

ABSTRACT

AIM: Takatāpui refers to Māori who identify as LGBTQIA (lesbian, gay, bisexual, transgender or transsexual, queer, intersex, asexual). Currently, there is little known about the health needs of takatāpui due to invisibility and often they are isolated in the public health system making them a vulnerable population. The aim of this project was to assess the health needs of takatāpui. We looked at General Practitioners' (GPs) understanding and awareness of takatāpui and identified the challenges GPs face in providing healthcare to this population.

METHOD: The project had two components: 1) an online survey of GPs, conducted and analysed through Qualtrics and 2) interviews with takatāpui members of Tīwhanawhana Trust, which were then transcribed and analysed using thematic analysis.

FINDINGS: We received responses from 40 GPs mostly from the Auckland region. Most responses indicated sexuality was generally enquired about during verbal consultations, while data on ethnicity was collected through enrolment questionnaires. About 60% of the GPs (n=22) did not know how many takatāpui patients were enrolled at their practice although 40% of them (n=15) thought health needs of patients change when they identify as takatāpui. Most respondents were confident dealing with gender/sexuality issues but a large number also felt they had not received adequate training on this. Key issues that were raised following the analysis of takatāpui interviews included discrimination, identity, mental health, support and barriers to accessing healthcare services.

CONCLUSION: There is a clear inadequacy in our current health system when it comes to the health needs of takatāpui. GPs feel the need for more training addressing this population. Although this pilot study involved a small sample size, it still provides direction about what further research needs to be done.

INTRODUCTION

Being either LGBTQIA or Māori is associated with poorer health outcomes (1, 2). Intersectionality, a concept used to describe how the effects of belonging to more than one group which is discriminated against are interconnected and cannot be only studied separately, results in a number of disadvantages for individuals (3). These disadvantages can have numerous effects on the individual's health including mental health issues, barriers to healthcare, feelings of isolation and suicidal ideation (3). Based on published statistics on Māori and LGBTQIA health outcomes (both of which are generally poorer than non-Māori and non-LGBTQIA), it is reasonable to predict that an individual who is takatāpui may be more likely to experience even higher levels of oppression and discrimination in society than if they were just Māori or just LGBTQIA. It is also important to acknowledge that LGBTQIA and Māori populations are not homogenous groups and there will be some further diversity in how individuals are disadvantaged due to discrimination.

Being either Māori or LGBTQIA has certain implications for a person's self perception, self-identification and health (4). Māori oral traditions and stories demonstrate acceptance of a more fluid gender and sexuality before colonisation began, and the word takatāpui has its origins in historical Māori society (5). However, the loss of this history through disconnection from whakapapa (genealogy) due to colonisation processes have contributed to the loss of positive cultural, sexual and gender identity norms, as well as disruption of communal or whānau (family) supports for takatāpui (6). There are currently no publications available that directly assess takatāpui intersectionality. It is clear that it is extremely difficult to quantify just how much of an effect intersectionality has on takatāpui health, as there are numerous factors that influence the degree of discrimination an individual receives (or perceives).

To begin to assess the health needs of this group, we interviewed individuals identifying as takatāpui. We also surveyed general practitioners (GPs) throughout New Zealand to evaluate their awareness of takatāpui and identify the challenges GPs face when providing healthcare to this patient group. This paper discusses our findings on the health needs of takatāpui and offers recommendations for further research and health interventions that would be of value to this demographic.

METHOD

There are two parts to the project: an online survey of GPs, and whānau focus group/individual interviews with takatāpui whānau. The takatāpui whānau determined whether they preferred to be interviewed individually or as a group of up to three. Informed consent was obtained from whānau focus group participants prior to conducting the interviews.

1. Whānau Focus Group (WFG)

Participants for the WFG interviews were located via the Tīwhanawhana Trust member networks. The WFG included interviews with 12 takatāpui individuals, at interview locations of their choice.

The interviews were performed by medical students. The interviewers had a list of focus questions to use for the interview with these questions designed by medical students with input from Elizabeth Kerekere, Keri Lawson Te Aho, and the Tīwhanawhana Trust.

The interviews were recorded on a dictaphone and transcribed afterwards. Thematic analysis was applied to these transcripts to identify key themes raised. This involved reading the transcripts, highlighting and coding significant and recurring features of the text, and collating this information to identify patterns and themes in the data to be then presented.

2. Online Survey for General Practitioners

This survey was designed by medical students with the assistance of Elizabeth Kerekere, Keri Lawson Te Aho and the Tīwhanawhana Trust. It was conducted using Qualtrics, an online surveying software. A list of general practices were obtained online from the CCDHB website, and an introductory letter containing a link to the survey online (via URL or QR code) was faxed to each

practice. Emails were also sent out to practices and general practitioners directly containing a link to the survey. These email addresses were obtained from the General Practice Department of the University of Otago Wellington, and is a list of General Practices and General Practitioners who had agreed to take on medical students for placement. Further contact details and distribution of the survey was provided by Dr Keri Lawson Te Aho. Contacts included the RNZCGP via Dr Lily Fraser; New Zealand PHOs through the National Hauora Coalition and the NZ Maori Medical Practitioners Association (Te Ohu Rata o Aotearoa) via Dr Sean Hanna. As this was not direct, we are unsure how many General Practitioners actually received the survey. The online survey was open for responses between 31st August -13th September 2015. Data was then tabulated using the Qualtrics software.

Ethical approval for this project was obtained in August 2015 via the standard University of Otago process for category B approval.

RESULTS

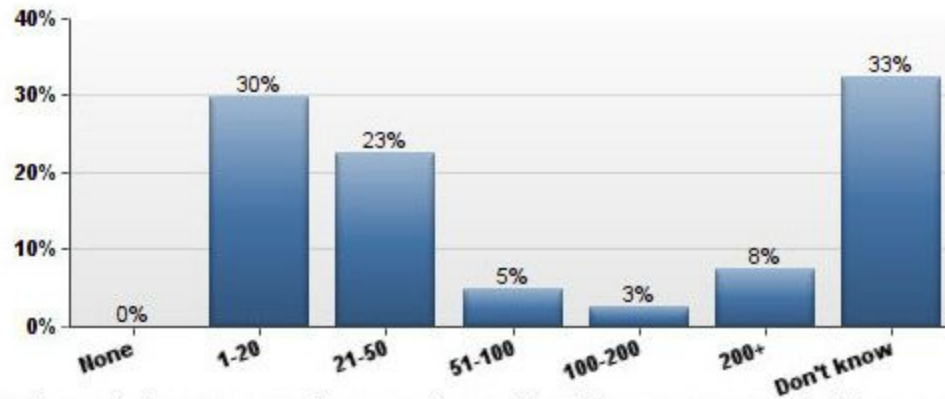
Results of Survey

A total of 44 people responded to the survey which took most people about 7 minutes to complete. Out of these respondents, seven people answered all the questions and 36 people answered 92% of the survey questions.

The majority of respondents (95%) collected ethnicity data through questionnaires during patient registration. Most respondents (60%) had more than 200 Māori patients. Only 25% of respondents gathered information about gender and sexual identity through patient registration questionnaires. However, 75% of respondents asked about gender / sexual identity in the context of a relevant consultation, although 8% did not collect this information at all. While 13% of respondents did not know how many of their patients identified as Māori, an even higher proportion (33%) did not know how many patients identified as LGBTQIA (Figure 1). The majority of respondents (55%) did not know how many of their patients identified as both Māori and LGBTQIA (Appendix 3). Although the mechanisms for collecting information on gender / sexuality were different from ethnicity, the vast majority of respondents (82%) either agreed or strongly that it was important to collect this information (Figure 2).

Figure 1:

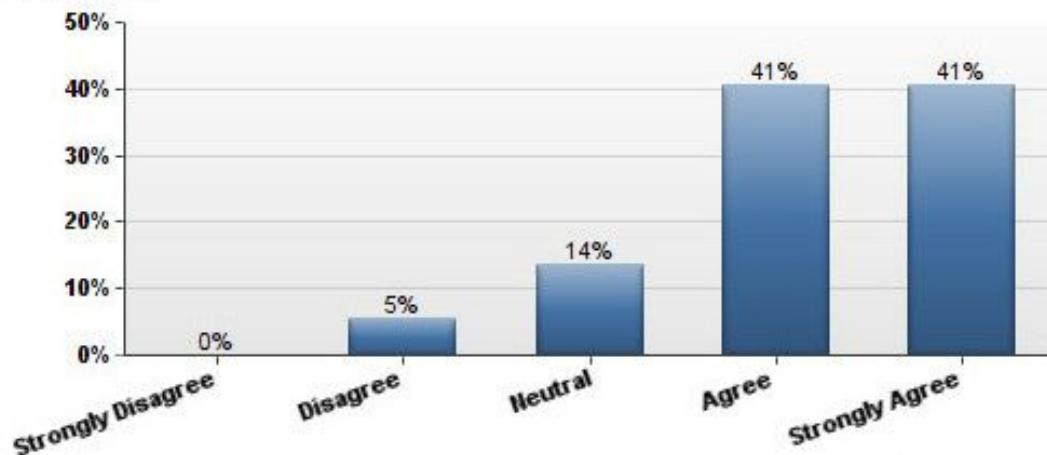
% of Respondents



Approximately how many of your patients identify as LGBTQIA (lesbian, gay, bisexual, trans*, queer, intersex, asexual)?

Figure 2:

% of Respondents

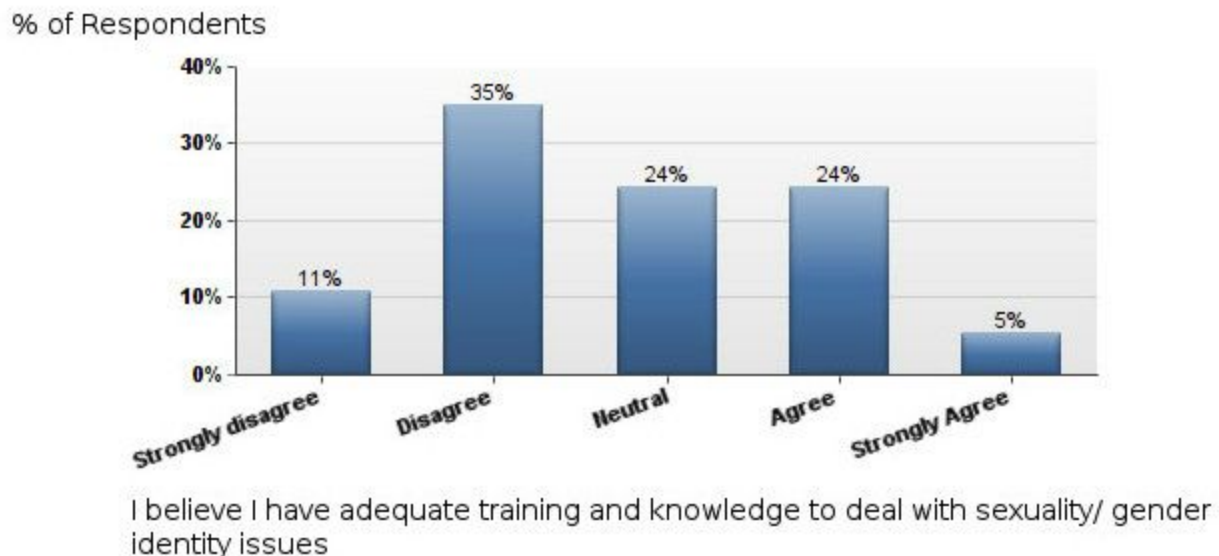


It is important to gather information about sexuality/ gender identity

53% of respondents dealt with sexuality / gender issues for LGBTQIA patients at least monthly. Key health issues for LGBTQIA patients were identified as mental illness (87%), STIs (63%), transitional advice (61%) and sexual education (55%). Most respondents (61%) indicated that these health needs do not change if the patient is also Māori. While 29% of respondents either agreed or strongly agreed that they had adequate training and knowledge to deal with sexuality / gender identity issues, 46% of

respondents either disagreed or strongly disagreed that they had adequate training and knowledge (Figure 3).

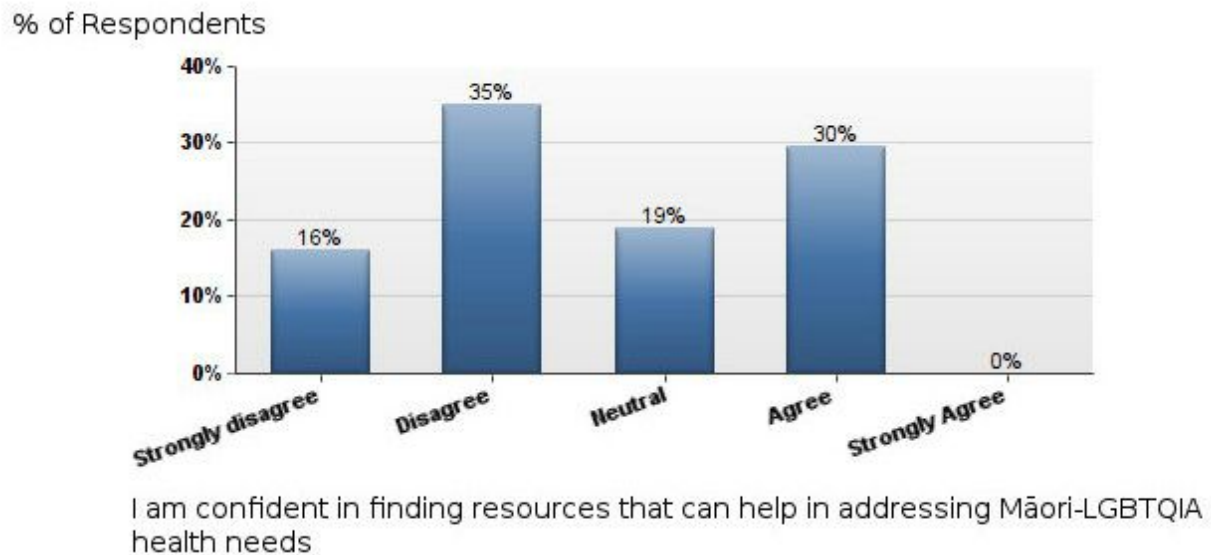
Figure 3:



76% of respondents either agreed or strongly agreed that Māori LGBTQIA patients have specific health needs and requirements when compared to non-Māori LGBTQIA patients. 81% of respondents felt that there are social/emotional barriers that prevent Māori LGBTQIA patients seeking medical help. Only 14% of respondents felt that the current level of support for Māori-LGBTQIA patients was adequate.

The majority of respondents (73%) either agreed or strongly agreed that they would be happy to have more training with regards to treating Māori-LGBTQIA patients. 51% of respondents either disagreed or strongly disagreed that they were confident in finding resources that can help in addressing Māori-LGBTQIA health needs, but note that answers varied widely for this question (Figure 4).

Figure 4:



Findings of Interviews

Identity

Although participants reported that they had known about their takatāpui identity for a long time, many said that they took a long time to find the vocabulary for it. This could be made more difficult if they did not have any way to explore their sexuality or gender identity due to a religious upbringing which discriminated against being non-cisheteronormative.

"I was brought up Roman Catholic...these were a lot of taboo subjects. You don't go there. So you are just supposed to figure it out yourself."

"Obviously with our religious upbringings, we're very oppressed. Very. It's only in the last few years I've really been exploring it and who [I am]."

Some takatāpui struggled with their identity.

"Oh my God, all the bumps in the wrong places. This is so wrong, so wrong.... I hated what I was going through... And today I just tolerate this body."

Another facet to participants' takatāpui identity was their Māori culture; again, some participants had difficulties exploring this, due to intergenerational trauma, but Māori culture was especially a source of pride in younger generations who were part of the revival.

"Growing up, mum was quite ashamed to be Māori because our nana was ashamed to be Māori as well... So it's been kinda hard for us kids because we've had identity issues."

"There's been a lot of trauma down the generations of wahine. So we're staunchly proud of it, we're like bringing it back. I often think about the women down my line and I think, I have a responsibility to you, because you actually had your culture beaten out of you and treated like shit and I want to survive that."

"In Māori mythology we have really amazing, fierce, incredible [women]... like Hine-nui-te-pō crushed [Maui] with her vaginal dentata... and that's just like the women, real badasses. So I identify a lot with that, and put a lot of that [Māori mythology] into my music."

For some, time has allowed them to explore their identity and become more comfortable with it.

"It has been an extreme transition, from no confidence, no self-esteem, no understanding or education about anything, to who I am now - as a person the total opposite."

Most had experiences of those around them refusing to acknowledge their identity:

"[My mother said] it's just a trendy thing."

"My mother wouldn't have a bar of it... Her exact line was 'I've known you since you were a baby and you're not a lesbian.'"

This impacted on their romantic relationships, especially in terms of others seeing them as valid.

"You could never bring partners home to meet the family and have them actually acknowledge that you were together."

"The main kind of discrimination that would happen, for me as a lesbian, is people not believing I am a lesbian... Before we were (allowed to be legally) married they had this belief that "they can change", but now we are married "we are serious"."

Incorrect pronoun or deadname usage was a common way that participants' takatāpui identity was invalidated:

"When they called me up, they called me up by my old name."

"And she'll be like, this is my new son. That's lovely but also so uhhh..."

"He doesn't use the right name, right pronouns... He's a good old New Zealander who thinks that if you don't talk about it it'll go away."

"I feel most comfortable when people say "they". But it's so hard to get people to do that. When people say gender specific stuff I'm just like, oh they mean well. I try not to get too anal about it."

This last example also illustrates internalisation, which many participants experienced. Internalisation of homophobia or invalidating attitudes often led to lowering of expectations of how others treated them or what they were entitled to.

"It has only been in the last few years that I have considered that I could have children. Because I decided when I was very young, that that would be very irresponsible because I was gay and I shouldn't have children."

"Beggars can't be choosers, so I'm ok with the level of service that's been offered because I know we can't get that anywhere else."

Importantly, takatāpui identity was more than merely being Māori in addition to being LGBTQIA, and this intersectionality was important in their identity and experiences.

"There is that part of claiming our identity as takatāpui, and then there is the part where we are saying our cultural identity is important (if not more important) than our gender and our sexuality identity/orientation. For a lot of people, for pakeha, they don't see that they have a culture, so they adopt their sexuality or the community as their culture... But for takatāpui we are embracing our Māori culture."

Participants talked about how the intersection between their Māori culture and their LGBTQIA identity could also be found in their mythology, with the takatāpui legend of Hinemoa and Tutanekai. This was a source of comfort for some, whose LGBTQIA identity was not validated by all of their whānau. Similarly, that being takatāpui could involve a conflict of their Māori and LGBTQIA identities was a source of resentment for some.

"The more different you are on X Y Z, all these different levels, the more pressured you are to not be who you are.... We're multi-faceted human beings and we can navigate this complexity...our brains can do this guys."

"...having to choose between your Māoriness and queerness and having to leave a part of yourself at the door when you enter different spaces..."

"...not only are we the product of a Māori environment, but we are at the intersection where we are understood (or misunderstood) by other LGBTIQ identities."

Discrimination

Discrimination was a ubiquitous experience that manifested in many ways. Participants believed that if they did not conform adequately they were stigmatised.

"I've been stared at in a way that makes me uncomfortable and some people would never acknowledge my presence..."

A commonly held belief was that society was especially poor at accepting non-conformist gender roles, leading to transphobia when, for example, trans takatāpui dressed the way they identified with.

"They saw me as a threat because I crossed that barrier."

Discrimination led to marginalisation.

"You walk between worlds."

Participants who aesthetically looked Maori and cis-gendered often found that racism was more common than homophobia, due to their ethnicity being more obvious to an outsider.

"It's hard to differentiate - is it a Maori issue or is it a lesbian thing?"

Sometimes both discriminations worked together, for example if they looked Maori but were also holding the hand of their same-sex partner.

I know one of the rapes was because he thought it would be really great to turn me out of being a lesbian but a lot of it was tied into racism- the racism around the sexualizing of Maori women's bodies.

Within the whānau, queerphobias were more likely to be a problem. This could be mediated by religious beliefs. Many of the takatapui interviewed had had religious upbringings and education which influenced their own perspectives on being queer.

"I was like "argh I can't like girls I'll go to hell!"

It also influenced their whānau's thoughts and ideas in regards to people who identified as being queer and therefore how their whānau reacted to their identity, or how much support they were able to get from their whānau.

"[Our aunt] took us on a [anti-gay] Destiny Church march [when] my first ever girlfriend had just offed herself.... it's terrible, especially when your family is like gay, that's disgusting, and you've just gone through this really awful shit and you can't really tell anyone."

"Our aunt was like "[homosexual activity is] pretty dirty isn't it" and I was like "Na it's pretty great actually.""

"You know that they think that, even if they're nice to you, they fundamentally believe that what you're doing is wrong and bad."

One way of expressing homophobia was an assumption about sexual behaviours such as the misconception that they would be willing to have sexual intercourse with all those with the gender identity that their sexuality covered.

"When I came out (at boarding school) and they were like "Oh my god you're queer and you're going to want to try and have sex with me."

"I've had people say to me okay so you're pansexual - you just want to have sex with everyone and I'm like no I am pretty fussy and the thing is genitals are secondary."

Overt discrimination could lead directly to negative effects on social determinants of health, as potential landlords or employers could discriminate based on grounds of racism, transphobia or occupations such as sex work.

“It’s very annoying and it can be very frustrating especially if you’re looking for a flat for kind of a tenancy agency and if you don’t fit their curriculum especially by appearance or occupation you will get stood down. “

Support

The presence/lack of support was a common theme brought up in the interviews. The support (or lack of) was derived from a number of sources such as whānau, friends, general physicians and other health care workers. This often had a significant impact on the participant's quality of life and how they navigated their takatāpui identity.

There were varying responses to when the takatāpui came out and identified as being queer. Certain people had well received responses from their whānau and friends and felt reassured by this.

“Mum was like right, I’m taking you home, we’re going to sort this out and it’ll be fine and I still love you. So thank god for her...I had a little party and everyone came, and it was lovely, after that first initial part.”

Others did not have as warm a welcome when they started to openingly identify as being queer, with there being isolation from their whānau.

“[After I came out] I was kicked out at 16 for a good seven months until I was allowed back. Stayed with them until the end of high school then a week after that I moved out and I’ve been living ever since.”

The act of coming out was something that was difficult for nearly all takatāpui interviewed and was not made easy when there were strong signs that they would likely get rejected by their whānau.

“It’s always hard to come out to family especially when there’s a history of homophobia.”

Many parents and whānau would react with denial or would not acknowledge them:

“When I first tried telling my mum, she didn’t want a bar of it... Her exact line was ‘I’ve known you since you were a baby and I know you’re not a lesbian.’”

However, many of the participants described a reconciliation with their parents and whānau which often provided a sense of relief for the person:

"Well my mum really likes my current girlfriend, like loves her. So she's actually more okay with it now she's met my girlfriend which is actually really bizarre. I think she likes her more than me but I'm okay with that. It's like a nice feeling to have your parents accept you."

Support from whānau and friends was commonly cited as a key component for the development of resilience. In some cases where whānau had abandoned them, friends became a strong source of emotional support:

"...all I had was friends, so friends became my family, it's always good to come home and have a talk to people about things that happened to you ... Talking about things can get you through so much it's crazy."

Mental Health

A constant theme that arose was that of mental health. In this, the theme of mental health covers not only the state which many takatāpui have been left in by treatment by society but also looks at important situations as to why mental health is such an important theme in takatāpui.

While not all takatāpui interviewed mentioned that they had difficulties with mental health, depression and suicidal ideation were common issues raised.

"... [my depression] hits me like waves ..."

Many takatāpui talked about current or past episodes of depression or feeling suicidal.

"As a child, there were so many times I wanted to commit suicide."

Commonly, these depressive or suicidal episodes were linked to how they had been raised or treated for who they are by society, whānau and friends.

Abuse was another issue connected with the mental health of takatāpui. This abuse was physical, sexual or verbal, and was perpetrated by close whānau members or by members of society.

"Young boys from school teased me and they made a huge public display of letting everyone know they were mocking me."

"I was drugged and raped by three male friends who I trusted as brothers, and after that it's caused so much permanent damage to me and it's affected all of my relationships I've had."

An important part of mental health for some takatāpui members is what steps they have taken to recover from past experiences and move forwards. This involved reconciliation with whānau members who once shunned them, improving their own self image, and using aspects of their Māori culture to help them to heal.

“Ta moko - she got it over her scars. It's done as therapy. Healing over the scars... It didn't cover the scars, it was just something more beautiful.”

“This is gonna be what helps heal you, using traditional stories. Like the taniwha that was in the eye of the whirlpool in the middle of the pacific ocean, and the therapy is that you go sit on the beach and breathe in time with the waves, and it helps with your anxiety, stress.”

Financial situation

The majority of the participants had or were experiencing financial difficulties in some form. This commonly presented as not having enough money for bills, rent and/or food, unemployment, needing to rely on social welfare, and homelessness. Participants often experienced powerlessness and hardship:

“...because he didn't have the money so while he was out there in the world [i.e. homeless] I was very worried about what would happen to him or if he was okay...at that time he was my best friend and there was nothing I could do to help because I had to look after myself.”

A common point brought up by the participants was the lack of adequate housing:

“It's damp and cold and freezing. Last night I was breathing and it looked like I was smoking inside.”

Some participants stated that money and housing were not a problem for them. Often this was paralleled by having good whānau support, both emotionally and financially.

Barriers to Healthcare Access

The relationship between the participant and their GPs was discovered to be a significant barrier to accessing health care. Many participants reported having a negative or indifferent relationship with their GP. As a result, they would seldom visit their GPs, often feeling like they would not benefit from going:

“Don't know my current GP very well. (Current GP) has told me that she has no experience at all with someone like myself, being takatapui. I hardly ever see her because I don't know her. I have no reason to see her”

Participants have said that they would like to discuss takatapui matters with their doctors but do not know how to bring it up. This would lead to the subject being dropped:

"I've never been asked about sexuality by my doctor. I've never presented myself as takatapui to the health system and so I haven't engaged with it from that perspective. What I think now is – who says what first?"

Fear of being discriminated against was another issue that was raised. Participants had past experiences where they felt like their health needs and problems were not a priority for the GPs:

"I think that's our biggest frustration; when we see a doctor and get brushed off, like we're not worthy. Before we've even seen the doctor in person, they've already got this judgement."

Many participants felt like the personal opinions and values of the GPs played too large a role in their consultations and that they would not engage in meaningful discussion regarding key health decisions:

"In the first few years when I wanted a hysterectomy, and the GPs opposed and said; "NO, you're going to have children", I would reply, "I know I'm not going to have children." There were things they refused to do in the past, "NO, you might get married." And I would reply "I'm lesbian"."

This resulted in the participant feeling like they were not being listened to and that they were having someone else's opinion enforced upon them.

On the other hand, having a GP with knowledge and understanding of takatapui cultural and health needs was identified as being a major positive factor:

"My current GP was brought up by takatāpui parents. That's the great thing though, living in Gisborne I have access to Maori GP's. That's a different thing again. To them I can say, "I'm takatāpui", and they know what I mean."

DISCUSSION

Identity

It is evident that intersectionality plays a large role in sculpting the identity of many takatāpui individuals. Being *either* Māori or LGBTQIA has certain implications for a person's self perception, self-identification and health (4). Being *both* Māori and LGBTQIA (i.e. takatāpui) therefore also has implications, and these are distinct from just belonging to either of these groups. Additionally, belonging to further social intersections (e.g. growing up in a religious context) adds another layer to the complex environment that forms an individual's identity.

This thematic analysis shows us that intersectionality can have both positive and negative effects on takatāpui identity. The positive effects are encouraging, as much of the literature says that being LGBTQIA or Māori is associated with poorer health outcomes (1, 2). Many of the positive experiences were to do with finding comfort in the exploration of LGBTQIA identity in the context of a Māori culture. This LGBTQIA exploration led to a deeper understanding of Māori-ness, which in turn further developed the LGBTQIA aspect of identity. Thus intersectionality can positively reinforce both cultures, as they can mutually benefit one another.

Many of the interviews illustrated the difficulties of being takatāpui and how confronting social norms of both minority cultures can negatively impact on an individual's identity. Statements to do with experiences of discrimination, oppression and stigma were often coupled with a self-awareness that these experiences were due to Māori and/or LGBTQIA status. These experiences formed barriers to exploration of Māori and/or LGBTQIA identity and therefore had negative impacts on identity. Many individuals found that they correlated this discrimination with specific health outcomes such as depression. Therefore interview findings are consistent with the literature: cumulative intersectional discrimination can have numerous effects on the individual's health, including mental health issues, barriers to healthcare, feelings of isolation and suicidal ideation (3).

Discrimination

These excerpts show that for takatāpui, discrimination in the form of both racism and queerphobias are important issues with the potential for great detriment to their health and wellbeing. The health effects of racism are well studied both here and abroad. Harris et al showed that by adjusting for experience of perceived racial discrimination, the reported inequality in health between Māori and Europeans was reduced (2). Poorer mental health outcomes in particular have been seen throughout the literature. In a systematic review by Paradies (7) of 138 studies, it was seen that of 208 negative mental health outcomes measured in 138 studies, 72% showed a positive association with self-reported racism (7). Another review looking at similar outcomes in children and youth elicited concurring results (8).

When we look at the LGBT community, similar trends in discrimination and stigma research have emerged. As seen above, a common theme noted was that of difficulty with acceptance or people not understanding their situation after coming out. The psychological stress associated with "coming out" has been a key association with increased risk of drug use and attempted suicide in the LGBT community (9). There has been a lot of study into mental health in LGBT, the results of which paint a somewhat bleak picture. One study by Almeida et al. (10) in Boston showed they scored higher than heterosexual youth on a scale of depressive symptomatology and were five and four times more likely

to report suicidal ideation and self harm respectively (10). This is emulated closer to home in an Australian review by Skerrett et al. (11), showing increased risk of suicidal behavior in all LGBT.

From this data and what we have heard in the interviews, it seems likely that takatāpui experience further discrimination by belonging to both population groups and potentially be at risk of greater harm than either group alone.

Support

After discrimination and identity, this study noted that support, or lack of, was a major factor affecting the life of takatāpui. Positive support, whether it is in the form of whānau or friends, appear to have a very powerful effect on takatāpui well being. From the interviews, it is clear that parental acceptance of their takatāpui status played a large part in the participants' lives. One interviewee struggled to vocalise his sexuality to his parents even when he expected them to accept his sexuality.

Without the support of whānau and friends, it is easy to see how takatāpui can become isolated. This can have a lead on affect, adversely affecting their mental and physical health. Discrimination, as mentioned above, already contributes to the negative health outcomes and studies show that mentally vulnerable LGBT are at higher risk of inflicting self harm and attempting suicide (1). Based on the interviews, the importance of support is clearly defined. Support networks such as the Tīwhanawhana trust can act as substitute whānau for isolated takatāpui.

Mental Health

Mental health, or hinengaro, is a key feature to a person's health as seen in the Te Whare Tapa Whā (12) and Mehina (13) models of health. In the interviews with takatāpui members, it is possible to see that while not all of them have suffered from mental illnesses, it is a recurring theme within the community. High rates of depression and suicidal thoughts within the takatāpui community are in line with previous research showing higher rates of depression and suicidal thoughts in LGBTQ people (1). This study raises the possibility of mental health issues affecting how friends and whānau responded to takatāpui when they were coming out. It appears as though the environment takatāpui are raised up in has a large impact upon mental health status. This theme of mental health in takatāpui is highly important as it is definitive to a person's health in general and their outlook in life, especially in regards to the suicidal thoughts and behaviour as suicide rates are already higher in Māori populations (14). Acceptance of who takatāpui are seems to be an issue for many of them, especially for whānau relationships as a large emphasis is placed on whānau in Māori culture. It seems that while GPs are only able to have a limited role in the life of takatāpui, it is important that if someone identifies as being takatāpui to them that they take measures to look at the mental health of the patient due to the higher risk that has been identified. It would possibly be beneficial for both GPs and takatāpui that both groups are made aware about issues around this theme and that open discussion should be encouraged between both groups to allow for better health outcomes.

Financial situation

Dalhgren and Whitehead's model for the social determinants of health (15) states that general socio-cultural and environmental conditions are key factors in determining one's health. This includes education, living conditions, unemployment, health care services and housing.

It was not discussed in the interviews whether or not inadequate housing had impacted on their physical health, but it is widely known that poorly heated and insulated houses are linked to illnesses such as respiratory disease and other negative health outcomes (16). The majority of takatāpui interviewed complained that their homes were cold and damp, requiring heaters to attempt to keep their homes warm. Many of the participants were also renting. Homelessness is also associated with poor health outcomes (17). Though none of the participants interviewed in our study were currently affected by homelessness, some had experienced it in the past and others knew of takatāpui friends that were affected.

Barriers to healthcare access

In NZ, traditional barriers to health care are often based around financial factors (18) such as transport, cost for GP services and cost for after hour services. It was shown that ¾ Māori adults were more likely to have unmet health needs in the past year.

The results of our interviews suggest that for takatāpui, the relationship between the GP and patient plays a significant role in access to care. Many takatāpui interviewed expressed discontent with their GPs regarding how they were treated. Examples given have an underlying theme - that their health needs were disregarded and they often felt judged. It was also discussed that it felt like GPs were not adequately trained and educated to address specific takatāpui health needs. One participant mentioned that they would like to speak to their GP about being takatāpui, but has not found an appropriate time to engage in this topic. During the interviews, participants were asked whether or not they had any advice they would like to give GPs. The majority of responses included not being judgemental, accepting people for who they are and to listen and be empathetic and recognise the potential for certain topics being harder to talk about for takatāpui. It is therefore important that GPs become more educated regarding takatāpui health needs and to approach consultations with an open mindedness.

GP Survey findings

53% of respondents saw LGBTQIA patients with sexuality / gender issues on at least a monthly basis. This indicates there is a lot of morbidity that has the potential to be well addressed by GPs.

46% of respondents disagreed that they had adequate training / knowledge to deal with sexuality /gender issues while 29% of respondents agreed that they had adequate training / knowledge to deal with sexuality /gender issues. However, whether they in fact do have adequate training / knowledge is not known and more research could potentially be done to quantify this.

76% thought Māori LGBTQIA patients have specific health needs and requirements. More research is needed into what these health needs actually are. Respondents identified key health issues for LGBTQIA patients as mental illness (87%), STIs (63%), transitional advice (61%) and sexual education

(55%). It would be of value to evaluate if this matches what takatāpui individuals identify as key health issues for themselves.

81% felt that there are social/emotional barriers that prevent Māori LGBTQIA patients seeking medical help. It would also be helpful to clarify what these barriers actually are.

The results of the survey show that only 14% of respondents felt that the current level of support for Māori-LGBTQIA patients was adequate. More than half of respondents did not feel confident in finding resources that could help in addressing Māori-LGBTQIA health needs. This study is a first step towards identifying and addressing this issue. As a result of our research, we would like to encourage work to be done in association with the takatāpui community to create and promote resources that can help GPs better address some of their health needs, or that GPs can give out to their takatāpui patients.

73% of respondents would be happy to have more training with regards to treating Māori-LGBTQIA patients. We would like to recommend that individuals identifying as takatāpui or who are leaders in this community could address medical professionals at GP conferences in breakouts or in seminars on diversity. By taking the opportunity to share their personal views on the health needs of this demographic, it could assist GPs to address key health issues for takatāpui in the most appropriate way. This could also help increase the profile of the takatāpui demographic and might help to normalise the concept of takatāpui further. It could also encourage the medical profession to give more consideration to how takatāpui health needs can be addressed appropriately and effectively.

Strengths and Limitations

The strengths of this study lay in the involvement of the Tīwhanawhāna trust and its members in participating with the interviews. Researchers from the Public Health department assisted in the development of the survey and interview structures. This ensured that the interviews were conducted in an appropriate and culturally sensitive manner.

The study had several limitations. The study was done in a very restricted time frame (five weeks) which limited the amount of survey responses and interviews that could be done. This had an effect on the statistical significance of the survey results as well as preventing the number of interview participants from reaching saturation.

There was some indirect distribution of the survey by individuals who took the initiative to help this study achieve an increased reach. As a result, the survey was distributed to the NZ Maori Medical Practitioners Association (Te Ohu Rata o Aotearoa) and New Zealand PHOs through the National Hauora Coalition. These groups include individuals who are not GPs. In the survey results, one respondent stated they were not a GP or a GP registrar which indicates the possibility that some other respondents may in fact not be GPs. As we are unsure of the final number of individuals reached by the survey, there is no statistical significance to the results.

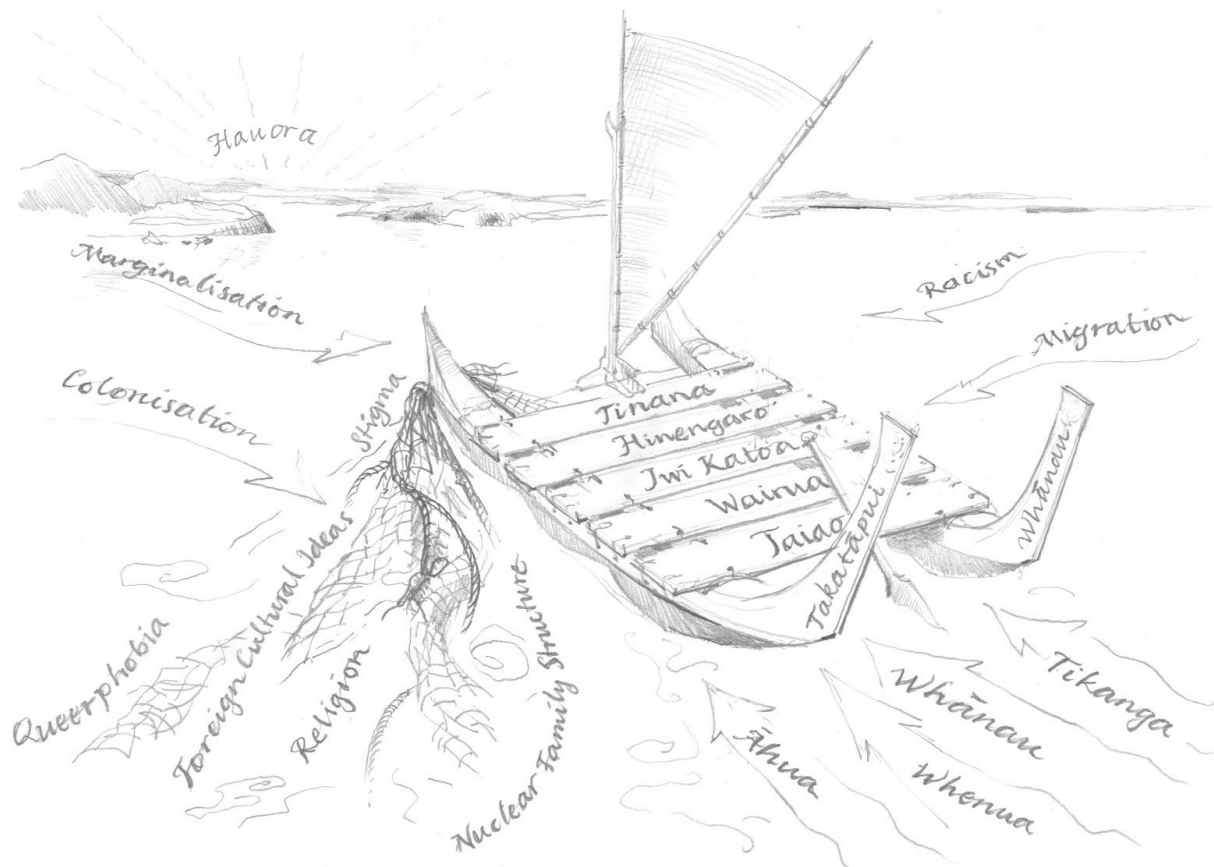
The survey population is not representative of GPs throughout New Zealand. Selection bias was present and it is likely there would be a higher proportion of Maori health providers represented in

the respondents because the survey was distributed selectively to the NZ Maori Medical Practitioners Association (Te Ohu Rata o Aotearoa). This could mean that certain statistics like 'Number of patients identifying as NZ Maori seen in practise' and 'Confidence in finding resources that can help in addressing Māori-LGBTQIA health needs' could have been overestimated.

The fourth year medical students conducting the interviews did not receive any formal training on interviewing techniques. As such, certain avenues of discussion that was later discovered to have been interesting was not further explored. Due to time restraints, the interviews were all conducted before conducting thematic analysis. This prevented the application of the adaptive interview technique which is a strength of qualitative research. During the thematic analysis, several points of interest were discovered, but these were not able to be incorporated into the interview questioning as they had already been conducted. Again, due to time restraints, several students, as opposed to a single student, were involved in the interviewing process which may have affected the quality of data collected.

The majority of the participants for the survey were part of the Tīwhanawhana trust. Tīwhanawhana acts like a substitute whānau and stands as a pillar of strength that its takatāpui members can draw from. As such, the interviews may have been more positive in tone than if takatāpui that were not part of the trust were interviewed.

Adapted Model



Undertaking a comprehensive assessment of Māori patients, in particular those who identify as takatāpui, can be a difficult task. Previous models and frameworks like Te Whare Tapa Whā (12) and the more recent Meihana Model (13), have been designed to assist clinicians in understanding Māori health and to provide a basis for a more comprehensive assessment of Māori patients.

Inaccurate or inappropriate assessment of Māori can lead to misunderstanding, misdiagnosis and mistreatment (13). By utilising the data from the study, we have designed a specific model addressing takatāpui health needs. The framework is based on the original Meihana Model, but it also encompasses specific factors which affect takatāpui uniquely. These include: queerphobia, stigma, religion, nuclear family structure and foreign cultural ideas.

By creating an image of a waka, which represents takatāpui and their whānau travelling across the sea to reach a land of optimum health, we can visualize the journey of this particular person and the factors which can impact their health. Through a schematic representation we highlight the barriers, through the four winds: colonisation, marginalisation, migration and racism. We also use the image of a net to highlight queerphobia, stigma, religion, nuclear family and foreign cultural ideas. Lastly, we include the current, illustrating the cultural beliefs, values and experiences which pushes the waka toward the land of optimum health. Through this we create a representation of what it's like to be takatāpui. The image of our framework provides a tool for clinicians, to address all of these aspects in the assessment of a takatāpui patient.

This model emphasises that the assessment and intervention is not limited to the interaction between the clinician and the client. It is instead a combination of multiple relationships that occur within a larger system. This model enables clinicians and services to recognise the need for development of support initiatives and policies that create an environment responsive to the needs and aspirations of takatāpui.

Recommendations

Understanding some of these drivers of the patterns of health, disease and well-being for takatāpui will enable us to formulate ways to reduce existing health inequalities and address key areas of need at the individual, community, and society levels. We have developed a number of recommendations from our results, with the help of the HEAT tool (19) and the TUHANZ framework (20) to guide considerations of health equity and Treaty of Waitangi principles.

At the individual and whānau level Wirihana & Smith (21) describe the process of using “whakapapa kōrero” (intergenerational oral knowledge) as a Māori-centred approach to foster a sense of positive cultural identity and support. Traditional and contemporary perspectives on Māori health and well-being emphasise the interconnectedness of physical, psychological, spiritual, and social functioning. These factors are intrinsically linked to the natural environment, tūrangawaewae (sense

of place), and whakapapa (genealogy), and offer a basis for addressing cultural and health needs for takatāpui (12, 21).

Whakapapa kōrero utilises traditional cultural knowledge and practises such as participation in community and ceremonial events, reconnecting with cultural history and whakapapa, and using toi whakaari (performing arts) such as waiata (song), kapa haka and whaikōrero (formal speech) and dance to express emotion and life experiences (21). These methods promote the use of Māori values, knowledge and practices to enhance well-being and sense of identity, and by doing so can create a positive foundation for takatāpui to thrive and provide a buffer to existing discrimination and marginalisation they face in society or within their own whānau. The support group Tīwhanawhana Trust uses these types of methods within their organisation, and we would recommend the establishment of similar organisations or groups nation-wide.

Thematic analysis has highlighted the central role of the GP-patient relationship as a key determinant of accessing primary healthcare for takatāpui. GP services and practitioners need to provide inclusive, non-judgemental, competent services that encourage takatāpui involvement. This could be achieved in a number of ways such as providing GPs and practice staff with ongoing training about gender and sexuality issues, takatāpui health needs and experiences, and where to find further resources or referral options. Encouraging GPs to include routine questions about sexual and gender identity in their consultations or practice forms, as is done with other demographic information like ethnicity, would help to normalise talking about these issues and remove the potential barrier of shyness in broaching the issue. Additionally having members of the takatāpui community talk to GPs and other health professionals about their stories and experiences in the setting of healthcare conferences or education seminars would also be valuable in setting up dialogues between these groups to get takatāpui voices heard and increasing their visibility in the community.

Expanding these awareness and educational aspects in all areas of the healthcare system, not just at the GP level, is also important to bring about wider changes. This should involve integrating teaching on takatāpui, LGBTQIA, intersectionality, and gender and sexual diversity into medical education at an early stage, as well as introducing these topics into specialist training for practitioners who may be likely to encounter takatāpui regularly in their line of work, such as sexual and reproductive health specialists and endocrinologists.

Ideally, takatāpui should also have an active role in healthcare provision as healthcare practitioners themselves, and through the implementation and running of takatāpui-focused services. This could be achieved on one level by increased funding and policy measures that prioritise takatāpui health needs. Cost is another barrier to healthcare access that could be changed at the policy level to enable increased low-cost or free health services and provider training, particularly in terms of mental and sexual health specialties.

Other recommendations for addressing changes in the physical environment (taiao) include making healthcare settings more inclusive by displaying positive information posters or leaflets about support

services or other resources available for takatāpui, having gender-neutral bathroom facilities, and improving referral pathways through care.

At a broader level, changes need to take place in society to reduce the culture of stigma and discrimination that marginalise takatāpui and act as an underlying determinant of health and well-being. Changing attitudes and power relationships in society is a long-term process that requires action on multiple levels. Some of these actions could include implementing education programmes in schools and workplaces on diversity of gender and sexual identities, social marketing or public campaigns representing positive takatāpui role models and non-heteronormative relationships, and strengthening anti-discrimination laws.

In addition, there are a large number of determinants of health that were brought up in the thematic analysis that have an impact on takatāpui health needs, such as access to safe and affordable housing, appropriate temporary or emergency housing, stable non-discriminatory employment opportunities, and income and food security, which should also be a focus of wide-ranging strategies to reduce poverty and improve takatāpui health aspirations.

Conclusion

As a starting point for future study, this research has started to examine some of the health needs of takatāpui in New Zealand and the awareness and challenges health practitioners have in providing effective care. The key themes raised in interviews and the GP survey highlight a long but important journey to travel to address existing health disparities, barriers to care and support, and general societal discrimination experienced by takatāpui. However the interviews have also emphasised many examples of resilience and strong whānau supports, and it seems that having a strong sense of positive takatāpui identity can help steer the course towards hauora.

Future research is much needed in this area in order to start effectively addressing takatāpui health needs, particularly encompassing the wider takatāpui community outside the Tīwhanawhana Trust that may be more at risk for poor health outcomes. Research should involve further health needs assessments, identifying additional barriers to access, intervention design and evaluation, and be carried out using kaupapa Māori research methods. These are crucial steps towards enabling takatāpui to enjoy the same levels of health, well-being, and inclusion as the rest of New Zealand society.

Competing interests: Nil.

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Sam Siljee; Vania Tan; Thisura Wijeweera; Rebecca Wong, 4th year Medical Students, University of Otago, Wellington, New Zealand.

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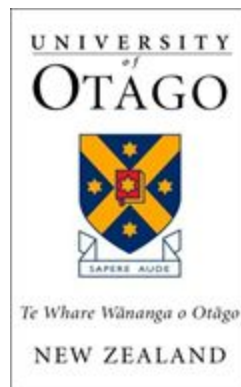
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APPENDICES

Appendix 1 - Information Sheet for GP Survey



Tenā koe Doctor,

We are a group of University of Otago 4th Year Medical Students currently conducting a pilot study about *takatāpui* (an umbrella term for Māori LGBTQIA). We are interested in assessing their health needs. This study is part of our Public Health Module and is in association with the Tīwhanawhana Trust.

We would appreciate it if you could take just 3 minutes to complete a short survey online (closing on Sunday 13th of September).

This survey looks to establish GP's awareness of *takatāpui* and identifies the challenges that GPs face in providing healthcare to this specific patient group. This is the first of this kind of study to be conducted in New Zealand/Aotearoa and thus your participation would be greatly beneficial.

We thank you in advance for your support and for taking the time to complete this survey using the URL provided below.

Ngā mihi nui,

University of Otago 4th Year Medical Students
Project Supervisor: Dr Keri Lawson-Te Aho
(keri.lawson-teaho@otago.ac.nz)

Link to Survey

<http://tinyurl.com/takatāpui>

(Reminder: Survey closes Sunday 13th of September)

Appendix 2 - GP Questionnaire



GP & Takatāpui

This survey aims to assess the health needs and GP experiences / awareness of Māori and LGBTQIA issues. This research is being undertaken by 4th year University of Otago Medical Students on behalf of the Tīwhanawhana Trust. We are grateful for your attention.

How do you gather information about your patients' ethnicity? (select all that apply)

- ☐ Verbal questions in the context of a relevant consultation
- ☐ Questionnaire when registering with practice
- ☐ Other (please specify) _____
- ☐ Don't collect information on ethnicity

Approximately how many of your patients identify as NZ Māori?

- ☐ None
- ☐ 1-20
- ☐ 21-50
- ☐ 51-100
- ☐ 100-200
- ☐ 200+
- ☐ Don't know

How do you gather information about your patients' sexuality/ gender identity? (select all that apply)

- ☐ Verbal questions in the context of a relevant consultation
- ☐ Questionnaire when registering with practice
- ☐ Other (please specify) _____
- ☐ Don't collect information on sexuality/ gender identity

Approximately how many of your patients identify as LGBTQIA (lesbian, gay, bisexual, trans*, queer, intersex, asexual)?

- ☐ None
- ☐ 1-20
- ☐ 21-50
- ☐ 51-100
- ☐ 100-200
- ☐ 200+
- ☐ Don't know

How many of your patients identify as both Māori and LGBTQIA?

- ☐ None
- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21+
- ☐ Don't know

Approximately how often do you address sexuality/gender identity issues for LGBTQIA patients of any ethnicity?

- ☐ More than weekly
- ☐ Weekly
- ☐ Monthly
- ☐ Annually
- ☐ Never

What do you feel are key health issues for LGBTQIA people? (select all that apply)

- ☐ Sexual Education
- ☐ STIs
- ☐ Mental Illness
- ☐ Transitional Advice
- ☐ Other (please specify)

- ☐ Don't know

Do these health needs change if the LGBTQIA patient is also Māori.

- ☐ Yes
- ☐ No

Please comment on these changing health needs.

Q9 For the following questions, please rate each question from 1-5 on how you feel about each statement

It is important to gather information about sexuality/ gender identity

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I often spend a lot of time consulting with patients on sexuality/ gender identity issues

- ☐ Strongly disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I am confident in dealing with patients that have sexuality/ gender identity issues

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I believe I have adequate training and knowledge to deal with sexuality/ gender identity issues

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

It is important to keep a record of patients that identify as LGBTQIA

- ☐ Strongly disagree

- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

LGBTQIA patients are more at risk of mental illness when compared to non-LGBTQIA

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

Māori LGBTQIA patients have specific health needs and requirements when compared to non-Māori LGBTQIA patients

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I feel that there are social/emotional barriers that prevent Māori LGBTQIA patients seeking medical help

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

The level of support for Māori-LGBTQIA patients is adequate

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I would be happy to have more training with regards to treating Māori-LGBTQIA patients

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

I am confident in finding resources that can help in addressing Māori-LGBTQIA health needs

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly Agree




Any final comments?


Thank you for your time, please click the arrow to finish. You are more than welcome to attend the presentation of the findings of this study: Friday 18th September at 10:30am - 12:00pm Small Lecture Theatre, University of Otago, Wellington 23A Mein Street. Please contact the project leader Katie Scoringe (scoka989@student.otago.ac.nz) if you have any questions / comments.

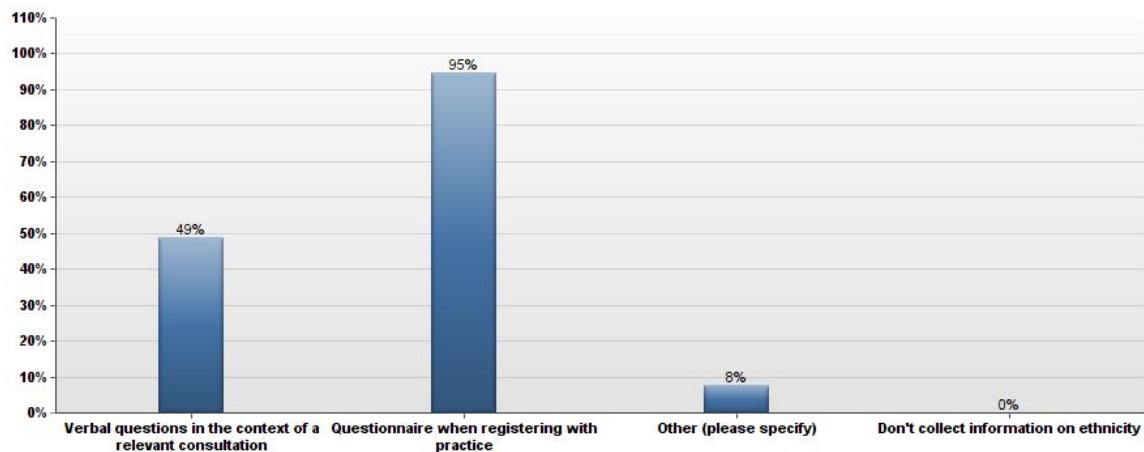
Appendix 3 - Survey Results Summary

1. How do you gather information about your patients' ethnicity? (select all that apply)

Statistic	Value
Min Value	1
Max Value	3
Total Responses	39

#	Answer		Response	%
1	Verbal questions in the context of a relevant consultation		19	49%
2	Questionnaire when registering with practice		37	95%
3	Other (please specify)		3	8%

4	Don't collect information on ethnicity		0	0%
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Other (please specify)





Via the university's banner

Over the phone after recent audit turned up anomalies in our ethnicity data recording.

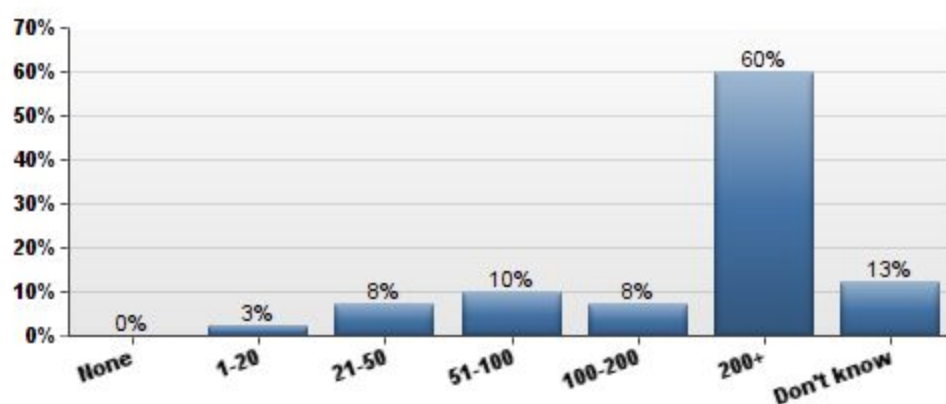
On medtech

2. Approximately how many of your patients identify as NZ Māori?

Statistic	Value
Min Value	2
Max Value	7
Mean	5.53
Variance	1.49
Standard Deviation	1.22
Total Responses	40

#	Answer		Response	%
1	None		0	0%
2	1-20		1	3%
3	21-50		3	8%
4	51-100		4	10%



5	100-200		3	8%
6	200+		24	60%
7	Don't know		5	13%
	Total		40	100%

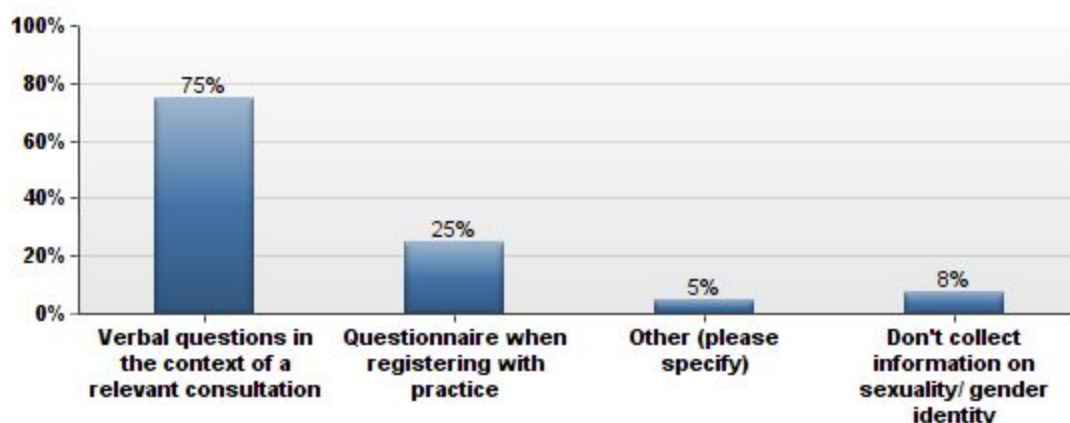


3. How do you gather information about your patients' sexuality/ gender identity? (select all that apply)

Statistic	Value
Min Value	1
Max Value	4
Total Responses	40

#	Answer		Response	%
1	Verbal questions in the context of a relevant consultation		30	75%
2	Questionnaire when registering with practice		10	25%




3	Other (please specify)		2	5%
4	Don't collect information on sexuality/ gender identity		3	8%



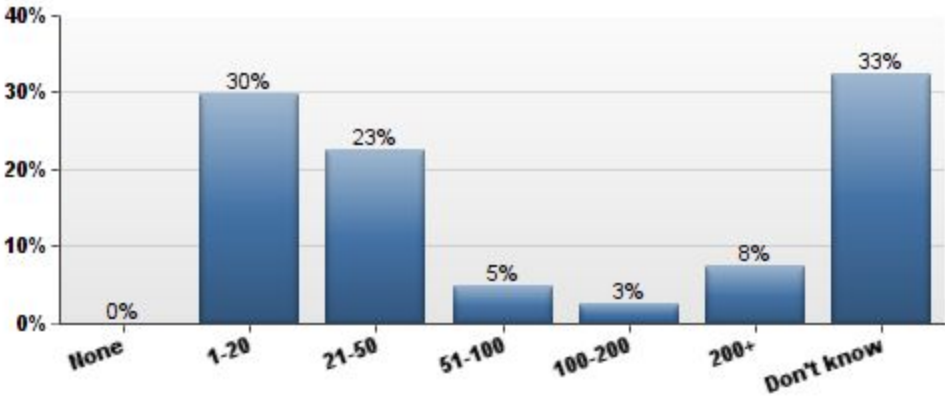
Other (please specify)
via university enrolment
enquiry as appropriate

4. Approximately how many of your patients identify as LGBTQIA (lesbian, gay, bisexual, trans*, queer, intersex, asexual)?

Statistic	Value
Min Value	2
Max Value	7
Mean	4.33
Variance	4.69
Standard Deviation	2.16
Total Responses	40

#	Answer		Response	%
1	None		0	0%
2	1-20		12	30%

3	21-50	<div></div>	9	23%
4	51-100	<div></div>	2	5%
5	100-200	<div></div>	1	3%
6	200+	<div></div>	3	8%
7	Don't know	<div></div>	13	33%
Total			40	100%

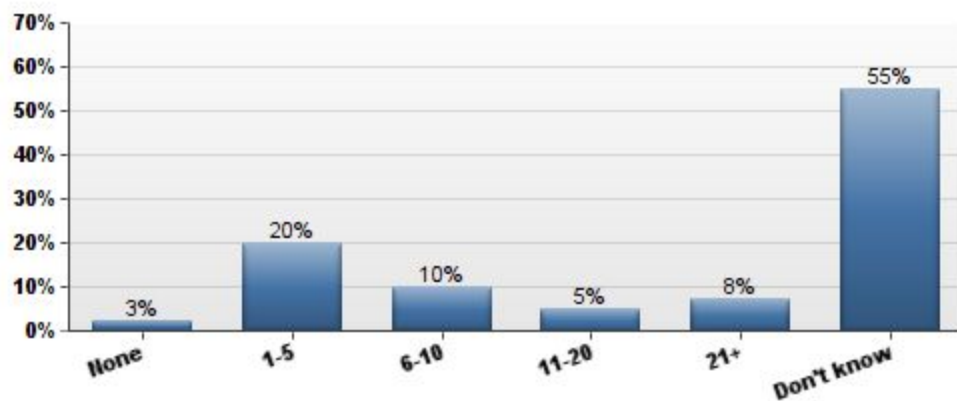


5. How many of your patients identify as both Māori and LGBTQIA?

Statistic	Value
Min Value	1
Max Value	6
Mean	4.60
Variance	3.12
Standard Deviation	1.77
Total Responses	40

#	Answer	Response	%
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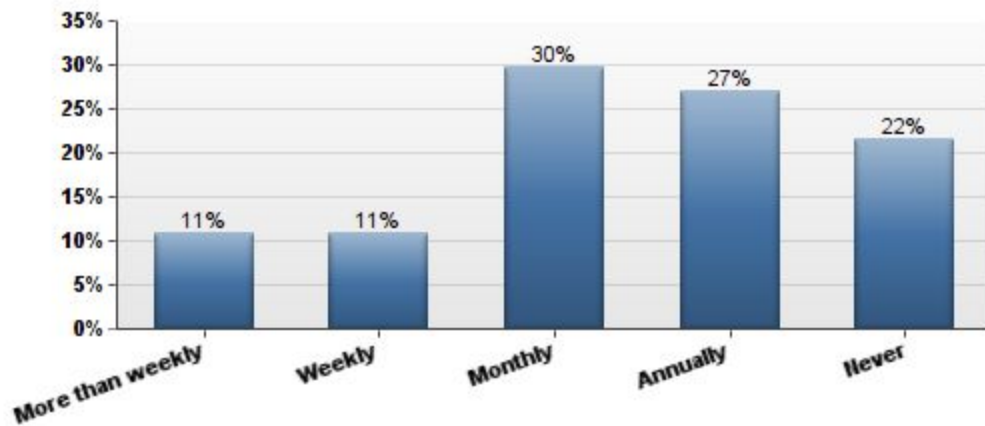
1	None	<div></div>	1	3%
2	1-5	<div></div>	8	20%
3	6-10	<div></div>	4	10%
4	11-20	<div></div>	2	5%
5	21+	<div></div>	3	8%
6	Don't know	<div></div>	22	55%
	Total		40	100%



6. Approximately how often do you address sexuality/gender identity issues for LGBTQIA patients of any ethnicity?

Statistic	Value
Min Value	1
Max Value	5
Mean	3.38
Variance	1.58
Standard Deviation	1.26
Total Responses	37

#	Answer		Response	%
1	More than weekly		4	11%
2	Weekly		4	11%
3	Monthly		11	30%
4	Annually		10	27%
5	Never		8	22%
	Total		37	100%

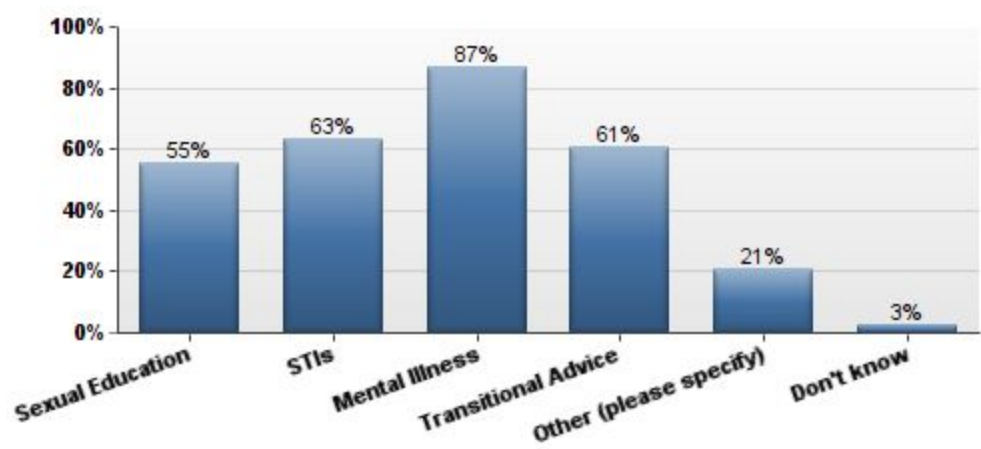


7. What do you feel are key health issues for LGBTQIA people? (select all that apply)

Statistic	Value
Min Value	1
Max Value	6
Total Responses	38

#	Answer		Response	%
1	Sexual Education		21	55%

2	STIs		24	63%
3	Mental Illness		33	87%
4	Transitional Advice		23	61%
5	Other (please specify)		8	21%
6	Don't know		1	3%

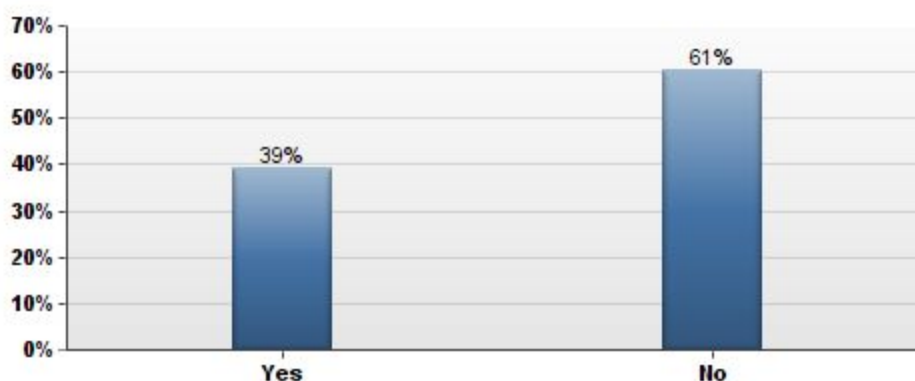


8. Do these health needs change if the LGBTQIA patient is also Māori.

Statistic	Value
Min Value	1
Max Value	2
Mean	1.61
Variance	0.25
Standard Deviation	0.50
Total Responses	38

#	Answer	Response	%
---	--------	----------	---

1	Yes	<div><div></div></div>	15	39%
2	No	<div><div></div></div>	23	61%
	Total		38	100%



9. Please comment on these changing health needs.

Text Response

how they are accepted into the whanau(often transition better !) with more support

differing cultural issues around acceptance within the whanau

Involving whānau early to tautoko is really important.

Lifestyle management (often lifestyle and social factors impact on health), plus social, equity, employment issues - often boils down to respect, from self and others

There are barriers to health care access for Māori over and above sexual orientation and so this can compound issues getting access for their health needs. Our practice is approx 50% Māori and as a Māori Provider we aim to reduce as many access barriers including reduced cost, Māori/ PI staff, many other services included in organisation.

Wairua more of an issue

Different cultural context. It obviously depends on person, but I think often mental health needs are greater. Sometimes the journey has been harder to get to the point they are at now need to be aware of wider social concerns within the whanau for young people struggling with gender identity or sexual issues for Maori people and how these factors may impact on the patients ability to ask for help, or receive help.

It is difficult for some patients to find a service that they are comfortable with and want to engage with - regardless of the type of service. Some of this group of patients have had experiences with services which are not very engaging. In terms of being Māori in addition to anything else there are particular health needs, a common example is cardiovascular risk assessment so any LGBTQIA patients who are Māori need them earlier than say European low risk LGBTQIA.

STI/ex ed wise they often have similar needs but mental health wise can often be more complex, sometimes the acceptance by whanau can be in fact better than non māori and that helps immensely but when there is not whanau acceptance that loss of whanau and connections has a major negative impact on mental health etc - especially in terms of tradition roles ie kapa haka and powhiri roles and the 'correct' place for this person to sit or stand

There may be some additional cultural factors at play for these patients, however this may also be the case for non Maori LGBTQIA patients so I just take each person and their individual needs as they arise rather than applying a blanket approach to everyone





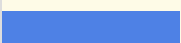
Fitting in with other Maori specific identity/culture

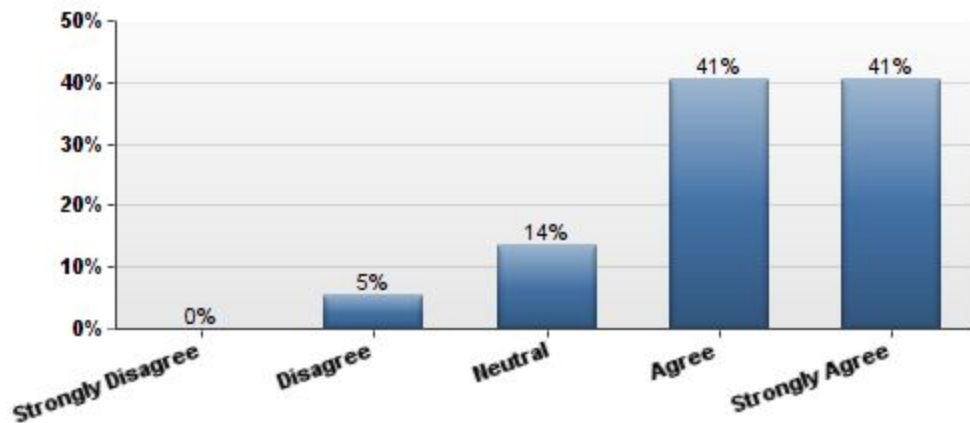
Health needs of Maori differ from other ethnicities regardless of sexual identity

Statistic	Value
Total Responses	13

10. It is important to gather information about sexuality/ gender identity

Statistic	Value
Min Value	2
Max Value	5
Mean	4.16
Variance	0.75
Standard Deviation	0.87
Total Responses	37

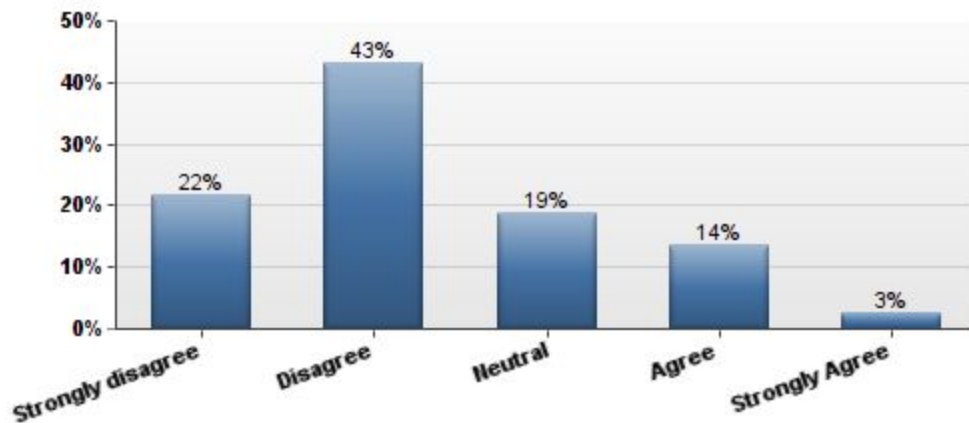
#	Answer		Response	%
1	Strongly Disagree		0	0%
2	Disagree		2	5%
3	Neutral		5	14%
4	Agree		15	41%
5	Strongly Agree		15	41%
	Total		37	100%



11. I often spend a lot of time consulting with patients on sexuality/ gender identity issues

Statistic	Value
Min Value	1
Max Value	5
Mean	2.32
Variance	1.11
Standard Deviation	1.06
Total Responses	37

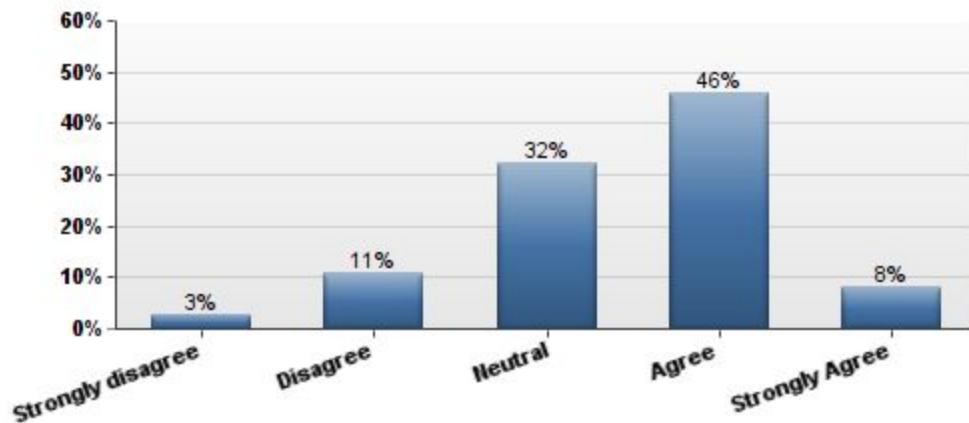
#	Answer		Response	%
1	Strongly disagree		8	22%
2	Disagree		16	43%
3	Neutral		7	19%
4	Agree		5	14%
5	Strongly Agree		1	3%
	Total		37	100%



12. I am confident in dealing with patients that have sexuality/ gender identity issues

Statistic	Value
Min Value	1
Max Value	5
Mean	3.46
Variance	0.81
Standard Deviation	0.90
Total Responses	37

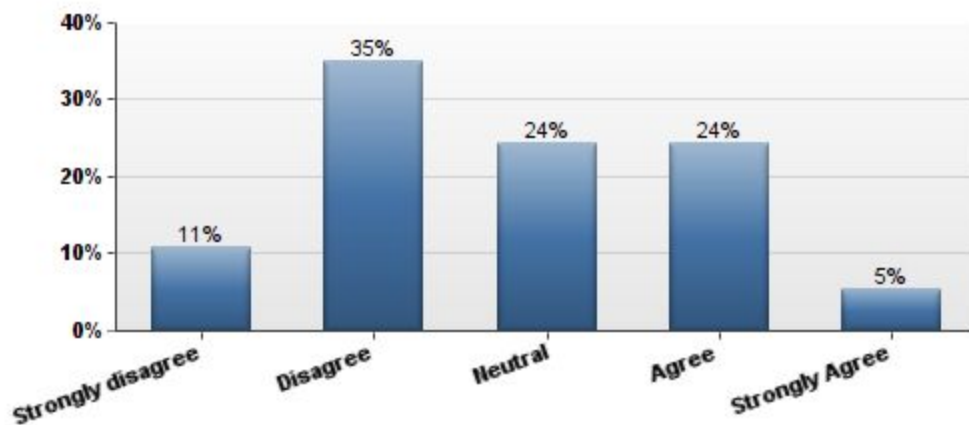
#	Answer		Response	%
1	Strongly disagree		1	3%
2	Disagree		4	11%
3	Neutral		12	32%
4	Agree		17	46%
5	Strongly Agree		3	8%
	Total		37	100%



13. I believe I have adequate training and knowledge to deal with sexuality/ gender identity issues

Statistic	Value
Min Value	1
Max Value	5
Mean	2.78
Variance	1.23
Standard Deviation	1.11
Total Responses	37

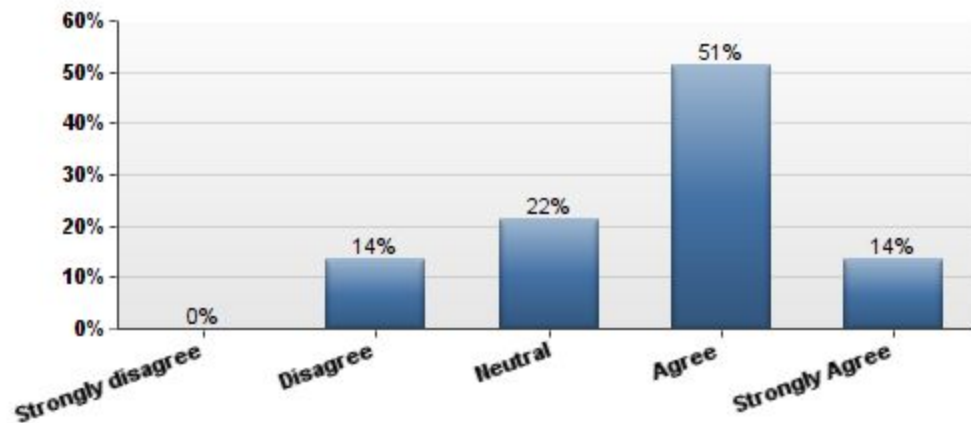
#	Answer		Response	%
1	Strongly disagree		4	11%
2	Disagree		13	35%
3	Neutral		9	24%
4	Agree		9	24%
5	Strongly Agree		2	5%
	Total		37	100%



14. It is important to keep a record of patients that identify as LGBTQIA

Statistic	Value
Min Value	2
Max Value	5
Mean	3.65
Variance	0.79
Standard Deviation	0.89
Total Responses	37

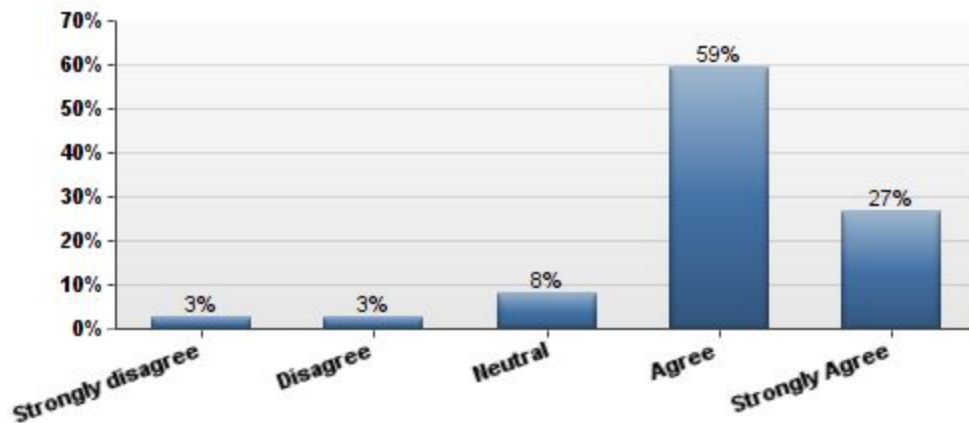
#	Answer		Response	%
1	Strongly disagree		0	0%
2	Disagree		5	14%
3	Neutral		8	22%
4	Agree		19	51%
5	Strongly Agree		5	14%
	Total		37	100%



15. LGBTQIA patients are more at risk of mental illness when compared to non-LGBTQIA

Statistic	Value
Min Value	1
Max Value	5
Mean	4.05
Variance	0.72
Standard Deviation	0.85
Total Responses	37

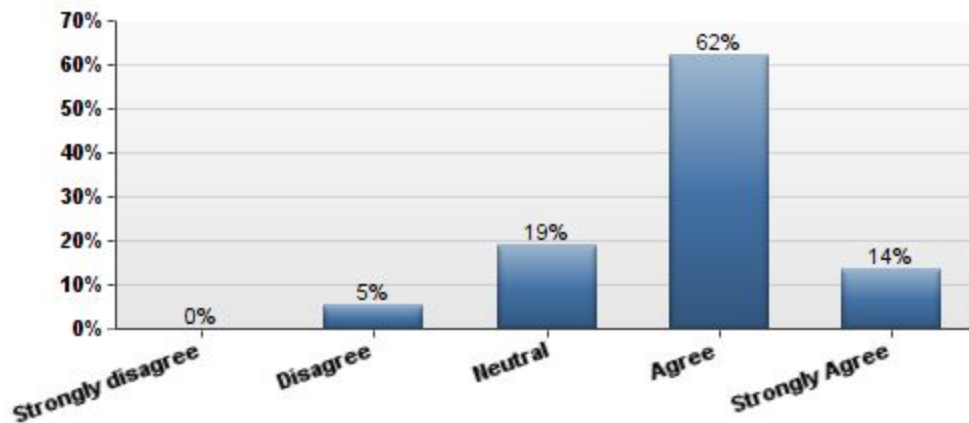
#	Answer		Response	%
1	Strongly disagree		1	3%
2	Disagree		1	3%
3	Neutral		3	8%
4	Agree		22	59%
5	Strongly Agree		10	27%
	Total		37	100%



16. Māori LGBTQIA patients have specific health needs and requirements when compared to non-Māori LGBTQIA patients

Statistic	Value
Min Value	2
Max Value	5
Mean	3.84
Variance	0.53
Standard Deviation	0.73
Total Responses	37

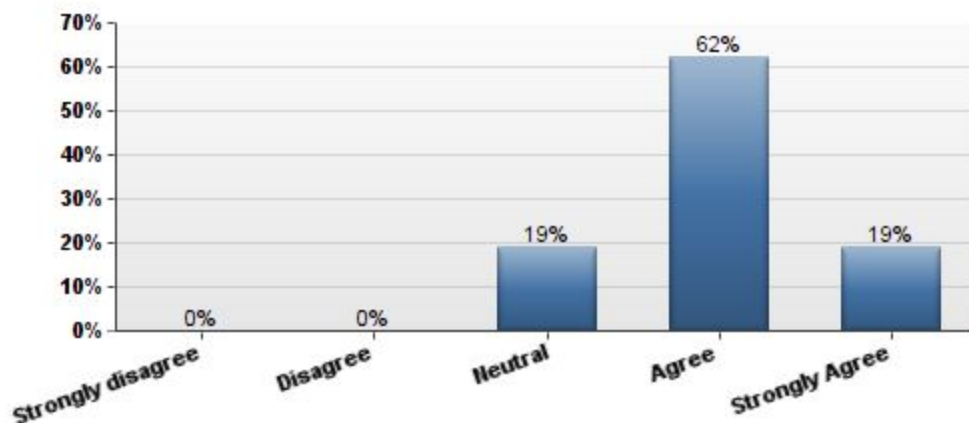
#	Answer		Response	%
1	Strongly disagree		0	0%
2	Disagree		2	5%
3	Neutral		7	19%
4	Agree		23	62%
5	Strongly Agree		5	14%
	Total		37	100%



17. I feel that there are social/emotional barriers that prevent Māori LGBTQIA patients seeking medical help

Statistic	Value
Min Value	3
Max Value	5
Mean	4.00
Variance	0.39
Standard Deviation	0.62
Total Responses	37

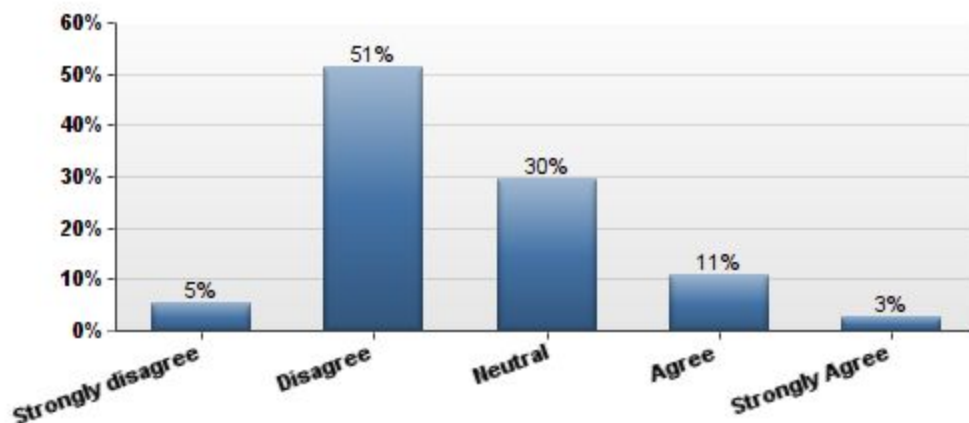
#	Answer		Response	%
1	Strongly disagree		0	0%
2	Disagree		0	0%
3	Neutral		7	19%
4	Agree		23	62%
5	Strongly Agree		7	19%
	Total		37	100%



18. The level of support for Māori-LGBTQIA patients is adequate

Statistic	Value
Min Value	1
Max Value	5
Mean	2.54
Variance	0.76
Standard Deviation	0.87
Total Responses	37

#	Answer		Response	%
1	Strongly disagree		2	5%
2	Disagree		19	51%
3	Neutral		11	30%
4	Agree		4	11%
5	Strongly Agree		1	3%
	Total		37	100%



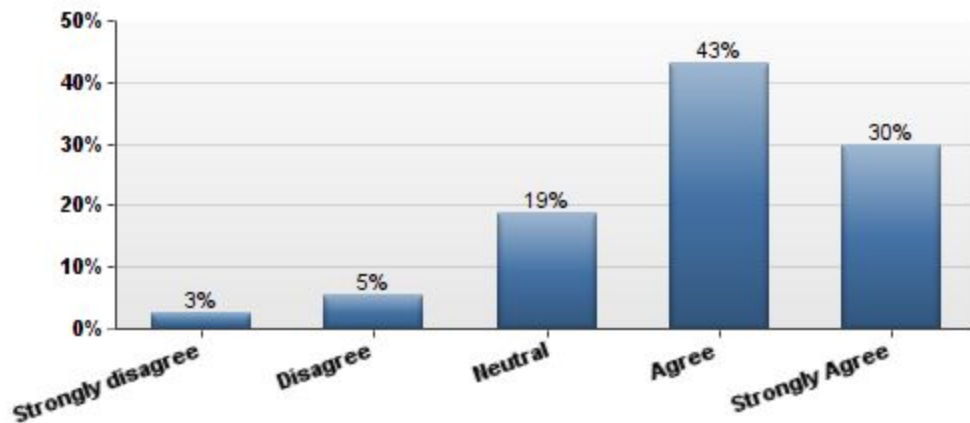
19. I would be happy to have more training with regards to treating Māori-LGBTQIA patients

Statistic	Value
Min Value	1
Max Value	5
Mean	3.92
Variance	0.97
Standard Deviation	0.98
Total Responses	37

Statistic	Value
Min Value	1
Max Value	5
Mean	3.92
Variance	0.97
Standard Deviation	0.98
Total Responses	37

#	Answer		Response	%
1	Strongly disagree		1	3%
2	Disagree		2	5%
3	Neutral		7	19%
4	Agree		16	43%


5	Strongly Agree		11	30%
	Total		37	100%

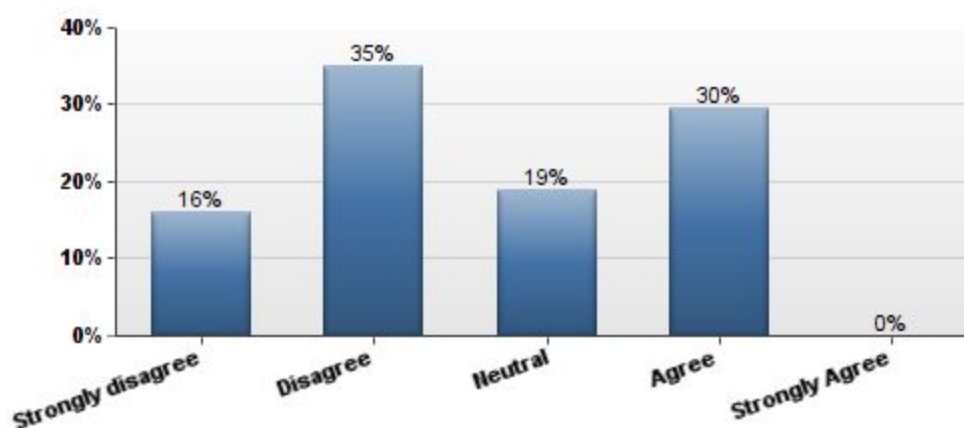


20. I am confident in finding resources that can help in addressing Māori-LGBTQIA health needs

Statistic	Value
Min Value	1
Max Value	4
Mean	2.62
Variance	1.19
Standard Deviation	1.09
Total Responses	37

#	Answer		Response	%
1	Strongly disagree		6	16%
2	Disagree		13	35%
3	Neutral		7	19%
4	Agree		11	30%

5	Strongly Agree		0	0%
	Total		37	100%



21. Any final comments?

Statistic	Value
Total Responses	18

Text Response

tend to be shy coming forward for help

Great research topic. Ka mau te wehi!

I think it is really good to raise awareness in these areas, so well done.

These are comments from a more non-clinical based doctor and approx numbers for the clinic, but our clinical health and counselling team have good skill sets in this field and are currently looking at ways to reduce barriers for Maori student accessing health.

Unfortunately many of my patients do not agree to having sexuality/gender data recorded

Even as a gay GP I still find myself assuming heterosexuality in most of my patients and have been caught out a couple of times. The way questions are asked and the way you interact with patients goes a long way in making people feel comfortable enough to discuss sexuality openly. When I present as a patient/consumer I only share my sexuality if I feel the person I am talking to will be accepting of that and if I think it will impact on the discussion.

He uaua kia mea atu ka kitea tēnei nama o rātou ..nā te mea... kāore mātou e kohikohi i te nama i te mahi. He rawe tō mahi. Nei āku mihi ka rere.

No field for other comments. I think these people also need attention to all the other health needs that anyone has

One of the questions I answered 'other' to didn't have a box to provide further info

Reg

I am a GP registrar.

Reg
Reg
Reg
Reg
NoRegistrar
None
None

Appendix 4 - Takatapui Questionnaire

RESPONDENT INITIAL: ____

Introduction

For the study we are defining takatāpui as Māori with diverse gender identities and sexualities which includes whakawāhine, tangata ira tāne, lesbian, gay, bisexual, trans*, intersex and queer.

Background Information

- 1) **Age:**
- 2) **Ethnicity:**
- 3) **Iwi:**

Takatāpui

- 4) **What other words do you use to describe your sexuality/gender identity?**
- 5) **How long have you identified as takatāpui/other?**
- 6) **If applicable: How do you like to be referred to, by pronoun?**
- 7) **How does your whānau respond to you being takatāpui?**

Healthcare

8) **Do you have a GP?**

Yes No

9) **Have you disclosed your takatāpui status to your GP?**

Yes No

10) **If yes, how did you disclose this information?**

11) **What reaction did you get?**

12) **How would you rate the quality of care you have had from your GP/a GP?**

☐ Inadequate ☐ Required improvement ☐ Good ☐ Outstanding

Please explain:

13) **Do you access other health services?**

☐ Yes ☐ No

14) **What health care services do you access?**

15) **How would you rate the quality of care from these healthcare services?**

☐ Inadequate ☐ Required improvement ☐ Good ☐ Outstanding

Please explain:

16) **Do you have advice for GPs about how they can address issues you raised above?**

Determinants of Hāuora Māori

Māori experience poorer health generally. These questions are about some of the broader issues that you face which impact on your health.

Of the following list, which issues affect you and how serious is the impact on your life

Impact scale

1= minimal affect on you

2= minor affect on you

3=moderate affect on you

4=significant affect on you

5= severe affect on you

HOUSING

17) **What type of housing do you live in?**

☐ Owner ☐ rent ☐ board ☐ other

18) **How many people do you live with?**

19) **What suburb do you live in?**

20) **How long have you lived at your current house?**

21) Does homelessness affect you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please explain:

22) Does having to move homes regularly affect you?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please explain:

23) What are the conditions of your home like:

§ Is your house cold?

§ Is your house damp?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please explain:

EMPLOYMENT

24) Do you have a job?

25) Is your job paid or voluntary?

26) Is your paid employment part-time/casual/full-time?

27) Is your paid employment stable?

28) Do you struggle to pay for:

a. Rent?

b. Power?

c. Food?

29) What is your approximate annual or weekly income?

MENTAL HEALTH

30) Apart from what we have already covered, have you ever experienced other discrimination because you are takatāpui?

☐ Yes

☐ No

31) Have you suffered from mental illness in your life because of that discrimination? In the past 12 months?

RESILIENCE

32) What are the key things that have helped you develop resilience?

33) What do you enjoy about being takatāpui?

34) In what ways do you perceive being takatāpui as being different from other LGBTIQ identities (especially from your own experiences)?