Abortion and Maori Women

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ONE of the unsettling things about Wellington's Parkview Clinic is the number of Maori women who come there to have an abortion. You notice it, just sitting in the waiting room. The staff notice it too. They commented on it at the Wellington Women's Summit Conference in 1984. Abortion counsellors told the workshop on reproductive control that high numbers of Maori and Pacific Island women were having abortions at Parkview – numbers quite of proportion to those of the general population.

Recent statistics now bear out these impressions. "Maori total abortion rates are 24% higher than those for europeans," the New Zealand Planning Council reported late last year. Their report reveals that one Maori woman in every three will have an abortion in her lifetime. But the report adds that this may be an underestimate, as staff at abortion clinics have quite often misrecorded Maori women as being of european race.

These high levels of abortion are "issues of concern" says the Planning Council report. But it does not tackle the issue further, or ask why the higher rate, or what could or should be done about it.

In some quarters, the higher abortion rate is seen as a continuation of the earlier cultural practices. "Maori women with unwanted pregnancies do not regard the practice of abortion with the antipathy that some people imagine they do," according to Dr Rex Hunton of Auckland, who was active in setting up the first large-scale abortion clinic in New Zealand. "Abortion and infanticide were practiced by the Maori, and were relatively common," he says, quoting early european travellers in New Zealand.

But opinions differ. In a 1984 circular to hospital boards and nursing staff, the Department of Health warned that a patient requesting abortion should be viewed "within the totality of her family and her past and present value systems." The circular on 'Maori Culture' goes on to say that "Maori women rarely seek an abortion. On psychiatric grounds, it may be dangerous to terminate a pregnancy if it is requested. If, after the abortion, a child born into the extended family is deformed in any way, it will probably be regarded as a result of the abortion."

This belief stems from the Maori understanding of the unborn child, says the Department of Health circular. "Maori attitudes to abortion include the view that the foetus should not be destroyed as it has an advanced soul or spirit. The god-given life in the foetus should not be destroyed by man. If it is destroyed ... it becomes an evil spirit with a malevolence that is determined by its resentment at not having known human existence. The evil spirit can take its revenge through inflicting pain, disease or ill fortune. It may attack the person responsible for its destruction, but this is not necessarily so, as it may attack the weakest member of the extended family, and it may take its revenge for a number of years."

The Rapuora survey undertaken by the Maori Women's Welfare League on the health of Maori women found that those in younger age groups and those in urban areas had less cultural involvement than their mothers, and that many did not know their whanau, hapu and iwi linkages. Elizabeth Murchie, Research Director for the Rapuora project, believes that it could be these women who participate in abortion, lacking as they do tribal or family support. The survey questionnaire did not touch on abortion; however, it did find that eight out of ten Maori women were sexually active and that half of these were not taking any steps to avoid having a baby.

An earlier survey, conducted in the Manawatu area, showed that Maori women tended to be 'more conservative' than those of other races. They were less likely to believe in abortion for economic reasons or in abortion on demand.

So why do Maori women use abortion more than their pakeha sisters? Elizabeth Murchie believes that it may be for economic reasons. "A high proportion of our women work because they have to," she says. "The economic pressures on so many of our families put them at risk, and they cannot afford to lose the mother's income." This squares up with abortion clinic reports, which find that most of their Maori patients are of "low socio-economic status." It may also explain another characteristic of Maori women seeking abortion: many of those going to abortion clinics are slightly older women who already have children, whereas the great majority of pakeha women at the clinics are young, single and aborting their first pregnancies.

Whetu Tirikatene-Sullivan, MP for Southern Maori, sees abortion as a form of exploitation of women. "Every unwanted pregnancy demonstrates the exploitation of the female, who is simply left holding the baby," she told the Hui Taumata in 1984. "Freedom to choose" is not freedom for abortion on demand, she said. "It is the freedom to say no, to reject the predatory male, and freedom to report unwanted pressures, whether from strangers, relatives, bosses, co-workers, supposed suitors or con men." Mrs Tirikatene-Sullivan believes that abortion is a form of violence, and that non-violent solutions must be found for those who face unwanted pregnancy.

There are other reasons advanced for the higher rate of abortion among Maori women. One is a lack of confidence and self-respect, especially among younger women, who feel unable to say no to a male doctor who suggests that abortion is the best way out of a predicament. "I was raped, see?" said one anxious young woman on her way up to Parkview Clinic in Wellington. "The doctor thinks this is the best thing I can do." Those who cannot fall back on support from their whanau may be especially vulnerable to this sort of pressure.

"Mass abortionism could be the most grievous threat facing our ethnic minorities."