



**The experience of Pacific
women in Auckland during and
post the COVID-19 pandemic**



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Executive summary

The aim of this research was to explore the experience of Pacific Island women in Auckland during and post the COVID-19 pandemic. Focus group interviews were conducted to examine participants' experiences.

The research findings informed us that Pacific women in Auckland experienced mixed feelings during and post the COVID-19 pandemic. Some experienced negative feelings and others positive feelings. This was due to their family size, socioeconomic status and cultural values and beliefs. Negative feelings included uncertainty during the lockdown as it was a new experience. The stress about losing jobs and fear of catching the disease unconsciously was very much highlighted in the women's perceptions. Some women experienced confusion about COVID-19 due to mixed messages from the Government and service providers. The feelings of anxiety towards elderly parents about how they were doing, due to the limited contact, caused emotional experience among some family members.

On the other hand, some women had positive experiences such as saving money on bus fares to work and schools and faalavelave (customary obligations). Petrol and shopping money were saved as an outcome of staying home.

The lockdown period was an opportunity to reunite with family and strengthen parent-children relationships by sharing family meals together. The children were able to learn how to cook at home and they (children) also taught their parents how to use mobile phones to connect with their overseas families and church services via zoom.

Participants' faith and religious beliefs were common factors to "surviving" and getting through COVID-19. Also most participants expressed a real gratitude for living in New Zealand and how the Government was managing COVID-19 effectively as compared with other countries that were experiencing high fatality rates.



Introduction

The Pacific population in New Zealand represents seven percent of the total New Zealand population, and is considered a fast-growing population with an increasing diversity group. Sixty-six percent of Pacific peoples live in Auckland, 54 percent of whom reside in the Counties Manukau area (Ministry for Pacific People, 2017).

Understanding the socioeconomic factors that contribute to the declining health of the Pacific population, the emergence of the COVID-19 pandemic proved to be quite a challenging experience to our Pacific community, let alone the global environment.

While the full impact of the COVID-19 pandemic on the Pacific population in New Zealand is yet to be determined,

the challenging socioeconomic status of Pacific people led to the NACEW's objectives to explore the experiences of the Pacific community during and post the COVID-19 pandemic in 2020. Given the very short time frame for the project, the research team decided to focus on Pacific women from within the Auckland area only.



Impact of COVID-19

As the COVID-19 pandemic outbreak was a new experience for everyone, it was observed that most Pacific service providers were on high alert to work alongside Pacific families as they are among the most vulnerable groups because of the low socioeconomic status of some Pacific people.

The COVID testing stations in Auckland aimed to test all who had symptoms of COVID-19 and to get rapid treatment to contain the spread of the disease. Many of the Pacific health providers in South Auckland operated testing stations for Pacific communities to get tested, treated and to provide relevant information to support the local/national strategy to monitor and contain the spread of COVID-19.

Traditional foodbanks' workload tripled due to the high demand for these services from Pacific and non-Pacific communities. Also, the number of pop-up foodbanks increased overnight. While the Pacific service providers and community networks worked hard to support each other, there were still challenges encountered by the Pacific community. For example, the transmission of health information to Pacific families was somewhat confusing.

Some of the social media messages coming from the Government contradicted the health providers' messages causing a lot of stress, especially those with long-term chronic health conditions, as they were deemed high risk during the lockdown.

Even the emergency services provided during lockdown, there had been glaring gaps, like people still not aware of who to contact during the pandemic. The issue is one thing to acknowledge, but we need to be responsive to the needs of Pacific women. System interventions and levels of responsiveness weren't there. Basic information just wasn't readily available and the households were already stressed out, and this has caused mental fatigue and unwellness amongst women and their families, especially during this time.

Essentially, the pandemic brought together a diversity of services such as healthcare professionals, policy makers, researchers, social workers and politicians to strategise the best response approach to support the whole Pacific population. From observations, the allocation of resources and how services should be delivered to ensure positive outcomes was fundamental; for example, ensuring resources were ring-fenced for Pacific women.



Interviews

Participants

Three focus group interviews were conducted to capture the women's stories in a talanoa format. Talanoa means to dialogue, discuss or talk. This was to ensure that participants were able to share their perspectives about their experience(s) of the COVID-19 pandemic collectively.

The rationale of using focus groups to collect the research data was based on previous experience of successful focus group discussions that allowed people to develop their ideas, share thinking and brainstorm different options collectively. Alston and Bowles (2013) argue that, in focus groups, the researcher must have a plan to prepare the interview. For these focus groups, the researchers prepared a list of topics and trigger questions to ensure participants' discussion remained focused on the research topic.

Of the 22 participants with information recorded (Appendix 1), 16 participants were Samoan, three Tokelau-Samoan, one Fijian, one Fijian-Indian and one Tongan. Five women were married, one widowed, four had partners and six women were single. Seven participants were students and eight were in employment. Eight women were homeowners.

Methodology

Interview sessions were conducted in different locations on days that participants nominated. There were three groups – one with six participants, one with seven participants and one with nine participants.

Two focus group sessions were held for an hour each and the third session was for two hours. Each session was recorded with the consent of each participant. At the start of each session it was important to build rapport immediately upon a participant's arrival and to welcome them informally to get them into the right mind-set and set the tone of the talanoa.

All focus groups started with a prayer followed by introductions. The interactions with the participants during the interview sessions were very informal and relaxed. This was to ensure that the women were comfortable when sharing their stories.

The issue of confidentiality was also explained to the participants to ensure they felt safe to share their experiences of the COVID-19 pandemic. However, prior to the commencement of the interviews, some participants expressed that they were OK about their identities being revealed. Nevertheless, for this study, it was deemed appropriate not to mention any names of the participants as it was unnecessary. For that reason, all participants' identities have remained confidential by using code numbers during the research.



Data analysis

Data analysis was undertaken immediately after data collection to examine the key themes embedded in the data. Interview transcripts were colour coded to identify the key themes. The key themes were then interpreted to make

sense of the data in relation to the research focus. Critical reflection on the data was also part of data analysis. This means asking questions of what the data means and why.



Results

The interpretation of the data led to identifying the following themes that were embedded in the collected data. Interestingly, the key themes that have emerged from the

data analysis have demonstrated both positive and negative experiences for these Pacific women during, and post, COVID-19 (Table 1).

Table 1: Summary of key themes from interviews

Negative experience	Positive experience
Uncertainty due to family future and financial support	Save petrol money
Worried and scared due to job losses and reduced working hours	Spend more time with families
Stressed in case their family member/s caught the disease unconsciously	Learn about technologies and how to connect with overseas families via Zoom
Lack of resources to study at home	Reconnect with community members via online church services
Angry because of mixed messages relayed from various social media and forums	Lockdown time allows learning new hobbies such as jewellery making
Basic information was not readily available, such as health, food and finance	Family values sustained them throughout the lockdown period (e.g., spiritual and cultural)
Family violence increased within the community space	Saved money on fa'alavelave (traditional obligations)
Family members with long-term health conditions were at risk – very stressful and overwhelming as clinics gave wrong information in relation to attending clinic	Awareness of what is important: one's family and friends and caring for each other
Families were not prepared for the unexpected	Awareness that "change" is happening slowly to address inequities/inequalities
Single women felt isolated and disconnected	Awareness of one's "privilege" compared to those who don't have resources
Challenges of having children at home with less resources for school work	Awareness of Pacific communities' strengths and doing what they have always done in looking after each other – volunteering, time/skills/ mobilising people to meet a common cause
Challenges of accessing support services where there is no access to mobile phones and internet connection	
High demand for food parcels and frustrations due to long queues at food banks	
Mental health issues on the rise	
Frustration and fear of long queues at supermarkets	
Lack of appreciation of some "essential workers" in their own families and communities and how little recognition received generally	
If a second/third wave were to hit, Pacific communities (most vulnerable) would be hard hit as they are still recovering from the first wave (playing catch-up)	



Discussion

The dichotomy of women's experience and emotions during and post the COVID-19 pandemic is plain. The women's experience was based on their roles and responsibilities at home, work and community involvement. The notion of women's professional roles and their duty of care as stay-at-home mothers also influenced their stories and experience. For instance, the working mothers' experience was slightly different from the stay-at-home women.

Was hard, every hour getting emails, my company could hire a contractor to filter – hygiene, PPE gear, it was helpful they could do that. Helped reduce anxiety. Risk management. Impact on families, risk was too high first 48 hrs checking on every staff member – are they prepared for lockdown and how it impacts on families.

The experience of a young mother was different from an older or middle-aged mother.

Had a Zoom meeting with counsellor – she helped me focus on my strengths, lived alone so no dialogue with anyone – so missed the human connection with people.

Also, the experience of an essential worker was different from a non-essential worker.

I had two university students at home, intermediate child at home – saw creativity of kids. Setting routine in the house – I was an essential worker so I had to sanitise once I got home etc and stick to safety precautions. Had to get into a routine – no TV, going to work every day during pandemic and not wanting to contaminate family – had to go to bathroom etc and sanitise.

The differences are derived by the women's household circumstances, employment and economic status, age as well as their various roles and responsibilities.

The complexity of some family situations meant the women's reactions to the sudden change due to the COVID-19 pandemic could shift their situation from bad to worse and in turn marginalise them further.



Because of her age (60+) R was asked to stay and work from home.

She had also run out of sick leave, and after a week was advised by her employer that her job was untenable after lockdown. R experienced shock, was fearful for her family, her grandchildren and her husband's life. As COVID progressed, she was so scared that she also advised her son and his family to remain indoors. She was so scared that she refused to go shopping at the local grocery store especially when she saw the long queues outside the shops. Her brother did the shopping for her household.

There were supports from the community including food parcels although, at first, she hesitated seeking this out – she wanted the food to go to families more in need, yet her own family needed the food parcel, especially with no one working during this time, and there was no income.

Women's positive experiences were overridden by the negative experiences. This is a real concern among the Pacific women, especially those worried about losing their jobs. Given that most Pacific people are engaged in low paid jobs, the possibility of losing their jobs due to COVID-19 is high. Obviously, this outcome would add more stress to their family. For example, one of the participants said: *"During the lockdown, my employer called to advise me that my job had been disestablished and I was made redundant."*

The woman's experience during lockdown was devastating and she was under tremendous pressure. Some women had to deal with the possibility of financial bankruptcy, as well as already existing health issues.

Another participant stated: *"It was scary, overwhelming because of work, low pay scale and am struggling to meet financial expenses and I have a baby and my son has rheumatic fever."*

It is obvious from the Pacific women's experience that the COVID-19 pandemic widened the gap between the Pacific and non-Pacific community. Pacific women were more negatively impacted by COVID-19.



Health

The assumptions that the Pacific people's socioeconomic status is low, and an 'at-risk' population group in health is reflected in the women's experiences.

Due to the focus on COVID-19, other health issues such as diabetes and high blood pressure were neglected or put on the backburner and family members with long-term health issues were at high risk.

Dad is over 70 and kids – at-risk group – so had to make sure Dad didn't leave the house – individually everyone was going through some mental stress. Had two sisters working from home – didn't have room/space to think/process things and I stopped watching TV as it was too depressing – losing it. Otara cooper crescent – had food banks – had food coming from every corner, but didn't volunteer cos didn't want to bring back COVID-19 to my family.

It was scary, overwhelming because of work – working and struggling to get qualifications assessed and working at (public service) – low pay scale – struggling to meet finances, expenses, have a baby... I'm anaemic, wasn't sure whether we were going to survive or not – money wise – and media added to stress and worry we might go down-hill. Spending time with family was good – my new baby helped me to reflect, was the positive thing even though we were struggling.



Family violence

The increase of family violence in some of the women's neighbourhoods was a real concern. One participant stayed up at night to observe their neighbour's violent behaviours to ensure it did not escalate onto their property. They were also quick to ring Police or 105 for intervention. It proved to be a stressful experience because their children were exposed to the swearing and screaming which was against their spiritual beliefs.

Our neighbours were fighting. We were like neighbourhood watch – we would ring the cops. Neighbours had overcrowded parties – fighting. We rang the police – went to parent's house, stayed at lockdown. Used 105 number to call police – not urgent.

Interestingly, but not surprisingly, was that most women received support during and post COVID-19 from their own family members and friends.

Face-to-face support; my siblings, tried to do their own work then try to find something to do. So, my brother from Hamilton helped with driving and delivering food. I also have a youth group at my church – difficult not to meet with people, youth – like family, I see them every day kind of thing, were keen to see each other. How would I cater to their needs – having conversations? So, we had Zoom sessions.

Nice to have different conversations, staying home, how we were interacting with family and not having face-to-face contact.

Spiritual support was a common comment from the women. Watching and attending their church services online was a therapeutic activity for the families, through connecting with God and their families and church communities. It also built strength and resilience and gave a sense of hope and courage to the bleakness of current situations. Learning new knowledge/technology for connecting to their families who lived overseas and other parts of the country was considered a very positive experience for the women.

Reliance on technology. Services and schools got smarter around technology – self-taught to use Zoom/ technology. Overnight we became more connected. My 10-year-old knows how to email me but didn't before. Elderly also had to learn technology to survive.



Conclusion

The Pacific women's experience during and post COVID-19 demonstrated the extent of their roles and responsibilities at home, work and community. Unfortunately, there are some systemic issues that contributed to the negative experiences that affected women and their families.

COVID-19 is a unique and unprecedented event where we are still feeling the impact and consequences. Pacific women in this study have shown remarkable courage and resilience to keep their families safe throughout the challenges.

Our house – God became a vocal point we had forgotten, we had stopped doing prayers and didn't do since we were children, when our grandparents were around. We were grateful – no vulnerable, hi-risk people at our house. That's why it was easy to come here. Did not have any anxiety.



Acknowledgements

We wish to thank all the women participants who participated in this very important study. The experiences and the stories you shared with us are unique and profound. We also wish to acknowledge the Manatū Wāhine Ministry for Women for funding this significant piece of work.

While the time frame allocated for this project was very short, the knowledge that we gained has in-depth meaning to us as Pacific women. We trust that the findings from this research inform future work for the benefit of our Pacific women locally and globally.



References

Contemporary Pacific Status Report A snapshot of Pacific peoples in New Zealand, Ministry for Pacific People, 2017.

Code of Ethics, Alston and Bowles (2013) Aotearoa New Zealand Social Work, Christchurch, New Zealand.



Appendices

Appendix 1 – Table of 22 participants by age, ethnicity, number of children and other information

Age	Ethnicity	Partner/M/ single	Children/ dependants	Work/student	Home rent/own
18–19	Samoan	Single	-	Student	Living at home
20–24	Tongan	Single	-	Student	Living at home
	Tokelauan-Samoan	Single	-	Student, engineering school	Living at home
	Tokelauan-Samoan	Single	-	Student, Masters, audiologist	Living at home
20–24	Samoan	Single	-	Student	Living at home
	Samoan	Single	-	Student	Living at home
	Samoan	Partner	Yes		-
25–29	Samoan		Manager of five children in care	Social worker	
30–34	Samoan	Partner	Two young children	Food bank from home	-
35–39	Samoan		Yes		-
40–44	Samoan	Married	Yes	Teacher	New migrant, renting
50–54	Samoan	Partner	Came with daughter	Social worker	Homeowner
	Samoan	Single	Two daughters	Student	Mortgage
	Fijian-Indian	Partner	Two daughters – 18, 17	Seamstress	-
50–54	Samoan	Married	Two grandchildren	Worked from home	Homeowner
	Samoan	Married			Homeowner
55–59	Fijian	Widowed	Adult children	Journalist	Homeowner
60–64	Samoan			Trustee/manager	Homeowner
	Samoan	Married			Homeowner
65–69	Samoan	Married	Four adult children		Homeowner
70–75	Tokelauan-Samoan		Son and daughter- in-law, and three grandchildren		Renting
70–75	Samoan		Lives with daughter	Nurse	Homeowner



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