



Invisible Mothers: young Pasifika women, health inequalities and negotiating wellbeing

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Thank you to participants

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EXECUTIVE SUMMARY

Project background

The aim of this project was to identify the factors contributing to the health and wellbeing of young Pasifika mothers and to explore their experiences of parenthood in Melbourne, Victoria. This topic remains under researched in the health literature on Pasifika populations in Australia. The 12-month pilot project, titled *Invisible Mothers: young Pasifika women, health inequities and negotiating wellbeing*, was conducted between January and December 2021. It was a partnership between Pasifika community researchers (Yoko Ah Kuoi and Dr Irene Paulsen) and academics from the University of Melbourne (Dr Kalissa Alexeyeff, Dr Lila Moosad and Associate Professor Cathy Vaughan). This project brought together our collective strengths of working with Pasifika communities in Melbourne, Aotearoa/New Zealand and Oceania. The project utilised the multidisciplinary perspectives of anthropology, public health, gender and migration studies.

Research approach

Nineteen participants were interviewed for the project; they included nine Pasifika mothers and ten individuals from service providers and Pasifika community representatives. Of the nine Pasifika mothers, seven were birth mothers and two participants were carer/kin mothers who had assumed parenting responsibilities for the babies of their family members.

Participants were recruited through Pasifika community networks and the Victorian Department of Health. All the interviews were conducted by phone or by Zoom. Data from the interviews were professionally transcribed and thematically analysed. The University of Melbourne and the Victorian Department of Health granted ethics approval.

The research used a strengths-based framework to guide the data analysis, while mindful of structural disadvantages reported by the participants. This framework supported the researchers to identify the strengths of the young women as well as the broader power structures that impact on their (and their children's) health and wellbeing.

Research findings

Feedback from the participants suggests the research topic was highly relevant to meeting the health needs of young Pasifika mothers and therefore, of critical importance.

The three key findings from the study are:

- 1) **importance of family and faith**- these two factors were identified as being central to the wellbeing of young mothers and their children. Family and

faith connections provided the young women with practical, cultural, financial and emotional support

- 2) **making adjustments and meeting expectations**- the transition to young motherhood came with adjustments and expectations. The young women had to adjust to their new roles as mothers and in some cases, rethink their study and career plans. The experience of 'being judged' by health professionals, members of their own communities and the broader community was a major pressure
- 3) **impact of structural barriers on health**- these barriers impacted on the health and wellbeing of young mothers and included limitations of current models of health care, issues of racism and stereotyping, and the non-protected Special Category Visa (SCV) conditions that limit access to equitable health and social care for Pasifika mothers and their children.

Policy and practice recommendations

Based on the findings of this research project, we make the following policy and practice recommendations:

- Local government areas with significant numbers of Pasifika should consider employing Pasifika cultural/outreach workers to liaise with Maternal & Child Health Services and young Pasifika mums for the provision of accessible, inclusive and culturally appropriate services
- Local government areas with significant numbers of Pasifika, in consultation with Pasifika community members, should consider setting up an online information portal that includes a directory of culturally supported playgroups (including Pasifika-led playgroups), childcare and mental health services, sexual and reproductive health services, careers counselling, emergency accommodation and other services for young Pasifika mothers. The information portal also needs to include information specifically for carer/kin mothers. Maternal & Child Health nurses could promote this site during their first home visit
- Local government areas with significant numbers of Pasifika should consider the provision of community-led and peer-led educational and parenting programs for Pasifika mothers and their children
- The researchers will request a meeting with the Victorian Commissioner for Children and Young People, Liana Buchanan, to raise the health impact of restricted National Disability Insurance Scheme (NDIS) access to medical and early intervention services for babies and children of parents on non-protected Special Category visas.

BACKGROUND

Young mothers fall between the gaps in the research literature and policy discussion on youth and parenthood. In official and academic writing young people are commonly viewed through the lenses of 'vulnerability' and 'risk' (Brand et al, 2015). These deficit constructions are also extended to portrayals of young mothers. The perspectives of young mothers, the transformative potential of young motherhood and the broader contexts in which motherhood is experienced are not sufficiently analysed in the literature. This multidisciplinary, community-engaged project aimed to investigate the parenting experiences of young Pasifika mothers in Melbourne, Australia by foregrounding the voices of young Pasifika mothers.

Pasifika communities in Australia have migrated directly from countries in Oceania or via Aotearoa/New Zealand, and are predominantly of Polynesian heritage. The Pasifika population in Australia is a youthful one with most of the population between the ages of 0-24 (Ravulo, 2015). Pasifika youth have been the focus of a limited amount of research in Australia, with an emphasis on the challenges faced by this group. Unfortunately, the voices of young Pasifika mothers are largely missing in the Australian literature on Pasifika youth and on Pasifika health. In this study we aim to shift away from notions of vulnerability and risk and focus instead on the strengths and resources young women bring to their parenting experiences. We also aim to identify the structural and societal barriers that impact on the health and wellbeing of young Pasifika mothers and their children.

This research brings together our collective experience as community and university researchers in the areas of public health, medical anthropology, migration and gender studies, education and women's health. All the researchers have all worked with Pasifika communities in Oceania, Aotearoa and Australia.

PROJECT AIMS

The project aimed to identify the factors contributing to the health and wellbeing of young Pasifika mothers by analyzing their motherhood practices and exploring their understandings of motherhood. The project also aimed to highlight the complexities of young parenthood in culturally diverse societies.

To explore these issues, the following research questions were posed:

- 1) How do young Pasifika mothers understand and experience motherhood?
- 2) What factors contribute to positive experiences of motherhood?
- 3) What factors contribute to negative experiences of motherhood?

The project drew on research practices that incorporated Pasifika cultural frameworks and strengths-based approaches. These approaches acknowledged the relational and intergenerational strengths of Pasifika communities and the importance of the Christian faith in the lives of many Pasifika peoples. The multidisciplinary perspectives utilised in this study assisted the research team to evaluate the intersections of

migration, public health, gender and cultural practices to address issues of healthcare access, dominant health discourses in relation to parenthood and the impact of visa status and immigration programs.

METHODS/ETHICS

Identification of the research topic

The project topic was finalised after consulting with Pasifika community members, Yoko Ah Kuoi and Dr Irene Paulsen. They have both worked extensively with Pasifika youth in Melbourne's west for more than ten years and identified the health and wellbeing experiences of young Pasifika mothers as a topic that needed investigation.

Recruitment of participants

Recruitment for the project was by contacting Pasifika community members, staff from the Brimbank and Wyndham local government areas and lodging an application with the DHS to interview their staff and clients. A key informant, who is also a young mother, assisted with recruitment by posting information about the project on her social media pages.

Nineteen participants were interviewed for this project. They include nine young mothers ranging in age from 22 to 30 and ten service provider representatives. The interview technique drew on conversational approaches where discussions and responses to interview questions are informal and informed by Pasifika protocols of location and relationality.

Due to COVID-19 restrictions, the interviews were all conducted via Zoom or by phone and lasted between 45 and 60 minutes. Consent to participate was obtained verbally prior to the interviews when it was not possible to get written consent. A plain language statement was emailed to all the participants who had provided email addresses. Where this was not provided, the project details were verbally explained to the participants prior to the interviews. Issues of confidentiality and privacy and the voluntary nature of the participation were outlined to the participants. Questions participants had about the project were also addressed before the commencement of the interviews.

Research participants

The young mothers included those born in Australia (4), Aotearoa/New Zealand (2) and island nations in Oceania (3). Four of the mothers had two children and the other five had one child. Seven of the mothers had birthed their babies and the other two mothers were carer/kin mothers, caring for the children of their family members. The children ranged in ages between newborn and three years old.

Interviews were also held with ten service provider representatives. They included nurses, childcare and playgroup coordinators, social workers and maternal and child

health nurses and Pasifika community workers. Informal conversations were also held with youth workers who work with Pasifika youth in the school and justice systems. These informal conversations provided the context for the research and quotes have not been used from these conversations.

All the participants have been de-identified and pseudonyms are used when quoting directly from the interviews.

The Office of Research Ethics and Integrity at the University of Melbourne approved the ethics for the project (Reference Number 2021-21111-15493-3). An additional ethics application was made to the DHS to interview staff and clients. This approval was granted in July 2021 (Reference HHSD524801).

Data collection and analysis

De-identified transcripts of early interviews with the young mothers and service providers were circulated to all the participating researchers and preliminary themes were identified. Data from all the transcripts were analysed thematically once interviews were completed. The coordinating researcher (LM) circulated a thematic summary to all the research collaborators and this summary was discussed at the final project meeting. Adjustments were made to this summary and the final version was sent in December 2021 to all research participants for their feedback.

The three broad themes that emerged in the study are-

- The importance of family and faith as key sources of strength
- The expectations and adjustments associated with being a young mother
- Structural factors relating to health access and provision and their impact on the wellbeing of young mothers and their children

Strengths-based and structural vulnerability frameworks

In this study we drew on the resources and assets of Pasifika peoples and their cultural practices that contributed to health and wellbeing instead of focusing on deficit health narratives of 'vulnerability' and 'risk' that predominantly define young mothers and Pasifika youth. We also drew on the concept of structural vulnerability that highlights the role of political and economic structural arrangements (such as visa categories, neoliberal models of health provision and other restrictions) and their impact on the health and wellbeing of individuals and communities. Vulnerability in this context is used to 'analyse the forces that constrain decision making, frame choices and limit life options' (Quesada, Hart, & Bourgois, 2011, p. 342). The concept of structural vulnerability has been used by medical anthropologists to link wellbeing to where individuals are positioned in a given social order and how this positioning impacts on their health and wellbeing.

STUDY FINDINGS

Theme 1 Sources of Strength

The young women in this study acknowledged the support they received from their family members, other young women who had experienced motherhood and their faith communities. They also acknowledged that although these connections were fraught and complicated at times, they remained their primary sources of comfort and care.

Health professionals who had taken time to develop positive and trusting relationships with the young women were also identified as sources of strength.

Self and family

For the young women, their role as mothers was a source of joy and fulfillment as they watched their babies grow and develop. They thought young motherhood

shouldn't always be looked upon as a mistake. I feel like it should be praised more, our kids are blessings and we should be happy that we are able to have them (Meilani, 22).

The kin/carer mothers who participated in this project also shared these joyful views of motherhood,

even though I didn't give birth to him, he's mine. I have that connection with him. I have all those mothering instincts. If anything's wrong with him, I know what's wrong (Ane, 28).

Many of the young mothers felt their youth was an advantage as they were young enough to enjoy activities with their children. For Talia (22), motherhood was about connecting with her mum and recognising her mother's experiences of motherhood. Like Talia, many of the women said motherhood made them much more aware of the experiences of their own mothers. As a result the young women's relationships with their mothers changed in positive ways. They looked to their mothers for advice on parenting and emotional support. The young women who came from large families commented they had had experience helping to look after their siblings and so when it came to raising their own children, they were well equipped with the practical skills. The young women also felt it was important to surround themselves with people who were positive, supportive and 'understood their situation' of being a young parent.

The young women identified their families as a strong source of support. Family included parents, siblings, grandparents and other members of the extended family. Family members provided support in many ways; financial and housing assistance, taking care of young children and helping to drop and pick children up from childcare. Parents and grandparents of the young mothers also provided a link to cultural resources that some of the young women said they were unable to provide. Partners

were also identified as sources of support. For young women who were single parents, the support from family was particularly important and appreciated. For the carer mothers, parents provided a strong support link by giving advice during various stages of the baby's development.

While family support was a source of strength, the young mothers felt they also needed to carve out an identity for themselves as mothers, away from their parents and family members. However, they remarked this was not always possible for financial reasons. Some of the young women who had moved out with their partners or on their own moved back in with their families once the costs of setting up independent living became evident. While sharing accommodation with family was economical, it was also complicated. For some of the young women, living with their parents or in laws did not offer the same level of independence as living on their own did.

Despite the support and strengths afforded by family, many of the young women remarked it was difficult to have frank conversations about sexual and reproductive health with their parents and suggested perhaps these topics would be better discussed in school or community health settings.

Friendships and online support

Many of the young women commented that their friendship groups now included other young mothers they could exchange advice and share information with. Some of the young women felt they had outgrown their previous friendships with young women who had not experienced parenthood.

The young women also identified social media platforms as sites of support. These sites, according to them, did not 'judge' their young motherhood status and the young women felt free to post what might appear to be an inconsequential issue to many mothers. One particular site, the Poly Mama community, was used by some of the young women to get parenting online advice on issues that were specific to Pasifika families. According to some of the young mothers, another advantage of getting advice online was they did not have to negotiate public transport with their children to visit a health professional. As one participant commented, she could 'do it in the comfort of our home, we can fit it in'. The young women felt the advice offered on the Poly Mama site was practical and relatable and given by Pasifika women who understood the cultural contexts of the young Pasifika mothers.

Some of the young women also mentioned the positive and trusting relationships they had with certain health professionals and service providers who assisted them to navigate the bureaucracy and linked them up to other services such as childcare and counselling.

Faith

Connections to faith for some of the young women were strengthened after having children and they relied on it as a source of strength.

So my family has been really strong with our faith. When I got older, I kind of drifted away from it. Now I have come back. I'd say the last year, my faith has gone stronger and I have been relying on it a lot (Meilani, 22).

Some of the young women said their connections to faith assisted them to cope in the early days of being a young mother and sustained them when they felt low. A few of the young women also remarked they were reluctant to discuss their mental health challenges with others as they felt it was not an issue that could be discussed openly. Their faith connections provided them comfort and strength in such instances.

Theme 2 Expectations and Adjustments

For the young women in this study, becoming a mother was a meaningful point in their lives. Despite the challenges of new motherhood, societal expectations and future plans, the young women remained optimistic and adaptable.

Transitioning into motherhood

Life as a young mother, despite its joys and fulfillment, also came with expectations and adjustments. The young women found being at home with a young child an isolating experience and contrasted it with their lives prior to having children when they were free to spend time with their friends.

Being home alone with just the kids, I guess sometimes catches up on me, and just seeing everyone living their lives and I'm constantly home (Jenny, 24).

The young women also had to transition quickly into their new role as mothers, learning about how to access health and other services for their young children. They also had to learn financial management and budgeting for their families. The young women felt all these responsibilities helped them to mature and learn more about themselves.

Managing their mental health was identified by many of the young women in their early months of being a mother as a challenge. They were not always able to locate appropriate support services that would provide a Pasifika framework. It was important, according to many of the young women, to take care of themselves and prioritise their wellbeing,

When I actually put in time for myself, I'm happier and it's more beneficial for my health. Like just going out shopping or just putting on some makeup or taking some photos, reminds me that I'm still young (Talia, 22).

Some of the young mothers commented that while being a young mother had many positives, it was not something they would necessarily encourage other young women to go through.

Expectations

The 'stagist' view of young people that they should move through the stages of education, employment, independence, partnership and parenthood, in that order, is a powerful norm in neoliberal, Global North societies (Sniekers and Rommes 2020). Many of the participants in this study, whose parents had migrated to Australia and had built new lives here, felt their parents would have liked to see them go through these stages before having children.

They expect us to do other things, rather than become parents, they want us to succeed, be certain things in life and then settle down, get married, have a family, (Meilani, 22).

However, according to the women, after their parents' initial disappointment, they were mostly supportive. The young women also indicated that their families and community members expected them to be 'a good wife and mother'. For example, young women who lived with their in laws experienced pressure to conform to this gendered expectation. This involved taking care of their babies all the time, keeping the house clean and attending to the needs of their partner and the baby. The needs of the mothers to have a break or have some time off were not often considered in these contexts as, according to a young mother, 'motherhood and being a mum is such a big thing in our culture'.

'Being judged'

'Being judged' was used by the young women and service providers as a way of describing how young mothers were perceived by some health professionals, members of their own communities and the mainstream community. Whether it was in relation to their parenting practices, their weight or their baby's weight or the fact they were young parents, the participants were aware of judgements made about the capacity of young mothers to parent their children. These judgements also extended into the online world where they were, according to one participant, 'mum shamed', and for not being perfect mothers or failing to attain a desirable body shape after giving birth. Both service providers and the young mothers mentioned the 'stares that you get' and 'you hear comments' about young parents in public spaces like public transport. According to some of the young women, these judgments also took place in faith settings where they were judged for their young parenthood.

Adjustments

For many of the young women, being a young mother was also a time of financial and housing insecurity. This was due to reliance on a single income while the young women were parenting at home or if they were single parents, they were reliant on welfare support or assistance from their families. As mentioned earlier, it was difficult

for young parents to live independently because of the financial pressures of renting and setting up a house. They felt the experience of frequently moving house did not provide stability for their children.

Adjustments for the young women also included postponing their study and work plans and in some instances, changing their study options and career plans to better align with their interests as a mother. The young women who were in the middle of their studies had to rethink their study plans and adjust accordingly whether it meant moving to part time status or changing their course of study entirely.

I had this whole future planned out. It did take a lot for me to adjust to everything, like getting married and having to start uni a bit later. Because I would have graduated this year (Talia, 22).

Others had to make adjustments to their lives when moving in with their partner's families and adjusting to their new lives with their in-laws. They had to fit in with different family routines,

You're not just moving into another family, you're dealing with differences in your family and their family, there's always drama. So it's a lot of emotional turmoil (Mele, Pasifika community worker and advocate).

Despite the adjustments, many of the young women felt motherhood propelled them to plan their lives differently. They felt they could achieve their goals, albeit not in the way their parents and community members expected them to. For many of the young mothers, future plans included completing their tertiary studies, running a business from home and taking on a second job. Rather than worrying about things not going to plan, some of the young mothers said they learnt to relax and be more spontaneous in their responses. This was also their advice to other young mothers, 'you're going to make your dreams still happen, even though you have this baby to take care of'.

Service providers also confirmed that young mothers were often adaptable and adjusted to their baby's needs without being fixed in their ideas about parenting.

Some of the best mums I've seen have been young mums, partly in the fact they're not as fixed in their ideas. And they're able to accept the baby doesn't follow her routine very well. So these mums can just get on with it and be really good mums (Cate, service provider).

Theme 3 Structural Barriers to Health and Wellbeing

Health inequities are shaped by the dimensions of 'race, class, gender and immigrant status' (Viruell-Fuentes et al 2012, p2). A key finding that emerged from this study is how the health and wellbeing of young Pasifika mothers and their children are shaped by structural factors related to health provision, visa categories, racism and infrastructure.

Models of health care

Contemporary models of health service provision, according to the service providers, meant that there was limited time to build trusting relationships with each client. The time-restricted and programmed nature of individual consultations did not allow for getting to know the young mothers and their families. The requirements of entering patient data onto a computer in a limited time frame did not facilitate meaningful engagement, according to service providers. Continuity of care was also an issue. Young mothers who accessed services for their children were not always guaranteed the same health professional for every visit.

Many of the participants suggested that models of care that are effective in Aotearoa should be replicated here in Australia. These include the use of bicultural workers and the provision of integrated services where the needs of the mother and the child are prioritized. Using outreach services to access young mothers and their babies who lived away from the health service hubs was also identified as an effective model of care.

The project findings also highlighted the fact that despite local government initiatives for young Pasifika mothers through specific programs, many of the young women were not aware of them or not accessing them. The carer mothers were also unaware of the assistance that was available for them and their children through their local government and health services. The reasons for not accessing services were many, including young mothers being wary of health professionals and feeling as though their cultural backgrounds were not fully understood or acknowledged by the health services.

As a service provider said,

They worry that maybe they're not parenting as well as they should be in the eyes of maternal nurses (Anne, service provider).

For the young women, an initial negative experience with health professionals meant they were unlikely to access them in the future. According to service providers, continuity of care and building respectful relationships would contribute to young mothers using the services. Some of the young women had experienced the dominance of notions of what a 'healthy' baby and 'healthy' mother should be. This contributed to young mothers feeling judged about their parenting style and living arrangements. In some instances, the young mothers were wary of their children being removed from them because they did not meet the required 'standards' of parenting. Several young women expressed the belief having Pasifika nurses would be valuable, as those nurses would understand the cultural ways of parenting.

Racism and stereotyping

While many of the participants discussed the importance of building trusting and positive relationships with health service providers, they also identified broader social and structural barriers shaping the health and wellbeing of young Pasifika mothers

and their children. These barriers variously intersected across lines of race, age and visa status. One participant indicated that the experience of living as a black or brown Pasifika young person powerfully intersected with her experience of being a young mother. She referred to her experiences of racism as a high school student in a country town,

We had gone through quite a hard time, being Pacific Islander in a predominantly white school. I carried those experiences with me into my life before I was a mother and even now I cannot isolate my youth, (Sally, 30).

Another young mother recalled lying in a hospital bed and overhearing health professionals laughing at a newspaper article on the wall about a Pasifika baby whose weight was well above the average. She recalled always being told her baby was going to be big,

But I was like, yeah, I know. She's a big baby. I think a lot of Pasifika babies are big. That was another thing too, just being compared to the rest of babies in Melbourne. Then I speak to my other Poly mums, they feel the same (Talia, 22).

Dominant parenting discourses around feeding, co-sleeping and the baby's weight also contributed to young mothers searching for parenting advice through on-line forums or using the Google search engine. Service providers confirmed this prevalence of dominant discourses among some health professionals,

It's the sense of being judged. That's the most powerful thing I've heard them talk to me about. Time and time again, they are judged for very major things like the weight of their children, co-sleeping. Unfortunately, you'll have women saying, well, I'm not going to come back at all to another session (Grace, service provider).

Once again, Grace and other service providers drew on the health care models used in Aotearoa, where linked-up cultural supports and integrated early years programs are a key component of maternal and child health.

Visa categories

A key barrier to the health and wellbeing of young Pasifika mothers and their children is the restricted access to services for Pasifika mothers whose visa status is 'temporary'. Since 2001, immigrants from Aotearoa to Australia are granted a non-protected Special Category Visa (SCV), subclass 444. While this group is eligible for many Australian government payments such as Family Tax Benefit, Child Care Benefit and Child Care Rebate, they are ineligible for allowance payments unless they fulfill the ten-year qualifying period since 2001. They are not however, able to access the National Disability Insurance Scheme (NDIS). The service provider participants in this study identified the lack of access to NDIS as a major barrier to the health and wellbeing of young Pasifika babies and children with disabilities or delayed development. Currently, if children require access to early intervention services, the costs have to be met by the families under the non-protected SCV rules. Most often, according to the service provider participants, families are not in a position to privately fund access

to specialist services for their children and so children do not receive the services they need. The young women on non-protected visas also referred to this issue,

I'm not a permanent resident. I feel a bit isolated, especially being a New Zealand citizen. There's not much help out there for us (Talia, 22).

The implications of Australia's visa arrangements are also reflected in the Seasonal Worker Programme whereby workers from Pacific Island nations come to work in the agricultural sector in Australia on a short-term basis. Workers are required to take out health insurance to cover their medical costs for the duration of their visa. In this study we learnt that workers on the Seasonal Worker Programme sometimes needed to access obstetric care when relationships formed with other Pasifika seasonal workers resulted in pregnancy. Service providers and the young women in the study referred to the frequency of Pasifika babies born as a result of relationships formed during the agricultural program between workers who had their own families back in their country of origin.

In these cases, reluctance to return home with their children meant making arrangements for these children to be delivered to the care of extended family members in Australia. In the study we refer to the mothers who parent these babies as care/kin mothers. Our findings suggest that these mothers have to navigate considerable bureaucracy to take guardianship of the young children and ensure babies have access to health and other services and have a valid visa. Because the baby's birth parents are here on temporary visas, their child will also be linked to their temporary visa status. There can potentially be a gap between the baby's birth and the finalisation of the paperwork by the kin/care mothers and parents during which time the baby may not have access to universal health care under the Medicare system. The visa status of the birth parents means they are not entitled to any benefits like the Family Tax Benefit until the formalities with carer/kin parents are completed.

One of the carer/kin mothers in this study, Ane, had to negotiate the formalities of assuming guardianship of her young baby and collate documentation with a confirmation from the biological parents agreeing to hand the care of their child to Ane. Her baby was under his biological mother's temporary Medicare card but after she returns to her country, Ane has to ensure that her baby is covered for any health services he may need.

We're trying to get a bridging visa or we're trying to get a visa for the baby. And then I'm trying to get permission to put him under me, my Medicare. So I don't know how long that process is going to take. It's just a waiting game. (Ane, 28)

The time involved in processing Medicare cards for young babies in such circumstances can often mean a lengthy wait. In one instance, according to service providers, the length of time taken was five months and by the time the baby had access to Medicare, the baby was 15 months. An additional impact on the baby's health and wellbeing in this instance is getting written permission from the biological

parents agreeing to medical assistance for the child. In one instance, according to a service provider, the child was eight months old and had not received any vaccinations while waiting for the consent paperwork to be finalised.

Many of the carer mothers, according to service providers, were unaware of the support services available for themselves and their babies. These include supported playgroups for first time mothers and maternal and child health services. Service provider participants in this study suggested support systems could be put in place before birth mothers leave the hospital if it is clear that their children are to be taken care of by extended family members. In this case, the baby's birth could be registered at the hospital while the birth mother was still there. This would help minimise waiting periods and ensure that the baby and the carer/kin mother have access to appropriate healthcare and other supports.

Infrastructure-housing, childcare and public transport

The study participants also identified the high costs of childcare and limited housing options as another structural barrier to health and wellbeing. Many of the young mothers lived in suburbs where public transport services were infrequent and maternal health services and playgroups for their children were difficult to access. The buses were irregular and not always pram friendly. There are also issues finding suitable housing for multi generational households. A central problem in housing is that many Pasifika holding temporary visas (such as the SCVs) are ineligible for social housing in Victoria, except in cases where they can demonstrate they have been subject to family violence.

Finally, the nature of employment for most young women and their partners was that they generally worked in casual positions many of which were impacted by COVID-19 lockdowns. As a result of COVID, some of these positions disappeared and in many cases the number of available shifts was greatly reduced. All of this exacerbated the problem of high costs of renting accommodation and was a key reason for young mothers moving in with their parents or in-laws.

PROJECT LIMITATIONS/FUTURE RESEARCH

Due to COVID restrictions, we were unable to proceed with many of the planned activities for this project. The research team had planned to visit playgroups to recruit participants and facilitate in-person feedback sessions with the participants. Instead, a thematic summary was sent to all participants for their feedback.

The plan to recruit peer researchers to assist with the interviews also had to be cancelled. Instead, a key informant who is also a young mother assisted with feedback on the interview guide and initial themes from the data analysis.

Nineteen participants were interviewed as part of this seed-funded research project, a smaller number than planned and limiting the breadth of experiences captured. Also, young mothers under the age of 18 were not interviewed as part of this project.

Anecdotally we understand their experiences of parenthood to be different to the over 18 cohort.

This study has identified further areas for research. These include:

- Understanding the parenting experiences of young people under 18
- Researching the disparities in access to services for children and parents who are non-protected SCV holders
- Understanding the experiences of carer/kin mothers in navigating the bureaucratic processes for legal guardianship and the impact of this on their infants/children
- Researching the health and wellbeing of temporary workers who arrive in Australia under the Seasonal Worker Programme

CONCLUSION

As far we know, this is the first study in Australia that includes the perspectives of young Pasifika mothers, Pasifika and service provider representatives. It, therefore, makes a significant contribution to the small body of health literature on Pasifika populations in Australia. The study identified the resources and strengths of young women while emphasising the need for attention to the broader structural issues that impact on the health and wellbeing of young mothers and their children.

We intend to develop two journal articles based on our research findings for Pasifika and a wider audience. These articles are currently being drafted.

We have made four recommendations based on the project findings. How we proceed with these in 2022 will be discussed with Pasifika community researchers and representatives. In addition to this report, we have drafted an advocacy letter to the Commissioner for Children, Ms Liana Buchanan, requesting a meeting with her to discuss the findings of our study. An executive summary of the project will be circulated to all project participants and stakeholders.

POLICY AND PRACTICE RECOMMENDATIONS

- Local government areas with significant numbers of Pasifika should consider employing Pasifika cultural/outreach workers to liaise with Maternal & Child Health Services and young Pasifika mums for the provision of accessible, inclusive and culturally appropriate services
- Local government areas with significant numbers of Pasifika, in consultation with Pasifika community members, should consider setting up an online information portal that includes a directory of culturally supported playgroups (including Pasifika-led playgroups), childcare and mental health services, sexual and reproductive health services, careers counselling, emergency accommodation and other services for young Pasifika mothers. The information portal also needs to include information specifically for carer/kin

mothers. Maternal & Child Health nurses could promote this site during their first home visit

- Local government areas with significant numbers of Pasifika should consider the provision of community-led and peer-led educational and parenting programs for Pasifika mothers and their children
- The researchers will request a meeting with the Victorian Commissioner for Children and Young People, Liana Buchanan, to raise the health impact of restricted National Disability Insurance Scheme (NDIS) access to medical and early intervention services for babies and children of parents on non-protected Special Category visas.

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