

# Barriers to contraception for indigenous Maori teenage mothers

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A new study from the University of Otago, Wellington, has found that there are health system barriers for young Māori mothers when trying to access timely contraception.

The study, just published in the *Journal of Primary Health Care*, looked specifically at [contraception](#) before and after pregnancy and aimed to identify any barriers and facilitators to contraception for Māori teenage mothers. The research is part of 'E Hine', a longitudinal qualitative Kaupapa Māori study involving Māori women aged 14-19 years old.

Lead author Dr Bev Lawton from the Women's Health Research Centre at the University of Otago, Wellington says that it's important for teenage mothers to have timely and equal access to contraception so they can make informed choices about their sexual and reproductive health.

"We found that most women had accessed contraception or advice before pregnancy, but the use was compromised by a lack of information, negative side effects and limited follow up," Dr Lawton says.

"Our research showed that despite giving considerable thought to post-pregnancy contraception, many study participants experienced clinical and service delays, financial barriers and negative contraceptive side effects."

We found there was a lack of system focus on contraception initiation

and for some a lack of integrated care between midwives and other primary care services, leaving many participants without effective contraception," says Dr Lawton.

"A lack of integration and limited funding in the New Zealand public-funded system results in multiple missed opportunities to meet these [young women](#)'s needs for effective contraception,

"These young women are actively seeking contraception and come up against barriers. We need to urgently address these barriers to meet these young women's needs".

Dr Lawton says that the system worked well when there was a contraception plan that included navigation, free access, and providing contraception. Health service funding formulas need to cover provision of contraception and not just contraceptive advice. Other suggested changes could include more funding for training modules for contraceptive implants and intrauterine contraceptive devices, funded General Practice late pregnancy and post birth visits and added funding for insertion of long acting reversible contraception.

Provided by University of Otago

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