknesses are called ma'i aitu (spiritual sickness). Kinloch (1979) reports, “Since the Samoan spirit healer's treatment was successful we have concluded that our patient was possessed” (p. 499). The two cultures need to work in collaboration and in partnership to deliver appropriate care for everyone.

We need to acknowledge that each system has its own body of knowledge and to appreciate the contribution of one system to the other. We need to be clear about the knowledge that belongs to Western culture and knowledge that belongs to Samoanisi so that no one claims ownership of one's knowledge. I cannot think and speak fluently like a Papalagi and visa versa. The fact is that, you cannot be a Papalagi or Samoan if you speak and understand English or Samoan. You have to be born in the culture, have lived the experience of the culture, appreciate the culture and listen to the people to understand the essence of the culture.
20. The English language

The English language is my second language. Sometimes, I am manipulated by the English language as this is the language used in workplaces and academic study. I acquired and mastered the English language through perseverance. At times, the English language I use disempowers me to speak my language. Although I speak it fluently, it cannot fully express my inner feelings. It is a good feeling to speak and understand it, but when people use technical words and phrases, I feel paralysed by their expressions.

THE TANOA MODEL AS A FRAMEWORK TO DEPICT MY SAMOAN PHILOSOPHY

The Tanoa Model as a Theoretical FrameWork
Tanoa o le faatusa faa-le-mafaufau

Illustration 3

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Interpretation of the numbers in the tanoa

The concepts that are discussed in the *tanoa* are all interrelated with *Samoanisi*. One cannot function without the other, otherwise *Samoanisi* will be incomplete. **Number 1**, the round frame symbolises protection; **number 2** symbolises the nation of Samoa as an umbrella to protect all the concepts inside the *tanoa*; **number 4, 5, 6, and 7** symbolise integration and collaboration; **number 3** symbolises the core of the person, that is the identity; and **number 8**, symbolises the caring nurture and flourishing of nature from the land. As without air, shelter, food, water, and the support of our ancestors to the spiritual well-being of all of the above, they will not function according to their responsibilities.

1. The Round Frame of the Tanoa

The round framework of the *tanoa* symbolises that everything in the *tanoa* has no ending. It goes on and on from generation to generation. It signifies that the Samoan culture will never die. Therefore, Samoan women's attitudes and beliefs towards health will never change regardless of where they live. Their Samoan beliefs and attitudes will never die. The round frame of the *tanoa* also symbolises: the whole person; beliefs about health; healing practice; religion; culture; my perception of my nursing practice; the oval look of a mother's tummy carrying a person.

My belief is that a person is a whole and not just a collection of parts; one part cannot function without the other. All parts must interact to make a whole person. If one part is fragmented, then the whole is not a whole. I see an analogy which applies to *Samoanisi*. A Samoan woman would not survive without her identity and family. Without these things in a Samoan woman's life, she will not feel her whole being. The concepts that are discussed in number two (2) to eight (8) are interwoven in the health and Samoan beliefs of a Samoan person.
The model symbolises and expresses these concepts: nation of Samoa; identity; the aiga (family); religion; culture, kinship and matai system; language; and land.

These Samoan beliefs evolved from the whole of the whole, which include: the relationship with the land; supernatural beliefs in disease; harmony between family members; religious beliefs; culture; body, soul, and spirit; and the notion of holistic health.

2. Nation of Samoa

Samoa is the origin of Samoan people living in New Zealand. Samoa is founded on God and this motto is a guiding principle of Samoan women's beliefs and attitudes to contraception and abortion.

3. Identity

The egg in the centre of the tanoa (identity) signifies the conception of a person and it’s development into a child to adulthood to it’s world of fua-Samoan. As the baby grows in the womb of the mother as symbolises in number three (3), the identity of the whole person begins as discussed in number 1, 2, 4, 5, 6, 7, and 8.

Being Samoan is unique. Identity identifies a Samoan person to his/her country, culture and family. Identity in Samoan culture self-actualises a person to his/her full potential. Identity gives a Samoan person a sense of pride, belonging and status in Samoan culture, and especially the family. Identity too, can kill and devalue a person’s soul. For instance, an unmarried girl would abort her pregnancy to protect the identity and status of her family from humiliation. This is why I place the identity in the core of the tanoa, because it is the central part of a whole person’s life.
4. The Aiga - Family

The *aiga* (family) is the foundation of *Samoanisi*. It includes immediate members and extended families. The aiga or extended family is the critical unit in *Samoanisi*. It is a broad concept that has no ending. Therefore, the *aiga fa'a-Samoa* has no ending. The *gafa* (genealogy) of the family goes back to historical legends of *aiga tupu* or kings. The head of the *aiga*, which may include several Western-style families, is the *matai* or chief. Each *matai* has a place in the village *fono* or council, the governing authority in each village. The village council has wider powers than Western style local government governed by a chiefly system called ‘*fa'a-matai*’.

I wrote that the focus of the Samoan health perception is that of the *aiga*, literally, the family. The *aiga* is seen as an umbrella integrating all the dimensions of *soifua maloloina* (health). The *aiga* forms a structural basis to empower people as individual and in groups to affirm identity, to help with decision-making, to develop resources to strengthen the unity and harmony of the *aiga*, and to find solutions to problems related to health matters. (Fa'asalele, 1995). Laing and Mitaera (1994) write, the *aiga* takes decisions about what mix of western and traditional medicines should be used.

Since the *aiga* is the focal point of family unity, it is considered that many children in a family are an investment to the future and growth of the extended *aiga*. Samoan people hold a notion that many children are a blessing from God to a couple. Therefore, having lots of children is quite acceptable as a norm.

Annandale (1985) reports that early writings about Samoa suggest that the large family norm of today was quite an exception when Europeans first arrived. According to George Brown in Annandale, the average number of children in a family was not more than three, with eight to 10 being an exception. Yet, when modern family planning concepts of active...
child spacing and limitation of family size was first introduced in Samoa, there was strong resistance on the grounds that such ideas were contrary to Samoan tradition.

5. Religion
Religion is an integrated part of Samoanisi, and many Samoan people hold religious beliefs. Hence, the church plays a major part in Samoan culture. Religion is part of the spiritual link of a person from birth to death. This makes the church an appropriate platform to raise awareness and to facilitate the discussion of issues concerning people's physical, mental and spiritual well-being. However, the influence of Christianity has a lot to do with how people are not open with their sexuality. There is no room to discuss sexuality on the church platform, thus, hindering open discussion of valuing the body as a natural and spiritual being.

6. Samoan culture
Samoanisi or traditional Samoan way, remains the central force in Samoan life. Foa-Samoa like any other culture comprises a totality of cultural practices including healing practices, and is concerned with what it means to be human. Ngan-Woo (1985) writes, the kinship system and the chief system are the most important metaphors underlying the organisation of social relations in Samoa. Most talk about social relations in Samoa is either about family relations of various extensions, or about the chiefly system. The living spirit of our ancestors is still alive and retains our identity, culture and language. Samoanisi is still alive despite post-colonial times. Our ancestors fought to retain Samoanisi so that we can be identified by our own roots, rather than be absorbed by others.
7. Samoan language

*Samoanisi* which is comprised of the Samoan language is the foundation of the culture and communication between the *aiga*. Samoan is a Polynesian language, and is an important aspect of *fa'a-Samoan* which consists of the everyday spoken language, the polite language, church language and *matai* (chiefly) language. The Samoan language is unique to Samoan people in the Pacific Island nations. Tuatua Tupua Tamasese Efi (1988) notes that language: *efaasinoesea ai ta'ua* which means language identifies who you are; *e faavae ai malo*, is a foundation of a culture or government; *e faaupe ai le mafatia, alofa ma le salamo*, expresses the hurt, love and repentance; *e faamatala ai aganuu ma agaifanua*, tells a story of a culture and customs. Language is identity and it reveals the history of Samoan people. Language is an integrated part of *Samoanisi*, as it keeps *fa'a-Samoan* alive. Language makes Samoan people proud of their mother tongue and will never die. Despite post colonial times, the Samoan language survives, and Samoan people are holding fast to maintain and retain it. Rather (1992) states that “*language, in particular, sets up a world; it both articulates and makes things show up for us. Language creates the possibility for particular ways of feeling and of relating that make sense within a culture*” (Rather, 1992, p. 43).

8. The land

Land in respect to culture is very much part of *Samoanisi*. Samoan land is a living entity which cannot be sold to outsiders. This keeps the culture alive. Land holds the history of Samoa and symbolises the sense of belonging and identity. Land links a person to their roots from conception through the umbilical cord. The umbilical cord of a person links a person to the placenta of the mother, or the inner world. After birth, the placenta is returned and buried in the earth. The placenta of the person is literally called the *fanua* (land). Therefore, the placenta is a person’s land. Land provides the economic viability of Samoan people. It is the creation of our people and keeper of the bones of our ancestors.
Our land is our blood, it is embedded in our human body. Therefore, land is considered to be very much part of the *fa'a-Samoan* system. Our land holds the key to our culture and language.

**FURTHER DEVELOPMENT OF THE MODEL**

**The Eyes of the People**

I grew up in a society where people were always concerned about what other people would think, see or say about someone, and this is where I got the idea for the term of the 'eyes of the people'. When we had discussions with the women, most of them said that women resort to abortion because of pride and to protect the identity of the family from being disgraced in the 'eyes of the people'. The women's comments confirmed that many people in the Samoan community hold this belief. I decided to discuss the impact of the 'eyes' on women and families.

The concepts that are discussed in the Samoan framework do not limit the development of the model. There are other concepts such as the community spirit, mental, physical and social well being, healing practices, caring, and nursing of one another in the family and community to achieve the holistic health of a person which are equally important.

All of these concepts are interrelated in the understand that health is the whole of the whole in Samoan belief. One concept cannot work on its own without its framework. If one feels the pain, hurt, or the shame, the whole framework is affected too. If an unmarried girl gets pregnant or aborts her baby, the whole family will be affected. Not only would they be hurt, but embarrassed as that is the nature of their beliefs. If a girl or woman 'disgraces' the identity and status of the family, the family would feel very let down. This contributes to the disruption of community spirit, mental, physical and cultural well being of a person or family.
However, if a girl behaves according to the norms and expectation of the family, she will be praised. The family will look upon her as a good role model to the young ones and the whole community. Her 'being a good girl' promotes the status of the family name.

The Impact of the Eyes of the People on the Women

If a woman gets married and becomes pregnant, she is accepted in the 'eyes of the family'. But if a single woman is pregnant, she is thought of with a negative attitude. This raised a question for me. What is the impact of this negative attitude on women? I wrote a list of all the negative experiences I had heard about.

Women fear being cast out by the family. Women fear being physically and verbally abused by family members or the community. Women resort to having abortions to cover their shame. Women resort to infanticide and there are many cases. Women resort to adoption. Women resort to abandoning their live newborn babies. Women leave the family to live elsewhere or go overseas so that the 'eyes' will not know what's going on. Women say that what they do feel is like they are scraping their own flesh from their skin. Women are embarrassed in the 'eyes' and they feel unsupported. Women feel they disgrace and devalue the family status; some women contemplate suicide. Women believe they have sinned in God's eyes. Some women think that they might not bear children in the future, as God would punish them. Women refrain from attending social gatherings because of the 'talk in the community'.

The Impact of the eyes of the people on the family

The actions of the individual affects the whole family as well. The family would do anything to cover their shame. They feel sad. They feel guilty for not supporting the women. They feel responsible for the actions of one person. They make excuses to cover up the pregnancy when other people ask. The family are mentally and physically affected
by what people say. The pride and status of the family will be devalued especially if it is a respected family that holds high status in the community. They will be mocked. The girl will be sent to live with other relatives or overseas. The family will arrange an uncommitted wedding to uncover the humiliation. If it happens in Samoa, the girl will be stripped of her *taupou* (virgin) title. The family feel responsible for the sin if a girl commits infanticide or aborts. They consider the pregnancy as a failure to look after their daughters or sisters. They will refrain from socialisation to avoid the gossip. In some religions in Samoa, if it happens to a daughter of a minister, the minister may be asked to leave the village or to resign from the Ministry.

**SUMMARY**

In this chapter, I have demonstrated my journey from a *Samoanisi* perspective to highlight the influence of Samoan values in the life of a Samoan woman. I have discussed my place and philosophical position in the study through presenting the *tanoa*.

I have also discussed how I advocate for the voices of Samoan women who are caught between the ‘eyes of the people’ and their own philosophies of self control and empowerment. This is the key to devalue the place of a Samoan woman in society.

I have used the *tanoa* (kava bowl) as a model and framework to place the importance of culture and identity in Samoan culture. The *tanoa* model belongs to *Samoanisi*, thus, it portrays the meaning of the place of a Samoan woman in *Samoanisi*. 
INTRODUCTION

This chapter is about the inner world of Samoan people and what we know as our sacredness. I have enjoyed writing this chapter because there is an intricacy of thinking that is required of me culturally. I also wanted to write ‘everything’, so I could see it in print and then work with the words in practice. This has allowed me to carefully and caringly put down words to make a difference for healing purposes and to open a pathway for discussion. I realised that the project would allow me the opportunity to write ‘the talk’ that reveals the sacredness in Samoan people’s lives. This is usually not ‘for the public’ but nor is it ‘private talk’. In the previous chapter, I have revealed my own story and hence the talk of how I was shaped to understand sacredness. In this chapter the text is written to reveal how I live through this experience.

I consider that Samoan people value sacredness as the ‘inner most’ being of a person. I feel that there needs to be a balance between the ‘inner’ and the ‘outer’ being of a person. We need both aspects to accept who we are in terms of our sexuality. I feel that ‘we waste too much negative energy on worrying about the outsider’s eyes rather than generating positive attitudes within our own community. If I was using these ideas in discussion I would say that: we worry too much about what people would say (outside-eyes); we are concerned with our reputation and status in the eyes of the people; we dictate the bible too seriously without analysing the meaning of its principles to our lives (outside-eyes); we let the ‘eyes of the people’ control our lives (outside-eyes); we allow the assimilation of outside influences to brainwash our minds (outside-eyes); we are too busy worrying about the ‘eyes of the people’ while we neglect to look inside and to ask ourselves, who are we hurting? It’s our women. It’s our women.
What I consider should change is the way we examine our beliefs and take control of our destiny by empowering ourselves to control the outside influences. If we generate more energy in our inner most being to influence positive changes in our thinking, we could listen to our hearts, and be winners. I have discovered that if I focus on influencing the ‘eyes of the people’ from the inside, to take control of our own destiny, that we can make innovative changes in the way we nurture women, the bearers of our generation. I turn my conversation to find a way for the future by talking about matters that are close to my heart, while holding onto the knowledge I have.

SACREDNESS

There is a metaphor in Samoan which says that: ‘o le malumalu o le teine lona tino’; ‘a girl’s body is her temple’.

It is no wonder that the body is considered sacred because of the power of this concept. A temple is considered holy and sacred. It is a place to worship. A place that is considered sinfree and pure. The above metaphor underpins the belief that a woman’s body is sacred, holy, and pure in the likeness of the temple. In this sense, the body should be treated with respect. It also means that you ‘cannot look straight through it’, nor you can touch a person’s body. It is considered that only when the body is blessed through marriage, that the husband is said to be able ‘to harvest the sacredness of his wife’s body’. The way that we explain our beliefs is in itself an indication of the treasuring of a woman.

I reflected on one of our principles that I was taught when I was young and that is the ‘feagaigasa’ which means the ‘sacred covenant’ between the brother and sister. The ‘sacred covenant’ is adhered to between the brother and sister in terms of knowing how to respect each other and knowing how to treat the body with respect. In Samoan we say it is the ‘vafealoaloa’i i le feagaigasa a le tuagane ma le tuasafine’. It is about the ‘respect,'
knowing the appropriate talk and how not to cross the boundaries in terms of good
touching and parts of the body that can be touched and exposed. I can relate these
teachings in our families to the ‘sexual harassment policy’ of the Papolagi system.

Women in many cultures cover up their bodies from their toes to their head to express the
belief that the body is sacred. This same belief exists in faa-Samoa. The women cover up
their bodies when they go to church. It is inappropriate to wear a see through dress to the
church. The woman’s body is well covered excluding the legs. The introduction of the
church in Samoa create change in a profound this practices to suit the cultural imperative
of religious beliefs.

In the past, Samoan women did not wear bras and full dresses. They wore a type of
clothing similar to mini skirts which covered the private parts as shown in pictures in old
books. Many older women were still topless when I was a child. The notion of the body
requiring concealing as a taboo issue evolved from a Christian perspective and was not a
traditional view.

In order to position my personal ideas, I thought about the way I see it is that people can
see through a woman’s body by looking at exhibits, such as ‘the virgin in a condom’ at the
National Museum Te Papa. This caused controversy but I regard the condom as a
contraception symbol that also prevents the passing on of AIDS and other veneral
diseases. The condom as art or advertising is however, viewed by many Samoan people as
an insensitive public measure to portray a health message. This controversial issue made
me ask this question. Are people’s perceptions of this kind of exposure, based on their
own views, or are they based on the influence of the church? I suppose the answers to
these questions depends on each individuals upbringing and the way they view their
sexuality.
This controversial issue reminds me of a similar incident that happened in the South Pacific Festival of Arts in Samoa in 1996. The Aboriginal people of Australia were performing a dance according to their traditions. The women were topless. This created embarrassment and anger in the eyes of some Samoan spectators. The Aboriginal entertainers were abused and beaten up. I reflected sadly on this kind of behaviour which puts other cultures at risk.

I talk about the body as sacred and similar to the religious beliefs. This raises a difficult question and a question that nobody wants to consider. Who is responsible for the concept in people’s mind that the body is taboo? I do not believe the ancestral people would consider the body in this way. Equally the ‘eyes of the people’ is an underlying metaphor that came from outside influences. I don’t believe it originated in the history of the people. It is used in our culture but has a notion of ‘an observer of another culture or the outside eyes’ imposed on Samoanisi. The ‘eyes of the people’ is a powerful spectacle that underpins all the underlying issues of disgrace and embarrassment in Samoanisi, which denies the natural enjoyment of sexuality in people’s lives. I understand shame is a human experience of extreme wrong doing and as a sanction used with in a group but this is a separate issue.

In this talk, I feel humbled to stand in a position of a concerned Samoan woman, who has been assimilated to do the things that belong to other people from when I was young. This was not my choice. I conformed in my belief that the world was pure and idealised. Colonisation has both good and bad influences and I realise now that I have to use the good things that colonisation had introduced such as education and religion, and abandon the beliefs that I know have impacted on the minds of many people such as ‘doing things to please the eyes of the people’ while neglecting our duties to love and care for our women, daughters and children.
I know from experience that it is hard to convince many Samoan people that colonisation has impacted on the way we view sexuality. However, I am sharing my beliefs because of the things I see happening to many of our women in our own families. My talk is not intended to create problems or convince people to think like me because I have a lot of respect for my people, however, I realise that I have to talk about these issues so that we can make a difference in the way we support and value women in our society. I am inviting discussions to explore these issues to combat the problems that our women face in their lives.

THE VALUE OF THE BODY IN SAMOANISI

In Samoan culture, the private parts of the body are considered sacred. In women’s only groups or men’s only groups is it appropriate to discuss this. In the groups the focus of the discussion is aimed at making fun of our own sexuality. When there is loud laughter in a women’s group, people would say; ‘they must be talking about bad things’. People refer to the private parts of the body and discussion of sexuality as a ‘bad thing’. It is also said with the recognition that some beliefs impose one thing such as ‘the body is bad’ but Samoan culture believes the body is a temple, is sacred.

When people talk about the body in a formal setting, they use polite words to cover the actual words. For instance, in discussing contraception and abortion. Women refer to the female reproductive organs and ‘everything down below’ as ‘sacred’ or ‘taboo’. Before they speak, they lift the tapu in their speeches and say phrases to cover the embarrassment of saying the body parts. These phrases in the Samoan language cannot be fully expressed in English in the sense that Samoan people have internalised their meanings. I will endeavour to provide a literal translation word for word of the meaning of the phrases to enable the reader to understand that a language is unique to its people and their lives.
Such phrases as: ‘sei vae atu lava lo outou paia ma lo outou mamalu’; with all due respect, your excellence and the dignity of your status...‘tulou lo outou paia’; excuse me and your highest graciousness...‘ua le sala gagana’; forgive me for using the inappropriate language...‘o lo’u gutu ma le afi’; my mouth and the fire, excuse my mouth for using bad words.

The use of the above phrases enables a woman to cover her embarrassment before she speaks about the topic. It is like a warm up exercise to release the tension and anxiety of speaking and it signals to others your intention.

In the sense that the body is not discussed openly, what I found interesting is that some people use the body parts in another discourse, either to devalue a person’s dignity or to swear in anger. For instance, some people would make fun of a woman with big breasts, or they might devalue the status of a married woman who cannot have children or use body parts to swear at someone.

Despite the sacredness of the private body parts, some people use the body parts with negative connotations in anger and to violate or to attack someone in an open argument. Some people use the body parts as a language to demean the status of a person. Sometimes, they get away with this kind of unacceptable behaviour. What’s interesting is that they use body parts that are considered taboo or sacred.

For example, when there is an argument between two women, one would call the other one ‘arsehole’; literally means ‘ufa’ in Samoan (sei vae atu lava lo outou paia, lo’u gutu ma le afi: this phrase means I am apologising to the readers for using an inappropriate word as explained above. However, I have to use it because it is the reality of the
language spoken in this sense); and the other one would call the other 'shit' (tulou); literally means 'aitae' in Samoan instead of calling them their real names.

I experienced this phenomenon too at a carpark. I was trying to park my car when this lady called out to me; 'aitae' o la'u paka lena; meaning 'eh shit, that's my parking' (lo'u gutu ma le afi). So in the sense of sacredness in the language form, the private parts are stated in open space to violate someone's feelings while the action part is considered sacred in closed space.

Sexuality in the form of discussion and interpretation is quite a narrow concept in the Samoan way of thinking. It is not a topic of discussion at all in the sense that it is sacred. Older people's eyeballs would roll with embarrassment and dismay if such word is spoken. When the term sexuality or sex is literally used in the form of action, people would avoid saying the actual or literal word of 'sex'. Rather, they would say literally in Samoan, 'sa momoe le vaega le la'. This means in literal English, 'they slept', instead of saying, 'they had sex'.

Such a closed approach is influenced by the notion that sexuality is sacred and should not be discussed openly. Most Samoan people would not use the word 'sexuality', and they would refer to 'sex' in the context of the sexual act of 'penetration'. I have a definition of sexuality which I use in conversation to combat this more narrow view.

I developed my conversation about the way I understand myself in human nature and how I practice and the way I see Samoanisi. Sexuality is our whole being of who we are, our body, mind and soul; it is not just our sexual needs but how we see ourselves in relation to other people; it is about relationships, friends, man to woman, family, our relationship with our environment; it is an integral part of every human being that is within us and we were
born with it; it is our identity; it is the way we express our feelings of being a woman or visa versa; it is to feel good about ourselves, esteem needs about the body; it is the ability to make decisions; it is about choices; it is the acceptance of ourselves and how we express our sexual feelings.

I asked myself, what do these meanings offer us for positive thinking in Samoanisi? How can we influence the faa-Samo thinking, so that sexuality is not just recognised as ‘sex,’ but it is about the whole being. I then reflected about faa-Samo to explore the positive attitudes to combat the fear and our tunnel vision in viewing the whole person.

I surfaced these ideas. ‘Sexuality’ from a positive Samoan view encompasses: our status in the family, community, church, employment; our role and title in the family or community as a mother, father, teacher, nurse, matai (chief), elder in the church; spirituality; being a faafine/fafatama meaning a lesbian/gay; motherhood/manhood; the way we dress up, our hair style, how we look after our physical appearance; our malu (tattoo) for a woman and pe'a (tattoo) for a man; our achievements either in sports or academic study; our arts such as weaving, statues (which portray the meaning of our culture); when we are proud of ourselves, our identity; our beauty; valuing the body; seeing young kids running around unclothed; breastfeeding in public; seeing men with a bare chest; women wearing lipstick and make-up; laughing aloud; circumcision; a woman’s menstrual period; dancing, singing or whatever we achieve in life is our sexuality and many more.

I was less successful in surfacing sexuality from a negative Samoan view but might include: swearing or bad mouthing others; a man and woman having sex outside marriage; something that happens only in the dark; getting pregnant; something very naughty; thinking it is an adults only thing and promiscuity.
I locate this conversation in our discussions because I feel ‘sexuality’ is the most beautiful thing that any human being can have in life, as is obvious in the things I have discussed. I relate how I have explored sexuality to enable us to think clearly and appreciate the whole person and how nature nurtures the human being to do the natural things in life. Sexuality is natural to every person and I know how I feel that we need to address these issues from a broader perspective to break down the narrow view of sex meaning ‘having sex’.

WHY IS THE BODY SACRED?

Outside influences have impacted on Samoanisi. Women were topless in the past which is demonstrated in the case of a ‘taupou’ (virgin) in many old photos. Being topless suited the people in the hot weather. I still have memories of older women being topless. It was a natural act. It never crossed my mind that it was inappropriate. I had seen many older women being topless in their own homes and to me this was a natural part of life. I was topless too most of my puberty. When we had visitors, I would put a top on. The natural exposure of my body was my sexuality. I felt good about it until I was pressured to cover up. I felt I didn’t really need to cover up as I had not matured when I was fourteen.

I was used to seeing many young boys of my age roaming around unclothed either circumcised or uncircumcised. When a group of young men are circumcised, I would be allowed to see their sexuality with my own eyes. They would bathe naked in the sea or walk limping with pain. Mead, an anthropologist and a woman who made some good observations, recorded in 1928 that "Samoan children have complete knowledge of the human body and its functions, owing to the custom of little children going unclothed, and the lack of privacy in sexual life" (Mead, 1928, p. 112).

Perhaps the question is not why is the body sacred, but why do we have layers of talk that shuts us out of some talk and not others? It happens perhaps because we ignore our
sexuality. I have considered where do the terms taboo or sacred come from? What impact do they have on the minds of the people? I feel we need to talk positively about these things so that our children grow up to appreciate their sexuality in a society that will sustain their health.

My reflections on colonisation convinced me that the missionaries brought good and bad influences. The good influences are that Samoans are no longer ‘living in the dark’ and the bad influence is that our people have been brainwashed in many ways. For instance, to cover up their bodies is not always practical. Taule’ale’ausumai (1996) observed that today, in all villages throughout Samoa, there are sacred times, rituals, and protocol to which all must adhere. Modes of dress and ways of walking, talking, and carrying out the basic chores of daily life revolve around strict codes of behaviour.

I believe that in order for our people to move forward, we need to accept sexuality as positive for one’s well-being. We need to ask ourselves, what is happening to our women and the young generation? Is this what we want to have happen? Is this best for our future? I do not think it is useful to try to repair the past but I believe if we understand why and how, then we can make a huge impact on making a difference in the way we support our women and the future generation of tomorrow. This is how I have come to think about these things. The things we do in our everyday life such as talking, kissing, holding hands, cuddles, singing, dancing, weaving, attending church or women’s committees are all parts of us expressing our sexuality. Sexuality in terms of ‘sex’ I believe is a private, intimate moment of a relationship that is to be respected and honoured in a special place. However, the key is that we need to talk about it in a positive way so that our children grow up to understand themselves and to understand others. I believe that the body should be treated with respect. The church, schools and the family need to have a time and place to discuss the value of sexuality in human nature.
The church, schools, families and communities need to have an appropriate place to talk about the ‘whole body of the family’ in relation to real life situations we live in everyday. God made man and we cannot separate man from his body. Taule’ale’ausumai (1996, p. 7) writes, “The church cannot alienate itself from what is happening in the world because it is part of the world. God’s mission is not exclusive to the church; in fact, if the church ceased to exist tomorrow, God’s mission would still be alive because God’s mission is to the world in which the church is called to act”.

I do think that sexuality is linked to ‘spirituality’. By this I mean not what God is supposed to say but it is your feelings about how your spirit uplifts your sexual being. It is about understanding yourself, understanding your spirit and how you transfer that spirit to understand others. It is about taking control of one’s will. It is about respecting the ‘feagaigasa’ the sacred covenant between the husband and wife, sister and brother. It is about when to cross the boundaries in a man-woman relationship. It is about controlling our spirit not to violate others, not to rape or commit incest. It is about being in control of our actions.

Many of our young women and men experience sex early in their lives and become teenage parents because parents don’t talk to them about sexuality because of their belief that the body is sacred. I respect the old people’s views. However, the world is moving fast and we cannot keep up with the lifestyle changes our children are exposed to. We need to shift our way of thinking to being able to discuss the value of the ‘body’ in a culturally sensitive manner that is healing for both the parent and child and family.

By this I don’t mean talking about sexual penetration or being in bed, but about valuing ourselves. To value our religious beliefs is to incorporate the physical being, the mental being, sexual being, cultural being and the social being of the whole person. We are human
beings and we are born with our sexuality. In our community just as in all communities there are people whom we consider as leaders and role models whom we trust and honour commit adultery, incest and child abuse in our own families and community. We know about these things but we keep it under the carpet or hidden.

My belief is that the terms sacred or taboo are not Samoan ideas when I consider the open lifestyles of the past generations. Mead in 1928 wrote that "a certain amount of sexual freedom is enjoyed by Samoan young people" (Meads, 1928, p. 114). However, we need to ask ourselves, how can we influence changes in peoples thinking from being negative about the body, to considering the body as a precious gold to respect and talk openly about it? How can we beautify our bodies both spiritually and physically, as a temple in the eyes of everyone? We should not deny our sexuality. Whether we are in the church, work place, school or meeting, we take it with us where ever we go as it is our sexuality that identifies our being. Having decided to bluntly put down in writing my thinking and reflections, I discovered a way through my feelings. I share this also with people in my practice.

CHRISTIANITY AND SEXUALITY

While I reveal my own story in this section, I do so in the interests of recording my thoughts and reflections that enable me to generate family and church discussions without offending people. My experience has been as a woman, researcher, thinker, writer and nurse who was born into and grew up within a Christian family with a parent who was a minister. This influenced my thinking and beliefs that Christianity is often ‘an observer’ of another culture. The Western culture introduced practices based on their beliefs to Samoan people. According to Taule'ale'a'sumai (1996) much of Christianity and Colonialism was viewed in the past as superior in technology as well as culture. The English language and the tea service, as well as a particular clerical lifestyle was attributed
to being upper class and was therefore unattainable by the majority of Samoan people. Class privilege became revered because of eloquence of language and custom and eventually spilled over into the Samoan language, creating two dialects: one for the church and one for everyday use.

Cowley in Urale (1997) said that, "Polynesian People adopted Christianity too readily as part of their culture and that it is irrelevant to their true cultural identity. Christianity's rigid rules were incompatible with a society which had a more open approach to sexual matters. Christianity made sex taboo, encouraging hypocrisy which is a big barrier to the education of Pacific Island people on sexual issues. In Samoan culture we can laugh and talk about sex with our peers, but when it comes to talking openly and honestly with our children - in the context that it's a natural part of growing up - we'll either ridicule them or fob them off" (Cowley cited in Urale, 1997, p. 78).

My experience of my own upbringing was focussed mainly on 'Christianity' and nothing on 'sexuality'. By this I mean, I was taught to dress-up appropriately, say the tatalo (prayer) and read the bible every night so that I memorised nearly every verse of the bible. The only books I was exposed to were the stories of Jesus and his disciples. I had read nothing on 'bodies'. I felt bombarded with Christian values and views and yet, I knew nothing about what I termed at that time the other side of life.

When I was a child, I always wondered why my parents and the missionaries wore white full length clothes when the weather was hot. They were always in white until later I found out that it is a symbol of purity or being pure. The interesting thing is that my best dresses were white with the lengths below the knees and were only worn on Sundays. So I got the message that the notion of pure also evolved from the church. On reflection I would say I conformed to a very Christian oriented upbringing while denying my sexuality.
My reflections of my own experience and the things I’ve seen happening in the families and communities made me say that in my eyes, Christianity has dominated the ‘spirituality’ of the Samoan people. *Samoanisi* is a culture of oral tradition and within that culture our sexuality includes how our ancestors and healers pass down our oral tradition. From this view, I believe that ‘spirituality’ is an ‘inside view’ that needs to be looked at first before we consider Christianity.

Why am I saying this? Because every human being needs to understand himself/herself first and the impact of his/her behaviour on others, before being introduced to Christian values to understand life. Let me make a point from a different position. *Samoanisi* which is based on an ‘inside’ view incorporates the totality of the ‘family’. The family was born within a *Samoanisi* world before Christianity and family is the first point of healing and support. Taule’ale’ausumai (1996) recorded that Samoans lived in communion with nature and the environment as manifestations of the works and providence of the gods of creation. As a result, harmony existed among the realms of spirituality, ecology, and society.

Before Christianity, polyamy and promiscuity was not a sin. The family supported their members regardless of the number of children men and women had from different relationships. Mead observed in 1928 that "Christianity has, of course, introduced a moral premium on chastity. The Samoans regard this attitude with reverence but complete scepticism and the concept of celibacy is absolutely meaningless to them" (Mead, 1928, p. 83).

I believe that outside influences such as Christianity have had a great impact on the way women are expected to behave. Girls who have many boyfriends are considered to be demeaned and have no values. People label them as ‘*pa’umutu*’ which literally means
prostitute. The word *pa'umutu* is a disgraceful word in *fa'a-Samoa*. If a girl is seen as a *pa'umutu*, she is mocked and has no status. When Christianity came to Samoa, there was a shift in people’s thinking. They considered Christianity to be the first priority. This means that the family will generously give anything to the church as a symbol of their service to God and because of their beliefs that they should honour God, they find it very hard to accept when a daughter or sister is single and pregnant. The notion of ‘no sex before marriage’ and ‘thou shalt not kill or abort’ are beliefs that evolved since the influence of Christianity.

Mua, a Minister himself said that, “the church has to take some responsibility. Although the church is not totally at fault, it should take some of the blame for the way it has controlled and influenced Pacific Islanders on the issue of sexuality. The resulting lack of openness and sharing of information on sexual issues, now deeply entrenched in Polynesian culture and beliefs, has given the Pacific Island community outdated views of issues that affect them most. The church, through a process of indoctrinisation and socialisation, has put immense psychological and spiritual guilt on women who do not have choices on sexual issues. Not only do we have the cultural pressure put on women, you’ve got spiritual guilt-trip put on them as well. The church perspective needs to be more flexible and open in incorporating sexuality into Christianity. The church needs to be upfront and face the reality of the implications of Christian views on the spiritual being of women. The church should be a platform to address the ‘spiritual sexuality’ of all generations in a non-guilt approach. We need to be more creative in terms of our response to a type of theology that has been taught to our Polynesian people about sexuality. My understanding of the Bible and my training says that there’s actually room there to respond to a more creative, caring, nurturing process of sexuality” (Mua cited in Urale, 1997, p. 79).
What Mua stated is supported by Griffen when she reports, "Pacific cultures and societies have changed a great deal over the last three or four hundred years. The Christian missionaries and the Western capitalist economy have been responsible for the changes that have influenced and affected our attitudes to sexuality. Yet many outside influences and changes within the Pacific have introduced conflicting and often corrupting values" (Griffen, 1983, p. 54).

I suggest that the church could be seen as a platform to encourage people to see themselves as resources and not as problems. It could also be a place where women are supported, and encouraged to have positive discussions about life so that people live by what feels right for them, rather than trying to live according to rules that belong to others. If our lives are controlled by others then we are repressed and oppressed. This is the main killer of our relationship with our children. The church could be a place to affirm peoples’ natural support networks through family and the chiefly system in order to shift the potential for change from the outsiders influence to the family and community support. Thus, we need to shift the way we think by understanding how we came to have our beliefs.

I know it is hard for people in the Samoan community to accept my view. In real life, the things that are happening in our families require deep consideration. I suggest that we need to understand our ‘sexuality’ first to understand and support our women, and in this way we can better serve our Christian values. We cannot just have Christian values without the other elements of our being, such as sexuality. One supports the other and the two always go together. Being Christian is to consider the whole person in all aspects... mental, social, physical, cultural, spiritual which is the whole ‘being’ of the ‘being’.
CHRISTIANITY AND SAMOANISI

Before Christianity, polygamy was acceptable in the community. The more wives a man had, the more heirs he inherited. Polygamy was a mean of expressing a man's sexuality and manhood. This practice was totally acceptable in the minds of Samoan people. If a man had many wives, he was called 'avi' meaning sexually attractive. It is a term that praises the action of a polygamist. Turner recorded in 1884 that, "a chief might have ten or a dozen wives and concubines in a short time. It was rare not to find a chief with more than two wives living with him at the same time" (Turner, 1884, p. 97).

When the missionaries arrived in Samoa, they redefined the women's and men's roles in the family to conform to a couple. They made sex taboo and encouraged Christian ideals of marriage. These ideals put immense guilt and pressure on women who were pregnant before marriage. The church not only redefined the status of men and women, but they created shame on the children born out of wedlock. Forsyth recorded that, "in Samoan culture, the birth of a child to an unwed mother is socially undesirable" (Forsyth, 1983, p. 229).

Forsyth's point of view is debatable. What she documented is still evident in today's thinking, however, children are always welcome in a Samoan family regardless of how they were conceived. Samoan people in the past did not hold these views as evidenced by the practice of polygamy. Christianity practices encouraged monogamy and also the negative attitudes placed on fatherless children. Children who are born in relationships are acceptable in the eyes of the Lord, while fatherless children are emotionally abused. I hear people saying: po o ai se tama o lea tamaiiti?; meaning, I wonder who the father of the child is?
The problem as I relate it in discussion is a matter of interpretation and the way people interpret the principles of the church. Why are we punishing the children when they are innocent? Why are we punishing the women when their nature is to bear children? I humbly feel that Samoanisi needs to review its principles based on historical beliefs and move away from blindly adopting some beliefs and support our women. The concept of offending in the ‘eyes of the people’ is so powerful that a single woman would abort her pregnancy to avoid the shame and disgrace of the family name.

The ‘eyes of the people’ overrides the thinking of Samoan people and it destroys the spiritual being of a person. Women are the ones who are affected the most. The philosopher Teilhard de Chardin said, “we are not human beings having a spiritual experience. We are spiritual beings having a human experience” (Teilhard de Chardin cited in Covey, 1989, p. 319).

THE PLACE OF A SAMOAN WOMAN IN SAMOANISI
Where ever a Samoan woman lives, she would never ignore her existence until death. I agree with Mead’s statement, “the feeling for generation is retained until death” (Mead, 1928, p. 156). It is important to consider the place of a Samoan woman in Samoanisi to understand the values of a Samoan woman.

The origin of a Samoan woman begins from the land of Samoa, the historical home of our ancestors. It’s either their birth place or the birth place of their parents. One would ask, why are Samoan women close to their land? There is a relationship between 'ele'ele (land) and the placenta or afterbirth of a person. The fanua or placenta is the life force of a baby in the mother's womb. Without a placenta, the baby won't grow. There is a fa'a-samoa way of returning the placenta to the land, to signify the inheritance of a person. Malifa
observed that there is also a belief that the new world or life of a person begins from the womb of the mother and this is why Samoan people are very close to the land.

This philosophical belief underpins the close link of a Samoan woman to one's land and culture. I understand why Samoan women are reluctant to take contraception because it does not belong to the land. They were not brought up with this idea of controlling their fertility. The number of children a woman has is linked to the many connections with the land they would own. To them, controlling their fertility will create disharmony with their relationship with the land. Shore (1977) observes that the Samoan culture is predominantly concerned with an individual's relationship to the environment and the context of the current situation. What I found interesting is that Shore's view is common among the older Samoan born women's beliefs. They retain their beliefs regardless of their adopted environment.

The place of a Samoan woman in the aiga (family) is vitally important. The aiga forms the basis of her values and beliefs. Every Samoan woman is identified with her own family name in terms of a matai (chiefly) name. She has pride in this name and she ensures it is protected from humiliation.

The fa'a-Samo which includes the aiga (family) and its customs has always been in Samoa from the beginning. No one cannot change its philosophy and foundation. The aiga is founded with love, sharing, caring, nurturing and helping the members in times of poverty and fa'alavelave (family events which include funerals, weddings). Today the concept of the aiga is extended to include the church. The church is seen as a focal point of meeting the family spiritual needs and a place for everyone to unite.
The *aiga* is the core of *Samoanisi* which unites the people to live in harmony. If a matter arises in the family, it is discussed among the whole family. The matter is seen as a concern of the whole family and not as an individual.

Hence, the matter is not kept in confidence. It is brought out in the open for everyone to have a say and to find solutions to solve it. For example, if an unmarried girl becomes pregnant, the family will get together to heal the pain and the shame through prayers and speeches. After the healing process, the girl's unacceptable behaviour is accepted and supported by the whole family. "The birth of a child to an unwed mother is met with anger and then the situation is accepted" (Forsyth, 1983, p. 229). I vividly remember a situation that happened in my own family. My aunty knelt all night long until my father forgave her and accepted the situation.

Sexuality is not a topic of discussion among the family and especially between parents and children or brothers and sisters. In 1928 Mead observes that "the very old people talk softly without regard for taboo or sex" (Mead, 1928, p. 156). It is true there is a place and time for this kind of discussion, but it is spoken secretly. However, the secrecy puts young girls and women at risk in terms of being raped or sexually abused because they don't know what's going to happen to them. In my practice, I make the point to people that we are only concerned when a young woman gets pregnant, but we don't talk about preventing it from happening.

A Samoan girl has a special place in *Samoanisi*. Mead recorded in 1928 that, "virginity adds to a girl's attractiveness, the bridegroom, his relatives, and the bride and her relatives all receive prestige if she proves to be a virgin. Virginity is a legal requirement. This attitude towards virginity is a curious one. Should she prove not to be a virgin, her female relatives fell upon and beat her with stones. A wise girl who is
not a virgin will tell the talking chief, so that she be not ashamed before all the people" (Mead, 1928, p. 83).

It is not known whether Samoan women in this generation still maintain the importance of this value. Perhaps, this belief and value no longer holds any meaning to our generation today due to the influence of lifestyle, migration and the dislocation of the family unit.

**FERTILITY CONTROL FOR SAMOAN WOMEN**

The role of a Samoan woman in *Samoanisi* is the core of the family. Not only does she contribute to the well-being of the family but she reproduces which is the most fundamental act of lifegiving. For a woman to become pregnant is a big decision if she knows her body. Women who become pregnant without knowing their bodies are at great risk. I think for a woman to become pregnant is to depend on her free will and the respect from the other party. The case of rape and incest a woman’s free will and right of choice are contravened.

In *Samoanisi*, there is an expectation that married women should all bear children. At a wedding, people bless the couple by saying, ‘*ia fua le niu*’ which literally means, may the coconut tree bear coconuts. This means may the newly wedded couple have many children. Holmes writes, “*a marriage in the Samoan family is based upon a consideration of the ability to have children*” (Holmes, 1987, p. 80).

A woman who can’t have children is labelled as ‘*e pa le fafine le la*’ which means, she cannot have children. What’s very interesting is that, when a woman can’t have children, she is mocked. When a single woman gets pregnant and has a child, she is also mocked and the child is labelled in the ‘eyes of the people’. It seems to me that people have double standards regarding having children. They give a blessing to married women to have
children, while they defame women who cannot have children and unmarried women who have children.

The notion that ‘children are gifts from God’ needs to be critically examined to reconceptualise the way people value women and children. In the past, most couples were unmarried and had lots of children. They were valued on the land they were born into. In todays view, unmarried mothers are labelled as ‘toifale’ meaning pregnant before marriage and their children as ‘tama o le po’; meaning ‘illegitimate children or children of the dark’.

I consider that regardless of whether the child is born from a married or an unmarried mother, he/she is still a ‘gift from God’. God works from the inside-out or from the heart and the inner soul of a person. God considers every child as his child. It is people’s beliefs that allows labels to be placed on women and children.

The experience of disapproval puts immense guilt on unmarried women and their children. The experience is the same when people don’t go to church. In the ‘eyes of some people’, these people are not Christians. As I was writing this section, I remember a woman asking me if I go to church. “I said I go when I feel like”. She asked, “what would happen to you if you die, no parish would allow your body in their church?” I said, “I feel sad that you go to church for that reason. My home or the funeral parlour is my church”. What the woman had said convinced me that many people see the world from the outside-in. They are concerned of how other people would see them, rather than work from the inside-out of how they feel about themselves.

Samoan women are known to have many children. Families of ten to seventeen children exist within my home and New Zealand communities. I know women who have more than ten children and many have at least five to seven. In my own family, there are nine of us.
This highlights the belief that Samoan women value having many children. While Smith (1989) was in Samoa, he observed that many of the women he examined have ‘about fourteen children’. He also said that one of his fellow student doctor colleague’s had told him that he examined a woman who was in her nineteenth pregnancy.

I considered the number of children that Samoan women might have suggest that Samoan women do not use contraception. All of the older women who participated in this study controlled their fertility naturally until they were menopausal. Their belief is that ‘Samoan children are not to be controlled using any methods and not until God’s wish that the children given to each mother is finished, then it is finished’.

SUMMARY
Samoanisi considers the body as sacred especially in the case of women. This belief is believed to have evolved from Christianity which made sexuality taboo and created strong sanctions to present people being open about their sexuality. The place of a Samoan woman in Samoanisi has been discussed to highlight what is sacred and what governs the life of a Samoan woman. The criticism delivered through the concept in the ‘eyes of the people’ is a most powerful mechanism that puts pressure and guilt on the women.

In conclusion, discussions in my nursing practice have revealed that when a person or family has the opportunity to explore who they are, that they will consider the negative issues such as not discussing sexuality and the flow on effects. I consider they have a right to have support by virtue of their birth to make the links to their whole belief system.
CHAPTER FOUR
PART ONE - CONTRACEPTION AND ABORTION

INTRODUCTION

This chapter presents an overall picture of the development of my ideas about contraception and abortion which occurred in response particularly to the public and women in my community seeking support for abortion. I have found it really useful to share stories and refer to women from all over the world who struggle with these same issues over time.

I have chosen to present this chapter in two parts. Part one considers the issues of contraception and the literature I accessed to use in my practice. I begin the first section by discussing and reflecting on my practice and how I have developed my views about contraception, the place of children in *Samonisi*, the fertility of Samoan women, fertility treatment for infertile women, Samoan women’s access to Family Planning services in Samoa and New Zealand, Samoan contraception, contraceptive methods and its use by Samoan women, Samoan women’s attitudes to contraception, attitudes and barriers to contraception, side effects of contraception.

Part two introduces the issues of abortion and the literature I accessed in my practice. It shows how I was able to work with the information to develop my understanding with women. I explored literature on abortion in New Zealand, Samoa, and the Pacific Island to enable conversation within the community.

This chapter is presented very much as a text that reveals how I practice. By this I mean that it includes conversations face to face with the community, an awareness of family life and healing practices which may be useful as a tool for teaching sessions and discussions.
with families, nurses and other health professionals. My goal in practice is always to
discover a way to become articulate to share the facts of what I know, see, and hear in my
practice to enable us to work together.

My goal in presenting these two sections was to aim to tell the ‘truth’ of Samoan women’s
voices about contraception and abortion which is a story that is not found in statistics.

PART ONE: SUMMARY OF MY NURSING PRACTICE SEARCH ON
CONTRACEPTION

Part one is a summary of the literature I accessed to use in my practice in the community
on contraception. It is not an indepth review or critique of the literature in this field. This
literature search gave me a basis from which to talk with the women in the community, to
write policy that reflected the needs of this particular group, and to explore how research
could inform and shape my practice.

This section discusses my practice and relevant literature in relation to the following: the
place of children in family and community; the fertility of Samoan women; Samoan
women’s access to Family Planning; Samoan contraception and methods used by Samoan
women; the barriers, attitudes, side effects and the use of traditional and western
contraception by Samoan women in previous research; personal stories; the views of the
World Health Organisation (WHO) and other people; and Pacific Island fono (meetings). I
have also referred to the attitudes of some indigenous women, not as a comparison to
Samoan women, but to consider the literature on the patterns of attitudes that existed
among indigenous women. Samoan women are categorised as Pacific Island women in
New Zealand in some research, and therefore, in some comments where I refer to Pacific
Island women, Samoan women are included.
I have had to do a lot of thinking of how I would present the material I use to bridge the gap of understanding between the health professionals, women as clients and families, and women as mothers. As a nurse, I felt I had to explore the dilemmas and deeper issues of contraception because I have always believed that educating women and promoting contraception is the answer to prevent unwanted pregnancies and to reduce the abortion rates. My goal was always to do more research into family discussions and sexuality.

Pacific Island parents regard sex as sacred. Therefore contraception is not a topic of discussion among Pacific Island people especially between parents and children. The church, culture and family life plays a large part in the lives of Pacific Island people. This impacts on the choice of whether or not to use contraception. Pacific Island people value children and the larger the family the better. Children are seen as gifts from God. Some believe we should not interfere with the natural process of pregnancy.

These were some of the issues I considered in my practice in relation to why Samoan women do not use contraception. I considered that we needed to reinforce the views of the World Health Organisation (WHO) women’s health advocates who suggested that “many more studies are needed to find out what women think about various methods, how they understand them to work, what are their fears, why they discontinue methods, what they find acceptable (both in terms of methods and services received), and what are their views on the financial and social costs of methods. Much more also needs to be learned about women's sexual experiences, their experiences with and attitudes towards reproductive morbidity such as reproductive tract infections, and indigenous fertility control practices and preferences” (World Health Organisation (WHO) 1991, p. 35).
These women health advocates felt "that many scientists, along with policy-makers, see fertility regulation primarily as a means to limit population growth and speed development, not to empower women" (p. 1). Scientists and women health advocates also gave priority to different methods. The women's health advocates favoured barrier methods which were able to be controlled by the user while the scientists preferred methods which the user had little control over, such as injections and IUDs.

The WHO report continued to say that "the objective of methods research should be to develop a range of methods to suit a wide variety of clients. Women's health advocates pointed out that little research has been done on withdrawal as a method and that barrier methods are given far less priority than hormonal or provider-dependent methods" (WHO, 1991, p. 36). Unfortunately research is not neutral and since most researchers tend to be male, this determines the questions and the way the findings are interpreted. Also research "is influenced by political factors such as the policies of population funding agencies, the search for markets by pharmaceutical companies, and political restrictions on the development of safer abortifacients" (WHO 1991, p. 34).

As a nurse, researcher and advocate for Samoan women, I strongly feel that the guidelines by the WHO women's health advocates can be used as a framework for community discussion and to do more research among the Samoan community in New Zealand.
MY PRACTICE AND HOW I VIEW CONTRACEPTION

Many studies on contraception in New Zealand such as Sceats (1985; 1988); North (1989); North and Sparrow (1991); Sparrow (1991); Donnelly (1992); Asiasiga (1994); Tukuitonga in Public Health Commission (1994), have shown that Pacific Island women are unlikely to use contraception or do not use contraception at all. I considered in my practice that Health Providers need to understand the beliefs and values of Samoan women to contraception. They also need to know why Samoan women do not use western methods of contraception to plan their families without criticising.

It appears to me that career oriented women plan and limit their families while the family oriented women still have many children. Despite the availability of contraception, Samoan women continue to have abortions, and are non users of contraception. This attitude seemed to be common in women who were born in Samoa and the New Zealand born women as well. This raised a question, despite the availability of contraception, why do Samoan women not use contraception? Whose problem is it? Is it the Samoan women’s problem or the health professionals failure at trying to make Samoan women become contraceptive users?

I have been careful not to point my finger at anyone, but considered perhaps the two cultures need to compromise and understand the historical background of Samoan women, although they are living in the Western environment. According to the ‘eyes’ of the health professionals from an outside view, Samoan women are the problem because they don’t take contraception to prevent unwanted pregnancies which contribute to the high abortion rate in this country. To Samoan women from the inside view, contraception is not a Samoan ‘thing’ and they like controlling their bodies naturally.
I understand the reason for the gap in understanding between the health professionals and Samoan women. Historically, Samoan women never planned their families regardless of economic difficulties. Since contraception is perceived as a ‘foreign thing’ to Samoan women, the pattern of non use is perpetuated. For instance my generation nor my mother nor our ancestor grandmothers ever used contraception. It is not a common thing to do in a family, and each generation follows that pattern. I see an analogy in this pattern with smoking and alcohol. If parents smoke, the child seems to copy that pattern in the house.

In New Zealand in 1980, Donnelly (1992) observed that Pacific Island women accessed the Maternity Services more often than any other women. While this highlights that Pacific Island women were the main consumers of this type of health services, further research is needed to see if this is still the situation in 1999.

Samoan women find it hard to discuss their problems and to explore true feelings with the health professionals, because they undermine their own intellect by considering that the health professionals have all the knowledge and that they know little about anything. Hence, women feel pressured and disempowered to make their own decisions about controlling their fertility. They are not well informed and therefore, they rely on the health professionals decision.

However, the health professionals assume that every woman would accept their decision and care as they know what they are doing, especially when the women don’t know. This assumption disempowers women to exercise their rights and to make informed choices of what is best for them. This is the case with one woman in the study who suffered endometriosis and was given contraceptive pills by a doctor who never told her they were contraceptive pills until she found this out from another doctor.
Western medicine does not always offer miracles. Western methods like contraception are not one hundred percent effective. Although contraception assists a couple to plan a family, it has side effects. Some women in this study and other studies had said that they 'put on weight' when they were on contraception. One woman who participated in this study got pregnant while she had an IUD. I had found that some contraceptive methods such as the cap, spermicide creams or foams are inappropriate for the values and beliefs of Samoan women, especially the older women who were born in Samoa. This is because they believe in the non invasion of the natural process of their bodies.

The side effects of contraception and the feeling that it robs women of the natural control of their bodies alienated women's trust. Coney cited the death of two women in relation to the contraception they used. She said that, “there have been two deaths associated with oral contraceptives and other drugs” (Coney, 1987, p. 325).

Any Samoan woman who is using contraception has the right to question the efficacy and the side effects of contraception. I consider the health professionals need to inform women of the advantages and disadvantages of different methods, so that women would be well informed of the decisions they make. The health professionals need to ask themselves, why are Samoan women non-compliant with contraception? The health professionals have to explain the body and demonstrate effectively how the methods are used. They have to ask the women if they have clearly understood the explanation and demonstration, as some women indicate they have understood when they have not. Forsyth had observed that “anyone working with the Samoan patient should be careful that he/she understands and that one must guard against assuming that the patient understands, when he/she appears to understand” (Forsyth, 1983, p. 112-113).
Although the body and contraception is not discussed, Forsyth (1983) observed that the Samoan Traditional Healers have a good understanding of the body. She said that the Traditional Healers had explained to her the reproductive organs of the female such as the uterus, menstruation and ovaries. The women get pregnant as a result of knowledge deficit about how their bodies work and when they are safe and unsafe to have intercourse. Comments such as, “I only had sex once and I got pregnant” indicate this to me. My discussion with many women has confirmed that they have limited understanding of the physiological changes in their bodies.

Hantz (1983-1984), Williams (1987) and White (1991) reported that when they were working at the Apia National Hospital in Samoa, they observed that Samoan women tended to be poor historians and are often vague about when they had their last period. About half of the women they examined medically were uncertain about the dates of their pregnancy and rarely knew the date of their last menstrual period.

What has been observed by the Hantz, Williams, and White in Samoa would relate to some Samoan women in New Zealand. There are women who are using contraception but know very little about how their reproductive organs work. They may know they have ovaries and a uterus, but have never seen pictures of the organs and not understand the process of how the contraception works in their bodies.

The health professionals need to ask the women about their attitudes to contraception and their knowledge of their bodies to determine the best ways to assist the women with their decisions. In practice I decided that whatever the women’s wishes and beliefs about their contraceptive needs, I would respect them. I based this practice on a mutual understanding that I could express with them as follows: we have the same understanding of our roots; we share common beliefs and customs; we speak the same language to express our
feelings; we have a culture called *Samoanisi* which comprises of religion and *Samoanisi* values; we see contraception as a foreign thing, it is not a Samoan thing; our parents have never used contraception as they relied on natural forms, thus we tend to follow their pattern as it is already embedded within our philosophy. I would then be flexible to meet the needs of Samoan women. Samoan women who do not want to use contraception were given other alternatives such as the natural methods. I would encourage health professionals to respect and support Samoan women’s wishes for not using contraception. I supported women who wanted or were on contraception and who were well informed of the pros and cons of the methods chosen.

There are many Western methods to prevent pregnancy. Samoan women refer to these methods as 'aiga fuafuaina' which literally means family planning. Family planning means to Samoan women, 'to space' children for a number of years so that the mother will have time to recover, and to prepare her body physically for the next child if a couple plans to have more children.

The views expressed by most of the Samoan women in this study are that 'children are gifts from God' and should not be planned. This contradicts the views of non Samoan people or those who look after the health of women such as the Family Planning. The role of Family Planning is to advise women to plan their families which they do largely from their model and fails to take into consideration other cultural models. Its other role is to control women's fertility in countries where the economic situation is poor. This is not the view of Pacific Island and Samoan women because their culture values having a lot of children as being an asset to the family.

The notion of having lots of children is important to Samoan people. Samoan couples do not plan their children according to their socio-economic situation. They say they like
having many children to keep the family and culture alive so it won't die. Samoan culture will never die because of the philosophy which underpins our beliefs, that is, to 'let our women bear the children of our land'.

THE PLACE OF CHILDREN IN SAMOANISI

Children play a very important part in a Samoan family. The object of marriage is to have children as observed by Holmes (1987). Other important considerations in having children: is to extend the genealogy of the family; and as a symbol of unity between the families of the husband and wife; and they provide a place of the wife in her husband's family and visa versa; they are assets to the family; and they are gifts and blessings from God.

Forsyth (1983) writes, children born retarded or deformed in some way are also accepted as a part of the life process. The child is fully accepted as a member of the family. There is no concept of 'illegitimacy' attached to the child. Children are cared for by the extended members of the family. This practice gives a child many parents such as a child may refer to an aunty or grandmother as her/his mother.

Since the expectation of Samoanisi that married women should have children, if a woman remains a spinster at a later age, people would say, 'e nofo umi, nofo umi, fai atu se to'alua i se isi taimi ua le fanau'. This means that people would be very concerned if a woman married at a later age because of the risk of not conceiving. Some people would say to a man or a woman if they have been married for years and one of them is sterile, 'tia'i lena fafine po o lena tamaloa, e te le fanau ai'. This means people would encourage a couple's separation if they can't have children.

Large families are always desired, for they ensure a labour force to work the family land and promise a leisurely old age for the parents (Holmes, 1987). The notion of children as
'gifts' and 'blessings' has been expressed by all the Samoan born participants in this study I undertook in 1994 and the study undertaken by Asiasiga (1994). It is believed that these values were reinforced by the teachings of early Christian missionaries.

Children were also valued for the social, economic and political strength they would eventually contribute. Baker, Macpherson and James in Donnelly also found that the family continues to be the pivotal social, political and economic unit in Samoa society (Donnelly, 1992).

According to Clark in Donnelly (1992), when a number of American Samoan women were asked in 1978 why they had had children, their answers reflected generally held Samoan values related to the family, the matai system and the church. The values identified by the women in Clark’s study were also mentioned by the women in Donnelly’s (1992) study. Some of their answers in her study included: children will be helpful to the parents when getting old; children are to be heirs to titles and lands; children will help with fa'alavelave (things like weddings, funerals, etc); children will carry on the blood of the family from generation to generation; children are God's gifts to us in the world.

THE FERTILITY OF SAMOAN WOMEN

Many studies have highlighted that Samoan women have lots of children (Annandale, 1985; Holmes, 1987; Clark in Donnelly, 1992). Women do not plan their pregnancies nor do they plan when to have children. Donnelly (1992) observed that although many women in Samoa practice some form of fertility control at some point in their reproductive active years, Samoan women continue to have high fertility rates both in Samoa and New Zealand. The Public Health Commission (1994) also observed the high fertility rate of Samoa women in New Zealand as observed by Donnelly.
Samoan women don’t wait to have children later in life. Because of the notion that it is a shame when a woman cannot have children, infertile women seek healing methods such as massage to assist them in order to conceive. Forsythe (1983); Holmes (1987); Clark, Baker, Macpherson and James in Donnelly (1992) all observed this common attitude among Samoan women. A married couple is expected to have children following the marriage. If a woman delays having children, people start talking saying, ‘she’s still not pregnant’.

Sun (1973) reports that the fertility of Samoan women has been very high with little variation in socio-economic characteristics. It is common for a woman to have about 8 live births through her childbearing period. Forsyth (1983) observed that within the average family, the number of children is 7 or 8. Samoan women do not worry about the effects of childbearing upon their figures. William writes, "the average parity is about 8, with some women being in labour for the 10th or 11th time. Because of the high fertility rate, there are relatively large numbers of incomplete 1st trimester miscarriages" (William, 1987, p.7). According to Smith, "many of the women were grand-multips, 14 previous children being the most I saw, but I was well beaten by another student who saw a woman expecting her 19th child" (Smith, 1989, p. 5).

Despite the fact that Samoan women continue to have many children, George Brown in Annandale (1985) put a contradictory view. He reported that “the average number of children in a family was not more than three, with eight to ten being an exception” (p. 64). George Brown’s view is the only one to make this observation in comparison to many people having said that Samoan families had had, and still have large families.

Anecdotal evidence and my own experience suggest families still have many children. According to Annandale, she noted from the writings of other Europeans and Missionaries
and talking to older people that, "it is likely that Samoans did not actively seek ways of preventing pregnancy or of limiting the numbers of children, except under exceptional circumstances" (Annandale, 1985, p. 64).

Haberkorn (1995) reports that the fertility levels are stable in Western Samoa compared to a declining rate in other Polynesian countries. Fertility levels in most Pacific Islands are high in an international context, which features a world-wide total fertility rate (TFR) of 3.3, compared to other regions of the world, for instance, higher fertility levels are only found in Africa (TFR of 6.1).

Although the fertility rate in Western Samoa is relatively stable as observed by Haberkorn, the fertility rate in New Zealand is relatively high as observed by Donnelly (1992). The report of the Public Health Commission (1994) noted that the TFR for maternal age-groups in the Pacific Island population is still higher than the TFR for the total New Zealand maternal population (10-49 years). In the period 1980-1982, the TFR for Pacific Island women was 3.9 (2.0 for the national maternal population in 1981); falling to 3.5 for the period 1985-1987 (1.9 nationally in 1986), before rising slightly to 3.6 for the period 1990-1992 (2.2 nationally in 1991).

The report continues to identify that because of their higher fertility, women of Pacific Island ethnic origin are disproportionately represented among all women receiving services at the time of childbirth. The fertility rates in all age groups of Pacific Island women in 1990-1991 were still well above those recorded for all New Zealand women (Public Health Commission, PHC, 1994). Tukuitonga, a Pacific Island doctor reported in PHC that in Auckland, where Pacific Islands people make up 12% of the population, it has been estimated that 20% of all births in that region in 1992 were to Pacific Island women.
Tukuitonga observed that Pacific Islands women have a relatively high fertility rate because Pacific Islands people prefer large families (PHC, 1994).

Every Samoan woman wants to have children and most women have children. Holmes (1987) observed that a wife's role is that of childbearer. Holmes (1987) and Williams (1987) write, sterility is not common in women and infertility is unheard of. If they cannot bear children, it is likely to do with biological disfunction of their reproductive organs. Donnelly (1992) said that a childless couple is a rare phenomenon in the Samoan society.

For some women, it is a big failure if they cannot produce children, especially when the expectation of both families is that women have to bear children. Forsyth observed that because the family is so important in Samoan culture, to be "a childless couple is both a tragedy and a source of shame" (Forsyth, 1983, p. 230). There is also a belief that these women's husbands are promiscuous or ‘sleep around’ with other women.

I have found that women who cannot have children, seek traditional healing methods if Western investigations have failed. Parsons (1985); Kinloch (1985), Macpherson in Donnelly and Donnelly (1992) noted that, a woman who is unable to conceive goes to a midwife to massage her abdomen to ascertain the position of the fallopian tubes and to massage them into the correct position to enable her to conceive. This procedure will be explained in Samoan methods of contraception.

**FERTILITY TREATMENT FOR INFERTILE WOMEN**

Contraceptive techniques are also used by Samoan fofo (Healers) to assist a woman control her fertility. These are the reverse of the procedure discussed earlier which fofo use to help women conceive (Donnelly, 1992). Kinloch reports that the Samoan indigenous treatment of fertility reveal Samoan women's understandings of the process of
conception. A woman who despite having a normal sex life fails to conceive would traditionally in Samoa have sought help from a fofo. Kinloch reported observing treatment for complaints of infertility and was told that this technique was also used by other fofo in order to assist conception (Kinloch, 1985a in Donnelly, 1992).

When Forsyth asked some women who received infertility treatment from the fofo (Healers) and the Healers themselves, she reports in reply to her question, so you treat infertility? "Yes, if that is the English word for it. There are countless women who have problems. They are very sad about this problem. I find that many of them have tipped uterus or blockages of some kind. If this is so, then using massage I put everything back into its proper place. Sometimes, too, the uterus is not in its proper position. Then I massage it back into position. That is what I found the other day with a woman from New Zealand. Her uterus was way down here" (Forsyth, 1983, p. 190).

Forsyth continued to report her interviews. "I went to the Taulasea (Traditional Healer) because I had been married for 11 years without any pregnancies. I had heard from friends that she was very good with infertility. Because my husband had been married before and had fathered three children, I knew the problem had to rest with me. I went to see her. She ran her fingers all along what I assumed were my reproductive organs". "Your tubes are open", she suddenly announced. "My fallopian tubes?" I asked. "Yes" she replied. "They are open. That's good" (Forsyth, 1983, p. 190).

Then she began a "waving" type motion of massage on my lower abdomen. "Your uterus is too low", she said. "Look, it is all the way down here and it should be up here. Also, it is twisted", she announced. She said that many women have this problem and not to worry. After straightening the uterus they became pregnant, and I would also. In three weeks I went back. Upon examining me she said that my uterus felt a little soft. "Well,
your uterus is softer, I am sure you are pregnant”. The **Taulasea** (Traditional Healer) was right. I was indeed pregnant. I could not believe it. It did not seem to surprise her at all. (This was a personal story from a European woman who was residing in Samoa; Forsyth, 1983, p. 190).

There are many other untold stories of this kind. In my practice I met three women in their forties who have had the same problems. They had been married for years without successfully conceiving. These are women's stories from my practice before I began this study.

Fai mai le tala a se tasi tina, one woman said, "*E fitu tausaga o ma nonofo ae ou te te ma'ito lava. Ua fiu foi e taumafai ae leai lava se mea e tupu. Ia o'u alu loa i Samoa e faate'a mai le atali'i o lo'u tuagane. I le taimi a'ou ou iai i Samoa, sa fofo ai a'u e le fa'atosaga. Ua ou te'i lava ina ua fai mai le lo'omatua, na o le tasi lo'u fa'a'autagata. Fai mai lana tala, o le mafua'aga lena ou te le fanau ai. Faatoa ou manatua ai lo'u taotoga na fai i Samoa ae ou te le'i sau i Niu Sila, i aso o lo'u talavou. Sa fai mai le foma'i, o loo iai se faaletonu i lo'u puta. E le'i ta'u maia e le foma'i i a te a'u ma lo'u aiga, ua 'aveese le isi o'u fa'a'autagata. O le na faatoa ou iloa ai. Peita'i na fai mai le fofo ia te a'u, e 'aua ou te popole o le a na togafitia a'u. E mafai lava ona ou fanau tusa lava pe tasi lo'u fa'a'autagata.*" We've been married for seven years. We've tried and tried and nothing happened. So I went to Samoa to adopt my nephew. While I was there, the healer massage me. She said I only have one fallopian tube, and that's why it's difficult for me to conceive. I was shocked to find out that I only have one tube. Then I remembered in my early teens before I came to New Zealand, that I had an operation in Samoa. The doctors said it was something wrong with my stomach. They didn't tell me nor my family, that they've taken off one of my tubes. Now I know why. But she reassured
me, that I will conceive after her treatment even though I have one tube” (personal informant).

“Sa fofo loa a'u i le tele o afiafi. Na ou fo'i mai loa lea i Niu Sila ma si a'u tama faate'a i le ono lena o ona vaiaso. Ua ono masina o si a'u tama, a'o le taimi foi lena ua fa masina o lo'u ma'itaga ae ou te le iloa ua ou ma'i. O le mea na tupu, e tiga lava lo'u alu i le gym e fai a'u fa'amalositino, ae faateteleina lava le si'isi'i i luga o lo'u mamafa. Ou te le'i faalogoina lava se mea i totonu o lo'u manava pe suia foi lo'u tino. Na o le faateteleina o lo'u mamafa, a'o lea e fai a'u faamalositino. I le taimi e tusa ua ono masina lo'u ma'itaga, na ou alu ai i le fomai, se'i siaki a'u peaisea ua ou mamafa tele ai, a'o lea e fai a'u faamalositino ma e le o suia foi la'u 'ai. Se pei ou te faafesea ea ina ua fai mai le foma'i o a'u ua ono masina lo'u ma'itaga”. “She massaged me nearly every evening. I returned to New Zealand with my adopted son of six weeks. My son was six months old and at the same time I was four months pregnant without my knowledge. The amazing thing was that I gained weight even though I went to the gym everyday. I didn't feel anything inside me nor had any change in my body contour. I just put on weight despite the hard exercise. At six months pregnant, I went to see the doctor to find out why I put on so much weight when I exercise regularly and hadn't changed my diet. To my dismay, he found that I was already pregnant at six months” (personal informant).

Other stories I am aware of are very similar. Women conceived after being fofo (massage) by the Taulasea (Healers). One woman had a low uterus and the other had blocked fallopian tubes.
SAMOAN WOMEN: ACCESS TO FAMILY PLANNING SERVICES IN SAMOA AND NEW ZEALAND

Family Planning was introduced to Samoa in the 1970's. The early acceptance of family planning was primarily on the basis of protecting the physical health of the mother. Currently, Family planning services are available throughout Western Samoa as a medical service under the public health program. However, the numbers using the service, though increasing, are still limited to women living near the town. Fox (1976) noted that it appears that most Samoan parents and prospective parents are not convinced of the advantages, both to them and their children, of being able to limit the number of children and regulate the spacing.

The official policy of the Department of Health in Western Samoa since the early 1970's has been to promote wider spacing of children rather than the limitation of births. However, at least one study in the 1970's suggested that official goals were impeded by social attitudes. Young women were not willing to use contraception until they had produced the number of children which either they or their husbands desired (Kinloch, 1985c in Donnelly, 1992).

Donnelly (1992) continues to report that Family Planning clinics in Western Samoa offer the full range of modern contraceptive methods. Family Planning practices, at least those based on western style contraceptives, are not widely practiced in Samoa. In 1981 only 17% (5332/30,835) of the 15-49 year old female population were reported as being current users of western forms of contraception. Sun (1973) reports that husbands seem to be more conservative than wives as far as the practice of family planning is concerned.
However in 1993, a study was undertaken to find out the knowledge base and usage of contraception by Samoan women. Gershater (1993) notes that women who participated in the study know a lot about different kinds of contraception, and where to get it.

When I was in Samoa in 1996, I spent two weeks with the Family Health Service looking at how they provide the service to the community, and how women access the service. I observed that many women who accessed the service were married women. Women came from afar from the outback villages where the service is unavailable. During two weeks, I did not observe a single woman using the service. I asked the staff if young women use the service. They said, "they only come when they want the morning after pill". The morning after pill is an emergency pill that is to be taken within seventy two hours of unprotected sex to prevent pregnancy.

Despite the opposition from Samoan women in Samoa when Family Planning was introduced in the early 1970's, family planning education programmes are now accepted in Colleges and women's groups in the villages. I believe that the naming of the Family Planning Association to the 'Family Health Service' enabled the community to perceive the service in a positive way.

The name Family Planning creates a barrier to women accessing the service because of the belief that women who go there to get the contraception, are promiscuous or the Family Planning plans a family; which puts a negative connotation on women or couples who do not want to plan their families. There is also a barrier for men who access the service thinking that 'it is a woman's factory'. The name Family Health Service provides an open door to anyone, not just for women, but for the whole family. It encourages couples and single people to access the service without being embarrassed, as it removes the notion of going there 'to get the pill'.

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The study by Asiasiga (1994) and the comments made by the women in the 1993 workshop on contraception highlighted that a few Pacific Island women access the Family Planning Service because of the belief that the ‘eyes of the people’ are looking at them. Women expressed embarrassment about going to the Family Planning because of the name of the service. I suggested that the Family Planning Association needed to consider renaming their Service, in order to make it more culturally accessible for Samoan women.

Some questions were asked in the Wellington fono (workshop) in 1993 on contraception, whether Pacific Island women use the Family Planning Service. The comments made by the women who attended this fono did not differ from the statements made by the women in Asiasiga's 1994 study. Asiasiga said that while most women knew something about Family Planning clinics, only one woman had actually used their services and that was 10 to 12 years ago. "I went to Family Planning and they introduced me to the injection and I found that I put on so much weight and it didn't suit me" (p. 17).

Asiasiga (1994) continued to report that another woman had gone along to support a friend. She felt that people were embarrassed to be there because it meant that you were having sex and the girls were embarrassed that they would be seen by someone. Somebody else said that only Palagi used the Family Planning clinics. "It's the shame. Ooh! look at so and so going to the Family Planning" and "We're not going to Family Planning because of the eyes" (p. 17).

The two youngest participants knew about the services offered but reported that they would not go to a Family Planning clinic. The first young woman said that she would not go because "I don't believe them when they say it's confidential because they would have to tell your doctor and family" (p. 17-18). The other young woman had heard that
Family Planning was good and gave advice on contraceptives, but was scared to go and did not know the reason (Asiasiga, 1994).

There was a misconception that Family Planning clinics were only for young women. "Family Planning support young girls and unmarried women. If I was young I would go. It's important to have that there if the girl does not have support from her family, parents or boyfriend". One health worker said, "don't use the Family Planning name. People think they're going to make us have more children. There is a misunderstanding of the name" (Asiasiga, 1994, p. 18).

Asiasiga concluded that despite Pacific Island women not using the services, most of the women had positive things to say about Family Planning. The fact that these women have not used the services would seem to indicate that some barriers still exist.

The notion of the 'eyes of the people' as a barrier for women to access the Family Planning is not a problem for Samoan women only, but it affects any other women. When McEwan, Aukett, and Hills asked the students in one of the colleges why they don't access the Family Planning Clinic. They said, "have you any idea how embarrassing it is to walk down...street to the Family Planning Clinic?" (McEwan, Aukett, and Hills, 1988, p. 145).

Many Samoan women go to their own General Practitioners (GP) for family planning advice, because a GP can treat any sort of illness, hence, it doesn't look suspicious in the 'eyes' of the people. The barriers identified by these women and supportive evidence from the literature on Pacific Island women not using contraception indicate the need for Samoan women, it's community and health professionals, to work together to plan
appropriate ways that will help the women and community to deal with this issue. One such way that I utilised was to adopt the World Health Organisation strategy in 1991.

SAMOAN CONTRACEPTION

Before the introduction of Western methods, Samoan women naturally controlled their reproductive system. This is evident by the number of children they had which ranged from about eight, fifteen, with some up to twenty. Griffen (1983) reported, previously women had control over their reproductive function through use of traditional methods of contraception. These methods included herbal drinks to prevent pregnancy and social customs that kept men and women apart at certain times. Kinloch suggests that one of the traditional methods include "massaging the fallopian tubes into a position away from the ovaries which prevents conception" (Kinloch, 1985, p. 41).

Kinloch in Parson’s writes that, "one fa'atosaga described, and was observed practicing a method of contraception. This involved a massage technique which she said, results in the fallopian tubes being placed so that the ova never find their way to the uterus" (Parsons, 1985, p. 206). Donnelly describes that, "contraceptive techniques are also used by Samoan fofo to assist a woman control her fertility" (Donnelly, 1992, p. 166).

Macpherson in Donnelly also points out this practice, but he recorded that while fofo in Samoa recommended this practice, they were unable to explain its protection mechanism (Donnelly, 1992). Kinloch explained the mechanism of this technique, and it makes sense. However, Macpherson is still not convinced. His outside view is based on scientific knowledge whereas the fofo's (Healers) knowledge is based on human experience through touching, feeling, massaging and positioning of the hands and mind.
One of the social custom practice that Samoan women believe in is delaying conception by breastfeeding and the husband and wife sleeping separately. These beliefs have been mentioned by the women in this study. "The traditional prohibition of sexual intercourse between the husband and wife during lactation, resulted in a lower birth rate" (Kinloch in Parsons, 1985, p. 210). Donnelly writes, social mechanisms and cultural beliefs used in encouraging spacing of children which operates in traditional family structures in Western Samoa, relates to the custom of the woman's mother sleeping near her after the birth of the baby. This results in a period of forced sexual abstinence. This custom was also recalled by Olana, "In Samoa, the man never sleeps with the failele. Her mother makes sure of that" (Donnelly, 1992, p. 166).

Sun (1973) reports that Samoan mothers breastfeed their children for about eleven months, and lactation has relatively little effect on post partum amenorrhoea. Turner (1884) observes that breastfeeding as a method of contraception has been practiced by Samoan women for a long period of time before European contact. This lasts about two to three years. There is a belief that the longer the mother breastfeeds, the more chances of suppressing ovulation. Macpherson in Donnelly reported that some women had told him that some women breastfeed their children up to five or seven years (Donnelly, 1992).

Macpherson in Donnelly (1992) recorded that some fofo pointed to the link between nursing of children and reduced fertility but were unable to explain the biological connection. This is an interesting comment by Macpherson. The validity of Macpherson's comment is questionable. I wonder how he asked the question and whether the women whom he asked conceptualised the way he phrased the question. Historically, women have used breastfeeding as a contraception method; I would argue that they know the biological link between breastfeeding and delayed fertility.
Macpherson in Donnelly (1992) also makes reference to the Traditional Healers and especially the Traditional Midwife’s knowledge as not being indigenous. He said that the Healers may have adopted western medicine when they came in contact with them. I challenge Macpherson’s statement. There is no evidence to suggest this. A Healers knowledge is indigenous.

Donnelly in her study explains, "Olana said that her mother told her that this was how Samoan mothers stop pregnancy" (Donnelly, 1992, p. 165). Turner (1884) also observed that breastfeeding is also considered to be a way to prevent the too hasty conception of another child. Turner reported that breastfeeding was customary in pre-contact Samoa and reported that Commander Hood noted with some surprise, that "mothers nurse them till they are often well grown, and it is not uncommon to see a child 5 or 6 years old pull its infant brother or sister away and coax the mother to let it take its place for a little while. Kramer, who was familiar with all accounts in English and German had extended opportunities for observation, suggests that the average duration of breastfeeding was between 2 and 3 years" (Turner, 1884, p. 63).

Indigenous forms of contraception are known and practised by Samoan women. These include a practice known in many societies through the ages as 'being careful', that is, removal of the penis from the vagina before ejaculation occurs (Donnelly, 1992). Niswander in Donnelly stated that it is the oldest contraceptive method still in common use. The advantages of the method it is said are that "it requires no devices or chemicals and is this available under all circumstance and at no cost" (Donnelly 1992, p. 341).

This form of contraceptive practice had been mentioned and practiced by one of the older woman who was interviewed by Asiasiga. Asiasiga (1994) reports that the mother of one health worker had used the withdrawal method. The WHO conference in (1991)
suggested that research is needed in the withdrawal method. I consider that Samoan women would comply with methods that have no side effects.

I had the opportunity to have a conversation with some older women in their 70's, in my practice who were not participants of this study about the contraceptive methods they have used. *Fai mai a lau'a tala,* they said: "e leai lava ni ia mea fa'apalagi i o matou aso. Sa pulea lava e i matou o matou tino, i le momoe esese ma toea'iina, o le taofii o le suavaisa, ma le umi na fa'asusu o a ma tamaiti. Se'i va'ai fo'i, o a ma tamaiti uma lava e ta'ilua ma le 'afa tausaga e va ai le isi tamaititi ma le tasi tamaititi. Ua ese nei aso ma o matou aso" (personal informants). "There was no such thing as the Papalagi thing in our days. We controlled our own bodies by using the withdrawal method, abstinence and prolonged breastfeeding. All our children are two and a half years apart. This generation is different from our days" (personal informants).

Griffen reported that, "the traditional method of breastfeeding and abstinence does prevent pregnancy and is an effective method of contraception. But it is easier to use this method in traditional settings" (Griffen, 1983, p. 92-93).

When I was in Samoa in 1994, my relative told me that she does not use a Western contraceptive because some of her friends had told her that they had put on weight because of the pill. I asked what contraceptive method she uses and she said; "ma te fa'a'aogaina le taofi o suavaisa ma le fa'amamaina o a'u i le suavai sami, po'o le vai paipa pea uma ona ma fiasia. Ua lua tausaga o ma feoa'i ma la'u uo, ae le'i tupu lava se mea". She replied, "we use the withdrawal method and 'cleaning out,' either by tap water or sea water. We've been together for two years and nothing happened" (personal informant).
This woman's talk in Samoa confirmed the belief that some women use sea water as a method 'cleaning out after sex' or 'do a wee' straight after sex to dilute the sperm so that it doesn't work. While these methods work for some women, we do not know what methods they were using during different times in their cycle. More research is needed on these methods to prove efficacy, and when women use it to determine its reliability. When I asked my relative if she knows her body in terms of "the safe and unsafe period", she replied; "I don't know what a safe and unsafe period is, we just do it. It worked for us".

Some women believe that the washing out of sperm from the vagina immediately after intercourse will prevent pregnancy. Griffen (1983) reports that there is a chance for some sperm to be pushed inside the vagina if women vigorously spray the water inside. The 'cleaning out,' douches, or washes methods that has been discussed by Griffen are still being used by some women. There are a number of vaginal washes that women may use, such as water, vinegar, lemon juice, coke, or douches (specially made washes sold by chemists).

Traditional methods such as withdrawal and prolonged lactation rated poorly, while modern methods such as hormonal contraceptives and the IUD were considered to be more reliable. While modern contraceptive methods in contrast to traditional methods rate high on effectiveness, unlike traditional methods they are not free of side effects (Donnelly, 1992).

Griffen (1983) reports that women in many Pacific countries may know of traditional methods of contraception using herbs or medicines found in their area. In a Fiji study on traditional medicines used for women's complaints, the researcher mentioned two traditional methods of contraception. One method uses the yaqona root to make the
traditional Fijian drink yaqona. (Yaqona is also used as a drink but to a lesser extent, in Vanuatu, Samoa and Tonga).

Some of these methods are still practiced in Samoa but further research is necessary. One of the older women in my practice said: "ua ou maasiasi lava ua fananau mai fanau a la'u fanau a'o lea lava ou te fanafanau. Ona o le matou lotu e faasa ai aiga fuafuaina fa'a-Papalagi, ua ta fia maua se fesoasoani. O'u alu loa aumai la'u vai i le isi fafine, lena na taofi ai lo'u toe fanau". "I was very embarrassed because my grandchildren have children, and am still bearing children. Because Western contraceptive is not allowed in our religion, I was desperate for help. I went to see a woman who gave me this medicine, which prevents me from having more children". The Pacific Island women in the National Workshop on Contraception in 1993 raised the issue of researching Pacific Island contraceptive methods, as they might be more effective and free from side effects than Western methods.

Griffen (1983) says that many Pacific societies have their own traditional methods of contraception. Unfortunately, not all these methods have been investigated or recorded, so we do not know how well the methods work, and how long the contraceptive lasts. Women in the Pacific could benefit if more research were done on traditional methods of contraception, because the more effective and safe these methods are than the modern methods can be promoted.
CONTRACEPTIVE METHODS AND ITS USE BY SAMOAN WOMEN

There are many methods of contraception with many different instructions for the way they are used. If Samoan women use contraception, they use the basic ones such as: oral contraceptives (commonly referred to as 'The Pill'); injection; IUD (intrauterine device); tubal ligation; abstinence and withdrawal for non contraceptive users especially the older women.

Sun (1973) reported that tubal ligation is the most well known contraceptive method and is regarded as the best by more than half the respondents who knew one or more contraceptive methods. The pill is the second most popular method and IUD the third. William noted that, "tubal ligations are carried out on multiparous women, with the result that tubal ligation is requested far more often than prescriptions for oral contraceptives" (William, 1987, p. 7).

Other methods that were not favourable were as follows: cervical cap; diaphragm; spermicidal jelly; suppositories and vaginal tablets; condoms; and vasectomy.

William (1987) observed that most Samoan people dislike ‘barrier contraception’ such as the methods mentioned above, because of their cultural beliefs. He also noted that women are unreliable about taking their pills according to the instructions. Holmes (1987) also noted that many Samoan people do not use contraception and are surprised that there are other kinds of methods they’ve never heard of or know nothing about. He continued to say that contraception is a new idea to Samoan people, especially when they hold a belief that the more children a couple have is their backbone when they get old. Hantz (1983-1984) found the same attitude among Samoan women. He observed that not many women use contraception nor were they keen to take the pill. However, the most favourable method used by the women are the IUD and the injection.
Gershater (1993) did a pilot study of contraceptive use on 155 Samoan women in Samoa. She observed that a few women out of 155 have heard of the methods above and none of them had used them. More than half of the participants had heard of condoms, but below 10% said they have used them. Women who live in the town area or near to the town area know of the modern contraception, as opposed to the women who live in the outer villages. However, the women who live in the outer villages have heard and used natural methods such as the withdrawal.

It is quite interesting to see the pattern of knowledge between the women who live in the town and women who live in the outer villages. Women in the town area know more about the modern contraceptive methods because they can access the Family Health Service and afford to pay for the prescription, as opposed to the women in the villages who rely on the natural methods because the service is not accessible.

Donnelly (1992) reported a changing contraceptive use over time by Samoan women in the 90's. She observed that more than half of the women used an IUD, while a quarter received depo provera. Most modern methods are available in the Family Planning Services, but Samoan women do not use them especially the barrier methods. In the year 1981, about 17% (5332/30835) of women from the age of 15 to 49 years used some form of modern contraception. Women predominantly used two forms of contraception as shown in Table 1.
Table One:

Contraceptive use by type in Western Samoa 1981

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>IUD</td>
<td>2972</td>
<td>56%</td>
</tr>
<tr>
<td>Pills</td>
<td>318</td>
<td>6%</td>
</tr>
<tr>
<td>Depo Provera</td>
<td>1278</td>
<td>24%</td>
</tr>
<tr>
<td>Tubal Ligation</td>
<td>681</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>83</td>
<td>1%</td>
</tr>
</tbody>
</table>


Sun (1973) reported that, only about half of the respondents approve the use of contraceptives. Less than 10% of the married couples have ever practised contraception and only 5% are currently using it. Donnelly observes that, "family planning practices at least those based on western style contraceptives, are not widely practiced in Samoa" (Donnelly, 1992, p. 183). Schoeffel said that "since the family planning programme was introduced in the early 1970s the percentage of acceptors among women aged 15-49 years has gradually increased to 15%" (Schoeffel, 1984, p. 213).

William noted that "barrier contraception is disliked by the majority of Samoans, especially men, for cultural reasons, and pill taking is grossly inconsistent" (William, 1987, p. 7). Holmes observed that “contraceptives are used, and many Samoans expressed surprise that such a thing existed. The very idea of contraceptives seemed strange to informants who live in a culture where the more children a couple have the better off they will be in the old age” (Holmes, 1987, p. 81). Hantz (1983-1984) reports, family planning is unfortunately not widely practised, but the most common methods are the IUD or depo provera. Samoan women tend to be very erratic about taking the contraceptive pill.
In 1993, a study carried out by Gershater on the contraceptive practices of 155 Samoan women in Samoa found that most women use the injection. Women who live out of town or in the outer villages equally use the pill and the injection, as opposed to women living in the town or near the town that they use more of the pill than the IUD. Gershater (1993) observed that although women in all age groups use the injection more than any other method, women who are over forty years of age tend to have sterilisation, use the rhythm method and abstinence. Single women who haven't had children have never used contraception at the time they were interviewed. Most women started using contraception after they had their first to the third child.

When I analysed the contraceptive practices of Samoan women in Samoa since the introduction of family planning, the most favourable methods used by the women are: tubal ligation in the 70's when family planning was just introduced; IUD and the injection in the early 80's; tubal ligation in the mid 80's especially the older women; and the injection in the 90's.

It appears to me that Samoan women in Samoa choose the long term methods that they have more control over, rather than make a big effort to take the pill. The older women opted to have tubal ligation when they had had enough children. When I was in Samoa in 1996, I talked to thirteen women from 25 to 35 years of age in the Family Health Service. These women were mainly from the outer villages and a few who live near the town.

All the thirteen women were on the injection. I asked why they chose the injection. Three women said that their husbands opposed contraception. They chose the injection so that they don't find out they are using them. They said that the injection is good because they pretend to come to the town to do their shopping, when they are having their injections.
The other ten women said that the injection suits them because they live in the villages and it saves them travelling into town all the time. One other reason is that the injection is good because they don’t have to think about it. They said that once they have their injections then all they have to remember is when the next one is due.

What I found very interesting is that these women were using the injections without having the knowledge of how their reproductive systems work. One woman who speaks good English as she was living in New Zealand and had returned home with her husband to attend a Theological College, she said she has the injection but does not understand her body and this was the same when she was living in New Zealand. The other women had asked me to explain the reproductive organs and their cycle. I gathered that these women were using contraception as a way out to prevent pregnancy, but not as a method of their choice.

Eight out of thirteen women had said that they had put on weight since they were on the injection, but it doesn’t really worry them. Their main concern was that it prevented them from getting pregnant. Most of these women have had four to five children and there was one woman with seven children. All the women had not used contraception before having their children. They chose to use contraception after their second or third child.

The Royal Commission of Inquiry (1977) made reference to "Pacific Islands women who encounter strong opposition to the use of contraceptives, it being the husband's belief that the wife's most important role is to bear children. Both Maori and Pacific Island women have in the past been less inclined than Europeans to plan their pregnancies or to discuss contraception with their husbands or medical practitioners" (p. 226). The church remains a focal point for many Pacific Island families and its moral guidance is appreciated.
Donnelly (1992) in her study writes, "getting pregnant however, was something women could do even if their partner had not been keen to have another child, as in almost all instances contraception was woman controlled". In this sense, getting pregnant was something that women did. A number of Samoan women spoke of negotiating with their partners about using contraception and/or the type of contraception used. "Not all of the husbands were willing for the wives to use contraception". Women perceived avoiding pregnancy as something they as, women had to work at. They did this either by taking precautions with or without their husbands knowledge or agreement or attempted to control their sexual relationship with their partner to avoid conceiving. "Conception can and frequently does occur without the woman herself having more than a rudimentary knowledge of her own reproductive system" (p. 181-182).

Donnelly (1992) continues to say that, "women revealed that when it came to a decision to use contraception, in the main, it was women who took the initiative and the method used was woman specific. Men though they may have participated in and supported the decision to use contraception did not take responsibility for the method used" (p. 184).

Clark in Donnelly (1992) observes that in comparison to Samoan women who had never migrated, a considerably larger proportion of Samoan women would appear to be contraceptive users. Similarly a 1973 study of contraceptive practices among Samoan women living in Hawaii, found that a higher proportion (53%) of women used contraception.

Sceats (1976-1983) noted that a high number of Pacific Islands women do not use contraceptives. About 63% of Pacific Islands women have never used contraceptives, and
more than 80% of Pacific Islands women and Maori women under 20 years of age do not protect themselves from pregnancy.

North and Sparrow (1991) reported that a higher proportion of Pacific Islands women (60.3%) were not using contraception. Almost one half (44%) of this group had never previously used contraception. They continued to say that traditional values encouraged childbearing in the islands which influence contraceptive choices. North (1989) had observed that Pacific Island women who had abortions were more likely to use contraception compared to other women. This suggested to me that the women did not understand the procedures or had been given contraception that did not meet their needs.

Pacific Island people are defined to be in the lower socioeconomic status in New Zealand. This fact lead North and Sparrow (1991) to say that, a higher proportion of women (45%) in the lowest socioeconomic percentile were not using contraception, compared with the other socioeconomic groups (range 25%-33%). Socioeconomic status is confounded by ethnicity in both the 1981 and 1989 studies. Pacific Island and Maori women are over represented in the lower socioeconomic groups and their traditional beliefs have an impact on contraceptive methods chosen. Interestingly, they continued to comment that "The lower socioeconomic groups used more reliable methods of contraception, more frequently than the higher groups" (p. 157).

The reliable methods of contraception as stated by North and Sparrow (1991) in contraceptive practices of women attending Parkview clinic in 1981 and 1989 are: vasectomy; female sterilisation; depo provera; oral contraception; IUD (Intra-uterine-device).
The above methods that North and Sparrow (1991) referred to as the reliable methods such as the depo provera, IUD, and female sterilisation are the most commonly used methods by Samoan women in Samoa and New Zealand. The women who participated in this study, if they had used contraception at all, used the depo provera and the IUD the preferred methods. Donnelly, North, Sparrow and Sceats also observed the same pattern in New Zealand.

The latest study by Young, Farquhar, McCowan, Roberts and Taylor (1994) of the contraceptive practices of women seeking termination of pregnancy, still highlights that Pacific Island women were least likely to have been using a method of contraception. Donnelly (1992) also observed that young women under nineteen years of age hadn’t been on contraception before their first child. About 12% of women from 20 to 24 years of age have used contraception.

Very little is known if Samoan women use the morning after pill. According to Ross (1995) reported in the Dominion that a few Pacific Island women who took part in the Young et al (1994) study have heard of the morning after pill compared to other women who took part in the study (Dominion, 4 May 1995). This again highlights the fact the Pacific Island women are not informed of the information available.

In my practice, some health workers spoke to me about young Pacific Island women asking for the morning after pill, but when they approached them about taking the contraceptive, they don’t want to discuss it. This pattern is similar to the attitudes of young Samoan women at Tertiary education in Samoa. The Staff of the Family Health Service said that young women from Tertiary education only ask for the morning after pill, but when advised to take the contraception, they don’t want to know about it.
The morning after pill is still an issue. It is debatable whether it should be given to a woman every time she requests it, or whether it harms the health of the woman if it is used excessively? I know of many women who have not heard of the morning after pill. Talking to the women who had had unplanned pregnancy, most of them have not heard of the morning after pill. They said that if they knew, they would have ask for the ‘morning after pill’ rather than contemplating abortion. Ross (1995) said that the pill had the potential to reduce the number of unwanted pregnancies safely and effectively but lack of accurate knowledge and limited availability prevented that reduction occurring.

Ross continued to say that, women who took part in the survey in the two places in Auckland had said that they would prefer to use the ‘morning after pill’ to avoid pregnancy if it was available on the counter or they could keep it at home. Mein (1987) also noted that many women didn’t become pregnant when they used the ‘morning after pill’ during their unsafe period. Moore (1996) observed that many women who had had abortions said that they would prefer to take the ‘morning after pill’ if it was readily available. He also said that research in New Zealand had found that 75% of pregnancy would have been reduced if ‘morning after pill’ had been used. Further research needs to be undertaken to establish the current situation in both New Zealand and Samoa.

SAMOAN WOMEN’S ATTITUDES TO CONTRACEPTION
Most Samoan women opposed contraception despite its availability. This attitude does not surprise me because most older women have never ever used it. These are not the sort of values that Pacific Island women would discuss with their daughters, nor would they use it. Older women are surprised that these things existed. Children were not planned in their days. All the older women who participated in this study opposed contraception. This attitude is recognised in other studies (Asiasiga, 1994; Donnelly, 1992; Holmes, 1987). It is clear from the women’s stories that men’s beliefs are also a barrier to the use of
contraception. Young women know how to access contraception, but are still reluctant or less likely to use them. Women who have used contraception to effectively space their children are the ones who support it.

Samoan women’s attitudes to contraception were expressed in the *Fono’s* (workshops) on Pacific Island held in Auckland, Tokoroa, Wellington, Christchurch and Dunedin in 1993 on contraception, by the Health Research Council’s, Women’s Health Research Task Group. This was followed by a national *fono* held in Auckland in the same year.

These are the views expressed by the women in different regions. (National Workshop on Contraception, 1993). I was a participant in Wellington and read the reports which give the following information.

**Auckland Pacific Island Fono**

Many Pacific Island women come to New Zealand with no knowledge of contraception and some find out the hard way. Pacific Island women in this meeting concluded that most women use some form - either traditional or conventional, although methods are often used without sufficient knowledge or the correct way to use it and how the method actually works. Pacific Island people need to be shown the correct way to do things and to have information provided by someone they can trust and look up to. Information needs to presented in a culturally appropriate way. Often information on contraception is not prepared with Pacific Island people in mind so it may not be culturally safe.

For Pacific Island people, asking a man to have a vasectomy is like asking him to cut off his right arm. It is considered to be tampering with God’s given part of the body that should not be touched. Contraception is also not recognised as a dual responsibility. It is always left up to the women.
Tokoroa Pacific Island Fono

This *fono* also found contraception a difficult topic to talk about as sex is considered *tapu* (taboo). There are conflicting views between those who are Pacific Island born and bred, those who are Pacific Island born in New Zealand. Some adults are resentful at schools teaching sex education, even though there is an increasing incidence of teenage pregnancy.

The responsibilities for contraception were also discussed. Some men have tended to say 'this is my partner' so women have pointed out to them that as they are the ones who get pregnant. They will therefore take the responsibility to stop the pregnancy when it is not wanted.

Wellington Pacific Island Fono

There was a conflict over discussing contraception. It was considered acceptable to discuss it on a one-to-one basis but not in mixed groups. Men's attitudes were considered to be an issue with women wanting to see a change in their attitudes. There was interest in looking at how decisions about contraception are made. Women described this decision often being made by a doctor or nurse who are often seen as the absolute authorities on the matter. Women need to have a choice of not to have or to have contraception.

We value children, the larger the family the better. Children are viewed as a gift from God. Some believe we should not interfere with a natural process. Sexuality is a very tapu subject. It is not openly discussed. Some parents find it hard to discuss with their children, and some siblings find it hard to talk about it amongst themselves, especially between a brother and a sister. A mixed group discussion on the subject is rarely done.

The use of our own language terms for private parts of the body. It is easier to use English terms, because then there is no ownership. However, the inability to use our own language
hinders our being able to provide information adequately. The side effects of contraception is seen as the negative ones, a foreign invasion of the body and lack of providing information. Women teasing women for being on contraceptives - because they are seen as being on contraceptive for sexual freedom/promiscuity. Contraception is seen as a Pakeha thing and the control of having children is seen as a foreign activity.

Christchurch and Dunedin Pacific Island Fono
Participants expressed concerns regarding the side effects of contraception. Contraception and sex are tapu subjects. Because these matters are not talked about, young women have to learn for themselves. Some parents had difficulty adapting to the Aotearoa way of life and taught their children the same way they were taught back home. Pacific Island people often opposed the use of contraception on religious grounds. Traditional Pacific Island methods of contraception were considered to be safer and better than what was being currently offered. More community education and information about contraception was needed including the different types of contraceptives available, their advantages and disadvantages.

Many of the views already expressed by the women in the four regions were also expressed in the National Workshop in 1993.

National Workshop on Contraception 1993: Report From the Pacific Island Group
At a national workshop on contraception and research in 1993, the Pacific Island Group developed a coconut tree diagram (see the tree diagram in appendix 6) with the issues and recommendations encapsulated in it as follows. Pacific Island people need more time and opportunities to discuss contraception and related issues amongst themselves. It is safer this way and more appropriate. Unlike most forms of networking and information provision within Pacific Island communities, the churches can not be used for dealing with
contraception. There is a wish to know more about how the Pacific Island traditional ways of dealing with contraception compare with modern methods. Women want to know how effective the old methods are and if there are any side effects.

**Views of Pacific Islands Women Interviewed by Asiasiga in 1994 in Wellington**  
(Most of the women were Samoans)

The views expressed by the women in different regions are no different from the views of the women interviewed by Asiasiga (1994). Such views are that: women were not feeling happy about the pill or the injection and only one recommending the IUD; one woman told how her friends were shocked when they came round to her house because she discusses issues such as contraception openly with her daughters. "**Back home you could never talk about sex in the family**". She wanted to protect her daughters from getting pregnant and had told her daughters *"We only had you young because we didn't know"*. Another woman said that contraception advice and education was important for young girls and felt that it was important that they be able to find one that was suitable. She did not want to see them suffer the side effects of the injection, depo provera. *"I think men should have some sort of pill to control themselves. It's not fair that women should carry the baby for nine months. Men need to take responsibility"* (p. 13).

Asiasiga (1994) continues to report that: one woman said how she was not sure at first about contraceptive because of her cultural background. *"We don't believe that that comes into it"*. But because there was so much unemployment around *"I don't think it's wise to have a big family"*. She felt that these days one had to be realistic and to talk about whether or not to have another child with the whole family because work was hard to come by. *"It's not like back home. It's a different lifestyle here"*. A group of young women who are studying in this country on scholarships agreed that it was important to plan your family. Family planning has just been introduced into their country...they said
that "when the children grow up, they can give them good clothes and food and our income will be enough to raise up those children". Some women have said that Pacific Islands families tend to be in the lower income bracket and at a time when unemployment is high in Pacific Islands communities, contraceptives may not be high on the priority list. "No money to buy the contraceptives" (p. 13).

Asiasiga continues to report that a woman with teenage children said that contraception is good but there are some that are not safe. You need to know that contraceptives are not totally safe so at least you are aware of the problems that could arise after sex; one teenage said that she knows when she is safe and won't get pregnant if she's not using contraceptives; one woman with three young children said that she is for contraception, however she was in two minds about contraceptives for teenagers; a woman who had suffered side effects with the injection said that she recommended the rhythm method because most contraceptives make women sick; the same woman asked, "how can people know that contraceptives exist? When I first came I was aware of the pill and nothing else. I don't know if the clinic does enough advertising...that there are options". This woman used an IUD and felt that for her it was the best method. "I think a lot of Pacific Islands people are very shy about having to be in a doctor's office and having themselves exposed to the doctor. I think you ought to put up with that sort of situation for your own good and to avoid abortion..." (p. 14).

One health worker said that some men had come to her asking for condoms because they were too embarrassed to go to the chemist. Also some wives had told her that their husbands were against them taking any contraceptives. She recommended condoms because she felt that "Contraceptives are an invasion of the body". One young woman also felt that "The condom would be good because it protects you from Aids, pregnancy and STDs" (p. 14).
An older woman who was the mother of one of the health workers interviewed spoke of using withdrawal and abstinence and that had proved to be an effective form of family planning (Asiasiga, 1994). The withdrawal method seems to be an acceptable method for older women in the past generation and is supported by the literature but more research is needed as suggested by the women's health advocates.

Asiasiga concluded by saying that it appears that although women see the positive side of family planning, barriers still exist to accessing it because of religious or cultural values (Asiasiga, 1994). It appears to me that women use contraceptives because they have to, however, they need to take control of contraceptives rather than believing the contraceptives are controlling their bodies.

**ATTITUDES AND BARRIERS TO CONTRACEPTION: COMPARISONS**

Sterilisation is not widely used by Pacific Island/Samoan women in New Zealand as opposed to women living in Samoa. The report of the Royal Commission of Inquiry in March 1977 observed that the attitudes of Maori and Pacific Island women towards sterilization are consistent with their attitudes towards contraception.

Some Samoan men's attitudes towards sterilisation is that it is a 'no, no'. They don't want to know about it but will not share the dual responsibility of family planning, saying it is up to the women. Due to this attitude, women have to work hard to avoid getting pregnant. The macho anti-contraceptive attitude among even the most educated and apparently sophisticated Samoan men is an important barrier to women using contraception. Thus, some women secretly took contraceptives anyway.

The fact that Samoan women are less inclined to discuss contraception with their husbands and husbands being unsupportive of their wives using contraceptive was also observed in
Bangladesh men. Schuler, Hashemi and Jenkins (1995) have observed that Bangladesh women experienced the same attitude among their husbands. The husbands opposed contraception, therefore women would choose the methods that the husbands wouldn’t discover. However, regardless of this attitude, most men allowed their wives to take contraception, but they don’t want to be involved with the decision making. They would blame their wives if contraception affected their health.

Most Samoan women work at home caring for their children while the husbands work. Because most families are in the lower income bracket, contraceptives are relatively costly and may not be a high priority. It would be interesting to find out if more Samoan women have used contraception since the introduction of the free prescription in March 1997. This trend is observed among women in Latin America. Terborgh, Rosen, Galvez, Terceros, Bertrand and Bull (1995) noted that most Latin American families are in the lower income bracket, and women would rather spent the money to care for the children than on contraceptives. Terborgh et al (1995) noted that Latin American women have large families and less likely to use contraceptive as opposed to non Latin American women.

Samoan women are known to have unplanned pregnancies. This pattern is also found among Brazilian women. Coelho et al (1993) have found that the lack of access to contraception is the main reason for the large numbers of unplanned pregnancies and it is a major public issue for Brazilian women. Justesen, Kapiga, and van Asten (1992) have also observed that Tanzanian women are less likely to use contraception which results in unplanned pregnancy. They reported that Service Provision could be the cause of the problem. This link to the failure of Service Provision suggests that the provision of appropriate education, consultation and information can be a confounding factor contributing to Pacific Island women being non contraceptive users.
The fundamental belief that Samoan women oppose contraception on religious and cultural values is also found among other indigenous women. Mahomed and Chawapiwa (1992) have found that many Zimbabwe women do not take contraceptive because of their cultural beliefs and values that are specific to their culture. Adewole (1992) also observed that Nigerian women do not use contraception. Okonofua, Onwudiegwu and Odunsi (1992) have found that many Nigerian women know about contraception, but they are opposed to its use because of inadequate information given to them.

It appears to me that the attitudes of indigenous women to oppose contraception is common. Among other cultures such as in West Africa, Maier, Wacker and Bastert (1993) have observed that one woman had used contraception out of eighty three women who had caesarian sections. Ozumba and Amaechi (1992) interviewed two hundred and sixty six (266) women in the Institute of Management and Technology at Enugu about their attitudes to contraception. About 61% of the women did not fully understand and opposed contraception because of the belief that it cause infertility.

A study by Beaglehole (1957) in Rarotonga reported that women said that their husbands refused to use contraceptives, giving a justification as "why in any case should any man waste his seeds?" (p. 180). I suggest that the attitudes and barriers that exist among Samoan women and men about contraception should not be considered as an opposition, but as an invasion of indigenous women's rights to controlling their fertility naturally. Indigenous women of other cultures such as the cultures I have mentioned earlier hold the same attitude. Samoan women are not alone with these indigenous beliefs.

According to the Population and Development Report (1994), Indigenous people have a distinct and important perspective on population and development relationships, frequently quite different from those of the populations with which they interrelate within national
boundaries. Indigenous people call for increased respect for indigenous culture, spirituality, lifestyles and sustainable development models, traditional systems of land tenure, gender relations, use of resources and knowledge and including practice of family planning.

SIDE EFFECTS OF CONTRACEPTION

Western contraceptive methods are not considered 100% safe. Although they control the fertility of women, at the same time they can have harmful side effects and carry some risks. Most Samoan women are not told of these side effects or the risks. This is one of the reason why Samoan women do not commit themselves to be contraceptive users, because they have heard from friends of the side effects of contraception or they have used it and experienced the side effects.

Donnelly (1992) reports that "traditional methods included coitus interruptus, which requires no devices or chemicals and at no cost". Then she continued to say that, "while modern methods in contrast to traditional methods rate high on effectiveness, unlike traditional methods they are not free of side effects" (Donnelly, 1992, p. 172-174).

I made the assumption that Samoan women would accept an unplanned pregnancy if traditional methods failed, rather than experience the side effects of Western methods. Some supporting statements were made by some women as reported by Donnelly. "Two Samoan women were unhappy with the contraception they were using, decided to stop. Tasi stopped taking the pill as she said it made her sick. Clare had been using the depo provera, a contraceptive which she found unsatisfactory" (Donnelly, 1992, p. 181).
Our discussion with other women who were not participants of this study have made the same comments. They said that they either put on weight or delayed conception or had pelvic inflammatory infection from the IUD's (data from personal informants).

Coney (1987) reports that many doctors continue to fit IUDs in spite of such histories with often disastrous consequences. She reported that the researchers in the Boston study estimated that 16% of tubal infertility might be attributable to IUD use. She also reported that Dr Freddie Graham at National Women's Hospital estimated that 7% of the women on the IVF programme were infertile because of IUDs. Then she went on to say that "The inserting doctor, be it GP, family planning clinic doctor, or gynaecologist, often does not hear about the emergency admission with acute pelvic inflammatory disease, septic abortion or ruptured ectopic pregnancy" (p. 296). Coney's study reported that they have heard from over 600 New Zealand women and have been told that these women's experiences are anecdotal, not statistical and therefore invalid. She noted that "The problem with statistical proof is that it obscures and denies individual suffering" (p. 296).

Women who have used contraception in this study have said that they were unhappy with the side effects of contraception they have used for the following reasons. One woman said that she didn't know she was taking the pill until she went to see another doctor. One woman said that she was fine with the rhythm method until she was pressured to take the pill, that's when she became pregnant. Some women have said that they put on weight. Samoan women in Samoa experienced the same. One woman became pregnant while using an IUD. One woman in Samoa said that she almost died, she bled and bled. One woman said that she lost her appetite and became very thin. Other women have said that contraception had delayed their fertility or made them infertile.
Coney (1987) described eighty four (84) side effects from contraception, such as pelvic infection caused by the IUD's. Asiasiga (1994) also observed that some women in her study were not happy with the injection and the IUD. The side effects of contraception continue to alienate women from using it. This shows that western contraception unlike traditional methods as stated by Donnelly (1992) are not free from side effects.

MY REFLECTIONS ON MY PRACTICE AND HOW I SEE CONTRACEPTION

Samoan women in this study said that family planning is the spacing of children and the use of contraception. Samoan women perceived the term family planning in different ways. Some women refer to family planning as ‘spacing of children’ through natural methods, and other women refer to family planning as ‘spacing of children’ through contraception. Samoan women who have never used contraception are the ones who refer to spacing of children through natural methods, while women who have used or have used and ceased using contraception are the ones who refer to spacing of children as a family planning method.

The notion of family planning is not a Samoan idea. It was introduced to Samoan women in Samoa and New Zealand. When Family Planning was introduced in Samoa in the early seventy's, many women were suspicious and opposed to its introduction. They believed that having children was not an issue. Couples have children whenever they have them.

The Samoan thinking is that, regardless of their financial situation whether there is no money, it is not a barrier to prevent couples from having children. Children are not planned. If a woman is pregnant, then she is pregnant. Life is not organised to get material objects and then have children. All aspects of life occur simultaneously.
The way I view our perception of having children is that Samoan children are born in a humanistic environment. If it happens, it happens on the grounds of relationship. The children don’t have to be born in a materialistic world. As long as they are nurtured with the basic needs of life, that is the main thing. Children are not based on economic stability and numbers. They are based on the need of family development. From a *Samoanisi* perspective, having lots of children keeps the family going from generation to generation. Although wealth is limited, they consider having many children as the wealth of the family and nation.

My own experience of not planning my children, knowledge of many of my friends and relatives who don’t plan their families and anecdotal evidence of this way of thinking among Samoan couples is observed by Donnelly. Donnelly (1992) reported what Samoan women have said in her study. She recorded that few of the Samoan women considered that this or previous pregnancies had been 'planned' in the sense of a mutually agreed timetable. For most of the women, pregnancies were events *that just happened*. To consider getting pregnant was a natural follow on from marriage. When she asked one woman whether they planned to have this baby, the woman replied. *"No, we just went along hoping to have a baby anytime. Cause my other three, I never planned any of them, all accidents. This one is an accident too"* (p. 180). Donnelly continued to report that in the 20-24 year old group were first time mothers, none of the pregnancies were planned, with three of the four women being unmarried at the time of conception.

Contraception is a foreign thing to Samoan women especially the older women. They would say, *“e leai lava ni na mea i ia aso”;* meaning, there was no such thing as contraception in our days. “Why are we trying to control the natural process of the reproductive system?” (personal informants). Kinloch reports this story, *“One woman who was a Traditional Healer, massage a woman. She pressed her finger down on the*
woman's uterus and said, 'What's this?' She had located her intrauterine device (a copper T). When she explained to her what it was the Traditional Healer expressed a mixture of horror and disgust. 'She told the woman to take it out'" (Kinloch, 1985, p. 41).

In 1991 the World Health Organisation called a meeting between women health advocates and scientists in an attempt to encourage collaboration between the users and the creators of reproductive technology and to consider women's perspectives on fertility regulation technology. Some points were raised that women have had little involvement in the design and introduction of modern contraceptive methods nor policies relating to these. It was noted that women as the users are the ones who experience the problems of the methods, yet their point of view has not been considered by the scientists (WHO, 1991).

My position in this study is that I feel it is important for Samoan women to understand the different methods of contraception. They need to be given clear simple instructions and a demonstration of how the contraception is used and their side effects. They need to be told of every benefit and risks of contraception so that they make informed choices about their health needs. I advise that if after giving the instructions for health professionals to ask the mothers to explain and demonstrate the procedure to ensure they have understood the technique. Some women are less likely to question instructions and seldom express their views which would conflict with the methods recommended.

The Royal Commission of Inquiry in March 1977 reported that Pacific Island women, "have less knowledge of sterilization procedures than European women". The report continued to say that "on a number of occasions during both public and private hearings, we were told of cases where sterilisation had been carried out on Pacific
Islands women without their full understanding of the finality of the operation”

It is important for the health professionals to respect the women's choices. If after the demonstration women are not satisfied with the type of contraception and unwilling use it because of family values and religious beliefs, the health professionals need to respect their wishes. The health professionals need to understand Samoan women's beliefs and to question their family values before introducing western methods. The health professionals need to know why young women do not want to use contraception. They need to find the answers under the surface and not just on the surface. Under the surface is the cultural capital or interconnectedness of Samoan life, which exist for a Samoan woman regardless of her exposure to the western system. The health professionals need to ask themselves these questions. What are Samoan women’s values? Would a Samoan mother encourage her daughter to use contraception? Would a Samoan mother discuss these things to her daughter? In this study, Samoan women refer to contraception as ‘a Papalagi thing’.

From my own personal experience, I know the importance of having large families in Samoan culture. I would say that Samoan women prefer to use western methods that are safe and appropriate, and most importantly for women to understand how their reproductive system work. I suggest that it is important not to ignore the natural or traditional methods, as they have been used by our people in the past. Griffen noted that "traditional methods of contraception existed in many Pacific societies and some of these methods were very effective, particularly if they were supported by social custom" (Griffen, 1983, p. 58).

I suggest that the problem with Pacific Island women not using western contraception would be overcome if women know their bodies and the benefits and risks are explained.
The health professionals need to acknowledge the women's cultural beliefs and give them choices. I believe that if women understand and have control of their own bodies, they will comply and make safe choices of methods that they can trust.

My position in my nursing practice as a Samoan woman is to bridge the gap of knowledge between the older and younger generation so that we could start supporting our women. I respect the values of many Samoan parents that 'sexuality' of which contraception is a part is not a topic of discussion in the family environment. However, I stand as an advocate to reveal what is happening to many of our young people because they don’t have enough knowledge of their sexuality. I know I cannot create miracles to change people’s attitudes, but I strongly feel that we can make a difference in our young people’s lives if we use the advantages of both the Samoanisi and faa-Papalagi culture in considering western methods of contraception and Samoan values.

Some of the women in this study said that ‘parents are too hard’. With so many of our women having abortion, concealing pregnancies or abandoned babies is a sign that we need to approach sexuality with a positive attitude. I believe that we will make a difference in the health of our women if we discuss these things using a family approach.

**SUMMARY**

In this chapter, I have discussed the literature of contraception that I accessed in my practice and the sections suggest the ways that I have considered this information. The search clearly highlights that Samoan/Pacific Island women do not or are less likely to use contraception because it is a foreign ‘thing’; an ‘invasion’ of the natural process of the body; and has side effects that make the women sick. Very few women have used contraception and it worked for them in spacing their children. It is also very clear that the men opposed their wives/women using contraception as a barrier and women secretly use
the methods of contraception so that the husbands don’t know about it. I was interested that these attitudes also existed among indigenous women in other countries and I would like to further research in this area. My basic position is that if I recognise the situation, I can act to make a difference.

Contraception is not widely used by Samoan women in New Zealand nor do they talk openly about it. Most Samoan women have never used contraception which they refer to as a ‘Papalagi thing’, meaning belonging to European people. There is a notion that Pacific Island cultures prefer large families, that women are supposed to bear children, rather than plan their families as stated by one group in this study and supported by many researchers.

Health professionals need to understand the needs of Samoan women, and education programmes need to be culturally appropriate to the needs of all age groups. The non use of western contraception by Samoan women is an indicator for health professionals to promote traditional/natural methods as an alternative for women and the need for more research on the methods and the efficacy of traditional contraception that are side effects free as recommended by the Women’s Health Advocates in the WHO meeting in 1991. I suggest that the report of the WHO (1991) is a useful guideline to promote more research into culturally appropriate contraceptive methods suitable for Samoan women, and we shouldn’t assume that education, the availability and access to contraception is a simple solution for Samoan women to becoming contraceptive users.
CHAPTER FOUR
PART TWO - SUMMARY OF MY NURSING PRACTICE SEARCH ON ABORTION

INTRODUCTION
In this second section of chapter four, I reviewed the material that shaped my thinking in practice about abortion in New Zealand. I had to do a lot of thinking of how I would present the material in the thesis on abortion in a manner that would not make Pacific Island women feel embarrassed about themselves. I became passionate about the issue and began to explore ways to reveal how I used the literature in my practice to bridge the gap of understanding between the health professionals and women as clients, and families and women as mothers.

I have utilised this chapter to present another aspect in my practice. The chapter builds a picture on abortion, my practice and how I view abortion; the New Zealand abortion law and reform; the practice of abortion; abortion as a world health problem; abortion and Pacific Islands women and traditional methods of abortion as a community problem; the controversy over illegal and legal abortion; Samoan women and abortion; views of some people to abortion; and the reasons why Samoan women seek abortion.

This is not a literature review on abortion but a summary of the literature I accessed in my practice to give me a basis from which to talk to the community and women through radio, and to write policy that reflects the needs of Samoan women. The writings portray an ‘outsiders view’ of Pacific Island women and abortion. I felt that no writer was really pulling out the truth to reveal the reality of Samoan women’s thinking about abortion. After soul searching, I felt that it was alright to reveal the high rate of abortion among Pacific Island women. However, the manner in which the data was published was
culturally inappropriate. The figures have been kept hidden for many years, and all of a sudden the figures were revealed in various publications in a manner that made it seem as though Samoan women’s ways of knowing were concealed even to the women themselves. I began this exploration on abortion in 1989, when I first began to write my nursing philosophy and develop the *tanoa* model. I related to the statement that Pacific Island women have a ‘high abortion’ rate as a professional.

I realised at a fundamental level that publishing the high abortion statistics among Pacific Island women was not the answer to helping Pacific Island women nor would it reduce the abortion rate, but simply be regarded as an alarming factor that would make Pacific Island women look bad in the ‘eyes of the public’. I had to develop my knowledge base to the point where I was informed in the best way for the health professionals and the Samoan community to deal with the abortion issue. I felt that education and free prescription were not the only solutions to combat the high abortion rate, because I consider the impact of the New Zealand legislation on abortion on *Samoanisi* and also the way *Samoanisi* family infrastructure position women in an unsupportive role.

Conducting this study has convinced me that reinforcing ‘family discussion’ between parents and children can be a potential solution to bridge the gap of understanding between the older and younger generations. The ‘truth’ about abortion is not found in the statistics, but is found from the women’s own voices. This belief is grounded by this statement I use in community discussion. *“Before we point the finger, we need to understand “ourselves” and how to make “ourselves” shift to understand”.*
THE BACKGROUND

"Pacific Islanders' abortion rate high". Tala Cleverley a Samoan woman, commenting in the Dominion that "Young women had abortions rather than bring shame on their families" (Catherall, 1994, p. 1) The first time the Samoan and Pacific Island communities were aware of the high abortion rate among Pacific Island women was when the figures were published in the Dominion on the above date. This was the beginning of discussions in the Samoan community on the Samoan radio. The community shared their concerns that Pacific Island women disgraced the Pacific nations. I acted. I asked myself, how would I make people understand not to point the finger at our women, but to support them? I was interviewed on the radio. I talked about the role of the family and community in supporting and understanding the women from a faa-Samoa approach. We opened the lines to dialogue with the community. This time it was a different voice from the callers who shared their views. Rather than been negative and pointing the finger at the women, they shared the importance of open discussion between parents and children. I was pleased with the support and I knew why the community supported the discussion. It was because I used my practice to make people see that figures and statistics were not important, but how we as a community can be supportive of our women.

I realised that although the article brought shame and disharmony among the Pacific communities, it became a starting point of discussion and a healing solution for some women. The discussions around abortion in 1994 was reflected by women in this study. Following the article in the Dominion, I came across the writings and views of the New Zealand Society for the Protection of the Unborn Child (NZSPU) Educational Supplement in the same year. I was interested with the title of the paper saying "She's a child - not a choice" (1994, p. 1). I wanted to share with you the views of this organisation as a starting point to explore the topic.

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"She's a child-Not a 'choice'" was the title of the New Zealand Society for the Protection of the Unborn (NZSPU) article highlighted in bold in their special insert in the Evening Post in 1994. Some women in this study had the same belief. They said, 'why abort when you knew your actions; the child didn't want to be born, it was your action so why kill the soul?'

Armstrong in the NZSPU (1994) wrote that "An unplanned pregnancy can be a very worrying and stressful time for a woman. In today's world, a woman in a crisis pregnancy will face some agonising decisions. Very often when the pregnancy is confirmed she will be offered three choices and told to make up her mind quickly" (p. 2). The choices offered to women usually are: to have the baby and keep it; to have the baby and adopt it; or abort the baby. I relate the choices offered by the NZSPU to the Adoptus Centre in Samoa established in 1996. The Adoptus Centre's philosophy is 'to save the unborn child' and offer the women to have the babies and keep them, or to have the babies and adopt them through counselling. I visited this service when I was in Samoa and I found that it brought the families together. I quote Etuale's view who was the founder of the service. "I have found that counselling is not just necessary for the young single mothers, but their boyfriends, the single mothers' parents (or immediate guardians) and the adoptive parents" (Etuale, 1996, p. 1).

Abortion is a controversial issue. Today, people are faced with a double dilemma of whether the mother has the right to make the decision for herself as she knows her situation best, or the unborn child has a right to his or her life. The NZSPU (1994) reported that "The unborn child, as one of the weakest, the most vulnerable, and most defenceless forms of humanity, should receive protection" (p. 4).
Abortion has been legal in New Zealand since 1977. Since the legalisation of abortion, Pacific Island women are the highest users of the abortion services compared to other women as observed by Sceats (1985); North (1989); North and Sparrow (1991); Sparrow (1991). Herbert and Barber (1996) reported in the NZ Herald that special provision of $1,000,000 has been put aside for the Pacific Island community which has an abortion rate of 2.7 times higher than the rest of the population. In Samoa, abortion is illegal. Women come to New Zealand to have an abortion or to seek other ways to procure an abortion if they are desperate. I know this because the women were telling me their own stories.

**MY PRACTICE AND HOW I VIEW ABORTION**

"Abortion is an important method of fertility control for Pacific Island women in New Zealand" (Sceats in North and Sparrow, 1991, p. 158). When I read this comment, I asked myself; is this how Samoan women would interpret an abortion? I considered in my practice that this view was an ‘outsiders’ view based on a medical model. I realised that I have to ask the women to find out the truth. When I asked the women in this study if they thought that ‘abortion’ is a method of fertility control, all the women said ‘no’. One woman who had had an abortion said, “no one would ever wake up in the morning and said, oh! I’m going to have a fertility control, I’m going to have an abortion”. The other woman who had had an abortion said, “I didn’t think like that, I just want to have an abortion because I didn’t love the guy I was pregnant to, I was raped, and I was still young”.

What I have learned from my practice is to ‘always ask’ the person and ‘never assume’. I wanted to reveal the truth from the women’s voices from an ‘insiders view’. Roberts and Taylor (1998) wrote that “The measures for ensuring validity in qualitative research involve asking the participants to confirm that the interpretations are correct, so that
they are confirmed as representing, faithfully and clearly, what the experience was/is like for the people who are the sources of information in the research” (p. 100).

I understand the reason for a gap of understanding between the health professionals and Samoan women, but I realised that the health professionals need to work in partnership with Pacific Island/Samoan people to interpret the meaning of life from both cultures so that the ‘truth’ is expressed. I considered the free prescription for the pill and education programs as part of the answers to the high abortion rate for Samoan women, but I realised that the answers lie with the Abortion law and the Samoan community and families.

I have been careful not to point my finger at anyone, but I considered that the Abortion Law needs to review the impact of its policy on Samoan culture. I considered the Samoan community in New Zealand need to do a lot of family discussion with women and children to make a difference in the health status of our own women seeking abortion. I realised that one way to combat the problem of abortion among Pacific Island women lies first in the hands of Samoan people and families. I strongly believe that if we shift our way of thinking from being ‘ashamed’ in the ‘eyes’ of other people and be supportive of our women, it will make a difference with the high abortion rate that affected women. I considered in my practice that the main reason why our women have abortions is because of the ‘eyes of the people’. This is confirmed by the stories of the women who participated in this study. One woman said, “I did it for my father and family, I didn’t want him to be embarrassed”. I have always believed that discussion need to start from the families, church, schools, and community.
THE NEW ZEALAND ABORTION LAW AND REFORMS

According to the Contraception, Sterilisation, and Abortion Act 1977 and its subsequent amendments in 1978 and 1980, it “should allow women access to legal abortion providing certain criteria are met” (1992, p. 3).

The New Zealand Society for the Protection of the Unborn Child Educational Supplement (1994), reported that the New Zealand law on abortion is contained in two Acts of Parliament, the Crimes Act and the Contraception, Sterilisation and Abortion Act. The Crimes Act provisions are contained in the part of the Act headed "Crimes against the person". There is a maximum penalty of 14 years in prison for the crime of unlawfully using any instrument, drug or thing with intent to procure an abortion. The Contraception, Sterilisation and Abortion Act in the report of February (1992) provides for the circumstances and procedures under which abortions may be authorised "after having full regard to the rights of the unborn child" (p. 2). Bergin (1983) observes that this act is enforced if the mother's mental and physical health is affected, or the age of the mother, or a pregnancy occured as a result of rape or incest.

According to NZSPU (1994), in 1988 the Abortion Supervisory Committee told Parliament that "potentially normal pregnancies" were being terminated "on pseudo-legal grounds". In the first 20 weeks of pregnancy, abortion is unlawful unless the person doing the act believes that continuance of the pregnancy would result in "serious danger" (not being the normal danger or child-birth) to the woman's life or to her physical or mental health. There is substantial risk that the child, if born, would be "so physically or mentally abnormal as to be seriously handicapped". The pregnancy results from incest or an incest-like act (e.g., sexual intercourse between a man and his step daughter, or someone living with his family and under his care and protection). The woman is "severely subnormal" (NZSPU Educational Supplement, 1994).
In addition, two other matters may be taken into account in determining whether continuance of the pregnancy would result in serious danger to the woman's life or to her physical or mental health. Bergin (1983) suggests that these factors (which are not in themselves grounds for abortion) are: the age of the woman or girl is near the beginning or the end of the usual childbearing years; the fact (where such is the case) that there are reasonable grounds for believing the pregnancy results from rape or incest.

The report of the Abortion, Supervisory Committee (1993), reported that “abortion beyond 20 weeks where there are major fetal abnormalities incompatible with life has posed some dilemmas. The current law does not permit abortion to be carried out for fetal reasons when gestation is beyond 20 weeks. Under the law abortion at this stage may be carried out on maternal health grounds only” (p. 5).

WHAT IS ABORTION?

Abortion means a medical or surgical procedure carried out or to be carried out for the purpose of procuring: “The destruction or death of an embryo or fetus after implantation; or “The premature expulsion or removal of an embryo or fetus after implantation, otherwise than for the purpose of inducing the birth or a fetus believed to be viable or removing a fetus that has died” (Contraception, Sterilisation, And Abortion Reprinted Act, 1992, p. 2).

The following methods of abortions are all used and legal in New Zealand. The information was presented by the New Zealand Society Protection of the Unborn cited in the Educational Supplement, (1994).

I consider that the information published by NZSPU (1994) is emotive. I believe that the motive for their graphic description of the procedures that might be used to discourage
women from having abortions. I had a dilemma as to whether to include this information in this section because of what I consider to be a frightening description of abortion. I then decided to put it in for two reasons because of the simplicity of the language they use to describe the procedures, and to present another perspective in comparison to the 1977 Act. I know from my practice that Samoan women don’t ask how abortion is done. They refer to abortion as ‘abortion’ or ‘a surgical procedure’. I have never used the NZSPU descriptions of abortion in my practice. The following notes is how NZSPU describes the procedures:

1. **Suction curettage or vacuum aspiration (NZSPU)**

   More than 60% of New Zealand abortions are by this method, the most common used in early pregnancy (i.e. up to 12 weeks). The abortionist widens the opening of the womb and inserts a hollow plastic tube. The other end of the tube is attached to a suction machine which sucks the baby out. The mother usually experiences menstrual-type cramps and bleeding.

2. **Dilation and curettage**

   This is similar to the suction procedure (and may be used in conjunction with it) except that the abortionist inserts a sharp hoe-like instrument into the womb. This cuts the baby into pieces and scrapes them out. Cramps are common for the mother, and bleeding is usually profuse.

3. **Dilation and evacuation (D and E)**

   This method is used after the baby is 12 weeks' old. Because the baby's body is bigger (at least 75mm long) an instrument like a pliers is inserted into the womb to grasp arms, legs and other parts and twist them off the body. The skull must be crushed to remove it. The procedure may also be painful for the mother.
4. Induction of labour

After the first three months of pregnancy, most abortions are done by induction. The abortionist pushes a needle through the mother's abdomen and into her womb. Some amniotic fluid from around the baby is withdrawn and a chemical (such as prostaglandin) is injected. This causes the mother to begin contractions and expel her baby, sometimes still alive. The chemical may also be administered by drip or by inserting pessaries into the mother's vagina.

5. Hysterotomy or Caesarian section

This technique is used mainly in the last three months of pregnancy. Like a Caesarian birth, it involves surgery to open the mother's abdomen and womb. But in this case the premature baby is removed and allowed to die.

Other forms of abortion

6. Miscarriage

Most Samoan women are familiar with the word miscarriage. This is called spontaneous abortion when the pregnancy is ended without being induced (the body expells the pregnancy). They rarely use the term abortion but refer to miscarriage as 'ua pa'u le pepe' (the baby has fallen off unintentionally).
ABORTION: A WORLD PUBLIC HEALTH PROBLEM

I have always found it is important to be clear that abortion is not just an issue for Samoan women. It is an issue that affects all women in the world. Before abortion was "legalised" in many countries, women had their own methods of aborting their babies. Westhoff & Rosenfield (1993) report that approximately half a million women in developing countries die each year as a result of complications during pregnancy. Paxman, Rizo, Brown and Benson (1993) report that sadly, illegal abortion is one of the five major causes of these deaths. They found that in Latin America, induced abortion is the fourth most commonly used method of fertility regulation. Estimates of the number of induced abortions performed each year in Latin America range from 2.7 to 7.4 million, or from 10 to 27% of all abortions performed in the developing world.

In May, 1972, seven Chicago women were arrested and charged with performing illegal abortions. Over the course of the preceding five years, the members of Jane, as this illegal abortion collective was named, had arranged, assisted and performed nearly 15,000 illegal abortions (King, 1993). Hull, Sarwono and Widyanto (1993) also observed in the early 1970s in Indonesia, that medical professionals were permitted to offer abortion so long as they were discreet and careful. The numbers of medical abortions carried out in Indonesia rose dramatically. Countries such as Yirgalem, Belgium, Brazil, Denver, Tanzania, Nepal, African-American women, Europe, Ibadan, Zimbabwe and Nigeria consider abortion a public health problem.

Griffen (1983) noted that abortion affected millions of women in the world. She reported that for every 5 births in the world today, there are 2 abortions. Illegal abortion is the number one killer of women between the ages of 15-39 in Latin America and 30-55 million abortions are estimated to take place every year throughout the world. Half of these are illegal, more than half take place in developing countries such as in 65 Asian,
African, Middle Eastern and Latin American countries. Griffen continued to report that 84,000 women die each year from illegal abortions.

Bergin (1983) reports that, "it is estimated that there are already 50 million induced abortions each year across the globe, each of which represents the death of a human being, a high proportion of them at the hands of members of the profession" (p. 768-9). Bergin continued to say that in New Zealand when the Contraception, Sterilisation and Abortion Act was passed in 1977, the notified abortions per annum had reached 5840. He noted that in the twelve month period following the passing of the Act, the figure fell to less than 2000 (1980), in 1979 it was up to 3500, for 1980 just on 6000, and in 1981 was up 6800. The annual report of the Abortion Supervisory Committee (1983) showed that in the calendar year 1982, 6903 abortions were performed being 2.1% higher than for 1981. This contrasted with the 13.7% increase between 1980 and 1981.

Sinclair (1983) reported that New Zealand's abortion rate is 61% higher than France, 54% higher than Italy, 83% higher than England, and 28% higher than USA. The Abortion Supervisory Committee (1983) reported a comparisons were made with other westernised countries and New Zealand had a low position in the table with 13.7 abortions per 100 live births. Only Scotland and the Netherlands had better rates. New Zealand's overall standing of comparisons to other countries had not changed. The report pointed out that 12 of 100 pregnancies ended in abortion and that 20 out of 100 babies were born to single mothers. The report continued to say that comparisons were made to the figures of the McMillan Report of 1937 which estimated that at least one pregnancy in every five ended in abortion. The McMillan report estimated that for the year ended March 1936 with a population of 1.5 million, there were 24,395 live births and probably 6066 abortions with two-thirds being criminally induced. There were maternal deaths. In contrast, for the year
ended 31 March 1983 the three million population had 50284 live births and almost 7000 abortions with minimal maternal risk.

Every year abortion continue to be a public health problem in New Zealand. The annual report of the Abortion Supervisory Committee for the year ended 31 March 1989 gives the abortion statistics for the calendar year 1988. During that year there were 10044 terminations of pregnancy, the highest ever and 1255 more than in 1987.

When comparing New Zealand figures to other countries, Bergin (1983) observed that the above annual figure may not be a large figure compared with 60,000 in Australia, 100,000 in England, or a million in America. The Abortion Supervisory Committee (1989) reported that in the international statistics on abortion New Zealand holds a middle place, with 12.6 abortions per 1000 women aged 15-44. The range of the western nations is from 5.3 in the Netherlands to 28.0 for the United States. The rate in Australia is 15.2.

North and Sparrow (1991) reported in their study of the contraceptive practices of women seeking abortions in the 1980's that, “The overall abortion rate has increased from 6.8/1000 women in the Wellington statistical area in 1981 to 9.8 in 1989” (p. 156). These figures are for Wellington only.

The number of abortions in New Zealand has continued to increase as observed by the Society for the Protection of the Unborn Child. It reported that "premature deaths in New Zealand as a result of abortion annually is 11,000" (figures from the Ministry of Civil Defence publication Tephra, in Educational Supplement, 1994, p. 8). Catherall (1994) reported in the Dominion 11 October that some women had more than seven abortions. One hundred and forty six (146) women had four abortions, 30 women had five abortions, six women had six abortions and seven women had seven or more abortions in
the year 1993. In the year 1993, 8673 women had abortions for the first time, while 2321 women had had abortions previously.

Herbert and Barber reported in the New Zealand Herald that abortion still increases despite the availability of contraception. They reported that in 1994, 12,835 abortions were performed, a 509% increase on the 1980 figure. Mrs Shipley, then said that the rate was moderate by world standards but expressed concern that it was continuing to rise (Herbert & Barber, 1996, New Zealand Herald, 3 May).

A documentary by Assignment on TV One (14/05/98) reported that in New Zealand, one in every five pregnancies is terminated. Each year in New Zealand, 15,000 abortions are performed. In 1996, there were 14,805 abortions performed to which 8,600 was to European women; 2,600 to Maori women; and 1,700 to Pacific Island women. Abortion among Asian and Indian women and other ethnic groups is also increasing which accounts for the remaining of the figures. Assignment also reported that 98% of abortion in 1996 was done on mental health grounds.

It seemed to me from these trends and figures that abortion is a major public health problem in New Zealand. Catherall reported in the Dominion "that from 1990 till 1992, Pacific Islanders had 1020 abortions for every 1000 women, compared with 376 abortions for every 1000 European women; abortions are also rising among European women. During the past decade, abortions have increased 35 per cent among 15 to 19 year olds; of the 11,594 abortions performed in 1991, more than 2000 were for 16 to 19 year olds" (Catherall, Dominion 11 April, 1994, p. 1).
ABORTION AND PACIFIC ISLAND WOMEN: A COMMUNITY ISSUE

Statistics showed that Pacific Islands women have the highest rate of abortion in New Zealand (Sceats, 1976-1983; North & Sparrow, 1991; Sparrow, 1991; Catherall in The Dominion, 11 April, 1994). According to North and Sparrow (1991), "Pacific Island women were over represented at Parkview clinic both in 1981 and 1989" (p. 158). "Pacific Islands women on average have at least one abortion in their lives" (Catherall, Dominion, 11 April, 1994, p. 1).

Sceats (1988) reported that "Pacific Island Polynesian rates are the highest at each age group, and while the difference is slightly less for younger women, for all ages over 20 the rates are more than three times those for "European/Other" women, and more than double those for Maori". Sceats continued to say that "The Pacific Island Polynesian TAR, however, is higher than for any population" (p. 9). She noted similar patterns existed among immigrant and minority groups in other countries such as the United States and the Netherlands. Sceats noted in "The 1986 total population (all ages) abortion ratio of 14.9 per 100 live births conceals important inter-ethnic differences. The 1986 ratio for "European/Other" of 13.5 was slightly lower than the 13.8 recorded for 1983, but those for minority groups are both higher and have increased substantially. Maori 13.6 (1983) and 16.1 (1986); Pacific Island Polynesian 19.9 (1983) and 23.8 (1986). This indicates that abortion is a more important fertility control measure for Maori and Pacific Island Polynesian women, than for "European/Other", and is increasing in significance" (p. 15). Sceats view that abortion is a fertility control for Pacific Island women is not supported by Samoan women who participated in this study.

Sceats (1988) had provided a table to highlight the high rate of abortion among Pacific Island women in all age groups.

176
Table 2: Age and ethnic group specific abortion rates 1986, and total abortion rates, 1983-86 (per 1000 women 15-44 years)

<table>
<thead>
<tr>
<th>Ages</th>
<th>European &amp; Other</th>
<th>Maori</th>
<th>Pacific Islands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>12.2</td>
<td>15.4</td>
<td>24.2</td>
</tr>
<tr>
<td>20-24</td>
<td>15.8</td>
<td>20.3</td>
<td>56.3</td>
</tr>
<tr>
<td>25-29</td>
<td>11.5</td>
<td>17.2</td>
<td>44.8</td>
</tr>
<tr>
<td>30-34</td>
<td>8.1</td>
<td>11.9</td>
<td>29.5</td>
</tr>
<tr>
<td>35-39</td>
<td>5.4</td>
<td>7.8</td>
<td>18.2</td>
</tr>
<tr>
<td>40+</td>
<td>2.0</td>
<td>2.2</td>
<td>6.2</td>
</tr>
</tbody>
</table>

TAR (Total Abortion Rate per 1000 women)

<table>
<thead>
<tr>
<th>Year</th>
<th>European and Other</th>
<th>Maori</th>
<th>Pacific Island Polynesians</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>245</td>
<td>299</td>
<td>632</td>
</tr>
<tr>
<td>1984</td>
<td>263</td>
<td>331</td>
<td>669</td>
</tr>
<tr>
<td>1985</td>
<td>246</td>
<td>322</td>
<td>711</td>
</tr>
<tr>
<td>1986</td>
<td>275</td>
<td>374</td>
<td>896</td>
</tr>
</tbody>
</table>

Sceats (1976-1986 from table 3, p. 10)

The high rate of abortion in Pacific Island women is not just confined to the statistics above but continues to the following years. Sparrow (1991) showed an upward trend for Pacific Island women who attended Parkview clinic, Wellington Hospital, which increased disproportionately between 1980 and 1989, from 7.2 % to 13.1 %.
The following statistics quoted by Sparrow (1991) show the upward trend.

Table 3

<table>
<thead>
<tr>
<th>Year</th>
<th>% of total abortions in Pacific Islands women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>8.7</td>
</tr>
<tr>
<td>1985</td>
<td>9.59</td>
</tr>
<tr>
<td>1986</td>
<td>10.62</td>
</tr>
<tr>
<td>1987</td>
<td>12.27</td>
</tr>
<tr>
<td>1988</td>
<td>11.85</td>
</tr>
<tr>
<td>1989</td>
<td>11.92</td>
</tr>
</tbody>
</table>


This trend continues to increase in the following years: Abortions by Ethnic Groups, 1991 Census:

Table 4

<table>
<thead>
<tr>
<th>Year</th>
<th>% of total abortions in Pacific Islands women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>12.76</td>
</tr>
<tr>
<td>1991</td>
<td>11.71</td>
</tr>
<tr>
<td>1992</td>
<td>10.63</td>
</tr>
<tr>
<td>1993</td>
<td>11.68</td>
</tr>
</tbody>
</table>

(cited in Handout from Sparrow, no page number).

The ethnic composition of ethnic groups consist of these percentages according to the 1991 Census: Pacific Island Group 3.8%; NZ Maori 9.7%; NZ European 74.5%; Other European 4.6%. The total population of each ethnic group clearly shows that Pacific
Islands women, one of the minority ethnic groups continue to be the highest users of abortion services in New Zealand.

A study by Young et al (1994) had identified the ethnicity of Pacific Island women seeking abortion in an Auckland clinic. It was noted that 74 Pacific Island women out of 355 participants seeking abortion took part in a survey from December 1992 and January 1993. This current survey highlighted that Pacific Island women continue to have abortions.

I needed to ask myself these questions. Why is abortion continue to increase among Pacific Island women? Isn’t the availability and affordability of abortion services encouraging women to have abortion? I have always believed that the Abortion Law encouraged women to have abortions. One woman in this study who had had an abortion said that one of the reasons she had an abortion is because it was ‘available’. Another woman said, ‘women like doing it’ (meaning having an abortion) because they don’t pay for the service, and they know where to have it. Another woman who did not take part in the study told me that she had had an abortion because the service was available.

The South Pacific Commission (1964) reports that abortion is probably the greatest single cause of maternal mortality, which is due not so much to the abortion itself as to the superseding infection. This report is out of date but is still relevant to what is happening today. The report went on to say that abortion may be spontaneous, or it may be induced (mostly criminal abortion), and it is in this latter type that most deaths occur. In Fiji (pop. 430,000), 27 septic abortions caused 2 deaths in 1962. Figures are not available from the Highlands of New Guinea, but induced abortion is very common following both internal and external interference. In Tonga (pop. 65,000), in 1961 there were 37 dilatations and curettages, while in the small island of Nauru (pop. 4,500), in 1961 there were 141
hospital admissions due to "effects of conception." The British Solomon Islands Protectorate (pop.120,000), in 1962 had 62 abortions with 2 deaths.

In Rarotonga, Beaglehole (1957) observed that, "natural abortions are not uncommon among elderly married women, especially towards the end of their child-bearing years. Criminal abortions are uncommon. They occurred very rarely among unmarried girls, and only occasionally among married women tired of continual pregnancies" (p. 180).

Induced abortion is illegal in Samoa except for cases where miscarriages occur. However, there is a belief that women still resort to outback street abortions. William (1987) observed that "there are relatively large numbers of incomplete 1st trimester miscarriages providing plenty of experiences in carrying out dilatation of the cervix" (p. 7). According to White (1991), "coming through the wards were women with ectopic pregnancies and abortions" (p. 5).

Miscarriage from a Samoan perspective is not seen as an evil thing or act where people point their finger at a woman. People would say, ‘talofa e ia...ua fafano pe ua pau lana pepe’. This means people would feel sorry for a woman who had lost her baby and say, ‘the poor woman had lost her baby if it was a miscarriage’. However, with a deliberate abortion, it is seen as an act of evil. We say ‘o le fiamama’ or pretending to be pure or perfect in the ‘eyes’ of the people. People would say, ‘o le fiamama ia i tagata ma le alu faapau lana pepe’. People have these attitudes because of the notion that it is a disgrace and a sin for a woman to abort. On the other hand, women abort because of the ‘eyes’ looking at them. The beliefs and attitudes of the community put the women into boxes, good or bad especially if they are single.
These attitudes are not just confined to Samoan women but it happens to any culture. Dekker (1997) cited Bradshaw who reported that in the past single pregnant mothers were nursed in mental hospitals. A nurse had told Bradshaw how single pregnant mothers were isolated in the 1950’s. Women were put in isolation rooms. They were denied flowers or wishing cards and visitors. The nurses were told not to talk to these women except for a special need. The nurses were taught too not to take good care of these women. When Bradshaw became pregnant, her mother had told her to have an abortion, if not, she should go and live at the place for single pregnant mothers.

**SAMOAN WOMEN AND ABORTION**

Very limited information on Samoan abortion is available. The figures are released for all the groups in the Pacific and therefore it is difficult to pinpoint how many Samoan women are affected in New Zealand. The purpose of having the specific figures for Samoan women is to enable the Samoan community to deal with their own issues. In my practice, I work with and seek support from the Samoan community first before I work and seek support from other Pacific groups because I belong to Samoanisi. Some people have asked me why I haven’t make this study as a Pacific Island women study. I said, I needed to start from my own culture using our own language and protocols to do reserach. The wider Pacific Island community cannot cater for Samoan women’s needs. Although the needs are similar in all Pacific Island groups, each island group is recognised as unique with their own language and belief system. Pacific Island women’s needs are unique to their cultural group and should not be placed together, as I feel when cultures are not recognised the unique capacity of the culture is not available.

Young et al (1994) had specifically identified the number of Pacific Island women seeking abortion in their study. The report confirms that Pacific Island women were more likely to decline to take part in the study than European women. The study showed that of 74
Pacific Island women, there were 46 Samoan women which was of real concern to me and which confirms my assumption that Samoan women are the ones who are mostly affected because Samoan people outnumbered other Pacific Island groups in New Zealand.

In 1985 Kinloch wrote, abortion are also carried out in Samoa, but she never observed the procedure and she found it extremely difficult to gather any sensible information on the subject. Kinloch refers to 'o pepe fa'apau'u fa'aalatua' which means abortion carried out at the back or illegal abortion. Kinloch (1985) also reported that women have told her that some women take medicines to abort their pregnancies. This is supported by Macpherson in Donnelly (1992) and Forsyth (1983). Vigorous massage, chewing of the kava plants and drinking herbal medicine is used to abort pregnancies.

Donnelly (1992) reported that, though limited information exists on Samoan attitudes to knowledge and practice of abortion, it would seem that Samoan women like women in all societies have at times had recourse to abortion as a means of fertility control. In their study of contemporary Samoan Practices, the Macpherson's record "abortion may be procured either by vigorous massage and/or exercise or by drinking an abortifacient, vai fa'apa'u" (p. 167).

Donnelly continued to report that a few of the Samoan women interviewed spoke of their awareness of Samoan abortion techniques. Lagi told a story of how her mother-in-law, an experienced fofo, had nearly been tricked into using massage to induce an abortion. "And my mother in law feel her tummy and she's scared to do it. I can't do that to you, must be something in your stomach because she 'feel it hard, like a baby'. And you know what happening, she expecting this month". Mother in law suspicious that the woman was 'trying to drop that one.' Tusia knew of one woman who went to a fofo 'to break it down' (p. 184).
Hantz (1983-1984) reported from his medical elective experience in Samoa, that he often would be called to Outpatients to see a women in the throes of an abortion and would admit her to the ward with supportive treatments as necessary. He commented that surgical abortions are generally not done at all in Samoa, but he saw two women who had tried to induce an abortion with the introduction of a kapok leaf stalk.

Holmes (1987) observed that "abortion does occur when an unmarried pregnant women feels that the man responsible for her condition will not marry her" (p. 81). This view confirms one of the reasons why Samoan women abort their pregnancies. Holmes continues to say that in the case of married women, abortion is practiced by those who wish to have no more children or who fear the process of childbirth. Massage is believed to be an abortifacient as it the insertion of a rolled tapioca leaf in the vagina.

TRADITIONAL METHODS OF ABORTION

According to Griffen (1983), abortion and infanticide were methods of controlling births, before contraceptive methods were thought of. Traditional methods have included medicines or portions taken by mouth and said to produce an abortion, and leaves or pessaries placed in the vagina, causing the same. Twigs and stems, sticks and other objects introduced into the womb have also been used to induce abortion. Some of these methods did not work. Others caused sickness, injury or death. To this day, many of these methods are still used by women to end unwanted pregnancies with the same results. Griffen continued to report that there were many traditional methods of abortion, such as the use of herbs and medicines which end a pregnancy. However, there is no proof yet of just how well these traditional methods work, since women are unwilling to talk about abortion openly. And, it is also clear that some traditional methods, for instance, use of a hibiscus twig cassave stick are dangerous and can lead to perforation, infection and death.
There are also folk methods of abortion, many of them totally useless but believed and practised by many desperate women in the belief that these methods will bring on an abortion. Examples of these folk methods or beliefs which may not bring on an abortion and may not be safe or effective are: jumping up and down; skipping; running; falling down stairs; heavy exercise; drinking lots of lemon or tamarind juice or vinegar; drinking large amounts of alcohol; taking alcohol and aspirin or quinine (this can be dangerous); taking a large dose of birth control pills; washing out the vagina with strong liquid. Griffen (1983) continued to record that some women claim to know how to induce an abortion by falling downstairs or by violent activity. These methods can cause serious injury or death and are risky. Any method using a stick, twig, coathanger, knitting needle or other sharp objects to poke inside the womb, is extremely dangerous and can cause excessive bleeding, infection and death. Many illegal abortionists who use methods such as these, do not know what they are doing, and often cause the death of women who go to them. Many women try these methods themselves, with the same results. But in the Pacific, there may be traditional methods of ending pregnancy that are safe and that work. There are enough reports of methods to indicate this might be the case. These methods still need to be practised by a skilled traditional practitioner. The safety of these methods cannot be judged because they are kept secret. They may be dangerous or also carry some risk.

This does not mean that modern methods of abortion are safe and effective. As Griffen (1983) noted modern methods still have some risks such as: cervical injury or cervical shock; perforation of the uterus; added risk of general anaesthesia; possible risk of damage to the cervix weakening it for future pregnancies.

What Griffen had observed are no different from the methods that women of other cultures used. When Pakeha and Maori women were interviewed in a video called "sex, power, and birth control" they reported self induced abortion took place inside New
Zealand homes in the 1930s. The McMillian Commission Report reviewed quarter of pregnancy ended up with abortion in 1936. One Dunedin Pharmacist put the figures as highest as three quarters. The greatest maternal death rate in this country's history was during the depression period (Personal information from Allison Webber’s video, 1995).

In Allison Webber’s video, the women reported a cure for abortion called ‘Sister Janet Doull's Reliable Remedy Certain Cure for Abortion’. The women made comments like these: why have good cows ruined when they can be cured?; cows are still worth money so why let the abortion germ live to ruin your herd?; Sister Doull's Remedy has cured when others have failed. They continued to say that for some women, an overdue period meant an adoption or abortion. Dr. Sparrow commented in the video that in the 1960, a woman who is determine to have an abortion, she's going to have it anyway. If she hasn't got money she'll try anything. If she's got money, she'll go to Australia.

Parsons (1985) in her study among Maori women reported that 'home remedies for abortions' are frequently attempted. Girls were telling stories of how their aunties or grandmothers prepare medicines from bark of the trees, then boil it to abort their pregnancies.

Samoan women are not the only ones who try to abort their pregnancies, but it is a problem of every society. St. John (1968) reported that European women drink olive oil to abort their pregnancies. He said that some of the reasons for women seeking abortion is to maintain their beauty and figure, and one woman did it to protect her family identity. In my practice I have heard many stories of women resorting to traditional methods of abortion which indicates that when women are desperate, they seek ways to do it. However, Griffen (1983) recorded that many women die from these practices due to septic abortion. She wrote, “not all abortions performed are safe or legal, and can be a great
risk to a woman's health. Legal abortion has led to fewer cases of illegal abortions having to be treated in hospital. Many women die from illegal abortions" (p. 99)

VIEWS OF SOME PEOPLE ABOUT ABORTION

I make the assumption that if people in Samoa and New Zealand would be asked about their views on abortion, the majority would object, especially the older people. The majority of women in this study opposed to abortion. These are some of their views: abortion is killing; it is a sin in God's eyes; we are not christians if we support abortion; if a woman wants an abortion then she shouldn't have sex; regardless of the circumstances children are gifts from God and assets to the family; save the unborn child; the unborn child has the right to live; he/she is not responsible.

The views of the women in this study are no different from the views of some people of other cultures internationally and Organisations such as the Society for the Protection of the Unborn Child in New Zealand. Asiasiga (1994) reported in her study that most of the women were against abortion saying that it was murder and "killing your own flesh and blood" (p. 9) and that pregnancy was a gift from God. One woman who did not agree with abortion said, "In the Bible it says that the child is the image of God and you should not kill the soul. Back in the Islands, when some girls get pregnant, they are afraid of their parents so when they give birth they try to kill the baby or hide it somewhere else. That's very sad" (p. 9). One woman felt that adopting a child out after having carried it for nine months was more hurtful than having an abortion. One woman who did not agree with abortion said "what if it's my daughter who's been raped by a stranger and I say oh just keep the baby and how will my daughter feel about it because it's a reminder of the violence. So there's this question of killing the human being inside us but when it comes to rape that's a different thing. It will be a reminder to my daughter for the rest of her life" (p. 9)
WHY SAMOAN WOMEN SEEK ABORTION?

Every woman has a reason to having an abortion and we need to understand their circumstances. One woman in this study who had had an abortion said, "you live with it for days and weeks deliberating what would be the best choice for mother and the unborn. You don’t just get pregnant and think of having an abortion. You weigh the advantages and disadvantages and then decide".

There is an assumption that single women are the one's who have abortions. Abortion is an issue for any women regardless of their age group. These are the reasons why Samoan women have abortions according to this study. Asiasiga (1994) observed that most of those who made comments about the reasons for having abortions felt that single women did it so as not to bring shame on their families. "Young girls go through the abortion because they have no one to guide them and give them support and love them. Rather than tell the family, they have an abortion because they are scared of the family. They see abortion as the easy way out". "Girls don't want anything to happen to their family so they abort without their parents knowing or they try to miscarry". "In the Samoan family they don't want anything happening because of the eyes of the people. They're worried about the next-door neighbour and people and forgetting about that love that you should support and encourage your daughter" (p. 9). Asiasiga continued to say that one health worker felt that parents were too busy sorting themselves out and had no time to listen to their children. "Looking for a shoulder to cry on leads to bed and a one night stand... we go and abort so that our parents won't know" (p. 10)

I want to share the views of the women in this study to reveal how women don’t consider abortion as a method of fertility control. These are some of the reasons: financial constraints; fatherless or no partner to support the child if he/she is alive; I've got a good job, my goal will not be achieved; I will not complete my studies, I want a future; failure
of contraceptive methods; it was unplanned; I don't love the man I'm pregnant to; I'm pregnant to a married man; my boyfriend avoided me when he found out I'm pregnant; I don't want to be a single parent; he raped me; when a woman is angry at her partner; afraid of the parents; it is a mockery and humiliation of the family; the eyes of the people; fiamama (the pride); family and parents unsupportive; devaluing the reputation; people will always point their finger at you; it is embarrassing because it is a relative I'm pregnant to.

When I relate the women's stories to my practice, I realised that women have different reasons for seeking abortion. However, I found that no woman in this study had said that women have abortions because they want to end their fertility. I considered the main reasons for women to have abortions are for personal and family reasons in terms of the pride, identity, and the 'eyes' looking at them. These concepts have significant meanings to the lives of Samoan women, and whatever problems a Samoan woman face, she would do anything to protect the identity of her family.

CONTROVERSY OVER ILLEGAL AND LEGAL ABORTION

Abortion will remain an issue of debate. No one has the answers to reduce the rates regardless of the moral and social views of the world. The issue as I consider it is whether women have the right to control their fertility rate and end an unplanned pregnancy by choice.

The practice of abortion is not something new. Abortion has been practiced in all societies from the earliest times. Abortion and infanticide were methods of controlling births, before contraceptive methods were developed. Despite progress in medicine, which allows abortion to be performed safely in medical surroundings, the practice of abortion is still against the law. In many countries of the world, the controversy over abortion centres
around whether abortion laws should be changed, so that safe and legal abortion is available to all women who need it (Griffen, 1983).

In some countries, abortion laws have changed to save the lives of many women, while others maintain their moral and social views. Bergin (1983) reported that the modern moves towards freer abortion spread around the world from the early 1920s when they were first introduced in Russia. In the 1930s eastern Europe and Scandinavian countries made similar moves and Nazi Germany. In the 1940s Japan joined the movement with American encouragement. In the 1950s there was consolidation and expansion in these countries. In the 1960s the notable additions were England and a few American states, and in the 1970s the other American states, Australia, New Zealand, France, Italy, Germany and other parts of Asia.

There are a few countries where the laws have not changed such as Samoa and other Pacific Nations. The Taulogologo (1994) reports that Samoa was undecided about their views on abortion in the International Conference held in Egypt whether abortion should be enforced or seek other alternatives. However, Dr Apulu Karene of the Family Health Association in Samoa said that, “it is about time abortion should be legalised in Samoa” (Apulu, 1996, p. 6). Apulu argued that this would be the only guarantee to the safety of women now using unhygienic methods that could be life threatening to their health. He also said that legalising abortion would solve the problem of unwanted pregnancies and abandoned babies. He continued to say that he is aware that this is a controversial issue that may cause a backlash from the conservative sectors of the community, especially the churches. He explained however that legalising abortions would not give automatic guarantee for any woman who wants to have an abortion. He said abortions must strictly be allowed only in cases where it involves a health risk to the mother.
Bergin (1983) reported that when the Abortion Act was passed in England in 1967 it surfaced as a community problem here in New Zealand. A handful of doctors and a group of lay people in Auckland founded the Society for the Protection of the Unborn Child, hoping to alert people and prevent the introduction of the same activity in this country. Soon after this, the opposition formed the Abortion Law Reform Association whose aims came to be vocalised by women's liberation groups like Women's Electoral Lobby Group to introduce and pass an Abortion Act in New Zealand to reduce maternal deaths and to give freer choices to women to make choices for themselves.

Today, the Society for the Protection of the Unborn and other anti-abortionist throughout the world are still lobbying to stop abortion in their countries. They picket by the abortion clinics and call out names such as: "abortion makes you the mother of a dead baby" (NZ Herald, 1995, p. 6). Hay in Gwynne (1983) reported that not only the debate of abortion, but people are debating about when the life of a fetus should be considered as live. Some people are saying that the life of a fetus begins at conception, others when quickening occurs, while others say 'that a human life only exists in the womb if the mother believes it to be so'. Mackereth (1989) believes that abortion provides a dilemma for Christian doctors and others who place a high value on life, including fetal life.

Samoan people are influenced by the teachings of the church and I believe that Samoan people in Samoa would not support the idea of legalise abortion as suggested by Dr. Apulu Karene. Samoan people considered themselves as religious people and abortion is not acceptable. Their beliefs are that 'children' should not be aborted.

In Samoa where abortion is illegal, women resort to having an illegal abortion or come to New Zealand to have an abortion or put up with a concealed pregnancy until birth. But one woman told me when I was in Samoa that she had had an abortion done by a doctor.
She paid a fee. One woman in this study said that her aunty had had an abortion in Samoa and was performed by a nurse. Despite the illegality of abortion in Samoa, the professionals continue to secretly perform them. This has led Dr. Apulu Karene (1996) to express his views in the Talamua in the wake of a police investigation into cases of illegal abortions allegedly carried out by a woman using ‘traditional medicine’. Police said eight women have already been interviewed in connection with their investigation into the alleged cases of illegal abortions. The women were identified by the suspect as those she ‘treated’ using her traditional method, a service she charged a fee of up to $200.

“Too many Samoan women have abortions in New Zealand because abortion services is available” (voices of some women in this study). One women’s group said, “New Zealand should not have these abortion services available, because it encourage Samoan women to have abortions. This is the reason why many women do not use contraception because they know they can abort their pregnancies. Not only that, but the system encourages them because they do not have to pay for the services. Why should we ‘the taxpayers’ suffer for the actions of others? They think it is a game and keep on doing it. It is not fair and demean our values”.

Asiasiga (1994) reported that there were those who felt that there were circumstances, like rape or when the mother’s life was in danger, when abortion was an acceptable option. A group of women were neither for nor against abortion, saying that it was up to the individual to make that decision. These are some of the women’s comments in Asiasiga. "For each individual the situation is different and I don't want to judge". One woman suggested that on the other hand "the difficulty with abortion is that we are talking about people but at the same time the woman also has the right to make a choice" as for example, the mother may feel that with her family's financial situation, to have an extra child would make the whole family suffer. "They felt that most Pacific Island
Communities were unconsciously supporting abortion because of the pride. People did not support abortion but at the same time they were not doing anything about preventing it" (p. 9-10).

I realised that the debate over abortion will not end, as there is no solution. It is a very complex issue as to whether the personal choice of a woman should be considered or the life of the unborn or public opinion is paramount. This controversial issue can go on and on as Mackereth (1989) suggests that the great majority of our patients have no religious beliefs and we do not have the right or ability to enforce ours on them; the responsibility for deciding termination resides with the woman herself.

SUMMARY

In this chapter, I have presented my practice consideration of my own story, my working story, the project and the summary of the literature search of abortion as a major public health problem for Pacific Island/Samoan women. Abortion is not just a problem for Samoan women, but a problem of any women regardless of their culture. Abortion is still a controversial issue in any country.

The search highlights the high rate of abortion among Pacific Island/Samoan women in New Zealand, and the latest figures had showed that it is still increasing. The impact of health policies which separates the family from the women, encourages Samoan women to continue to have abortions.

For these women, each woman have her own reasons to have an abortion. Samoan women do not use abortion as a method of fertility control. The truth about Samoan women's views on abortion is not found in the statistics, but is found in Samoan women's ways of knowing.
My position in this research advocates for Samoan women in the Samoan community and the health professionals. I believe that education is one answer to reduce the abortion rate, but I suggest that the two cultures need to do a lot of talking and discussion among themselves.

As I reflect back on the questions: is contraception and abortion a problem? whose problem is it? I realised by having to search the literature and invite discussions with the community and the health professionals, I have arrived at the following considerations: policy, education, practice, homelife and the church all matter to the well-being of women. I believe that if policy considers these things in decision making, it will make a difference in the lives of Samoan women in New Zealand. I agree abortion is a problem and it will not go away. Abortion has deep implications for a woman’s health and her future.

This Chapter has developed my understanding in my practice and I realised that this Chapter reveals the need for more research with the goal as a teaching session with the community, nurses and other health professionals.
SECTION TWO
CHAPTER FIVE
PART ONE - METHODOLOGY AND STUDY DESIGN

INTRODUCTION
In this chapter, I will describe the overall project using a narrative or storyline of how I designed and undertook the study in which the women’s stories informed my understanding about the women’s lives, their health and particularly their ideas in relation to birthing, contraception and abortion. I have purposefully chosen a narrative style to elucidate the detail in the process of designing the research, which is specific to my ways. I relate how I developed and modified the original tanoa ‘model’ I used in practice as a theoretical framework to underpin the origin, identity and stories of the Samoan women in the study. I describe in detail the reflections that led to the modifications of the model.

I have used a two step progression in this chapter as I have sought to sustain clarity in presenting the progression of the thinking as the project evolved over time. Part one is a discussion on the background to the study, the ideas, my thinking about the processes and protocols of the research design as I initially developed the study. Part two presents more detail on the evolution of my thinking, as I walked back and forth between my Samoan and English worlds, thinking and working with the women’s stories.

In this chapter, as in the previous, I continue using a narrative style to link the process of becoming a Samoan nurse researcher and discovering a process for creating a design for the research. The initial methodology I used in developing the study was based on faa-Samoa, that is in Samoan language and protocols which I used as a guiding framework. In this chapter I will elaborate how I have begun to use Samoan storytelling as a basis for inquiry. This enabled me to evolve Samoanisi as both the methodology and
method of the study. Initially I imagined the study would be grounded or informed by phenomenology as a means to discuss the essence of Samoan women’s stories. I chose phenomenology because I recognised Van Manen’s (1990) explanation of the meaning of ‘essence’ in relation to faa-Samoa, but as I became more aware of myself, I realised that Samoanisi is the essence of being a Samoan woman. I was introduced at this time to the concept of Samoanisi as defined by Leota L.I. Ale (1995). Eventually, even though I realised I did not need to position a Samoanisi framework alongside the phenomenological analysis to create an ‘acceptable’ research methodology, I had to develop the tanoa model and the Samoanisi framework by immersing myself totally within my own culture for ten years. It was during this time that Samoanisi as an overall research methodology was developed, and I was finally able to be clear about the direction I had taken. In part two, this deep thinking which enabled me to develop Samoanisi is revealed.

I conclude this chapter with a discussion in which I have begun to explore the relationship between Samoanisi as a research design and Samoanisi as a philosophical position for a methodology in research. I make some possible links between the research design and the cosmology of Samoanisi.

BEGINNING IDEAS

In establishing the project, I was attempting to determine the nature of research in the community, through an exploration of how language works to convey knowledge, and to explore human experience and to inform people. All these aspects were part of the considerations in designing the research and lead to it being authentic, trustworthy and credible to the people and my immediate nurse colleagues. This project began as a Masters in Nursing thesis with the objective of exploring the attitudes of a small group of Samoan women to contraception and abortion. There was an assumption that analysis of the data
would identify trends in attitudes of Samoan women born in Samoa to contraception and abortion and these could be related to the attitudes of New Zealand born Samoan women. This project always aimed to research the process of doing sensitive and culturally appropriate research in the Samoan community. I always intended to use the Samoan language as a foundation to conduct the research and to report the study in both Samoan and English languages. This decision was able to be sustained but the process evolved, as will be described.

The initial research design involved our *faafesagai'ga* meaning face to face discussions on the women's experience of contraception and abortion with individual women and women's groups. I had a baseline of documented data on contraception and abortion from the literature which I had accessed within my nursing practice which included literature for education and policy development. I found I had to reveal the processes of my practice knowledge about abortion and contraception to be in a position to add detail from the women's stories. I have always intended to rely on the interview data from the individual women and women's groups discussions as an overall detailed data base to achieve the purpose of the project. I have always intended to use Samoanisi protocols to contact the individual women and women's groups. This process formed the basis of the Samoanisi methodology. I maintained one key decision throughout and that was to carry out the research in two languages, that is Samoan language for Samoan born women and English language for New Zealand born women.

My thinking initially was influenced by using phenomenology as a methodology to develop the project and analysis, however I began to recognise how to use the Samoan language and ways of knowing and being as the research method. After the interviews, I held forty precious stories of Samoan women in my hands. I transcribed each story word by word. There were four stories told in English language, four stories told in English and Samoan
language, and thirty two stories told only in Samoan language. When I read the transcript of each story, I realised that the stories were so precious as not only did they convey the truth of Samoan women's voices, but I recognised their essence. That is I recognised how the women had used the dialect in the polite form of speech to uncover the sacredness of their talk and how they used proverbs to convey the meaning of their deep talk. They in effect knew they were conveying the essence of their world or their real being. As I began to write the Samoan community document, I felt the symbolic meaning of the women's stories from a *fāa-Samoan* position. As I was working with the data and hearing the reality of the women's voices, I suddenly realised that I was caught between my Samoan thinking and my perceptions of the academic style of thinking. I realised that when I was writing what I considered to be from an academic perspective, the voice of the women was lost. I used the word interview rather than discussion, focus groups rather than women's groups. I began to shift my thinking while working with the women and listening to their stories. I learned from the women's stories to use the language which is used in the community. Through this decision, I then began to have insight into how I could continue to work with the women to develop our mutual understanding of abortion and contraception using words in both English and Samoan that make sense to us and accurately begin to portray our world of *Samoanisi*.

In the initial proposal, I referred to the women as participants and used the terms interview and focus groups because this reflected my thinking about how research should be conducted. Morse (1983) states that interviews encourage participants to tell their whole story, rather than the bits and pieces. Although I support Morse's view, I realised later that I didn't interview the participants or use focus groups, rather I talked with Samoan women in groups and individually on an equal basis, face to face and eye to eye sharing their stories. I wanted to reveal my thinking and to show how my thinking evolved over time. We were discussing a sensitive issue that affects the well-being of the women. I
considered the term interview denotes an authoritative role where the interviewer is more superior than the interviewee and that the women know less than the interviewer. I decided that I didn’t ‘interview’ the women, rather I said we were discussing an issue with our women or we were talking with the women.

The term participants in my way of thinking reveals that the researcher is not standing in the place of the women. It suggests a feeling of separation, in which the women are in one place and the researcher is in another. It suggests a feeling that the researcher writes from his/her objective view rather than from the experience of the women. I began to see Samoan women not as participants, but women of Samoa. Our women are not discussing in ‘focus groups’, but rather they are in Samoan women’s groups. The title ‘Samoan women’s groups’, suggests empowerment and embodies the living spirit of the women and their feeling of belonging. As we were discussing an issue with the women, I felt I belonged and was part of them. The term focus group to me suggests that there is no feeling in the group; it feels empty and unworthy and you don’t feel that you can be part of the group. You stand outside the circle of women and look in. It suggests that there is a barrier between the researcher and the researched.

There was also another shift in my thinking. I realised that the ‘tanoa model’ I developed as a framework did portray the women’s messages but was still unclear, and the vision it portrayed was undeveloped. The development of the first model is presented in illustration one in Chapter One and the second stage of development of the model is presented in illustrations in Chapter Two, Seven and Eight. I found that the closer I was to the women, the more I understood the meaning of their stories; and the more I saw other aspects of the women’s lives such as their heritage and ways of being, then I recognised what they needed me to specifically acknowledge. I began to develop the model into a more
structured and concise framework which addressed the practical issues of contraception and abortion, as well as wider cultural issues such as sexuality.

By 1996, I made the case for transferring the project to a doctorate. I became more explicit about how I wanted the project to proceed. The original aims and purpose of the project hadn’t changed, but the interviews with the women indicated there was far more to present at a depth I had not previously imagined. I realised that proverbs could not be translated and I wanted to develop my use of language in both English and Samoan to further explore Samoan culture in relation to health. I wanted to develop the *tanoa* model in order to reveal and interpret the underlying themes in the women’s stories using the *Samoanisi* as the methodology. The issues and process of colonisation and the theories that inform the western nursing world such as transcultural nursing was a significant consideration in my nursing practice and the development of cultural safety in New Zealand as a counter debate to the newspaper report that Pacific Island women used abortion as a form of contraception, strengthened my position.

Prior to 1996, my thinking in Samoan was confined to the term *faa-Samoan* because this is the term commonly used in many writings when people refer to Samoan culture. In my original proposal, I referred to the use of Samoan language as *faa-Samoan* methodology. When I took time to develop and explore the use of language, I now use the term *Samoanisi* and/or *faa-Samoan* meaning the same thing to refer to Samoan culture but with new understanding. This occurred over time because of some significant events. I went to Samoa in 1997 to think and write in Samoan for the Samoan volume of the thesis. I was introduced to Le Afioga Leota Leuluaialii Ituau Ale, who read the first chapter of my writing and suggested I use the term ‘*Samoanisi*’ rather than *faa-Samoan*. I asked for his rationale and he said that many writers use the term *faa-Samoan*, why not introduce a new term which still holds the meaning of *faa-Samoan* but positions our understanding of our
world as Samoans, so that our analysis is within the Samoan world. He said he was the first person to use the term Samoanism in his MA and suggested it would be ideal if I used it too. He suggested rather than using Samoanism, to use *Samoanisi* as a translated word. I thought that was a good idea because I considered Samoanism to still be an English word.

I read Leota L.I. Ale's thesis titled *"Samoan fono a faipule* (Legislature) 1873-1993: Composition and changes in a hundred and twenty years" and liked the meaning he gave for Samoanism as 'the integration of faa-matai/chiefly system and faa-Samoa'. I thought, now it makes sense to me. I would use the term *faa-Samoa* to refer to Samoan culture and use *Samoanisi* to refer to or indicate when I was considering Samoan research and method and methodology. I considered the term embraced the epistemological and cosmological meaning of *faa-Samoa*. By this I mean, the chiefly system and *faa-Samoa* is a body of knowledge based on the history and connection of the people to the land, heaven and the culture. I adopted the new term *Samoanisi*, which doesn't change the way Samoan culture operates, but it suggests how to add new knowledge through the language. I felt so liberated! I present details of my exploration of *Samoanisi* methodology and the reason for developing it in part two of this chapter. In order to adequately describe the process of the research design development and the considerations I made, I will now back track and again use a time sequence narrative.

**The Thinking Behind The Study: Design Issues**

I thought through and around the following issues at this time. For instance: Who owns the information? Does this research stay true to the interviews or stories being told? Is the ethics of research for the good of the people or for the good of the researcher? Would older people with language barriers be able to read and understand an English document? Do people get compensation for their time and information they give voluntarily?
When I was in practice as a nurse in the community, I saw inappropriate research designs such as in the prostate study in 1993 in which I was an interpreter. Samoan people were forced to reply to inappropriate questions which resulted in their responses boxing them into further dilemmas or their non responding reported as a poor response. I had recognised that Samoan people did not have control and ownership of decision making in research when I trained and developed policy. I had developed an analysis of how research designs exploited and redefined the values of the indigenous people of Samoa living in New Zealand, simply through the comparison to the dominant values in the society. I had not been able to modify the research or policy development until I undertook this research for Samoan women living in Porirua. I knew it was the right moment and I believed that I was the right person to undertake this research because I identified as a Samoan nurse who understood my culture and the protocols of working with my own people. I knew how my people felt when we used our own language and I spoke fluent Samoan. I also made a stand that my research would be carried out for the Samoan community in the people’s language to protect and safeguard them and that the report would actually reflect our discussions.

These issues weighed heavily on me in my practice. I had to consider the ethical position of the research on a number of points such as: relevance of the project; credibility of the findings; trustworthiness of the essence of the findings and my own accountability. I decided that the answers to these points could be approached directly. I felt at this point I could no longer walk back and forth but chose to stand in the Samoan community. On one hand, the people in the community own the information. If the information belongs to the people or community, I reasoned that the language their stories were told in should be maintained in their language in the interest of the people. The previous projects in the community resulted in people being used in the research. They didn’t receive the report of the research, or if they did, it was not in the Samoan language the interview was
conducted in. I also doubted that older people would have read an English document. Therefore, I decided to present two volumes in the thesis, one in Samoan and one in English. On the other hand, I believed it was appropriate for the research to benefit both the researcher and the community. The community needed to have access to the results and be able to understand the researcher’s interpretation. I was in a unique position as both the researcher and a community member to clarify exactly how and where the research would be positioned by considering the nature of research itself and how I would conduct myself and design the project. I considered this situation deeply and surfaced a new question. What is considered to be truth in the Samoan community?

To get to the truth is at the core of any research. In Samoan culture the truth is considered to be conveyed in the language. The truth involves the protection of our language and culture in harmony within the family and community. The idea of harmony within the family is central to our well-being. It heals the pain. We walk through the pain and heal it in a special way. This special way is expressing our true feelings in our own language. In Samoan we call it ‘tulatalaga-aiga’ which means straightening the ‘talk’. Talking to Samoan people in English will not heal the pain nor allow them to tell the truth of their stories. We have our own ways or protocols for doing research. One of our protocols is the Samoan language. I reasoned this could be the basis of the Samoan way of doing research. I could not impose something from a book or another culture and say this is the way to do research. I finally felt I was clear. I had a sense of the truth as understood within my community using a Samoan methodology.

I therefore decided not to translate the Samoan born women’s stories in the community volume. I wanted their stories to stay true in the Samoan language exactly the way the stories were shared. I continued to use the Samoan language to interpret the transcripts, then I translated the stories into English in the English document. The New Zealand born
women's stories were translated in Samoan language in the Samoan document and maintained exactly the way the stories were told in the English language in the English document. In this way, I realised I was the translator, interpreter and advocate for the women. I felt this was another treasure I am carrying.

I began to be able to hear the ring of a ‘true story’. This is why we say ‘Samoan women are the language they use’. In this study they are identified by the language their story was told in. The Samoan language they use is their cultural inheritance. I had this insight when we were talking with the women and sad stories were shared in a woman’s own language. This in fact healed the pain because the truth was told in their own voice and this truth was heard and seen in the ‘eyes and ears’ of the universe, by the other women. In this way, I began to hear, record and work with the language the women used to tell their stories. I also began to understand that using Samoan language as a research design could be both method and methodology and create a living document which empowers the women to reconstruct their difficult experiences.

I considered the stories from both a Samoan and English position. I considered that one language cannot supplement the totality and essence of the other. In this sense, asking the research question in Samoan language does not carry the same essence of feeling when translated and asked in the English language. The consistent key research question was, “tell me about your views to contraception and abortion?” When asking the question in Samoan language, the question was; “o a ni outou finagalo i aiga fuafuina ma le faapau’uina o pepe?” The question translates to, “what are your opinions/views to contraception and abortion?” The translation cannot provide the exact ‘feeling’ of the question when it was asked in the Samoan language. The question was also asked of older women in the polite language, while individual women were asked the question, “o le a sou manatu i aiga fuafuaina ma le faapau’uina o pepe?” This translates as, “what do
you think of contraception and abortion?" This question was informal and appropriate when asked in a face to face situation with individual women.

The numbers of women who participated is significant. Forty Samoan women participated initially in this study from Porirua, New Zealand in 1994. However, I visited my home country of Samoa in 1996 and talked with thirteen Samoan women, to explore and compare their views with the Samoan women living in Porirua New Zealand.

Eight Samoan women, aged 18 to 40 years, participated individually in the study. Four were New Zealand born and four were Samoan born. Two of the four women born in Samoa were unmarried and have children, while the other two were living with partners and had no children at the time of our discussions. The two women who have had children, have one child each. Three of the four New Zealand born women have children. Two were living with partners while one woman is a single parent. The other woman is single and has no children. The women who have children, range from one child to three children.

Thirty two Samoan women were asked about their views on contraception and abortion in the two Samoan women's groups. One women's group consisted of seventeen women aged 20 to 50 years, and the other group consisted of fifteen women aged 50 to 70 years. All of these women had children born in Samoa and children and grandchildren born in New Zealand. The least number of children a woman has in these two groups was six.

The thirteen women aged 25 to 40 years living in Samoa were asked the questions individually. All of them are married and have children with age ranges from five to eleven. These women's stories are very similar to the women living in New Zealand. I have not written the Samoan women's stories in full in the thesis, but I refer to their
I had initially only sought ethical approval for the study to be undertaken in New Zealand, but when I visited Samoa, I took advantage of an opportunity to talk with the women. Oral approval from the Director of the Family Health Service was granted to talk to the women. The study was explained orally to the individual women. Thirteen women volunteered to talk to me about the topic and formally gave me their oral consent. In Samoan protocol, an oral consent is considered to be equivalent to a written consent. Their contribution to this study, became significant in that their stories provided me with a chance to not only reflect on my life but also to hear the issues in the New Zealand women's stories, from a distance, so to speak.

I wanted to find out if their beliefs about contraception and abortion were different from the women who are living in New Zealand. I made the decision that their stories would not be told or analysed individually such as for the stories of the forty Samoan women in New Zealand, but that their stories would be told collectively to form a comparison with the stories of the women in New Zealand. I found that their beliefs and attitudes were not different from the women living in New Zealand, which substantiated my belief and knowledge that “wherever a Samoan woman lives, she would never let go of her Samoan beliefs and values”.

I decided that discussion in Samoan language and analysis of proverbs using the language itself would be the main method in the study as it enabled the women to fully express the reality and truth of their beliefs and experiences. Samoan language empowered women to feel confident in telling their whole story. It gave them a sense of identity, ownership and control. In Tupua Tamasese Efi’s book ‘La faagaganaina oe e le Atua fetalai’ (1988), he observed that: ‘o le gagana Samoa e faamatalaina ai le alofa, le salamo, fuanoanoaga, o tu ma aganuu, amioga aemaise le faavae o se malo’. ‘Samoan language expresses
love, repentance, sorrow, customs and culture, behaviours and especially the foundation of a nation.

ETHICAL PROCESSES USED IN THE STUDY

The Issues I identified as Important In The Planning Of The Study

My goal in establishing the ethical parameters of this research was to stay true to the women's stories by maintaining their stories in Samoan and English language as the women themselves used the languages. I have stated that language is regarded as the essence of our culture, to inform people who do not understand that fundamental position.

Having made the decision to use *Samoanisi* as a methodology, I had to clarify my position as a researcher. I clarified that I wanted to make sense of the issue of abortion and contraception, which is a phenomena in all societies, and to interpret Samoan women’s stories according to the meaning the women bring to their stories when told in their language. I considered these points in depth in the planning stages: What is an appropriate style in community participation? What is the language used in conducting the research? Who will benefit from the study? How will the study be judged to be worthwhile? Will the women and community be compensated? How will I convey the findings of the research? Who will get the copies of the thesis and how will it be discussed in the community? Using these questions, I began to establish a clear process. I included the community in the planning phase of this study. I developed the research question which was pretested by four Samoan nurses and four Samoan women from the community. A lay or community explanation of the study was translated into Samoan language from the English proposal for Ethics Committee approval and is included in appendices 1 and 2. I consulted the key leaders of the community for their support and verification of the information. They gave me their blessings and provided letters of support which are recorded in appendices 3, 4,
and 5. I talked on the community Access radio to inform the Samoan community of what I was going to do. As a result I received more blessings from the community.

As I clarified the ethical postion, I used the term ‘we’ in my practice and then I knew I was on the right track. I was proud to be doing the research in the community. The community participation has had an ongoing effect over the years and strengthened this study immensely. It gives me as the researcher and the community, a feeling of being credible and trusted. ‘We’ have become more aware of our own philosophy as we have struggled together to express our culture during the many stages of research all requiring an unfolding process of consultation. The community support, prayers and blessings carry and strengthen the study. I am guided by the community as I think and write and I experience their presence, their support and encouragement as I meet with them but also step beyond the edges of our community to present or be interviewed.

We have a saying in Samoan, “e le sili le ta’i i lo le tapua’i”. It means that the ‘person doing the work is not as important as the people supporting it’. Without the support from the community, any work will not achieve its goal. This means that any project that is undertaken without the knowledge and blessing of the community will not achieve its potential objectives. This research had community support before it went to the Regional Ethics Committee for approval. Accountability is judged in the Samoan community in the capacity to demonstrate that you can work within the community.

I believe fundamentally in working with my people. They are the backbone of my work. Throughout the study, people would ask ‘how the study is going?’ They would say encouraging words to keep me going. I found this process very rewarding to know that my people were behind me. People would say, “I wanted to ring you but I thought you
are writing, so I didn’t”; or someone would say, “I drove past your house after midnight and I saw your light and I thought you must be writing”.

It was important for me to inform Samoan women who participated in this study and the community during the ongoing stages of the study. I did this through keeping in touch with Samoan women in meetings and talking about the study on the community Access radio.

I have evolved my actions with regards to accountability to the women and community in the following ways. I remember at all times that I am equal to my people, but the thing I respect most is that I hold their knowledge in high regard. Confidentiality for the women and my obligations to the community were crucial. Each one of these points introduces an ethical concept that might benefit from elaboration. Maintaining confidentiality about the women’s stories has been the most important aspect I considered in the study to maintain the women’s identities. I was privileged to hear the women’s personal stories and I needed to treat their stories with the utmost respect. As a Samoan nurse and woman, I have defined obligation to the community in that I am answerable to the leaders, elders and especially to the women who participated in this study.

I have always believed that the Samoan community, policy makers and potential Papalagi researchers will gain from this study. This is an opportunity for the Samoan community to have access to research written in our language. It provides a pathway for discussion to address our own issues. It uses Samoan knowledge to influence non Samoan people to respect faa-Samoa. It defines and reclaims what is ‘appropriate’ research for Samoan women and identifies ‘inappropriate’ research. I chose to write in narrative form in the research to reflect the significant place of language and stories in Samoan culture which is regarded as an oral tradition.
It is not normal practice in New Zealand to compensate people for their contribution to research, however, in *faa-Samoan*, we have a custom of “*fa’aloalo*” or showing respect. To say ‘thank you’ is not considered to be enough to reciprocate the contribution of the women. In *faa-Samoan* etiquette, long speeches of reciprocation are used as a healing process. To enhance this process, there is a common practice of *fa’aloalo* (respect) which includes providing the women with food, especially in groups.

The women in the study were reassured that they would receive copies of the study in the language of their choice. The Samoan and English documents will be made available in the main and local libraries, radio and church discussions and to the sponsors of the study, the New Zealand Health Research Council and Family Planning Association of New Zealand to disseminate information about the study. I indicated I would publish papers in nursing journals nationally and internationally.

**Contacting the Women**

I chose a suburb of Porirua city in Wellington, New Zealand where I lived and practised as a nurse to invite women to be part of the study. I chose streets on the east, west, north and south of east Porirua so that single Samoan women were represented from the four positions of east Porirua. Samoan women from the ‘*Mafutaga a tina*’ (Samoan Women’s Groups) were well represented from all the sections of Porirua.

In this study, I refer to the single or individual women as ‘*o tama’ita’i o Samoa*’, and the two Samoan women’s groups are called ‘*mafutaga a tina Samoa*’, meaning Samoan women’s groups or fellowships.

How did I choose the women from this suburb? I knew some of the ‘*tamaitai o Samoa*’ (single women) and others I didn’t know so well. I went to visit the ‘*tamaitai o Samoa*’ I
knew and asked them if they could take part in this study. The New Zealand born women that I didn’t know well were recommended by my daughters. I visited the ‘tama’ita’i o Samoa’ who were not on the telephone and I rang the other women who were on the telephone before I visited them. When I found the eight ‘tamaitai o Samoa’, four Samoan born women and four New Zealand born women on different visits, I explained to each ‘tamaitai o Samoa’ the purpose of the study on the first visit. The rapport and trust between us was immediately established. They all agreed to take part in the study. I empowered them to decide when we could meet. It was important for me to fit in with their availability, rather than trying to make them fit in with my schedule. Why did I work this way? I thought that since I am the one who wants something from the ‘tama’ita’i o Samoa’, I should let them take control of our schedule. Therefore the women were in control of our schedule and indicated their preference for the place of our meetings, and the dates and times.

Initially to make contact with the ‘mafutaga a tina’ Samoa, I went to see the President/Leader of each mafutaga (group) at their homes which is the formal way of contacting the older people. In Samoan we say ‘o le faafesaga’iga’ which means face to face contact. The underlying meaning of this protocol is to pave the pathway first through the leaders, before they speak and seek support from the group. I knew their telephone numbers, but it was important for me to do the right thing. There is a difference between approaching the ‘tama’ita’i o Samoa’ and the ‘mafutaga a tina Samoa’. Contacting the ‘tama’ita’i o Samoa’ is informal, while approaching the ‘mafutaga a tina Samoa’ is formal.

The purpose of my visit and the study was explained to the Presidents of the two ‘mafutaga a tina’. This process took longer than for the ‘tama’ita’i o Samoa’. The Presidents were to take the matter to be discussed with their ‘mafutaga’ (groups), and
they would then get back to me about the women’s decisions. I waited two weeks until I heard positively from the Presidents. The ‘mafutaga a tina’ had agreed and had given me the dates and times to visit them.

Rationale for inclusion and exclusion

I didn’t intend to select just the educated women or women who could only speak Samoan in this study. Rather, I wanted a representation of women in my practice which included a range of ages. These include: older Samoan born women aged 50 to 70 years who speak or understand very little English and are fluent speakers in Samoan language and have spent most of their lives in Samoa; Samoan born women 20 to 40 years, who usually left Samoa in their teens and who have been educated in New Zealand and have a good understanding and command of the English and Samoan language; New Zealand born women aged 18 to 40 years who are fluent in English and understand and have a little bit of command in the Samoan language - only some of these women have been to Samoa, the birth country of their parent/s. I recognised the women by their use of language in three distinct groups: women who speak very little English and are fluent in Samoan speaking; women who have a good command of both Samoan and English; and women who are fluent in English but speak very little Samoan. Samoan women who were under seventeen years and have no knowledge of the research topic were excluded to avoid embarrassment and discomfort. Women who were still at school were also excluded because parental consent was required. The age representation of the women I selected were between 18 and 70 years.
Developing rapport and trust through meeting with Samoan Women

Identifying and contacting the women for research using such methods as random selection from the electoral roll, telephone interviewing or sending questionnaires to households are inappropriate methods for contacting women in Samoan culture. It does not show any interaction or respect between the people and the researcher.

I considered face to face contact was the appropriate way to contact and approach Samoan women. In my practice in the community I know Samoan women respond well to visitors as they find it easier to discuss things orally rather than filling in forms or questionnaires. Most Samoan people do not respond to research done through mailed questionnaires or telephone interviews. I know this from my own experience in practice and this was confirmed with the prostate study I discussed previously. When I went with the main researcher to visit the selected households for that study due to the non return of questionnaires, I had found that some families discarded the information in the rubbish bin. The reason was that they didn't know the researchers personally, and they cannot be bothered with junk mail and telephone interviews. We concluded that mailouts were not an appropriate method to conduct research in the Samoan culture. I considered the initial meeting in my own research as a way of showing respect and recognition for the people selected in the study and it allowed me to provide full information. I made it my responsibility to ensure that the people were aware of my role as a researcher and that this included being seen to be an honest person who adheres to maintaining confidentiality of personal information they provided.

I considered face to face or a one to one discussion with the 'tama'ita'i o Samoa' provided them with the freedom to express their views without been threatened or challenged in a big mafutaga (group) discussion. Although I knew the one to one discussion would be a long process, my belief in doing these discussions was that the
‘tama’ita’i o Samoa’s’ feelings come first rather than my needs as the researcher. I respected the ‘tama’ita’i o Samoa’s’ wishes to have a one to one discussion with each of them to protect their identities. I also want to make it clear to the readers that the views expressed by the eight ‘tama’ita’i o Samoa’ cannot be generalised for all the ‘tama’ita’i o Samoa’. The disadvantage of face to face discussion was that it was more time consuming than the two ‘mafutaga a tina’ discussions and the information obtained could not be generalised for all the tama’ita’i o Samoa’ in the study or community.

The discussion in the ‘mafutaga a tina’ was ideal to carry out this research to gather a lot of information at the same time. The advantage of the ‘mafutaga a tina’ was that it was an efficient way of gathering data since the researcher got to hear the perspective of ‘tina o Samoa’ at the same time as allowing for one to one discussion when individuals spoke. It provided cross sectional views of women around issues and ideas that individuals raised. Interaction was allowed between myself and the ‘mafutaga a tina’ to show that we were all equal, and their questions were clarified on the spot and I gave a response. However, there were some disadvantages to having a big ‘mafutaga a tina’ discussion because some members dominated the discussion and left out the quieter members. In this research, the Presidents/Leaders of the ‘mafutaga a tina’ facilitated the discussion while I concentrated on tape recording the women’s stories. I only intervened to prompt or to draw out the women’s points. Every women spoke, from the first person in the group to the last person. At the end of the discussion, everyone had had an opportunity to speak and had spoken even though occasionally someone would say “pass me and I will speak later”.

Face to face discussion is a culturally appropriate method to communicate with Samoan people. It gave the Samoan women a chance to tell their own stories freely at their own pace and in their own language. The women were free to express the truth of their feelings
and experiences. Our discussion was done in Samoan language for Samoan born women, and the English language for the New Zealand born women. Both languages were used by the individual Samoan born women.

The Research Question
As I have discussed developing and framing the research question, I identified both formal (polite) and informal (everyday language) approaches in Samoan language very carefully. I asked individual women the question in the informal language, “what is your attitude to contraception and abortion?” “O le a sou lagona i aiga faafiaina ma le faapau’uina o pepe?” The informal approach is appropriate in this setting as opposed to the formal approach for older women in groups. The question I asked older women was, “could you tell me your feelings about contraception and abortion?” “O a ni outou finagalo i aiga faafiaina ma le faapau’uina o pepe?”

A direct translation of these questions into English is inappropriate as it would not support the essence and the spirit of the questions which occurs in Samoan language. When asking the questions in Samoan, a special feeling that encourages deep thinking occurred that allowed the women to talk freely in their own space. It gave them a sense of belonging, a feeling of ownership, a feeling of acknowledgement, and a feeling of going beyond their everyday world to their sense of uniqueness and self actualisation. The question was an open question to allow the women time to tell their stories to the fullest extent in their own way, and time.

The prompt questions that were asked only if the women in the group didn’t spontaneously clearly discuss their feelings about contraception and abortion were: should sexuality be discussed in families and the community and is abortion a method of fertility control? The individual women didn’t have to be reminded of these questions. They
included the answers in their talk. I needed to ask some women in the groups after they talked through these questions. Some women included the answers in their talk and other women would give a short answer saying 'ioe' meaning 'yes' or nod their heads.

Obtaining Consent from the Individual Women and Women's Groups
Samoan people have survived through discussion and use storytelling to seek truth in their everyday life. In this research, Samoan women have given me their oral and written consent to take part in the study. They had agreed that the leader or/and President of the 'mafutaga a tina' would sign the consent form on their behalf. Oral and written consent was granted before we discussed the research question. My engagement with the women was aimed at establishing rapport. I established a good research environment that resulted in the women being welcomed and feeling the environment was warm. They considered the discussion was a place where they could reveal their own truths. I realised that my approach would need to be recognisable within our culture as appropriate to work.

Verbal Consent
In the classical research methodology I was trained in, contact is made with a potential participant and they have the project explained to them or they read a description and then they are expected to sign a consent form before she/he answer any questions. They are informed that they may withdraw at anytime. Research protocol relies on the written form as evidence. However, in the faa-Samoa way of doing things, a consent is considered to be a verbal contract between two people. This method maintains the trust between the two parties, and it is always the way Samoan people negotiate things. For instance, if a person and a group have verbally agreed on something, that is considered a ‘consent’. Consent is built on trust and mutual relationship between the one who wants something and the person who is giving something.
When I talked with the ‘tama’ita’i o Samoa’ (individual women) on a one to one basis, no one had any problem in signing the consent form. These are the New Zealand born and Samoan born women who have been educated in New Zealand and know the *Papalagi* way of doing things. But when I talked with the older Samoan women, there was some resistance to signing the consent forms. I explained the process of the study and the importance of the written consent, and they understood where I was coming from, but they said; “we trust you, just leave the *Papalagi* (European) things out there and we do our own ways”. This has raised an ethical dilemma for me because I consider the women were right. If this study is done in the Samoan way, we should accept and honour our own ways. We came to a decision that the President of the ‘Mafutaga a tina’ (Women’s Fellowship) would sign the consent form on behalf of everyone. And I would record both.

It also raised another ethical question for me. If I didn’t have credibility in the community, would it make a difference to Samoan women trusting me? I believe in contributing and working in partnership with my people. My role in health education programmes on the Radio Access in the Samoan programme had convinced people in my community to trust and have great respect for me. They didn’t question my ability and professionalism. In this project they therefore trusted me, before I approached them, after listening to the information I provided on the radio. I trusted my instinct that revealing information was crucial and I followed the ways I understood we have always conducted any event.

**The Written Consent**

Even though I made a position statement that I was accepting oral consent, I did use a written consent. I explained to all the “tama’itai o Samoa” and the “mafutaga a tina” the purpose of the written consent on my first visit to prepare them mentally for our discussion on the arranged date and time. On my second visit, the ‘tama’itai o Samoa’ read the lay information about the study and signed their consent forms. The leaders
and/or the Presidents of the two ‘mafutaga a tina’ signed the consent forms on behalf of all the women as agreed by everyone. The lay information of the study was read by every woman before we began our discussion. The consent forms and information about the study are in Appendices 1 and 2. No questions were asked by any individual women with regards to this process.

I found that the older Samoan born women were not really concerned about the written consent, as their consent is based on trust in our oral conversation. I also found that the older women were a bit reluctant to participate in this study when I reminded them that I had to comply with the Regional Health Authority’s ethical protocol for a study. I trusted my instinct to follow the women’s advice. Since the study was being undertaken in our Samoan ways, my priority was to respect the women’s wishes. The Samoan way is to recognise that, they know what they are talking about, as that is how they do things in the Samoan way. I advocated for their choice and recognise oral conversation as a form of mutual consent between two people. I would have been considered very insensitive and authoritarian if I pushed the issue of obtaining written consent from the older women as individuals.

**Maintaining Confidentiality**

Samoan women were reassured that their identities would not be revealed in the study. I asked their permission for our discussion to be tape recorded and stated I would keep the tapes in a safe place and would be the only one listening to the tapes. I gave them the option to either have the tapes returned or to have the tapes erased after the study.

In this study, I developed a system of numbers and letters as symbols to maintain confidentiality of the women’s names. I used the tanoa symbolically as a model to store the women’s stories in and considered that while I was writing, their identities were kept
safely inside the *tanoa*. I regard the *tanoa* as a museum where all the treasures of a country are kept. In discussions and when I interpreted the stories, I visualised the *tanoa* as a symbol that kept safely and protected Samoan women’s stories and their identities. I was able to state to the women _that “I would carry and protect the treasure of who you are and your stories in the tanoa”_. This expression of maintaining confidentiality was crucial in this study as a Samoan woman would do anything to protect the identity of her family from humiliation in the eyes of the community. For instance it was understood by the women that when a woman gets pregnant, she would go and live in another village or another country and have the baby, or have an abortion. If anything of this kind happens to a Samoan woman, people would ask: ‘who are her parents’; ‘which family does she come from’; ‘what church does she go to?’ I have protected all the Samoan women’s identities in the tanoa who took part in the study because some women had had abortions or had contemplated having abortions at some stage during pregnancy. It was important to maintain a high level of confidentiality of their identities because this study gave these women an opportunity to talk about their experiences for the first time.

**Establishing the meetings with the Tama‘ita’i o Samoa (Individual Women) using faa-Samoa protocols**

This section identifies the series of steps I took in establishing the research with the women. Often researchers sign the consent and begin the discussion immediately in the same session but I wanted to take time and allow a woman my support and the opportunity to withdraw or question me about the study.

The goal of our first meeting was to establish the rapport and trust between myself and the women, and to raise awareness among the ‘*tama‘ita’i o Samoa*’ about the purpose of the study and their rights to participate or withdraw if they changed their minds. The second visit involved our actual discussion. At this meeting, before we started talking about the
topic, I reminded every ‘tama’ita’i o Samoa’ about tape recording our discussion and went over the text of the information sheet and the consent form. All of the individual women signed the consent forms. Then we started talking about their beliefs, values and experiences.

Our discussion was very informal. I presented the question of the study as an open question to allow each woman the opportunity to talk freely to the point where they wished to stop. The question was, “what do you think of contraception and abortion?” I empowered each woman to control our discussion by suggesting at the outset that they could stop anytime. In between our discussion, they would say, “let's stop and have a cup of tea”; or “can you rewind the tape, I want to listen to it”, or we would talk about something else and laugh our heads off and wander away from the discussion.

I only interrupted a speaker to draw out a particular women’s point of view. Most of the time, I listened and let them talk. I reminded them at the beginning that I would only interrupt if it was required, and ‘the show’ was theirs. I found that to interrupt all the time disrupted their thinking and muddled the flow of their thoughts and created frustration. My informal style of interaction with the ‘tama’ita’i o Samoa’ was very important to getting to the heart and soul truth of their stories. A friendly approach was the key to open up a good discussion. I found that the one to one discussion was an opportunity for me and the ‘tamaitai o Samoa’ to talk about our family life in Samoa and New Zealand and that this wasn’t possible in the ‘masutaga a tina’. The one to one discussion with the individual women was ideal in this situation to draw out the thoughts that they would not be sharing in a group discussion.

The advantage of this method was that it empowered the ‘tama’ita’i o Samoa’ to feel in control of their own situation in their way and enabled them to reveal the hidden stories in
their lives for the first time. It was an opportunity for them to share their stories, their tears, the hurt, the embarrassment and the guilt. It allowed the ‘tama’ita’i o Samoa’ to talk about the past and think about how to get on with their lives. One ‘tama’ita’i o Samoa’ said, “I’ve carried this guilt for years; more than ten years; you are the only one I’ve told this story apart from my mum”. After sharing all the women had a sense of relief. These discussions took place in English and a mixture of English and Samoan language.

I thanked each individual woman for her participation and I took some out to lunch or dinner, on different dates so that they wouldn’t be identified by each other. I did this because they refused to accept a ‘mealofa’ (gift of money). I reassured each woman that I would return her transcript so they could see if I had transcribed their words exactly. After transcribing, I returned the transcripts to each woman. Each read their transcripts and they all agreed with what I had written. No one said that they had any comments. They said to me to ‘go ahead and write what I had given them and no changes were required in their stories’.

Establishing the meetings with Tina Samoa: Samoan Women’s Fellowships

The meetings with the ‘mafutaga a tina Samoa’ were more formal than the meetings with individual women. Samoan protocols were adhered to such as a formal welcoming speech and the use of the polite language to address the dignity of the ‘mafutaga’ when I met face to face with the older women. On my arrival, the Presidents of each group welcomed me with a long speech. I returned the courtesy to say thank you for accepting my request. This was followed by a ‘lotu’ (prayer) which was led by a hymn and the blessing of the project. On conclusion of the prayer, I explained the purpose of my being there and the importance of going over the information sheets of the study. We had a ten minute break to allow the ‘tina o Samoa’ time to read the information sheets in Samoan
language. They all said they had understood the purpose of the study and agreed that their Presidents could sign the consent forms on their behalf.

In these meetings we spoke with the ‘tīna o Samoa’ in Samoan. I was immediately aware of the difference in focusing on Samoan language and the impact this obviously had as they related their stories and experiences and began to explore deeper. I realised that the women were able to use proverbs and the polite language to articulate their stories, that they couldn’t have expressed if the English language was used. We had a cup of tea before we explored the ‘tīna o Samoa’ experience of contraception and abortion, and it was a chance to break the ice and get to know the women.

When I asked the specific research question, I did so in an open way but it was asked in the polite manner in Samoan language to show my respect as the researcher. I was conscious not to interrupt the women while they were talking with a lot of questions and to allow them to continue their own story which included reflections on their experience. Sharing in this manner, the stories were whole and more like narrative accounts. I only probed to clarify the experience after the woman had finished talking. In Samoan culture, it is impolite and disrespectful to interrupt an elder while she/he is talking. You have to wait until she/he finishes talking and then you speak. This is a sign of respect and honouring the elder’s wisdom.

The Presidents of each ‘mafutaga a tīna’ facilitated the discussion to ensure that every woman ‘had a say’. I asked the question twice for the whole group and tape recorded the discussion, again empowering the women to take control of the situation. The question was asked in the polite form in Samoan language; “o a ni outou finagalo i le faapau’uina o pepe ma aiga fuafuaina i olaga o tamaitai Samoa?”; “what are your feelings about contraception and abortion among Samoan women?” The Presidents of
each 'mafutaga' (groups) ensured that the women focused on the topic. Before we started our discussion, I reminded them that their voice would be tape recorded. The 'tina o Samoa' thought that tape recording was a brilliant idea when they heard their own voices.

My experience and learning from the two 'mafutaga' was quite phenomenal. Before some women spoke, they would remind me to make sure that their voice was recorded or some women would say, "are you sure your tape recorder can hear my voice?" As the women talked there was this spiritual feeling among the 'mafutaga'. A feeling of unity. When one 'tina' (woman) finished talking, another tina would say, "I supported what she had just said", and would follow up the view of the previous speaker. In between the discussion, they would stop and laugh about what they had said, or share tears to express their concern with what is happening to the young generation. There was very little interruption on my part after each women spoke, as the 'tina o Samoa' focused everyone on the question. If one 'tina' missed out on a very important view, another 'tina' would mention it, thereby providing a full answer to the research question.

On completion of our discussion, I offered another thank you speech to conclude the day. I reassured them that I would return their conversation transcripts to their Presidents for verification after writing them out. Nearly every 'tina' had said words of thanks and blessings. Since I provided morning tea as a gesture of 'fa'aaloalo' (showing respect), more speeches were said from the floor. One of the 'mafutaga' gave me a gift of a 'pase' (fare) which shows reciprocal respect in Samoan protocols. I didn’t want to be rude and decline the gift of money, but I said another speech of thanks and gave back the money to the 'mafutaga' as a donation. We concluded our discussion with a short prayer and loud singing. I found this so moving and it provided us with a sense of unity and understanding as Samoan Women of Samoa.
I returned the transcripts of the whole discussion to the Presidents of each 'mafutaga'. After two weeks, I rang them to see if the 'tina o Samoa' had agreed with the transcripts of their stories. The Presidents gave me their blessings and affirmed that the women were so happy to read their own stories and verified that the transcripts could be used in our study.

**Maintaining Confidentiality During and After our Discussion With Samoan Women**

I made a point of explaining how I would maintain confidentiality to all the 'tamaitai o Samoa' and 'tina o Samoa' before, during and after our discussions. I offered to return the tapes when I presented the transcripts to the Presidents of the two 'mafutaga' and the individual women but they said I should keep them. I have kept these tapes in a safe place as I believe that the spirit of the women’s voices is alive in these tapes and especially the closing hymn in one of the Women’s Groups tapes that concluded our discussion. I am privileged and honoured to be trusted by the 'tamaitai o Samoa' and 'tina o Samoa' to keep their tapes. I also made an ethical decision to present the tapes to the women with the written document of the thesis on completion of the study.

**Maintain the Reliability of the Transcripts**

The women’s stories were transcribed word for word, exactly in the grammar and in the language the stories were told in. I reassured the 'tama'ita'i o Samoa' and the 'tina o Samoa' that their stories would be maintained exactly the way they were told and then I included an edited version of each story to allow them to have a readable text. All the women had agreed that the transcripts had transcribed their ‘real’ voices. I carefully documented the process of how I edited the stories to create the written text as I knew that this was the way I would develop a database of stories for the study.
THE PROCESSES I DEVELOPED TO WORK WITH SAMOAN WOMEN'S STORIES

I shared my position with the women before we discussed contraception and abortion in the sessions. I made clear my beliefs and basic assumption \textit{that wherever a Samoan woman lives, she would never let go of her Samoan beliefs}.

I established a proposed plan through which the stories as data were to be analysed. After the discussions I carefully reviewed the transcripts of the Samoan women's stories. Each story was transcribed verbatim into a whole story in the Samoan and English documents. I then analysed 'key messages' in each story and discussion to draw out the conclusions. The key words or messages were selected from each story using a process of highlighting the key words or messages in bold type. I then drew out the conclusions from the key words or messages. I reflected on the discussions and stories to elicit the meaning of the key words, messages and conclusions to draw out a list of main themes and sub-themes of the study. The themes and sub-themes which emerged were developed into a discussion. In chapter seven I present this discussion and I show how I modified the \textit{tanoa} model using the concept of different environments and how I placed the women's messages according to the meaning the theme portrayed into an environment. The idea of categorising the \textit{tanoa} model into environments developed when the women used language in different ways in their talk. In effect there were three types of languaging occurring: the women who spoke Samoan language only; women who spoke Samoan and English and women who spoke English only. The three 'language forms' gave me the image and idea that Samoan women who participated in the study identified with three environments based on their use of language that is Samoan, Samoan and English and English only.
When I explored the deeper meaning in the women's stories, I placed their words in the model. They linked with meanings the women's key messages portrayed. The key words and messages existed in the stories told by the women and created what I term the database in this study. I endeavoured not to edit the Samoan women's stories. I did a minimum of editing from the original story to produce a readable text in the Samoan document. For instance I started a new line, corrected spelling mistakes and added commas and/or full stops. If sentences did not make sense to me or were repetitive, they were excluded in the edited version while maintaining the meaning of the whole story. This method did not essentially alter the final presentation, but allowed for a good flow in the text.

I maintained the Samoan born women’s stories in the Samoan language in the Samoan text, while the New Zealand born women’s stories were maintained in English and then I translated their stories into Samoan language in the same text. In this document, the same process has taken place. I maintained the Samoan born women’s stories in the Samoan language and followed this with my colloquial translation in English which the stories were told in. I developed this sequence to maintain the women’s voices in the stories without altering the meaning. I modified my original idea for analysing the stories when I developed a process of identifying the key words and messages in each women’s story depending on their language form. I drew out conclusions to emphasise the key messages and then I identified patterns of similarity and difference between all the stories. This process is documented in detail in Chapter Six.

The transcripts of the four Samoan born and four New Zealand born women’s stories were analysed individually and were compared and contrasted with the New Zealand born Samoan women to provide a balanced view, rather than comparing all Samoan born women’s views to the four New Zealand born women. This process is documented in
Chapter Seven. The ‘mafutaga a tina’ (Samoan womens fellowships) which consist only of Samoan born women was considered separately in the overall database. This is because there were thirty two women in the two ‘mafutaga’ (fellowships). I considered the larger number would have created an imbalance as their views are very different from the New Zealand born women.

I decided on a code to identify the different texts of the women’s stories. The whole story in Samoan and English language is coded (WSISEL); the whole story in English language (WSIEL); the whole story in Samoan language (WSISL); the altering of the Samoan stories into the English translation (ET); the highlighting of the key words or messages in bold; and my drawing of conclusion statements (DC).

In presenting Samoan women’s stories, I identified the women in three categories. The first category are the eight individual women. They are identified by Samoan born woman 1 - 4, and New Zealand born woman 5 - 8. The second category is group two, which consists of women from 20 - 50 years. They are identified by woman 1 - 17. The third group consisted of women from 50 - 70 years, identified by woman 1 - 15.

I then interpreted the collective transcripts of the stories using a traditional way of considering who we are, how we speak and where we live. There is a method of interpreting and analysing a problem within our traditional healing system that is based on a particular form of storytelling, speeches, prayer, and singing. This will be described in part two of this chapter where the difference between western storytelling and Samoan storytelling is discussed. I was always clear that my researcher role was to move in between the Samoan and English languages to maintain and translate Samoan women’s stories as their story unfolded. I had learned to intuit what the women were trying to tell me and then I would repeat it back to them in the writing. I trusted my instinct when I
determined their words when I was working with the transcripts. I realised that I was their advocate.

CONCLUSION OF PART ONE: MY REFLECTIONS

I hadn’t anticipated that there would be women who themselves had had abortion. They came into the study by chance, so they were self selected. I wasn’t looking for women who had had an abortion, but I wanted to find out what women thought of contraception and abortion. Having women who had experienced the reality of the phenomenon has made this study very powerful. Although it reminded them of the past, it has given the women the power to let themselves be free to heal.

Eventually through a process of deep reflection and sharing with the women whose stories inform the study, I became clear that in conducting this research I was not using the methodologies such as phenomenology or action research, but that I was using Samoan language and models. I had always intended to use a *faa-Samoa* process and gradually as it evolved, the research design became located as a *Samoanisi* research design. I had always wanted to think as a Samoan nurse who used research as a tool in my practice. I began to recognise that if Samoan own what we are saying we have conceptual and theoretical responsibility and control over the information. I realised that I went through a process of reconsidering social science and typical nursing research methodologies to develop the framework of *Samoanisi* methodology. I tried a design in my proposal, then compared and contrasted various methodologies and finally I positioned *Samoanisi* knowledge as unique to Samoan people and could see the authority and value of a *Samoanisi* research design. While I always recognised that I cannot think and live like a European person, and neither can a European person can think and live like me, I eventually could clearly see the essence of our knowledge as we talk in our own language.
We have our own uniqueness that makes us so special as human beings. This uniqueness gives us the freedom to interpret and understand our own lives.

This process has not been without issues both personal, professional and ethical. I was nervous to let phenomenology go as a research design, but as I became more clear in myself and my own ways, I realised that there could be both the method and methodology in the Samoan language, which I termed *Samoanisi*. I often found that I was caught in between the ethical procedures of the two cultures. I had to think very hard about this matter and ask myself, which protocol is correct in which situation? Should I take one and leave the other or take two? This resolved only with further clarification of the central concerns at issue of the research belonging initially to the Samoan community.

The use of inappropriate protocols in research have marginalised Samoan people. However, Samoan people are becoming aware of their rights to decline to participate in research. In Auckland, a study on women seeking abortion, Young et al (1994) noted that Pacific Island women were more likely to decline to take part than European women. What Young et al (1994) observed did not surprise me. There has been a developing awareness in the New Zealand Samoan community as there are more Samoan researchers who focus on research issues for Samoan people. I decided I would treat the research as a ‘gift’ or ‘knowledge’ that comes from the people and is owned by the people.
SUMMARY

The initial proposal described a research design based on *faa-Samoa* which used Samoan language as a method and methodology. However, when I was introduced to *Samoanisi*, I explored the words and I realised then that I use *faa-Samoa* to refer to the culture and anything Samoan, and I use *Samoanisi* to explore and discover in this case a method and a methodology. If I was to use *Samoanisi* as a methodology, I had to begin a process of creating research by considering how do I think, how do I know, what words matter? I reveal this process in part two of this chapter. I realised that *Samoanisi* considers and uses language as both method and methodology. The cosmology of the people and the way of exploring concerns and issues using language are not separate.

In my experience when the Samoan community was involved with the planning of research, they experienced being in control of the discussion and contributed to my further developing the design. This process is further explored and developed in part two.
CHAPTER FIVE
METHODOLOGY AND STUDY DESIGN
PART TWO - SAMOANISI

INTRODUCTION

Part two presents the thinking behind the development of the research design. The significance of these considerations warranted part two in this chapter to reveal the interwoven thread of language and thinking as separate and yet similar in process to developing the design and research. I discuss how I have begun to develop the links between Samoanisi as a way of thinking and being in a system of Samoan knowledge. And how I modified the tanoa model initially into an educational framework in my practice and then used the model as a research tool to consider the main themes from the women’s stories. In concluding part two, I make some comments about Samoanisi as a research methodology and its potential contribution to nursing scholarship in the Samoan nursing community in New Zealand.

The challenge was to reveal my own understanding about our culture’s knowledge in a wider context and to record how I have used Samoan language as a method to explore issues. I have been trained as a nurse in New Zealand to think in western scientific research terms using models and theories and I have an appreciation of the philosophy that science is built on. This beginning understanding was the basis from which I began to appreciate the deeper levels of meaning of how I view our Samoan thinking. I consider I have only begun the process of exploring and recording Samoanisi in this project. I have also tentatively considered the concepts known in western science as philosophy, cosmology, epistemology, ontology in relation to the Samoanisi methodology. Samoanisi is a cosmology in that it describes a whole cosmos for Samoan people. Samoanisi could also be said to have its own cosmology, philosophy, epistemology, phenomenology,
ontology and so on if these terms are appropriate in the ongoing research conversation. It may be that the Samoan community of researchers will decide that we have different terms and that these in principle make sense, but the basis of a cosmology and a philosophical system are radically different. This section doesn’t attempt to address this but rather reveals my personal interest and fascination with these ideas and the whole process of thinking about concepts that are important to human beings.

BACKGROUND TO SAMOANISI METHODOLOGY

I have chosen to reveal my own exploration as a narrative because I believe that just as my journey with regards to considering research design unfolded, thinking also evolves over time in response to situations and training. When I was training, my goal was not to develop a separatist research process but rather to find and use something from the wealth of research tools that could be credible and authentic. But there was also a rediscovery of my history and genealogy in our language and it was this exploration that influenced the development of the Samoanisi framework. Samoanisi evolved during the study as a research methodology throughout the study. I refer to phenomenology to show how I initially considered phenomenology as a methodology.

The term Samoanisi is inclusive of Samoan peoples custom and culture, Samoan language, belief systems, values, norms and protocols, healing system such as traditional healing, prayers, speeches, family discussion and hymns. It is expressive of Samoan’s as a people and the way we do things. It is meaningful to the extent that it provides identity for Samoan people. Samoanisi as an expression of Samoan culture is the mark which distinguishes me from other cultures by the way I view my relationships within the world.

I gradually created a framework based on my experience, cosmology and cultural foundations in the research. I identified that Samoanisi research is research done by a
Samoan nurse for Samoan people and with *fua-Samoana*, and in particular using the Samoan language and having an awareness of all things Samoan. At this point I can say it would be essentially different from any other form of research in which Samoan people may participate, in that it would use a methodology that is integral to the culture. *Samoanisi* is a term which Samoan people might be said to have cultural and theoretical control over. I believe that if we cannot define our own terms for research, we cannot control the philosophies that underpin our indigenous beliefs. I reasoned that if a methodology is based in our own language and attends to our cultural protocols, it signals we have conceptual ownership of it.

In order to come to this position, I needed to clarify my own position in relation to research in general and to justify why and how research in general and specifically *Samoanisi* might contribute to a better life, including better health and wellbeing. I needed to take this first step before I could reconsider the whole spectrum and interplay of how thinking occurs within a culture and is shaped by people.

I had to reconsider the five aims of the study and I clarified the purpose of the study as follows: to explore the place and attitudes of a small group of Samoan women to contraception and abortion; to analyse data to identify trends in attitudes of Samoan born women with regards to contraception and abortion and relate these to attitudes of New Zealand born women; to use Samoan language as a *Samoanisi* research method and methodology; to develop a Samoan methodology as a guiding framework for nursing research and education with Samoan people.

When I focused, I identified that my aims in the research design were as follows: to search for meanings and patterns from a *Samoanisi* perspective; to explore the issue of prediction and control as scientific processes when used by a non Samoan researcher and
consider what this concept might mean for a Samoan researcher; to explore the similarities and contradictions in Samoan women’s beliefs; to explore how Samoan women fully express their experiences using their own terminology or ways of speaking; to document the style of relationship I created between myself as the researcher and the women to identify an appropriate format for Samoan discussion and storytelling; and to explore processes of how Samoan community participation could establish the validity and trustworthiness of a study.

These steps helped me to clarify where I was going. On reflection I recognise that there were three phases occurring in my thinking during the research design. Initially I used *faa-Samoa* and phenomenology as a methodology. I worked with phenomenology and how it fits in with my *faa-Samoa* way of thinking and doing things. Initially I felt elated as I was able to relate *faa-Samoa* concepts to scientific thinking and scientific terms to *faa-Samoa*. But as I understood more about the meaning of phenomenology and research through reading Van Manen (1990) and secondary sources such as Giorgi (1970); Langan (1970); Colaizzi (1978); Cohen (1987); Sarter (1988); Denzin and Lincoln (1994), I felt unsure and I realised that we needed our own methods and potentially our own design for research as language and thinking are foundational and fundamental to ones being and authority in doing research.

I also realised that I needed to have two volumes for the thesis to present the languages accurately. Initially I referred to the first volume as the Samoan thesis and the second volume as the English thesis. During this second process the philosophical or what I then considered to be the cosmological framework, *Samoanisi* evolved. I worked with the meaning of *Samoanisi* as provided by Leota L.I. Ale (1995) and it became clear to me that although *faa-Samoa* and *Samoanisi* on one level seem to mean the same thing, I realised that it depended on putting a different emphasis on the two concepts. They work
in different contexts and I decided that I used *faa-Samoa* to refer to the context of the Samoan culture and I used *Samoanisi* to also refer to the Samoan culture, philosophy and cosmology. You will notice in the writing where I used *faa-Samoa* in the context of language, chiefly systems and culture, and I used *Samoanisi* to refer to the research design and other things that belong to or mean Samoan. At this stage I referred to the two volumes as the Samoan document and English document. I considered the two documents as separate and I wrote them separately according to the context, language, thinking and meaning I perceived when I walked back and forth between the two cultures. I then decided that this text is the thesis which includes Samoan language and a community document in Samoan language so it is available for those who only speak Samoan.

The next step describes how I started to think symbolically using my own Samoan symbols to discuss my cosmological beliefs in health and nursing.

**THE THINKING PROCESS BEHIND THE METHODOLOGY**

My considerations about research began with writing my own philosophy of nursing, based on my Samoan knowledge of health, in 1989. I used the symbol of a Samoan house to tell the story of Samoan culture. In using the Samoan house as a model and symbol, I realised that it became an expression of the understanding about my cultural foundations. For the first time, I started to recognise what belonged to me and what belonged to others. In an environment where we were all encouraged to write exactly what our beliefs were, I felt I could write freely for the first time. I expressed the core of myself and my nursing practice in Porirua. I was encouraged and supported by Mine Logovae Lavery, my critical friend and nurse, to see our own ways and to write strategically to gain health and education resources for the Samoan community in Porirua.
I also recognised the significance of using Samoan symbols to express and interpret Samoan thinking, the meaning of health, nursing and research. The Samoan house was the basis of the development of my understanding and thinking to explore health and nursing as faa-Samoa. Using the symbol of the Samoan house influenced me to begin to explore other Samoan symbols such as the kava bowl. I used the tanoa/umete (kava bowl) as a model to begin to develop Samoanisi as expressive of the identity of a Samoan woman and the meaning of their stories. The development of the tanoa/umete model initially was useful in describing my position but was not deep enough to enable me to express the women's position. I further developed the tanoa model with six steps which I describe as: the detail of my philosophical position as a Samoan woman and researcher in the study; and enabled me to also describe the women's stories; the themes and sub-themes which emerged from the meaning of the women's key messages; the development of the 'eyes of the people's model; and an educational model.

As described previously in 1994, I developed my proposal based on faa-Samoa protocols and sought the support and blessings of the key leaders of the community to back the project. I contacted Samoan women using the faa-Samoa way of doing things. However, although I intended to use faa-Samoa protocols to develop the discussions using Samoan language and storytelling with the women, I initially used phenomenology as the philosophical framework to underpin the study. As I became more aware of the use of language as a research method, I realised I could reposition the methodology.

I recall I simultaneously had all these questions in my mind. What belongs to others and what belongs to Samoanisi? What reveals the truth of Samoan women's stories? What is this truth in Samoanisi? I thought ah, it is the women's voices. Should I present their whole story to balance the lack of representation of women's voices? I began to consider what is the truth and how is truth represented?
I realised that certain things were not addressed and I decided that what we see and what is often reported on the surface does not reveal what is underneath. I began to search for a way to position this study in my world. I asked myself two things: who am I representing and how am I representing them?

Struggling with these questions enabled me to achieve a clarity of statement and position who I was as a researcher. I determined that it is Samoan women’s voices that I am representing and I am a Samoan woman. It is the truth of our stories which lies underneath the surface of our everyday life that has to be told. We need to have and hear our own stories first before people outside our community have them. I realised why I had to develop *Samoanisi* as a methodology. This realisation empowered me to represent every word spoken by each woman. I decided then to represent the exact story the way the women had told them in Samoan and English in both the thesis and the community document.

The thinking process in this study has involved a lot of walking back and forth in the worlds of Samoan and New Zealand or the faa-Papalagi. The original idea was to write the study in Samoan and then translate it into the English language. Living and being educated in the faa-Papalagi world had overridden my thinking in Samoan. I initially walked back and forth unable to write a sentence in Samoan. It took three months of walking around in circles, getting frustrated and trapped in the faa-Papalagi thinking before I slowly stood in my own space and started to write in Samoan. Initially it was only a surface text. I had to slow down to go back to basics as I found that I couldn’t work with the women’s stories until I got clear on where I stood. I realised that my being surrounded by the English language and the environment had a lot to do with my thinking. Writing in Samoan began a healing process of my inner self as I was able to express and reveal my thinking in my own language. I began to see the right way to do it was based on
the way I was born and shaped to think. Eventually I had no problem transcribing the women’s stories.

I visited Samoa in 1996. The trip enabled me to reclaim the language, the spirit of the people, the land and our ancestors. My sense of my origins came back slowly and my thinking became tuned in to the expressions and language in different settings. I reclaimed who I am. I started to think Samoan, dress Samoan, walk Samoan, talk Samoan and my whole being was transformed to what I consider to be the real me.

I returned to New Zealand and started writing in Samoan. After a few weeks, I was back in the English thinking. I was so frustrated that I decided to take another journey to Samoa in the beginning of 1997. I returned to Samoa to carry the women’s stories to the land of our ancestors, the land where I knew our language flourishes, the land where our belief systems originated from that influenced the meaning the women expressed in their stories.

The day I set footed on Samoan soil, my thinking seemed to ‘naturally’ switch to Samoan thinking. It was an amazing experience. I looked at the green environment, I heard the language, I saw the people, I was tuned in with my ancestors. I started writing. My Samoan thinking was grounded. My thinking centered and it made sense. It felt right. I thought I have put things into what is right for me.

I returned to New Zealand after three months and I found I couldn’t stop writing. I got to the stage that I had to discipline myself to put a stop on the Samoan writing and return to the English writing. I found I was so attuned to writing in Samoan. My whole being was over whelmed. I could finally stand clearly in my own space to articulate what was and is
mine and what belongs to others. I felt that the study had become centred and well positioned because I was able to position myself.

I returned to writing the English version at the beginning of 1998. To my surprise, my thinking process remained clear about the difference between what is *Samoanisi* and what is Western thinking. I found I was more able to articulate my thinking. The amazing thing was that I had internalised two worlds and I found that more ideas and thinking came into the English writing that are now not written in the Samoan version! I eventually relaxed, laughed and wanted to go back to the Samoan writing to add what I had found in the English writing, but I decided to carry on and to accept that the two writings evolved from different moments and contexts. I consider that the two writings both hold the essence and reality of the two worlds.

I ASKED MYSELF WHY DEVELOP A SAMOANISI METHODOLOGY?

*Samoanisi* is based on a cosmology that existed long before European contact. The deep thinking of *Samoanisi* evolved from a cosmology which is a system of knowledge based essentially on the *matai* (chiefly) system, family genealogy, *matai* language, formal and informal language, the healing system and a story that is passed down from one generation to another generation. Meleisea cited by Leota L.I. Ale (1995, p. 68) wrote that "Samoanism is like the greatest god for the greatest number; in other words, that if the interests of the group came into conflict with the interest of the individual, the interest of the group took priority".

In my understanding of the Samoan cosmology, in the past we believed in our own god, and in either the dead or land. The dead's spirit was considered to be with the people on land and watched over its people. In the past people worshiped our ancestors and considered the environment as an important aspect of the universe. This provided the basis
for Samoan religion in the past. There is an assumption that religion is a concept introduced into Samoa, but the mere fact is that, religion has always been with Samoanisi in their own practice.

I consider the cosmology is based on the genealogy of the aiga (family) which has always been central in the Samoan culture. The matai (chief) overlooks the affairs of the aiga. The hierarchial status of the aiga occurs by passing down the family name. The shifting of the cosmology from the ancient past to the modern present day has occurred through formal or Christian religion, in which God is referred to as God who is in heaven. This has influenced people’s belief that the spirit of the dead goes into heaven to meet the almighty God, God of God, the creator of people, heaven, sea and earth. Older people recognise the original cosmology in which the spirit rested in the land, while they attend Christian churches and worship God.

The term ‘Faavae i le Atua Samoa’, Samoa is founded on God and highlights the importance of God in the lives of Samoan people. The nursing profession believes that a human being is created by the biological act of conception when a male and female engage in a sexual relationship. The belief of some Samoan people is that the conception of a human being is an act of God. For instance the term ‘children are gifts from God’ (personal informants) is said to mean God is involved in conception.

I consider that a cosmology exists today which combines both an ancient and modern understanding of both religion and culture. Faa-Samoa considers religion and culture as equal in family life, church life and community life. For instance, if there is a church event, religion and culture are considered to be the most two important aspects of the ceremony in terms of a ‘lotu’ (church service) to open the ceremony, followed by long speeches, reciprocating of gifts and fine mats, food and entertainment. This practice is the basis of
religion and culture which interweave to form the *Samoanisi* cosmology in today's Polynesian world.

I had read with interest in the literature Handy's (1927) description of our cosmology. For instance, he commented that Polynesian cosmology depicted a universe which was a psychic dynamism manifesting itself physically behind and within all natural manifestation as both life and psychic force. I realise that there are many ways of knowing in the world, however, I found that *Samoanisi* is unique in its own body of knowledge derived from its own living system of being in the world of *faa-Samoan*. Some Europeans like Handy recognised that Samoan health concepts, like those of other Polynesian peoples, are intricately tied to their philosophical religious beliefs (Handy, 1927). According to Handy in all of old Polynesia he described an "ancient" esoteric teaching in cosmology which postulated the pre-existence of a self-created world soul which it was believed evolved the world and universe out of itself, and called manifest existence out of nothingness by the power of the word. Handy further noted that the Samoans attributed to a supreme being, as the cause, the emergence of tangible and visible reality from the empty and lightness void in which this being had existed alone. Kramer (1902) commented that the Samoans, according to different authorities, described the sky as being divided into eight, nine, or ten layers or regions which were inhabited by the gods and the souls of chiefs. He said that the creation of these heavens by *Tagaloalagi* (the supreme being) comprises an important aspect in Samoan cosmology.

The findings of Forsyth (1983) indicated that in the literature which exists concerning the pre-contact (with Europeans) beliefs of the Samoans, there was a clear indication of an extensive cosmology. He described cosmology as a "*living system based on experience*", the whole of the whole being. I intend to go back to these documents and explore with
older women their idea about natural ways of spacing children, birthing, healing practices and how they live and think as Samoan women who hold on to their own beliefs.

As I was exploring the literature, I found my colleague Margaret Southwick’s (1997) view on Pacific Island nursing and research to be very important. Her position encouraged me to express the ideas behind the reality of my thinking. I have shared my interest in developing and exploring Samoanisi methodology which also derived from inappropriate research that marginalises Samoan people into boxes and numbers. Southwick called this ‘window dressing’. According to Southwick, window dressing is a “position which arises from a modernist paradigm which represents social structure as simply the natural order of things” (p. 2). Southwick quotes Fay, who writes that “as a dominant ideology, which assumes a cultural ascendancy with the power to privilege, and legitimate some, while at the same time disadvantaging and marginalising others” (p. 2). Southwick continued to comment that the ‘window of opportunity’ opens up a space between marginality and chaos to move in and out of both Structure and Chaos. Southwick noted that this space is a radical possibility that lies in a post modernist paradigm in which “reality” is constructed from multiple discourses, which are enriched by the sound of many voices, and which enable people’s experiences to be legitimated. I realised then that Samoanisi research is not ‘window dressing’ but a ‘window of opportunity’, which can reveal appropriate ways to do research in the Samoan community. I realised why I could not bring an idea from another culture and say, ‘this is the way to do it’.

Being a Samoan nurse and an indigenous woman, I identified with the ‘truth’ or authenticity of the window of opportunity as being research designed from within our own reality. Samoanisi reality is an indigenous reality in which knowledge is embedded which means it is a cohesive whole and cannot be pulled apart into concepts separate from the form of language. I consider Samoanisi research to be in the modernist ‘window of
opportunity' which might enable us to develop our own terms, so then we can consider our cosmology. I have reflected on the usefulness of the terms cosmology, philosophy, ontology and epistemology. Words such as ontology and epistemology are not recognised in Samoan language but I believe that we have our own terms to describe what these words mean as I have suggested below.

I tried out some words and Samoan descriptions to fit in with these terms: philosophy; *filosifia poo se mafausauga*, wisdom and thinking about thinking in *Samoanisi*; ontology; *o le natura o le tagata soifua ma lona s'i'osi'omaga*, *e faatusaina le tagata soifua i le "being" a faasino le "Being" i le s'i'osi'omaga*, the nature of a person and his/her surroundings, the ‘being’ refers to the Samoan person and *Samoanisi* is the ‘Being’; epistemology; *o se malamalama e onaina e ni tagata ma latou fefaasoasoa’i ni lagona ma manatu*, is unique knowledge owned and shared by Samoan people known as *Samoanisi*; cosmology; *o talitonuga faa-atunuu e maua mai i aganuu a le atunuu lava ia*, Samoan beliefs such as healing practices or Samoan sickness caused by the ‘spirits’.

In my own exploring and sharing of ideas I have invited open discussion in this area. In revealing my thinking of how I worked with these words, I thought they looked strange initially, but now I have to wait and see if people might build on them or suggest we let them go. I feel like this is possibly how people have explored in the past by synthesising ideas and words between Island peoples. Some Samoan people might not understand or might object to my working with words in our language. However, Samoan people still have their patterns of knowing such as: telling the time by using the tide sequences; using medicines and healing practices; using astrology to predict the weather and the planting and harvesting of the crops; and navigation by the stars of canoes from one island to another island. Many ways of knowing create a cosmology and the details that were in
chants and lineage stories have largely been lost through the such competing knowledge forms as Christianity, western education multimedia and not the least being professional training. In the future nursing research may contribute to identifying older patterns of knowing that contribute to our knowledge of healing for instance.

The Relationship of Philosophy-Ontology-Epistemology to Samoanisi Methodology

In this section, I want to reveal some of the tentative exploration I have made between the German philosopher Heidegger’s philosophical writings and my understanding of Samoanisi as an indigenous woman. This ‘wordsmithing’ or the creation of new words was part of my exploring how to put my ideas along side western philosophies. By creating an edge for my intention is to surface the differences and similarities in language forms the two cultures use.

Heidegger (1962) defined philosophy as the universal phenomenological ontology based on the hermeneutic of human being. Ontology is concerned with the nature and relations of being. Ontology is defined in two ways; the "Being" and "being". The Being is presence in the world, as opposed to being, or "being there", which signifies people (beings) who comprehend this presence. Being, a phenomenon itself, is the presence in the world through which truth is self-determined. It is the ground of all beings. People and Being are interdependent; all persons (beings) need Being, and Being needs beings (persons). They subsist together. The unique distinction of persons is that they stand as beings not only in the midst of Being but also as beings exposed to nonbeing-that is, death. Schultz and Meleis (1988) defined epistemology as the study of knowledge, or theory of knowledge shared among the members of the discipline, the patterns of knowing and knowledge that develops from them, and the criteria for accepting knowledge claims.
When I considered Heidegger’s writing and specifically these terms, I realised that I could relate to the words and meanings of philosophy, ontology and epistemology. I sat down and wrote what I knew to be ‘our own way’ of knowing and being and organising knowledge into our reality. I began to be fascinated with how language and words work, how stories are used and how in fact stories heal and bring health. My impetus was as follows: often in practice and in the discussions with women, words alone do not heal. It is the way we use them to reflect the deeper structure of thinking and feeling as humans that is important. My colleague Margi Martin says, “*I tell a story to catch a story...to have a story attracts a story*”. She believes it is not possible to listen to another’s story until your own story has been told/heard...to have your story listened to is healing.

I consider that faa-Samoa is both a cosmology and a body of knowledge that is based on the chiefly and kinship system which aims to maintain harmony of the living and the non-living as an expression of good health. Good health is maintained when there is harmony between the people and the land. These ideas are expressed in Samoan language in a unique way that makes *Samoanisi* distinct from other cultures. Culture, land, religion, the people and language inform the basis of being Samoan. Culture which is transformed by the relationship of people and nature is the underlying phenomenon which reveals the truth of a people. *Samoanisi* cosmology is based on the belief that Samoa existed from the beginning of everything. It has its own sets of rules to follow regardless of academic qualifications from the Western world. We say, “*O Samoa ua uma ona tofi*”; Samoa is a living cosmology. This means that nobody can ever change the cosmology of Samoa. There is a well known saying that ‘*no one cannot break the principle*’. One example of a case which shocked the whole Samoa nation in the late 80’s, highlights that *Samoanisi* holds true to its beliefs to protect the culture.
A Samoan man who lived in New Zealand for many years had decided to return home. He had a business in his village and was very successful. The village policy bans any form of trade on Sundays because it is a holy day and people must respect it. He opposed the village policy regardless of many warnings. His shop was burnt down and he was killed. It is a sad story, but demonstrates that you cannot impose other beliefs and ways above the real faa-Samoa.

Samoan beliefs, customs and practices are shared among the family, matai system and the religious system. They interact and never stop interacting. This underpins everything and is expressed as nature and natural. Heidegger's term ontological phenomenology could perhaps be similar to what I suggest is how 'the truth' and reality is interwoven in fa'a-Samoa. The "Being" is Samoanisi or culture and "being" is the Samoan people. Samoanisi comes from Samoan people. One cannot function with out the other. They are inter-related and interdependent. In all cultures, religion and health are inseparable, and in some cultures illness and curing are positioned as separate from religious beliefs to indicate the distinct difference between the states of being. However in Samoan, these beliefs are not separated. These beliefs are interwoven to create a cosmology within Samoanisi.

The Samoan language is recognised as a body of knowledge in its own right. System of Samoan knowledge requires a knowledge of the language, both formal and informal, religious language, chiefly and polite language and everyday spoken and written language. The everyday spoken language is spoken by any Samoan person. The chiefly language has a special place. It is learnt by ear, by experience and practicing within the matai (chiefly) and aiga (family) system. It is used appropriately according to its customs and protocols. I consider the chiefly language as equivalent to an academic qualification because not all
Samoans can speak and understand the context of its use, particularly when Samoan proverbs and historical expressions are used.

Religious language is used in special occasions but mainly in churches. The religious language is taught and shared among the discipline of Samoanisi which includes a'oga amata (pre-school), a'oga Aso Sa (Sunday schools), family and community.

The polite language is taught from birth until death. This language is mainly used in human relationship and integrated with the everyday spoken and written language. It is also used in taboo issues to uncover the offensiveness of a word. For instance, when talking to an Elder, instead of saying 'ua e fia 'ai', you would say in polite terms, 'ua e fia taumafa'. This means instead of asking an elder if she/he is hungry, you would pose a question, 'would you like your dinner now?'

The older women in this study refer to the polite language to 'uncover' their talk when talking about taboo issues. For instance, when they refer to 'sex' in Samoan language, they would say "o tulaga faapena" literally means 'those things' rather than saying 'sex'. Before they speak, they would say in Samoan “seivae atu lava lo outou mamalu” meaning they are apologising to the audience for the inappropriateness of the talk.

The Samoan language both spoken and written provides Samoan people with a unique knowledge that both, gives us the patterns into our culture, and being able to understand our experiences. The Samoan language is our first school; it makes sense when we tell stories in our language and gives us meaning to our reality. Lumby (1992, p. 18) quotes Eckhartsberg who writes that "Human meaning making rests in stories... To be human is to entangled in stories." For me the experience of listening to great stories and linking my thinking with nursing teachers like Australian Professor Judy Lumby was both a
challenge and inspiring. The stories were powerful and true. But it also drove me mad because 'they' seemed to be so right and 'we' had no place. I put our Samoan way of storytelling right beside her stories and it kind of worked initially, but then I felt uncomfortable and realised I was muddling things. I realised cultural things such as ideas needed to have separate spaces. Eventually I realised each language is an epistemology and ontological system that has its own integrity that creates a reality that works for those people.

Samoan ‘ways of doing things’ is a process of learning how the elders talk and do things. Samoan ways of doing things is based on leadership skills and knowledge of the older people or by the leadership and guidance of the matai (chiefly system). In any Samoan occasions or gatherings, the matai (chiefs) have the authority to speak to represent the people’s voices. I have a sense of authority as a woman matai to speak in this position, but it is within a carefully developed understanding of the role and the way it shapes the life I live. I have to reflect and pray for guidance about the best way to speak while I am still learning. This awareness of the matai role has enabled me to position the talk in a way I know how older people do things that is acceptable in the community. I went through stages of merging and separating within and away from the faa-Papalagi ways and language over and over until I found my own voice I trust. Now I see how the language works and can be used. A good study if it is done well is ‘self healing’ for the researcher and the community. It should be done with the people and not on people. This process of collaboration developing the trust and the caring relationship I term the vafealoaloa’i which is between myself as a researcher and the community. In Samoan protocol, the caring relationship and ‘fa’aaloalo’ (respect) is the key to working in partnership with the community. As a researcher I never assumed that my academic knowledge reigned supreme over the community. I always acknowledged the key to open the door to the community is one word and that word is ‘respect’.
My knowing how things had to be conducted according to protocols gave me a position to be articulate about the issues of contraception and abortion. It is a way of doing things that is 'true in my own reality' and understanding and awareness of my culture. This way of doing things is embedded in the silence of the self and until such time as it is expressed it remains unknown.

STORYTELLING: SAMOANISI AND FAA-PAPALAGI

In this study I created the atmosphere in our own faa-Samoan way to draw out the women’s wisdom to reveal their stories in their own language. I attempted to maintain the authenticity of the women's stories, by participating and listening to the women's voices, to hear their stories. I recorded the women's voices and maintained the women's stories exactly the way they were being told regardless of the grammar in the text. When editing into a readable style I considered their whole story. I considered that storytelling gave the women a meaningful voice, a feeling of validation, self-actualisation and acknowledgement, integrity and self-worth. Storytelling empowered the women to connect with their inner self, to share and be heard and to reveal both their secrets and their shame. The truth of a story was revealed in the main thrust of the story. Telling the story healed the pain and the hurt that was hidden underneath the surface and provided relief and new challenges and re-united the woman’s spirit with each woman.

It seemed to me that there are ideas that are shared similarly in the Western and Samoan storytelling traditions which are as follows: we tell the whole story and not just bits of a story; we select and identify the key idea or themes of the women's stories; we give the women the opportunity to interpret and construct their own experience; we enable the women to express their feelings so that strategies are put in place to counteract the issues; we know telling their story heals the pain and allows a time of forgiveness between the
women being affected and the family; we give the women time to re-heal the hurt so that they can get on with life.

Nunamiut's definition of a storyteller in Krysl (1991) is "the person who creates the atmosphere in which wisdom reveals itself" (p. 31). Storytelling in a sense, draws the researcher into something participants are already doing, telling stories about their lives, making sense of their lives (Sandelowski, 1991). I realised that to understand a person's story is to hear and put yourself in the person's place. According to the Personal Narratives Group (1989), the truths of personal narratives are the truths revealed from the real positions in the world, through lived experience in social relationships, in the context of passionate beliefs and partisan stands. Knowing how and why such stories are true is part of the process of maturing, and is fundamental to intellectual, emotional, and social development (p. 261-263).

In my experience, Samoan culture seems to have similar styles for storytelling as the other cultures that I have experienced. Before we had books, Samoan culture relied totally on storytelling. Today telling a family genealogy to claim ownership of land and a matai title is the expected process. Storytelling is the way information is passed on from one generation to another generation. Nelson, cited by Riessman (1993), reported that telling stories about past events seems to be a universal human activity; it is one of the first forms of discourse we learn as children and is used throughout the life course by people of all social backgrounds in a wide array of settings.

In my practice I identify a 'real' story as a story told by Samoan women for Samoan women in the Samoan language. With Samoan storytelling essentially one listens. The elders have a body of knowledge held in story form which they consider is a gift. I experienced that there is a special way and time of passing on knowledge in storytelling
when I was a child from my grandfather. He waited until everybody went to sleep and he would tell me the story of the Mau movement when Samoa was ruled by the New Zealand government. When I reflected on this experience, I recalled that older people do often wait until it is night time to pass on the stories, when everything is peaceful so that the listener absorbs the wisdom. They hope that one day you would pass it on to your children and grandchildren. We hold information and pass it on to the next generation when it is appropriate, for instance when there is a space when it can be considered.

Nokise in Manchester (1995) explained that “in Samoa, words are sacred. Although we haven’t always had books, words have been with us from the beginning. In the beginning was the word - and the word was in the beginning” (p. 8). Samoan people learn about the world and the essence of the Samoan culture by seeing, observation and listening. A person who eloquently masters the Samoan language and culture is recognised in Samoan tradition as someone who listens and takes into account what the elders do and say. Oral stories are still used in court cases in Samoa to determine the genealogy of a family and village council meetings. In village meetings, nothing is recorded in writing. Everything is spoken and absorbed by people. The untitled men are not allowed to speak but have to listen to the elders until they are blessed with the chiefly names, then it is their turn to speak but still, within a carefully prescribed way. Samoan people believe in storytelling as a way to tell the truth.

Horton and Finnegan (1973) cited by Lumby (1992, p. 14) said that “Storytelling has also been shown to be culturally related since in non-Western cultures men were, and are, very involved in storytelling as a way of passing down knowledge to young males”. In Samoan culture, stories that are passed down from our ancestors to our generation by the elders is the key to knowledge development in Samoanisi particularly in the faa-matai (chiefly) system. A chief would never read a speech in public. He relies on his speeches to
articulate his wisdom. When it is their turn to speak, they recall stories directly. The Personal Narratives Group (1989) state that in ‘oral cultures, elders consciously tell life stories for the edification and socialisation of children in the community’.

In Samoan culture, there are several forms of language used in accordance with different contextual situations. When sacredness is discussed, the polite language is used to uncover the sacred words so that the listeners are not offended. The older women in this study refer to these words and language in the form of telling their stories. For instance, before they speak about the sacredness of the body, they say, “le mamalu o le tatou mafutaga”, ‘the dignity of our gathering, excuse my bad mouth and the language I use’. This form of speech is used to uncover the sacredness of the body because of the notion that anyone who speaks this language is impolite and uneducated.

When I asked the women in this study if they thought that Pacific Island women use abortion as a method of fertility control, ‘they said “no”. This revealed the essential truth directly from the women. I consider that it is their authority to know the truth of their circumstances that allows them to be very direct and clear in their response.

Brody (1987) supports the importance of stories and storytelling for healthcare. Brody argues that storytelling is the primary way we make sense of our experiences. An experience exists but takes on meaning for the person in the telling of a story. Brody goes on to suggest that storytelling heals both the teller and the listener. The Personal Narratives Group (1989) noted that ‘shared stories’ provide significant ways of understanding the world.

The Department of Nursing and Midwifery at Victoria University has developed an open space as part of its pedagogy. In the seminar groups participants who are students use this
space to tell their own stories. Telling our stories to each other enables the mutuality of learning as adult students to work to support everyone and lifts the energy of those who are still struggling to describe their practice. This teaching learning process has encouraged me to tell my own story and the story of Samoan women. Lopez (1990) cited by Krysl (1991) recognised this process when she said, “The stories people tell have a way of taking care of them...Sometimes a person needs a story more than food to stay alive”. She continues and says, “a story does not exist in a vacuum. Story is by its nature personal. It involves, always, at least two people. It cannot occur other than from person to person, from speaker to hearer, from writer to reader” (p. 30-34).

Storytelling in this study, the women’s voices are the real stories. We told stories to each other. I listened, recorded and wrote their stories of the past, stories of their beliefs and stories that revealed the truth of their whole story, their sadness, love, shame, misunderstanding and frustrations. As I listened to the women’s stories, I felt that there was a sense of relief and healing as they were able to reveal their feelings with the following comments: “it is sad what is happening to our women; they do it (meaning have an abortion) because there is no support from the family and because of the eyes of the people”; “abortion is not a method of fertility control”; “contraception is not a Samoan thing, it is a Papalagi thing”.

What I heard the women say deep in their stories was their ‘truth’. Krysl (1991, p. 30) asks the question, “What is it about stories that is healing? Why is a story more satisfactory than the truth presented in statistics? What does a story give us that a newspaper article or the evening news does not?” I realised that statistics on contraception and abortion will not heal the issues that affect Pacific Island and Samoan women (Sceats, 1985; North, 1989; North and Sparrow, 1991; Sparrow, 1991; Young et al, 1994). ‘An ‘Outsider’ or a non member with a different social status cannot get into
the culture and would produce specious results, or worse, commit flagrant errors in interpretation that promote prejudice, discrimination and socially unjust behaviours between ethnic groups’ (Anderson, Hughes, Ross cited by Kauffman, 1994, p. 179). I recognised that the stories told by Samoan women in this study revealed their knowledge about contraception and abortion and are coherent accounts of their experience. I positioned myself as a Samoan woman, researcher and advocate for Samoan women’s voices to support the reality of their beliefs.

The Truth is found in Storytelling

Stories and the storytelling process are most powerful when the sense of truth telling, the meaning of the story and the honesty of the storyteller in telling the story are integrated. When I found these three aspects together, I recognised the power of the story, when they said, hold the truth of the women’s reality. I could recognise that the women were telling the truth when they said Pacific Island women do not use abortion as a fertility control. I asked myself, if someone asked me if I personally support the view that Pacific Island women use abortion as a contraception, what would be my view? If I separate my professional and family life, I would have the same view as the women because we understand each other, we share the same lifestyle and upbringing. I found that when I talked with the women in Samoan and English language about our life situations, I realised that we were sharing because we are all Samoan women. “To understand one’s own life in light of these stories is to be a full participant in a particular culture” (Personal Narratives Groups, 1989, p. 261).
THE RELATIONSHIP OF STORYTELLING TO PHENOMENOLOGY

This section reveals what I learned from reading phenomenology and my decision not to use it. I discussed phenomenology earlier as a theoretical framework that shaped my way of thinking at the beginning of this project. I considered the connections between storytelling and phenomenology as both methods could reveal the 'lived stories' experienced by a person. I initially used phenomenology to relate to storytelling as it aims to recognise the meaning of the women's voices. I considered phenomenology could be used in the Samoan context to explore the experience of Samoan women through storytelling. I found no single word in Samoan language to describe or interpret the meaning of phenomenology, however, I tried out a new term 'finomenena' which could mean phenomenology. I realised that just as there is an art to using phenomenology inquiry, there is also an art to being a researching Samoan as a cosmology and a method in research. I have described how I initially 'fitted' the faa-Samoa with the phenomenological method. I moved in between faa-Samoa protocols and the Western model to contrast and compare its advantages and disadvantages. Sarter (1988) stated that a phenomenological model is like a universal skeleton that can be filled in with the rich story of a each participant, but I discovered that phenomenology would not account for the complete story of each participant.

I tried to bridge faa-Samoa and phenomenology using finonemenen. While this gave me a position to further explore language, ideas and thinking about thinking from a Samoan way, I came to a decision that in walking back and forth between the protocols of faa-Samoa and phenomenology, I was losing the important tone and ideas in the women's stories. However I decided to present my position as an indigenous Samoan woman, writer, nurse and researcher, and to create a platform for my thinking around ideas, words, language and thinking about thinking within my own cultural framework. I recognised the use of phenomenology for the following reasons.
While initially I had considered that phenomenology was an appropriate method to explore the women's inner feelings and to construct the beliefs and meanings of their stories, the real story is the story told by the teller and only heard by the writer. For instance, I considered when a woman is criticised when she has had an abortion and is labelled a 'murderer', and when I asked a woman who had had an abortion about her views, she would have her own method of constructing the experience. One woman in the study said, "I was raped, I didn't love the guy I was pregnant to. I did it because I was young and have no support". Another woman in the study said, "my abortion brought us together; I knew what I was doing was wrong, but I was a student". Sarter (1988) identified the subjective understanding, subjectively encountered, in human conditions or events such as pain, courage, cancer or miscarriage. As I was hearing these women sharing their stories I knew that retaining their actual voice in their story in the text was crucial. I have always believed that the lived story is a living treasure that is filled with the richness of the person's inner being.

I was sitting face to face with the women while they were telling me their stories. A tape recorder was placed on the table. I listened while the women sought to control their voices in the language that they were comfortable in. I sat back while respecting their right to talk openly and voluntarily so they could control their own time, place and ways of talking. The language the women used convinced me that their choice of language in the storytelling was very specific. They quite consciously revealed their beliefs about contraception and abortion to me and their philosophy about life. They enabled me to understand their experiences.

A lot of my exploration has been spent clarifying what is my own and what is our Samoan way, what belongs to others and what I have been trained in. The nature of the project, both the specific question and the longer conversations forced me to clarify who I am and
what is the Samoan way. I have been able to stand clear in my own space of *Samoanisi* to present a text that carries the talk of our traditions. I have loved rediscovering the symbolic talk, the proverbs and the prayers that allow our women’s voices to be heard. This talk is crystal clear in our own way of thinking. I have tried to steer toward this clarity in my practice and in presenting the thesis while recognising my understanding is evolving and maybe only ever partial.

**SAMOANISI AS A METHOD AND METHODOLOGY**

In this section I describe how I developed *Samoanisi* research methodology which is based in and inclusive of our own cosmology, philosophy, language, model and framework. I developed and modified the *tanoa* model based on my exploration of our cosmology and language. I made the link between a cosmology, and the method and the methodology in research. I made the link between how I practice and the way I see *Samoanisi*. This was how I evolved the framework that led to the development of the research design.

*Samoanisi* as a Methodology

*Samoanisi* methodology takes us not only into a universe of new words and language, but also into radically different ways of thinking. I use the term radical because I am suggesting something very different from the usual understanding Samoan people have of their culture. It is important that I clarify why I want to articulate *Samoanisi* methodology. *Samoanisi* research methodology is unique to its own value system, *faa-Samoa*. To understand *Samoanisi* and its framework, one has to be born, bred and live in it, to experience and understand the protocols and values that embrace the cosmology and inherent belief systems. I developed *Samoanisi* as an overall research design by focusing on the language and protocols as the methodology and the method of this study. *Samoanisi* as a methodology and method can expresse the meaning of the
women's stories and experience as lived by each women in the story as they have shared it, just as phenomenology does. I considered that to assume I knew about the experience of abortion and contraception as an interviewer and observer would not support the women to reveal their real story. I found that unless I was clear as a researcher and understood how I would position myself in the research, I simply could not reveal and convey the meaning of the story and experience from the women's perspective.

I have no hesitation in saying that no person who is non Samoan would ever be able to describe and understand the Samoanisi epistemological framework. I consider my being born a Samoan woman who was bred and lived in the culture gives me the authority and right to discuss possibilities for evolving changing people's ideas and attitudes through education. As Samoans we know the meanings, values, beliefs and protocols that underpin our cosmology. Standing in this position enabled me to clarify other decisions in the research. For instance, I decided to explore the expressions of the women's stories not as a linguist but as a nurse. The women and I talked together to reveal how we all position ourselves and how we make sense and view the reality of our world of Samoanisi. I talked with the women about the experience I described as the 'eyes' of the inside and outside. By this I mean that the women knew why our women have abortions and do not use contraception because of the talk in our communities, and the impact of policies on the well-being of our women. I talked as a nurse and a Samoan woman when I was exploring the essence of our women's talk. The 'talk' that we know of as our conversation is the specific way we conceptualise our beliefs and constitutes the reality of our experience.

In the 'discussion with the women' on the issue of abortion, I became the person they wanted to share their painful stories with. I recognised that just telling the stories about the abortion was not enough. As a nurse I didn't consider it appropriate to not continue the conversation to a point of closure or resolution. We used our ways of 'laying down or
straightening the talk’ with healing practices of prayers, speeches, blessings, singing to acknowledge the issues. We have our own ethical protocol for keeping everyone safe in ‘talatalaga aiga’ (family discussion) or deliberations while not denying the issue. We have a certain ways of using healing language to rediscover issues with deep respect.

Samoan language as a foundation of Samoanisi and the research design

The Samoan language and protocols structured the process of this study. The language holds to a form that allows the truth of Samoan women’s stories and regardless of how the story was told, to remain. The stories told by Samoan women are in essence Samoan women’s stories and can only be theirs when they are reported in the language they are told in. If the core of one’s identity is in particular language, Samoan women’s identity is expressed by stories they tell. Talking to the older Samoan women in English would paralyse their expression of their feelings.

In Samoanisi, our words and body language portray our attitude towards people. People read us from inside-out by the way we talk, the way we dress, and the way we walk. There is a Samoan saying that says, “e iloa lava le tamali’i i anu tu ma lana tautala.” “It is easy to know a noble by the way she/he stands, talks, dresses and walks”. This means that regardless of whether I am a Samoan, but if I don’t know how to approach Samoan people in the appropriate language, manner and attitude, I wouldn’t be supported. This raises a question for me: how can the English language takes the place of Samoan language given that a Samoan researcher will not be accepted if she/he does not have the attributes required by the people?

The core and heart beat of this research is the Samoan language. The English language is a ‘second’ language. The English language does not provide the same feeling that the Samoan language does. I feel the spirit of my language as I talk and express anger and
happiness. I don’t find humour in some English jokes I am told and I don’t join in with the laughter. This doesn’t mean that I don’t respect the language, but it is the language the joke was told in that doesn’t make sense to me. When telling a Samoan joke, I laugh my head off because I conceptualise what it means according to the language the joke was told in. Merleau-Ponty cited by Riessman (1993) suggested our linguistic ability enables us to descend into the realm of our primary perceptual and emotional experience, to find there a reality susceptible to verbal understanding, and to bring forth a meaning for the interpretation of this primary level of our existence. By finding meaning in experience and then expressing this meaning in words, the speaker enables ‘the community’ to think about the experience.

The Tanoa Model as an evolving Methodology
I have discussed how I thought about using the tanoa as a model for this study in Chapter One and developed Samoan symbols such as the Samoan house to explore Samoan health messages. As I was clarifying my thinking, I understood the deeper meaning of symbolic language particularly in using the term Samoanisi.

The development of the tanoa as a model and framework portrayed the place of a Samoan woman in the family, village, religion, and the nation. I realised in my practice we needed to develop our own models from within Samoanisi to tell our stories, rather than using models that belonged to other cultures. The tanoa model is Samoanisi and was designed to hold the meaning of what it means to be a Samoan. The tanoa is used in 'ava ceremony as a sign of welcoming and good wishes, therefore, it creates a place and space for unity. This is the basic reason why I used the tanoa as a model because it gives people the space to explore deeper meanings. The tanoa also created a system for ‘healing’ the hurt, embarrassment and guilty feeling of the women. The model symbolised a sacred place to protect the women’s stories and a healing place to search for meanings and patterns of
what it means to have an ‘abortion’ or to use contraception. It allowed the ‘tama’ita’i’ and ‘tina’ o Samoa (Samoan women) to explore and uncover the meaning of their own experience within their own terms. I will discuss this further in chapter seven when I present the women’s stories.

Further modification of the model evolved which is outlined in Chapter Seven and Eight. The models provide discussions and ways I have designed the next stages in the collaborative project between myself and the community.

SUMMARY OF CHAPTER
This chapter has used a narrative approach to describe the development of the research design and methodology in two parts. Part one discusses the beginning processes of the research and the practicalities of how I went about undertaking the research and developing the tanoa model. I used faa-Samoan to guide the research design at this level until I recognised that my thinking was not deep enough.

Part two presents the next step in developing my thinking through five stages in the tanoa model and considering samoanisi as a research design and methodology. samoanisi is the guiding principle of the research design, protocols, models and framework. The tanoa (kava bowl) is the overriding theoretical model and framework to explore, interpret, analyse and store the women’s stories.

samoanisi as an overall research design and methodology had given me a unique position as a Samoan woman, researcher and nurse to position myself in nursing research. I found that by using my own ways of thinking and exploring, our methods had made me understand more about research, which I knew very little about. samoanisi had enabled me to get closer to my language and culture that I was born in. As a researcher, I realise
that there are many ways of knowing and I found that the best way of knowing how to know something, is to explore my own ways based on my cultural capital. This chapter is based on *Samoanisi* and is a guiding framework that forms the basis of my thinking in developing ideas of the research design and methodology.

There is a process of establishing the trust between the researcher and the community. It is a time to work in partnership with the community, to involve and to empower them with the sense of ownership in the whole process. The symbol of *Samoanisi* gave me an appropriate way to do research for our own people with a sense of transformation and celebration. This has happened because I trusted myself and valued the way I was born and raised. I walked with my elders and my people in the journey of this study that I found myself connected to the essence of my being, my world, my space.

In conclusion, I found that by discussing the processes of the research in a timeline sequence, I have been able to think how I shaped the woven threads of the method and methodology into a whole design. I feel privileged to use *Samoanisi* as a research design and methodology in this study, as it had given me a unique voice, eye and ear to position what belongs to me and what belongs to others.
SECTION THREE
CHAPTER SIX
THE PROJECT
PRESENTING THE SAMOAN WOMEN’S STORIES

INTRODUCTION

This chapter presents the three types of stories that emerged from this study: stories told only in Samoan language; stories told in English and Samoan language; and stories told only in English language.

The much older Samoan born women from 50 to 70 years were the ones who told their stories only in Samoan language. These were Samoan women who have lived in Samoa most of their lives and came to New Zealand in their late forties and fifties. They have had children born and brought up in Samoa and have New Zealand born grandchildren. In this chapter, their stories are told in Samoan language and then translated into English in the colloquial language their stories were told in.

The middle aged Samoan born women from 30 to 50 years were the ones who told their stories in Samoan and English language. These are Samoan women who came from Samoa in their late teens or early twenties and have been educated in New Zealand. In this age group, there were Samoan women in their fourties and fifties who were undertaking some basic training such as learning English as a second language in tertiary education. They came here in their late twenties or thirties and have never held good jobs because their spoken English is very limited. As they were learning English at the time we met, some of these Samoan women used a few English words in their conversation. In the community document in the Samoan language, the use of English words is maintained in the lines and paragraphs true to the stories it was told in. This thesis presents the true
stories in Samoan and English and followed by the colloquial translation of the women’s talk. I tried to present the women’s stories in the colloquial style to maintain the spirit and style of speaking the women were telling me their stories as how they were telling me in Samoan language, in order to be able to consider the nuance or fine detail that becomes obvious when the stories are read as a whole.

The New Zealand Samoan born women’s stories were told in English language. These are Samoan women from 18 years to early thirties. One woman was single with no children, one was a single parent and the other two have partners and children. Two of the New Zealand born women were average speakers of Samoan language and the other two can speak very little Samoan. They all chose to talk in English language and their full stories are told in this document with no editing. One of these women used a few Samoan words in her talk and therefore the Samoan words are maintained as it was told. Their stories were translated into Samoan language in the community text. Only two of them have been to Samoa. Their affiliation to the fa'a-Samoan and or Samoan culture is through their extended families and the church.

I have deliberately chosen to present the Samoan women’s stories in the language the story was told in is because I wanted a document that produces an authentic text of Samoan women.

The main research question was asked in the following way: what do you think of contraception and abortion? or what are your views or opinions about contraception and abortion?

This chapter provides the reader with an introduction to the background of Samoan women stories and then explore the processes and experiences as described.
AN INTRODUCTION TO SAMOAN WOMEN’S BACKGROUND

Very little is known about Samoan contraceptive methods and whether Samoan women aborted their babies in the past. The incidence of Samoan abortion occurrence is high in New Zealand at present. All we know is that contraception has been introduced in Western Samoa in the 1970s. The literature shows that Pacific Island women which comprise of Samoan women in New Zealand have the highest abortion rates and do not use contraception. I suggest that Samoan people hold on to their health beliefs and practices wherever they live. This is the same pattern with Samoan women in this study. Samoan women hold on to their beliefs and values wherever they go and this is evidenced by their non use of contraceptive methods in New Zealand. This has led me to explore their values and beliefs with them in their journey.

The question of whether abortion is a method of fertility control was asked to the two ‘mafutaga a tina’ (Samoan women’s groups/fellowships) at the end of each discussion. I didn’t seek every women’s response, but I asked to raise their hands or nod their heads if they agreed or disagreed. This question was asked individually to the eight individual women and their responses are identified in their stories.

THE KEY AS A GUIDE TO SAMOAN WOMEN’S STORIES

The following key is a guide to how Samoan women’s stories is presented and analysed.

**WSISEL** stands for the women’s ‘whole story in Samoan and English language’ in italic writing. In this step the women’s stories is maintained exactly the way the story was told in. The letters or sentences that are in bold letters show how the women switched from Samoan into spoken English.
**WSIEL** stands for the women’s ‘whole story in English language’. In this step the New Zealand born women’s stories is presented with no editing in italic writing.

**WSISL** stands for the women’s ‘whole story in Samoan language especially the women in the two groups.

**ET** stands for English translation. In this step, Samoan born women’s stories is reduced when it is translated from Samoan language into the English language.

**KWOM** stands for key words or messages. This is the step where I drew out the main key messages or words from the women’s stories and highlighted them in bold letters in the English translation versions and in the original stories of New Zealand born women. In some paragraphs, the key messages have already been identified and therefore there is no comment following the story.

**DC** stands for a conclusion statement made from Samoan women’s key messages. I interpret the meaning of the key messages to draw out the conclusions in this step.

( ) stands for adding words by the researcher to complete a sentence or make sense of the story.

...stands for a pause when the speaker paused and when they speak again.

I am proud to present the Samoan women’s stories.
GROUP 1 - INDIVIDUAL SAMOAN WOMEN'S STORIES

Samoan born woman 1 in her early 40's

WSISEL: Na ou sau mai i Samoa e lei faia sa'u uo i le luasefulu tausaga. Ou te sau i le aiga Katoliko e a'oa'oina ai tu faa-Samoa, faaalalo, faaatumu e le mafai ona fai se toahua seiloga lava ua faaipoipo. Ou te lei faalogo lava i nei mea o le contraceptive. Faatoa ou iloaina lava ma ou faalogo iai ina ua ou sau i Niu Sila ma ou malamalama iai. O o'u lagona, ou te lei fiafia. Masalo ai ona o a'u ou te lei faaipoipo ma e leai foi sa'u fanau. E leiloa la e a'u pe lelei pe leaga.

ET: I hadn't had a boyfriend at the age of 20 years when I came from Samoa. I come from a Catholic family that teaches Samoan values like respect, customs and culture that you cannot have a husband until you are married. I have never heard of such thing as contraception. I only knew and heard of it when I came to New Zealand. My feelings were that I wasn't happy with it, and maybe because I am not married and haven't got kids. I don't know whether it is good or bad.

DC: Samoan values

WSISEL: O lau vaavaai ma lou lagona i tu ua oo iai ia aiga Samoa poo alo teine Samoa. O a'u ma ou talitonuga ou te lei inu lava i ia mea o contraceptives poo le faia o se aiga fuafuaina. Ou te leiloa foi la pe lelei pe leaga. A faapea o au e mafai lava e a'u ona fuafuaina lou aiga peafai ou te le manao i so'u aiga. O a'u fai ma la'u uo poo se isi o le a ma nonofo, ma te fuafuaina lava mea e tatau ona fai. E tusa lava pe ma te le faaaogaina ni contraceptives poo aiga fuafuaina. E iai fai se itu e mafai ai ona fai. O oe lava ma lau uo po'o le toahua foi o le a filifilia.
ET: I feel that Samoan families or Samoan girls are in great difficulty. **I have never taken contraception or family planning**, so I don’t know if it is good or bad. If it was me, I would plan my family if I don’t want a family. Me and my friend or anyone that I will live with, will plan things accordingly even though we do not use contraceptive or family planning. There are other ways of doing it, like you and your friend or husband should choose the best way.

DC: discussion

**WSISEL:** *O au sa maua i se ma'i ua taua o le endometriosis.* Ona ou alu lea vaai le fomai, ma o iina na afaina ai lo'u soifua malolaina, ona ua aumai fualaaou ou inu ai. *O fualaaou nei na ou vaai iai o le Monday to Sunday.* Mataulia foi la ta te sau mai Samoa ta te le iloa nei mea ma ta te le malamalama i nei mea o **contraceptives**. Na o le paʻu lava le tala a le fomai i a te aʻu, tave fualaaou na e inu e tasi lava le aso ma le fualaaou e inu. Ia o le waitaimi foi lena e leai so ta paoa ta te fefe e **question** le fomai. O le mea lava e aumai i le fomai ta te inu ai aua o la ta te manao i so ta malosi. Ona aumai lea e le fomai fualaaou, ma ta faapea poo a nei mea. Ona ou alu lea vaavaai i le tusi, ou tilotilo atu fai mai o **contraceptive pills**. Sa ou le malie ma ou tagi, ma toe fesili i le fomai. Ae fai mai le fomai, e inu fualaaou na. E moʻi o fualaaou aiga fuafuaina, ao fualaaou foʻi e fesoasoani e aoga foʻi e faapepe ai mea ua e maua ai. E le faapea o le a e inua fualaaou na, ona e le mai ai lea. O i na na ou fia susueina ai, pe moni lava le tala a le fomai, ao le faalavelave la ua tele mea ua le fetau ma loʻu tino ona o fualaaou nei na aumai. Sa le mamuita ma ou lagona ua sui ai loʻu tino, sa ou puta ai. Ona faapea lea, masalo ai o ni auga nei o nei mea o **contraceptives**, poo a foi nei mea.

ET: I had a sickness called endometriosis. I went to see the doctor, and it is there my health was affected from the pills I took. These pills were from Monday to Sunday. You
know when I came here from Samoa, I don't know these things, and I don't understand what contraceptives are for. The doctor only told me to take the tablets, and take one tablet a day. In those days, I didn't have the power to question the doctor because I was scared. What ever the doctor gives you, you just take it because you need the strength to be healthy. The doctor gave me the tablets, and I was wondering what they are for. Then I looked up in a book. When I read it, it says, they are contraceptive pills. I was not happy and cried. I questioned the doctor and he said, "to take the pills. Although they are contraceptives, they are also tablets that will help heal the things I've got. Even though you are taking the pills, it will not have any effect on your fertility". It is what he said that made me want to find out if he had said the truth. The pills given to me was no good as it changed my body. I put on weight. Then I thought, these might be the side effects of these things, contraceptives.

DC: disempower

WSISEL: Ua ou faalogo foi la i talæ, o le mea lea e leaga ai le le malamalama. Sa ou faalogo i talæ sa fai mai, o fualaaun na e te inu e taofi ai le to pau maiaga o tina. Ia sa ou le fafe lava e inu, aua sa ta fia maua se malosi. Sa inu lava sa uma lava ona inu. Ona ou toe alu lea i le fomai e aumai isi fualaaun, ma fai mai ua toe sui mai le isi fualaaun i le fualaaun malosi. Sa ou fesiligia ae fai mai le fomai, o fualaaun na e fesoasoani i lou ma'i e le o ni fualaaun e fai ai se aiga fuafuaina. O fualaaun na e taofi ai le bleeding. Sa ta fiafia lava ma inu aua ta faapea o le a ta malosi ai, e leai se mea na pe ai. O lana faaupuga ia te a'u, e sili na ou alu e fai so'u toalua pe fai sa'u boyfriend, atonu e fesoasoani ai i le ma'i lea ou te maua ai. Ao le vaitaimi lena e leai sa'u boyfriend. Sa ou fiu e su'e se boyfriend ae leai se boyfriend. Ma sa ou masalosalo foi, pe mata a fai sa'u boyfriend ma fai pea fualaaun, pe mata e aoga iai.
ET: I heard stories, this is the problem when you don't understand. I heard stories that the pills I was taking is to prevent pregnancy of women. I wasn't scared to take them because I needed the strength. I took them all. Then I went again to see the doctor for more pills, and said "he changed the pills to another one that is stronger". I questioned and the doctor said, "those are the pills that will help your sickness. They are not contraceptive pills, they are pills to stop your bleeding". I was happy and took them because I thought they will make me better. However, they didn't heal it. He said to me, (referring to the doctor) "it would be better if I have a husband or boyfriend. Maybe, it would help my problem". At that time, I didn't have a boyfriend. I tried very hard to find a boyfriend but no boyfriend. I wasn't sure whether having a boyfriend and taking the pills would be useful.

DC: trust versus mistrust and imposing of professional knowledge

WSISEL: Ia o le fomai lea e faapitoa i fasine. Ou te tagi lava i taimi uma lava ou te alu ai e vaai. Ua ta trust lava ua na o ia e iloa ma fesoasoani mai. Sa ta sau lava ma o'u lagona pe aisea e faapea mai ai le na o le la'u mai o fualaaau. O'u alu atu fai iai e le o aoga, e le aoga ae fai mai its all in your mind, ae alu pea e toe inu na fualaaau. Ma le isi tala a le fomai na ou upset ai, o le fai mai, masalo a fai so'u toalua atonu e solve ai la'u problem, lea e fiu lava e ini fualaaau ae le solve ai la'u problem. O le isi mea na ou le malie ai o le faamatala maia e le fomai, e iai side effects o fualaaau nei. Aua ua ta te'i ita ia na o lo'u 'ai 'ai ua ou puta ma le isi mea ua amata ona tetele o ta susu, ma lo ta leiloa poo a nei fualaaau ta te inu ai ma nei vai.

ET: This doctor is a specialist for women. I cried every time I went to see him as I trusted him because he knows and helps me. I was wondering, why does he give and give me these pills. I told him it is not working, not working, and he said, "it's all in your
mind, just keep on taking them". One other thing he said which upset me was that he said, "maybe your problem will be solved if you have a husband, you've been taking the pills for a while and it does not solve your problem". The other thing I was not happy with was that the doctor never told me that these pills have side effects. It shocked me when I eat, eat, and put on weight. And another thing was that my breasts were beginning to increase in size without knowing the sort of pills I was taking, and these medicines.

DC: side effects of contraception; non-informed of clients rights; marginalisation

WSISEL: Ia ona o lo ta lava filifiliga ma le masalosalo, ua ta alu ai suesue ma fesilisili solo. Ia matauliala lai o a'u ia ta te musu e talai atu ma ta alu e fesili i nisi tagata. Ta te alu lava vaai i le tusi. O le tele foi o tusi ta te le malamalama iaia, o le tetele ia o la ligoa e tuu mai ai. Semamu lo'u alu i le isi fomai e tutusa ma lotu, o le fomai lena na mai mai a a'u sa tatau na ou le inuina fualaau na aumai e le na fomai o le contraceptive pill. Sa ou fesili ma faamalamalama lelei mai e le fomai lea ia te a'u, ma ou faapea, auoi tafeife!!, poo le a se mea o le a tupu i a a'u i le lumanai peafai sou aiga. Pe mata la afai sou aiga pe solve ai la' a'u problem, pe mata e maua ai ni au tamaiti. O le contraceptive masalo o le mea lenei ua leai ai ni au tamaiti, masalo ua affect lou tino ma o' u organs fafine i fualaau.

ET: Because of my determination and suspicion, I did some research (meaning finding out information from books) and asked around. You know me, I don't want to tell other people and ask anyone else, I looked up in the books. Most of the books I don't understand. They have big words. Unfortunately, I was lucky to see another doctor of my religion. That is the doctor who told me that I should never took those pills given by that doctor, the contraceptive pill. I asked this doctor, and he explained it to me. Then I
thought, oh my gosh,!! wonder what's going to happen to me in the future when I have a family. Wonder if I have a husband, would it solve my problem? Wonder if I will have children? Maybe, this is why I can't have children because of the contraception.

Maybe, my body and female organs are affected by the pills.

DC: infertility because of the pill; the need for advocacy

WSISEL: Oute alu atu i le fomai lona lua, ae fai mai ua faaletonu nei a'u ona o contraceptive pills nei na ou inu ai, ma lou le malamalama lava i nei mea o contraceptive pill. Ai ona o a'u sa leai sa'u boyfriend. Ua oo mai i lenei vaitaimi ua le mafai ona toe faia se togafitiga i a'u. Na fai ai lea o lou taotoga o le hystrectomy. E oo mai i le taimi nei o le mystery lava pe aisea na aumai ai nei fualaa'u ia te a'u ao fiualaa'u e taofi ai le aiga fiafuaina. Ana faapea la e lei faia sou taotoga, ou te le faia le na mea o le contraceptive, aua o la ou te manao i ni a'u tamaiti po'o sau meaalofa. Sa lagona lava i lou mafaufau ana faapea e iai ni a'u tamaiti, o sa'u meaalofa lena i le Atua. A'o lea ua ou vaavaai atu nei, ua leai ni a'u tamaiti. Ua leai la sa'u contraceptive e toe inua, aua o lea ua uma na fai lo'u taotoga. Ua leai se mea e ola ai le pepe.

ET: When I went to see the second doctor, he said I have a problem because of the contraceptive pills I'd taken, and not knowing what contraceptive pill is. Maybe, because I didn't have a boyfriend. Until now, they can't treat me. I had an operation called, hysterectomy. Till now, it is still a mystery why these pills were given to me, when they were pills to stop family planning. If I hadn't had an operation, I will never use contraceptive because I want to have kids or a gift. I thought if I had kids, that will be my gift to God. But what I can see now is that, I can't have kids. I don't take contraceptive anymore because I already had an operation. There is nowhere for the baby to grow.
DC: the importance of having children

WSISEL: Tusa o le isis nei itu e taumafai iai. Se'i fai atu pea la'u example, a faapea o a'u ma lo'u toahua ae fai ni ma tamaiti, a faapea ua manana'o e faagata ma tamaiti, e iai lava itu e mafai ona ma faia. E talatalanoa lava i le itu nei, e faigofie ai ona malamalama. A faapea ua ou le lava, e tatau ona ou fai iai, (i lo'u toalua) ua lava. O le talatalanoa (lava). Afai e le mafai e le tamaloa ona tete'e ona lagona, o le fafite lava latou e mafai ona tete'e. A fia moe le tamaloa i sota toahua, ae le faaaogaina contraceptive, talatalanoa ia faaalu i fafo, withdrawal. Masalo ana faapea o a'u o loo fanau, ou te faaaogaina le auala lena. O a'u fai ou le iloa lava le taimi e faalogo ai ua alu atu (o le uiga le lo'alua lea, e faatatau i suavaloa). Ta te faalogo fai mai o le accident, ia talia ia ma le fiafia. Masalo ai fai o se isi meaalofoa ua toe tuu mai, o se isi fai ta la'aki. O le mea fai lea le tupu i le matou aiga, e sefululima tausaga le va o lana tama matua ma le isi e sosoo ai. Fai mai o le accident, ou te talitonu lava a'u ia e le o se accident, a'o se isi meaalofoa mai le Atua. O a'u ia ma lo'u talitomuga, ou te talitonu lava i le lotu ma lo'u faith. Ou le faalogo fai le tala a o'u grandparents, fai mai a iai se tagata faapena e le ulagia. Fai mai ua 'matua ae toe fanau.'

ET: This is another way of trying it (meaning referring to other methods of contraception). This is an example, if me and my husband have kids and decided to stop having kids, there are other ways we can go about it. We would discuss it this way, so that we can easily understand it (meaning both husband and wife to have mutual understanding of each other). If I am tired, I should have told him that it is enough, through discussion. If a man cannot resist his feelings, the woman can resist it. If a man wants to sleep with his wife without using contraception, talk to him into pulling out, withdrawal. If I was the one who is bearing, I would have used that method. For me, I know when I am reaching. I heard people saying, it's an accident. Well, accept it happily. Maybe, it is
another gift or our lucky. That happened with my family (meaning referring to family as husband). His oldest son is fifteen years and the second one the year after. He said it was an accident. I believe it is not an accident, but another gift from God. My belief is that, I believe in the church and my faith. I hear my grandparents saying that, if there is anyone like that, they are not mocked at, saying 'she's old and still bearing children'.

DC: mutual understanding between wife and husband through discussion; religious beliefs

WSISEL: A faapea lava ua ou ma'i, e talia ma le fiafia o mealofoa. E tusa lava pe sa taumafai e taofi, ae ua pau lava e lei uma le foai a le Atua. O a'u ia ina ua ou sau iinei, masalo ana faapea ua ou fasefulu, e le mafai ona ou faia se mea e faaleaga ai la'u pepe. Ou te fefe i le Atua, e o'o mai lo'u oti e le mafai ona galo ia a'u. Ou te masalo ose special gift. Oute faalogo lava e faapea o'u matua, talofa e, ailoga a iai se fanau. O le a le mea e le adopt ai se fanau. Ua leai lava ni a'u tamaiti ona o le mea ua ou maua ai. O tamaiti e special lava mo a'u e tusa lava pe faaletonu.

ET: If I get sick (referring to getting pregnant), I will accept it happily because it is a gift, even though the intention was to prevent it happening, and maybe God's given gift is not ended. If I came here and if I was fourty, I wouldn't do anything to harm my baby. I am fear of God and wouldn't forget it until I die. I wonder if it is a special gift. I hear my parents saying, "poor thing, she might not have kids. Why can't she adopt any children?" I can't have children because of what I've got. Children are special to me, even though they are malformed.

DC: the feeling of sin in God's eyes if she aborts
WSISEL: O le abortion ia a'u lava ia, ou te ma i lou aiga ona iai lea o nisi fuafuaga. O le matua leaga tele, e le lelei la'u moe. Ou te guilty lava e oo mai lou oti. E ala na ou faia o lou fefe i lo'u aiga, tala a tagata e fai mai i a te a'u, fefe i lo'u vaai i itu faaletagata, ma le matou aiga. O le a outcast a'u ma la'u pepe, aua ua leai se aoga e fanau mai ai lenei pepe ae leai se isi e alofa iai. Masalo a faapea o a'u o le a oo iai lenei mea, ou te mafaufa pou le a se auala o le a accept ai a'u. Ae afai o le a ou faia, masalo e oo mai lou oti e le galo. E ala na ou faia o le le lava o la'u support, o le le malamalama o lo'u aiga, o le le malamalama o e e close mai i a te a'u, leai o se isi ou te talanoa iai, male leai (o) se isi e malamalama i la'u problem. Aua a ta talanoa i tagata o lo ta aiga, e fai mai faitalia oe poo le a le mea e fai talu ai lou le usitai. E leai foi se isi e alofa ia te oe pe a e fanau. (Fai mai e) 'ave lena tamaititi e tia'i. O le mea lena o le a ou faia ai lenei mea o le faapau o le pepe, ona (o le a) leai se isi e alofa mai. Se'i vagana lava se isi e malamalama i la'u problem, ona ou le faia lea. Pau lava lena o le mea e fai. O le faapau (o) le pepe, poo le mafaufa e commit suicide, aua o le mea lena o le a ou o'o iai. O le tele o lo'u ma i tala faaletagata, aiga ma isi. E leaga le leai o se support.

ET: Abortion to me is that I will be ashamed of my family, and therefore, there will be other motives behind it. It is very bad, I wouldn't sleep well. I will be guilty until I die. I would do it because of the fear of my family, and what people would say about me. I will be outcast with my baby, because there is no use of this baby being born if no one loves it. Maybe, if I was in this position, I would think of a way that I will be accepted. I would do it because I wouldn't get enough support, my family do not understand, people who are close to me do not understand, there is no one to talk to, and because no one would understand my problem. When you talk to your family members, they would say, "it is up to you to decide what to do because you don't listen". No one would love you if you have your baby. "Take that baby to abandon". That would be the reason why I would abort a baby, and no one else would love me. Unless, there is someone who understands my
problem, then I wouldn't do it. That is the only thing to do. If not aborting the baby, then I would think of committing suicide. It is awful when there is no support.

DC: the need of family support and understanding

WSISEL: O a'u ia ou te le malamalama i lo'u tino i Samoa. E tei lava ua tutupu ia mea ae ta te leiloa poo a ia mea. Sa ta faapelepele i lo ta tino pau le mea o le fai o le ofu laititi, o luga ia e leai se afaina. A ua ta sau iinei ua ta iloa uma ia mea. Ana ou le alu e fai lau training faafoma'i, ou te le iloa lo'u tino ma lenei gaogaosa ma le nei mau organs e i totonu o ta ita, aemaise lava itutino tau fafine, teine. Sa ou ma foi ou te tilotilo ia a'u. Sa ou lagona foi unusual feelings, Ua ta faafetai ua ta alu e aoga faafoma'i ua ta iloa ai lo ta tino. Sa ou ita foi, e le'i faamatalaina mai lava le ma'imasina. Sa ou le malamalama peaisea e mafua ai. O lo'u tilotilo i tusi, na pei e maniti (ai) o ta tino. Ou te manatua lava o le aoga a le taupousa na faamatala ai mea ia. Fai mai le taupousa e sa le tagata e 'ata. A 'ata le tagata e leaga lona mafaufa. (Fai mai, e) sau le teine ma lana ata e iai ata o teine ma tama telefufua, ma faamatala mai itu tino. Masalo o le mea lena e tauta o le puberty changes. I le taimi na fai ai le lesona, na oso mai feelings e funny toe good. Ai o le taimi lena e ta'u ua horny. O'u sau i Niu Sila, ona ou tilotilo lea i lo'u tino. Ua fai lava a'u aoga aua o le mea lena e iloa ai e oe lou tino.

ET: I didn't understand my body when I was in Samoa. All of a sudden, these things grow without knowing what these things are. I value my body, the only thing to do is to wear an underwear and the top is all right (meaning it doesn't matter if you don't wear a top). I knew about everything when I came here. If I didn't do my nursing training, I wouldn't know my body and a lot of things, and many organs inside me especially the female organs. I was ashamed to look into myself. I felt unusual feelings. I thankful that I did my nursing training, I know about my body. I was angry, the monthly period was
never explained. I didn't understand why it happened. It's when I looked in the books, I felt the shivering in my body. I remembered these things were discussed at school by a nun. The nun said, no one is allowed to laugh. If anyone laughs, then her/his mind is evil. The boys and girls should bring pictures of naked boys and girls, and explain parts of their bodies. Maybe that was puberty changes. At the time of the lesson, good and funny feelings occurred (to me). Maybe, that is called horny. When I came to New Zealand, I explored my body. I did my own observation as that is the only way of getting to know your own body.

DC: sacredness of the body; knowledge deficit of the body because it is not discussed

WSISEL: Masalo na o lou alu lava have fun and enjoy, ae le malamalama pe faafefea ona oso mai nei mea. O information lava ma le a'oa'oga ma le education e malamalama ai mea. Sa ou faapea o le tamaititi e sau i le pute. 'I advise anyone to explore your own body'. Suesue ma fesili. O a'u ia ou te le ma i lo'u tino. I know my body, e mafai ona ou teteea ni uiga, taimi e aua ai ta te moe i le paga. Na ou satisfy lava a'u ia o lou alu lava a'u ia explore lou body i le mirror. That(s) how I survive, become a person who is not scared and afraid, got the power and the right to say what I want to say, and to do what I want to do without people coming and stole my information, and push me and do whatever they like without my soul, without my consent.

ET: Maybe you just go and have fun without knowing how these things happen. Information and education provides understanding of anything. I thought a baby comes through the belly button. I advise anyone to explore your own body. Explore and ask. I am not ashamed of my body. I know my body. I can resist any feelings (at) times that I don't have to sleep with my partner. I satisfied myself because I explored my body in
the mirror. That's how I survive, become a person who is not scared and afraid, got the power and the right to say what I want to say, and to do what I want to do without people coming and stole my information, and push me and do whatever they like without my soul, without my consent.

DC: providing information, education and discussion

WSISEL: *E le discuss nei mea i Samoa, fai mai e taboo.* *E fai e faitalia lava le teine ia ma susue sei'a oo lava i le taimi e sau ai le ma'i ia.* *E tauta na fai ni a'oga i tino o fafine.* *E tatau na malamalama tagata uma o le aiga.* *Ua uma ona ou talanoa i o' u uso i mea nei.* *E tatau ona fai education i tama ma teine ua tatou ola i Niu Sila.* *E tatau ona fesaoaani i o tatou lava tagata ia iai se suiga pea le malamalama i uiga tau fafine.* *(E pei o)* *sex education ma family discussion.*

ET: These things are **not discussed** in Samoa, they say it is taboo. It is up to a girl to find out herself until she has her sickness (the word sickness is the literal translation of *ma'i* (sick); (but the context of using it in this sentence refers to a woman’s monthly period). I've already talked to my sisters about these things. *Education is a must* for boys and girls, since that we are growing up in New Zealand. Help should be available to our own people so that there would be a change in knowledge about women's attitudes, like sex education and family discussion.

DC: sex education and family discussion

WSISEL: *O le family planning o loo (ona) offer (ina) le service, ae o Palagi o loo faigaluega ai.* Na'o le *yes lava ma sau imu fualaau ae le o malamalama.* *(E tatau ona) iai se tagata Samoa e faigaluega i le Family Planning.* *(E tatau (o) na iai ni translations. O*
le a'oa'oina e malamalama ai. Ou te talitonu e le sa'o lena manatu e faaaogaina e tina
Pasefika le faapau'uina o o latou maitaga e fuafua ai a latou fanau.

ET: The family planning offers the service but the health professionals who work there are Palagi. They just say (referring to Samoan women) yes, and take the pill without understanding it. There should be a Samoan person working in the family planning. There should be translations. Education is the key to understanding. I don't believe that Pacific Island women use abortion as a method of family planning.

DC: outside view versus inside view about abortion as a fertility control; collaboration and partnership is a necessity

Samoan born woman 2 in her 30's

WSISEL: E lelei (le aiga fuafuaina aua) o isi aiga e afford le toatele o tamaiti, a'o isi aiga e le mafai, aua o isi aiga tiga lava na le afford ina ae taumafai lava e fai. Na ola mai lea o tamaiti e toatele nei suffer tamaiti talu ai le le fuafuaina o tamaiti e tatau ona i totonu o le aiga. O le mea le na ou te iloa ai le lelei o aiga fuafuaina. E ola mai le tamaititi e lelei le mea e ola ai, maua lavalava. O isi e lelei ai, a'o isi e lapopo'a ai pea faaaoga tui. A'o isi latou te iloa lava auala e 'alo 'ese mai ai, (ae le faia. Aisea) le mea e tu'u ai fua pe (a) iloa e le mafai na taofi le tamaloa. I la'u iloa iai, afai e afaina ai le humanai o tamaiti ma 'oe, faaaoga lea o tui e sefe mai ai le tutupu mai o le tele o tamaiti i le aiga, na ola safa lea o tamaiti.

ET: It is good. (referring to contraception) Some families can afford having many children, while other families can't. Some families cannot afford but still try to do it. When many of these kids grow up, they suffer because they do not plan the number of kids a family should have. That is why I think contraception is good. When the child grows up,
things are well planned for his/her life such as having enough clothes. Some people are all right with contraception, while others put on weight if they are on the injection. Some people know how to prevent it (but they don't do it. Why) don't they use it if they can't control the man. I think if the kids future life and yours will be affected, use the injection to protect having many children in a family, so that children will not be suffered.

DC: responsibilities of planning a family

WSISEL: Na ala laga na e fa'a tulaga na o le na e te iloa e maua ai le tamaititi. Aisea la e toe fa'a ai na tulaga ao lena na e siafia e fai. E le tatau la na e fa'a, (lena tulaga o le faapau o le pepe). Ua e nofo sala i luma o le Atua, ua e fasiotia lana fa'amaua, peafai laga na fai o lou mana'o e fai. Ae afa'i na e manao e puipuia mai oe, le a le mea na e le uia nisi auala e puipuia ma sefe mai ai oe i ia faafitiuli. Ou te ofo a'u i le tupulaga, sa tatau na latou iloa e iai le afaina pe a latou fa'a nei tulaga. E tatau la ona iai ni protection latou te faaaogaina, ina ia sefe mai ai latou i lo le iloa loa ua ma'i alu loa le mafaupa e tatau ona aaveese

ET: You did those things (referring to having sex) knowing that a child will be born. Why would you do such thing (meaning aborting) when you like doing it? (meaning having sex). You should never have done it (meaning aborting). You are sinful in front of God. You've killed his blessing if the intention was deliberate. If you had wished to be protected from (getting pregnant), why didn't you find other ways to protect and safeguard you from these problems? There should be protection to prevent them (getting pregnant), rather than thinking of abortion when they get pregnant.

DC: religious beliefs and protection
WSISEL: O le mea lea na o'o mai i a a'u. Tocititi lava manumalo...na toe tu mai lava i o'u luma pei se mea foi lea o se ata i lo'u mafaufau. A faapea e aveese le tamaititi lenei, o se mea e guilty ai lo'u mafaufau i taimi uma lava, tusa lava poo le a so'u sese lea e iai. Ae tatau lava (na) 'aua nei o'o lenei mea mamafa i le tamaititi, lea la'a nofo ma toe fasiofi.

ET: That's what happened to me. I nearly...(meaning contemplating having an abortion), it is like a reflection like a picture in my mind. If this kid is aborted, I will be guilty in my mind at all the times, even though I am wrong. This heavy punishment should never happened to the child, killing him.

DC: at some stage during pregnancy women contemplate having an abortion

WSISEL: Ou te le agree i le mea lea o le abortion. E tatau lava na talanoa, open up. Faateleina le tele o mea ia ua tulai mai. Na ou faalogo i le news i le tele o teine faapau'u a latou pepe i lea tausaga i lea tausaga. E fai lava sina le lelei o le mea lea e tupu mai. Pei o le isi tulaga e faapau'u ai e isi teine o le fefefe ma le fiamama, i faapea mai tala a tagata e leai se tama o (a) latou fanau. Latou te le o iloa la le mamafa ma le leaga o (a) latou mea la e fai. La latou te iloa lava le mea e fai ae fai lava.

ET: I do not agree with this thing abortion. It should be discussed, open up. There's many things happening now. I heard on the news about many girls aborting their babies from one year to another year. This is not so good what is happening now. One other reason girls abort is because they are scared and the pride in case people would say that their children are fatherless. They don't know the seriousness and the worse they are doing. They know what to do, but are still doing it.
DC: thinking influence by religious beliefs; the eyes of the people

WSISEL: E tatau la i matua ona open i a latou fanau ma malamalama. O la e tight up lava i mafaufau o matua, fai mai e le mafai. A'o le vaaitaimi nei ua matua malamalama uma mea, o le mea lea e fesili (mai a'i) tamaiti. E iai le fesili e fesili ai tamaiti, aisea e le ta'u maia mai a'i e o matou tina i a i matou mea nei? Pei o le mea foi lena na o'o ia te a'u. Sa tatau lava na ta'u mai e lo'u tina. Manatua e lei malamalama lo'u tina i le taimi lena e lei educate ina lo'u tina i mea faapea. A'o a'u la lea ua ou iloa i le taimi nei, e tatau la ona ou open up i lo'u atalii, ina ia 'ava nei iai ni faafitauali i le lumana'i.

ET: Parents should open up to their children and understand. Parents are still tight up in their minds saying they can't. In this present time everything is understandable. This is why kids ask. There is a question kids ask, why don't our mothers tell us these things? Remember my mother didn't understand in those days, my mother wasn't educated in these sort of things. But me, now I know. I should open up to my son, so that problems wouldn't occurred in the future.

DC: prevention through discussion

WSISEL: la nofo malamalama le tamaititi i le mea e tatau ona iai. E mo'i ou te lei faalogo ua discuss i ni faalapotopotoga e iai le matou Eekalesia iinei, a'o Samoa ua uma na faamalamalama ai i le matou Ekalesia. O le mea e tatau ona fai i totonu o Ekalesia. Invite atu doctors. E tatau le faia o le family planning i totonu o aiga ma communities esese. E behind lava tatou, o tatou o tagata kerisiano e maua le agaga o le alofa pea tulai mai mea faapena. E ala foi na tutupu nei mea o le faasa o mea e against i le finagalo o le Atua...e le fetaui i le finagalo...
ET: A child should understand where things should be. It is true that I haven’t heard it discussed in groups like our church, but it has been discussed in our church in Samoa. **This should be done in churches.** Invite doctors. (meaning to talk to the churches). It is important to do family planning (meaning education programs) in families and different communities. We are behind. We are Christian people who have the spirit of love, when these things happened. These things happened because many things are forbidden against God’s wish...it is not okay in God's wish...

DC: the need to involve the church with education and discussion

WSISL: O le fefefe o fanau i matua i le saua o matua (le isi mafua'aga e faapauu ai pepe a le aulaiti. O le) mea lena e o ai isi teine fai i le latou loto, (aua) o isi e fafasi. O le mea e tatau na iai, ia open up matua i a latou fanau ia aua nei oo i ni faafitauli. O isi matua faatoa tautala lava i le taimi e tupa mai ai se faalavelave i le tamaititi ma ita, ao le taimi atoa e lei iai se tautala iai, a mea e faafefea ma faafefea, e ta'u i ai mea ia mataala ai le tamaiti ia alo ese mai ai. E le auai lo'u manatu i lena mea, aua foi o a'u na tau mafaufau e fai. Ta te le 'i mafaufau faapena a faapea ae faapau sa ta pepe o lona uiga o le fuafuaina o le aiga. E leai.

ET: Children are fear of their parents because they **are hard.** That is why some girls do it in their own will (meaning that is why they abort their babies) **because they are beaten up.** What should happen is that parents should open up to their children, so that problems wouldn't occurred. **Some parents only discuss these things when they happened, but all the times they don’t talk to the children** like these things are so and so, so that the kids are aware of it and prevent it happening. I don’t support that view because I was thinking of doing it. **I wouldn’t think like that if I had aborted my baby.** No.
DC: cultural clash between parents and children; curing before prevention; doesn’t agree that abortion is a fertility control.

Samoan born woman 3 in her late 30’s

WSISEL: O le contraception, o lona uiga o le fuafua o le aiga, 'aua nei soo tausaga tamaiti. E fuafua i le malosi o matua e tausi ai le aiga. A'o le uiga faasoifua maloloina, o le faaaogaina o fualaau e tina e faataumuu ai le 'upu lea o le aiga fuafuaina, e tova ai tamaiti ma le faaaogaina o fualaau e tova ma fuafua ai tamaiti.

ET: Contraception means to plan a family so that children are well spaced. This depends on the parents how they care for the family. But its meaning in terms of health promotion is the use of the pills by the women to achieve the concept of family planning, to space and plan children.

DC: space children

WSISL: E iai isi manatu i le olaga faakerisiano e le tau fuafuaina e tagata le oloa taua o loo foai mai e le Atua. Ae pei o le fuafuaina 'aua nei fia aai, mama'i, le lavalava, pe iai nisi tulaga ua le mafai e matua tausi le fanau. Ou te fiafia e faaaoga aiga fuafuaina poo fualaau pe a ou malamalama iai, ae a ou le malamalama iai, ou te le fiafia foi e faaaoga. A'o lo'u lava malamalama, e aoga e fuafua ai le aiga peafai ua e malamalama i aoga ma laasaga uma e oo iai le fasine pea faaaogaina fualaau, e va ai le isi tamaititi i le isi tamaititi. O le va foi o le ulugalii e talatalanoa ma faamalamalama ai e le isi i le isi, e mafai ai foi ona faataumuu le aiga fuafuaina.

ET: The idea from a Christian perspective is that people cannot plan the gifts given by God. But the planning is planned (so that the kids) will not be hungry, sick, unclothed,
or other reasons that parents can't care for the children. **I'm happy to use family planning or the pills if I understand it.** But if I don't understand it, I am not happy to use it. My own understanding is that, it is useful to plan a family if you understand the benefits and everything that a woman experience when using the pills, to space one child to another child. Family planning can be achieved if a couple discuss it between each other.

**DC:** choices; children are not planned according to a christian perspective

**WSISL:** Ae (i ai) isi lagona e mafua ai ona ou le faaaogaina ma ou le talitonuina fualaaau o loo faaaogaina i aiga fuafuaina. E iai lo'u talitonuga ma ou te faalogo foi iai, ma ou malamalama iai e ono afaina ai le soifua maloloina o le tina, a'o lena foi o le pepe. E tatau na iloa ma malamalama le tina i fualaaau i talanoaga ma le fomai, aua lava le soifua maloloina. I a te a'u lava ia ma lo'u malamalama iai, e leai se afaina ta te faaaogaina ai pe afai ta te le manao e fai sa ta fanau, ma le fetaui i le taimi lea ta te manao iai pe fai foi se aiga. E le faapea na o tina o fai aiga e faaaogaina, ae faaaoga foi e le tele o tupulaga, aua o loo iai foi a latou fuafuaga i le taimi o i luma.

**ET:** There are other feelings why I don't use and don't trust the pill they use for family planning. I have my own beliefs and I heard it too. I understand it affects the health of the mother, and not only that, but the baby as well. **Women must know and understand about the pill through discussion with the doctor,** for the sake of their health. My understanding is that, there is no point of using it if I don't want to have kids or a **husband.** Married women are not the only ones using (contraception). It is used by many youths because they have plans ahead.

**DC:** choices; discussion and providing information
WSISL: E mafai lava na ou faaaogina ia auala ona ta te le manao e faia pea ni a ta fanau, ae lei iai so ta aiga, aua e leai se isi e fesoasoani e tausi la ta fanau. Ou te faalogo i teine i aso ia e faatu i le tapu na fufulu lea pei o mea ia e faaaoga i le falemai...Le a foi le ta'u? (o le saline bath). Ioe, lena, ha! ha! (ona 'ata lea o le tama'ita').

ET: I can still use these methods if I don't want to have kids before I have a partner, because there will be no one to help me looking after my children. I heard girls saying in the past about how they wash themselves in a tub like the things they use in the hospital...What do you call it? (saline bath). Yes, thats it, ha! ha!.

DC: women resort to other forms of contraception such as saline bath

WSISEL: Ou le tetee i le abortion. Ta te faalogo e o teine inu lauti malosi. Aua, o ta ita na ta tau alu e fai, a'o lea ua ta tilotilo iai, ta fese semanu si a ta pepe...Sa faatonu a'u ou te alu e fai la'u... i le clinic. O isi teine e ala na fai le abortion o le ita i le tama la e to ai, a'o isi e iloa lava ma malamalama ae fai lava. O isi teneti latou te iloa e iai mea e faaaoga ae le malamalama i le latou cycle. A malamalama lava ma kerisiano tagata, e le tatau ona faiat lea mea o le faapau o tamaiti. Ae pe o le faapau'uina o pepe ose aiga fuafuaina, ailoga? Ta te le mafau fuaapena. Faapea lava a' u o le fuafuaina o aiga o le faaaoga lea o fualaa e taofi ai le to.

ET: I am against abortion. I heard about girls drinking strong tea. Well, I nearly did it, and now I can see it. Oh gosh! my baby would...I was told to do my...at a clinic. Some girls have abortion because they are angry at the man they are pregnant to, while others know and understand it, but they still do it. Some young girls know there are methods to use, but they don't understand their cycle. If people understand and be Christians, aborting
children should never be done. I don’t think abortion is family planning. I don’t think like that. I thought family planning is to use the pill to prevent pregnancy.

DC: women still resort to other methods of abortion; abortion is not a family planning

Samoan born woman 4 in her late 30’s

WSISEL: E lelei le aiga fuafuaina aua e plan ai latou olaga mo le lumanai, 'aua le soona fai fanau soo. Ou te lagolagoina, e mo'i I havent use it. E iai aia tatau a le tagata e alai ona ia faaaogaina. E iai le tatou lagona...aemaise Samoa. Aemaise lava matua e puipui tele e le manana'o e faaaoga e latou fanau. E mama matua e talanoa i fanau ona (o) le pride. E le open, e le mafai ona talanoaina. E sese lava tatou tina, e tatau lava na faamatala i fanau. O le tele o teenage ua fai pepe ae lei iloa le tele o le olaga. O lea ua ta sau iinei ua ta ola malamalama. To my knowledge, it depends, first of all, o le pride ma le ma. A iloa loa ua ma'i se teine na taumafai lava lea e fai se mea e faapau ai le to. O nisi o le fefe e fai ai le abortion, o nisi o le mama'i ai, o nisi o le le'i fuafuaina. E esseese lava auala. E lelei le take i taimi uma i tupu mai se mea faafuasei ao loo puipuiina le tino. E tatau na fai ni education, o le tele o tatou e le malamalama i le tino.

ET: Family planning is good because it plans their future life, to stop having children in such a short time. I support it even though I haven't use it. People have good reasons for using it. We feel...(meaning it is not appropriate) especially (in) Samoa, especially parents, they are too strict. They don't want their children to use it. Parents are embarrassed to talk to their children because of the pride. They are not open, it cannot be discussed. Our mothers are at fault, it should be explained to the children. Many teenagers have babies without knowing the big life ahead of them. Now I am here, I have the knowledge. To my knowledge, it depends, first of all, its the pride and the shame. When they know a girl is pregnant, they tried to do anything to abort the
pregnancy. Some do it because, they are scared, some do it because they get sick from it, (meaning morning sickness) for some, because it wasn't planned. There are different reasons. It is good to take it at all times, incase something happened and you are protected. There should be education, most of us do not understand the body.

DC: the eyes of the people; education and discussion

WSISEL: O le abortion e lelei toe leaga. I'll tell you a story about myself because it happened to me. I was only nineteen. I just left school. I was scared there was nobody to support me, no parents, was a tough decision, didn't know what to do. It's not because ou te fia mama, but I did it because I didn't have any money, no job, no family and young. I was so scared of my dad back in Samoa. That's the guilt I have lived. A ou mafaunfau atu iai o tatou (o) tagata lolotu. There's a human being inside. Ou te lei faia la faapea o so'u fiamama. E lelei toe leaga. It's up to the person's decision. I do support for good reasons, ae le o le faapea ane lava tamo'e fai.

ET: Abortion is good and bad. I'll tell you a story about myself because it happened to me. I was only nineteen. I just left school. I was scared there was nobody to support me, no parents, was a tough decision, didn't know what to do. It's not because I want to be perfect, but I did it because I didn't have any money, no job, no family and young. I was so scared of my dad back in Samoa. That's the guilt I have lived. When I think about it, we are church goers. There's a human being inside. I didn't do it because I want to be perfect. It is good and bad. It's up to the person's decision. I do support for good reasons, but not because you like doing it.

DC: Storytelling helps to heal the hurt and guilt; the idea of being scared; family support
WSISEL: A few people knew about my abortion. I have lived with this guilt for twelve years now, and I regret it. I lived with a man for two years, we've tried and now I wish I never did it. I'm not sure if this is the reason why I can't have children, because I haven't been honest with myself, or there is something wrong with me. And I must say this, I'm desperate to have a baby. The other reason why I did it because I never knew the guy. I didn't love him neither his girlfriend. It just happened. I was raped. I thought why should I carry his, when it didn't happened with true love. O le isi reason e leai se support o tatou tagata i mafuaaga e alai ona fai e teine nei mea. Na o le fai mai lava, e te iloa foi ai, sa faapau lana pepe ae leai se support.

ET: A few people knew about my abortion. I have lived with this guilt for twelve years now, and I regret it. I lived with a man for two years, we've tried and now I wish I never did it. I'm not sure if this is the reason why I can't have children, because I haven't been honest with myself, or there is something wrong with me. And I must say this, I'm desperate to have a baby. The other reason why I did it because I never knew the guy. I didn't love him neither his girlfriend. It just happened. I was raped. I thought why should I carry his, when it didn't happened with true love. The other reason is because there is no support from our people, this is why girls do these things. The only thing they say is, 'do you know such and such, she had an abortion, but no support'.

DC: the sacred governorship between men and women

WSISEL: This abortion I had after twelve years, my father doesn't know yet. I kept it from him knowing being a Samoan, my father would have killed me if he found out. I still feel the guilt because I haven't being honest to myself. I've told my mother but not my father. I don't know whether to tell him or not, or to leave it like this. O
le isi mafuaga sa ou faapea, a fai nei la'u pepe o le a le tausia o'u matua i Samoa. O le a leai se fale lelei e nonofo ai o'u matua ma o'u tei laiti, aua o a'u ou te matua. O le a ou le aoga i o'u matua pea faataumu lenei mea, o lea faatoa uma a'u aoga. O le tele ia o illegal abortion e fai i Samoa. O le toatele ia (o) teneti o le matou nu'u e fai illegal abortion, e se tasi nurse.

ET: This abortion I had after twelve years, my father doesn't know yet. I kept it from him knowing being a Samoan, my father would have killed me if he found out. I still feel the guilt because I haven't being honest to myself. I've told my mother but not my father. I don't know whether to tell him or not, or to leave it like this. The other reason I thought about was, if I have a baby, I can't support my parents in Samoa. My parents and younger brothers and sisters wouldn't have a nice house because I am the oldest. I wouldn't be useful to my parents if I go ahead with this thing, (meaning referring to the pregnancy) especially I have just completed my education. There are so many illegal abortion done in Samoa. There are many young girls of our village who have illegal abortion done by one of the nurses.

DC: protection of family name; many women resort to back street abortion

WSISEL: With contraception, women should understand fully. (O) tina Samoa e le o malamalama i pills and they don't ask. A misi le pill ona inu lea o le lua, poo le tolu, e make up ai aso na misi. E tatau na talanoaina i totonu o aiga ma le community. Afai ae fai sa'u fanau ae matutua, ou te talanoa iaia i mea uma lava tau le sex. A o ai lava teine e tafafao, a'o la ua prepare. O le mea lea ua tupu mai ai le tele o abortion, o le le talanoaina. E iaia nisi teine e nana nana lava, ae toetoe lava i na feoti ai.
ET: With contraception, women should understand fully. Samoan women do not understand the pills and they don't ask. If they missed a pill, they take two or three, to make up the days missed. It should be discussed in families and community. If I have children and become grown ups, I will tell them everything about sex, so that when they go out, they are prepared. This is why many abortions occurred, because it is not discussed. There are some girls who conceal their pregnancies and almost costing their lives.

DC: open discussion and understanding is necessary

WSISEL: I was told...na iai lo'u, my aunty fai mai e faamalosi lautī poo le fuefuesina, na inu la ia. But, e faamautu lava la'u tala lea. Back in Samoa, if anybody has an abortion, I'm going to support that person because, ou te lagona le mea la e oo iai i le scared, confused. I Samoa sa fai le abortion i tua a lo'u aunty. Na fai e le isi teine fomai. Ou te faalogo foi e fofo mananva o isi teine e faapau ai latou pepe. O le tele ia o la'u fesoasoani i o'u sisters, ina ia puipuia mai ai latou. Na ou fai iai, e play safe. E le ose aiga fuafuaina le faapau'uiina o pepe. E tofū lava le tina ma mafua'aga na fai ai e pei foi o mafua'aga na ou faia ai. Ou te le'i mafauafau faapena, pau lava le mea o le faapau o la'u to ona sa faamalosi a'u.

ET: I was told by my aunty that they make strong tea or fuefuesina, and they drink it. But I want to prove a point that back in Samoa, if anybody has an abortion, I'm going to support that person because I know what she is going through, (she) is scared, (and) confused. In Samoa, my aunty had an abortion at the back, (back refers to back street abortion) done by one of the nurses. I heard too that they massage their stomach, and some girls abort their babies through this way. I have helped my sisters a lot to protect them. I told them to play safe. I don't think women use abortion as a method of
contraception. Women have different reasons like my reasons because I never thought like that, I just want to have an abortion because I was raped.

DC: traditional ways of aborting still existed; abortion is not a contraception

New Zealand born woman 5 in her early 30's

WSIEL: I got pregnant while I was on contraceptive and I decided I wasn't going to have...you know, unless I was getting married. So I didn't have another abortion. I said no. One is enough, that was it. I decided that I will get married. I had couple of people said to me, you're not marrying someone because you're pregnant?, and I say to them, look I'm lucky. I think abortion brought us closer and we shared the experience. And of course I got pregnant again, and I decided to get married. People said why do you marry someone because you got pregnant?. And said, yeah!, the difference is, I'm not marrying someone that I don't love. If I was pregnant to someone that I didn't love, I would be in a difficult position then.

DC: ineffective of contraception; women feel belonged when they are being supportive by their partners/boyfriends

WSIEL: I would have to choose whether to have another termination, or have the child and mocked. I said to them, I don't want to be a solo mum, not this one. That's just me. I feel is a good idea I should get married and be strong. I never thought I'd get married after the child is born. I wanted to get married before the child is born, and I guess it interlink with pride of the family. I reassure him, I'm marrying him because I love him, not because I'm pregnant. I was taking contraceptive again, because I didn't want to get pregnant the second time, cause I had a termination. Somehow its still at the
back of my mind. I didn't really want to take it, but I take it to prevent myself getting pregnant.

**DC:** family values

**WSIEL:** I missed one, and that was enough as I was at the end of my prescription. I would go deeper than that, but them, talking to them does interfere with the way you value things. They should ask: what have you used in the past? Do you know much about it? Do you feel comfortable about it? Does your culture and religion agree with this? How do you get around this? rather than health professionals saying to take the injections because you had three terminations. I would see and find out what fits in with them, regard of their values and beliefs, rather than saying, “I'm a health professional, I know what's best for you”.

**DC:** feeling safe; cultural safety is necessary

**WSIEL:** That's how I would do, providing information. They saying our women are unreliable, but they are giving them things that are not appropriate for their cultural values and beliefs, 'they are missing something'. I mean finding out what the cultural values are. Why are they unreliable, why? Because they are not asking that question. It goes back to them. They don't want to take it because of religious and cultural values. I was brought up in this and this, and they decide what's right for them. They think they did a great job. I explain her this and this, and they are still missing the gaps, of why the reasons, because its culturally inappropriate.

**DC:** partnership between the women and health professionals to acknowledge Samoan women’s cultural values
WSIEL: It's funny I always want heaps of kids, and I don't know whether it's cultural. I think it's cultural. The interesting thing is, I had a hysterectomy the night before I had the caesarean. My aunty said to me, why didn't you tell me. I could have had got you fofo (meaning massage), and I wish I know. I wish I known that. My aunty got fofo and got pregnant. She adopted one. She tried and tried, and the fofo (meaning the healer) said, “no wonder why you can't have children, your ovaries are hidden here” and bla bla...I would have tried it, but its too late. I would have like more children.

DC: having children is influenced by cultural values

WSIEL: I was brought up in an environment that it didn't...you know, did not talk about sex. To clarify with the community, (meaning talk sex in the community) some people might be uncomfortable about it, and that has to be respected. I think it should be talked about to air our concerns. To involve with the...if the health system clarify why people have it, so they can tell us their perspective.

DC: sacredness; open discussion

WSIEL: They ask, why don't we take it? It's natural...You're lucky you got a story (referring to researcher). I didn't, they tell you stories about Adam and Eve. They never told the story how the baby is born. I want us to respect sex, needs education. My assumption...I was horrified when I got my period. I screamed, what the hell is wrong with me?. The nun at school gave me a session, my mother never. Women need to know about their bodies and how they work. The basic knowledge, to feel confident about themselves and have some control. I respect they don't feel comfortable about it. We try to supress their sexuality, it's all to do with education.
DC: knowledge deficit of the body is caused by not discussing it; education is the key

WSIEL: For contraception, it's difficult for me because of my religious upbringing. I guess it's important for women to take some control of your own body. It is a conflict. I shouldn't be doing it (meaning shouldn't take contraceptives) because of my religious upbringing, and feel guilty because I'm doing it. If I wasn't brought up with this religious upbringing, I wouldn't feel guilty about it. I didn't use any contraceptive, I use the ovulation method.

DC: beliefs about contraception is influenced by religious beliefs; the need of using natural methods to control the body

WSIEL: Abortion I think it's wrong, because its my values. Again it goes back you shouldn't have sex before marriage. If I were to take contraceptives, it implies you are having sex when you are not. Abortion to me...is because our upbringing and religious background, is killing a child. I think it's wrong because of my values. I respect those who have it, even though I did for myself. I, at the same time I felt...because it was available. Me and my partner look at the situation. I don't, we don't want to do it, but we decided that there are other factors. I felt I was selfish. The reason why I did it, because I was a student, and basically I wasn't married. And because I've got values for my families...you know, saying someone is pregnant.

DC: protection of family name; availability and accessibility of abortion encouraged women to have it

WSIEL: You know the pride, suddenly you got messages of good girl, and you hear, oh! she's pregnant. It implies you are good, and now you are not. And I know our
parents are always proud of us, and it's also for my dad. I didn't want to let him down, the fact I myself didn't want to be sad having a baby. I try not to make judgements because they have it for their own reasons. I think it will reduce some unwanted pregnancies if women are given few sessions of how their bodies work. But at the same time, it relates back to our values and beliefs at the end of the day.

DC: the eyes of the people

WSIEL: I know it's wrong what I'm doing, but I'm not going to all those background messages. When I was growing up, they say, always be a good girl, always be a good girl. And I don't know if that's from our people's idea, of how they hold their spiritual Christian beliefs. I always get those messages of being good and not to...you know, and wait until you're twenty one. They would say, fai lelei le a'oga (meaning do your education well), don't worry about boys, be a good girl and respect your parents. We hear a lot of those messages, and at the same time, I didn't get educated about my body.

DC: discussion

WSIEL: You feel bit guilty of wanting to have sex, because of my religious upbringing. And back in my mind, to get contraceptive is to get the pills. To stand in my face is something wrong. Sometimes, I had sex without any contraceptives. I know what I was doing is wrong, but I didn't want to think about it. You want this guy, and you didn't want to get contraceptive. People might see you go and get it. I don't want people to know about it. Then of course, when I started taking it, I feel guilty taking it.

DC: the eyes of the people
WSIEL: Of course, when it came to abortion, it's the opposite. I'd like to think I was terminating something before it happens. Terminating a life, I don't like to say I'm killing it, because of my religious upbringing, I'm killing something that I don't want to, but because I didn't want to let my family down and hide it. And also my relationship wasn't steady. I didn't want to be a solo mum. For some reasons, I've got this weird feeling. I'm selfish enough that I don't want to give up the child for adoption. People would ask, why do you have to give it for adoption? If I had the child, the child stays with me. I think it's the general fear, pride and the values of our people.

DC: the eyes of the people

WSIEL: Before I had an abortion years ago, I used to analyse I wouldn't have an abortion. But I never want to judge anybody, because I will never know the day when I'll be in that situation. And I never like people saying, it's killing, because women like a lot of us are maternally. Nobody wants to have it. Women have choices at the time because of our circumstances. I didn't want to be judgemental. When I found out I was pregnant, I was wrapped. My husband was wrapped, but I decided I wasn't going to have this baby, because of a lot of reasons. We talked about it. I compromise that value of my religious upbringing. I didn't want to let my dad down in cultural things. I decided to sacrifice my religious and life of the child to save my family, to have the abortion.

DC: the eyes of the people; the pride of the family

WSIEL: I said to him, can we live with that another five years down the track? And we decided, yeah! I said, we might not have children later on, are we going to risk this? So yeah, but it doesn't stop the hurt and the pain. Interesting thing I found, I used the rhythm method, I never got pregnant. Then it's that pressure to take contraceptives.
and I took them. That mucked me out. I knew when I was getting my period, but that contraceptive mucked my cycle, plus I was unreliable. I thought gee, when I was doing it naturally, I was fine. I didn't want anything to interfere with my body. Then in the end, I took the pressure that you will get pregnant if you don't take the contraceptive. My perception is, the Palagi (referring to European people) think that you are taking the risk, if you are not taking the contraceptive, and being irresponsible if you're not taking it.

**DC:** ownership of the body and partnership between health professionals and the women

**WSIEL:** I felt pregnant the second time. I felt *I would rather use the rhythm method than contraceptives, because of my views I want to do it naturally. I want my girls to know about their bodies, to educate them to have self respect, and if they do decide they are going to have it. Let's hope we stalled our values in them, hope they have...mum's values. I don't want them to feel guilty if they decided to have sex and contraception. I want them to have these cultural values we are all proud of our children. I can cope with my children being pregnant, but I can't cope with them being a drug addict. That is a difficult problem. Sex is a sacred thing before marriage, but some of us don't get there. I don't want them to have an abortion. I had mine for pride, not let my family down. It is selfish. *Abortion is not a method of fertility control. That's how they see it because no woman would ever wake up in the morning and say, 'oh, I'm going to have a fertility control, I'm going to have an abortion'.

**DC:** importance of identity and discussion between parents and children. Abortion is not a fertility control.
New Zealand born woman 6 in her early 20's

WSIEL: I think people should use contraception if they plan not to have a family. Yet, it is good for those who are not ready or afford to have families. I knew what I was doing but I didn't take contraceptives. I mean, may be because these are not the sort of things you see your mother taking, or discussed. And you don't take notice of it. Having a very strict father, you know, he doesn't want to know what's going on. When I first had my period, I stayed home, and he asked, "why are you not going to school?" And I said, I am sick. And he asked, "what's wrong with you?" I said, it's my period. And he turned around and said, "don't tell me those things". That is why I asked you (referring to me) to come when he's at work, because he's the sort of dad who would want to know about women's things.

DC: sacredness not an issue of discussion

WSISEL: I learnt about my own body and some sort of contraceptive at school. My mother never told us anything. I know a lot of single women over 30 to 40 years at least, who are still single because of the lack of knowledge of their bodies. Some of my relatives still haven't got partners. I feel sorry for them. They would say, 'teine lelei' (meaning be a good girl).

DC: the notion of 'a good girl'

WSIEL: And when I got pregnant, they were very angry. My aunties and uncles were very angry. They blamed my mother for not looking after us, and giving us the freedom to go out. They said, "why didn't you tell us, we could have"...And I said, what's done, is my own fault. My mother was disappointed, however, she was looking forward to be a grandmother. She said, "why didn't you tell me earlier, I could have supported you from
the beginning"; because she felt sorry for me asking me to do all these heavy duties, when I was pregnant at an early stage. Although she was disappointed, but very supportive. **But my father, it took a while for him to accept it. Having a hard father is really hard...very hard to understand.** He was going to find the guy I was pregnant to, and give him...you know...

**DC:** the eyes of the people; family responsibility; gap of understanding

**WSIEL:** *I didn't want an abortion. I think it is wrong to kill a child. It is not their fault. They didn't want to be existed. It is us who are responsible, why make them suffer for our actions. It is wrong for our cultural and religious beliefs. I know our people like having lots of children, but it is sad what's happening now. I think girls do it because of the pride of the family, and that's sad. They put their pride first and worry about what people would say, instead of considering their own feelings. That's what happening to many girls, they sacrifice their own needs because of the fear of being outcast by the family. That's why girls do it.*

**DC:** cultural and religious beliefs; the eyes of the people

**WSIEL:** *I think mothers should discuss these things with their daughters and fathers to their sons. Our parents should realise now, that this lifestyle is different from their upbringing in Samoa. They are very hard, aren't they? Is abortion a method of fertility control? No it is not. I think women don't think like that. They do it for the pride and the shame it brings on the family.*

**DC:** Samoan born parents versus New Zealand born children; the pride in the eyes of the people. Abortion is not a fertility control.
New Zealand born woman 7 - 18 years

WSIEL: I think people of my age should get more information on contraception. Some people don't know anything about it, because parents don't tell them anything. They feel ashamed as they don't know what age, to say these things. I reckon there should be more education about contraception. There should be more class work about it. They just starting now to do education in schools. In those days, they didn't have any. There should be more study on teenage life and contraceptive, so that everyone is aware of what is about. I think daughter and mother should have a good relationship between them, so that they should share everything, not lying to each other. Parents should know and not keep things from each other. If you keep things from each other, it will be hard for your parents to trust you. I know it will be hard for parents to talk to their daughters or sons about contraceptives, but they should have the guts to talk about it so that their kids are aware of what's coming.

DC: open discussion between parents and children

WSIEL: If you're going to have abortion, why have sex? If you don't want a kid, then you should have safe sex. If you do want a kid, then it will be good for you and partner. I reckon you should be safe if you don't want a kid. Abortion is killing another life, why have sex if you're killing a life. If you want a baby, sex is all right, but if you know you're going to have sex and an abortion, then you should have safe sex. Some people have abortion because their communication with their parents isn't good, and that's why they scared of the reaction of their parents, and sometimes the partner has left them. They don't want to carry the child by themselves. It doesn't feel good and feel out of place with their friends. That everything will change the family, friends attitude towards that person.

DC: the message of safe sex
WSIEL: "Do I see abortion as a method of fertility control?" Umm...it sounds ambiguous. Is it? (What do you think?) I don't think so. I thought contraception is a fertility control because abortion is an abortion.

DC: Abortion is not a fertility control from Samoan women's perspective

New Zealand born woman 8 - 19 years

WSIEL: I think contraception is good. It's good to prevent pregnancies. It's safe because there's a lot of diseases going around, like std's, aids, extra. It's good because you're protecting yourself. It's more of an advantage than disadvantage because, it is protecting yourself. I feel safe and protecting myself from being pregnant. Sometimes, I don't use it because I know that I'm only with one partner. What I mean by contraception are barrier methods, not the pill or other things they put inside you. I don't like it. We use condoms. I'm not quite sure why I don't like other sorts of contraceptives, but it's a funny feeling putting something in your body. I'd like to control my body naturally.

DC: protection of sexually transmitted diseases when use condoms; favour of natural methods; controlling the body naturally

WSIEL: My mother said, she had never taken contraceptives. She tried once, and that was it. She didn't like it. I asked why she didn't like it and she said, "because it feels like an invasion to her body, and also because they are Europeans things. Who knows they might introduce some diseases into your system". She said she knows when she is safe and unsafe, and it does work for her. She said, when she is unsafe, she is very careful. She said, my grandmother had nine of them and she did it naturally. My mother talked to
us about the menstrual period and our bodies. I understand my body from school and books.

DC: thinking influenced by environmental upbringing

WSIEL: Contraceptive is good for those who have more partners. I think to prevent unwanted pregnancies, girls of my age should be using contraceptives and not having sex at all. More education through school is required, because many parents are uncomfortable to talk to their children about girls things and boys things...I mean sex.

DC: the need for education

WSIEL: I don't believe in abortion even if it's unplanned or unexpected, even if I'm studying. I think it's killing the foetus. I know women do it because they either too young or have no support. When I got pregnant, I didn't want an abortion because I knew I will be supported by my boyfriend. I didn't tell my mum until 4 months pregnant, incase she tells me to have an abortion and I was also scared. I don't think my belief is influenced by my cultural background or religious belief, but my own personal belief. I just feel it's not right.

DC: personal beliefs very firm

WSIEL: I think this issue should be talked about in the community because many teenagers don't know about these things. Having parents who have the understanding to talk to their children and not to be ashamed of it. I think that unplanned pregnancies can be prevented if women understand their bodies. I know when I'm unsafe and safe. I learn it first from the puberty education at school. I know Samoan women value virginity
before marriage, but it wasn't really important for me because I was brought up in the New Zealand environment. No abortion is not a method of fertility control.

DC: Samoan environment versus New Zealand environment; abortion is not a fertility control.

GROUP 2: SAMOAN WOMEN'S STORIES IN FELLOWSHIP ONE (20 to 50 years)

Woman 2:

WSISL: O la'u a iloa i le faaupuga o le aiga fuafuaina o le tova lea o tamaiti ia 'aua ne'i so'o tasaga. O lo'u lagona e (ala na) ta'u o le aiga fuafuaina ina ia mafai ai e le tina ona maua le malologa, aua sa ou o'o iai i le mea lena o le aiga fuafuaina i Samoa. E lei atoa se masina talu na ou...a foi... na ou faaaogaina nei mea o aiga fuafuaina o le lupo. Ma sa ou vaaia le suia o lo'u tino pei ua fefete foi gale...ma pei ua (ou) lapo'a ai. Ia ae, ia ke a'u ia e lei iai se aoga ia te a'u, na alai na ou toe alu aveese le aiga fuafuaina, ma ou le oo ai loa ise tulaga faapena. A e, na ala na tuai na ou oo i le mea e ta'u o le aiga fuafuaina, ona e lei lava la'u fanau ou te mana'o ai. I a te a'u lava ia ona o lo'u foi gale... faapea o le tauamafai e va tasaga ai lea tamaititi ma lea tamaiti seia maua e le tina le tino malosi, ona toe la'a atu ai foi lea i luga mo nisi tamaiti.

ET: I think family planning is to space children to avoid subsequent pregnancies. I think it is called family planning so that the mother have enough rest, because I used it in Samoa. It wasn't quite a month since I used it, I mean used these things contraception, the loop; when I noticed my body changed as if it was puffed and I put on weight. But to me, there was no use to me, that's why I went to take off the contraception to prevent me from that sort of thing. But, the reason why it took me a long time to consider family planning is because I didn't have the number of children I wanted. I thought to have
it to try and space one child to another child until the mother has the strength, and then consider to have more children.

**DC:** side effects of contraception; importance of having children

**WSISL:** O le aiga fuafuaina o le aoga foi lele mo tagata lea e tino mama'i pe a toto. E le gata i lea, na fa loa la'u fanau fai la'u aiga fuafuaina muamua o le lupo. Ia na alu ai, alu ai lea ua lima tausaga o fai la'u lupo. Na mafai lea ona aveese ae toe maua le isi a'u fanau, e to'a (ai nei). Ia na toe fai ai lea o la'u aiga fuafuaina o le tui. Ia o tui e tae tolu masina ma fai a'o lena tui i a te a'u, na o le tolu a tui ae tae ono masina to a ou alu fai le tui e tasi. Ia, ona o la ou te lagona e a'u ia le fuafuaina o lou malosi. Ia le tui lena na tuu loa la ia lea, toe maua ai la'u pepe e toatasi, ia ua to'alima ai nei la'u fanau. Ia e oo mai la i le taimi nei, ia ou te te toe maua se fanau ai a ona ua pule le tama ia i le lagi, ua uma le fanau na tuuina mai ia te a'u ua le toe maua ai se fanau.

**ET:** Family planning is useful for those people who get sick when they're pregnant. Not only that, when I had four kids, I had my first contraception the loop. Then as times goes on up to five years since I had the loop, it was removed and I had more kids. I have four now. Then I had another contraception, the injection. The injection takes about three months, but that injection to me I only have one injection every six months, because I know how to control my strength. When I stopped having the injection, I had one more baby. I have five children now. Up until now, I don't have any more kids, maybe God in heaven wished to end the children given to me, as a reason I can't have anymore.

**DC:** religious beliefs about God ending children
Woman 2:

WSISL: Ua faate'ia foi le mafaufau i lenei taimi ona o le mataupu ua tula'i mai, ma ose mataupu matagofie tele. O le fesili ua tuvina mai e tusa ai ma aiga fuafuaina, ia te a'u lava ia, o se togafiti lea e sili na fesoasoani i le itupa o tina. Aua la pei ona e silafia foi i le olaga soifuaga faasamo, o nisi a o tina ua au atu a latou fanau i le 16,15,14,13,12,11. Ma e faamaonia lava lea i lo'u a'u lagona, aua a ou mafaufau lava a'u ia i lo'u a'u tupuaga, poo lo'u a'u tina, ia o se tina malosi tele. Ma o lea numera na maua e lo'u tina e le faaapea na fanaunina, leai o nisi na fasano, o nisi foi na fanau mai maliliu, e lei fanau leau foi nisi. A o lenei lava tau o le olaga, (ua) alualu i luma ma laalaa i luma le malamalama ma silafia foi e fomai, ua iai la lea togafiti ona o se fesoasoani i tina vaivai.

ET: I am moved with the topic as it is an important issue. The question about family planning is I think it is useful to mothers. Family planning to me is a good treatment to help women. As you know the Samoan way of life, some mothers have about 16, 15, 14, 13, 12, 11 children. I can prove this because of my own experience. If I think about my own generation like my mother, I tell you what, she was a strong woman. The number of children my mother had were not just through birth, no, some were miscarriage, some were born then died, some were incomplete. But in these days, doctor's knowledge is advanced that this treatment is available to help women who are weak.

DC: it is normal for a Samoan woman in the past to have many children

Woman 3:

WSISL: O a'u foi o lea ou te iai i le aiga fuafuaina ina ua toafa la'u fanau. Sa ou fai... a a um...sa fai ai loa o'u tui. Ia tei ane ua alu alu e le misi a so'u tui, tai tolu masina ma fai. Sa ou fiafia iai aua ua tele ai nisi mea lelei ou te faia mo lo'u aiga, ona ua maua e
a'u le tino malosi. Ina ua atoa le tolu i le ono masina e leai se tui na toe faia, ia o lea na toe maua ai la'u pepe. O le pepe la lea na fanau ma ou taoto ai loa e oo mai i le taimi lenei, e le o toe maua a la se pepe. O lea foi la ua ou iloaina ai le aoga ole mea o le aiga fuafuaina, ona ose fesoasoani tele mo a'u.

ET: I am on family planning when I had four kids. I had my injections. Then it goes on and on, I never missed my injection at every three months I have it. I liked it because I did many good things for my family as my body got the strength. In about three to six months since I didn't have any more injection, that's when I got another baby. When I had the baby I had my operation and up until now, there's no more baby. This is why I know the useful of contraception, because it was a great help to me.

DC: contraception works for some women

WSISL: E tele a auala ou te lagona ai e a'u e aoga. Muamua, e fesoasoani i le malosi o le tina, aua o totonu o Niu Sila nei o le tina lava e faia feau uma lava a le aiga. O lona lua, e fesoasoani foi i le vaivai o le aiga ma le nei foi vaitau o le olaga ua taugata le soifuaga, o lea la ou te lagona ai a e a'u ia i lou lava manatu na o a'u. E taua tele le aiga fuafuaina aua o lea ua tulai mai le faaletonu, o nisi ua le lava le tausiga o aiga, o nisi foi ua na ona fananau tia'i tamaiti, ua aliali mai uiga faapena e le manuia ona o le le lava o le fuafuaina. O lea la ua ou faamautuina ai lava e a'u ia le aiga fuafuaina i lenei vaitaimi o le olaga sei sui ai foi.

ET: There are many ways why I think it is useful. First, it helps the mother with the strength because in New Zealand mothers do all the chores in the family. Secondly, it helps with the economic viability of the family because in this climate, the cost of living is very high. This is my own feeling and view. Contraception is very important because
there are problems now. Some can't care for the family, some just bear children and abandon them, these problems have arisen because it is not planned. This is why I confirmed contraception at the present time for a change.

DC: family planning is important

Woman 4:

WSISL: O le fesili ua fesiligia ai foi tina i lenei taeao, ia e manaia a manatu ma finagalo ua tuuina mai e tina, ia o le faaopoopoga lava lea e tasi. Ia te a'u lava ia i le aiga fuafuaina e lelei. O le ma aiga na fa (loa) a'u tamaiti fai lea o la'u lupo. Ia, mana'o loa lea o le matou aiga e toe fai nisi ma tamaiti, sa ou fai atu iai i le tama, e lei oo i le taimi. Ina ua matou taumu mai loa iinei i Niu Sila, sa ou toe alu loa i le fomai e aveese la'u aiga fuafuaina o le lupo. Na maua ai lea o le isi a'u fanau e toatolu. E toatolu ma tamaiti sa maua iinei i Niu Sila. E lei faapea la na iai se tulaga foi lele sa ou ma'i ai. Na pau lava le mea i le na vaisitaimi, sa ou malosi lelei ma lelei le aluga o le matou aiga.

ET: I support what the other women have said and I feel the same. To me contraception is good. When we had four children, I had a loop. Then my husband wanted to have more children. I said to him, I am not ready. When we arrived in New Zealand, I went to see the doctor to remove my contraception, the loop. Then I had three more children. They were born in here, in New Zealand. It didn't affect me. The only thing at that time was that, I had good strength and things go smoothly in my family.

DC: contraception works for some women

WSISL: Ia te a'u lava ia ma le mea lea e aliali mai i le faapau o pepe a tina, o iina e aumai ai o le va lava o le tina ma le tama. Afai lava e lagona e le tina ua fai sina vaivai
foi lele o lona tino, e tatau lava ia te ia ona talatalanoa i le tama. Ia ae talu ai ona o le va o le tama ma le tina, peafai e le lelei ona talanoaina, ia e faapena foi la ona iai se itu faaletomu i le tina, ona aliali mai ai lea o uiga na faapena ua alu faapau le pepe. Ae, i a te a'ulu lava ia e tatau ona lelei le fuafuaina e le tama ma le tina o le la aiga fuafuaina, aua a lelei le talanoaina e laua, ona lelei a lea ma faaleleia ai le aiga, na leai ai lea ose faalavelave faapea e alu le tina faapau nana le pepe. A lelei a ona talanoaina le la aiga, ia e faapena foi ona manuaia mea uma, maua e le aiga le fiafia, maua e le tina le fiafia, maua foi e le tama le fiafia, faapea le fanau.

ET: To me and this thing happening to mothers aborting babies, it causes between the wife and the husband. If the mother feels she hasn't got the strength, she must discuss it with the husband. But, because of the relationship between the husband and wife that they don't communicate, the wife will abort the baby. To me, the husband and wife must plan their family accordingly, then the wife will not secretly abort her baby. If they discuss things between them, things will go well, the mother will be happy, the father will be happy too and the children.

DC: communication and discussion will prevent women having abortion

Woman 5:

WSISL: E lelei a le aiga fuafuaina i tina e malolosi ai, ae le lelei i tina e mama'i ai. O a'u na fai loa la'u aiga fuafuaina o'u lapo'a ai loa. Tu'u loa ona ua ou vaai atu e tele le faaletomu. A na faapea ou te iloaina e tupu mai ai se mea faapea i a te a'u, ou te le faaaogaina. Na ou fanau i la'u tama matua, fai mai le foma'i e fai sa'u aiga fuafuaina a e ou te le'i te'a mai i tua i le falema'i. Na aumai lea o mini pill fai mai leaga o lea e faasusu la'u pepe. Faapea lava a'u ia e taofi ai le to. A e, te'i ua lima masina o la'u pepe, a e ou toe ma'i. E lei faamatalaina mai lava ni mea i nei fuala'au. Na ta imuina lava lea
Family planning is good for women who are okay with it, but it is not good for those women who get sick from it. When I took the contraception, I put on weight. I didn't use it any more when I knew the problem. If I knew this would have happened to me, I would never use it. When I had my first baby, the doctor told me to take the contraception before I discharged. The mini pill was given to me because they said I was breastfeeding. I thought it prevented pregnancy. However, my baby was five months old when I got pregnant again. They never explain anything about these pills. I took it because I thought it prevents pregnancy, but I didn't want to take the pill. It is a big thing to remember to take it everyday. They showed us other types of contraception like creams and condoms, but my husband refused, and so did I. They are are European things. To us, it is not appropriate.

DC: role of health professionals in providing information and being culturally safe; side effects of the pill

WSISL: O le faapau pepe i lo'u lagona, e esese lava mafua'aga e faia ai e teine Samoa. Ou te iloa lava e ala na faia e teine e leai ni toalua, ona o le luma i tagata ma tala a tagata e fai iai, aemaise le fefe i le aiga. Ta te musu lava e judge na teine aua e tofu lava le tagata ia ma ona lagona. E sili i a te a'u le faapau o le pepe ae le'i ola mai, i lo le fanau mai tago fasioti pei o le mea lea na tupu i nai tausaga ua te'a atu, i le teine Samoa ua fanau nofo fasioti lana pepe. E sili la i a te a'u le faapau ae lei pupula mai mata o le pepe, i lo lenei mea ua pupula mai ae nofo fasioti. E moni, na ou fai atu ou te le mana o e
My feeling about abortion is that there are different reasons why Samoan girls do it. I know unmarried girls do it because of the shame in the eyes of the people and what people would say, and especially the fear of the family. I refuse to judge those girls because people have different feelings. It is better for me to abort the baby before it is born, than being born and kill him/her like the incidence which happened a few years ago about a Samoan girl who had given birth to her baby and then she killed him. It is better for me to abort before the baby opens his/her eyes, rather than the baby looks at you and you kill him/her. It is true I said that I don't want to judge, but these are the things I don't like, when the baby is alive and then kill it. This person is a killer.

DC: the notion of the ‘eyes of the people’

Woman 6:

WSISL: O le aiga fuafuaina ia te a'u lava ia e moni e fuafua ai aiga, ae iai foi lona pona. Sei silasila foi i o tatou tina, e ta'i sefulu aga'i i luga fanau aua sa pulea lava e i latou o latou tino ae le'i o' o atu le poto fa'aafoma'i. I a te a'u lava ia ma le agamu'u faa-Samoa, e le fuafuaina ni fanau ona o mealofa sili ia a le Tama o i le Lagi. Ua le lelei nei aso talu na avatu mafauauga atu i fafo fai ai le tatou agamu'u. O le mea foi lea ua tele ai le amio leaga o tupulaga laiti, ona o nei mea a Palagi. I a te a'u lava ia, ou te tete'e tele i aiga fuafuaina ona e le fuafuaina ni fanau a tagata Samoa. A uma lava le fanau a le tina ia ona ua o' o i le taimi e gata ai le fanau, ona faatoa uma lea. Ou te le fia mana'o e faaaoga e la'u fanau na mea. La tailo i o atu i le a'oga faamatala iai e faia'oga ona o lea fai ae ta te le iloa. Seiloga lava e fai aiga ona ou iloa lea ua talafeagai, ona ua ese foi lenei atumu'u ua tatou ola ai.
ET: Contraception to me although it is true it plans a family, but it has problems. When we think about our mothers, they had ten and even more children because they control their own bodies before western knowledge was introduced. To me and the Samoan culture, children are not planned because they are the best gifts from God in heaven. These days are not good since foreign knowledge has been introduced in our culture. This is why the young children are not conforming to acceptable sex practices, because of these European things. To me, I oppose to contraception because Samoan people's children are not planned. A mother completes producing children when her fertility ends. I don't want my children to use those things. Maybe they are taught by their teachers at school and then they do it without my knowledge. Maybe, it would be appropriate when they get married because it is different in this country.

DC: Samoan values

WSISL: Pe tau ai la ma fafine ia e fafano a latou pepe i fafine ia e o fuapau'u a latou pepe? E ala na fesili atu ona o le ma aiga sa lavea ai i le mea lena. O a'u na pau le isi a'u to ua iva masina, oi ua valu masina, sosoo ai lea ma le isi tamaititi e ono masina ae fafano, sosoo atu ma le isi tamaititi e fa masina ae fafano foi. Ia ma o loa ma lou toalua ave a'u i le falemai, na aumai ai lea o fualaau e inu. E fiu lava e aumai na fualaau a'o le mea lava e tasi ua atili ai. Ma o lea sue le fofo Samoa i Tutuila. Ma o atu lea fofo ai e le loomatua a'u. Fai lea o le tala a le fafine ua ala na ou faapena ona e maulalo tele le mea o le faaautagata. O le mafuaaga la lena e le sao ai so'u ma'itaga, ona o le mafata tele o le tamaititi, ae vaivai ma maulalo le faa'autagata. Ia o le fofoina la lena e le fofo Samoa o a'u, e mafua ai nei na maua la'u fanau.

ET: Are women who miscarriage their babies counted among those women who aborted their babies? The reason I ask is that me and my husband were in that situation. I
miscarriage one of my pregnancy at nine months, oh.... no at eight months, then another pregnancy at six months, then another one at four months. I went with my husband to the hospital, they gave me the tablets to take. They gave me more pills but it didn't help. There was no change it made it worse. We went to find a Samoan fofo (healer) at Tutuila. The healer massaged me. She said the reason why I'm like this is because my uterus is too low. That is the reason why I can't carry a full pregnancy because my babies are too big, and the uterus is too low and weak. That treatment by the Samoan healer enabled me now to have my children.

DC: effectiveness of Samoan fofo or treatment; epistemological knowledge

Woman 7:

WSISL: O a'u na ou fanau i lau tama muamua toe fanau i lau tama lona lua, ia ou te le ma a a'u ia e ta'u atu na so'o tausaga a'u tamaiti. E lei faia sa'u aiga fuafuaina, ona o le manatu foi lea faa-Samoa e le fuafuaina ni fanau a tagata Samoa. Sei tatou taga'i foi i o tatou matua, a tele lava le fanau o le sefululima, sefulufa, aga'i i luga. Atonu e fetaui le fuafuaina o fanau i le nei atumu'u, ona o le taugata o le olagia, ma ua suia foi tiute o tina, o le tele o tina ua faigaluega. E tusa e tasi le masina o la'u pepe ae ou toe ma'i. Ia, ou te ma'i la ou te le o iloa ou te ma'i faifine to. Faapea lava a'u ia ose failele gau poo se mea faapena, ae tei la vane foi tamalii ma le le leiloa tautala, tei a ua le alu lo'u palapala. O'u alu loa vaai le fomai.

ET: I had my first baby and then the second one. I am not ashamed to tell you that my children were born in subsequent years. I didn't use any contraceptive because of the Samoan notion that children are not planned. If we think of our parents, the many children they had was fifteen, fourteen, or even more. Maybe it is all right to plan children in this country because of the high cost of living, and women's roles have changed that
many women are now working. My baby was about a month old when I got pregnant again. I got sick and I didn't realise I was pregnant again. I thought it was a failelegau (meaning postnatal sickness) or something else. I didn't have my period and then I went to see the doctor.

DC: Samoan values

WSISL: O lona lua o masina na ou alu ai va'ai le fomai ma lou manatu, ou te manao e aveese...aua o lea e laitiiti tele le isi a'u pepe. O le mea la lea oute fai atu ai, aisea la ua alai na tatala lenei mea o le faapau o pepe i Niu Sila, ae na ou alu e su'e se fesoasoani mo a'u e 'aveese la'u to aua faatoa lua masina, ae le mafai le fomai i le tausaga e fitutolu. la, semanu ou te faaletonu ai i la'u pepe lea, ona e leai sa'u malologia leai se toto i lou tino. E tusa e tolu aso o ou nofo i le falemai. I a te a'u lava ia, sa le tatau a na tatalaina lenei mea, aua e pei o le mea foi la lea ua alai ona faifai pea e teine ma fiafia e fai lea mea o le faapau pepe, aua o lea e faigofie na ona alu atu lava fai. Aua e le atoa se aso o fai se taotoga. Aua o la'u case e le faapea na o so'u loto, na ma malilie faatasi iai ma lou toalua aua se fesoasoani mo lou tino. Sa tatau a la ona aveese le tagata e pei ona ma mana'omia aua na o se alualu toto. I a te a'u ia o le 'alu'alutoto e le afaina aua na ose 'alu'alutoto.

ET: I was two months pregnant when I went to see the doctor because I want to abort, as my other baby was still too small. I have to say this, why are they allowing to abort babies in New Zealand when I went to find help to abort my baby when it was only two months and the doctor refused in the year seventy three? Why is it allowed now? (I explained the introduction of the law). I was almost in trouble with this baby because I didn't have enough rest in between the pregnancies and no blood in my body. I was in the hospital for three days. To me, this thing (referring to abortion law) should have never been
allowed, because this is the reason why girls like doing it, aborting babies because it is easy to do, they just go and do it, as it doesn't take a whole day to do an operation. My case wasn't just me, me and my husband both agreed to help my body physically. They should have aborted the baby as we requested because it was only a clot. To me, the clot is not so serious because it is only a clot.

DC: the abortion law is encouraging women to have abortion

Woman 8:

WSISL: O a'u ou te le fiafia i le aiga fuafuaina ona e pei o le a pulea mai e mea a Palagi o tatou tino. Ou te talitonu lava a malamalama lelei le ulugalii i le la va faa-le ulugalii ma talatalanoa i auala e ono taofia ai le ma'itaga o le tina, e mafai lava ona faia. O le matou lotu e faasa ai aiga fuafuaina faapalagi, na o aiga faanatura e a'oa'oina ai. Ua toalima nei le ma fanau, e ta'ilua tausaga e tova ai le isi tamaititi mai le isi tamaititi. Ou te faaaogaina le kalena. Ua ma malamalama faatasi ma lou aiga i le nei tulaga. A o'o i le taimi e tatau ai ona ma momoe, ona momoe lea. A o'o foi i le taimi e le tatau ona ma momoe ai, ona faia foi lea e ala lea i le ma malamalama faatasi. Ou te manao foi ia faapea la'u fanau teine, pe a o'o i le vaitaimi e fai ai o laua aiga. A ta vaai nei i mea e faaali mai e Palagi, e oso lo ta fefe ma le maniti o lo ta tino. O tatou ia o le tautala lava i le fanau teine ia 'alo'ese mai i le fili. A o'o ai i le taimi ua fai aiga, ona pule lea o latou aua ua le tutusa foi o tatou mafauauga ma manatu o a tatou fanau ua ola i le nei atunu'u.

ET: I am not happy with contraception because European things are controlling our bodies. I believe if couples understand the relationship between themselves and discuss ways to prevent pregnancy, it can be done. Western contraception is not allowed in our church, only natural methods are taught. We have five kids, they are two years in
between. **I use the calendar method.** We both know and understand this method. We sleep together at times when we know we have to, and sleep separately at times we don't have to on the understanding of both of us. I want my daughters to be like us when they get married. If I look at those European things when they show it, I get scared and my body shivered. To us, we talk to our daughters not to involve with the enemy (meaning sex). When they get married, then it is up to them because our views are different from our children in this country.

**DC:** invasion of the body with European things; religious beliefs; natural methods favourable

**WSISL:** A'o le tulaga lea i le faapau o pepe, ou te fai atu lava a'u o le agasala tele i luma o le Atua. Afai ae to mai sa'u tama ae faapau sana pepe, e leiloa poo a'u o le a agasala. Ou te matua fasia lava ia tigaina, e tusa lava pe ou te fale puipui ai. Sa tatau a na totogi le vaega lea e faia nei lea mea valea o le faapau pepe. I a te a'u a ia sa tatau na totogi, o lona uiga o le a faateleleina ai le fiafia o le aulaiti ia, na o le toto mai lava, o faapau. Ua atili ai foi ona fai faameata'alo aua o le lena e fai fua. Ua atili ai ona faapau le alofa o le Atua, aua o le na e fai fua. O le is foi mafua'aga o le fiamama o le tina e fai ai i lana tama e alu e faapau lana pepe. Na tupu le mea faapena i le teneititi ou te aiga iai ona o le fiamama o lona tina. Na tupu foi e lei leva atu i le ulugali'i ma te faaouo lelei lava.

**ET:** This issue about abortion, I say it is a sin in Gods eyes. If any of my children get pregnant and abort it, maybe I would be the one who will sin. I will give her a big hiding until she is weak. I don't care if I go to prison. They should pay for having abortions; those people who are doing these silly things. To me, they should pay. It encourages the young ones to do it, they get pregnant and go and abort it. It encourages them to do it as a play
thing because it is free. It encourages the aborting of God's gifts because it is free. Another reason is that a mother would advise her daughter to have an abortion because she wants to be perfect in the eyes of the people. That thing happened to a girl I'm related to because her mother wants to be perfect; and it happened not long ago to a couple we're good friends.

DC: the eyes of the people

**Woman 9:**

**WSISL:** O le aiga fuafuaina e lele i toe leaga foi. I a te a'u a ia e lele i tina ua fai aiga a e le lelei i teneti laiti. E aia na fai atu lena manatu ona ou te faaloguo ua le fananau ai isi fafine. A faataga nei teneti laiti e fai ona o ai a lea fai amio le fetaui i le faa-Samoa. Ia aemaise nei tei ua le fananau ai pe a o'o atu i le taimi e fai ai o latou aiga. A ta mafauau atu lava iai, atonu e fegai mo i tatou ua fananau, ao teneiti laiti e le tatau. Ua leaga lava teneiti o le a'oga. Sau la'u tama ma tampons i le isi aso mai le a'oga. O'u fai atu iai, poo fea na aumai ai ia mea, ae fai mai na avatu e le teine foma'i. O a'u ua ou ita lava, o tu nei a Palagi o le a tau fai i a tatou fanau. I lo'u a manatu faatina, e le fetaui le momono o nei mea i teneiti e lei o'o i tulaga faapea. Ou te lei faaaogaina lava e a'u ia mea, na fai ai le a'oga i le matou komiti i Samoa. O fafine na latou faaogaina ia aiga fuafuaina, na o fafine sa inu fualaaau. A o le tele o isi mea na faaali atu, ia e leai lava ma se isi na fia iloa.

**ET:** Contraception is good and bad. To me, it is all right for women and not good for young girls. Why I say this is because I heard of women who can't have children because of contraception. If young girls are allowed to use them, then they will behave inappropriately according to Samoan values, and especially it might prevent them from getting pregnant when they get married. When I think about it, maybe it is all right for us
who have already have children, but not for young girls. Young girls are bad because of the schools. My daughter brought tampons from the school the other day. I asked where she got them, and said she got them from the school nurse. I was angry because these are European values imposed on our children. My motherly view is that this is not appropriate to put these things inside young girls who haven't experienced these type of things (meaning sex). I have never used these things (meaning contraception). They did an education session in our committee in Samoa. The women who used contraception are women who used the pill and the rest of the other things they showed, no one was interested.

DC: Samoan values of valuing the body before it is blessed; the term ‘thing’ is used to denote contraception; European things are any form of outside methods or ideas.

WSISL: A'o le abortion, na ou va'ai foi i le mea na tupu iinei i le teneititi sa ma course. Ou te le'i tava lava i se isi le teneititi lenei na alu fai lana abortion. Sa ou alofa lava i le nei teneititi, fai mai e le'i mana'o e fai, a'o lona tina na fai iai e alu e 'aveese le tagata. Fai mai le teine, o lona tina e ese le fiatagata o le fafines...o le fiatagata ia e mana'o lava e mama lana tama, ae na te le o iloa le mea la e tupu i lana tama ua tau pule i le ola. O le tagi ia o si teneititi, o la'u advice iai e pule lava 'oe ae leiloa po o sou manuia lena tamaititi. Afai e te faapauina lau pepe, o lona uiga ua e 'fasioti tagata'. E uma lava le olaga nei e le galo ia 'oe lau agasala. O le a ma'imau lena tagata, e leiloa pe ofisa, pe faife'au. Na alu lea fai le abortion. Na uma loa ona fai, ua sau i le a'oga ua fiafia ua le pei o aso e sau ai e tagi mai lava. Fai mai na ala lava na alu fai o lona tina ma lona aiga. Fai mai lona tina o ia, e le toe fia fai tama ai pe a le alu e 'aveese le tagata. O 'upu uma lava nei e lafo i le nei teneititi ua faataunu'u ai e le teneititi lenei agasala matuia.
ET: But with abortion, I saw what happened to a young girl we did a course together. I have never told anyone about this girl who had an abortion. I loved this girl. She said she didn't want to do it, but her mother told her to have an abortion. She said, her mother has high pride in herself. She wants her daughter to be pure without knowing what her daughter is going through, she contemplated suicide. She cried, and I advised her it was up to her, and I said 'you never know that child might be a blessing for you'. I said, if you abort your baby, it means you are a killer. You would never forget your sin in your whole life. It would be a waste to abort that child. You never know it might be an officer or minister. She went to have an abortion. After she had it, she came to our course very happy and not like the days she came crying to school. She said she did it because of her mother and her family. She said her mother had said she would not accept her as a daughter, if she wouldn't have an abortion. These are the words said to this girl which made her commit this awful sin.

DC: the eyes of the people; protecting of the family name and identity; sacrifices personal needs for the sake of being disgrace.

Woman 10:

WSISL: E ese le taua o le la'u faalologologo atu i le itu la lea pei la o le mea lea ua talanoa mai ai. O la'u a iloa e tatau a na maua lea tamaititi ma fai le aiga fuafuaina, aua o le mea la lea e tupu mai i isi fainine fananau so'o, e tau feoti ai i le tigaina i o latou ma'itaga. O la'u a iloa e tatau a na uma na maua lea tamaititi ona va lea i le aiga fuafuaina, pei la o le mea lea ua tupu mai ua tuai na fai le aiga fuafuaina ae semamua e faaaletonu ai le soifua o le tina. La aua e iai a isi tama e onosai, a'o isi a foi tama e le lava le onosai sei vane le taeao ma le tatoa maifataga. E iai le tama na te iloa fuafua ae iai foi i latou e le lava le taofi. Ae pei la o la'u iloa o le aoga lena o le aiga fuafuaina,
ina ia fai ai se va o tamaiti. Aua a lua tausaga le va o tamaiti o le sili atu lena o le lelei, aua o le a maua...(e) le tina le tino malosi.

ET: It is important what I am hearing been discussed. My knowledge is that family planning should be done after every child, because this is what happened to women who have children all the times. It can cost their lives from the effects of pregnancy. Some men can control themselves and others can’t, ‘se'i vane le taeao ma le tatou mafutaga’. (This phrase is a special addressing of the group in a respected manner when talking about sacredness). That is what I know about the use of contraception to space children. It is much better if children are spaced every two years so that the mother will get the physical strength.

DC: the role of men in family planning

WSISL: (O le) ma aiga sa fuafua lava i le tai lua tausaga ma maua le tamaititi. Ia o lea ua a foi...ua to'aono teine, aua ou te ta'oto i a'u tamaiti uma lava. Ma o mai loa iinei faagata ai la'u fanau lea e malolosi ai tamaiti, pea lelei ona fuafuaina. Atonu o le aoga foi lena, o i iina e amata ai ona fuafua mai le...fauai a o le pepe seiia oo ina fanau mai ina ia ola lelei ma ola malosi le pepe ona maua ai lea e le aiga le sili. Aua, e pei la ole le fetaui o fuafuaga e tupu ai le sese, aua o le mea la lena e maua o le a faaletonu le tina ma faaletonu ai le pepe.

ET: My family, we planned to have children every two years. I have six girls and I have caesarean section for all my children. When we came here, my fertility ended, and this is the result of their good health if it is well planned. Maybe that is why it is useful. The planning starts from conception until birth, so that the baby grows well and healthy, and
the family will get the best. If things are unplanned, then matters occur. That’s what’s happening, the mother and baby will have problems.

**DC:** family planning to space children

**WSISL:** I lo’u a’u manatu i safine nei poo tamaitai’i nei e o faapiau pepe, e mafua mai nisi i totonu o aiga ona o le le mafana o mafutaga a le tina ma le tama ma le fanau teine. Atonu ua le lava poo ua le lelei ona vaavaai e matua le fanau teine i le taimi e tatau ona o ese ai ma le aiga i taimi e tatau ai. O le mea o le teine e ese le vaivai o lona mafaufau, e faa'upu faa'upu a...e le isi tamaloa poo isi tama tei a ua gau ai le mafaufau, ona faapea atu a lea ma i'u ai i tulaga faapena. I'u loa ina ua ma'i ona faigata loa lea ona talanoa i le tina po o le tama, ona pau a la lea o le togafiti e fa'i o le faapau o le pepe.

**ET:** My view about women or girls aborting their babies is that, some is caused from within the family because of the poor relationship between the mother, father and the daughters. Maybe parents are not looking after their daughters and give guidance of when to leave home at the right time. **The thing about a girl is that, her thinking is very weak.** When a man or a boy asks her, she is easily lead and end up in that situation (meaning getting pregnant). And when she becomes pregnant, it would be hard for her to talk to her mother or father, and that would be the only treatment is to abort the baby.

**DC:** family unity and understanding; open discussion and support; empowerment of women’s thinking

**WSISL:** Ia manatua foi tatou o le tasi lea agasala o loo faamamafa mai e le Tama o i le lagi...e a...foi, e le mafai ona faamagaloina le faapiau o le pepe, o lou fasiotia lena i le agaga. O lona uiga, e le mafai lava ona faamagaloina lena agasala e le Tama o i le lagi.
aua o le tulafono a le Tama o i le lagi e mafua mai la i le tatou le faaloalo i le Tama o i le lagi ma le tatou le malamalama i le tulafono a le Atua. Afai a ua tatou manano e tausi le tulafono a le Atua...e le mafai ona tatou tausia le tulafono a le Atua ma tatou solia tulafono a le malo. E tatau a...na tatou faamalatu i le tulafono a le malo.

ET: Remember, this is one of the sin God in heaven emphasises. You cannot be forgiven for aborting a baby, you are killing the soul. That means you cannot be forgiven by God in heaven because of his law. This is because we disrespect God and his law. If we want to obey God’s law, we can’t obey God’s law and disobey the government law. We should abide by the government law as well.

DC: Gods law versus government law

WSISL: O le isi aiga e mafua mai i le tama ma le tina e ita loa le tina poo le fa’amio o le tama alu loa faapau le pepe. Ia (e) mafua mai a o le tina i le mafatia o le mafaufoa o le tina...e mafua ai na mea uma. Aua o le tasi lena tulaga e faapau ai pepe a tamaita’i ua tia’i ia e le tamaloa ae aga’i atu i se isi fafine, poo se isi teine. Ia ou te iloa a e aoga tele leni mataupu i o tatou tagata aua o lea e numera tasi a o tatou tagata i le mataupu leni, ae peitai a malamalama lelei tina ma tamaitai, e tatau ona tuu leni tuula o le agasala mafuaite le luma o le Atua, leni mea o le faapau o le pepe o le fasto o le faapau a le malo le malo.

ET: In some families, it is caused by the father and mother. When the mother is angry or the husband plays around, the mother aborts the baby. It happens when the mental status of the mother is affected, this is the cause of all those things. That is one of the reasons girls abort their babies because the men had left them for other women or girls. I think this subject is very useful because our people are number one in this issue. If women
and girls understand, they shouldn’t do this awful sin in front of God. This thing of aborting the baby is killing the soul.

DC: the importance of supporting the women

Woman 11:

WSISL: E leai so'u manatu tele e faaalia i le tulaga lea i aiga fuafuaina pei o fuala'au ma isi mea faaogoga, ona ou te lei faaaogaina lava na mea. A o le aiga fuafuaina i a te a'u ia i lona uiga o le fuafua lelei o le va o tamaiti. Atonu la e aoga le fuafuaina o fanau i le nei atumu'u ona o le tupe lava e manaomia, aemaise lenei vaitaimi i le faigata o galuega ma le tele o ulugalii o loo ola i le penifiti. Manatua foi Samoa poo le fanau palasi mai o le fafine e le ano tele iai aua e le toto'olio ni fale, tele mea'ai toe toatele tagata e tausia tamaiti. A'o iinei, ia o le toatele o fafine e faigaluega ona o le su'eina o le seleni e tausi ai tamaiti.

ET: I don't want to say much about this issue of contraception like the pill and other things, because I have never used those things. But the meaning of family planning to me is the planning of spacing of children. Maybe the planning of children is useful in this country because money is needed and especially this time of unemployment and the many couples who are on the benefit. Mind you in Samoa, if a woman gives birth every year, it's not really an issue because we don't pay rents, there's lots of food and plenty of people to care for the children. But in here, many women work to earn money to care for the children.

DC: Samoan environment versus New Zealand environment; lifestyle changes affect the number of children a family wants
WSISL: O si ou a manatu iai i le tulaga lea o le faapauina o le pepe, e le ose mea lea e feagai ma le finagalo o le Atua Ou te talitonu lava o se mutaui fasioti tagata lea ua faia e le tina. Ia o le isi mea e faapau ai le pepe o le le fia manao e alu aua le lalolagi lea e fai mo ia ma saoloto ai. Ia te a'u a ia a faapea o ita lea ua maua i le maitaga ae leaga lota toalua ma ta ita iai...e le tatau lava ona faia fia le pepe ia. Faapea na fai mai le pepe e fai ia sei vane lava le mamalu o le tatou mafutaga. A lava lo ta talitonu i le mealofa taua a le Atua lea ua aumai i a ta ita e le mafaia lava na ta faia ia tulaga faapea, peafai ta te talitonu o loo iai le Tama o i le lagi o loo faapea ona aumaia lana mealofa taua, aua o se mea e sili atu lea na taua le ola ua aumai i a ta ita.

ET: My view about abortion is that, it is not something that is acceptable in God's wish. I believe what the mother has done is killing. The other reason why they want to abort is because they want to have the freedom to explore the world. To me, if I am pregnant and my husband is not good and am angry at him, the baby should not be hurt. The baby didn't want to be conceived, sei vane lava le mamalu o le tatou mafutaga, (this is a special addressing of the group when taboo is used). If I firmly believe in God’s given gift, I would never do such thing if I believe there is God in heaven who is giving me this gift.

DC: religious beliefs influence values

WSISL: O ta ita ia na o lo ta fia fai pepe, ae ai ua finagalo lava le Atua ia ua uma lana foa'i ua le toe maua ai se pepe: Ou te avea lava le faasea i tagata o loo maua i lea tulaga o le faapau o pepe. Ou te talitonu o le le lava o le latou talitonuga o loo soifua le Atua. O le le fefefe foi la o i latou i o latou faasalaga. Ou te talitonu o se faasalaga matautia. Ai e le fia maua e ia le ola e faavavau. Ou te talitonu ole le malamalama, po o le a lava le leaga o le tama, poo se isi...e le tatau lava ona faia. Ou te talitonu foi e ala ona faia e
ET: I have always wanted babies and maybe it is God's wish his blessing is ended as a reason I can't have anymore. I blame those people who are doing this thing of aborting babies. I believe that they don't believe that God is living. They are not scared of their punishment. I believe it is a very serious punishment. Maybe they don't want the salvation. I believe that they don't understand and no matter how bad the husband is or anyone else, it shouldn't be done. I believe the reason why some women do this thing is because they get angry and don't think of what happens later. Some women are still married but they get into a situation where they get involved with other women's husbands, like what's happening in today's world. They like getting involved with other people's husbands. That is the reason, and when they get pregnant, they are scared of the husbands and abort the babies without thinking of their sins. They do it because they are scared of their husbands as they are pregnant from other men. They thought it is better to abort so that they are not committing a sin to their husbands, their families and the eyes of the people, while forgetting God who is looking down to everything.

DC: religious beliefs; the eyes of the people
Woman 12:

WSISL: E eseese lava tagata ma o latou finagalo i aiga fuafuaina. A o a'u ia o le aiga fuafuaina e fetai i lenei atumu'u ua tatou ola ma soifua ai, ona o le tauga o le soifuaga. O le uiga o la'u tala e faatatau lea i le fuafuaina o tamaiti, a e ou te le o fai atu o aiga fuafuaina...mea foi na e a...mea a Palagi. Ia tailo, e leai so ta manatu tele i aiga fuafuaina a Palagi, aua o ita ia ta te lei faaaogaina lava. Ta te faalogo lava fai mai e leaga...e toatele fafine ua mana'i ai. A e pei la ou te faamaonia ona o la'u uo na inu fuala'au aiga fuafuaina...a tou vaai la iai oka! oka!, o le lapo'a ia ae si tama'i tino lava a e lei inu ai i fuala'au. Ta te fefe ai la ta ita ia e fai na mea i o ta faaletonu ai.

ET: People have different thoughts about contraception. To me, **contraception is appropriate in this country because of the high cost of living.** What I mean refers to the planning of children, but I am not referring to contraception, those things, the European things. I'm not sure, I don't want to say much about European contraception because I have never used it. I heard it is not good, many women are sick from it. But I can prove it because of my friend who was taking contraceptive pills. If you see her, oh! oh!, she is so big, but she was a tiny person before she took the pills. I am scared to do those things incase it affects me.

DC: refer to contraception as a thing

WSISL: A'o le faapau pepe, ou te tautala lava a'u o le vaega laiti. Aua e pei e faameataalo e le vaega lea nei tulaga, ae mulimuli mai e ia'i mea e tutupu mai i luma. Ona ia'i lea o lou manatu i a i latou ia e laiti i le lua sefulutasia tausaga. E fai'ai ona maua loa lea i le tino le malosi pei ona tatou silafia uma, ona fefefe loa lea i lona aiga, ma lona tama ma lona tina. O nisi ua lototele ma ta'u i le tina, ao nisi ua amata loa ona le sau i le fale, a ua alu i lana uo. O le aulaiti foi ia o loo iai tagata o loo latou feusua'i,
ET: With abortion, I speak specifically about the young ones, because they do it as a play thing (meaning sex), without realising what comes after. My view about those young ones who are twenty one years is that they do it (referring to sex), and when they experience the signs and symptoms of pregnancy as we all know, they are scared to tell the family, the father and the mother. Some have the courage to tell the mother while others don't go home and stay with their friends. These young ones, there are people they are having sex with, and they do it as a plaything; and when they get pregnant, they abort their babies because they know where abortion is secretly done. This is why they do it and do it. They become pregnant and abort it.

DC: availability of abortion encourages the young ones to abort

WSISL: A'o le tupulaga matutua lea e faia lea amio, i a te a'u lava ia o le matua pogisa lava o o latou mafauau. Taio iai poo le toatele o le fanau, le lava ona tausi, leai ni mea e faifaga ai le mafauaga ma nisi tulaga e faia ai e tagata matutua. O le aulaiti...sa fiafia lava le aulaiti e faifai pepe aua e maua le penifiti. Ia te a'u a ia o le abortion, a ou alu e faapau lau pepe e le na o a'u e fasioti tagata, e fasioti tagata foi le foma'i lea e faapauina lau pepe. Manatua foi le 'upu lea e faasalalau soo mai, a aumai le mea gaoi faatau e a'u ia ua malaia au ae saogalemu ai o. E pei la o lou mafauau lena iai. Sa le tatau lava ona faatagamma e le malo lea tulafono o le faapau o pepe aua e le na o se toatasi e aafia ai e aafia ai foi le fomai o le o faataumuina le faamoemoe. O le matua tele lava o le faaletomu o le aulaiti lea ua iai i le nei vaitaimi. Na o le toto mai lava,
ET: But the older people who are doing this thing (referring to abortion), to me they are still in the dark. I don't know whether it is to do with the many children they have, or can't look after them, or no food to feed them would be the reason and other issues why older women have abortions. The young ones, they like having babies because they get the benefit. To me and abortion, if I abort my baby, I am not the only one who is the killer, the doctor who is aborting my baby is also the killer. There is a warning been advertised, 'if I buy a stolen article, I will be in trouble and not the other one'. That is what I think about this thing. The government should not allow this law of abortion, because it doesn't affect just one person, it affects the doctor who is doing the abortion. There is a big problem with these young ones these days. They get pregnant and have abortions. I heard on the radio this morning about women who had more than seven abortions. These are the people I criticise.

DC: abortion is killing; abortion law versus personal opinion; too many abortions; how much does it cost the taxpayers?

Woman 13:

WSISL: O le isi mafuaaga ona o matua i le le malamalama, e ma'i mai loa le teine saili loa pe tau iai le gafa i le tama lea e to ai, na taumafai loa lea e faapau le pepe. E iloa loa e aiga taumafai loa e faapau le pepe tusa lava pe mamao le gafa. Pei e tasi lena mafuaaga.

ET: The other reason is that the parents do not understand. When a girl is pregnant, the parents would find out if they are related to the guy their daughter is pregnant to. If they
do, they try to abort the baby. When the family finds out they are related, they try to abort even though the relationship is distance. That is one of the reason.

DC: it is an embarrassing situation for the family if a girl is pregnant to a relative

WSISL: Ou te tete tele i aiga faafauaina. E le o se tu faa-Samoan. Ou te lei faaaoaina foi ma e le o ni mea ia tatou te talatalanoa iai, aua e le o se tatou aganu'u. Ia te a'u lava ia, o le tina e tatau ona talatalanoa ma le fanau teine. E tatau ona faamana lelei e le tina i lana tama teine mea uma mai a i le teneiti sei oo i le tagata matua. Ia talanoa iai i le faatauaina o lona tino e ia lava. Ia avea o ia ma tagata na te iloa faamamalu ia. Ia avea o ia ma se tagata e iloa faapaia lona tino. O mea uma lava na e pau i luga o le tina. O le tina a ia, ia mataala ma manumanu i lana fanau teine, o lona tiute a lena i totonu o le aiga. Ia faamatala uma vaega o le tino i lana fanau teine. O mea e tatau ona aliali o lona tino, vaaga o lona tino e le tatau ona soona tuu atu i se isi tagata, se'ivagana lava ua uma ona faapa'iaina pe a faaipoipo, ona faataga lea ona tuuina atu iai lona tino i lona alii.

ET: I opposed contraception. It is not a Samoan culture. I have never used it and these are not the things we talked about because it is not our culture. To me, the mother should talk with the daughters. The mother should explain to her daughter everything from childhood until adulthood. She should talk to the daughter about looking after her body sacredly. Those are the things that the mother should do. The mother should be an eye opener and be cautious of her daughters, that is her duty in the family. She should explain the body parts to her daughters. Like parts of the body that should be exposed, and to treat her body sacredly in terms of not giving away to other people until marriage, then allowed it to be given to her husband.
DC: discussion between mother and daughter to reinforce family values such as treating the body sacredly until marriage

WSISL: E fai la'u tala e toatası lava lo matou uso e laititi lava ia matou uma. O le galuega lena a lo'u tina sa na le nanaina se mea. Sa ia ta'u uma ati iai ma a'oa'i atu iai se'i o'o ina matua. I le taimi nei ua matua le tama'ita'i ae lei faia lava se toalua, a ua luasefulufitu ona tausaga. O loo iai nei la i le aoga. Ia ua malamalama lelei le tama'ita'i i tulaga uma. O lana galuega foi la lea e fai mai i o matou ta'itoalua o le fautua mai iai. Ia tautuana ia matou ta'itoalua a latou fanau teine, ia ola mama ma ia iloa e teine faapa'ia ma faamamalu o latou tino. O le tino a ia, e le faapea e soona pule ai se tagata. O le tino o le mea a le Atua, e tatau ona faapaiaina, seivagana foi ua faapaiaina e le Atua, ona faatoa mafai lea ona pule ai se isi tagata i lona tino.

ET: I tell you a story. We have one sister who is the youngest of us all. That is my mother’s duty, she didn't hide anything. She told her everything until she got older. She is growing up to a fine lady and shes still unmarried at twenty seven years. She is still at school. She understands everything. One of her duty is to advise our husbands about the importance of looking after our daughters, so that they lead a pure life and know how to look after their bodies sacredly. The body is not to be controlled by anyone else. The body is God’s thing, it should be blessed and until it is blessed by God, then it is allowed to be owned by anyone else.

DC: discussion between mothers and daughters; valuing the body before marriage; sacredness of the body

WSISL: Pei la o tulaga na e amata mai lava i le tina, ona fesili i le teine poo le tama'ita'i po'o le a lea vaega o lona tino, ma le aoga o lea vaega o lona tino. O fea le
ET: Those are the things that start from the mothers. They should talk to the girls or ladies about the different parts of the body and the functions of each part and when to give away their bodies. The mother should talk to her daughter about all these things. My knowledge about contraception is that, if it is allowed, it will discourage the relationship between the mother and the daughters. **If it is allowed, they would ignore what has been taught about blessing the body,** and been cautious about the body and everything that is been taught by the mother.

DC: the importance of blessing and valuing the body rather than reinforcing discussion on contraception

WSISL: A'o le faapau o pepe, ia o se mea e le talafeagai ma le aganu'u fa'a-Samoa. E faatauaina le toatele o fanau i le tatou aganu'u. O le aiga fuafuaina o le mea a le Palagi. E le tatou la ona tatou mulimuli ai i poto o Palagi. I le aganu'u fa'a-Samoa, e le fuafuaina ni fanau ona mealofa sili ia mai le Tama o i le lagi pei ona saunoa mai ai nisi tina. A lelei lava le mafutaga a le tina ma le tama ma talatalanoa lelei i auala faanatura e fuafua ai le aiga ina maua se malosi o le tina, o le mea sili lea. E fou lea mea o lo ta faalogo atu ua faapau pepe a teine Samoa. Ose agasala matuia tele i luma o le Atua. O le fasioti tagata lava. O tatou o tagata lolotu, e le tatau la ona tutupu mai nei mea. Ou te
talitongu lava a lava le talatalanoa a matua ma fanau teine, ou te talitonu foi o le a 'aloese mai ai fanau i ia tulaga le tatau.

ET: Abortion is not something that is appropriate to the Samoan culture. Having lots of children is important in our culture. Contraception is a European thing. We should not follow suit western knowledge. In the Samoan culture, children are not planned because they are special gifts from God in heaven as mentioned by other women. If the relationship between the husband and wife is good and talked about natural methods to plan a family so that the mother has her physical strength, that is the best thing. I haven’t heard of Samoan girls aborting babies; it is new to me. We are church goers, these things should not be happening. I believe if parents and their daughters discuss these things, children will get away from these inappropriate behaviours.

DC: Samoan values that children are not planned; referred to contraception as a European thing.

Woman 14:

WSISL: O lo'u talitonuga i le mea lea o le aiga fuafuaina e le aoga ona o le a taofi ai le maua o le pepe. E ala lava na a'oa'ai mai e foma'i le aiga fuafuaina ina ia va ai tamaiti ia maua le soifua maloloina, ina ia maua e le fanau le malosi ma ia maua foi e le tina le soifua maloloina, ia mafai ai ona ia tausia le fanau ua fo'ai mai. O lo'u manatu iai e le aoga i fanau laiti aiga fuafuaina, aemaise i latou e le'i fai fanau. E aoga lava i a i latou ua fai fanau ae le tatau ona faaagaina e le aulaiti. E tatau lava ona faamatala e le tina lava ia i lana tama awala e 'aloese mai ai i aiga fuafuaina, ae faamatala lelei iai tulaga e tatau ona ola ai le teine seia o'o i ia tulaga, mai lona la'ititi seia o'o i lona matua. Ia o'o atu i le taimi e fai aiga ai a ua iloa uma ia tulaga. Seiloga lava ua fai le to'alua o la'u tama ona ou fuatoa faamatalaina loa lea iai aiga fuafuaina, ina ia fuafua lelei ai lana
fanau. O lo'o iai a'oa'oga a le matou Ekalesia, o le tina lava ia o lona tiute tau'ave lea o le talatalanoa i lana tama teine, a'o le tama i lona atali'i.

ET: My belief about this thing contraception is that it is not useful because it prevents making babies. Doctors educate us on contraception to space children so that they are healthy and the mother is healthy so that she can care for the children. **I think it is not good for young ones especially those who haven't had children. It is good for those who have had children and not good for the young ones.** The mother should discuss with her daughter ways to prevent using contraception. She should explain how to look after herself from young to adult. She should know about these things (meaning looking after her body) until she is married. Until my daughter is married, I would talk to her about contraception so that she can carefully plan her family. There are education sessions in our church, **the mothers duty is to talk to her daughter and the father to his son.**

DC: the notion that contraception might cause infertility; open discussion between parents and children; prevention is better than cure

WSISL: A'o le faapau pepe, ou te fai atu lava a'u ia e ala lava na fai e teine e leai ni toalua ona o le fefefe i matua i le faasaaua, aemaise le fia tagata o le aiga. O le mea lena o lea e tupu mai nei i nai teneti laiti. I a te a'u ia atonu e manana'o iai teneiti i pepe a o le luma o ona matua i tagata aemaise aulotu e alai na o faapau. A o le vaega fai toalua, ou te faasea tele lava i le vaega lena, i a te a'u lava ia tusa lava pe le'i fuafuaina sa le tatau lava na 'aua le faapaunina. I a te a'u ia e le fuafuaina ni tatou fanau. O le manao tupe lava ma le faata'ita'i i tu a Palagi e alai na fai e isi vaega na e fai toalua. Ou te faasea foi la i o latou ta'ito'alua aua o na e lagolago iai.
ET: With abortion, I say the reason why unmarried girls do it is because they are scared of their parents as they are hard, and especially the pride of the family. That's what's happening now to young girls. To me I think the girls want the babies but its the shame of the parents in the eyes of the people and the church is a reason they have abortion; and the people who are married, I criticise them. To me, even though it (meaning pregnancy) wasn't planned, it shouldn't be aborted. To me our children are not planned. They are greedy of money and copy the European way is a reason why some married women do it. I blame their husbands too because they are supporting them.

DC: pride and the eyes of the people

Woman 15:

WSISL: O a'u seiloga foi e faaipoipo la'u tama ma fai sana fanau faatoa ou talanoa lea iai i le aiga fuafuaina. Ou te le mana'o e fai ia mea o aiga fuafuaina i fanau a'o laiti, ne'i mea ane ua le fananau ai pe a fai atu ni o latou aiga. A'o le taimi lenei e le'i o'o la ta tama i le fai toalua, e tatau ona talanoa iai i le va'aiga o lona tino ma 'aloese mai i tulaga e ona faaletomu ai. Ou te le fia talanoa iai i sa'u tama i ia mea o aiga fuafuaina. Aua pe te'i ua ta fai atu iai i le taimi lenei, ona alu loa lea fai ma fai atu ai isi tulaga le lelei aua o la ua iloa ma fiafia iai e fai.

ET: I will only talk to my daughter about contraception when she is married and have children. I don't want our children to use these things contraception at a young age, incase they can't have children when they have a family. But at this stage before my daughter has a husband, I must talk to her about looking after her body and avoid getting into sexual act. I don't want to talk to my daughter about these things contraception, incase I would tell her now and then she uses it, and do other acceptable behaviour because now she knows how to do it.
DC: the fear of infertility from contraception and the assumption that if parents talk to the daughters about contraception, it will encourage them to be sexually active; prevention in terms of talking to the daughter to value the body rather than using contraception.

WSISL: O le faapau o pepe ia te a'u lava ia, o le matua fasioti tagata lava pei ona saunoa mai ai isi sui. Ia tailo, atonu e eseese lava tagata ma mafuaaga ae a ta mafaufau atu lava iai e le se mea e tatau ona faia. Ta te faalogo foi i Samoa e o teine inu lautia malolosi e faapau ai a latou to.

ET: Abortion to me is killing the person as already mentioned by others. I don't know, maybe people have different reasons, but when I think about it, it is not something that it should be done. I heard that girls drink dark tea to abort their pregnancy in Samoa.

DC: notion of abortion as killing; traditional methods of abortion

Woman 16:

WSISL: E le tatau na talanoaina lenei mataupu o aiga fuafuaina i a'oga, e tatau lava na tete'e i totonu o a'oga. O le tu lava na a Palagi ia, 'aua le aumaia fua i le tatau aganu'u. Pei ua ala lava na tutupu nei mea i o tatau tagata, o mea ia o TV ma ata leaga. Ua fai ma mea ta'alo a Palagi le fai mai o ia mea i TV ma show mai ai faiga faatosiga i tama ma teine. Ae le o malamalama e le talafeagai ma le aganu'u fa'a-Samoa, ma o tatau tagata ma a tatou fanau.

ET: This subject of contraception should not be discussed at school. It should be avoided in schools. That is European culture, which shouldn't be imposed on our culture. The reasons for these things happening to our people is because of television and other inappropriate movies. The Europeans like doing those things on television which
shows things that dirty the minds of boys and girls. They don't know it is inappropriate in Samoan culture, our people and our children.

DC: Samoan culture versus European culture

WSISL: E tatau i tina uma lava ona fesoasoani i ni tama'ita'i po o se isi ua o'o iai ni puapuagatia ma lagona faapena. Ia i tatou lava tina, 'aua ne'i e ma e ta'u atu i lau tama vaega o lona tino, faamanino uma iai vaega o lona tino ona nofo malamalama lava lea. Aua na sau la'u tama fesili mai, poo fea e sau ai le pepe, ona ou faamatalaina lava lea iai, ia la ua nofo malamalama e le o toe fesili mai, 'aua ne'i o tatou mama e faaali i a tatou fanau tulaga uma e fia malamalama ai le tamaititi. E tatau ona faamalamalama lelei i le tamaititi le taimi e tatau ai ona faia ia tulaga.

ET: All women should help any girls or anyone experiencing problems and feelings like that. To us mothers, don't be embarrassed to tell your daughter about her body, explain everything, parts of her body to make her understand; because my daughter asked me where the baby comes from. I told her and now she understands, she doesn't ask me anymore. Don't be embarrassed to tell our children everything they want to know. It should be explained to the child when to do these things (meaning sex).

DC: parents should open up and not to feel embarrassed to talk to their children

Woman 17:

WSISL: O mea na o aiga fuafuaina a alu atu le teine Palagi i lona tina ona fiafia lea o le fafine Palagi, d'o tatou e matua sa lava le alu atu o se teine ma na mea o aiga fuafuaina i le fale, e sa. O le faa-Samoa o le matua sa lava, o le matua valavala mamo o tatou manatu, soifuaga ma manatu foi o Palagi. Aua fai mai le isi fafine Palagi, a alu
atu lana tama ma aiga fuafuaina i le fale e lelei, aua o la e iloa ai e alofa lana uo i lana tama. E le tatau la ona tatou faatamala ai, i ia tulaga.

ET: Those things contraception, if a European girl tells her mother, the mother is happy. But us, it is forbidden for any girls to bring those things in our homes, it is not allowed. To the Samoan culture, it is a no no. Our views and lifestyles are very different from the Europeans, because one European woman told me that if her daughter brings contraception to their home, she is happy because it proves the boyfriend loves her. We should be very careful of these attitudes.

DC: different attitudes of Samoan values and European values to contraception

WSISEL: Se'i fai lava la'u tala i la'u tama. Ua to nei, ona nana lea i a te a'u. Faifai ua aliali nei le to. E o' o uma lava i a i tatou lenei lagona o le fiamama. Ona ou fai loa lea iai. E te mana'o i le pepe, pe e te mana'o e tia'i le pepe? Ae fai mai, “mum ou te mana'o i le pepe”. Ona ou fai atu lea iai, e te mana'o i le tama ua e ma'i ai? Ae, fai mai “e leai”. O'u fai atu loa, aisea la le mea na fai ai? Ae, tali mai, “just the game”. E sa'o lelei lava lea manatu, e leai lava se tina e le mana'o e le lelei sana tama a...ia o le fiaatagata lava. E le fetaui lea mea o le fia tagata, fia mama, aua o le a fasioti ai fua le tagata. E fiu lava e nana, ae iloa solo mai lava e isi. Ona iai lea o lo'u talitonuga, o le matua vaivai lava o lea mafaufauga. O le le kerisiano. Aua ana faapea e alu la'u tama faapau, e le faapea la na o ia e agasala ai, e agasala foi ma a'u aua o lea na ou lagolagoina. O lea ua matua si tamaititi, ia atomu foi e aoga. Poo a foi ni faaupuga, ia o le lalolagi lava ia ma faaupuga. E sili ai la ona tu'u na mea o aiga fuafuaina. Pei o le tala a le isi Saina,  
‘easy to find hard to feed’.
ET: I tell you a story about my daughter. When she got pregnant, she hid it from me until it shows. We all experienced this feeling of wanting to be perfect in the eyes of the people. I said to her, do you want the baby or abandon the baby? She said, “mum I want the baby”. I said to her, do you want the guy you are pregnant to? She said, “no”. I said, why did you do it? She replied, "just a game". What has been said is true about mothers who want their daughters to be good, maybe it is the eyes of the people. This is not good to think of the pride and wanting to be perfect, because it will kill the innocent person. You cannot just hide it because other people will know about it. I believe that this is a very weak belief. It is not Christian, because if my daughter had an abortion, she wouldn't be the only one who will be sinful. I would be sinful too because I supported her. The child is growing up now, and maybe he would be useful. Whatever people say, that is life. I think it is better to leave those things contraception, like what the other Chinese man said, "easy to find hard to feed".

DC: don’t let the eyes of the people and what they say control your feelings; empowering the inner self and soul to control the eyes of the people

I asked the women in this group if they thought that Pacific Island women use abortion as a method of fertility control and they said “no”.
GROUP 3: SAMOAN WOMEN’S STORIES IN FELLOWSHIP TWO (50 to 70 years)

Woman 1:

WSISL: O aiga fuafuaina atonu o se mea foi lea sa iai Samoa, sa fai ai foi pepa a le Au'ai galuega ma Ekaletesia. Sa toatele a sa faaalia o latou finagalo tete'e, ma e sa latou lagolagoina ona o nisi lava mafuaaga sa talitonu iai lou o'u foi tagata. O aiga fuafuaina o se mea lea ua pei ua aia iai le soifua maloloina i finagalo ma le pule tutoatasi a le Atua ma lana foai i tina uma. Aua ou te talitomu lava ma ou faamoemoe o se mea fou lea mea ua sau nei o aiga fuafuaina. O le matou tualumaga mai a sefulu le fanau na aumai i le Atua i totonu o le tina e le mafai a na faafitia. A finagalo foi le Atua ua uma, e le tau togaftitia foi faapea e alu le tina e faauma. O le mea lea ua aliali mai i onapo nei e toatolu a tamaiti a le tina a ua mana o le fuafuaina le aiga, pei ua faagata.

ET: Contraception was something that was discussed in Samoa. The ministers and congregations presented papers on this topic. Most people opposed to contraception while others supported it because of reasons that I believed in. Contraception is something that the Health Department has been interfered with, in terms of Gods gifts to all the mothers. I believe this is a new thing coming in, the contraception; because in our days, if God gives us ten children, we don't reject it. If God wishes to end a womans fertility, it ends. You don’t have to go and find a treatment to end your fertility. What’s happening in these days is that when women have about three children, they want to plan their family like they’re ending it.

DC: women refer to contraception as a thing; the past versus the present

WSISL: Ona fuafua atu foi lea i ona tualumaga i aiaiga a le Soifua maloloina, pei a ua atamamai. Pei o i ua aumai ai ina ia maua uma e tina uma le soifua lelei, au a masalo
ET: If we think about the Health Department's plan, they are wise. They plan for all the mothers to be healthy because this might be the reason of why so many women died before they care and educate their children. If a couple plan their children, maybe no child will suffer and hungry. Maybe, this is the reason. I support the belief that oppose to this thing, contraception. I don't accept it in my mind. That is my view about contraception.

DC: family planning is good and bad; opposition to contraception

Woman 2:

WSISL: E le tele so’u manatu i aiga fuafuaina aua ta te le’i faaaogaina lava. Ou te talitonu ou te tete’e iaia aua pei o le a pulea mai e mea a Palagi tatou tino na faia e le Atua. O le tofi lava o le tina o le fanau, aisea e faia ai ia mea e tafoi ai le pule a le Atua. Ou te manatu atonu o le a afaina ai nisi teine ma le fananau ai aua ua avatu ia mea i le tino ‘ae le tu’u pea totoga ia o le tina a gata lava le fanau ua gata foi. E mafai lava ona faia isi auala po o le momoe eseese o le tama male tina, po o le faaalu i fafo o le tama se’ivane la tatou mafutaga pei ona tatou iloa lava na auala aua sa a’oa’o i le matou Ekalesia. Ia, ta te alu ai lava ma o lea e fuafui ai lava la’u fanau pea malamalama pea.
ET: I don’t have much to say about contraception because I haven’t use it. I oppose to it because I feel that the Papalagi things are controlling our bodies made by God. The role of the mother is to bear children. So, why are we doing these things to withhold Gods wish? I believe it would affect some womens fertility because we are introducing these things into their bodies; instead of leaving their organs alone when their fertility ends. There are other ways such as sleeping apart of the husband and wife, or withdrawl. These methods have been taught in our church and I use it to plan my children.

DC: Papalagi things versus natural methods

WSISL: Ou te faanoanoa lava i teine ia e o faapau’u pepe. E toatele nai tina e le fananau o la e fia fai pepe, ae lea e o lea vaega faapau a latou pepe; ae le adopt mo tina la e le’i o’o iai le faamamuiaga a le Tama o i le lagi. O si o’u manatu na.

ET: I feel very sad for women who abort their babies. There are many women who can’t have children and these women are aborting their babies rather than adopting their babies to those women who haven’t got the blessing from God in heaven. Thats what I think.

DC: religious beliefs

Woman 3:

WSISL: O lou lagona (i aiga fuafuaina) e lelei toe leaga foi i le isi itu ona o lenei. Pe (i) ona soifua mai foi tatou i Samoa, e moni lava le saunoaga a le tina lea tiga le toatele o le fanau a le ulugalii e tausi a ona o le faapea o tofi mai le Atua. Ae o lenei atunu ma le mea ua iai, atonu o manatu o atunu faapenei poo e o i totonu o falemai ina ia soifua lelei le tina, ina ia soifua lelei foi tamaiti ina ia toalaititi. Atonu la e lelei i se isi itu ae
leaga i se isi itu pe a tatou mafaufa o le tamaititi o le tofi mai le Atua na foai i lea aiga ma lea aiga.

ET: My view about contraception is good and bad because of this. Like we grew up in Samoa, what the other person had just said is very true; no matter how many children a couple have, they still care for them because of the thought they are gifts from God. But in this country, maybe the health professionals consider the health of the mother so that the child grows healthy, and limit the number of children. Maybe it is good on the other side and bad on another side, if we think that a child is a gift from God to this family and that family.

DC: contraception is either good or bad; religious beliefs; referring to Samoa as an environment

WSISL: Ona o le tina a ia ma le tama e mafua ai ona toatele le fanau, a fuafua tatau lava atonu o iina foi e oo mai ai le agaga kerisiano i tamaiti e fetaui, i tamaiti e fetaui e fuafua iai le tausiga a le aiga ma tupe maua. Ae a atonu ailoga e toe mafai au a o lea ua ola ai a tagata o tatou i lea mea iinei. Ua toatele ua tai toalua fanau, (o isi ua) le toe fananau ae la e fai mea foi na e...(o nisi ua na) o le ta'itoatolu (fanau)...O le mea la lea atonu la e faapena lou lagona e lelei i se isi itu ae a tatou mafaufa i le itu fa'akerisiano e le taitai tala feagai.

ET: The reason for having many children is the father and mother. If they plan it well, they are Christian according to the number of children they have. And maybe this cannot be avoided because our people are using it in this country. Many couples have two children, (some) cannot have children because they are using those things (referring to
contraception), and some have only three children. That is why I think like this, it is good on the other side but when we think about the Christian view it is not appropriate.

DC: beliefs influenced by religious beliefs

Woman 4:

WSISL: Ia pei le manatu o sia tina e pei foi (o) lo'u manatu. E pei o lo'u manatu o se mea fou lenei mea ua oo mai i Niu Sila. I aso ia i Samoa o le toatele ia o fanau poo le sefulu tasi le fanau a lea ulugalii e nonofo i le fale e tasi ma tausi lava le fanau. E leai a faapea e ave isi i se isi mea. Ae ola manuia a, e le mamai. E ola fiafia aua foi o la a e alu le tama e fagota aumai i'a, ia alu i uta aumai talo fafaga ai. Ia e leai se isi e faaletonu.

ET: My view is the same as the last person. My view is that this is a new thing coming to New Zealand (referring to limiting children). In those days in Samoa, a couple have many children from about eleven. They all live together in one house and care for their children. They don't even think of taking the children to other places to live. They grow healthy and free from illnesses. They grow up happily because the father goes fishing to get the fish, he goes to the plantation to get the taro (food) to feed the children; and no one has problems.

DC: limiting children versus many children; impact of environmental changes on women's lifestyles.

WSISL: Ia pei la o se mea foi lele aua ua ta iloa a aiga fuafuaina i Samoa. Ia pei o ita sa fesili i lea upu, poo le a le mea o le aiga fuafuaina. Ia ae fai mai o le mea e fai. Ia pei
la ta te fefe ai aua e lei masani ai le olaga. Aua peiseai o le lagona lava o le tofi mai le Atua, o fanau e foai mai i le ulugali'i. Ia e pei o le mea la lea aua ua o'o mai nei iinei, ia pei ua faasalalau mai aiga fuafuaina pei foi na faalogo i pese pe toatolu pe toafa lau fanau ua lava lena, ae fai mo le malosi lelei o le tino. Ia pei la e faapena o si o ta ita na manatu o le tofi a o le aiga mai le Atua e ala mai ai fanau e fesoasoani ai i le aiga.

ET: I knew about contraception in Samoa. I asked what contraception is. They said it is something to do. I think I was scared of it because I wasn't used to it because of the feeling that children are gifts from God given to a couple. In here, contraception is advertised, like I heard a song saying to have three or four children and that is enough and to consider the health of the mother. That is my view. Children are gifts from God to help the family.

DC: religious beliefs

WSISL: O si o'u manatu i le faapau pepe, o le matua leaga lava o le mea lea ua iai teine o le atumuu i lenei vaitaimi. Ma'imau na tamaiti e leiloa pe aoga i le aiga. O le fia tata'a o le vaega lena e alai na fai na tulaga matuia male agasala, a'o le vaega foi lea e fai toalua e ita loa i le tane alu loa fai se mea e faapau ai, ae le mafaufau i le agasala e mulimuli mai.

ET: My view about abortion is that it is very bad what is happening to our girls these days. It is a waste to abort these children, they might be useful to the family. Those people do it because they still enjoy having fun in their lives. Married women do it when they are angry at their husbands without thinking of their sins.
DC: the notion of these days refer to abortion as just happened in this generation as opposed to the older women's generation

Woman 5:

WSISL: O lea foi ua maua atu finagalo o tina matutua. Ia o lou foi lena manatu. E le faatulafonoina fanau a Samoa. O le matua toatele lava o le fanau a ou matua sei tau atu pea, e toa fia, e sefulu male fa. Ia e soifua uma lava e le iai se isiv... e tausi uma lava e (o'u) matua. E leai se isi e lago lago mai poo nisi uso, e leai e galulue lava i mea uma, fai o le tausiga, fa'alavalava, sa taumafai lava ona o tulaga lava, e leai sea mea sa taumafai e faagata pei ona iai (nei). O isi tina talu na iai nei le mea lea ua oo atu i Samoa o aiga fuafuaina, ua maliliu ai nisi tina, ae lei taitai le soifua ina ua faagata le fanau. O nisi foi tina ua augatata e tausi a latou fanau ua fia alualu ai foi lea, fia aulelei e faapena se uiga. Ia o nisi foi tina ua manatu e fai aiga fuafuaina, ia ao tulaga la na e faa ua o latou matua 'aua le faatagaina le oloa taua a le Atua. E aoga uma lava tagata uma i le soifua. E pei la e iai le fuafuaga faapena i lou talitonuga 'aua le faia fia faagata o fanaua latou. Fai pea tusa lava po...o Niu Sila lava ia e fai fuafua aua o lea e galulue i tupe ao tatou e galulue fua i fanua, o le sami o le 'ele'ele.

ET: I got the views of the older women. That is my view too. Samoan children are not planned. I tell you that my parents have many children, how many? there are fourteen. They are all alive and no one is (adopted). My parents cared for all of them. No one supported us. They work for everything, they looked after us, they clothed us. There was no such thing as trying to end the fertility as it is happening today. Since this thing contraception came to Samoa, some mothers died very young from ending their fertility. Some mothers are lazy to care for their children, they want to be pretty, something like that. Some mothers want to go on contraception but their parents forbid
them to control their fertility, **not to end the special gifts from God**. Every person is useful to this life. My belief is that, don't try to end the fertility of women. In New Zealand, it should be planned because it depends on the money, but in Samoa we have free lands and the sea.

**DC:** impact of contraception on women’s lives; the notion of Samoan environment versus New Zealand environment when women refer to, that there is no need to plan a family in Samoa because they don’t pay for many things compared to New Zealand

**WSISL:** *O le mea lea o le faapau pepe, e fou la ta faalogo atu i nei mea e tutupu mai.*
*Ole le malamalama lava male pogisa. Pei ona tatoa iloa uma lava le fanau tele o tina i ia aso 'ae le a faapea e faapau seiloga o tulaga foil ia ua fafamo ma'itaga. Ua sau lava le poto faa-Palagi ma o ai a tatoa fanau, aemaise lenei atumuu tele tatoa te le iloa atu lava mea la e fai e tatoa fanau pei ona ta'u mai i le letio ua sili atu i le fitu pepe faapau a isi teine. O si o'u manatu na iai.*

**ET:** With abortion, this is new to me the things that are happening. It is all to do with not having the knowledge and understanding. We all know in the past that women have many children, but they never abort unless it is a miscarriage. **Our children are copying the European ways especially in this big country.** We don’t know what our children are up to. I heard on the radio that some women have had seven abortions. Thats what I think.

**DC:** the past versus the present; the many children in the past versus abortion in the present; European ways versus Samoan ways
Woman 6:

WSISL: Ia o lea foi e faaloalo atu matou i a te outou tina matutua ua faalalia o outou finagalo. Ia e tutusa a tatou. Ia ao lea ua tatala mai le avanoa ia faafetai lava. Faafetai mo finagalo esese ua faalalia e tina. E tofu lava le tina ia ma lona lagona. Ia ma o lerei a mataupu pei o se mataupu fou foi sa talanoa ai i Samoa foi. Sa talanoaina ai le mataupu lerei o le aiga fuafuaina. Ia o lou a manatu ia o le tina lava ia, aua a lelei lava le tina ma le tama aua e ese foi le laua aiga ma le fuafuaina. E toasefulufa lau fanau. E toa sefulutolu lau fanau lea e ola ma lau tama e tasi ua maliu na sefulufa (ai) lea. Ia a e lei ia la sa'u...aua e lei faia sa'u aiga fuafuaina poo le a. Ona ua gata a, ai a ona ua finagalo le Atua ia ua faamuta tamaiti ona gata lea ma uma.

ET: We respect you older women and your views. We have the same views and since the opportunity is given, thank you. Thank you for the different views that have been expressed. Every woman has her own views. This issue of contraception is a new issue that has been discussed in Samoa. My view is that it is up to the mother, if the mother and father are good in planning their family, then they are good in planning. I have fourteen children. Thirteen are alive and one died which makes up fourteen, but I didn't take contraceptive. I didn't have family planning or anything else. My fertility ended by itself and maybe it was Gods wish that I had enough children.

DC: the many children versus no contraception; the notion of God’s role in ending the women’s fertility.

WSISL: E pei foi la ona tatou faalologolo i tala foi ia o loo fai mai nei i le toatele o tina ua taifitu tama o faapauu ma faapena. Ia e pei o se tulaga foi lea e pei e le manuia, e pei e sili ai la le alu fai lana aiga fuafuaina i lo le maua mai o le oloa taula a le Atua ma alu faapau a. Pei e iai la lou manatu e sili ai la pea alu e fai lana aiga fuafuaina i lo
le foai mai lea o le oloa taua alu faapau, toe foai mai toe alu faapau. Atua o lea na ou faalagologo nei i le taeao i tala a le au fai news. Ia o le isi tina e toafitu ana pepe ua faapau, o le isi tina e toalima, o le isi tina e toafa. Ia sei vaai i le tele o nei oloa taua, nei foa'i ua gaosi ma ua alu aveese a. Ia e pei la e tatau ai ia a'u ona e fai le aiga fuafuaina e faagata (ai le fanau), ae 'aua le foai mai le oloa taua ona toe mana'o lea e aveese a' o lea ua foai mai iai.

ET: We heard on the news that some women had seven abortions. This is not good. It is better to go on contraception rather than receiving the special gift from God and abort it. I think it is better to go on contraception rather than receiving the gifts and abort them, receiving the gifts and abort them. I heard on the (news) that one woman aborted seven babies, one woman aborted five and another woman aborted four. Look at how many of these gifts being conceived and aborted. This is why I think they should go on contraception to end their fertility, instead of getting the gifts and abort them.

DC: too many abortions for one woman; the thinking that the availability of abortion encourages women to have it.

WSISL: Ia ma o ia lava mea uma, ia e leai ta te le taleua foi le poto o ou cou foi o fomai ona o le fuafua foi i le tupu ma ola o tagata ua le lavava. Ia ma le tatou vaavaai atu iai i mea foi i le tele o fanau ua leai ni mea e tausi ai ma mea faapea. Ia pei a foi e ona faaalia e saunoaga o le oloa taua a le Atua o loo foai mai e le Atua tatou te tausia. Ia a tatou vaavaai atu foi la i le foai mai ia ua le malie le tausiga ona ua leai ni mea e tausi ai.

ET: With all these things I don't want to interfere with the knowledge of you health professionals, because of the thought for people who are tired (referring to women been
tired of having children), and the many children who are suffering. Other people have mentioned Gods gifts given to us to look after, but when we think of that given, it is not good because we can’t look after them.

DC: the issue of whether children are biological or God made?

Woman 7:

WSISL: O lou manatu i le tatou mataupu o le mataupu faa-le-agaga e aafia ai itu e lua, i le itu faa-le agaga. Sa faaalia ai le matua'i le fiafia lava (o) le aua faaialuega ma nisi foi o misionare i le mataupu lea faapea, o le faapau o pepe ona o le faa-kerismanoina. Ae a pau foi la i le itu la lea faa-le tino, ia ua le mafai la ona fuafulaina e le tagata foi lele faa-le tonuga. Le tina foi nei aua o le tele a o tina ou te manatu a a'u, o le tele o tina ia e faapauu a latou pepe o tina laiti nei e lei oo i le fai aiga. A ua latou amio fai aiga i nisi pei o le tasi na ituaiga o loo tele ai le faaimumera lea e tau mai nei i faasalalauga. O le itu la lena o loo taatele ai nei le leai o ni toalua. O le vaega lenei e a foi e tai sefuluvalu, sefuluiva, male luasefulu agai atu i le lua sefulu male tasi poo le le i au foi i le luasefulutasi. O le tele na la o le ituaiga lea o loo fiafia e faia lea mea, mea faapouliuli faapea ua latou manatu ai.

ET: My view about our topic is a spiritual topic which has two perspectives. The ministers and missionaries expressed their concerns about this issue of abortion because of their Christian beliefs. On the physical side, a person who is promiscuous cannot think of planning children. The majority of women who are aborting their babies are single mothers. They have sex with others, and they are the ones who make up the numbers of those women who have abortions as been discussed in the media. These are the people who are eighteen, nineteen, and twenty years up to twenty one or not quite twenty one. They are the ones who like doing these things, things in the dark.
DC: the assumption that only single women are the ones who abort their babies

WSISL: O le fefe le isi mea latou te fefefe e ta' u atu i matua le mea na tupu. O le tele lena o loo iai. Ia o la ta ita foi a vaai, e a'oga a le isi tamaititi (a ua faia na tulaga le fetau). E le faapea la ua tuuainafua Samoa. A ta vaai atu i a'oga i le (tausaga e) 1975 ma le 1976, o' u vaai a iai foi iinei, ou te vaai a ua o mai ua tetele manava, e o mai tai toalua tama ma teine ao'oga. O la e o mai a i le auala ou te iloaina lava le taimi lena. Ua oo mai la i lenei vaiaimi, lea ua oo ina aliali mai le toatele o le vaega lea e toto, o le taatele ia o le ituaiga lea, mafuaaga la lea foi a ua oo i le pule i le ola, ona o mea faapea.

ET: The other thing is that they are scared to tell their parents of what had happened. That's what happened to most of them. What I saw was that, there are kids who are still at school but they are doing these unacceptable things, so Samoa shouldn't be blamed. If I think of the schools in 1975 and 1976, I saw them coming with their big stomachs, they came in pairs, boys and girls. I knew when they came. At the moment, many of these people are pregnant, there is so many of this kind, this is the reason they commit suicide because of these things.

DC: communication gap between parents and the young ones

WSISL: A' o le mea la lenei, o le mea e le tatau. E le o le loto fuaitia ifo a ia o le tina ia. Ma le isi o le tina lea e faapea ua fafano. Ia o le mea lena e le taupulea, lea foi ina tele e le taupulea le tina aua o le isi tina e naunau i ana feau ia ona soona faia a lea. Ae manatua o loo aafia ai le pepe e lei atoa le pepe. Pe faatoa lua vaiaso, tolu poo le lua foi o masina ua amata ona tau faa'au, ua oo ai ina pau le pepe lea. O le tasi lena o vaega o le mafuaaga lea o le mai fafano. Ia o le isi foi pei e aafia tele le tina i le va ma le tama.
Ae aafia tele ai lona mafau faapau ma oo ai lea pe alu foi le tina ua aafia tele alu faapau, ua tu'i atu faapena ma faapau le tamaititi. O le mea faapena e alai ona maua le mai fafano.

**ET:** But this thing, (referring to abortion) is not a good thing. Women shouldn't do it on their own willingness. The other thing is women who miscarriage. That thing is not planned or expected because some women worked too hard. But remember the baby is affected because the baby is not completed, like only two weeks, three or two months since its developed. That is the reason for miscarriage. **One other reason is when the mother is affected because of her relationship with the husband.** It affects her mentally and she ends up aborting the baby, she shakes her body vigorously causing abortion. That is the thing which causes miscarriage.

**DC:** the notion of women resorting to abortion when they are not being supportive

**WSISL:** O le isi ua fiu ua vaai atu ua toatele fanau ua le mafai ona tausi, alu le tama ia ua na o le faifai alu le tama, ia a'o lea e mafatia le tina. Mea faapena ua oo ai loa ina mafatia ma ua le lavatia ai. Ua tatau ai loa ona faapea le tina, ia ua tatau foi ona faapau lea tamaititi i lou manava ia ma alu ai a faapena, ua leiloa loa la tausi. O fuafuaga faapena i le va lava lea o le tama i le tina, o le va faapena, o fuafuaga faapena e oo ai i na tulaga. Ao le mea e tatau a e iai foi le finagalo e tatau, ma talatalanoa faatasi ia maua se mea lelei au a atinae o le fanau, tamaititi ina ola ae foi le tamaititi le nei o la foi e ola mamua, ola fiafia e oo ai a foi ina avatu i a'oga, ia o la e ola fiafia le tamaititi, a'oa'o ma le fiafia (maua) le poto.

**ET:** Some had enough because of too many children, they can't care for them, the husband left and leaving the wife suffering. Those things makes the mother suffer. So she thought it is better to abort the child shes carrying. Those things happen because of the relationship
between the husband and wife. **What they should do is to discuss between** them things that will benefit the children, so that when they grow up, they grow up healthily and happily, and by the time they start school, they are happy and willing to learn wisdom.

**DC:** reinforcement of discussion between couples

**WSISL:** Ia o le tele o nisi matua o latou faatamala foi faapena ia latou fanau, ua o e naunau le sailiga o le 'oa ia ma tia'i ai a fanau latou ma tutupu ai faalavelave. Ia o le mea la lena e maua. O lo ta a manatu a faalogo atu lava e le lava tausi, ia fuafua lelei le faiga o le fanau. Ia ao le mea foi e aoga le fanau toatele. Aua o le tasi lena o le mea ua iai nei, ua fiafia a le ulugalii laiti e fai le fanau toatele aua foi la le tupe lea e maua mai, ae le aumaia la le tupe e fuafua agai i le fanau lea.

**ET:** Some parents are neglecting their responsibilities to look after their children. They’re desperate to earn money and leave the children on their own which caused a lot of these problems. That’s what’s happening. **My view is that, if you think you cannot look after your children, then you might as well plan your children carefully.** But it is good to have lots of children. That is what’s happening these days, many young parents like having many children so that they get more money, but they don't think of the consequences that follows.

**DC:** family responsibilities versus socio-economic responsibilities

**Woman 8:**

**WSISL:** Ia o lenei faafetai i le alofa o le Atua ua auitia manuia mai le nei aso. E le tele sou manatu iai i lea vaega, aua manatua ua ese nei aso ese aso la. O aso la vae atu foi tulou, a o a matou auga tupulaga e lei aliali mai ni tulaga faapea. O le mea a ou te
lagona e au e pei ona saunoa foi se tasi tina. O a'u e toasefulu tolu la'u fanau, maliliu le toalua ao loo soifua le toasefulu tasi. O le mea la e fai atu ai la'u tala, e lei oo lava lou olaga i le tulaga faapea ou te aiga fuafuaina. La ma o le mea a ou te lagona a e a'u, e mafua mai tulaga nei ua tatou iai nei, ona o nei aso i tupulaga. Ia ua silafia foi a ua ese a le mea lea ua iai alo ma tatou fanau. A faapea e nofo le teine i le toalua a e ita i le toalua, ia ua alu loa le toalua ia, alu loa foi ia faapau le pepe. Pei ni tulaga faapena. O le isi mea faifai le uo ua le taumau o la faamoemoe alu loa foi faapau le pepe. E tele a mafuaaga e faia ai e teine tulaga faapena.

ET: Thankyou for the love of God we live this day. I don't have much to say about this issue (referring to abortion), because these days are different from the past. In those days in our generation, these things didn't happen. I feel the same as what other women have said. I have thirteen children, two had died and eleven are alive. What I am saying is that, I have never used those things, contraception. I feel that the cause of these things is because the generation in these days is different. When a girl is married and gets angry at the husband, she aborts the baby when he leaves her. Those are the reasons. Another reason is that, when their friendship breaks up, she aborts the baby. There are so many reasons why girls do those things.

DC: the past generation versus the present generation; the assumption that there are more problems in todays generation compared to the past generation

WSISL: Ia e pei la o la'u faamatalaga e lei oo lava lou olaga i se aiga fuafuaina ae toasefulu tolu la'u fanau i lou lave olaga, ae leai ma se mea faapea na ta oo atu i fomai e fai ni aiga fuafuaina. E leai ona pau a ua oo i le tulaga ia ua gata ai le alofa o le Atua ia e foai mai tagata, ia ua uma ai foi. Ia pei a la o lou a na lagona. ua ala na mafua na tutupu nei tulaga ona tulaga faapena i le va o le teine ma le tama e mafua ai na faapau,
ae le o se mea tatau lava. Ona uma lea o le ita ae toe manatu atu i se isi taimi, ia ua le aoga. Ia pe nofo atu foi i se isi toalua ia ua fiu a...ae leai ua le toe maua se tama aua o la ua le foi mai iai e le Atua se tagata, ia ona o tulaga faapena.

ET: I said before that I have never used contraception but I have thirteen children. In my whole life, I have never visited the doctor for contraception. My fertility just ended and maybe it was Gods wish that it ended. That is what I think of the reason why girls abort their babies, because of their relationship with the boys, but it shouldn’t happened. When she gets over her anger, it will be no use because it is done. She might not have children when she gets married as God will punish her for what she had done.

DC: religious beliefs; the notion of being punished by God if women abort

WSISL: O isi fanau e fefefe i o latou matua. Ua mamumalo la le fefe i o latou matua ona o ni tulaga faapena. Ia o le isi tulaga o le matamuli na maua foi lena i le le usitai ma le faatamala ma o faapea faapouliuli e faapau nai a latou pepe. Ae le o ni mea faapea na fai i le maliega o o latou loto poo nisi tulaga, poo le fefefe ua alai ona sulufai faapea e faapauu nai fanau. O lau faapai atu lea i tamaiti ia e faapauu.

ET: Some girls are scared of their parents. They would rather have an abortion than facing their parents. The other reason is that they are embarrassed and secretly abort their babies. Maybe they didn't really want to do it, but because they are scared of their parents they desperately abort their babies. That's what I think about these babies being aborted.

DC: the notion of fear encourages women to abort
WSISL: O le tulaga i mea o tamaiti ia e le fanau le au a, o lo'u manatu iai o le faatamala lava o le tina. Aua o tatou Samoa e malosi tele a le galue foi nei e fai lava le loto o le tagata ia o le sisii mea mamafa. Ia o le a e sau i le tulafono a fomai na vaaia tatou i Samoa e faaeteete i le taimi lea faatoa ma'i ai. Ia o le faatamala a o le tina ia i le galue tele ma le soona fai foi o lona soifua, ia pei o a'u na lavea ai foi i le mea lena tusa e toalima la'upamai tamaiti ua fafano ona o lou...O a'u sa ou nofo i uta i le faatoaga i lou olaga atoa, sa ou nofo i uta, tiga na ou iloa ua susu ou lavaluvao ia le taimi. Ia a'e le tatau ma le faatamala iaia ia tulaga. Pei la o lautau atoa, sa ou nofo i uta, tiga na ou iloa ua susu ou lavaluvao ia le taimi. Ia a'e le tatau ma le faatamala iaia ia tulaga. Pei la o lautau atoa, sa ou nofo i uta, tiga na ou iloa ua susu ou lavaluvao ia le taimi. Ia a'e le tatau ma le faatamala iaia ia tulaga. Pei la o lautau atoa, sa ou nofo i uta, tiga na ou iloa ua susu ou lavaluvao ia le taimi. Ia a'e le tatau ma le faatamala iaia ia tulaga. Pei la o lautau atoa, sa ou nofo i uta, tiga na ou iloa ua susu ou lavaluvao ia le taimi.

ET: The issue about these children who are miscarriage, I think it is the fault of the mother, because we Samoan women work very hard such as carrying heavy things. The doctors who looked after us in Samoa said to be careful in the early stage of pregnancy. It is the women’s fault for working too hard and don’t look after their health. I was in that situation, I had five miscarriages because I was (working too hard). I lived in the plantation during my whole life. I knew I was wet in rainy days, but I still wore wet clothes when I shouldn't. It was my own fault this happened to me.

DC: miscarriage is referred to as ‘pepe pau’ meaning an innocent abortion not deliberately done

Women 9:

WSISL: Ou te matua tetea i aiga fuafuainina. O le mea lave a fainagalo le Atua ia ua foai mai se fia sefulu tamaiti i a ta ita, ia e talia lava ma le faafetai meaaloafia a le Atua aua e le faapea o se loto se isi o le meaaloafia foai fuainina mai e le Atua. Ia ma le isi pe ta te faata ni mea faapea e faapaup, ia atonu e afaina ai lo ta soifua, lo ta ola. O la a tele ai ni faaavelave e tutupu mai i a ta ita poo nisi ma'i. O le mea lea e a foi e fefi ai lo ta
ita tagata, ia aemaise o le tulafono a le Atua le fasioti tagata. O le fasioti tagata a lea mea.

ET: I am totally against contraception. If God wished to give me more than ten children, I would happily accept Gods gifts because it didn't happen out of anyone's wish, they are free gifts from God. The other thing is that, if I abort, it would affect my health and life, and there would be other problems affecting me or other sicknnesses. This is why I am scared and especially Gods law of killing. This thing (referring to abortion) is killing.

DC: religious values

WSISL: Ae talu ai lenei vaitaimi male fesuaiga o le olag a ua le toe tutusa le mea na tatou ola mai ai ma le olag ua ola ai nei a tatou fanau, ia ta te auai ita i lea mea o aiga fuafuaina i le nei vaitaimi. Ia aua talu ai o aso foi ia e lava a le tausiga o le olag latou. A lava se lua pe tolu, ia sei matutua sei ao'oga, ia toe fai le isi pepe aua le tausiga o le soifuaga i nei aso. Ia ou te talitonu foi au ia e ala na o tina e faapauu a latou pepe ona o le va faa-le tagata. O le teine e lei faia se toalua ae to, ia o le a ma i le aiga, ma i ana uo, tulaga faapena na alu ai lea faapau le pepe. Pei o le ala lena o lo ta ita talitonu i le tele o teine ia e faapauu a latou pepe o le ma i le va faa-le tagata poo ana uo, poo o le aoga o aoga ai, aua o le tele lena o teneiti o loo aooga ae tei ua toto o loa faapau a latou pepe.

ET: Since the lifestyle we were brought up with is not the same lifestyle that our children are brought up in here, I support contraception at this present time because in the past, there was enough support to support the family. Two or three is enough until they are older or start school, then start another baby because of the life these days. I
believe the reason why women have abortions is because of the eyes of the people. A single girl who is pregnant will be ashamed of the family and friends, that sort of thing and abort the baby. I believe that is what's happening to many girls.

DC: different lifestyles; Samoan born versus the New Zealand born; the eyes of the people

Woman 10:

WSISL: O le nei mataupu o le faapauuina o pepe na talanoaina i le Laumua i le taeao nei. O lo ta ita la lagona, o tamai teneti nei o loo numera silia ai le numera o tagata Pasefika. Aua foi la le 'upu lea e fa'i e matua o le fa'a-Niu Sila, e taga a le aumai o le uo ia, ia ua taga foi ua tatala na mea uma i le fa'a-Niu Sila, ua mafua ai ona tele teneti ma tama ua latou uia auala la nei o faigauo, ua mafua ai loa lea le tupu (o) faalavelave i teine ia ua mama'i. Ia ona fesili lea o le isi teneti i le isi teneti pe faapefea ona faapau le pepe? Ia o i le falema'i. Ia ai ua faapena ai.

ET: This subject of abortion was discussed on the radio this morning. I think it is the young girls who make up the majority of Pacific Islands women having abortion. This is because of the parents saying 'this is New Zealand, do the New Zealand way'. The boyfriends are allowed in the homes, those things are allowed in the New Zealand way. This allowing of boyfriends and girlfriends is causing this problem of girls who become pregnant. One girl asks another girl of how to abort the baby. Oh!, go to the hospital, and they do it.

DC: Samoan ways versus the New Zealand way; the assumption that only single women have abortion
WSISL: Na iai le tama a se tasi fafine na ou talanoa iai, ia o le 'upu lena. Ua ma lau tama ua o, ua o i le falemai ua faapau ai le pepe ae laititi. Vaai nao le sefulufa tausaga o le teneititi e lei taitai oo i se taimi e fai aiga ai. Pei o le tasi lena auala ua numera sitia ai ona o faiga ua nei. Ua latou uia lava nisi auala i le fesootaiga o latou, ia ua tupu ai la nei faalavelave, ae le o fia fai pepe. Ua le manatu lava i le latou ola o le tasi na auala na ou maua foi i le auala na faamatalaga ua mafai ai ona vave na faapau le pepe.

ET: There was this woman I talked to and she told me about her daughter, that's what she said. "My daughter was ashamed, they went to the hospital to abort the baby and she is very young. Do you know, she is only fourteen years old, she is too young to do those things" (meaning sex). Maybe this is another way why this number of women having abortion is so high, because of the courtship of these young ones. They do those things because of that courtship, but they don't want the babies. They don't think of their lives ahead. That's what I found out of how they abort their babies.

DC: the eyes of the people

WSISL: Ia o nisi ua tele le alofa i le uo, ia ua alai na mafua le laua feiloaiga ae le o manatu foi e iai se pepe. Peiseai o tulaga na ua faigofie ai le numera o le tatou atunuu le toatele o nei mau pepe ua faapauu. Oka! Ua ootia foi le agaga i le faalogologo atu o faasalalau mai i le fofoga o le Laumua le tau mai ai a o tagata Pasefika lea e numera muamua i pepe faapauu. Ia atonu e ootia uma a agaga o tatou tina pe a tatou faalogo i faamatalaga faapea. Ma o mea a ia, ia talosia ia mafai e a tatou fanau ona 'alo'alo ese ai i tulaga faapea le mata'utia. Ia tatou silasila toto'a ma vaai i le olaga i Niu Sila nei.

ET: For some, they love their boyfriends as a reason for their relationship (meaning sex), but they don't think of having a baby. That is why this number of so many women in our
country having abortion is so high. Oka! Oka!; gosh! gosh! I was very emotional when I heard on the radio about Pacific Islands women been number one in abortion. Maybe we all feel the same when we hear these things. These things (referring to sex and abortion), hopefully our children will get away from these awful things. We should be carefully consider the lifestyle in New Zealand.

DC: Samoan born parents and children caught in between two cultures; the assumption that these problems occurred because of the influence of the Papalagi lifestyle

WSISL: O le itu lea i aiga fuafuaina lea na ou teteet lava iai. Ou te teteet lava i aiga fuafuaina i le tatou atumuu i Samoa. Ae ou te faaluaina aiga fuafuaina i atumuu i fafo aua foa a tatou silasila atu ua tatau a, ona o le finagalo o le Atua na te ona silafiaina mea uma i ia atumuu, a ua tatau a ona matua ave iai le aiga fuafuaina ia tataou vaai mo o tatou loto, ua matua leai se mea e tua iai, ua le lavalava, leai ni meaai ma taatitia solo.

ET: With contraception, I totally opposed to it. I opposed to contraception in our country of Samoa. I support contraception in outside countries because it is appropriate. God knows everything in these countries. Contraception should be given as we all know the hard life, there is nothing to live on, no clothes, no food, they just sleep everywhere.

DC: the belief that contraception is appropriate in New Zealand because of the cost of living.

WSISL: O lo'u a manatu na avatu tonu a. Ou te teteetina lava lea mea o le aiga fuafuaina i Samoa aua foi o Samoa e le tatau ona faia ai se aiga fuafuaina. Tele faatoaga, e le tau o e faatau ni meaai e tausi ai fanau. A tatou mafaufau atu iai i Samoa,
ou te manatua a 'upu a matua ua faatula'i mai nei, o le faatoaga sili a lena a matua o fanau. E leai lava se isi lumanai o matua na o fanau. E faamaonia la lea faamatalaga e tagata Samoa. Pe fia sefulu le fanau a se ulugalii e tausi a, e pei ona tatou vaai iai i a tatou fanau.

ET: I oppose to contraception in Samoa, because Samoa shouldn't rely on contraception. There is plenty of plantation, there is no need to buy food to feed the children. If we think of Samoa, I always remember what our parents had said, the best plantation for parents are their children. The future of parents are their children. This statement is proven by Samoan people. We all know that no matter how many children a couple have, say more than ten, they still care for them.

DC: the idea that children are assets to the family, and there is no need to plan a family in Samoa because there is plenty of land.

WSISL: Ou te manatua lava le isi mafutaga faa-le agaga sa faia i le matou Matagaluega. Sa tula'i ai se tamaitai poto sa fa'i ai lana pepa ma sa aumai ai lona manatu i le Ekalesia ma le matagaluega. Ua soo le lalolagi o o'u taamilo e sue o'u faailoga ma ua maua uma faailoga, ae pau lava lea o le mea na te tetee iai o le mea lenei o le aiga fuafuaina. Fai mai, e matua tetee iai lou poto ona o le mea e gata i le Atua. E leai lava se aia a se tagata e mafai ai ona faagata le finagalo o le Atua. O le mea la lea ou te talitonu ai ma ou vivii a'e ai ou te lagolagoina a Samoa, ao atumu i fafo ua tatau ai ona 'ave iai aiga fuafuaina ona o fuafuaga ua faaumatia ai le toatele o fanau ua faaumatia.

ET: I remember a spiritual gathering of our church, this clever woman presented a paper. She said, "I have been around the world to seek for my qualifications, and I've got them
all. But this is the only thing I opposed to, the contraception. She said, "my wisdom and knowledge opposed to contraception because it is a thing that only God holds. No one in this world have the right to end his wish". This is why I believe and worship not having contraception in Samoa. **Contraception should be given to countries outside because of many children being killed.**

**DC:** the notion that Samoa is a safe place to have many children compared to other countries; religious beliefs

**Woman 11:**

**WSISL:** Ou te talitonu lava o le uiga o le aiga fuafuaina o le fuafua tatau pei o le uiga moni lena o le aiga fuafuaina. O le fuafua tatau o alo ma fanau mo le soiifa lelei o le tina ma soiifa lelei le fanau. Ou te talitonu lava o le mafuaaga lena ua aumai ai ma e faapea se lipoti sa avatu, o le toatele o tina ua maliliu ma mau pepe e amata mai i le 0 masina sei oo i le ono masina ona o le toatele o le fanau. O le mea foi lea ua taliaina ai e le tatou malo le aiga fuafuaina, aua na talia ai foi (e) le fai tulafono le aiga fuafuaina na alai na faasalalau i Samoa le aiga fuafuaina. Ae le faapea na nofonofono pasia, nofonofono matou o e faasalalau le aiga fuafuaina e a'oa'o Komiti ma a'oa'o uma faiaoga ma tulaga faapena. Ona ua pasia e le tatou palemene, ona o le tulaga lea ua avatu e sili le fai o aiga fuafuaina e pei ona saunoa le toatele o o tatou tina, nai lo le faapauu o tamaiti lea sa maua i le lapisi, lo ta gutu foi vatu le...sa maua i auala aua sa matou vaavaai uma lava i ia tamaiti.

**ET:** I believe the meaning of family planning is to carefully plan the children for the health of the mother and children. I believe that is the reason why family planning was brought into Samoa. A report said that there were so many women and babies died from 0 to six months because women had too many children. This is why our government accepted
family planning. This is the reason why it was passed in Parliament. We didn't just go and educate the Committees, teachers and others. It is because of the thought that **it is better for women to take contraception** as been said by other members, **than aborting babies like the child found in the rubbish and on the road, because we saw the babies.**

**DC:** the preference for women to use contraception rather than getting pregnant and abort

**WSISL:** *Maua le isi tamaititi i talane o le fale aisikulimi, aemaise foi sa maua foi le isi pepe i le lapisi a le falema'i, (e maua atu o) migoigoi na. Ua tele pepe ua ta vaai iai e tia'i. A o le taimi na ou iai i Fiti na ou mauaina ai ni tamai Initia i mo mea o faleuila vatu a foi...na tuu ai ma le solo e ta'ai ai. O iina foi i Fiti, na ou vaai ai i isi tamaiti Initia aua o tamaiti pe tai lua ma le afa pauna le mamafa ae ola a. Ia na vaai a la iai ou mata, ao tamaiti ia sa maua i Maagiagi sa maua i mea na. E le faapea e le o tou silafia le mea lea sa tupu i teine...ua maua le isi tamaititi i totonu o le pu o le faleuila. Na sue loa lea o le teine, na ala na maua le teine lea e alu le palapala i a ia. Aua na vevesi uma le falemai ma o atu leoleo e sue le teine, ma ou te talitonu lava foi o le mea tomu lava lena na alai ona pasia e le Palemene. Aua sa ave foi a matou talosaga i le Minisita o le falemai pe aisea ua pasia ai nei mea o le faagata o le fanau?. Ia o le mea tomu la lea, o le mea faapena.*

**ET:** One child was found near an icecream factory and one child was found in the hospital rubbish. I've seen many babies of this kind. When I was in Fiji, I found Indian babies wrapped in towels in the toilets. I **saw it with my own eyes. There were babies found in those things (referring to toilets) in one village in Samoa.** You all know what happened to this girl, **one baby was found in the whole of the toilet.** They looked for the mother of this baby, and they found her because she was bleeding. The hospital and the police were searching for the mother of this baby. **That is why I believe the**
government passed this law (referring to contraception). We asked the Minister of Health why this law was passed and that is why, because of those things.

DC: the Samoan government passed the law to allow contraception in Samoa to avoid abandoned babies

WSISL: Ma sa faatagaina ai loa i aoga mea nei o aiga fuafuaina. E sili atu le inu e teine o aiga fuafuaina mo fualaaau ma isi ituaiga aiga fuafuaina ona o le mea la lea. Ma e ese lo ta mafatia i pepe na sa maua. Ma o le mea lava lena na matou talitonu ai. Ma o le mea la lea ou te talitonu ai, o le mea tonu lava lena ua faataga ai aiga fuafuaina i Samoa ona o le faapauu o tamaiti, ae maise le faateteleina o le pasene o tamaiti i le lalolagi. O le tele o tina ua maliliu ma pepe, o le mea lea o le le fuafua lelei o aiga. Ma sa alu atu ai i le matou fresili, o le a le numa e tatau ona iai pepe a le tina? A lima a au pepe o le numa e lava lena na aumai.

ET: That's when contraception was allowed in school. It is better for girls to take contraceptive like the pill and other types, because of this thing (referring to abortion). I was very sad about those babies been found. That made us believe to why contraception was accepted in Samoa, because of abortion and especially the increase of the percentage of children in the world. Too many women and babies died because of this thing, they don't plan their families. We asked, how many babies a mother should have? Five babies is the number they gave.

DC: the importance of planning a family

WSISL: Ona sau ai lea i lo'u mafaufau ou te faafetai foi i lenei mataupu aua ou te lei faalogo iai i le taeao, ma o le mea la lea na faia ai le aiga fuafuaina ina ia taofi ai faiga
faapenei. Fai mai le malo, e sili atu le taofi i d'oga na mea uma i le a'oa'oina o aiga fuafuaina, nai lo o le faapau tagata, aua o le fasioti tagata lava lea. Ae le o faapea o sau le aiga fuafuaina faapea ua taofi lau fanau, e faapea a le sauga o le aoaoga i a matou pe lua taseni oe, e leai a se mea e taofia ai ao le fuafua tatau ia numera i le soifua o le tina. Aua a faapea po o le a le fanau pea o le tina ae le fuafua, o lona uiga ua leai se aoga o le aiga, ua leai se aoga o alo ma fanau, pe afai o le a tupu se faalavelave i le tina o le fatu o le aiga ao lea e laiti tamaiti.

ET: I thank you for bringing up this subject because I haven't heard it this morning (referring to the news on the radio). This is why contraception was introduced to stop these sort of things. The government said, it is better to have education in schools on contraception, than aborting a person because it is killing. It doesn't mean that contraception stops you from having children. It means that if you have two dozen kids, there is no harm as long as you consider the number of children according to the mothers health. For instance, if a woman keeps on bearing unplanned children, it might affect the family if anything happens to her while the children are still young. She is the heart beat of the family.

DC: religious beliefs; contraception as a way out to prevent abortion

WSISL: Ou te faamatala uma atu mea sa matou aooga ai ma tuu fesili ai i Minisita, pe aisea lava le mea ua pasia ai e le malo/palemene. O le ala lea o le faasalalauina o le aiga fuafuaina. Afai e faaipoipo nei ma lona toalua, a ua iloa e Pai e mai lava lona toalua pe a fanau na fuafua tatau lea. Na aumai ai lea o aoaoga faa-kerisiano e faapea, faaipoipoiga faa-kerisiano. O le mataupu lea, o lona uiga ia kerisiano atoa le tama ma le tina, a foi la lea e faamatala mai e Paulo. A leai le alofa ua le aoga mea uma. Afai la
e iloa e Pai o lona toalua e vaivai lava e tino vale, e tatau lava na alofa iai ona iloa foi lea fuafua. Pe fai se aiga fuafuaina pe leai, faatatau i le atoatoa o le tino o le tina.

ET: I want to tell you everything we learned and the questions we asked the Minister why the Parliament passed this law. This is why contraception was passed. When (a girl) gets married to her husband and if the husband knows his wife gets sick after birth, they should plan accordingly. I would bring in the Christian view about marriage called ‘a Christian marriage’. The meaning of this subject is for the mother and father to feel Christian as stated by Paul, ‘without love everything is not possible’. (This means) if the husband knows his wife is weak and not physically well, he should love her and plan accordingly whether to have contraception or not, depending on the physical fitness of the mother.

DC: plan a family according to the health of the mother

WSISL: Afai nei la o le a fanau soo, o le a le lava le susu, meaai, le lava le seleni. Ae a lava le fuafua, e maua le suasusu maua le malosi o le tina ma le pepe. E tele lava faafitauli sa aumaia i aiga fuafuaina. Sa ou matuai ofo i le fai mai o le isi fafine e toasefulufa lana fanau, a’o ona ma’i faapau’u i le lua masina e valu. Na ou fai atu lea poo le a lava le mea ua lua o ai faapau na tagata. Aua ou te talitomu o le tagata e toatele le fanau e iai le loia, faamasino sili, e iai le kovana, palemia ae iai foi ma le fasioti tagata, e iai foi ma le gaoi ma mea uma a faapena. Afai e toatele le fanau ae le mafai ona fa’a-ao’oga, ia aua e le fuafua iai le aiga fuafuaina. Fua pe lava le tupe, fua pe lava le tausiga aua e aafia ai le soifua o aiga ma tagata uma.

ET: If a woman gives birth subsequently, there will be not enough milk, food and not enough money. But if it is well planned, milk will be available and mother and baby will be
healthy and strong. There were many problems raised about contraception. I was shocked when one woman said that she has fourteen children and had eight abortions at two months duration. I said to her, why have you aborted those persons? I believe that a person who has many children has in her children these people like a lawyer, judge, governor, prime minister, a killer, robber and you name it. If they can't afford to educate the children because there is too many of them, then it is caused by not planning. They should plan it accordingly to having enough money and enough of everything for the welfare of the family and people.

DC: some women resort to having abortion so many times in their lives

WSISL: O le mea lea sa matou aooga ai o le sei lua i le tolu tausaga na fuafua lea o se isi pepe sei faatumu foi le tasi o le fanauga, aua e oo atu iai i le na tausaga ua maua le isi suasusu, maua le malosi ia ma tausi lelei ai le aiga e faia ai galuega lelei tatóu te auauna ai i le Alii. O le mea sa sau i aoaoga fai le pepe faatalitali. Fai tomu a lau pepe faatalitali ina ia saunia lelei ai mea e faatali ai le pepe lea e sau. Tusa e ola mai e le aafia le mafaufu e poto. O mea uma lava na na sau i aoaoga, 'aua le faamalieina le tuinanau ae fai pepe faamoemoeina. O le lotu...sa matuai inaina lava, fai mai 'aua le faia se aiga fuafuaina a ua uma lava le mealofa ua foai mai e le Atua, ona uma lea.

ET: We were educated to space children between two to three years, then plan another baby until the mother is ready. Because by that time, the mother has a good milk supply, has good strength to look after the family and do all the good work to serve God. The education was aimed at, 'fai le pepe fa'atalitali'. This literally means, make a waiting baby. In nursing terms, it is a planned baby. Plan a waiting baby so that everything is prepared for its arrival. When he/she is born, he/she is not affected mentally and will be clever. Those are all the things been taught in this education and not to be selfish to satisfy
your needs (referring to too much sex) more than what you need, but to plan for the waiting baby. **The church opposed to contraception.** They said, ‘don't take contraceptive, if God wishes to end his gifts, then it ends’.

**DC:** influence of the church on women’s decisions to using contraception; the notion of a planned baby as a potential for family planning

**Woman 12:**

**WSISL:** O le aiga fuafuaina o le fuafua lelei le va ae le faapea e fai mai a le isi tamaititi ae lei malosì le isi tamaititi. Pei o le aano moni a lea o le mea lea o le aiga fuafuaina. E le o se mea leaga aua e le o taofia le fanau ao le fuafua lelei o le va o se fanau a le tina ina ia maua ai le soifua maloloina, ae le faapea o le a taofi e faagata.

**ET:** Family planning is the careful planning of spacing of children, instead of having another child before the other is strong enough. That is the object of this thing contraception. It **is not a bad thing because it doesn't stop you from having children, but to space children** until the mother is strong enough. It doesn't end your fertility.

**DC:** women have different views about contraception depending on their knowledge base

**WSISL:** E tatau na fai aiga fuafuaina talu ai o a'u e iai au grandchildren e toafa. O a'u la lea e tausia. Ou fai atu i la'u fanau, fuafua lelei o outou aiga sei ao'oga a outou fanau, ona toe fai lea o isi tamaiti. O la'u tala lena na fai i la'u fanau, aua o lea ua malolosi tamaiti, ua lima le isi ae tolu le isi, e tele a le va. E manaia lava le aiga fuafuaina sei malosì le pepe.
ET: Contraception should be done because I have four grandchildren. I am looking after them. **I said to my children, ‘plan your family carefully’** until your children go to school, then have more children’. That’s what I said to my children because my grandchildren are growing well now, one is five years old and the other one is three years old, there is big space between them. **Contraception is good until the baby is well enough.**

DC: the importance of family planning to space children

**WSISL:** *O le faapau pepe e tofu lava le tagata ma lona lagona i le mea e alai ona faia ia tulaga. Atonu o le fefe male le lagolagoina e aiga ma matua teine e alai ona faia nei tulaga. Ta te le tio i ia teine ma tina aua ta te le iloa le mafatia la e maua ai. Pau lava le mea o le a agasala i le Atua.*

ET: With abortion, people have different views why they do it. Maybe girls do it because of the fear and not been supported by the families and parents. I don’t want to judge these girls and women because I can’t feel the pain they’re going through. **The only thing is that they would be sinful to God.**

DC: religious beliefs

**Woman 13:**

**WSISL:** *O a’u e tasi le tamaititi o le tama. A e na fanau le tama ina ua fai le toalua ua tasi le tamaititi. Ia matou nonofo a lea, o faigaluega ae ou nofo ai i le taimi o fai si no’u malosi. Ma lou vaai atu faatoa atoa atu le tausaga ae ua toe ma’i mai le fafine. O’o loa ina ua ou vaai atu ua tele mai le manava o le fafine. Ou fai atu loa oka! ta fefe e i le mataga ua sosoo nei tamaiti, ia aua nei ou toe vaai atu...(ua toe to mai le fafine). Ia la la*
ua ou toe alofa iai nao le toalua ai a tamaiti ua 6 le isi ae 5 le isi. Ia ae le o toe fanau. 

Ou fai atu, ana maua se teine a le tatou aiga e manaia, ae nao le tilotilo mai, ai pe ua mumusu sei malolosi tamaiti.

ET: I have one child, a son. He’s got one child, a son from his wife. We lived together, they go to work while I looked after the son when I had the strength. Then I saw the woman got pregnant again when the older son was just one year old. When the woman’s stomach looked so big, I said, oh! gosh! what an embarrassment to have kids every year, I don't want to see...(the woman being pregnant again). I feel for them because they only have two children, one is six years old and the other one is five years old. And the woman doesn't have any more babies. I said, it would be good if we have a girl in our family, but they just looked at me. Maybe they don't want to have any more children until the kids are well enough.

DC: the notion of having kids every year indicates that the couple are sexually active, people would say in Samoan “matua amio leaga tele lea ulugalii ma le fanau palasi o le fafine”.

WSISL: O tatou ia i Samoa e leai lava nei mea o aiga fuafuaina po o fualaaau ‘ea. E fou la ta faalogo atu i nei mea, o mea lava ia a Palagi ia. Ta te faalogo foi e mama’i ai le toatele o fafine. Tailo iai, pe la na ta faia. Ua ese nei aso male aluga o le olaga. Ta te faalogo foi e fofo manava pe a le fananau. Fai mai e fuli le toala. Ou te lei talitomuina lava e i ai se togafiti faasamoa o le fuli o le toala. E moni foi e fai mai nisi tagata e o e fuli le toala ae lei faiaina lava. Ou te leiloa a pe ua iai se togafiti faasamoa e mafai ai ona taofi le mea lea o le le fanau o le tagata.
ET: In Samoa we don’t have these things such as contraception or the pill. This is new to me. **These are European things.** I heard women get sick from it. I don’t know because I have never used it. These days are very different in its lifestyle. I heard they massage the women’s stomach if they can’t have children. I heard they turn over the uterus. I don’t believe that there is a Samoan treatment of turning over the uterus. Although it is true some people said it happened, but it was never done. I don’t think there is a Samoan treatment that would stop a person’s fertility.

DC: the notion of referring to contraception as European things which indicates that contraception does not belong to Samoan culture

**WSISL:** O tina ma tamaitai ia e faapau pepe, oka!, ou te ofo i mea ua oo iai le nei augatupulaga. E matautia mea ua faia e le aualaiti nei, a le tia’i tamaiti ua fasioti. Ua ese la aso ese nei aso. Ou te masalo o le toatele matua e le iloa faiga lilo a le vaega lenei. Ta te faalogo foi i Samoa e faapau pepe a teine, ia poo le a lava le mea na fai ai ae ma la i le vaaiga a tagata, a’o lea ua tatou kerisiano.

ET: The women and girls who are aborting their babies, oh my gosh!, I am so shocked with this generation. They do some shocking things. Either they abandoned their babies or killed them. **Our days is very different from these days.** I know many parents are not aware of what their children are secretly doing. I heard in Samoa that girls abort their babies. I don’t know why they do it knowing they will be ashamed of their actions in the eyes of the people, and especially we have become Christians.

DC: the past versus the present; the eyes of the people
Woman 14:

WSISL: O au ou te tetee i aiga fuafuaina aua e faasaina i le matou lotu. Ia o le mea ua tupu ua fananau mai nei fanau a lau fanau ao lea foi a ou te fanau. Ua ta ma ua ta matua, o lea ua fai fanau fanau a lau fanau, ao lenei foi a ta te fanafanau atu ma ta ita. Ua ta fia maua se fesoasoani ona ou alu lea i le isi fafine aumai ai le pia fai ou inu ai. O le pia la lena a le fafine na fesoasoani i a te au, na taofi ai lou fanau.

ET: I oppose contraception because it is not allowed in our church. What happened is that, my grandchildren had their children while I am still bearing children. I needed help. I went to see one woman, she gave me a homemade beer (home-brew) to drink. It was that woman’s beer which helped me, it stopped my fertility.

DC: traditional methods of fertility; religious views influenced opposition to contraception

WSISL: A’o le abortion ou te tetee foi iai. O le fasioti tagata lava male le ava i le Atua Soifua. Tiga lava ona toatele fanau a matua i ia aso, ae le faapauu lava seivagana ua fafano. Ua ese nei mea ua tutupu mai i tina laiti i nei aso.

ET: I oppose abortion too. It is killing and not respecting God. In those days, (referring to the past) even though women had many children, they never consider abortion unless it is a miscarriage. There are so many strange things happening to young women in these days.

DC: those days refers to been good days as opposed to many things happening to women these days.
Woman 15:

WSISL: O le tulaga lea pe tatau na tatou talatalanoa faatasi ma a tatou fanau teine, o se mea e matua tatau. E ese le matagofie o le nei mea aua e tatau a na aumai faatasi a tatou fanau teine, ma tatou talatalanoa ma avatu se fesoasoani a matua. E faigata le sosoo o fanau. E ese le manaia o a tatou fautuaga e avatu i a tatou fanau, aua o tatou a o tina e mafatia i le taisiga. A oo foi ina ua uma na faaipoipo se tama ma se teine, e umi a pe lima pe oo atu i le ono taisaga ae lei iai se fanau, ona tatou faapea foi lea, e a, e lei maua lava se pepe?

ET: The issue about whether it is appropriate to discuss these things with our daughters, I think it is an appropriate thing to do. I think it is a good thing to do, to bring together our daughters and discuss these things, and to give them our advice. It is a difficult thing to have children every year. Our advice to our children is very important, because it is us mothers who suffer looking after the kids. When a couple gets married and still haven’t had kids after five to six years of marriage, we would say, gosh,! they still haven’t got a baby yet.

DC: discussion is the key to understanding

WSISL: Afai la e fai le aiga fuafuaina ona o le faatatua sei mautu lelei uma mea o le aiga, e lelei, ia ona faatoa gaosi loa lea o le pepe. Ia ta te iloa a i isi o a tatou fanau ia ua leva na fai toalua a e le fananau, tatou te feita a i le tele o taisaga talu ona nonofo a e le faia ni tamaiti. Pe tei ua mautu lelei mea e nonofo ai, ona tatou vaaaia lea o le toalua ua ma’i, o tulaga ia o le fuafua lelei a. O le mea lea ou te ioe ai le tatou talatalanoa faatasie ma a tatou fanau teine atoa foi ma ava a tama, e o mai uma a tatou te talatalanoa faatais.
ET: If they have family planning until they are settled, that is good, and then make a baby. I know some of our children have been married for a long time and haven't had children. We get mad because they've been married for so long and haven't had children. Not until they have their own house, we see the wife getting pregnant, and that is because they planned it well. This is why I support the getting together of our daughters and daughters in laws to discuss these things.

DC: the importance of planning a family until a couple settles

WSISL: O tina ma teine ia e faapauu pepe, ia tailo iai, e i luga lava i a i latou o latou leaga. Aua ou te manatu e le o ni tu ia faa-Samoa. Tatou te mananao i le toatele o tamaiti i le aiga e ola ai le aiga. Ta te fefe e fai lea mea aua tusa lava ua pupula mai le tamaititi. Ia atonu foi e fai e nisi ona o le fefefe male le malamalama o matua.

ET: The women and girls who are aborting their babies, I don't know, they will suffer the consequences of their act. I think that is not a faa-Samoa culture because we like having lots of children to extend the family. I am so scared to do this thing when the child is looking at you, and maybe some women do it because they are scared of their parents.

DC: Samoan values

I asked the Samoan women in this group if they thought that Pacific Island women use abortion as a method of fertility control and they said “no”.

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SUMMARY

This chapter has presented the Samoan stories and the translated stories of Samoan born women from Samoan language into English and the New Zealand born women in English language. Only Samoan women’s stories are in the database of this study. I consider that the truth of Samoan women’s stories about contraception and abortion is not found in the statistics but is found in their own stories. The meaning of how the women were telling me their stories has guided me in developing a process of analysis. The key words and messages were identified from each women’s story in bold letters. In this way, it guided me to draw out conclusions which the themes and sub-themes emerged that I will discuss in the next chapter using the modified *tanoa* model.

It was clear from the women’s statements that they did not support the view in the media that Pacific Island women use abortion as a method of fertility control. Most of the women opposed contraception as Samoan children are not planned and considered to be gifts from God. A few women supported contraception on the basis of spacing children to give the mother a break. Overall, the women were against abortion except in some circumstances.
CHAPTER SEVEN
MODIFICATION OF THE TANOA MODEL TO EXPLORE THE
SAMOAN WOMEN'S STORIES

Interpretation of the Tanoa Model:
- Environment One: The bowl represents Samoanisi
- Environment Two: Blue Circle represents Samoanisi and Papalagi
- Environment Three: Orange Circle represents Papalagi
- The tails of the blue and orange circles joining in the tanoa represents my position
INTRODUCTION

This chapter is divided into three sections. The first section is about revealing some of the women’s stories and key messages in three environments of the *tanoa* model. I use the picture in illustration 4 in discussions to position the women’s stories from their ways of being. The second section reveals the themes and sub-themes which emerged from the meaning of the women’s key messages in four environments of the *tanoa* model as shown in illustration 5. The third section is the comparison between the four Samoan born women’s beliefs and attitudes to contraception and abortion with the four New Zealand born women. Twelve common patterns emerged from their stories.

In this chapter, the modification of the *tanoa* model is described as a method to analyse the deep thinking in Samoan women’s stories. This enabled me to position some of the women’s stories and key messages, themes and sub-themes into environments in the *tanoa* model. I initially got the idea of environment from the women’s stories when one woman said “*I know Samoan women value virginity before marriage, but it wasn’t really important to me because I was brought up in the New Zealand ‘environment’*”. The women would refer to both Samoa and New Zealand when they spoke. That was when I clicked and realised that there was an underlying theme when the women spoke in Samoan, Samoan and English, and English only. They were speaking from the different environments in their life experiences. I realised that the model to describe this was too complex and needs refining. That was when I developed the environment in the *tanoa* model. By this I mean, I divided the *tanoa* model into a *Samoanisi* environment, *Samoanisi* and *faa-Papalagi* environment, and the *faa-Papalagi* environment and positioned the women’s comments according to the meaning the women shared in their stories. I came across Macpherson’s (1984) study ‘On the future of Samoan ethnicity in New Zealand’, and he talked also about environments. And I thought, ah!...this was what the women were talking about when they were telling me their stories. I found that this
was an interesting phenomenon in Samoan people which revealed the way they move and think from one environment to another environment. This was exactly what was going on in the women’s stories.

I decided on a way to present the women’s stories. I thought I would use the tanoa model to present the two groups/fellowships and then present a comparison of the four Samoan born women with the New Zealand born women to reveal the common patterns. I asked myself, what are the common themes and sub-themes, and patterns that emerged strongly from the women’s key messages. I decided on these common themes: Samoanisi; language; religion; identity and the eyes of the people. The sub-themes are: protection; empowerment; advocacy; partnership; governorship. The twelve patterns are: Samoan values; Papalagi values; religion; language; attitudes towards contraception; attitudes towards abortion; the value of children; sacredness of the body; knowledge deficit; open discussion; support system; and traditional methods of contraception.

I decided to use the idea of Macpherson’s (1984) framework of three environments to locate the stories so I could get clarity of meaning in the women’s stories. Three environments of the tanoa will be discussed in model four. At this point, I realised that my own voice was not standing alongside in the position of the women. I felt I was standing on the outside. I realised then that I needed to position myself in the tanoa as well to tell the story with the women as we had journeyed together during the thesis. Then I decided that in model four, I would create a position for myself in the big space of the tanoa with the women, and in between the Samoanisi and Papalagi environment as the women’s advocate to voice their voices.

I continued to use model four to locate the themes into three environments and this will be discussed. I subsequently developed model four into four environments to locate the sub-
themes of the women's stories to emphasise the importance of understanding and integration between all the environments. I then renamed model four into model five because it suggests a significant development.

This chapter concludes with an analysis of the database of the eight individual Samoan women's stories to identify trends in beliefs and attitudes between the four Samoan born women and the four New Zealand born women. The database of the New Zealand born women were compared and contrasted with the individual Samoan born women using the twelve common patterns that express the meaning of the women's messages to find similarities and differences. The rationale for doing this is because there were only four New Zealand born women in this study and to compare their stories against all Samoan born women would create an imbalance of the data. I wanted to compare the experience between the four New Zealand born women and the four Samoan born women, to see if there was evidence to support my belief that 'where ever in the world a Samoan woman lives, her beliefs hold true to being a Samoan woman'. I focused mainly on the stories and I tried to make sense of the patterns that emerged from the individual Samoan women's stories.

THE TANOA MODEL AS A FRAMEWORK TO PRESENT SAMOAN WOMEN'S STORIES

The *tanoa* model in this part is the modification of the first *tanoa* (kava bowl) model in illustration one. The *tanoa* underpins how I analysed some of Samoan women's stories which they shared with me about contraception and abortion in the three environments in terms of their *Samoanisi* beliefs, beliefs that are in between *Samoanisi* and *faa-Papalagi*, and beliefs that belong to the *faa-Papalagi* system.
When I consider the *tanoa* model in illustration 4, I see it has three environments. It locates all the beliefs and attitudes of Samoan women to contraception and abortion. Environment one is the *tanoa* (bowl) which symbolises Samoan women's values and beliefs that belong to *Samoanisi*. Environment two is the blue circle on the left which symbolises *Samoanisi* and Western culture and environment three is the orange circle on the right which symbolises Western culture.

The centre of the *tanoa* represents the women who took part in the study. Their identities and stories are protected in the centre of the *tanoa*. Their stories demonstrate the differences in our attitudes towards health. It also represents my identity as a Samoan nurse and researcher who moves in between the Samoan and Western culture to bridge the gaps in our practices.

The messages that emerged from the women's stories are placed in the big space in the *tanoa* and the two circles. The blue circle represents the two cultures, the appreciation of the advantages of Samoan and Western knowledge in the lives of Samoan women. The orange circle represents Western culture in terms of the women's beliefs or things that belong to Western culture. For example, if the women say that 'contraception' is a Western thing, their message/s are placed in the orange circle. If they say contraception is good and bad, their views are placed in the blue circle. The blue circle also represents Samoan women moving in between Samoan and Western thinking especially in the case of the New Zealand born women and women who were born in Samoa but have been educated in New Zealand. If the women say things that belong to *Samoanisi*, their messages are placed in the big space in the *tanoa* as a symbol of *Samoanisi*.

The tails of the two circles that connect the three environments in the *tanoa* (bowl) represent my voice and my place in the three environments. I see myself as an educator,
negotiator, and peacemaker. I move in between the three environments to negotiate the advantages and disadvantages of both healing practices.

The Three Environments
In this section, I have provided some of Samoan women’s views on contraception and abortion to enable you to see how I analysed the women’s attitudes and beliefs in the three environments in the *tanoa* model four.

Environment One: The Kava Bowl - Things that belong to Samoanisi
These are some of Samoan women’s attitudes in environment one. Contraception is a taboo, an issue that is not discussed openly in a Samoan family. Some women have said, “*our parents never ever talked about these things*”. One woman was told off by her mother when she was found to be taking contraception. Another woman said, my father asked me why I didn’t go to school, I said I was sick and he asked, “*what is your sickness?*” and I said ‘my period’. He turned around and said, “*don’t you tell me those things, I don’t want to hear about those girls things*”. Some women said, “*we do not want to discuss these things with our daughters, they might go and do it*”. One woman said, “*I was very angry, my daughter came home with tampons, and I asked, ‘where did you get these?'*” and she said, “*from the school nurse*. I was not happy. I don’t want them to give my daughters these things, they might introduce some diseases*”.

Most of the women said, “*contraception is not a Samoan thing, it is a Papalagi thing*”, or that it “*belongs to western culture*”. The younger women knew about contraception from school, but were still reluctant to use them.

Samoan women do not, or are less likely to use contraception because of the notion that the body is God made and therefore the natural processes of the body should not be
interfered with. Most of the women said, "it feels funny when you put something inside you, it seems that contraception takes control of your body, that's why we don't like it".

Breastfeeding, abstinence and withdrawal were methods used by many of our grandmothers and mothers as contraception. The women in the study said, "most of our women have about 8, 10 to 15 children and the above methods worked. Why do we have to change our ways when we used these methods effectively in the past?"

Most Samoan women do not plan their families. They said, "we don't have to plan our families, our children are gifts from God".

When Samoan women were asked if abortion is a method of fertility control, they said that it wasn't. One woman said that no woman would ever wake up in the morning and said, "oh! I am going to have a fertility control, I'm going to have an abortion". That is not how we see it because no woman likes to have it. Women have different reasons.

Abortion is illegal in Samoa. It is culturally inappropriate. One woman said, "I did it (meaning having an abortion) for my father, I didn't want him to be embarrassed in the eyes of the people".

Environment Two: The Blue Circle - Things that belong to Samoanisi and Western culture
In this circle I have included what Samoan women and health professionals say. Most Samoan women do not plan their pregnancies, they just happen as it goes. Abortion is a controversial issue for both cultures. For Samoan women, single women do it to protect the identity of the family status. The place of a Samoan woman in the Samoan culture is
determined by the status of her father or family in the community, hence she has an abortion to ensure that her family is not disgraced.

Abortion in New Zealand is legal. Older women think that this law and the privacy act has contributed to the high rate of abortion among Pacific Island women. They said, "this privacy act is not a Samoan protocol. It is a Papalagi thinking. We would be angry and feel ashamed if our daughters get pregnant, but there is a space for healing. The pregnancy will be accepted and the child will be loved". One woman said, "I was really angry when I found out that my daughter had had an abortion, I could have been a very proud grandmother, but it was too late". Abortion according to the Western law is to protect women from mental and physical harm. According to Samoan women, it is killing.

Contraception is good because it spaced children, and it is bad because of the side effects.

Environment Three: The Orange Circle - Things that belong to Western culture
In this circle I have included what the women and some Papalagi researchers say. From a Papalagi point of view, Pacific Island women have the highest abortion rate in New Zealand compared to other women, and Pacific Island women use abortion as a method of fertility control (Sceats, 1985; North & Sparrow 1991).

Western contraception is a new idea and foreign in the lives of many older Samoan women. It was introduced in Samoa in the early 70's and many older women opposed it's introduction. Older women blame the younger generation, they said, "it is sad that many young mothers copy the faa-Papalagi way. They limit their children to two or three". Contraception has side effects. Some women have said that they gained weight and were really sick from using contraception, so they stopped using it. One woman said, "I was
fine when I was using the rhythm method, but it was this pressure from the nurse that I took the pill, and that mucked up my cycle; I got pregnant while I was using the pill, I was really angry”. One woman said, “I was pregnant while having an IUD, I was angry and don’t trust these things”.

One woman said that “the health professionals think we are taking the risks if we do not use contraception”. They should ask, “what are your values and beliefs about contraception? Do they fit in with your beliefs? How do you feel about using them? Does your mother know about it? rather than saying, ‘here take these’”.

Samoan women do not consider abortion as a method of fertility control, but to some researchers such as Sceats (1985), she said that Samoan/Pacific Island women use abortion as a means of contraception.

Out of 40 women in the study, nine women supported contraception. There were no side effects therefore it worked for them. Contraception is bad because of the side effects.

I have attempted in the tanoa model to present some of the Samoan women’s stories in the three environments and I now move on to discussing the main themes and sub-themes that emerged from the women’s stories using the four environments in the tanoa model five.
Illustration 5

Interpretation of the Tanoa Model: The Themes Are Discussed in Environment 1, 2, 3. The Sub-Themes Are Discussed In Environment 4.

- Environment One: The bowl represents Samoanisi
- Environment Two: Blue Circle represents Samoanisi and Papalagi
- Environment Three: Orange Circle represents Papalagi
- Environment Four: The tails of the blue and orange circles joining in the tanoa represent integration of all the environments.

THE THEMES AND SUB-THEMES

The themes and sub-themes are discussed in the four environments of the tanoa model five. These themes and sub-themes share a commonality: in the women's accounts of themselves; their world and the connections between these commonalities; social and cultural concerns that affect their lives within the 'eyes' of their own environment; and the 'eyes' of the onlookers from other environments. The themes are:

- Samoanisi;
- language;
- religion;
- identity and the eyes of the people.
The sub-themes are:
- protection;
- empowerment;
- advocacy;
- partnership;
- governorship.

My aim was to look at the way the women interpreted their stories, their cultural viewpoint, their own and other's attitudes and actions.

The four environments are: environment one holds only *Samoanisi* values; environment two holds *Samoanisi* and *faa-Papalagi* values; environment three holds only *faa-Papalagi* values; and environment four is the integration and strengthening of the three environments to advocate, empower, work in partnership, adhering to the governorship and protection of all the women.

The four environments are placed in the different sections of the *tanoa* model as a framework to describe the meaning of the themes and sub-themes. The kava bowl represents environment one, the blue circle represents environment two, the orange circle represents environment three, and the tails of the two circles that connect the bowl and the circles represent environment four. My analysis of Samoan women's stories highlighted that Samoan women portrayed their beliefs and attitudes in the first three environments. That is: women who stand still in *faa-Samoa* values; women who move in between *faa-Samoa* and *faa-Papalagi* values; and women who appreciate *faa-Papalagi* values and its impact on *Samoanisi*. The main themes are discussed in the first three environments of the *tanoa* and the sub-themes are discussed in environment four.
I considered that the Samoan women portrayed themselves from the three positions in their lives and I used Macpherson's (1984) framework to locate how Samoan women move in between these positions and cultures. Macpherson (1984) describes that being Samoan means different things to different people, and analyses of Samoan migrants will have to acknowledge this trend. This trend has significant on this study of how Samoan born women who have been educated in New Zealand and the New Zealand born women share commonalities of their attitudes to contraception and abortion and experiences of Samoan culture. The interesting phenomenon that emerged from the migrant women and the New Zealand born women in this study is that, they portrayed themselves from the three environments of beliefs, culture, religion, and language.

The findings of Pitt and Macpherson suggested that the Samoan community in New Zealand showed little inclination to set aside Samoan values in favour of those of the host community. Samoans consciously sought to retain their language, values and the social institutions which reflected them (Pitt and Macpherson cited in Macpherson, 1984). This view was portrayed very strongly from the Samoan born women's stories, especially the older women in terms of their attitudes to contraception and abortion. Macpherson (1984) suggests that this is not an antipathy to the language, values or institution of their hosts but rather a preference for those with which they were most familiar.

To categorise the women in the three environments, I looked at their attitudes, beliefs, the use of language and the way they retain their beliefs and language while moving in between the three environments. It is an interesting and fascinating experience for me as the researcher to search and fit in these beliefs in the three different environments. As I was going through this process, I endeavoured to mind map my own process of what the women were saying.
I came to a conclusion that although all the women have a commonality of being Samoan women, the way they use their culture, beliefs, values and language varies in between these three environments and is reflected in the environment they are most familiar with.

The following section reveals the analysis of how I placed the themes and sub-themes in the four environments of the *tanoa* model five.

**ENVIRONMENT ONE - SAMOAN VALUES**

Samoanisi

Macpherson (1984) in his study reports that, 'the first environment is characterised by the deliberate and systematic promotion of Samoan values and institutions'. This is the case with Samoan born women. They hold on to their values and beliefs despite the influence of western methods and ideas on their lives. The much older Samoan born women portrayed very strong views of retaining and maintaining *Samoanisi* values. In view of these trends, this is what I found.

*Samoanisi* values embrace the importance of the family, religion and culture. In this environment, the women emigrate in their late teens, twenties, thirties, fourties, fifties and sixties. Their values and ways of thinking is predominantly Samoan. They portrayed strong Samoan views which signify their strong relationship with the environment they are mostly identified and familiar.

These values are reinforced by some of these statements. In the "*Samoan culture, children are not planned according to a law. Children are assets to the family. The best plantation for parents are their children*".
In this environment, the women often refer to their homeland of Samoa when telling their stories such as: "I hadn't had a boyfriend when I came from Samoa. I have never heard of such thing as contraception. I only knew and heard of it when I came to New Zealand. These things are not discussed. They say, it is taboo". "The other reason I thought about was, if I have a baby, I can't support my parents in Samoa. I was so scared of my dad back in Samoa. There are so many illegal abortions done in Samoa. Back in Samoa, if anybody has an abortion I'm going to support that person". "Contraception was something that was discussed in Samoa. In Samoa, there is plenty of food and plantation, children shouldn't be planned". "I knew about contraception in Samoa. I was scared of it because I wasn't used to it".

Language

In this environment, the women used only Samoan language to tell their stories. In analysing their stories, none of these women used an English word in their discourses. This process occurs mainly with the much older and middle aged women's groups/fellowships. They were either speaking in the ‘t’ language, the ‘k’ language and the language of courtesy. The ‘t’ language is when the women speak the proper or formal language; the ‘k’ language is when the women speak the colloquial language in which they use the ‘k’ rather than the ‘t’; and the polite language to uncover the sacredness of the speech in a very special manner. When the women refer to a comment that conveys an inappropriate approach which might offend the listeners, they use an indirect and polite way to address their talk. Such comment is difficult to convey in the English language because of the context and the special meaning that it carries. For instance: "Some men can control themselves and others cannot". "The baby didn't wish to be conceived". These comments follow the Samoan addressing of, ‘se'i vae atu le taeao ma le tatou mafutaga'. Literally speaking, she's saying 'excuse our morning and our gathering with
what I said'. This means that the speaker is apologising to the audience for saying an inappropriate comment.

Another unique phenomenon that emerged from the women's ways of using the language is the contextual style of conveying the messages in special words such as these statements: "O le fa'ato'aga sili a lena a matua o fanau". Literally speaking, this means that the best plantation for parents are their children. In theoretical thinking, it means that the many children a couple have, the better off they are in the future. "Fa'aipoipoga fa'akerisiano" A christian marriage, meaning the couple should plan their children according to the health of the mother, or no sex before marriage for unmarried people.

Religion
Religion is an integral part of Samoanisi. It is interwoven with faa-Samoan. Religion and Samoanisi have to work together to strengthen the culture. In this environment, women are very church oriented which reinforces their christian beliefs, fa'a-Samoan and the language. Their opposition to contraception is influenced by their religious beliefs. A few women who supported contraception use it not to plan their families but to space their children and to promote their wellbeing. They refer to having children as gifts from God, and not an act of sex. Their views about abortion are centred on the grounds that abortion is killing the gifts of God. These views are influenced by their religious backgrounds. For instance, "that will be my gift to God". "Contraception is not allowed in our religion". The notion of abortion as 'killing' is a common theme among all the women regardless of whether they were born in Samoa or New Zealand.

Identity and the Eyes of the People
According to Macpherson, within the Samoan community there was evidence of a strong sense of ethnic identity and a pride in that identity (Macpherson, 1984). This pride of
identity in the life of a Samoan woman is so precious that she would do anything to abort her baby to safeguard the humiliation of the family. This pride also influences Samoan women to be non contraceptive users because of the notion of being promiscuous and being bad girls.

The notion of the ‘eyes of the people’ was very strong and was often been talked about in every woman’s talk. The ‘eyes of the people’ is the underlying phenomenon that disempower the women’s identity. The pride and the ‘eyes of the people’ destroys the lives of many women.

These statements support the notion of the ‘eyes of the people’ and the pride within an individual and the family as a whole. “Girls abort because they want to be perfect in the eyes of the people, incase they would say that their children are fatherless”. "I know unmarried girls do it because of the shame in the eyes of the people and what people would say". "The mother advises her daughter to have an abortion because of her pride and she wants her daughter to be perfect in the eyes of the people". The ‘eyes of the people’ will be further discussed in Chapter Eight.

ENVIRONMENT TWO - SAMOANISI AND FAA-PAPALAGI VALUES

Macpherson (1984) observed that in the second environment, Samoan values and institutions are present but are neither deliberately and systematically promoted nor criticised. In this environment, the women emigrated in their teens or late teens. They were either educated in New Zealand or had been well educated in their homeland of Samoa and have had good jobs. They speak a mixture of English and Samoan language. They portrayed an understanding of both cultures, that is the Samoan culture and the Papalagi culture. They move in between environment one and two to weigh up the advantages and disadvantages of both worlds. As Macpherson (1984) reported that in
these cases Samoan culture exists alongside a non-Samoan culture and people move in between the two often in ways which are defined by the situations in which they find themselves.

**Samoanisi**

The women in this environment are women who participated in a one to one discussion. In this environment, the Samoan born women chose to move in between environment one and two to choose the values that fit in with their beliefs and lifestyles. This trend is similar with the New Zealand born women who chose to move in between environment two and three. They hold on to *Samoanisi* beliefs such as the importance of identity, the family, and the value of their Samoan upbringing. However, because of the different environment they have been born and exposed to, or adopted as their homeland, they make changes in their lifestyle to think differently to adapt to the new life while still holding on to other Samoan values. They weigh up the advantages and disadvantages of western methods of contraception. They see family planning as a good thing to space children if women are free from side effects. They have less children than women in environment one. They plan their families accordingly because of their career and other financial commitments. They feel strongly that it is time that parents should open up to their children about sex. They emphasise the need for education programmes as a tool to prevent what is happening to many young women. These are some of their voices: "*Education is a must for boys and girls since that we are growing up in New Zealand.*" "*Parents should open up to their children. Parents are still tight up in their minds*."

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Language

The women in this environment are bilingual and are fluent speakers in English and Samoan. While Samoan language is spoken in the homes and churches, the English language is spoken in work places or to people whom they know are up to their level of fluency in English. These women switch from Samoan language to English and vice versa. One of the Samoan born woman in this group said that she would express herself clearly if she spoke in English. She had the choice to speak in both languages. The women in this environment were telling their stories in English and Samoan. They move in between environment one and two to speak the language that suits them. To illustrate the movement of using the two languages in between the two environments when the women switch to English is underlined. These statements support women moving in between languages when telling their stories. "I advise anyone to explore your own body. Su'esu'e ma fesili. O a'u ia ou te le ma i lo'u tino. I know my body, e mafai ona ou tete'ea ni uiga, taimi e 'aua ai ta te moe i le paga". "Invite atu doctors. E taua le faia o family planning i totonu o aiga ma communities. E behind lava tatou". "O le contraception o lona uiga o le fuafiu o le aiga. Ou te tete'e i le abortion". "O le abortion e lelei toe leaga. I'll tell you a story about myself because it happened to me".

Religion

In this environment, the women hold on to the same beliefs held by the women in environment one that religion is part of their lives. Some of the Samoan born women refer to having children as gifts from God. All of them refer to abortion as killing and a sin in the eyes of God.
Identity and the Eyes of the People

Identity is the central point of protection in the life of a Samoan woman or girl. In this environment, women hold on to the same beliefs held by the women in environment one such as valuing the self and family. It is very clear from these women that they would do anything to abort to protect the pride of the self and family. This belief had influenced them to feel guilty in the eyes of the Lord. Being afraid and scared of the parents or family is caused by the fear of disgracing the family name in the eyes of the community. These statements support the conflict in cultural and religious beliefs of these women. "I wouldn't do any thing to harm my baby. I am fear of God". "One other reason girls abort is because they are scared and want to be perfect in case people would say that their children are fatherless". "I have lived with this guilt for twelve years and I regret it. I did it for my father".

ENVIRONMENT THREE - FAA-PAPALAGI VALUES

According to Macpherson (1984), this environment tends to be oriented to and dominated by non-Samoan language, values, activities and personnel, and children brought up in environment three typically reflect this. The orientation reflects parents systematic promotion of non-Samoan culture and their deliberate attempts to limit involvement with, or commitment to, Samoan values and institutions.

In this environment, the New Zealand born women feel Samoaness but they are caught between cultures of their Samoan born parents and their exposure to Papalagi values. They move in between environment two and three to choose the values that fit in with their thinking and lifestyles. Three of the women’s parents are very much oriented in environment one’s values which is the real Samoan thinking, while one woman’s parent is oriented in environment two’s values.
Sexuality is not discussed in the homes and the women strongly feel that the parents should open up to their children. They said that the parents shouldn't be ashamed to talk to their children. This is a different environment from Samoa and parents should understand and not be hard up on their children, as some of the women said: "parents are very hard".

Two of the New Zealand born women had been pregnant and had had their children before this study. They rejected the Samoan thinking of being ashamed in the 'eyes of the people'. These women continued their pregnancies regardless of the consequences and what people would say.

One woman said: "the professionals should ask the women, what fits in with your culture? rather than just say, 'here take the pill". This is also the environment in which the women criticise the side effects of contraception and the impact of the abortion and the privacy law on Samoan values.

Language

In this environment, the New Zealand born women are very orientated to English language. Two of these women understand and speak very little Samoan, while the other two can speak Samoan but chose to talk in English. In their home backgrounds, they are very orientated to Samoan speaking, and despite this orientation in their own homes, English is their preferred language.

Religion

Religion is the common ground where all the women share the same beliefs regardless of their environmental upbringing. The women in this environment hold the same beliefs as
other women in environment one and two that abortion is 'killing' and a sin in the eyes of God.

Identity and the Eyes of the People
Despite the fact that the New Zealand born women were brought up in the *Papalagi* environment, they still feel obligated to the values of their Samoan born parents such as one woman who had had an abortion to protect her father from humiliation.

In terms of the availability and knowledge of contraception, the New Zealand born women like most of the Samoan born women are still reluctant to use contraception as their attitudes are influenced by their mothers and the fact that contraception is not a topic of discussion in their home environments. Thus, they move in between environment two and three when it suits them.

ENVIRONMENT FOUR - INTEGRATION OF ALL THE ENVIRONMENTS

Illustration 5

The sub-themes of protection, empowerment, advocacy, partnership and governorship, I suggest are tools to bridge the gaps of cultural understanding between Samoan born parents and their New Zealand born children. These tools can also promote cultural awareness among the health professionals to work effectively with Samoan women.
I will list each of these sub-themes in environment four. According to Macpherson (1984), minority groups show that individual members can and do reflect critically on their own culture and its importance to them. Some decide to cling on their culture, others abandon it, and still others cling to some parts and abandon others.

**PROTECTION:** Samoan women need to feel safe in *Samoanisi* and the *Papalagi* system.

**Demonstration of protection by Samoanisi:** to have open discussions between parents and children, wives and husbands, boyfriends and girlfriends, so that there is trust between two people; parents and children need to understand the differences in lifestyles in those days and these days and visa versa; parents need to understand the clash of view between them and their New Zealand born children; children need to respect the values of parents; family support and understanding need to be strong to prevent our women having abortion, killing or abandoning their babies, and concealed pregnancies; demonstration of the respect between men and women; women and men need to know their bodies so that they are well informed of the safe and unsafe days for intercourse; women and men need to have a dual responsibility for family planning; unity is strong when the two share the responsibilities; women need to be free from being raped and incest; women need to be free from unintended pregnancy.

**Demonstration of protection by the Papalagi:** the Western system needs to respect the wishes of many Samoan women who do not want to take contraception; the advantages and disadvantages of contraception need to be explained so that the women are well informed of their choices; there is a need to review the abortion law and its impact on *Samoanisi.*
GOVERNORSHIP: To promote the status and dignity of Samoan women.

Demonstration of the Governorship by Samoanisi: I suggest that the men need to adhere to their sacred covenant with Samoan women so that Samoan women's status is promoted in the eyes of other cultures; women also need to adhere to this sacred covenant so that the men reciprocate this sacred relationship.

Demonstration of Governorship by the faa-Papalagi System. I suggest that you Papalagi need to consider the governorship between Samoan women and their families. There is a lot of assumption made by the women about what their parents will do because of their fear and that doesn't mean that every parent will do that. It is not appropriate to assume what the women have told you would be the case for every family. You need to know that the family will be more hurt and angry if they found out that their daughter had had an abortion. The family will not trust you and see your system as disempowering their rights. Thus they feel they are worthless, thinking that the Papalagi are controlling their lives. Your support and working in partnership with Samoan families will make the families feel that they have a role to play in supporting their women. Your involving the families with decision making is a healing process for the family and the women. Thus, unity will be the product of this process.

ADVOCACY: Samoan women need the support of the family and to advocate for their needs.

Demonstration of Advocacy by Samoanisi: I suggest that the leaders of the family need to be the main advocates for women; they need to get the family together to do the healing. Advocacy needs to be based on supporting the women rather than the shame in
the eyes of the people. Women need to discuss their problems with members of the family they trust and to advocate for their voice to the family.

**Demonstration of Advocacy by the Papalagi System.** I suggest that advocacy needs to be based on the understanding that women are well informed of their choices. Advocacy ensures that the women need interpreters if language barrier is a problem. If interpreters are required, advocacy ensures that the interpreters are trustworthy and their interpretation is valid. Advocacy is discussing the law with the family so that the family are aware of their rights.

**EMPOWERMENT:** To empower Samoan women and families with family planning information and to be assertive with their health needs.

**Demonstration of Empowerment by Samoanisi.** I suggest that the family need to be seen as an empowering resource to empower members of the family. Men need to empower women to maintain their status and dignity. Women too need to empower themselves to be assertive of their health needs and to make well informed decisions that empower their self-esteem. The family need to empower women to refrain from abortion, infanticide and abandoning babies.

**Demonstration of Empowerment by the Papalagi System.** I suggest that the Papalagi system could empower women with their choices if they do not want to use contraception. It could empower women to refrain from having abortion. It could empower women with education sessions about their bodies.
PARTNERSHIP: The underlying principle of this environment is partnership. Partnership is about responsibilities and the respect to care for one another.

Demonstration of Partnership by Samoanisi. Partnership is about supporting the women and sharing the responsibility of family planning. Partnership is about having equal rights.

Demonstration of Partnership by the Papalagi System. Sharing information with the families. Involving the family with the decision making of the women’s health; to see Samoan women and their families as their equal.

COMPARISON OF THE FOUR SAMOAN BORN WOMEN’S BELIEFS AND ATTITUDES TO THE FOUR NEW ZEALAND BORN WOMEN USING THE PATTERNS EMERGING FROM THEIR KEY MESSAGES AND CONCLUSIONS

The four Samoan born women’s attitudes and beliefs were compared and contrasted to the four New Zealand born women using the twelve patterns which emerged from their stories as a basis to generate discussion. My analysis of what the women were saying about the commonality of the meanings they bring with them guided me to choose the twelve patterns of Samoan values, Papalagi (European) values, religion, language, attitudes towards contraception, attitudes towards abortion, the value of children, sacredness of the body, knowledge deficit, open discussion, support system and traditional methods of contraception. I will explore the twelve patterns in environment four to compare and contrast the eight individual women’s attitudes and beliefs.
THE PATTERNS

Samoan Values

All of the eight women shared commonalities of their Samoan heritage in terms of family upbringing. Samoan born women are very much aware of the difficulty of communicating with parents and this was also shared by the New Zealand born women. They said that, "parents are very hard"; "they should open up and not be embarrassed to talk to their children".

The fact that the four Samoan born women were exposed to the New Zealand way of life and education has made their position neutral in the Samoan culture, like the New Zealand born women in terms of their thinking. They know they are Samoan women, however, they have expressed concerns that there is no open communication between parents and children about sexuality. The fact that sexuality is not discussed openly in the family has put immense pressure and guilt on women when they are pregnant. This is the common reason why women resort to having concealed pregnancies and abortion.

The expressions of ‘fear’ and ‘scared’ were repeated so many times by these women in their talk, it highlighted the fact that Samoan values are rigid. The girls are expected to grow up in the family with values of ‘being good girls’, with no explanation of their bodies. And when the girls are bad when they get pregnant, that is when people start talking. What the women were saying is that, we cure the problem before we prevent it happening. They say that the family only intervenes when something happened to you, but at all the time they don’t talk to you about your bodies.
In analysing these women's stories, their stories reflect their upbringing in *faa-Samoan* values in terms of the importance of the family in their lives. For instance, they would say things such as; "I did it for my father, you know the pride, I didn't want him to be ashamed in the church and people". "My father doesn't know about this abortion, I kept it from him, he would have killed me".

The Samoan value of identity was expressed strongly in this group of women in terms of the 'eyes of the people' and what the people would say if a single girl is pregnant. Two of the women contemplated having abortions because it is a disgrace to have a child born out of wedlock. One woman who had had an abortion because she feared disgracing the family name in the 'eyes of the people' and the other woman had had an abortion for the same reason and because of family responsibilities that if she went ahead with the pregnancy, her family back in Samoa would not be financially supported.

Two other women bravely continued their pregnancies despite the humiliation they would put on their families. One woman said, "*my aunties were very angry*, they said, "why didn't you tell us, we could have done something". "They blamed my mother for not looking after us". One woman said, "*I hid my pregnancy from my mother for four months in case she encouraged me to have an abortion because of her status in the community*".

**Papalagi Values**

Most of these women share the common belief that women should know about their bodies and it is the mother's role to talk to the daughters about these things and fathers to the sons. They also believe that contraception is good to prevent unplanned pregnancies as long as the women are well informed of the advantages and side effects of contraception.
However, although they support contraception as positive, seven out of the eight women have never used contraception despite their knowledge of the availability and information about contraception. They would rather be contraceptive free and be able to control their bodies naturally rather than suffer the side effects of contraception and the feeling that contraception invades their bodies. This thinking doesn’t surprise me as their thinking is influenced by their family patterns and dynamics as one woman said, "These are not the sort of things you see your mother taking or discussed".

These women’s thinking is influenced by their mothers. If their mothers don’t take contraception, they don’t. Contraception is not a Samoan value and part of a Samoan woman’s life and this influenced their thinking about contraception.

One New Zealand born woman who had used contraception said, “It was the pressure from the health professionals that I was taking the risk, I took it. They should ask, ‘what fits in with your culture?’” One New Zealand born woman said, “It feels funny putting something in your body. I want to control my body naturally”. One Samoan born woman said, “I had a condition called endometriosis, the doctor gave me these pills, he never said they were contraceptive pills until one doctor told me they were contraceptive pills. I was angry. He told me to find a boyfriend or husband to help with my problem”.

The women’s thinking about open discussions between parents and children is influenced by their exposure to European lifestyles, while at the same time, European values are imposed on the women’s choices.
Religion

All of the eight women share the common value of the importance of God in their lives. They refer to abortion as ‘killing’ and a sin in God's eyes. Two of the women who had had abortion said they knew what they were doing was wrong, but because of their circumstances at the time, they chose to have it. The women’s views are very much influenced by their religious upbringing.

Language

All these women share the same understanding in the English language. However, in the Samoan language, Samoan born women are fluent in both languages based on their upbringing in Samoa and exposure to education in New Zealand. Two of the New Zealand born women are good speakers in the Samoan language but chose to speak in English, while the other two understand and speak very few Samoan words.

Attitudes towards Contraception

Most of these women supported contraception to space children, however, only one of them had used it. Despite the availability of contraception, they prefer to control their bodies naturally. Their way of thinking is influenced by their upbringing.

Attitudes towards Abortion

Most of the women are against abortion because of their religious beliefs and it is a wrong doing to hurt the baby. As one woman said, "why would the baby suffer for our own actions, if you don’t want a baby, then have safe sex".

Although two of the women had had an abortion, they didn’t do it as a method of fertility control but decided for personal reasons a child would adversely affect their lives. All the
women did not support what the health professionals said that ‘Pacific Island women use abortion as a method of fertility control’. One woman who had had an abortion said, “no woman would ever wake up in the morning and said, oh!, I’m going to have a fertility control, I’m going to have an abortion”.

The two women who had had an abortion supported women who choose to have abortion for good reasons, but are against it when women use it as a way out of a program because it is available. One woman who had had an abortion said that she had hers for good reasons and she had it because it was available.

The availability of abortion services creates an ethical dilemma between Samoan values and New Zealand Western values in terms of the abortion law which Samoan people have no control over. The law provides this service to young women without the knowledge of their parents. Thus, it could be said to contribute to the high abortion rate among Pacific Island women.

The Value of Children

All the women value having children and their thinking is influenced by their Samoan values and the church. One Samoan born woman said, “if I had kids, that would be my gifts to God”. One New Zealand born woman said, “I had always wanted heaps of children and I think it’s cultural”.

Sacredness of the Body

The Samoan born women didn’t learn anything about their bodies from their mothers because it was never discussed. Some of their comments are: “these are not the sort of things that are discussed in the homes; they say it is taboo”. These women didn’t learn about their bodies until they came to New Zealand.
This similarity is shared by the New Zealand born women. Most of them learn about their bodies from school. However, one woman said that her mother had talked to her about her body and the mother of this woman had been educated in New Zealand. The fact that this woman's mother had been educated in New Zealand highlighted that the exposure of this woman's mother to education opens an avenue to sharing and understanding between mother and daughter.

One New Zealand born woman said, "I stayed home because I had my period. My father asked why I didn't go to school and I said I'm sick. He asked "what is your sickness?" I said, "its my period" and he turned around and said, "don't tell me those things, I don't want to know about those girls things". One Samoan born women said, "I value my body, I advise anyone to explore their own bodies, that is the only way to learn about it". One New Zealand born woman said, "I want my kids to know about their bodies and when they grow up, I don't want them to feel guilty when they have sex".

The willingness of these women's thinking to be open minded about the sacredness of the body is influenced by their own limited experience of their own bodies. However, they are opening a pathway for open discussion between parents and children.

Open Discussion

All these women believe that the parents and children should have open discussion about their sexuality, as most of the women said: "parents should not be embarrassed to talk to their children"; "my mother didn't understand in those days because she didn't have the education, but I am educated now I should open up to my son"; "mothers should talk to their daughters while fathers to their sons"; "sexuality should be discussed, open up".
Support System

All the women felt that there is a lack of support from and understanding within our own families, and this is why our women have abortions. They said that when you’re pregnant, they mock you and say, ‘you’re a bad girl’ or ‘what a disgrace’, and when you take the contraceptive, they would say that you are ‘promiscuous’.

Women look for support on the outside rather than within their own families. There is also a lack of support from the men, partners and husbands. The fact that women are not being supported within their own families is a reason for young women seeking abortion because they are scared and afraid or fear their parents. Older women are also not being supported by their partners/husbands.

Traditional Methods of Contraception

It is very clear from these women’s stories that they do not use Western methods of contraception due to the belief that they like controlling their bodies naturally. This highlights the fact that health professionals need to meet the needs of this particular group in terms of education programmes to promote natural methods such as withdrawal, the rhythm method and other appropriate methods of contraception.

One woman said, “there are other ways to do it, the man can withdraw”. One woman said, “I was fine with the rythm method, and when I took the pill that mucked up my cycle and I got pregnant”.
SUMMARY

This chapter has presented the modification and extension of the *tanoa* model as a framework to analyse the position of the women's stories in the *Samoanisi* environment, *Samoanisi* and *faa-Papalagi* environment, and the *faa-Papalagi* environment. I worked through the key messages and themes which were positioned in the *tanoa* model. The key messages, themes and sub-themes from the women's stories provide an overall database for recommendations to enhance knowledge in this area of health. The key messages convey the truth of the women's stories. It was important for me to explore this process of hearing the women's voices, because the future can be shaped through sharing stories to influence policy and decision making.

The women's messages are loud and clear. The discussion has shown ways in which Samoan values impact on women's choices and freedom. It is evident from the women's stories that some women resort to having abortions to protect the identity of the family from humiliation. The 'eyes of the people' has been described as a shameful situation. This is the reason why many women sacrifice their own beliefs and needs to protect the family identity. In the eyes of the people, abortion is a sin to God and a disgrace to the culture. Women who have experienced this are crying out loud for help and support from the individuals and community. I believe that there are many other women who are in the same situation whose voice is not heard because they are ashamed. Thus, there is a need for family discussion and support system in a culturally appropriate manner to raise awareness and understanding to support the women.

The four Samoan born and the four New Zealand born women showed no difference in their attitudes and beliefs about contraception and abortion regardless of where they were
born, which substantiated my observation that Samoan women hold on to their beliefs no matter where they are.

Women want to be empowered by the health professionals in the area of contraception with information and choices. Women seek partnership relationships and a trusting working relationship with a professional who will remove barriers to access in health care.

The main message that Samoan women conveyed to me is that we need to address what is happening to our women in our own faa-Samoan way of thinking using the way we have always done things.
INTRODUCTION

In this chapter, I have come full circle. By this I mean I am bringing our study back into the centre of our community once again, both in writing and in discussion. This time to take us forward. I imagine talking to and with leaders in the community perhaps like this. I told you I would focus on this issue in our community. The women and I have explored the deepest aspects of this issue. I have allowed their stories to give me the courage to bring these ideas to you for consideration. You have asked me many times to come and talk to our people. What can we do? Now I believe I can wholeheartedly come to you. Initially, I felt so sad, hurt and angry about what we were exploring. Now I have hope and a sense of how I as a woman and nurse can work with other women and nurses in our community, to create a wonderful future, where we can imagine ourselves able to care for and about one another no matter what happens. You know, when the elders do not know the answer. They sleep on it. Well, I have slept many times on this concern of ours. I have written out a map that I hope we can use to take us forward. I will explain the map in detail because it looks like a song or chant to me. Now, I feel I am clear.

This chapter is crucial to the conclusion of this research. Often research identifies findings and then a new stage begins implementing action to shape practice and policy development. However because this research has been conducted together with a community, there are many people who have been patiently waiting for me to present my thesis to them. They know what the problems are and re-identifying the problem is not a solution. I have therefore in this chapter, created the basic structure for discussion to
occur in the community, that will in my experience, be welcomed and facilitated by leaders in families, the churches, government settings, the hospital and in the matai group.

I imagined a structure is required to carry the new knowledge in a process that will be culturally safe. In the first stage I describe the eyes model which includes my reflections on where I stand as an example.

In this chapter, I will discuss my reflections where I stand in relation to understanding the terms ‘the inside and outside view’. I have represented this in illustration six (page, 411). The ‘eyes of the people’ model which is presented as a modification of the tanoa model is designed as a vehicle to develop ideas for discussions between parents and children, Samoanisi and the faa-Papalagi system. I present the Samoanisi family model as an idea to enable discussion in a strategic educational programme, which aims to heal the talk of the ‘eyes of the people’, and combats the shame and the disgrace women face in their lives. The model needs testing in the community, but I decided to include it in the discussion as I have always believed that education is crucial for open discussion in the family and communities.

I then align these structures in the modified tanoa model. I have attempted to provide an intricate model for a broad understanding of Samoan and Western perspectives and values. I have also used it to provide some examples of how the health professionals can recognise Samoan health needs. The model is not static, and the recommended practices should not be seen as exclusive. Nor should the model be seen as suitable only for Samoan people, for it could be adapted to fit the health views and needs of other Pacific Island cultures.
My hope is that nurses, the health professionals and especially Samoan people, will bring their own experience and learning to develop the model further, and to help break down cultural and health barriers between Papolagi and Samoan people.

In the next section, I will present a Samoanisi Family Model to enable all the generations to have a place in the family to meet and discuss our own issues. I imagine that at the completion of the thesis, I will call a meeting of the women, elders and leaders who are part of the project. After the prayers, speeches and blessings, I might say the following words. You and I know we have a problem we want to find a solution for. Its not easy. No one says it is. In my heart, I believe it is possible we all work together to find a way forward. You would have been disappointed if I arrived here to tell what the women storied about their beliefs and concerns. We need to work with the stories to develop a detailed teaching plan or a way to talk new ideas through our time in our groups. I have developed a map to guide us to the concepts that create the structure of family discussion and education. The map has five steps as follows:

- **Step One** is the Eyes Model as a modification of the tanoa model
- **Step Two** is Samoanisi Healing Model
- **Step Three** is Samoanisi Family Model
- **Step Four** is the Extension of Samoanisi Family Model
- **Step Five** is the Modified Tanoa Model as a practical application of Samoanisi family support.

If I was sharing this model with you, this is how I would present it on an Overhead Projector (OHP). I would be inviting you to share your own experience in relation to this model, and/or to adapt it to your family life situations so that we could be able to talk openly. I would come back over and over to this step, as a route for our talking. I have
illustrated the sequence of steps in detail as follows. I imagine that these steps would require a sequence of meetings for education and discussion stretching over months.

**STEPS OF THE SAMOANISI FAMILY MODEL**

**STEP ONE: MODIFICATION OF THE TANOA MODEL - THE EYES OF THE PEOPLE MODEL**

Illustration 6

The ‘eyes of the people model’ is the extension of the *tanoa* model. The ‘eyes’ of the people was the underlying theme of Samoan women’s stories. This model has three interpretations. The eye circle of the inside-in depicts *Samoanisi* when *Samoanisi* see our own women in our own families and communities with no support, are unwilling to support our women. The eye circle of the inside-out depicts *Samoanisi* when *Samoanisi* see the outside view, or when Samoan women sought help from the *Papalagi* environment. The outside position depicts the ‘eyes’ of the outside view when they support Samoan women, or use policies to impact positively or negatively on *Samoanisi*. 
The *tanoa* model enabled me to talk about *Samoanisi* and the symbolic things that are considered sacred in life such as care and healing. The *tanoa* model gave me a way to express my *Samoanisi* beliefs and practice with Samoan and *Papalagi* people. In 1994 when I initially began research discussions, I started to think and move in between Samoan and English language and culture.

I experienced living and thinking in two worlds. I started to talk about the ‘eyes’ of the people that are in many places. I became aware of how powerful the ‘eyes’ of the people were in the women’s lives. In order to understand what the women were saying, I had to know where their ‘eyes’ were. I had to become aware of where I was moving and where my ‘eyes’ were at any point. In other words, I had to know in practice the gaze of my own ‘eyes’.

The concept of the ‘eyes’ enabled me to practice between the two worlds. My work as a Nurse Consultant and Researcher positions me in these places. Understanding this has given me a sense of cultural integrity. According to Ramsden, “*cultural safety is based in nurses understanding the powerful impact of their own culture upon people who differ in any way from themselves. Cultural safety is designed to allow powerful feedback from consumers who previously had few mechanisms for comment or complaint*” (Ramsden, 1995, p. 4).

Cultural safety is designed from within Maori reality. Irihapeti Ramsden’s a Maori Nurse Educationalist from Ngai Tahu who articulates the concept of cultural safety as a positive change in nursing service in New Zealand. The concept and practice of cultural safety has given me a position to articulate what is culturally safe for Samoan people. Although cultural safety was developed from Maoridom, it could be transferable to *Samoanisi* as Wood and Schwass (1993) observed.
Reflecting and developing understanding enables me to be whole and feel strong and be safe for the people in which ever community I am in. I am well aware I write from different positions. When I write and think Samoan, I position myself from an ‘inside view’ as an indigenous Samoan woman, writing and advocating for Samoan women’s voices. And when I position myself in the English thinking and writing, I explore ways *Papalagi* people can understand *Samoanisi* epistemological thinking and knowledge.

These positions that I have identified in the model, give me a way to clarify my position in discussions. The model helps me to talk about the situation the women are facing in their lives. It gives me a way to understand the women’s dilemma’s, their stories, frustrations, unhappiness, and lack of support. The *tanoa* model couldn’t solve or provide the women with solutions to their problems. It provided a framework and some understanding of the stories, but I couldn’t use it to give the women a solution for their dilemma. Through using the ‘eyes model’ I can explain to the women one interpretation of the situation they are in and make suggestions as to why they feel disempowered, and it also gives me a way to help them walk out of that situation, and find a way forward.

Finding a way forward involves the community recognising men and women are equal no matter what, and to protect each other is to protect the family. Using the ‘eye model’, I can explain that religion and the ‘eyes of the people’ is a judgement based on an interpretation. It’s not easy. Sometimes, I get so frustrated with myself because I am not in a position to say to a man, ‘look get real’. You were born from a woman. Stop bossing people. I cannot always think of a specific solution, but I know when we have a problem we can solve it together. I say to them, ‘you can’t beat up on your wife or sister. You just have to love them. I don’t know what we can do, but we cannot give up on each other. Walking away isn’t a solution and I don’t have all the answers’.
The ‘eye model’ enables me to be present in my practice in a different way. The ‘eyes model’ expresses the spiritual world of the tanoa model. Knowing where I am means also knowing that my ‘eyes’ are in me. My ‘eyes’ are in me, is the same way as we say our soul is located within us. Without my soul then I believe my heart or feelings are affected or absent. My ‘eyes’ therefore are crucial to my health.

THE EYES OF THE PEOPLE: Breaking the Silence

I have identified in the research there are many moments where silence is maintained about the situation. I found that some Samoan women secretly take contraception without their husbands/partners knowledge because they are opposed to it. This fact has been highlighted by previous research on Samoan women (Donnelly, 1992), and some of the women I talked to in Samoa. One woman in Samoa said, “Ou te faataga sau i le taulaga e fai le matou faatau, a’o lo’u sauga lēna e fai lo’u tui. E sili ia te a’u le fai o le tui aua e leiloa e lo’u toa lā o lea e fai sa’u aiga fuafuaina”. ‘I pretend to come to town to do the shopping, but I’m coming to have my injection. I prefer the injection because my husband doesn’t know I’m on family planning’.

I also found out that many Samoan women secretly have an abortion. One woman in Samoa said that she paid a doctor to abort her pregnancy despite it being illegal in Samoa. One woman in this study said, “my father doesn’t know about this abortion”. Another one said, “I didn’t want my father to be embarrassed”. Since Samoan women have heard of this study, many women have voluntarily revealed to me they have had an abortion without the knowledge of their families.

Nearly every year, the media in New Zealand reports that infanticide, abandoned babies and concealed pregnancy are common among Samoan women in New Zealand and Samoa. These comments are also reported in the Talamua magazine in Samoa.
of reports in the Talamua (1997) are as follows: It was from fear of her family she did what she did, her father had threatened his daughter. "I gave her a warning that this sort of thing should never happen because I was embarrassed" (p. 13). A man discovered an abandoned but alive baby, mother is unknown. A man found a baby floating in the sea, mother unknown. A 25 year old woman gave birth to a baby, she states she had fainted and when she regained consciousness her baby was already born and had died. Another man found the body of a baby girl floating in the sea and mother unknown. A woman reported a half dead baby to police.

Etuale in her report of the Adoptus Centre (1996) reported that the increase in the number of cases of abandoned babies in the Apia area was a reason for the establishment of this service to counsel 'young single mothers' with unplanned pregnancies. Etuale continues to report that there have also been reports of abandoned babies in rural areas in Upolu and Savaii.

There are many similar stories of this kind occurring in New Zealand. Stirling (1998) reported in the Listener cases of concealed pregnancy, infanticide and abandoned babies. The report reveals cases in New Zealand; a Pacific Island baby still attached to the umbilical cord and placenta was found dead last July under an empty church property. A year earlier, a Samoan mother who claimed not to have known she was pregnant, abandoned her baby soon after giving birth at Middlemore. Since 1990, four other infants have been found abandoned in South Auckland. Just last month, a newborn baby girl wrapped in plastic was found dead beside her badly haemorrhaging mother on the toilet floor.

It is common for many Samoan women to conceal their pregnancies. Nearly every year in New Zealand, a Pacific Island or Samoan mother has been found guilty of killing a
newborn baby, or abandon the baby after a concealed pregnancy. In February 1999, a 28 year old Samoan woman was arrested in Porirua. She gave birth to a baby girl and buried her baby’s body in the garden. The body was sighted when a dog dug it up. The Dominion 22 January 1998 reported a Samoan girl who concealed her pregnancy from her family and co-workers, and had given birth to a baby in the workplace toilet. The baby was found dead.

A similar pattern is happening in Samoa. As I was listening to the news from Samoa on Monday 8, March 1999, the news reported a dead baby been abandoned in the town. The Talamua magazine (1997) has reported many cases of this kind in Samoa. The Talamua reported that, “Tafina was sentenced to 10 months imprisonment for infanticide; it was the fear of her family that she did what she did. From the police records, there have been six instances of dead or abandoned babies discovered over the last two years; but these are only the cases that have been reported, and its suspected that the number is even higher” (Talamua, 1997, p. 13).

THE EYES OF THE PEOPLE: Speaking Out

I don’t speak out to judge Samoanisi because I am proud of my culture. However, I suggest we don’t walk the talk of our values and beliefs. The concept of shaming kills the souls of many women. I suggest people worry too much about what other people would say, rather than loving and supporting the women.

In discussion, I remind people of the motto “faave i le Atua Samoa”. Samoa is founded on God. I repeat this motto to people because this gives me grounds to explore our understanding, support and love for everyone concerned.
I share with people my own questions. I ask, why does it have to be the women who carry this burden of life? Where are the men who are responsible for these cases? Where is your sacred covenant? Where is your support? Where is the family support? Where are our values? If sex is a silent topic, why is it that the incidence of incest, rape and unmarried women getting pregnant is still happening in our own families and communities? Is it because we don’t talk about it or is it because we are denying our sexuality? How can we care for a Samoan woman whose dream might be to have a big wedding, and many children but through circumstances this is not possible. Further research is needed to explore these questions.

I will share with leaders in the community my assumption that Samoan women would never commit in such situations these cases if there was open discussion in the family, if they were being supported by the families, partners/boyfriends, and if the peoples eye’s did not dominate the way we think.

THE EYES OF THE PEOPLE: Seeing Clearly

Samoan women are victims of our own values and pride. “The general consensus is that in nearly all infanticide cases, it is a matter of family pressure” (Talamua, 1997, p. 13). I suggest that women need to be assertive and upfront in saying what the wishes are when men make sexual advances and approaches, because it is the women who carry the burden and the shame. I suggest that women need to know their bodies and know times when they are safe and unsafe to have sex. Women need to tell the men about their bodies so that they can respect their wishes. Realistically, women are in a very weak position to challenge the men. One woman in this study said, “o le mea lenei o le teine e ese le vaivai o le mafaufau, e fa’a’upu loa e le tamaloa se’e loa ma o’o atu ai i tulaga faapena”; ‘women are very weak, they are easily led into those things when men want it’.

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I suggest that we can to shift the way we think and support each other, and be assertive with comments that Samoan women are the pearls of Samoa. Our women abort, abandon and kill their babies because of the pride and pressure from the families. The assumption that unmarried women are the only ones who have abortion is not true. Statistics show that married women also have abortions which contributes to the high rate. Women have different reasons for seeking abortion, and they are the only ones who know the reality of their experience. Family support and understanding is what Samoan women need. Prevention is better than cure.

There is a Samoan proverb, “e galo i le fafine ona tiga pea na sapasapaia lana tama; ‘a woman forgets her pain when she cuddles her child’.

I also discuss with people why outsiders comment in the media on our problems. I ask where do Samoan women get the help if they are not supported from within their own families and communities? If Samoan men don’t share the responsibility of family planning in terms of contraception and have this machismo style of behaviour, then it is up to the women to protect themselves from unwanted pregnancies. This leaves Samoan women with no choice but to get help from outsiders.

I am suprised and disappointed when our own people criticise our own women and label them as ‘killers’. We need to ask ourselves, why is this happening to Samoan women when we hold the belief that the Samoan culture is based on family unity. These problems happen within our own homes, and within our own communities. I suggest in discussion that we need to face reality, and the reality involves examining the impact of our own values on our own women. The stories that have been told happened because our women are victims in our own ‘eyes’. I feel we contradict our own values when ‘we say Samoa is
a Christian country and yet fear and shame of the power of the 'eyes of the people' destroys this'.

THE EYES OF THE PEOPLE: Decisionmaking

When the media states that Pacific Island women/Samoan women have the highest abortion rate in New Zealand, I ask these questions. How can we decrease the abortion rate among Samoan women if parents and families are not consulted? I suggest that the outside view has interfered with Samoan values. The outside view need to involve the inside view with the decision making of policies and the health needs of Samoan women. *Samoanisi* operates on a family basis rather than the individualist approach of the Western system. I mentioned previously that the healing process takes time such as, the family will finally accept the situation and support the women. It is a process of discussion and healing the hurt and pain. It is not a quick fix process like treating a headache with a panadol. It takes time to heal everyone's inner soul.

Statistics are compared between Pacific Island women/Samoan women and Pakeha and Maori women in New Zealand. The figures were kept quiet for many years because it was assumed that it would create disharmony in the Pacific Island communities. A concern was raised that the Pacific Island communities should be aware of what is happening to Pacific women. When the figures were released, the information used figures to compare Pacific women to other women living in New Zealand. The figures showed a distinct and great disparity between women and other women. The truth of the number of women using abortion is not found in the statistics but is found in the way policies impact on women’s health.

I believe that Samoan women wouldn’t resort to having abortion if the families were involved with the decision making because Samoan parents and families are not aware that
their daughters, wives, sisters and aunties are having abortion under the abortion law and privacy act. A Samoan parent wouldn't know that their daughter had had an abortion. These acts protect the rights of the individual. The Contraception and Abortion Act 1977 and the Privacy Act 1993 have created barriers. According to the Privacy Act (1993), it says that "Where a health agency collects health information, the health agency must collect the information directly from the individual concerned" (Fact Sheet, No. HC 3.1).

I suggest that the Contraception and Abortion Act (1977) needs to be reviewed in terms of its impact on ethnic cultures such as the Samoan culture. I am not against this act because there are genuine cases that fit the criteria of this act for privacy and confidentiality. However, I think the availability of abortion services has encouraged women to use it, as some women in this study had said, "they use it as a game because its available and free, they just go and do it"; one woman who had had an abortion said, "I had if for other reasons and because it was available".

There were women who have had two to seven abortions. I wonder if the abortion act might be encouraging women to have unprotected sex because they know they can have an abortion.

It would be very interesting to find out if any Samoan women went to Australia to have abortions, before the New Zealand Act was passed in 1977. If not, then this Act was developed more to meet the needs of the New Zealand Pakeha women, but its consequences have had an impact on Samoan women and families.

The two Acts that are used to procure an abortion have great implications on the wellbeing of Samoan women and families. The Acts ignore the cultural safety of Samoan
culture, and create disharmony between parents, families and Samoan women. The Act takes into consideration the safety of the individual which is very much based on Western values, rather than the safety of the whole family which the Samoan philosophy is based on.

One Samoan woman said, "I would be a very proud grandmother, but it was too late, my daughter had an abortion".

I suggest the Act needs to include a clause for 'Talatalaga-aiga', Samoanisi family discussion similar to the concept of family conference used by the CYPS (Children & Young Peoples Service). This concept has worked for families and children preventing court cases and saving the Government funds. I believe that the abortion rate among Samoan women might decrease if this concept was adopted. The concept of family discussion/meetings is a therapy used by Samoan families to solve any disharmony in the family. It is a place where they redefine their identity and review their own lack of support and love. It is a place of reaffirmation and addressing family issues.

Family meetings have proven to work effectively in Samoa. A small voluntary organisation called the Adoptus Centre has set up a place to support women having concealed pregnancies from their families and to prevent them seeking backstreet abortions, using infanticide or abandoning their babies. Since the establishment of this organisation in March 1996, women are less inclined to resort to these decisions after family meetings. According to the Adoptus report from March - May 1996 in Samoa, women continued with their pregnancies and kept babies or the family agreed to keep the baby or the baby was adopted to other parents. Etuale in her report said, "I have found that counselling is not just necessary for the young single mothers, but their boyfriends, the single mothers' parents and the adoptive parents. As a result, a lot of them have changed
their minds and told their parents, and a lot of them too are now willing to see their babies full term” (Etuale, 1996, Adoptus report, p. 1).

Family meetings could be a valuable solution, and I hope New Zealand will review its policy and adopt this concept of involving the family.

THE EYES OF THE PEOPLE: Healing the Talk

Finally, I address the media statement that there is an assumption that Pacific women use abortion as a method of fertility control. I suggest this view is based on assumption from a medical view. When Samoan women were asked if abortion was a method of fertility control, they said “no”. This kind of talk needs to be confirmed by asking the women, rather than assuming from an outside view. I quote, “the transformation of silence into language and action is an art of self-revelation” (Lorde, 1980, p. 21. cited in Orenstein, 1985). Krysl writes “The stories people tell have a way of taking care of them,” Lopez (1990) in Krysl writes, “If stories come to you, care for them. And learn to give them away when they are needed. Sometimes a person needs a story more than food to stay alive. That is why we put these stories in each other’s memory. This is how people care for themselves” (Krysl, 1991, p. 39).

Samoanisi has its own healing system based on family discussion, prayers and speeches. Healing is a time of addressing and reviewing past mistakes. Healing reunites the spirit of the family, it harmonises the pain, hurt and souls of every members. Capra (1983) notes that ‘healing tries to restore balance to the larger system; holistic healing addresses the total mind-body system, and seeks to cure the imbalance or disharmony in one’s personal life and social environment in order to stimulate the self healing capacities of the individual’.
Samoanisi has its own ways to conduct these discussions and I have developed a ‘Samoanisi healing model’ to address our own needs in terms of supporting our women. Healing the talk is a long process which involves long discussions until the whole family is in unity and in harmony. I will depict the structure of the model in the way that I might imagine using it within a family and then I will describe the process in model form. At this point, I would refer back to the map to guide people in the process of family discussion.

THE MAP: THE STEPS

Step One: The Eyes Model has the following concepts.

- Breaking the silence
- Speaking out
- Seeing clearly
- Decisionmaking
- Healing the talk

“Linking talk is healing”

Step Two: Samoanisi Healing Model - The Principles

It consists of the following:

- Sexuality
- Protection and feeling safe
- Identity, love and belonging
- Role models
- Family
- Strategies to heal and link the talk

“Strategies for a future”
Step Three: Samoanisi Family Model

It consists of the following:

- Practice Model - Family and Chiefly system
- Culture and History - Empowerment of Samoanisi
- Religion - A Platform for innovative discussion

“Integration is healing”

Step Four: Tino O Le Aiga Samoa - Extension of Samoanisi Family Model

Stepping Through The Ages

It consists of the following age groups.

- Early Childhood
- Primary
- Intermediate
- Secondary
- Samoan and New Zealand born men
- Samoan and New Zealand born women
- Parents - Grandparents - Ancestors

“A Platform For Innovative Changes”

Step Five: The Tanoa Model - A Practical Application of Samoanisi Family Support

Ideas for a future

It consists of the following:

- O le Tino o le Aiga Samoa - The whole family in different age groups
- My voice in family discussion
- My voice in family education
• Support systems to make the family strong
• A story

Having laid out this map for discussion at the meeting, I would perhaps ask the people if they want to read the detail that I will outline. I need to consider that the discussion and how people receive the ideas is more important than my models. The models are only a vehicle for the ideas, and we need to take as much time as it necessary because people will want to tell their stories.

In Step Two, the model has six principles of family values. The principles consist of sexuality, protection and feeling safe, identity, love and belonging, being role models, family and a feeling of being on top of the world, and strategies to heal and link the talk. The six principles incorporate the whole family. The emphasis in using these principles is to raise awareness that the family has a role to foresee the needs of every member of the family, and to enhance one another’s understanding of need to support each other. I will use some everyday life situations and family values to create scenarios to show how healing can occur through discussions.

**STEP TWO: SAMOANISI HEALING MODEL - THE PRINCIPLES**

**Sexuality**

To nurture the needs of the family is understanding ourselves as human beings. We need to understand that we were born with our sexuality, and therefore, we cannot deny its existence. Understanding allows us to discuss ourselves openly without feeling ashamed of our human nature. Sexuality needs include our beings, our bodies and the way we are; talking to our children about their identity and how identity increases their self esteem, nurturing family members, encouraging family members to respect their beings as well as others. Sexuality includes using appropriate language to discuss our feelings, family
support and love, healing, family discussion and deliberation, culture and values, spiritual, food, water and housing.

Every human being needs sex, and most people rate this need as the most important need in their lives. Most of us deny this part of our needs. We pretend it is not present in us. We don’t discuss it openly because of the notion it is sacred. We need to treat this need with the utmost respect so that people don’t get hurt, and we also need to accept that some of us cannot control this need, and therefore we need to understand and support its consequences if it goes beyond our limits.

This means that we need to adhere to our values of respect and the sacred covenant between men and women, and visa versa. If we take control of these values, we can move forward to being protected, feeling safe and secure in taking the next step.

**Protection and Feeling Safe**
Samoan women need to feel safe and secure within their own families and communities. Women need to feel safe and secure in the knowledge that their own men will protect them from harm and danger. Women need to be free from incest, rape, abortion, infanticide, abandoned babies, and unwanted pregnancies. Women need to be free from the side effects of contraception. They need to be free to make their own decisions about using or not using contraception. When women achieved the needs in this step, they will move into the next need of identity, love and belonging.

**Identity: Love and Belonging**
If Samoan women/girls are being loved and supported by their husbands/partners and families, they will refrain from having abortion. If women are respected by the men, their identity, status and dignity will not be devalued and disgraced. If women are happily
pregnant, they will produce happy and healthy children. If single women are being supportive by the family and boyfriends, they will feel belong to their identities to continue their pregnancies. If sex is treated with respect and agreed to by the two parties, women will feel loved. Identity then becomes the whole of the whole.

**Role Models**

If Samoan women achieve all of the above needs, they will be proud mothers and role models for their children and families. They will be assertive to make informed decisions about their own health needs. They will feel wanted, recognised and acknowledged in their own society.

**Family: Feeling being on top of the world**

Not all women will reach this need. It is a need that is difficult to achieve. You can only achieve it if you achieved the last four needs. When you feel being on top of the world, you feel you are a good citizen of your family, community, church and country. I believe that Samoan women will only achieve this need when they are being supportive by the family and community. I suggest that Samoan women will feel being on top of everything when there will be no more concealed pregnancies, no more abortions, no abandoned babies, and no more infanticide.

I will now discuss my ideas of a teaching style that I would use in my practice for further discussion to provide models and framework for family discussion/education programmes.
Strategies To Heal And Link The Talk

Discussion of sexuality and reproductive health is not easily accepted by Samoan families due to family values based on Christian beliefs. It is clear from the women’s stories and the literature review that sexuality is not a topic of discussion among Samoan families.

In the research, I identified Samoan women’s key messages from which the themes emerged from the messages and women’s recommendations. In this section, I identified the framework of the Pacific peoples conference in 1995 and began to develop models and a framework for strategic education plans for Samoan and also for Papalagi people delivering sexual and reproductive services for Samoan people. The models and frameworks are offered as guidelines only and are open for further exploration and development.

In 1995, the Pacific communities from all over New Zealand had a conference to discuss Pacific Islands sexual and reproductive health. The purpose of the Ministry of Health conference was: to involve Pacific Island people in the development of a national strategic policy framework focussed on the sexual and reproductive health issues of Pacific Island people; to identify service gaps; and to discuss service provider training needs (Proceedings of Pacific Islands Sexual and Reproductive Health, 1995).

There was a consensus of feeling among the participants that education programmes on sexuality should focus on developing Pacific people’s methodologies that meet their cultural needs. A framework to guide these education programmes was based on the Ottawa Charter and the proceedings raised from this conference.

Although the framework guideline is appropriate for Pacific people, each Pacific Island culture has their own unique values and beliefs to sexuality. Samoanisi is unique in its
own philosophy to sexuality, and therefore, the models, theories and framework appropriate to *Samoanisi* are inappropriate for another Pacific culture. This is the basis for developing my own practice models derived from my own Samoan thinking.

Sexuality and reproduction is not an open topic of discussion in a Samoan family because of the notion of sacredness. It is very difficult to deliver education programmes that meet the needs of every Samoan person. There is a big generational gap in understanding between older people and the young generation, especially between Samoan born parents and New Zealand born generation. The differences in thinking are significant.

The underlying issues which emerged from this study have enabled me to understand that sexuality and reproductive issues are sacred in our lives. This is the basis of my ideas to develop a practice model, I have called "*O le Tino O le Aiga Samoa - The Samoanisi Family Model*" to enable further discussion in the family, schools and communities.

*O le Tino O le Aiga Samoa - Samoanisi* Family Model gives a place of status and position of Samoan people in Samoan culture in Samoa and New Zealand by placing all groups in the community. Women, men, youth, elders, New Zealand born Samoans, and Samoan born Samoans. It is a Samoan model that promotes the true colours of Samoan people as it is based on the reality of being Samoan.

**STEP THREE: THE SAMOANISI FAMILY MODEL - IDEAS FOR A FUTURE**

I believe in respecting and honouring Samoan values which consider the body as sacred. Every person has a right to express her/his feelings about the body without being criticised. The family model is based on *Samoanisi* which includes the culture, religion, and the people in the groups who make it strong. A model which has a cultural application should be self healing and acceptable to the spirit of the people; it brings unity to the
family and opens doors for discussion, and empowering people to see themselves as resources and not as problems.

The challenge in this model is to create our own system that enables Samoan people to: empower the whole family; develop a support system that empower Samoan women; learn a system of skills and knowledge that can alleviate personal and family problems; maintain health practices and beliefs, Samoan way of life, identity, culture, and religion; challenge social policies and institutions that impact on indigenous beliefs.

The central idea of the family is helping our people to come into terms with identity and social relations necessary to find solutions to their problems. While the shift in focus from the kinship and chiefly system to empower Samoan people to help themselves may not be the paradigm leap in this country, it actually involves a major shift of attitude of being Samoans.

The identity of a Samoan person is determined by the status and the title name of his/her family. In New Zealand, the church is seen as an empowering resource to acknowledge and practice the family and chiefly names. Although Samoan people left the reality of their families back in Samoa, they try to maintain their reality in the nuclear and extended family meetings or faalavelave (family occasions) such as weddings or funerals.

The family model should be used as a resource to discuss issues affecting members of the family, and especially issues which affect women. The family model should be seen as a supporting role for women, so that Samoan women continue to carry their pregnancies, refrain from having abortion, infanticide and abandoning their babies.
I believe that any woman is confident and capable of making wise decisions about her health needs if the family is supportive of her. In order to work from a supportive and collaborative family base, it is necessary to believe that every Samoan woman deserves every possible opportunity to be protected, respected and to be free from harm and danger. However, Samoan women cannot work from a collaborative family base skills if family values is based on the 'eyes of the people'. I believe that Samoan women will continue to have abortion, infanticide and abandoning their babies as a solution to avoid personal and family disgrace in the 'eyes of the people' if we don't do something about where we place our 'eyes'.

The collaborative family based skills should work for both Samoan women and families if these issues are addressed. It is the parents role to nurture the girls and boys with values of the sacred covenant (feagaigasa) between girls and boys, or brothers and sisters. The sacred covenant refers to acceptable body contact such as appropriate touch; the brothers should not sit on the sisters bed as a sign of respect and adhering to the sacred relationship with the sister; the sisters should not wear the brother's T-shirt; girls need to cover up the sacred parts of their bodies to avoid the temptation from the onlookers; girls and boys need to respect their bodies until it is the right time to 'give away'. These basic values need to start from within the family so that girls and boys grow up to know the importance of adhering to these values to empower their sexuality needs. Our men need to stop taking advantage of our own women and women need to be assertive about their health needs because it is the women who carry the consequences of these issues when men disappear.

Our men need to realise that they are devaluing the status and dignity of Samoan women by getting them pregnant and deserting them, and it devalues the place of Samoan women in the eyes of other cultures. Men and women need to understand the physiological
changes of the women's body, so that they are informed when it is safe to have sex if they are not using contraception. It is important for the families to be seen as a supporting model to embrace our women so that our women do not seek other alternatives that affects their lives, family and culture. Positive messages need to be reinforced and said in the family such as saying to the daughters not to be scared to tell the parents or family if anything happens to them, so that the daughters will not resort to abortion, infanticide or abandoning their babies.

I also believe that the Samoanisi family model is a tool to empower every individual to participate in decisions affecting their lives and to be in control of their own resources. Empowerment therefore, is gaining actual power and getting access to, and control of, valued resources.

Transferring power to Samoan parents and families to involve them in decision making with their daughters and women when seeking abortion or using contraception is a sign of equal power that acknowledges Samoan peoples existence, cultural values and contribution to controlling scarce resources. Empowerment therefore, is giving the power to Samoan people to plan and implement their own education programmes, designed and owned by them.

I have provided three principles from the ideas of a family as a practice model for family discussion to empower Samoan peoples identity with the power to control and heal our own problems, rather than be controlled by other people who know very little about our ways.
The three principles of the Family Model are: Family and Chiefly System and building a positive identity of Samoanisi; Culture, History and Empowerment of Samoanisi; Religion and creating platform for innovative discussion.

**Practice Model of the Family and Chiefly System: Building a Positive Identity of Samoanisi**

The family and chiefly system are the foundation of our culture. The family and chiefly system need to develop a strong identity, a sense of self which carries pride in each individual. Having a strong identity of the family and chiefly system is an important tool for self uniqueness, actualisation, and to define who we are and where we come from. The family and chiefly system need to affirm and reinforce Samoan values, culture and language. *Samoanisi* is one of the strongest culture in the world, and it needs to encourage our own people to identify with our own roots to be absorbed in what we believe in, rather than to be absorbed by Western culture.

Samoan women identify with their family and chiefly names. A Samoan woman/girl is proud of her place in the family, village, women’s committees or the church. The place of a Samoan woman/girl in these places promotes self pride and a feeling of self worth in society. Having dignity is one of the most important values Samoan women/girls hold in high regard. The family and chiefly system need to be responsible to reinforce this value so that Samoan women are dignified, rather than be devalued.

Many Samoan women/girls get pregnant before marriage in New Zealand and Samoa from our own men. Some women/girls get pregnant from married men, while others are taken advantage of by single men. These are the issues that are very common in our own families in New Zealand and Samoa, and nobody is doing anything about it. We keep it under the carpet, and yet, our women are suffering. We know it is happening, but we don’t want to
discuss it. The family and chiefly system in the churches need to be proactive to deal with these issues. It needs to be spelt out from the pulpit. We need to talk openly about our sexuality in a positive approach. Our men need to be reminded about their responsibilities and the Christian values that governs our foundation. The men need to realise that it is our own women they are disgracing.

To make the family and chiefly system strong in building a positive identity is to empower men to consider their sacred covenant with their sisters, to treat other women as their equal, to maintain Christian values of monogamy, to support women with their pregnancies, to refrain from incest, sexual abuse and rape. And also to empower women to be assertive and seek help if needed.

We cannot cure what had happened to our women but we can heal these issues by addressing and discussing solutions to combat what is happening to our women for the future of the young generations. Identity is a positive tool to reinforce the values of sexuality and the positions of Samoan women in our own families. Family discussion need to be seen as a positive tool to promote individuals sexuality so that people grow up to acknowledge their self identity. The family need to be the centre of discussion between men and women, parents with their children and so forth.

The recommendations of the Pacific Islands National Conference (PINC) on Sexual and Reproductive Health in (1995) point out the importance of improving the quality of communication within the immediate and extended family, in particular with their children and youths. The report went on to say that there is a need for ongoing discussions about issues related to sex education, sexuality (for example gay and lesbian Pacific Islands people), sexual abuse and contraception, and Pacific Islands people need to be encouraged to be open minded about these issues.
Practice Model of Culture and History: Empowerment of Samoanisi

Samoan people were born in the history of Samoanisi. According to Samoan history, Samoan women were the heroines and initiators of Samoa. Samoan women were also known to have tattoos instead of the men. There is a Samoan saying that says, “e au le ina’ulau a tamaitai” which means Samoan women can finish a task. Many historical events of Samoa arised from Samoan women’s contribution to the history of Samoanisi. Samoan women were the first initiators to setting up Women’s Health Committees to oversee the hygiene of the homes and the villages.

Samoan women’s contribution to Samoanisi empowers the family to strive for their highest potential and able to see their problems in relation to broader social and political issues. We need to value the contribution of Samoan women to Samoanisi by empowering our women to be good role models to our society, rather than devaluing their status and dignity. Samoanisi needs to appreciate that Samoan women are unique products of our heredity, environment, and culture. This means that Samoan women need to be respected on a family and cultural basis on equal terms with the men. Samoan women are entitle to have a sense of being in control of their lives, rather than be controlled by the men which defeats the purpose of respect and equity.

Samoan women needed to be reminded that they were the heroines in the history of Samoa so that they empower their will power to maintain their dignity. We need to remind Samoan women to be assertive and hold on to their will unless they agreed to give it away. Samoan men need to respect the wishes of Samoan women in regards to sexual needs. Sexual needs is a must in any relationship but as long as there is mutual agreement between the man and woman or girl and boy, rather than disempowering women with their rights to self control.
The National Pacific Islands Conference in (1995) noted that policy makers needed to have knowledge about Pacific Islands perceptions on sexual and reproductive health before any informed decisions could be made. The areas they need knowledge on are as follows: Pacific Islands attitudes to sexuality; Pacific Islands history; diversity between the different ethnic groups within the Pacific Islands in terms of language and their perception of health; they also need to understand and appreciate the importance of ongoing consultation with Pacific Islands groups; undertaking Pacific Islands research and policy processes; and respecting cultural protocols.

The above recommendations empower Samoan people to empower Samoan women. Therefore, the family and chiefly system, culture and religion need to be seen as the empowering resources for Samoan people to safeguard our culture and history to ensure a healthy future for the young generation of tomorrow.

**Practice Model of Religion: A Platform for Innovative Discussion**

Religion reigns superior in the lives of Samoan people. There is an assumption that religion can influence the behaviours of people from being bad to a better life. While abortion, infanticide, and abandoning babies is used by Samoan women as a treatment of family pressures and to avoid the disgrace in the ‘eyes of the people’, the church and the families fail to address the cause of the problems. Despite the belief that Samoan people are Christians and worship the church every Sundays, Samoan women continue to face with many problems in their lives such as concealed pregnancy, abortion, rape, incest, and so forth.

Mua reported by Urale said that **"the church, through a process of indoctrinisation and socialisation, has put immense psychological and spiritual guilt on women who do not**
have choices on sexual issues. Not only do we have the cultural pressure put on women, you’ve got spiritual guilt-trip put on them as well” (Urale, 1997, p. 79).

The church need to be seen as a platform to encourage people to see themselves as resources and not problems. The church could also be a place where women are supported, and to encourage positive discussion about life so that people live by what feels right for them, rather than living in the ‘eyes of the people’. Our lives are controlled by the ‘eyes of the people’. Thus, we need to shift the way we think by controlling the ‘eyes of the people’, rather than the ‘eyes’ controlling our lives. The church needs to discourage people from this idea as it is the main killer of our relationship with our children. The church need to be a place to affirm peoples natural support networks through family and chiefly system in order to shift the potential for change from the ‘eyes of the people’ to the family and community support.

Apart from the natural support networks, church participation in family discussion can be encouraged by prevention programmes intended to help all age groups. The most effective way to begin discussion is establishing group norms and values, and including groups in the development of their own programme. The recommendations of the proceedings of the national conference on Pacific Islands and sexual and reproductive health (1995) recommended that the church leaders needed to be able to discuss sexual and reproductive health issues in a positive light within their church congregations and communities. The report went on to say that in the past many church leaders were not cooperative and exerted a lot of influence and authority which hindered progress in this area, particularly for Pacific Island youth. This will always be a slower way of working with the churches and demand a much longer time frame. However, we need to accept this slow process with the church leaders and trust that the slow pace is appropriate and necessary for real social change.
STEP FOUR - STEPPING THROUGH THE AGES: TINO O LE AIGA SAMOA - EXTENSION OF THE SAMOANISI FAMILY MODEL

I know of many Samoan parents who oppose sex education in schools because of the belief that it encourages children to be sexually active. I make the assumption that parents oppose sex education because of the title given to these programmes. People have different interpretation of the word ‘sex’. Sex is referred to as a man and a woman or a boy or a girl having ‘sex’. Sex education is more than a sexual relationship and therefore, programme deliverers need to consider appropriate names that encompass the importance of the whole person and body, rather than saying ‘sex education’. Programmes needed to be culturally appropriate to the needs of different age groups.

I strongly believe in informing a person from childhood about his/her sexuality as a resource to empower the person with the knowledge to value and take control of his/her own body. I have developed an extension of the Samoanisi family model as an education and discussion model, as I believe that education is crucial to empower people with innovative changes in their lifestyle practices. The discussion and practice model discusses what we need to know about ourselves and how we do it as a framework to open discussion in the family. The model is an idea which includes the whole family from childhood to adulthood such as: Early childhood; Primary school; Intermediate school; College and New Zealand born youth; Samoan born and New Zealand born men; Samoan born and New Zealand born women; Older People’s Support System and Ancestors.

The seven age groups make up the whole ‘Samoanisi family structure’. Parents are the first teachers of their children, and therefore, children need to know their bodies from a very young age. The body cannot work on its own. Self esteem enhances the dignity of the body which I believe empowers every individuals to appreciate the nature of their beings.
Discussion Model: Early Childhood

Reinforce identity in terms of names, ethnicity, gender, family orientation, culture, religion, language. Reinforce positive messages such as good or clever girl/boy, or draw pictures to demonstrate their self esteem. Talk about body parts from head to toes or toes to head. Discuss body parts and encourage children to touch or point to them or use pictures. Sing songs or say tauloto (poems) to reinforce the importance of the body such as the eyes to see and nose to smell. Reinforce self esteem needs such as love, pretty body and so forth.

Practice Model: Early Childhood

Identity: name - parents - family - village - Samoan girl/boy
Positive Messages: good girl/boy - clever boy/girl - you've got a beautiful body
Body Parts: hair - head - ears - nose - eyes - mouth - teeth - neck - arms - hands
- fingers - chest - breasts - stomach - umbilical cord - vagina - bottom
- thighs - legs - toes

Praise children. Encourage children to be proud of their bodies. Reinforce positive messages to promote the children's self esteem.

Discussion Model: Primary

Reinforce identity, family orientation, culture, religion, language, self esteem, children's beings, sexuality, positive messages and no put downs. Encourage children to draw the body and put different parts of the body in it or get a mannequin and encourage children to put body parts in it. Discuss the differences between boys and girls in a positive and appropriate approach. Discuss the functions of different parts of the body. Keeping children safe. Discuss the human relationship or sacred covenant between boys and girls,
such as discussing the dignity and value of the body; respecting own body and others; respect in terms of language use in conversation. Discuss personal hygiene.

**Practice Model: Primary**

Identity - Family Orientation - Self Esteem - Sexuality - Children's Beings - Positive messages - No put downs - Draw body parts and demonstrate location - Body functions - Discuss differences between boys and girls - Keeping children safe - Human relationship/sacred governorship - Discuss concepts of respect - empowerment - self esteem - Looking after their bodies.

**Discussion Model: Intermediate**

Reinforce theory from primary stage. Discuss puberty changes.

**Practice Model: Intermediate**

Identity - Family Orientation - Human Relationship - Sacred governorship - Self Esteem - Self Actualisation - Keeping Safe - Sexuality - Children's Beings - Positive Messages - Valuing their beings/sexuality/sacredness - Discuss physical, emotional, spiritual, cultural, mental and social needs - Discuss body parts and functions - Discuss Puberty Changes - Discuss concepts of respect - empowerment - Sexual Beings - Discuss caring for their bodies.

**Discussion Model: College and New Zealand Born Youth**

Reinforce theory from intermediate stage. Discuss attitudes towards life, sexuality and so forth. Identify differences about sexuality between New Zealand and Samoan born parents. Discuss safe sex. Making information available. Discuss sexual transmitted diseases (STDs); prevention of STD. Discuss contraception and natural methods
according to school policies and parents consent. Discuss pre-marital choices. Discuss will power and self control. Discuss role models.

Practice Model: College and New Zealand Born Youth
Reinforce theory from intermediate stage to practice - Attitudes toward sexuality/lifestyle practices - Discuss differences in attitudes of NZ and Samoan born people - Safe sex and making information available - STDs - Western and natural contraception - Sexual choices and pre-marital decisions - Role models.

Discussion Model: Men - Samoan and New Zealand Born (20 - 50 Years)
I have great respect for parents; I feel I don’t have the right to inform them about sexual issues. However, I strongly feel that parents have the right to access information to empower their understanding to enhance good communication between themselves and their children. I believe if parents are empowered with the understanding and knowledge about the positive side of sexuality, they would understand and be supportive of their children. I feel that education programmes need to focus on the under fifty age groups. I consider that the over fifty age group is appropriate for inclusion in these education and discussion sessions to support the programme. This belief also applies to women in this age group. The theory begins with the discussion of culture and history. To discuss identity, tattoo, dress code, the body, sexuality, self-esteem, personal interests. Discussion of the place and role of men in the family, church, community, employment. To discuss family responsibilities, husband’s role and his relationship with his wife and the opposite sex. Reinforce the sacred covenant and human relationship, valuing the body, discuss attitudes to sexuality, contraception and natural methods, discuss body parts and functions, physiological changes of the body both men and women, discuss differences in attitudes and views between them and their children, discuss attitudes to supporting
women in contraception and pregnancy, discuss cultural and religious values, raise awareness in STDs, and being role models.

**Practice Model: Men - Samoan and New Zealand Born**
Discuss values - norms - practices - belief system - traditions - language - religion - Identity and status in society - Role and Place of men in society - Family responsibilities - Chiefly system - Sacred governorship and human relationship - Sexuality - Contraception and natural methods - Body parts and functions - physiological changes - Differences in attitudes between them and their children - Supporting women - Cultural and religious beliefs - STDs - Parents as role models.

**Discussion Model: Women - Samoan and New Zealand Born (20 - 50 Years)**
Discuss culture and history, identity and family orientation, personal interests such as tattoo, dress code, the body, sexuality, self-esteem, dancing. Discuss the place and role of women in the family, church, community, employment, family responsibilities, wife's/woman's role and relationship with opposite sex. Reinforce the sacred covenant and human relationship. Discuss the values that promote the dignity of womanhood, valuing the body, attitudes to sexuality, contraception and natural methods. Discuss body parts and functions, physiological changes of body both men and women. Discuss differences in attitudes and views between them and their children, attitudes to supporting women in contraception and pregnancy. Discuss cultural and religious values. Raise awareness in STDs. Being role models.

**Practice Model: Women - Samoan and New Zealand Born (20 - 50 Years)**
Values - norms - practices - belief system - traditions - language - religion - Identity and status in society - Role and Place of women in society - Family responsibilities - Sacred covenant and human relationship - Sexuality - Contraception and natural methods - Body
parts and functions, physiological changes - Differences in attitudes between them and their children - Supporting women - Cultural and religious beliefs - STDs - Parents as role models.

Discussion Model: Older People Support Network System and acknowledging our Ancestors

We need to ask ourselves if our ancestors had considered their bodies sacred before the Missionaries? I don't think so. I believe that they considered their bodies as part of their natural lifestyle which suited the hot weather. Women were topless, and I observed many old ladies/women being topless when I was a young kid. As a kid, it was normal in my 'eyes' to see a topless old lady/woman, and it was this outside notion that places a negative connotation on women when their bodies are exposed.

Was it a disgrace for women to be unmarried and pregnant? Polygamy was acceptable in the past. Many men had many unmarried wives and have children from different relationships. Therefore, I believe women weren't degraded in the past. It was a norm in the 'eyes' of the people. But it was this pressure from the Victorian perspective introduced by the Missionaries that devalue the status and dignity of women. Our people were made to believe that it is a sin to have sex before marriage.

Did our ancestors use contraception in the past? I believe our ancestors use traditional contraception, however, very little information is available as Samoan culture is based on oral history. Research is needed to explore this idea.

We also need to acknowledge the knowledge and support of our older people in supporting this model. We don't want to educate them, we need their understanding. We need to value their way of thinking, the way they were being brought up in their times.
Practice Model: Older People and Ancestors

acknowledgement of our elders
acknowledgement of our ancestors
acknowledgement of past resources
acknowledgement of indigenous knowledge
acknowledgement of old traditions
reflecting on social relations to harmonise our relationships with our elders and ancestors
the need to research indigenous methods of contraception and abortion

I now move on to discussing the *Samoanisi* family support system using the *tanoa* model as a practical application.

STEP FIVE: THE TANOA MODEL - A PRACTICAL APPLICATION OF SAMOANISI FAMILY SUPPORT

The *Samoanisi* family model as a whole is designed to encompass all the principles I have discussed in the tanoa. The practical application of the *Samoanisi* family support consists of four cores. The first core represents the family. The second core represents all the age groups in the family. The third core represents the two contexts of people and/or environments. That is the context of the New Zealand born people, and the context of the Samoan born people. The fourth core is the acknowledgement of our older peoples and ancestors contribution to *Samoanisi*. 
O le Tino o le Aiga Samoa - The Whole Family In Different Age Groups In The Tanoa Model

Samoonisi family model of discussion - Faatusa o talatalanoaga

Illustration 7

1. The Family

The family is the core and identity of Samoonisi. Whilst the reason I place it in the middle of the model. In this model, the family symbolises the breath of life for every individuals. The energy from the family needs to be transferred to every members to support them spiritually, mentally, physically, socially, culturally and politically in all the walks of life. It needs to be seen as an empowering resource to see people as useful resources. The family are the first teachers and role models for the children, and therefore, positive teachings need to start from the main core to all the age groups.
2. Early Childhood

Education needs to begin from early childhood years so that children grow up to value their identity and sexuality. I believe if children learn to value and know their bodies from a young age, they would value the dignity of their bodies. Children depend on the family for guidance, love, support, care and education.

3. Primary

The teachings from childhood need to be reinforced in this age group. As children grow up, they learn more things and make meanings of them. At this age, children are excited and fascinated with the new things they learn. Reinforcing positive messages in a fun and positive way will make the children see the value of their identity and bodies in a positive approach.

4. Intermediate

This is the time of puberty changes. Children need to know and understand the physiological changes in their bodies to make them feel it is a normal part of growing up. They need to be reminded not to tease other children who matured early than others. Self esteem and positive messages need to be reinforced in this age group.

5. College

This is the age children move away from children’s things. They are proud of their bodies and show interest in grooming, fashion, makeup, hairstyle, interest in the opposite sex, and conscious of their looks and bodies. Parents need to understand the changes in this age group and be supportive of their needs. Communication need to be the key element between parents and children in this age group, so that this age group are not scared to talk to the parents when they are in trouble. Some girls get pregnant while still at College, and parents need to support their children.
6. New Zealand and Samoan Born People

New Zealand born people have the right to express their feelings about their sexuality without being criticised by Samoan born people, and New Zealand born people need to respect the views of Samoan born people and visa versa. There is a gap of understanding between the New Zealand born and Samoan born people. The two generations need to respect the difference in thinking of the two generations and appreciate the values and contribution of each generation to the core of the family. Although the two generations demonstrate the difference in their perspectives, the reality of life is that every Samoan person cannot be separated because the identity of every individual is based on the core of the family. The past and present generation need to compromise and take the best out of the two generations to make the family strong and unite in peace.

7. Samoan Context

This is the core of Samoan born parents. We need to value the Samoan born parents and children’s beliefs and values.

8. New Zealand Context

This is the core of the New Zealand born parents and children. We need to value the New Zealand born parents and children’s beliefs and values.

9. Ancestors

We need to acknowledge and respect the contribution and beliefs of our ancestors to *Samoanisi*. Our ancestors fought hard to save our culture and language. They were close to nature and appreciate the innocence of their sexuality. Our sexuality is our being, and we need to appreciate its nature.
MY Voice In Family Discussion

The voice of leadership is crucial. As a woman nurse and matai, I am in a position to support leaders in the community to understand the way patterns evolve and can be changed. I would identify the issues and share my reflections and ideas for change. What I found in this research is that Samoan women seem reluctant to use contraception despite its availability. Overall, I found most were resistant to the use of contraception and this came as no surprise. This attitude is rooted in the traditional values of Samoan women, who feel they know the rhythm of their bodies and when they are safe to have intercourse. Abstinence, breast feeding and withdrawal were thought to work, as were traditional massage techniques designed to turn the fallopian tubes. Maybe modern women are not as conscious of their regular bodily changes as older generations were.

Negative attitudes towards sex and single women, reflecting the influence of colonialism and Christianity rather than traditional values, contributed to this alienation of women from their bodies. Many women, especially those born in New Zealand and exposed to sex education in schools, tended to support the idea of contraception, but were still reluctant to use it. A macho anti-contraceptive attitude among 'even the most educated and apparently sophisticated Samoan men' is an important barrier to their use, but I found some women secretly took contraceptives anyway.

Our men need to be educated about a woman's reproductive cycle and take dual responsibility for the consequences of the sexual act. At the same time, women need to be more assertive and think about their own health needs and wishes.

Many women taking part in this research had used contraception but ceased if they experienced unwanted side effects. The most favoured methods were the IUD and the Depo Provera injection. When I asked Samoan women if they used abortion as a form of
birth control, all the participants said no, and were mindful of the possible emotional and physical consequences. Women living in Samoa, where abortion is still illegal, were particularly aware of the danger of septic poisoning from poorly performed backstreet operations.

Single Samoan women, both here and in Samoa, face negative family and community pressure when they became pregnant, but many older women said intergenerational communication is part of the problem. A lot of the older women say the young ones assume their elders will reject them if they are pregnant, so they have an abortion. But if they were encouraged to talk with their elders, they would be able to work through the situation as a family and find the best solution for mother and child. We need to support our women and do a lot of talking.

**My Voice In Family Education**

To make a difference in the way we see women positively in our ‘eyes’, is to redefine and transform our thinking and our attitudes from being negative to making positive changes to redefine the impact of power and control in our lives. A major cause of Samoan women’s problems in Samoa and New Zealand is the power of colonisation which shapes thinking and behaviour to try to be like other people. Colonisation may also be the mechanism that has resulted in ‘the eyes of the people’ degrading women.

The imposition of power and control, role structures and social class for men and women have made Samoan men consider Samoan women unequal and less powerful in their contribution to policy and decision making in the family and culture. Power inequality exists in Samoanisi, and it places women in an at risk group.
We cannot repair the damage done by the colonisers, but we can make a difference in the lives of Samoan women in the way men empower women in the family reform. Family education is based on equal power and equal voice, transformation through new knowledge, respect and empowerment to challenge social and colonial issues responsible for the current situation.

**Support Systems To Make The Family Strong**

*Churches Networking and sharing information* with other agencies such as the Samoan Advisory will make the family strong. Family conference/meetings is a good system for early intervention to discuss issues affecting women and other members of the family. Family participation and input into decision making is an appropriate process to hear the voices of all age groups. Sharing information can be a family tool to plan their own resources appropriate for their own needs.

**Raising Cultural Awareness and Skills** will get people to see the social, colonial and political factors contribute to their problems. For instance, peer pressure, environmental factors, loss of identity and so forth. Raising cultural awareness will help people to come into terms with their identity, sense of belonging, and to see other resources available. Recognising family weaknesses will enable the family to build positive skills to support every members, and especially women. We need to challenge the impact of the ‘eyes of the people’ on our thinking to enable us to see the reality of the world.

**Advocacy and family participation** will help the family through the bureaucracy/red tape. For instance, the family should be involved in the decision making when a Samoan woman/girl requests for an abortion or the mother advocates for the daughter in terms of using contraception. Family advocacy empowers the family to be autonomous to promote
community or family based programmes to help their own members understand the issues and support everyone.

**Education and commitment to family social changes** is a pathway to knowledge and understanding. It will discourage Samoan women from abortion, infanticide, and abandoning their babies. Promotion of education programmes in Samoan and English language empower Samoan and New Zealand born families with information to commit to positive lifestyle and behavioural changes.

**Samoanisi and faa-Papalagi Ways.** *Samoanisi* is the overriding principle of the family model. However, some New Zealand born people identify with the *Papalagi* environment, therefore, we need to allow space for the New Zealand born people to move in, in order not to be left out on either the Samoan or *Papalagi* environment. People have the right to have choices, and having choices empower people to live the best out of the two worlds. *Samoanisi* and *faa-Papalagi* ways need to work together and compromise to meet the needs of each individual member of the family. Having said this, *Samoanisi* is the overriding identity of any Samoan person whether he/she is a New Zealand born person, or other.

**A Story**

In my practice, when anyone such as a woman, mother, father or man come to talk to me about their problems, I support them. I talk to them to enable them to understand the importance of valuing their views, and the views of others. I suggest a healing talk to enable them to see that people hold different perspectives, so that they would understand and be willing to support the women in times of crisis.
I consider that healing the talk is about seeing the world in a wider perspective without been judgemental. It is about seeing other people’s perspectives and your own. Healing can bridge the gap of misunderstanding. It is about accepting the goods and the bads. Healing is about community spirit and family support. It is a time of togetherness and forgiveness. It is about understanding and acknowledging our past knowledge and accept that today’s world is moving so fast, that we cannot keep up with the changes that impact on our children’s lives. I really believe that parents and families want their daughters and sisters to do well in life, however, I suggest that we need to have the understanding to support and love them when they do not achieve their goals.

In my practice, I was introduced to a picture that impacted on the way I nurse, the way I see and judge people, and the way I see the world. This well known picture in illustration 8 from psychology texts (Covey, 1989) has influenced me not to be critical with people, but to acknowledge, accept and value their differences. I consider that my experience of seeing the young and old woman in the picture is the kind of shift in perception that I might look to achieve in discussions.
SUMMARY

I have discussed my place in this study in terms of where I stand in the inside and outside view. In this chapter, I have suggested that the inside view is the position in which we understand ourselves before we try to judge others.

The discussion highlighted the inter-generational in understanding between the old and young generation and the two cultures. The extension of the *tanoa* model to the 'eyes of the people' model enabled me to explore further meanings of the 'eyes of the people'. ‘The *Samoanisi* Family Model’ is presented as I imagine it could be used as the overall theoretical framework which provides strategies, models, and framework for education and discussion in the families and communities. The proceedings from the National Conference of the Pacific Islands Sexual and Reproductive Health initiated by the Ministry of Health in 1995, suggested policy changes and I would like to try out ‘*Le Tino O le Aiga Samoa* - The *Samoanisi* Family Model’.
CHAPTER NINE
CONCLUSION

INTRODUCTION
This final chapter presents a summary of the study in which the place of contraception and abortion in the lives of Samoan women living in Porirua New Zealand has been explored. I made some remarks in the Preface with regards to the idiom of Samoan and English, particularly my style of writing and translating. It is important that the reader understands that the study used two languages. I never imagined that the thesis would evolve in the way that it has. For instance, language, reality, identity and truth have become equally as important in exploring the issues of contraception and abortion. Nursing research has always fascinated me with its ability to use all the other disciplines concepts and methodologies to explore human beings, the art of nursing, healing and caring. I never dreamed my own research in nursing would allow me to explore the deepest ideas of being human in this way.

I had identified Sanroanisi as the research design, methodology, and processes to encapsulate the experience of Samoan women using Samoan language to tell their stories. I have found that the essence of what women wanted to have shared or made public in our community determined me to respond back into the heart of the community, with the women, elders, matai, and Ministers in my mind. In this way, I consider the research as a whole has been truely collaborative and has lifted us all up to consider our future more positively.

In chapter Two, I decided to include my own story from an 'inside' view to reveal my place as an indigenous Samoan woman, nurse and research and the community in the research. I used the tanoa model as a framework to discuss the importance of identity in
the lives of Samoan women, and my cosmological beliefs of *Samoanisi* health practices and healing system. The sacredness in *Samoanisi* is discussed in Chapter Three to highlight the importance and the impact of this value on peoples lives. Sacredness and *Samoanisi* are one and the same. When I say this, my passionate feelings start to rise. I feel like I should stand to speak because I am so moved, and the speaking honours my ancestors - all the women.

Chapter Four and Five discussed how I as a nurse have practised and used the literature I accessed on contraception and abortion, in relation to the Samoan women’s beliefs and practices.

Chapter Five presented exactly how I began to ask questions. These questions centred the study. *Samoanisi* as the research design and methodology is discussed in two parts. The first part discusses the processes I explored in the initial stage of the project at the Masters level, and how my thinking evolved over time to consider *Samoanisi* in part two as the most appropriate methodology to undertake this study. This chapter reveals the thinking in *Samoanisi*. I have made tentative glances at the huge literature on language, reality, narratives and storytelling, but have not explored this in depth. For the purpose of this study, I had to make a choice and focused on writing about *Samoanisi* and my development of the inner dynamic of our thinking and consideration. I look forward to further research to position this writing possibly in the fields of linguistics and sociology, and particularly the construction of reality.

The real journeying for me in this thesis began when Samoan women shared with me their stories. I wrote out Chapter Six in this document and Chapter Seven in the Samoan document, and this formed the overall data base of this study. I could see the women literally speaking. I realised that using Samoan language to tell Samoan women’s stories is
an opportunity to reveal their real ‘voices’, their truths, their vast wisdom and process I used for knowledge.

Further exploration and extension of the *tanoa* model is explored and discussed in Chapter Seven in which the analysis of the Samoan women’s stories into their key messages, their themes and sub-themes are positioned in different environments of the *tanoa* model, to allow each woman to have their place. A further modification of the *tanoa* model into the ‘eyes of the people’ model is the text for Chapter Eight. In this chapter, I emphasise my relationship as a nurse educator once again by sharing to respond to the community’s questions and pleas to help. *Samoanisi* family model which is a framework for education and discussion is presented in detail.

I have included my thoughts on the significance and limitations of the study. I realised that the number of women in this study was small and cannot be generalised to include all Samoan women. However, I decided each women’s story provided relevant text to meanings that create the basis for implementing appropriate health education and research, policy and I have included them as a whole. By using *Samoanisi* methodology, I have been able to position myself as a nurse writing for nursing research. The messages and the data analysis arose from the women’s stories are the basis of a number of implications for nursing practice and nursing research.

This chapter concludes with my reflections, implications for nursing practice, *Samoanisi* and future research, and recommendations of the study.
REFLECTIONS

Looking back, I have found the process of thinking and writing in Samoan and English an extremely challenging process. It was so difficult to think and write in Samoan during the first stages of the writing as I was assimilated into speaking and writing English in my profession. It was hard to let go of the *Papalagi* thinking. I walked back and forth trying to think and write in Samoan. I ended up writing a largely English text which to some extent defeats my purpose of doing *Samoanisi* research, I consider would have the whole text in Samoan. I still feel frustrated as the English language has disempowered me in my Samoan thinking.

Although the research was undertaken in the small city of Wellington, I made a decision to go to Samoa to write the Samoan document, as I was still surrounded by the English language and the land of the Tangata Whenua. I didn’t feel the connection to the land and language of other people. I went to Samoa several times. It was an enlightening experience. I was truely enriched with the Samoan language and knowledge the day I set foot on my own land. I felt the closeness of my spiritual being to my land where my ancestors were watching me. It was an amazing feeling, a feeling of belonging, safety and security. I started writing immediately. Malifa (1991) writes, "*language signifies the value of land, and that is why a Samoan person is close to his/her land because land is a blessing from God*" (Malifa, 1991, p. 2). My philosophical belief was confirmed. I didn’t want to return to New Zealand. I was back in the lifestyle I was brought up with, speaking Samoan all the time and doing the things in the Samoan way.

Being in Samoa broadened the horizon of my thinking, expanded my thoughts and ideas to enable me to explore the uniqueness of *Samoanisi* and to differentiate it from the *faa-Papalagi* way of being. I realised that what I felt in Samoa was totally absent in New
Zealand. There was what I imagined to be a paradigm shift in my thinking back to the old ways I was brought up with.

I returned to New Zealand and my thinking Samoan was so clear could easily think and write. I refrained from attending Papalagi gatherings in case it destroyed my thinking. I maintained the closeness of my spiritual being to my culture despite the fact that I was back in New Zealand. At this time I couldn't think in English. I found that I was conversing in the Samoan language as I was speaking to my Papalagi colleagues.

This study has confirmed to me that my choice in developing Samoanisi as a methodology to undertake this study has been liberating. I feel good about my own ways and appreciate that the Papalagi ways has influenced me to think in my own ways. I know when to use the Papalagi ways to integrate in my culture and when not to include it. While I have this awareness, I am aware I need to work to further position the tentative Samoanisi research design that I have identified. I wrote a full text in Samoan before I could write the final English and Samoan documents. I felt that this is how I had always wanted the process to happen and my intuition had guided me. The process was about creating a method which was congruent with the question I was asking.

My place in Samoanisi research

This study has taken immense thinking. There were several issues I considered before the study took place such as: the acceptance of the study by Samoan women since it involves the discussion of sacredness; the benefit of this study to Samoan people as a way for open discussion between parents and children, men and women; whether the using of Samoanisi methodologies and language would reveal the truth of Samoan women's voices rather than the interpretation of non Samoan people; and whether the study would
provide strategies for Samoan people to deal with our own issues and especially policies to meet the needs of Samoan women.

It was important for me to listen to my own instinct about the topic I wanted to explore. It was also important for me to ask myself, is abortion and contraception an issue for Samoan women? or is it an issue for non-Samoan people? I wanted to find out the truth from the women's own words in their own language. The truth was to listen to the women in their own language, and to participate with the women in a collaborative partnership in this study. This has confirmed to me that Samoanisi can be a methodology to reveal the truth and reality of Samoan women's experiences. What I really wanted to come out of this study is how we can influence policy in the faa-Papalagi environment to shift their way of thinking in involving Samoan families with the decision making of our own people, and to make some shift in the way Samoan families solve an issue that affects our women.

I suggest that the information published on the high abortion rate on Pacific Island women does not help Samoan women in the long run as it places shame on women. The truth of what is happening to Samoan women is not found in the statistics. What we need to explore is the impact of policies on women and Samoan families. We need to challenge the impact of policy framework designed to meet the needs of the predominant culture on minority cultures such as the Samoan culture.

The abortion law and privacy act are policies of the New Zealand Government and the faa-Papalagi system. Samoanisi is based on the unity of the family. There is no such thing as 'privacy'. Everybody knows that someone in the family is sick. If problems exist, the family gets together to discuss the best solutions to solve it. This is the same in the case of pregnancy. If a young woman is pregnant, the family will be hurt, angry and embarrassed, but they will eventually accept the situation with love and support. The
abortion law allows women to secretly have abortion without the knowledge of the family, thereby placing a negative image on women by portraying them in figures and numbers, without knowing the impact of the law on the cultural values of Samoan people.

The nature of Samoan women is that they have always been contraceptive free. They controlled the natural process of their bodies and have many children. The truth of statistics is based on an outside view, while the truth of the phenomenon is based on the inside view. It was important for me to face to face with Samoan women to ask them about their views on contraception and abortion so that the truth is expressed, rather than be expressed by the views of others who see Samoan women as problems and numbers.

The messages and themes emerged from the women’s stories is a guiding framework for discussion to enhance ways that Samoanisi will reinforce values that promote the well-being of women, to review and revisit Samoan values that impact on the holistic being of women, and to provide strategies for the health professionals to work in partnership with Samoan families and communities.

Samoan women’s stories are based on epistemological knowledge. Epistemological knowledge is knowledge that is unique and owned by Samoan women. What Samoan women have shared with me has given me a voice to advocate their views in the ‘eyes’ of our own people and in the ‘eyes’ of the Western system. I realised that Samoan women’s epistemological belief is their heritage. This Samoan belief is based on Samoan peoples’ cosmology derived from their own living system of Samoanisi which is the integration of the chiefly system, culture, values, language, healing practices, connection with our ancestral beings and religion. The Western system does not consider a person as a whole. They look at a person in terms of parts. The Western system look at an issue from the
surface of the problem rather than looking underneath the underlying problem and how it affects the whole family and the community.

Cultural safety is a big concern for nursing education in Aotearoa. Cultural safety is about knowing who you are and feeling safe within your own culture, before you assist other people outside of your culture. It is about respect and not imposing your values on others. The Western system fails to consider the cosmological beliefs of Samoan women and families. The assumption is that the best solution is abortion is very much based on an assumption of looking on the surface, rather than involving the family from underneath the surface to discuss the best ways to deal with these situations.

Is contraception a Samoan thing? The women said ‘no’. They said that “contraception is a Papalagi thing”. Very few women who took part in this study had been using contraception. It worked for them. I make an assumption on the surface that the health professionals criticise Pacific Island/Samoan women for not taking contraception when they have the highest rate of abortion in New Zealand. I was once asked by a health professional why Samoan women don’t take contraception to prevent unwanted pregnancies. I quote one of the women’s response, “because it’s culturally inappropriate”.

The underlying issue is not about taking the contraception. It is about consultation, negotiation and empowering the families with appropriate information. It is about working with families from underneath the surface to the layer of the surface. We cannot separate the women from their families and support system. The health professionals need to shift the way they see Samoanisi from a single world view of individualism. Samoanisi operates on the whole of the whole and not on a single entity.
I feel that Samoanisi has to take the responsibility of why our own women seek support outside of our own families. We need to ask ourselves, what is the impact of our beliefs on our own women? I quote some of the women's comments: because it is the "eyes of the people; parents are too hard; parents are embarrassed to talk to their children; they say it is taboo, these are not the sort of things that are discussed in the family". I consider that the family has a responsibility to every member of the family to discuss these issues in a culturally appropriate manner.

Samoanisi needs to re-examine the whole person from underneath the surface such as: the Papalagi environment and its impact on Samoan women; the Samoan environment and its impact on their own women; the Papalagi values and its impact on Samoan women; Samoan values and its impact on Samoan women; the family and its role in supporting women; religion and culture.

To be culturally safe is not to ignore what is happening to Samoan women in the two environments, and I suggest that one of the ways to support women is for the two cultures to negotiate the impact of policies and value system on the health status of Samoan women in New Zealand.

Knowing who I am and standing in my own place

In this study, I position myself from the inside view of Samoanisi to discuss and story with Samoan women their views on the research topic. It was important in my role to maintain the truth and reality of Samoan women's experience in the language their story was told in. I then shift my position to step out of the inside view to place myself in the outside view to critique the impact of the outside view on Samoanisi. I found the process of moving in between the two positions culturally safe for me because of these reasons. First I stood in the inside position I was born in to articulate and advocate what is real to
Samoan women and *Samoanisi*. I know who I am and where I stand and how to position my voice in *Samoanisi*. I ensured that I felt good within my own position before I stepped out of it. My experience in health and nursing in New Zealand has given me a voice to critique the impact of the outside view on *Samoanisi*. Speaking and writing in the two languages and knowing the two cultures has given me a position to stand comfortably in between the two cultures to bridge the gaps of misunderstanding.

I believe that to be culturally safe when dealing with people who are different from your own is to understand the inside and the outside view. However, to be culturally safe is to know your culture from inside. I am fortunate to speak and write in two languages. My exposure to *Samoanisi* and *fafa-Papalagi* culture and education had given me the understanding of *Samoanisi* values that impact and promote the well-being of women, and the understanding of *Papalagi* values that impact and promote *Samoanisi* values. I hold these two views in my *tanoa* model. I stood in the *tanoa* model to examine my own culture within our own values and norms, and then I stepped out of the *tanoa* model to examine the *Papalagi* culture in comparison to *Samoanisi*.

In the context of this study, I refer to *Samoanisi* as the inside view and the *fafa-Papalagi* culture as the outside view because of the position I am talking from. This does not mean that *Samoanisi* is perfect and the *fafa-Papalagi* is imperfect. The position of these two views can be transferable. *Samoanisi* can stepped out of the inside view to stand from the outside view to judge or criticise Samoan women, as documented by the most common statements of the women as "the eyes of the people". *Samoanisi* can also judge the *fafa-Papalagi* from the outside view as documented by the women’s statements as "the abortion law is not a Samoan culture"; or "those things contraception are Papalagi things".

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I discussed the importance of the cultural safety of minority cultures living in a predominant culture of other cultures. Samoan women are minorities in New Zealand and their lifestyle changes and economic circumstances has impacted on their values of having many children. Some Samoan women are assimilated to live the lives of other people to fit into the Western system.

The dislocation of family support and having to meet the commitments of a new life in New Zealand and maintaining the link with families back in Samoa in terms of sending remittances has shifted the way some Samoan women value children in terms of numbers. They plan the number of children they have, rather than ending their fertility in the natural process as older women used to. Many Samoan women these days are single parents which is a new trend in this generation as opposed to our parents generation of a two parent family.

Samoan women are forced to move out of *Samoanisi* to participate in the *faa-Papalagi* environment to survive financially. Most women are against abortion and do not support contraception, and at the same time they don’t talk about preventing these issues happening. When Samoan women do not get the support from *Samoanisi*, they seek support from outside of their own culture. In 1997, the government came up with a strategy to combat the high abortion rate in terms of subsidising the pill. It is now free but women still pay for the doctors fee to get the prescription. One other strategy is that the Government had earmarked $3,000,000 for sexual education programmes.

The strategies needs to focus on sharing family responsibilities, respect, partnership, protection and safety; and need to ask these questions. Do Samoan parents know about the abortion law and its impact on their daughters, sister, or wife? I don’t think so. Only people who have access to these laws know about the details that they refer to. Some
Samoan parents find out about this law after a daughter has had an abortion. I believe we can have huge impact on shaping a powerful submission that might enable a review or even referendum to explore the positioning and interpretation of the Act in the Samoan community.

We need to respect the dignity of our older people in terms of maintaining sexuality as a sacred subject. We can't change the way our older people think. Respect is the key to acknowledging their views. I predict that within twenty years there would be more New Zealand Samoan borns than Samoan born parents. Therefore, I suggest that education needs to focus on the young generation. The term education is appropriate in the way young generation perceive information in this country. I prefer to use the term discussion when discussing issues with the parents and communities. The term education in the context of talking to the parents implies that the parents are not educated. Parents are already educated, they have the knowledge and values that are unique to them. However, I suggest that family discussion is a better term to reinforce family discussion, deliberation, sharing knowledge and information about the relationship with the children, wives, sisters men and family. Family discussion allows room in the middle for the older and young generation to meet and discuss issues affecting our lives.

I have suggested in the thesis that education and discussion programmes need to consider the following questions. Do you understand the physiological changes that takes place in your body? How do you feel about contraception? Why don't you like it? Do you understand about it? Would you use it? Does it fit in with your family values and beliefs? How does your husband feel about contraception? Does your mother know that you are using contraception? How do you feel if we include your mother in our discussion? How do you feel if your partner/husband is included in our discussion? Are you aware that contraception has side effects?
The privacy act has implications for Samoan culture. In a Samoan family, if an adult daughter is still living with her parents, it is still the parents responsibilities to oversee the welfare and decision making of their daughter. This act means that any girl can get the contraception and have an abortion without the parents knowledge.

This creates a lot of conflict between Samoan parents and children because this act is based on a Western way of thinking. There is a move by the government called ‘family responsibility’ to make the family responsible for their children. This raises a question for me. If the government expects the family to be responsible for their own children, how can the family be responsible to make the best decisions and solutions for their children when this act creates a barrier for parents in the Samoan community to discuss these issues with their children?

The older women shared, “the government interferes with our culture and customs, although the family will get hurt and embarrassed if a girl gets pregnant, they will finally accept the situation and look forward to God's gift”.

LIMITATIONS OF THIS RESEARCH

I have been exposed to Western terms that may not or may fit our cosmology. This will be revealed over time with much consideration. In this research, I realise that we have our own ways of conducting things in our faa-Samoa way. I have a long time interest in the concept of the ‘essence’ or essential nature of things particularly my Samoanisi philosophy. Samoan people live in a family and chiefly system; and have a remarkable knowledge of the Samoan language; our cosmological understanding is connected with our ancestral beings, healing practices and beliefs, our connection with God, and most of all the ‘essence’ of identity which means belonging to Samoanisi.
Realising the edges of my understanding in Samoan and my interest in Western ideas, gave me the authority to remain true to the stories of Samoan women in Samoan language for Samoan born women, and English language for the New Zealand born women. I recognise storytelling has always been the way our ancestors maintained the history and legends of our people and passed them on from one generation to another generation. In this study, Samoan women's stories are the 'living legend' of their time about contraception and abortion. I intend to explore all these connections between story, language, idea, thinking in great detail with the elders and scholars.

While this study has explored the experiences of a small group of Samoan women, there are limitations. This project was community based initially and became an academic work. This resulted in a number of limitations such as the sample size. The sample size of this research cannot be generalised for all Samoan women in New Zealand, and a bigger project to include a much bigger sample will warrant further exploration. This small project was undertaken for the purpose of using research as a means to find a way forward. Secondary outcomes are that it can be used as a basis for reviewing policies that impact on the health status of Samoan women and to raise awareness among Samoan families.

Although all the women in the study are Samoan women, only four of the women were New Zealand born and this has limited the data obtained from New Zealand born women. However, the aims of the study were fulfilled in that the purpose was to compare and contrast the four New Zealand born women stories to the four Samoan born women to give me some contrasting evidence.

This research has limitations in that I felt constrained in my ability to develop Samoanisi because of my prior training in Western methodologies and theories. My goal in the future
is to position Samoanisi as an original research methodology to contribute to national and international nursing education and research. As with any research, my decision to explore Samoanisi was not taken lightly, because of my decision to not spend energy in the thesis locating a position for Samoanisi, other than as a right of indigenous knowledge. I realise that this may be seen as a serious flaw, however, I chose to write extensive detail in English and Samoan of the processes used.

**IMPLICATIONS FOR NURSING PRACTICE AND SAMOANISI**

This research clearly highlights that many Samoan women do not use contraception despite their knowledge of its availability and have the highest abortion rate. The truth of this research emerged from Samoan women’s stories in the language their stories were told in. I became so aware of how New Zealand policies from many Government Departments impact on our people.

I could see exactly why there are multiple barriers to the use of contraception among Samoan women. Some stem from the social and cultural characteristics of Samoan beliefs and women themselves, which include a strong suspicion of the side effects of contraception. Others reflect the failure of the health delivery system, conflicts between the traditional/indigenous and ‘modern’ methods of both health and contraception. Language barriers, inappropriateness sharing of information, distrust of the health services are associated with the lower rates of contraceptive use and a low tolerance of what are considered to be Papalagi things. These factors undoubtedly contribute to the important gap between indigenous and non-indigenous women in knowledge about modern contraceptives. By failing to consider traditional beliefs and to involve the family with decision making, health professionals continue to disempower Samoan women by their lack of non-contraceptive awareness, and therefore women have more abortions.
I am not aware of any studies that used Samoan language to explore the experience of Samoan women to contraception and abortion. Samoan women’s voices in Samoan language were unknown and unheard of until this study. The methodology used in this study provides a base on which other studies could develop in women’s health. Many important issues have been raised by the women in this study as a pathway for discussion both in the families and between the health professionals and women and families. I could and have generalised often and said, parents, men and families are not supportive of our women. I needed to say this so that we can work together for the well-being of our women and women of tomorrow. Future research is required to explore the unheard voices of the parents and families to balance the gap of misunderstanding between the women and families, and to further explore the gap between what the health professionals say from an outside view and what the women say from an inside view. A whole raft of integrated Strategies and policies need to be developed and implemented to meet the needs of the women.

I have many unanswered questions in this study. I have begun to provide some way of discussion so as to position the collaborative nature of the study, and so as not to violate people’s feelings about the reality of what is happening in our own families.

SIGNIFICANCE OF THE STUDY
This study has provided valuable information about the place of contraception and abortion in the lives of Samoan women. I have interpreted and analysed the information obtained from the women’s stories into a format that I consider are important to policy makers and the Samoan community, to find ways to actively support and manage the health needs of women. If the outcome is a reduction in abortion, that remains to be seen.
To comprehend what it means to say that there is a lack of Samoan support services in this area, and possibly the lack of understanding among the families about the importance of supporting our women, is to invite criticism from within our own community. This study in Samoan and English language hopefully will bridge the gap of knowledge between the Samoan and New Zealand born generations to generate more discussion and awareness on a health issue that affects Samoan women physically, mentally, spiritually, economically and culturally.

The 'eyes of the people' which is a term I have used to express how I feel about what is happening within our own families and community, is the main underlying theme in this study. I have suggested that the 'eyes of the people' is a significant baseline for developing education programmes and discussion in the community. Money is required for such preventative education programmes based on 'talatalaga o le tino atoa o le aiga Samoa' (Samoanisi family discussion model) which embraces history, culture and contemporary beliefs to balance the two perspectives of Samoanisi and faa-Papalagi. I have not costed this out, but certainly have identified the scope of such a programme in Chapter Eight. The attitudes of Samoan women to contraception suggests that health promotion programmes need to focus on indigenous values and western contraception.

Discussion on the appropriate methods should focus on with the women's beliefs. Research of the effectiveness of traditional methods of contraception simultaneously conducted with studies on the actual pattern of use of contraception today, would contribute the next story to the women's story I have presented. The research also suggests that Samoan parents should be the first teachers for their own children about valuing their bodies. Education programmes designed with Samoan values as a basis such as respect and governorship between men and women need to be designed and delivered by Samoan people for their own people. The outcome of this research suggests that we
need to make ‘a difference’ in the way we perceive women in life, in order to influence policy that impacts on Samoan values and beliefs. The research recommends a need to review the Abortion Law and the Privacy Act to establish interpretation that will be useful or lead to a modification of the Acts.

I have used Samoan language as a methodology in this research and have been amazed at my experience, the reception of the community, the women, colleagues in the Nursing Department and my own family. I consider that there is much value in further development of this unique direction. I am both humble, excited and nervous. I feel it is right, but it definitely needs to fest time and use. As a result of this research, I would recommend further research using Samoanisi to record and write Samoan peoples’ stories in Samoan language as they live them now. It reveals the truth of Samoan women’s reality in their own world. Previous research done on Samoan women, use western methodologies and the English language to question our women/people. The process and journey of this research suggests to me that future research done on Samoan people needs to recognise the use of Samoan language and protocols as a methodology to reveal the ‘essence’ of being ‘Samoan people’.

CONCLUSION

Unfolding the journey of this thesis is very much part of me as I journeyed with the stories of Samoan women. It was obvious to me that Samoan women’s stories empowered my being a Samoan woman to walk back in time to get closer to my culture. As Samoan women were telling me their stories in Samoan language using proverbs, I felt the closeness of my tongue to my own language. I felt the presence of my ancestors and the connection of my blood to our land. Their prayers, the singing, the blessings, their laughs, their tears and their support enabled me to be strong to do the right thing, the right way to do research. I have loved listening to Samoan women’s stories, the true stories of their
time which would benefit not only for our own people, but for the health professionals and Samoan women of tomorrow.

This document has presented the translated voices of Samoan born women’s stories in the spoken colloquial language, while maintaining the New Zealand born women’s stories in the English colloquial language their stories were told in. The writing of this thesis in Samoan and English language benefit both the Samoan and English speakers who want to read about how research is presented in both cultures.

I have maintained contact with the women and will offer them the full report of the study in the language of their choice. At this point, I want to acknowledge the contribution of three women who participated in this study who passed away as the journey of this thesis unfolded. I can smell, feel, hear and see the sweetness of their talk, their smiling faces, their lived stories as it lived on tape. HAPPY JOURNEY...thank you for your contribution to the women of Samoa. This study has provided a basis for discussion in the families and community. To this end my acknowledging of Samoan women who participated in this study.

The truth of Samoan women’s stories is not found in statistics, but from ‘the essence of being Samoan women’. In our way, “the eyes of the people” means “challenging the past to ensure a healthy future for Samoan women beyond tomorrow”.

In conclusion, I had found that this study had given me an invaluable experience to strengthen my connection to my own cultural identity, and my research practice in both Samoanisi and faa-Papalagi ways. I can hand it over as a gift. It is part of me. It is also part of my Samoan community and my family. I offer my love and respect for our women and people.
To be or not To be
That is the question
My questions have been answered
I am so passionate now about women as the foundation of our people
Women bear the children
Men are equal to this thinking
But somehow our equality and responsibilities
in creating our children and birthing them has become damaged
The hardest Questions have been given to me in the Study as a challenge
I was entrusted with the gift and nightmare
Using my capacity to think, my knowledge about language, my freedom
to walk equally in two cultures
I believe I have been able to convey in this Thesis
The truth of our nightmare and the dream for a future and down to earth
practical solutions
I ask a question
WHAT IS THE MOST BEAUTIFUL - BEAUTIFUL THING ON EARTH?
IT'S WOMEN - IT'S WOMEN
Appendix 1: Participant Information Sheet and Consent Form (p. 475-478)

VICTORIA UNIVERSITY ETHICS COMMITTEE
1994

Consent Form

The attitudes of Samoan women to contraception and its impact on abortion - The process of doing sensitive and culturally appropriate research in the Samoan community.

This study is supported and blessed by the Samoan community mentioned below and Margi Martin my Supervisor. This proposal will also be given to Victoria University Ethics Committee for approval. I have been awarded a Junior Award from the Health Research Council to carry out this study. I am enrolled under the Nursing Studies at Victoria University.

Supporters

* The Porirua Samoan Ministers Fellowship
* The Samoan Studies Victoria University
* The Elders mentioned in this proposal
* Margi Martin (Lecturer Nursing Studies Victoria)

Interviewer:
Ausaga Fa'asalele
Nursing Tutor Whitireia Community Polytechnic Porirua
RGON, Plunket Cert, BN, MA Candidate.
**Working Experience include:**

- Hospitals, District, Public Health, Plunket, Programme Nurse, Tutor Early Childhood & Health Courses, Research Assistant with the Prostate Study, Samoan Capital Radio Health Presenter.
- Phone: 2379665 Home
- Phone: 2375239 Ext.772 Work

The following information will describe the study and your role as a participant. The interviewer will answer any questions you may have about this form and about the study. Please read carefully and do not hesitate to ask anything about the information provided below.

Statistics tell us that Pacific Island women have the highest rate of abortion in New Zealand. It does not specify which Pacific Island women are mostly involved. There are more Samoan people in NZ than any other Pacific Island groups. Therefore I think the women that are mostly involved are Samoan women. Some Palagi/European doctors said that many Pacific Island women do not use contraception or ways of preventing pregnancy. They also said that Pacific Island women use abortion as an important way of fertility control.

This problem is not known to the Samoan people because we do not talk about these things openly. In this study I want to find out why many of our women have abortions. I want to know if our women understand their bodies, whether they understand how to use contraception or methods of preventing pregnancy, whether they understand the informations given by nurses, doctors and family planning. I want to find out the answers to these questions so that we can do something about it. For example, myself and other Samoan nurses will talk to our women in our own language about what goes on in a
women's body, we will talk about our own ways, the natural and/or palagi/european ways of preventing pregnancy so that our women will have the awareness and understanding and hopefully they will share the knowledge with their daughters, sisters and members of the family. We also need to have support groups to support and heal our women who have chosen to have abortion.

Many Palagis/European people interview Samoan people in English. Our "language" is very important to us. The Samoan language is taught in A'oga Amata/Pre-School because we feel it is part of us/identity. Very soon it will be taught in schools. We have Samoan bibles, newspapers, churches, our radio and other things in Samoan. The Samoan language is taught at the University level by the Samoan Studies at Victoria University. In the Nursing Department at Victoria University where I'm doing this study everything is in English. Because I am a Samoan nurse and my "language" is very important to me, I want this study to be done in Samoan so that we can have something in our own language. For those of you who will be interviewed we will talk in our own language except for the NZ born women, a choice will be given. A report will be given to you on completion of the study and I know you will enjoy reading it because its in your own language. Therefore the aim of this study is to interview Samoan women in the Samoan language so that they will keep something that belongs to them and will be useful to the Samoan community to find ways to help our women.

For those women who will take part in this study you will be asked simple questions of what you think about abortion and contraception or ways of preventing pregnancy. The interview will take about 1 to 2 hours.
Your name will not be used or appear on the report. All information will be kept strictly confidential or no one else will know what you were telling me. If the results of the study are discussed or talked about or presented in any manner/way then the information will be completely anonymous or your name will not be mentioned.

It is hoped that the information gained from this study will give us a much better understanding about the problems our women are having with contraception and abortion, and will enable us to help them and ourselves not only recognise the difficulties but also understand the causes.

**Declaration**

I have read the above information sheet and have had the opportunity for discussion with Ausaga Fa'asalele. I understand that I can withdraw from the study at any time. I understand that the procedures have been approved by the Central Regional Health Authority Ethics Committee. I agree to take part in this study.

Signature of participant........................................Date ..........................

Signature of interviewer........................................Date..........................

I have discussed this consent form with the participant/s and am satisfied that she/they fully understand/s it and that her/their consent is freely given.

Signature of Witness/......................................... Date..........................

Participant Advocate
Appendix 2: Participant Information Sheet and Consent Form (p. 479-482)

Samoan Translation

Pepe o Le Maliega

O Le Komiti Pupu Mo Aia a Tagata a Le Pulega a Le Soifua Maloiloina a Ueligitone

“O le faia o su’esu’ega e talafeagai ma tu ma aganuu Faa-Samoa”. O le nei su’esu’ega e fia sailia ai finagalo o tina Samoa e alala i Porirua e faatatau i aiga fuafuaina ma le faapau’uina o pepe (tulou).

O le nei su’esu’ega ua lagolagoina ma faamanuiaina e Ta’ita’i o le tatou nu’u e pei o:

- le mafutaga a faa-feagaiga i Porirua
- lala o le gagana Samoa a le Iunivesite a Vitoria
- O ni tama matutua ua ou filifilia e fesoasoani ma fautuaina a’u i le nei su’esu’ega.

O le Igoa o le Tagata Su’esu’e:

- Ausaga Fa’asalele, Tausima’i Resitara e faia’oga i Whitireia Community Polytechnic i Porirua
- Telefoni: 04-2379665 (fale)
- Telefoni 04-2375239 (galuega)

O le nei faamatalaga o le a faamalamalamaina ai uiga o le nei su’esu’ega, atoa ai ma mea e tatau ona e faia. O le a taliina e le tagata su’esu’e ni au fesili e uiga i le nei pepa, atoa ai ma le su’esu’ega. Faamolemole ia faitau lelei le nei faamalamalamaga ma fesili pe afai e te le malamalama i se mea.
Ua faaalia mai i fuainumera faamaumauina le maualuga o le fuainumera o tina/tamaitai Pasefika e faapau’u a latou pepe i totonu o Niu Sila. Ua faalaua’iteleina mai lenei faamatatalaga male le mautinoa poo ai le atunuu Pasefika o loo pito sili ona a’asia i lenei faafitauali. E pito sili atu ona toatele tagata Samoa i totonu o Niu Sila. Ua a’e ai so’u manatu o tina/tamaitai Samoa o loo a’asia tele i lenei faafitauali. Fai mai ni faamatatalaga o nisi o fomai Papalagi, o le toatele o tina/tamaitai Pasefika latou te le faaaogaina aiga fuafuaina e taofia ai ma’itaga le fuafuaina. O nisi o a latou faamatatalaga ua faapea, ‘ua faatauaaina ma faaaogaina e tina/tamaitai Pasefika le faapau’uina o pepe, e fuafua ai a latou fanau’.

O lenei faafitauali e le o iloa e le tele o tagata Samoa, ona e le o ni mea ia tatou te talatalanoa faasamasamanoa iai. I lenei su’esu’ega, ua ou fia iloa ai le mafua’aga o le toatele o tina/tamaitai Samoa ua uia nei tulaga. Ou te fia iloa foi pe malamalama tina/tamaitai i o latou tino, pe malamalama i le faaaogaina o le tele o ituaiaga o aiga fuafuaina, pe faamalamalama lelei e alii ma tamaitai fomai faamatatalaga uma o auala ma ituaiaga eseese o aiga fuafuaina, ma pe maua se fesoasoani mai i aiga pea maua tamaitai i ma’itaga le fuafuaina. Ou te fia iloa mafua’aga o lenei faafitauali, ina ia faia ai ni a’oa’oga i le tatou lava gagana Samoa e foia ai lenei tulaga. E faamoemoe o nei a’oa’oga o le a tatou malamalama ai i o tatou tino, aemaise le iloa o auala faanatura ma auala faa-Papalagi i le fuafua lelei o aiga. Atonu o le a avea foi nei a’oa’oga ma ta’iala ia i tatou tina/tamaitai e fesoasoani atu ai i isi o tatou uso, fanau ma soo se tasi. E taua foi le faia o ni a tatou lava faalapotopotoga, e lagolagoina ai o tatou tina/tamaitai ua a’asia i nei tulaga o le faapau’uina o ma’itaga.

O le tele lava o su’esu’ega e fai i tagata Samoa e faia e tagata Papalagi i le gagana faa-Peretania. O le tatou gagana Samoa o se gagana pito sili lava ona taua i tu ma aga a le tagata Samoa. O le faatauaaina o le gagana Samoa lea ua mafai ai nei ona a’oa’oina i totonu
o A'oga Amata ma le Iunivesite. E le o toe mamo se taimi, ona a'oa'oina lea o le gagana Samoa i a'oga faatulagalua. E iai lava a tatou Tusi Paia Samoa, nusipepa Samoa, Lotu faa-Samoa ma le tatou letio Samoa. I totonu o le Matagaluega o A'oa'oga Faatausima'i o loo ou aoga ai nei i le Iunivesite a Vitoria, e faia uma a'oa'oga i le gagana faa-Peretania. Ona o a'u o le tausimai Samoa ma o la'u gagana muamua o le faa-Samoa, ua ou filiga e faia ma tusia lenei su'esu'ega i le gagana Samoa. O le agaga o le faia o lenei su'esu'ega i le gagana Samoa, ina ia e malamalama lelei ai i lau lava gagana, ma fai ma taiala i nisi o alo o le atunuu ia faatauaina le tatou gagana Samoa i su'esu'ega ma tusitusiga.

A uma lenei su'esu'ega, o le a avatu ia te oe le lipoti e te faitau iai ma avea ma au mea totino. O le gagana Samoa e fesoootai ai tagata Samoa i o latou faalogona. E le mafai e ni faapuuga faa-Papalagi ona faamatalaina le loloto ma le taua o o tatou manaoga ma faalogona nau lau lava gagana. O le faatauaina ma le talatalanoa i le tatou lava gagana, o le a maua ai ni mafaufauga lelei e foia ai lenei faafitauli e tupu mai i tina/tamaitai Samoa.

O tina/tamaitai o le a filifilia i lenei su'esu'ega, o le a fesiligia oe i ni fesili faigofie i ou lava lagona i lenei mataupu o le "faapau'uina o pepe ma aiga fuafuaina". O le umi o le tatou talatalanoaga pe tusa e tasi i le lua itula.

O le a le tusia pe faailoaiana lou suafa i lenei su'esu'ega poo totonu foi o le lipoti. O le a puipui malu lou suafa e leai ma se isi na te iloa. Afai e talanoaina ni vaega o lenei su'esu'ega i ni faalapotopotoga, o le a le faailoaiana lou suafa.

Ua ou faamoemoe ia avea lenei su'esu'ega ma auala tatou te malamalama ai i faafitauli ua a'afia ai tina/tamaitai Samoa.
Ta’utinoga

Ua ou faitauina le faamatalaga e pei ona tusia i luga ma ua ou maua foi se avanoa e talanoa ai ma Ausaga Fa’asalele, le susuga i le tamaïtai taisimai. Ua ou mautinoa foi ua uma ona faamaonia nei aiaiga uma e le Komiti Puipui Mo Aia a Tagata a le Pulega A le Soifua Maloloina a Ueligitone. Ua ou malie ou te auai i lenei su’esu’ega.

O la’u saini................................. Aso.................................

O le saini a le tagata su’esu’e................ Aso.................................

Ua uma ona ou talatalanoa ma le ua sainia lenei pepa, e uiga i le su’esu’ega ma ua ta’u mai e ia ua malamalama ma ua malie atoatoa e auai i le su’esu’ega.

Sainia e le molimau/Lagolagoina le tagata auai........................................

Aso...........................................
APPENDICES: 3, 4, 5 (p. 484 - 486)

SUPPORT LETTERS

APPENDIX: 6 (p. 487)

Tree Diagram
28 July 1994

Tino M S Meleisea
111 Conclusion Street
Ascot Park
PORIRUA.

TO WHOM IT MAY CONCERN:

A STUDY TO BE UNDERTAKEN BY MS AUSAGA FAA'ASALELE ON THE QUESTION OF -
"WHAT IS THE ATTITUDE OF SAMOAN WOMEN TO CONTRACEPTION AND ABORTION?"

Talofa Lava!

I am honoured to be asked by Ms Ausaga Fa'asalele, of 16 Cornwall Street, Porirua to be one of her Samoan Supervisors for her research to find an answer to the question of "What is the attitude of Samoan women to contraception and abortion", in order to meet the requirements for her MA by thesis in nursing at Victoria University of Wellington.

As the initiator of relevant endeavours to establish a Pacific Island Research and Development Centre (PIRAD) at Whitireia Community Polytechnic (WCP), as well as the prime mover in WCP's proposal for the establishment of the South Pacific Health Research Centre at WCP, I am pleased that Ms Ausaga Fa'asalele, who is one of our Pacific Island tutors at WCP, has chosen to undertake this very important topic, which would undoubtedly be of great value not only to the Samoan community but also to the research community at large. It is imperative thus for me to render full support to this Samoan scholar's exertions, a service which I'm delighted and proud to provide for her.

For this study to be absolutely and critically meet its aims and objectives, I believe that the research topic, design and the methodology proposed are academically and culturally appropriate, though it could be perceived by some quarters as not within the "norm". However, the social, economic and cultural development of the Pacific Island sector of the New Zealand population relies heavily on the type of cultural appropriate and informed data emanated from this sort of research.

As one of the informed and prominent members of the Samoan community in Porirua (being Hon Secretary of the Fellowship of the Samoan Community in Porirua "MASAPU" Inc.; Chairman of the Porirua City Social Justice Unit; Foundation Chairperson of Whitireia Community Polytechnic Council (1985-1993), as well as member of many other local and national organisations), I am very pleased to be able to contribute to Ms Ausaga Fa'asalele's research by being one of her Samoan supervisors. Accordingly, my best wishes and fa'amanuia to Ausaga in all her endeavours.

Ia Seifua ma i Manuia.

Tino M S Meleisea, QSM
Council Deputy Chairperson
Whitireia Community Polytechnic
27th July, 1994

The Chairman  
Central Health Authority  
Wellington Ethics Committee  
WELLINGTON

Dear Sir,

Re: Ms Ausaga Fa'asalele's proposal for a Masters Degree on -  
"The Attitudes of Samoan Women to Contraception and its impact on abortion".

I certify that I have known Ausaga for about 20 years. She has become a role model for Pacific women in that her struggle is the portrayal of an acute mind and a loving mother.

Our people are proud of her pioneering work. She would be able to explore the profound core of the Samoan psyche and share it with the world.

She has our prayers and blessings.

With Warm Christian Greetings.

Yours Sincerely

Rev Milo Fa'aleava BD FS  
{Secretary}
TO WHOM IT MAY CONCERN

Talofa lava

I am Tupuola Malifa, currently lecturing in the Samoan Studies and Social Work Departments, of the Victoria University of Wellington. I have known Ms Auvga Faasalele for five years now, both as a student here at the University, and a colleague with the Aoga Amata (Early Childhood Centre) in Newtown, and at the Samoan Capital Radio.

I have read through Ms Faasalele's research proposal and I support her wholeheartedly. I believe this will be a valuable study of Samoan attitudes towards contraception and abortion for this research, it is the first of its kind in this field. Not only that, the proposed study will be from a Samoan Islander perspective, and it will also provide an awareness of cultural propriety for non-Samoans within the proposed area of study. It will also acknowledge and bring to the fore the "silent health issues" within the Samoan community - in its own language.

Ms Faasalele's knowledge and understanding of FaaSamoa is well-grounded, and I am without doubt that she is capable of carrying out her intended piece of research.

I therefore recommend approval for Ms Ausaga Faasalele to carry out her research proposal.

Faafetai tele lava

Tupuola S Malifa
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