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Sexual and Reproductive Health Experiences in the Global Pacific Diaspora: A Qualitative Scoping Review

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ABSTRACT

Background: Migrant and diasporic communities experience barriers to achieving positive sexual and reproductive health (SRH) outcomes. To date, there is little synthesis on the SRH experiences of Pacific diaspora who reside outside of their ancestral Pacific Island nations. We have conducted a qualitative scoping review to capture how the Pacific diaspora perceives, experiences, and participates in SRH from a global perspective.

Methods: We ran an online search on 11 November 2025 in OVID Medline, EBM Reviews, APA PsychInfo, and Scopus, augmented with referencing searching to identify qualitative studies reporting Pacific diaspora experiences of SRH. Screening, data extraction, and quality assessment using the Critical Appraisal Skills Programme checklist were performed by two reviewers. Thematic synthesis was used to draw together common themes across the studies and was reported using a narrative synthesis approach.

Results: From 2,074 initial titles, we identified 32 qualitative studies of 1,053 participants that captured the SRH experiences of Pacific people living in diasporic communities. There were a range of positive factors that influenced SRH experiences such as family and peer supports, self-efficacy, and an awareness of SRH services. Common factors that negatively impacted SRH experiences included cultural expectations and family obligations, negative social attitudes toward sex(uality), and conflicts that arose from cultural and religious beliefs. Health literacy and strategies to facilitate discussion of SRH within families were identified as targetable areas for health professionals and service providers aiming to improve Pacific diaspora SRH.

Conclusions: This study is the first to capture the breadth of SRH experiences of the Pacific diaspora from a global perspective. Our findings are largely in line with studies in the Pacific region which describe complex social and cultural pressures affecting SRH access and participation. However, the experiences of specific genders and ethnic subgroups that comprise the Pacific diaspora remain obscure, requiring further research.

PLAIN ENGLISH SUMMARY

Sexual and reproductive health (SRH) topics are sensitive, particularly within migrant and diasporic communities who face additional social, financial, cultural, and structural barriers to services. Pacific peoples are a fast-growing migrant community in Western countries and yet little is understood about how they participate in and experience SRH. In this scoping review, we analyzed the literature about Pacific peoples living in diasporic communities (i.e., outside of their Pacific Island homelands) to generate common themes that summarize their collective SRH experiences. We identified 32 eligible studies from 2,074 initial titles, assessed them using thematic synthesis, and performed quality assessment. We generated four main themes: the necessity of health literacy and education, the role of family in SRH healthcare decision-making, the nuances of an intersectional identity, and the dis/harmony between religion and culture. Our findings have implications for migrant diaspora needing or attempting to access SRH services, and increasingly for service providers who must consider the complex perspectives of their patients.

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Introduction

Positive sexual and reproductive health (SRH) experiences are a human right, and yet diasporic communities face significant barriers to achieving this. Diaspora are populations that have dispersed from their original homeland but who retain strong cultural, social, and relational ties to their ancestral home whilst simultaneously adapting to their new environments (Grossman, 2019). Members of diaspora in developed countries have repeatedly reported systemic barriers to accessing SRH services, such as experiencing higher healthcare costs, lack of health insurance, and poor understandings of reproductive laws and their SRH rights (Lassi et al., 2025; Caballero et al., 2024). This is compounded by social stigma and cultural shame surrounding SRH topics such as contraception, abortion, or gender-based violence (Damabi et al., 2025; Aibangbee et al., 2023), as well as personal feelings of displacement and isolation (Lirios et al., 2024). When they do access SRH care, members of diaspora have reported bias and discrimination from healthcare providers, communication gaps because their first language may not be the same as their providers', and minimization of traditional and alternative healing practices which together perpetuates their distrust of healthcare systems (Lassi et al., 2025; Caballero et al., 2024; Darebo et al., 2024; Cruz et al., 2022). A legacy of structural racism (Sumibcay, 2024) and religious colonization (Rallu, 2018; Ravulo, 2021) further hinders access to contraception and sexual health screening for many ethnic minorities (Cense et al., 2018). Understanding how diasporic communities experience, perceive, access, and participate in SRH is essential for improving access to healthcare services and upskilling healthcare professionals to deliver culturally safe care.

Pacific peoples are one of the fastest-growing diasporic populations globally, with over 442,000 people residing in Aotearoa New Zealand (8.9% of the total population) (Statistics New Zealand, 2025) and over 337,000 people residing in Australia (1.3% of the total population) (Liu & Howes, 2023). They are the second-fastest growing population in the United States (approximately 900,000 people) (Monte & Shin, 2022), with high birth rates and a relatively youthful population. Yet, despite this dense population growth, Pacific diaspora tend to access and use SRH services at the lowest rates. In Aotearoa New Zealand, for example, Pacific peoples are less likely to access fertility care and assisted reproductive technology (ART) services (Righarts et al., 2021), have unmet needs regarding family planning (Cammock et al., 2017), and have low usage of oral contraceptive pills (Thomas et al., 2023). Pacific adolescents are also less likely to use contraception and are more likely to have unprotected casual sex compared to their non-Pacific counterparts (Clark et al., 2016). The rates of sexually transmitted infections (STIs) such as chlamydia are also highest amongst Pacific adults in Aotearoa New Zealand (Rose et al., 2012). In the United States and Australia, Pacific diaspora face substantial barriers to abortion care and sexual health screening, in part due to low reproductive health literacy and negative cultural attitudes toward SRH services (National Asian Pacific American Women's Forum, 2023; Kanan, 2025).

SRH is central to the health and wellbeing of Pacific peoples (Young et al., 2022), but conservative social and cultural beliefs can make it challenging for these communities to address this topic. In the Pacific region, there is ongoing discourse around whether religious beliefs and gendered differences relating to SRH are reinforced by Pacific customs and cultural values (Harrington et al., 2021; Wilson et al., 2023). Some suggest that SRH is a critical but poorly addressed human right for Pacific peoples (Mitchell & Bennett, 2024), and that current approaches to strengthening SRH in the region need to be transformed (The Pacific Community, 2026). A recent scoping review (Baigry et al., 2023) identified that social stigma and cultural attitudes toward sex strongly influences Pacific young peoples' access to SRH information and services. Conversely, nonjudgmental and culturally responsive healthcare professionals enabled positive SRH experiences. These studies together point to the role of culturally responsive services and competent clinicians in achieving SRH equity for Pacific peoples. However, these studies are conducted in the Pacific region where Pacific peoples are Indigenous and (usually) comprise the majority population. Although they provide

insight to the SRH experiences of specific Pacific populations, their findings and recommendations may not be directly translatable to diasporic populations living in countries where they are considered minority groups. To our knowledge, no study has synthesized the literature about the Pacific diaspora's experiences and perceptions of SRH from a global perspective. Addressing this gap is challenging because Pacific diaspora are diverse with respect to ancestral origins, migration histories, and contexts in which they now live.

The aim of this qualitative scoping review was to broadly characterize the SRH experiences of Pacific peoples living in diasporic communities. We were particularly interested in exploring cultural perspectives of SRH, gender-based differences, and the self-reported enablers and barriers to SRH services given the direct implications of these factors on clinical practice. These findings have implications for SRH providers, policy planning, and service development for the Pacific diaspora and other diasporic communities living in developed Western countries.

Methods

We followed Joanna Briggs Institute guidelines (Pollock et al., 2023) for conducting scoping reviews and the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018). We pre-registered this review with Open Science Framework (10.17605/OSF.IO/YMZBQ) and used the PEO framework (Hosseini et al., 2024) (population: Pacific peoples; exposure: sexual health and reproductive health; outcome: experiences) to develop a comprehensive search strategy and determine inclusion and exclusion criteria.

Eligibility criteria

This scoping review addressed the research question, "What are the sexual and reproductive health experiences of Pacific peoples in diasporic communities?". We considered the available qualitative data from qualitative and mixed methods studies reporting the experiences of people with Pacific ancestry in areas relating to SRH. Sexual health was defined as a state of physical, emotional, mental, and social wellbeing in relation to sexuality and not merely the absence of disease (World Health Organization, 2006). This was inclusive of pleasurable sexual experiences, sexual orientation, gender identity, gender-based violence, and family planning. Reproductive health was defined as a state of physical, emotional, mental, and social wellbeing in relation to reproduction and not merely the absence of disease (Sadana, 2002). This was inclusive of fertility care, contraception, pregnancy and childbirth, and reproductive hygiene. Non-original research, review articles, and quantitative studies were excluded as they were outside the scope of the specified research question. Studies that did not explicitly report findings for Pacific participants (e.g., exclusively reporting Asian Americans and Pacific Islanders together) were excluded. Studies focused exclusively on Pacific peoples residing in the Pacific Islands were also excluded. However, studies comparing the SRH experiences of Indigenous Pacific peoples in the Pacific region with those of diasporic Pacific communities were included; in these studies, only the findings relating to the diasporic communities were extracted.

In this study, we have defined Pacific diaspora as those with nativity or ancestry to nations within the Pacific Ocean who live in another country but retain strong linguistic, relational, and sociocultural ties to their homeland (Grossman, 2019). Our definition of Pacific Island nations is set out by the Pacific Islands Forum, the premier political and economic policy organization for the Pacific region (Pacific Islands Forum, 2025) (see full list of countries in Supplementary Material, Appendix A). Pacific Islanders living in their ancestral homeland, such as Fijians living in Fiji or Māori living in Aotearoa New Zealand, were not considered diaspora and so were excluded from this review.

Literature search

OVID Medline, EBM Reviews, APA PsychInfo, and Scopus were searched from inception up to 11 November 2025. Potential search terms underwent sensitivity and specificity testing to ensure

completeness before being finalized (see Supplementary Material, Appendix A). We supplemented the online search strategy with forward and backward hand searching of reference lists of included studies and screened the first 200 hits of a Google engine search to identify other potentially eligible studies. No date or language restrictions were applied. Title/abstract and full-text screening was undertaken independently by at least two reviewers (RGK, CDY, SE) with conflicts resolved through discussion. Commercially available software (Rayyan.ai) was used to remove duplicates and aid screening (Ouzzani et al., 2016).

Data extraction and quality assessment

Data was extracted from eligible studies using a modified pretested form (Riabroi et al., 2025) to describe general study characteristics. Extracted data included author name, year, country, Pacific ethnicity of participants, study aim, number of participants, participant sex and age, data collection and analysis methods, health domain, and main study themes. Data was extracted independently by at least two reviewers (RGK, CDY, SE) with conflicts resolved through discussion. The 10-item Critical Appraisal Skills Programme (CASP) checklist for qualitative research (CASP, 2024) was used to assess the reporting quality of included studies. Quality assessment is not required for scoping reviews given their broad research question (Williams et al., 2020). However, given that the included studies had substantial variation in their qualitative research designs and methodological approaches, quality assessment was conducted. An overall score of 6 out of 10 or higher was considered positive meaning the study had reasonably high quality and an overall score of 5 out of 10 or lower was considered negative meaning the study had reasonably poor quality. Studies were scored independently by at least two reviewers (RGK, CDY, SE) with disagreements resolved with discussion. We achieved an inter-reviewer agreement of >95% during quality assessment. Quality assessment also allowed us to consider how studies upheld participant-researcher relationships, which is important as alignment of research protocols to cultural values is foundational to Pacific health research (Teariki & Leau, 2024).

Data synthesis

We used thematic synthesis to assess eligible studies and draw together common themes for reporting. Thematic synthesis has considerable flexibility and accommodates for both 'thick' (i.e., conceptually rich) and 'thin' (i.e., descriptive) data to be included. We followed Thomas and Harden's three-step process (Thomas & Harden, 2008) which included (i) line-by-line coding of the findings to generate initial codes, (ii) organizing these codes into relevant descriptive themes, and (iii) revisiting the original text and codes to finalize the overarching themes and subthemes for reporting. Thematic synthesis was completed independently by at least two reviewers (SGK, CDY, SE), with final themes decided during full reviewer group meetings.

Given the small number of studies representing a range of diasporic populations and cultures, we did not perform ethnic- or population-specific analyses. Instead, we attempted to capture through our thematic synthesis, broadly, the realities of being a Pacific person living outside of their homeland and within diasporic communities navigating SRH challenges and services. We took this approach not to minimize the nuanced perspectives across these diverse diaspora, but rather to acknowledge that this relatively young and emerging subfield of migrant studies does not yet contain the volume of literature needed for systematic, population-specific analyses.

Positionality statement

We are a diverse team of Pacific and non-Pacific researchers based in Aotearoa New Zealand at the time of this research. Kennedy is a postgraduate medical student with heritage to the Cook Islands and Niue who was raised in the Australian Pacific diaspora and who has interests in women's health. Young is a PhD candidate (maternal-foetal medicine) and postgraduate medical student with heritage to the Cook Islands and Sāmoa who was raised in the Pacific diaspora of Aotearoa New Zealand. Sharlott is a PhD

candidate (physical activity and Pacific health) with heritage to the Cook Islands who grew up in the Pacific diaspora of Aotearoa New Zealand. Erickson is a MSc candidate of Canadian-European heritage who migrated to Aotearoa New Zealand and researches Pacific nutrition and weight stigma. Dr. Bijker is an epidemiologist and biostatistician from the Netherlands who lived in Aotearoa New Zealand for several years. Dr. Clark is Tongan and grew up in Fiji, trained as a reproductive biologist, and now lives and works in Aotearoa New Zealand. Dr. Fehoko, of Tongan descent, was born and raised in Aotearoa New Zealand and is a public health sociologist. Together, we have both the lived experience of belonging to Pacific diaspora (as 'insiders') and as external researchers ('outsiders'), which we see as an advantage for analyzing qualitative data to understand and improve Pacific peoples' experiences of and access to SRH services.

Results

From 2,074 initial titles, we identified 32 qualitative studies of 1,053 participants that captured the SRH experiences of Pacific peoples living in diasporic communities. The full screening process is shown in Figure 1.

Of the included studies, 66% were conducted in Aotearoa New Zealand (Abel et al., 2001; Bradford et al., 2024; Cammock et al., 2023; Cammock et al., 2025; de Bres & Morrison-Young, 2024; Fehoko & Shaw, 2023; Foliaki & Matheson, 2015; Hoare & Decker, 2016; Holden et al., 2020; Jameson et al., 1999; Morton-Jones et al., 2024; Nosa & Ofanoa, 2009; Rankine et al., 2017; Rose et al., 2011; Rose et al., 2024; Shaw & Fehoko, 2023; Walsh et al., 2025; Young et al., 2022; Young et al., 2026; Young et al., 2024; Rose et al., 2024), 28% were conducted in the United States (Ayers et al., 2020; Ayers et al., 2018; Ayers et al., 2023; DiStefano et al., 2012; Ishida et al., 2001; Karasek et al., 2025; Nguyen et al., 2023; Nguyen-Truong et al., 2020; Pacheco et al., 2023), and 6% were conducted in Australia (Henning Cruickshank et al., 2019; Ndwiga et al., 2023). 9% of studies were published in the 2000s (Abel et al., 2001; Nosa & Ofanoa, 2009; Ishida et al., 2001), 22% were published in the 2010s (Foliaki & Matheson, 2015; Hoare & Decker, 2016; Rankine et al., 2017; Rose et al., 2011; Ayers et al., 2018; DiStefano et al., 2012; Henning Cruickshank et al., 2019), and 65% were published in the 2020s (Bradford et al., 2024; Cammock et al., 2023; Cammock et al., 2025; de Bres & Morrison-Young, 2024; Fehoko & Shaw, 2023; Holden et al., 2020; Morton-Jones et al., 2024; Rose et al., 2024; Shaw & Fehoko, 2023; Walsh et al., 2025; Young et al., 2022; Young et al., 2026; Young et al., 2024; Rose et al., 2024; Ayers et al., 2020Ayers et al., 2023; Karasek et al., 2025; Nguyen et al., 2023; Nguyen-Truong et al., 2020; Pacheco et al., 2023Ndwiga et al., 2023). One study, the oldest, was published in 1999 (Jameson et al., 1999). Half the studies used semi-structured interviews for data collection (Bradford et al., 2024; de Bres & Morrison-Young, 2024; Foliaki & Matheson, 2015; Hoare & Decker, 2016; Holden et al., 2020; Jameson et al., 1999; Nosa & Ofanoa, 2009; Rankine et al., 2017; Rose et al., 2011Shaw & Fehoko, 2023; Young et al., 2022; Ayers et al., 2023; Ishida et al., 2001; Karasek et al., 2025; Pacheco et al., 2023; Ndwiga et al., 2023), 31% used focus groups (Abel et al., 2001; Holden et al., 2020; Rankine et al., 2017; Ayers et al., 2020; Ayers et al., 2018; DiStefano et al., 2012; Karasek et al., 2025; Nguyen-Truong et al., 2020; Henning Cruickshank et al., 2019; Ndwiga et al., 2023), and 22% used talanoa (Cammock et al., 2023; Cammock et al., 2025; Fehoko & Shaw, 2023; Morton-Jones et al., 2024; Walsh et al., 2025; Young et al., 2026; Young et al., 2024). Talanoa ('mutual conversation' in Tongan and Sāmoan languages) is a widely used Pacific research method/ology similar to a semi-structured interview that is grounded in values of relationality, mutuality, and connection (Vaioleti, 2006; Nabobo-Baba, 2006). 6% of studies used wānanga (a Māori word for conversation; also an Indigenous method of data collection) (Rose et al., 2024; Rose et al., 2024) and one study used community group discussion (Nguyen-Truong et al., 2020). One study was a mixed methods online survey that collected qualitative data using open-ended text fields (Young et al., 2024).

There was a wide range of Pacific ethnicities represented across the included studies, the most common being Sāmoan (47%), Tongan (41%),

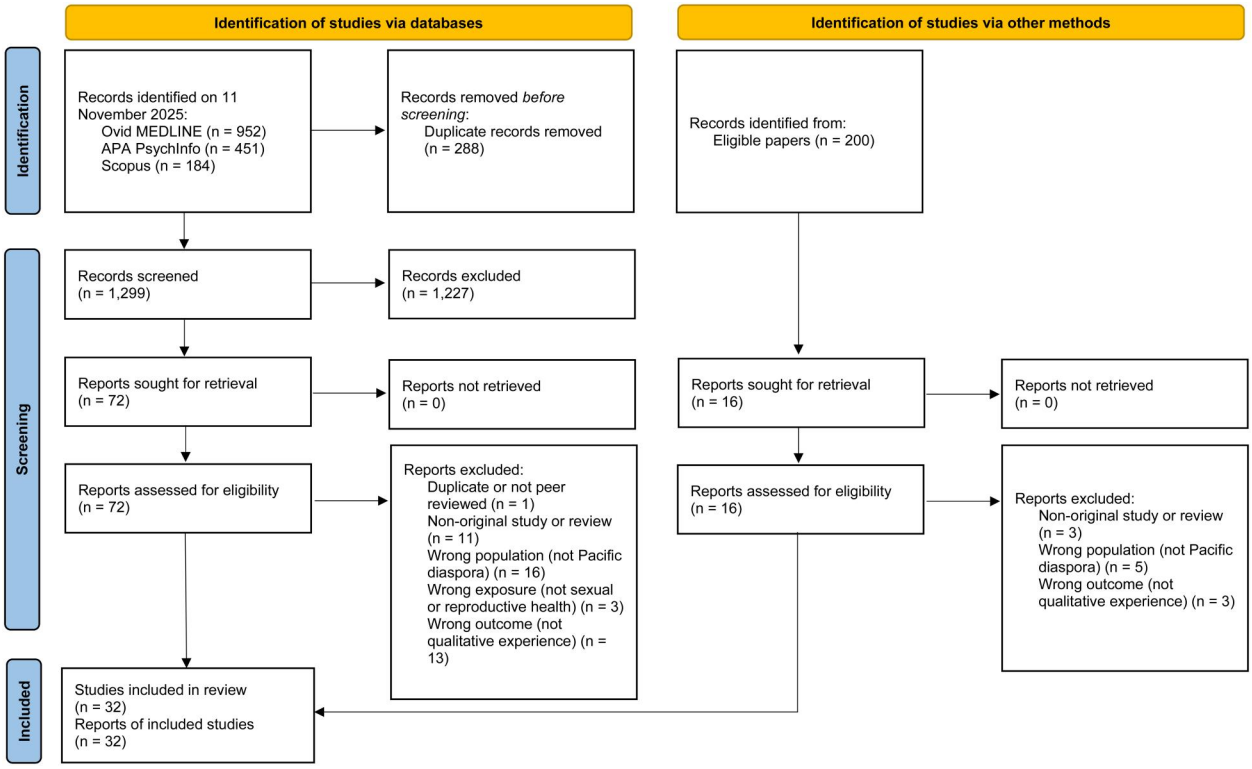

Figure 1. Preferred reporting items of systematic-reviews and meta-analyses (PRISMA) flow chart of the online search strategy.

Cook Islands Māori (25%), and Fijian/iTaukei (19%) (see Table 1 for more detail). These studies also spanned a diverse range of health domains encompassed by the definition of SRH used in the present study, the most common being healthcare experiences (53%), access (47%), and beliefs (41%), followed by studies on maternal health (38%), parenthood (31%), women's health (31%), family planning (22%), and perinatal/infant health (22%) (see Table 2 for more detail). Further details regarding study characteristics can be found in the Supplementary Material, Appendix B.

From quality assessment of included studies, we summarized that 94% of studies had an overall positive score and two had an overall negative score (Nosa & Ofanoa, 2009; Nguyen-Truong et al., 2020). Generally, most studies had a clear aim (68%), an appropriate design to address the aim (94%), and took into account ethical and/or cultural considerations (84%). All studies utilized an appropriate qualitative methodology and 84% of studies justified their mode of data collection. However, fewer studies were explicit about their recruitment strategy (71%) or explicitly stated the relationship between the researcher(s) and the participants (52%). A summary of the quality assessments of included studies is provided in the Supplementary Material.

We used thematic synthesis to identify commonalities across the 32 included studies and settled on four themes that are reported below using a narrative synthesis approach. The themes highlight the necessity of health literacy and education, the role of family in SRH healthcare decision-making, the nuances of an intersectional identity, and the dis/harmony between religion and culture (see Figure 2 for a schematic summary). We also acknowledge the complexity and colonial history of Pacific ethnic names, and indeed the names of individual nations (for example, 'Cook' Islands being named after colonial explorer James Cook), and where possible have kept consistent with the terms that included studies used to describe their study populations.

Theme 1: health literacy and education

Subtheme: complexity of SRH information

All studies considered SRH topics to be complex, and most suggested that Pacific peoples' SRH literacy was limited. For example, participants in

Table 1. Representation of Pacific ethnic identities across the 32 included studies.

Pacific ethnicity	#	%	Relevant studies
Chamorro/CHamoru	2	6	(DiStefano et al., 2012; Pacheco et al., 2023)
Cook Islands Māori	8	25	(Abel et al., 2001; Jameson et al., 1999; Rankine et al., 2017; Rose et al., 2024; Young et al., 2022; Young et al., 2024; Rose et al., 2024; Henning Cruickshank et al., 2019)
Fijian / iTaukei	6	19	(Cammock et al., 2023; Cammock et al., 2025; Jameson et al., 1999; Rankine et al., 2017; Young et al., 2024; Henning Cruickshank et al., 2019)
Hawaiian	1	3	(Pacheco et al., 2023)
Indo-Fijian	1	3	(Young et al., 2024)
I-Kiribati	1	3	(Young et al., 2024)
Marshallese	3	9	(Ayers et al., 2020; Ayers et al., 2018; Ayers et al., 2023)
Micronesian (unspecified)	2	6	(Nguyen-Truong et al., 2020; Pacheco et al., 2023)
Niuean	6	19	(Abel et al., 2001; Rankine et al., 2017; Rose et al., 2024; Young et al., 2026; Young et al., 2024; Rose et al., 2024)
Ni-Vanuatu	1	3	(Young et al., 2024)
Pacific (unspecified)	9	28	(Bradford et al., 2024; de Bres & Morrison-Young, 2024; Foliaki & Matheson, 2015; Hoare & Decker, 2016; Morton-Jones et al., 2024; Rose et al., 2011; Karasek et al., 2025; Nguyen et al., 2023; Pacheco et al., 2023)
Papua New Guinean	2	6	(Jameson et al., 1999; Henning Cruickshank et al., 2019)
Pitcairn	2	6	(Rose et al., 2024; Rose et al., 2024)
Sāmoan	15	47	(Abel et al., 2001; Cammock et al., 2025; Fehoko & Shaw, 2023; Jameson et al., 1999; Rankine et al., 2017; Rose et al., 2024; Shaw & Fehoko, 2023; Young et al., 2022; Young et al., 2026; Young et al., 2024; Rose et al., 2024Ishida et al., 2001; Pacheco et al., 2023; Henning Cruickshank et al., 2019; Ndwiga et al., 2023)
Solomon Islander	1	3	(Young et al., 2024)
Tokelauan	5	16	(Jameson et al., 1999; Rankine et al., 2017; Rose et al., 2024; Young et al., 2024; Rose et al., 2024)
Tongan	13	41	(Abel et al., 2001; Cammock et al., 2025; Fehoko & Shaw, 2023; Holden et al., 2020; Jameson et al., 1999; Nosa & Ofanoa, 2009; Rankine et al., 2017; Young et al., 2026; Young et al., 2024; DiStefano et al., 2012; Pacheco et al., 2023; Henning Cruickshank et al., 2019)
Tuvaluan	4	13	(Rankine et al., 2017; Rose et al., 2024; Young et al., 2024; Rose et al., 2024)

three studies did not understand the relationship between body mass index (BMI) and fertility (Fehoko & Shaw, 2023; Shaw & Fehoko, 2023), despite most participants having received clinical advice to 'lose weight' to improve their fertility (Shaw & Fehoko, 2023). One study reported misconceptions about STI transmission, including the false belief that STIs could be 'caught' by sitting on dirty toilet seats (Rose et al., 2024), and these misconceptions persisted despite interactions with health professionals. Studies with younger participants, specifically secondary (Rose et al., 2024) and tertiary (Young et al., 2024) school students, generally reported more confidence in their participants' SRH knowledge. However, participants self-reported limitats to their understandings of biological processes medical diagnoses, such as gestational diabetes (Bradford et al., 2024; Ndwiga et al., 2023) and STIs (Fehoko & Shaw, 2023; Foliaki & Matheson, 2015; DiStefano et al., 2012). Pregnant women in one study reported confidence in their knowledge about vaccinations during pregnancy which deterred their participation in immunization schedules (Nguyen et al., 2023). Other studies of pregnant women found that a poor understanding or recall of their personal and family medical history also hindered their ability to manage diabetes during pregnancy (Bradford et al., 2024; Morton-Jones et al., 2024; Ndwiga et al., 2023). One study even reported pregnant participants being resistant to testing for diabetes during pregnancy because they felt they were 'strong' and did not need it (Ndwiga et al., 2023). Several studies described concerns about the lack of knowledge around perinatal and infant care practices, with their participants being afraid of receiving social backlash for not parenting in an 'appropriate' way (Walsh et al., 2025; Ayers et al., 2018; Ayers et al., 2023).

Subtheme: SRH misinformation

Three studies presented a perception that Pacific people living in the diaspora were advantaged because they had greater access to SRH information compared to those living in the Pacific Islands (Cammock et al., 2023; Young et al., 2026; Ayers et al., 2018). However, with a greater volume of

Table 2. Representation of health domains across the 32 included studies.

	Health domain	#	%	Relevant studies
Sexual health	Adolescence	2	6	(Cammock et al., 2025; Rose et al., 2024)
	Community	2	6	(Nosa & Ofanoa, 2009; Nguyen et al., 2023)
	eHealth	2	6	(Rose et al., 2024; Pacheco et al., 2023)
	Family planning	7	22	(Cammock et al., 2023; Fehoko & Shaw, 2023; Rose et al., 2011; Shaw & Fehoko, 2023; Young et al., 2026; Young et al., 2024; Ayers et al., 2023)
	Family violence	1	3	(Rankine et al., 2017)
	Healthcare access	15	47	(Bradford et al., 2024; Fehoko & Shaw, 2023; Foliaki & Matheson, 2015; Holden et al., 2020; Jameson et al., 1999; Rose et al., 2011; Rose et al., 2024; Shaw & Fehoko, 2023; Walsh et al., 2025; Young et al., 2026; Rose et al., 2024; Ayers et al., 2023; DiStefano et al., 2012; Pacheco et al., 2023; Henning Cruickshank et al., 2019)
	Health beliefs	13	41	(Abel et al., 2001; Cammock et al., 2023; Cammock et al., 2025; Fehoko & Shaw, 2023; Hoare & Decker, 2016; Rankine et al., 2017; Young et al., 2022; Young et al., 2026; Young et al., 2024; Rose et al., 2024; Ayers et al., 2018; Ishida et al., 2001; Ndwiga et al., 2023)
	Healthcare experiences	17	53	(Bradford et al., 2024; Fehoko & Shaw, 2023; Holden et al., 2020; Morton-Jones et al., 2024; Rose et al., 2011; Rose et al., 2024; Shaw & Fehoko, 2023; Walsh et al., 2025; Young et al., 2026; Rose et al., 2024; Ayers et al., 2020; DiStefano et al., 2012; Karasek et al., 2025; Nguyen et al., 2023; Pacheco et al., 2023; Henning Cruickshank et al., 2019; Ndwiga et al., 2023)
	Health literacy	13	41	(Abel et al., 2001; Cammock et al., 2025; Fehoko & Shaw, 2023; Foliaki & Matheson, 2015; Hoare & Decker, 2016; Jameson et al., 1999; Young et al., 2022; Young et al., 2026; Young et al., 2024; Ayers et al., 2020; Ayers et al., 2018; Ishida et al., 2001; Ndwiga et al., 2023)
	Kava	1	3	(Nosa & Ofanoa, 2009)
	LGBTQIA+/Rainbow health	5	16	(de Bres & Morrison-Young, 2024; Fehoko & Shaw, 2023; Young et al., 2026; Young et al., 2024; Pacheco et al., 2023)
	Men's health	1	3	(Nosa & Ofanoa, 2009)
	Mental health	3	9	(Holden et al., 2020; Nosa & Ofanoa, 2009; Nguyen et al., 2023)
	Parenthood	10	31	(Abel et al., 2001; Cammock et al., 2025; de Bres & Morrison-Young, 2024; Fehoko & Shaw, 2023; Morton-Jones et al., 2024; Walsh et al., 2025; Young et al., 2026; Ayers et al., 2020; Ayers et al., 2023; Nguyen-Truong et al., 2020)
	Religion	2	6	(Fehoko & Shaw, 2023; Young et al., 2026)
	Sexual behaviors	4	13	(Foliaki & Matheson, 2015; Rose et al., 2024; Rose et al., 2024; DiStefano et al., 2012)
	Women's health	10	31	(Abel et al., 2001; Bradford et al., 2024; Cammock et al., 2023; Rose et al., 2011; Shaw & Fehoko, 2023; Young et al., 2022; Ayers et al., 2020; Ayers et al., 2018; Ayers et al., 2023; Ishida et al., 2001)
Reproductive health	Abortion	1	3	(Rose et al., 2011)
	Bodyweight	1	3	(Shaw & Fehoko, 2023)
	Breast cancer	1	3	(Ishida et al., 2001)
	Cervical screening	2	6	(Foliaki & Matheson, 2015; Jameson et al., 1999)
	Contraception	2	6	(Rose et al., 2011; Ayers et al., 2023)
	Diabetes during pregnancy	3	9	(Bradford et al., 2024; Morton-Jones et al., 2024; Ndwiga et al., 2023)
	Immunization	1	3	(Young et al., 2022)
	Maternal health	12	38	(Abel et al., 2001; Bradford et al., 2024; Holden et al., 2020; Morton-Jones et al., 2024; Young et al., 2022; Ayers et al., 2020; Ayers et al., 2018; Ayers et al., 2023; Nguyen et al., 2023; Henning Cruickshank et al., 2019; Ndwiga et al., 2023)
	Postpartum health	2	6	(Ayers et al., 2020; Nguyen-Truong et al., 2020)
	Perinatal/infant health	7	22	(Abel et al., 2001; Morton-Jones et al., 2024; Walsh et al., 2025; Ayers et al., 2020; Ayers et al., 2018; Karasek et al., 2025; Nguyen-Truong et al., 2020)
	Puberty	2	6	(Cammock et al., 2025; Young et al., 2024)
	Sexually transmitted infections	4	13	(Rose et al., 2024; Rose et al., 2024; DiStefano et al., 2012; Pacheco et al., 2023)

health information also came health misinformation, which three studies identified was prevalent within Pacific diaspora (Cammock et al., 2025; Jameson et al., 1999; Rose et al., 2024). Several studies acknowledged a common Pacific belief that virginity and morality are inherently linked (Jameson et al., 1999; Young et al., 2024) and that virgins, by participating in a Pap smear, 'would lose their virginity' (DiStefano et al., 2012). They claimed that these social beliefs deterred young Pacific women from accessing sexual health clinics. Once study criticized community misunderstandings of mammograms, because participants were hesitant to access them because they thought that 'a man invented [it] to torture us women' (Ishida et al., 2001).

Healthcare professionals were consistently recognized by studies for their important role in clarifying the value of sexual health checkups, such as utilizing cervical screening services (Jameson et al., 1999). However, this kind of positive interaction was often viewed as the exception and not the rule. Generally, studies identified tension within the patient-provider relationship, and traced this back to participants' low understandings of and aversion to sexual health checkups, particularly when they required physical contact such as breast cancer screening and cervical smears (Jameson et al., 1999; Walsh et al., 2025; Ishida et al., 2001). Two studies explained the low uptake of sexual health screening within Pacific diaspora by identifying participant avoidance behaviors such as physically distancing themselves from healthcare professionals to avoid discomfort (Jameson et al., 1999; Ishida et al., 2001), with little consideration given to the potential consequences of not utilizing these regular checkups (i.e., missed cancer or STI diagnoses). In one study, participants believed these negative experiences were perpetuated by healthcare professionals not investing enough time to nurture the *vā* ('relational space' in Sāmoan, Tongan) with them, such as not fully or accessibly explaining medical procedures before examinations (Walsh et al., 2025). Several studies agreed that participants desired culturally-tailored health information resources to support their understanding of SRH and inform their health decision-making (Bradford et al., 2024; Fehoko & Shaw, 2023; Morton-Jones et al., 2024; Pacheco et al., 2023).

Subtheme: structural barriers to accessing health information

Studies identified a range of structural barriers that affected Pacific peoples' access to quality SRH information and services in the diaspora. Firstly, the financial burden of SRH services meant that those of lower socio-economic backgrounds were unable to afford them, such as contraception and maternity care (Foliaki & Matheson, 2015; Ayers et al., 2023; Henning Cruickshank et al., 2019). In some studies, standard appointments with health professionals were considered a luxury because of the hidden costs that would arise from accessing them, such as time off work, travel costs, extra scans, and initial screening tests (Foliaki & Matheson, 2015; Henning Cruickshank et al., 2019). Other services such as assisted reproductive technologies (ART) and fertility care were considered inaccessible because of the steep costs (Fehoko & Shaw, 2023; Shaw & Fehoko, 2023). Even in countries where publicly funded *in vitro* fertilization (IVF) cycles were available, study participants often did not meet eligibility criteria (Fehoko & Shaw, 2023; Shaw & Fehoko, 2023). Some studies also criticized the lack of transparency relating to healthcare costs, as these were often not communicated to participants nor was information easily accessible online (Fehoko & Shaw, 2023; Foliaki & Matheson, 2015).

Secondly, transport to and from SRH services were highlighted as a barrier to SRH care, such as the costs of fuel and the limited availability of parking around SRH services (Henning Cruickshank et al., 2019). One study noted that, when other transportation options were explored such as rides with family or community members, this raised a significant privacy concern for individuals (DiStefano et al., 2012). Thirdly, studies identified language barriers as a major concern, particularly for those whose first language differed from their healthcare practitioners' first language. Studies identified a common feeling of embarrassment when participants misunderstood medical jargon, as they were too shy to ask healthcare professionals for clarification (Jameson et al., 1999; Henning Cruickshank et al., 2019).

Theme 2: family is central to SRH decision-making

Subtheme: family and friends as primary supports

Family members were the most identified form of support for Pacific diaspora, and were usually a vital information source to learn about SRH services. Mothers, aunts, and sisters were considered uniquely positioned to support discussions around sex, fertility, sexual orientation, and feminine hygiene, for Pacific peoples of all genders but particularly for Pacific young women (Cammock et al., 2023; Young et al., 2026; Young et al., 2024; Henning Cruickshank et al., 2019). Fathers, uncles, and brothers were viewed as

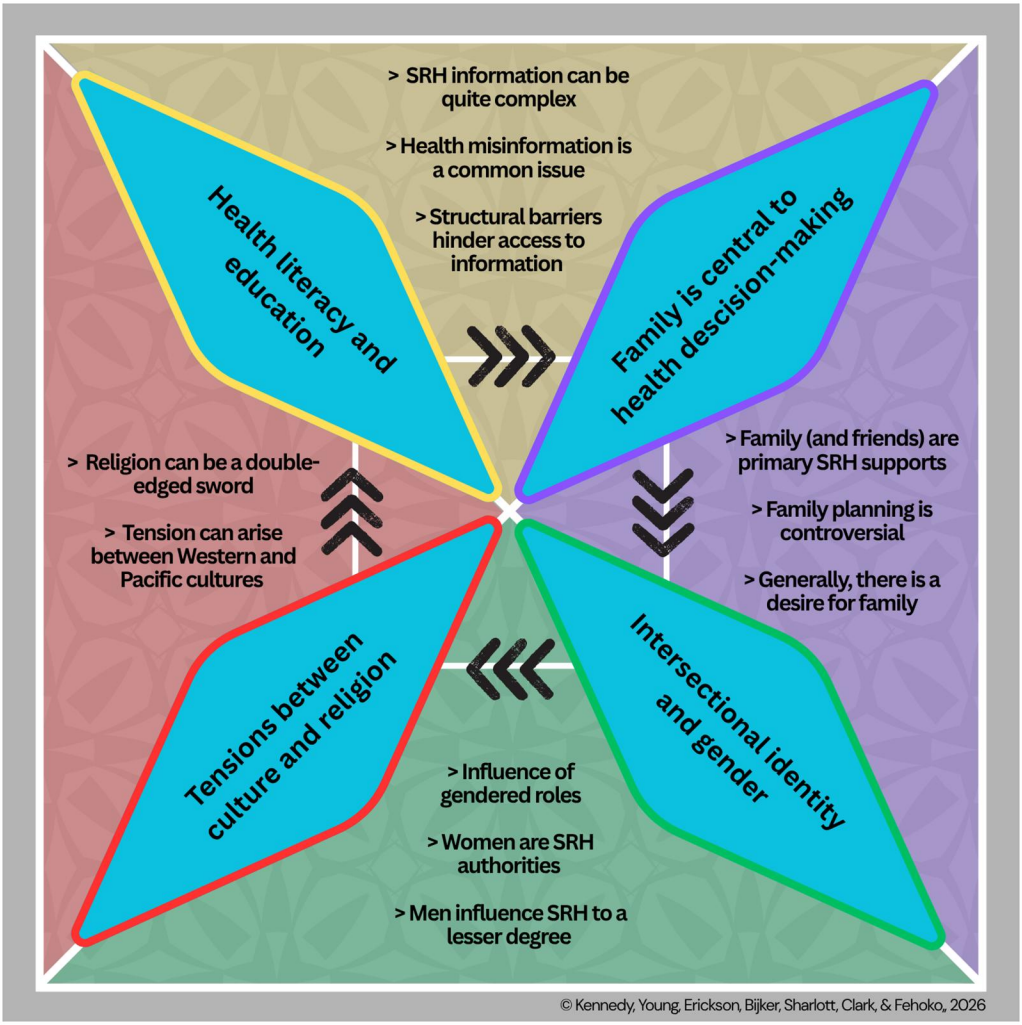

Figure 2. Schematic summary of themes constructed through thematic synthesis of the 32 included studies.

having a more passive role in conversations about SRH, even for Pacific males (Young et al., 2024). Non-birthing partners played an important support role during pregnancy, but female family members would more often take on this role after the baby's birth (Abel et al., 2001; Ayers et al., 2020). Overall, the wellbeing of children was considered to be the collective responsibility of the extended family (Abel et al., 2001; Morton-Jones et al., 2024).

After family, friends and peers were considered crucial sources of SRH information and support (Morton-Jones et al., 2024; Young et al., 2024; Ayers et al., 2023). In one study where new parents were not able to rely on family for babysitting and infant care advice, they would often rely on friends instead (Abel et al., 2001). Several studies demonstrated that friends and peers of Pacific people were also often the first people to share information on contraception options (Hoare & Decker, 2016; Jameson et al., 1999; Young et al., 2024; Ayers et al., 2023) and how to manage STI risk (Hoare & Decker, 2016; Jameson et al., 1999; Rose et al., 2011).

Subtheme: controversy of family planning

Despite family support being fundamental to SRH decision-making, studies pointed out the tension of discussing family planning within Pacific households. In many studies, premarital sex was defined as being *tapu* ('forbidden', 'sacred' in various Pacific languages), and so conversations about family planning and contraception were forbidden because they enabled 'unacceptable' sexual behaviors (Cammock et al., 2023; Fehoko & Shaw, 2023; Rankine et al., 2017;

Young et al., 2026; Young et al., 2024; Ayers et al., 2020). In some studies, parents and caregivers used religious teachings and fear to discourage sex (Cammock et al., 2023; Fehoko & Shaw, 2023; Young et al., 2026; Young et al., 2024), and so contraception, which could be considered evidence of these perceived transgressions, would often be used in secret (Rose et al., 2011; Ayers et al., 2023). Other studies conceded that family planning and contraception were not discussed within Pacific families until faced with an unplanned pregnancy (Young et al., 2024; DiStefano et al., 2012). By contrast, a recent study with Pacific young people identified that discussion of family planning options and SRH was normalized and initiated from a young age for this cohort (Young et al., 2024).

Subtheme: desire for a family

Studies agreed that people in the Pacific diaspora desired their own family, with several describing a social expectation for couples to have children, especially after marriage or when in a long-term relationship (Fehoko & Shaw, 2023; Young et al., 2026). A study of Marshallese mothers stated that having a 'large' family was a cultural goal and that it made one immaterially 'richer' (Ayers et al., 2023). Situations where an individual might not be able to have a biologically-related child, such as medical infertility or same-sex relationships, were associated with significant emotional and psychological distress (Fehoko & Shaw, 2023; Shaw & Fehoko, 2023; Young et al., 2026). Studies described these feelings of failure, shame, and guilt from an inability to conceive (Fehoko & Shaw, 2023; Shaw & Fehoko, 2023; Young et al., 2026), which were compounded by the cultural view that children were 'blessings' from God (Young et al., 2026; Young et al., 2024). Women in one study believed that their experience of infertility was a 'curse' or 'punishment', either because they struggled with their faith or because of decisions they had made that conflicted with religious or cultural beliefs such as having an abortion as a teenager or eloping rather than adhering to cultural protocols (Young et al., 2026). This pressure appeared to be amplified for people who were married (Fehoko & Shaw, 2023).

Theme 3: intersectional identities shape Pacific SRH experiences in the diaspora

Subtheme: cultural gender expectations persist in diasporic contexts

Studies acknowledged that SRH needs changed between individuals depending on their gender identity. Men were sometimes perceived to have more sexual freedom whereas women were expected to remain virgins until marriage (Young et al., 2024; DiStefano et al., 2012). Many SRH-related practices or perceptions were described in studies using Pacific concepts of relationality. For example, sisters were described as the 'apple' of their 'brother's eye' and, in turn, brothers had a responsibility to protect their sister's virginity (Young et al., 2024). Other studies referred to this sibling relationship as the *feagaiga* ('sacred covenant' in Sāmoan) which was preserved by restricting mixed-gender discussions about SRH (Rankine et al., 2017; Ayers et al., 2023). Husbands were similarly viewed as being protectors of their family, and in one study the women participants believed that men had the right to control women's (specifically their wives') bodies (Rankine et al., 2017). Despite gender fluidity being reported by several studies as the norm prior to colonization, there was generally an absence of qualitative perspectives from non-binary and third gender people, with only two studies having participants explicitly identify as non-binary (de Bres & Morrison-Young, 2024; Young et al., 2024).

Subtheme: women burdened by SRH responsibilities

Women were consistently described as being burdened with the responsibility of managing SRH for themselves and their families. Their sexuality was positioned as central to maintaining their family's sexual reputation (Young et al., 2024). For example, young women in one study often chose not to access sexual health screens or treatments out of fear that it would indicate that they were sexually active and that this would reflect their family poorly (DiStefano et al., 2012). As a result, if contraception was used, it was often purchased in a form that would be easy to hide such as an intrauterine device or pills (Rose et al., 2011). Moreover, women in another study

struggling to conceive would say they did not want kids yet or were busy with work, rather than admit they (or their partner) had infertility (Young et al., 2026). Women were also relied upon by their family members for SRH information to inform healthcare decisions, such as advice about whether or not to utilize mammogram services (Ishida et al., 2001). They were expected to make informed decisions around family planning and contraception that aligned with cultural beliefs and their lifestyles in diasporic contexts (Cammock et al., 2023). In one study, these conflicting responsibilities led to women prioritizing their family's health over their own SRH needs, such as babysitting grandchildren rather than accessing a regular Pap smear (Foliaki & Matheson, 2015).

Subtheme: limited influence of men on SRH

Men were perceived as having a lower influence on women's SRH decision-making. Only two studies stated that spouses involved their male partners in conversations on the type and frequency of contraception (Rankine et al., 2017; Ayers et al., 2023). Generally, there were fewer reports focused on the SRH experiences of Pacific men. One study of Tongan men who consumed kava (ground pepper root; traditional cultural drink across the Pacific) indirectly captured information on SRH (Nosa & Ofanoa, 2009); these men reported that they sometimes experienced loss of sexual libido, other sexual difficulties, and participated in extramarital affairs. Interestingly, kava use was criticized by women in another study as they felt its regular practice took fathers away from their children (DiStefano et al., 2012). In other studies, Pacific men identified the social expectation to have a large family (Ayers et al., 2023) and felt their masculinity was affected when they could not conceive (Young et al., 2026).

Theme 4: tensions between culture and religion

Subtheme: religion as a double-edged sword

Religion was viewed as a double-edged sword, with both benefits and harms to participants' SRH experiences. From a positive standpoint, religious practices such as prayer and biblical sermons were seen as powerful tools for comforting patients in SRH clinical settings (Abel et al., 2001; Fehoko & Shaw, 2023; Walsh et al., 2025; Young et al., 2026; Ishida et al., 2001). Church ministers were also identified as potentially useful advocates for SRH services such as ART (Young et al., 2026). In three studies, God was viewed as the ultimate family planner with children believed to be sacred gifts from Him (Cammock et al., 2025; Fehoko & Shaw, 2023; Young et al., 2026). One study stated that the blessing of parenthood was His decision alone (Ishida et al., 2001), whereas another believed that you could increase your likelihood of having a child if you nurtured your spiritual relationship with Him (Cammock et al., 2023).

From a negative standpoint, religion was often associated with attitudes against certain SRH behaviors such as premarital sex and same-sex relationships. Contraception and sexual health services were consequently seen as encouraging or normalizing these stigmatized behaviors and were discouraged (Jameson et al., 1999; Ayers et al., 2023; Pacheco et al., 2023). A study with sexually and gender diverse participants reported religious stigma from family and community against their diverse identities (Pacheco et al., 2023). These stigmas were magnified when experiencing SRH challenges, such as (social) infertility as discussed by queer participants attempting to access ART (Fehoko & Shaw, 2023; Young et al., 2026).

Subtheme: tension between Western and Pacific cultures

Studies consistently pointed to the conflict between upholding traditions from their ancestral homelands and conforming to the cultural norms of their Western environment. When people accessed SRH and other medical services, they were sometimes viewed as trying to be *Pākehā* (Māori term for 'New Zealander of European descent') and were socially criticized for abandoning their culture (Abel et al., 2001). In some instances, medical advice contradicted cultural beliefs which impacted patient compliance (Shaw & Fehoko, 2023; Young et al., 2026; Ayers et al., 2020; Ndwiga et al., 2023). For example, women experiencing infertility would access traditional healing medicines and rituals when they could

not afford ART services (Shaw & Fehoko, 2023; Young et al., 2026). Women in another study were hesitant to test for gestational diabetes and would instead rely on cultural advice to manage symptoms without understanding the risks and complications (Ndwiga et al., 2023).

Discussion

We conducted a qualitative scoping review to understand the SRH experiences of Pacific peoples living in diasporic communities outside of the Pacific region. We found that Pacific peoples' SRH experiences are positively influenced by a number of factors, including self-determination, supportive family and peer relationships, and an awareness of SRH services and rights. Conversely, Pacific peoples experience negative pressures that harm their SRH experiences, including cultural and family obligations, social attitudes around sexual purity, and internalized conflict with religious and cultural beliefs. These findings were present across a range of Pacific diasporic communities, indicating similarities in the lived experience of a Pacific migrant.

Within Pacific cultures, discussion of SRH topics have significant social and ethical implications (Young et al., 2022). Sex, sexual orientation, gender, and reproductive hygiene are considered inappropriate topics of discussion in most public contexts for Pacific peoples (Young et al., 2022; Harrington et al., 2021; Veukiso-Ulugia, 2016). Several Pacific languages relate SRH to tapu, a Pacific cultural value that is used to describe things (i.e., objects, people, events, life states) that are sacred or forbidden. It has been argued that tapu is also a social practice that can inform protective health behaviors, preventing both physical (e.g., restricting cross-contamination by not sitting on tables) and spiritual (e.g., eating food after a funeral to reaffirm one's status as living and to help the return back to normalcy) harm (Durie, 1999). However, interpretations of how to enact or react to tapu in contemporary and diasporic contexts mean that conversations relating to sex, sexuality, reproduction, gender, and family planning are often avoided (Young et al., 2022). Teasing apart these nuances is needed to support Pacific peoples to achieve their SRH aspirations and, in the more immediate term, to support SRH services to accommodate the needs and beliefs of Pacific peoples.

An important theme we identified was the centrality of family in Pacific SRH decision-making and the role of specific family members (e.g., mothers, sisters, aunts) in enabling service access. Relationality as a foundational cultural value is in line with the Pacific worldview described by the pan-Pacific Fonofale health model (Pulotu-Endemann, 1995). The Fonofale model uses the metaphor of a Sāmoan *fale* (traditional meeting house) to illustrate the interconnectedness of health dimensions, the foundation of which represents family—the extended family, the aiga, the community. This metaphor holds true when we examine other characteristics of the Pacific diaspora: Pacific people tend to live in large, multigenerational households and often involve their families in medical consultations (Statistics New Zealand, 2023). However, the role of family in SRH experiences is paradoxical; although family is a key enabler of SRH, they can also enforce strong social stigma which can restrict individual freedom of sexual expression and choices regarding contraception and SRH service access (Young et al., 2026). Strategies are needed to reconcile cultural perspectives with contemporary SRH rights while maintaining vā (relational ties) within families.

A prominent theme in this review was the role of health literacy in protecting against health misinformation and supporting SRH autonomy. Comprehensive understandings of reproductive biology and disorders are essential for supporting positive SRH experiences (Neuendorf et al., 2021; Tirado et al., 2022), as it enables individuals to self-identify pathologies, navigate complex healthcare systems, and make informed health decisions. In this review, most studies reported low SRH literacy which meant that participants did not fully understand how body systems work (e.g., reproductive system) or how to prevent disease (e.g., STI transmission and prevention, nutrition during pregnancy). Several reviews (Neuendorf et al., 2021; Smith, 2013) have affirmed the importance of SRH literacy for Pacific communities, with suggestions that healthcare providers can play a critical role in

this through the use of colloquial language and lay terminology. We echo Neuendorf and colleagues' statement that "education is highly valued by most Pacific peoples" (80: 2), but we emphasize that the *source* of this information is also critical. Many families in the Pacific diaspora currently rely on formal schooling to educate their children about SRH topics rather than discussing it in the household (Veukiso-Ulugia, 2016). This is despite the consensus from studies in this review that engaging in informal SRH conversations in a home setting may be beneficial for priming Pacific young people's understandings of SRH. Evidently, culturally targeted health promotion strategies are needed to diversify the sources of SRH information—through sponsored community events, social media and radio campaigns, free online courses, and parent-child communication workshops—to support a cultural shift in the Pacific diaspora so that household conversations about SRH can one day be normalized or facilitated more safely.

Supporting the SRH literacy of the Pacific diaspora is key to improving their SRH outcomes, and this is consistently reported across other diaspora and migrant populations. For example, African migrant and refugee children face gaps in SRH communication and language barriers because SRH is not encouraged to be talked about between adults and children, resulting in feelings of unease with SRH services (Kwankye et al., 2021). Migrant women living in Australia and Canada (of South Asian, Middle Eastern, and African origin) similarly felt they had inadequate knowledge of SRH due to cultural taboos associated with menstruation, sex, and sexuality (Metusela et al., 2017). In response to these SRH literacy concerns, healthcare professionals have recommended that a culturally adaptive healthcare model be used to better respond to the linguistic and cultural diversity of refugee and migrant women (Mengesha et al., 2018). Together these studies state the importance of individuals being literate in the language and terminology of SRH concerns, so that they can appropriately communicate with healthcare providers. However, healthcare providers also have a responsibility to make their language and services more accessible by minimizing jargon, using appropriate metaphors, and providing space for family members and/or interpreters to be present in consults, where appropriate (Neuendorf et al., 2021; Tirado et al., 2022). Healthcare professionals are well-placed to fill this role given the power and authority they hold in the community (MacKean et al., 2005), and the direct contact they have with Pacific peoples regarding SRH.

Our findings are largely in line with the literature concerning SRH in the Pacific region (Baigry et al., 2023; Neuendorf et al., 2021; Smith, 2013). Traditional Pacific cultural concepts were commonly cited in the included studies—such as feagaiga, tapu, and vā—to describe the nuanced dynamics of relationships within the Pacific diaspora. A person's age, sex, gender, and chiefly status all contributed to their personal role in their community, and consequently informed their comfort with and experiences of SRH. Although many of the included studies named 'gender' as a significant influence on SRH experiences in the Pacific diaspora, few studies looked specifically at the gendered experiences of SRH through a feminist lens. For example, women participants were consistently revered as knowledge-holders and trusted advisors for contraception and family planning, but only five studies focused on the ways that Pacific women articulate and engage with SRH (Cammock et al., 2023; Holden et al., 2020; Young et al., 2026; Young et al., 2024; Ayers et al., 2020). Even fewer studies specifically examined the experiences of Pacific men (Nosa & Ofanoa, 2009) and non-binary individuals (de Bres & Morrison-Young, 2024; Young et al., 2024), clearly indicating areas which require future research.

Despite most studies in this review having Pacific philosophical groundings, only half (52%) explicitly stated the positionality between the researchers and the participants. As previously recommended (Flavell & Cunningham, 2023; Keil et al., 2026), we emphasize the importance of researchers making their identities explicit within the context of their research, to be transparent in their relationship to Pacific research participants. This transparency is critical in qualitative research because positionality directly influences study design, participant trust (and therefore disclosure), and data interpretation (Keil et al.,

2026). By reflecting on their positionality and relationality with Pacific peoples, researchers (both 'insiders' and 'outsiders') have the opportunity to reflect critically upon the way they phrase questions, interpret responses, read into silence, and notice nuances in speech patterns and avoidance behaviors, thus developing and delivering research that more accurately reflects lived experiences of Pacific communities (Teariki & Leau, 2024; Flavell & Cunningham, 2023; Keil et al., 2026; Fasavalu & Reynolds, 2019). More broadly, research involving Pacific peoples, as with Indigenous and other diasporic populations, should be conducted in ways that are culturally responsive and aligned with the values and priorities of the communities involved (Teariki & Leau, 2024). Our experience undertaking this review highlighted that commonly used tools such as CASP assess methodological rigor but do not explicitly consider cultural responsiveness and alignment within Pacific frameworks. Although outside the scope of this review, future work should consider whether existing tools could be adapted or how existing frameworks can be incorporated to better evaluate culturally responsive research involving Pacific and other diaspora communities.

The studies in this review repeatedly illustrated the sensitivities of sex, sexuality, gender, reproduction, and contraception within Pacific diasporic communities. Although similar sociocultural attitudes toward SRH have been identified in Pacific ancestral homelands (Baigry et al., 2023; Neuendorf et al., 2021; Smith, 2013), diasporic communities are unique in that they face additional financial, geographic, language, and systemic barriers to healthcare being ethnic minorities within foreign (often Western) countries. Healthcare professionals serving Pacific diaspora might improve their care if they are cognizant of these complex health determinants and competing priorities; Pacific diaspora need different and culturally nuanced care. Our findings also have implications for developing public policy and planning health promotion initiatives to specifically target Pacific diaspora. For example, several Pacific-specific SRH campaigns in Aotearoa New Zealand have effectively increased the acceptability of cervical smears (McPherson et al., 2019) and breast cancer screening (Pacific Media Network, 2025), and a best practice framework for sexual health promotion within Pacific communities has been developed to support such initiatives (Veukiso-Ulugia, 2013). Together with the findings from this scoping review, we can conclude that effective SRH health campaigns for Pacific diaspora are those that employ simple language, incorporate Pacific words or phrases, and use family-centric messaging to shift the responsibility of health from the individual to the entire community. We predict that such strategies would be suitable and effective for other diaspora across the globe. Ultimately, co-creating health promotion initiatives with diasporic communities and updating clinical practice guidelines to include the lived experiences of these individuals—suggestions we have presented herein—are essential steps forward to achieving SRH equity for diaspora. Furthermore, adopting an intersectional approach, rather than a 'one size fits all' approach to improving SRH is vital for recognizing the rich diversity within the Pacific diaspora.

Strengths and limitations

This is the first scoping review to address the state of SRH amongst migrant diasporic Pacific people. Our broad scope of inquiry captured a range of SRH topics of relevance to the health of Pacific peoples, as well as areas that require further research to address inequities and barriers to healthcare in these populations. However, this review has several limitations. Firstly, the inherent diversity embedded within the term 'Pacific peoples', particularly in diasporic contexts, cannot be fully explored. Pacific diasporic populations exist within the unique sociocultural contexts of their country of residence (e.g., Aotearoa New Zealand, United States, and Australia). The different histories of colonization, migration, and indentured labor mean that the Pacific identities represented within these diaspora vary significantly and findings should be interpreted with care. Moreover, several studies did not adequately describe the demographics of their study population, using broad or poorly defined categories such as 'Pacific' or 'Melanesian' or 'AAPI/Asian

American and Pacific Islander', and so this limited the inferences we were able to make within the boundaries of this scoping review. Secondly, in most studies it was unclear whether participants were first-generation migrants or whether their families had been living in the diaspora for several generations; this exposure would substantially alter their SRH experiences, particularly where generational differences appear to be emerging (e.g., attitudes relating to contraception). Thirdly, in spite of our comprehensive search, the studies that were identified and included had relatively narrow global representation, the majority being based out of Aotearoa New Zealand. For example, only two studies were from Australia despite their rapidly growing Pacific diaspora. These likely reflect key context specific considerations including public health and research funding priorities, but may bias the interpretation of findings presented here. Finally, we did not apply a specific theoretical lens to this review (e.g., feminist or queer theory) given the small number of studies this would relate to but, based on our findings, future research in this area is essential and would help to identify the nuanced SRH experiences of several of the intersectional identities identified here including Pacific women and queer folk.

Conclusion

We conducted the first scoping review to capture the range of SRH experiences of Pacific diaspora from a global perspective. Pacific peoples' experiences of SRH in diasporic contexts are complex, deeply motivated by family and personal relationships, driven by cultural understandings of vā and tapu, complicated by conflicting identities, and influenced by conservative Christian religious beliefs. Significant systemic barriers such as geographical distance, financial costs, and low health literacy hinder participation in SRH services. Healthcare professionals and service providers might improve their delivery of SRH care and health promotion initiatives by employing simple language, using Pacific words and phrases, and re-centring the messaging from the 'I', the individual, to 'us'; the community, the aiga, the people. Our findings are largely in line with literature from the Pacific region, however the experiences of specific genders and ethnic subgroups that comprise the Pacific diaspora remain obscure, requiring further research.

Author contributions

CRediT: **Rebekah G. Kennedy**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Validation, Writing – original draft; **Cameron D. Young**: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Validation, Visualization, Supervision, Writing – original draft, Writing – review & editing; **Simon Erickson**: Formal analysis, Investigation, Writing – review & editing; **Rimke Bijker**: Conceptualization, Formal analysis, Methodology, Writing – review & editing; **Katrina Sharlott**: Investigation, Methodology, Writing – review & editing; **Zaramasina L. Clark**: Conceptualization, Formal analysis, Funding acquisition, Methodology, Resources, Software, Supervision, Writing – review & editing; **Edmond S. Fehoko**: Conceptualization, Formal analysis, Funding acquisition, Methodology, Resources, Software, Supervision, Writing – review & editing.

Disclosure statement

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References

Abel, S., Park, J., Tipene-Leach, D., Finau, S., & Lennan, M. (2001). Infant care practices in New Zealand: A cross-cultural qualitative study. *Social Science & Medicine*, *53*(9), 1135–1148. https://doi.org/10.1016/s0277-9536(00) 00408-1

Aibangbee, M., Micheal, S., Mapedzahama, V., Liamputtong, P., Pithavadian, R., Hossain, Z., Mpofu, E., & Dune, T. (2023). Migrant and refugee youth's sexual and reproductive health and rights: A scoping review to inform policies and programs. *International Journal of Public Health*, *68*, 1605801. https://doi.org/10.3389/ijph.2023.1605801

Ayers, B. L., Purvis, R. S., Bing, W. I., Ritok, M., Iban, A., Capelle, L., Hawley, N. L., Delafield, R., & McElfish, P. A. (2020). Maternal health beliefs, perceptions, and experiences in a U.S. Marshallese community. *Journal of Transcultural Nursing*, *31*(2), 144–152. https://doi.org/10.1177/1043659619854525

Ayers, B. L., Purvis, R. S., Bing, W. I., Rubon-Chutaro, J., Hawley, N. L., Delafield, R., Adams, I. K., & McElfish, P. A. (2018). Structural and socio-cultural barriers to prenatal care in a US Marshallese community. *Maternal and Child Health Journal*, *22*(7), 1067–1076. https://doi.org/10.1007/s10995-018-2490-5

Ayers, B. L., Purvis, R. S., Callaghan-Koru, J., Reece, S., CarlLee, S., Manning, N., Langston, K., Riklon, S., & McElfish, P. A. (2023). Marshallese mothers' and Marshallese maternal healthcare providers' perspectives on contraceptive use and reproductive life planning practices and influences. *International Journal of Environmental Research and Public Health*, *20*(5), 3949. https://doi.org/10.3390/ijerph20053949

Baigry, M. I., Ray, R., Lindsay, D., Kelly-Hanku, A., & Redman-MacLaren, M. (2023). Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island countries and territories: A scoping review. *PloS One*, *18*(1), e0280667. https://doi.org/10.1371/journal.pone.0280667

Bradford, B. F., Cronin, R. S., Okesene-Gafa, K. A., Apaapa-Timu, T. H. S., Shashikumar, A., & Oyston, C. J. (2024). Diabetes in pregnancy: Women's views of care in a multi-ethnic, low socioeconomic population with midwifery continuity-of-care. *Women and Birth*, *37*(3), 101579. https://doi.org/10.1016/j.wombi.2024.01.005

Caballero, T. M., Carvajal, D. N., Crockett, A. H., & Wilkinson, T. A. (2024). Supporting sexual and reproductive health for immigrant families across the lifespan. *Academic Pediatrics*, *24*(5S), 19–24. https://doi.org/10.1016/j.acap.2023.05.021

Cammock, R., Herbison, P., Lovell, S., & Priest, P. (2017). Family planning unmet need and access among iTaukei women in New Zealand and Fiji. *New Zealand Medical Journal*, *130*(1462), 46–53.

Cammock, R., Lovell, S., & Vaka, S. (2023). Cultural values influencing iTaukei women's discussion of family planning in the home. *Culture, Health & Sexuality*, *25*(9), 1198–1213. https://doi.org/10.1080/13691058.2022.2146204

Cammock, R., Pousini, T., Andrews, M., Vaka, S., & Tautolo, E.-S. (2025). Pacific high school students' experiences of sexual and reproductive health education in Aotearoa New Zealand. *Sex Education*, *25*(1), 111–125. https://doi.org/10.1080/14681811.2023.2279561

Cense, M., de Neef, M., & Visscher, W. (2018). *Culture, religion and sexual and reproductive health and rights*. Rutgers.

Clark, T. C., Lucassen, M. F. G., Fleming, T., Peiris-John, R., Ikihele, A., Teevale, T., Robinson, E., & Crengle, S. (2016). Changes in the sexual health behaviours of New Zealand secondary school students, 2001–2012: Findings from a national survey series. *Australian and New Zealand Journal of Public Health*, *40*(4), 329–336. https://doi.org/10.1111/1753-6405.12543

Critical Appraisal Skills Programme (CASP). (2024). CASP qualitative research checklist. [6 September 2025]. Available from https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf

Cruz, M. L., Christie, S., Allen, E., Meza, E., Nápoles, A. M., & Mehta, K. M. (2022). Traditional healers as health care providers for the Latine community in the United States, a systematic review. *Health Equity*, *6*(1), 412–426. https://doi.org/10.1089/heq.2021.0099

Damabi, N. M., Castleton, P., Mengesha, Z., Munn, Z., Begum, M., Avery, J., et al. (2025). Sexual and reproductive health policies for migrant, immigrant and refugee populations in select high-income countries: A policy analysis protocol. *BMJ Open*, *15*(12), e107994. https://doi.org/10.1136/bmjopen-2025-107994

Darebo, T. D., Spigt, M., Teklewold, B., Badacho, A. S., Mayer, N., & Teklewold, M. (2024). The sexual and reproductive healthcare challenges when dealing with migrants and refugees in low and middle-income countries (a qualitative evidence synthesis). *BMC Public Health*, *24*(1), 520. https://doi.org/10.1186/s12889-024-17916-0

de Bres, J., & Morrison-Young, I. (2024). Intersectional perspectives of parents of transgender children in Aotearoa (New Zealand). *International Journal of Transgender Health*, *25*(3), 584–601. https://doi.org/10.1080/26895269.2024.2316689

DiStefano, A. S., Hui, B., Barrera-Ng, A., Quitugua, L. F., Peters, R., Dimaculangan, J., Vunileva, I., Tui'one, V., Takahashi, L. M., & Tanjasiri, S. P. (2012). Contextualization of HIV and HPV risk and prevention among Pacific Islander young adults in Southern California. *Social Science & Medicine*, *75*(4), 699–708. https://doi.org/10.1016/j.socscimed.2012.04.011

Durie, M. (1999). Marae and implications for a modern Māori psychology. *Journal of the Polynesian Society*, *108*(4), 351–366.

Fasavalu, T. I., & Reynolds, M. (2019). Relational positionality and a learning disposition: Shifting the conversation. *International Education Journal*, *18*(2), 11–25.

Fehoko, E. S., & Shaw, R. M. (2023). *From burdens to blessings: A Pacific perspective on infertility and assisted reproductive technologies in Aotearoa | New Zealand*. In A. Kelly-Hanku, P. Aggleton, A. Malcolm (Eds.), *Sex and Gender in the Pacific*. Routledge. https://doi.org/10.4324/9781003142072

Flavell, M., & Cunningham, E. (2023). Engaging in research with Pacific communities as a non-Pacific researcher: Reflecting on lessons learnt. *Kōtuitui: New Zealand Journal of Social Sciences Online*, *18*(2), 153–170. https://doi.org/10.1080/1177083X.2022.2108465

Foliaki, S., & Matheson, A. (2015). Barriers to cervical screening among Pacific women in a New Zealand urban population. *Asian Pacific Journal of Cancer Prevention*, *16*(4), 1565–1570. https://doi.org/10.7314/apjcp.2015.16.4.1565

Grossman, J. (2019). Toward a definition of diaspora. *Ethnic and Racial Studies*, *42*(8), 1263–1282. https://doi.org/10.1080/01419870.2018.1550261

Harrington, R. B., Harvey, N., Larkins, S., & Redman-MacLaren, M. (2021). Family planning in Pacific Island countries and territories (PICTs): A scoping review. *PloS One*, *16*(8), e0255080. https://doi.org/10.1371/journal.pone.0255080

Henning Cruickshank, A., Lilley, T. S., Radcliffe, B., Nosa, V., & Fenwick, J. (2019). Māori and Pasifika perceptions of their local maternity care in Logan, Australia. *Women and Birth*, *32*(3), e359–e65. https://doi.org/10.1016/j.wombi.2018.08.164

Hoare, K. J., & Decker, E. (2016). The role of a sexual health promotion leaflet for 15-18 year olds in catalysing conversations: A constructivist grounded theory. *Collegian*, *23*(1), 3–11. https://doi.org/10.1016/j.colegn.2015.01.002

Holden, G., Corter, A. L., Hatters-Friedman, S., & Soosay, I. (2020). Brief Report. A qualitative study of maternal mental health services in New Zealand: Perspectives of Māori and Pacific mothers and midwives. *Asia-Pacific Psychiatry*, *12*(2), e12369. https://doi.org/10.1111/appy.12369

Hosseini, M.-S., Jahanshahlou, F., Akbarzadeh, M. A., Zarei, M., & Vaez-Gharamaleki, Y. (2024). Formulating research questions for evidence-based studies. *Journal of Medicine, Surgery, and Public Health*, *2*, 100046. https://doi.org/10.1016/j.glmedi.2023.100046

Ishida, D. N., Toomata-Mayer, T. F., & Braginsky, N. S. (2001). Beliefs and attitudes of Samoan women toward early detection of breast cancer and mammography utilization. *Cancer*, *91*(1 Suppl), 262–266. https://doi.org/10.1002/1097-0142(20010101)91:1+<262::AID-CNCR16>3.0.CO;2-R

Jameson, A., Sligo, F., & Comrie, M. (1999). Barriers to Pacific women's use of cervical screening services. *Australian and New Zealand Journal of Public Health*, *23*(1), 89–92. https://doi.org/10.1111/j.1467-842x.1999.tb01211.x

Kanan, L. (2025). *It's not illegal to be pregnant": Research report on reproductive justice and the Pacific Australia Labour Mobility scheme*. Development Policy Centre, Australian National University. [cited 2026 Jul 1]. Available from https://devpolicy.org/publications/reproductive-justice-palm-scheme/

Karasek, D., Williams, J. C., Taylor, M. A., De La Cruz, M. M., Arteaga, S., Bell, S., Castillo, E., Chand, M. A., Coats, A., Hubbard, E. M., Love-Goodlett, L., Powell, B., Spellen, S., Malawa, Z., & Gomez, A. M. (2025). Designing the first pregnancy guaranteed income program in the United States: Qualitative needs assessment and human-centered design to develop the Abundant Birth Project. *JMIR Formative Research*, *9*, e60829. https://doi.org/10.2196/60829

Keil, M., Sisifa, S., Thomsen, P., Baice, T., Veukiso-Ulugia, A., Manuela, S., Kapeli, S., McLean-Orsborn, S., Uasike Allen, J., McRobie, S., Winter-Smith, J., Lautua, T., Kiely, M., & Lodhia, D. (2026). "Operating in the margins": Pacific researchers' reflections on positionality in Pacific research. *AlterNative: An International Journal of Indigenous Peoples*, *22*(2), 468–479. https://doi.org/10.1177/11771801251398066

Kwankye, S. O., Richter, S., Okeke-Ihejirika, P., Gomma, H., Obegu, P., & Salami, B. (2021). A review of the literature on sexual and reproductive health of African migrant and refugee children. *Reproductive Health*, *18*(1), 81. https://doi.org/10.1186/s12978-021-01138-3

Lassi, Z. S., Damabi, N. M., Begum, M., Avery, J. C., & Meherali, S. (2025). Breaking the silence: Addressing sexual health challenges among migrant and refugee women. *Women's Health (London)*, *21*, 17455057251331263. https://doi.org/10.1177/17455057251331263

Lirios, A., Mullens, A. B., Daken, K., Moran, C., Gu, Z., Assefa, Y., & Dean, J. A. (2024). Sexual and reproductive health literacy of culturally and linguistically diverse young people in Australia: A systematic review. *Culture, Health & Sexuality*, *26*(6), 790–807. https://doi.org/10.1080/13691058.2023.2256376

Liu, H., & Howes, S. (2023). *Pacific Islanders in Australia: 2021 census results*. Devpolicy Blog: Development Policy Centre, Australian National University. [cited 2025 Dec 14]. Available from https://devpolicy.org/pacific-islanders-in-australia-census-results-20230331/

MacKean, G. L., Thurston, W. E., & Scott, C. M. (2005). Bridging the divide between families and health professionals' perspectives on family-centred care. *Health Expectations*, *8*(1), 74–85. https://doi.org/10.1111/j.1369-7625.2005.00319.x

McPherson, G. S., Fairbairn-Dunlop, P., & Payne, D. (2019). Overcoming barriers to cervical screening among Pacific women: A narrative review. *Health Equity*, *3*(1), 22–29. https://doi.org/10.1089/heq.2018.0076

Mengesha, Z. B., Perz, J., Dune, T., & Ussher, J. (2018). Challenges in the provision of sexual and reproductive health care to refugee and migrant women: A Q methodological study of health professional perspectives. *Journal of Immigrant and Minority Health*, *20*(2), 307–316. https://doi.org/10.1007/s10903-017-0611-7

Metusela, C., Ussher, J., Perz, J., Hawkey, A., Morrow, M., Narchal, R., Estoesta, J., & Monteiro, M. (2017). "In my culture, we don't know anything about that": Sexual and reproductive health of migrant and refugee women. *International Journal of Behavioral Medicine*, *24*(6), 836–845. https://doi.org/10.1007/s12529-017-9662-3

Mitchell, E., & Bennett, L. R. (2024). Infertility in the Pacific: A crucial component of the sexual and reproductive health and rights agenda. *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, *64*(3), 297–299. https://doi.org/10.1111/ajo.13791

Monte, L. M., & Shin, H. B. (2022). *20.6 million people in the U.S. identify as Asian, Native Hawaiian or Pacific Islander*. Census.gov: United States Census Bureau. [cited 2025 Dec 14]. Available from https://www.census.gov/library/stories/2022/05/aanhpi-population-diverse-geographically-dispersed.html

Morton-Jones, J., Brenton-Peters, J., Blake, L., Sinclair, S., Faletau, J., Takinui, E., Lewis-Hills, E., & Oyston, C. (2024). 'It's so heavy on my mind': The lived experience of diabetes in pregnancy and postpartum mother and infant lifestyle. *BMC Pregnancy and Childbirth*, *24*(1), 594. https://doi.org/10.1186/s12884-024-06723-5

Nabobo-Baba, U. (2006). *Knowing and learning: An indigenous Fijian approach*. Suva: Institute of Pacific Studies, University of the South Pacific.

National Asian Pacific American Women's Forum. (2023). IBIS reproductive health. medication abortion among Asian Americans, native Hawaiians, and Pacific Islanders. IBIS reproductive health; [cited 2026 Jul 1]. Available from https://www.napawf.org/wp-content/uploads/2023/06/med-abortion-aanhpi-study.pdf

Ndwiga, D., McBride, K. A., Thompson, R., Simmons, D., & MacMillan, F. (2023). "We are competing with culture" the chasm between healthcare professionals and Australian Samoan women in the prevention and management of gestational diabetes mellitus. *Australian Journal of Advanced Nursing*, *40*(2), 5–14. https://doi.org/10.37464/2023.402.591

Neuendorf, N., Cheer, K., Tommbe, R., Kokinai, C., Simeon, L., Browne, K., MacLaren, D., & Redman-MacLaren, M. (2021). Sexual health and wellbeing training with women in Pacific Island countries and territories: A scoping review. *Global Health Action*, *14*(1), 1948673. https://doi.org/10.1080/16549716.2021.1948673

Nguyen, T. T., Criss, S., Kim, M., De La Cruz, M. M., Thai, N., Merchant, J. S., Hswen, Y., Allen, A. M., Gee, G. C., & Nguyen, Q. C. (2023). Racism during pregnancy and birthing: Experiences from Asian and Pacific Islander, Black, Latina, and Middle Eastern women. *Journal of Racial and Ethnic Health Disparities*, *10*(6), 3007–3017. https://doi.org/10.1007/s40615-022-01475-4

Nguyen-Truong, C. K. Y., Leung, J., Micky, K., & Nevers, J. I. (2020). Building safe didactic dialogues for action model: Mobilizing community with Micronesian Islanders. *Asian/Pacific Island Nursing Journal*, *5*(1), 1–11. https://doi.org/10.31372/20200501.1066

Nosa, V., & Ofanoa, M. (2009). The social, cultural and medicinal use of kava for twelve Tongan born men living in Auckland, New Zealand. *Pacific Health Dialog*, *15*(1), 96–102.

Ouzzani, M., Hammady, H., Fedorowicz, Z., & Elmagarmid, A. (2016). Rayyan-a web and mobile app for systematic reviews. *Systematic Reviews*, *5*(1), 210. https://doi.org/10.1186/s13643-016-0384-4

Pacheco, M., Warfield, S. K., Hatzistavrakis, P., Mochida-Meek, S., Moskowitz, D., Matson, M., & Mustanski, B. (2023). "I don't see myself represented": Strategies and considerations for engaging gay male Native Hawaiian and other Pacific Islander teens in research and HIV prevention services. *AIDS and Behavior*, *27*(4), 1055–1067. https://doi.org/10.1007/s10461-022-03843-x

Pacific Islands Forum. (2025). *The Pacific Islands Forum*. [cited 2025 Dec 14]. Available from https://forumsec.org/pacific-islands-forum

Pacific Media Network. (2025). *New Pacific campaign aims to reduce breast cancer mortality through early screening*. [cited 2025 Dec 14]. Available from https://pmn.co.nz/read/health/new-campaign-aims-to-reduce-breast-cancer-mortality-through-early-screening

Pollock, D., Peters, M. D. J., Khalil, H., McInerney, P., Alexander, L., Tricco, A. C., Evans, C., de Moraes, É. B., Godfrey, C. M., Pieper, D., Saran, A., Stern, C., & Munn, Z. (2023). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evidence Synthesis*, *21*(3), 520–532. https://doi.org/10.11124/JBIES-22-00123

Pulotu-Endemann, K. (1995). *Fonofale model of health. In: Strategic directions for mental health services for Pacific Island people*. Wellington: Ministry of Health.

Rallu, J. L. (2018). The impact of colonization and christianization on gender violence in the Pacific Islands. In: Blyth C, Colgan E, Edwards KB, editors. *Rape Culture, Gender Violence, and Religion: Interdisciplinary Perspectives*. Cham: Springer International Publishing. p. 33–49.

Rankine, J., Percival, T., Finau, E., Hope, L.-T., Kingi, P., Peteru, M. C., Powell, E., Robati-Mani, R., & Selu, E. (2017). Pacific peoples, violence, and the power and control wheel. *Journal of Interpersonal Violence*, *32*(18), 2777–2803. https://doi.org/10.1177/0886260515596148

Ravulo, J. (2021). Exploring the role of sexuality and identity across the Pacific: Navigating traditional and contemporary meanings and practices. In: Weaver HN, editor. *The Routledge International Handbook of Indigenous Resilience*. Routledge. p. 108–120.

Riabroi, W., Gregory, B., Mackay, D., & Germeni, E. (2025). Understanding barriers to young people's utilisation of sexual and reproductive health services in Asia-Pacific countries: A qualitative systematic review and thematic synthesis. *BMJ Public Health*, *3*(1), e001504. https://doi.org/10.1136/bmjph-2024-001504

Righarts, A., Dickson, N. P., Ekeroma, A., Gray, A. R., Parkin, L., & Gillett, W. R. (2021). The burden of infertility in New Zealand: A baseline survey of prevalence and service use. *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, *61*(3), 439–447. https://doi.org/10.1111/ajo.13323

Rose, S. B., Bromhead, C., Lawton, B. A., Zhang, J., Stanley, J., & Baker, M. G. (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*, *36*(4), 343–350. https://doi.org/10.1111/j.1753-6405.2012.00880.x

Rose, S. B., Cooper, A. J., Baker, N. K., & Lawton, B. (2011). Attitudes toward long-acting reversible contraception among young women seeking abortion. *Journal of Women's Health (2002)*, *20*(11), 1729–1735. https://doi.org/10.1089/jwh.2010.2658

Rose, S. B., Dunlop, A., Gardiner, T., Cole, M., Garrett, S. M., & McKinlay, E. M. (2024). 'Every strategy needs to be contributing to erasing the stigma': Māori and Pacific young people talk about overcoming barriers to testing for sexually transmitted infections. *Sexual Health*, *21*(2), SH23186. https://doi.org/10.1071/SH23186

Rose, S. B., Gardiner, T., Dunlop, A., Cole, M., Garrett, S. M., & McKinlay, E. M. (2024). Māori and Pacific young people's perspectives on testing for sexually transmitted infections via an online service: A qualitative study. *Journal of Primary Health Care*, *16*(3), 258–269. https://doi.org/10.1071/HC23136

Sadana, R. (2002). Definition and measurement of reproductive health. *Bulletin of the World Health Organization*, *80*(5), 407–409.

Shaw, R. M., & Fehoko, E. (2023). Epistemic injustice and body mass index: Examining Māori and Pacific women's access to fertility treatment in Aotearoa New Zealand. *Fat Studies*, *12*(2), 338–352. https://doi.org/10.1080/21604851.2022.2063507

Smith, S. A. (2013). Sexual and reproductive health of Micronesians: A systematic review of the literature. *Asia-Pacific Journal of Public Health*, *25*(1), 7–18. https://doi.org/10.1177/1010539512458951

Statistics New Zealand. (2023). *Pacific housing: People, place, and wellbeing in Aotearoa New Zealand*. [cited 2025 Dec 14]. Available from https://www.stats.govt.nz/assets/Reports/Pacific-housing-in-New-Zealand-People-place-and-wellbeing/Download-data/Pacific-housing-People-place-and-wellbeing-in-Aotearoa-New-Zealand.pdf

Statistics New Zealand. (2025). *Pacific peoples ethnicities in Aotearoa New Zealand*. Statistics New Zealand. [cited 2025 Dec 14]. Available from https://www.stats.govt.nz/infographics/detailed-ethnicity-infographics-from-2023-census/pacific-peoples-ethnicities-in-aotearoa-new-zealand/

Sumibcay, J. R. C. (2024). Examining structural racism as the fundamental cause of health inequities among the Indigenous Māori, Native Hawaiian, and Pacific Island peoples in the U.S. and Aotearoa New Zealand: Perspectives from key informant community leaders. *SSM - Qualitative Research in Health*, *5*, 100379. https://doi.org/10.1016/j.ssmqr.2023.100379

Teariki, M. A., & Leau, E. (2024). Understanding Pacific worldviews: Principles and connections for research. *Kōtuitui: New Zealand Journal of Social Sciences Online*, *19*(2), 132–151. https://doi.org/10.1080/1177083X.2023.2292268

The Pacific Community. (2026). *Strengthening sexual and reproductive health and rights in the Pacific*. SPC. [cited 2026 Jul 1]. Available from: https://www.spc.int/updates/blog/blog-post/2024/02/strengthening-sexual-and-reproductive-health-and-rights-in-the

Thomas, C., Braund, R., Bowden, N., Hobbs, M., Kokaua, J., & Paterson, H. (2023). Disparities in utilisation of combined oral contraceptives in Aotearoa New Zealand: A cross-sectional whole-of-population study. *The Australian & New Zealand Journal of Obstetrics & Gynaecology*, *63*(3), 441–447. https://doi.org/10.1111/ajo.13672

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC Medical Research Methodology*, *8*(1), 45. https://doi.org/10.1186/1471-2288-8-45

Tirado, V., Engberg, S., Holmblad, I. S., Strömdahl, S., Ekström, A. M., & Hurtig, A. K. (2022). "One-time interventions, it doesn't lead to much" – healthcare provider views to improving sexual and reproductive health services for young migrants in Sweden. *BMC Health Services Research*, *22*(1), 668. https://doi.org/10.1186/s12913-022-07945-z

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., … Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine*, *169*(7), 467–473. https://doi.org/10.7326/M18-0850

Vaioleti, T. M. (2006). Talanoa research methodology: A developing position on Pacific research. *Waikato Journal of Education*, *12*, 21–34.

Veukiso-Ulugia, A. (2013). *Best practice framework for the delivery of sexual health promotion services to Pacific communities in New Zealand*. Wellington: Ministry of Health.

Veukiso-Ulugia, A. (2016). "Good Samoan kids" - fact or fable?: Sexual health behaviour of Samoan youth in Aotearoa New Zealand. *New Zealand Journal of Sociology*, *31*(2), 74–95.

Walsh, O., Roberts, L. F., Okesene-Gafa, K., Rogers, J. A., & Harding, J. E. (2025). Experiences of Pacific parents of infants born at risk of neonatal hypoglycaemia in New Zealand. *Journal of Health Psychology*, *30*(14), 4154–4170. https://doi.org/10.1177/13591053251331290

Williams, V., Boylan, A. M., & Nunan, D. (2020). Critical appraisal of qualitative research: Necessity, partialities and the issue of bias. *BMJ Evidence-Based Medicine*, *25*(1), 9–11. https://doi.org/10.1136/bmjebm-2018-111132

Wilson, A. N., Kennedy, E. C., Noovao Hill, A., Vallely, L. M., Wapi, P., Tungunaboe, E., et al. (2023). Sexual and reproductive health needs, challenges and opportunities in the Pacific. In: Kelly-Hanku A, Aggleton P, Malcolm A, editors. *Sex and Gender in the Pacific*. Routledge.

World Health Organization. (2006). *Defining sexual health: Report of a technical consultation on sexual health*. Geneva: World Health Organization.

Young, A., Charania, N. A., Gauld, N., Norris, P., Turner, N., & Willing, E. (2022). Knowledge and decisions about maternal immunisation by pregnant women in Aotearoa New Zealand. *BMC Health Services Research*, *22*(1), 779. https://doi.org/10.1186/s12913-022-08162-4

Young, C. D., Bird, R. J., Hohmann-Marriott, B. E., Girling, J. E., & Taumoepeau, M. M. (2022). The revitalised Fonofale as a research paradigm: A perspective on Pacific sexuality and reproduction research. *Pacific Dynamics*, *6*(2), 186–201. https://doi.org/10.26021/13507

Young, C. D., Shaw, R. M., & Fehoko, E. S. (2026). Exploring the interface of religion, infertility and assisted reproduction: Experiences of Pacific Christian adults in Aotearoa New Zealand. *Culture, Health & Sexuality*, *28*(2), 162–179. https://doi.org/10.1080/13691058.2025.2451410

Young, C. D., Taumoepeau, M. M., Hohmann-Marriott, B. E., Girling, J. E., & Bird, R. J. (2024). Sexual and reproductive health knowledges: A study with Pacific young people enrolled in an Aotearoa New Zealand tertiary institution. *Culture, Health & Sexuality*, *26*(2), 265–283. https://doi.org/10.1080/13691058.2023.2201356