



Sexual Health Opportunities-Aotearoa

Sexual Health Opportunities Aotearoa—Your place for news, views, and training opportunities

ISSUE 15—SEPTEMBER 2015

Kia ora! Talofa lava! Kia orana! Hey! Welcome to the latest edition of SHOPP! We're a little later than usual, but thanks to everyone for their contributions.
Improvements we're making We're wanting to make SHOPP more accessible and relevant for anyone working in sexual and reproductive health and related services. You'll notice more headlines throughout articles so you can absorb information quicker and check its usefulness for your work. And in true Results-based Accountability style we're gaining feedback through a rating system at the end of each article about whether you are any better off for having read the article. (And in RBA fashion we'll also be tweaking the ratings to see if we're asking the right questions to have meaningful results!).
How you can participate in SHOPP As always, you're invited to leave comments or start discussions by leaving comments in articles or on this page. Keep warm and keep up the amazing work! Mauri tū, Mauri ora!

Warm greetings from Kirikiriroa! The Year In Progress

It's been a busy year with lots of progress being made in engagement with schools, young people, parents and communities to support improved sexual health and wellbeing.

NZSHS Conference

The NZSHS Conference is almost here again and we look forward to catching up with those who are attending in Taupo in October. Congratulations to the organising group for putting together another exciting event for us.

Sexuality Education guidelines for schools

An absolute 'must read' document is the [Sexuality Education: A guide for principals, boards of trustees, and teachers](#). Ministry of Education, 2015. This is easy to read and fully supports all the mahi we are doing in schools.

Results Based Accountability

[Results Based Accountability \(RBA\)](#) has been implemented into some new provider contracts and new reporting templates are close to completion to capture the key measures of How Much / How Well and is Anyone any Better Off?

Other highlights

There have been too many highlights to mention already but of special note are the following:

[PASHANZ](#) is a legal entity! Congratulations to everyone working to make this great network for SH promoters a formal and sustainable organisation. If you don't already belong please consider joining and participate in the next workforce development day preceding the NZSHS Conference (contact PASHANZ Coordinator, [Jonathan Selu](#)).

[Exposure International](#) our Auckland-based organisation specialising in education and prevention around Female Genital Mutilation (FGM) will now have a sustainable national presence.

[Youth Cultural Development](#) (YCD) our Christchurch specialist service for 'street youth' has secured accommodation for their homeless young people as part of an innovative pilot.

[THETA's Sexwise](#) said farewell to Gareth and welcomed Stephanie to the whānau. Their new theatre 'storyline' has been very well received with some excellent outcomes being measured. Of special note has been the impact this programme has been able to make in rural Māori communities with support from providers such as Pirirakau Hauora.

[Family Planning](#) is progressing their 'future proofing' plans with new ways of reaching people using technology, service-user feedback data and epi data to improve access and acceptability for service users. Watch this space!

Lastly congratulations to our very own Marama Pala from [INA \(Māori, Indigenous & South Pacific\) HIV/AIDS Foundation](#) who has recently been elected chair on the international board of directors for ICASO-until we end AIDS. Well done e hoal!

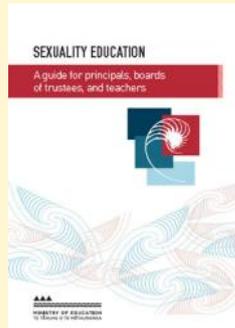
Best wishes

Ngairi Sandel (Portfolio Manager- National Health Board)



this issue

- Ministry of Health - From Ngairi's desk
- Ministry of Health - Introducing Sonya Hogan
- NZSHS Conference - Early-bird registration deadline!
- He Kai Ata Rau: Conference July 2016
- Cervical screening with Family Planning
- "Respect yourself Protect yourself" condom campaign in Taupo
- New Transgender Advocacy Group: Te Rākei Whakaehu
- Increase in syphilis cases among gay and bisexual men in the Christchurch region
- Results from the 2014 gay men's health survey
- The sexual and reproductive health and rights of Māori men and boys
- Body Positive Wellington office to close
- HIV Treatments Update Seminar 2015



Ministry of Health - Introducing Sonya Hogan New Portfolio Manager / Advisor

Tena koutou katoa

Thank you for the chance to introduce myself. I have recently been employed by the Ministry of Health to manage the development of a cross-sector Sexual and Reproductive Health Action Plan.



Previously I was the Chief Executive for Ara Taiohi a peak body for the youth sector and I have also worked for Marie Stopes International where I worked in China alongside UNFPA.

Sexual and Reproductive Health Action Plan focus

I am excited by the opportunity to work with the health sector in the development of the Action Plan which we are aiming to have completed by late February 2016. I am currently exploring the best possible ways to consult with the health sector in relation to this work given the timeframe.

Contact information

If you have any questions about this work or would like to be kept in touch with how the work develops please feel free to get in touch Sonya.Hogan@moh.govt.nz. I look forward to hearing from you as this work develops.

NZSHS Conference - Early-bird registration deadline!



The New Zealand Sexual Health Society Inc is an inclusive multidisciplinary professional body dedicated to advocating and promoting Sexual Health for all in New Zealand. They hold an annual conference open to clinicians and health promoters around New Zealand.]

Reminder to register

Early conference fees finish at 5pm next week - Friday, 11 September. **This is an extension to the deadline that you may have received by email (28 Aug 2015).**

Take 5 minutes this weekend to complete your registration online at www.shs2015.co.nz.

Be in touch if you have any questions, and the committee look forward to seeing you in Taupo this October.

Kind regards

Kathryn Hunter | Project Manager |
ForumPoint2 Limited

T: +64 7 838 1098 | F: +64 7 838 1097 |

M: +64 21 115 4610

E: kathryn@fp2.co.nz | www.shs2015.co.nz

He Kai Ata Rau: Conference July 2016



Māori strengths-based approaches to ending HIV-related stigma and discrimination

In July 2016, a collaboration of NGOs involved in HIV treatment, prevention and support services will be hosting a 2-day conference focused on decreasing HIV-related stigma and discrimination experienced by Māori and their whānau, living with and at risk of HIV.



He Kai Ata Rau - The dawn of nourishment and achievement

The conference name comes from the whakatauki 'He tāwhara, kai ata rau, he tauwhironga, he tau āriki te tau'. The whakatauki, in the context of the conference, refers to the achievements that await us as we move, together, into a season of prosperity and fulfilment.

Conference aim

The conference is aimed at celebrating the strength, knowledge and potential in Māori communities to end HIV-related stigma and discrimination.

Māori living with HIV face stigma and discrimination

Far too many Māori and whānau are exposed to HIV-related stigma and discrimination. People we have spoken to have told us they have experienced physical abuse, verbal abuse, social distancing and exclusion as a consequence of their own HIV status, or their communities' perception of their HIV risk. HIV-related stigma and discrimination isolates Māori from each other, weakens whanaungatanga, increases the risk of depression, suicide, self-harm and poor decision-making around safer-sex, and also reduces the uptake of HIV testing and treatment. Stigma and discrimination undermines core Māori values and principles.

Whānau and friends also face discrimination

It is not only Māori living with HIV or at risk of HIV who are affected; their whānau and friends are also subjected to stigma and discrimination. This means the number of people experiencing HIV-related stigma will be much larger than the 232 Maori men, women and children diagnosed with HIV since 1996, when ethnicity started being recorded. Added to this are Māori who are potentially at risk of HIV; that is approximately 8000^[1] Māori men who have sex with men (MSM), and between 49 and 1,120 Māori who identify as transgender^[2]. In addition, a third of sex workers identify as Maori^[3]. Sex workers are a significant population in the context of stigma and discrimination^[4].

Who is the conference for?

If you are a teacher, social worker, nurse, youth worker, researcher, policy maker, iwi development officer or you work in any position that engages Māori communities, then this conference is for you. There's a

high chance that you will have Māori students, families, patients, rangatahi, hapū, whānau members and friends who already experience HIV-related stigma and discrimination.

Conference programme and presentations

He Kai Ata Rau Conference attendees will receive a toolkit of Māori strengths-based strategies for use in schools, workplaces, marae, sports clubs and other community settings to help end HIV-related stigma and discrimination. We have an excellent programme of Maori speakers. There will also be an international Indigenous panel and, all together, these experts will share a wealth of lived experiences and involvement in Māori and Indigenous HIV-related prevention, sexual and reproductive health promotion, and research.

Presentations will focus on Stigma in Employment, Stigma in Education, Stigma in Pregnancy, Stigma in Healthcare and, Stigma in Whānau. These presentation streams will provide the opportunity for attendees to hear about experiences, discuss issues, and share solutions.

Apply for a registration scholarship

The conference has a number of free registration scholarships. Scholarship applications and registrations open in November 2015. Please check the websites for the New Zealand Sexual Health Society, New Zealand AIDS Foundation, Body Positive, Positive Women Inc., INA (Māori, Indigenous & South Pacific) HIV and AIDS Foundation, and Te Whāriki Takapou (formerly Te Puāwai Tapu) for details.

We invite you to celebrate the strength, knowledge and potential of our Māori way of life as we work to end HIV-related stigma and discrimination in Māori communities.

Jordan Waiti
Alison Green
Thanks to Dr. Peter Saxton and Jane Bruning for peer-reviewing this article

Footnotes

[1] There are no accurate estimates of the total number of Māori who are MSM, so we based our estimate on two sources of data. 1) The total number of Māori males aged 15-64 years old (http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/MaoriPopulationEstimates_HOTPMnYrDec14.aspx). 2) The proportion of USA males reporting sex with a male <5 years, which is 3.9% (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3462414/>).

[2] There are no accurate estimates of the total number of Māori who are transgender/transsexual, so we based our estimate on two sources of data:

(1) The total number of Māori (http://www.stats.govt.nz/browse_for_stats/population/estimates_and_projections/MaoriPopulationEstimates_HOTPMnYrDec14.aspx).

(2) Rosenstreich, G. (2013). LGBTI people in mental health and suicide. Revised Edition. Sydney, Australia: National LGBTI Health Alliance. Retrieved from <https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2>

[3] There are no accurate estimates of the total number of Māori who are sexworkers; therefore we based our estimate on a study of sexworkers from Auckland, Wellington, Napier, Nelson, and Christchurch (<http://www.otago.ac.nz/christchurch/otago018607.pdf>).

[4] We also wanted to include the total number of Māori who are intravenous drug users, however the data is incomplete at this stage.

Cervical screening with Family Planning



Family Planning has been operating since 1936. We provide a range of services across New Zealand including sexual and reproductive health information, clinical services, education and training and research.

Cervical Smear Training Courses

September is Cervical Screening Awareness month coordinated by the Ministry of Health's National Screening Unit. It is a time dedicated to promoting the message, *mā te āraitanga ka ora*: prevention is better than cure.



Family Planning is one of the leading providers of cervical smear training in Aotearoa and are specialist smear takers. On average, they take 21,996 cervical smears each year, that's 1,833 every month and 84 every day.

Family Planning offer two courses teaching cervical smear taking.

Cervical Smear Training Course

This is a three day NZQA accredited course and fulfils unit standard 1098: Perform Cervical Screening and Cervical Smear Taking.



This course teaches:

Anatomy, physiology, pathology & cytology

Cervical screening and barriers to screening

Sexual health

Laboratory input and colposcopy

National Cervical Screening Programme

Cultural safety

Family Planning recognises that Māori have their own perspective on health and wellbeing that can differ from the mainstream approach. In order for smear taking nurses to fully understand this and modify their approach, this course provides a comprehensive component that examines health and wellbeing from a Māori perspective.

Cervical Smear Update Course

This workshop is for registered smear-takers for continuing education and update. Regular updates are recommended by the National Cervical Screening Programme.



How to register

To register for a course, visit the [Family Planning website](#). You may be eligible for a refund for the cost of the course if completed within a year. Find out more at the [National Screening Unit website](#).

Anamata Cafe (Clinics and Advice For Everyone) is a health service in Taupo that focuses on the health and wellness of young people and their whānau.



What our health promotion campaign was about

Aim: This campaign was aimed at young people, parents, whānau and the wider community to raise awareness around keeping their whānau and themselves healthy emotionally, mentally and physically.

Resources and Design Development (how to involve youth): Our youth advisory group (The A Team) designed and created the posters and wallet size cards with a year 10 class who spent two lessons in a "focus group" sharing ideas, designs, etc. We wanted the campaign to involve youth from the start and this was a great way of having the resources designed by young people for young people.

At Anamata Café: Our doctor advocated to ensure that the ECP was free to under 25s at participating pharmacies during the Summer school break. A LYC condom, wallet sized card with a box of free condoms was offered with each consultation. We don't have an accurate amount of consultations for this, so will leave it at that.

Local business involvement: It was launched at a youth event run by our A Team in conjunction with our local district council. It consisted of youth entertainment for youth by youth, bbqs, freebies, bake sales, info and resources covering all aspects of health.



Pharmacies: All the pharmacies in Taupo (4) and Turangi (1) displayed our posters and we gave each pharmacy 10 LYC condom packs.

Backpackers: Nine backpacker hostels each received baskets for their reception desk area with supplies of 10+ boxes of condoms as well as posters, wallet size cards, LYC condoms and extra Durex / Marquis condoms. Baskets were - referrals to CAFE and condoms accessed consistently.

Local health/social service agencies: Wallet cards were good conversation starters, referrals to Anamata CAFE, condoms distributed

Other Café clinics and school clinics (Taupo and Turangi): Display of posters, wallet size cards, and condoms.

Pubs: Two local pubs distributed condoms with drink promotions and during conversations with patrons as well as having condoms available on a plate at the bar. **Response and Feedback:** Much positive feedback was received, and we have had requests for more condoms as all our supplies were distributed. All the posters are still being displayed and the wallet cards are still be distributed.

People are more than welcome to access our art work and if you would like to know more about the campaign or any comments, please let us know!

Mary-Lou Clark, Youth Health Promotor/Educator

Te Rākei Whakaehu

Te Rākei Whakaehu is a newly-established transgender advocacy network based in the Waikato rohe.



How we came into being

Te Rākei Whakaehu
Kaupapa Māori Transgender Advocacy

We formed in response to kōrero at the 2014 Hui Takataapui, held at Te Papa-o-Rotu marae in Whatawhata where it became glaringly apparent that positive life-pathways for trans people, in particular trans people who are also Māori, have remained hidden; over the past three decades, structural and social norms have been slow to affirm our presence. Rigid ideas about sexuality and gender have relegated us to the peripheries of all margins, to the extent that we are almost invisible, to others and often even ourselves. Exclusion limits our ability to stand and be proud in our bodies, and as a result of entrenched stigmas we suffer myriad discriminations and micro-aggressions. And yet, we are here and we are beautiful.



The meaning of our name

Te Rākei Whakaehu metaphorically translates as 'the adornment of diversity - thoughts, actions and dreams', and in this regard, we are assertive about the use of Kaupapa Māori knowledge to collectively assist each other. We have four foundational objectives which intend to network and connect those who identify as trans and Māori; to advocate on behalf of trans and Māori people to achieve positive lived realities; to educate ourselves, our families, communities and healthcare professionals about ways to respectfully value us, and; to develop a research capacity that can serve our needs, so that we are no longer invisible nor silenced.

Who's on board

Our board members are Manawaroa Te Wao, Grace Falwasser, Timoti Daymond, Nanu Turner-Sarah and Tawhanga Nopera. Manawaroa our Kuia is a stalwart of her marae, Te Papa-o-Rotu. She was central to organising and hosting the 2014 Hui Takataapui and recently organised drag performances at the Koroneihana at Turangawaewae marae. Our Secretary Grace, although quite young, has been an active trans advocate for some time; supporting transgender sex industry workers throughout the motu. Timoti is our Treasurer and with a business degree from the University of Waikato, is an entrepreneur focused on providing development solutions for small businesses. Nanu our Co-Secretary is a performer and Whakarewarewa guide at Te Puia. Over the past decade, Nanu has been a vibrant advocate for queer rangatahi in the Rotorua



region. Also from Rotorua is our Chairperson Tawhanga, a digital and performance artist and academic. Tawhanga is passionate about raranga and uses it as a theoretical framework to empower.

Our workplan

Our Trust has been grateful for support from the Ministry of Health and Ara Taiohi. In particular, Te Rākei Whakaehu are extremely appreciative of the assistance given by Te Whāriki Takapou (formerly Te Puāwai Tapu), whom without, we would not have been able to even begin our mahi. Our priorities for the coming year are to build our network and create a website which will operate as a one-stop-shop for trans people seeking support and information. Until then, we look forward to our upcoming presentation at the New Zealand Sexual Health Society conference in Taupo. We hope to see you there.

Mauriora! Tawhanga

Increase in syphilis cases among gay and bisexual men in the Christchurch region

Sexual health clinics provide a specialist, confidential, free of charge service to everyone. Increasingly we would like SHOPP to be a vehicle for communicating trends in clinical practice that may affect health promotion activities locally or nationwide.

The following articles - sourced from gaynz.com, nzaf.org.nz, and ProMed - were sent in by Dr Jane Morgan, Waikato DHB Sexual Health Services.

An increase or an increase in testing?

The gaynz.com article

There's been an increase in syphilis cases among gay and bisexual men in the Christchurch region, following similar trends in Auckland and Hamilton. The New Zealand AIDS Foundation [NZAF] says average monthly syphilis cases in Christchurch have increased 100 per cent over the past 18 months. [The NZAF is] encouraging gay and bisexual men to use condoms and lube for anal sex and to get tested.

The NZAF says if a person has syphilis, they are also more likely to get HIV and pass it on. "It is vital to continue to use condoms and lube for anal sex because unprotected anal sex makes it easy for STIs [sexually transmitted infections] and HIV to be passed on. Evidence shows that 8 in 10 gay and bisexual Kiwis use condoms for anal sex with casual partners and we encourage them to continue doing so."

It's possible to have syphilis with no symptoms and it is also possible to pass it onto others when you don't have symptoms. Many people who have syphilis aren't aware they have it, particularly if it's in their throat or rectum.

Syphilis can produce a painless sore on the penis, in the anus or in the mouth 10-90 days after infection. The sore usually turns into a scab and heals after 2-6 weeks, but the infection remains. If left untreated, syphilis can cause damage to nerves, bones, skin, eyes and brain. GPs can provide full sexual health check-ups, or free tests can be booked in Christchurch at NZAF Te Toka or Christchurch Sexual Health Services.

(Source: gaynz.com, with further reporting from ProMed below (**ProMED - the Program for Monitoring Emerging Diseases** - is an Internet-based reporting system dedicated to rapid global dissemination of information on outbreaks of infectious diseases and acute exposures to toxins that affect human health)).

ProMed commentary on the matter

Some of this continued increase may be due to an increased frequency of testing for syphilis in MSM. The increasing numbers of men who have sex with men who also have unprotected sex with wives and girlfriends may lead to a rising incidence of syphilis in women and congenital syphilis.

Cases among MSM have been characterized by high rates of HIV co-infection and high-risk sexual behaviors in many localities worldwide. An article posted by ProMED-mail reported that HIV-infected MSM seek out other HIV-positive sex partners to avoid using condoms ("serosorting"), which, of course, would allow transmission of syphilis, gonorrhoea, and other sexually transmitted diseases among HIV-infected MSM, without resulting in an increase in HIV infections.

How might this influence health promotion activities?

Please comment below on how this could be used in any health promotion activities being planned, or start a discussion about how medical trends in a clinical setting can be used translated to a health promotion environment.

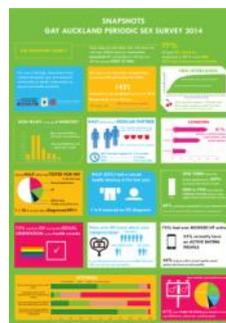
Results from the 2014 gay men's health survey

Peter Saxton, Director, Gay Men's Sexual Health research group

The Gay Men's Sexual Health research group (GMSH) is based in the Department of Social and Community Health at the University of Auckland. It was established in 2013 with seeding grants from the New Zealand AIDS Foundation and Uniservices Ltd. The group aims to promote research into HIV and sexual health among gay, bisexual, takataapui and other men who have sex with men (MSM) in New Zealand.

What is GAPSS about?

The Gay Auckland Periodic Sex Survey (GAPSS) and Gay men's Online Sex Survey (GOSS) are anonymous repeat cross-sectional programmes that monitor trends in HIV risk behaviours among gay, bisexual, takataapui and other men who have sex with men (MSM) in New Zealand.



The surveys are funded by the Ministry of Health and undertaken collaboratively by the University of Auckland, University of Otago AIDS Epidemiology Group, and New Zealand AIDS Foundation. They are guided by UNAIDS/WHO principles of second-generation HIV behavioural surveillance and have three main aims:

- to explain patterns in HIV diagnoses in New Zealand
- to evaluate HIV prevention by monitoring

condom use and testing, including disparities between subgroups of MSM

- to forewarn of emerging HIV and STI risks and enable a timely response

GAPSS has recruited participants from gay community events, gay bars and sex-on-site venues in Auckland in 2002, 2004, 2006, 2008, 2011, and 2014. GOSS has recruited participants from Internet dating sites in 2006, 2008, 2011 and 2014 nationwide. At 14,841 responses they provide the largest datasets of gay and bisexual men's experiences in the country.

Other studies we are involved in

You can access other research projects undertaken by the GMSH here: <https://www.fmhs.auckland.ac.nz/gmsh>



Te Whāriki Takapou (formerly Te Puāwai Tapu) is a cloud-based kaupapa Māori sexual and reproductive health promotion organisation governed and operated by Māori. Contracted by the Ministry of Health, we provide nationwide sexual and reproductive health promotion services and leadership in Māori sexual and reproductive health issues. The organisation works to achieve sexual and reproductive health and wellbeing for Māori, and we work with both Māori and mainstream sexual and reproductive health organisations, iwi, and diverse Māori communities.



Proceedings from an Open Hearing – New Zealand Parliamentarian's Group on Population and Development (NZPPD)

On 29 June 2015 at Parliament in Wellington, Alison Green and Tawhanga Nopera, made an oral presentation regarding the sexual and reproductive health and rights of Māori men and boys as part of the "Engaging boys and men in sexual and reproductive health and rights (SRHR) initiatives in the Pacific" Open Hearing. The NZPPD is a voluntary cross-party group of parliamentarians who share an interest in increasing awareness of and prioritisation for sexual and reproductive health and rights issues in the Pacific region.

What follows are key points from the proceedings.

E te Rōpū, e ngā mana, tēnei mātou o Te Puāwai Tapu e mihi kau ana ki a koutou, tēnā koutou.

Background

Māori make up 15% of the total New Zealand population, and of that, Māori men and boys make up approximately 48%, or 7% of the total New Zealand population (Statistics New Zealand, 2013).

Statistics New Zealand collects population data on the basis of sex as defined at birth; either male or female, but no statistical information is collected about gender identity. This is described as the deeply felt

internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, and may or may not involve some form of transition (Statistics New Zealand, 2014). 'Māori men and boys' are defined by sex, not by gender identity. Therefore, Māori men and boys who would want to be part of the grouping if it were defined by gender identity are excluded.

Gender identity and gender attributes, not just one's sex, were important organising principles in the traditional, pre-Christian Māori world and this is supported by Māori research. The word 'takataapui', for example, describes a person's gender identity, not their sex, nor their sexual identity or sexual preference. There is no single English-language word or concept that conveys the same breadth of meaning and inclusivity as the word 'takataapui'.

The experience of Te Puāwai Tapu is that Māori have not advocated for better sexual and reproductive health using international rights-based approaches (Note 1: Approaches that draw upon New Zealand's international sexual and reproductive health-related covenants and agreements i.e. ICPD 1984, UNGASS, CERD). Instead, Māori have linked health advocacy to the Crown's Treaty of Waitangi responsibilities. However, the United Nations Declaration on the Rights of Indigenous Peoples may provide a useful rights-based platform going forward.

Introduction

Te Puāwai Tapu has serious concerns for the sexual and reproductive health of Māori men and boys. These can be summarised as:

1. Lack of appropriate school-based information about how to maintain good sexual and reproductive health, and;
2. Lack of appropriate information about the benefits of early STI testing and treatment for Māori men and boys and their sexual partners, and;
3. A dearth of evidence-based, kaupapa Māori information about the sexual and reproductive health of Māori men and boys, and insufficient funds to support a nationwide programme of work to address these concerns.

Lack of appropriate school-based sexual and reproductive health information for Māori boys

Māori traditional understandings and approaches to sexual and reproductive health reflect values of respect, responsibility, sex-positivity, joy, inclusivity, and consideration for oneself but also one's whānau and community (Note 2: sourced from pre-Christian haka, waiata, mōteatea, and oriori (Karetu, 1995), and reflected in the carvings that were taken from New Zealand in the late 1700s by explorers and are currently housed in museums in Europe (Hutchings and Aspin, 2007).

Past government policies damaged Māori language and Māori traditional knowledges (Waitangi Tribunal, 1986) and education policies disadvantaged Māori, consistently failing whānau, hapū and iwi over many generations (Office of the Auditor-General, 2012).

As a result, Māori men and boys have been unable to benefit from traditional whānau, hapū and iwi knowledge about good sexual and reproductive health. At the same time, school-based contemporary knowledge and

information has not fostered the maintenance of good sexual and reproductive health.

Mainstream media portray distorted and racist representations of Māori men and boys (Hokowhitu, 2008). Pākehā men have evolved from the 'rugged outdoors man', or 'rugga bugga', to the sensitive, caring and sexually mature 'new age guy'. By comparison, the media has limited representations of Māori men to sports fields, building sites, or criminal justice systems. Here, they are portrayed as physically strong although lacking intelligence, with hard-drinking, macho, sexually immature, and violently abusive attitudes (2008).

Positive representations of Māori men and boys are not easy to find. They are rarely represented as members of whānau, as sexually mature and responsible partners, parents, teachers, trades people, hapū and iwi leaders, through the media of wider New Zealand society. Within Māori communities, events such as waka ama, kapa haka, Ngā Manu Kōrero are positive and affirming for Māori men and boys, as are Kōhanga Reo, Kura Kaupapa Māori, Wharekura, Rūnanga meetings, Māori conferences, and a range of marae-based events.

A recent community-based research project in Huntly, a small town in the north Waikato, interviewed young Māori men who had recently left school. The majority reported a low level of knowledge about their bodies and sexual health. Most said they were reluctant and felt 'whakamā' or uncomfortable and ashamed about seeking help for their sexual and reproductive health (King, 2014).

In 2014 Te Puāwai Tapu, with support from a Māori sexual health promotion organisation in Hamilton and a youth health centre in Whangarei, interviewed young Māori men and women school leavers about their knowledge of sexually transmitted infections (STIs). The majority reported they knew little about what STIs are, how you get an STI, and when you should get tested.

A 2012 survey of secondary schools in New Zealand reported a number of persistent inequities. It involved 1,700 Māori students aged 12 to 19 years old, 47.2 % of whom were Māori boys and young Māori men (n = 801). Of concern was the high number of Māori students who reported inconsistent use of contraception which increased the risk for young Māori men and women of becoming teenage parents, but also increased the risk of transmitting or acquiring an STI (Crengle et al, 2012).

From this evidence, it should come as no surprise that young Māori men have significant gaps in their knowledge about reducing sexual risk-taking and looking after their own and their sexual partner's sexual and reproductive health. Many young Māori men leave school with no qualifications, suggesting they are only weakly engaged with learning.

In theory, schools should be one of a number of places where young Māori boys and men can learn about fostering and maintaining good sexual and reproductive health. In practice, many parents and communities throughout New Zealand report they lack accurate, age-appropriate information about sexual and reproductive health.

Suppression of traditional language and knowledge, as well as barriers to contemporary education, has denied Māori men and boys good information about sexual and reproductive health. In the past,

Māori men and women were the primary sources of information for younger people.

Schools, therefore, have a very important role as a source of accurate and culturally appropriate information about sexual and reproductive health for Māori young men and boys. There is evidence that schools are effective learning sites for Māori students when their learning positively reinforces their cultural knowledge and identity; when this happens they are more likely to remain at school and succeed (Ministry of Education, 2008).

Notwithstanding the important role that schools can play, there is work to be done by the Ministries of Education and Health. Both ministries need to ensure that all schools can deliver on comprehensive sexuality education, and that the needs of young Māori boys and men are addressed. A 2007 report of sexuality education identified that most schools were not meeting student needs, particularly the needs of diverse groups of students, including Māori (Education Review Office, 2007); Comprehensive school-based sexuality education that works for Māori boys and young men.

Sexuality education programmes in English, te reo Māori, or a mix of both, provide an excellent opportunity for schools. Traditional Māori knowledges and approaches strengthen the cultural identities of young Māori men affirm, and traditional approaches can increase their sexual and reproductive health knowledge and all round educational success.

Programmes should include words like 'takataapui' as part of promoting inclusive schools. A 2012 study of school students reported around 1% of students self-described as transgender (Clark et al, 2011). International estimate the number of trans people in a population as ranging from 1 in 500 people, to 1 in 2000 people (World Health Organisation, 2013). Takataapui Māori are important members of whānau, hapū and iwi because, like everyone else, they are parents, partners, aunts, uncles and kaumātua. They have valued roles and responsibilities as members of our communities.

Māori strengths-based approaches to improving sexual and reproductive health are well received by Māori leaders, Māori communities, whānau, and schools. Te Puāwai Tapu uses whakatauki as a source for strengths-based approaches. Whakatauki (traditional, pre-Christian sayings) transmit positive values and responsibilities. They can be used to envision the kinds of communities Māori want to create, as well as principles for best practice when carrying out community projects. The national conference 'He Kai Ata Rau: Māori strengths-based approaches to ending HIV-related stigma and discrimination' is a good example (Note 3: He Kai Ata Rau refers to the strength, knowledge and potential in Māori communities to end HIV-related stigma and discrimination. The whakatauki reminds us that tasks are completed successfully through collective endeavours, Māori values are a source of strength and knowledge, and Māori community wellbeing assures individual wellbeing).

Lack of appropriate information about the benefits of early STI testing and treatment for Māori men and boys and their sexual partners

There is a dearth of published research about the sexual and reproductive health of

Māori men and boys; in particular their perceptions of what it means to have an STI, how STIs are transmitted, and what happens at STI testing and treatment. Little is known of the barriers and enablers to testing and treatment for them and their sexual partners, or effective ways to work with young Māori men that facilitate timely STI testing and treatment.

The patterns of STIs appear to differ between Māori and other New Zealanders. Available data suggest wide ethnic inequalities in the burden of STIs for Māori, particularly among the most 'at risk' age group of 15 to 25 years (Sherwood, 2006; Terry et al, 2012; Rose, et al 2012). The burden of STIs is considerable. Epididymitis in men up to 35 years of age is commonly caused by chlamydia or gonorrhoea, and there are indications that these infections, untreated, are linked to male infertility (Morgan, 2013).

STI inequalities for Māori are likely due to multiple factors including poor access to STI information. In particular, information about the asymptomatic nature of STIs, but also late testing and incomplete treatment result from both structural and other determinants (Rose, et al 2012; Terry, Braun and Favid, 2012).

Māori men and boys who are sexually attracted to other men (Māori MSM) are at risk of late testing and treatment for STIs, including testing and treatment for HIV (Ministry of Health, 2010). Late testing among Māori MSM is linked to homophobia and transphobia and although these were not a feature of traditional pre-Christian Māori communities, these are unfortunately well-established nowadays (Hutchings and Aspin, 2007).

The Government's last extensive national consultation with whānau, hapū and iwi about sexual and reproductive health identified a community priority; to reduce the incidence of sexually transmitted disease among young Māori men and women (Ministry of Health, 1997). This was not surprising given the extent of ethnic inequality and the fact that untreated and recurrent STIs create an increased risk of infertility among young Māori men and women.

While the reproductive sequelae of untreated and recurrent STIs are personally devastating, these are also completely at odds with whānau, hapū, iwi and Māori community aspirations (Note 4: As expressed recently at Te Pae Roa 2040. At the heart of concerns expressed at the hui were the importance of whakapapa, intergenerational capacity building, and flourishing future generations ([Closing address](#))). Despite the impetus among Māori leaders and community organisations to improve the sexual and reproductive health of Māori, little support has been provided by government, and research gaps remain.

A significant challenge appears to be the lack of culturally relevant and age-appropriate STI-related sexual health information for Māori men and boys. Comprehensive sexuality education in schools, which draws upon traditional and contemporary Māori knowledges to strengthen the identities of Māori men and boys, is critical. So too is information for Māori communities, including targeted health literacy campaigns that build knowledge about STIs, testing and treatment. Campaigns should be supported by school-based and community-based testing and treatment services, including promoting partner-testing and self-testing STI kits.

The research undertaken in Huntly with young Māori men indicates the uneven costs associated with accessing STI testing and treatment; this primary care issue creates a major barrier for young Māori men (King, 2014). Variations in pricing and services among primary care providers is a national phenomenon that potentially creates confusion and shame for all young New Zealanders, and particularly young Māori men and women with limited finances.

In 2014, Te Puāwai Tapu held two consultation hui with young Māori, including takataapui. Participants reported that most young Māori have little knowledge of STIs and this is a major barrier to accessing STI testing and treatment services for them and their sexual partners.

Research suggest that Māori men and boys would benefit from culturally appropriate comprehensive sexuality education. Information in schools and community about STIs, campaigns to build the sexual health literacy of Māori men and boys are necessary. As part of these campaigns, stigma and discrimination education related to homophobia and transphobia requires attention. This can reduce barriers to testing and treatment for Maori boys and men who are takataapui and MSM.

Currently there are no nationally-focused initiatives that are specific to Māori men and boys. It is imperative that research and evaluations of current programmes are conducted to learn what works, what doesn't work, and what can be improved.

Earlier this year the New Zealand Sexually Transmitted Infections Education Foundation (NZSTIEF) launched a website (www.justthefacts.co.nz); it aims to educate young people about STIs, testing, and treatment. The website involved extensive research with the target audience, investigating the informational needs and knowledge seeking habits of young New Zealanders.

The research conducted by Te Puāwai Tapu for the STIEF website found that young Māori at risk of STIs like online information that is concise, uses graphics and sound clips to communicate information, and is culturally relevant to their age group. This information is potentially useful to other organisations wanting to attract young Māori men and women to sexual and reproductive health information.

The evaluation of the 2004/2005 Ministry of Health-funded STI prevention campaign called 'No Rubba, No Hubba Hubba' noted that whakamā or shame about STIs reduced the likelihood of engagement with health professionals; where young Māori wouldn't talk about STIs nor ask for help. However, the report noted that the campaign's hip-hop slogans and Māori youth-friendly animations were positively received and reduced feeling of whakamā (TNS, 2005).

Evidence-based kaupapa Māori research about the sexual and reproductive health of Māori men and boys, and funds to support a nationwide programme of work to address these concerns

Research is required that focuses on improving the sexual and reproductive health of Māori men and boys, particularly research that draws upon traditional Māori knowledges and approaches toward good outcomes.

Effort is required to develop community-level and individual sexual and reproductive

health literacy, particularly information that promotes positive, Māori strengths-based representations of Māori men and boys.

Māori young men and boys would benefit from comprehensive sexuality education programmes that build their cultural identity and simultaneously fosters their knowledge of traditional and contemporary approaches to good sexual and reproductive health.

Programmes are required that actively challenge stigma and discrimination related to homophobia and transphobia experienced by Maori men and boys, thereby reducing barriers to early testing and treatment for STIs and HIV

Support for legislative change that removes binary definitions, and instead, promotes the collection of statistical information using gender identity, thereby recognising takataapui and all other Māori men and boys as important and valued members of Māori whānau, hapū and iwi.

References

- Counties Manakau District Health Board (2012). *Gender reassignment health services for trans people within New Zealand*. Auckland: Counties Manakau District Health Board.
- Crengle, S., Clark, T. C., Robinson, E., Bullen, P., Dyson, B., Denny, S., Fleming, T., Fortune, S., Peiris-John, R., Utter, J., Rossen, F., Sheridan, J., Teevale, T., & The Adolescent Health Research Group (2013). *The health and wellbeing of Māori New Zealand secondary school students in 2012. Te Ara Whakapiki Taitamariki: Youth'12*. Auckland, New Zealand: The University of Auckland.
- Clarke, T., & The Adolescent Health Research Group (2011). *The sexual health of Māori secondary school students in New Zealand: Results from the national secondary school and wharekura youth health surveys*. Paper presented at the New Zealand Sexual Health Society Conference, Auckland. Retrieved from <http://www.nzshs.org/auckland-conference-2011.html>
- Crockett, B. (2015). *STIEF Discussion Group - Report*. Christchurch: Sexually Transmitted Infections Foundation.
- Education Review Office (2007). *The Teaching of Sexuality Education in Years 7 to 13 (June 2007)*. Wellington: ERO.
- Hokowhitu, B (2004). Tackling Māori masculinity: A colonial genealogy of masculinity and sport. *The Contemporary Pacific*, Volume 16, Number 2, Fall 2004, pp. 259-284. Retrieved from https://ourarchive.otago.ac.nz/bitstream/handle/10523/5174/Hokowhitu_3.pdf?sequence=4&isAllowed=y
- Hutchings, J., & Aspin, C. (2007). *Sexuality and the stories of Indigenous People*. Wellington: Huia Publishers.
- Human Rights Commission (2011). *To be who I am: Report of the inquiry into the discrimination experienced by transgender people*. Auckland: Human Rights Commission.
- Karetu, Dr Timoti (1995). *The influences of te reo and tikanga on Māori peoples perceptions of sexuality*. Presentation at Hui Whai Marama, Whai Oranga Mate Ketoketo / Arai kore. Papakura Marae, Auckland, 22 March, 1995.
- King, L. (2014). *Why don't young Māori men between the ages 15 and 25 years use the free sexual health services in Huntly?*. Hamilton: Waikato District Health Board.
- Ministry of Health (1997). *Rangatahi sexual wellbeing and reproductive health*. Wellington: Ministry of Health.
- Ministry of Health (2010). *Review of services for people living with HIV*. Wellington: Ministry of Health.
- Morgan, J. M. (2013). *Epidemiology, screening and management of Chlamydia Trachomatis infection in New Zealand*. Thesis submitted in fulfillment of the requirements for the degree of Doctor of Medicine. Auckland: University of Auckland.
- Rose, S., Bromhead, C., Lawton, B., Zhang, J., Stanley, J., Baker, M. (2012). *Access to chlamydia testing needed for high-risk groups: patterns of testing and detection in an urban area of New Zealand*. Australian and New Zealand Journal of Public Health, Vol 36, No 4, pp. 343-350.
- Sherwood, J. (2006). *Chlamydia screening in New Zealand: Report for the National Screening Unit July 2006*. Wellington: Ministry of Health.
- Statistics New Zealand (2013). *2013 Census QuickStats about Māori*. Retrieved from <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-about-maori-english.aspx> on 3 May 2015.
- Terry, G., Braun, V., Farvid, P. (2012). *Structural impediments to sexual health in New Zealand: Key informant perspectives*. Sexual Research and Social Policy, Vol 9, pp. 317-326.
- TNS (2005). *Safer sex evaluation draft summary*: Prepared for Ministry of Health. TNS: Wellington



Body Positive Inc. is a group founded by and run for people with HIV/AIDS. We welcome all people living with HIV and AIDS in New Zealand. Body Positive Inc. breaks down isolation and builds a sense of community while advocating on behalf of HIV+ people on a national level.

Body Positive's Wellington office is to close - just two years after it opened.

Executive Director Mark Fisher and chair Ashley Barratt announced the closure to the HIV-positive people's peer support and advocacy organisation's membership. The Auckland office will also be downsized due to "tight fiscal pressure".

The Wellington office will remain open until 30th September 2015.

(Source: gaynz.com)



What the Update Seminar is about

Body Positive will host the seventh annual HIV Treatments Update Seminar on Friday 25th September in Auckland.

Objectives for the seminar

The objectives of the seminar will be:

- To provide an overview of HIV/AIDS epidemiology in New Zealand today
- To provide an understanding of the current experience of HIV in New Zealand
- Insight into international responses to HIV from the US and Australia.
- To provide the basic science associated with HIV including transmission and viral reproduction
- To provide a brief overview of changing treatment options and complications
- To provide an understanding of the issues around and the importance of HAART and resistance
- To provide an update on Mental Health and Ageing with HIV
- To provide an overview of public health interface with Criminal Law
- To provide an overview of HIV services delivered in New Zealand today