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Trading off

A grounded theory on how Māori women negotiate drinking alcohol during pregnancy

A thesis presented in partial fulfilment of the requirements for the degree of Master of Public Health at Massey University, Wellington, New Zealand.

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Abstract

This study aimed to understand how Māori women negotiate decisions about alcohol and pregnancy. It was based in the recognition that Māori women’s decisions about drinking alcohol when pregnant are shaped by social and cultural expectations about gender roles, as well as their knowledge about alcohol and pregnancy. Māori attitudes to alcohol have also been influenced by colonisation and Māori responses to it. Alcohol use in pregnancy also exists in the context of potential impacts, including fetal alcohol spectrum disorder. There is little knowledge about how and why women may or may not drink during pregnancy.

The research used grounded theory methods. Information was gathered through in-depth interviews with ten Māori women. The information they provided was analysed using constant comparative analysis, and a series of categories was generated.

The grounded theory proposes that Māori women manage decisions about drinking alcohol when pregnant using a process of Trading off. Trading off is supported by three key processes: drawing on resources, rationalising, and taking control of the role. Māori women start by learning the rules about alcohol, get messages about alcohol and pregnancy, change their alcohol use while making role transitions, and use alcohol in the processes of fitting in where you are, releasing the pressure, and carrying on as normal. Trading off is an individual process, but exists in a complex social context. The process is fluid, conditional, and continues throughout pregnancy. The theory must be recognised as my interpretation, although I believe it is grounded in the data, accounts for the data, and offers a new, modifiable and potentially useful interpretation. While the body of theory that can be compared to the theory of Trading off is limited, the interpretation is consistent with several models of health behaviour, including Māori health models. This research has implications for future research, and for the development of programmes to support Māori women.
Acknowledgements

Haere e raro, te kāhu kōrako: travel with a chief and you will fare well. The greatest acknowledgement must go to the women who participated in the research. Their openness, their experience, their wisdom and their thoughtfulness left me humbled. I hope this thesis reflects my respect, which only increased as I read and re-read their words. Ka nui ngā mihi ki a koutou, wāhine rangatira mā.

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